

Housing Options For People Living With Dementia

Volume 3





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Housing Options for People Living with Dementia

Volume 3

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Introduction

Volume 3 contains the seventh and final section of this guide. It presents 15 Canadian and 6 international case studies. These case studies include group homes, assisted living, long-term care/residential care, full continuum of care, and dementia day care and respite centres.

10.0 Case Studies

The following section highlights several case studies to help provide real examples of some of the principles and guidelines described within the above research. Case studies represent Canadian and international examples and are organized by housing form.

Case studies are based largely on readily available information. Some case studies have been augmented by informations provided by stakeholders. The information in the case studies has not been verified by CMHC . Where available, data is provided for location, housing form (type and number of units), context/approach, design elements, support elements (model of care, clientele), operational elements (principles, staffing), as well as where to obtain further information.

10.1 Group Home

10.1.1 Bruyère Village (Ottawa, Ontario, Canada)

The Bruyère Village offers three levels of care in the community while also being connected to the existing Saint-Louis Residence Long-Term Care Home. The Village provides affordable housing and supports for people with the aim of keeping people healthy and well for as long as possible.

Phase I of the Bruyère Village offers 78 independent apartments comprised of a mix of one-bedroom, one-bedroom plus den, two-bedroom and two-bedroom plus den units. The Village and apartments are based on age friendly design that meets all requirements for accessibility, have elevators, appropriate lighting, wider than average corridors, flooring, and are designed for seniors who are able to perform their daily activities without assistance or intervention while enjoying full access to the Bruyère Village grounds and amenities. Additional services are available if required, for example, housekeeping, meal plan.

Of the 78 apartments, 45 are independent affordable subsidized apartments (one-bedroom and one-bedroom plus den, in addition to 2, one-bedroom, barrier-free kitchen suites) and available through an application to the Social Housing Registry of Ottawa.

Phase II of the Village offers on-site assisted living. It has a total of 149 apartments of which 113 are geared to seniors who require more support with their everyday activities. Based on eligibility, tenants may also have access to the Assisted Living Services for High Risk Seniors program. Eligibility is based on a medical condition and those who qualify through the Community Care Access Centre will receive a combination of services that are determined and provided by trained staff known as the care coordinators. While not dementia-specific, Phase II will accept people with mild cognitive impairment and early stage dementia. Units are a mix of one-bedroom, two-bedroom, and two-bedroom plus den or corner suites, in addition to five, one- and two-bedroom, barrier-free kitchen suites.



Phase II also includes 36 co-housing cluster apartments (bachelor units) that are designed for seniors requiring additional support services under the Assisted Living Services for High Risk Seniors program. In order to live in a co-housing cluster apartment, the tenant must qualify for this program. Cognitive impairment is one of the qualifying criteria. The co-housing cluster offers common areas, which are integral to community living and designed for daily use by the tenants living in the cluster apartments to supplement private living areas. The cluster apartments

also are staffed 24-7 with personal support workers who are responsible for supporting tenants but also coordinating activities of the cluster tenants based on their interests.

The building is provided with secured entry lobbies and a centralized mailbox area. In Phase I, there is one elevator for each villa. In Phase II, three elevators are provided, one in each “wing” of the apartment complex. For the entire complex, stairs are located throughout, with feature stairs located at the end of the key corridors. All floor areas and rooms within the building are wheelchair-accessible.¹

For further information: <http://www.bruyere.org>

10.1.2 Protective Community Residences (Corner Brook, Newfoundland and Labrador, Canada)

Protective community residences (PCRs) are specially designed and staffed homes that provide specialized care and accommodation for individuals with mild to moderate dementia. They are operated and monitored by Western Regional Health Authority in Newfoundland and Labrador. Individuals with mild to moderate dementia who demonstrate wandering behaviours traditionally have been cared for in long-term care facilities, once their needs exceed their capacity to remain at home with or without community supports. The goal of this new model of dementia care is for these individuals to be accepted into a more appropriate community environment while working within their assessed care needs.

