

Evaluation of DAY CARE AT HOME

for The Alzheimer Society of Ireland

March 2021



THE ALZHEIMER
SOCIETY *of* IRELAND

CONTENTS

Background and Context	1
Aims of Day Care at Home	1
Implementation and Assessment	2
Evaluation Objectives	3
Methods	3
Report Structure	4

Section 1:

Data from Family Carers / Supporters

Profile of Respondents	6
Key Aspects of Day Care at Home and Impact on Families	8
Impact on People Living with Dementia	14
Suggested Improvements by Clients	17
Summary of Key Points	18

Section 2:

Data from ASI Staff

Profile of Respondents	20
Manager Perspectives on Introducing Day Care at Home	20
Benefits of Day Care at Home	21
Challenges for Clients and Families	22
Positive Aspects of New Role: Perspectives of ASI Staff	24
Challenging Aspects of New Role	27
Suggested Improvements by Staff	29
Additional Support	30
Continuation of Service	31
Summary of Key Points	33

Conclusions and Observations	34
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Acknowledgements	
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Background and Context

The emergence of COVID-19 forced The Alzheimer Society of Ireland to temporarily close all of its 48 Day Care Centres and suspend vital face to face supports (e.g. Social Clubs, Alzheimer Cafes, Support Groups). The ASI sought to provide a suite of alternative services that could be delivered to meet the urgent needs of people with dementia and those who care for them during COVID-19. Day Care at Home was set up to provide an interim alternative model of care and support to ASI clients and families to address the absence of the Day Care Centres. Day Care at Home is an approach to delivering elements of the day care centre experience (e.g. stimulation, socialising) to clients in their own homes.

Aims of Day Care at Home

The aim of Day Care at Home is to provide continuity of care and support to as many ASI clients and families as possible during the COVID-19 crisis. It is based on providing activity-based care with minimum personal care and delivered as block hours of care, varying according to client requirements. This was the genesis of the Day Care at Home project; if clients cannot come to The ASI then The ASI will go directly to clients in their own homes.

Implementation and Assessment

Day Care at Home is provided to ASI clients by staff members who are already familiar with clients through the Day Care Centres. Day Care at Home can include conversation, music, reminiscence therapy, arts and crafts, gentle exercises, companionship and recreational activities. This new service offers a person-centred approach that is needs-led (rather than task-oriented) that also engages the family carer. This dementia-specific and social activity-based approach sets the service apart from traditional home care.

ASI service staff had been in regular contact with clients and their families from the start of the COVID-19 crisis through a social engagement service, which entailed contacting clients by phone and offering advice and support. This social engagement service is one in a suite of new COVID-19 services offered by The ASI in response to need. Delivering social engagement calls informed Day Care Centre Managers about how Day Care at Home could be delivered and enabled them to prioritise the most vulnerable clients. A home visit was scheduled by the Nurse / Manager of the Day Care Centre to complete an assessment of the clients' needs and review their current supports. Where clients consented to receiving this new service, the activities and structure of the visit were determined around individual care plans.

Setting out the parameters of the care plan and service was important to ensure that clients and families understood the nature of the service they would receive, and that cognitive stimulation and activities, as delivered in Day Care centres, were the purpose of this new in-home service.

Once the service was agreed, a client care plan was put in place and an ASI staff member was assigned to the person. The activities and any personal care were aligned with support received in the Day Care Centre. A further home visit with the Nurse/Manager and the ASI carer took place prior to commencement of the service, and all calls, feedback, and assessments were updated in the client's files.

In April 2020 the Day Care at Home service was initially piloted in Dundalk and Monaghan in agreement with the HSE and was subsequently rolled out to other geographical areas. In the delivery of this new service, there has been strict adherence to national guidelines as laid out in The ASI's Quality Safety and Care Practice (QSCP) guidelines, and infection prevention and control measures are key considerations in the Day Care at Home service.

Evaluation Objectives

This evaluation of Day Care at Home seeks to assess and appraise the impact of this new service for ASI clients and ASI service staff. We will explore perceived benefits of the service for clients, the role of the service in supporting them, and their views and understanding of how the service can further support them, as well as the challenges they experience in utilising the service. Furthermore, this evaluation explores staff perceptions and experiences of delivering the service, and their views of how the service can be further developed and improved.

This evaluation will build an understanding of the role of Day Care at Home in The ASI's model of day care service and will inform wider organisational service delivery, and how it can potentially complement other ASI services such as Day Care Centres and its DA service.

Methods

This evaluation assesses the impact of Day Care at Home delivered in counties Louth, Monaghan, Dundalk, Waterford, Carlow and Clare. This service was evaluated using the following tools,

- Client surveys using a mix of open-ended, categorical and Likert scale questions. The client survey was completed by phone and was undertaken by staff who were not involved in delivering the service to clients.
- Anonymous surveys of ASI staff who deliver Day Care at Home using questions as above. Surveys were completed online.
- In-depth telephone interviews with five ASI staff who deliver Day Care at Home. Phone interviews were undertaken by The ASI's research team.
- Focus group with Day Care Centre managers who are now involved in managing and delivering Day Care at Home. The focus group was facilitated by The ASI research team.

Data was collected between 8th February and 4th March 2021 from a total of 54 clients and their families in receipt of the service and 89 ASI staff members who deliver the services across counties Dundalk, Monaghan, Waterford, Carlow and Clare. The combination of various sources of data yielded rich insight into client and staff experiences and perceptions of this new service.

Report Structure

The findings of this evaluation are divided into two sections. The first section encompasses data from families while the second section is focused on data gathered from ASI staff. Each section includes a summary of key points while the overall conclusions are in the last section of this report. The data is presented both in figures and written text.

SECTION 1

Data from FAMILY CARERS/ SUPPORTERS



Profile of Respondents

Respondents were family or other informal carers whose loved one currently or has previously received The ASI's Day Care at Home service. Prior to COVID-19, they were attending an ASI Day Care Centre. Just over half of respondents are caring for a parent while approximately one-third are spouses/partners of the person with dementia. It should be noted that almost 10% of respondents are over the age of 75.

Most respondents started using this service simply because it was offered to them (as their loved one had been attending the day care centre). Many noted that they needed some respite and their loved one missed the day centre and needed stimulation.



