At home with dementia
A manual for people with dementia and their carers

NSW Department of Ageing, Disability and Home Care
Disclaimer

A range of strategies and equipment is presented in this publication. They have been tried with some success by carers and people with dementia in the community or are suggested by manufacturers of products and systems. The NSW Department of Ageing, Disability and Home Care (DADHC) does not recommend any particular strategy, brand or piece of equipment. The responsibility for selection rests entirely with the carer after considering the particular needs of the individual with dementia and their dwelling.

It is recognised that some groups have significantly different living conditions at home, and different needs, lifestyles and priorities. All the information contained in the manual may not be relevant to all older people with dementia, particularly older Aboriginal people with dementia and people with dementia from culturally and linguistically diverse backgrounds.

The content of this book is presented by way of suggestion to aid problem solving by carers. No guarantee is provided about the safety of any of the products for a particular person. DADHC takes no responsibility for any injury resulting from use of any of the strategies or equipment included in this book. It is advisable to check all the product details with the supplier before ordering.
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Minister’s foreword

The NSW Government is committed to supporting people with dementia and their families. We recognise that much of the care for people with dementia is done by family at home in the community. We also recognise that being supported to stay at home for as long as possible is one of the most important things for people with dementia and also for their families.

The NSW Dementia Action Plan 2007-2009 articulates some of Government’s commitments to responding to dementia. Updating *At home with dementia* is one of a range of projects that I have committed the NSW Department of Ageing, Disability and Home Care (DADHC) to completing under this Plan so that information and education can be provided to support people with dementia to successfully live at home for as long as possible.

Alzheimer’s Australia NSW, which updated this manual on behalf of DADHC, consulted widely across the sector to ensure it reflects the latest advice, support and contact information. I understand that much of the information contained in the first edition is still very relevant to carers and people with dementia and these parts have remained unchanged. However the new edition also provides valuable new information about assistive technologies, activities and resources.

I hope that the second edition of *At home with dementia* and the fact sheets that accompany this manual will be a useful resource for people with dementia, their carers, families and communities in NSW.

Kristina Keneally
Minister for Ageing
Minister for Disability Services
Acknowledgements

The first edition of *At home with dementia*, written by Margie O’Sullivan from the NSW Ageing and Disability Department (now the Department of Ageing, Disability and Home Care), was published in 2000.

It is still a relevant tool for someone caring for a person with dementia at home. For that reason, the basic format and information have been retained.

This second edition of the manual has been updated by Alzheimer’s Australia NSW for the Office for Ageing, NSW Department of Ageing, Disability and Home Care. Jo-Ann Brown, Project Co-ordinator with Alzheimer’s Australia NSW, consulted widely and drew on the expertise of many people.

DADHC and Alzheimer’s Australia NSW acknowledges the support and assistance of the following people:

- The stories and quotes given by Christine Boden (now Bryden) and Peter and Fay Kinsley in the first edition, which have been reprinted as their advice is still pertinent
- The carers and health professionals who participated in focus groups held in Sydney and Port Macquarie
- Baptist Community Services for their access to the Age Friendly Home that was used for the photos in the manual
- The Independent Living Centre in Sydney for their product advice
- The four critical reviewers who advised us on the draft of this publication:
  - Joan Jackman, carer and occupational therapist
  - Dr Elizabeth Latimer Hill, Macquarie University
  - Marleina Hoschke, Baptist Community Services, dementia consultant
  - Fiona Jarvis, Baptist Community Services, project officer and occupational therapist
- Raelle Tatarynowicz, a sociology intern from Macquarie University, whose assistance was invaluable.
Message from Sue Pieters-Hawke

For many people the process of growing old holds many exciting opportunities. It involves undertaking a range of new activities, enjoying time with grandchildren, family, and friends and looking at new ways of participating in the community.

For my mother, like many other people who have dementia, Alzheimer’s disease was not one of the things she had planned for or even considered as being a possible part of her future.

At the beginning she described it as being an awful experience. For the people around her it was also a painful experience, finding out that your loved one has a serious disease. It’s a step by step process of working out what to do and how to best manage the disease.

One of the most important things that families think about through this time is how can we keep our loved one independent and living at home for as long as possible. As a carer for my mother one of the most important things for me is knowing that she enjoys her sense of place, that she has her family nearby, she knows her neighbours and she continues to have a great sense of humour.

This publication is designed to assist carers to modify the home environment to help their loved one live at home for as long as possible. As a carer I know there is a real need for this manual and the fact sheets that go along with it. In all the challenges that are happening, it is most important that the needs of the carer or carers are taken into account.

I commend the collaboration between the NSW Department of Ageing, Disability and Home Care and Alzheimer’s Australia NSW in updating this publication. The room by room focus on what can be done to modify the environment is practical and easy to understand. The resources and aids listed throughout the manual are incredibly informative.

Dementia is a challenge for our society as the number of people with dementia is set to double in the next 20 years. As someone who has been touched by dementia and has become a carer for a loved one living with dementia I am very pleased that the NSW Government has developed this publication.

Ms Sue Pieters-Hawke
Co-Chair, National Advisory Group on Dementia
Using this manual

A problem-solving approach

This publication presents a range of possible solutions to problems commonly faced by people with dementia living at home. Perhaps even more importantly, it suggests ways of approaching and solving problems at home. The information is primarily for carers. It is also useful for dementia-support workers, occupational therapists and staff of home maintenance and modifications schemes.

A person-centred care approach (Kitwood, 1997) dominates a new culture of care for people with dementia and this publication acknowledges this approach. Person-centred care recognises the person with the illness as a whole, their unique identity and how they are influenced by factors other than the physical changes in their brain.

This publication cannot hope to be a comprehensive collection of solutions for carers. There are so many variables to consider in finding the right solution to a particular problem. However, the strategies and stories may stimulate other ideas and the problem-solving process described offers carers a useful approach.

Each solution for each individual will be different.

The strategies are presented as suggestions that have helped some people already or that may help other people with dementia in the future. The appropriate solution to a problem will depend on the individual and their particular home environment, and the resources, needs and preferences of the carer.
### What’s in the manual?

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Chapter 1. Introduction: Dementia and the environment

The term ‘dementia’ describes the symptoms of a large group of diseases that causes a progressive decline in a person’s cognition and ability to function. The symptoms include changes in memory, orientation, behaviour, emotions and thinking. The person with dementia cannot help their behaviour as it results from damage in one or more areas of the brain. People with dementia are all different individuals. The way they are affected, and the nature and extent of the underlying brain damage, is different for each individual (Australian Department of Health and Ageing, 2006).

The environment, especially the built environment, can have a significant effect on a person with dementia. It can support them or it can hasten their deterioration. Marshall (Judd et al. 1998) proposes that when considering the environment it is useful to see dementia as a disability characterised by:

- Impaired memory, reasoning and ability to learn
- A high level of stress
- Acute sensitivity to the social and built environment.

Acknowledging these characteristics of dementia will indicate ways to improve the environment.

The environment plays a major role in determining the independence of the person with dementia. A good environment can help a person with dementia to maintain an attachment to their world by keeping their surroundings familiar and comfortable. Carers repeatedly report that familiarity is one of the key points to remember when making their new life with a person with dementia.

The home

A person’s home, because it is their home, can usually provide a far greater level of environmental support to a person with dementia than even a new and well-designed nursing home or hostel. In fact, best practice in dementia nursing-home design is to a large extent about trying to copy the features of home – small, cosy, familiar, personal and individual. Sometimes, however, the layout, appliances and amenities of a person’s own home may have to be modified to make them useable or safe for a person with dementia.

Some strategies presented in this book relate to memory, wandering and safety and may not be required for any other group except people with dementia. Those strategies could be labelled dementia-specific.
Many of the strategies though are not dementia-specific. Grab rails, shower chairs, ramps and incontinence products are widely used by frail older people and people with physical disabilities as well as people with dementia.

Although a particular modification may not be dementia-specific, the reason for making changes to an environment to support someone with dementia is different from modifying an environment for someone with a physical disability. Whereas a person with a physical disability needs modifications to gain physical access to their environment, a person with dementia often needs modifications to help them understand their environment. The purpose of home modifications for someone with dementia is usually to compensate for cognitive deterioration. They may also become frail or they may have a co-existing physical or sensory disability, and modifications relating to physical access will also become relevant.

A ramp is an example of a modification that is used for different reasons.

**Someone in a wheelchair installs a ramp because they cannot use the stairs.**

**Someone with dementia may need a ramp, not because of a mobility problem, but because they have lost their ability to perceive and understand depth and therefore cannot negotiate stairs safely.**

Difficulty using taps is another example of a common problem that requires different solutions. A person with dementia may no longer be able to use a tap for a number of reasons so the range of solutions might include:

- Labelling the tap as *Tap*
- Putting up a sign saying *Turn handle to get water*
- Labelling each tap as *Hot* or *Cold* or colour coding with red/blue paint
- Replacing the tap handle with an older style tap handle, which the person can recognise.

A person with a physical disability such as arthritis who can no longer use a tap may need a new lever-style tap, which does not require a twisting action to operate.

In recent years the use of *assistive technologies* has increased substantially. These technologies can range from simple low-tech items such as automatic clock-calendars to the most sophisticated in sensor technology, computers, telecommunications and robotics (Marshall 2000:9). Assistive technologies can be used by the person with dementia, in the early to mid stages particularly, the carer and those delivering services.
Keep in mind the need for continual assessment for the person with dementia. When adapting the environment for people with dementia, modifications will often be temporary. A solution today may not work tomorrow as the person’s dementia progresses. It is necessary to continually assess the environmental needs of the person with dementia and to make changes accordingly to support them.

The best living environment

The best living environment for a person with dementia is one that helps them to be as independent, comfortable and safe as possible.

Home should:
- Be familiar
- Be orientating – helping the person to know where they are or find where they want to go
- Support independence – by compensating for skills that are deteriorating or lost
- Engage participation in tasks and activities rather than promote passivity and dependence
- Promote confidence and self esteem – by helping them to succeed rather than fail with the everyday tasks of living
- Reinforce the person’s sense of identity – by stimulating their memory
- Be physically and psychologically comfortable – with a comfortable temperature, good lighting, the right level of stimulation and minimal stress
- Promote safety for the person with dementia and make caring tasks safer and easier for the carer – achieving a balance between safety, security and independence.

*The overall aim of home modifications for someone with dementia is to make it possible for them to remain living at home.*
Chapter 2
Chapter 2. Problem solving

Weighing up the risks and needs of the person with dementia in relation to the risks and needs of their carer is a balancing act that needs constant review.

**Principles of problem solving**

Solving problems for a person with dementia involves continual assessment and planning. The following principles should guide any changes to the person’s environment.

**Involve the person with dementia**

If at all possible, involve the person with dementia in identifying problems and deciding on changes to their environment. Sometimes in early stage dementia, people can identify a problem and explain what the problem feels like for them. However, if the person appears unable to understand or talk about the problem, it may be possible to involve them indirectly in the problem solving. This requires careful observation of how the problem affects them, thinking about why it might be a problem for them and what solution they may prefer given their particular history, culture, preferences and tastes. You could also explain the proposed solution to them in a simple way, ask them what they think about it, test the strategy and watch for any reactions to it. This approach helps the carer to avoid imposing their own preferred solutions.

**Modifications should suit the individual**

Each person with dementia has a different set of needs and these needs will change over time as the person ages and as their dementia progresses. What works for one person may not work for another. Any changes must be made in response to the individual’s needs and preferences. The specific ideas in this book will not be successful or appropriate for everyone but they may assist the carer to find another solution.

For example, introducing a tracksuit for people who can’t manage zippers and buttons may solve a dressing problem but may be totally inappropriate considering the person’s usual preferred style of dress. It may make them feel uncomfortable about going out.
Respond to specific problems – don’t introduce standard modifications

Modifications and changes to the environment should only be made in response to specific problems or to encourage independence or participation. Standard modifications should be avoided. For example, some safety features should not be installed for their own sake. They may be inappropriate and in some cases may create a problem.

The classic example of this is installing a fence where none has existed previously to keep the person secure. This strategy may actually cause the person to feel frightened and trapped and precipitate climbing and wandering.

Change as little as possible – retain the familiar

Our memories, sense of identity and daily living skills are linked directly to our homes. Our feelings of being safe, comfortable and ‘at home’ are connected to the way the environment is arranged and decorated and also to familiar people and features of the local area. When modifying the home environment for a person with dementia, try to preserve that familiar environment as much as possible. Retaining a person’s familiar environment is critical in assisting them to maintain their level of skills and independence. This principle suggests that household items and decor should not be removed or changed unless they present a problem or an obstacle to the person’s independent functioning. If an appliance or fixture has to be replaced, try to find the same brand or style if possible. Keep furniture and items in their usual place – this applies to where things are put in cupboards and even in the fridge.

Build on strengths – maximise autonomy

The challenge in problem solving at home is not only to understand the problem but also to identify the person’s remaining skills in that area. It is important that changes to the environment allow the person to be as independent as possible rather than promote passivity, dependence, boredom and even depression. Changes should encourage, not restrict, the person’s involvement in their own personal care and in household tasks such as cleaning, sweeping, gardening, putting out garbage, collecting mail, making a cup of tea and washing the car.

Try simple solutions first

Use a trial and error approach to solving problems. Try simple, temporary solutions first – leaving the most expensive, radical strategies to the last.

The range of strategies to respond to wandering includes various electronic tracking devices, alarms and sensor equipment. However, sometimes a sign on the front door or removing the person’s hat, jacket or walking shoes will avert the wandering. On the other hand, it may be possible for the person to continue to wander safely, as long as they take with them a simple map for getting home and an identification bracelet for extra protection.
Recycle ideas

What works today may not work tomorrow and what does not work today may work tomorrow. The idea is to be flexible and creative and keep trying and even retrying old strategies.

Modifications should be home-like and dignified

In line with the first principle of maintaining a familiar environment, it is important not to turn home into a mini institution by introducing a whole lot of hospital-like equipment that may be more functional and easy to clean but may also diminish the comforting familiar atmosphere of home. Changes should be as subtle and personal as possible and promote the person’s dignity.

Where someone is frail and incontinent you may decide to purchase a sturdy raised-height chair, which is easy to clean. It is possible to get chairs with incontinence-proof fabrics that look like ordinary lounge upholstery rather than like hospital waiting-room furniture.

Changes should be era and culture appropriate

It is best to minimise change to the environment but if change is necessary and household furniture or equipment have to be replaced, be guided by the style that the person is familiar with or used to be familiar with long ago.

People may not be able to learn how to use new safer equipment such as an automatic cut-off electric kettle compared with a stove kettle. They may be able to recognise and use older-style appliances such as old-fashioned tap handles and standard clock faces long after they lose their skills with modern styles. They may prefer older-style prints, clothes, linen and upholstery. They may recognise and enjoy traditional ‘comfort’ food and ‘old-fashioned’ plants in the garden. This will vary from person to person, depending on their culture and where they grew up. Some people will recognise the look and smells of gardenias and lavender. Others will remember fruit trees or bush tucker plants. Familiar and culturally appropriate food is very important.

Choice of music is important too. Songs from the past are often remembered, even songs from their parents’ era. They often bring back happy memories.
Weigh up the risks and try to achieve a balance between safety and autonomy

Changing the environment of someone with dementia is often a response to risk. Common examples are disconnecting the stove, locking a door or gate, and putting sharp knives away. Such decisions will depend on factors such as the individual’s behaviour, whether or not they live alone, how frequently service providers visit the person, where the home is located and how comfortable the carer and family are with the risk involved.

Helping someone with dementia ... is a balancing act. Sometimes making someone safer may restrict their freedom or quality of life ... Your instinct may be to wrap your relative in cotton wool so that nothing can go wrong. But it is important to weigh up the real risk against the effect of preventing it. Is it a risk? Does it really matter? If so what is the least you could do to reduce or prevent the risk?’ (Health Education Board Scotland, 1994)

One carer reported that her husband would often answer the phone while she was out and sign up with telemarketers for large amounts of money using a credit card.

Rather than confront him with the problem she simply turned the phone’s ring tone to ‘silent’ as part of her usual routine when leaving the house.

Carers and service providers need a safe working environment

As a result of increased government policy initiatives to allow additional community-based care, more people with dementia will be able to remain living at home with the support of community service providers. Staff of these programs coming to a person’s home require safe working conditions and, increasingly, their agencies will want to assess the home environment to identify any hazards or need for aids and equipment.

Modifications to support the carers and service providers may be the most important way of ensuring that the person with dementia can continue to live at home and avoid residential care. However, sometimes the needs of the person with dementia will be in conflict with those of the carer or service providers (or other household members). Carers may decide on a range of strategies to maintain some level of control over the home environment, to restrict potentially dangerous or wandering behaviour, to enable them to get more sleep, and to be able to provide personal care more easily and safely.

Examples would be locking away clothes, documents and household items to reduce rummaging and relocating, locking the door or gate at night, removing or disabling appliances, using an intercom or other monitoring equipment, and installing a shower hose, chair and grab rails.
Steps to problem solving

Many carers are very good at approaching problems in a creative and flexible way. However, some problems are complex and it can be difficult to decide what the actual problem is and what its effect is. Working through the following sequence of questions may help carers to understand and solve a particular problem.

What is the problem?
- Look at the problem.
- If the problem is a particular behaviour, perhaps that behaviour has been caused by some other problem such as stress or confusion, a lost skill or a need to ‘do something’.
- Is the problem an excess behaviour, for example, repeating the same thing over and over, inappropriate friendliness or familiarity with other people or taking clothes off in public?

Whose problem is it?
- Is it a problem for the person with dementia, the carer, other family members, service providers or other people?
- How much does it really matter?

For example, a classic problem is loss of interest in personal hygiene and grooming.

Unless this causes physical discomfort or constitutes a health risk, this is usually more of a problem for the carer and others.

A solution may require a compromise between the needs of the different people involved.

What are the likely causes of the problem?
- Is it a result of dementia, a side effect of medication or completely unrelated to the dementia?
- Is it the result of some physical need – is the person hungry or cold or do they need to go to the toilet? Are they in pain or ill?
- Are they bored, sad, lonely or looking for someone?
- Are they frustrated or angry? Are they trying to do a task they had always previously performed?
- Have they lost something?
- Does the problem relate to using some equipment or to some practice from the past?
- What has changed lately that may have precipitated the problem?
Is the carer doing something different?
Has something been changed in the home environment?
Has the community service staff changed?
Why has this problem emerged now?
What usually precedes or precipitates the problem?

Sorting out the likely cause of a problem may involve careful observation, even making a chart of behaviour over time to identify patterns of when and how often the problem really occurs. It may also require talking to other family members or old friends to understand something from the past.

What skills has the person lost in relation to this problem?
- Pinpointing lost skills may require breaking a task into chunks.
- What remaining skills and strengths does the person have in this area?

Perhaps they can no longer do the whole task but they may be able to do some or most parts of the task independently. Perhaps they can do the task some days, or with written or verbal instructions, or after prompting.

Don’t rush into solving the problem
Sometimes the solution to one problem creates another problem. Making changes to the environment always holds risks for the person with dementia. Think ‘around’ the problem. Observe the problem carefully.

What are the possible solutions?
There are usually a number of responses to any problem. Rank them from the most simple and temporary to the most radical.

For example, if the person forgets to turn off the hot plate on the stove would you put up a reminder sign, modify the stove, disconnect the stove or lock the kitchen door?

Assess each possible solution
- What emotional impact would there be for the person?
- What impact would each possible solution have on the person’s skills?
- Does the solution allow the person to retain or use one of their skills? Or does it completely remove a task from the person and ultimately cause them to lose that skill and become less independent?
- Unless absolutely necessary, don’t completely take over a job from the person.
- Get them to help as much as possible.
What impact would each solution have on the person’s familiar environment?
What risks are involved for the person with each solution?
What is the most likely result of each solution?
What would be the worst thing that might happen?
What impact could each solution have on the safety of the carer and service providers?
What if there is nothing you can do to change the problem? Sometimes the solution is to do nothing but accept, anticipate and adjust to the behaviour.

Outside help

Do you need outside help with problem solving?
Consider getting help from the Aged Care Assessment Team (ACAT) or from a local dementia support service or Community Options Program.
Do you need outside help with equipment or modifications?
There are a number of avenues: the local Home Maintenance and Modification Service, the Aged Care Assessment Team, the community health service, and Program of Aids for Disabled People. War veterans may be eligible for assistance with equipment or modifications through the Australian Department of Veterans Affairs.
If the waiting time is too long for the above services, and if it is affordable, you may want to consider consulting a private occupational therapist, via the phone book, internet or via the NSW Association of Occupational Therapists.
For information about products and equipment, contact the Independent Living Centre – see the Chapter 8 Resources section.

Use trial and error
Considering the ranking order of solutions, test one possible solution at a time. Try solutions that are the least expensive and have the least impact on the person’s environment and autonomy. Try simple temporary solutions before more radical ones. Try solutions with which you feel the most comfortable. Try solutions that would seem to be consistent with what the person would have chosen themselves.

Recycle ideas
What doesn’t work today may work tomorrow or at another stage of dementia.

Start again
Solutions will only be successful for a short while. What works today may not be relevant tomorrow. This is the result of the progressive nature of dementia.
Problem solving examples

Here are some examples of how carers and service providers have tried to accommodate the person with dementia by finding ways to help them remain active and involved in household tasks.

Washing up

**Problem:** A man with dementia was no longer able to wash up the dishes – one of the few remaining household tasks he had been able to do.

**Break the problem into steps:** The carer discovered that the man could still do all tasks associated with washing up except filling up the sink with water. It was not clear whether he had difficulty using the taps or could not remember the step about filling the sink.

**Solution:** When the carer filled the sink for him, he seemed keen to continue to do the washing up. Taking over the task of washing up from him would have resulted in a loss of skill and activity.

Making breakfast

**Problem:** Similar to the story above, one carer’s husband stopped making his own breakfast. He had been a farmer before he got dementia and he liked to get up early, have breakfast and go out to the garden to work.

**Understand the problem:** The carer discovered that he could no longer set things out for breakfast or fill the kettle.

**Solution:** The carer found that if she filled the kettle and set out the breakfast things each night in preparation for the next morning, her husband was able to continue to make his own breakfast, including turning the kettle on and off and making himself a cup of tea. The carer also made sure that the kettle was always filled throughout the day and this allowed him to make tea at other times.

The continuing ability to make his breakfast allowed them both to start their day how and when they each wanted.
Throwing food scraps in the house

**Problem:** A woman with dementia regularly began to throw food scraps through the doorway of the kitchen into the adjoining family room, after she finished the washing up. This was a problem for the carer because it created a mess to be cleaned up and it stained the carpet.

**Cause of the problem:** The carer thought about the layout of the person’s previous house and remembered she had regularly thrown food scraps to the magpies out of her kitchen door, which led directly onto the back yard.

**Solution:** The carer did not want to discourage her from washing up and clearing up in the kitchen, which seemed to be a source of activity and satisfaction to the woman and allowed the carer to do other household tasks. The carer found that if the door of the adjoining family room was left open, the woman walked through that room and threw the food scraps out the door and into the yard rather than in the house. In winter when it was too cold to have the door open, the carer placed a big mat on the floor to protect the carpet and collect the mess. The woman continued to throw the food into the room if the door was closed.

Removing dangerous tools from the workshop

**Problem:** A man with dementia had been quite an avid handyman, spending hours in his workshop making things. He owned some high-powered and potentially dangerous tools such as electric saws and drills. His wife realised the potential for injury through misuse or unsafe storage in the future.

**Understand the problem:** His wife understood that her husband’s leisure time spent in the workshop was his creative outlet and part of his identity. It was important to him as a person.

**Solution:** His wife explained the possible dangers of owning unsafe tools to her husband in the early stages of his dementia and suggested to him that they sell the tools and use the money gained to purchase something of his choosing. He chose some DVDs and some plants to nurture in his garden. He had been part of the decision-making process.
Chapter 3. Memory aids

Aims

- Compensate for failing memory so the person can stay involved in daily activities, thus reinforcing their sense of identity
- Support social relationships
- Find a balance between memorabilia and clutter.

