

# Making your home a better place to live with dementia

A common concern for people with dementia is that confusion and memory loss will mean they cannot stay safely in their own home. But with the right support and with some simple design and layout changes, many people with dementia can and do enjoy living at home for much of the rest of their lives.

Some people will choose to move home, and this can work out best for them. However, it is important not to jump too quickly ahead and make assumptions, rather than weighing up the pros and cons of various housing and care options. Knowing about the various possibilities can help you make decisions that best suit your circumstances.

In this brochure we briefly outline the main dementia symptoms and then consider what you can do to your home to manage these changes better. We describe the range of alternative housing options and offer suggestions about where to find more detailed information, advice and help for your particular situation.

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# Dementia symptoms

Different conditions affecting the working of the brain are grouped together under the heading 'dementia'. These affect people's memory, mood, and can cause problems with communicating and with reasoning. The most common forms of dementia are:

## Alzheimer's

In the early stages, there may be lapses of memory and problems finding the right words. As the disease progresses, there may also be:

- confusion - including forgetting names, appointments and recent events
- mood swings - feeling sad or angry, or scared and frustrated
- becoming withdrawn - because of a loss of confidence or problems communicating
- difficulties with everyday life – such as being unsure how to work the TV remote, forgetting that something is cooking, confusion about bills and money

## Vascular dementia

This can begin suddenly, sometimes after a stroke, and is caused by a sudden cut in the supply of blood to the brain. As well as physical problems and weaknesses that may result from the stroke, problems can include:

- difficulties with thinking quickly, concentrating and communicating
- depression and anxiety alongside the dementia
- seizures

- periods of severe confusion
- visual mistakes (for example, seeing a wardrobe and thinking it is the bathroom)
- changes in behaviour (such as becoming restless)
- being unsteady when walking
- hallucinations (seeing or hearing things that aren't there) and delusions (believing things that are not true)
- problems with continence

## Dementia with Lewy bodies

Symptoms are often common to those of both Alzheimer's and Parkinson's diseases, including:

- problems with paying attention, and with planning ahead
- becoming disorientated in space (not knowing which is right or left)
- slowness, muscle stiffness, trembling of the limbs, shuffling when walking, loss of facial expression, and changes in the strength and tone of the voice
- seeing things that are not there – often people or animals
- finding abilities and problems fluctuate daily, or even hourly
- falling asleep very easily during the day – but having restless and disturbed nights with confusion, nightmares and hallucinations
- fainting, falling, or having 'funny turns'.

The Alzheimer's Society can provide further details about different types of dementia as well as offering help and advice  
[www.alzheimers.org.uk](http://www.alzheimers.org.uk)

# Making your home easier to live in when you have dementia

If you or someone you know has been diagnosed with dementia, there are several things that can be done to improve the home environment. These ideas can be applied whether you stay in your current home or move to special or supported housing. They include:

- general design and layout
- lighting and heating
- safety and security
- retro decorating
- going out and about
- gadgets and equipment

If you live with and/or care for someone who has dementia, these changes may also make it easier for you to continue to look after them.

## Design and layout of your home

### • Colour Contrast

A simple measure that helps people with dementia continue to find their way around their home and remember what things are meant to be used for, is use of contrasting colours.

For example, a bed made up with linen in a clearly contrasting colour from the rest of the room makes it easier to see where the bed is and can be a reminder about what it is for. So a bed with dark blue covers in a room with cream carpets and cream walls will stand out, whereas a bed with cream covers in the same room won't.

Using blocks of plain colour rather than patterns also helps make the distinction clearer.

The same principle applies throughout the home. In the bathroom, contrasting colours for toilet seats (such as a black or dark wooden seat on a white toilet against a white wall), and coloured handrails can make a big difference to using the bathroom safely and hygienically. Something as simple as using a bar of soap that is a contrasting colour to the basin or bath can make washing easier. You can apply the retro decorating for dementia principles here too – for example, the smell of distinctively scented Pears soap (if that's what you remember using in the past), may remind you to wash your hands.

At the dining room or kitchen table, using contrasting colours for crockery, cutlery and familiar tableware can provide clear signals about meals and prolong capacity for eating independently.

