

Bupa's vision of aged care

Person First: The Bupa model of care

Longer, healthier, happier lives

Introduction: The ‘Person First’ approach

In all four countries where we look after older people, the essence of the Bupa model of care is to put the person first, and understand their individual needs. It covers everything from quality of care to quality of life — from dementia care to the use of drugs, and from the physical environment to activities and food.

Our aged care operations look at all these aspects of care, when they come together to share knowledge and learn from colleagues around in the world. Our global aged care practice it's organised to ensure we have regular contact at all levels, among all disciplines, from operational efficiency to marketing to clinical care.

“Our aged care practice across the world works together to ensure we make the most of what Bupa has, knows, and has learned.”

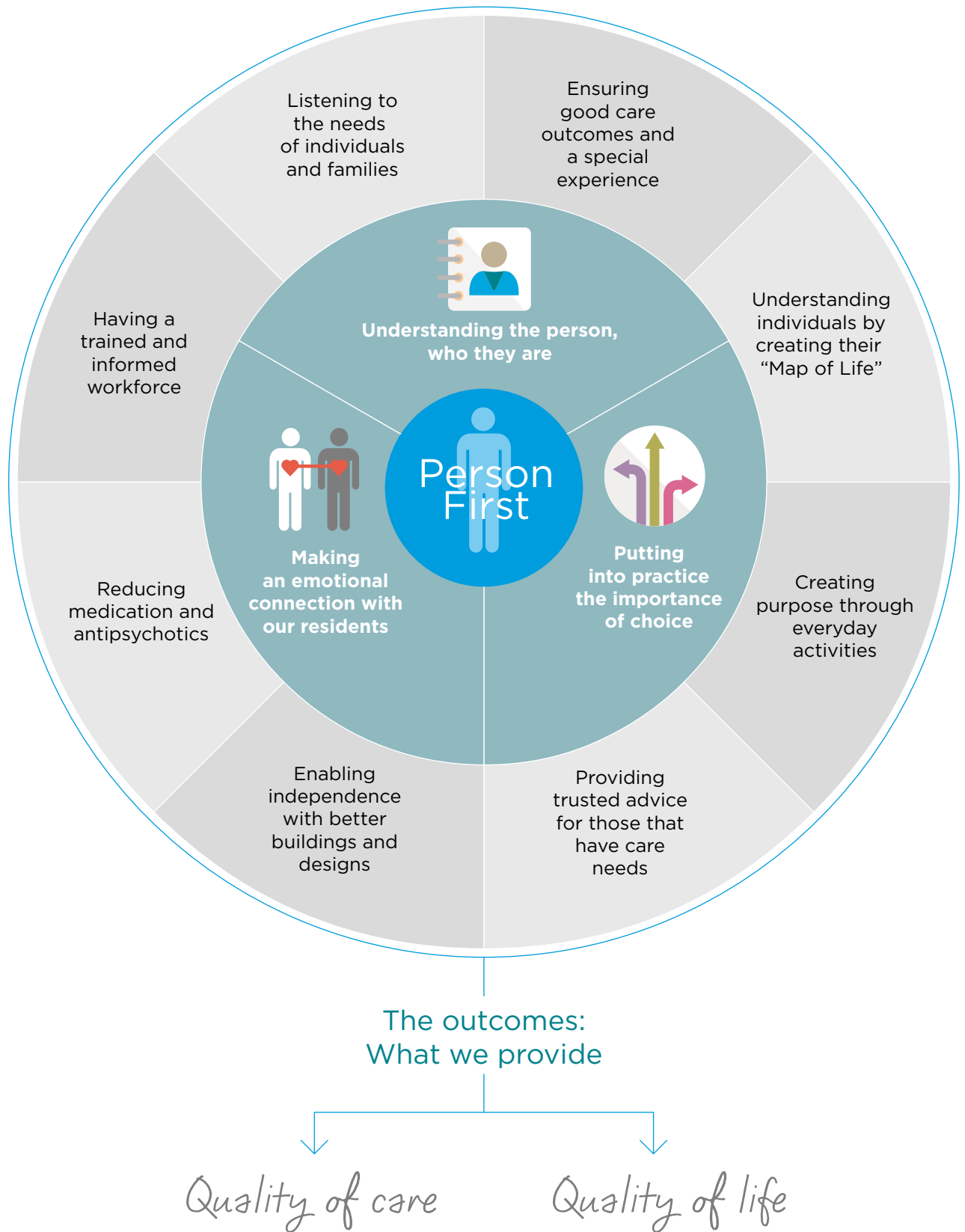
Domènec Crosas, General Manager,
Sanitas Residencial

Across all our aged care operations, we aim to move towards a more integrated approach, which links up primary and residential care. This is already a reality in Australia and Spain, but there is further to go in New Zealand and the UK, and ‘integration’ means different things in different contexts. But we believe it's worth campaigning for change, because this approach is better for individuals and families, better for people working in aged care, and better for society as a whole.

Below: our residents enjoying a game of bowls at one of our UK care home villages.

Right: the gardens are always kept in great condition at our care homes and villages.





Better for individuals and families: Quality of care

Our aged care practice has a number of working groups that look at specific aspects of aged care and how we can make progress across Bupa, as well as individually within countries. One of the most important working groups is the one focusing on the quality of our care — both clinical care and personal care.

Bupa's vision of aged care



Better for individuals and families: quality of care



Better for individuals and families: quality of life



Better for people who work in aged care



Better for the health system, society and the environment

This covers everything from medication, to falls, nutrition and weight loss, pressure ulcers, and physical and mental impairment. It also covers every aspect of ‘healthy ageing’. The knowledge we are now assembling on these subjects is unparalleled anywhere else in the world outside the hospital environment, given the number of residents we have, and the breadth of our international presence.

We are also developing Bupa global standards for care, which will apply everywhere we work, with any necessary adaptations for local regulations.

Dementia care: ‘Person First, dementia second’

Dementia is a growing challenge for governments everywhere, and they all share the same broad aim to keep people living independently for as long as possible. But that’s only possible with the right services in place, and dementia-friendly care homes where people can go when the condition progresses beyond the point where a person can be well cared for at home.

With 60-70% of our residents in some stage of dementia, we are leaders in this field across the world — not just in dementia care, but in dementia risk reduction, awareness, advocacy, and education. The same principle underpins all these different activities: ‘Person First, dementia second’.

The ‘Person First’ approach was pioneered in the 1990s by Professor Graham Stokes, Bupa’s Global Director of Dementia Care, when he was a Consultant Clinical Psychologist in the NHS.