+50%

Just over half of respondents are caring for a parent

Approximately

1/3

are spouses/partners of the person with dementia

Almost

10%

of respondents are over the age of **75**

Figure 1:
Relationship to person with dementia

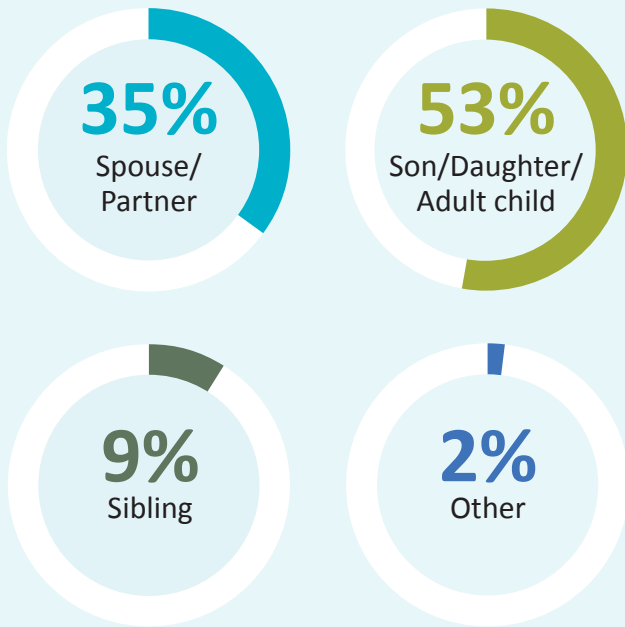


Figure 2:
Respondent Age

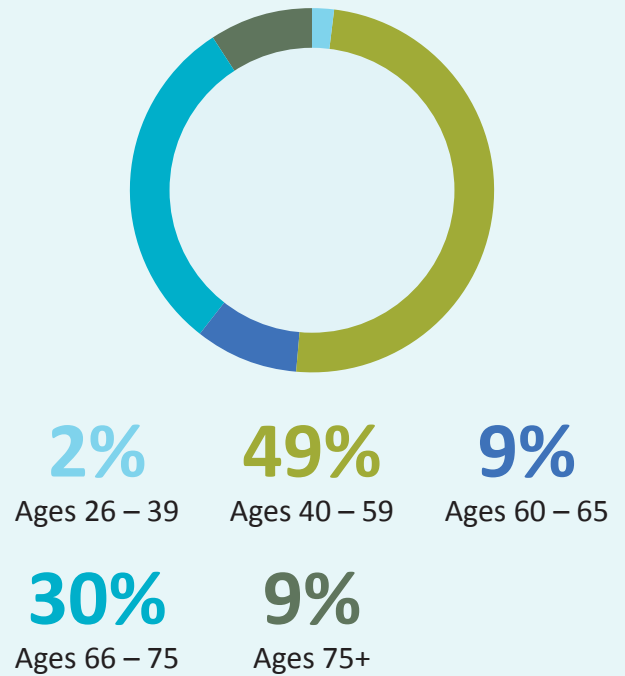


Figure 3:
How long respondents have been receiving the service

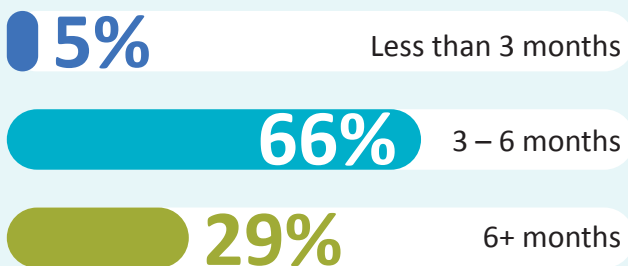
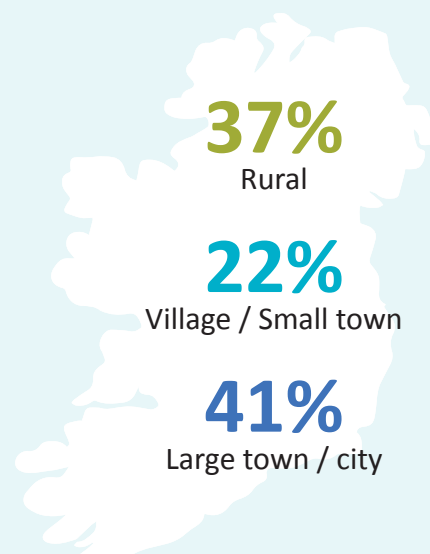


Figure 4:
What type of area do you live in



Key Aspects of Day Care at Home and Impact on Families

Family carers/supporters were asked about how, if at all, Day Care at Home has impacted them during COVID-19. We also asked about any aspects of this service that families find particularly useful.



Figure 5
Most common words used by family carers to describe Day Care at Home

Respite

The majority of respondents value the regular break and some space to relax or attend to other responsibilities such as work or family.

Indeed, when asked to describe day care, respondents used words such as “lifesaving”, “breath of fresh air”, “a blessing”, “saved my sanity” highlighting the profound value of the service for families and clients.

When describing how the service impacts their role as carers, words are used such as “mental health”, “reassuring”, “a relief”. For some the service provides “hope” and “energises.”

Interestingly they view the service as enabling the person with dementia to have a “dedicated time in a busy house.” This reflects the experience of family carers coping with additional family challenges and the perceived importance of the person with dementia having specific time to engage in activities in a meaningful way.

When asked how Day Care at Home makes them feel, 62% of respondents felt they could cope “more than usual”. 28% said the “same as usual” while 10% of respondents selected “less than usual”,

“ I feel smothered and can get out when the carer is present.”

“It has certainly reduced my stress and has given me freedom. It’s like a weight off my shoulders. ”

“[It has] helped my Mental Health, gives me a breather/ time out.”

How Day Care at Home makes you feel



63%

cope
'more than usual'

28%

cope
'same as usual'

10%

cope
'less than usual'

Reassurance and trust

Reassurance emerged as a strong theme and having rapport with The ASI staff member is important for families, as respondents mention the “familiar face”. In most cases, there is an existing relationship with staff members from the Day Care Centre. Most carers also mentioned the quality of the interactions and stimulating activities provided by the Day Care at Home staff and were comforted to see their loved ones receive this.

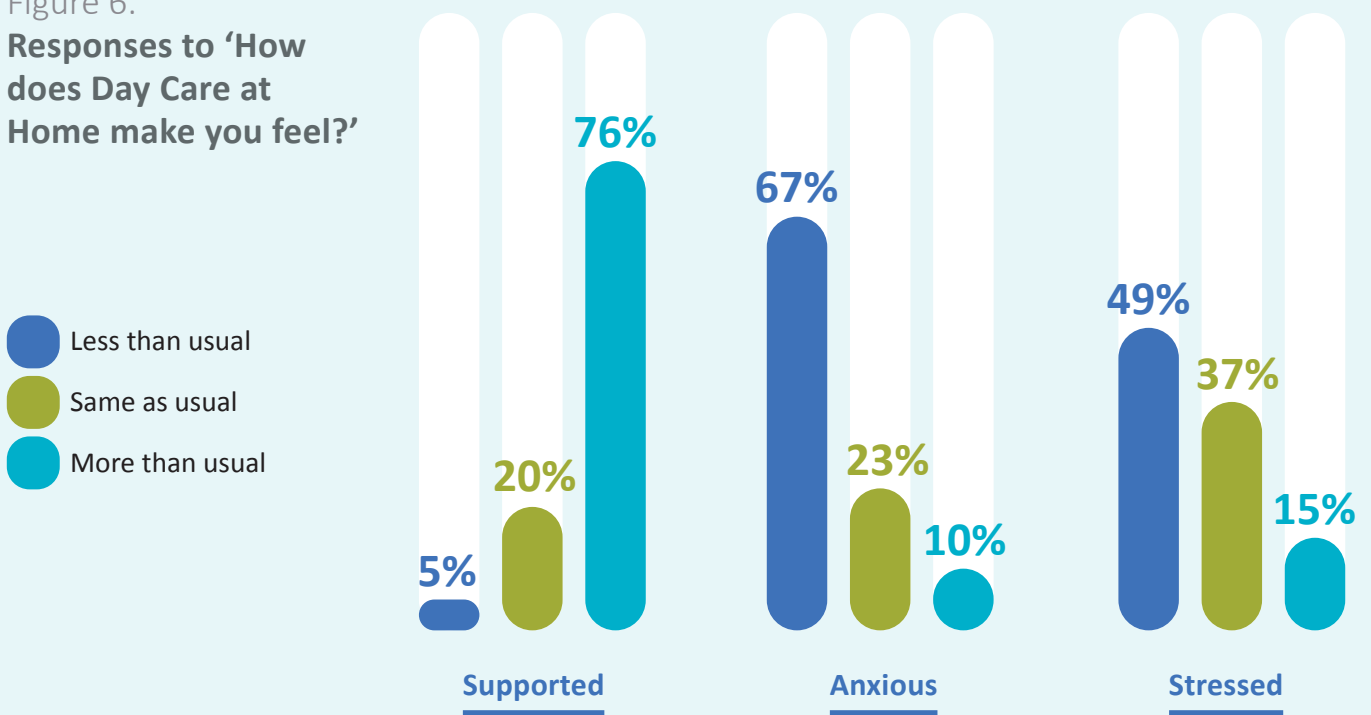
ASI staff are described as “professional”, “dedicated”, “kind” and “caring”, referring to “trust” in the staff and “a wonderful service”. In all, one respondent expressed reservations about the role of the service,

“It means that my wife gets to meet someone and do things that she likes. Also, I know she is in good hands and I can get on with things without worry.”

