

Supporting comfort and belonging for people living with dementia

A guide for team members to
enhance the environment in
senior living



RIA RESEARCH
INSTITUTE
for AGING

Schlegel • UWaterloo • Conestoga

Enhancing Life

Contents

How to use this guide.....	2
Sensory challenges due to aging and dementia	3
Physical Environment.....	4
Addressing Unmet Needs	12
Interpersonal & Operational Factors	14
Action Plan	16
Resource List	17
Acknowledgement	18
Learn more.....	18
Appendix A.....	19
Appendix B	20
Appendix C.....	21

How to use this guide

This guide was created to support team members in assessing senior living environments and discussing opportunities to create a sense of comfort and belonging for people living with dementia, particularly those who repeatedly attempt to exit.

People usually attempt to leave their environment because:

1. Walking, exploring and being curious are natural to humans.
2. Something in the environment is distressing them and they are trying to get away from it
3. Something in the environment is missing and they are trying to find it

This framework *does not* consider the above to be symptoms of dementia, but rather expressions related to environmental, interpersonal and operational factors that do not meet someone's needs. The presence of dementia may increase the person's distress, but it is rarely the root cause. "Wandering" is a common label used to describe adults living with dementia; however, some people may simply be responding to the limitations of their environment.

It is important to help create feelings of comfort and belonging in one's living environment. Appendix A - Figure 1 illustrates how people's sense of belonging improves when their living environment better meets individual needs.

Gather a group of team members and use this guide to look at and assess the living spaces in your home. The following sections include topics to consider that may contribute to personal expressions. Attending to these factors could greatly reduce residents' discomfort.

This guide can be used in all living environments, whether people living with dementia are living separately or alongside people without dementia and in either secured or unsecured living areas.

As you explore the various living spaces in the area where you work, remember to use all your senses and consider features of the living space that could be affecting residents.



“Good design for dementia is good design for people.” – Emi Kiyota, PhD

Sensory challenges due to aging and dementia

Many people have challenges due to changes that aging and dementia may cause in the sensory organs. The following is a description of sensory changes to be aware of that may cause an environment to be challenging for a resident (includes information from Agnes Houston MBE; see also Dementia & Sensory Challenges in resource list).

Vision

- Cataracts and lens thickening cause glare and a yellowing of one's vision
- Macular degeneration and strokes can cause blind spots
- Night vision is impaired; people may misidentify objects and shadows
- It takes longer to adjust between light and dark environments
- Peripheral vision is decreased
- People may have more trouble seeing borders, small print and/or long distances
- There may be decreased spatial awareness and depth perception
- Some conditions cause difficulty looking up or down
- With severe vision loss, the brain may generate visions of things that are not there

Hearing

- Decreased hearing, especially higher frequencies
- Increased sensitivity to loud noises
- Difficulty filtering out background noise or competing conversations
- With severe hearing loss, the brain may generate sounds that are not there

Smell/Taste

- Dementia can affect one's sense of smell
- Many people with dementia smell smoke or foul odors that may cause them to investigate or want to leave
- Changing taste sensations may cause a change in food preferences
- Aging can cause dry mouth, which can cause frequent thirst

Touch

- People may feel cold more often and seek warmth
- Restrictive clothing may cause excessive warmth or discomfort
- People may find certain sensations overwhelming (e.g. water from a shower nozzle)
- People may lack the fine touch sensation to recognise or use certain objects

Other Physical/Aging Issues

- Many age-related conditions cause chronic pain or discomfort
- Weak bladder function can cause a frequent need to find a toilet
- Incontinence and/or constipation can cause discomfort

Physical Environment

Many aspects of the built environment can have a positive or negative impact on the people who live there. The following sections highlight some of the most common ones to consider.

Acoustic Environment

The following factors may cause a person to become distressed:

- Overall sound level being too loud
- Unnatural or disturbing sounds
- Competition from background noise

Look around the living space to find possible sources of distressing sounds:

Television

Could any of the television programming be disturbing or confusing to a person living with dementia (e.g., gunfire, violence, confrontational interactions, rapidly moving scenes or images)? Is a television that is not being watched adding to the noise level of the environment?

Voices

Are co-workers speaking or calling out loudly to one another? Does the tone of people's voices sound unhappy, angry or stressed? Are several voices speaking at once?

Music

Are the residents responding positively to the music? Were residents asked what type of music they would like to listen to? Is background music or radio overwhelming or distracting? Is the music volume appropriate? Is the music competing with a resident's ability to participate?

