

CASCADE Virtual Final Conference: 2nd February 2023

CASCADE WAYS OF WORKING

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CASCADE Interreg 2 Seas

Develop, test & embed a model for and with people living with dementia that;

- Is financially sustainable
- Keeps people living in their own homes for longer
- Decreases demand on hospital beds
- Increases the number of trained staff & carers
- Provides greater wellbeing for service users, staff & the wider community

Partners involved from the UK, BE, FR and the NL

Co-creation, 2017-2022

Different parties involved

- Care delivery organisations
- Universities
- **People living with dementia**
- **Informal caregivers**
- Local entrepreneurs

Collecting opinions, needs, and wishes

- Site visits
- Literature review
- Focus groups & Interviews
- Surveys
- Observations
- Roundtable discussions

Shaping the model: consensus

Implementation review

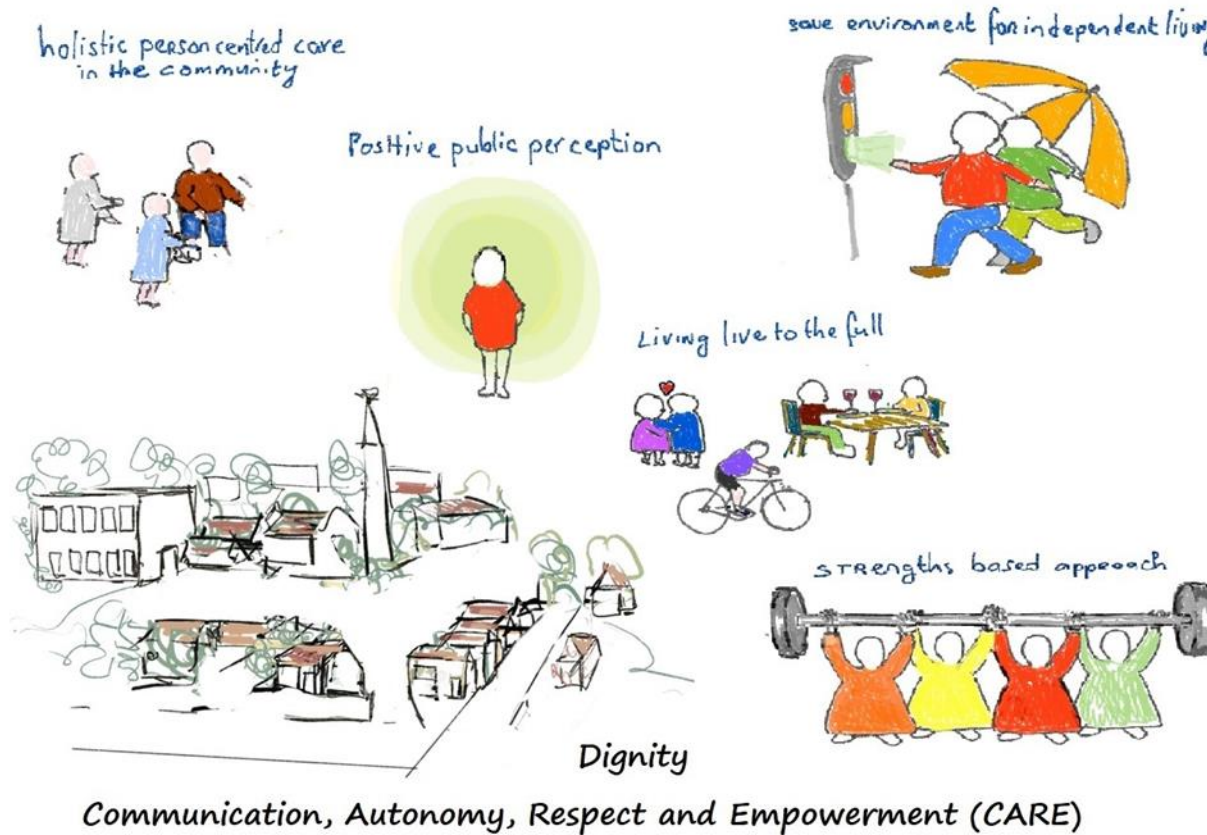


CASCADE model

Promotes a strengths based approach to holistic person centred care to maximise independence and quality of life for people living with dementia in the community

