



# Residential & Specialty Care



As awareness of dementia grows, we can take action to create dementia friendly communities.

An expanding spectrum of settings and services supports people with dementia. The range includes long term care facilities and assisted and independent-living residences, to home care, adult day services, and hospice. As the population of older adults continues to grow and demand for such services increases, organizations committed to a dementia friendly philosophy and skills and a “whole person” or person-centered approach will provide the highest quality care and have a competitive advantage over those that do not act to address this growing need.

## *Ready to implement dementia friendly practices?*

### FOLLOW THE STEPS:

1

#### PREPARE

- Recognize the signs of dementia.
- Identify senior-level champions who can lead and sustain dementia friendly work, and on-the-ground champions to serve as day-to-day “go to” resources for peers.

2

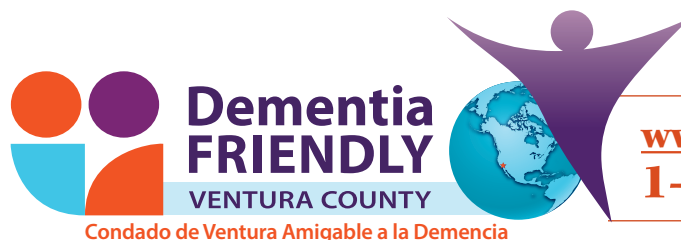
#### LEARN

- Provide ongoing dementia education and communication skills training to all staff, care partners, family members, and other residents/clients.
- Learn and apply person-centered operations, care practices, and social and physical environments that facilitate orientation, enrich quality of life, and encourage independence for people with dementia.

3

#### RESPOND

- Support and communicate with people with dementia and their care partners to help them understand the process, make decisions as needs change and plan for end of life.



[www.vcaaa.org/dfvc](http://www.vcaaa.org/dfvc)  
**1-800-272-3900**

## Signs of Dementia<sup>1</sup>

## Dementia Friendly Communication Skills<sup>2,3</sup>

## Operational Best Practices<sup>4</sup>

## General Person-Centered Care Practices<sup>5,6</sup>

## Specific Person-Centered Care Practices<sup>7,8,9</sup>

1. **Memory loss** that disrupts daily life.
2. **Challenges** in planning or solving problems.
3. **Difficulty completing familiar tasks** at home, at work or at leisure.
4. **Confusion** with time or place.
5. **Trouble understanding** visual images and spatial relationships.
6. **New problems with words** in speaking or writing.
7. **Misplacing things** and losing the ability to retrace steps.
8. **Decreased or poor judgment.**
9. **Withdrawal** from work or social activities.
10. **Changes in mood** or personality.

- Slow pace slightly and allow time for person to process and respond.
- Use short, simple sentences, and ask one question at a time.
- Speak clearly and calmly; be patient and understanding; listen.
- Avoid arguing with or embarrassing the person.
- Treat the person with dignity and respect.
- Be aware of your body language: smile and make eye contact at eye level.
- Seek to understand the person's reality or feelings.
- Apologize and redirect to another environment or subject as needed.

- Ensure governance and leadership are rooted in person-centered philosophy and ongoing learning and engagement in best practices.
- Nurture relationships and a sense of community throughout the organization's culture and promote links with the broader community.
- Stabilize workforce and provide consistent staff assignments.
- Emphasize importance of facilitating engagement in meaningful activities as well as environmental factors that improve quality of life and wellness for people with dementia.
- Create mechanisms to ensure personnel at all levels are upholding person-centered philosophy.

- Know the whole person and reflect life story, preferences, abilities and quality of life in assessments and care plans.
- Foster positive, quality relationships between direct care staff and people with dementia and their care partners.
- Minimize hospitalizations by anticipating and detecting common infections and exacerbation of other diseases and treating them on site.
- Minimize and eliminate physical restraints and psychotropic medications.
- Refer people with dementia to an occupational therapist and/or physical therapist to address fall risk, provide recommendations for sensory/mobility aids, home safety and accessibility modifications, and/or driving evaluation, and maximize abilities.
- Refer care partners to local resources – such as support groups, respite care, care partner education and training programs, and care partner coaching services – and encourage them to use them.

### 1. Person-centered comprehensive assessment and care plan:

- Discuss care goals, values and preferences with the person with dementia, their family, and staff who regularly interact with them in assessment and planning.
- Assess personal background; cognitive, physical and functional abilities; pain; behavior; hearing and vision; decision making capacity; communication abilities; and cultural and spiritual preferences.
- Build on abilities and strengths and help to maintain functional abilities as long as possible; recognize individuality.
- Adopt strategies to help person remain connected in relationships and to the community and meaningful activities.
- Obtain advance directive information and end of life and funeral preferences; discuss the role of palliative care and hospice.
- Update plans and wishes as changes occur and make information available to staff.

## 2. Maximize abilities, function and quality of life:

- Treat conditions such as depression and co-existing medical conditions.
- Encourage lifestyle changes that may reduce or slow disease symptoms or progression.
- Support activities and routines that maintain and slow decline of brain health: balanced diet and nutrition; physical health and exercise; cognitive activity; and social engagement.
- Address sensory issues or impairment (e.g. vision, hearing).
- Promote independence to the extent possible by doing activities with the person rather than for the person.

