Enabling Environments for people living with dementia

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Dementia is a syndrome due to disease of the brain, usually of a chronic or progressive nature, in which there is disturbance of multiple cortical functions, calculation, learning capacity, language and judgement.

Dementia is caused by a variety of diseases and injuries that primarily or secondarily affect the brain, such as Alzheimer's disease or stroke.

FRONTAL LOBE:
Our Social Controller
Social Behaviour
Social Rules
Personality
Problem Solving.
Control of how we express our emotions.
Judgement

TEMPORAL LOBE
Memory including long term, short term and visual memory
Helps with attention
Helps with recognising things, for example, vegetables in the supermarket.

THE PARIETAL LOBE-
Involved with Language
Knowing what things are for.
Knowledge of numbers

CEREBELLUM & BRAIN STEM
Co-ordinates movement of body including the eyes.
Posture and balance.
Swallowing

THE OCCIPITAL LOBE
Involved in Vision
Reading e.g. following the lines of text while reading.
Spatial Awareness
Recognition of familiar faces.
Depth perception

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Dementia and Change

Changes in the brain which may affect:

• Memory
• Language
• Visual perception
• Comprehension
• Orientation to time and space
• Mobility and fine motor skills
• Recognising objects
• Learning new skills

Changes to daily life which may impact on:

• Shopping
• Driving
• Managing finances
• Using public transport
• Cooking
• Social contact
• Household activities
• Self-care
850,000 people live with dementia in the UK

...if we don’t take action this number is predicted to rise to over two million by 2051.

850,000

2,092,945

more than the entire population of Liverpool, Manchester and Birmingham combined.

1,142,677

more than the entire population of Birmingham, the UK’s second largest city.

2015

2025

2051

The risk of dementia increases with age

1 in 688 people under 65 have dementia.

1 in 14 people over 65 have dementia.

1 in 6 people over 80 have dementia.

Dementia & Intellectual Disabilities

- People with ID are 4 times more likely to develop dementia.

- People with Down’s Syndrome are at greater risk of developing Alzheimer’s Disease:
  - Improved life expectancy
  - Associated with extra copy of chromosome 21
  - By age 40 significant brain changes
Stand by Me

• Introduction
• Good communication & Person-Centred Care
• Primary Care
• Home Care
• Moving to Residential Care
• Emergency Care
• Hospital Care
• End of Life
• Facts on Dementia
• Assessment

Available Free of Charge from the Skills for Health platform

University of Worcester
Why environmental design matters for people with dementia

Photographs courtesy of the Kings Fund
People with dementia are likely to:

- Be confused and agitated in unfamiliar environments
- Become distracted when faced with competing information e.g. signs and notices
- Not to be able to see things if they are the same colour as the background e.g. handrails
- Resist walking on shiny floors as they may appear wet and think shadows may represent a change in level
- Want to walk
“We have a huge undersupply of retirement housing. New mainstream housing is, in the main, not being built to Lifetime Homes Standards, and older people are not being adequately supported to adapt their own homes. Significant numbers of older people live in housing officially classified as ‘unfit’.”

Ready for Ageing Alliance (2016)
Talking to people living in specialist housing

“I hate the corridors. Honestly, I come out of my flat and I have to walk all the way around there to go downstairs and then all the way along to the dining room, by the time I get there I’m knackered.”

(Integrated)

“I walk from that end, down the stairs, out the door, and right the way round the front to the front door. I go outside to do it, yes. It doesn’t matter what the weather’s like, I do it because it’s easier than walking through this lot here.”

(Dementia Specialist)
Mary Marshall (1997) Good design –

1. should compensate for impairments
2. should maximise independence
3. should enhance self esteem and confidence
4. should demonstrate care for staff
5. should be orientating and understandable
6. reinforce personal identity
7. welcome relatives and the local community
8. allow the control of stimuli
Sensory Impairments
• A safe environment
• Optimum levels of stimulation
• Optimum lighting and contrast

Cognitive Impairments
• Non-institutional scale and environment
• Support orientation
• Support way-finding and orientation
• Access to nature and outdoors
• Promote engagement with friends, relatives and staff

Physical Impairments
• Good visibility and visual access
• Promote privacy, dignity and independence
• Promote physical and meaningful activities
• Support diet, nutrition, hydration
Dementia Friendly Assessment Tools (Kings Fund)