It was first used in our UK business in 2009, and it’s since been adopted in our other businesses as well. ‘Person First’ builds on doctors’ evolving understanding of how dementia affects the individual, and how someone living with the condition can still live well. A traditional medical approach would look at the progress and symptoms of the disease, and how they can be managed or mitigated; the ‘Person First’ approach looks at the individual in the round, including their general health, the other conditions they may have, and who they are — their life story, their personality, and ‘what makes them them’.

This can lead to significant new insights — Professor Stokes often cites the example of a woman who was soiling herself, despite previously having been extremely clean and neat. But after taking the time to understand her better, it emerged that she had an aversion to public or shared lavatories, and it was this fastidiousness, combined with the confusion brought on by dementia, which was causing the problem. And that, in turn, led to a solution.

We take the ‘Person First’ approach with all our residents, but it’s especially important for those living with dementia, many of whom are losing the ‘self’ they used to have. We’ve developed tools such as the Map of Life to ensure we nurture that ‘self’ and continue to respect the person’s wishes even as the disease progresses. It’s about understanding who each resident is, what they want and need, and what it’s like for them to be living with dementia. What does this approach mean in practice? Things such as giving people care where and when they want it, including when they take their medication, and doing this at the same time every day, with the same carer, to help establish a comforting routine and build trust.

We’ve also examined the various options for employees’ dress, and tend to the view that uniforms are the best route — it’s important that families can find someone quickly if they need to, and uniforms also have associations of safety and protection for our residents with dementia. Our people also wear name badges, to help residents with poor recall or eyesight, and because both residents and families like the personal touch. As Jenni Coles, Director of Care Homes and Rehabilitation in New Zealand, says: “There is dignity in knowing who cares for you”.

A ‘Person First’ approach will always explore alternative ways of interpreting challenging or aggressive behaviour, rather than using medication — for example, by ‘watchful waiting’ to assess whether the behaviour is part of a pattern, establishing if the behaviour is a sign of pain or a change in the individual’s health, or whether it could be evidence that a person’s needs are not being met. Using music, exercise, or aromatherapy can also help.

‘Person First’ training

Training is vital to the ‘Person First’ approach, and we’ve worked with the University of Bradford, in the UK, to develop detailed training materials, which stress the human and emotional aspect of care. The programme is based on a cascade system, in which ‘Person First’ coaches go through a six-day course with trainers from the university’s Dementia Group.

The coaches are then equipped to lead by example and train others in their care home. Our aim is to have at least one person in every home trained in this approach, and this training is open to everyone, from nurses, to carers, maintenance people, and those who work in domestic services like laundry and catering. Australia already has an extensive ‘Person First’ Coach training programme underway, and this will be a priority in Spain in 2016.

The network of specialist Dementia Champions in Spain is another example of training and an integral part of our ‘Person First’ approach. It covers four key areas: assisting people living with dementia to eat; hygiene; understanding the person’s history; and the elimination of any physical restraints or anti-psychotic drugs. There’s a special emphasis on end-of-life care, and support for both residents and families at this time.

“Adopting the ‘Person First’ approach has been a tremendous experience for us. We know it makes for happier residents, and more engaged and motivated employees. It’s one reason why people love working here.”

Louis Dudley, General Manager,
Bupa Aged Care Australia



Focus

‘Person First’ training in Australia

In 2011, the University of Bradford, in the UK, trained 35 people from Bupa Care Services Australia in ‘Person First’, including Marg Ryan, who is now our expert on the topic and is accredited to train ‘Person First’ coaches. The approach was piloted in four homes, before being rolled out across the country. We now have 79 coaches in 44 homes, and aim to have them in every home by the end of 2015.

The training programme to support this consists of two sessions of three days, with a month’s break between them during which people practice what they’ve learned. The subjects covered during the six days include communication, assessment and care planning, meaningful activities, creating positive environments, supporting families and friends, health, and wellbeing and end of life. The programme draws on individuals’ creativity and imagination to help them develop their natural empathy.

The programme is supported by an e-learning module, and can be delivered in ‘micro units’ of about 30 minutes in homes when it’s not possible to release people for a whole day at a time. It’s a fun and participative programme, albeit with a serious purpose, and it’s proving very popular.

“What’s great about ‘Person First’ is that it builds on what people naturally do who are good at caring, and interested in aged care. It’s really validating for those people to be told that what they instinctively do is actually the best and right way to do it.”

Marg Ryan, Head of Dementia Services,
Bupa Aged Care Australia



Focus

Bupa ‘Admiral’ Nurses in the UK

‘Admiral’ Nurses are specialist dementia nurses who give much-needed practical and emotional support to carers, both family and professional, as well as the person with dementia. This support is tailored to people’s individual needs and challenges. The nurses help families understand the condition and its effects, and give them skills to help them communicate with their loved one as their condition changes. ‘Admiral’ Nurses also help to integrate the different parts of the health and social care system, by liaising with GPs and helping reduce unnecessary hospital admissions.

There are 150 ‘Admiral’ Nurses across the whole of the UK, accredited by the charity Dementia UK. Eight of them are in Bupa. The nurses split their time between our homes and the community, and we hope to have 12 by the end of 2015.

“Each Bupa ‘Admiral’ Nurse looks after seven of our homes, supporting the care home managers with training coaching, and creating dementia support groups for relatives, employees, and residents.”



Focus

Dementia support in New Zealand

Bupa Care Services NZ is unique in the country in employing a trained geriatrician, Maree Todd, to support the clinical team. We also have a dedicated dementia adviser, Beth McDougall, who spends time in our homes, monitoring their performance, supporting families, overseeing the activities and training programmes, and checking our care is consistent and of a high quality. She also manages the '0800 Dementia' hotline.

Beth and Maree have pioneered the use of a software programme that allows us to track the use of anti-psychotic drugs. We've been doing this since 2009, and the database we've accumulated allows us to spot trends, and investigate if there are sudden spikes at specific homes — a sudden change in anti-psychotic

use can indicate there are other issues that need to be looked at. Every resident taking these drugs is reviewed regularly, with the aim of reducing their use as far as possible. Overall use is down from 27% to 21% since 2009, and we want to get that figure below 20%.

“I’m passionate about ensuring the voice of people with dementia is heard — it’s a key part of my role.”

Beth McDougall, Dementia Care Adviser,
Bupa Care Services NZ



Focus

The ‘dementia compass’ in Spain

This idea was developed in Spain, when we decided we wanted something to help our employees support residents and families through the different phases of dementia. As the disease develops, both the individual and their loved ones have to go on a journey, and we needed something to help them navigate their way into what, for most, is uncharted waters.

The compass is designed to help with the decisions that have to be made at various stages — for example, how to decide when someone can no longer be cared for in their own home, and the implications for diet, medication, and care as the disease progresses. The compass supports individuals and families to understand their options, and helps our own employees have open and helpful conversations, and manage people’s expectations more sensitively.