“I am very comfortable that [the provider] is so capable. I am safe in the knowledge that when I go out that [my loved one] is well taken care of.”

“It has taken stress off me and reassured me someone I could trust was visiting them.”

Figure 6:
Responses to ‘How does Day Care at Home make you feel?’



Support and socialising

Family carers really value their own relationship with The ASI care worker and enjoy their company.

Several mentioned the benefit of having somebody to turn to for advice on caring and feel they are a source of practical and emotional support. They feel that the ASI care worker understands them, their loved one and their situation. One carer respondent simply states that the service *“brightens my day”*.

In fact, when thinking about what Day Care at Home makes them feel,

- **76% of respondents feel ‘more supported than usual’**
- **67% feel ‘less anxious than usual’**
- **49% feel ‘less stressed than usual’**

“Without it we would not have managed! It is such an important lifeline. It not only helps our mother it offers emotional support to us.”

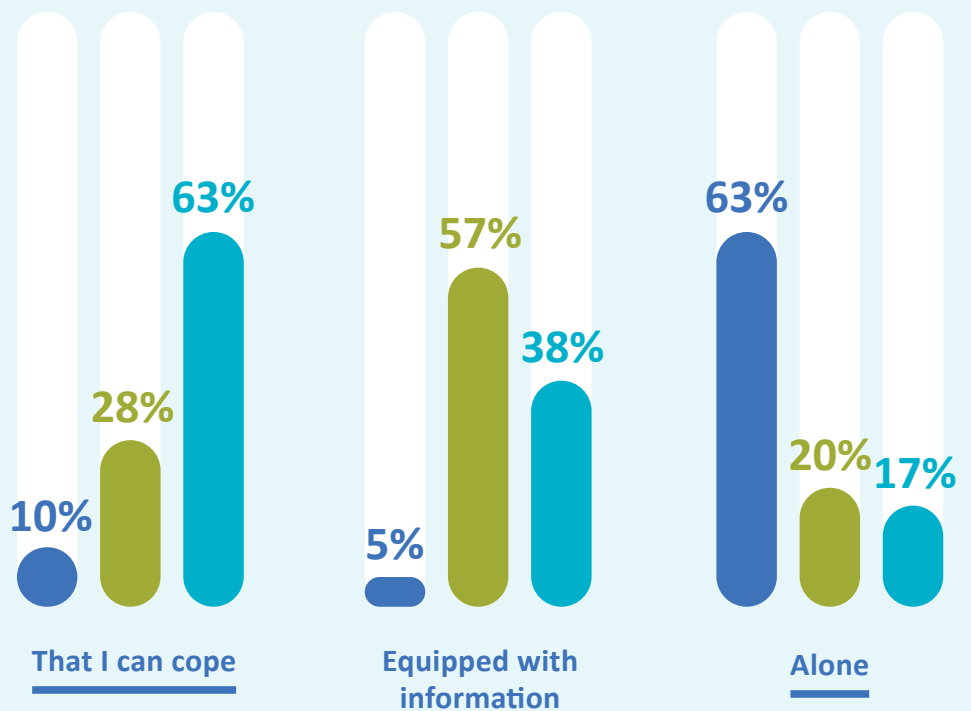
“[It] gave me hope and strength to care for mum, extra support has been brilliant, I couldn’t manage without it.”

“I have enjoyed the company of the carer and have built a relationship with him.”

“It has given support and brought an experienced person who gives advice and can interact and understand my wife.”

Figure 7:
Responses to ‘How does Day Care at Home make you feel?’

- Less than usual
- Same as usual
- More than usual



Ongoing challenges

Five respondents commented that Day Care at Home is the only service they receive but did not elaborate further on the impact of it. Another mentioned that it is *“far better than nothing, which is the alternative at the moment”*. One respondent explicitly stated that the service *“has not helped at all”* and that *“Interaction is poor”*.

While Day Care at Home has had a very positive impact on the majority of respondents, some have not found it as useful or beneficial. For example, when asked to think about how Day Care at Home makes them feel:

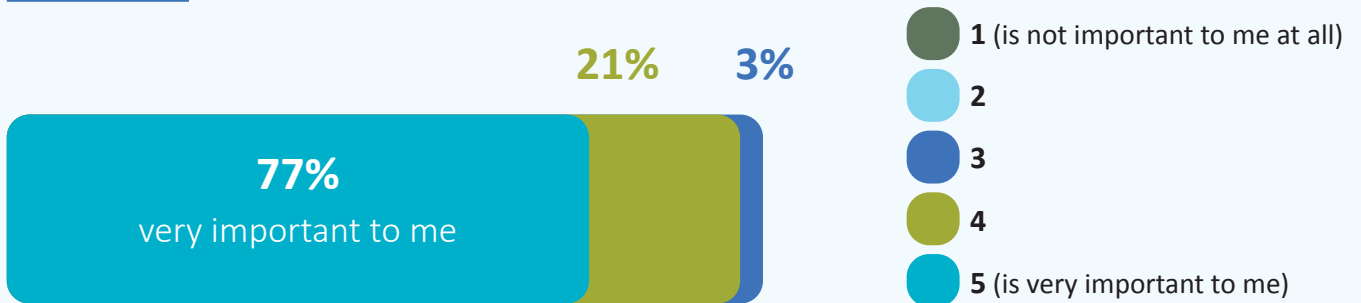
- **Alone:** 17% selected more than usual while 20% selected the same as usual
- **Stressed:** 15% selected more than usual while 37% selected the same as usual
- **That I can cope:** 10% selected less than usual while 28% selected the same as usual

In context this is a small number of participants and represents a cohort deeply impacted by COVID-19, but it is important to note that Day Care at Home is not appropriate for some people, given their care needs. It may well be that the number of hours allocated is not sufficient given the care needs and additional hours would positively impact on stress levels and perceived ability to cope. Current research being carried out by The ASI indicates that many carers are continuing to experience immense stress, loneliness and burn-out while mental health difficulties are also emerging. It is possible that the support provided by Day Care at Home is simply not sufficient in alleviating these challenges and carers urgently require further appropriate supports.

