Canadian NURSING HOME

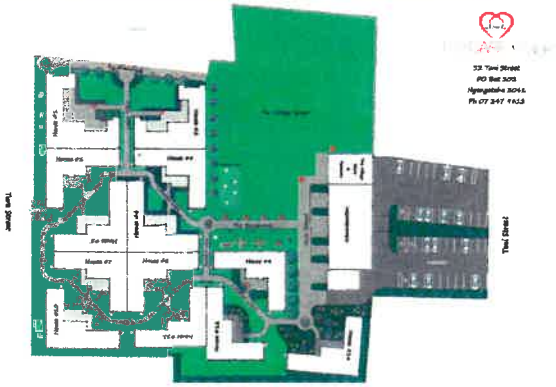
WINTER ISSUE
December, 2019
Vol. 30, No. 4

Published Quarterly since 1990 for Canada's Long-Term Care Professionals

CareBright Village, Ireland
Page 20

The Care Village, New Zealand
Page 21

Village Langley, BC
Page 19



Canadian Mail Publications Agreement #4001 2007

The Hogeweyk, The Netherlands

One of the most well-known Care Villages is the Dutch model, The Hogeweyk, located in Weesp, near Amsterdam, The Netherlands.

Mr. Eloy van Hal, senior advisor and one of the founders of the Hogeweyk, states that "there are many misunderstandings about what The Hogeweyk Concept is about...".

"Dementia villages differ a lot, and although we might be the inspiration, some are really completely different, and others completely according to the model. The Hogeweyk provides high level, licensed, Long Term Nursing Home Care."

The Hogeweyk success

An excellent analysis of what makes The Hogeweyk a success can be found in a *Report* by Tony Jones, an Australian Behavioural Consultant who visited The Hogeweyk in 2014. He saw no occurrence of BPSD (Behavioural and Psychological Symptoms of Dementia) during the more than four days he worked there as an Activities Volunteer. He was told that BPSD are very rare there **(Jones, 2014)**."

The founders of The Hogeweyk began devising their innovative model as early as 1993 in an older nursing home with person-centred care support, small-scale household living lifestyles, activity clubs and events, and central amenities. This concept was the basis for the on-site new building replacement opened in 2009. **(See illustration previous page)**

A licensed LTC home

The Hogeweyk is a licensed non-profit Long-Term Care Nursing Home for people with severe dementia, some with psychiatric aspects. This includes Stages 5 to 7 on the Global Deterioration Scale *(GDS/Reisberg Scale)* which includes middle and late stage dementia. Residents stay until death and receive palliative care. Approximately 40 percent are wheel chair dependent. ***(Personal Communication, Eloy Van Hal)***.

A life of 'normalicy'

The Hogeweyk, started with 152 residents in 23 apartments, each with 6-7 residents in typical brick, two story row-housing buildings arranged with streets, squares, gardens and a town centre or hub of shops, cafés, restaurants, theatre and other amenities. It has grown to 169 residents in 27 apartments.

The intent of the founders and designers was to provide residents with the ability to live their life as 'Normally' as possible in the lifestyle they enjoyed prior to their need for care.

The building design and layout is like a typical Dutch Village where residents shopped daily for food and supplies and walked or biked to village amenities. The critical difference is that the houses form the perimeter and the squares, gardens and streets are on the inside so that residents have the opportunity to be engaged, safely, in all aspects of a normal life, including shopping, enjoying the outdoors and going for a walk throughout the Village.

Few resident limitations

Outdoor gardens, squares and paths comprise 50% of the 15,310 square metre site.

The only limitation to the freedom to wander is that, unless accompanied, residents do remain in the village. There is one main entrance controlled by a receptionist.

Each Apartment Household is family scale with 6 to 7 residents, all with their own private room, sharing two washrooms and toilets, a domestic kitchen, dining area, and lounge.

Six is considered the ideal number of residents in a Household based on the staffing model of one senior Caregiver in each of the morning and afternoon/evening shifts and an assistant caregiver in the morning.

Senior advisor, Eloy van Hal feels that, in their experience, more than 6-8 residents do not work well for the social care needed. Households have different internal layouts and exteriors as cues and landmarks to aid in wayfinding.

The 'Six Pillars' of the Hogeweyk Model of Care

Hogeweyk follows a social model of care with Six Pillars. They are:

1. 'A Favourable Surrounding' designed to provide a setting of a normal and familiar household.

2. 'Life's Pleasures' so that residents can continue to live their lives as they are used to, with opportunities for social activities and relationships within the Household and in the 30 different kinds of clubs and events inside and outside the neighbourhood.

Government funding covers a minimum of 30 minutes of activity and events for each resident per week, with the option available for residents to purchase additional activity clubs and events.