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Better for individuals and families: Quality of life

Quality of life is just as important as quality of care. A personalised approach is at the heart of ‘Person First’, and this means making an emotional connection with our residents, as well as tending to their medical needs.

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Quality of life is about taking the time to talk to people and understand who they are, and how they want to live in the place which is now their home — in New Zealand, we use the phrase *My day, my way*, which means ensuring people are allowed to get up and go to bed when they want to, and spend the different parts of the day in ways that suit them. It’s also about the little things that make a big difference — listening properly, making eye contact, and going the extra mile to create ‘meaningful moments’, especially for people living with dementia, who live more in the moment.

There’s a lovely story from Sanitas in Spain of a resident who had never been to London and always wanted to, so the people working in the home made London come to them. They used Google maps to create a virtual visit, decorated a room with pictures of famous London attractions and portraits of the Royal Family, and held a classic English afternoon tea with scones and sandwiches. As Dianne Bell, our activities co-ordinator in Australia says, “You don’t stop living just because you go into a care home”.

“Healthcare has become hugely technical in the last few years. Compassion has taken second place, but it’s vitally important, and nowhere more so than in dementia care.”

Professor Graham Stokes, Global Director of Dementia Care, Bupa

Living well in older age ‘the way each wants’

We also believe in supporting people to live independently for as long as possible, whether at home or in one of the retirement villages we run in New Zealand and the UK. These allow people to enjoy a full and active life in an environment where there’s support on hand if they need it, and in most cases, an adjoining care home, if their circumstances change.

Understanding the individual: The 'Map of Life'

This has been one of our most successful ideas, and we're using it now in all our aged care businesses. In New Zealand, we're also promoting this approach externally and some District Health Boards have incorporated it into their care planning.

When a resident first arrives in any of our homes, we work with them and their families to compile their own personal map, covering their life history, what they like and don't like, and what they want from their new home; we ask what people have done in the past, what they would like to do now, and what their wishes are for the end of their life. The maps are put in residents' records and, with the residents' consent, on the wall in their bedroom, where their carers and nurses can easily refer to them. If the resident has dementia, the map can become a vital link to the past, and a way to stimulate happy memories.

Many of our homes have 'wishing trees', where residents can make special requests — one man in Australia wanted to visit his old golf club to see his friends. We were able to make that wish

come true. As his son later told us, "He thoroughly enjoyed seeing his old golf friends and now they visit him on a regular basis. It's a pleasure seeing him participating in activities in the community."

There's another lovely story from the Redroofs Care Home in New Zealand, where one of the residents wanted to have one last look at his house before it was sold. He confided to Rosanna, the home's activities co-ordinator, that the house was "where my memories are stored". Rosanna could see how important seeing the house was, and went the extra mile to make that possible. When the resident got back he said he was now "ready to let it go": being able to say goodbye to the place where he had lived for so long became a source of comfort, and a lasting positive memory.

The maps are also invaluable in helping us plan activities programmes, and in identifying residents with common interests, so they can make new friends and connections. This is particularly important for people with no family nearby, and if a resident has no-one visiting them, we arrange for someone from a community group to come and see them every two weeks or so.

Bart McKenzie's Map of Life

Born

14th March 1936
Glasgow



Lived in

Most of life in France
now in Howick

Brothers and sisters

Marie, Sally
and Jack



Marital status

Married to Clara
since 1958



Children

Barbara,
Tina and Ruby



Grand children

Melanie and
Paula



Great grand children

Brian and Rupert



Pets

Milo/Rose
the dogs
Boo the cat



Major life events

Marriage to Clara and
birth of my children

Childhood memories

Taking Milo and Rose for walks
down by the sea

Special friends

Berny the milkman, Marvy next door

Education

Benadict Boys Grammar
University of Paris

Jobs

Car salesman and
real estate agent

Interests

DIY, wood turning, horse riding
history, politics

Believes and values

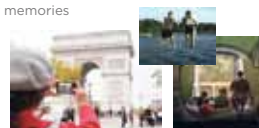
Christian, Labour supporter, honesty

Dreams

Go on the set of Coronation Street

Favourite holiday memories

Paris,
lake side
camping



Respecting the individual: Removing physical restraints and prescribed anti-psychotics

The use of anti-psychotic drugs prescribed by a resident's GP or consultant is a sensitive and complex subject. There are some people who undoubtedly need this medication and benefit from it, but we absolutely oppose over-use. But no-one yet knows what the 'right' level of use should be, and this is one of many areas of aged care where more research is needed.

Our New Zealand business is a good example of the progress we've made. In 2009, our dedicated geriatrician, Maree Todd, started to analyse the data on prescribed anti-psychotic drug use for our residents, with the aim of getting it down. Her assessment of the latest research suggested that the best way to do this was through employee training, and providing the right kind of supportive environment in which people are neither over-stimulated nor bored. Now everyone on these drugs has to have their own care plan, a rationale for the use of these drugs, and ongoing monitoring of the drugs' effectiveness.

"It's not been an easy journey — many of our new residents arrive with prescriptions for anti-psychotic drugs, and the population within the homes is always changing. But the feedback has been very rewarding since we've reduced their use — some people are talking and mobile for the first time in years."

Dr Maree Todd, Geriatrician,
Bupa Care Services NZ

Reducing or eliminating the use of prescribed anti-psychotic drugs undoubtedly helps improve residents' quality of life. They are more engaged, more communicative, and more mobile. But there are also challenges in doing this: you need a safe and dementia-friendly environment, and properly trained employees, because increased mobility can lead to the risk of falls, and people can also exhibit more difficult and noisy behaviour. We use the techniques of the 'Person First' approach to help manage these issues positively. We're constantly learning about the effects of dementia, and how external factors like the environment, food, lighting, and the responses of other people can make things worse or better. As a result, we haven't seen a rise in violence against our

employees as drug use has come down, and we've also managed to reduce the number of drugs each individual is taking. In Spain, Sanitas is exploring whether it's possible to run our homes without any prescribed anti-psychotics, with a pilot underway in the Puerta de Hierro care home.

However, the main challenge in Spain has been physical, rather than chemical restraints. Historically, it's been common for care homes in Spain to use physical restraints, and the current national average is as high as 30%.

Sanitas Residencial decided some years ago to take the lead on eliminating all physical restraints. It took a great deal of planning and training, and active collaboration with the GPs within the homes, but the biggest challenge turned out to be reassuring the families. Many of them feared their relative might fall, or even run away from the home, so we worked with each individual to make sure they were fully supported in making the change, and their family was reassured. We do still see some falls, but the incidence has not increased, and now people are more mobile many of them are actually steadier. More importantly, the elimination of restraints has made people happier and less stressed, and that in turn has allowed us to reduce the use of anti-psychotic drugs.