Problems and concerns

Difficulty with remembering:

- Shopping items
- The day, date and time
- Appointments and arrangements
- Visitors and service providers
- The location of common personal items such as glasses, handbag and keys and the location of items in cupboards
- How to use appliances and taps
- Name and address
- Phone numbers and how to use the telephone
- The location of financial and medical documents
- To eat and drink
- When to take medication
- The location of the toilet
- Difficulty with following a phone conversation
- Difficulty following reading material.

Checklist

Which of these are problems for the person?

- Finding things
- Remembering to do jobs
- Remembering if jobs have already been done
- Using the telephone and appliances
- Finding their way around at home and out
- Recognising people
- Knowing who they are, where they are and where they have been.
Possible solutions

Notes and routine

While caring for a person with early stage dementia, careful planning may be necessary to ensure business and household tasks are not forgotten. Include the person with dementia as much as possible when making changes and encourage them to help with the decision-making if changes are made.

One person with early stage dementia talked about how he uses lots of reminder notes to keep in touch with what is happening.

He takes a notebook everywhere he goes and keeps note paper beside the bed so if he thinks of something he can capture it.

A memory centre by the phone is a good suggestion and could include:

- Whiteboard or cork board to record important phone numbers, messages, tasks for the day and visits programmed for that day by service providers or friends
- Calendar
- Diary
- Notebook
- Large clock with the day and the date
- Basket for bills.

Mail

- Create a system early with the person you care for and other family members so that everyone can follow the same system such as, ‘All mail is opened and stored in the basket next to the phone’ (Independent Living Centre, 2007).
- You can minimise the confusion caused by the mail by reducing the amount of mail received. The Independent Living Centre suggests cancelling mail, newsletters and catalogues from companies you no longer deal with and a No Junk Mail sticker on the mail box to reduce the amount of junk mail.
Brain exercises

Routine is vital. I have developed not only routine tasks for the week, but also fixed places to put things. Even before my illness I often misplaced items.

The difference now is that unless an item is in the place where I always put it, I will always forget where it is, and there is no chance of me remembering where I have put it. Every so often I go on searches of the complete house, garage, car and garden when I have not put something in its usual place ...These searches are exhausting and very frustrating because even when I find the object, I have no recollection of how it got there. (Boden, March 1998)

People with early stage dementia talked about the importance of doing regular ‘brain gym’ (Boden, 1998) or mental aerobics to keep their brain as active as possible.

The examples they gave included reading, writing, proof reading and editing.

Shopping

A shopping list may become essential to avoid forgetting items or buying duplicates. Also, in some cases, standard shopping lists can be held by trusted shop keepers, and standard shopping orders can be home delivered.

Appointments

To help remember important information when going to an appointment, prepare notes/questions/documents in advance, and put them in an envelope to take along. Leave them ready on the hall table or even at the door.

If necessary arrange for someone to accompany the person to an appointment to ensure that adequate information is provided or collected.

Make a sign to remind the person of today’s appointment to help them to cooperate with the carer in getting dressed or ready. Put the sign in the same prominent place each time to allow for continuity, such as the breakfast table.
Papers

- Keep a file near the telephone with clearly labelled and sorted correspondence, accounts and latest medical information for easy access.
- When accounts have been paid – mark clearly in big letters, Paid.
- Regularly discard out of date papers to avoid confusion.

Time and date

Use clocks and watches with large numbers. Check clocks regularly if the person lives alone. If the person has difficulty using conventional clocks try digital, or vice versa.

Purchase a special clock with the day, date and time – and use in conjunction with a daily planner – a calendar with big writing spaces, diary with one day to a page or a whiteboard.

A weekly timetable of regular visitors, day centre visits or regular appointments positioned with the clock and calendar can help orientate people to what is happening on a particular day.

In a large diary with one day to a page, record tasks to be done as well as appointments and visits. Cross off each task when completed or each visit after it happens. The diary is useful also for carers, service providers and visiting friends to leave notes or see what has happened. Used as a simple communication book it keeps everyone in touch with what is happening. It may be more acceptable when given as a present at Christmas or birthday and labelled as a ‘visitors book’. Keep the diary in the most useful place – this could be in the kitchen, on the fridge, table or bench or beside the phone – wherever the person has been accustomed to putting mail and notes.

*My diary is an important essential, with my routine tasks carefully listed and measured out in easy instalments throughout the week. I refer to it frequently, so as to remind myself which day it is, and what I have undertaken ... to do for the day. If I don’t parcel out activities such as cleaning, gardening and washing during the week, I go into ‘frenzy’ mode and try to do everything at once, working myself to the point of exhaustion – and of course to withdrawal, where I sit with my blank stare, unable to initiate activity ...* (Boden, 1998)

The delivery of a daily newspaper helps many people to know the day and date. Clear old papers frequently so they will not be confused with the current paper.

Cable TV usually has a channel that provides the date and time and also a weather channel, which is helpful. The Independent Living Centre suggests too that a radio alarm clock can be set so that the time, date and weather are given when the person wakes up.
If seasonal changes and daylight saving cause confusion, heavy drapes can be pulled across at night to prevent the person with dementia from rising too early and getting confused with the time of the day.

**Communication aids**

Suggestions for keeping track of messages, phone calls, and even ideas include:

- Note pads and pen beside the phone, meal table and bed
- A regular spot such as a notice board or hall table for all messages and a message book and pen to record all phone calls coming in
- A list of emergency and commonly used phone numbers near phone
- Programming of the phone number of the main carer or relative into phone memory and attachment of a simple label (memory dialling function on standard touch telephones). Or it may be possible to install a ‘Delayed Hot Line’, which means that one phone number will automatically be dialed direct to a carer if the person picks up the receiver but does not dial any number – see the Product guide
- A press button phone with large numbers. The Smart Caller Blue phone has large auto-dial buttons on which you can put photos of people or write names

If the person constantly uses the telephone and dials randomly or makes mistakes with telephone numbers and incurs the cost of long distance calls, an STD bar can be installed free of charge

- An answer machine or diverter facility if a person cannot recognise the phone and becomes disturbed by ringing, use an answer machine or diverter facility. An answer machine could also be used to save the person the stress of answering the phone and having to take messages while the carer is out
- Fax or email if the person has difficulty finding the right words and so cannot always follow a phone conversation. This allows them time to find the right word and in some cases is better if the person can recall words in writing more successfully
- Video phones – the callers are able to see each other which means facial and hand expressions can help with communication. Naturally, both callers need to have a video phone for this system to work

If the carer wants to ‘silence’ the phone while they are away from the house the phone can be temporarily diverted to the carer’s mobile phone and then re-diverted on their return to the house. The telephone company can advise you on this.
Keys and commonly used items

- Put items such as keys, glasses, wallet, money and camera in the same place every time, or even in a central place all together – in a bowl on the table or in a basket on the phone table.
- Make a note of where that place is in case it is forgotten – and put the note somewhere accessible like the notice board.
- Have all the locks keyed alike to operate with one master key and get duplicates made for family and trusted neighbours.
- Make the keys more visible for easier finding.
- Attach a large bright-coloured block of wood or giant key ring to wear.
- Give the person the key on a bright-coloured cord around their neck.
- Attach the key on a safety pin inside their handbag or wallet.
- Establish a regular place to store the key, for example, on a hook by the door.
- Install key holders/safes with PIN codes in a discreet place outside the house so that trusted service providers and neighbours can gain access to the house in an emergency if the person cannot find their key to open the door.

Use colour

Choose bright colours for objects as reminders and to help the person find something, for example, telephone, diary cover, toothbrush, sun hat or glasses case.

Photographs

Use photographs and photo albums to reinforce the person’s sense of personal identity or prepare them for visits and events ahead of time so that their confusion is reduced. Photographs can also be used as visual labels if the person with dementia has trouble reading.

- Display framed photographs of family and friends and label with names and details of relationship if helpful.
- Use photographs to prepare a person for a visit by family or friends.
- Take photos of regular service providers such as day centre staff, community transport driver, Meals on Wheels person or the Home Care Service field staff. It may be possible to get a photo of the social group at the day centre.
- Place photographs on the fridge or whiteboard alongside regular appointments or visits and label with names.
- Use them to prepare a person for visits. Looking at the photos may make it easier for the person to agree to get onto the bus or go to the centre. If the person cannot relate to the fact that these people are service providers, it may be necessary to call them friends or relatives and talk about visits or outings.
Identity
Maintain a connection with the person's past by surrounding them with old photos and familiar objects like a favourite chair, hat, handbag, jewellery, dressing gown, crocheted rug, cookbooks and other books, hobby collections and ornaments to trigger memories and to reinforce their identity.

- Gather a series of photographs of the person throughout their life.
- Photos of the person's parents and significant people in their childhood may be more comforting and identifiable than pictures of the person's own children.
- Display any art and crafts they may have done such as a painting, tapestry or woodwork.
- Make up scrap books and photo albums with recent activities, excursions, or graphics of the kinds of things they liked. Some carers suggest that the smaller ‘brag book’ size is easier to handle for some people.
- Make up boxes of objects they enjoy – such as shells or coins, jewellery, laces and ribbons, stamps.
- Create a ‘life book’ with a story of the person’s life to help the person retain a sense of identity. Family members could do this as a gift.

Way finding
Experiment with pictures, signs and photos on doors or walls, and other strategies to help person to find their way, especially to the toilet:

- Leave the toilet door open – see the Bathroom and toilet section
- Install night lights along hallway to help find the toilet at night – see the Lighting section
- Put arrows in hallway pointing toward the toilet or bedroom
- Use contrasting colours on walls or door frames to help the person to see the exit
- Use illuminated adhesive strips and paint along hall ways and around light switches – see the Utilities section.

Cupboards and drawers

- Labels on drawers and cupboards, especially in the kitchen and bedroom, can help a person with dementia to find and replace contents.
- Photographs can also be used as labels on the front of cupboards or drawers to remind the person what each contains.
- Drawer dividers, such as those used for kitchenware, can help to sort contents so the person can see at a glance what they are looking for.
- Open shelving or placing items on bench tops can help if the person can no longer negotiate cupboards.
Appliances

- A sign with step-by-step simple instructions for using appliances such as the microwave or conventional oven could be placed on the wall nearby.
- Stickers can also be placed over buttons or knobs to label instructions such as Stop and Start.

Medication

The Australian Government has sponsored a handy resource called a Medilist, which is specifically designed to help people or their carers keep track of their current medications and relevant instructions, including dosage and when medication is to be taken. It is a convenient way of communicating about medication to various health workers.

One person with early stage dementia uses a beeping pillbox with some success – it is programmed to beep a reminder when it is time to take medicine.

However, the noise of the beep can be difficult to distinguish when in a noisy environment. (Boden, 1998)

Tamper-proof reminder alarm

A reminder alarm can be set at required times by the supplier and used to remind a person to take their medication, for example, or drink or eat at regular intervals throughout the day. The time of the alarms cannot be altered by the person. The alarm will continue sounding till switched off.

This product would be useful only for those people with early stage dementia who are able to remember the reason for the alarm and how to turn off the alarm.

Mobile phones

Mobile phones can be used for more than making telephone calls. They can also be set to remind a person to take medication at certain times of the day and other reminders such as birthdays and appointments.
Example of a well-planned home office

Features shown

- Diary with one day to a page showing tasks and appointments
- Pen near telephone
- Day/date/time clock
- Whiteboard with schedule or things to do
- Large telephone with emergency numbers on speed dial
- Push button telephone with large numbers to assist correct dialling
- Photographs of friends and family
- Snacks and drinks to encourage frequent eating and drinking
- No clutter
Product guide: Memory aids

Labels

**SUPPLIERS/MANUFACTURERS**
- *Memory Aid Labels* are a range of attractive, hard-wearing labels designed to help people with dementia locate every-day items with ease and minimise confusion around the home. Products include a kitchen label set, memory aid appliance magnets and labels for rooms. Phone (03) 9723 6357; www.memoryaids.com.au

Large print calendar

This large print calendar features one page per month with space to write appointments under dates.

**SUPPLIERS/MANUFACTURERS**
- Vision Australia; phone (02) 9334 3333; www.visionaustralia.org.au

Large print teledexes and diaries

**SUPPLIERS/MANUFACTURERS**
- Vision Australia; phone (02) 9334 3333; www.visionaustralia.org.au

Day/date clock

Various models are available with a range of features. Specific features include electric or battery operated, size of numbers, whether to have the month displayed, what shape would be most familiar and recognisable, all or four numbers shown on clock face.

**SUPPLIERS/MANUFACTURERS**
- Seiko Australia Pty Ltd, model QXL001-S (silver trim) can be ordered through your local jeweller
- Jadco Clocks; phone 1800 010 891; www.theclockshop.com.au

Talking day/date dock

Press the button on the Talking Thermo Date Clock and it will tell you the month, date, time and temperature (it has been used successfully by some people with dementia).

**SUPPLIERS/MANUFACTURERS**
- Vision Australia; phone (02) 9334 3333; www.visionaustralia.org.au
**Assistive telephones**

The Big Button (Telstra) phone has memory, an answering machine, raised numbers and a ring with adjustable volume.

The Smart-Caller Blue phone is a telephone-based emergency call system. It can be programmed to contact up to eight designated phone numbers in sequence, be linked to a professional monitoring system or both. The system features a big button speakerphone with large ‘auto dial’ picture buttons and an optional portable transmitter pendant. Other alarms can be linked to the system. Inbuilt reminders regularly prompt the user for action such as mealtimes and medication (Independent Living Centre).

**SUPPLIER/MANUFACTURER**
- Telstra Advisory Service; phone 13 2000; www.telstra.com
- Smart-Caller; phone 1800 684 422; www.smartcaller.com.au
- Currently there are quite a number of large button phones on the market. For further information contact Independent Living Centre; phone 1300 885 886; Help desk: help@ilcnsw.asn.au

**Phone with one direct dial number**

Delayed Hot Line facility is a telephone number that can be stored and which is accessed by lifting the handset. Within four seconds the phone automatically dials the pre-programmed number if no other number is dialled.

**SUPPLIER/MANUFACTURER**
- Telstra Advisory Service; phone 13 2000; www.telstra.com

**SID bar**

The bar prevents long distance calls.

**SUPPLIER/MANUFACTURER**
- Telstra Advisory Service; phone 13 2000; www.telstra.com

**Big print telephone bill**

This can be requested from Telstra and is free of charge.

**SUPPLIER/MANUFACTURER**
- Telstra Disability Services; phone 1800 068 424
**Medilist**

Medilist is a written record of an individual’s medications, tests and allergies. It is filled in by the person of concern, their carer or with the assistance of a health professional such as a pharmacist or general practitioner.

**SUPPLIER/MANUFACTURER**

- This resource is available either as part of the Carer Support Kit or it can be requested individually. To obtain your free Carer Support Kit or Medilist, contact Carers NSW; phone 1800 242 636

**Medication organiser**

A Dosette or dosage compliance medication organiser is a box with compartments for separating doses of drugs for a set period of time.

**SUPPLIER/MANUFACTURER**

- Available from pharmacies. Models vary depending on individual dosage requirements: daily, weekly, four doses per week and four weekly
- One model available from HE Health Enterprises has removable compartments so that you could set it up for a week but take out a discrete section with one day’s pills

**Medication beeper**

The pillbox has three pill compartments and a built in alarm that can be set for up to four alarms per day. Small, lightweight and portable, it could be carried in a handbag. If you need more pill compartments it could be used in conjunction with larger Dosette.

**SUPPLIER/MANUFACTURER**

- HE Health Enterprises; phone (02) 9878 5985, available by ordering through pharmacies or direct mail order to PO Box 599 Ryde 1680
**Medication dispenser with reminder alarm**

The Careousel Pill Dispenser is a battery-operated circular unit that alerts the user when medication is due and dispenses the dosage. The alert is either an audible alarm or flashing light. It contains 28 compartments and enables up to 28 alarms per day. The unit is lockable and only the right medication is exposed for dispensing. The user must be able to remember the purpose of the alarm and be able to switch the alarm off.

**Caution:** Always check with a pharmacist before storing medications in a dispenser or storage container as some medications require special storage conditions and some medications cannot be kept in the same container as others (Independent Living Centre, 2007).

Cadex Medication Reminder Watch is a water-resistant medication watch that has the date and time in large type on the face. It gives either vibrating or sound alerts to remind the wearer to take their medication or other necessary tasks. The medication name appears on the screen. It also stores user’s name and phone number, medical conditions and allergies, doctor’s name and contact details, blood type and health insurance details.

**SUPPLIER/MANUFACTURER**

- Careousel Pill Dispenser – Safety and Mobility Pty Ltd; phone 0410 572 613; www.safetyandmobility.com.au
- Cadex Medication Reminder Watch – Medtex; phone 1800 153 004; www.medtex.com.au

**Master key for all locks in house – see the Building section**

**Photo album**

Picfolio Minutes Album is a flip photo album with a magnetic clasp that attaches to the back, allowing it to be used in a freestanding position on a table or similar flat surface.

**SUPPLIER/MANUFACTURER**

- Contact Independent Living Centre; phone 1300 885 886; Help desk help@ilcnsw.asn.au
Chapter 4
Chapter 4. Rooms in the house

Kitchen, laundry and living room

Aims

- Maintain skills and participation for as long as possible with shopping, meal preparation and cooking, washing and drying up, making tea, coffee and snacks, and laundry tasks
- Encourage regular and independent eating and drinking
- Consider the functional and symbolic value of the kitchen for the person. For many people it is the hub of the house: a place to potter, eat, cook, listen to the radio and perhaps also to sit, relax, read the newspaper and look through business papers. Find ways to maintain whatever function and meaning the kitchen had for the particular person for as long as possible
- Promote safety.

Problems and concerns

- Stove accidents – leaving the hot plates or oven on, burning food and saucepans dry, burns from touching hot plates, putting inappropriate things on the hot stove
- Stove skills – forgetting how to use the hot plates or oven, problems with setting the temperature of hot plates or oven
- The danger of unlit gas
- Not turning off the kettle or electric jug
- Eating or drinking harmful substances
- Forgetting to eat or drink
- Forgetting where things are kept – difficulty finding and replacing food and kitchen items
- Taps – difficulty turning the taps on, scalds from the hot tap, forgetting which tap is hot and which is cold, leaving the tap running, overflowing the sink
- Difficulty getting in and out of the dining room chair
- Difficulty judging the edge of bench tops and furniture – leading to breaking crockery, causing spills and injuring skin from bumping into things
- The possibility of fire from stove accidents.
Checklist

Regularly check to see if the following present a barrier to independence or safety:

- The stove and microwave
- Cooking oil
- Kettle/electric jug and other appliances such as the toaster
- Sharp knives and other kitchen tools
- Taps, sink
- Cupboards and the way they are organised
- Spoiled or out-of-date food
- Slippery floors, loose floor coverings or mats
- Edges of benches and furniture, layout of kitchen
- Clutter on bench tops
- Sitting up to the table
- Remembering to eat, using cutlery
- Finding and replacing food and items in cupboards
- Fridge and freezer
- Shopping
- Lighting and glare
- Power points and electrical leads
- Hazardous substances – see following checklist.

Hazardous substances checklist

The following list provides a selection of substances that may cause injury to or be misused by the person with dementia:

- Concentrated food stuffs, such as hot sauces and pickles
- Medicines and vitamins, all external medications such as creams and lotions
- Household cleaning products, such as washing up detergent, laundry detergent and bleach
- Disinfectants
- Kerosene
- Insecticides, sprays, pest baits and related products
- Cosmetics
- Alcohol
- Paints, varnish, paint solvents and putty.
Possible solutions

General
When modifying the kitchen, try to keep it looking as familiar as possible. Don’t unnecessarily rearrange cupboards or bench tops or change decor. This extends even to the fridge where it may be necessary to always keep the milk, jam and other items in exactly the same spot. The aim is to simplify the kitchen. If the person appears confused in the kitchen and can no longer find things, gradually clear away clutter from bench tops and reduce some of the things from the cupboards. Display commonly used things more openly and try using labels or signs with words or pictures on cupboards and drawers.

If the person can no longer participate in kitchen activities, consider adding a comfortable chair if space allows, so that they can rest nearby as the carer works. This will allow the person to continue to experience the familiar kitchen activities, noises and smells.

Some carers have found it necessary, as a last resort, to close off access to the kitchen by locking the door or putting furniture in front of the door.

Keep emergency phone numbers, first aid and poisons information in the kitchen or near the phone.

Shopping
Lists become very important for people with early stage dementia. Create a standard shopping list. It may be possible to ask a trusted local shopkeeper to hold a standard list at the shop to help with not duplicating or buying too much bread or milk, and so on. Home delivery with a standard shopping list works well for some people.

Label shopping items (fridge, pantry, fruit bowl) to help the person participate in packing away or label the cupboards to help them find the right spot. If possible, buy the same brands, containers and labels to help the person recognise the product.

If the person with dementia was usually the household member who did the shopping for the family, internet shopping might be an alternative. Using internet shopping allows you to save shopping lists and see what you bought last time. Although there is a delivery fee, it saves on transport and cartage.
**Kettle and appliances**

If the person with dementia can no longer remember to turn off the kettle or electric jug, try a whistle on the kettle or buy an electric jug with an automatic cut-off switch. Pop-up toasters, and auto cut-off cordless kettles and irons are safer. As the person may not be able to learn to use new appliances, it is advisable to introduce these in the early stages of the diagnosis. When an appliance needs to be replaced, buy the same brand and model if possible to help the person retain their skill.

**Tea and coffee making**

- If a regular drinking cup is replaced with a mug or a different coloured cup, it may no longer be recognisable as a cup. If tea bags are no longer recognised, try loose tea and a teapot.
- Try putting all the tea things together somewhere visible – perhaps near the electric jug on the bench top.
- If possible, put an electric jug well away from the stove to discourage the person from putting an electric jug onto the stove. If it is no longer possible to use a kettle or jug, the person may recognise and use a thermos.
- Remove appliances, if necessary.

**Stove**

Painted lines on stove knobs with green and red fluorescent paint or red nail polish can help to locate ‘off’ and ‘on’ (at a moderate setting), and make it more obvious if the knob is not turned off. Put a note on the wall – *Turn stove off*. Write step-by-step instructions on a notice by the stove to help the person remember to turn the stove off or to help set the temperature.

If there is a possibility of leaving cooking oil on an unattended cook top and causing a fire, consider taking away or locking up the cooking oil.

A timer can be installed for the whole stove and set for an average cooking time, say 20 minutes, after which time the stove top or oven will automatically switch off. It is also possible to set an upper time limit or maximum time for the stove to be on. The timer is positioned on the control panel or the wall nearby.

Ways to stop a person from using the stove include:

- Knob covers
- A master cut-off switch for the stove in a discrete place, such as a high cupboard, so that the stove can be turned off when a carer is not available
- Removing the stove knobs or, as a last resort, disconnecting the stove completely.
Gas stoves

- Some models of gas stoves may have a safety feature called a flame failure device, which automatically cuts off the gas if it is not ignited in the oven.
- A solenoid isolator switch can be installed on existing stoves to allow the carer to temporarily disconnect the gas. The switch could be a key-operated switch or an electronic key pad.
- A smoke detector nearby will detect overheating or burning. Please note that these devices sound an alarm and require response by the person or a carer.
- Remove matches, if necessary.
- A gas leak detector could be installed near the stove to sense if gas is turned on but not ignited. The detector sounds an alarm if gas is detected. Some detectors have a solenoid that automatically shuts off the gas if a leak is detected. It is possible to install a remote alarm that sounds in another site, such as a neighbour’s house. It is also possible to connect the alarm to a phone modem so that when the alarm sounds, it will ring a particular telephone number and register the alarm. Both the remote alarm and the telephone modem could be useful where the person with dementia lives alone or is alone during the day – see the Utilities section for product information about gas leak detectors.

One carer reported that their mother couldn’t use the electric stove and tried to light a fire in the shed to cook tea because she remembered using a fuel stove.

Microwave oven

A microwave oven can be valuable for heating up food from the local Meals on Wheels service and a safer alternative to conventional stoves. Some people with dementia are able to use or learn to use a microwave oven if it has simple controls and if clear step-by-step instructions are provided.

- Make a sign about not using metal containers in the microwave.
- Unplug the microwave if necessary for safety.

