

Cognitive Impairment and Dementia

| A Practical Home Guide to Daily Living for Family Members





| Introduction

This booklet has been written to provide practical information and advice to family members supporting a relative diagnosed with a dementia or a cognitive impairment living at home. It aims to help them better cope with the day-to-day choices and dilemmas they often face.

When your relative develops a dementia or a cognitive impairment, often the home and negotiating its surroundings can pose serious challenges for them, from the point of view of orientation and safety. Yet without much effort, your home and its surroundings can be adapted to make it safer for both your relative and for all the family.

Detailed in this booklet are simple suggestions about adaptations that can be made which may make life at home safer and more simple for the person you are supporting.

Remember not all of these suggestions will apply to you, nor are they foolproof, they are merely tips. However, they may help some people overcome the early practical difficulties that living with a person who has a cognitive impairment or dementia may create. Remember, if any of these issues become extremely problematic for you, Health Service Professionals such as Occupational Therapists, Social Workers and Public Health Nurses are employed by the HSE and available to provide more detailed professional advice.

Contents

The booklet covers strategies to compensate for the disability of dementia, such as:

■ Adapting the Inside of your Home and Promoting Safety	1
■ Lighting in the Home	3
■ Keeping Track of Time	4
■ Promoting Safety in the Kitchen	5
■ The Bedroom	7
■ Clothing and Dressing in the Bedroom	9
■ The Bathroom and Toilet	10
■ Getting Lost Outside the Home	12
■ The Garden	13
■ Pathways, Pavings and Fencing in Gardens	15
■ Alcohol	16
■ Smoking	16
■ Use of Medicines	18
■ Driving	20
■ Money Matters	22
■ Summary and Acknowledgements	23
■ Useful Contacts and Stockists	24

Adapting the Inside of your Home and Promoting Safety

- Try to reduce clutter around your home, for example in the hallway, in the living room, or upstairs on the landing and in the bathroom.
- It may be necessary to remove certain potentially dangerous objects if they cause problems, such as matches, lighters, detergents, irons, medicines, alcohol, knives, scissors, gardening equipment and any other items which may pose a hazard.
- Make sure there are no loose or poorly attached electrical wires or cables trailed across the floor.
- Ensure that furniture, particularly chairs, are sturdy and not blocking access to other rooms and areas.
- Remove unnecessary furniture, or replace old pieces with more practical furniture.
- Change or remove rugs or loose laid mats if they are likely to be a trip hazard.
- If you are resurfacing floors, avoid shiny or reflective surfaces which can be disorientating for people with a dementia or cognitive impairment.
- Do not wax the floor.
- Make sure steps and stairs are clearly marked and non-slip.
- If the person you are supporting is prone to falls, consider installing an extra stair rail.
- Avoid sharp differences in the colour of the floors, especially dark colours – people with a cognitive impairment or dementia sometimes view dark patches or particular designs on the floor as obstacles and may try to step over them.

Remember that before making any alterations to your home it is strongly recommended that you seek the professional advice of an Occupational Therapist (OT).

Due to perceptual problems, people with a cognitive impairment or a dementia can sometimes become disorientated at home and may have difficulty distinguishing one room from another. Some simple approaches can be used to address such problems and these may make living at home less stressful for the individual. Signage is one simple type of adaptation which should be considered during the early stages of dementia and cognitive impairment. The signage used can include information signs, directional signs, identification signs and safety signs. Think carefully where to place these signs so that they can easily be seen. Remember also when using signage, information should be concise and familiar language and symbols used.

It may be useful to place clear and visible written signs or pictures at eye level at the entrance to each room, to remind the person what room he/she is in, or what the function of the room is for example, a picture of a toilet outside the toilet/bathroom, or a picture of a set of keys beside the front door. Some general principles regarding signage include:

- Use large arrows to signal direction.
- Ensure all signs are clear, consistent and easy to understand.
- Keep wording brief and avoid abbreviations.
- Ensure signage is properly and adequately lit.
- Use capitals only at the beginning of sentences and align wording to the left.
- Place large photos of family members and friends around the house and write their names in large letters under each photo to reinforce identity.
- Attach a sticker, where possible, to appliances such as the toaster or coffee maker describing what the appliance does.
- Consider removing cupboard doors so that the contents of shelves are fully visible.
- Keep the home environment consistent and predictable and in particular try to ensure that furniture stays in the same place – the fewer changes made the better.

| Lighting in the Home

Good lighting, ideally natural light, is essential for everyone and the quality and quantity of light will affect our wellbeing and mental health. Within our homes, good lighting enables us to move around safely and independently and to participate in a range of activities. People living with dementia or a cognitive impairment often struggle making sense of their environment and adequate lighting is essential to enable them to see as much and as best as possible.



