FINAL Transcript of David Poxton Innovators in Healthcare Pre-recorded shared on 17 April online

Introduction

Thank you very much for having me, and pleasure to be invited along.

So, as a care operator, we have seven homes, all providing elderly care within Derbyshire. We have a number of different types of buildings, everything from conversions through to older purpose-built homes through to the site that we're talking about today, which is Heanor Park, which we opened just before COVID, literally a couple of months before COVID. So that was great timing on our part!

And we've been operating since the mid-80s, so quite a long period of time. mI'm the third generation of my family to have the responsibility of doing this job. So we have roughly 270 people in our care and around 400 staff.

Inspiration for circadian lighting

Shelley James (00:52)

So what gave you the idea of installing circadian lighting or even thinking again about the light bulbs in the space?

David Poxton (01:00)

A couple of things. A few years previous, I'd gone on a training course to Stirling University. One of the things that had come up there was around light levels and contrasts and ensuring that there were sufficient light levels to help reduce falls and things like that, to avoid shadows.

I actually saw a demonstration of circadian lighting at another home in the West Midlands. And they had an area with the idea set up. So that's where we started exploring it. With our existing homes, the older homes, we have a programme of refurbishment works. It's like

painting the Forth Road bridge. By the time you've got around them all and redone them, it's time to go back again. So we trialled the circadian lighting in a couple of day space areas within our existing homes, just to get a feel for how it worked, in the real world, so to speak.

Off the back of that, when we were in the planning phase for Heanor Park, I thought that we'd seen enough benefits that we wanted to carry on with this technology. As a company, we're very keen to look for innovation. We like trying new things. We like change as a whole. So when we were building a home from scratch, a clean piece of paper to say,

"What do we want to put in here? What are all the niceties that retrofitting into existing buildings usually prevents us from being able to do?"

So we took the plunge.

Results from small-scale trials - flexibility and increased social engagement

Shelley James (02:16)

So for somebody who might think about just doing something small-scale to try it out? What kinds of results can they expect?

David Poxton (02:23)

Initially, we targeted a couple of key areas, a couple of full-assist bathrooms with the lighting, just so that we could create a more flexible lighting structure within what is essentially quite a sterile environment, a bathroom, it's never going to be that exciting.

But obviously, there are times when we need task-oriented lighting. And there are times when you don't want to keep that task-oriented lighting - when somebody's trying to have a bath. Nobody sits in the bath with all the glare of the lights on and is able to relax.

Moving to a more sophisticated lighting system gave us the flexibility to have some pre-programmed levels within the lighting system, say, this is task-oriented lighting, this is relaxing lighting, and then a few other options within. So that was stage one.

We then moved into the actual circadian lighting, so that's where the colour temperatures and intensity were being controlled automatically in line with British summertime in some lounge and a dining area, just to help improve the look and feel of the room to make them more inviting because there are times where you need task oriented lighting, especially if you're assisting people with meals and things like that. But then if you walk into a day space and it is brilliant white light, that's not something that's particularly inviting in the evening.

So we wanted to move to this solution so that those day space areas were presented in the correct manner for the time of day. So at breakfast time, they look totally different to an evening meal. It just helps set the mood of those spaces. And we found that they were used more frequently and for longer periods of time. So, people were more comfortable in those spaces, and happy to sit there for longer.

We work hard to try and encourage social interactions between residents and also with the staff. That was a real bonus. That gave us the confidence that we wanted to look at doing that on a full-building level. This is the best part of 10 years ago now. So at that time, everything had to be hardwired. There were no wireless options.

So, to do anything on a much larger scale in an existing building was just cost-prohibitive. We would be doing major work to get cabling everywhere, which is why when we started to plan this new home, we decided to put that solution in from day one and have it across the entire building.

Decision to install across the whole building except training areas- but in hindsight, should have installed there too!

David Poxton (04:51)

So the only place where it isn't is basically where I'm sitting now. So within this building, we have our head office and we have some staff training facilities. Working in the service industry, staff training is really important to us. So we set up our own training facilities with mock bedrooms and classroom areas and things like that. So we didn't put the circadian lighting in those areas. Mainly because these spaces, are only used during the day and tend to be task-oriented. So high levels of lighting were more important to us.

In hindsight, we probably would have been better off just putting it everywhere because what we've certainly found in some of the offices has been, that staff have come in and said: "Can we disconnect one of these light fittings because it's too bright or can we do this and can we do that?"

So the standard LED lighting that we fitted in those spaces, we've ended up having to adapt. Obviously, as we've started to use the system and understand it better, there are things that we've done with tweaks, but they're all tweaks that can be done quite easily through the company that manages the system for us. In hindsight, we didn't put it everywhere. I kind of wish that we did.

Return on investment - comfort, resident experience - and convenience for staff

David Poxton (06:22)

We've always been dedicated to providing the best, the highest quality of care that we can. We're never going to be the cheapest. We're not involved in a race to the bottom. So we're always looking for innovation. How can we do it better? And I think if that's your driving factor, then there are huge gains to be seen. Lighting is incredibly important, especially if you're working with people who are living with dementia or have sight impairments.

We used to, we do still have in some of our older homes, a simple pendant light in the bedroom. On the face of it, that seems great. That's what I've got at home. It "does". But then when you actually start spending time with experts in the field, you start looking at, what is the spread of the light in that room? Where are the dark spots? Where are the shadows? That's when it all starts to fall apart. And especially in this new home, the bedrooms are significantly larger than what you would find anywhere else. But then that creates additional issues with lighting and things like that.