Pause and Reflect

- Is there a space that you could go if you wanted to chat with someone?
- Is there competing noise/activity negatively affecting social engagement?
- Are there unnatural sounds that could confuse a resident (e.g., alarm bells, vacuum)?
- Do you use silent call bell and pager systems to eliminate excess noise?

Tips

No matter how calm and engaging a television program may be, if no residents are intentionally watching it, it contributes to overall noise/distraction and should be turned off.

Even with appropriate television shows, commercial breaks can contain distressing sounds or images. Use DVD's or commercial free streaming services (e.g., Netflix).

Use a decibel (dB) meter (see Resource List on page 15) to record the noise level in a space. For reference: normal conversation is 60 dB, any sustained levels above 70 dB should be thought of as potentially distressing.

To further explore the acoustic environment, refer to Appendix B.

Lighting

Improper lighting can lead to confusion and or stress. These aspects of lighting should be considered:

- Intensity of lighting (e.g., too dim or too bright)
- Correct lighting for the time of day
- Correct type of lighting in each location

Types of Lighting

- **Ambient:** soft diffused light without bright spots or shadows; used to light areas for general interaction and navigation (e.g., dining rooms, living rooms and hallways)
- **Targeted:** bright light directed at a work or reading surface (e.g., desk lamp for reading or knitting)
- **Natural:** outdoor light experienced in an outdoor space or through a window/skylight

Tips

Use lamps rather than overhead lighting in living spaces to create soft evening lighting and to avoid light shining directly into people's eyes.

Dimmer switches allow for the lighting to be adjusted in different situations.

Older adults need much more light than younger adults to find their way and complete tasks.

Pause and Reflect

- Is there a space, other than a bedroom, with lighting where you feel you could relax? Is excessive lighting at night contributing to people's confusion or restlessness?
- Investigate the lighting in the environment. How is it different or similar in particular spaces? Is this lighting appropriate for each space?
- Are dimmer switches available to adjust the lighting for the residents?
- During morning and evening routines, is lighting adjusted to help establish day/night cues?

Flooring & Décor

The physical materials used in a space have an effect on the people living within them. Flooring and décor have the ability to make a space comforting and warm as well as confusing and uncomfortable. Consider these aspects of flooring and décor:

- Glare that could make signage, art or flooring difficult to see
- Busy flooring patterns that look like objects; dark stripes or squares that look like holes in the floor
- Overall colour and contrast

Pause and Reflect

- Do you find the colour choices in the living space relaxing or stressful?
- Do surfaces and or objects look wet or appear to move?
- Is colour or distinctive decoration used to help people differentiate between different rooms or hallways?

Tips

Use colour and contrast to identify doorways, hallways, handrails, bathroom fixtures and other living spaces. Consider a distinctive colour for the washroom door to help with identification.

Bordering colours should be similar and moderately contrast with each other.

Avoid extremes of too much (overwhelming) or too little contrast (difficult to distinguish).



Flooring & Décor Exercise

Walk into each living space. How is the colour scheme? Is it confusing? Does the décor or flooring give direction? Are the textures and patterns used overwhelming or hindering movement? Describe what is working and what is not in space below:

Type of Room: _____

Working well:

Not working well:

Suggest some changes that may work better for the residents:

Type of Room: _____

Working well:

Not working well:

Suggest some changes that may work better for the residents:

Repeat this exercise for additional rooms.

Wayfinding

Signs are often used as compensation for a badly-designed or confusing layout. If the environment looks like a normal home and has good wayfinding cues, signs are often not needed. Many aspects of the environment can positively or negatively affect people's ability to find their way. Consider the following:

Signage

Where signs are needed consider them from a resident's perspective:

- Height of signs
- Size and style of lettering
- Colour and contrast
- Use of both words and easily recognizable images
- Signs placed on the door rather than beside it

Room Layout & Furniture

The following aspects are important:

- A transition between private and public spaces for those who wish to observe, but not fully engage
- Furniture placement should enable engagement and conversation, and provide clear walking pathways

Pause and Reflect

- Does the layout block freedom of movement or lead people the wrong way?
- Does the space welcome conversation?
- Do people understand the images that are used on the signage (e.g., an image of a toilet rather than human figures to identify a washroom)?
- Are there different sizes and style of furniture for different individuals?
- Is the furniture easily moveable for different configurations? Is the furniture familiar and comfortable?
- Consider whether a window in a door is helpful or distressing to people?
- Are door handles easy to open? Are doors light enough for an older person to push or pull?