One family member recently shared a moving story about her father, and how, in a non Bupa care home, the use of physical restraints had transformed him "in less than a week, from a man who needed help doing some daily tasks to a disabled person who needed to wear a nappy and help to walk". But once he was moved to a Sanitas Residencial home all that changed. The employees took time to understand who he was, and adapted his furniture and bed to ensure he was able to move around without hurting himself. The family now feel he is "treated as a human being who can live the time he has left with dignity and respect".

When a new resident comes into a Sanitas home the family now has to agree that there will be no use of restraints. We've also been accredited by CEOMA (the Spanish Confederation Organisation for the Elderly), which is a rigorous and prestigious endorsement to achieve. No other care home operator in Spain has made anything like the progress we have, and we're proud to be leading the way.

Lives with purpose and meaning: Activities programmes

It's impossible to overestimate the importance we place on the activities that take place in our homes. Governments and regulators are increasingly focusing on this area, and in Australia, for example, the law requires that people in care homes should have "active control of their own lives within the residential care service and the community".

We see 'activity' in its widest possible sense — not just planned social events, but everyday occupations and pursuits that make the care home more like the life a resident used to live: gardening, hanging washing, and setting tables — ordinary things people would have done at home. But there is always a planned programme as well, run by a dedicated activities co-ordinator.

The variety on offer is enormous, and varies according to cultural and social norms, and the wishes of those living in each home. Some of these activities encourage physical mobility and dexterity, including woodwork, cookery classes, flower arranging, exercise classes, Zumba, tai chi, seated exercise, and dance and movement. Others are designed to foster mental wellbeing and agility, including Scrabble, dominoes, and cards.

Some are simple social events inside the home, such as high tea, watching football, film clubs, breakfast clubs, and musical entertainment, and others take residents out into the community, on bowling trips, restaurant evenings, cinema outings, shopping trips, and special days out.

Residents in one of our Australian homes got the chance to see the Queen during her visit, and gave her flowers. And if some of our residents can't get out easily, we can still bring the community in to them, whether that's themed evenings like 'cruise nights' and 'spa nights', or visits by local schools. It's all part of making the home a part of its community. We're also using digital technology to keep our residents connected — many can use Skype to contact their family and friends, and we've used video streaming to bring them church services and special occasions like a grand-daughter's wedding.

"Age is no barrier to trying new things."

Carmen Abelanet, Head of Customer Experience, Sanitas Residencial

Some activities are specially designed to reflect the needs of people living with dementia, including night owl clubs for those who are restless at night. Memory is a particularly important element in many of our activities, whether that's themed nights based on a particular decade of their youth, or spending time with 'treasure chests' that recollect the past. We also use tactile cushions and sensory gardens, and create 'meaningful moments' which could be as simple as sharing a cup of tea or a walk in the garden.

A Sanitas Residencial resident and a carer pose for a picture.



A supportive environment: Better buildings by design

The age and layout of our care home buildings varies considerably across the world. In the UK, many are older sites we obtained through acquisition, while in New Zealand and Australia we've been able to build more new homes to our own specifications. This is allowing us to implement some innovative new ideas about the best way to organise space inside a care home, right down to details like colour and lighting. And we have pets too — people love the company of animals and it's been proved that they can help reduce stress.

In all four countries, the key is to create a place that supports the 'Person First' approach. We want to make the home feel like a home, from furnishings to floor coverings. Likewise we make sure our accessories aren't just decorative, but have some meaning, such as artwork that evokes past decades or residents' wedding photos. In other words, images and objects that can trigger memories and inspire conversation.

As Ian Burge, our Operations Director in Australia, says, "The biggest thing is to avoid a clinical feel and smell — the building needs to feel good to visit and to live in. Simple things like storage can make a big difference, just by getting equipment out of sight. Innovation doesn't have to be that innovative, it's often more about common sense." For example, dementia units need to have prominent toilet doors — it's not how you'd design an ordinary house or a hotel, but important if people are confused or disoriented.

Australia's new-builds are 144-bed homes divided into units of 36, so that it feels more intimate for the residents. And within each unit, we're moving away from the large communal space typical of conventional home layouts, and making smaller 'destination' areas that encourage people to move about and stay active. These include libraries and reading rooms, sewing rooms, and 'men's rooms' with TVs to watch sport and with sport-related décor. We're also creating smaller dementia units catering for 18 people.

Retro-fitting older homes is harder, but some of the same atmosphere can be achieved by using partitions to divide up the space, and allocating rooms for different purposes at different times of the day — for example, dining rooms can become activity rooms after meals, and the hairdressing salon can be used for something else if the kit can be stored away.

Bench-style kitchens have also been a great success, creating a space where some residents can cook or make jam, and others can just sit and socialise. Outside, we install artificial grass so it's green all year, and provide seating areas, interesting pathways, and raised planters for vegetables and flowers, which make it easier for residents to continue gardening.

In Spain, Sanitas is looking at how room design can help reduce falls, which has involved studying how people use different spaces at different times of day. We are also employing 'dementia-focused design', which means adapting bedrooms to give residents maximum freedom and dignity, while ensuring they are safe.

Our care homes around the world are designed to ensure the residents feel like it's their home.



Listening to individuals and families: Customer satisfaction

Knowing the residents we care for and understanding the needs of their loved ones is at the heart of our model of care. We get as much feedback as we can from our customers, and from those who make enquiries about our services. All our businesses run an annual customer satisfaction survey with their residents and relatives to see how well we're doing on issues such as resident welfare, meeting regulatory requirements, and addressing the needs of carers and their loved ones. All our businesses score well in these areas, and we use the surveys to find ways to keep improving.

There are also frequent and more formal internal and external audit reviews, which supplement the process of gathering 'compliments and complaints' at individual homes.

Looking ahead, we're moving towards using the well-respected Net Promoter System, which assesses how likely it is for a person to recommend a product or service. Sanitas are taking the lead on this plan, and are currently identifying the key moments during a resident's stay that are most critical to them, and most important for our own performance as a business. We plan to extend the same approach to the UK, Australia, and New Zealand.

Health and wellbeing: Appetising, nutritious food

Food is always a big factor in customer satisfaction, and it can play an enormously important role in residents' general health and well-being. Meal-times are social events, and can be turned into special experiences. We make sure that our residents have the time they need to eat properly, and as much as they want, respecting their personal preferences.

Nutrition can be a particular challenge for people with dementia, and we're experimenting with new ways to make food appealing, and ensure people get the nourishment their need. We've brought our catering in-house in all our homes and villages, to ensure we have full control of this vital aspect of our residents' lives and enjoyment.