Figures 8-10 – Respondents rating of Day Care at Home

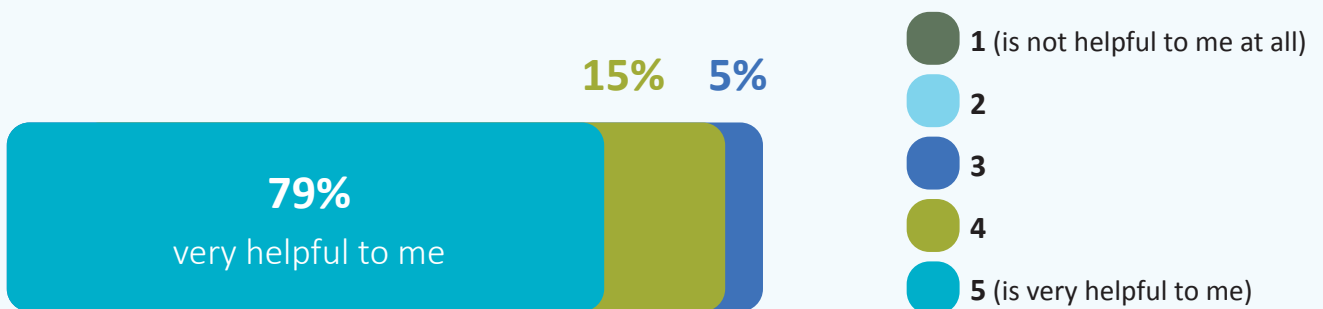
Figure 8:

Please rate how you feel on a scale of 1 to 5 in relation to Day Care at Home:
Importance



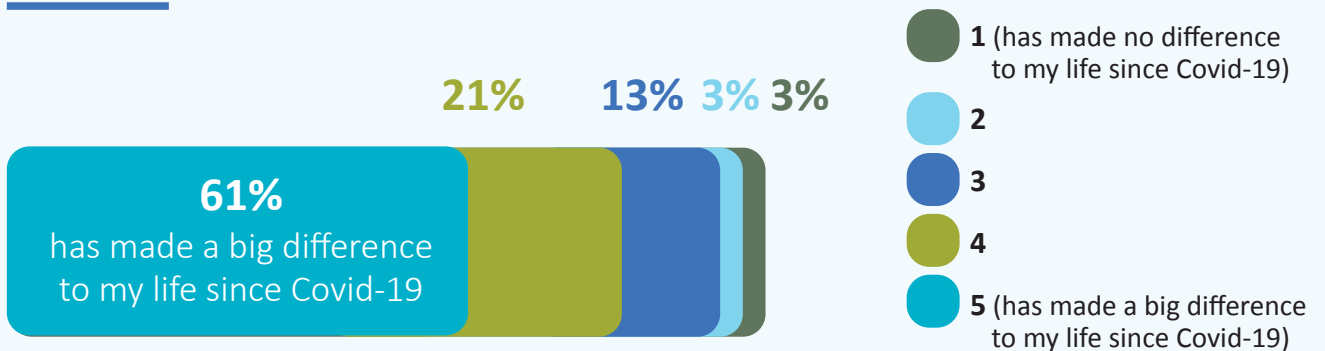
Figures 9:

Please rate how you feel on a scale of 1 to 5 in relation to Day Care at Home:
Helpful



Figures 10:

Please rate how you feel on a scale of 1 to 5 in relation to Day Care at Home:
Difference



Impact on People Living with Dementia

Respondents were asked how they think Day Care at Home has impacted on the person for whom they care. In response, stimulation, motivation and company are all emphasised. Unfortunately, this research does not include first-hand experiences from the perspective of people living with dementia due to COVID-19 constraints and the difficulty carrying out data collection over the phone with this cohort.



Figure 11:
Words used by family carers to describe the impact of Day Care at Home on their loved one with dementia.

Stimulation and motivation

When describing the impact of the service on their loved one with dementia, respondents used words like “*motivation*”, “*stimulation*”, “*happier*”. The one-to-one and person-centred nature of the service has meant the person is able to spend dedicated time doing something they want to do with a person familiar to them. Respondents describe the service as helping the person overcome low mood and having an “*uplifting*” effect. Their loved one looks forward to the visits and are more motivated on the days that they are expecting The ASI.

““ It definitely brought my husband out of himself.”

“Mum loves the reassurance that the carer is coming. She so looks forward to it. Mum is happier, more motivated and stimulated on the days the carer comes in.”

“He loves the day the carer is coming, jumps out of his seat to open the door and welcome them in, he loves the one to one and the activities.”

“It helped “switch” her mood if she was having a bad day. It brought hope and reassurance on the very low days and kept us all going.”

For many, Day Care at Home is the only service that the person with dementia receives, and therefore it is particularly important to maintain cognitive abilities,

““ It’s kept up her speech and is only external visitor she has.”

Variety, structure and support

Day Care at Home is seen by families as offering the person with dementia a break from the mundane and an opportunity to engage with someone outside of the immediate family which is crucial given the current restrictions. Respondents highlight how much their loved one enjoys the activities and company that the Care Worker provides. This is particularly important given the competing priorities that many family carers must juggle making it difficult for them to provide this alone. Some respondents mentioned that the service provides a link to life before lockdown when the person with dementia attended the Day Centre,

“It breaks up their day. It gives them something to look forward to. It injects variety which is so important. It was an extra pair of hands when she was sick.”

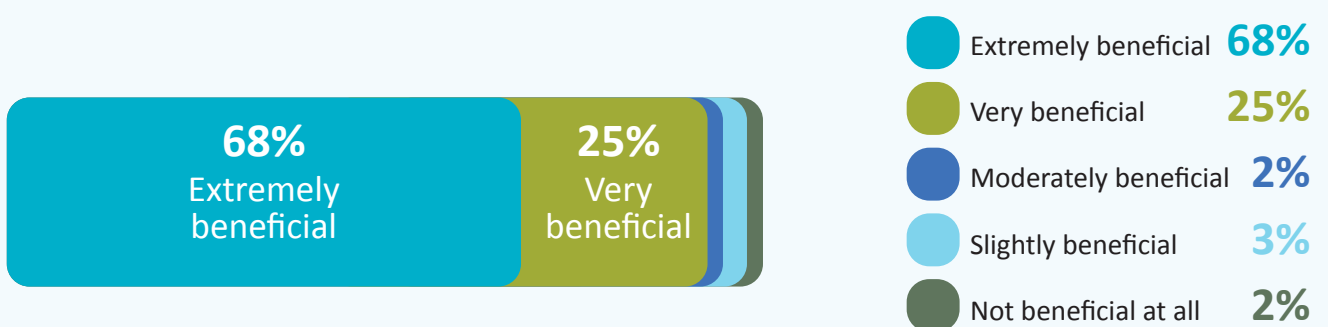
“It has helped to have some social interaction when no one can visit and we dare not go out.”

“It’s made a big difference for having someone to interact with other than me.”

“To mom, the trained worker makes a big improvement. Interaction with mom is fabulous.”

Figure 12:

Responses to ‘How beneficial do you think Day Care at Home is for people living with dementia?’



Suggested Improvements by Clients

Most respondents stated that they would like more hours, as one respondent explained, *“We wish they could visit more often. Without this service we would struggle to cope on our own.”*

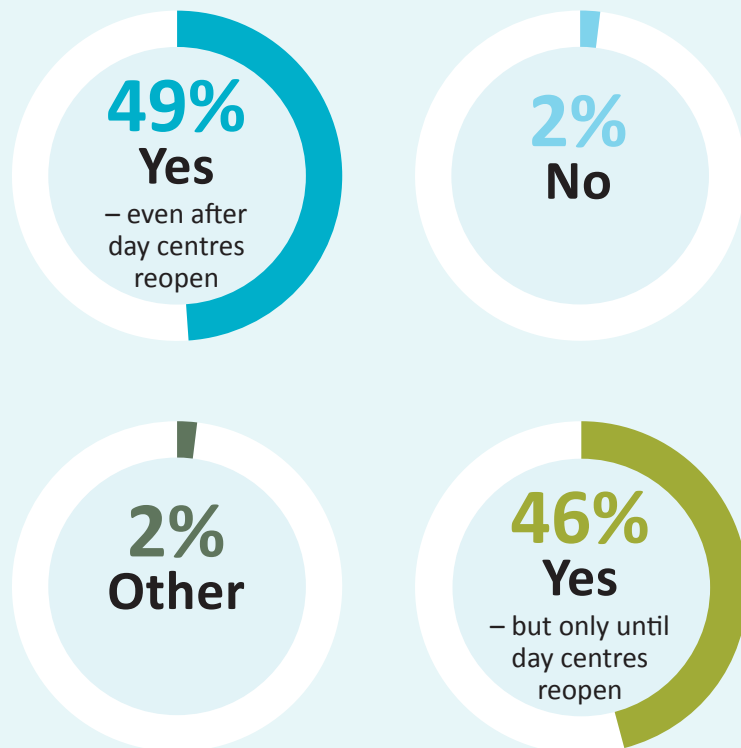
Another respondent suggested support in taking medication, *“We would like the carer to be allowed to help us give our mother her medication. Sometimes when she is in a happy mood with your carer, she would take the medication easier from them and this would help us a lot.”*

Approximately half of respondents (49%) would like this service to continue even after Day Care Centres re-open implying that the needs of clients with dementia may be changing with some unlikely to be able to return to Day Care Centres when they do reopen.