Tips

Place signs approximately 4 ft. high and visible to a person sitting or standing. Printed material is read best in black lettering and text should be large enough for aging eyes. For signage use a minimum of 60-point font. Ask a few residents to read the signs aloud to you to see if they can read and understand them.

Features that may detract from a feeling of home:

- Long hallways
- Large social spaces
- Equipment in the hallways
- Nursing station
- Dining/living room not easily seen from bedroom or hallway

Many people try to leave because of unmet needs or stressors. Disguising a door with an overlay does nothing to address these and will not improve the person's well-being. It may even increase a person's distress if they try to engage the objects on the overlay, or if they see an exit sign over a disguised door.

Consider having a doorway parallel to the walking path so it is not a destination at the end of the hallway.



Wayfinding Exercise

Observe different residents' movements at different hours of the day. Pay attention to whether people are positively or negatively engaging with decorations or objects within a room. If not, try moving or replacing them and observe the result. A certain amount of trial and error may be necessary. The solution will vary as different residents move into the living space.

Describe specific areas that need to be improved below:

Type of area: _____

Type of area: _____

Type of area: _____

Type of area: _____

Are there other spaces or rooms that residents are not using? Are walking paths clear for team members and residents? If spaces are not used what are the possible reasons?

Describe your interpretations below:

Addressing Unmet Needs

Residents may be searching for something outside their living space because what is available to them is not meeting their needs. The following categories are aspects of a person's life where they may need additional support to improve their quality of life:

- Movement, exercise, diversion
- Meaningful activities and leisure pursuits
- Connections
- Caregiving opportunities

Pause and Reflect

- Are there opportunities for variety, spontaneity and joyful moments in daily life?
- Are the person's five senses stimulated in various ways throughout the week?
- Are people's individual leisure preferences identified and supported?
- Are there long periods of time where residents are disengaged?
- Do team members work in collaboration with the recreation team to promote engagement throughout the day?
- Do we regularly offer everyone an opportunity to join group activities even if they have not participated previously?
- Do team members provide adequate support to help residents initiate conversations and/or activities (e.g., starting a book or a puzzle with the resident to be sure that they can continue; helping start a conversation between residents that they can continue)?
- Are team members using toilet schedules for those who may have difficulty finding a toilet independently?
- Are there opportunities for people who are awake at night to engage in activities, or are residents expected to stay in bed all night?
- Are people being assessed for pain or discomfort?

Tips

Reflect on your own interests and talents outside of your job description. Do you have interests in common with any of your residents? Use this knowledge to find ways to positively engage people in the course of your day.

Discuss ways your team members can support each other in order to make time to engage one or more residents during the day.

Schedule regular walks outside the living area for people who wish to walk greater distances and/or explore different environments. This can also be spontaneous, and can be initiated by any team member as well as family members and/or volunteers. During inclement weather one could visit other living spaces or common community areas.

Going for a walk is a great way for residents and team members to strengthen their relationships with each other.

To explore other ways to support well-being, refer to Appendix C.



Fulfilling Unmet Needs Exercise

The following exercise needs to be completed for each resident individually because each person’s needs are unique to them. This could be completed as part of a care plan update.

Movement, exercise, diversion: Does the person have a regular opportunity to walk and to go outside?

Meaningful activities and leisure pursuits: Is the person bored? Are activities meaningful to the person? Are they too simple or too complex for participation? Is the activity space conducive to the person’s participation? Does the person’s activity serve a visible purpose (as opposed to “busy work”)?

Connections: Is the family a regular presence in the person’s life? Are there ways in which the person can stay better connected to people of various ages, plants, pets, leisure pursuits or spirituality?

Caregiving opportunities: Does the person have opportunities to give care to others (human or otherwise), or to contribute to daily life in the home in a material way? Are the person’s input and opinions asked about on a regular basis?

Describe your findings and suggestions for improvement:

Interpersonal & Operational Factors

In addition to the physical environment, interpersonal and operational factors can cause distress or attempts to go elsewhere. These factors also can enhance or diminish each domain of well-being used in this guide (identity, connectedness, security, autonomy, meaning, growth and joy).

Interpersonal Factors

Communication

Good communication skills improve understanding, show respect, and help people feel connected and safe. Positive body language creates a feeling of acceptance, while the opposite can feel like anger or disapproval and may lead someone to want to go elsewhere. Good communication also seeks input and direction and helps the person to be in control.

