



Small-Scaled Housing

DEMAND-ORIENTED CARE FOR PEOPLE WITH DEMENTIA

Buildingproject “De Wingerd” – Leuven

Thinking small

- **Better organizing life**
- **Creating higher well-being**
- **Tailored care**

For people with dementia, needing much support as they are losing the grip at life.

Offering safety, recognizability, and familiarity.

Building large

- 8 small-scale houses for 8 clients each
- 3 appartements for 15 clienst each
- 9 flats for couples
- 2 daycare centers for 23 clients in total
- 1 short stay center with 10 rooms
- 1 local servicecenter
- 1 expertise center on dementia

Small-scaled housing

- *“A limited group of people, needing intensive support and medical care, together in a small sized home, enabling them to live their lives as close to normal as possible...”*

General concept

- Tailored care – personal rhythm
- Quality of life – privacy, safety and cosiness
- Lifelong relations – social networks
- Autonomy vs. Demand oriented support

Care-basics

- Systematic
- On-going
- Lifelong
- Multidisciplinary
- Automation

Building-basics

- Small-scaled houses (site A)
8 x 8 = 64 residents



Building-basics

- Groupappartements (site B)
3 x 15 = 45 residents



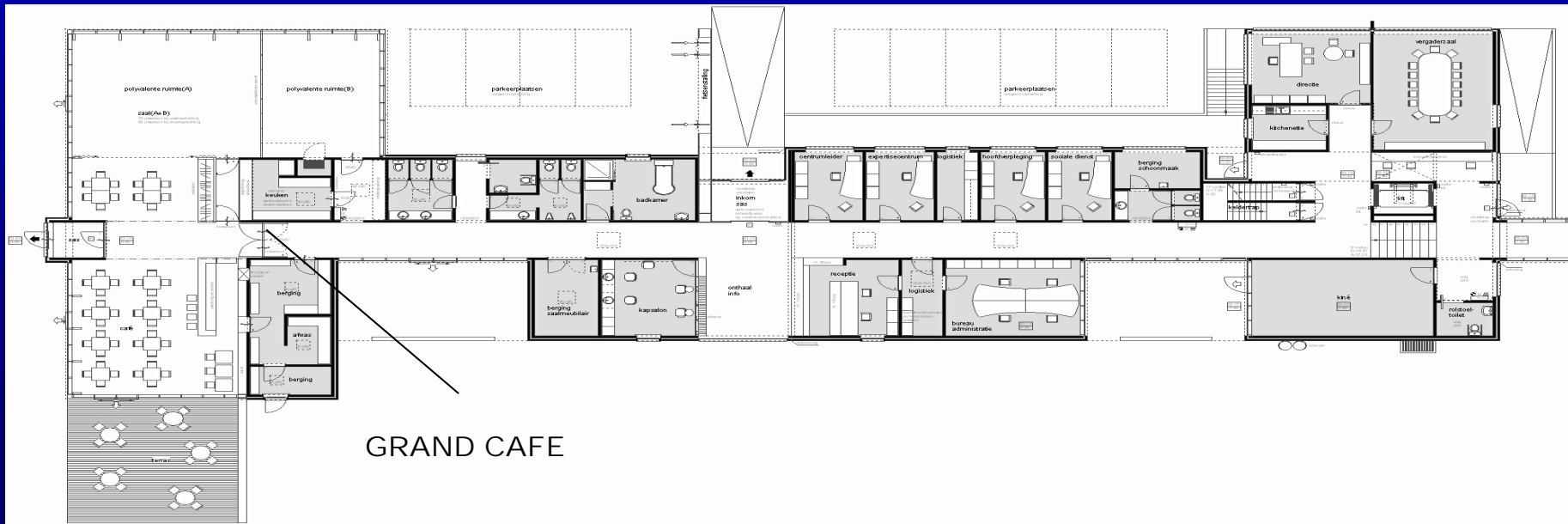
Building-basics

- Flats for couples
9 x 2 = 18 residents



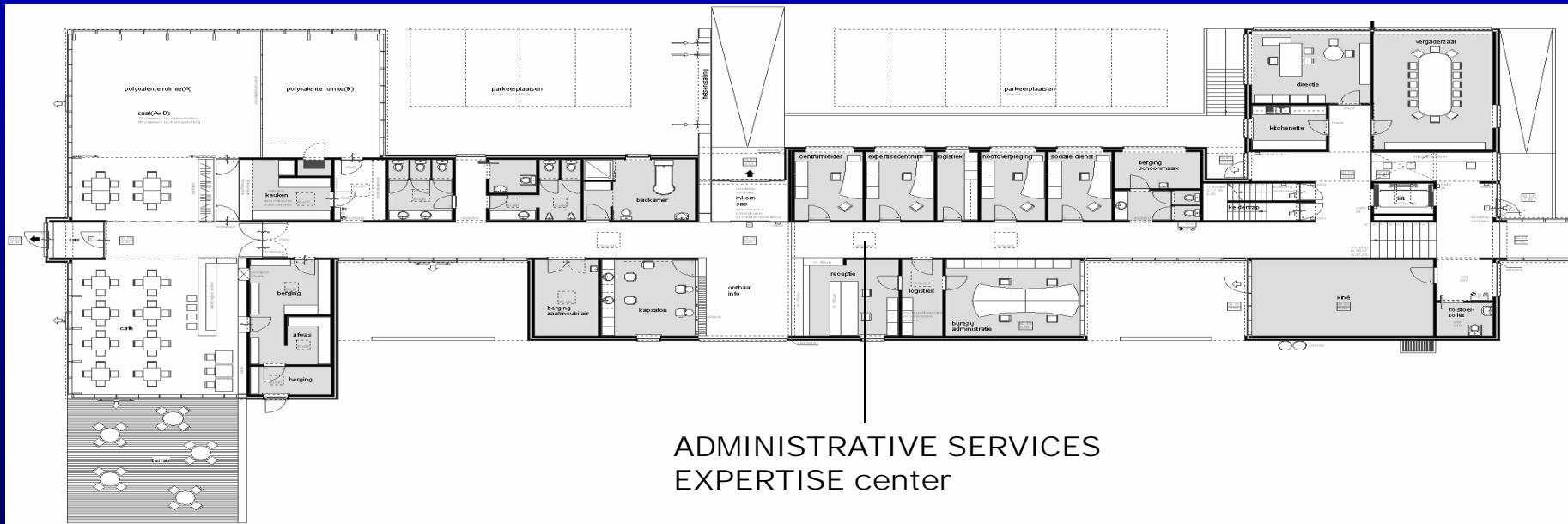
Building-basics

- Local Servicecenter (site C)
Grand Café, conference rooms, public bathroom, media & internet desk,...



Building-basics

- Expertise center on dementia (site C)
consultancy, documentation- and infopoint



Impact on nursing

- Working more autonomously
- Taking part in daily activities of the group
- Maintaining a personal distance
- Multiple tasks: medical care and housekeeping
- Efficiency in communication

Impact on teamleaders

- Guarding the concept
- Coach & listener