A carer leaves lunch in the microwave when she goes to work. She puts a sign on the door reminding the person that the lunch is inside and they need to heat it up and eat it.
Fire

- Smoke detectors are an important safety device. However, a person with dementia who lives alone may be distressed by the noise of the alarm and may not know to go outside. Some neighbours may be willing to assist the person, provided the alarm can be clearly heard from their place, or to have a remote alarm installed in their house.

- The placement of the detector is important – some detectors may be sensitive to ordinary use of the toaster and stove top and sound the alarm when there is no fire. Detectors should be placed between kitchen/living and sleeping areas, usually not in kitchens and definitely not in bathrooms and laundries. Smoke detectors need batteries, which should be replaced once a year. Most detectors have a device that will emit a beep when the battery is low (NSW Office of Fair Trading, 2007).

- Smoke detectors can be hard-wired or battery-operated. The hard-wired detectors are more expensive but more reliable because they have two power sources. In the event of a power failure, they will still operate by battery. A number of detectors can be installed in a house in different locations and interconnected so that if one alarm sounds, they will all sound. This will increase the chance of the alarm being heard quickly. A strobe light alarm can be installed for someone with hearing impairment.

- The local Fire Station will provide (or arrange for a Regional Fire Prevention Officer to provide) advice about location and type of detectors, complete a fire hazard assessment of the home, and install battery-operated smoke detectors for older people, if required. These are free services. Note that the detectors are not supplied in this service – carers have to purchase the detectors in advance.

- Provide a fire blanket and fire extinguisher near the stove and remove curtains from near the stove area.

- Regularly check the servicing or use-by dates on extinguishers and replace or service the units at the prescribed dates.

- The NSW Fire Brigade does not recommend any particular brands of detectors, fire blankets or extinguishers but recommends products with the Australian Standard sticker.

- If the person is a smoker, watch their normal pattern of ashing their cigarettes. Some carers suggest putting water in the bottom of ashtrays.
Refrigerator

- Keep items in regular places in the fridge to make them easier for the person to find.
- Remove concentrated foods and sauces and anything that can cause injury if taken.
- If the person lives alone, it may be important to store only small quantities of food in the fridge and regularly check raw meat and other food to see if it is spoiled or out-of-date.
- Regularly check that the light in the fridge works.
- If the person forgets to close the fridge, prop it up slightly at the front to encourage the door to swing closed. If purchasing a new fridge, consider one that beeps when the door is left ajar.

Cupboards and drawers

- Label cupboards if it helps the person to find and replace things. Gradually clear out the cupboards and reduce the number of each type of item, keeping just a few of the most commonly used things.
- If the person can no longer use the cupboards, try putting the most commonly used items (for example, cereal and breakfast things) on the bench or an open shelf, or even take the doors off a couple of cupboards to create open shelving for better visibility and identification.
- Remove sauces and foodstuffs and alcohol that could cause harm, if taken – see the Hazardous substances checklist.
- If necessary, remove sharp knives, scissors and other sharp kitchen tools. Lock some cupboards/drawers and, if necessary, hide sharp knives, extra food, crockery and appliances, using latches or key locks – see the Furnishings section. Locks that are very visible may offend the person's dignity or cause frustration.
- If there are some commonly used items normally kept out of reach, place them within easy reach to discourage the person from climbing up to high cupboards.
- If the person rummages in drawers and rearranges cupboards, put most things in a locked cupboard and, if necessary, cover open shelving with door or curtains. Provide easy access to some cupboards and drawers full of safe non-essential items for ‘safe’ rummaging.

Pet food and products

Lock away pet food, drugs and other products if there is a danger of them being eaten.
Medicines and toxic substances

Medicines, cleaning products, solvents and pesticide products need to be locked away when the person with dementia is no longer able to read, recognise objects or distinguish such products from food and drink. Soap could be used for washing up if dish-washing detergent represents a danger – see the earlier Hazardous substances checklist.

- Check that medicines have safety caps and discard out-of-date medicines – see the Memory aids section for information about dosettes and medication box with reminder beeper.
- Keep emergency phone numbers near the telephone, including the Poisons Information Centre phone number, phone 13 11 26.
- Keep a first aid kit in a locked cupboard.

Eating and drinking

- There are many reasons why people with dementia eat and drink less. Finding the likely reason can make it easier to develop appropriate strategies to help them. Inadequate fluid intake can cause confusion and also constipation, which can lead to discomfort and pain.
- Eat with the person or arrange for someone else to be there at meal times.
- Serve food in the way the person is accustomed. If the person lives alone, provide culturally-appropriate food. This may be possible through the local Meals on Wheels service or some arrangement may be possible with relatives or a local restaurant.
- Some people may also enjoy recipes and comfort foods (such as baked dinner, apple pie and custard) from earlier times.
- Set the table in the way the person is used to and occasionally decorate the table with flowers.
- The meal ritual and cooking smells sometime stimulate the appetite or at least eating behaviour.
- If it is difficult getting the person’s chair close enough to the table for meals, remove rugs and consider adding castors with a brake mechanism on the chair.
- The person may be used to having the radio on at breakfast time and it may be an important cue to settle and eat breakfast. However, it may now confuse and disturb them and in this case should be turned off.
A number of products are available to help people remain independent eaters: special cutlery with thick handles; ‘bent’ spoons, if the person can no longer turn the spoon towards their mouth and is trying to eat from the side of the spoon; small shallow spoons, which can be easier to use than dessert or soup spoons; non-spill drinking cups; a dish with a lip on the edge to help secure food on the fork; and a dish with a compartment for hot water, which keeps food hot for people who are slow eaters.

Serve food on plain crockery – patterns can be distracting and confusing. Use a plain tablecloth or tablemat in a contrasting colour to the plate.

If the person seems confused by the food, serve a small quantity of one type of food at a time, reducing the stress of choice.

If the person is unable to manage cutlery, finger food may allow them to continue to feed themselves.

A fruit bowl or fruit plate with small quantities of cut up fruit or dried fruit may tempt someone to eat. If they forget to remove the fruit skins, hide the fruit bowl away since fruit skins will irritate their mouth.

Try leaving a lunch box and drink bottle somewhere visible to encourage snacking. Put small snacks in bright coloured containers in the fridge or on the bench or table to attract attention. If they are unable to take lids or cling wrap off, use open containers.

Place glasses of water in various places around the house to encourage adequate drinking.

Try straws and various drinking cups if spills are a problem. If the person refuses to eat, try high nutrition drinks made in the blender with milk, fruit and yogurt. One carer recommended using a tonic from the health food shop.

Promote independent eating and avoid assisting with feeding for as long as possible.

Avoid feeding the person in an armchair with a tray, if it is possible assist them to sit at a table.

A large cloth napkin or a cooking apron is more dignified than a bib for catching food spills.

If close monitoring of eating is necessary – especially if the person lives alone – check rubbish bins and compost to see if the food has been thrown out rather than eaten. On the other hand, bins and compost bins may need to be removed if the person eats spoiled food from them.
Restaurants

- If going out to a restaurant to eat, choose a place that isn’t too noisy. Sometimes the competing sounds of chairs scraping on a bare floor, music, conversations and kitchen noises can be unbearable for someone with dementia. Choosing a table in a quiet corner may be helpful.

- The person with dementia may need to sit facing other people so they can make some sense of the noises or they may need to sit with their back to the other tables to reduce the stimulation so that they can concentrate on their meal.

- It may be difficult for the person to choose food from a smorgasbord.

- Use companion cards (from Alzheimer’s Australia NSW) when dealing with wait staff to explain the need for patience and understanding.

Taps, sink

See also the Utilities section, Taps

- Install a mesh insert in drain if person puts things down and blocks the pipe.

- Some people need cues to encourage them to do tasks, for example:
  - filling the sink may encourage them to wash up
  - putting the tea towel out near the dishes might remind them to dry the dishes.

Lighting

Adequate lighting in the kitchen will aid in identifying food and objects, and promote safe food preparation. It may be necessary to install a light underneath a cupboard that overhangs a kitchen bench – see the Utilities section, Lighting.

Furniture edges

Judging the edge of the table or bench can be a problem and cause bumps, spills and breakages. Sharp corners and edges on benches and furniture, which could cause skin damage, should be padded – see the Furnishings section. It may be possible to mark the edge of a bench with tape for easier identification. Unbreakable crockery can be useful if regular breakages are a problem.
Laundry

- Switch off washing machine at wall.
- Put velcro fastening (appliance latch) across washing machine lid and dryer door, if necessary, to prevent the person putting objects in by mistake.
- Buy an iron with an automatic cut-off switch or one that beeps if left unattended.
- Disconnect iron after use and cool in high safe place, store in locked cupboard.
- If the person with dementia is incontinent and there is a large amount of washing, consider using a linen/laundry service.
- Remove and lock away any toxic substances in the laundry – see the earlier Hazardous substances checklist.

Documents and financial/legal papers

Keeping personal records, business papers and important documents together is a common problem when someone has dementia. Use an organiser file and keep papers, bills and receipts in one handy spot, such as the phone table or desk. If the person is likely to misplace them, lock away or even put legal documents in a safety deposit box at the bank.

If the person wants to continue to sort through their papers, it may be necessary to give them photocopies. If they have a tendency to ring up to see if old accounts have been paid, write Paid or Finalised – No further action required in big red letters across the top of documents or buy a stamp to use when an account is Paid.

If the person with dementia was the person in the household who always did the accounts, keep them informed and involved as long as possible. After they can no longer read or follow the documents, they may still have a need to be engaged in such work and may enjoy having a desk with lots of papers to sort through and organise.
Example of a well-planned kitchen

Features shown

- No sharp knives or cleaning products on dining table or in kitchen
- Contrasting crockery and table mats
- Non-slip table mats
- Flowers
- Whiteboard and pen for reminder notes
- No clutter on bench tops
- Electric kettle with automatic cut off switch
- Tea making things displayed on bench
Example of a well-planned living room

Features shown

- Sofas with raised height and firm arm rests
- Photographs displayed in lounge to trigger memories
- No mats or rugs to trip on
- No walking obstacles such as coffee tables or footstools
- No clutter
- Walls and upholstery in contrasting colours
- No patterns on walls or curtains that can be mistaken for objects or insects
- A pet to provide company and activity, or to soothe and reduce agitation
Product guide: Kitchen, laundry and living room

Safety devices to modify existing gas stoves

- Cut-off switch to temporarily disable the stove.
- Heat sensor and smoke detectors to detect something overheated or burning on stove top.
- A solenoid isolator valve/switch can be installed and operated by a remote key switch or an electronic key pad. This would allow the carer to temporarily cut off power to the stove. This device can be used in conjunction with a heat sensor mounted over the stove and a smoke detector in an appropriate location near by – see following pages.

Supplier/Manufacturer

- A gas plumber would be needed to put in the solenoid switch and an electrician to install the heat sensor.

Isolator switch, key tag switch – see the Utilities section

If there is a danger of gas being turned on but not ignited, consider a gas leak detector – see the Utilities section, Gas.

Timer switch on stove

A timer can be installed on the control panel of the stove or nearby wall and set for an average cooking time. An upper limit or maximum time can also be set. When the average cooking time or the maximum limit is reached, the hot point or oven will automatically switch off.

Supplier/Manufacturer

- Approach an electrician and explain the need.

See the Utilities section for other timing devices.

Bright paint to mark stove knobs or taps for easier identification

Supplier/Manufacturer

- Acrylic enamel paint from craft shops

Stove knob covers

Covers are placed over the stove knobs to prevent stove from being turned on. The clear plastic domes fit over stove knobs and will turn without turning the stove knobs. Covers are fitted with a child-resistant latch.

Supplier/Manufacturer

- Safety 1st products from Target, Spotlight, K-Mart, Big W and big toy stores.
- Childcare Supplies; phone (02) 9642 7788; www.childcaresupplies.com.au
**Shopping online**

Grocery shopping can be done online through major grocery outlets, for example:

**SUPPLIER/MANUFACTURER**
- Woolworths; www.homeshop.com.au
- Coles; www.colesonline.com.au

**Appliance latch**

The latch helps to prevent someone opening appliances like washing machines, dryers, refrigerators, microwave ovens. Some attach with velcro, others have a mechanism that has to be released. Try to find a model that is as discrete as possible.

**SUPPLIER/MANUFACTURER**
- General appliance lock by Gerber from Kidsafe; phone (02) 9845 0890; www.kidsafensw.org
- Dream Baby Child Protection products at David Jones, Target, hardware stores
- Howard Storage World; phone 1300 666 616 (Toll free); www.howardsstorageworld.com.au
- Tee Zed Products; phone (02) 9386 4000; www.tee-zed.com.au

**General appliance lock, refrigerator lock and oven door lock for ovens and microwave ovens**

**SUPPLIER/MANUFACTURER**
- Childcare Supplies; phone (02) 9642 7788; www.childcaresupplies.com.au
- Safety 1st oven lock from Target Spotlight, K-Mart and big toy stores

**Tot lock (also marketed as a Mag lock)**

A tot lock is a magnetic lock for cupboards and drawers that is opened by a magnetic key. Cabinet doors and drawers are kept shut by the lock’s magnetic interface, which is ‘broken’ by the placement of the magnetic key over the outer surface where the lock is located. No insertion or turning of the key is required.

**SUPPLIER/MANUFACTURER**
- Kidsafe; phone (02) 9845 0890; www.kidsafensw.org
- Nova & Co Pty Ltd; phone 1300 668 371; www.nover.com.au
- Tekform; phone (02) 9584 2844; www.tekform.com.au
Controls for hot water – tempering valves – see the Utilities section, Hot water

Drawer/cupboard safety latches and locks, and corner protectors – see the Furnishings section

Automatic cut-off electric kettle/jug

The kettle turns off rather than boils dry.

SUPPLIER/MANUFACTURER

- Department and electrical stores

Automatic cut-off irons

Iron automatically cuts off if no movement is detected after a set time. Some have a very quick cut-off mechanism (30 seconds) if iron is in the face-down position, otherwise a longer delay (10 to 15 minutes) when iron is standing upright.

SUPPLIER/MANUFACTURER

- Black and Decker, Sunbeam, Phillips and Braun from department and electrical stores

Safety taps, tap handles, overflows, easy turn washers – see the Utilities section, Water

Power point stoppers, cord coiler, cable bridge – see the Utilities section

Smoke detectors

Single point smoke detectors are battery operated and inexpensive.

Hard-wired detectors are connected to household electrical supply and also have a back up battery. Some brands can be interconnected to provide a higher safety level; if one alarm is activated then all alarms sound.

SUPPLIER/MANUFACTURER

- Single point smoke detectors are freely available from department and hardware stores. Look for the Australian Standard sticker
- Hard-wired detectors: Grinnell Detection Products, available directly phone (02) 9666 3586 or from department stores such as Coles and K-Mart, HPM
- Hard-wired interconnected smoke alarms are available at big hardware and electrical stores
**Gas alarm**

The Smell Alive Gas alarm can be plugged into a power point and will alert resident of escaping gas by triggering an alarm.

**SUPPLIER/MANUFACTURER**
- Play Safe Gas Safe; phone (02) 6024 0438
- See also the *Utilities* section

**Fire blanket and fire extinguishers**

Fire blankets as fire extinguishers are safety devices that help extinguish accidental fires. They operate on the principle that smothering a fire will starve the fire of oxygen, and are commonly used to put out chip-pan fires, and bodily fires.

**SUPPLIER/MANUFACTURER**
- Majestic Fire Protection; phone 1300 730 904; www.majesticfire.com.au

**Heater guard – see the *Utilities* section**

**Medicine cabinet**

This is a lockable cabinet to store drugs, poisons and sharp tools like scissors.

**SUPPLIER/MANUFACTURER**
- Kidsafe; phone (02) 9845 0890; www.kidsafensw.org
- Childcare Supplies – medicine cabinet with childproof lock; phone (02) 9642 7788; www.childcaresupplies.com.au
- Patrull from Ikea stores; phone (02) 8002 0400; www.ikea.com/au

**Firm armchairs and chair raisers – see the *Furnishing* section**

**Chair pads – Water-proof covers to protect chairs from incontinence – see the *Bathroom* section, *Incontinence***

**Lock for video player**

The lock prevents someone tampering or posting something into the video slot of the player.

**SUPPLIER/MANUFACTURER**
- Safety 1st VCR lock available at Target, Spotlight, K-Mart and big toy stores
Bathroom and toilet

Assisting a person with bathing and toileting is a personal and sensitive activity. It is a time for nurturing and person-centred care while attending to the basic principles of safety and personal hygiene.

Aims

- Help the person to maintain continence for as long as possible
- Support independent personal care for as long as possible
- Prevent falls
- Make bathing a relaxing and pleasant experience
- Help the person to feel warm, safe and secure
- Respect privacy
- Make personal care as easy and safe as possible for the carer.

Problems and concerns

- Difficulty finding and recognising the toilet
- Difficulty getting on and off toilet
- Resistance to undressing and washing
- Apparent fear of the shower – some people appear frightened by water coming down from a shower
- Inability to judge clearly the edge of the bath or the water depth
- Difficulty getting into and out of the bath or over the shower hob
- Unsteadiness, fear of falling, falls
- Difficulty using and recognising the hot and cold tap
- Scalds from hot water
- Tap left running, overflowing the basin or bath
- Difficulties with personal care for carers and service providers because of the size, layout and fixtures in the bathroom.
Checklist

Do the following represent a barrier to independence or safety?

- Finding the toilet
- Slippery floors
- Sharp edges on furniture
- Temperature of hot water
- Using the taps
- Overflowing the bath or basin
- Temperature of bathroom
- Getting in and out of bath or shower
- Bath too low
- Toilet too low
- Hairdryer and other electrical appliances in the bathroom
- Medicines, shampoos, creams and other hazardous substances in the bathroom
- Razors, shavers, scissors and other sharp tools in the bathroom
- Toilet cleaner, disinfectant and other cleaning products in the toilet or bathroom
- Glass shower screen
- Internal locks in the bathroom and toilet
- Inward opening doors
- Reflections from mirror or shiny surfaces.

Possible solutions

**Toilet**

The Continence Foundation of Australia tells us that the changes in a person’s brain caused by dementia can interfere with their ability to:

- Recognise the need to go to the toilet
- Wait until it is appropriate to go to the toilet
- Find the toilet
- Recognise the toilet
- Use the toilet properly.
The following suggestions may help you in your care of a person with dementia:

- Put a sign on the door with words, symbols or a picture indicating the toilet. Leave the toilet door open so the person can easily identify it. Leave night light on in the toilet and have lights leading along the hall to the toilet from a bedroom. Put arrows on walls pointing towards the toilet.
- Remove the waste paper baskets or items in the toilet or other rooms that the person mistakes for a toilet
- Put up a sign reminding the person to use toilet paper, flush the toilet and wash their hands
- Make sure the toilet paper is in a place that is easy to see
- Install grab rail beside toilet to assist the person to get on and off the toilet. Consider rails with an anti-slip finish
- Remove the toilet roll holder if used for support
- Hire a raised toilet seat or toilet surround with handles
- Remove the lock from the toilet door so the person won’t get locked in. Consider replacing an inward opening door with a concertina door that can be opened from outside or rehang the oor to open outwards if it is likely that assistance will be needed
- Remove loose mats and check for loose edges of floor coverings to prevent falls
- Avoid a white plastic toilet seat – use a contrasting colour for easier identification
- Colour the water in the toilet bowl to assist aim for men
- Consider a glow-in-the-dark toilet seat. These are a new and relatively inexpensive product that can provide illumination for the toilet at night – see the Product guide
- Wipe over the floor at the front of the toilet frequently with disinfectant to avoid the unpleasant urine smell

A woman who cared for her husband with dementia told of how she made it part of her night time ritual to lift the toilet seat before she went to bed to help her husband if he got up during the night to use the toilet.

- Introduce clothing with velcro instead of zippers and buttons, or use trousers with an elastic waist to make it easier to get clothes off quickly when going to the toilet – see the Bedroom section, Clothes.
- Remove toilet cleaning products for safety
- Consider renting a commode for the bedroom if the person is unable to find the toilet at night
If person is incontinent, seek advice from an Aged Care Assessment Team and consider incontinence products such as Kylie sheets on the bed and continence pads for day-time use.

Consider using a linen service to relieve the washing load – see the Health and safety section.

Encourage a regular toileting routine to prevent accidents. Encourage adequate fluid intake.

Try decaffeinated tea and coffee as well as herbal teas to reduce frequency of going to the toilet.

**Bath**

- Install a grab rail by the bath. Adjustable bath rails that clamp onto the side of the bath will not take as much force safely as those secured to the wall (Independent Living Centre, 2007). Towel rails, wash basin and taps are not strong enough to take a person’s weight. Consider getting grab rails with an anti-slip finish rather than chrome.

- Use a slip-proof rubber mat or non-slip safety strips in the bath. Mats should be rinsed, lifted and dried daily. If there is any sign of mould, discard. It is possible to purchase anti-fungal mats.

- Stick contrasting tape around the edge of the bath to help define its edge.

- Add a little bit of food colouring to the bath if it helps the person to see where the water is and get some idea of depth.

- If getting in and out of the bath is difficult, install a bath seat fixed across the bath and a hand-held hose connected to the bath taps or shower head.

**Shower**

- Use grab rails mounted on the shower wall and a non-slip mat on shower floor.

- If standing is difficult, use a shower chair and hand held shower hose with extra long hose.

- Recessed soap containers are safer than the protruding style, which can cause injury during a fall. Put buffer cushions or even tape sponge rubber around the fixtures, if necessary, to avoid injury.

- It may be necessary to remove the shower hob to allow the person to get into the shower.

- It may be helpful to remove shower doors and replace with a shower curtain to make it easier for access and assistance.

- If renovating a shower, consider safe and accessible shower features and specifications such as no hob and recessed soap holders.

**General**

- Ensure adequate lighting to help the person see the edges of the bath and shower recess. If painting the room, use a colour that contrasts with the bath and basin, so that it is easier for the person to see the fixtures.
- Remove the door lock so that the person will not become locked in the bathroom. As with door to separate toilet – see previous page, consider installing an outward opening door or concertina door in case assistance is necessary.

- Install safety plugs in power points – see the Utilities section.

**Products**

- Remove or lock away shampoo and conditioner, other hair care products, cleaning agents, bath oils, medicines, vitamins and so on, razor blades, shavers any other sharp things. Use latches or key locks but, where possible, choose a discreet model – see the Furnishings section.

**Cupboards and furniture**

- Cover or pad sharp edges and corners of furniture – see the Furnishings section.

**Appliances**

- Heating is important in the bathroom as it makes it easier for some people to undress and wash. However, some heaters present safety problems. Heat lamps are safest. Wall-mounted radiators can work well if mounted high on the wall. If other heaters are used, they should have guards and automatic cut-off switches in case they are knocked over.

- The hair dryer should be locked away if there is a chance that it could be used with wet hands or put in water by mistake.

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One carer reported buying her husband an electric shaver to make shaving easier, only to find him about to rinse it in a sink of water.

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**Floor**

- Make a slippery tiled floor non-slip by painting on an etching paint or replace with non-slip tiles.

- Consider washable rubber backed bathroom carpet tiles.

- Remove loose towelling or similar bath mats, replace with rubber-backed mat.

- Refix loose tiles to bathroom/shower or toilet floor – see the Building section, Floors.

**Taps and hot water temperature – see the Utilities section**

**Personal care tips**

Strategies to help the person feel warm, safe and relaxed include:

- Use a regular bath routine and cues like running the bath water to help the person know it is time for a bath.

- Heat the room to make it comfortable.
Have a towel, change of clothes and soap and so on ready in advance
Consider putting a cassette player close by to play restful music
Use lavender oil or bubble bath in the bath
Talk to the person in a low soothing voice as they may be feeling fearful of the water and uncomfortable with the whole process
Put soap into a stocking so it can be easily picked up if dropped
If hair washing becomes stressful, talk to the local hair-dressing salon about trying a hair wash there – the salon may be prepared to offer a special cost arrangement for a regular wash
Use a steam extractor fan because steam can be disorienting
Check the temperature of the bath or shower for the person
Be flexible about bathing – a wash will sometimes be sufficient
Buy a brightly-coloured toothbrush and washer/towel to make it easier for the person to find and to remind them to do their teeth.