Pause and Reflect

- Are optimal communication skills used in interactions, to be sure the person can connect, understand, and be understood?
- Is each team member's body language and tone of voice open and accepting, to match their words?
- Are word choices consistent with a person's background and culture?

Authentic Partnerships

DuPuis et al. (2010) describe an authentic partnership as one that "actively incorporates and values diverse perspectives and includes all key stakeholder voices directly in decision-making. It involves working with others, not for others." Authentic partnerships involve familiarity, honesty and respect. They establish trust and familiarity, which creates a sense of security, belonging and meaning. Simply providing care tasks to a person does not create an authentic partnership; both parties need to contribute to the relationship.

Pause and Reflect

- Do the team members demonstrate an authentic relationship with the person?
- Are team members having two-way conversations, versus telling the person what is about to happen?
- Are they asking for input and direction from the person?
- Do team members ever visit or converse with the person, separate from performance of tasks?
- Do team members have dedicated resident assignments?
- Do team members know the person well, and do they share their own stories as well?

Tips

Optimal Communication

Converse at eye level, use appropriate pacing, give time to process and respond, understand verbal and non-verbal expressions, be fully attentive, do not talk down to people, validate emotional expressions.

Asking multiple questions can be difficult and frustrating for people who have trouble remembering. Instead, try speaking in statements and giving the person room to respond as they like without being right or wrong. Statement example: Instead of "what did you have for dinner last night?", you could say "I hear there was lasagna for dinner last night. That must have been good."

When assisting with personal care, think of the word SEE:

- Slow down
- Engage
- Empower

- Is personal care performed with proper pacing, engagement, and input from the person? Do team members connect before starting a task? Is comfort, privacy, and dignity maintained throughout?
- Are relationships between residents facilitated?

Operational Factors

Daily operations can affect people's well-being. Many things we do in the course of our work day may be having an adverse effect on residents.

Pause and Reflect

- Do team members have dedicated resident assignments, so as not to confront the person with strange faces?
- Are all room boundaries and personal belongings respected, and never breached without permission?
- Is anyone walking through the living space who does not have a specific purpose there?
- Do team members engage the person in meaningful dialogue during all tasks?
- Do team members take time to visit residents outside of performing tasks? (An authentic relationship means not just engaging with a person when you need them to do something.)
- Do people make their entrances and exits without a great deal of commotion or visibility, in order to avoid cueing people to leave?
- Are there intrusive and/or unnatural sounds, like alarms, overhead pages, or machinery that would create a sense of fear, confusion, or being in a place that does not feel like home?
- Do residents have input in the layout of their bedroom?
- Are people contributing meaningfully to daily life in the living space (e.g., setting tables for dinner, taking care of plants, dusting a book shelf, or just giving input on something that is done)?
- Are people sitting for long periods of time, not being meaningfully engaged? Are they bored?
- Are team members holding conversations or creating other noise outside resident doors at night?

Action Plan



Review all of the notes that you have made and put them into the action plan below. You may not be able to change everything you would like to at once, so prioritize them. Begin with the steps that are most urgent and/or easiest to implement. Decide who will be responsible for overseeing each step and what other individuals or departments you may need to reach out to for assistance. Set a date to check on your progress and make adjustments as needed.

First Steps - Today

1. _____
2. _____
3. _____

Person(s) responsible: _____

Additional people/resources: _____

Date to review progress: _____

Next Steps – Over the Next Few Weeks

1. _____
2. _____
3. _____

Person(s) responsible: _____

Additional people/resources: _____

Date to review progress: _____

Next Steps – Over the Next Few Months

1. _____
2. _____
3. _____

Person(s) responsible: _____

Additional people/resources: _____

Date to review progress: _____

In following this plan, it is hoped that residents will gain a better sense of belonging and overall well-being.

Resource List

Talking sense: Living with sensory changes and dementia. (Author: Agnes Houston, with Julie Christie)

<http://www.lifechangestrust.org.uk/sites/default/files/publications/Dementia%20and%20Sensory%20Challenges%20Booklet%20April%202017.pdf>

Large posters and illustration info sheets (Author: Dementia Enabling Environments)

<http://www.enablingenvironments.com.au/downloads.html>

Good practice in the design of homes and living spaces for people with dementia and sight loss

(Authors: Corinne Greasley-Adams, Alison Bowes, Alison Dawson and Louise McCabe)

http://dementia.stir.ac.uk/system/files/filedepot/12/good_practice_in_the_design_of_homes_and_living_spaces_for_people_living_with_dementia_and_sight_loss_final.pdf

Decibel Meter

A decibel meter can be used via phone application (downloaded for free online) or an actual decibel meter that includes a light indicator (purchased in-store).