- Feedback
- Intersivision

Impact on housekeeping

- More visible within the team
- Residents taking part in housekeeping
- Cleaning, cooking, washing, etc.
- Assisting residents in their daily activities

Impact on paramedics

- Present in the homes of the residents
- Supporting them in daily activities
- Stimulating autonomy & independance
- Advise on ergonomics
- Organizing routines

Impact for MD's

- Housecalls by general practitioners
- First reference for any medical issue
- Medical Doctors & Specialists support the demand-oriented and small-scaled concept

Impact on volunteers

- Important added value
- Supporting daily activities
- Filling in for professionals where needed
- Taking part in housekeeping
- Indispensable for the general concept

Impact on family

- Involved in the decoration of the personal rooms
- Taking part in daily activities such as doing groceries, preparing and serving meals
- Joining their family member during doctor's housecalls etc.

Quality management (EFQM)

- Centralized: administration, social services, head of nursing, servicecenter leader, psychologist
- Teamleaders per cluster
- Coaching & concept supported by nurses
- All functions take part in housekeeping
- Upgraded role for logistics staff
- Paramedics & Doctors

Plan of approach

- Install steering committee
- Define concept details
- Train team members
 - **Showering physically disabled residents**
 - **Cold line cooking, regenerating meals**
 - **Respecting individual daily rhythm**
 - **Feedback**
 - **Home automation**
 - **meaningful daycare / daytime activities**

Mesuring progress

- Satisfaction survey – relatives and staff
- Success indicators:
 - Less sedatives
 - Less malnutrition
 - Fewer falls
 - More involvement from family
 - Longer self-sufficient
 - Higher level of satisfaction employees
 - ...