- Designed for use by people with dementia, carers and staff
- Practical and easy to use
- Based on research evidence and best practice
- Not a pass/fail
- Can be repeated over time to demonstrate improvement
- Free from The King’s Fund and via ADS web site
- In use nationally and internationally
Dementia Friendly Assessment Tools

- Meaningful interaction & purposeful activity
- Promotes well-being
- Encourages eating & drinking
- Promotes mobility
- Promotes continence & hygiene
- Promotes orientation
- Promotes calm, safety & security

The environment encourages eating and drinking

Rationale

Having a choice of where to eat, eat with others or by themselves, may encourage people to eat and drink as well the provision of nutritious drinks and snacks. For people with dementia crockery, cutlery and drinking glasses should be chosen with care to look familiar (hospital beakers
and specially shaped plates may not be recognised) and to offer a colour contrast from the food or drink because people may not be able to see white food that is presented on a white plate.

Questions

Please score each answer from 1 – 5
(1=barely met, 5= totally met)

A. Do patients and/or their relatives have constant independent access to hot and cold drinks?

B. Do patients have independent access to snacks and finger food?

C. Is the crockery and glassware of familiar design and in a distinctive colour that contrasts with tables and trays?

D. Is there somewhere for patients to eat other than by their beds?

E. Is there a space where patients can eat together?

F. Is there enough space and chairs for staff or carers to help with eating and drinking?

Please give examples of good practice/areas of concern

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Common issues of:

• Poor signage and lack of way-finding cues
• Poor use of colour and contrast
• Unhelpful lighting – glare and pooling
• Shiny floors
• Clutter and distractions
• Stark, unwelcoming spaces off long featureless corridors
• No personalisation of space
• Under-use of gardens and outside spaces
• Little engagement in meaningful activity
What may help?

- Presenting choices and options carefully
- Reducing distractions
- Peace and quiet
- Calm environments
- Appropriate/balanced stimulation
- Using memory prompts and props
Creating Enabling Environments

Key principles for dementia friendly design
OUTCOMES

- Easing decision making
- Reducing agitation and distress
- Encouraging independence and social interaction
- Promoting safety
- Enabling activities of daily living
LEGIBILITY
Can be aided by ensuring
Clear sight lines
Discrete security measures
Even lighting
Matt, even coloured, flooring
Noise reduction
Uncluttered spaces
ORIENTATION
Can be supported by
Artworks that reflect the seasons
Calendars
Large face clocks
Natural light
Outside spaces
Photographs of local scenes
Clear signs and signage
Views of nature
Visible staff
WAYFINDING
Can be helped by using
- Accent colours
- Artworks
- Identification of beds, bedrooms and social spaces
- Signage - pictures and text
FAMILIARITY
Can be enabled by
Domestic scale seating and dining areas
Personal and self care items
Photographs and memory boxes
Recognisable sanitary ware
Traditional crockery and cutlery
MEANINGFUL ACTIVITY
Can be encouraged by providing
Books and games
Drinks and snacks
Gardens
Handrails
Interactive artworks
Memorabilia
Places to walk
Resting points
Social spaces
Overarching design principles

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**OUTCOMES**
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- Artworks that reflect the seasons
- Calendars
- Large face clocks
- Natural light
- Outside spaces
- Photographs of local scenes
- Clear signs and signage
- Views of nature
- Visible staff

**WAYFINDING**
Can be helped by using
- Accent colours
- Artworks
- Identification of beds, bedrooms and social spaces
- Signage – pictures and text

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What has made the most difference?

- Staff education
  - understanding of dementia
  - impact of the environment
  - what makes good design

  leading to changes in attitudes and behaviours

- Environment
  - clear sight lines and removal of distractions
  - improved lighting, flooring and signage
  - use of colour, aids to wayfinding and orientation (including artworks)
  - familiar spaces, furniture and sanitary ware
  - social spaces and age appropriate activities
Good design enables well-being

Challenges

• Lighting
• General décor – use of colour and contrast
• Wayfinding, signage and artworks
• Furniture, fixtures and fittings
• Toilets and bathrooms
• General maintenance
We are the sum of our parts.....
Enabling Environments for People Living with Dementia

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www.kingsfund.org.uk/dementia