3. 'Health' with highly qualified medical care and support and an emphasis on well-being and a social-relational system to ensure Quality of Life.

4. 'Lifestyle' which includes surroundings, environment, interior design, social behaviour, daily routines, preparation of meals, and norms and values.

5. 'Employees and Volunteers' are trained to share this vision, and whenever possible include residents in their activities such as for grocery shopping and preparing meals.

6. 'The Organization' actively supports this vision to de-institutionalize, transform and normalize.

Uniqueness of Hogeweyk

What makes The Hogeweyk model unique is its focus on compatibility by providing a familiar and harmonious environment through 'Lifestyle' groupings of residents into Households that resemble discrete Dutch culture expression.

Originally seven life-styles were utilized; this has evolved to four distinct household designs and interest groupings:

- Urban (City),
- Traditional (artisans and farmers),
- Formal (well to do), and
- Cultural (cosmopolitan).

In Hogeweyk, residents can continue their daily life as it would be outside a nursing home with like-minded well-suited people in a way that is safe and familiar to how they have been living. Each Household can have residents with a range of functioning as they are not grouped by degree of dementia or behaviour.

Community inclusion

An important element of the Hogeweyk concept is the inclusion of the surrounding community. The on-site restaurant and theatre are open for the local community - and school children are involved every week in Village activities.

Residents leave the Village on bike tours, day-trips, and walks so that the surrounding neighbourhood is part of their lives.

Community access

Mr. van Hal, has indicated that next time he would design the entrance of the restaurant so that it is more directly connected to the street to facilitate community access. In our visit we saw numerous visitors and groups using the Village resources.

The Hogeweyk is a not-for-profit facility which cost 19.3 Million Euros to build with Government funding and some additional fund raising.

Operating costs are subsidized by government on a par with traditional nursing homes, with additional funding from residents for supplementary activities and events.

Bryghuset, Svendborg, Denmark

Bryghuset opened as a Care Village in November, 2016, after considerable renovations of an older 2 - 4 story Nursing Home that had once been a brewery. The facility is fenced with one main entrance.

Admission critieria includes moderate to severe dementia.

Currently 125 residents

The buildings now include 125 residents each with their own apartment, including 56 apartments for advanced stage residents in 7 Household-like sub-sections of 9 to 10 residents each, another section of 43 apartments for moderate stage residents in assisted living accommodation, 7 temporary guest homes, and 19 guest homes for younger people with disabilities.

The residents' accommodations are one or two-room apartments with a kitchenette and large disability-friendly ensuite; they are large by nursing home standards, with an average of 55 to 90 square meters.

Open-plan kitchens

Each Complex Care Sub-section/ Household has a common living room with an open-plan kitchen/ dining area, a laundry room and a small nurses station. Food is cooked in a central commercial kitchen for hot meals, with lunch and deserts prepared in-house.

Outdoor garden area

An adjacent property of 6300 sq. metres was purchased in order to add a large outdoor garden area with a network of paths, raised beds and a barn with chickens and rabbits.

Residents have access to an activity centre with a hairdresser, podiatrist, general store, second-hand shop, restaurant and café, as well as a 'gentlemen's cave, a music library, a country kitchen, physical training facilities and a hobby room all on the ground floor within a one and one-half metre fenced perimeter.

Moderate stage residents can navigate the lifts successfully and find their way to amenities - but the majority of residents need to be accompanied by staff, volunteers or family (70% to 80% of residents).

Grouping and function

Bryghuset does not follow the Lifestyle Model of grouping residents; instead, it places residents according to assessed functioning into Assisted Living for moderate stage dementia, or Care Residences

village model is most suitable for early and mid-stage dementia.

One particular feature to the CareBright approach is the insistence on family involvement: families must commit to visit residents a minimum of three times a week. *(Personal communication, Manager Majella Murphy, CareBright website).*

CareBright is a not-for profit social enterprise and cost approximately 5.6 million Euros to build - with ongoing fundraising for amenities. Operating costs are eligible for government subsidy through the Fair Deal Program.

The Care Village, New Zealand

The Care Village, New Zealand, formerly known as *'Whare Aroha CARE'*, opened in 2017 on a 1.3 hectare site (3 acres) situated on the edge of Lake Rotorua, about 200 kilometers south of Auckland, NZ.

Hogeweyk inspired

The Care Village New Zealand is inspired by and based on the concepts of The Hogeweyk and asserts that it is the first in the southern hemisphere.

However, similar to Sherbrooke, The Care Village NZ admits residents of a range of care levels from Resthome, Hospital level (high level care), and Secure Dementia Level care. They do not admit the very high psycho-geriatric care level residents. However, Thérèse Jeffs, the chief executive, estimates that 80 to 85% of residents have a level of dementia. *(Thérèse Jeffs, personal communication).*

The Village consists of 13 single-story, mid-century style households, themed according to the lifestyle of that era, with 6 - 7 residents each.

