The Royal College of Chiropractors
Annual Conference

Improving the dementia friendliness of your clinic

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Association for Dementia Studies (est. 2009)

*Developing evidence-based practical ways to help people live well with dementia*

- Multi-professional innovative research centre inclusive of people directly affected by dementia
- Education and practice development.
- PhD studentships
- Practical publications and on-line resources
Dementia

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

What is dementia?

Dementia is caused by diseases of the brain, the most common of which is Alzheimer’s.

- **Alzheimer’s disease**: 62%
- **Vascular dementia**: 17%
- **Mixed dementia**: 10%
  - Rarer causes of dementia: 5%
  - Dementia with Lewy bodies: 4%
  - Frontotemporal dementia: 2%

850,000 people live with dementia in the UK

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

2,092,945

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

1,142,677

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

850,000

2015

2025

2051

The risk of dementia increases with age

1 in 688 people under 65 have dementia.

1 in 14 people over 65 have dementia.

1 in 6 people over 80 have dementia.

Impact of dementia

Changes in the brain which may affect:

- Memory
- Language
- Visual perception
- Comprehension
- Orientation to time and space
- Mobility and fine motor skills
- Recognising objects
- Learning new skills
Frailty and Co-morbidity

- Visual impairment
  - people over 60 years old need 60% more light
  - effects of yellowing
  - colour blindness

- Hearing impairment
  - 70% of people over 70 years old have hearing impairment
  - people with dementia may have tinnitus

- Mobility & falls
- Pain
National strategy for England launched 2009

DoH commissioned The King’s Fund to work with 23 hospital trusts to improve the environment for people living with dementia.

Subsequent work in other care settings Including care homes and housing
Why environmental design matters for people with dementia

The built environment can create significant challenges to people with cognitive disabilities such as dementia
   (Jackson & Kochtitzky, 2001)

For people with dementia, their condition and associated symptoms are known to be influenced by the physical environment
   (Ebersole, Hess & Schmidt-Luggen, 2004; van Hoof & Kort, 2009)

Due to a loss of cognitive ability, a suitably designed physical environment is recognized as important in overcoming behavioural issues, providing comfort, assisting with wayfinding and promoting independence. This is because the experience for the person becomes more sensory than intellectual
People with dementia are likely to:

- Be confused and agitated in unfamiliar environments
- Become distracted when faced with competing information e.g. signs and notices
- Not to be able to see things if they are the same colour as the background e.g. handrails
- Resist walking on shiny floors as they may appear wet and think shadows may represent a change in level
- Want to walk
2009
National strategy for England published

The King’s Fund commissioned by DH to work with 23 hospital trusts to improve the environment for people living with dementia in hospital

Subsequently work taken forward in other care settings including care homes and housing
Hospitals, care homes & housing common issues of:

- Poor signage and lack of way-finding cues
- Poor use of colour and contrast
- Lack of natural light and views of nature
- Unhelpful lighting – glare and pooling
- Clutter and distractions
- Stark, unwelcoming spaces off long featureless corridors
- Lack of seating areas to rest
- Under-use of gardens and outside spaces
- Little engagement in meaningful activity
Dementia Friendly Environments

What has made most difference?

Staff

• Education
  - understanding of dementia
  - impact of the environment
  - what makes good design
  leading to changes in attitudes and behaviours

• Environment
  - clear sight lines and removal of distractions
  - improved lighting, flooring and signage
  - use of colour, aids to wayfinding and orientation (including artworks)
  - familiar spaces, furniture and sanitary ware
  - social spaces and age appropriate activities
OUTCOMES
Easing decision making
Reducing agitation and distress
Encouraging independence and social interaction
Promoting safety
Enabling activities of daily living
Overarching design principles

MEANINGFUL ACTIVITY
Can be encouraged by providing
Books and games
Drinks and snacks
Gardens
Handrails
Interactive artworks
Memorabilia
Places to walk
Resting points

LEGIBILITY
Can be aided by ensuring
Clear sight lines
Discreet security measures
Even lighting
Matt, even coloured, flooring
Noise reduction
Uncluttered spaces

FAMILIARITY
Can be enabled by
Domestic scale seating and dining areas
Personal and self care items
Photographs and memory boxes
Recognisable sanitary ware
Traditional crockery and cutlery

OUTCOMES
Easing decision-making
Reducing agitation and distress
Encouraging independence and social interaction
Promoting safety
Enabling activities of daily living

ORIENTATION
Can be supported by
Artworks that reflect the seasons
Calendars
Large face clocks
Natural light
Outside spaces
Photographs of local scenes
Clear signs and signage
Views of nature
Visible staff

WAYFINDING
Can be helped by using
Accent colours
Artworks
Identification of beds, bedrooms and social spaces
Signage – pictures and text
Is your ward dementia friendly?