A similar number (46%) would only like this service to continue only until the Day Centres reopen reflecting that while this service is appreciated and beneficial, the Day Centre is preferred.

One person selected ‘other’ stating that they would like both Day Care at Home and day care centres. One person selected ‘no’.

Figure 13:
Responses to ‘Would you like to see Day Care at Home continuing in the future?’



Summary of Key Points

- The role of Day Care at Home in supporting both people living with dementia and their primary caregiver is essential with it being described as a 'lifeline' and 'blessing'.
- The professionalism and kindness of ASI Staff delivering this service cannot be underestimated. In addition, the pre-existing rapport between ASI staff, clients, and their families is an essential component of this service.
- Day Care at Home is a source of stimulation, motivation and an opportunity for both the client and their family to socialise with somebody outside their home. This service has introduced variety, structure and support into households, many of which receive no other services.
- For many families, Day Care at Home is their only source of respite as they contend with full time caring and other competing responsibilities.
- Responses are split regarding the continuation of this service with some wanting it to continue until Day Care Centres eventually reopen, while others would like to see it continue beyond this. This suggests that some clients may be experiencing changing care needs and will not be able to attend the Day Care Centre when it reopens. Others appreciate this service but would prefer the Day Care Centre possibly as it allows for longer periods of respite.
- Clients and their families would benefit from more hours of this service.
- Among family carers there is a cohort that does not experience the services as alleviating stress, the feeling of being alone or being able to cope. Yet the vast majority of all respondents describe the service as either 'beneficial' or 'very beneficial'. It may well be that this new service, aimed at supporting people with dementia in their own homes, is not designed to meet carers needs and family carers are in need of carer-specific supports and services to alleviate the stress and burn-out associated with caring during COVID-19.

SECTION 2

Data from ASI STAFF



9%

Profile of Respondents

Respondents were those who provide the Day Care at Home service and Managers who oversee the service across specific locations. Staff delivering the service were previously employed as carers in day care centres while some were employed in related areas such as bus drivers. The majority had never provided in-home care before this service.

Manager Perspectives on Introducing Day Care at Home

From the perspective of Day Care at Home management, the service is responding to the urgent unmet needs of family carers and people living with dementia who have been isolated since the closure of the Day Care Centres. The journey to implementing Day Care at Home was preceded by providing social engagement phone calls and activity packs posted to clients,

“ My role was to try and bring this service into people’s homes and to try in some way replace some of the activities and the cognitive stimulation that day care in a day care centre setting provided, which was really, really badly missed, really badly missed.”


Benefits of Day Care at Home

Psychological and emotional support

When asked specifically how the service is beneficial, staff cited that it provides psychological and emotional support for family carers. The service offers “*me time*” for the person with dementia and “*peace of mind*” for family carers. Reducing carer stress and isolation are also identified as important benefits,



“me time”



“peace of mind”

“It gives the carer some time to themselves, knowing that their loved one is occupied in a positive, stimulating way. My client seems happier after the visit.”

“It takes away the guilt you know, that you have someone coming in and sitting with them and giving them that cognitive stimulation. They can’t always provide it themselves because you know, some have children at home, have to work from home and it’s just exhausting.”

“They are at home 24/7, what a couple of hours can do for someone is massive to their wellbeing. We can help with all aspects in everyday living and bring some laughter and cheer to their lives.”

For many family carers, the support offered by Day Care at Home is their sole opportunity during the week to take time out from caring.

Cognitive stimulation and interaction

Staff perceive the service as motivating the person with dementia and providing an opportunity for clients to engage in activities they enjoy that they might not otherwise do with family members. Staff see the service as playing a role in slowing the decline of the person with dementia through stimulation, interaction and social support. Staff emphasise the following benefits,

“Family carers have been expressing their concerns about the PLWD deteriorating rapidly. Day Care at Home visits have provided stimulation, interaction, company, meaningfully activities for the PLWD.”

“To see a different face even when masked, and being occupied with activities.”

Broad support and connection

Staff perceive the role as offering broad benefits and social connection,

“A break from caring, support in managing to live well with dementia, positive input in engaging in activities, emotional and physical support, counselling, sharing the workload, virtual support fun services, exercise, renewed vigour due to activity, avoid depression for all family.”

“It really does ease the burden for the family carer and provides an extra social and activity element for the client.”

“People feel they are not forgotten about.”

Nature of the Service

Staff note the importance of block hours for people with dementia, and view the service as taking place at a slower pace that benefits the client,

“It’s more about the person than the job. It’s not rushed in any way and we get to know the client very well and also their family. I think the longer time we have with clients is excellent.”

In turn, this impacts on how the client experiences the service,

“The client reacts differently to the care worker providing Day Care at Home visits as the family feels the person with dementia views the carer as someone who is there to spend time entertaining them.”

Challenges for Clients and Families

Respondents are also aware of the limitations of Day Care at Home and the lack of social interaction with other clients compared to the experience of attending the day care centre. A manager of a Day Care centre explains that at Day Care the person with dementia sees other people with the same illness, which can be comforting. They feel that they can make mistakes or not fully understand what is happening around them without feeling too self-conscious, compared to at home with their own families.

Another staff members points out the limitations of 1:1 interaction,

“The 1:1 is good because they’re seeing someone, but they’re not seeing their friends, and that’s not good enough. They miss group interaction, seeing a few people that they’re familiar with, and will ask after other clients.”

The stimulating environment of Day Care brings particular benefits that are difficult to replicate in 1:1 interaction,

“It can be difficult to keep my clients engaged, depending on their stage. Some respond well and some have declined faster. The dynamic environment of a day care centre with multiple people, can suit some people more and be more stimulating for them.”

In some cases, care staff mention that the “family carer doesn’t get much respite” and “the amount of hours allocated is not enough.”