Incontinence
Consult a continence adviser through the local Aged Care Assessment Team or the local hospital. The Continence Foundation of Australia can provide help and advice about incontinence and information about your nearest continence adviser – see the Product guide.

Determine if the person’s incontinence is a result of other, often treatable, conditions such as a urinary tract infection, constipation, senile vaginitis, an enlarged prostate gland or side effects of certain medications, rather than directly as a result of changes to the brain because of dementia (Continence Foundation of Australia, 1998).

The following equipment and strategies may be helpful:
- Rubber mattress protector, Kylie sheet, pads
- Commode
- Linen service
- Large absorbent pads for chairs or plastic and towels on chairs, which can be removed and laundered separately.

It may be helpful to be able to hose off soiled sheets and clothes before soaking and washing. The backyard hose can perhaps be used in the tubs of an external laundry. Alternatively, a short hose (approximately one metre) with a high-pressure nozzle can be attached to the pipe leading to the back of the toilet cistern. This is a very convenient piece of equipment, which makes it possible to hose faeces off clothes directly into the toilet.

One carer used plastic matting in the hallway to protect the carpet when his wife was becoming incontinent before she began to wear incontinence pads regularly.
Product guide: Bathroom and toilet

National Continence Helpline; phone 1800 330 066; www.continence.org.au

**Grab/hand rails in bathroom and toilet**

Install grab rails to assist people to transfer safely on and off the toilet, get in and out of the bath and use the shower recess.

It is recommended that the product and installation comply with Australian Standard AS1428.1-1993.

Rounded handrails are easier to grip. Some products have rounded ends for safety and a non-slip surface for better grip.

**SUPPLIER/MANUFACTURER**

- Contact Independent Living Centre; phone 1300 885 886; Help desk: help@ilcnsw.asn.au
- Consult an occupational therapist for correct position for installation
- Consult your local Home Modification and Maintenance Service (HMM) if you require help with installation

**Over toilet aid**

The frame is designed to assist people on and off the toilet. It fits around the toilet, has arm rests, a seat and height adjustable legs. This can be useful for people with dementia who try to sit sideways on the toilet.

**SUPPLIER/MANUFACTURER**

- Contact Independent Living Centre; phone 1300 885 886; Help desk: help@ilcnsw.asn.au
- Available from Able Rehab; phone (02) 9674 1677, visit or phone order
- Available from some surgical suppliers

**Toilet surround**

The frame fits around the toilet. It has arm rests for support but no seat.

**SUPPLIER/MANUFACTURER**

- Independent Living Centre; phone 1300 885 886; Help desk: help@ilcnsw.asn.au
- Able Rehab; phone (02) 9674 1677, visit or phone order
- Available from some surgical suppliers
**Glow-in-the dark toilet seat**

Allureglow Toilet Seats are made from strong, lightweight polypropylene, containing a proven anti-microbial substance, which will inhibit the growth of bacteria. The seats are completely safe and do not produce any harmful radiation.

**SUPPLIER/MANUFACTURER**
- Australian Consolidated Products Pd; phone (02) 6043 3455; www.acpau.com.au
- Vision Glow; www.visionglow.com.au

**Raised toilet seat**

A toilet seat raiser clips onto the toilet rim. It comes in different heights, with or without arm rests, to assist the person to get up and down. It may be used in conjunction with a grab rail. Check the stability of the seat.

**SUPPLIER/MANUFACTURER**
- Independent Living Centre; phone 1300 885 886; Help desk: help@ilcnsw.asn.au
- Abel Rehab; phone (02) 9674 1677, visit or phone order
- Available from some surgical suppliers

**Commode chair**

A commode can be freestanding, or a mobile chair with toilet seat and pan. Some are foldable and able to be used while showering.

**SUPPLIER/MANUFACTURER**
- Independent Living Centre; phone 1300 885 886; Help desk: help@ilcnsw.asn.au
- Able Rehab; phone (02) 9674 1677, visit or phone order
- Available for purchase and hire from surgical supply stores, specialist pharmacies
Night lights and sensor lights – see the Utilities section

Incontinence products including Kylie sheets, mattress protectors, disposable pads, washable padded pants, waterproof chair pads.

A Kylie sheet is a fully washable bed sheet with tuck-in flaps that absorbs urine. It should be used with a waterproof mattress protector or a waterproof protector draw sheet. It can also be used with continence pads or washable padded pants.

Mattress protectors cover the whole mattress or fit over the top whereas a draw sheet is a smaller waterproof slip that sits on top of a section of the mattress.

Chair pads to protect armchairs and lounges have a waterproof backing and are disposable or fully washable.

SUPPLIER/MANUFACTURER

- Program of Appliances for Disabled People provides incontinence products free to eligible people – see the Resources section.
- The Continence Foundation displays but does not sell a range of incontinence products. They also have a fact sheet available free on urinary incontinence and dementia.
- Incontinence products available for purchase from:
  - Personal Equipment and Continence supplies (PECS) a program of ParaQuad; www.paraquad.org.au. Members of ParaQuad are eligible for discounts. PECS has a display centre at 6 Holker Street, Newington. They will send out a catalogue and take phone orders; phone 1300 886 601
  - Aged Care Linen specialists; phone (02) 9838 7338
  - Specialist pharmacies and surgical supply stores also sell incontinence products. Most pharmacies have small range of incontinence pads.

Squirter to remove soiling from pants and clothes

This is a hose with hand-held trigger that attaches to the cistern of a toilet so that soiling can be hosed off clothes directly into the toilet.

SUPPLIER/MANUFACTURER

- Little Squirt Nappy sprayer (Rexispray Pty Ltd; phone 1800 035 330), can be purchased at Bunnings hardware stores
Basic slip-proof rubber mat for bath and shower

The mat needs to be washed and dried daily to avoid build up of soap residue that can be slippery.

SUPPLIER/MANUFACTURER
- Pharmacies, department stores, surgical supply stores

Anti-fungal slip-resistant shower mat

These heavy mats have no suction pads, but have anti-fungal properties. Wipe over with soap and water every six months.

SUPPLIER/MANUFACTURER
- Comcork and Tread master mats, from Safety Floorings Pty Ltd; phone (02) 9980 2086; www.safetyflooring.com.au

Slip-proof strips for bath and shower

Self-adhesive textured tape can be applied to bath and shower floor. Check often to ensure that the strips have not become slippery.

SUPPLIER/MANUFACTURER
- Flooring product retailers, some hardware stores and boating supply stores, pharmacies and big toy stores that carry child safety products. Brands include Non Slip, Safety Walk, Aqua Step
- Kid safe sells non-slip animal shapes to apply to bath or shower floor. Phone (02) 9845 0890; www.kidsafensw.org

Bath hose – Regular length

SUPPLIER/MANUFACTURER
- Pharmacies

Long shower hose

Standard shower hoses may not be long enough. It is possible to get a divert attachment that diverts the water between the overhead shower or hand held shower.

SUPPLIER/MANUFACTURER
- Custom cut shower hoses from Able Rehab; phone (02) 9674 1677
- Calypso Stream basic model with 1.5m spiral hose, standard hand set and bracket. Also needs a flow switch to attach hose behind shower head. This is available from bathroom supply stores
Removing a hob

To allow easier access to the shower it may be necessary to knock out the hob, seal, waterproof and repair/retile. Once the hob is removed, some water from the shower will escape into the bathroom and possibly into adjoining areas, so ensure adequate drainage and be aware of the danger of wet floors. Waterproofing often involves using acrylic fibreglass, which may take a number of days to dry.

SUPPLIER/MANUFACTURER

- You may be able to get subsidised assistance through your local Home Maintenance and Modification Service. Otherwise, contact an established tiling company for a quote.

Bath seat

A plastic or timber bath seat is placed across the bath and used in combination with a bath hose attached to taps or shower head.

SUPPLIER/MANUFACTURER

- Surgical supply stores and some pharmacies. A range of models is on display at the Independent Living Centre; phone 1300 885 886; Help desk: help@ilcnsw.asn.au

Shower seat

A plastic shower chair is a plastic seat with water drain holes in the seat and rubber grips on the bottom of the legs. Some chairs are height adjustable.

SUPPLIER/MANUFACTURER

- Surgical supply stores and specialist pharmacies. Can hire or purchase from surgical supply stores.

Concertina door – see the Building section, Doors

Safety plugs for power points – see the Utilities section

Combined heaters, exhaust fans and lights

Ceiling-mounted combined exhaust fan, heater and light units are safe and functional for bathrooms and toilets. They have wall switches that allow selection of functions separately or in combination.

SUPPLIER/MANUFACTURER

- Models include Tastic, Ring Grip and Air Flow. Available from stores like Harvey Norman Discounts and K-Mart, as well as electrical supply stores, such as TLE Electrical supplies and Lawrence & Hanson
### Light/fan switch with time delay
A switch turns on both light and exhaust fan. When turned off, the exhaust fan remains operating for some minutes. It could be a useful facility for someone who may not remember to turn on and off a separate switch for an exhaust fan but is able to use a light switch.

**SUPPLIER/MANUFACTURER**
- By HPM, available from big hardware and lighting stores

### Fan heater
The fan heater is wall-mounted with two power settings for use in bathrooms.

**SUPPLIER/MANUFACTURER**
- Electrical stores such as Bing Lee and Retravision

### Drawer and cupboard locks, corner buffers – see the Furnishings section

### Non-slip etching paint for slippery floors – see the Building section, Floors
Washable non-slip rubber backed bathroom carpet

**SUPPLIER/MANUFACTURER**
- Carpet retailers

### Tempering valves to control hot water temperature – see the Utilities section

### Conventional tap handles, spring loaded taps, sensor taps, ceramic discs, paint for marking taps – see the Utilities section

### Lavender oil

**SUPPLIER/MANUFACTURER**
- Health food stores

### Tap handle and spout protectors
Inflatable covers for tap spouts help prevent accidental scalding or injury to skin from touching or bumping hot taps. However, they are not tamper-proof.

**SUPPLIER/MANUFACTURER**
- Childcare Supplies; phone (02) 9642 7788; www.childcaresupplies.com.au
Bedroom

Aims

- Enable the person to get into their own bed and encourage them to sleep or rest there for as long as possible at night
- Prevent falls from bed
- Make it easier for the person to find the toilet during the night
- Maximise the carer’s sleep
- Enable the person to wander safely at night
- Assist the carer to know if the person is wandering
- Enable the person to dress independently for as long as possible
- Ensure privacy and sensitivity in the bedroom.

Problems and concerns

- Waking at night, becoming confused and disoriented or even distressed
- Falling when trying to get out of bed
- Not being able to find the toilet during the night
- Wandering out of the house at night and getting lost or being in danger
- Doing something dangerous during the night like fiddling with the stove and leaving it on
- Constant interruptions to the carer’s sleep
- Forgetting whether they are getting dressed or undressed
- Forgetting to change their clothes, putting them on in the wrong order or putting on too many layers of clothes
- Realising they have an item of clothing and having no idea which part of the body it goes on.
### Checklist

Do the following represent a barrier to independence or safety?

- Illness, pain, cold or discomfort, which can lead to sleep disturbance; some medications can cause sleep disturbance
- Getting in and out of bed
- Falling out of bed
- Adequate warmth
- Electric blanket
- Locating the toilet during the night
- Slippery floor, mats or loose floor coverings
- Obstacles such as furniture or pets in the bedroom
- Wandering during the night
- Difficulty finding or choosing clothes
- Difficulty getting clothes and shoes on and off
- Reluctance to change clothes.

### Possible solutions

**Bed**

- Move the bed against the wall.
- Turn back the top sheet and use two different, contrasting-coloured sheets to assist the person to find the way into bed. A raised height bed and a firm mattress may assist the person to get on and off the bed more easily.
- Put a soft mattress or pillows on the floor beside the bed to soften a fall from bed.
- Consider purchasing or hiring a hospital beds with adjustable height and the facility to raise the head or foot of the bed. The adjustable height can be very helpful for transfers in and out of bed.
- Use lifting and transfer equipment if necessary.

**Floor and furniture**

- Remove anything that could cause the person to trip and fall – loose mats and protruding edges of floor covering – see the Building section, Floors.
- If necessary, slightly rearrange furniture to enable a clear walking path to and from the bed. Cover or pad sharp edges of furniture – see the Furnishings and decor section.
**Heating**

- Electric blankets can be dangerous if the person is incontinent.
- Low-level heating such as an oil-filled heater can be left on all night or programmed to come on at a particular time, providing safe background heating – see the *Utilities* section, *Heating*.
- Hot water bottles can be a risk. Consider wheat-filled heat packs, which can be heated in the microwave oven and cannot be opened and spilled. However, they must not be overheated.

**Lighting**

Depending on the individual, there are a number of different approaches to lighting during the night:

- No lights on to remind the person that it is night time and to discourage them from getting out of bed
- Soft night lights so that the person will not be disoriented if they wake and get up during the night
- Lights to guide the person to the toilet during the night – perhaps a light in the toilet and the toilet door open, as well as lights in the hall leading to the toilet
- Ordinary lights on in the main rooms and outside in the yard for safer wandering
- Sensor lights in the house and yard are good for some people who wander at night, but other people find them disturbing
- A light in the wardrobe is a good idea but should not be brighter than the light in the room so the person with dementia won’t have to adjust their vision.

**Tips for managing sleep**

Strategies to settle and relax the person include:

- Regular bedtime routine
- Soft lighting
- Soft soothing singing or music
- Hot milk or relaxing herbal tea such as chamomile
- No drinks with caffeine after late afternoon
- Reading to the person
- Massage
- A short rest during the day but not too many naps
- A walk or exercise in the afternoon
- Avoid TV or radio in the evening if it disturbs or unsettles the person.
Dressing

- Some people with dementia can’t remember whether they are getting dressed or undressed. Sometimes they may forget to change their clothes, put them on in the wrong order or disregard the weather when choosing clothing.
- It is a good idea to eliminate clutter and noise in the bedroom as this can be distracting for the person when they are trying to dress themselves.

Clothes and shoes

- Clothes and shoes should be put in exactly the same place in the cupboards that the person is used to.
- If there is difficulty with finding things, label drawers and cupboards with words or pictures or try open shelving (by taking the doors off the cupboards).
- Reduce the number of clothes to choose from and put out-of-season clothes, extra or rarely used clothes away in a shut or locked cupboard.
- It is important to encourage the person to choose their own clothes for as long as possible. When locating things and making choices become difficult, reduce the number of choices and consider putting matching clothes together as a complete outfit rather than have them choose which top to go with which skirt or trousers.
- Total outfits could be stored together on separate shelves rather than all the underwear together in a drawer, all the tops together, all the hanging clothes together in the wardrobe.
- If choosing is difficult or impossible, put out clothes for the next day in the order they will be put on. It may help them if each item of clothing is handed to them in the right order to be put on.
- Breaking the task of dressing into smaller tasks may help the person with dementia. The carer can remind the person of each step or help with some of the tasks such as doing up buttons.
- It may help people with visual impairment to have contrasting coloured clothes so that they can distinguish one article of clothing from another.
- If the person has difficulty with zippers, buttons and catches, modify or buy clothes with velcro or elastic and front openings or overlapping panels. A size larger than usual may be necessary for easier dressing. Clothes should be comfortable and encourage rather than restrict movement. A few manufacturers make clothes and shoes especially for people who have physical difficulty with getting dressed – see the Product guide.
Track suits are commonly used for people with dementia. However, some carers suggested that they are not always the style of dress that many men or women are used to, especially when going out. They suggest buying trousers that look more formal than track suits but have elasticised waists. Track suits can be good around the house and also make warm pyjamas for people who wander during winter nights.

If the person with dementia insists on wearing only one particular outfit, it may be possible to buy three of the same or very similar to allow washing.

Many carers consider it important to continue to help the person with dementia dress in the style of clothes that they preferred. This style may have to be balanced with features that allow the person or the carer to dress in a timely manner and with ease.

**Tips for managing clothes**

Shopping for clothes can be especially difficult when the carer is the opposite sex to the person with dementia and cannot accompany them into the dressing room.

Some shop assistants may be willing to assist the person to try on the clothes or it may be necessary to exchange the clothes a number of times before finding the right one.

A special card available free from Alzheimer's Australia can be handy for shopping and other situations when some explanation for the person's behaviour would appear to be helpful – see the *Health and safety* section.

Shoes with laces usually become a problem. Slip-on shoes are easier and non-slip soles are safer. Some sports shoes have velcro fastenings. Some manufacturers make special footwear for people with special needs – see the *Product guide*. To help prevent falls, avoid loose sloppy shoes and slippers.

Check that night clothes and dressing gowns are fire-resistant. If the person sits near the heater or is a smoker, day clothes should also be fire-resistant.

If possible, remove the dirty clothes every day so that they don’t get placed in cupboards and worn again.
Example of a well-planned bedroom

Features shown

- No clutter and clear walking path around bed
- Bed with raised height and firm mattress
- Drink beside bed to encourage frequent drinking
- Heater that is safe and maintains comfortable room temperature
- Firm armchair that is easy to get in and out of
- Clothes laid out on bed
- Drawers labelled for ease of finding clothes
- Photographs of friends or relatives
Product guide: Bedroom

Beds – buy or hire
Standard hospital beds have features like wind-up height and adjustable back rests. Side rails are optional.

SUPPLIER/MANUFACTURER
- Gillespie’s; phone (02) 9419 2081

Invacare have designed a dementia-specific bed, which negates the need for potentially dangerous bed rails.

SUPPLIER/MANUFACTURER
- Contact Independent Living Centre; phone 1300 885 886; Help desk: help@ilcnsw.asn.au

Bed blocks to raise the height of a bed
Bed blocks are plastic or wooden platforms/modules, which can be stacked for different heights. They may need to be used in conjunction with a heavy stable footstool to allow the person to get into bed. Choose a sturdy wide footstool covered with non-slip rubber and with rubber stoppers on the bottom of the legs.

SUPPLIER/MANUFACTURER
- Contact Independent Living Centre; phone 1300 885 886; Help desk: help@ilcnsw.asn.au

Hoists to assist with lifting
Various models and suppliers

SUPPLIER/MANUFACTURER
- Contact Independent Living Centre; phone 1300 885 886; Help desk: help@ilcnsw.asn.au

Kylie sheet, waterproof mattress protector, chair pad, incontinence pads and pants – see the Bathroom section, incontinence products

Wet bed and movement sensor
Sensors can detect if the person has wet the bed and if they get out of bed. An alarm will sound in the carer’s room or even a more remote site such as next door. This could work well for a granny-flat situation.

SUPPLIER/MANUFACTURER
- Securecare available from Home Alone; phone 1800 641 925
- Contact Independent Living Centre; phone 1300 885 886; Help desk: help@ilcnsw.asn.au
Commode – Buy or rent – see the Bathroom section

Oil-filled heaters, night lights and sensor lights – see the Utilities section, Heating, Lights

Wheat heat packs

Packs are heated in microwave ovens (care needs to taken with overheating). These can be easily made by filling a small cushion of strong cotton material with wheat from a supermarket or pet shop.

SUPPLIER/MANUFACTURER
- Community markets, some health food shops and some department stores

Special clothes for day and night

Look for garments with features such as: overlapping panels, stretchy yokes, envelope neck openings, wide neck openings, elasticised waists, velcro fastenings or very large buttons and button holes, and back-opening garments for people with incontinence. Overlapping panels must be wide enough to ensure dignity for the person.

SUPPLIER/MANUFACTURER
- Dignity Gowns; phone (02) 9746 5632
- Comfy Fashions; phone (02) 4329 3045
- Jacqui P Clothing for Special Needs (customised); phone (02) 4945 9188
- Splitbacks Clothing; phone (07) 5497 9400
- Petal Back Design Clothing; phone (02) 9521 6857

Indoor shoes

Various models available. Ezifit model has velcro front fastening and zip back. Men’s court model has a velcro flap. Ladies court is a slip-on style. Shoes should be the correct fit – not too loose and not too high with a flexible sole and firm heel cup.

SUPPLIER/MANUFACTURER
- Comfy Garments; phone (03) 5338 1135
- The Flinders Range available from Linda Dugan Pty Ltd; phone (03) 9826 3829
- Damart Unisex slippers from Damart Thermolactyl; phone 1300 365 555
The building – Floors, doors, windows, stairs

Aims
- To prevent falls
- To help mobility and way finding
- Wherever possible, to make places safe for wandering so that locks and barriers will not be necessary. In some cases it may be necessary to control, or prevent wandering – see the Wandering section
- Where a person lives alone, do not lock them in the house.

Problems and concerns
- Service providers report that deadlocks and lost keys are common problems
- Wandering out of the house without the carer knowing
- Difficulty using stairs
- Bumping into glass doors and windows
- Confusing the patterns on carpets or tiles with insects, objects, cracks or different levels
- Smelly carpet or wet, slippery floors because of incontinence
- Difficulty finding way inside the house
- Balance problems and tendency to fall.

Checklist
- ✔ All locks
- ✔ Any obstacles to walking inside the house
- ✔ Uneven floor surfaces, loose floor coverings
- ✔ Wet, slippery or shiny floors
- ✔ Safety of verandahs and balconies
- ✔ Stairs
- ✔ Windows and glass doors.

Possible solutions

Handrails
The installation of handrails is one of the most common modifications carried out by many carers in the home. A handrail can assist the person with dementia to independently move inside or outside the house with extra safety. A handrail is also an aid to the carer, indirectly and directly, when assisting the person with dementia.
Floors

- Avoid waxing and polishing floors. Shiny floors can be confusing or disturbing and slippery. A number of products are available to make floors slip-resistant in order to prevent falls.

  A carer told of how she would add methylated spirits to water when washing floors so that they would dry quicker, reducing the possibility of slipping.

- Remove or re-position items that may cause falls or be hazardous to someone with dementia. Loose floor coverings should be removed or tacked down, furniture or obstacles should be removed from walking areas if they are likely to cause falls, and electrical cords cleared from floors and secured to skirting boards.

- Regularly check and clean floor around the toilet to avoid falls from splashed urine. If the person is incontinent, carpet may have to be taken up and replaced with washable carpet or non-slip vinyl/tiles.

- If putting in new floor coverings, select non-patterned, non-slip and non-gloss flooring and use a colour that contrasts with walls and furniture to help the person with orientation.

Windows and doors

- Mark glass doors and windows with masking tape or safety stickers to help the person identify the glass barrier. Glow-in-the-dark stickers can be used on internal glass doors to prevent bumps at night – however, the glow only lasts for about 30 minutes after the light is turned out.

- Draw curtains or blinds at night to avoid reflected glare from windows, which can be disturbing.

- Consider rehanging bathroom and toilet doors so that they will open outwards. This can allow easier access into the rooms should someone fall against the door from the inside. Contact a builder to have this done. Alternatively if space is a problem, consider changing the doors to a concertina style.

- To assist the person to identify doorways and exits, it may be necessary to differentiate the front door from the back door with different coloured paint or by adding some decoration. If the person can no longer turn door knobs, they may be able to manage lever-style door handles.

- If you need to you can camouflage doors – paint them the same colour as the walls or put a picture over the door handle. A sign on the door, a pot plant or a piece of furniture temporarily placed in front of the door may also work. Sometimes, using a half door or swinging saloon-type doors will also be an effective barrier to discourage a person from going into a particular room which may not be safe for them.

- A locked security screen door may allow someone to see outside but remain safely inside. However, for some people, it may instead produce frustration as a barrier.
Locks – see also the Wandering section

- Remove locks from the inside of all internal doors to avoid the person getting locked in. Change locks to avoid deadlocking a person inside.
- Give a spare set of keys to a trusted neighbour, police and service provider. Alternatively, install a key holder or safe outside the house and give the code to trusted people.
- Simplify locks by getting locks recoded so that they all operate from a single master key.
- Door knob covers can prevent the person from opening a door.
- Place locks on doors and windows where they cannot be seen or understood, for example, place them at the top or bottom of doors.
- Add second locks on exit doors, for example, a chain or a slide lock, to make unlocking too complicated.
- Lock doors from the inside and remove the key, perhaps keeping it on a hook near the door but out of sight.
- Consider installing electronic numeric key pads which operate by punching in a code. They can be connected to a smoke detector system to ensure that they are overridden in a fire emergency. However, they are expensive and may also not be as secure as a deadlock from the point of view of home security.
- Wherever possible, choose discrete locks.
- Prevent falls out of windows by using bolt locks, or a piece of dowel in sliding windows to limit window opening.