Key features of the protective community residences:

- A psychosocial model of care emphasizing choice and promoting the use of functional abilities through purposeful activities and social interactions
- Standards, legislation and staffing requirements support creating a holistic individual-centred approach to care
- Safe and secure home-like accommodations for 10 individuals
- Private bedrooms
- Shared spaces
- Access to a secure outside area
- A smoke-free environment for individual residents and their visitors

PCRs are equipped with safety features specific to the security needs of persons with dementia in this home-like environment (for example, fire alarms, sprinkler systems, fire/emergency evacuation procedures). The flooring is non-skid, non-glare and scatter mats are not permitted. Secure, non-slip grab bars are on both sides of hallways/corridors and in the individuals' washrooms and bathing areas as appropriate. While exits are clearly marked and remain unobstructed at all times, PCRs have protocols for use of visual tools to reduce the desire to exit and prevent elopement including a secure environment inside and outside of the home through locked doors, alarms on doors and a fenced and gated outdoor area.



PCRs have written policies and procedures to provide for the care of individuals who exhibit aggressive behaviours that are disruptive and can negatively affect the individual's safety and comfort, as well as other individuals and staff. When all internal measures have been exhausted in caring for an individual who exhibits aggressive behaviour, the family/significant other must be consulted to begin planning for an alternate care option if this is the only solution.

Admission to a protective community residence is based on an assessment conducted by staff of the Western Regional Health Authority. A financial assessment is also completed to determine if and how much the individual must pay. A financial subsidy, based on a financial assessment process to determine eligibility, is provided to an individual by the Regional Health Authority.^{2,3}



For further information:

www.westernhealth.nl.ca

http://www.health.gov.nl.ca/health/publications/Provincial_Protective_Community_Residence_Operational_Standards.pdf

10.2 Assisted Living

10.2.1 Beacon Community Services – Brentwood House (Central Saanich, British Columbia, Canada)

Brentwood House provides a housing and care option for persons living with dementia that focuses on the needs of the individual while being affordable (residents pay according to their income). The facility offers a community living option for people with dementia who are able to walk independently but can no longer live safely in their home or assisted living site and who require additional security features and 24-hour care. The facility is designed to provide an environment of safety, security, independence and freedom of movement for persons living with dementia in a small, family-style home with private rooms and ensuite bathrooms.

Brentwood House provides care to 14 adults with mild to moderate dementia using a specialized dementia care model called licensed dementia housing (LDH). This is a partnership between Beacon Community Services and the Vancouver Island Health Authority. Brentwood House provides a social model of care where the individual needs of persons living with dementia are honoured and the housing is practical and affordable. The model emerged from the need to bridge the gap between staying at home or accessing assisted living and residential care. It is aimed at enhancing the supervision of assisted living housing forms to be viable options for adults with dementia who require more care than assisted living but less than complex residential care. The model of care respects the residents for who they are and who they have been in their life. It allows persons living with dementia to choose their social interactions and activities. The project team has developed a set of measuring standards to support the model—a 'dementia house report card.' The report card includes a series of measures for different elements such as 'kitchen and dining room', 'living room', 'bedroom and bathrooms' and 'recreational areas and outdoors.'

Care at Brentwood is provided by Beacon Community Services. All care staff are trained as residential care aides and as activity aides. There is also a live-in housekeeper. A registered nurse is employed for eight hours a week to direct care plan development, and to consult with physicians and staff. The Brentwood House Manager is trained as an occupational therapist. Residents are encouraged to keep their own physician. Brentwood House provides its staff with ongoing education through both formal and informal means.

For further information: <http://www.beaconcs.ca/>

10.2.2 Cherry Trees Care Home (Wirral, Moreton Merseyside, United Kingdom)

Cherry Trees has 10 units specifically designated for individuals who have been diagnosed with dementia. The care and support is provided by Housing & Care 21, a non-profit care provider for older people. Each unit is a self-contained unit with communal facilities. Communal spaces include kitchen (open all day), dining room, living room, laundry room, outside seating area and garden, and 'pampering room' (small hair salon). Cherry Trees is designed to help individuals living with dementia remain independent as long as possible. A key feature to providing care at Cherry Trees is that residents continue to direct their personal care and housing support plans. There are 14 staff at Cherry Trees including one manager, one senior support worker and contracted support workers. There are two employees available at all times. Staff is required to have specialized training in dementia care.