EHE Environmental Assessment Tool

The environment encourages eating and drinking

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

Questions
Please score each answer from 1 - 5
(1=barley met, 5=totally met)

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

- Do patients have independent access to snacks and finger food?

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

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

- Is there a space where patients can eat together?

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

Please give examples of good practice/areas of concern
What ADS has been asked to do:

**Purpose**
- To develop a practical dementia friendly environmental assessment tool and dementia friendly design guidance
- The tool to form an integral part of Patient Partnership Quality Mark (PPQM)

NB. This is not a comprehensive dementia guide for the profession

**Principles**
- Able to be used across all settings where chiropractors work
- Not an audit tool but a way in which chiropractors can self assess their clinic environments and make improvements where necessary
Reference Group Workshop

Agreed outcomes

An overarching assessment tool for the clinic as a whole
Seven sections that relate to aspects of the physical environment known to impact on people living with dementia

An Introduction to Dementia Friendly Design
Dementia overview, evidence of the impact of the environment, key elements of dementia friendly design, and list of useful resources
Overarching criteria

The environment promotes

• Meaningful interaction between patients, their families and staff
• Wellbeing
• Encourages active engagement of people with dementia in their care
• Mobility
• Continence and personal hygiene
• Orientation
• Calm, safety and security
6 The environment promotes orientation

**Rationale**
People with dementia are likely to become agitated in unfamiliar surroundings and providing visual clues and prompts, including accent colours and artworks of local landmarks, to help them find their way around is particularly important. Signs need to be placed at a height where they can easily be seen and should be placed on doors not beside them. Strong patterns on wall coverings or furnishings can be misinterpreted. Providing clocks and signs indicating the name and address of the clinic will help with orientation.

**Questions**
Please indicate fully met, room for improvement or N/A for each question

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<th>Fully met</th>
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<td>A. Are signs of a good size and a contrasting colour and hung at a height (approximately 4 foot/1.2m) that makes viewing them easy?</td>
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<td>B. Are any signs denoting consultation room number or name clear and easy to read?</td>
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<td>C. Are signs placed at key decision points to assist navigation through the building?</td>
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<td>D. Have strong patterns been avoided in wall coverings, curtains, furnishings and screens?</td>
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<td>E. Is there a large face clock easily visible in all areas?</td>
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<td>F. Is there clear internal signage denoting the name of the clinic and its location?</td>
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<td>G. Are there points of interest and way finding clues throughout the clinic e.g. different colours or artworks used to denote each floor?</td>
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Please give examples of good practice/areas of concern:
This summary sheet can provide an overview of the areas where improvements may be needed across the clinic environment.

You could use a ✓ or x against each element of the criterion, or a traffic light system with green to show areas that are working well, red for areas requiring immediate work and amber for areas to be tackled at a later date.

You can also use the plan of action to record how you intend to address the areas requiring work, and when those actions have been completed.

**Reminder of elements**
1. The environment promotes meaningful interaction between patients, their families and staff
2. The environment promotes well-being
3. The environment encourages active engagement of people with dementia in their care
4. The environment promotes mobility
5. The environment promotes continence and personal hygiene
6. The environment promotes orientation
7. The environment promotes calm, safety and security

**Your summary**

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**Plan of action**

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Guidance and Assessment Tool
Feedback from first round of testing

Additional information on key elements of design and useful resources to be included. Clarification on some questions needed.

‘Simple to use, good background information and context, thought-provoking, great ideas for improving our clinic environment.’

‘Its very helpful to have a guide to focus on areas that you can improve. I like the summary sheet [can be] reviewed at a glance to see what needs attention and improvement.’
Next Steps

Drafting the guidance/tool
• Testing with a wider group - February
• Review
• Finalise the tool/checklist/guidance – March

Call for volunteers for second round of testing

If you would be interested in assisting with the next Round of testing please contact Jennifer Bray
j.bray@worc.ac.uk
Dementia Friendly Design

s.waller@worc.ac.uk

www.worcester.ac.uk/dementia

For direct access to the assessment tools please go to
https://www.worcester.ac.uk/discover/kings-fund-environmental-assessment-tools.html