Areas where the person spends a lot of time need to be well lit. For example, in the kitchen or dining room good lighting is critical to ensuring that the person sees and recognises food and beverages at meal times. Likewise, good lighting in the bedroom is important. The following suggestions may be of help:

- Optimise natural day light by ensuring windows are clean, curtains are drawn back and objects potentially blocking light near windows both indoors (large ornaments) and outdoors (such as trees) are removed.
- In terms of artificial lighting, make sure your home is adequately lit.
- Avoid floor or table lamps that are unstable as these can easily fall over and may cause accidents. Instead use standard lamps positioned; for example, behind an armchair to assist with reading or other activities such as knitting and so on.
- Avoid poor quality fluorescent lighting which may flicker and cause agitation and distress.
- Avoid creating strong shadows.
- Reduce the glare or reflections from windows that can cause further confusion or may be misunderstood.

| Keeping Track of Time

Being disorientated in time can cause a person with a cognitive impairment or dementia much anxiety and stress and can also pose significant problems for family members. Some people in the earlier stages of the illness may be prone to asking the same questions over and over again. Common questions asked include “what day is it today?” or “what time is it now?” For this reason, it is important to position large and reliable clocks and calendars in prominent positions around the house. Here are a few suggestions which may help promote orientation in time.



- Place a large analogue clock with big easy to see numbers in the living room/kitchen and in a prominent position upstairs.
- Hang a large and easy to read calendar in these same rooms. Ideally, your calendar should have pictures depicting the respective seasons associated with the months of the year.
- It may be helpful to cross out previous days so today's date is more obvious.
- You can also purchase clock calendars that simultaneously show the date and day.
- A daily or weekly planner filled out in advance can help structure the day. The planner can be used as a reminder of what day it is and what should be done on that particular day. This could be in the form of a whiteboard you can change daily or weekly and may service to support memory.
- A pen and notebook by the telephone can help people keep track of who has called.
- A visitor's book can jog one's memory about who visited and when these visits were made.



| Promoting Safety in the Kitchen

A kitchen is said to be one of the most difficult rooms around the house to make dementia friendly. Regardless of whether a person with a cognitive impairment or dementia can cook independently or not, the kitchen, including its appliances and equipment, may pose safety problems. Not knowing the precise function of an appliance or where to find basic eating and drinking utensils may cause much frustration. Here are a few simple tips that may assist in overcoming some of these problems:

- Potentially hazardous items such as cookers may need safety devices such as heat and smoke sensors which ensure the cooker switches off automatically after a prolonged time.
- Smoke alarms and gas detectors are essential.
- Appliances should be familiar to the individual and look traditional in style. As an example taps should have a cross head design.
- Since a person with a dementia or cognitive impairment may be unable to distinguish hot from cold and may be at risk of scalding themselves, the cold and hot tap should be carefully differentiated, and if necessary labelled with the words 'Hot' or 'Cold' or with the letters 'H' and 'C'.

- In addition, and to avoid the risk of scalding or burning, water temperature in the boiler should be carefully regulated.
- Appliances and other items that the individual uses most frequently need to be positioned in highly visible prominent places such as on worktops.
- Presses or cupboards may need to have glass doors or no doors.



