



Co-funded by the
Erasmus+ Programme
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Creating a world with meaning and purpose

Linda Barry reports on a successful practice improvement project to introduce Montessori methods at the Baptistcare Gracehaven residential care facility in Western Australia

Montessori methods for dementia are based on the work of Dr Maria Montessori and can be usefully adopted as a philosophy of care in residential aged care. People living with dementia are given the opportunity to enjoy an enriched quality of life by remaining purposefully and meaningfully engaged in daily roles, routines and activities of daily living.

The programs are based on what we know about an individual's history, interests, skills, needs and current level of ability. Emphasis is placed on supporting the person with dementia, highlighting meaningful activities, important roles, using repetition and schedules, building on existing abilities and incorporating important information into the environment, such as memory cues and the use of name badges (Elliot 2012).

The benefits of Montessori

Research has shown that Montessori programs can be beneficial for people living with dementia in the residential aged care setting. Some benefits that have been identified include: improvement in the person's ability to feed themselves; increased participation and enjoyment in activities (Sheppard *et al* 2016) and a reduction in agitation, especially for those with disruption in language skills and vocabulary (van der Ploeg *et al* 2013). Montessori activities have also been used in organisational culture change models with good outcomes (Roberts *et al* 2015; Bourgeois *et al* 2015).



Roles and routines are used to make important connections to the environment for residents. This includes folding serviettes for use at meal times and setting the table

Baptistcare Gracehaven is a residential care facility in Rockingham, a coastal town south of Perth, in Western Australia. It is one of 14 residential care facilities operated by Baptistcare. The purpose statement at the facility, developed by staff and volunteers, is *"Today and always, we treat all people with dignity and respect providing the highest quality of compassionate care in a flexible and sustainable way"*. Of the 98 people who have chosen Baptistcare Gracehaven as their home, over three quarters (78) are living with some degree of dementia.

Why Montessori?

Through its commitment to provide highest quality compassionate care, the Baptistcare Gracehaven team (which included myself as RN and Memory Support), embarked on a practice improvement project in 2015 to introduce Montessori methods for dementia into care practice.

Our aim was to improve communication, knowledge and understanding of all staff and volunteers around caring for those with responsive behaviours and to increase the person-centredness of care activities.

We chose to create a Montessori environment as it recognises that all meaningful behaviours in a person's day provide opportunities for engagement in care activities; waking up, getting dressed, preparing meals, being involved, preparing and engaging in roles, helping others and engaging in social interaction. It reframes the day-to-day tasks of care using an approach that provides opportunity and reason for those living with dementia to get out of bed in the morning.

Introducing Montessori methods

A project team was formed and took a change-management approach to knowledge

translation that involved:

- Support for staff and volunteers.
- Training, implementing Montessori for dementia workshops.
- Providing opportunities for staff to implement new knowledge and skills.
- Facilitation of team work.

Involving staff, residents, families
The project included all staff and volunteers in implementing changes in the workplace. Our first intervention in the project was to establish a memory support focus group. This initiative recognised the emotional labour that care staff and family members can experience when aspiring to connect on a personal level with the people they support.

The group met once a month in the lounge areas at either Baptistcare Gracehaven's Ebb Tide or Calm Waters secure memory support units. Fifteen people with dementia live in the Ebb Tide unit and 11 at Calm Waters. The focus group included staff representatives, residents and family members, and was used as a forum to discuss the changes we were introducing during the project, what interventions and new activities were working, the outcomes, and what could be improved. Although we took minutes at each meeting, the discussions were informal and were held in a public area so residents and families felt relaxed enough to talk and provide input. The focus group sessions usually ran for between one and two hours, depending on how many people came and went.

Montessori methods for dementia care

Baptistcare Gracehaven staff participated in a series of two-day 'Creating Montessori Environments' workshops, developed and presented by dementia consultant and aged care Montessorian, Anne Kelly. The workshops were based on an understanding of Montessori principles including:

- Meaning and purpose is part of each person's daily routine, including meaningful roles and routines (based on what is known about the person's history, including interests, needs, skills and current level of ability).
- Emphasis is placed on supporting the environment (which includes supporting memory loss). Supporting the person and the environment is key to independence.

The creation of a Montessori environment is achieved through:

- Activities and roles for individuals (eg, range of motion, cognitive, seriation)
- Activities for groups (eg, reading, matching games, social interaction such as intergenerational activities and memory 'bingo').
- The creation of a prepared environment that engages and supports people living with dementia, thus maximising quality of life.
- Adoption of a Montessori philosophy/model of care across the home/program/organisation.