Stairs

- If necessary, install a gate at top of stairs to prevent falls.
- Install solid handrails on both sides of stairs.
- Outline edges of steps with bright coloured paint or tape.
- Install rubber treads or non-skid adhesive strips on uncarpeted stairs.
- Install nosings on carpeted stairs – non-slip caps which fit over the edge of each step.
- If the person can no longer manage stairs to an upstairs bedroom without assistance, consider converting the lounge into a downstairs bedroom. Where possible, replace stairs with ramps inside and outside if mobility is difficult.
- Repair rotting stairs.

Verandahs and balconies

- Add a safety railing with vertical slats on verandahs and balconies.
- Ensure balcony/stair railings are high enough to prevent an accidental fall.
Product guide: The building: floors, doors, windows and stairs

**Handrails for corridors**

Handrails can be made of steel, aluminium or timber. They are easy to install on a brick wall but studs need to be located on a gyprock wall. As an alternative to installing rails, consider a slim but sturdy piece of furniture, such as a sideboard.

**SUPPLIER/MANUFACTURER**
- See Yellow Pages telephone directory under ‘Staircases and Handrails’

**Ramps and rails**

Light and portable fibreglass ramps have a non-slip surface with bright edge markings.

**SUPPLIER/MANUFACTURER**
- Contact Independent Living Centre; phone 1300 885 886; Help desk: help@ilcnsw.asn.au

**Master key**

To simplify locks and keys, consider getting existing deadlocks recoded (keyed alike) so that they all operate with a single master key.

**SUPPLIER/MANUFACTURER**
- See under ‘Locksmiths’ in Yellow Pages

**Numeric key pad lock**

A key pad door lock has a combination code and can be overridden by a master or alarm switch. May not be secure enough for an external door.

**SUPPLIER/MANUFACTURER**
- Hardware and electrical stores or direct from locksmiths. See ‘Locksmiths’ in Yellow Pages
**Concertina door – or re-hanging a door to open outwards**

A folding or concertina door may be useful for the toilet and bathroom when assisting someone after a fall or other emergency. Alternatively, if the site allows, the door can be re-hung to open outwards.

**SUPPLIER/MANUFACTURER**
- Concertina doors available at hardware stores. Get a builder to re-hang the door.

**Non-slip etching paint**

Non-slip etching solutions are available for bathrooms, laundries and outside areas. They affect the surface of the floor but are not a coating or an etching product. Tredgrip non-slip rubberised paint and other products for outside areas – see the *Outside* section.

**SUPPLIER/MANUFACTURER**
- Anti Slip by Resistant Surfaces available at tile shops

**Safety treads or cappings for carpeted and concrete stairs**

Stair nosings help prevent slipping on stairs. Aluminium caps with a PVE insert for grip and safety are installed on the edges of steps. Various colours are available to blend or contrast with existing stair covering. They are suitable for inside carpeted stairs. Nosings are also available for outside concrete steps.

**SUPPLIER/MANUFACTURER**
- See suppliers in *Yellow Pages* under ‘Staircases and Handrails’

**Non-slip adhesive safety tape for steps**

Self-adhesive tape can be applied to outside steps for safety to help prevent slipping. The tape is weather-resistant with a sandpaper finish and is applied to the centre of each step. Some products require that the steps be painted with primer first.

**SUPPLIER/MANUFACTURER**
- A range of products available from hardware stores
- Safety Walk by Harry Daines Pty Ltd at Botany. Will sell direct to public. Phone (02) 9699 3977; www.harrydaines.com.au
Non-slip tape for metal steps

This tape is not weather-resistant – steps must be under cover. Applied with a rubber mallet, the tape conforms to the etchings on the metal step.

SUPPLIER/MANUFACTURER
- Conformable Safety Walk by Harry Daines Pty Ltd at Botany. Will sell direct to public. Phone (02) 9699 3977; www.harrydaines.com.au

Step markers to make it easier to see and negotiate steps

Paint borders on outside steps to define edges. Use adhesive tape to define edges of indoor steps.

Consider using one of the adhesive non-slip tape products (above) in a contrasting colour.

Self adhesive reflector tape may be useful – see below, to define steps. However, it may become slippery when wet so should be used on the top of the risers rather than on the walking surface.

Harry Daines Pty Ltd make plastic coloured marking tape in a range of colours for indoor timber steps.

SUPPLIER/MANUFACTURER
- Harry Daines Pty Ltd at Botany. Wholesaler but sells direct to public. Phone (02) 9699 3977. Mail order available. www.harrydaines.com.au

Reflector tape

Signwriters’ tape may be useful on steps to define the edges more clearly but is not slip-resistant. Consider using in conjunction with a non-slip product.

Vision Glow glow-in-the-dark paint is useful for night-time use.

SUPPLIER/MANUFACTURER
- Signwriters’ suppliers sell weather resistant reflector tape. Contact Vision Glow; phone (03) 9867 7161 or visit www.visionglow.com.au

Stickers or safety markings for glass doors and windows

Apply transfers, decals or stickers to glass for visibility to prevent people walking into glass doors. Special safety stickers are available or use ordinary stickers or transfers. One carer uses glow-in-the-dark stickers, which glow for up to 30 minutes after being exposed to light.

SUPPLIER/MANUFACTURER
- Hardware stores sell safety stickers by the roll
- Other stickers from toy shops and newsagents
**Lever door handles**

Some people can recognise and use lever door handles when they can no longer manage the turning action on door knobs.

**SUPPLIER/MANUFACTURER**
- Hardware stores

**Door knob locks**

Door knob covers fit over flat or round door handles. Two grommets on each side of the cover have to be squeezed firmly while the knob is turned to allow the door to be opened.

**SUPPLIER/MANUFACTURER**
- Safety 1st range of child safety products available at large department stores including Target, Spotlight and K Mart

**Aluminium safety/security screen door**

Safety screen doors provide visual access to the outside but can be locked.

**SUPPLIER/MANUFACTURER**
- Suppliers under ‘Security doors, Windows and Equipment’ in the *Yellow Pages*

**Gates for stairs**

A range of low, safety barriers and gates for doorways, stairs and passageways are available.

**SUPPLIER/MANUFACTURER**
- Childcare Supplies; phone (02) 9642 7788, visit or phone order www.childcaresupplies.com.au
- Gates and barriers available at large department and hardware stores
Furnishings

Aims
- Maintain familiar environment
- Trigger memories
- Decrease clutter and remove obstacles
- Help the person to find their way
- Support independent mobility and moving in and out of chairs
- Ensure lifting and transfers are easier and safer for the carer or community service provider.

Problems and concerns
- Bumping into furniture
- Rummaging in drawers and cupboards
- Difficulty and frustration with not being able to find things
- Difficulty moving in and out of chairs
- Mistaking patterns on fabric or floor coverings for objects or insects.

Checklist
- Obstacles in walkways throughout the house
- Cupboards and drawers
- Arm chair
- Sharp edges on furniture
- Furniture that is not solid and moves easily
- Memorabilia and clutter
- Glare
- Colours and patterns on walls, furniture and curtains.

Possible solutions

Furniture
Some people with dementia use furniture for support as they walk to prevent falls. It may be necessary to remove swinging chairs, chairs on wheels and rocking chairs, as well as obstacles such as coffee tables and footstools from walking paths.

Avoid the ‘hospital waiting room look’ in furniture. Ideally, the upholstery should be in a contrasting colour to the floor and walls to make it easier to see.

People with dementia often have difficulty judging the distance from furniture and bench tops and so suffer lots of bumps and bruises. Remove furniture with sharp edges or smooth edges by sanding, or use pad edges by attaching sponge rubber or corner buffers.
Chairs

- It will probably be necessary to have or acquire a sturdy comfortable arm chair that is easy to get in and out of.
- The chairs should be stable.
- If it has wheels they must be able to lock, however, one carer said that she used a chair with wheels to push her husband toward and away from the dining table at mealtime.
- Recliner chairs that tilt back can be comforting and safe for people who have a tendency to fall forwards out of a regular flat seat. If a chair has controls for reclining, they may need to be located at the back, out of reach. Please note: chairs that have an automatic lift facility to help people get up can be frightening for some people with dementia.
- Ideally, armrests should be strong, extend further out than the seat and be smooth with no sharp edges.
- The chair should be higher than usual. Special blocks to raise the height of a chair are available.
- It may be necessary to have incontinence-proof (easy wash with waterproof backing) fabric or a waterproof pad on the seat. Incontinence-proof fabrics are available now in home-like colours.

Cupboards and drawers

- If finding things in cupboards and drawers is a problem, try labelling with words or pictures. For drawers, using drawer dividers, such as those used for kitchenware is sometimes helpful.
- If the person is still unable to use closed cupboards, experiment with open shelves by putting commonly used things on bench tops and taking doors off cupboards.
- If the person constantly rummages in drawers and cupboards and relocates items, it may be necessary to lock some cupboards to prevent access to breakable or dangerous items; to prevent tampering with important papers; or to be able to maintain some workable system of storing and finding objects and clothes. Wherever possible, choose discreet locks.
- On the other hand, provide ready access to other cupboards, boxes and containers with safe items and interesting collections of things that trigger memories for the person or provide activity, textures and colours for stimulation. Examples would be: shells; materials, lace and buttons; stamps; pictures; photos; gadgets; jewellery; hats, handbags and scarves; old business papers and stationery; kitchen tools; gumnuts, leaves and rocks; old silverware and ornaments.
- Many people lose access to their possessions because they can no longer remember how to use cupboards. Some of the things that are stored in desks and cupboards could be put out occasionally to see if the person has any interest in looking and sorting through them.
Decor

- Remove precious and breakable antiques and other ornaments, if necessary. Some people with early stage dementia find it difficult to judge the position of furniture and objects and can knock and break things accidentally.
- Remove sharp objects if they are likely to cause harm to the person, for example, tools for an open fire, letter openers, scissors, and bottle openers.
- Remove any pictures, mobiles or glass hangings if they disturb the person.
- Try hanging a print with a soothing scene from nature. Some people enjoy wall hangings with different textures to touch. Cushions made from a patchwork of different colours and textures may be of interest.
- Display favourite magazines, comics or other reading material for the person to look at even after they can no longer read.
- Pot plants can be soothing and enjoyable but may need to be removed if the person tries to eat the leaves, soil, or flowers.
- Patterns on wallpaper, curtains and upholstery can be disturbing for people with dementia if they are mistaken for objects or insects.

Person-centred approach

- Retain or display photos, ornaments and other memorabilia that trigger memories. Photos could be labelled with names and relationships. Try showing old photos of the person’s childhood.
- Photos of the person at recent events and with friends and relatives could be used to reinforce their sense of identity and recent memory.
- Try to find out the way the person’s house was decorated when they were younger. Some of those styles or items from the past may provide some comfort now.
- The person’s own paintings, craft, or needlework could be framed or displayed to support the person’s sense of self esteem and to provide positive conversation topics for visitors.
- In all decorating endeavours, it is important to retain the familiar, change as little as possible, but reduce confusing clutter and enhance memories and comfort to relate as much as possible to the person’s social environment.
**Use of colour**

There are different approaches to the use and recognition of colour for people with dementia. One approach states that pastel colours are seen as grey and recommends using strong bright primary colours. Another approach is that bright colours are distracting and uncomfortable and suggests soft or moderate tones. Whatever colours are used, they should provide contrast so that it is easier for the person to differentiate the floor from the wall, and furniture from the floor.

Colour can also be used to camouflage exits or rooms that are not safe for the person, by painting doors the same colour as the walls. Conversely, painting doors in a colour that contrasts with the walls can make the door stand out and help people find it. Flat paint should be used to avoid reflected glare.

**Orientation**

A distinct and personal item like a photo or hat hung on the person’s bedroom door can help them to find their room more easily. Some people even decorate the front door if they are living in a block of flats where all the doors look the same. Similarly, a sign or picture of a toilet on the toilet door can help. Some people have also used signs or arrows on corridors with some success.
Product guide: Furnishings

**Corner buffers, bumpers or protectors for furniture corners**
Protectors fit over sharp corners on tables and other furniture to prevent injuries caused by bumping.

**SUPPLIER/MANUFACTURER**
- Kidsafe; phone (02) 9845 0890; www.kidsafensw.org
- Patrull from Ikea; phone (02) 8002 0400; www.ikea.com/au
- Childcare Supplies; phone (02) 9642 7788; phone order for free catalogue or visit www.childcaresupplies.com.au

**Corner and wall protectors**
Transparent 90 degree angle corner-protector strips in polycarbonate can be attached to edges of furniture or walls. They may offer skin protection to people likely to bump into sharp hard edges like corners of brick walls.

**SUPPLIER/MANUFACTURER**
- Moodie Marketing Australia; phone 1300 666 343

**Curtains**
Try curtains made from sheer or net type fabrics to reduce glare and prevent reflections, which may cause the person with dementia to become distressed.

**Magnetic cupboard lock and key**
Tot Lock – see also the *Kitchen, laundry and living room* section, *Appliance latch* – is a magnetic lock for cupboards and drawers that can only be opened by a magnetic key.

Childcare Supplies makes a model with a concealed lock.

**SUPPLIER/MANUFACTURER**
- Tot Lock (aka Mag lock) from Kidsafe; phone (02) 9845 0890; www.kidsafensw.org
- Childcare Supplies; phone (02) 9642 7788; www.childcaresupplies.com.au
Drawer and cupboard safety latches

Safety 1st latch for drawers and cabinet – adheres to medicine cabinets, refrigerators or metal cabinets with adhesive tape and operates with a push button action.

Safety 1st cabinet slide lock fits through handles or around knobs to tie door shut. The lock is released with a push button. Safety 1st Ultralocks make a strong plastic drawer lock.

Patrull makes metal drawer and cabinet locks, also cabinet catches.

Gerber and Ultralock drawer and cabinet latches are available from Kidsafe.

Choose the most discreet model possible to promote dignity and to avoid producing frustration.

SUPPLIER/MANUFACTURER

- Safety 1st models available at Target, Spotlight and K-Mart
- Patrull model available from Ikea stores; phone (02) 8002 0400; www.ikea.com/au
- Kidsafe; phone (02) 9845 0890; www.kidsafensw.org

Door knob covers

The round plastic covers are put over knobs to doors, closets and cupboards. The knob has to be squeezed while turning to open doors.

SUPPLIER/MANUFACTURER

- Childcare Supplies; phone (02) 9642 7788; www.childcaresupplies.com.au

Firm arm chair

Look for a higher than usual chair to assist the person to manage moving into and out of the chair easily. The chair should be an attractive home-like chair, not a cold institutional model. Choose a pattern that may be textured, home-like but not disturbingly busy and a colour that differentiates it from the surrounding wall and floor decor. It may need to be waterproof upholstery.

The chair seat will be firm, have arm rests that come well forward and won’t tip the chair when the person’s weight is placed on the arm rests for support.

Some arm chairs recline and may have seat raisers to assist people who have difficulty getting up out of the chair. These features may or may not cause alarm and may not be suitable depending on the individual.

SUPPLIER/MANUFACTURER

- Contact Independent Living Centre; phone 1300 885 886; Help desk: help@ilcnsw.asn.au
Urine-resistant upholstery fabrics

Vinyl is effective but can look impersonal and feel cold. There is also a range of barrier fabrics that comprise woven fabric bonded to vinyl. Some of those retain smell and stains in the woven section. Crypton is a barrier fabric that treats a woven fabric with a liquid vinyl product. It is claimed to be stain-resistant, cleanable and is available in floral and domestic patterns. It can be cleaned with soapy water or with diluted bleach for problem stains.

SUPPLIER/MANUFACTURER

- Crypton can be ordered through a local upholsterer or direct through Baresque at Artarmon in Sydney; phone (02) 9966 8470

Chair raisers

Blocks are put under chair legs to raise the height of a chair to make getting in and out easier. Some models have four separate modules, others have an adjustable frame to connect or link together the four blocks.

SUPPLIER/MANUFACTURER

- Contact Independent Living Centre; phone 1300 885 886
  Help desk: help@ilcnsw.asn.au
Utilities – Heating, cooling, lighting, water, electricity, gas

Aims
- Increase safety
- Maintain comfortable room temperature
- Provide good, even lighting
- Remove reflected glare.

Problems and concerns
- Leaving heaters and other appliances on
- Not being able to use the heater
- Not remembering how to turn the lights on
- Leaving the lights on
- The possibility of burns from the heater/hot water
- Not recognising which tap is hot and which is cold
- No longer being able to operate taps
- Scalds from hot water
- Leaving taps on and overflowing sink and basin
- Leaving iron on
- Disturbance from shadows and glare
- Trying to put things into power points
- Difficulty finding the way to the toilet at night.

Checklist
- Heaters and fans
- Airconditioner controls
- Frayed electrical cords
- Power points
- Electrical leads in walk ways
- Hot water
- Taps
- Level of lighting
- Shadows
- Reflected glare
- Shiny surfaces
- Light bulbs
- Flammable clothes such as dressing gowns
- Night lighting.
Possible solutions

*Heating, electricity and gas*

Keep the temperature in the house comfortable since the person may no longer be able to judge temperature or know how to adjust clothes.

There is often a major issue with heating if the person lives alone or requires constant supervision.

- Avoid kerosene and moveable radiant heaters.
- If the person can only operate a radiant heater, try to get one that has a safety guard at the front.
- If using a fan heater, select one that automatically cuts out if knocked over.

The NSW Office of Fair Trading recommends the use of oil-filled column heaters where safety is an issue.

*Electric heaters*

If the person lives alone, install timers on heater to turn on and off at certain periods. Some models have a timer in a lockable section to prevent tampering.

*Gas heaters*

- Modern gas heaters will usually have a safety tilt switch, which automatically cuts off the gas if the heater is knocked over. Some also have a child lock feature, which might prevent some people with dementia from tampering with the controls.
- If a gas heater has an ignition device, carers could temporarily disable these heaters by turning off the gas at the valve or disconnecting the hose. Alternatively, a solenoid isolator switch could be installed with an electronic key pad to allow the carer to temporarily cut off the gas.

Models manufactured prior to the late seventies pose a much greater safety hazard because they usually require lighting the gas with a match.

It would be advisable to cease using these heaters and use an alternative, safer model.

- A gas leak detector could be installed near a gas heater to sense if gas is turned on but not ignited. The detector sounds an alarm if gas is detected. Some detectors have a solenoid that automatically shuts off the gas if a leak is detected.
- It is possible to install a remote alarm, which would sound in another site such as a neighbour’s house. It is also possible to connect the alarm to a phone modem so that, when the alarm sounds, it will ring a particular telephone number and register the alarm. Both the remote alarm and the telephone modem could be useful where the person with dementia lives alone or is alone during the day.
- It may be necessary to block access to an open fire place, fuel stove or slow combustion heater. If the person is used to lighting fires, you may need to remove all wood, newspapers and matches not only from the house but also from the shed and yard.

- The temperature in the bathroom needs to be comfortable at bath time to encourage the person to bathe regularly or accept assistance with personal care. Consider installing a combination light/heat/can/lamp and extractor fan – see the *Bathroom* section.

- If using a wall mounted electric heater, ensure it is mounted in a high position on the wall.

### Cooling

- It may be useful to locate airconditioning controls in a remote unit if the person is constantly adjusting them

- Overhead fans may cause confusion and distress

- Portable fans may be dangerous. However, some fans can be fixed to a high position and put on a timer.

### Lighting

A range of *sensor lights* and *light bulbs* with built-in timers are now available – see the *Product guide* – to assist people who:

- Wander at night

- Cannot remember how to turn on a light

- Leave lights on.

Relatives and service providers of people with dementia who live alone should regularly check if the light bulbs need changing to ensure that people are not sitting in the dark at night.

Using contrasting coloured switch plates for light switches on the wall can help a person with dementia locate a light switch more easily. If this is not possible, highlight the existing outlets by taping coloured tape, or even illuminated tape around the switch plate. Illuminated switch plates can also be purchased – see the *Product guide*.

*Light all stairs well.* A three-way switch can be installed so you can turn the light on or off from either direction.

Remember that the quality of the light is just as important as the quantity. A room that is overly bright can cause discomfort if it increases glare.
**Hot water and taps**

Reduce the temperature of the hot water to avoid scalds.

- A tempering valve can be installed on the hot water system to reduce the temperature of hot water going to the whole house.
- Alternatively, it can be installed closer to the taps so that you could control the temperature of the hot water going just to the bathroom.
- Thermostatic mixing valves can also be used directly on taps but they are much more expensive and are more commonly used in hospitals and nursing homes.

Adjust the temperature of the hot water service to below 50 degrees Celsius for older people or people with disabilities.

Some gas hot water systems have thermostatic mixing valves operated by a remote electronic key pad in the bathroom and kitchen to set or select the desired temperature. This would allow the carer to set a safe temperature for the person with dementia to use, but at any time raise the temperature for other reasons.

- Label taps H or C or colour code with red/blue fluorescent paint, waterproof stickers (big red or blue spot) or put signs above the taps.
- Lever taps have been used successfully with people with dementia who have forgotten or have difficulty with the turning action. However, some people with dementia may not recognise or be able to use a lever tap and it may be necessary to return to conventional tap handles that would be recognisable.

**Electricity**

- Install power point safety covers and check that power points are not overloaded with double adaptors.
- Secure electrical cords to skirting boards so they can’t be tripped over. Use appliance cord coilers for electrical cords on bench tops – see the Product guide.
- There is a range of electrical products available which can be used to lock appliances on or off, control appliances from a remote site or automatically program an appliance to switch on or off at set times – see the Product guide.
Safety

- The NSW Office of Fair Trading states that from 1 May 2006 all residential accommodation across NSW must have at least one working smoke alarm.

- Single point smoke detectors are available and are easy to install. Smoke detectors need batteries that should be replaced at least once a year. Hard-wired detectors are connected to the household electrical supply and need a back-up battery.

- If the appliance detects smoke in a room, the smoke detector will emit a loud piercing sound. If the people with hearing problems are unable to hear the alarm, a special alarm with a strobe light can be installed.

- Safety switches can be mounted in your fuse box or can be installed to replace existing power points. Safety switches will instantly cut the power off if you touch a live wire. Safety switches will detect the slightest earth leakage of current in a circuit.

- These units must be installed by a licensed electrician.

- You can find more information about home safety by calling the NSW Office of Fair Trading Home Building Service or visiting their website – see the Product guide.
Product guide: Utilities: Heating, cooling, lighting, water, electricity and gas

Gas heaters – see also the Kitchen section, Gas stoves
A solenoid isolator switch with a key switch or electronic key pad could be installed to allow the carer to temporarily cut off the gas supply to the heater.

SUPPLIER/MANUFACTURER
- A gas plumber would be needed to install the solenoid device. Ensure that the modification complies with the relevant Australian standards

Oil filled heaters
Free-standing oil-filled heaters have a timer switch and thermostat control.

SUPPLIER/MANUFACTURER
- Electrical retail stores

Timer for electrical appliances
Could be used to automatically turn heater on and off each day at pre-set times.

A timer is a power unit with built-in clock to automatically operate electrical appliances. It has a 24-hour or 7-day-clock and a manual override facility.

SUPPLIER/MANUFACTURER
- Electrical wholesalers

A Vigil-Aide Electric Gas Stove Isolation System turns off the gas or electric stove at a pre-set time.

Count-down timers can be used to switch off after a designated time.

SUPPLIER/MANUFACTURER
- Contact Independent Living Centre; phone 1300 885 886; Help desk: help@ilcnsw.asn.au

Heater guard
An adjustable heater/fire guard is a metal-framed cage that encloses the area around heaters, radiators, fireplaces and slow combustion stoves. Wall fittings are included so that the unit can be clipped or unclipped from wall fittings.

A fireguard for wall-mounted heaters surrounds the top, bottom and sides of the heater.