- The fridge needs regular checking to ensure foods (meat, cheese and eggs) and drinks (milk) are fresh and not rotting.
- It may be helpful to use different colours on the kitchen table, for example white plates against a red tablecloth.
- When needed, install timers to control electrical outlets or stove, coffee maker and other appliances.
- Remove all sharp objects, chemicals/detergents, washing up liquid and dishwasher tablets if they cause a problem.
- If needed, install tamperproof locks on stove/oven.
- If fiddling with gadgets becomes a problem, arrange to have stove knobs and oven door handles removed, or alternatively, use gas or electrical isolator switches that are concealed or awkward to access.



| The Bedroom

Bedrooms should remind people of their purpose, namely that they are peaceful intimate places used essentially for sleep, rest, dressing and undressing. Bedrooms need to be designed and fitted to enable people to move around comfortably and safely with easy access to the bed and internal door. Ideally the bedroom should be adjacent to the bathroom for ease of access. Bedrooms can be nicely adapted to foster comfort, relaxation and a sense of calmness.

Many people living with dementia or a cognitive impairment can no longer remember where to find their clothes and personal belongings and need to see them. Accordingly wardrobes can be adapted with an open side or a glass door to enable visual access. Good signage on drawers should also be considered as should the size and style of drawer knobs.

Other areas to consider include:

- Mirrors are used without any difficulty by most people who have a cognitive impairment or dementia, but for some, mirrors may contribute to anxiety and distress simply because the person can no longer recognise themselves or may believe there is someone else in the room. If a mirror is causing distress it should either be removed or camouflaged with a small blind.

- A balance of colour in the bedroom is useful to ensure it remains interesting yet does not prevent sensory deprivation.
- Avoid using garish colours such as reds or purples which may lead to over stimulation.
- A mix of contrasting colours in the decoration of the bedroom creates visual enjoyment as well as reinforcing the identity of the room.
- Ensure lights are bright enough to illuminate the room clearly; however avoid lights that produce a glare or shadows.



- Night-lights may be helpful for a person prone to getting up at night and can be used to illuminate clear pathways to the bathroom making it safer and faster to access.
- Try to ensure the temperature in the bedroom is suitable as people with a cognitive impairment may be unable to communicate if they feel too hot or too cold.
- Keep a large clock and a calendar visible in the bedroom so the person always knows what day or time it is.
- In the bedroom avoid loose mats or inappropriately placed furniture which may be a trip hazard.

Consider using assistive technologies such as automatic night lamps or bed occupancy stressors, if worried about safety issues. A bed occupancy stressor will alert you to when your relative has left their bed and the length of time gone. Remember, if you choose to use an assistive technology like this, it is imperative to explain to your relative why the device is being used and obtain their consent for its use.

If you require further information about Assistive Technologies then you can contact an Occupational Therapist (OT). Most local area health centres will have community based OTs attached to their services. You can also search for privately practicing OTs via the website www.privateot.ie



| Clothing and Dressing in the Bedroom

If dressing becomes problematic, consider using clothing that is easy to put on but does not restrict mobility. However, always keep in mind the dignity of the individual, their need for privacy and modesty and their own clothing preferences. For example, stretchy, elasticated clothing without buttons or fastenings may be helpful but if your relative resists this type of clothing or finds it demeaning, their rights should always be respected.

- If tying shoelaces is difficult, it may be helpful to consider buying slip-on or velcro fastening shoes.
- If your relative is unsteady on her feet, low/no heel shoes may be useful.
- Use indoor shoes, slippers or socks with rubber soles to avoid slipping.

If your relative is still able to dress independently, consider supporting them in their decision making by discussing with them, in advance, their daily clothes preferences, and then leaving clothes out in the correct order for dressing. If you have any specific concerns about dressing please consult an Occupational Therapist.

| The Bathroom and Toilet

The bathroom and toilet are essential rooms at home for all of us, however they can be confusing and frightening places for a person with dementia or a cognitive impairment who may experience difficulties interpreting their function. They may also associate the bathroom and toilet with arguments and rows arising as a result of their perceptions that their independence and privacy has been denied.



Ideally the bathroom should have a logical layout and should be easily accessible. It should be sufficiently spacious to fulfill a number of activities including showering, toileting and if it's a combined toilet and bathroom, hand washing and the washing of small garments. It should also provide storage space for towels, toiletries and throw away materials. Wall cabinets should be available to store shower gels, soaps, shampoos and other such toiletries.

Some general tips include:

- Choose fittings that are traditional and simple to operate.
- Make the bathroom warm and comfortable by turning up the heating during the winter.
- Place a battery operated radio on a shelf in the bathroom with your relative's favourite music available.
- Ensure basins are large enough for soap, facecloths, toothpaste, makeup removers and so on.
- Use plugs, toilets and baths that are familiar and traditional in style.
- Ensure that showers are understood and easy to use and that water pressure is not fast and vigorous as this may frighten your relative. Instead consider using a hand held shower where your relative can see where the water is coming from.