Private bedrooms

Residents have private bedrooms and many share washrooms between three residents, a domestic kitchen, dining area and lounge.

There are some ensuites. Residents, if able, assist staff in purchased food at the village store and preparing meals in-House.

Five New Zealand 'lifestyles'

Similar to The Hogeweyk, residents are grouped according to five New Zealand 'Lifestyles' so that they share similar backgrounds: Rural Living, Urban Living, Cultural (indigenous peoples), Simple Living and Classical Living. These have evolved from an original seven and been adjusted over time. As a result The CARE Village, New Zealand, has a mix of levels of care in their Households.

Residents may remain in their house as they progress through levels of care as their condition deteriorates to end of life. "It doesn't cause a problem. Six residents (no matter what the mix) living normally in a house based on lifestyles has little confusion, residents are happy and safe" *(personal communication, Thérèse Jeffs, The CARE Village, New Zealand).*

Like small town New Zealand

The village is like 'Small Town New Zealand' with the community amenities of a village grocery store, tearoom, orchard, and gardens.

The CARE Village, New Zealand's model of care, is based on preserving lifestyle, independence and community in order to enable residents to live as normal a life as possible, in familiar surroundings, doing normal activities, with freedom to roam shops, cafés, club rooms and a community hall.

Staff organize activity programs and resident outings. Volunteers are a key component to keeping alive the huge variety of things people love to do, which includes baking, gardening, woodwork, fixing cars, studying art, sports, visiting with children, music, cycle rides, reading and knitting.

Community centre open to the public

A planned community centre on the site will be open to the public, giving residents of the Village the opportunity to socialize with people outside the facility.

The CARE Village, New Zealand is protected by a secure perimeter and CCTV (close-caption TV) throughout the village.

Residents are monitored by smart technology wrist-bands which alert staff to resident locations and prevents the opening of external doors for those identified as needing secure level care. All other residents are free to come and go from the village. External doors are locked overnight. Although the houses are locked at night to 'entry only', egress is not limited.

Cutting costs

Capital cost was similar to that of a traditional nursing home, with savings achieved by reducing utilities such as commercial kitchen, laundry and sluicing rooms, and by utilizing used furniture to reflect earlier times.

See following pages for 'resarch into care villages', a 'Discussion' of the issues involved, and References.

"The village model of care"

Quite a lot of research exists regarding the Household model **(Dyer, Nelson, 2018)**; but very little has been undertaken on the Village Model. As Fagan notes in his article on The Hogeweyk, it is important to see if such neighbourhood environments have any beneficial effect on behaviour, functional ability, and cognition **(Fagan, 2014).**

Positive influences

The Vivium Group that operates The Hogeweyk references research, not specific to their facility, that has shown positive influence on the brain and a decrease in agitation and aggression by a number of features, which include: Exercise, Fresh Air and Day Light, Views of Nature, Social Contacts, Pleasant Physical Surroundings, and Small Groups. **(The Hogeweyk Care Concept).**

They also point out that The Hogeweyk scores above average on residents and family satisfaction in biennial reviews.

Observations are also made that residents socialize more, eat better, use less meds, and stay longer: an average stay of two to three years **(CNN, 2013; Daily Mail, March 4, 2012; Eloy van Hal, 2014).**

No behavioural issues

Similarly, Thérèse Jeffs of The Care Village, New Zealand, noted in 2017 that in the short time the village had been open there had been a marked decline in behavioural incidents and falls **(Residents' Behaviour Changes, Kai Tiaki, 2017).** She adds in 2019 that "the model works, it is amazing. The residents and staff are happy, and there is virtually no behavioural issues and limited use of medication intervention." **(Thérèse Jeffs personal communication)** A PHD student is following up with research on The CARE Village, New Zealand. **(Kay Shannon personal communication)**

Village concept research

Research specific to the Village Concept is limited to a few scientific papers. The most interesting is a 2018 Danish study of Bryghuset. The researchers found that the main theme for this approach is to "enable a familiar and meaningful everyday life". However, they also found that "people with advanced dementia may not be able to benefit from the activities and possibilities provided by the dementia village, since this required resources beyond what could be provided."

Basically, the expanded opportunities of the Village approach primarily benefited residents with moderate dementia. More advanced dementia residents required assistance to access going for a walk in the garden or to the Community amenities.

Late dementia. . . 'Passive Participation'

Most of the everyday life of the residents with advanced dementia took place within the Households. For more people with dementia to take advantage of these opportunities requires more staff and volunteers than are normally available **(Peoples, 2018).**

Eloy van Hal has commented that, in his experience, residents with Late Dementia can still benefit through passive participation in activities by experiencing the sounds, sights, smells of interesting happenings and supportive surroundings.