It's very difficult for us to say, well, this is an improvement from home A to home B, because it is very different.

But I would definitely say, as far as enabling the residents to be able to move freely around their own bedroom, let alone the whole building, by improving those light levels and having the flexibility to adjust them as required for individual residents' needs, really is a game changer. It's one of those things that, within our industry, it's not a necessity. If you're trying to do it cheap, then I guess you could take the attitude that a light is a light, but the reality is, when it comes down to that comfort factor for people living within the building, it definitely adds to their experience.

And it's maybe not something that they're particularly aware of it's things like setting the scene in a room for the evening. That's something that you and I would do at home and take for granted. You put the lamp on and you do this and you do that.

But within a commercial setting, that can sometimes be a bit hit and miss depending on the staff who are on and their focus at the time. Whereas to, essentially automate that process and to have the lighting take care of itself and to set the levels and the tone, the temperature of the lighting automatically, it's fantastic to be able to do that.

And then obviously, we always can override it. So in an emergency, every area has an override button so that we can just bring the lighting levels up to maximum. It's been a really positive, nice to have for this building.

As technology moves on, we're now seeing wireless options. That's something that we are now looking to retrofit into our existing buildings, which then gives us a much better direct comparison because we can say, how the building operates and the needs of the residents in the six months before us doing that install. And then hopefully later this year we'll be able to say, and here's six months post-install, these are the changes that we've seen.

Improvement in nighttime behaviours, but lighting is not the only factor

David Poxton (09:25)

We've made a lot of changes. We've introduced an acoustic monitoring nurse call system so we don't have staff moving around the building. We're trying to get to a quiet building so that

at night there isn't foot traffic, aren't staff moving around unless they're required. We have generally seen an improvement.

We don't have that direct before-and-after comparison because the residents who are living with us now weren't in any of our other homes, where we could have a better understanding of what their patterns were. But generally, as a whole, the percentage of people who are awake at night or awake for a long period of time is generally at a lower level on average than in a home where we don't have that lighting in place.

And it also helps, when people are awake, to get back to sleep. We run a Wide Awake Club, so we have one area of the building which is away from other bedrooms where if people don't want to go back to bed, they don't want to stay in their room, they can come to the Wide Awake Club, socialise with anybody else who happens to be awake, and then go back to their bedroom to go back to sleep when they feel up to it.

But that Wide Awake Club is used less because the lighting is set to try and encourage sleep and to help orient them to the time of day.

Positive response from staff - improved adaptation from night to day shift

David Poxton (11:00)

To begin with, we were worried it was going to be a negative. We were concerned that when staff were on nights, they might struggle to stay awake, and it could be a real hindrance to them.

And to be honest, haven't had any negative feedback in that respect at all.

Again, I think it's been relatively positive. We all work internal rotation, so we try to avoid having set night staff and set day staff. We encourage people to work all of the shifts. And people orientating from night shifts back on to day shifts, generally their body clock hasn't shifted completely from working, set of three or four night shifts, having a few days off and then being back in on days. But it doesn't seem to be quite so difficult as it would be in a different setting where it was just a standard white light all of the time.

Defending the specification for circadian lighting - a 30-40% uplift in cost but minor in context of the building project overall

David Poxton (11:55)

Obviously, it was a new build. So, we had already decided that this was a solution that we wanted to use. So we didn't necessarily look at what a standard lighting package would have cost us. There was probably around a 30 to 40 % uplift in costs. It wasn't horrendous when you're spending millions and millions of pounds building a building, yes, lighting is a factor, but it's when you start putting lifts and sprinkler systems in, those are the numbers you notice.

It's a privately run company. So once I'd made the decision that that was a system that we wanted to follow and we trialled it, it was 'on my head, be it!'

Obviously, it's always difficult being an early adopter, and there have been some issues along the way, not least of which the original provider that we were going to use went bust, literally as we were signing the contract. And then obviously we had to find somebody else who could do what nobody else was doing at that moment in time.

Small increase in cost, but adds value to outstanding care - proof is in occupancy rates

David Poxton (12:59)

So with the hardwired system that we have at the moment, the ongoing costs are reasonably small. Operational costs, there's not really any difference. There are a couple of computers running in the background and a few other bits and bobs, but really in a building this size, you wouldn't really notice the difference in energy costs. Certainly, we're looking at a solution now that evolved out of the wired solution that we've got, which is a wireless solution which is then subscription-based.

It does add a cost, but it comes back to what we've always been focused on, we want to provide the best level of service that we can to our residents, and then we'll work out the costs afterwards. We're working it backwards. We're in a very fortunate place where I think we're proof that once you've built up a good reputation for providing an outstanding level of care, people understand the cost because they can see the finished product. And the feedback that we get is that everybody else thinks it's worth it because we're full.

They vote with their feet at the end of the day.

Advice to others - definitely worthwhile

David Poxton (14:18)

If you are dedicated to that quality of service, there's no doubt in my mind that it is better than a standard lighting package without a shadow of a doubt.

In the care industry, as is the way in a lot of industries, there's a lot of cost pressure.

If you're trying to do it cheap, then it's not the cheapest solution, but like a lot of things, cheap isn't necessarily good.

I'm happy to spend the money because I see the results, I see the positive impact that it makes on the people that are using our spaces, and yeah, I definitely think that's worth it.

Thank you