- If your relative is unsteady on their feet, a properly installed chair in the shower, provided the area is sufficiently large, may reduce the risk of falls.
- At a later stage in the course of the illness, a freestanding shower seat with arm rests may be helpful.
- It may be helpful to remove stoppers from the sink and bath to avoid flooding.
- Remove all electrical appliances that could be dangerous if dropped in water.
- Remove all medications from the bathroom cabinet.
- To avoid scalding, mark hot/cold water taps with the words 'Hot' and 'Cold' or with the letters 'H' and 'C'.
- Magiplugs can be used to prevent overflowing of the bath.
- Properly designed grab rails can be installed near the toilet and bath/shower to assist getting on and off the toilet and getting in and out of the bath or the shower. Grab rails are now available in many different colours and it is important to choose colours that contrast with sanitary ware and walls.
- If possible add a shelving unit behind the toilet to display toilet paper, towels and other useful items.
- It may be advisable for security purposes to remove the bathroom lock or have one that is easily opened from the outside on the bathroom door.
- If changes are being made to the bathroom, try and keep the original taps and the toilet flush handle, since they will already be familiar to your relative

| Getting Lost Outside the Home

A person with a more severe cognitive impairment may get lost outside their home even in familiar places. This can be embarrassing, frightening and potentially dangerous for the person and can also be very worrying for family members. A few simple tips may help either prevent people with a cognitive impairment from getting lost or make the process of finding the lost person a lot easier.

Make sure your relative always carries some form of personal identification; for example, a discreet note in their pocket with name, address and phone number, or the name and phone number of a contactable carer, and remind them where these personal details can be found in the event of them getting lost. They may not remember this information, but if they do, this could reduce much stress. If the person wears glasses, a label with name and address inside the glasses case may be useful.

Identity bracelets, similar to those worn by people with diabetes can be useful, provided your relative consents to wearing this bracelet and knows why it is being used.

It may be advisable to notify your local Garda station about the fact that your relative has dementia or a cognitive impairment and may at some stage get lost in the neighbourhood. Increasingly communities are being made dementia friendly and groups including the Gardaí, shopkeepers, bankers, librarians and transport drivers, to mention just a few, are being upskilled about dementia. It is likely that if you inform your local Gardaí about your relative's condition, then in the event of their getting lost, the Gardaí will know what action to take. This may greatly reduce your anxiety and protect your relative from enormous stress.

- Whenever possible make sure your neighbours are aware of the situation so that they can be on the lookout if anything untoward happens.
- To ensure your home is accessible to others, remove the security chain from the inside of the front door.
- Leave a house key with family, a close friend or a neighbour, or identify an external key safe that is both safe and accessible.

If in doubt, please consult your GP.



| The Garden

Gardens have the potential to be a great source of enjoyment for all of us and outdoor space is important for our health and wellbeing. Ideally there should be sufficient space in your garden to promote relaxation, recreation and to ensure that activities such as mowing the lawn, weeding, planting shrubs, growing vegetables and drying clothes can all take place. Even small gardens can be creatively adapted, made safer and particularly peaceful for those with a cognitive impairment or dementia. Indeed gardens can be used as a therapeutic tool, to foster sensory stimulation and relaxation.

By spending time outdoors in a carefully designed garden, we can also be exposed to different fragrances, experience different textures, see diverse colours, listen to nature's sometimes soothing sounds, experience sunshine and where possible, sample the garden's berries or fruit. A few changes to the garden can make it a haven for a person with a cognitive impairment or dementia.

- In good weather, ensure that the door to your back garden remains unlocked, is visible and will draw your relative's attention to the joy of going outdoors.
- Ensure that all thresholds are level and safe to negotiate.
- Avoid ramps and steps in the garden.