Each resident undergoes an assessment to determine eligibility and must have a diagnosis of dementia. Based on this assessment a review panel determines whether the individual would be accepted. Priority is given to individuals coming out of hospital who are unable to return home. An initial housing and care plan is developed for each resident with a full plan put into place after the first two months. Additional risk assessments are also given by both Social Services and Housing 21.

Some of the physical design characteristics include the following:

- No patterns on walls or floor
- No visible junctions on floor between rooms at doorways
- Different colour schemes for two floors
- All communal rooms have high-contrast, colour-coded, orange doors
- Contrasting handrails
- All toilets have a blue seat
- Bathrooms have contrasting orange tiles around bath and sink
- Glass doors on kitchen cupboards

Additional features include personal pictures on front doors to help residents identify their unit. All residents have pendant alarms and each unit has door sensors. Some units also have bed sensors as needed (that is, if someone is prone to fall out of bed). Another unique aspect of Cherry Trees is that staff are assigned different residents each day.⁴

For further information:

<http://www.fshc.co.uk/care-home/cherry-trees-care-home>

10.2.3 Gradmann-House/Gradmann-Haus (Stuttgart-Kaltental, Germany)

The Gradmann House is owned by the Erich and Lisolotte Gradmann Foundation and is operated by the Protestant Association of Stuttgart, in co-operation with the Alzheimer Society Stuttgart Baden-Württemberg. The House offers assisted living, adult day care and a nursing home with special care units and is designed according to the 'Village Street' concept, with one-storey buildings for long-term care and a three-storey building for day care and assisted living. The buildings are situated along the inner 'street,' which is a glass-roofed promenade overlooking the protected garden and day care facility. The concept facilitates visual stimulation and orientation. The decor, both in the guest/ resident rooms and in the common areas, is designed to be home-like and inviting.

The physical design and furnishing of the day care unit and special care units are ideally suited to the individual and common needs of mobile people with severe dementia. For example, guests and residents with a strong need to explore ('wanderers') need a spacious, barrier-free, secure and visually stimulating environment, such as the inner promenade and the protected outdoor spaces. Those with 'contact-seeking' behaviour need a small-scale, home-like environment that allows close interaction with others, such as in the households of 12 residents. There is a sheltered garden, which is also accessible from the foyer between the "houses" of the group homes.

Gradmann House combines a neighborhood meeting place and supervised apartments for the elderly with 12 private rooms that can offer additional semi-private space (resident may share the room), and except for beds, are furnished by the room's resident. Kitchens serve groups of 12 residents and feature an open design that invites participation in household activities. The residential-sized and furnished living room adjoins to a terrace. It has a small desk that allows staff to stay in visual contact with residents while doing paperwork. The walls are painted in warm colours, and the lounge chairs and sofas are upholstered with a washable but 'normal' looking moisture-barrier fabric.

The centre uses a person-centred philosophy and believes that a social, organizational and structural/physical dementia-friendly environment has decisive importance for the quality of life of people with dementia. It was designed with the intention to compensate for disease-related deficits and provide the greatest degree of independence possible. This approach is said to have a positive impact on residents' moods.⁵

For further information:

[http://translate.google.ca/translate?hl=en&sl=de&u=http://www.demenz-support.de/gradmann-stiftung/bauprojekte/gradmannhaus_stuttgart_kaltental&prev=/search%3Fq%3DGradmann-Haus,%2BKaltental%2B\(Germany\)%26biw%3D1034%26bih%3D755](http://translate.google.ca/translate?hl=en&sl=de&u=http://www.demenz-support.de/gradmann-stiftung/bauprojekte/gradmannhaus_stuttgart_kaltental&prev=/search%3Fq%3DGradmann-Haus,%2BKaltental%2B(Germany)%26biw%3D1034%26bih%3D755)