Floor coverings are important when it comes to moving around the home as they can be a 'way-finding' feature helping to trigger memory. Simple, plain colour contrast is best. Patterned floor coverings can cause confusion eg. lines in patterned carpets might be perceived as changes of level or steps. Glossy finishes on floors can create confusing reflections, so plain matt finishes are preferable.

Colour contrast for anything that you need to locate – doors, light switches, sockets, door handles – can all be useful in enabling you to find your way around more easily.

### • Layout of rooms

Arranging the furniture to make it easier to move round the room, creating clear and obvious 'passages' for getting from one side of the room to the other or reaching doors can all help to make movement safer.

Placing chairs so that you can look out of the window, or watch people who are doing things inside and outside the home, can help to maintain social and sensory stimulation.

As dementia progresses, seeing reflections in a mirror, including your own reflection which you don't recognise, can become increasingly confusing. Covering or removing mirrors can help.

Laying out rooms with clearly visible memorabilia and objects which act as memory stimulants has also been shown to be beneficial.

Making your home as open plan as possible, enabling visibility from one room to another, even something as radical as removing doors, can help you to navigate your way around. A group of closed, identical doors, eg. in a hallway, can cause distress and disorientation.

• **Visibility**

Make sure things are easy to see instead of having to remember where they are. Ideas include fitting glass-fronted doors to kitchen cupboards, installing ovens and fridges with clear doors, and keeping food in see-through containers.

Keep surfaces (such as in the kitchen or on tables) as clear as possible, with just the essentials on display. For example, in the kitchen put away the racks of herbs and

spices which are used only infrequently, and leave out the kettle, tea, coffee and sugar, a couple of mugs and teaspoons.

Consider using open fronted storage throughout the home eg. open shelves or clear door cupboards and wardrobes.

**QUICK CHECK – DESIGN AND LAYOUT**

Use contrasting colours especially in bedroom, bathroom and kitchen to highlight function	
Use plain, non shiny, non slip flooring	
Move furniture so it is easier to move around the home	
Place seating so to enable watching activity inside and outside the home	
Open up the layout of the home as much as possible	
Place objects in sight lines to stimulate memory	
Install glass fronted cupboards and appliances	
Use open storage and see through containers	
Keep main work surfaces clear of everything but essentials	

**The University of Stirling** runs a dementia services development centre, including a Design and Technology Suite at the Iris Murdoch Building which showcases practical design solutions for people with dementia and their carers. [dementia.stir.ac.uk/design\\_livingspace](http://dementia.stir.ac.uk/design_livingspace)

They have produced a wide range of reports including a book (available to buy commercially) called *10 Helpful hints for dementia design at home*.

## Lighting and heating

### • Lighting

Maximising natural light is not only beneficial for seeing in general, but also gives important information about the time of day.

Poor lighting can increase the incidence of hallucinations – especially if this creates lots of shadows. It is therefore important to be able to control both natural and electric lighting to prevent sharp variations in lighting levels, avoiding excessive brightness and shadowed areas. Blinds can be useful for diffusing strong daylight, whilst for night time a simple bright central light source with carefully directed task lights (making sure that these don't shine in your face or create light pools) are best.

Thomas Pocklington Trust provides useful advice about good lighting for people with sight loss. They also have a special guide for people with sight loss and dementia [www.pocklington-trust.org.uk](http://www.pocklington-trust.org.uk)

You can use timers to make sure that lamps come on in the evenings. There are also some seats and chairs that come fitted with pressure pads that turn lights on and off as someone gets up or sits down. Lights triggered by movement sensors can be fitted so that they switch on when a person gets out of bed or enters a room.

A low tech solution is to use nightlights in the hall and on the landing, and leave a light on in the bathroom or toilet overnight. There are some units you can plug into an ordinary socket that will come on when you walk past ('motion-sensitive').

### • Heating

As dementia progresses, there may be concerns about maintaining judgement about whether the home is too hot or too cold, as well as the potential fire hazards linked to some direct heating systems (ie gas, electric or solid fuel fires).

It is worth looking at the section below about Gadgets and Equipment to deal with some of these issues.

However, some simpler preparatory measures worth considering include installation of central heating with programmable controls to ensure that the system automatically comes on if temperatures fall below a specified level (rather than just a timed system). It may well mean that a third party has to have some control over this system at a later stage, but at least the risk of cold related illness can be reduced.