SUPPLIER/MANUFACTURER
- Childcare Supplies; phone (02) 9642 7788; www.childcaresupplies.com.au
<table>
<thead>
<tr>
<th>Timed fan speed controller</th>
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<tbody>
<tr>
<td>This product automatically switches a fan off after two hours.</td>
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<tr>
<td><strong>SUPPLIER/MANUFACTURER</strong></td>
</tr>
<tr>
<td>• HPM available from hardware and electrical stores</td>
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<thead>
<tr>
<th>Timer switches for lights</th>
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<tr>
<td>Connect to lamps.</td>
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<tr>
<td><strong>SUPPLIER/MANUFACTURER</strong></td>
</tr>
<tr>
<td>• Lighting retail stores</td>
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<tr>
<td>• HPM timers available from hardware and electrical stores, HPM Industries; phone 1300 369 777</td>
</tr>
</tbody>
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<tr>
<th>Interior night lights</th>
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</thead>
<tbody>
<tr>
<td>Night lights plug into power points and automatically come on in the evening and go off at dawn. They provide a low glow that could be useful for bedroom and corridor to bathroom. However, they may not be bright enough for safe walking for some people.</td>
</tr>
<tr>
<td><strong>SUPPLIER/MANUFACTURER</strong></td>
</tr>
<tr>
<td>• Lighting retail and big toy stores with infant products</td>
</tr>
<tr>
<td>• Moon Glow night lights by HPM have no globe. They can be left on permanently</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sensor lights with and without timer switches</th>
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<tbody>
<tr>
<td>Indoor sensor lights with two-minute lighting could be installed in corridor to toilet.</td>
</tr>
<tr>
<td>Outside sensors can be installed to respond to movement.</td>
</tr>
<tr>
<td>Outside photo-electric (PE) night sensors are available that turn on at dusk and off at day break. They can also be pre-set to turn off earlier.</td>
</tr>
<tr>
<td><strong>SUPPLIER/MANUFACTURER</strong></td>
</tr>
<tr>
<td>• HPM and other brands from lighting, hardware and electrical retail stores</td>
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<tr>
<th>Weatherproof outside light with sensor</th>
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<tbody>
<tr>
<td>A halogen flood lamp with sensor is weatherproof.</td>
</tr>
<tr>
<td><strong>SUPPLIER/MANUFACTURER</strong></td>
</tr>
<tr>
<td>• HPM available from big hardware and electrical stores</td>
</tr>
</tbody>
</table>
**Automatic light switch**

The switch turns on when the person enters the room and turns off when the room is vacated. Could be useful for a person who lives alone and who can no longer remember to use light switches so that they are not sitting in the dark in the evenings. This may also be useful for people who wander at night.

**SUPPLIER/MANUFACTURER**
- HPM available from big hardware stores

**‘Goodnight’ button**

Featured in Independent Living Centre’s (2007) *Helpful handbook for memory loss*, this leaves the bedroom lights on, turns off all other house lights, closes the curtains and turns off the heating system.

**ENQUIRIES:**
- Independent Living Centre; phone 1300 885 886; Help desk: help@ilcnsw.asn.au

**Light switch with timer**

This light switch is programmable with a digital 24-hour and 7-day timer.

**SUPPLIER/MANUFACTURER**
- HPM available at hardware and electrical stores

**Illuminated light switch surrounds**

Up to 8-12 hours glow time.

**SUPPLIER/MANUFACTURER**
- Australian Consolidated Products; phone (02) 6043 3455; www.acpau.com.au or www.visionglow.com.au

**Tempering valve to control temperature of hot water**

This control is fitted onto water pipes near hot water system to reduce the maximum heat of hot water going to whole house or can be installed in the bathroom to adjust bathroom hot water temperature. Maximum temperature may be set from 35-50 degrees Celsius and may be reset by householder rather than plumber.

**SUPPLIER/MANUFACTURER**
- Plumbing suppliers – Enware (NSW) Pty Ltd; phone (02) 9525 9511; www.enware.com.au
- Sydney Tap Centre; phone (02) 9698 2367
Gas hot water system with remote temperature controls

Some recent models of gas hot water systems are available with temperature controls mounted on an electronic wall pad in the kitchen and/or bathroom.

SUPPLIER/MANUFACTURER
- Rinnai Australia; phone (02) 9609 2888; www.rinnai.com.au
- Your nearest gas centre/plumber

Traditional tap handles

If the person is only able to recognise and operate traditional metal tap handles with four prongs, it may be necessary to replace other recent models.

SUPPLIER/MANUFACTURER
- Hardware stores, bathroom suppliers, plumbers’ supplies

Lever-style taps

Lever handles may be useful for people who can no longer manage the tap turning action but can learn to use the lever style.

SUPPLIER/MANUFACTURER
- Hardware stores, bathroom suppliers, plumbers’ supplies

Spring-loaded taps

These taps only operate when turned. They solve the problem of leaving the tap running and overflowing the basin. However, they are problematic because it is difficult to wash your hands properly without putting a plug in and filling the basin with water.

SUPPLIER/MANUFACTURER
- Hardware stores, bathroom suppliers, plumbers’ supplies

Pillar tap with time delay

A pillar tap has a push button to operate which has a 15-second time delay. It is good for people who forget to turn taps off but only if they can learn to use the push button action.

SUPPLIER/MANUFACTURER
- Enware Australia; phone (02) 9525 9511; www.enware.com.au and through hardware stores
**Electronic sensor tap**

This model has a spout and an electronic sensor but no handle. The tap operates by sensing when hands are placed under the tap. No turning is required. It solves the overflowing problem but will only be appropriate if the person can recognise it as a tap and remember the action required to operate it.

**SUPPLIER/MANUFACTURER**
- Hardware stores and bathroom suppliers

**Ceramic discs**

The discs allow taps to be turned on and off with less force. This could be useful for people who are frail or who have difficulty with the turning movement. The discs require only a quarter turn to operate. It is not always possible to install the ceramic discs on older model taps without replacing the handle.

**SUPPLIER/MANUFACTURER**
- Hardware stores, bathroom/plumbers’ suppliers

**Special plugs to prevent overflow in basin**

This metal plug, with an inbuilt pressure activated mechanism, allows water to release down the waste outlet prior to flooding. The mechanism is pre-set to allow for varying water depths. It is made of rubber and plastic and prevents a basin from overflowing.

**SUPPLIER/MANUFACTURER**
- Magiplug Australia; phone 0418 545 261 and available on order through large hardware stores

**Power point protectors**

Some are basic round discs that plug into power points. Others require a central piece to be depressed.

**SUPPLIER/MANUFACTURER**
- Kidsafe NSW/Kidsafe House; phone (02) 9845 0890; www.kidsafensw.org
- Childcare Supplies; phone (02) 9642 7788; www.childcaresupplies.com.au
- Tee Zed Products; phone (02) 9386 4000; www.tee-zed.com.au

**Appliance cord coiler**

An expandable plastic holder fits over and encases cords to keep cords coiled. It helps keep cords shorter and out of reach.

**SUPPLIER/MANUFACTURER**
- Kidsafe NSW/Kidsafe House; phone (02) 9845 0890; www.kidsafensw.org
- Childcare Supplies; phone (02) 9642 7788; www.childcaresupplies.com.au
Cable bridge
Sylex Cable Bridge keeps cables or electrical cords firmly anchored to the carpet to help people avoid tripping.

SUPPLIER/MANUFACTURER
- Sylex Ergonomics/Total Package Management; phone (02) 4735 3100

Electrical safety switch
The NSW Office of Fair Trading recommends installing two separate safety switches for power and lights.

SUPPLIER/MANUFACTURER
- You can buy the safety switch separately but the usual way is to engage an electrician to provide and install the switches.

Isolator switch
A switch can be installed in a hidden place such as a high cupboard to switch the stove or other appliance on or off. It could be used to prevent a person from operating a stove without supervision or to prevent tampering with an airconditioning unit.

SUPPLIER/MANUFACTURER
- HPM available at hardware and electrical stores

Dovetail dolly switches
These switches have the facility to label or identify the function such as Light, Fan, Air, and Heat. They may be helpful to people with early stage dementia who have difficulty identifying switches but can still read.

SUPPLIER/MANUFACTURER
- HPM available at hardware and electrical stores

Lock dolly to lock switches on or off
This is a facility to lock a particular switch/appliance on, to prevent the person tampering or to lock an appliance such as a heater off if there is a danger when the carer is not around. The lock dollies only fit over dovetail switches and are supplied with double power points.

SUPPLIER/MANUFACTURER
- HPM available at hardware and electrical stores
Key lock switch
This switch allows a carer to lock on or off a light with a key to prevent tampering. It might be useful for an outside light.

SUPPLIER/MANUFACTURER
■ HPM available at hardware and electrical stores

Key lock power point
This power point can be controlled with a key.

SUPPLIER/MANUFACTURER
■ HPM available at hardware and electrical stores

Key tag switch
This is a convenient way of switching off one or more appliances from one site. A key tag switch is a cost-saving method of turning off a number of high power usage appliances simultaneously and remotely (such as airconditioner, heater and lighting) by removing a key with a special tag from a switch. It could be helpful for someone with early stage dementia who has difficulty remembering to turn off appliances when they leave the house. It relies on the person being able to remember to take their house key with them when they leave the house. This switch is commonly used in hotels and motels. It’s easier to install in a house than in a unit.

SUPPLIER/MANUFACTURER
■ HPM available by ordering from big hardware and electrical stores

Plug-in remote switch
This switch allows the carer to operate a switch from a remote site and may prevent tampering by the person.

SUPPLIER/MANUFACTURER
■ HPM available at hardware and electrical stores

Gas leak detector
A detector senses leaks from stoves and other gas appliances. It requires a 12-volt power supply and sounds an alarm when gas is detected. The position for installing the detector is determined by the type of gas – a high position for natural gas, which rises, and low for LPG, which is heavier than air. An extension can also be purchased which may make it possible for the alarm to sound in a remote site such as a neighbour’s house. A phone modem is also available which, if hooked up to the alarm, can phone a number to give a warning. This could be useful where there is a carer at work or living off site.

SUPPLIER/MANUFACTURER
■ Play Safe Gas Safe; phone (02) 6024 0438
Chapter 5. Outside

Aims

- Provide access to an outside area that is pleasant, relaxing, secure and safe
- If possible, provide access to outdoor places that are calming, pleasurable to the senses, trigger memories, provide safe walking and restful shady sitting areas.

Problems and concerns

- Wandering away from home
- Difficulty with stairs
- Difficulty with uneven walking surfaces
- Sun exposure or sunburn
- Tampering with garbage
- Difficulty getting in and out of car.

Checklist

- Access to and from the back yard
- Access to front of house
- Walking surfaces
- Garden area generally
- Plants – toxic, spiky
- Tools toxic substances and other safety hazards
- Seating
- Shade
- Sunburn
- Gate and fence
- Clothes line
- Outside activities
- Compost and rubbish bins
- Finding their way in the neighbourhood
- Neighbourhood supports.
Possible solutions

General

- Install ramps and rails where there are significant changes in the level of the floor or ground. Outside steps should have a non-slip surface and a sturdy handrail. Mark the edges of steps with paint to help the person recognise and negotiate the levels, make the surface non-slip with special paint and attach non-slip rubber treads or strips.

- Promote access by making entrances and exits easy to find. Clear away shrubs, emphasise doorways or door frames with contrasting coloured paint or use cues like pot plants or night-lights to lead the person to the door.

- Do not make any changes if the person is currently able to recognise the way independently as any changes may confuse them.

- Maintain opportunities for the person to potter in the garden with favourite activities – weeding, organising tools in the shed, sweeping paths, hosing, vegetable garden, mowing, feeding the chickens, raking. Have the equipment handy as a cue to invite the person’s involvement.

- Put a comfortable sturdy chair or bench in a shaded part of garden or verandah for rest and to help the person to stay longer and enjoy the outside area.

- If you need to discourage access to a shed or garage, try camouflaging the doorway by painting it the same as the walls, cover the door handle or put a large pot plant or seat in front of the door. One carer also put a sign saying *Stop! Danger! Do not enter.*

- Sunburn can be an issue if person is unable to detect temperature, remember to wear a hat or stay in the shade. Hats could be placed in a few relevant spots such as near the door or on the verandah chair. Sunscreen could be applied regularly by the carer after breakfast and lunch. Shade cloth or anti-UV roofing can provide some protection over a verandah. The person’s favourite verandah chair could be moved to a shaded spot unless that would be disorientating.

- Check that the clothes line is not a hazard because it is positioned too low.

- Disconnect BBQ gas cylinders and store other LP gas cylinders in a safe place. Using ‘swap-and-go’ facility at your local petrol station avoids the need to store more than one cylinder at a time.
Check and clear the mailbox regularly if the person lives alone. If the person enjoys collecting the mail but has difficulty finding the mailbox, paint it a distinctive colour and ensure a safe passageway to the letterbox from the house.

Check newspapers are delivered and discarded regularly if the person enjoys the paper. Some people with early stage dementia rely on the paper to keep track of the day and date.

If the person is becoming less mobile and no longer confident to walk down a ramp, consider using a wheelchair to assist them to get to the yard where they could have a short walk or sit in the shade and enjoy the backyard.

Similarly, the wheelchair can be used to assist the person to the car and to go for outings to the park or shops.

Some people become very restless and agitated if they have to be indoors for long periods of time. This may be particularly the case for people who previously spent a lot of time out of doors. If it is no longer possible to get the person out of doors, encourage them to sit near a window with a view. A window box with flowers could be installed near where they sit and lots of pot plants could be introduced inside.

Fences

Adding a fence where there has not been one previously may cause problems for some people. It may make them feel trapped and frustrated and may even precipitate them trying to get out. Carers have reported that solid fencing such as Colorbond or brush fencing is effective because it removes the visual cue to leave the premises.

Lots of shrubs and bushes planted inside the fence will camouflage the fence and minimise the feeling of being locked in.

Rock gardens located in front of fences may have to be moved if the person uses the rocks to climb up to and over the fence.

It may be necessary to raise the height of the fence to prevent climbing.

Gates may need to be locked with pool latches, a system that requires two hands, or a simple padlock.

One carer needed a fence to prevent his wife from wandering away. The couple could not afford the cost of a solid fence but purchased a length of plastic lattice barrier fencing from their local council. This proved effective since the woman did not attempt to go past this visual barrier.

It was a temporary solution until a permanent fence could be erected.
Paths

- Ideally, walking paths should be wide, flat, even and slip-resistant. Loose or uneven surfaces such as gravel and pebbles are more likely to cause falls.
- Ideally, paths should lead a person to pleasant places in the yard such as a garden or a bench in a shady spot then lead a person back to the house.

Some people with dementia feel very frustrated if they follow a path to a dead end and then may not be able to find their way back. If there is a dead end, put a garden seat and some flowers or pots there to encourage the person to rest and relax.

Similarly, if the path leads the person to an exit gate, the person is likely to feel frustrated if they cannot get out. If possible, divert the walking path back to the house.

- Clear the pathway of overgrown shrubs. Make sure that paths are not slippery in wet weather because of leaves, moss and lichen. After clearing the surface of the path, consider painting with a solution to make the surface more slip-resistant.
- Check for safety from windows opening onto paths.
- Remove hoses and any obstacles from walking paths that may cause a fall.
- If the person wanders outside at night, make sure steps and paths are well lit. Sensor lights can be confusing for some people.

Rubbish, garbage, compost

If the person tends to rummage through garbage or eat spoiled food from the garbage or compost, lock the bin, hide or screen it from view or put garbage in a locked area. Take garbage away from the house if the person continually replaces garbage back in the house or fridge. A neighbour may agree to keep your garbage bin in their yard.

Mailbox

A person with dementia may hide, lose or throw away the mail. If your yard has a fence with a locked gate, place the mailbox outside the gate. If this becomes a serious problem you may need to consider obtaining a post office box.

Garden

- Take any poisonous plants that may be eaten out of the garden.
- Remove plants with spiky foliage if injury is likely. Make a raised garden bed if the person is keen on gardening but finds bending difficult – stacked railway sleepers can be effective as a border.
Timers can be installed on hoses if the person likes to water the garden but forgets to turn off the tap.

If choosing or adding plants, think about providing a range of colours and smells. Some plants are good for attracting bird life. Some flowers may trigger special memories for the person, such as lavender, gardenias, roses, and fragrant herbs such as rosemary, mint and basil.

Pool
Safe pool fencing with a self-closing gate is critical, especially if small children are regular visitors.

Garden shed, garage

Access to the garden shed and garage and related activities can be important for some people. However, dangerous and toxic substances and goods should be locked away. This may include power and other tools depending on the level of the person’s skills and ability to recognise and use objects appropriately.

Tools and items that can still be safely used by the person should be displayed in such a way as to invite participation in activities and to make it easy for the person to find things. A number of activity boxes could be assembled to make it easier for the person such as:

- a gardening box of gloves, tools, seeds, pots and potting mix
- a carpentry box of soft wood off-cuts, manual carpentry tools and supplies
- a painting kit with water-based paint and brushes, rags and some small items to be painted
- a repair kit with some gadgets, spare parts and tools.

One carer painted all the handles of the tools with a bright pink fluorescent paint to make them easier for everyone to find.

If the garage houses vehicles, including bikes, that are not frequently used, consider covering them to reduce a person’s thoughts of leaving.

A person with early stage dementia talked about how he has put his power tools away not only for safety but because he no longer has the physical control to work accurately with the power tools.

He now uses his slower manual tools for his carpentry.
Car

Where a person is no longer medically fit to drive safely but wants to, you can contact the NSW Roads and Traffic Authority (RTA) about your concerns. The RTA can request that a licence holder have a medical examination. The doctor will be required to fill out a report indicating if the person you are concerned about is medically fit to drive. It may be important to lock the car and hide the keys if the person still wants to drive. Consider using a steering wheel lock at home or disable the engine by removing the distributor cap (Australian Department of Health and Ageing, 2006).

Some residential facilities have invested in an old non-working car, which is permanently parked in the garden for people who had been good car mechanics to fiddle with, clean up and sit in. Such an activity car should be rendered safe for the person so that there is no possibility of starting the car or being accidentally locked in.
Example of a well-planned front yard

Features shown

- Wide, flat, even and slip resistant walking path
- Walking path that leads back to the house
- High but unobtrusive fence
- Gate that can be secured to discourage wandering
- Safety rails around balcony or veranda to prevent accidental falls
Example of a well-planned backyard

Features shown

- Raised garden bed on sleepers to reduce bending and to act as a trigger for activity
- Level walking path with points of interest along the way such as the raised garden bed
- Safety rails
- Clear lighting
- No poisonous or dangerous plants
Product guide: Outside

Walking path
Ensure surface is non-slip and as smooth as possible. If concrete, ensure spaces are built in to allow for expanding. If pavers are used, ensure minimum spaces between pavers, and concrete or concrete and metal dust base to discourage sinking and changes in level.

SUPPLIER/MANUFACTURER
- Engage a local handyperson, paver or landscape gardener to install path. If making a concrete path yourself, order wet concrete from a concrete supplier

Getting moss and mould off paths
This product kills moss and lichen on walkways and paths.

SUPPLIER/MANUFACTURER
- ‘Anti Moss’ and Yates ‘Once a Year Path Weeder’ or general cleaners like CLR or a chlorine cleaner powder available from garden suppliers

Non-slip paint solutions for paths, decks and outdoor steps
Some products can be used on concrete, some on steps, stone, some on timber decking.

SUPPLIER/MANUFACTURER
- A number of brands are available including Berger Jet Dry and Tredgrip by RTI Group, phone 1300 550 784, is a non-slip rubberised paint for concrete and timber. Enquire at paint and hardware stores or visit Floorsafe Sydney at www.floorsafesydney.com.au or phone 1300 732 371

Railings and ramps
Large range available, including portable ramps

SUPPLIER/MANUFACTURER
- Contact Independent Living Centre; phone 1300 885 886; Help desk: help@ilcnswnsw.asn.au

Safety lock for gate
The child-proof lift-up latch with additional key lock is often used on pool gates or at entrances to child care centres.

SUPPLIER/MANUFACTURER
- Magna Latch available from fencing contractors and hardware stores
Cover for hills hoist
The cover is thrown over the washing line frame and tied on.

SUPPLIER/MANUFACTURER
- Aussie Shade clothes line cover; phone 1800 335 951
- Lifestyle Clotheslines; phone 0405 296 518

Shade cloth and special roofing to cut sun rays
Special roofing to reduce sun exposure may be useful for someone who sits for long periods of time on a balcony or in the yard.

SUPPLIER/MANUFACTURER
- Shade cloth comes in green, biscuit and black; Laser Light corrugated roofing available from garden suppliers

Fluorescent paint for tool handles
Bright marking could be used to make tools easier to find.

SUPPLIER/MANUFACTURER
- Hardware stores

Sleepers to make a raised garden bed
Raised height gardens reduce bending and may be more likely to act as visual trigger for activity.

SUPPLIER/MANUFACTURER
- Garden suppliers

Timer for hose
A timer may help where someone enjoys watering but forgets to turn off the hose.

SUPPLIER/MANUFACTURER
- Garden suppliers
## Buying or hiring a wheelchair to make outings easier

**SUPPLIER/MANUFACTURER**
- Contact Independent Living Centre; phone 1300 885 886; Help desk: help@ilcnswnsw.asn.au
- ParaQuad Customer Care; phone 1300 886 601; www.paraquad.org.au
- Some surgical supply stores, specialist pharmacies

## Outside lights including sensors lights – see the Utilities section, Lights

### Solid fencing

Solid fencing such as brush and Colorbond fencing may reduce agitation and the feeling of wanting ‘to get out’

**SUPPLIER/MANUFACTURER**
- Fencing contractors

## Swivel car seat cushion

Swivel action allows easier transfers in and out of car.

**SUPPLIER/MANUFACTURER**
- ParaQuad Customer Care; phone 1300 886 601; www.paraquad.org.au
- Accessible Transit Specialists; phone (02) 97738755
- Problem Management Engineering; phone (02) 94822808
Chapter
Chapter 6. Creating a supportive environment

Wandering

Aims
- Find the most likely cause of the wandering
- Ensure the person is pain free and physically comfortable
- Make the environment safe for wandering but change as little as possible
- Encourage plenty of exercise and independent mobility
- Ask for neighbourhood support
- Provide for activity but do not over-stimulate
- Consider risks and decide on appropriate level of security to achieve a balance between independence and safety
- Aim to distract but not restrain, don't lock someone in who lives alone
- Assist the carer to know when the person is wandering and even track them if necessary.

Problems and concerns
Not all wandering is a problem but the following are common concerns or issues for carers:
- Getting out of the house without the carer knowing
- Going out and having problems finding the way home, getting lost while out
- Wandering around the house at night and interrupting the carer’s sleep
- Being at risk of injury from traffic
- Being at risk of physical danger from other people
- Constant pacing in the house causing stress to the carer.

Farms or large properties
Wandering is of particular concern to people living on farms or large properties. Although in one sense there is plenty of space for someone to walk if they are feeling restless, and no roads with busy traffic, there are also a number of significant hazards. The person may wander out of sight of a carer and become lost on a large property or have a fall on the uneven walking surface and remain for some time without being found. There may be no neighbours close by who might notice and informally monitor the wandering and behaviour or general health of the person. Service providers report that farms can be more difficult and costly to make safe and secure environments compared to suburban dwellings. This can be due to the condition of the house, the nature of the fencing, the size of farm sheds and amount of potentially dangerous equipment and products. There will often be large equipment like tractors, tools such as chain saws, and toxic products such as pesticides that are difficult to lock up or isolate.
Adequate monitoring of someone with dementia who lives alone on a property is particularly difficult for service providers, especially when roads become cut off because of bad weather or flooding.

