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The impact of environmental improvements in care homes for people with dementia

1837 words

Abstract

Following the refurbishment of a care home for people with dementia, this paper reports the findings of a small qualitative study (n=25) of staff perceptions of the impact of the improved environment on both staff and residents. Findings suggest that, whilst there was perceived beneficial impact for residents, there appeared to be more mixed impact for staff. In addition, there were differing views on what constituted 'homeliness' and it was generally recognised that environmental factors alone did not assure a good quality of life and care. Given the recent investment by Government on improving the environment for people with dementia, these findings highlight the importance of taking a more holistic approach to changing practice.

Key words

Residential care; dementia; built environment

Introduction

This short report summarises the findings of an evaluation of environmental improvements in a care home for people with dementia. The care home was situated in an inner London area with a largely deprived population. It had over 100 beds, on four floors. The refurbishment took place from 2013 to 2014, and included:

- redecoration and re-furnishing throughout;
- use of signage and colour to help orientation;
- provision of more and varied spaces for communal use, including additional furnishings in corridors to encourage residents to use public spaces;
- re-equipment of bathrooms;
- provision of a kitchen for resident use; and
- re-design of the small garden.

Both the refurbishment and the evaluation were funded by local government, using money from national government.

There is limited research evidence about the therapeutic effects of the built environment in dementia care. The available research (Fleming et al, 2008; NKCHS, 2009) offers substantial backing for the provision of unobtrusive safety features, a variety of spaces including single rooms, the enhancement of visual access and the optimisation of light levels. Environmental improvements are most effective when combined with well trained staff, a positive philosophy of care and strong management. A number of good practice guidelines are available, which are broadly in accord with each other (Greasley-Adams et al, undated; Health Facilities Scotland, 2007; Marshall, 2001; SCIE, 2013).

The evaluation took place in spring and summer 2014. Semi-structured interviews were carried out with staff about the post-refurbishment environment as a place to live, work or visit. Interviews took place at the care home in public rooms that were not otherwise in use. They were audio-recorded, transcribed, and analysed thematically. Twenty five staff were interviewed including:

- twelve healthcare assistants (HC1-12);
- four qualified nurses (N1-4);
- five senior nurses/managers (S1-5); and
- four support staff (administrative, activities, etc.) (A1-4).

Of these, twelve (nearly half) had worked at the home for one year or longer. The remainder had only joined the staff since the refurbishment began and were not able to comment on changes over time. All were asked to describe how they thought the current environment was experienced and used by staff, residents and visitors.

The refurbishment coincided with a period of considerable staff turnover at all levels. Changes in how the environment was experienced might therefore be attributable to staff changes, skill-mix etc., as well as or rather than, to the refurbishment.

Three themes emerged from the data:

- Impacts on residents (beneficial) and staff (mixed);
- Differing views on ‘homeliness’; and
- Environmental design alone is not enough.

Impacts on residents (beneficial) and staff (mixed)

Some staff described in detail examples of the positive impact of the environment on resident activities and behaviour. One example was the bathrooms.

“[Before] I felt it like a torture going into this room, because it was just black and white. And now it has the colour and the plants. And they are asking to have a shower now, they queue! “I am next, I am next...” Where before, it was, “I don’t want that”. So it is a lot more friendly...” (S3)

Another example was the pictures on the walls of the corridors, lounges and dining rooms, which had been re-hung. Some staff described how these prompted reminiscence and conversation.

“There’s some pictures of Norman Wisdom and some other old singers as well on the walls, and actors, right, and they definitely recognise those pictures... They remember going to them clubs and dancing and going on the stage and listening to this funny person on the stage. I mean, they tell me a lot of stories. Lots of stories.” (H4)

A third example was the fixing of frames on to bedroom doors where names and photographs of the resident could be displayed. Several staff commented on how this assisted orientation.

“Those residents who get confused, if they don’t know - if they just see their name and their picture, ‘Oh, that’s my room.’ It really helps.” (H1)

Though such benefits improved life for staff as well as for residents, there were also some negative comments on the environment in relation to the functioning of the care home. For example, while the greater attractiveness of carpets than of laminate flooring was acknowledged, some staff thought carpeting was unsuitable in many areas, because of the difficulty of cleaning after medication, food spillages or episodes of incontinence, and because carpets resist the easy passage of wheelchairs and trolleys.