## 3. Engage in meaningful activities:

- Individualize approach by using a comprehensive assessment and the person's life story to determine what is important to them.
- Activities can be planned or spontaneous and may involve: movement/physical activity, mental stimulation, social interaction or solitude, intergenerational interaction, art/music, pets, spiritual connection, outdoors or nature, housekeeping or tasks, engaging the senses, comforting, and other recreational interests.
- All staff positions have a role in helping people with dementia do enjoyable and purposeful activities; those in leadership roles can model the value of engagement, provide education, and have resources available around the clock to help staff engage people with dementia in the appropriate way.

## 4. Promote positive behavioral health:

- Rule out medical causes, delirium, or depression for any acute changes in behavior.
- Describe and categorize the behavior; keep in mind behavior is a way to communicate.
- Identify triggers and attempt to prevent or address unmet needs or reversible conditions.
- Try to understand behavior and its triggers by becoming familiar with the person's background, capabilities, and relevant psychological, social, or environmental factors.
- Attempt to prevent negative behavior by knowing and acting on individual behavior triggers.
- Minimize confrontation and arguing.
- Begin with a focus on individualized non-pharmacological approaches to reduce problematic behavior.
- Consider pharmacological intervention only when non-pharmacological approaches consistently fail or the person is in danger or suffering.
- Monitor target behaviors to evaluate approach and adjust strategy as needed

## 5. Non-pharmacological approaches for reducing negative behavior expressions:

- Plan activities that involve preserved capabilities, interests, repetitive motion.
- Give the person with dementia tasks that match his/her level of competency.
- Train care partners to communicate, validate, redirect, and re-approach.
- Provide routine.
- Simplify environment by removing clutter or non-helpful stimuli.
- Involve the person in meaningful activity of interest (e.g., physical activity/walk/exercise, socialization, quiet or outdoor area for solitude, nature walk, relaxation).
- Engage the senses (e.g., massage and touch, favorite music, aromatherapy, pets).

## 6. Pharmacological approaches to behavior:

- There are neither FDA-approved medications for Behavioral and Psychological Symptoms of Dementia nor strong scientific evidence to support any particular class of medications.
- If compelled to attempt medication, document informed consent and watch for decreased functional or cognitive status, sedation, falls or delirium.
- Attempt to wean or discontinue medication as soon as possible.

# Environmental Design Considerations<sup>10,11,12</sup>

- Design familiar features and spaces that prompt decision making, reduce agitation, encourage meaningful activity and social interaction, reduce risks, and maintain abilities.
- Give directions using essential signs and symbols for orientation and wayfinding.
- Choose flooring and other design features with color schemes, materials, and surfaces with appropriate color contrast that will encourage independence and not be mistaken as barriers.
- Eliminate non-emergency paging announcements; use silent alarms or methods that can alert staff to safety needs without disturbing people with dementia.
- Develop zones with recreational opportunities that engage senses with comforting smells, appropriate sound levels and lighting.
- Provide interesting, safe indoor and outdoor pathways with smooth surfaces for wandering and to encourage mobility.
- Create spaces that reduce unhelpful stimulation and optimize helpful stimulation, considering strategies to support socialization but also to provide quiet spaces to be alone.
- Give access to outdoors and nature with opportunities for familiar activities, such as gardening.
- Use technology to promote independence (e.g., motion sensors that trigger lights to reduce falls, electronic tracking devices, communication devices, alarms triggered by water level in bath or sink in private homes, talking labels/touch screens).

## References

1. **Alzheimer's Association, Know the 10 Signs**  
[www.alz.org/alzheimers-dementia/10\\_signs](http://www.alz.org/alzheimers-dementia/10_signs)
2. **Alzheimer's Society, Communicating**  
[www.alzheimers.org.uk/about-dementia/symptoms-and-diagnosis/symptoms/communicating-and-dementia](http://www.alzheimers.org.uk/about-dementia/symptoms-and-diagnosis/symptoms/communicating-and-dementia)
3. **Home Instead Business Training, Alzheimer's Friendly Business online course**  
[www.helpforalzheimersfamilies.com/learn/make-your-business-alzheimers-friendly/](http://www.helpforalzheimersfamilies.com/learn/make-your-business-alzheimers-friendly/)
4. **Dementia Initiative, Dementia Care: The Quality Chasm** [www.nursinghometoolkit.com/additionalresources/DementiaCareTheQualityChasm-AWhitePaper.pdf](http://www.nursinghometoolkit.com/additionalresources/DementiaCareTheQualityChasm-AWhitePaper.pdf)
5. **Alzheimer's Association, Dementia Care Practice Recommendations for Assisted Living Residences and Nursing Homes**  
[www.alz.org/national/documents/brochure\\_DCPRphases1n2.pdf](http://www.alz.org/national/documents/brochure_DCPRphases1n2.pdf)
6. **Dementia Initiative, Dementia Care: The Quality Chasm**  
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7. **Alzheimer's Association, Dementia Care Practice Recommendations for Assisted Living Residences and Nursing Homes Phase 3 End-of-Life Care**  
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9. **The Open University, Designing Space for DementiaCare**  
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10. **The King's Fund, Developing Supportive Design for People with Dementia**  
[www.kingsfund.org.uk/projects/enhancing-healingenvironment/ehe-designdementia?dm\\_i=21AC,2WEIH,GTHKYS,AHKU0,1#tool](http://www.kingsfund.org.uk/projects/enhancing-healingenvironment/ehe-designdementia?dm_i=21AC,2WEIH,GTHKYS,AHKU0,1#tool)
11. **The King's Fund, Developing Supportive Design for People with Dementia**  
[www.kingsfund.org.uk/projects/enhancing-healing-environment/ehe-design-dementia?dm\\_i=21AC,2WEIH,GTHKYS,AHKU0,1#tool](http://www.kingsfund.org.uk/projects/enhancing-healing-environment/ehe-design-dementia?dm_i=21AC,2WEIH,GTHKYS,AHKU0,1#tool)
12. **Dementia Enabling Environment Project**  
[www.enablingenvironments.com.au/](http://www.enablingenvironments.com.au/)