Five fundamentals

1. Personalized holistic care in the community
2. Safe environment for independent living
3. Living life to the full
4. Strengths based approach
5. Positive public perception



Six components

1. Home
2. Meaningful leisure activities
3. Life-long learning for everyone
4. Supporting a person's journey through integrated working
5. Technology
6. Sustainable business model

CASCADE fundamentals

Strengths based approach

This approach motivates self-reliance, self-efficacy, maintaining and supporting independent living and autonomy and focusing on living, life and well-being. Everyone has skills and strengths that would be meaningful for themselves, the family and the community. This enables them to be and feel useful and celebrate success, continue to make a meaningful contribution, fulfil their roles, but also exercise choice and control and prevent social isolation. In daily life and leisure time.

Safe environment for independent living

*People make their own choices about the present and the future and are free in what they think, what they want and what they do. They are **taken seriously** when they express a feeling (verbally and non verbally) or a need. This **takes place in a wider caring community**.*

Personalized holistic care in the community

Person centered relationship based care for people with dementia and those around them. This considers all aspects of the person's daily life and leisure time until end of life (and beyond for the support network).

Living life to the full

People live the life they used to lead or want to lead with independence, choice and freedom surrounded by friends and family in a recognizable living environment, with curiosity and space for new discoveries.

Positive public perception

Raising public awareness of the strengths and abilities of all people to participate meaningfully in community life.

Four care organizations started to implement CASCADE

Two existing facilities



Two newly created in renovated facilities as part of the project

Harmonia Village - Dover



Harmony House - Rochester



Implementation examples

- The environment has to be a **home in both look and feel**, so no hospital equipment. Create what you would expect in a house.
- Use **architects with a vision** of a home for people with dementia.
- Getting to **know the person with dementia and others** around the person to identify and meet the needs and wishes.
- **Connect with local groups** which are engaged in becoming part of a dementia friendly community.
- Enter into **partnerships with local** sportclubs/center, musea, leisure center, supermarket, bakery, brewery etc.
- Get support from the local or national **dementia expert center/Alzheimer society**.

Implementation examples

- Dementia **training package for professionals and the community** so they are trained and understand what is needed to provide patient centered care for people living with dementia.
- **Share knowledge** with partners and local community to create understanding.
- For new facilities: **recruit staff on the basis of the CASCADE model** (looking for the right attitude, the right skills can be learned later) and write a new job description.
- For existing facilities: **retrain existing employees** and **learn the right attitude** according to the vision of CASCADE.
- Make **connections with other facilities and disciplines** that have contact with people with dementia and their family so that the person with dementia is already in the picture.
- Use **advanced care planning** in the form of a guest diary or residential care plan as a basis to support and meet the wishes of the people living with dementia. This document must be regularly adapted to meet the needs and wishes of the person.