A 2012 study of The Hogeweyk provides an excellent description of the history of the concept and development of the Village Model.

Self-esteem, autonomy, and independence

This study emphasizes the strong significance placed on the background and lifestyle of the residents prior to admission to the Village. They found that the collaboration of the design and care program promotes self-esteem, autonomy, and independence within a safe environment. It is noted that the external façade of this facility is somewhat less than inviting to outside community members. This is acknowledged by the operators who do wish to increase participation of the broader community **(Anderzhon, 2012).**

A case study based on The Hogeweyk in 2018 analysed the dementia village concept as an architectural hybrid between healthcare and hospitality facilities. They found that the dementia village operates under two principles: to reduce anxiety and to increase quality of life by focusing on capabilities rather than disability: i.e., a prosthetic environment. The study praised the automated smart lift and lack of locks for unobstructed movement to outdoors and amenities.

Community interaction

Their main criticism was the potential for isolation due to the Villages' remote location and reduced integration with the broader town community.

Eloy van Hal, one of the founders, has stated his preference and ongoing efforts for greater community interaction **(Eloy van Hal, 2014).**

Care Villages: Discussion/Conclusion

Care Villages are multiplying and appearing in many iterations across the world, including Tonebon am See in Hamelin, Germany, Villaggio Emanuele Bufalotta in Rome, Bellmere MicroTown in Queensland, Australia, and soon to open Village Landais Alzheimer in Dax, France, and in Comox on Vancouver Island.

The similarities

Similarities among Care Villages are basically the self-contained village composed of several small households linked to outdoor gardens and a community Hub.

The Village approach generally encompasses a person-centred or person-directed psychosocial model of care, with an emphasis on involving residents in normal household activities so they can live as they did before requiring care. Differences are admission criteria which varies from a wide range of Assisted Living and Complex Care needs to one or more stages of dementia.

The size of the Households range from 6 to 15 or more, with differing opinions on the most ideal group size. Also, how the residents are grouped into Households can be based on resident's historic Lifestyle as in Hogeweyk.

Segregation and dementia

The issue of segregation of residents with dementia is important to address: the antidote may be to integrate persons with dementia with other persons either within the Village or by welcoming visitors from the broader community and to educate both the Village community and the broader community to accept, and be sensitive to persons with dementia; otherwise nobody recognizes or knows persons with dementia, which means they are actually less safe, i.e., less likely to be recognized as needing assistance. **(Personal communications: Suellen Beatty).**

Care villages & security

How Security is managed is a critical issue. As noted in an earlier article by this author, it is critical for nursing homes to have clear security guidelines, policies and procedures in place and ensure resident and family involvement in determining the degree of supervision required in managing risk of elopement **(Benbow, 2017).** It may be necessary to have a doctor's order for the person to live in a secure living area **(Calkins, 2018).**

Like Denmark the Netherlands is considering legislation in the coming year to address confinement of residents in Nursing Homes.

Operating costs

A concern regarding the emerging Village Care model is the capital and operating costs relative to Traditional Nursing Homes. As indicated above, most of the Care Villages are non-profit and have been built based on Government funding or subsidy with some additional fund-raising to cover enhanced amenities.

Capital cost savings are achieved through the elimination of some utilities such as commercial kitchen, laundry and sluicing facilities which are Household-based and more residential in cost.

Multi-tasking care staff

Operating costs are reduced and reorganized through the staffing models that utilize multi-tasking care staff that often are responsible for cleaning, laundry, shopping and cooking for their individual Households, eliminating centralized staffing of commercial kitchen, laundry and Household cleaning services.

Similar budgets

Also, Activity Staff utilize volunteers to assist in coordination, transportation and support. Through these efficiencies, the non-profit Care Villages manage with the same budgets as traditional Nursing Homes. **(Personal communication: Eloy Van Hal, Therese Jeffs).**

Research is quite limited; so much needs to be done to establish effectiveness of Quality of Care and Quality of Life and cost benefits for this model relative to other approaches. As new versions open and more of these Villages build up experience, we can anticipate greater research interest.

Late Stage Dementia

Of particular concern is what can be done to assist residents with Late Stage Dementia to participate in the opportunities that a Village model offers. The Hogeweyk experience, with this most challenging group, is noteworthy. Jenkins and Smythe observed after their visit to The Hogeweyk that this supportive environment enabled people with severe dementia to carry out roles and activities that are not usually associated with levels of functioning of people in the later stages of the disease **(Jenkins & Smythe, 2013).**

Normal living

The Care Village concept enables dementia residents to live as normally as possible in a human-scale home and still utilize the opportunities of outdoor gardens,walkways and community services.

(References on following page)