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REVIEW ARTICLE

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The Community Home Model of Care – Household Based Community Embedded Dementia Care

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Introduction

Prior to the establishment of the National Disability Insurance Scheme, Australia lacked an appropriate mechanism to provide care and support to people living with younger onset dementia, which has resulted in many aged under 65 entering into the residential aged care system. The 2021 Report of the Royal Commission into Aged Care Quality and Safety recognised that residential aged care was less than appropriate for those under 65, whose interests, experiences, preferences and needs are incongruent with the predominate population of frail over 80's [1].

The Community Home Model of Care

The Community Home Model was established in 2019 and is a registered nurse developed and driven, holistic, multi-disciplinary alternative to traditional residential aged care based around a principal of continued community connectedness. With a social, relationship model front face, the Community Home Model is balanced with a comprehensive clinical "back of office" function that supports the delivery of high-quality healthcare services without presenting like the predominate institutional, clinical care settings of many residential aged care facilities. This balance allows us to provide all levels of care up to and including palliative and end of life care, traditionally only available in institutional high care nursing homes.

The model was developed by the author and his colleague, registered nurse and gerontologist, Nicole Smith, in part as a response to the overwhelming negative effect of the COVID-19 pandemic on aged care residents, in part as an expression of frustration with the current institutional aged care system in Australia and in part fulfilling a desire to stop talking and do something better for Australians living with younger onset dementia. By design, the model aims to exceed the minimum standards set by regulators for both aged care and disability support services and delivers world-class, person-centered care for people living with younger onset dementia with both a residential component and a day therapy program component. At its very heart, the model incorporates the fundamental mental health principal of 'least restrictive environment' and the findings of the report of the Inquiry into Health Services for the Psychiatrically Ill and Developmentally Disabled conducted by David Richmond in 1983 which is recognised as a watershed moment in Australian healthcare history driving deinstitutionalisation of these groups [2].

The author and his team drew upon three decades of health service management and clinical experience across aged, dementia, disability and mental health care and incorporated learning from:

- The US Eden Alternative model [3]
- The US Green House Project [4]
- The US Green House Farm model [5]
- The UK Butterfly Household model [6]
- The Netherlands based De Hogeweyk village [7]
- The Netherlands intergenerational programs of Humanitas [8]
- The Austrian Multigenerational House Model [9]
- The German based Mehrgenerationenhäuser Multi-generational Housing Model [10]
- The Danish and Japanese models of deinstitutionalising the elderly [11]

A review of research and publications continued to inform the teams thinking and enabled a plethora of options to choose from [12-21]. In many ways, the model continues to evolve as we regularly review our guests' experiences and their responses to those experiences.

The Six Fundamental Principles of the Community Home Model

The Community Home model is based upon the following key pillars:

Community Home Model					
Respect for the individual	Independence and De-institutional-isation	Enablement and support through Practice and it	Community connection	Expertise and Specialisation	Staff value

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Respect for the Individual

Respect is at the core of everything we do. With individually designed person centered supports specifically meeting the wants, needs and preferences of each guest. Our small scale, non-institutional houses offer individualised truly homelike environments where guests are treated like family and maintain their valued roles and status. Past roles and interests form part of each guest's identity and these are acknowledged and maintained. Family are embraced and relationships are nurtured to form a circle of care and support around the guest. This respect for the individual also extends to staff where their experiences, cultural, religious and lifestyle preferences are embraced and valued.

Independence and De-institutionalisation

The de-institutionalisation of care and supports is an important structural element of the model. Guests are enabled to access existing community-based services in what is a stark change to aged care practice. Independence is maintained through programs are that are enabling, designed and driven by the guest and their loved ones and are aimed at maximising function, not creating dependence.

Our guests choose how their daily routines occur and continue to participate in daily household activities and external programs as they choose. Control over what support is desired, where the support is delivered and who delivers the support is held by the guest and not determined in isolation by staff. Guests participate in menu development, meal preparation, household chores, tend to our vegetable garden, pick fruit from our fruit trees and care for our chickens. Both guests and staff eat meals together and share life experiences and daily activities. Our guests right to autonomy is paramount.

Enablement and Support through practice and IT

Our model is not about staff driven dependency or staff performing tasks upon someone else. We don't impose our thoughts, values or choices upon our guests. There are no shower lists or set toileting rounds reminiscent of traditional aged care facilities.

Of course, our skilled team members are available to provide hands on support and assistance as required but guests are encouraged and supported to live their best life and remain active participants in life including their personal care, operations of the house, operations of the organisation (including staff recruitment) and external activities. Supports are provided as part of an ongoing relationship where our staff know the guest on a personal level.

The use of technology to enable independence and promote efficient and effective care delivery is key to our model of care. Partnerships with leading international IT specialists have resulted in a smart house design that improves the functionality of the physical environment while maintaining the guests privacy and dignity. The Livius falls prevention system, which is based upon mammography technology, allows guests to mobilise independently while simultaneously providing staff appropriate visibility to offer assistance when required. We also use this system to improve night-time care that allows guests to sleep without being disturbed by staff.

The Community Home Australia point of care delivery care management system was developed that is fit for purpose so our team members can document when and where they need to, without making documentation an onerous task that takes them away from our guests. The system provides instant access to guest information and clinical data as well as governance documents and manuals and guidelines.

The use of YouTube Premium and Google technology offers guests access to an endless array of music and entertainment from every genre imaginable. The use of Whatsapp enhances instant communication between staff and family members while the Breezie app and Samsung tablets provide entertainment and enhance continued communication between guests and their loved ones.