- Provide a safe seating area and a pergola canopy or other device for protection from the sun.
- Try to use plants and shrubs that provide colour and texture, are of seasonal interest and provide sensory stimulation.
- Consider using raised flower and vegetable beds. Raised flowerbeds make gardening easier for everyone as they avoid unnecessary bending and stretching.
- Choose popular garden plants which may prompt memories. Avoid planting poisonous flowers and plants.
- Try to use plants that encourage wildlife such as birds and butterflies, these may also trigger memories and provide visual stimulus.
- A moderate level of fragrance is a potent stimulant both for memory and for way marking, however too many strongly scented plants could be overpowering and could cause confusion.
- Light foliated trees can be useful to create light shade, deep shadows can be confusing as dark patches can be perceived as objects instead of shadows.
- All seating areas should be sheltered from sun and wind, and should ideally have a central focus, enabling the person to look out at something interesting, such as a bird table or a small water feature.
- In your garden, try to provide a degree of privacy, but also ensure that no area is completely hidden from view.
- If the garden area is large, low fencing can be used to create small 'rooms' within the garden.
- Ensure that there are sufficient resting and seating areas in the garden, and that there is enough space for large items such as wheelbarrows, prams or wheelchairs to get by.
- Large and stable pots can be used to create seasonal mini gardens with suitable colours and scent.

Pathways, Pavings and Fencing in Gardens

- The garden path should, as far as possible, always return to the house. If designing a path within the garden, avoid abrupt changes and dead ends.
- In very large gardens, design the path to run through different sections of the garden to give a variety of visual experience.
- If designing a new pathway, ensure it runs through the lawn, thereby allowing your relative experience its texture.
- If the path has a steep gradient, make sure to provide handrails.
- Avoid trees with heavy leaves or that produce a heavy berry crop. As the leaves or berries fall they can form a slippery surface which can be hazardous, or they can create a confusing pattern on the paving.
- If using paving, choose materials that are warm and domestic both in colour and scale.
- Use non-slip and non-reflective material without cracks or divisions for paving.
- Fences or walls need only reach a height of approximately 5.2 feet or 1.5 metres. Avoid creating a prison like feel.
- Design the fence to discourage climbing, keep horizontal rails facing the outside and the finished part facing into the garden.
- Try to design the gates to merge with the fence, so that gates are not very visible or obvious.





| Alcohol

If your relative has always enjoyed a drink or two then a moderate amount of alcohol is recommended. However, remember people with a cognitive impairment or dementia may forget they have had a drink or that they have already consumed a number of alcoholic drinks.

It is important to discuss your relative's alcohol intake with the GP who can advise on issues such as the combination of alcohol consumption and medication and other important matters relating to alcohol consumption.

It may also be helpful to reduce the amount of alcohol available at home by removing or hiding bottles or leaving only very small quantities available.

| Smoking

If your relative smokes, try to develop a routine where s/he smokes around the same time each day, for example after meals. This can allow your relative to continue to smoke without feeling supervised. Lighters and matches can then be put away in a locked cabinet until your relative wishes to smoke again.

- If locking lighters away is not possible, disposable lighters are now available which are safer and more difficult to operate. Alternatively consider buying flameless cigarette lighters
- Keep the smoking area clear of flammable materials such as newspapers.
- Install a smoke detector or smoke alarms in the home. Fire extinguishers and blankets are useful for emergencies. Ensure you know how to use them effectively and safely.
- Avoid loose fitting sleeves or cuffs that could catch fire. Smoking aprons are flame resistant and fit over clothes to reduce risk of setting clothing on fire.
- Ensure furniture is fire resistant.
- No smoking signs can act as a deterrent if placed in areas you do not wish the person to smoke for example in the bedroom.
- Due to the increased risk of a fire, you may need to consider supervised smoking.



If you are particularly concerned about fire hazards associated with your relative's continued smoking, you may consider introducing her to using electronic cigarettes (e-cigarettes). These are devices that produce a vapor that contains nicotine. They offer the same feeling as smoking a cigarette but without the smoke.

While nobody is sure about the long-term effects of e-cigarettes, they do reduce the risk of fires. E-cigarettes are a relatively new product and because they are not familiar, your relative may be reluctant to use them at first.