If there is a personal preference for a direct heat source, as a minimum fires should be fitted with fireguards and with easy to reach and use manual controls eg. clear face, top of appliance switches. It may be worth considering installing a fireplace with a 'flame effect' fire made out of wipe-clean materials which can be programmed to operate at certain temperatures, thereby removing the problem of manual controls.

Isolation valves can be fitted to gas fires and gas cookers, which mean the fire or cooker can only be turned on by a carer or someone who is there to supervise their safe use.

Timers and thermostats to control the temperature of hot water are also important to avoid the risk of scalding.

There are more ideas and advice about such equipment on the website [www.asksara.org.uk](http://www.asksara.org.uk) run by the Disabled Living Foundation.

#### QUICK CHECK – LIGHTING AND HEATING

Let as much natural daylight in as possible whilst controlling potential glare with blinds	
Make sure electric lighting is bright whilst avoiding shadows and light pools	
Use timers, nightlights, or motion-sensitive lights	
Fit fireguards to fires and easy to use controls	
Use heating timers and thermostats	
Fit thermostats to control water temperature	

#### Safety and security

It is worth noting that in many areas, 'Home Safety and Security Check' services for older people are offered by voluntary organisations such as local AgeUK or home improvement agencies – see Contacts section at the end.

The Alzheimer's Society and the website [www.asksara.org.uk](http://www.asksara.org.uk) have further practical ideas about safety when living with dementia.

#### • Staying safe at home

Whilst some aspects of heating and lighting related safety were covered above, as a minimum install smoke alarms and carbon monoxide indicators. Testing and battery replacement can become an issue for

people with dementia, so low maintenance and mains connected options that do not require batteries are best.

Falls are a major hazard as you get older. Simple measures such as keeping rooms free of general clutter on the floors, removing loose rugs or frayed carpets and having good lighting can help reduce risk of falls.

Many falls happen on steps and stairs. Fitting a second handrail on the stairs, putting up grabrails by steps and clearly marking the edges of steps and stairs are just some of the measures worth taking sooner rather than later.

Bathrooms are another major falls and accident risk area. Grab rails and a toilet seat riser can help with being unsteady when going from sitting to standing. No longer being able to use a bath safely is one of the main reasons that older people seek help with adapting their home. Installing a level access shower or wet room as soon as possible in order to learn to use this equipment can both enable you to look after yourself for longer, as well as making it easier for carers later on.

*Occupational therapists* (OTs) are the specialists who can advise about the equipment that can help around the home, such as bath lifts and electronic bath seats, stairlifts, hoists and a range of other options. You may be able to get help and advice from an OT via your GP or Social Services, but this varies across the country.

There are also private OTs who can offer independent advice. You can find a properly trained and registered OT via the Independent Practice enquiry line on 0800 389 4873 or on [www.cotss-ip.org.uk/directory/index.htm](http://www.cotss-ip.org.uk/directory/index.htm)

• **Telecare**

There is also an increasing range of devices that use a variety of sensors fitted around the home to monitor activity by the occupant or changes in 'normal' activity. The sensors are linked via a telephone line to a nominated person or a call centre. By monitoring the person's activities the system can detect potential problems and trigger an alarm to a relative, carer, neighbour or emergency services. This is broadly referred to as telecare.

Sensors can be used to detect factors such as:

- Normal daily activity eg. flushing the toilet, turning on taps, opening the fridge. If these actions don't take place at the 'normal' time a response can be made.
- Getting out of bed at night – bed occupancy sensors or pressure-mat sensors placed by the bed can activate an alarm when the person gets up in the night, eg. to alert a carer.
- Floods – when sensors are fitted on skirting boards or floors in kitchens or bathrooms, if the taps are left running and cause a flood, the system will shut off the water and raise the alarm. Specially designed plugs can also be used to prevent floods from taps that have been left running.
- Extreme temperatures – sensors send a warning signal if the temperature is very low or very high, or if the temperature suddenly goes up. In the kitchen, for example, this would detect a pan that has boiled dry. It can also detect if the temperature in a room is so low there may be a risk of hypothermia.
- Gas – sensors detect if someone forgets to turn the gas off, and a device will automatically shut this off and raise the alarm.