Figure 14:
Staff responses to ‘How beneficial do you think Day Care at Home is for Family Carers’

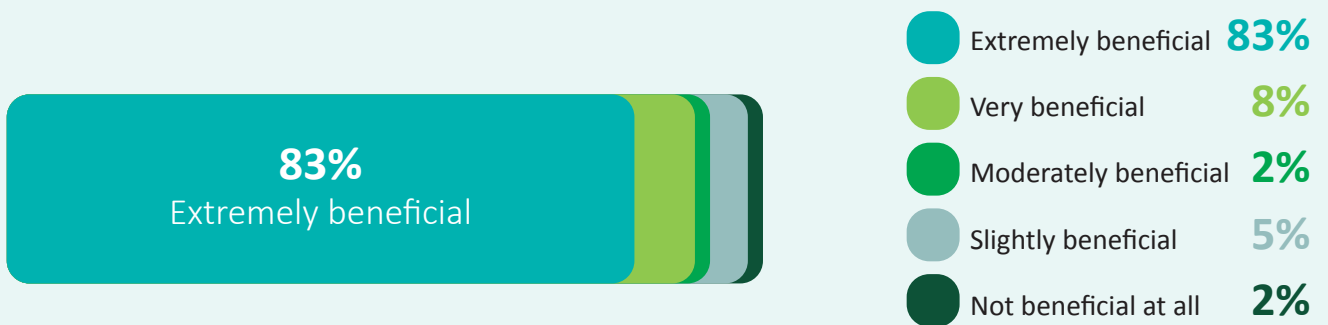
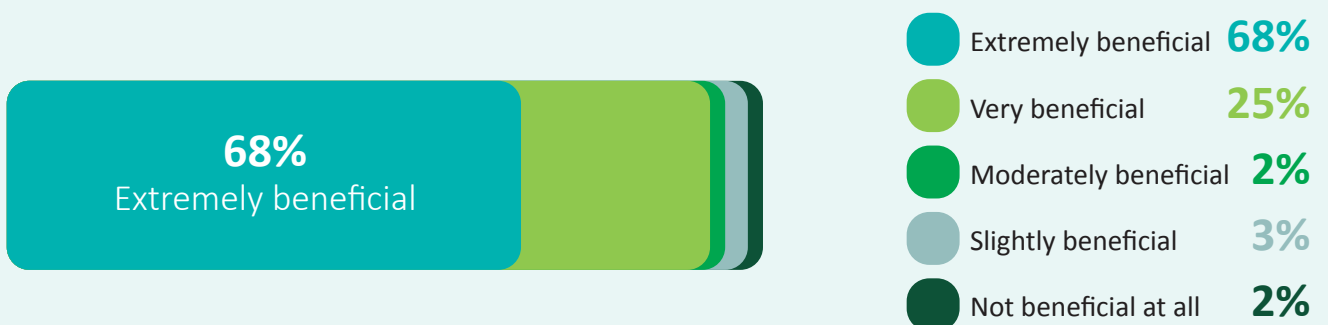


Figure 15:
Staff responses to ‘How beneficial do you think Day Care at Home is for People with Dementia?’



Positive Aspects of New Role: Perspectives of ASI Staff

We asked staff what, if anything, they particularly like or enjoy about their new role. Respondents were invited to list up to three items:

Personalised Care

Staff view Day Care at Home as offering a personalised “*social service*”,

““ In my experience I think giving all your time to the person and trying to get them to engage as best they can ... on a one to one you can spend the time with the person engaging in what they love to do as an individual. It can be walking, music, memory box, talking and listening to what the person likes to do.”

“[I like] Seeing the smile on the clients face.”

“It’s on a one to one basis which I think helps the clients. It’s more personalised but the one disadvantage is you can’t take the clients to garden centers, coffee or any outings.”

Developing Rapport

Another key aspect for many respondents is the personalised nature of Day Care at Home - that every day is different and they can spend time with the person with dementia doing what they want to do,

““ [I] love the relationship you build up with the client and their families.”

“I love it and I love seeing the clients, we still have the laughs and fun.”

Similarly, the vast majority of respondents value the opportunity to develop rapport with families. Providing practical support and emotional support to families is also cited.

““ [I have] time to listen to families.”

“I like the reassurance it offers to the family.”

A Valuable Service

Staff describe their role as “*rewarding*”, while one respondent observes that they “*may be the only person who [the client] sees all day*”,

““ I like to feel at the end of the time with the person that they have got something from and feel a little better after.”

Figure 16:

I feel confident in this role

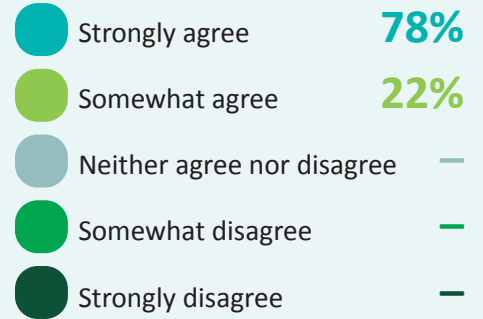


Figure 17:

I enjoy this role

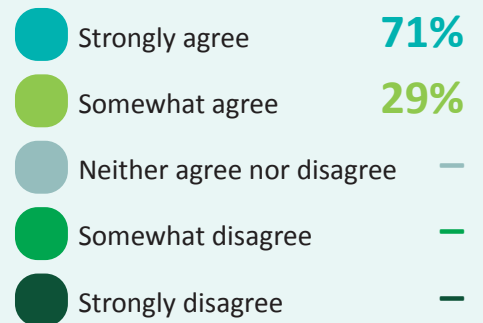


Figure 18:

I feel I am making a positive impact in this role

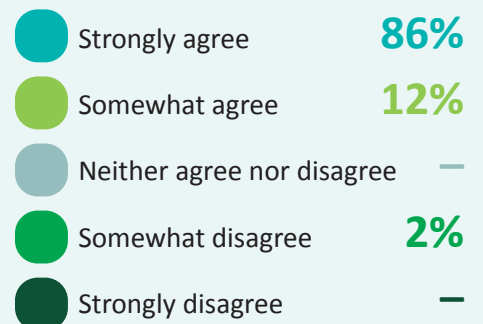




Figure 19:
Words most commonly used by staff in relation to positive aspects of their new role

Care Staff highlight challenges related to working alone and COVID-19:

Challenging Aspects of New Role

Team support

Most respondents report that they miss teamwork and support of their colleagues, which they enjoyed in the Day Centre. One aspect of this is morale and motivation but another facet is the challenge of managing responsive behaviours alone,

“Responsive behaviour issues. I find it challenging as I am on my own and don't have support like I would have in the day centre.”

Emotional challenges

Similarly, many find the work more mentally draining due to the one-to-one nature of interactions and length of time spent at each client's home. This coupled with the travel time between clients means that many care staff find the work tiring and sometimes overwhelming.

“[It's] stressful at times on your own and having to travel as well. I miss having my co-workers to help.”

“It's mentally draining, because it's the same, so intense. She (the client) keeps repeating the same conversation, over and over. I'm all alone with her and have no other colleagues with me. It feels like too much sometimes.”

One respondent described feeling guilty if he/she could not support the client through a difficult day, and another respondent reported feeling personally guilty because their client spends a large amount of time alone.

Anxieties

A significant proportion of staff raised fears about contracting COVID-19. Some expressed concerns for their safety when entering people's homes and “*fear of the unknown*”.

Staff also observed that as their work involves adhering to COVID-19 guidelines, including social distancing and wearing masks, this makes interactions less personable for the person with dementia.

A small number of staff are finding this role extremely challenging due to a combination of the above factors and feel more suited to working in the Day Care Centre.

“I have to take deep breaths to cope. I loved the work in [the day care centre]. I miss it. I've contemplated leaving now, but I have to try to pick myself up.”