Differing views on 'homeliness'

Many staff appreciated the attractive environment for its own sake:

"More light, more fun, and for me, it is like there's lots of joy." (S2)

Staff consistently admired the home as a pleasant place for residents, visitors and themselves, and those who remembered it before the refurbishment were particularly appreciative. One joked that she might move in herself, and another reported that

"[a resident's grand-daughter] said, 'Mum, why can't we just leave our home and come and stay with granddad here?' ... They love it because it look like a real home now, compared with the way it was before." (H1)

There were many references to the notion of homeliness as an important criterion. Other data, though, indicate that the concept of homeliness was not entirely straightforward. A small number of staff compared the care home to a hotel, rather than to a home, and likened the newly decorated and re-equipped dining rooms to restaurants. This was both a compliment to the high standard of decoration, and an accurate description: both hotels and care homes have communal dining rooms and lounges, for example, whereas people's own homes are more private spaces.

Similarly, the provision of public spaces is clearly necessary, but it does problematise the notion of 'homeliness'. Some of the public spaces in the home (primarily the lounges, at either end of each corridor) tended to be little used. One person suggested that this might reflect a somewhat formal or impersonal atmosphere. S/he recalled care homes, in which s/he had worked previously, where:

"it was homely. We had the clutter, we had the magazines in the magazine rack, and we had stuff on the tables for residents to pick up and fiddle with or games laid out so - And that

worked very well because somebody will sit down and they'll start playing cards, because there's a pack of cards there." (S1)

She wondered if this care home should do likewise.

Staff frequently mentioned how residents tended to sit in the corridors. Though this might seem institutional rather than homely behaviour, staff appreciated that there were benefits for residents in doing this.

"It is so active on the corridors and there's a lot going on, and they like to see what is going on." (S3)

"Some of them don't really like long conversations with you, they're quite happy to have a quick 'Hello' as you're walking past." (A2)

In any case, the corridors are wide and furnished with chairs and coffee tables, with music and snacks available, and so had homely qualities not typical of corridors.

One drawback was the fact that the garden, which was the only public smoking area, was accessible only through the ground floor dining room. This meant that other residents and visitors had to use the dining room as a corridor, even at meal times.

"It is not nice. You are in your own home and you see some different faces coming in..." (H2)

Those passing through might even sit down to join the meal, which could be distracting and intrusive.

Environmental design alone is not enough.

Some staff spontaneously moved beyond the scope of the topic guide to explain that environmental factors alone do not assure a good quality of life and care. For example, the improved availability of snacks in the corridors was seen by some as important not just for its own sake, but also because it represented a more informal and flexible approach to the social environment.

"Because it is more of a homely environment, rather than an institution. And before I think it was institutional: tea at 9.00, juice at 12.00, tea at 3.00. Now they can have drinks whenever they want a drink." (S3)

Staff also pointed out how important their own role was in facilitating interaction.

“A few of them have said... ‘That is a nice picture, what’s it about?’ And you try and explain to them what’s actually in the picture in details ... They’re kind of OK with it, some of them actually remember...” (H4)

As well as encouraging curiosity and dialogue, staff conversation could have an important role in encouraging and affirming.

“At the end of the day, it is all about the carers encouraging. You can have the nicest place going but... if there’s not a carer sitting there talking to them, making them feel worth something, then it won’t work.” (H3)

Conclusion

Our data show that staff felt that the refurbishment had created a better general atmosphere which made it easier to care for residents with dementia and to support their continued functioning. Some also emphasised that realising the potential of the environment to support a good quality of life for residents depended on staff being proactive in assisting and stimulating residents. Thus, a high quality physical environment is a necessary but not sufficient characteristic of good care for people with dementia. A more holistic approach is needed, when changing practice.

References

Fleming, R., Crookes, P. and Sum, S. (2008) *A review of the empirical literature on the design of physical environments for people with dementia*. Primary Dementia Collaborative Research Centre, University of New South Wales, Sydney.

Greasley-Adams, C., Bowes, A., Dawson, A., McCabe, L. (undated) *Good Practice in the Design of Homes and Living Spaces for People with Dementia and Sight Loss*. Dementia Services Development Centre, Stirling. (Available at: http://dementia.stir.ac.uk/system/files/filedepot/12/good_practice_in_the_design_of_homes_and_living_spaces_for_people_living_with_dementia_and_sight_loss_final.pdf)

Health Facilities Scotland (2007) *Dementia Design Checklist. Design checks for people with dementia in healthcare premises*. NHS National Services Scotland, Edinburgh.

Marshall, M. (2001) Environment: how it helps to see dementia as a disability in care homes. *Journal of Dementia Care*, **6**, 1, 15-17.

NKCHS (Norwegian Knowledge Centre for the Health Services) (2009) *The physical environment for people with dementia*. Available at: <http://www.kunnskapsenteret.no/publikasjoner/botilbud-til-mennesker-med-demens?> Accessed October 28, 2014.

SCIE (Social Care Institute for Excellence) (2013) *Dementia Friendly Environments*. SCIE, London. <http://www.scie.org.uk/publications/dementia/dementia-friendly-environments/> Accessed 21/10/2014.