**Checklist**

- Is there a pattern to the wandering, when does wandering usually happen?
- Is it usually precipitated by something?
- Is the person sick or in pain?
- Could the wandering be a result of medication?
- Is the person hungry or thirsty?
- Are they dehydrated?
- Do they want to go to the toilet?
- Is the person constipated?
- Are they bored?
- Could they be anxious because of a complicated task?
- Could they be frustrated because they cannot communicate something clearly?
- Are they stressed from noise?
- Are they restless from being indoors too much?
- Do they need some physical or other activity?
- Are they lonely and needing company?
- Would they enjoy attending a day centre?
- Is the inside of the house safe for wandering?
- Is the yard safe for wandering?
- Can they get out the door, windows or gate?
- If they go outside into the yard, can they find their way back in?
- If they go out of the yard, where do they usually go?
- Can they usually find their way home?
- Are they safe in traffic?
- Have they got any identification on them if they get lost?
- Do you have a current photo of them if they get lost?
- Have you talked with the police?
- Who else could help if they get lost?
- If they go out, are they likely to wear appropriate and adequate clothing, shoes and maybe a hat if it is very hot?
Possible solutions

A service provider on the South Coast told of a successful strategy employed by a carer to stop her husband from wandering.

She put a sign on the front door saying Ladies.

As with other behaviours of people with dementia, it is important to observe and learn as much as possible about the individual and their particular pattern of wandering. It may be helpful to write down or chart their wandering behaviour for several days so as to get a clearer picture. Then it may be possible to experiment with solutions starting with the least restrictive for the person and the least expensive for the carer.

Risk-taking

It is important to assess how aware the person is of road safety. If you are worried about the person with dementia going out, ask yourself first whether you have a reason for feeling anxious. Is there a real risk? If so exactly what is it? Has anything ever happened? Some locations are more dangerous for wandering than others because of busy roads and high crime rates. Weighing up the risks is very difficult for carers.

Locking someone in their home if they live alone requires careful consideration. The person may feel trapped and become frustrated and angry and this may lead to dangerous action. They would also be in real danger if a fire occurs. It is important to find ways to allow people with dementia to wander safely day and night, at least in a secure yard and even beyond, rather than lock them in. Avoid using equipment such as chair trays and bed rails to restrain people with dementia.

On the other hand, sometimes live-in carers lock the exits at night. The person may still get up or wander but this precaution restricts the person’s movements to within the house. The carer then is able to get some sleep without worrying that the person may become lost or injured as a result of wandering outside.
**General**

- Arrange regular health checkups and review of medication in case the cause of the wandering can be established.
- Monitor toileting patterns and establish a regular routine by regular prompting to go to the toilet.
- Toilet the person before bedtime.
- Make the toilet as visible as possible from the bedroom to encourage a person who wakes at night to go to the toilet and resettle.
- Leave the light on in the toilet and the door open.
- Install night lights or sensor lights along a corridor from the bedroom to the toilet or try a commode in the bedroom – see the *Bathroom* section, *Toileting*.
- Monitor drinking and eating and encourage adequate intake – see the *Kitchen* section, *Eating and drinking*.
- Avoid stimulants such as caffeine before bedtime, consider herbal teas like chamomile to relax and encourage sleep – see the *A calm environment* section.
- Organise plenty of physical exercise during the afternoon to reduce night time wandering: try swimming, exercise bike, and walking.
- Organise a schedule of brief accompanied walks with friends and neighbours. May be of great help to both the person with dementia and their primary carer (Brown, 1996).
- Prevent boredom by offering various activities based on the person’s previous interests and current skills – see the *Leisure activities* section.
- Schedule activities for the late afternoon if the person gets restless then. Try a program at a day centre.
- Use soothing and calming strategies such as music, aromatherapy, pets, and massage. Reduce noise and exposure to TV or radio which can be frightening – see the *A calm environment* section.
- Organise a *happy hour* late in the afternoon with snacks and drinks, and invite a visitor. This may prevent late afternoon wandering (Australian Department of Health and Ageing, 2006).

**Inside**

Discourage wandering with the following strategies:

- Dimmed lighting to help the person to remember it is night time and to stay in bed
- A comfortable bedroom temperature and bedding may reduce night time wandering
- A large clock by the bed to orient the person to time.
Make the house completely safe with some of the following strategies so the person can wander safely day or night and the carer can sleep or do other things:

- Install adequate lighting
- Put locks on windows
- Place high vertical railings on verandahs and balconies to prevent falling
- Put barriers at the top of stairs
- Remove barriers and loose mats or rugs which may cause falls
- Consider moving furniture back to allow room for a walking path
- Remove small pieces of furniture that will get bumped into and ornaments that will get knocked over. However, keep the rooms as familiar to the person as possible
- Prevent frustration at the end of dead end corridors by placing a chair, pot plant, and even a favourite picture on the wall to encourage the person to rest
- Consider having an armchair in the kitchen and a bed in the lounge room to encourage the person to rest while being near company and activity
- Use notices and signs to help the person find where they might be wanting to go – if the person can no longer recognise words, try pictures
- Put stickers on glass doors for safety
- Put stickers or hangings on windows and glass doors to distract person from wanting to get out

**In the yard**
Features of a supportive outside area may include:

- Sensor or night lights if the aim is to facilitate safe wandering
- Improved access with ramp and hand rails
- A level walking path with points of interest along the way, no ‘dead ends’
- A pleasant destination – a garden seat in a sheltered spot near a flower bed
- A garden with a variety of plants, colours and smells, and poisonous or sharp plants removed
- Safe outside activities such as a hose, raised garden bed, using bricks or old railway sleepers, or a shed with a safe variety of tools and equipment to attract the person’s attention and participation
- Secure fencing and gates, for example, pool fencing and gates with child-proof locks. Planting along the fence line or solid fencing such as Colorbond or brush fencing may prevent the cue to go outside
- An outside toilet with door left open and signs as visual cues.
**Beyond the home**

- If the person wanders outside the home alone, encourage them to wear suitable clothes, comfortable non-slip shoes and an identification bracelet with first name (not address details because of vulnerability to crime) and information about memory impairment and the contact name and phone number of the carer.

- Some people refuse to wear an official identification bracelet so some carers find it is better to have an ordinary bracelet or a watch engraved at the jewellers. Some will not wear any jewellery so similar identification information should be placed in a usual wallet, handbag and jacket.

- For night time, consider getting them to wear light-coloured or reflective clothing. During the day they will need sunscreen and a hat.

- The Safely Home Program is a joint project between NSW Police and Alzheimer’s Australia NSW designed to provide rapid and accurate identification and the safe return of a person who has wandered. Details can be accessed in the Product guide.

- Create a support network by advising trusted neighbours and shopkeepers about the person’s condition so they will know that the person wanders and may even be willing to prompt them to go home or contact the carer if they think the person is lost.

- Keep enlarged copies of current photographs of the person full length in their usual clothes, and a close-up of their face for use in case they get lost. Sometimes photographs will be required by the police.

- Consider attaching a tracking device to the back of the person’s clothing when they go out walking alone – see the Product guide.

**Locks**

Strategies to assist someone to remain independent include:

- A door key on a chain or cord around the person’s neck or on string pinned inside their handbag

- A sign on the door to encourage the person to take their jacket and key, for example, *It’s cold – remember to take your coat and key*

Strategies to deter someone from going outside include:

- Painting a black strip at the doorway or using black electrical tape to deter someone from going out – be careful it is not a tripping hazard

- Hiding their hat and purse if they act as prompts to the person to go wandering outside
- Using a sign saying *No* or *Stop, don't go outside*
- Hiding door keys
- Disguising doors with a curtain, pot plant, or picture over the door handle or by painting the door the same colour as the wall
- Placing a child-proof knob over door knob to prevent the door from being opened – see the *Building* section
- Putting a piece of board or dowel inside the track of a sliding door or window
- Installing an aluminium security screen door, which may allow someone to see outside but remain safely inside. However, it may encourage them to want to go outside and produce frustration – see the *Building* section, *Doors*.

A range of door locks and arrangements include:
- Two locks on exit doors with two separate keys
- A bolt lock up high or low on the door
- Manual or electronic combination locks including numeric keypads; however, these are expensive and may not be secure enough for an external door
- Swimming pool locks on gates
- A key holder/safe with numeric keypad containing a spare key placed outside the house in a discreet position in case the person locks themselves in and cannot get out – for use by trusted friends, neighbours or service providers.

Wherever possible choose a discreet lock.

*A carer told of how she kept all her necessary keys in a bum bag around her waist to avoid having to run back and forth each time she wanted to open a window or door.*
Alarms, monitors
A range of strategies and products are available as monitors and alarms:

- Squeaky doors
- Bell chimes hung low in the doorway to detect movement
- Battery or electric alarm systems on exit doors to detect movement and alert carers to wandering
- Wrist tag transmitter monitors worn on a watch, wrist tag, pendant or attached to the belt or back of clothing. The transmitter activates an alarm connected to a sensor device.
- Electronic tracking devices – the person wears a transmitter on a bracelet, pendant or belt. The transmitter is connected to a receiver which picks up the coded signal emitted by the transmitting device – see the Product guide
- An intercom or monitor to wake and alert a carer when the person gets out of bed at night.

Note: A number of these products are costly and may only be needed for a short time. Find out as much as possible about the equipment before buying. It may be possible to have a free trial to see if it suits you and works properly in your circumstances. Find out if there is an opportunity to return the product and get a refund if it is not appropriate after a short time. Some equipment may be hired rather than purchased. If it is battery-operated, find out how often the batteries will need to be replaced and the cost. Some equipment relies on the person with dementia wearing a transmitter and this may not be realistic. Some equipment has very loud alarms, which may frighten the person and cause new problems. Some equipment may not work in the distance range you require.
Reflective tape for clothing

Reflective adhesive tape can be put on shoes, hats and rain jackets. It adheres best to non-porous materials. It could be a useful safety product for people who wander at night.

SUPPLIER/MANUFACTURER
- Cycling shops

Identification bracelet

Engrave the bracelet with emergency information such as the person’s name, two contacts, general medical practitioner. For security reasons, don’t include the person’s address on the bracelet.

An ordinary bracelet from a jeweller can be engraved.

A no-cost alternative is a plastic bracelet, which may be obtained free from some local hospitals.

SUPPLIER/MANUFACTURER
- The MedicAlert Foundation has an emergency contact system linked to wearing a bracelet or necklet. On the front of the jewellery is a national 24-hour contact number where relevant contact and medical information is held. The Foundation has about 80,000 members across Australia. Phone 1800 882 222; www.medicalert.org
- A large number of brands of medical bracelets are also available from pharmacies. Some models are designed for particular medical conditions but blank bracelets are also available which need to be engraved with the emergency information

Safely Home

Safely Home is an established registry for people at risk of wandering. It is a joint project between NSW Police and Alzheimer’s Australia designed to provide rapid and accurate identification and the safe return of a person who has wandered. The registered person is provided with an identification bracelet that features a toll-free telephone number and a person identification number linked to the NSW Police Safely Home database.

SUPPLIER/MANUFACTURER
- For more information on Safely Home contact the National Dementia Helpline on 1800 100 500
**Intercoms/monitors**

A listening monitor lets the carer know if the person is asleep or awake. One unit can be placed in the person’s bedroom, plugged into a power point. The other unit may be plugged into any other power point in another room. Some models can be switched to battery power to be carried from room to room or taken outside. Check the receiver range before buying. The monitor may also have a night light attached.

**SUPPLIER/MANUFACTURER**
- Childcare Supplies; phone (02) 9642 7788; www.childcaresupplies.com.au
- Dick Smith stores
- Tandy Electronics

**Door alarms and movement detectors**

Small multi-purpose alarms sound loudly when a door or window is opened (battery-operated).

A battery-operated or mains-powered infra-red light movement detector can be installed at a single site such as the front door or a number of sites such as doors and significant windows can be connected. When movement is detected a buzzer, alarm or siren sounds. There is choice in detector sites, buzzer type and site for buzzer.

A mains-powered security beam system sounds a ‘ding dong’ alarm as in shop doorways.

**SUPPLIER/MANUFACTURER**
- Available from Dick Smith stores and Tandy Electronics
- HPM door monitor (reed switch) and HPM movement detector (infra-red) from hardware and electrical stores

**Sensors**

Radio sensors are placed at doorways. If the door is opened an intermittent alarm sounds to alert the carer. The volume of the alarm can be varied.

**SUPPLIER/MANUFACTURER**
- Sprint Intercom and Security Pty Ltd; phone (02) 9427 2677; www.sprintintercom.com.au
Personal monitoring system

Home free at Home is a wireless electronic monitoring system designed to alleviate concerns of wandering. The system comprises a wrist-watch transmitter, a home monitoring unit, caregiver’s pager and optional visual alerts.

SUPPLIER/MANUFACTURER

- Contact Independent Living Centre; phone 1300 885 886;
  Help desk: help@ilcnsw.asn.au

Movement and wet bed sensor – see the Bedroom section

Surveillance camera

A camera can be mounted in the bedroom or under cover outside – wherever monitoring is needed.

SUPPLIER/MANUFACTURER

- Tandy Electronics

Tracking/vigilance systems

Medi-Trak tracking device system uses a belt or pendant with a transmitter which is connected to a receiver. In many areas the receiver is held at the local police station or in some cases at the nearest Community Options Service. If the person becomes lost, the receiver is tuned into their particular frequency to locate them. The system relies on the person keeping the pendant or belt on.

SUPPLIER/MANUFACTURER

- Contact Titley Electronics; phone (02) 6681 1017;
- Trak Aid also sells and installs the systems. Contact Trak Aid on (02) 9498 6334. They will be able to tell you if there is a scheme in your local area. Or contact your local police station or Community Options Program

Window and door locks – see the Building section
Pets

I have found that cats have become a very important part of my life now, as they keep me calm, and stop me racing around trying to do too much at once. They give my brain 'time out' as I sit quietly stroking them and just sitting, doing nothing. (Boden, 1998)

Aims

- Soothe and reduce agitation in the person with dementia
- Provide company and activity
- Let the carer know when the person is wandering.

Checklist

- If the person with dementia lives alone, is the pet being fed regularly and cared for properly?
- Is there any danger that the person will let the pet escape by forgetting to close the cage or gate?
- Is the person in any danger of mistaking pet food or other pet products for their own food?
- Is the person used to having pets?
- Is there any risk of harm from the pet?

Possible solutions

Day centres and residential care facilities often have bird cages and aviaries, which they report as being popular with people who have dementia.

In previous times many people, especially in country areas, had chickens in their back yard. Some people with dementia may enjoy feeding chickens and collecting the eggs.

Due to the progressive nature of dementia, it is probably not wise to purchase a pet simply for the case of companionship. However, a carer reported that her husband, who had dementia, would often accompany a good friend who had a dog on his daily walk. This outing allowed the man to retain a close friendship, to exercise regularly and provide a window of respite for his wife.

Another carer also reported that when her husband began to lose his way when taking the dog for a walk, the dog would correct him and safely return him home!
Pets as therapy services in NSW are run by Delta Society Australia, Velma’s Pets as Therapy and Guide Dogs Australia. The services run by Delta Society and Velma’s Pets as Therapy arrange for trained volunteers and their pets to visit people. There is a cost involved with both services.

Guide Dogs Australia’s pets as therapy service provides dogs that are given to an applicant based on a successful application process. Unfortunately, the wait for a dog can be quite lengthy, around one to two years.

Product guide: Pets

- Pets as Therapy Training School; phone (02) 9418 4343; www.velmaspetsastherapy.com.au
- Delta Society Australia Ltd; phone (02) 9231 3218; deltasoc@hotkey.net.au
- The Australian Directory of Human Animal Interaction Programs; www.humananimalinteraction.org.au
A calm environment

**Aims**
- Create a soothing, comforting atmosphere
- Maintain a familiar environment with a predictable routine
- Minimise confusion by reducing choices, clutter, noise and glare
- Enable the person to concentrate and to rest
- Provide some meaningful activity.

**Problems and concerns**
- Confusing patterns on carpet and furnishings with insects or objects
- Becoming disoriented by shadows and glare
- Feeling disturbed by television
- Becoming agitated from loud noise or competing noises
- Getting confused by changes to the environment
- Losing the way and not being able to find things
- Becoming agitated from not being able to communicate
- Feeling agitated and loss of self esteem from failing at tasks or activity.

**Checklist**
- Patterns on carpet, curtains and upholstery
- Noise from radio, TV, visitors or outside environment
- Lighting and glare inside and outside
- Patterns of agitation.

**Possible solutions**

**Routine**
Keep the same routine and the same positions for things in the house.

Help people to prepare for changes to their environment or routine or activities and events. Talk about them in advance and make a reminder sign about what will happen today. Also, try using a daily diary and calendar.

**Reason for agitation**
Try to discover the reason for agitation. If for instance a person with dementia has lost the ability to verbally communicate, they may display challenging behaviours to get their point across. For example, a person with dementia may react violently when being undressed by a community worker to communicate their anxiety about issues of modesty.
**Noise**

Limit distractions and control noise. Try to have no more than one source of sound at a time, and no competing noises when having a conversation. If necessary, limit the number of visitors and simultaneous conversations.

- Avoid unnecessarily switching TV channels. Turn the radio off if necessary. Some people however prefer to have the low-level background noise of the TV or radio because it is familiar.

  One carer said that his wife would constantly get out of bed and walk to the TV. So he bought a small TV and put it on quietly in the bedroom and his wife stayed asleep.

- Turn the volume down on the telephone ring or use an answer machine or message bank if necessary.

- Provide soft enjoyable background music, favourite or familiar songs, or soothing music.

- Try nature videos of rainforest, garden or ocean.

- Try singing the person’s favourite songs and also try lullabies for soothing. A number of CDs of lullabies are available. Singing can have a significant calming effect on some people.

  A carer told of buying her husband earphones to use when he wanted to watch the television or listen to music while the grandchildren were visiting as the competing noises were too distracting for the person and the household.

This quote underlines the usefulness of ear plugs:

  Another one of life’s essentials for me: ear plugs! They mute the confusion of sounds and give me a new perspective. No more struggling to keep up with a busy, multi-tracked conflicting and confusing world … So now ear plugs are very helpful if I am to visit a busy shopping centre or anywhere else with lots of background noise. (Boden, 1998)

**Lighting and mirrors**

Eliminate shadows, glare and reflections in the house which may be confusing or frightening – see the Utilities section, Lighting.
Pets
Pets can be a very important source of comfort and relaxation – see the Pets section.

A quiet room
If there is a spare room in the house, make it into a quiet room with a comfortable chair and any items which particularly help the person to relax, for example, music, pot plants, aromatherapy. This could be a retreat for the person when they become agitated.

Sleep
Sleep-inducing strategies include soothing music, a warmed bed, a night light to help the person recognise where they are when they wake up, relaxing herbal teas and reduced sweet foods and caffeine before bedtime – see also the Bedroom section.

Decor and furnishing
The following decorating approaches may be helpful in reducing confusion: plain colours not patterns; contrasts to help the person see where the floor finishes and the wall starts; use of strong but calming colours – avoiding pale colours, which may be hard to see and very bright colours, which may be over stimulating – see the Furnishing section.
Product guide: A calm environment

**Essential oils and burners**

Use essential oils in a vaporiser/burner, as massage oil and in the bath.

**SUPPLIER/MANUFACTURER**

- Lavender, citrus blend, marjoram and bergamot (these particular oils are used regularly in dementia units) available from health food shops and some gift stores

**Herbal teas**

Some teas relax and induce sleep such as chamomile and valerian tea.

**SUPPLIER/MANUFACTURER**

- Chamomile tea, valerian tea and other teas are available from health food shops and some supermarkets

**Nature videos and DVDs**

These visuals feature peaceful music and scenery such as gardens, rainforest, ocean, and whales.

**SUPPLIER/MANUFACTURER**

- ABC stores, department stores and video hire stores

**Peaceful music CDs**

**SUPPLIER/MANUFACTURER**

- ABC stores (large range of tranquil music and lullabies), Australian Geographic shops and some gift stores

**Nostalgia collection**

Alzheimer’s Australia provide a thirty-two laminated cue cards set with photos and text designed to prompt memories and discussion for people with dementia.

**SUPPLIER/MANUFACTURER**

- Alzheimer’s Australia NSW; phone (02) 9888 4278; www.alzheimers.org.au

**Books with activities and games for people with dementia**

**SUPPLIER/MANUFACTURE**

- Alzheimer’s Australia NSW; phone (02) 9888 4278; www.alzheimers.org.au
Activities

Boredom for a person with dementia is the bedsore of a person who is physically disabled (Mary Marshall, 2007)

A person-centred care approach must be considered when providing activities for a person with dementia. What appeals to one person may not always appeal to another. Similarly, what appeals one day may not appeal the next day or even at the same time of day.

Activities should be uncomplicated and unhurried.

The key to caring for a person with dementia at home is to keep them engaged in whatever activities they can still manage. Often, when a person with dementia becomes bored, problems with safety can become an issue.

It is a useful idea to encourage daily activities such as getting dressed and washed, helping in the kitchen with cleaning and washing up, making the bed or sorting washing. By continuing daily tasks for as long as possible, the person with dementia is helped to remain independent longer and feel valued as part of the household.

The process of the activity is more important than the end result. The main aim of activities is to help the person be stimulated and happy.

Daily exercise

Exercise benefits many people with dementia for some time. Walking, swimming and even hiking can be continued successfully by people with dementia.

Pursuits that used to interest the person with dementia are a good source of ideas, such as an activity board with safe tools for a former handyman.

Music

Musical interest and talent often continue after other abilities fade and well into the later stages of dementia. Often the person will retain the ability to play a musical instrument when they are unable to express themselves through language.

Visitors

Leisure activities that are enjoyed by the person with dementia can be shared when friends or family members visit. Unless the person is upset by visitors, social contact with other people should be encouraged for the carer’s wellbeing as much as for the person with dementia. It is a good idea to prepare visitors with tips on communication and suggest the best time of day to call.
Suggestions that carers have used with success

- A video of favourite holiday places, parties or events with music.
- Family members made tape recordings of themselves telling stories of events that have taken place in their lives. This is an enjoyable listening activity for the person with dementia.
- Photo albums are an enjoyable pictorial of past events. Sometimes the smaller ‘brag books’ are easier to handle for an older person.
- Rummaging and hiding things can be reduced if a special place is created for the person with dementia to rummage freely such as a chest of drawers, a bag of selected objects or a basket of favourite things to fiddle with or sort through.
- Family members or visiting friends can read to a person with dementia. They can point out newspaper articles or read out sports results that would interest the person.

A carer reported that her husband was very happy to spend time sorting through jars of nuts, bolts and screws that he kept.

- Favourite musical DVDs or videos. These can be watched in parts if the person tires easily.
- People who have always been house proud will often enjoy household tasks such as dusting, sweeping or polishing furniture.
- A carer told of joining an art class with his wife at the local day centre. They have continued to enjoy this activity at home together.

President Reagan’s biographer reported that he enjoyed scooping leaves out of his swimming pool.

Once he completed the task, Secret Service agents accompanying him would surreptitiously add more and he’d happily keep going. (Rotstein, 2000)

While a person-centred care approach is encouraged, the carer should not disregard their own likes and dislikes. Leisure activities for the person with dementia should, where possible, not be too disruptive to the other members of the household.

One carer provided a good example of this approach by providing her husband with earphones for listening to music and the television as he liked to have the sound up very high.
Alzheimer Scotland (2005) in their booklet, *Activities: a guide for carers of people with dementia*, reminds carers to:

- Try to plan activities for the person with dementia which you enjoy too. Don’t be afraid to say no to activities if you really can’t face doing a particular thing.
- Lastly, don’t forget sensory experiences for the person with dementia can be enjoyable such as stroking an animal or soft toy, massaging hands or feet with moisturizer or brushing their hair.

**Product guide: Activities**

Alzheimer’s Australia NSW Library and Information Service has an extensive range of books and resources to help carers organise activities for people with dementia at home. If you do not live in Sydney postage can be arranged for members.

Phone (02) 9805 0100; www.alzheimers.org.au
Health and safety for carers and community service providers

There is a trend in national aged care policy towards community-based care. Low level aged care in the home for people needing personal care, domestic assistance and similar services can be arranged through Community Aged Care Packages and higher level care for people who need more help than the Community Aged Care Package is now available through the Extended Aged Care Package (EACH) and the EACH Dementia package. Increasingly, people with dementia will be supported at home rather than in nursing homes and hostels.

The home is the workplace of carers and service providers who are caring for people with dementia. In this sense, it is reasonable to look at the home environment in terms of the occupational health and safety of those people.

Sometimes the safety needs of carers will be in conflict with the need of the person with dementia to have their home environment remain unchanged.