Figure 20:
I feel stressed doing this role



Figure 21:
I feel frustrated in this role

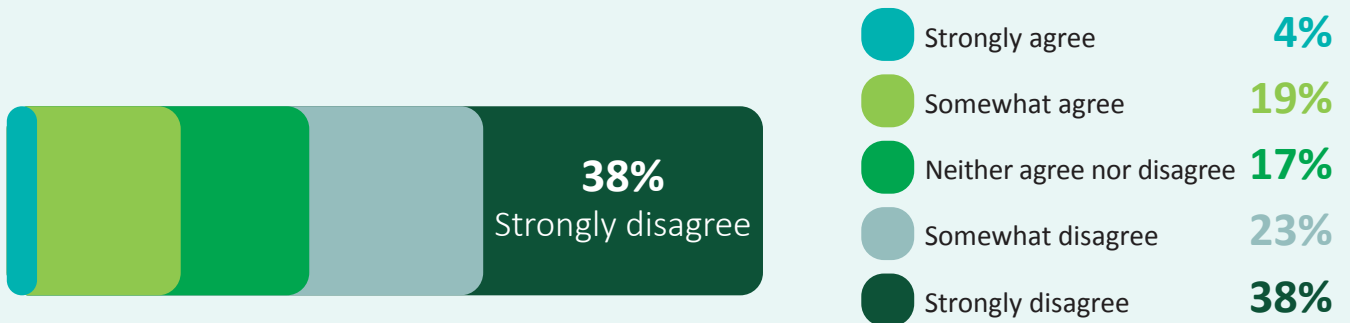
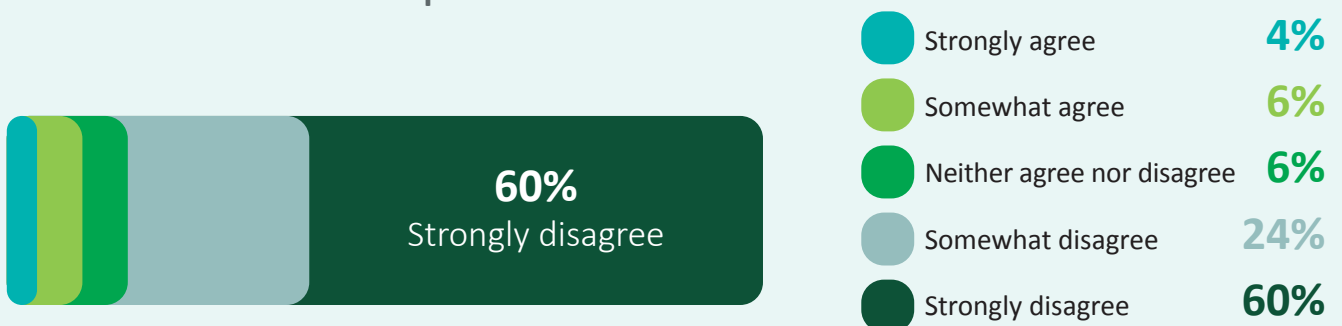


Figure 22:
I feel it's unfair that I'm expected to do this role



Suggested Improvements by Staff

Staff delivering the service were asked how the service might be improved. The majority of respondents cited the need for more hours to be allocated to clients. Expanding the service nationwide was also suggested and for it to continue beyond COVID-19,

““ To expand the service and continue when the covid situation improves especially for the less mobile clients.”

More frequent short visits are highlighted as important although the challenge of this is also noted,

““ Service users would benefit from more short visits i.e., 3 visits a week of one hour each rather than one 3 hour long visit a week. The three-hour session is very long and generally service users will tire or become disinterested. However, this would possibly not offer the same opportunity for family carers to complete necessary tasks.”

Some staff would like the opportunity to engage in more activities as part of the service and to be in a position to offer clients more activities involving more stimulation and variation,

““ I feel if we were able to bring our clients out in the car for a drive it would be great for the client as sometimes they get restless.”

A number of staff emphasised the urgency of vaccine roll-out in order to support implementation of the service,

““ Unfortunately, a number of families have suspended the service due to high numbers of Covid-19 in the community. It is out of our control, but speed up in rolling out the vaccine. As families want to resume the service once the PLwD has been vaccinated.”

Introducing an emergency aspect to the service is suggested by one respondent, given the often urgent needs of family carers,

““ Could also provide an emergency service for a family member if they need to suddenly go out or have a doctor’s appointment etc.”

Staffing issues also emerged as a challenge,

““ Some Day Care service care workers are employed by CE or other organisations. These staff are on PUP Payment. I feel if this service is to be improved, more staff should be employed by ASI or take staff off PUP Payment ...Do it right or not at all.”

In the focus group Day Care managers elaborated on staffing issues, explaining that recruitment is time consuming and staff shortages present a key challenge. Challenges relate to ‘matching’ staff with clients who have specific interests

and managing the logistics of staff covering specific geographical areas. In cases where staff rely on public transport, travelling to clients' homes can prove challenging.

Additional Support

We asked staff if there were ways they could be better supported by The ASI in providing Day Care at Home. Some managers feel they need more support and immediate callbacks from their own Manager (i.e. Operations Manager).

A large proportion of care staff (as opposed to managers) feel they have adequate training and good support from their line manager.

“ I find my manager very supportive and I feel I can contact them at any time.”

“ASI doing great work, we are in it together, you just keep us in training and we will do our work.”

Several respondents feel they need more support from The ASI with activities. For example, by sending more packs, linking in with organisations, generating new ideas or by providing an allowance to care staff to purchase activities their client enjoys,

“ Also for some activity packs to be sent to us. One of my clients hides things and the pack goes missing. I buy word search books etc., they don't cost much.”

“More activity packs, small games, jigsaws.”

“I have bought some items for each client that I visit when I get to know what works for them which I keep for their sole use e.g. playing cards, knitting wool, skittles, soft balls, plastic and paper kitchen utensils, colouring pencils, nothing madly expensive, but a small allowance from The ASI would be appreciated.”

Some respondents mentioned they would like weekly catch ups or more face-to-face interaction with their colleagues. Given that working alone is a key challenge for staff, this is important. One person raised the need for wellness support as the role is demanding.

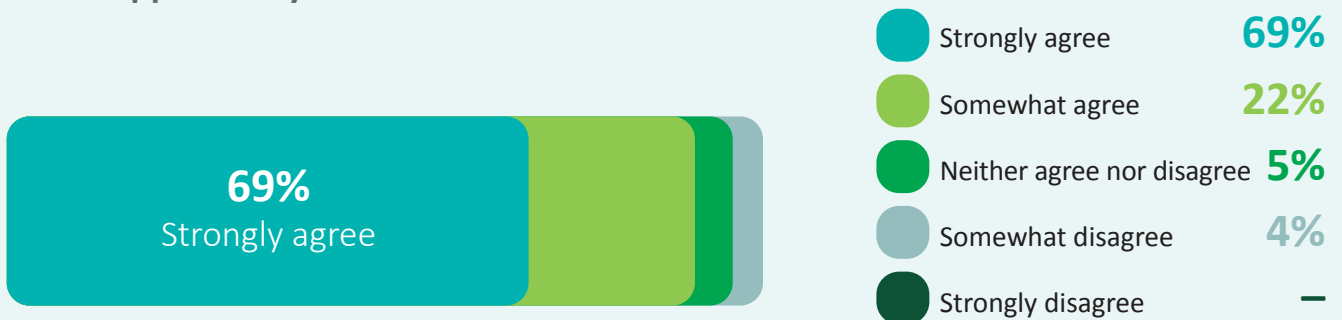
A small number of respondents mentioned that they would like more recognition from The ASI for their contributions. They would like to see better pay, less administrative work and more acknowledgement from senior management. One person mentioned that they need some more guidance in relation to payment and what to expect if they contract COVID-19,

“Yes, to be better paid for the job we do and the people in charge to realise how hard we have to work.”

“Recognise that this is a new service that has been started and that has taken a huge amount of work to get to this point. We are providing quality care to people who need it at this time. Less form / spreadsheet filling and allow us to get on with active service.”

Figure 23:

I feel supported by The ASI in this role



Continuation of Service

All staff expressed the importance of the continuation of Day Care at Home. They raised the point that some clients will not be able to attend day care centres once they reopen due to transport or mobility issues but would benefit greatly from the cognitive stimulation provided by Day Care at Home. Day Care at Home also allows for a continuation of care which was absent before,

“We would have a client from 10 to 15 years, so we would have them for all nine years you can imagine how the bond we would have with them at that stage. Then it comes to a stage when they start to deteriorate. At the centre then we had to discharge and that broke the relationship between us and the client that we’ve had for 10 years.”