Clinical care is enhanced through the use of technology including electronic medication management systems provided by Webstercare Australia to ensure the safe and effective administration of medicines and the use of Rossmax clinical diagnostic equipment that allows our companions to measure vital signs and weight and have this data automatically recorded and available in a cloud based location to senior nursing and medical staff regardless of their location. Smart lighting that includes colour options is helpful in managing anxiety, agitation and provide an environment conducive to sleep.

Community Connection

A defining pillar of our model that sets us apart from many other similar dementia care models. Unlike traditional aged care where residents often never leave the confines of the facility, our guests are encouraged and supported to continue their lives as active participants in the local community.

Instead of creating fake villages complete with internal hairdressers, cafes, shops, gyms, chapels and movie theatres, our model supports our guests to access existing community-based services including medical services, shopping, and the services listed above.

As citizens, we do not live permanently in our house and ongoing connection to the world around us is important for mental health, physical health and quality of life. This is no different for our guests. Institutionalisation and isolation from the world around you is not normal and is counterproductive when the goal is to achieve wellness and happiness.

The model includes both an accommodation and social support mechanism to provide a comprehensive level of support to remain actively engaged in life.

Our guests regularly enjoy:

- Bus trips around the region including to the south coast to the beach and local tourist attractions and national parks
- Local community events such as school fetes, festivals, celebrations and sporting events
- Community resources such as art galleries, museums, parks and libraries
- Intergenerational programs with local preschools and playgroups

- Access to a full range of community based allied health practitioners and medical services
- Activities including gym, yoga, book club, art classes, music programs, gardening, woodworking, cooking, movies, church services (in a real church with the local congregation), walking programs, cafes and restaurants.

Community connectedness also includes connection to family and friends and our model extends to the spouses and loved ones of our guests. Families and friends are included in activities and celebrations and become an integral part of our care and services. Through the use of technology, we invite our guests loved ones to participate in the daily life of the organisation so they continue to play an active role in the guest's day. Where family are unable to visit, we enable our guests to visit them … even when they live 600km away. The first answer to any request is never 'no'.

Expertise and Specialisation

Education, training and evidence-based practice are an important part of our model's success. Our organisation is led by two experienced Gerontologists with decades of hands-on dementia, mental health and aged care experience backed by higher degree academic training.

As well as our comprehensive internal education, programs we also support team members to undertake ongoing professional development beyond our organisation. All team members, regardless of role, are enabled to complete qualifications appropriate to aged care, disability and dementia including all modules of the Wicking Dementia Centre program through the University of Tasmania. Training in first aid, CPR and advanced life support (including the use of a defibrillator) is included in our annual training program and paid for by the organisation. It is important to note that while we do not openly display our clinical capabilities to guests on a day-to-day basis, our staff are fully trained, experienced and resourced to provide all levels of clinical care up to and including palliative and end of life care thus providing an ageing in place model of care.

Clinical staff continue to maintain their currency of practice through our partnership with ACT Health and the Canberra Hospital. Fully funded by Community Home Australia, team members are paid to complete supernumerary shifts in the acute geriatrics wards, in what has proved to be a valuable experience for both our staff and those employed at the hospital. The program provides our staff with continued exposure to contemporary clinical practice while simultaneously offering us an opportunity to educate acute care staff on providing care to people living with dementia. Additionally, through our partnership with the University of Canberra we actively participate in research programs and have fully funded a doctoral program PhD scholarship commencing in 2023 to explore our model of care and establish an evidence base for others to follow.

Staff Value

We acknowledge that without our staff we have no organisation and celebrate and support our staff in recognition of their valuable role in providing the highest quality of care to our guests. Without our team members, our organisation would not be a success and as a mark of respect, Community Home Australia has made a commitment to support each team member in achieving their dreams.

Unlike traditional staff recognition programs where one staff member is recognised a month or staff receive a once off Christmas present, through productivity and efficiency gains, we now offer staff at all levels of the organisation 10-15% above award wages, additional annual and personal leave entitlements (6 weeks and 20 days per year respectively) and 12% superannuation contributions. We recently commenced supporting our team members desire to improve their fitness through paid annual memberships to local gyms. All staff are enabled and encouraged to pursue educational and personal opportunities and we offer inclusive and supportive HR practices that offer flexibility and support.

As a disability support organisation, we ensure our HR practices include the engagement of staff members with physical and psychological disabilities with 16% of current staff identifying as living with experience of disability.

The Path Ahead

It is hoped that through collaboration and sharing of knowledge, we will see more providers enter this space and diversify their current offering. We are currently working with a number of aged care and healthcare providers in several states to adapt their care delivery models to incorporate the Community Home Model into their business and are always open to sharing.

Additional Reading

- www.communityhomeaustralia.org
- https://www.facebook.com/KamberaHouse/
- https://hellocare.com.au/inside-australias-first-home-designed-specifically-for-people-with-early-onset-dementia/

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It is also acknowledged that this model provides an exceptional level of individually focussed care and services unprecedented in traditional residential aged care because of the foresight and hard work of those who developed and successfully implemented the National Disability Insurance Scheme (NDIS) which is, in many ways, the complete opposite of the aged care system. People who are diagnosed with dementia prior to the age of 65 have access to the NDIS and its optimal system of support.

The NDIS represents a truly person centered system of supports that allows providers to tailor care and services to individual participants. It strives for excellence within a participant driven system and allows providers to actively engage with support recipients to plan and deliver their care in a way that meets their individual needs and preferences.

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