

‘My father’s diagnosis changed my life’

Croquet, dancing and feeding ducks: is this the future of dementia care? By *Jane Slade*

Middleton Hall doesn’t look like a retirement village or indeed a dementia care home. Set in 45 acres with lakes and ponds, gardens and a croquet lawn, this charming red-brick enclave in Darlington, Co Durham, is the vision of one man, Jeremy Walford, whose father David’s diagnosis of vascular dementia has inspired a new way of living.

However, dementia is barely mentioned here. Instead people living with the condition are described as residents of Middleton Oaks, a cluster of “small group living” houses. These are light, bright, modern, student-style bungalows of eight en suite bedrooms, each with a big bay window and patio door. They are linked by an enclosed winter garden and residents share a sitting room, kitchen and dining room. Outside



Jeremy Walford: “Dementia care in this country mainly looks at what people can’t do and stopping people doing things”

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there are chickens and ducks, so residents can collect fresh eggs each morning and cook them for breakfast.

Staff, who are called team members, don’t all wear uniforms. There are no locked

doors or gates. And instead of dementia residents being locked away out of sight, you will find them either dancing, singing, preparing a meal, doing some gardening or following a trail of yellow brick

footprints on a walk.

Such is Middleton’s innovative and liberating approach to dementia care that it now attracts a long waiting list. And after 26 years Middleton Hall has reached another milestone. It is regarded as the John Lewis of retirement villages — the first to be owned by its employees. And plans are afoot to build more.

Walford arrived at Middleton Hall with a notebook and calculator in 1996 when it was a failing nursing home and he had just two days to come up with a rescue plan. Within four years he was running the business. He initiated a building programme of apartments for independent living, a swimming pool, spa, restaurant and orangery, and refurbished the care home.

There was no dementia care provision back in 1996 when Walford arrived. His father’s diagnosis in 2006 changed his life — and his business model.

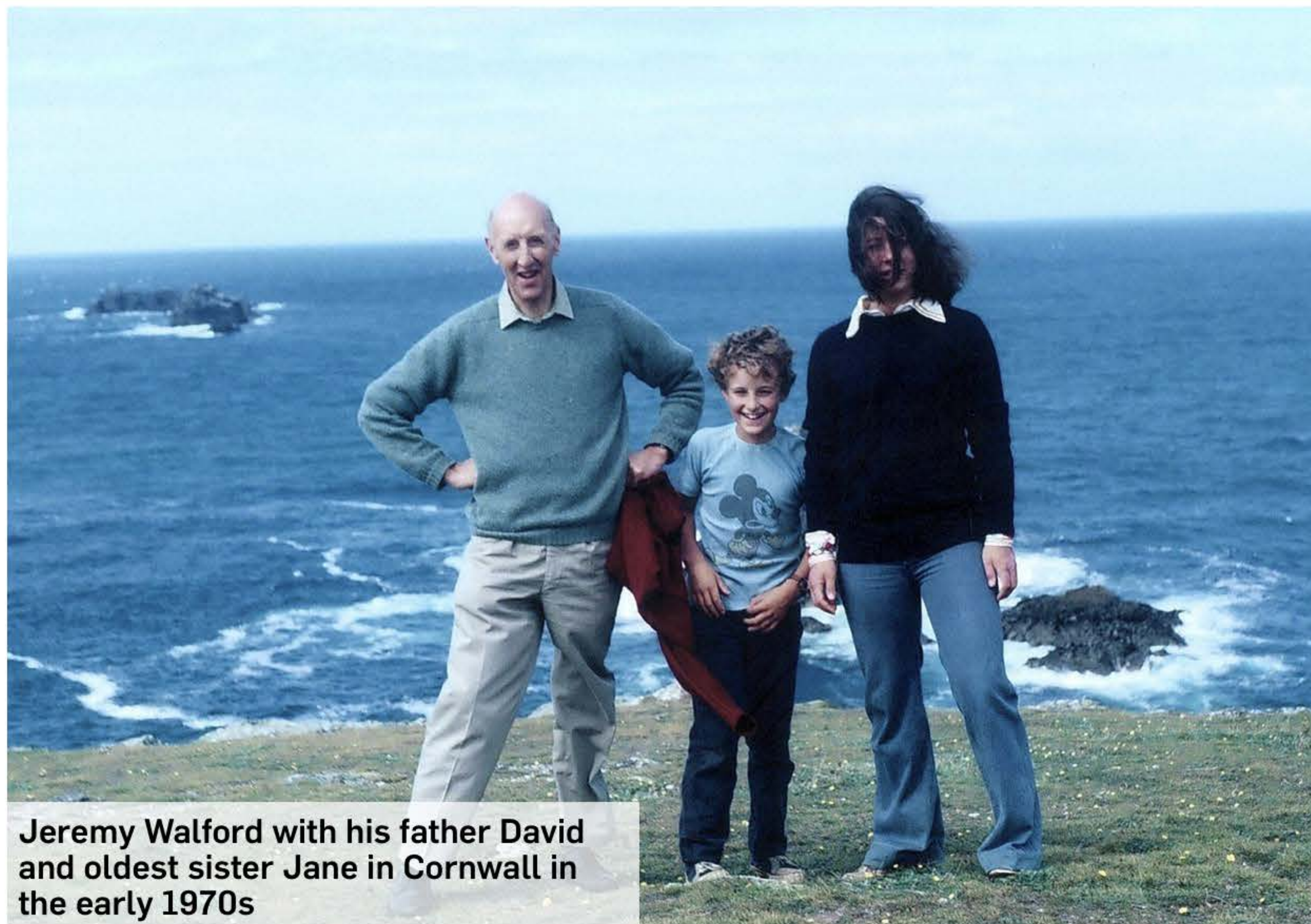
“My father had been a fit healthy man until his early eighties,” Walford, 57, says. “He had played hockey for

