

Do meaningful moments have positive outcomes for care home residents living with severe dementia?

The purpose of this pilot study was to find out whether residents with advanced and hence severe dementia living in a care home experience positive outcomes through 'meaningful moments', defined as brief personalised interactions (Stokes, 2011).

The research was carried out at Berewecke Court, a nursing home in Winchester which provides specialist care for people with advanced dementia. The home makes available a daily programme of stimulating activities that adheres to the principle of 'person first, dementia second' (Stokes 1995) yet also acknowledges the need to enrich people's lives through unplanned moments of engagement and occupation.

Activity and dementia care

Although there is an increasing number of structured activity-based interventions that have been used with people with dementia developing a firm evidence base of what works for whom, when and in what setting is a difficult task. Yet, despite data supporting efficacy being limited a subjective indicator of good practice in care homes is the provision of recreational and social activities (Stokes 2011). The Commission for Social Care Inspection described how, within a care home, a resident's quality of life is significantly influenced by occupation in activities, positive engagement and the quality of staff communication (CSCI, 2008). Conversely, inactivity and low levels of engagement have been associated with loss of physical function, social isolation, behavioural disturbance and poor quality of life (Mor et al. 1995; Alessi et al., 1999). Yet a report by the Alzheimer's Society (2007) revealed that 54 percent of families reported that their relative did not have enough to do and that the typical person in a care home spent only two minutes interacting with staff or other residents over a

six-hour period of observation, excluding time spent on care tasks. This problem was particularly acute for people with severe dementia.

At Bereweeke Court observation had demonstrated that in the absence of supported activity and engagement residents with advanced dementia did not initiate occupation and thereby could not support their own well-being. On one occasion it was noted that *“When we got there most of the residents were just sleeping or sitting in front of the TV. All of them were showing a withdrawn state at this time. They all seemed to be in their own world, not showing a positive or a negative mood state.”* Similarly, on another occasion it was observed that *“After a Tai Chi session there was a staff meeting and only one member of staff was left in the lounge area. Without the extra staff presence and interaction more of the residents went into a passive mood state”*.

It is inescapable that the availability of staff in care homes to provide activity will ebb and flow throughout the day if for no other reason that most residents nowadays having high and at times total dependency needs. Ninety percent of Bupa’s care home residents in the United Kingdom have ‘high support needs’, with just under 70% experiencing some form of incontinence and nearly one half (47.6%) living with severe mobility problems (Lievesley et al. 2011). Consequently, the press of time is ever present. As a result there is a need for staff to engage with and have faith in an engagement methodology predicated on brief meaningful encounters that can still engender a state of positive well-being in residents and will help people live well in care homes. In other words a way of interacting with people living with advanced dementia that is not perceived by carers as onerous but equally is not seen as inconsequential.

Meaningful Moments

Meaningful moments are staff-initiated interpersonal encounters that are brief, yet evocative to the person with dementia. In most instances they are contingent upon nurses and care staff knowing the person so the brief encounter is psychologically and emotionally meaningful. They can occur at any time, can be structured or spontaneous “spur of the moment” interactions which can last for a few minutes or maybe even less than 60 seconds and can be repeated during an episode of care. A similar methodology has been proposed by Sheard (2008).

Meaningful moments can take place during personal care tasks or when a person is lying awake at night. Meal times can be particular highlights that provide meaningful moments. When cleaning and tidying a resident’s room a conversation can be triggered by photos, figurines or even personal furniture. When a care setting has destination rooms or features that resonate with nostalgia these can be enriched triggers for meaningful moments of conversation and activity. Similarly, personalised rummage boxes can trigger emotional memories and energise meaningful moments’ activity

The brevity of this social intervention is not simply a response to the pressures on staff time. It is also founded on an appreciation that if a person with dementia’s capacity to remember is measured in minutes then why not provide engagement that corresponds with this restricted memory span. However, while memory for experiences is fragile and degrades rapidly emotional benefits may not be similarly brief. Consequently, for a person living with dementia positive well-being may persist for longer than the memory of why they should feel calm and content. Yet pragmatically the benefit for the culture of care is that brief encounters are less likely to fall prey to the press of time that care staff experience and which often conspires against the introduction and maintenance of time consuming recreational activities.

The overarching premise is that each and every moment counts for a person with dementia for with a limited capacity to recall and an inability to look forward, plan and anticipate the future the present is all that remains. A present that is largely composed of the ‘here and now’ and this is the therapeutic ground carers can occupy. And what does therapy mean, simply helping someone to feel better and hence happier.

Methodology

Harvesting observational data is challenging as observers’ own experiences and points of view can vary enormously and therefore subjectivity can be introduced into the results (Sommer & Sommer 1991). To address this a measurement instrument adapted from the Short Observational Framework for Inspection (SOFI) (University of Bradford/Commission for Social Care Inspection, 2006) that helps observers understand the quality of residents’ experiences who due to communication impairments are unable to express themselves was employed in this study. Adapted from Dementia Care Mapping (Bradford Dementia Group, 1997) a recommended care home practice development intervention that is widely used to support the embedding of person-centred care in practice (Cox, 2001), SOFI provides observers with a standardised framework for recording experiences and perceived well-being and a coding system that translates behavioural and verbal observations into quantitative data (Figure 1).