Above: One of our UK care village residents enjoying a workout.



Right: One of our Sanitas Residencial residents enjoying lunch in the garden.



Focus

Retirement villages in the UK

The idea of the retirement village has evolved in response to the changing needs of older people, and the changing demographics that mean more of us are living for longer. Bupa has five UK retirement villages, and two more under construction. Richmond Villages offer a safe and caring environment where people can live active, sociable, and independent lives for as long as possible, and have support on hand as their needs or circumstances change.

There are apartments for those who are able to care for themselves, or for couples where one person needs more support, and suites which provide full assisted living, including meals and daily chores. Everyone can access personal care if they need it, and there is a care home on every site, providing both respite care and higher levels of support for more dependent people, including nursing and dementia care.

The villages also offer 'Richmond Retreats', which are essentially holidays for older people, with a level of additional support that conventional hotels wouldn't be able to supply.

“Bupa has five retirement villages in the UK, and two more under construction. Richmond Villages offer a safe and caring environment where people can live active, sociable, and independent lives for as long as possible, and have support on hand as their needs or circumstances change.”



Focus

Residential villages in New Zealand

We now have 30 retirement villages in New Zealand, where this way of approaching early old age is becoming extremely popular. We aim to create small close-knit communities where people know one another and have the chance to live a full and active life 'the way they want'. We can take care of household maintenance, laundry and even catering, freeing up time for a wide range of activities, hobbies, and socialising.

Our residents have all the comforts of home and all the freedom of independence, but with a support network in place if they need it. Almost all our villages are on the same site as a Bupa care home, making the transition easier if that becomes necessary. The villages also offer weekly wellness checks, and all residents have a medical alarm, and access to seven days of respite care in the adjacent care home every year as part of their care package.

“I’ve got a beautiful little unit — it’s sunny and my home help comes every day. I like getting involved and keeping active. After all, even if it’s the end of your life you have to make the most of it.”

Hanneke Smits, aged 91, village resident for over 20 years



Focus



A small miracle in New Zealand

Kate Burnett is an activities co-ordinator at our Cornwall Park home in New Zealand. She's passionate about the value of her role, and the difference it can make, and has a special story to tell about a resident with dementia called Mary.

When she came to the home Mary was loud and sometimes aggressive, and there was almost no sense of the person she must have once been. As Kate says, in many other care homes she might have been "left in a corner" because she was too difficult to deal with. But not at Cornwall Park. Kate took time to slowly build her trust and form a relationship, and one day in January 2014, Mary suddenly emerged from the shadows of dementia and had almost a whole day of complete lucidity.

During that time she was quite another person — kind and happy and able to tell Kate that she'd been aware all along of what was happening to her, and how much she appreciated the effort Kate had made: "you treated me like a woman". They went to the beach, and had lunch together with her son before the brief window of clarity closed once more.

As far as we know, this is an extremely rare case, as well as a moving one. It's attracted attention across the world, and earned Kate a well-deserved Bupa Breakthrough Award —

these annual awards celebrate extraordinary achievements by our people that have made our purpose of *longer, healthier, happier lives* a reality. Kate was named our 'everyday hero' of 2014. Rather wonderfully, Mary has since had another short period of lucidity, during which Kate was able to tell her all about it.

"Kate Burnett, activities co-ordinator, took time to slowly build resident Mary's trust and form a relationship, and one day in January 2014, Mary suddenly emerged from the shadows of dementia and had almost a whole day of complete lucidity."



Focus

Wellness and activities in the UK

Helen Baxendale heads up our Customer Care and Involvement team in the UK, and wellness and activities are key elements of that brief. After nearly a year of planning and consultation, we now have a new strategy in place which will be launched during 2015. As part of that we've redefined the role of our activities co-ordinators, and developed detailed materials to help them plan and run a successful programme.

The subjects include memory activities and life stories, motivating residents to take part, helping residents make and maintain links in the community, one-to-one activities, opportunities outdoors, and meeting the needs of people with dementia, or who are frail and vulnerable. There's also a year planner with ideas for specific days, a resource kit, and a list of preferred suppliers who can provide materials such as reminiscence kits, or painting boards for those who are physically impaired.

As part of our residents' charter, all our UK homes have either residents' meetings or in larger homes residents' committees, that meet quarterly and decide on the activities plan as well as agreeing together how they would like to be involved in the decisions that affect where they live. We're looking to develop this concept further in 2016, giving our residents a voice at a regional and national level as well.

“We want to move away from the stereotype of the care home where everyone is in the same room watching TV all day. We want to turn off those TVs and get people involved, interested, building new relationships and friendships, and enjoying where they live.”

Helen Baxendale, Head of Customer Care & Involvement,
Bupa Care Services UK



Focus

Getting residents involved in Australia

All our aged care businesses are keen to get residents involved in the decisions that affect the home they live in. Many homes have regular residents' meetings, and some have formal residents' committees. Being part of a group like that can be stimulating and rewarding, as it is for a resident in our home in Aranda, Australia.

Terry Sheppard had a successful business career before moving to the home, and when the residents' committee was first set up he was an ideal choice for its chairman. Terry has been able to bring all his business skills to bear, making sure that his fellow residents' views are taken into account, and coming up with new ideas that improve the home for everyone.

There's now a new coffee machine, fresh fruit bowls, the reception areas have been painted and work has been done in the garden. The residents have a wider choice of meals, and more input to the daily programme of activities. Terry has also been instrumental in setting up a new monthly award for the home's employees, in which those who have given extraordinary care, or shown particular passion and dedication, win a certificate of appreciation and a \$50 voucher.

As Sue Smith, Regional Support Manager says "Our residents now feel that they have more of a say, and Terry and the committee have been pivotal in making changes for the better in the home. It's given Terry new purpose and self-worth too."

"Many homes have regular residents' meetings, and some have formal residents' committees. Being part of a group like that can be stimulating and rewarding."



Focus

Promoting ‘healthy ageing’ in Spain

In 2011, our Customer Experience team at Sanitas Residencial introduced a new approach to activities in our Spanish homes, which sprang from the feedback we’ve had from residents and their families. The programme is called the ‘BIG 6’, and it groups activities under six headings: singing and dancing, audio and visual, enjoying summer outside, bringing the generations together, and Christmas events with a Nativity theme. There is also a sixth area focusing on specific activities tailored for individuals, and all the ‘BIG 6’ are adapted to the needs of people with dementia.

The programme runs in all our homes throughout the year, and complements events which are happening locally. Examples include water physiotherapy, making music videos, outdoor cinema, and the ‘A tu lado’ (By your side) programme, which gave 300 young people work experience with physiotherapists, so they could see what it might be like to have a career in the care sector.