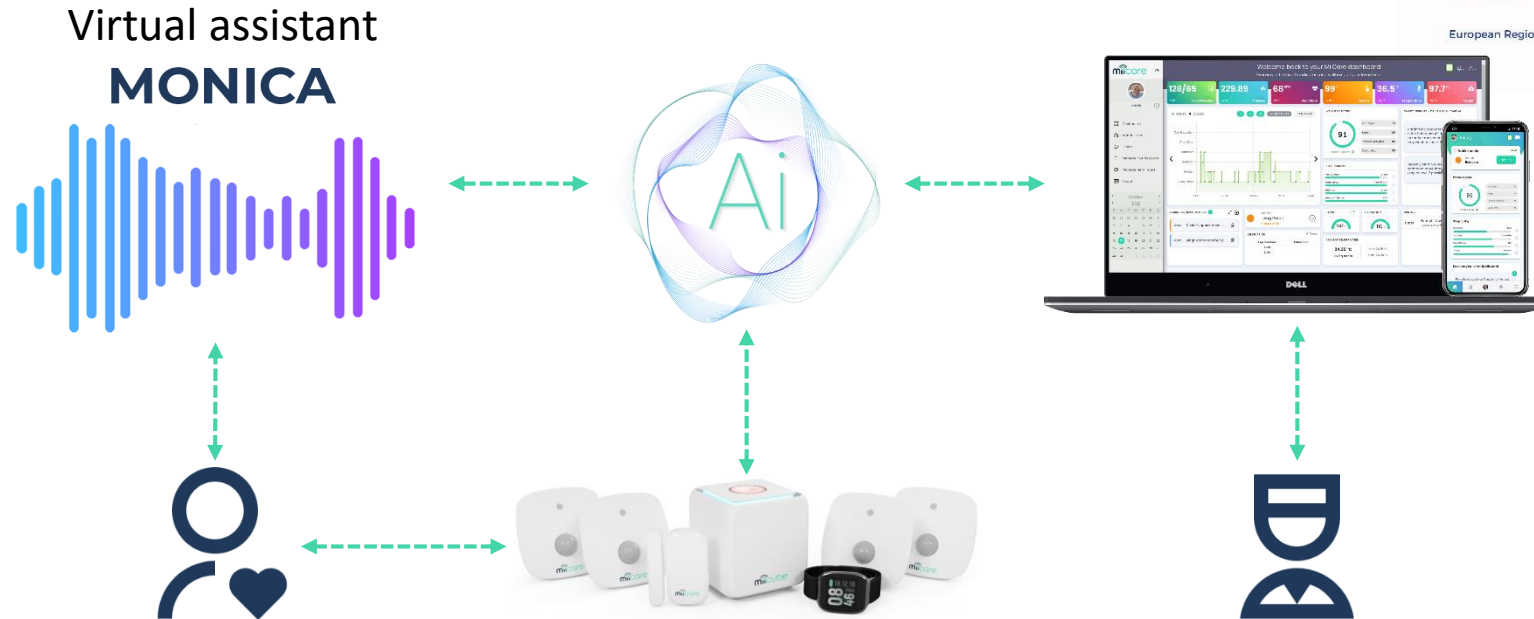
Implementation examples

- Try to build a better **support network around the person with dementia** (and their spouse) so the person can stay at home for longer and live with dementia (independently).
- **Involve family** in the admission and stay at the facility, they know the person and can help to give personalized care.
- Involve clinician's and managers with **experience of the community healthcare model** and people living with dementia.
- Convert existing low value facilities or buildings create the new facility. Use a **co-design process with stakeholders** to ensure the new facility meets the needs of people living with dementia and the local community.
- Organize events where **information is given and experience can be shared** (e.g. talk cafe takes place internally and external parties are invited)
- **Existing facilities or buildings** in the community area being used to set up a new facility.

Behavioural Monitoring of residents I



- The MiiCare system has a box in each room which receives data from sensors e.g. Passive Infra Red, door status, and equipment e.g. blood pressure, SpO₂ etc
- System identifies individual residents via wearables
- MiiCare boxes report to an Artificial Intelligence system (AI). The system learns what is normal behaviour for each individual
- The system sends alert to staff using the behavioural baseline and trends can be monitored



- Downloadable app issues alerts to staff if significant deviations or incidents occur
 - Staff will be alerted to any deviations via an audible/vibrating alarm
 - Initially based on “rules”
 - Longer term **AI system** will monitor residents against their individual baseline
 - Activity and trends over time can be reviewed

Resident monitoring: Canary Care & Medway Commercial Group

- **Canary Care**

- Installed and staff using the system
- Monitors placed in areas that staff identify as appropriate for the guest e.g. toilet door, bedroom door, medication box et
- Software allows staff to monitor how many times a door has opened etc
- The system also allows for the measurement of humidity
- ‘Rules’ can be programmed into the system e.g. a guests toilet door hasn’t closed for 30 minutes



- **Medway Commercial Group**

- Wearable technology using a ‘key fob’ style device
- Geo-fence lines can be set, if a guest moves beyond the boundary the system will alert the staff and they can speak directly to the guest to check they are okay
- Track guests when they leave the guesthouse
- Acts as a falls monitor and will send an alarm to staff



Discussion

Co-creation

- Trade-offs scientific evidence and considerations of the care organizations in terms of resources and possibilities
- Wishes and needs people advanced-stage dementia
- No players on mega or macro level involved

In line with standards for good quality care

- Integrated & person-centred
- Governmental care standards

From theory to practice

- Staff with the right attitude vs. shortage of staff
- Laws and regulations can be limited
- Existing facilities vs. new facilities
- COVID-19

More information

Visit our interreg 2 seas project website:

<https://www.interreg2seas.eu/en/cascade>

Visit our output website:

<https://cascade-educationandtraining.weebly.com>

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www.cascade-dementia.eu