Aim

- To promote the health and safety of carers and community service providers.

Problems and concerns

- Fatigue, stress, isolation, ill health and, in the later stages, the possibility of back injury
- Areas of particular stress for carers that commonly lead to placing the person with dementia in residential care include:
  - incontinence
  - wandering
  - challenging behaviours such as aggression and inappropriate sexual behaviour.

You can be overcome with sadness for the person you once knew who is gradually slipping away from their body. You grieve for the person you have known so long who no longer remembers you.
(Australian Department of Health and Ageing, 2006)
Checklist

Sleep

✔ Is it possible to get sufficient sleep to be able to carry out caring tasks safely?

Stress

✔ Does the carer get a regular break (respite) from caring?
✔ Has the carer had access to adequate information about dementia?
✔ Has the carer had the opportunity to discuss their grief with a counsellor or friend?

Medical

✔ Does the carer and the person with dementia have a general medical practitioner who is experienced in the area of dementia?

Fire

✔ Is the carer/service provider at risk of danger resulting from the person with dementia:
  – leaving stoves on
  – not managing heaters or appliances safely
  – smoking?

Personal care

✔ Does the person with dementia have to be lifted or transferred?
✔ How many people are required?
✔ Is equipment needed/available?
✔ Has the carer/service provider received training in safe manual-handling techniques?
✔ Are modifications required to the toilet or shower because the rooms are too confined or awkward, requiring the carer to stoop, twist or reach?
✔ Is the person with dementia incontinent? Are incontinence aids available? Has the carer received advice from a continence adviser? Is there a laundry service available to assist with the heavy washing load?

Behaviour problems

✔ Is the carer/service provider at risk of assault or considerable stress from the person with dementia because of challenging behaviours?
✔ Has the carer received advice from a specialist about the management of challenging behaviours?
Possible solutions

Contact information for many of the following services can be found in the Resources section of this manual.

Information and counselling

- Contact Alzheimer’s Australia NSW for information and counselling
- Apply for a Carer Support Kit, which is available free to carers from the Carer Resource Centre

The kits have a range of practical information on caring at home including: an Emergency Care Plan (see below) in case something happens to the carer, financial help, a directory of services for carers, medications, respite care, home safety and legal advice. A relaxation tape is also included. The kit is available in the following community languages: Arabic, Aboriginal and Torres Strait Islander, Dutch, German, Italian, Maltese, Polish, Serbian, Spanish, Turkish and Vietnamese.

Many carers are anxious about what would happen to the person they care for if they themselves were in a car accident or became ill suddenly. The Emergency Care Kit is available as part of the Carer Support Kit. It assists a carer to formulate an emergency plan so that, if something should happen to them, assistance will be available as soon as possible for the person with dementia. Information is included about the level and details of care the person with dementia requires, their general medical practitioner, health insurance information, medication, community services and financial arrangements. The information is held by a number of contact people. The carer carries a Carer Emergency Card or wears a Medic Alert bracelet or necklace to alert emergency service workers about their contact people.

Expert advice

Advice is available from the Aged Care Assessment Team (ACAT) about incontinence, challenging behaviours and dementia generally.

Your doctor

It is important that you feel comfortable with your doctor because you may have many discussions about dementia and dementia care in the future. Feeling confident in, and comfortable with, your doctor can lead to better care for both you and the person with dementia (Australian Department of Health and Ageing, 2006).
Respite care
Contact the Commonwealth Carer Respite Centre – you will be connected to the centre nearest to your home. The Centre can provide you with information about respite services in your area, refer you to a service, and arrange respite care for a one-off occasion, an emergency or for a short period until a regular respite service becomes available. Note that war veterans are eligible for a certain amount of free residential and home-based respite each year.

There are a number of types of respite care:
- Home-based
- Day centre that cares for people with dementia
- Residential in a hostel or nursing home for an emergency or an annual break
- Dementia support groups – activity groups for people with dementia, can be home or centre-based.

Carer support groups
Contact Alzheimer’s Australia NSW or Carers NSW for information about your nearest support group.

Information/training on how to lift and transfer safely
- Advice is available from the local Aged Care Assessment Team.
- An occupational therapist or a community nurse from the local community health centre or local hospital could also provide a demonstration on how to lift or transfer a person safely.

Dementia education
Alzheimer’s Australia NSW provides a range of dementia education services for family carers and community groups.

Home modifications
Assistance with home modifications is available from the Home Maintenance and Modifications program (HMM). The different HMM localities throughout the state are listed in the phone book. Advice may be required from an occupational therapist about equipment and modifications.

Equipment and products
The Independent Living Centre NSW will provide advice on the location and cost of suitable equipment and products.
Linen/laundry services
Subsidised linen/laundry services and private agencies are available in a number of areas. Information about subsidised help with laundry may be available from the local branch of the Home Care Service of NSW, the Carers Respite Centre or from the local continence adviser located at the local hospital, the Aged Care Assessment Team or the Community Health Centre.

Retreat
It is important to establish your own area to escape to, locked if necessary – it may be a bedroom and sitting room, or a garden shed or granny flat. Keep your own papers and personal things secure from rummaging.

Life book
Sometimes community service providers and even some carers need more background information about the person to help them understand particular behaviours as they arise. A life book with information about the person’s social, work and medical history, their likes and dislikes, and so on, can help carers to understand the person better. It also provides prompts and cues to assist conversation.

A number of relatives and friends may need to be consulted in compiling the book. In fact, compiling this book is a worthwhile gift idea.

Communication book
A communication book by the phone or somewhere handy for the carer and service providers to leave messages for each other can help everyone know what’s happening and who has been to visit.

Companion card
Alzheimer’s Australia NSW has produced a card that some carers have found helpful to take with them when they are shopping or out with the person with dementia. It can be offered discreetly to service providers, shop assistants or receptionists to engage their support. The card, which is available free from Alzheimer’s Australia, says, ‘My companion has an illness that causes memory loss and confusion. Please understand any unusual behaviour’.

Help with parking
If mobility is a significant problem, a Mobility Parking sticker may be available to assist you with easier closer parking when taking the person you care for to appointments. Strict eligibility criteria apply to the scheme. The stickers are not available for people with dementia per se but for people who have significant difficulty with mobility and whose physical condition will deteriorate if they are required to walk more than 100 metres. Application forms are available from the local motor registry and need to be completed by your general medical practitioner.
Product guide: Health and safety

**National Dementia Helpline**
Phone 1800 100 500

**Australian Department of Health and Ageing – Community Care Services**
Further information about community care and associated packages can be obtained on the Aged and Community Care Information Line; phone 1800 500 853.

**Commonwealth Carer Respite Centre**

**Spare key hider or security key holder**
Spare keys are placed in a cylinder with a combination lock and placed outside the house. Trusted neighbours and service providers are given the combination so that they can get into the house easily if necessary.

**SUPPLIER/MANUFACTURER**
- Vitalcall; phone 1300 360 808
- Australia Post; phone 131 318
- Seton Australia; phone 1800 651 173

**Keypad door lock device**
Eliminates the need for keys but requires remembering a code number. This would be helpful for trusted visitors to the home.

**SUPPLIER/MANUFACTURER**
- Contact Independent Living Centre; phone 1300 885 886; Help desk: help@ilcnsw.asn.au
Help buzzer

There are a large number of personal alarm systems on the market such as Vitalcall, Signature Medical Alert, Safety Link and Nationcare. However, they are usually not suitable for people with dementia. If the person is able, even for a short time, to use a simple buzzer system to call to the carer for assistance, it may be possible to use a door chime system. This is a simple version of a nurse call system and relies on the person being able to remember to use the buzzer.

SUPPLIER/MANUFACTURER

- HPMs plug-in door chime 640/2 has a press button that could be mounted in the bedroom or somewhere convenient. The alarm will sound at the site of a portable plug-in receiver. It can be moved to wherever the carer is working.

Mobility parking sticker

Chapter 7. New housing or renovation

Just as the diversity of lifestyles is ever changing, so are the options in housing necessary to sustain quality of life and attachment to home.

We should design and build housing to be adaptable so that it can be used by everybody, irrespective of the user’s age, level of mobility, health and lifestyle (www.greenhouse.gov.au).

Moving to a new house or neighbourhood holds many disadvantages for someone with dementia. A familiar home environment with supportive neighbours and appropriate modifications promotes orientation, a sense of identity and helps the person to retain their independent living skills.

Nevertheless, it may be necessary to move house for a variety of reasons such as inappropriate layout or location, or the physical condition of the house.

People in remote or rural areas often need to move to town to be closer to medical and community services.

Carers should be aware that a move from home for a person with dementia will often precipitate dramatic deterioration in their living skills. They may no longer be able to find their way to the bedroom or bathroom. They may become more confused and even incontinent.

When building, renovating or selecting a new house, there a number of special design features which would be very helpful to someone with dementia and their carer. Some of these features are dementia-specific and others are associated with frailty and difficulties with mobility generally.

Adaptable housing design

In 1995 Australian Standards published the Australian Standard: Adaptable Housing AS 4299-1995 (www.saiglobal.com). This Standard provides guidelines on how to build housing with design features that are flexible enough to respond to the changing needs of people. For example, the recommended width of doorways and corridors and the size and layout of the bathroom and toilet will allow wheelchair access should it be required at a later time; and the walls of the shower are reinforced in a way that will easily and cheaply allow the fixing of grab rails if they become needed.
If adaptable design principles are applied at the outset, there is no need for a home to end up looking like a hospital room (Sydney Morning Herald, 12 April 2007 p. 26).

Among the many advantages of adaptable housing is the low initial cost. If people have a disability, become frail or develop dementia, subsequent modifications to housing that already has an adaptable design can be done at minimal cost and inconvenience. In comparison, the cost of altering most existing houses to achieve wheelchair access or bathroom modification can be very expensive.

Adaptable housing features make homes safer for people of all ages and abilities and many of the features help reduce the risk of accidents.

Some of the adaptable housing principles include:

- Living on one level
- A reduced number of steps, particularly to the front door
- Bathroom walls built of soft wood and tiled over so that grab rails can be installed if necessary
- Light switches and lever door handles installed that are easily reached from both a standing and wheelchair position
- Doorways between 100 centimetres and 120 centimetres. This width allows easy access to all immobile members of the family – wheelchair or pram.

In other countries, adaptable housing is referred to as lifecycle housing, flex housing or accessible housing. It represents a move away from building special accommodation for different community groups. The concept means there is potential for a home to be cheaply and conveniently changed to suit the changing needs of its occupants.

Adaptable housing promotes ‘ageing-in-place’ – staying where you live even after your needs change and you become more frail or less mobile. The Adaptable Housing Standard (AS 4299) covers both the site of the housing as well as the building design. Adaptable housing features are not dementia-specific but rather relate to access, mobility and safety.

Many of the features would significantly support caring for someone with middle to late stage dementia, when mobility deteriorates and the need for personal care increases.
The following are examples of features included in the Standard:

- Continuous, slip-resistant and hard-surfaced paths and walkways with specified gradients
- Pathway lighting positioned at low height to avoid glare
- Landing to allow wheelchair manoeuvrability
- Minimum width of internal corridors
- Accessible bathroom area
- Slip-resistant floor surface in bathroom, toilet, balconies and external paved areas
- Shower recess with no hob and of specified size
- Recessed soap holder
- Provision for adjustable, detachable hand-held shower.
Carers of people with dementia who are considering building a new house or planning major renovations would find AS 4299 useful and may wish to engage an architect who is familiar with this Standard and other related Standards such as AS 1428.1, which relates to design for access and mobility.

Baptist Community Services opened an age-friendly home in Marsfield, Sydney, in 2006. This home is being developed to demonstrate appropriate modifications and assistive technologies that make a house supportive of the needs of a person living with dementia. One resource currently being developed is an online virtual tour of the house including product information. More information can be found at www.bcs.org.au.

Case study: Selection of new housing

In the first edition of this manual (2000), Fay and Peter Kinsley told of how they accommodated Peter’s dementia when they moved house. Today their case study still provides a pertinent illustration of how a couple can successfully make the move to a dementia-supportive new home.

After Peter Kinsley was diagnosed with dementia, he and his wife Fay decided to move house. At the time, they were living on a large rural property that required two people to manage and which was isolated from medical and community services. They decided to make the move as quickly as possible so that Peter could be involved in the selection of the new house and the process of renovating. It would also give him more time to settle into the new environment while he was mobile and independent.

They selected a number of design features – see below – to support Peter’s independence for as long as possible and to make caring easier for Fay in the future when Peter will need more assistance:

- **Central location** – although Peter is still driving, they chose a house that has a bus stop right outside and is within walking distance to shops and services, a social club that Peter attends and a respite day centre and hostel, which they may use in the future. It is also one street away from the beach where Peter enjoys walks and fishing

- **Access** – the house is single-level with no steps, the doorways and toilet will allow wheelchair access and they are adding an extra shower room without a hob
Outside – having lived on a property, Peter is used to a lot of space. The house is on a large double block, the yard is level and they are installing walking paths, secure Colorbond fencing and a gate that can be padlocked. Fay has planted lots of trees and shrubs around the perimeter and in the yard to create a pleasant place for Peter to walk and sit. They call it ‘Peter’s park’. There is a work shed for Peter to continue with his welding and carpentry for as long as possible. Fay is also planning to install a shed for herself to keep her hobbies in and to provide a ‘carer’s retreat’ in future years. There is a covered outside area to sit and eat.

The bedroom has plenty of storage so that unseasonable clothes can be put away

Safety – they have installed an electrical safety switch, hard-wired smoke alarms and a lockable cupboard for medicines and toxic substances. They have also bought an iron with an automatic cut-off switch

The shower room will have non-slip tiles on the floor and grab rails will be installed in both the shower and toilet

There is an enclosed back porch with a big window with a view of the garden, which they hope will be a very comforting and relaxing place for Peter now and in the future if he becomes less mobile

The lounge room has a sturdy chair with an electronic lifter as Peter has difficulty getting out of chairs

Fay has also talked with the neighbours about Peter’s dementia to engage their understanding and support.
Ideas for gifts

Family members and friends often want to buy gifts and contribute to the comfort of the person with dementia but are unsure about what would be appropriate. Carers and service providers have suggested the following gifts:

- Scrap books with beautiful pictures
- Photo album or small ‘brag book’ of photos of family, friends and events to remember
- Music and nature DVDs
- One-day-per-page diary
- Moisturising creams, powder and perfume massage lotions and oils
- Aromatherapy oils and an oil burner
- Regular massage sessions especially the feet and hands
- Warm comfortable clothing that has front openings and no zips or buttons if the person is no longer mobile, dresses that are split down the back
- An offer to make alterations to existing clothes
- Activity or rummaging boxes geared to the person’s particular tastes such as: lace and buttons, shells, stamps, gadgets, photos, jewellery and accessories
- Books with suggestions of games and activities for people with dementia – see the section Creating a supportive environment
- A wall hanging or a patchwork cushion with varied textures to touch
- A bracelet that can be engraved as an identification bracelet
- Old-style memorabilia from the era and culture of the person, which may trigger memories
- Duplicates of keys, handbag or other commonly used personal items that are frequently misplaced
- Favourite or ‘old-fashioned’ plants, which may trigger memories, such as lavender, gardenia or mint
- Things with which to create a restful garden such as a bird bath, bird feeder, garden seat
- Family working bee to install a wandering path or make the garden more restful and enjoyable for someone who is becoming less mobile
- A sturdy, comfortable arm chair is a great gift – see the Furnishings and decor section for ideal features
- A contribution to the cost of a laundry service for someone who is incontinent
- An occasional or regular take-away meal delivered to the home may be a welcome gift for both the person and the carer.

**Information and support**

**For information about dementia and carer support groups**

*Alzheimer’s Australia, NSW*
Phone 9805 0100
www.alzheimers.org.au

*Carers NSW*
Phone 1800 242 636
www.carersnsw.asn.au

*Dementia Advisory Services (DAS)*
Your local DAS worker promotes local awareness of dementia; provides information, education, and support, and links people to assessment and support services. Contact can be made through your general medical practitioner, Aged Care Assessment Team phone numbers are listed on the website: www.dadhc.nsw.gov.au/dadhc/OlderPeople/Olderpeople2.htm

*National Dementia Helpline*
For advice and support group locations:
Phone 1800 100 500

**For information about community services**

*Australian Department of Veterans’ Affairs*
Phone 133 254 (Connects callers to their closest state office)
www.dva.gov.au

*Council on the Ageing (NSW)*
Phone (02) 9286 3860 and 1800 449 102 (regional callers only)
www.cotansw.com.au

*NSW Carer Resource Centre*
Phone 1800 242 636
www.carersnsw.asn.au

*Seniors Information Service*
Phone 13 12 44
www.seniorsinfo.nsw.gov.au

**For information about respite care**

*Commonwealth Carer Respite Centre*
Phone 1800 059 059
www.agedcareaustralia.gov.au and type ‘Respite’ in the search box
For information about home modifications, products and equipment

Aged Care Information Line
Phone 1800 500 853
www.seniors.gov.au

Commonwealth Carelink Centre
Phone 1800 052 222
www.commcarelink.health.gov.au

Community Options Program
(part of the NSW Home and Community Care Program)
The service develops care plans with clients that include strategies and
goals to assist the person to remain living at home for as long as possible.
It can include nursing services, occupational therapists, home modifications
and gardening services. Contact Commonwealth Carelink on 1800 052 222
to locate the Community Options Program closest to you.

Home Modification and Maintenance Services
(part of the NSW Home and Community Care Program)
Phone (02) 9351 9215
www.homemods.info

Independent Living Centre
The Independent Living Centre provides information about assistive
technologies and aids that can assist your day-to-day living. There is an
office in each state.
Phone 1300 885 886
www.ilcnsw.asn.au

Program of Appliances for Disabled People (PADP)
PADP eligible residents of NSW who have a permanent or long-term
disability to live and participate in their community by providing
appropriate equipment, aids and appliances.
or contact the Area Health Service in your area.

Useful Government contacts

Australian Department of Veterans’ Affairs
Phone 133 254
www.dva.gov.au

NSW Department of Ageing, Disability and Home Care
Phone (02) 8270 2000
TTY (02) 8270 2167 (for people who are deaf)
Email info@dadhc.nsw.gov.au
www.dadhc.nsw.gov.au

NSW Department of Housing
Phone 1800 629 212
www.housing.nsw.gov.au
Useful websites

The internet is a very useful tool that is increasingly used by carers of people with dementia. It can provide easy access to information that assists carers in their daily lives at home in a number of different ways.

Apart from the obvious advantages of email and contact with people you may not get to visit as often as you may like, the internet offers a range of solutions to problems that may arise.

It can provide information on products and appliances that can assist the carer of a person with dementia in the home; it can provide directions for the person with dementia to get from one place to another; it can enable shopping tasks to be completed without leaving the home; it can provide transport timetables.

Please be aware that these sites are current at time of printing.

Alzheimer’s Australia
The Alzheimer’s Australia website provides information for people with dementia, both general and specific to Australia. Help sheets can also be downloaded from www.alzheimers.org.au.

Alzheimer’s Australia Online Bookshop
The online bookshop is accessed through the Alzheimer’s Australia website. It provides an easy way to purchase books that cover a wide range of topics relating to dementia and Alzheimer’s disease, as well as over one million general titles. www.alzheimers.org.au Click ‘Publications’ then ‘Bookshop’.

AT Dementia
AT Dementia provides information on assistive technology for people with dementia. www.atdementia.org.uk

Carers NSW
www.carersnsw.asn.au

Dementia Advisory Services

Meals on Wheels
www.nswmealsonwheels.org.au

The Better Health Channel
Although this site is based in Victoria it has some interesting information about dementia. www.betterhealth.vic.gov.au
Dementia Net
Dementia Net is an interactive website providing support and information for people with dementia, carers and families. This website allows users to share their stories, photos, thoughts and concerns connecting them with other people who are in similar situations. www.dementianet.com.au

Dementia Guide
Dementia Guide provides helpful information and tools for dementia management. www.dementiaguide.com

Independent Living Centre NSW
The Independent Living Centre website outlines the services they provide and access to their product database. www.ilcnsw.asn.au

Continence Foundation of Australia
The Continence Foundation of Australia website provides information on incontinence, the services the Foundation provides and useful contacts. www.continence.org.au

Alzheimer’s Society United Kingdom
The Alzheimer’s Society is the UK’s leading care and research organisation for people with dementia, their families and carers. www.alzheimers.org.uk

Alzheimer’s Association America
The Alzheimer’s Association is America’s leading voluntary health organisation in Alzheimer's care, support and research. www.alz.org

Australian Department of Veterans’ Affairs
www.dva.gov.au

NSW Department of Fair Trading

Health Insite
This website provides a list of useful links to resources on living with dementia. www.healthinsite.gov.au/topics/Living_with_Dementia

NSW Department of Health
www.health.gov.au

Your Home Technical Manual
Written by designers and builders with a chapter entitled The Adaptable House. www.yourhome.gov.au
Useful publications

Department of Ageing, Disability and Home Care (2006), *Planning Ahead Kit – Resources for managing financial health and lifestyle decisions into the future*

Australian Department of Health and Ageing (2006), *Dementia – The caring experience: A guide for families and carers of people with dementia*
- An excellent resource that sets out in simple, easy-to-read terms how to care for someone with dementia.

Australian Department of Veterans’ Affairs (2006), *Living with dementia*  

Baptist Community Services (forthcoming November 2008), *Staying at home with dementia – How technology and the environment can help*  
Book, DVD, help sheets and virtual tour of the age-friendly home located at Marsfield in Sydney. Phone (02) 9023 2500; www.bcs.org.au for details

Carers NSW, *Carer support kit: Practical information on caring at home available free to carers.* Phone 1800 242 636; www.carersnsw.asn.au

Continence Foundation of Australia, *Dementia and incontinence.*  
(free brochure) Phone 1800 33 00 66


Grealy, James (2005), *Dementia care – A practical photographic guide,* Blackwell Publishing, Australia

Independent Living Centre (2007), *Helpful Handbook for Memory Loss*  


Warner, Mark (2000), *The complete guide to Alzheimer’s-proofing your home,* Purdue University Press, Indiana
Useful videos and DVDs

The following videos and DVDs can be found at the Alzheimer’s Australia, NSW Library. It’s a worthwhile centre for dementia-specific resources and the helpful staff will be able to assist you with appropriate resources.

Alzheimer’s Australia, NSW; phone 9805 0100; www.alzheimers.org.au

Creasey, Helen (2004), Understanding the brain and behaviour
- Dr Helen Creasey presents a clear and easily understood explanation of the impact of dementia upon a person’s behaviour.

Alzheimer’s Australia Vic (2005), Understanding dementia
- Medical professionals explain the causes and symptoms of dementia and people living with different stages of the condition show how it affects their lives. Strategies to help maintain quality of life are presented.

Sherman, Barbara (2006), Dementia with dignity
- A practical guide for carers of people with Alzheimer’s disease and other forms of dementia.

Alzheimer’s Australia (2006), Effective communication
- People with dementia, their families and carers show common communication difficulties and demonstrate various techniques that can help. By adapting these strategies to individual circumstances, effective communication can be maintained throughout all stages of dementia.
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www.greenhouse.gov.au/yourhome/technical/fs64.htm (Accessed 04/12/07)

Continence Foundation of Australia (1998), Dementia and urinary incontinence fact sheet, Continence Foundation of Australia, Melbourne

Health and Education Board of Scotland (1994), Keeping safe: A guide to safety when someone with dementia lives alone, Health Education Board of Scotland, Edinburgh

Independent Living Centre NSW (2007), Helpful handbook for memory loss, Independent Living Centre, Australia


Kitwood, T (1997), Dementia reconsidered: The person comes first, Buckingham, Open University Press

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Marshall, Mary (2007), Verbal communication, the Alzheimer’s Australia National Dementia Conference, Perth, May

May, Alex (2007), Think through walls, Sydney Morning Herald, April 12, pp. 26–27 (Essential Renovation liftout)

NSW Ageing and Disability Department (2000), At home with dementia. Ageing and Disability Department, Sydney


SAI Global Australian Standard: Adaptable Housing AS4299-1995
www.saiglobal.com (Accessed 04/12/07)
Office for Ageing NSW
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