- Falls – sensors worn on the hip can detect the impact of a person falling.
- Unexpected absence from a bed or chair – if someone doesn't get up in the morning, a bed or chair occupancy system can raise an alarm.

There is also a growing range of equipment or Assistive Technology (AT) that can make independent day to day living easier eg enabling washing, dressing, cooking and eating. AT Dementia provides information about such technology for people with dementia – [www.atdementia.org.uk](http://www.atdementia.org.uk)

Controlling who can come into and out of your home can be especially useful. One of the most commonly used pieces of equipment is a 'Keysafe'. This is a small, secure box which is fitted outside the home to contain the front door key. It can be opened by people ie. relatives and carers, who know the secure number code set for that specific safe.

**QUICK CHECK – SAFETY AND SECURITY**

Fit and maintain smoke alarms and carbon monoxide indicators	
Fit a KeySafe	
Keep floors clear of clutter and cables tidy	
Fix handrails and grab rails, especially on steps, stairs and in bathrooms	
Find out about special equipment and adaptations	
Consider the range of telecare options	

## Retro-decorating

This is a relatively new but simple way of helping people with dementia feel more comfortable in their home surroundings and which may help to maintain independence and capacity for longer than might otherwise be the case.

With dementia short term memory may become poor, but longer term memories can remain strong. Someone with dementia may start to feel more comfortable with items that were familiar to them earlier in their lives. Instead of just reminiscing over these things, retro-decorating involves putting familiar items back in the home - and using them. Going back to using what was once familiar seems to be helping people to remain at home for longer, and also feel happier and more confident about doing so.

For example, a modern sofa might be replaced with an older style three piece suite, or a cordless or mobile phone replaced by a telephone that has push buttons or a dial. Using these items can also help to remind people what to do with them – so using the sort of telephone you had years ago may be enough of a trigger to mean you carry on making calls. If in earlier days you or someone else with dementia used to cook whilst listening to the radio, replacing the current model with an older style-looking radio in the kitchen can help that person recall making meals and start successfully cooking simple dishes again. Listening to the type of music you remember best can help trigger all sorts of memories about what to do (as well as being enjoyable).

Looking through someone's old photographs and seeing what catches their attention and brings back clear memories are good ways of identifying what might be 'familiar' to that person. If you knew the person many years ago – because you were already married to them, perhaps – you may remember many things they did using particular items. It is important to focus on what was familiar to that person, and not to make assumptions: otherwise you may end up with a redecorated 1970s-style lounge when what triggers the clearest recollection is the coffee table they had in the 1950s.

In terms of buying or replacing things, the current interest in 'vintage' and recycling does mean there are many companies and shops selling reproduction items as well as originals; car boot sales, or web sites such as eBay ([www.ebay.co.uk](http://www.ebay.co.uk)) or Freecycle ([www.freecycle.org](http://www.freecycle.org)), may also be good sources to try.

More information – see University of Stirling research and this article <http://www.guardian.co.uk/housing-network/2011/aug/26/retro-decorating-dementia-care-housing>

### QUICK CHECK – RETRO DECORATING

Find out what household items trigger memories	
Replace everyday items with more familiar older-style versions	
Use all the senses - think about taste and smell, as well as shape, colour and size of objects	

**Going out and about from your home**

• **Front Door Safety**

Sensors, as described in *Safety and security* above, can also be used to tell if the front door has been left open. There are devices that activate a reminder message whenever you enter or leave your home. The message (which can be personally recorded, so it can be the voice of someone you know) can be used to remind you to pick up your keys or lock the front door. Or the message might tell you not to go out at night, or remind you about appointments.

The KeySafe can be very useful if you go out and find you haven't taken a key as long as someone nearby has the security code (perhaps a trusted neighbour).

• **Landmarks**

In the early stages of dementia especially, many people continue to enjoy walking in their neighbourhood and can carry on using well known places and transport routes. What seems to help people do this and get home safely is following routes where there are a number of landmarks you can easily identify and which trigger deep memory – for example, remembering Post Office, then the war memorial, then the corner cafe that is painted pink, and so on.