10.2.4 Hogewey (also known as Dementia Village) (Weesp, Netherlands)

Hogewey, or Dementia Village, was built in 2009 and is comprised of a 1.5-hectare complex with 23 small-scale houses (like a "normal" house anyone might reside in living in the community). It houses 152 residents, with 6-7 residents sharing each house, and provides seven different "lifestyles" based on the lifestyle of the occupants (urban, traditional, Indonesian, domestic, upper class, cultural and Christian). The goal of the facility is to provide a normal life according to the lifestyle of the group of people living together in one house. The lifestyle is not based on going back in time, but is based on the lifestyle each has defined for himself/herself in young adult times. Each person defines his/her lifestyle between 20 and 30 years of age. Where people without cognitive impairment adjust to living and working with others of other lifestyles, people with dementia struggle or cannot do this and largely only recognize their own lifestyle as normal. Residents live a normal life with the support of professionals and volunteers who discretely watch over them to help ensure they can.

Residents are in the later stages of dementia and cannot manage their own households; however, they have input into how the staff can help, so it is managed in a way that residents experience it as their own household. For example, staff undertake activities in the way that residents are used to (for example, preparation of the meals, cleaning).

The village includes streets, squares, gardens and a park where residents can move around freely and safely to meet others and experience the outside world. On the Boulevard there is a hair salon/beauty salon, and the Mozart Hall. In the Passage there is a supermarket, a restaurant, a café and a hooded court (for various events). There is also a theater square where concerts and performances are held and people can enjoy a bubbling fountain with beautiful lights. Although residents can roam freely around the courtyard-like grounds they cannot leave the premises. The two-storey dormitory-style homes form a perimeter wall for the village and there is only one exit door, which is supervised by a staff member.

The aim of the approximately 250 staff is to make life as normal as possible. The shops, theater and restaurant are staffed by those with that particular background (for example, restaurant staff members have waitressing/cooking experience) yet each also receives dementia-specific training based on principles of the Planetree Model®.

In Holland, everyone pays into the state health care system during their working years, with the funds disbursed for expenses as they age. This means that living in Hogeweyk does not cost more than a traditional nursing home.

For further information:

<http://translate.google.ca/translate?hl=en&sl=nl&u=http://www.vivium.nl/hogeweyk&prev=search>
<https://www.youtube.com/watch?v=LwiOBlyWpko>
<http://hogeweyk.dementiavillage.com/en/>

10.2.5 Sherbrooke Community Centre (Saskatoon, Saskatchewan, Canada)

Sherbrooke Community Centre is a special care home affiliated with the Saskatoon Health Region that is home to 270 residents, 100 Community Day Program participants, 500 staff and over 400 volunteers. Sherbrooke is nestled in a residential neighbourhood and backs onto a park shared with three neighbouring schools. Sherbrooke is like a small town, with a chapel, Peppers Café, the Oak Trees and Acorns Childcare Centre, an art studio and the Kaleidoscope Centre for Creativity, the Carter Centre for Learning and a computer room, green house, community garden, “iGen” (intergenerational school), bird aviary, TAWAW auditorium, pool, gift store and outdoor spaces for barbecues, parties and community events.

Sherbrooke follows the Eden Alternative® philosophy. CEO Suellen Beatty and Education Leader Cheryl George are the International Regional Coordinators for Western Canada and have trained over 3,000 care home staff, architects, administrators, boards, organizations and health region and government personnel from across Western Canada. The learning center at Sherbrooke has received many Canadian and international students who want to grow the Eden Alternative philosophy and create an environment more reflective of “home” rather than the “institution.” The Eden Alternative strives to alleviate the three plagues of long-term care, which are loneliness, helplessness and boredom and acknowledges these plagues are responsible for the bulk of suffering for our elders. Elder is a term used to denote someone worthy of our respect and who is here to teach us. Eden in Western Canada also offers a course called “Untie the Spirit” that equips caregivers with a successful approach in caring for elders with dementia. It is based on the Eden Alternative principles. Most staff at Sherbrooke are trained in the philosophy and specialized dementia care approach.

