



Dementia Care and the Arts

Yeovil District Hospital

ARTS & HEALTH SOUTH WEST PRIZE 2015 LONGLISTED CASE STUDY



Name of organisation:
Yeovil District Hospital

Title of project/programme:
Dementia Care and the Arts

Dates of project/programme:
Oct 2013 - Ongoing

Summary:

During 2014 Yeovil District Hospital NHS Foundation Trust Dementia Care Team has consistently worked to improve the acute care environment for patients experiencing dementia. Projects have included a ward redesign and rebuild, a programme of creative sessions and a range of collaborative partnerships to facilitate a more positive experience for patients, carers and staff. Rather than focus on any one single project we wish to put forward for consideration for the AHSW 2015 Prize the collective approaches we have taken to positively influence the care and ethos within the organisation when caring for people with dementia. In other words, by using the arts to promote well-being and enhance healing in our organisation we have championed quality and focused on the good experiences we can provide for our patients. Demonstrating the impact enables us to challenge preconceptions and embed the ethos that good clinical care must include the arts. Yeovil is a medium sized District General Hospital and the Arts Coordinator and the Dementia Care Team work productively together across other departments focusing on design, artwork and activities to promote wellbeing, each project results in the evolution of further projects. For example building on the knowledge gained from the ward redesign work has been facilitated in other clinical areas to identify achievable interventions such as the commissioning and sighting of new artworks, colour schemes and signage. Work has also commenced to convert an area of outside space into a therapeutic garden which will be particularly suitable for patients with dementia to visit.

Overview:

Nationally more than a quarter of hospital beds are occupied by people with dementia. Coming into hospital can be a catastrophic event for many people, and episodes of agitation and distress are common. We have long understood that improving the wellbeing of such patients is paramount to their recovery and whilst our organisation already had a clear commitment to promoting a non-pharmacological approach, as a team we felt there was much more that could be done. We recognised the effects boredom and social isolation had on our patients and we wanted to provide an environment that aimed to meet the needs of our patients and their carers rather than making an assumption that they needed to adapt to an alien clinical environment. That alongside drugs and IV fluids, and surgical interventions there is a need for social interaction and fun.

Programme Aim: To positively impact on how patients with a dementia, their carer's and staff manage being in hospital by providing an enhanced therapeutic environment

Objectives:

- Delivering projects that create a more therapeutic environment, eg ward refurbishments, garden spaces, exhibitions
- Delivering interventions that utilise the arts to engage patients in participatory activity
- To raise the profile and support for our work through partnership working, research and advocacy, and in turn raise the profile of dementia, destigmatising and increasing awareness

What we did:

- The redesign of an acute ward that had the needs of dementia patients at it's heart.
- "Create" A programme of creative participatory activities, based on wards with high numbers of patients experiencing dementia.
- A successful fundraising and awareness raising campaign to secure support for a series of new projects including Music and Memory, Refound Sound and a Dementia Friendly Garden.
- A collaborative project with college art students designing activities for people with a dementia.

Art-forms and Artists

Through our "Create" programme we have built a network of artists:

- Dance and movement artist Rachelle Green, to explore a multisensory approach to dance both at bedside and within day room settings.
- Music and sound, working with Chris Pearson, Frankie Simpkins, Rosie Mead, Sherborne Girls School Music Department to provide a range of live music
- Poetry with Liz McGaw including poetry written by patients
- Sensory workshops, tea rounds, singing, bingo and interactive work with Mylife software systems
- Textiles and papermaking with Caroline Hough, Rachel Davis
- Yeovil College students designing ward based activity resources
- Local photographers, supplying images for panels
- One to one patient focussed activity using reminiscence, often facilitated by dementia care team volunteers.

Sessions tend to be programmed in the afternoons and all place an emphasis on inclusivity and engagement such as joining in with dance or playing specific music requests.

Through our creative programme we anticipated health outcomes would include:

- Increased participation, mobility and movement, reduction in boredom
- Increased opportunity to socialise, sharing conversation, smiles and even dance
- Increased opportunity for memory recall through prompts and association eg music
- Positive changes to mood and anticipation with patients enjoying and looking forward to activities
- Positive changes in how a space feels: welcoming, warm, intriguing, active etc
- Positive changes to behaviour, with a reduction of agitation, anger/distress.
- Increased interest in and take up of food and drink
- Patients and carers feeling less isolated with activities being person centred and relating to individual interests, tastes and participation levels.
- Reduction in the use of antipsychotic and anxiolytic medication
- Improvement in a patient's ability to participate in the session a
- Improved morale amongst staff

For patients these environments have a positive impact on recovery, promoting independence and empowering patients to do as much as is possible for themselves. For carers the opportunity to see how activities and environments are part of an holistic approach to wellbeing is reassuring. These activities provide relatives and carers an opportunity to see their loved one participating. They provide a focus for conversation within an environment that traditionally has little to offer in the form of social stimulation and provide staff with a different window through which to see the person they are caring for.

"it's the first time I've heard it [Live music] in a hospital, it makes a change, he is having a song this afternoon, played on the radio, classical, he likes classical. It's great to hear it live you can really hear her voice, we like them all" Patient's relative

Within our redesigned ward we have been able to commission over 26 new interchangeable photographic panels, window vinyls, a 3d collaged welcome sign, 3 display cases featuring collections of craft/domestic objects and a corridor cinema with film projection. To date we have delivered 30 structured sessions and numerous one-to-one session therapy.

Much of the success of our programme has been the range and strength of our partnerships that have grown over the last year. As a very small staff team (3 Dementia care team staff and 1 part time Arts Coordinator) Our progress has been enhanced by support at Trust Board level which allows us to develop creatively, fostering partnerships that cross many organisational boundaries both within the hospital, with the community, business and even internationally. Partners include, Yeovil College, artists, Schools, BSO, Wigmore Hall, Art Coordinators, patients and carers.