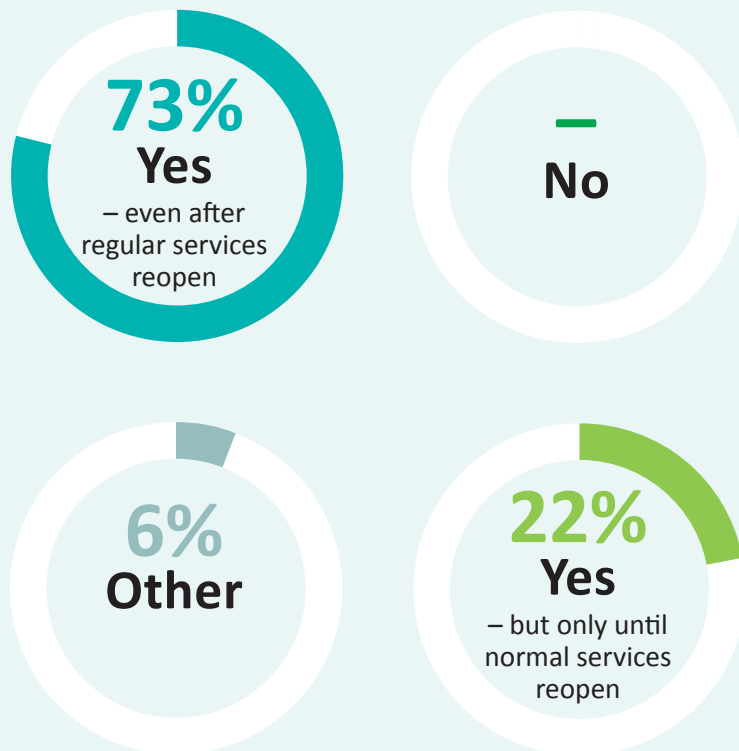
“If somebody comes and is not mobile, is not fit for the journey for whatever reason at least we don’t have to discharge we can choose

to take him to day care at home and are still going to get some support from us.”

“It comes to the stage when they started to deteriorate at the care centre then we had to discharge and that broke the relationship between us. There was no other service after that. So I find this is good now because if somebody comes and is not fit for the journey to the day care, for whatever reason at least we don’t have to discharge we can choose to take him to day care at home and are still going to get some support from us so.”

73% of Staff Respondents feel Day Care at Home should continue even when normal services resume.

Figure 24:
**Staff Responses to
‘Would you like to see
Day Care at Home
continuing in the future’**



Summary of Key Points

- Staff believe Day Care at Home is addressing an urgent unmet need, both for people living with dementia and their families by providing respite, stimulation and personalised fun activities.
- In general, ASI staff enjoy this new role and feel happy that they are able to provide a supportive service to people living with dementia and their families. In particular, they enjoy developing rapport with clients and their families.
- Challenges for staff revolve around working alone (e.g. morale, less support), the intense one-to-one nature of the service, and COVID-19 protocols and fears.
- ASI staff feel appreciated by clients and families, but would like more acknowledgement from The ASI as an organisation.
- The ASI can better support staff by facilitating more staff meetings and opportunities to catch up with their colleagues and by financing more materials for activities.
- In future, ASI staff believe Day Care at Home provides an opportunity for a continuation of ASI services when clients are no longer able to attend the Day Care Centre with 73% stating it should be continued even after the Day Care Centres reopen.

CONCLUSIONS and OBSERVATIONS

The aim of Day Care at Home is to provide continuity of care and support to ASI clients and families during the COVID-19 crisis, based on providing person-centred activity-based care that is needs-led with minimum personal care. This evaluation has sought to assess and understand the impact of this service for clients and staff, and the findings indicate that family carers highly value this service, perceiving it as an essential source of support, respite and reassurance. This service is meeting an urgent need for people living with dementia and their families by providing variety, stimulation and personalised fun activities.

Family carers are immensely appreciative of ASI staff and their role in providing support to carers and people with dementia in the absence of Day Care is paramount. Prior rapport and trust with clients has been vital in maintaining this supportive relationship.

While the findings of this evaluation have relied on data from family carers and ASI staff, future research into this service should focus on gathering the first-hand experiences of the person living with dementia through conversation and observation. This is important considering that the service is aimed primarily at delivering care for the person living with dementia, and so their voice and experiences are vital in fully understanding the impact of Day Care at Home.

Worryingly, Day Care at Home is the only service that many family carers and their loved one receive at the moment. This coupled with it being considered a lifeline by many means that it is imperative that it continues.

A close inspection of the data reveals that a notable proportion of family carers believe the service has limited impact on their stress levels and many are still struggling to cope. This is despite acknowledging the immense benefit of the service for their loved ones. Notwithstanding, an explanation for this might lie in the fact that this service specifically aims to meet the needs of the person with dementia in place of the Day Care Centre being unavailable, rather than the needs of family carers, although many carers report experiencing some respite and other benefits. Current research being carried out by The ASI indicates that many carers are continuing to experience immense stress, loneliness and burn-out while mental health difficulties are also emerging due to COVID-19. The data in this evaluation strongly points to the acute need for services and supports that will directly alleviate the stress and anxiety that many family carers are continuing to experience. Dementia-specific care, via a relatively short block of hours during the week, simply cannot be expected to provide family carers with the supports that they so urgently need.

This service plays a potentially important role in supporting those with dementia who are at a more advanced and progressed stage and for whom services such as the Day Care Centre are inappropriate in meeting advanced care needs. Day Care at Home presents an opportunity to continue offering a personalised service to people with dementia once they are discharged from the Day Care Centre. It enables The ASI to continue meeting the care needs of people with dementia beyond the Day Care Centre when dementia is more progressed, and to support people to remain at home in their communities, which is the preferred choice for the majority of people living with dementia. Furthermore, this would enable The ASI to provide continuity of care, having supported the person earlier in their journey of dementia right through to the later stage of advanced dementia, maintaining and developing rapport with family carers throughout this journey.

Day Care at Home has meant an expansion of the role of The ASI deeper into the community and improved connectivity and linkages with other health care providers associated with providing care to people living with dementia. This has potential to result in improved service integration over time and lead to better understanding among health care providers of ASI services and how they link in with and support wider service provision.

The emphasis of Day Care at Home on meeting needs rather than being task-led is a defining feature of this new service. Indeed, The ASI has highlighted the need for care that is needs-led, providing stimulation and companionship, rather than simply addressing tasks and personal care. This defining feature differentiates it from traditional home care. It distinguishes Day Care at Home as a highly personalised service for people living with dementia that also engages with family carers, and the identity of this service should be highlighted and harnessed by The ASI.

In developing Day Care at Home the implications of broader strategic issues should be understood. The ASI is in the process of defining a proposed vision for a model ASI service delivery, and the role of Day Care at Home will be considered as part of this proposed vision. Development of Day Care at Home must be explored and undertaken in the context of home care services. The dementia care landscape is evolving and COVID-19 has resulted in a myriad of new services. Careful consideration needs to be given to how this new personalised service can be integrated into the wider ecosystem of dementia services, how it dovetails with and complements services such as the Dementia Adviser service, Memory Clinics and the role of PHNs. Consideration should also be given to how it might be aligned with the new model of dementia care, under development by the National Dementia Office, and also services provided by other relevant NGOs. Within the broader dementia service landscape, this new service presents The ASI with the opportunity to position itself as a market leader in providing highly personalised care for people living with dementia in their own home environment.

Evaluation of DAY CARE AT HOME

for The Alzheimer Society of Ireland



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