Figure 1

Positive mood state		Total
Passive mood state		
Negative mood state		
Withdrawn state		
Sleep		
Engagement with another person		Total
Engagement with a task or activity		
Engagement with an object		
STAFF INTERACTION		
Good interaction		Total
Neutral interaction		
Poor interaction		
Observations		

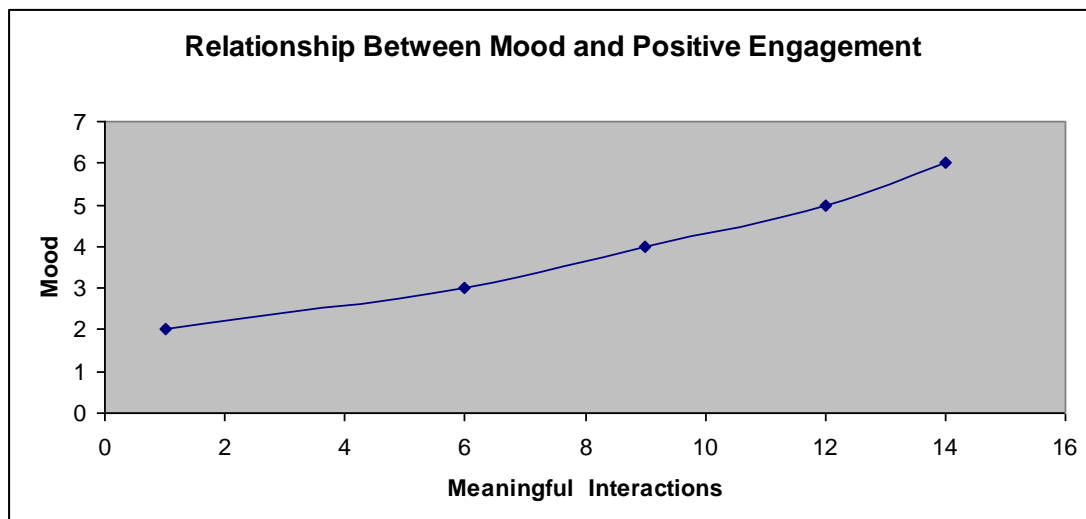
During a typical day residents were observed in communal spaces and the harvested data were used to ascertain whether meaningful moments had a positive outcome. Dyad interactions and reactions depicting differing mood states were recorded and each expression of emotion had specific criteria, for example; positive mood states were described as smiling, laughing, chuckling and humming, alongside relaxed facial posture and relaxed body posture (CSCI, 2008). Outcomes were described in terms of percentage achieved. To ensure reliability observers in this study worked in pairs. Such design rigour is vital when audits are dependent on observational data (Cooper & Benjamin, 2004).

In addition to the observational tool a focus group enabled reflective consideration of the data. It also allowed for reflection on the type of moments that were considered to be meaningful and provided a forum to discuss observations that were found difficult to categorise. The focus group consensus was that the data collected were representative of the observations.

Findings and results

Conducted over an observation period of eight hours the findings show a positive relationship between brief meaningful staff interactions and positive well-being. With the passage of time as the number of positive interactions accumulated improving mood state scores were recorded (Figure 2). The data suggest that emotional memory traces are insubstantial and so initially require a number of interactions (n=6) to register as discernible improved mood, but thereafter changes in mood become increasingly sensitive to meaningful engagement.

Figure 2



Qualitative data provided further insight into the nature and effect of meaningful moments; *“A member of staff read through a book with a resident who was laughing with her. They talked about open fires, and the resident remembered having one when they were younger. The resident became animated at this time”*

“They (staff & residents) spoke about toffee apples and one resident said he used to buy them at the roadside, just like ice-cream and he seemed quite animated”

“The meaningful moments from earlier in the day seemed to be sticking with the residents. Ones that had had their nails painted, when asked about it seemed proud and very happy about their nails”.

Interestingly the study recorded meaningful moments occurring between residents during activities which implies that supported positive engagement itself can encourage resident-initiated communication and meaningful encounters. For example:

“Throughout the activity, the residents also had interactions with each other, showing engagement with another person. They were smiling and laughing with each other and asking how each other were. There was also a lot of general ‘banter’ with the staff, for example a resident said ‘got the boyfriend with you?’ when referring to a male member of staff”

On two occasions positive mood states were observed when family members were visiting. The positive mood states were not elicited through interactions but were observed as residents heard a voice or saw their visitor approaching. This further suggests that meaningful moments can be elicited through familiarity and that these have a positive outcome for the residents. The types of positive interaction that appeared to have the most significant effect were those that were personal to the resident.

“Residents became animated, smiley, laughing and engaged when remembering past experiences or talking about the past. One staff member asked if one of the residents could have Ovaltine before bed rather than tea following a conversation about it. The resident then sang the words from the old Ovaltine advert laughing and appearing vibrant.”

Conclusions and recommendations

This adapted SOFI audit demonstrated that meaningful moments have a positive effect on people living with advanced dementia. Communication, compliments and various brief activities delivered by staff were the main interactions observed. While some residents were passive or unresponsive during the attempted interaction, the majority enjoyed the person-centred attention, typified by smiles, laughter and contented expressions. As moments of engagement accumulated throughout the day mood improved and consequently observers felt residents were living well with dementia. This is consistent with Objective 11 of A National Dementia Strategy for England (Department of Health, 2009) and provides evidence that meaningful moments is an activity methodology that corresponds with the need for ‘time-lite’ interventions and over time if persisted with meets the needs of residents with severe dementia for companionship, occupation and well-being – people who are especially vulnerable to becoming isolated and starved of staff attention.

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