“The ‘BIG 6’ programme groups activities under six headings: singing and dancing, audio and visual, enjoying summer outside, bringing the generations together, Christmas events and one activity tailored to individuals’ needs.”



Focus

Activities programmes improve the quality of life in New Zealand

The work done by the Midlands region activities team is a great example of how activities can improve residents' quality of life. When Lauren came to the care home in 2013 she was very withdrawn and her interest in life in general was very low. While the home had a very good and varied activities programme none of them appeared to interest Lauren. The activities employees took the time to explore Lauren's Map of Life, looking for anything that might help, and discovered she had been a passionate artist in her earlier life. So they set about developing a special art-based activity for residents. It made a huge difference — Lauren became one of the most active participants, enjoying the regular art sessions and socialising with the other residents.

“The work done by the Midlands region activities team is a great example of how activities can improve residents' quality of life.”



Focus

Innovative care home design in New Zealand

New Zealand has one of our most active building programmes, and one of our most innovative approaches to interior and exterior space. We're looking at the use of colour to help people with failing sight, and we've found that schemes using lemon, magenta, and green work well in this respect. We also colour-code the doors so that those used by our people look different from those available to residents. Some of these doors now have large artworks, to enhance the feeling of space, and we design new-builds so that as many rooms as possible have windows with views. We're moving away from all-white environments in areas like bathrooms.

We're also moving away from having lino floor covering everywhere, because even though it's easy to clean, it doesn't feel like a home. And we're challenging the conventional view that dementia units can't have some types of furniture or accessories for health and safety reasons — we're looking at the use of lightweight chairs, and soft materials like papier-mâché vases and flowers, to give them a more comfortable and homely feel.

“People love beauty, colour, light and movement — we can use those things to make our homes a good place to be, whether you live, work or visit here.”

Jenni Coles, Director of Care Homes and Rehabilitation, Bupa Care Services NZ



Focus

Using digital technology in Spain to keep people connected

Sanitas is launching a new online portal in 2015, which will allow residents' families to stay connected with the health and well-being of their loved one. The new MiResidencial site will be absolutely secure, and offer access to everything from care plans and doctors' notes, to activities programmes and menus. This will help families to keep track of any changes, and make it easier to get in contact with employees to raise concerns or arrange meetings.

The site was developed in response to the feedback we received from a customer satisfaction survey, in which 40% of families said they'd like more information, more regularly. The site is the ideal way to do this, and is available even when the care manager is not on duty. This will give better and quicker reassurance to families, and will probably lead to a reduction in complaints — our experience suggests that a lot of complaints arise from very simple issues, which can be quickly resolved if they are addressed immediately. As with so much else in aged care, good communications are vital.

“MiResidencial is helping us move towards a ‘seven-days-a-week’ mentality. Our care home managers obviously can’t be on site 24 hours a day, but that’s the way our residents live in the home. So we’re finding new ways to keep families in touch, wherever they are, and throughout the week.”

Beatriz Marco, Technical Director,
Sanitas Residencial



Focus

Eating well in the UK

Our UK business caters for around 18,000 residents every day, and we've recently made standardised our menus across the whole of the country, to ensure quality and nutritional values are consistent. The new menus include old favourites like fish and chips, and regional specialities such as Welsh cakes and haggis.

There are different seasonal menu lists for Spring/Summer and Autumn/Winter, and within that the dishes rotate on a four-week cycle, with 200 options overall. All of these have been professionally photographed, to make sure the menu looks as well as tastes appealing, to help encourage our residents to eat well. And it appears to be working — the feedback is great, and our weight maintenance statistics are better than they have ever been.

Our chefs are encouraged to do one special event a month, perhaps based on a public holiday or celebration. We also teach them how to pack calories into a dish for people who are unable to eat large amounts, and how to cater for people with special needs — for example, we can deliver shepherd's pie as 'finger food', or sandwiches in puree form. Giving our chefs these new skills is helping to ensure we attract good employees, and we're also keen to recruit people from the hospitality industry, to help us present our food in more attractive ways.

“Our UK business caters for around 18,000 residents every day, and we've recently made standardised our menus across the whole of the country, to ensure quality and nutritional values are consistent.”



Focus

Enjoying good food in Spain

Sanitas is working with Nestlé in Spain, to ensure that the food we provide is not just delicious but nutritious. Nestlé has assigned a nutritionist to our care homes, who offers advice, answers any questions, and checks on residents, helping them to lose weight if that's what they need to do.

Nestlé has also created SANNEST, to help care homes design balanced diets, and provide training to doctors and nurses on key nutritional issues. This is backed up by online training courses, which are equivalent to three university credits, and are available to all Sanitas employees.

“Nestlé has assigned a nutritionist to our care homes, who offers advice, answers any questions, and checks on residents, helping them to lose weight if that's what they need to do.”

Better for people who work in aged care

Developing and training our people is a key priority for our aged care working group. We have over 41,100 employees working across our four markets, and we share many of the same challenges in terms of attracting and retaining the best people.

Bupa's vision of aged care

	Better for individuals and families: quality of care
	Better for individuals and families: quality of life
	Better for people who work in aged care
	Better for the health system, society and the environment

This applies as much to the leadership teams as it does to those working in clinical, care, and support jobs. We're looking at each role in depth so we can identify what makes some individuals so good at it, and how we can share their insights with others. And where we have outstanding people, we want to make sure they are recognised, both inside and outside Bupa.

All our businesses offer nursing scholarships and internships, and we offer leadership development to our more senior people — in Australia, for example, there's the Inspire programme for our care home managers, and an equivalent Aspire version for care managers. New Zealand has a similar programme, Leading to Bupa 2020, which was launched in 2012, and has three levels designed for emerging leaders, care home managers, and senior managers.

Training, development, and recognition: Bupa's nurses

Careers in aged care are not always seen as the most attractive option for nurses, and this has been a particular problem in the UK. But that's now changing. As one of the UK's biggest employers of nurses, we're pioneering a new career path, which gives

nurses the chance to develop their clinical and leadership skills and achieve their full potential. It's supported by a robust competency framework that empowers our nurses to manage their own professional development.

The new pathway was launched in early 2015, and includes modules on subjects such as dementia and diabetes care. It's been developed to ensure that our nurses satisfy the criteria of the new Nursing and Midwifery Council revalidation process in the UK, and we're confident our people will not only meet but exceed those requirements. Nurses in our UK care homes now have a high level of autonomy and the opportunity to develop an extended practice, including taking on roles involving the co-ordination of multidisciplinary teams.

Aged care is the only area of nursing where nurses can achieve responsibility and autonomy in a supportive environment early in their careers. We offer a clear career development programme to enable nurses to progress from a newly-qualified entrant to management and leadership roles as they gain skills and experience.