Authentic Partnerships

DuPuis, S.L., Gillies, J., Carson, J., and Whyte, C. (July 2012) Moving beyond patient and client approaches: Mobilizing 'authentic partnerships' in dementia care, support and services. *Dementia* 11(4):427-452.

Additional Reading

Improving the design of housing to assist people with dementia (Author: University of Sterling)

<http://www.cih.org/resources/PDF/Scotland%20general/Improving%20the%20design%20of%20housing%20to%20assist%20people%20with%20dementia%20-%20FINAL.pdf>

Dementia beyond drugs: Changing the culture of care (Author: G. Allen Power)

<http://www.healthpropress.com/product/dementia-beyond-drugs-second-edition/>

Dementia beyond disease: Enhancing well-being (Author: G. Allen Power)

<http://www.healthpropress.com/product/dementia-beyond-disease-revised-edition/>

Acknowledgement

This document written by Laura Aguiar B.ASc., M.P.H. & G. Allen Power M.D., Schlegel Chair in Aging and Dementia Innovation.

The authors would like to acknowledge the support and input from the following people.

For review and input into guide content:

- Kirsty Bennett—Architect, Dementia Training Australia
- Samantha Biglieri, PhD—Planning in Urban Development, University of Waterloo
- Jennifer Carson, PhD—Director, Gerontology Program, University of Nevada-Reno
- Prof. Richard Fleming—School of Nursing, University of Wollongong, NSW, Australia; Dementia Training Australia
- Emi Kiyota, PhD—Environmental gerontologist and founder of Ibasho
- Prof. Natalie Rowe—Faculty of Arts, Media and Design, Fanshawe College, London, ON

People living with a diagnosis of dementia:

- Phyllis Fehr, RN—Ontario, Canada
- Agnes Houston, MBE—Edinburgh, Scotland
- Kate Swaffer—Adelaide, South Australia
- Mary Beth Wighton—Ontario, Canada

Thanks also to the team members and residents of the Hagey neighbourhood at The Village at University Gates, Waterloo, Ontario and Melanie Pereira, RN, GNC, Clinical specialist at Schlegel Villages, for helping to conduct a formal evaluation of the guide.

The authors also gratefully acknowledge the Schlegel family for raising the issue to be studied, RIA chairs and specialists Veronique Boscart, RN, PhD, Carrie McAiney, PhD, and Linda Sheiban-Taucar, RN, MSc for input into the guide's development, RIA Executive Director Josie D'Avernas and the RIA staff for its formatting and dissemination.

Icons used in this document were made by Freepik from www.flaticon.com.

Learn more

For more information about this resource, connect with our team:

Schlegel-UW Research Institute for Aging (RIA)