Obviously the best option is to encourage your relative to quit smoking. For advice and information about quitting smoking, contact the Quit helpline at 1800 201 203, text QUIT to 50100 or www.quit.ie. Your GP will also be able to offer you guidance and advice.



| Use of Medicines

Daily medication may sometimes be critical to maintaining health and wellbeing. However, it is not always easy to remember to take medication, particularly at pre-determined times and as a cognitive impairment progresses, taking tablets on a regular basis may become increasingly problematic.

Many people with dementia are prescribed anti-dementia drugs (cholinesterase inhibitors) used in an effort to help slow down cognitive decline. It is important that the dosage of these drugs is built up over time and the drugs are taken exactly as recommended by your doctor. If somebody stops taking the medication for a period of time, and then re-starts at a high dosage, they may experience side effects such as nausea. You should always seek medical advice in these circumstances.

Large quantities of medication lying around the house may be dangerous and you should return any discontinued or out of date medication to your local pharmacy.

Here are a few other simple tips to avoid problems with medication:

- Using a medicine dispenser will help to facilitate taking the correct medication at the right time of the day. If the person has no medicine dispenser ask the GP for one or enquire at your local pharmacy.

- Keep the medicine dispenser in a visible place, for example beside the kettle, as a reminder of when to take the medication.
- An alternative to a medicine dispenser is a blister pack. These are available in most local pharmacies; the pharmacist prepacks the medications into blister packs and you or the person can push out the tablets for each day.
- Enter the times that the medicines are to be taken in a daily planner, to make it easier to remember.
- Be alert to any side effects of medication, if necessary write them down and discuss them with your doctor.
- Some medication; for example, can be prescribed in patch form or as a liquid. If the person has difficulty taking medicine ask the GP can it be provided in another form.
- Except for the daily dosage, always keep medication in a locked and safe place.



If you are concerned, please consult your GP.



| Driving

Following a diagnosis of dementia, a doctor (general practitioner or specialist consultant) is best positioned to advise you about your relative's continuing to or discontinuing driving and what alternate transport options exist. Many people continue to drive successfully after a diagnosis. However if your relative wishes to continue driving, the following steps must be taken:

- 1.** Advise the car insurance company about the diagnosis. The insurance company will then tell you and your relative what is required in order to ensure the car insurance is valid.
- 2.** Notify the National Driving Licence Service. Your relative will have to visit your local centre with their current drivers licence, proof of their PPS number, a completed Driving Licence application form (D401) and a Driving Licence Medical Report (D501) completed by their doctor.
- 3.** The doctor may ask your relative to take an on-road driving assessment. The assessment needs to be carried out by an appropriately qualified driving assessor and the doctor should be able to suggest someone to provide this service.

Regarding safe driving and continuing to drive, the following are some early warning signs for people to consider.

- Becoming lost on familiar streets.
- Difficulty in driving appropriately and remaining within one lane.
- Mistaking or confusing levers on the dashboard, for example mistaking the indicators for the windscreen wipers.
- Anger, irritability or poor judgement when driving.
- Unexpected confusion at junctions, roundabouts or traffic lights.
- Driving too slowly or too quickly.
- Accidents, scrapes, or near misses.
- Incorrect usage of signals.
- Requesting guidance to drive from a passenger.

If you have minor concerns about driving issues

Consider giving up nighttime driving, rush hour traffic, driving in bad weather and driving alone. Try to reduce the need to drive and seek out alternative arrangements.

If you have more major concerns and/or your relative refuses to listen to these concerns about driving ask your GP or other doctor for advice.

If you or the person feel you have been unfairly treated by your insurance company, you can contact the Financial Ombudsman on 01-6620899 or the Insurance Information Service on 01-6761914.

| Money Matters

Using money including cash, cheque books debit and credit cards, and managing one's finances competently, can become challenging for a person with a cognitive impairment or dementia and they may be at risk of exploitation. As the cognitive impairment progresses, the individual may struggle with simple arithmetic and identifying numbers. They may have difficulty recognising the value of notes and coins and problems associated with paying for their groceries and checking their change. Handling bills and accounts may also become very problematic for them. Accordingly the earlier the person gets a diagnosis, the easier it will be to broach the subject and come to arrangements that protect the person's finances while maintaining dignity.

The following should be seen as warning signs of the need to review the person's independent use of money

- Repeatedly forgetting to pay bills.
- Paying bills twice.
- Withdrawing inordinate amounts of cash at ATMs.
- General mishandling of finances.
- Becoming overly generous with money when paying for items in shops.
- Difficulty managing change, for example allowing sales assistants pick out the appropriate money from a wallet or purse.

