

Residential and Specialty Care



An expanding spectrum of settings and services support people living with dementia. The range includes long term care facilities and assisted/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 as well as a “whole person” or person-centered approach will provide the highest quality of care. Additionally, these organizations will have a competitive advantage over those that do not act to address this growing need.

Ready to implement dementia friendly practices?

Follow these steps:

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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.

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 living with dementia.

Respond

* Support and communicate with people living with

dementia and their care partners to help them understand the process, make decisions as needs change, and plan for

end of life.

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Respond (cont.)

* Encourage people living with dementia and their care partners to connect with others and engage in health and wellness activities to promote a sense of normalcy and boost resiliency.

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* Report suspected abuse, neglect, or financial

exploitation.

* Support staff and family care partners and recognize and respond to signs of stress
* Spread dementia friendly practices to other

members of your teams and networks.

What is Dementia?

Dementia is a general term for a loss of memory and other thinking abilities that is serious enough to interfere with activities of daily life. Dementia has many causes. Alzheimer’s disease, the most common cause of dementia, is a disease of the brain that leads to problems with memory, thinking, and behavior. Alzheimer’s and other dementias are not a normal part of aging.

Signs of Dementia1

* Memory loss that disrupts daily life.
* Challenges in planning or solving problems.
* Confusion when completing familiar tasks at home, at work, and/or during leisure activities.
* Confusion with time or place.
* Challenges when attempting to understand visual images and spatial relationships.
* Challenges with words when speaking, writing, and/or reading.
* Accidently misplacing items and losing the ability to retrace steps.
* Decreased or poor judgment.
* Withdrawal from work or social activities.
* Changes in mood or personality.

Dementia Friendly Communication Skills2,3

* Ask “yes” or “no” questions 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 actively listen.
* Avoid arguing with or embarrassing the person.
* Treat the person living with dementia with dignity and respect.
* Be aware of your body language: smile and make eye contact at eye level.
* Seek to understand person’s reality or feelings.
* Apologize and redirect to another environment or subject as needed.

Operational Best Practices4

* 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 the importance of facilitating engagement in meaningful activities, as well as environmental factors, that improve quality of life and wellness for people living with dementia.
* Create mechanisms to ensure personnel at all levels are upholding person-centered philosophy.

General Person-Centered Care Practices5,6

* Know the whole person and reflect their life story, preferences, abilities, and quality of life in assessments and care plans.
* Foster positive, quality relationships between direct care staff and people living with dementia, as well as 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 living 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, as well as caregiver education and training.
* 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 utilize these services.

Specific Person-Centered Care Practices7,8,9

1. Person-centered comprehensive assessment and care plan:
   * Discuss care goals, values, and preferences with person living with dementia, their family/care partner, and staff who regularly interact with them in assessment and planning.
   * Assess:

* Personal background
* Cognitive, physical, functional abilities
* Pain
* Behavior
* Hearing and vision
* Decision making capacity
* Communication abilities
* Cultural and spiritual preferences.
  + Build on abilities and strengths and help to maintain functional abilities for as long as possible; recognize individuality.
  + Adopt strategies to help the person remain connected in relationships and to the community and meaningful activities.
  + Obtain advance directive information, as well as 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.

1. 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, including:

* Balanced diet and nutrition
* Physical health and exercise
* Cognitive activity
* Social engagement.
  + Address sensory issues or impairment (e.g. vision, hearing, touch).
  + Promote independence ~~to the extent possible~~ by doing activities with the person rather than for the person.

1. 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 living 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.

1. 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 trigger 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, and/or environmental factors.
   * Attempt to prevent responsive behaviors by knowing and acting on individual behavior triggers.
   * Minimize confrontation and arguing.
   * Begin with a focus on individualized non- pharmacologic approaches to reduce behavioral and psychological symptoms of dementia.
   * Consider pharmacologic interventions only when non-pharmacologic approaches consistently fail, or person is in danger and/or suffering.
   * Monitor target behaviors to evaluate, approach, and adjust strategy as needed.
2. Non-pharmacological approaches for reducing negative behavior expressions:
   * Plan activities that involve preserved capabilities, interests, repetitive motion.
   * Give the person living with dementia tasks that match his/her level of competency.
   * Train care partners to communicate, validate, redirect, and re-approach.
   * Provide routine and stress management education.
   * Simplify environment by removing clutter or non-helpful stimuli.
   * Involve 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).
3. Pharmacological approaches to behavior:
   * There are currently no FDA-approved medications for behavioral and psychological symptoms of dementia nor strong scientific evidence to support any class of medications.
   * If compelled to attempt medication, document informed consent, and watch for decreased functional or cognitive status, sedation, falls, and/or delirium.
   * Attempt to wean or discontinue medication as soon as possible.

Environmental Design Considerations

* + - Design familiar features and spaces that prompts

decision making, reduces agitation, encourages meaningful activity and social interaction, reduces risks, and maintains functional 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.
    - Eliminate non-emergency paging announcements; use silent alarms or methods that can alert staff to safety needs without disturbing people living with dementia.
    - Develop zones with recreational opportunities that engage senses with comforting smells, appropriate sound levels, and lighting.
    - Provide uncluttered indoor and outdoor pathways with smooth surfaces to encourage safe mobility, especially if the person with dementia gets lost.
    - Create spaces that optimize appropriate stimulation. Consider strategies that support socialization but also provide quiet spaces to be alone.
    - Give access to outdoors with opportunities for familiar activities, such as gardening.
    - Use technology to promote independence (e.g., motion sensors to reduce falls, electronic tracking devices, communication devices, alarms triggered by water level, talking labels/touch screens).

References

1. **Alzheimer’s Association, Know the 10 Signs** <http://www.alz.org/alzheimers_disease_10_signs_of_alzheimers.asp>
2. **Alzheimer’s Society, Communicating** <https://www.alzheimers.org.uk/info/20064/symptoms/90/communicating_and_language>
3. **Home Instead Business Training, Alzheimer’s Friendly Business online course** <http://www.helpforalzheimersfamilies.com/alzheimers-care-training/alzheimers-friendly-business-training/>
4. **Dementia Initiative, Dementia Care: The Quality Chasm** <http://www.nursinghometoolkit.com/additionalresources/DementiaCare-TheQualityChasm-AWhitePaper.pdf>
5. **Alzheimer’s Association, Dementia Care Practice Recommendations for Assisted Living Residences and Nursing Homes, Phase 1 & 2** <https://www.alz.org/national/documents/brochure_DCPRphases1n2.pdf>
6. **Alzheimer’s Association, Dementia Care Practice Recommendations for Assisted Living Residences and Nursing Homes Phase 3 End-of-Life Care** <https://www.alz.org/national/documents/brochure_dcprphase3.pdf>
7. **British Columbia Health and Human Services, Best Practice Guideline for Accommodating and Managing Behavioral and Psychological Symptoms of Dementia in Residential Care** <http://www.health.gov.bc.ca/library/publications/year/2012/bpsd-guideline.pdf>
8. **The King’s Fund, Developing Supportive Design for People with Dementia** <http://www.kingsfund.org.uk/projects/enhancing-healing-environment/ehe-design-dementia?dm_i=21AC,2WEIH,GTHKYS,AHKU0,1#tool>
9. **Dementia Enabling Environment Project**<http://www.enablingenvironments.com.au/>

Additional Resources

For additional resources related to the *Residential and Specialty Care* sector and a host of other community sectors, please visit [DFA's resource page](https://dfamerica.org/resource-listing/).

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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 community 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/)