The independence that this long standing memory can provide is one of the reasons for continuing to live in your existing home, or at least in the same neighbourhood, when you have dementia. The counter argument is that if people move sooner rather than later, they have a chance of learning to navigate their way around and are not immediately lost as soon as they step outside their front door.

• **Tracking**

If becoming lost is a major worry, some people choose to carry a card with them that gives basic details of their name and the name and telephone number of someone who could be contacted if, for example, they became disorientated or confused whilst out. Or some people wear a wristband which contains similar information.

Other people opt to use a tracking device. Tracking devices use satellite technology to help trace someone if they were expected home but appear to have gone missing. Your location can be viewed on a computer or a mobile phone. Most of the devices have a panic button you can use if you get lost whilst out. Or some people use a mobile phone that has location finder technology built in instead.

**QUICK CHECK – GOING OUT AND ABOUT**

Consider external door sensors and reminder messages	
Fit a Keysafe	
Look around on familiar routes for landmarks that stand out	
Carry a card or wear a wristband with essential details	
Consider a tracking device	
Use a mobile phone with built in location finder technology	

### Gadgets and Equipment

There is an increasing range of gadgets and equipment to enable independence. The Disabled Living Foundation's website [www.asksara.org.uk](http://www.asksara.org.uk) has a lot of information about products to use in daily life. There are also around 40 Disabled Living Centres linked to AssistUK which have permanent exhibitions of equipment and offer professional advice about what may be of most use to you. To find your nearest centre see [www.assist-uk.org](http://www.assist-uk.org)

There are a number of 'independent living centres' where some equipment is on display and can be tried out. You can find your nearest centre using a search on the National Centre for Independent Living (NCIL) website <http://www.ncil.org.uk/categoryid21.html> NCIL are part of Disability Rights UK ([www.disabilityrightsuk.org](http://www.disabilityrightsuk.org)) and you can also call their Advice Line on 0845 026 4748.

ATDementia [www.atdementia.org.uk](http://www.atdementia.org.uk) offer independent information about equipment to enable more independent living for people with dementia.

## Thinking about moving home

You may decide that having thought about the suitability of your current home, moving might be a better option.

It is worth bearing in mind that many of the issues described above about living at home also apply to other housing options – such as the design and layout. Because a property has been built for older people does not automatically make it well suited for a person with dementia.

Your main housing options if you decide to move home include:

- A more suitable and better located 'ordinary' property (ie not one which has been built for older people) such as a bungalow or a flat closer to relatives, that you might buy or rent.
- Special housing built for older people, such as retirement or sheltered housing. In some, but not all, of these types of accommodation, help may be at hand if you need it.
- Specialist housing with 24 hour on-site care, such as extra care housing, or an Assisted Living apartment. Some schemes have special units for people with dementia. These may be available to buy or to rent.
- A care or nursing home.

Information about the pros, cons, costs and local availability of these housing options is available from the national, government backed, independent information and advice service FirstStop Housing and Care Advice.

Their website [www.firststopcareadvice.org.uk](http://www.firststopcareadvice.org.uk) lists in detail local specialist housing options and related services. They produce brochures about housing and care options, including a specific brochure 'Accommodation Options for People with Dementia' and offer a free telephone helpline 0800 377 70 70.

Wherever you choose to live, you might need help with day to day living, such as washing, dressing, cleaning and so on. FirstStop can also offer information about how to find and pay for the care you need, as do many of the specialist organisations listed below.

# Sources of Related Advice and Information

## **Dementia**

### **Alzheimer's Society**

Helpline: 0845 300 0336

[www.alzheimers.org.uk](http://www.alzheimers.org.uk)

## **Carers**

### **Carers UK**

Advice line 0808 808 7777

[www.carersuk.org](http://www.carersuk.org)

## **Older People**

### **AgeUK**

Advice line 0800 169 6565

[www.ageuk.org.uk](http://www.ageuk.org.uk)

## **Housing and Care Information for Older People**

### **FirstStop**

Advice line 0800 377 70 70

[www.firststopcareadvice.org.uk](http://www.firststopcareadvice.org.uk)

## **Home Repairs and Adaptations Services**

### **Foundations (for home improvement agencies)**

Telephone 08458 645210

[wwwFOUNDATIONS.uk.com](http://wwwFOUNDATIONS.uk.com)

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