We also make our aged care nurses part of our wider community of practice, which values compassion and care as well as clinical excellence. That's why the main message of our recruitment campaigns in the UK is 'be the nurse you want to be' — we want to attract nurses who went into the profession to care, and offer them an environment where they can progress fast, but also have the time to build a personal connection founded on empathy and respect.

In New Zealand, Bupa leads the way among aged care providers in having a Professional Development and Recognition Programme for enrolled nurses, and registered and clinical managers, which is accredited by the Nursing Council of New Zealand. We have also recently

trained over 300 Registered Nurses in the interRAI (International Resident Assessment Instrument) assessment tool, which is now used across the aged care sector. We focus on education and career opportunities for the nurses we employ.

“We actively support all nursing employees in their professional development and want them to have great career and education opportunities within Bupa.”

Jan Adams, Director of Nursing,
Quality and Risk, Bupa Care Services NZ

This includes our ‘nursing entry to practice’ programme for recent graduates, which offers a safe and supportive environment to help new nurses build their confidence and take the next step in their career.

Aged Care Australia has developed its own clinical capabilities framework, looking at the competencies required by all its clinical roles. This is aligned with the new integrated model of care, and supported by the Graduate Nurse Training Programme in Australia. The programme began in 2010 and we now have up to 900 applications for the 25 places available each year. The students learn leadership skills and improve their clinical knowledge, and at the end they have the option to go on to a graduate certificate in management. The programme provides a clear route from nurse in charge, to care manager, to general manager, and 34 of the 184 people who’ve been through the programme have already been promoted to managerial roles.

The graduate training programme makes Bupa Care Services Australia the first choice for many nurses, which is why we have very few vacancies and an extremely low level of agency employees (less than 1%). This means we are more efficient, our care is more consistent, and the outcomes for our residents are better.

“Our nurses feel supported, recognised, trained, developed, and engaged, and that’s has helped make us the most clinically expert operator in aged care in Australia.”

David Payne, People Director,
Bupa Aged Care Australia

Training, development, and recognition: Bupa’s carers

We’re investing significantly in new training and development, and giving our carers more demanding and fulfilling roles.

In the UK, we’re developing a carer career path, which is aligned to the one we now have for nurses, and designed to meet the criteria of the new UK care certification framework. The national scheme will take about five years to implement across the sector, but our own training should be in place in two. This means our carers will be fully certificated in twelve weeks, with a portfolio of skills and the chance to develop a rewarding career. They will also become part of the Bupa Nursing and Care Service team, a professional community that will give them further opportunities to develop and network.

Our New Zealand business prides itself on empowering carers to develop their own careers. We encourage our people to take further qualifications, and salaries are structured so that people are paid more for having more skills, rather than for years’ service. As Julia Wiegandt-Goude, our People Director in New Zealand, says, “Many of our carers have no qualifications when they arrive, and by going through our Progress Steps development programme, they gain recognised qualifications. Some go on to train to become nurses via our scholarship programme. Progress Steps gives them the confidence to say ‘I can’.”

We are also supporting our activities co-ordinators across the world. This is a demanding job, which requires a high level of commitment and energy. We’ve developed e-learning modules, and in the UK we have National Vocational Qualification (NVQ) level training. In New Zealand, in addition to sector training, we run one-day forums for activities employees.

We have over 1,700 carers and more than 250 nurses in Sanitas Residencial. They produce individual care plans for residents, and work alongside our doctors, physiotherapists, psychologists, and occupational therapists. We support them with the AST or ‘All Staff Training’ programme, which includes modules on dementia care, hygiene, falls, the last stages of life, and managing difficult behaviour without the use of physical restraints or anti-psychotic drugs.

Better for the health system, society and the environment

We believe our more integrated approach to care is not only better for the individual who receives it, but can also result in significant savings for tax-payers, and reduce the pressure on mainstream hospital services.

Bupa's vision of aged care

	Better for individuals and families: quality of care
	Better for individuals and families: quality of life
	Better for people who work in aged care
	Better for the health system, society and the environment

We have evidence from Australia, where early results from the University of Tasmania research study indicate that the reduction in unplanned hospital visits could save around A\$500,000 per year, per home.

With this learning in mind, we have just finished a year-long analysis of every aspect of dementia care provision, from diagnosis, to post-diagnosis support, and residential care. We're looking at how that process can be delivered in a more integrated way.

We believe that national policies — on screening or other possible methods that could be used to diagnose dementia — need to be discussed with healthcare professionals and other stakeholders, so that decisions can be

made on how diagnoses can be prioritised and diagnosis rates increased. More research needs to be done into screening and other possible methods to support dialogue in this area.

Most people worldwide living with dementia never receive a formal diagnosis. In high income countries, only 20 to 50 per cent of people living with dementia are diagnosed, and the rate is much lower in low and middle-income countries. A dementia diagnosis is important because it can provide people access to treatment, care and support; empower a person to make informed decisions about their future care needs; and provide more time for a person and their family to plan for the years ahead when their needs will substantially change.

In this space, we recently commissioned the London School of Economics to examine the implications of introducing dementia screening at the age of 75 year. They conducted research in our four countries and concluded that introducing screening would lead to thousands more people being diagnosed with dementia every year. If everyone aged 75 was routinely screened almost 9,000 people a year would receive a diagnosis across our four countries. 5,200 of these people would not receive a diagnosis at all without such a routine screen, and the remaining people would have received a diagnosis much later without it.

Ways forward in aged care: Community hubs and digital technology

We aspire to use our care homes as community hubs, where those living outside the home can come for drop-in and clinical services, day care, advice and help, rehabilitation, intermediate and respite care, and we could also provide training and support for healthcare professionals. In Spain, our homes already offer day care seven days a week, and in the UK we're opening dementia cafés at some sites, which open up the home to the community, and challenge preconceptions about dementia and what it's like to live in residential care.

Looking ahead, we can see the evolution of a model in which people stay in their own homes longer, supported by community hubs like the ones we're evolving. These would be fully integrated with the primary and secondary healthcare systems, and with residential homes, where care would be provided at a later stage, when people have become more dependent. But that will only be possible if some degree of funding is made available to do this, because there is a cost to doing it, even if — as we believe — it would be cheaper than what's being provided now. Society also needs to adapt to the reality of having more older people living and working in the community, many of them with dementia. At present over half of those over 85 can have no contact with other people for up to three weeks at a time.

Digital technology is also opening up a myriad of new ways to deliver healthcare for the whole population, as well as older people. Mobile health apps are already available to help ensure people take their medication at the right time, and in the future, sensors installed around the home in places like the toilet, the fridge and the bed could support people to live independently for longer by tracking what they're eating, whether they've fallen, or whether their behaviour pattern has suddenly changed. Installing a 'tele-care' system like this is already saving the Leeds local authority in the UK over £2,300 per year, per person, by reducing the number of times carers need to visit.