# Additional Resources

## Dementia Friendly America

- **DFA Sector Video – Residential and specialty Care** | [www.dfamerica.org/sector-videos/](http://www.dfamerica.org/sector-videos/)

## Others

- **Alzheimer’s Association, Dementia Care Practice Recommendations for Assisted Living Residences and Nursing Homes** | [www.alz.org/national/documents/brochure\\_DCPPrphases1n2.pdf](http://www.alz.org/national/documents/brochure_DCPPrphases1n2.pdf)
- **Alzheimer’s Society British Columbia, Making your Workplace Dementia Friendly: Information for Housing Professionals** | [alzheimer.ca/sites/default/files/files/bc/advocacy-andeducation/dfc/2015%2008%2018%20housing%20strategies%20%20web%20-%20final.pdf](http://alzheimer.ca/sites/default/files/files/bc/advocacy-andeducation/dfc/2015%2008%2018%20housing%20strategies%20%20web%20-%20final.pdf)
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- **Community Resource Finder** | [www.communityresourcefinder.org/](http://www.communityresourcefinder.org/)
- **Dementia Enabling Environment Project** | [www.enablingenvironments.com.au/](http://www.enablingenvironments.com.au/)
- **Designing Environments for Alzheimer’s Disease Resource List** | [www.alz.org/media/Documents/design-enviro-foralzheimers-rl-2019.pdf](http://www.alz.org/media/Documents/design-enviro-foralzheimers-rl-2019.pdf)
- **Dementia Training Australia, Environmental Assessment Tool (EAT) – Handbook** | [dta.com.au/resources/environmental-assessment-tooleat-handbook/](http://dta.com.au/resources/environmental-assessment-tooleat-handbook/)
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- **The King’s Fund, Developing Supportive Design for Peoplewith Dementia** | [www.kingsfund.org.uk/projects/enhancing-healing-environment/ehe-design-dementia?dm\\_i=21AC,2WEIH,GTHKYS,AHKU0,1#tool](http://www.kingsfund.org.uk/projects/enhancing-healing-environment/ehe-design-dementia?dm_i=21AC,2WEIH,GTHKYS,AHKU0,1#tool)
- **Kolanowski, A., & Van Haitsma, K. (2013). Promoting positive behavioral health: A nonpharmacologic toolkit for senior living communities** | [www.nursinghometoolkit.com/](http://www.nursinghometoolkit.com/)
- **The Open University, Designing Space for Dementia Care** | [www.open.edu/openlearn/health-sportpsychology/social-care/designing-space-dementiacare/content-section-0](http://www.open.edu/openlearn/health-sportpsychology/social-care/designing-space-dementiacare/content-section-0)
- **Personal Facts and Insights** | [www.alz.org/care/downloads/personalfacts.pdf](http://www.alz.org/care/downloads/personalfacts.pdf)
- **Residential Care** | [www.alz.org/care/alzheimers-dementia-residentialfacilities.asp](http://www.alz.org/care/alzheimers-dementia-residentialfacilities.asp)
- **Starting a Dementia Care Unit** | [www.alz.org/media/Documents/starting-dementiacare-unit-searches-2018.pdf](http://www.alz.org/media/Documents/starting-dementiacare-unit-searches-2018.pdf)
- **Validation Therapy** | [www.youtube.com/watch?v=CrZXz10FcVM](http://www.youtube.com/watch?v=CrZXz10FcVM)  
[vfvalidation.org/what-is-validation/](http://vfvalidation.org/what-is-validation/)

The collective array of organizations and services that care for people with dementia are just one important part of the community. Working in tandem with other sectors, specialized memory care residential and service organizations can help the entire community become more dementia friendly. Learn more about the process and help your community and others become more dementia friendly at [www.dfamerica.org](http://www.dfamerica.org).