Activities have taken place at Yeovil District Hospital NHS Foundation Trust on wards and public spaces eg: communal areas and waiting rooms.

Our acute ward has been rebuilt and redesigned to be 'dementia friendly' and aesthetic whilst still meeting the requirements of an acute clinical environment. The ward layout is streamlined with uncluttered corridors which display a range of photographic artwork. The number of beds in each bay has been reduced to

accommodate a table and chairs providing space to sit and take part in mealtimes and activities. Strong colours denote bays and clear graphics help to orientate patients and reduce the risks associated with wandering.

Wall mounted display cases elevate familiar objects such as a decorative cup and saucer or a knitting pattern enabling patients to connect with domestic objects from their homes.

The programme we are putting forward began with our Ward refurbishment in October 2013 and continues to evolve.

Innovation:

The Hospital environment is more than just the physical building and as well as aiming to empower and improve independence we have sought to provide activity and entertainment in a regular and structured way to try to alleviate this. This project was about improving the stay of our patients and supporting families and carers as well as helping them to feel more confident about leaving their loved ones in our care. We also recognised the need to promote to staff working with patients that therapeutic activity has a place in an acute environment.

The strong collaborative partnership between a team of clinicians and the arts co-ordinator has provided a unique and innovative approach to the care of our patients with a dementia. Being able to combine clinical and creative knowledge and expertise in such an acute setting allows the possibilities for creative intervention to grow and flourish. This partnership is highly complementary allowing all of the different facets of caring for an individual to be considered. This partnership ensures that planned interventions are robust and credible, each professional augmenting the others understanding of the value of any creative pursuit or activity. We have widely raised the profile of people with dementia both within and outside of the hospital.

Participation:

The project has widespread participants from patients, carers, families and staff on the wards to wider volunteers from within the organisation. For example for each 'old fashioned' tea round the team encourage volunteers from other areas of the hospital such as managers or members of the finance team who are integral to patient care but may have little face to face contact with them. These rounds allow these members of staff to interact with the patients that they rarely see and gain an understanding of what it is like to be on an acute ward. It is always rewarding and enjoyable for them and allows them to appreciate the value of such interventions or activities for patients. One of our greatest supporters is our Chief Executive who regularly joins our tea rounds and requests that our activities programme is always sent to him.

We actively have sought to reduce the stigma, focussing on improving the lives of people with dementia and their carers and helping others to understand how they can support people with dementia to remain well and active within our communities, whether that is the hospital community or the wider one.

Outcomes:

The outcomes of our projects are multiple from enhancing one person's stay on an inpatient ward through the provision of live music to helping staff maintain the safety

and independence of a distressed patient within a clinic environment without the need for anti- psychotic medication. There are many individual outcomes but the most notable outcome is the cultural shift from seeing art and activity as a frivolous add on to care in an acute hospital to the recognition that it is both integral to that care and enormously beneficial. Rather than focussing on the widely used negative language around the increasing numbers of people with a dementia our focus is one of valuing our patients with a dementia and striving to make our hospital a positive environment for them to be in. Our work challenges negative perceptions about people living with dementia and illustrates the impact that such work can have through our patient and carer's responses.

One man who had played the organ chatted for ten minutes about how he missed playing, how he had had a career recording music, and where he had brought his first organ from - a scout sale for £1. Another lady with advanced dementia and limited mobility slowly moved from bay to bay to sit and listen to the musician, a nurse commented: "that is the furthest she has walked all week"

Learning:

Through our approach and activities the following areas have highlighted significant learning for us as individuals, we continue to build on this knowledge

1. Quality, the need for really good quality artists who are adaptable, flexible, empathetic and confident in their art-form. We have learnt how to brief and support artists, manage expectations and at times, offer guidance to artists to make their practice more in tune with patient's needs.
2. Training, we want to build in more training for staff on how we can support patients with programmed activities but also as stand- alone activity kits.
3. We have learned that with sufficient tenacity anything is possible and that to do nothing is not an option. In a very short space of time we have achieved a great deal by being prepared to put the work in to make things happen.
4. We have learned that some things we try will not necessarily take off but that it is still important to try them. The work we do constantly evolves and each piece of work informs the next through our learning.
5. We have learned that every positive experience we provide for our patients we receive back tenfold and that they are as integral to our wellbeing as we may think we are to theirs.

Critical success factors:

The continued support of our organisation has been essential to our success however the collaboration with our wider partners has also been integral to our development. Projects such as the development of our Dementia Friendly Garden have hinged on the support of our local community voting for our project when we entered a competition for Lottery Funding which required the public to vote for your project. Our successful win in this was down to the support of our wider community. Changing the experiences of people with a dementia in a positive way is central to our programme of works both whilst they are in hospital and ultimately beyond. We are clear that our work is just beginning and that in order for it to continue to be successful we must constantly forge ahead. The tenacity and commitment of the team is reflected in the amount we have achieved in such a short space of time. One of our next steps is to enter into a more formal evaluation of therapeutic interventions through research.

Funding and Resources:

Our Clinical team and Arts Co-ordinator are funded by our trust. Our activity is funded through charitable funds from lottery applications and League of Friend's donations. Our garden is funded by The People's Millions Lottery Competition win. Our ward refurbishment was funded by the Department of Health Dementia Environments money, subsequent ward improvements have been funded by the team fundraising through events. Each award of funds we have worked hard to secure so that we can ensure that our programme continues to grow.

Images L-R

- **Title:** Launch of our People's millions Dementia friendly Garden appeal
Copyright/credit: YDH Communications Team
- **Title:** Music and Tea Round
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- **Title:** Papermaking
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