

Stuart Wright, Dementia Champion, Brunelcare

1. What will your role as Dementia Champion entail at Brunelcare?

For the last six years I have been working directly with people living with dementia. Having daily contact with our residents and their families has given me a real insight into the challenges of living with dementia and also the way in which we can best deliver care to overcome these. My new role at Brunelcare will give me the opportunity to take a step back and review our current practice and policies and identify how we can make improvements to quality of life, and quality of service.

I will oversee dementia care throughout the organisation, offering advice and guidance. My objective is to build an organisation-wide programme which lays the foundation for a feelings based service, which is responsive to client choice and need, and understands how people with dementia may experience the world. I will be working across all service areas with an initial focus on Very Sheltered Housing and Community services.

I will be leading a service review across the organisation to identify opportunities for improvement, innovation in training, service development and research in dementia care. I will be looking to enhance existing partnerships and developing new ones which will seek to involve those receiving our services, their family and friends whilst identifying opportunities for outreach to the wider community, including health care professionals.

2. What are the key challenges currently facing dementia care in the UK?

First and foremost, funding. This is an ongoing issue and one which I believe is unfortunately here to stay. Funding is needed for research and without the right research, we have little evidence on which to tailor services. There is not a bottomless pit of money and our challenge is how to make the best use of the resources available to us.

End of life care for people with dementia certainly needs to be reviewed. How can we enable older people to live the final stages of their lives comfortably, securely, exercising choice, and with dignity? In my view it is an area which has not been explored enough.

We need to look at improving the quality of community care services across the country; designing and delivering care packages which don't disable service users through their restricted parameters, but which enable independence and an improved quality of life.

GPs need support in early diagnosis and ongoing appropriate management. The sooner an individual, and their family, can know and understand the implications of dementia, the better prepared they will be to deal with it. They can then be referred to the raft of services running up and down the country, from memory clinics to activity groups, and utilise traditional clinical means.

Finally, and most importantly, we need to improve workforce support and development. Carers need to be given the knowledge and tools to offer the best possible dementia care; the ability to understand actions as behaviours in the context of communication, and have the confidence to know the best way to engage with the person with dementia. Equally, we need to dedicate more emotional support to our care workers. Working with people affected by dementia is an incredibly challenging job, both physically and emotionally. Without the right support network, care workers can feel isolated and the fulfilment is lost. This ultimately impacts on their ability to provide care.

3. Do you feel that the new coalition offers new hope for people living with dementia and their carers?

The new coalition certainly offers hope and change. But the proof will be in the pudding. Irrespective of who the leading party is, there needs to be consensus in government for real change to happen.

However, with Paul Burstow at the helm as Minister of State for the Department of Health, I feel positive about the future. He has often been a positive voice for change in my experience.

4. In your opinion how has dementia care changed in the past five years?

We have come some way in terms of a person-centred approach to dementia care. We are now more acknowledging of need for an emotionally sensitive response, rather than a logical one. People are generally more open minded. We are taking time to think 'what is causing this behaviour? And how can we respond to this in a way which enables the person and meets their needs?' Generally we are moving towards a more person centred approach.

5. In your opinion what would be the ideal developments in dementia care in the next 12 months / next five years?

There needs to be more of an acceptance of people living with dementia and their experience of the world. Once we can do this, we can do a better job of providing care.

I am a great believer of 'strengths-based care'; care which enables people living with dementia to live their lives, rather than using measures which restrict and frustrate them – again enabling not disabling. The relationship between carer and the cared for must not be one where the former dictates every activity, but one where the carer supports and facilitates, ensuring independence, comfort and safety.

The industry needs to take a long hard look at staff wellbeing; offering the right kind of emotional and professional support to enable them to do their jobs well and with confidence. Person centred care begins with the staff. We need to show more value in the role of the carer and make sure that this is understood by the outside world. The job that carers do is incredibly important and tens of thousands of people up and down the country rely on them for their wellbeing. Society does not yet recognise them for this.

6. The use of antipsychotic medication for people living with dementia has come under the spotlight again (with the launch of a new dementia strategy in Scotland). Does person-centered care still form the basis of the best alternative? If not, then what are the alternatives to the use of these drugs

A person- centered approach has to form the basis of any relationship with a person with dementia. It is this approach that asserts the right of every human being to be valued for who they are, to receive individualised support and care. It requires an understanding of the perspective of the person and that a social environment is provided that supports psychological wellbeing. Research has shown that this framework enables many people with dementia to experience quality of life and can reduce the frustration often experienced by people with dementia, which can be communicated through behaviours we may find challenging. We have to start with the assertion that all behaviour is a communication, our job as carers is to "listen" harder.

Antipsychotics are generally used when care organisations feel that they cannot cope with a situation or individual. In my opinion this is missing the point. These drugs are often being used in the interest of the carers rather than those being cared for. We need to apply more

understanding, willpower and more time; we must examine the reasons for behaviors and seek to address these not simply reach for medication. That said for some people with dementia medication may be the only way to alleviate the distress being experienced by the person with dementia. I believe antipsychotic medication should only be used when it is for the benefit of the patient.

About Stuart Wright

Stuart is originally from Sheffield but has lived in the South West for over 25 years. Prior to joining Brunelcare, Stuart spent a number of years working with adults with learning difficulties and challenging behaviour; an issue which he is very passionate about. His experience of applying person-centred care in this setting has given him an excellent background for working with people living with dementia.

Stuart joined Brunelcare in 2004 as a night care assistant at Glastonbury Care Home. Stuart later moved on to working on days and was promoted to Senior Carer. He took the step from delivering physical care and went on to support Glastonbury Care Home through improvements.

Stuart has been very involved in the design and implementation of person-centred approach to care plans and has developed the training programme for person centred care across the organisation.

In early 2009, Stuart was seconded to design, develop and deliver Mental Capacity Act and Deprivation of Liberty Safeguards Training for care homes across the organisations. In June 2009, Stuart was seconded to Community Services to roll out a new medication policy.

In his spare time Stuart spends time with family and friends. He owns two dogs and has a love of motor cycling and all motorsport.

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