If you have concerns about the person's continued use of money

- Switch individual accounts to joint accounts to oversee transactions.
- Arrange with the person and their bank or financial institution how they will access and manage their finances.
- Ensure your relative only carries very small amounts of cash.
- Organise direct debits for bill payment.
- Place a maximum ceiling on the amount of cash that can be withdrawn from the account over a predefined period.

Remember that by law, if one account holder can no longer manage the account, the bank is obliged to freeze the account until an Enduring Power of Attorney is activated.

| Summary

The information and advice provided in this booklet has been kept deliberately brief and draws on a wide range of materials gathered from the dementia care literature, formal and informal carers and from other available resources. For those readers who would like to know more about particular topics, we would recommend that you get in touch with the relevant health service professionals qualified to advise you in such areas. We would also recommend you visit our Education and Learning Centre at the Dementia Services Information and Development Centre, where there is a wealth of useful dementia related literature available.

By far the majority of people with a cognitive impairment or dementia will continue to live safely at home and this booklet attempts to describe how their home environment can be easily adapted to compensate for the disability of dementia and to promote dignity and independent living. When considering home modifications, a simple rule of thumb is to avoid changing too much too fast and try to use practical, simple, and discreet solutions which do not demean or stigmatise, but rather may serve to make the environment easier to understand and negotiate. Remember, no two people with dementia or a cognitive impairment are the same, nor will the suggestions in this booklet work for everybody. You, as a family member, can pick and choose ideas from this booklet to suit your own needs and the person's experiences too.

Finally we hope the practical advice contained in this booklet may be of some help to you on a day-to-day basis, during your journey supporting a loved one living at home with a dementia or cognitive impairment.

| Acknowledgements

Sincere thanks to Caroline Forsyth, Catherine Keogh, Margaret Feeney, Matthew Gibb and Dr Ruth Torode for their help and advice on earlier versions of this booklet.

Useful Contacts

- **The Dementia Services Information and Development Centre**
6th Floor, MISA Building, St James's Hospital, Dublin 8.
t: 01 4162035 e: dsidc@stjames.ie w: www.dementia.ie
- **The Alzheimer Society Of Ireland**, Temple Road, Blackrock, Co, Dublin.
National Helpline: 1800 341 341 e: info@alzheimer.ie w: www.alzheimer.ie
- **Health Service Executive (HSE)**
t: 1850 24 1850 e: hselive@hse.ie w: www.hse.ie
- **Dementia Understand Together** t: 1850 24 1850 e: hselive@hse.ie
w: www.hse.ie/eng/services/list/4/olderpeople/dementia
- **Senior Helpline** t: 1850 440 444 w: www.thirdageireland.ie/senior-helpline
- **Association of Occupational Therapists Ireland**
t: 01 8748136 e: info@aoti w: www.aoti.ie
- **The Irish Association of Speech & Language Therapists (IASLT)**
t: 01 8728082 w: www.iaslt.ie

Aids Stockists

- **Tunstall Emergency Response (Magiplug, Bed/chair occupancy sensors and other useful aids)**
t: 1850 247 999 or 053 937 6949 e: sales@tunstallemergencyresponse.ie
w: www.tunstallemergencyresponse.ie

A list of other personal alarm providers can be accessed from Age Action Ireland
t: 01 475 6989 w: www.ageaction.ie

- **Telecare** t: 1800 882247 e: foldtelecare@foldireland.ie
w: www.foldireland.ie/telecare
- **At Dementia** t: +0044 116 257 5017 e: info@trentdsdc.org.uk
w: www.atdementia.org.uk
- **Assist Ireland LoCall** 1890 277 478 e: support@assistireland.ie
w: www.assistireland.ie
- **Unforgettable** w: www.unforgettable.org

| The Dementia Services Information and Development Centre (DSIDC),
| St James's Hospital | Dublin 8



DEMENTIA SERVICES INFORMATION AND DEVELOPMENT CENTRE
promoting excellence in dementia care

t | +353 1 4162035
e | dsidc@stjames.ie
w | www.dementia.ie