250 Laurelwood Drive, Waterloo, ON N2J 0E2

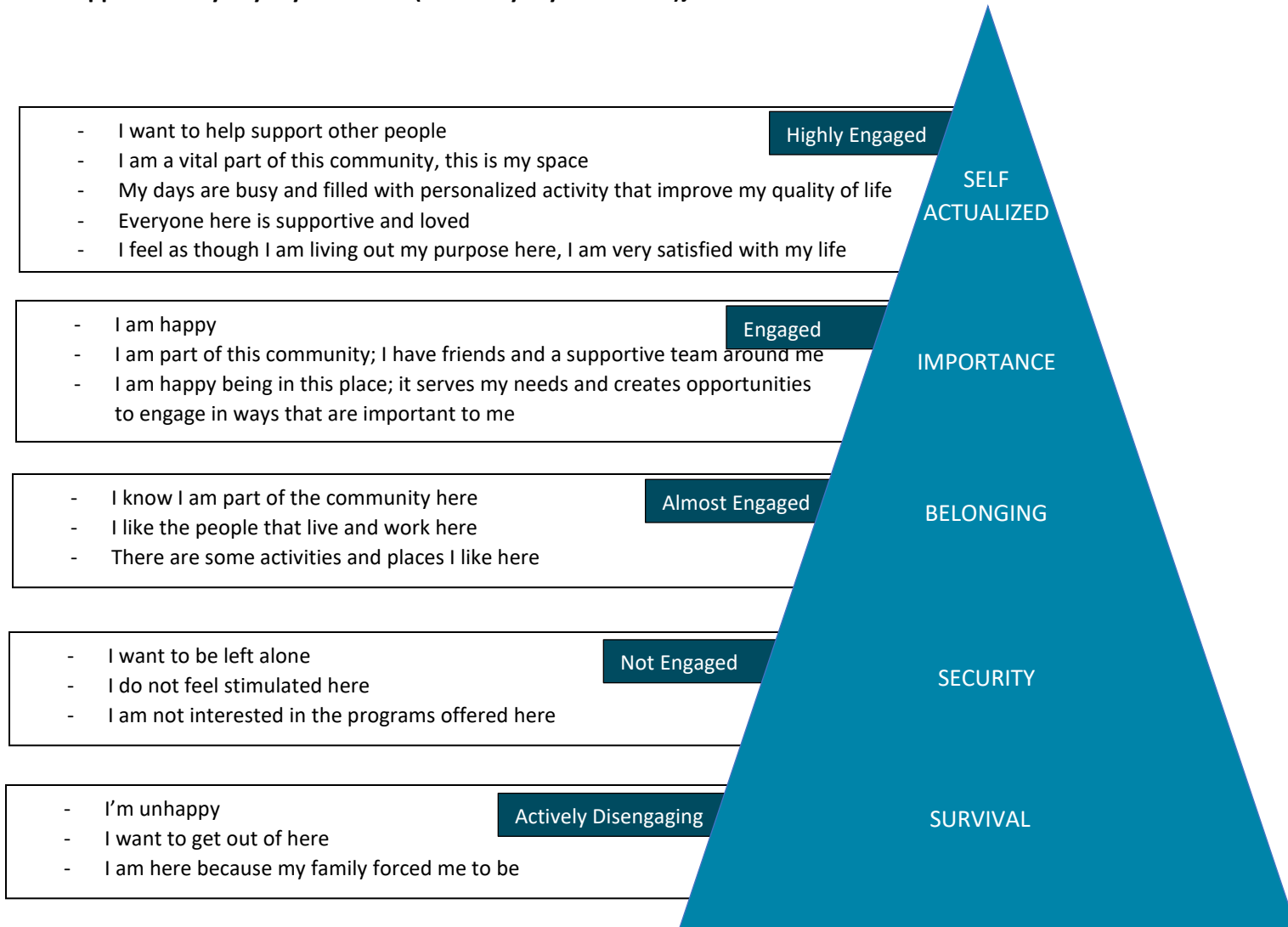
Phone: 519-904-0660

Email: info@the-ria.ca

Website: www.the-ria.ca

Appendix A

Figure 1: Adaptation of Maslow's Hierarchy [taken after the example of the employee engagement application by Loyaltyworks Inc. (www. loyaltyworks.com)]



Appendix B

The following is an excerpt from *Dementia beyond drugs: Changing the culture of care*, c. 2017, Health Professions Press, Inc.

Next time you are in [the residents'] living environment, sit down and close your eyes for a few moments. Relax, breathe slowly, and focus your thoughts on the sounds around you. What do you hear?

If the home is still ensconced in the institutional model, you may hear overhead pages, intercoms, call bells, or chair alarms. Imagine how the sound of disembodied voices is experienced by a person who is disoriented. Note that the call bells and alarms are intended to be loud and somewhat annoying so that they are not ignored by staff. Imagine how a person with dementia feels when these sudden loud noises occur in her environment.

Next, listen for other sounds that you would not find in the home environment—the “thud-thud” of the pill crusher, the elevator’s arrival bell, and the constant sounds of the fax machine, copier, and phones at the nurses’ station.

Now, listen to the television in the lounge. What does it sound like? Are the commercials loud and jarring? Does the sound of gunfire and screaming accompany a police drama? Do you hear the loud angry voices from a soap opera or a contentious talk show? We tend to let these sounds roll off us, but how do they feel to a person with dementia?

Finally, listen to the voices you hear around you. Start with the quantity and volume. Does it feel noisy and hectic around you? Listen to the tone of the voices. Do they sound relaxed or stressed? Does the atmosphere feel warm and inviting or cold and harried? Imagine experiencing these sounds and moods day after day. Are you in a place where you could relax and feel at home? Doesn’t it feel like a “battle zone” at times?

Appendix C

Figure 2: These are examples of how a resident might experience different domains of well-being (adapted from *Dementia Beyond Disease: Enhancing Well-Being*, c. 2017, Health Professions Press, Inc., and The Eden Alternative Domains of Well-BeingSM).