The Sherbrooke Village Model was designed with Sherbrooke’s principles of care of individuality, normalcy and reality in mind. After his visit to Sherbrooke in the year 2000, Dr. William Thomas, founder of the Eden Alternative philosophy, was inspired to create the Green House® model in the United States.



The people (elders) living at Sherbrooke reside in a village (eleven houses with 9-10 residents in each) or in the Marleau/Wyant Residence (eight neighbourhoods of 20 residents each in a four-storey building) connected with the Village and common areas. Paradise Cove, Prairie Lane and Reminiscent Way neighbourhoods in the Marleau-Wyant Residence are designated specifically for residents living with dementia, as are specific houses in the Village, although residents with milder forms of dementia live throughout the community. The Village Model has been in operation at Sherbrooke Community Centre since 1999. One of the very important features of Sherbrooke is that care and service is person-directed as opposed to person-centred. This means that elders direct their own lives and staff support them in their choices. A person-centred approach implies the care team makes decisions for the elders that they believe are in the elder's best interests.

Regarding the environment of the home, this model of care is based on the belief that elders—regardless of cognitive or physical challenges—have a fundamental right to make the decisions that impact their day-to-day lives. For example, in order to give elders flexibility over when and what they eat, there are kitchens and dining rooms within each of the houses. The houses are small purpose-built environments and are “home” for the elders. An important element is that the assigned staff is consistent, promoting close and continuing contact essential for building relationships. Staffing levels are the same from days to evenings with approximately one and a half staff for every 9–10 elders. Staff are multi-skilled and responsible for personal care, meal preparation and housekeeping. The small scale self-contained environments promote elder independence, decision making and overall quality of life. Sherbrooke stresses that staff members work in the elder's home as opposed to the elders living in the staff's workplace; a basic tenant of its philosophy. Each house has its own kitchen, dining room, living room, patio, laundry room, washrooms and bedrooms. Kitchens are stocked with the residents' favourite foods and staff are flexible enough that they can accommodate various

diets, order a pizza if that is what everyone wants to eat on a particular night, or cook someone's favorite meal for a birthday celebration.

Sherbrooke has also created smaller distinct communities in the Marleau/Wyant Residence to encourage relationship building among staff and elders and their families and friends. Although the physical environment is important, older-style homes are still able to provide creative care, good quality of life and opportunities to build community and relationships. State-of-the-art facilities are not a prerequisite for the Eden Alternative philosophy to flourish as it is used in the traditional Marleau/Wyant Residence very successfully and in other more traditional homes throughout the world.





According to the CEO, the Village Model is a thriving environment that would not be possible without major culture change based on the Eden Alternative philosophy and a set of principles, including the mission, vision and values that have guided them over the past 15 years. Annual surveys indicate staff is highly engaged and elders and their families are happy. Because each elder is known intimately by his or her care partners and care is guided by a solid set of principles and training, unmet needs for people with dementia can be identified and met and altered responses reduced. The CEO further explains: “using a person-directed approach [and least restraint policy], where people have opportunities for important relationships, have meaningful things to do in a day, and opportunities for growth has meant that people’s emotional needs are met in a way that results in the use of fewer psychotropic drugs, fewer altercations between people in the community, and overall a sense of increased well-being and joy for those who live and work here.”¹⁶

For further information:

<http://www.sherbrookecommunitycentre.ca/>

<http://www.ctvnews.ca/w5/sherbrooke-community-centre-a-canadian-success-story-1.1474069>

10.2.6 Senior Peoples Resources in North Toronto (SPRINT): Ewart Angus Homes (Toronto, Ontario, Canada)

Ewart Angus Homes Inc., a private not-for-profit organization, owns the Ewart Angus Homes building and has partnered with SPRINT Senior Care to provide dementia-specific care on two floors. Ewart Angus is located in uptown Toronto in an urban neighbourhood accessible by public transportation. The Ewart Angus Homes building was built entirely with private funding. Since 1999 SPRINT Senior Care has offered the Ewart Angus facility as part of the full continuum of care for families no longer able to care for their family member at home.