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In addition to the memory support group, there was an increased focus during monthly staff meetings and day-to-day discussions around clinical incidents (falls and infections), exploring the triggers for responsive behaviours, Montessori approaches to increasing well-being and engagement, and supporting each other by discussing and addressing what interventions and changes were working and what was not working.

Training

The training component of the project involved 38 staff and five volunteers who each participated in a two-day Montessori for Dementia workshop delivered by Anne Kelly, an independent Montessori dementia consultant. Participants in the 'Creating Montessori Environments' workshops learnt the principles of Montessori methods (see box above) and were given practical 'hands on' opportunities to apply the techniques and consider how the Montessori approach could be used when

caring for residents. Participants were then encouraged to embed this new knowledge in everyday care and were supported through the change journey by each other and the memory support focus group.

The Montessori innovations

Multiple innovations were generated by our new approach and embraced by staff and residents.

Now when you walk through the door at Baptistcare Gracehaven, residents, staff and visitors are engaged in cognitive activities using an approach that stimulates the mind at an individual's level of ability. Roles and routines are used to enrich the mind and help residents make important connections to the environment. This includes activities of daily living, gardening, regular participation in table setting for morning tea, lunch and dinner, meal preparation, serving and cleaning up after meals, and setting up for activities, sorting cutlery, folding serviettes, matching socks and buttons by colour and / or size, bingo, reading (using specially

designed books for people with dementia), poetry, pamper mornings, hand massages, outdoor lunches, high tea, daily schedules and directional signs.

Outdoor spaces at Baptistcare Gracehaven had always been easily accessible so we increased the number of activities that encouraged use of these outdoor areas by making gardening gloves and trowels available, ensuring there were staff outside, and serving morning tea to those in the garden, which encouraged other residents outside with their morning tea.

Gardening became a focus for many of the residents in the memory support units. Gardening awakens the senses including sight, sound, taste, touch and smell. Before Christmas, pots of herbs and tomatoes were prepared by residents to sell to family, friends and staff as gifts. Funds from the sale were used to replant an area of the garden.

One of the large recreation rooms was made available three days a week to the memory support units' residents. Here the men could play pool and the women could make tea and have their nails done. Staff too enjoyed the extra space and the opportunity to offer more one-on-one activities and spontaneous engagement with residents.

One of the residents was offered the role of doorman and later as librarian. He enjoyed his roles and took them all very seriously, dressing in his best pants and shirt in the morning. His responsive behaviours reduced, his sleep quality improved (as a result of increased exercise and meaningful engagement during the day and adequate pain relief on settling), along with his well-being and self-esteem.

Cultural and social connections were encouraged by extending greetings and handshakes. We trialled the use of name badges for the residents in Ebb Tide, with each person being greeted by staff at mealtimes and encouraged to meet and greet each other at these times, using the name

badges as prompts. Dining tables were dressed with tablecloths and flowers, a role undertaken by residents. This has been shown to encourage other residents to help each other in a positive way at the meal table, by passing the salt or a spoon, for example.

As a result of the success of the name badge trial at Ebb Tide it's now policy for all staff and residents at Baptistcare Gracehaven to wear badges with their names printed in large, clear text, and for staff to greet residents by name at each interaction. The badges are visual cues to support those with memory loss and create a practice that focuses on addressing social needs by connecting people who provide and receive care. Routines have been established to ensure that name badges are placed on residents' clothing in the morning and taken off at the end of the day.

Evaluation

To evaluate the project, measures were taken in October 2015 before implementation of the Montessori training and again six months later using the Person-Centred Care Assessment Tool (P-CAT) (Edvardsson *et al* 2010) and the Bradford Well-being Profile (Bradford Dementia Group 2008).

The P-CAT questionnaire measures the extent to which the care within a facility is experienced by staff as being person centred. It has 13 statements about the care and these were completed by 37 staff and volunteers prior to the implementation of Montessori and by 61 staff six months later.

The comparison of the P-CAT results showed a significant improvement within Baptistcare Gracehaven from the baseline survey in October 2015. Not all results can be described here, but some notable changes included increased agreement by staff on the availability of opportunities to discuss resident care and how to provide person-centred care (see Figure 1).