England and was a good cricketer. Even in his seventies he continued to play tennis. He and my mother would go on five and ten-mile walks.’

Then Walford noticed him slowing down. “Eventually he stopped driving, but it was the moment he admitted he couldn’t do his tax return that was particularly significant. He was a chartered accountant.”

After a series of mini strokes he was admitted to a nursing home and Walford was shocked at how poorly cared for he was. “He became uncommunicative and I would find him unshaven and looking tatty, which wasn’t him. He was always a well-turned-out man and it was upsetting to see him in such a state. And worse to be told he only had weeks to live.”

Walford and his siblings transferred him to Middleton Hall, where the plan was for him to spend his remaining days in comfort surrounded by caring staff. Within two weeks David was back to his old self. Walford puts it down to his wonderful staff, who had treated his pressure sores and,



Jeremy Walford with his father David and oldest sister Jane in Cornwall in the early 1970s

more important, let him take back control of his life.

“It was incredible,” Walford says. “I can only call it a transformation. The nursing home would say he wasn’t shaved because he didn’t want to be. But they never asked to see if he might like a shave later.

“The difference was extraordinary. His conversation improved and so did his ability to understand what was going on. A turning point was when I popped in to

see him and he was playing dominoes. He perked up and lived cheerily for two more years.”

This made Walford realise that the institutional approach to dementia care was not working. He believes that high-dependency residents should go where they want and not be restrained. He and his staff also encourage integration with the other independent residents, which is the bedrock of the Middleton ethos.

“We are developing a cross-community,” he says. “Involving everyone in activities and events. Just by looking after my father and seeing the difference in him made me think about what more could we do.”

David died at the end of 2008. In early 2009 Walford spent a day in the Alzheimer’s Society library in central London researching how different countries manage dementia care. What resulted was Middleton Hall’s adoption of a Dutch model — where small groups of people live together, share facilities and have freedom to decide what they want to do and when they want to do it.

“Dementia care in this country mainly looks at what people can’t do and stopping people doing things,” he says. “The dementia care homes I visited in the UK felt soulless. But in the Netherlands they are vibrant communities.” He admits the authorities get a bit anxious about his attitude to “positive risk-taking”: giving residents access to kitchens with ovens, kettles and cookers, and sharp tools to do



the gardening. “Our attitude is that if someone wants to make a cup of tea or plant something in the garden we will let them.”

Of course everything is supervised, but the focus is on finding ways to help people do as much for themselves as possible. And that includes going for walks and on outings.

News that more than one in 50 people will be living with dementia by 2050 has brought into sharp focus the need for retirement communities to manage the condition and to investigate programmes that alleviate it.

“They had been saying at my father’s nursing home that he could get aggressive,” Walford adds. “I was shocked by this. My father was never an aggressive man. And he was never like that when he came to Middleton Hall. To me that was a sign that something wasn’t working there.”

Such is Walford’s antithesis to institutionalised care that most of his staff don’t even have a nursing home background.

“Candidates from care



Apartments at the complex
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homes don’t understand that not everyone wants to eat at the same time or get up at the same time,” he explains. “We have tried to de-institutionalise care. We let our residents make choices for themselves.

“We had a gentlemen in his mid eighties with dementia who ran his own business and was used to organising his own life,” Walford says. “So we developed a routine with him where he would go to the gym every morning and then have a coffee in the orangery. Everyone got to know him.

Everyone got to know him.

Even when his communication powers declined, people would still sit and chat with him and he could continue being in control of his life, which is all he wanted.

“Another lady liked going for walks on her own. She had done this all her life. So we created a path of yellow footprints she could follow and gave her a GPS tracker so she wouldn’t get lost. We try to find ways to work with people with dementia so they can continue living as they want as safely as possible.”

This is propelling Walford



Independent residents are encouraged to integrate across the community at Middleton Oaks

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and his team at Middleton Hall to increase the number of small group living houses to alleviate their growing waiting list.

middletonhallretirementvillage.co.uk offers accommodation for 170 people including independent-living houses and apartments to rent or buy priced from £155,000 for a one-bedder. Average fee to live in small group living bungalows £1,000 a week (depending on needs).

Jane Slade is the founder of the retirement property and care home website retiremove.co.uk ■