The Ewart Angus Homes building consists of six floors. SPRINT Senior Care provides service to 20 seniors with dementia living in four apartments on the 4th and 5th floor, located above three floors of spacious market rent apartments occupied by independent seniors.

The Ewart Angus SPRINT Home is a secure, home-like environment for 20 people in the early to mid-stage of dementia whose families are no longer able to care for them at home for a variety of reasons, but who do not need a long-term care home as they do not need nursing care. It has five private bedrooms in each of the four apartments. Each resident brings his/her own bedroom furnishings, which creates a personal, familiar and more comfortable environment. The building is a safe and secure locked unit with the appearance of a regular apartment. Residents can move about freely without risk of harm or undue frustration. Each bedroom has a large wardrobe and a three-piece barrier-free bathroom with safety aids. There is a roof garden and a workroom for hobbies, relaxation and social events.



The environment and programming work together to support memory and functioning. Families are encouraged to participate in all decisions pertaining to the care of their relative. All apartments are designed with safety features, for example, code to open and operate elevators, switches for stoves so burners cannot be turned on accidentally, motion detectors. There are two large connecting apartments on each of the two floors with no dead ends. Each apartment has five private bedrooms, all with ensuite three-piece bath, spacious living room and family-style country kitchen as well as vibrant colours and furnishings.

The social model of care is based on a philosophy that uncovers, builds on and works with remaining strengths. New family members (residents) are an integral part of the team. Daily life centres around a program of meaningful activities to foster self-esteem, self-confidence and life satisfaction. Staff members work with the residents, encouraging them to remain as involved as they are able, building on their remaining skills and strengths to provide many opportunities for success. Ewart Angus SPRINT Home is a non-medical model.

Staff ratio is at least 1 to 5 in the day and 1 to 10 overnight. Physicians and dementia specialists are available for in-home consultations. The hairdresser and foot care nurses visit regularly.

Staff are specially trained personal support workers (PSWs) who respect the dignity and abilities of the residents living with dementia. Staff members provide a flexible routine, following the desires of the resident, that is, bedtimes and bath times are flexible, breakfast eaten when desired.





For further information:

<http://www.sprintseniorcare.org/sites/default/files/documents/Ewart%20Angus%20SPRINT%20Homes%20Information%20Sheet.pdf>

10.2.7 The Willows Abbeyfield (Kingsbury, London, United Kingdom)

Abbeyfield is an international charitable organization with a mission to enhance the quality of life for older people. Abbeyfield manages more than 1,000 houses and care homes worldwide. The Abbeyfield charitable organization and Abbeyfield Society are based on the vision of Richard Carr-Gomm. In 1956, Mr. Carr-Gomm set out to put an end to the loneliness and neglect of London's older citizens.

The Willows Abbeyfield provides 24-hour personalized dementia care along with a wide range of services in facilities tailored to the needs of the 28 older people in residence. The organization's dementia care homes employ dementia specialist staff trained to provide a safe and homey environment. There are two room types available, singles and ensembles. Each resident is provided with his/her own private bedroom and has access to communal lounges, dining areas and gardens. The environment was developed specifically to be home-like and to meet the needs of people living with dementia. Special diets are accommodated and all meals are provided to residents. Live-in caterers cook food in the home. Leisure services are integrated into daily activities and community services, such as a post office, a social centre and transport services are located nearby. Chiropractors and hairdressers are also on site to promote overall well-being. Staff and management

recognize the importance of maintaining relationships with family and friends; to facilitate visits, dining areas are made to be spacious and visitors are given access to guest facilities and parking. Residents are encouraged to pursue hobbies and interests and are offered a variety of activities from in-house entertainment to regular outings.

The Willows Abbeyfield's dementia care homes follow the principles of person-centred care to encourage the well-being of residents living with dementia. This approach aims to see persons with dementia as individuals, rather than focusing on their illness or on abilities they may have lost. Staff members at Abbeyfield are committed to providing the highest standards of housing, care and support for older people while ensuring a balance of privacy, support and security for older people who do not want or are unable to live alone or with relatives.