However, it would be important to ensure old people living alone continued to have companionship and didn't become more isolated, if paid carers weren't visiting so often.

Given that we already have a successful medical alarms business, tele-care is another obvious area for us to explore. There are other opportunities to make a difference within care homes — for example, keeping fuller digital details of the care provided could speed up diagnosis and treatment, and be less intrusive for the individual.

Civic responsibility: Creating a dementia-friendly world

As our populations age, the world needs to adapt to the needs of people with dementia, and we want to play a role in achieving that. Professor Graham Stokes, our Global Director of Dementia Care, believes that while formal care is going to continue to play a key role in helping people with dementia to live well, we also need a societal change that will only come about if we accept that dealing with dementia as a personal and civic responsibility.

“By ensuring good dementia awareness education at school, creating dementia-friendly communities and workplaces, and encouraging people to take personal responsibility for reducing their risk of developing dementia, we could transform the landscape for people with the condition by 2030. But that will mean raising the bar considerably in terms of what it means to be a dementia-informed society.”

There are great initiatives which are already contributing to this vision, and Dementia Friends is one of them. It originated in Japan, and was taken up in the UK in 2013, as a partnership between the Department of Health and the Alzheimer's Society. It aims to raise awareness of the condition, and help people understand what they can do to support those who have it.

The Bupa Executive Team went through this process in 2015, and were so impressed and inspired that they wanted everyone in Bupa to have the opportunity to do the same. So we've developed a programme to do just that, available in six languages and covering four key subject areas: what dementia is; how to help someone live well with it; and how you might be able to reduce the risk of getting it, plus a personal pledge we want all our employees to make — something individual to them, which could be a commitment to reduce their own risk factors, or something they do for somebody else. We'll capture all these pledges and track how we do in achieving them.



Corporate responsibility: Reducing our impact on the environment

We've worked hard in the last few years to improve the environmental performance of our care homes. This is key to our goal of reducing Bupa's total carbon footprint by 20% in absolute terms by the end of 2015. As part of this, we've set up a £50m Energy Saver Fund, which is implementing over 900 renewable and low carbon projects, including solar panels, LED lighting, and combined heat and power systems.

As Dr. Paul Zollinger-Read, our Chief Medical Officer, says: "As a global health and care company, we know that by addressing air pollution and climate change, we will also improve the health of millions of people around the world. Minimising carbon emissions is no longer an option; all businesses need to do this. We want to become leaders in this field, showing how reducing the environmental impact of healthcare will contribute to tackling climate change."

Care homes are an especially important part of improving our environmental performance, partly because they account for so much of our property portfolio, but also because they can be intensive users of energy. Homes have to be kept warm in winter, and in some markets there are regulations such as measures designed to prevent the occurrence of legionella, which mean that all the water in a home's systems has to be kept moving at all times, and that has a huge cost in energy terms.

Across all four markets we have intensive and innovative work underway to cut our energy use in care homes, while safeguarding the comfort and health of our residents.

Facing page: This thoroughfare door from the Fernside wing at Ballarat Home in New Zealand, has been disguised and has been very effective at reducing anxiety for residents living with dementia.



Focus

Pioneering environmental improvements in the UK

Bupa UK has taken the lead in developing smart new ways to manage, monitor, and reduce our energy use. Having better data has been crucial here, because you can only cut what you consume if you know where you're consuming it. Care homes account for 85% of our sites in the UK, so they were the top priority.

The team decided to run a pilot at one home, to see what could realistically be achieved with the right level of investment. The site that was selected was deliberately chosen because there were various other challenges that would need managing as part of the process: it was an older building and it was in a conservation area.

The team mapped out every technology that could be applied: they replaced boilers and controls, installed solar panels and a Combined Heat and Power generator, and replaced the lights and sanitary ware. With all that in place, energy use came down by 60%, and costs by 50%. Building on this success, 400 projects have now been implemented within our UK aged care services, including the introduction of LED lighting and solar panels. Bupa is leading the way across the whole of UK industry in implementing so many upgrades to existing buildings in such a short space of time.

“I love working at Bupa because it means you have a huge impact on real people, especially if you change something. For example, lighting levels can make a big difference for people living with dementia, so we've now installed sensors that give them a brighter environment, which means fewer of them sleep during the day.

It also helps with facial recognition, and allows more active residents to continue with hobbies like knitting and reading, that need good light.”

Neil Jones, Engineering and Sustainability Manager, Bupa UK



Focus

Cutting carbon in Spain

Marc Vallet, our Head of Facilities and Environment in Sanitas Residencial, has worked closely with the team in Bupa Care Services UK to find new ways to cut energy use and save both money and carbon. It's been a really positive collaboration, sharing ideas and adapting them to the needs and circumstances in Spain. The changes made so far include installing LED lighting and more efficient condensation boilers, monitoring our energy use so we can spot areas for improvement, using thermodynamic plates for heating water, and installing solar panels. Up to 20% of the electricity needed in our homes is now generated this way.

Making these changes has also improved the quality of life for our residents. We've established the optimum temperature for our home environments (actually one or two degrees below what it was before), and the better lighting has helped keep people more active.

“We reduced Sanitas Residencial’s carbon footprint by 28% between 2009 and 2013, and we’re on course to keep up that improvement.”

Marc Vallet, Head of Facilities and Environment, Sanitas Residencial



Focus

Australia's largest solar power project

As part of our work to reduce our global carbon emissions by 20% by the end of 2015, Bupa Australia has invested around £8m since 2014.

Near all our care homes across Australia now use solar energy, and we are Australia's largest privately owned rooftop solar power generator, with more than 4.5MW of solar installed across our facilities. This is saving more than 4,400 tonnes of carbon every year — the equivalent to taking 1,000 cars off the road. 11% of the electricity used in our care homes is now generated by solar panels, which saves around A\$1,178,000 a year, as well as around 1,500 tonnes of coal and over 1.5 million litres of water.

“The increased use of solar energy to generate electricity is not only cost efficient, but great for the environment.”

Matthew Heggie, Chief Engineer,
Bupa Aged Care Services



Focus

Lighting project in New Zealand

A major lighting upgrade was undertaken across 42 New Zealand care homes in a short four month period in 2015 with over 22,000 light bulbs replaced — estimated to save 370+ carbon tons per annum while providing increased light to areas of the home.

“Our property team has worked hard to look at all areas to contribute to our carbon savings and have implemented this particular initiative very efficiently.”

Jenni Coles, Director Care Homes and Rehabilitation, Bupa Care Services NZ