Staff found that interactions

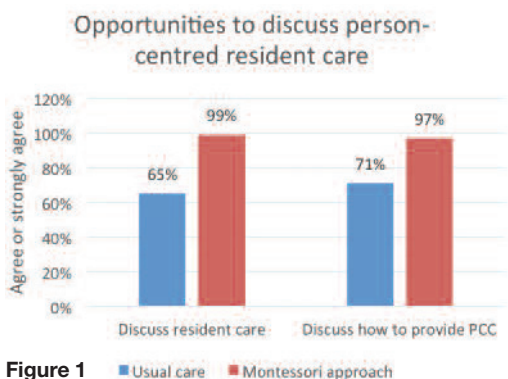


Figure 1

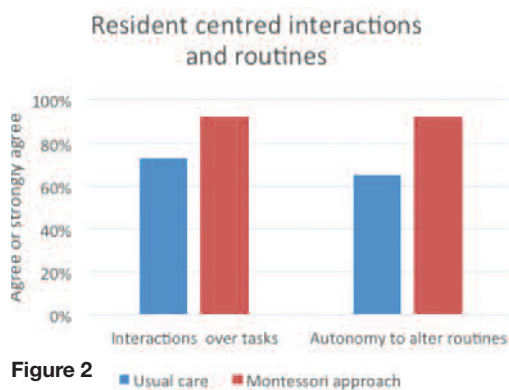


Figure 2

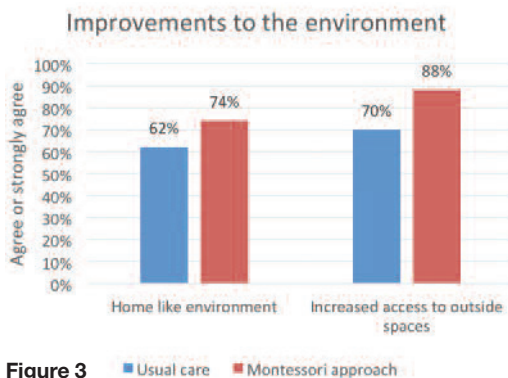


Figure 3



Figure 4

with residents had become more important than the task. They also had more autonomy to alter their work routines to meet the preferences of residents (see Figure 2).

There was an increase in staff agreement that the environment was more home-like and residents had increased access to outside spaces (see Figure 3).

The staff agreed that organisational support for person-centred care had increased, and they had more time to provide it (see Figure 4).

A modified version of The Bradford Well-being Profile was completed for 15 residents with a diagnosis of dementia before the Montessori training, and then again this time six months later with 35 residents, using the standard version of the tool.

The profiles were reviewed in multidisciplinary staff meetings and the memory support group to support the development of strategies for enhancing positive feelings, engagement and measures to avoid negative feelings and withdrawal. Goals and interventions were then included in care plans.

For example, one of the residents, a woman in the late stages of dementia, would shout and call out when she was bored. To address this

responsive behaviour, we asked her daughter to record herself as if she was talking to her mother on the phone, relaying family news and happenings. We put several of these recordings on the mother's iPad and she would happily replay them, listening to her daughter's voice and responding to the conversation.

By May 2016, the Bradford Well-being Profiles showed that 71% of residents were maintaining a reasonable level of well-being. They were often found to be engaging with other residents, helping with activities and taking the lead in the reading group.

Another small group of residents (14%) had very low well-being. Many of these residents were in the advanced stages of dementia. The assessment prompted staff to introduce activities for these residents to engage the senses, including music, fiddle bags and blankets, attendance at concerts, pet therapy, singing and musical quizzes.

Conclusion

The project to implement Montessori principles within Baptistcare Gracehaven has seen a 'whole of facility change' supported by a clear vision,

good communication, education, strong leadership, staff engagement and support.

The evaluation found that staff embraced the Montessori approach and as a result were less focused on the task and more engaged with the residents. They worked collaboratively and were more positive in their day-to-day work. Residents were more engaged, focused and happy, felt like they belonged and respected each other, and had things to do that gave meaning and purpose to their lives.

We also planned and incorporated strategies to sustain these new ways of working, so the Montessori approach to care continues. The memory support group continues to function beyond the life of the project to actively support and mentor new and existing students, staff and volunteers as they embrace the Montessori principles in their day-to-day work. ■

Acknowledgments

This project was supported through the Dementia Training Study Centres National Practice Improvement Program fellowship, an Australian Government initiative.

With special thanks to Anne Kelly, Managing Director, Montessori

Ageing Support Services, who helped Baptistcare Gracehaven and the project by enabling staff and volunteers to learn about the basic principles of Montessori methods.

Also thanks to Simone Baxter, Sonia Rubenica, Kim Jordan, Lucille Larsen and all staff members at Baptistcare Gracehaven who actively supported the author throughout the project and for embracing a person-centred approach to dementia care.

■ At the time of writing, Linda Barry was an ACFI RN and Memory Support at Baptistcare Gracehaven Residential Care facility. Contact Linda at lindabarry944@yahoo.com.au

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