Abbeyfield owns and manages many of its homes and also maintains relationships with member Abbeyfield societies. Abbeyfield relies on its Executive Committee, Board and patrons who along with the management, Abbeyfield societies and volunteers provide care to thousands of residents across the world. Abbeyfield provides a wide range of strategic reports and financial accounts covering the activities of properties owned and managed by the Society. Research is a fundamental pillar of the work Abbeyfield does. Abbeyfield uses evidence to inform decisions, direct the development of relevant to the operations and sustainability of its business. Abbeyfield also actively promotes and funds research for early career scientists and PhD students through a two-stage, peer-reviewed process. These grants are intended to develop research pertinent to the field of home and community care and are intended to further the development of sustainable quality care for residents of long-term care services and for the wider sector. Abbeyfield has established an innovation and research initiative incorporating work in pursuit of knowledge in three core areas: structure, activity (process) and outcome. The evidence stemming from learning in all three of these provide the basis for current and future quality standards within all of Abbeyfield's homes.

For further information:

<https://www.abbeyfield.com/accommodation-search/eastern/t/the-willows-nw9-9qa/>

10.3 Long-Term Care/Residential Care

10.3.1 The Dorothy Macham Home (Toronto, Ontario, Canada)

The first facility of its kind in Canada, the Dorothy Macham Home opened in the spring of 2001. It is an innovative, state-of-the-art facility at Sunnybrook Health Sciences Centre for veterans with challenging behaviours due to dementia. All residents admitted to the Dorothy Macham Home must be eligible veterans with moderate to severe dementia.

Ms. Dorothy Macham is a member of the Nursing Sisters Association of Canada and served overseas from September 1939 to October 1945. She held nursing posts in England, Italy, Holland, Belgium and France overseeing the care and treatment of armed forces personnel. After the war ended, Ms. Macham became the Administrative Superintendent at Women's College Hospital, retiring in 1975. She received the Order of Canada in 1980.

The patient care team includes registered nurses, registered practical nurses, patient service partners, recreation therapists, a patient administrative associate, a patient care manager, an attending physician, a consulting psychiatrist, a music therapist, creative art therapists and a pharmacist—all providing the highest level of patient-focused care. In addition, physiotherapy, occupational therapy, social work, speech therapy, pastoral care, nutrition and audiology are called in on a consultation basis.

The building looks like a one-storey house, has 10 private rooms and is self-contained with an enclosed, secure, therapeutic garden connected to the existing George Hees Wing of the hospital. It includes the following features:

Each of the bedrooms has been specially designed to best meet the needs of the patients. The beds are set very low to the floor allowing residents easier access. The headboard is positioned with a forward view to the toilet. This small but important feature helps residents locate this area easily during the night.

Every bedroom is equipped with a ceiling lift, a safe and easy way to transport people in and out of bed. All bedrooms are also equipped with a unique sensor flooring system that detects downward pressure, such as a footstep. Once

this movement is detected, the nursing staff will be informed by means of the call bell system. This technology was developed by the Finnish company EMFiTECH. The flooring helps to keep residents safe while notifying staff when a resident is out of bed and may need assistance. Two of the bedrooms are sound attenuated and have been equipped with extra insulation. For some very vocal patients, this may be a necessary feature.

The shower area is enhanced with glass blocks allowing natural light to flow through. The vanity features an enclosed mirror that may or may not be used as some residents are not comfortable seeing their own reflection. The shower also provides a second access way for staff to go in and out of the residents' rooms.

The kitchen has an open view of the dining room and resembles a modern residential kitchen. Meals for the residents are heated here, allowing for the comforting and therapeutic effects of certain food scents.



An interior wandering path allows residents to move in and around common areas. Many individuals with dementia like to keep moving. The path encourages movement and exercise within a safe area as the path does not pass by the residents' rooms. The hallways are very wide and have been designed to be clear of supplies that would normally be seen on a regular patient unit. These supplies are neatly organized behind panelling, giving a spacious and safe area for residents.

The main living areas in the home provide unique lighting to attract and direct residents to areas out and away from the bedroom area.



For further information:

http://seniorcarecanada.com/articles/dorothy_macham_home#sthash.mjdGLn0c.dpuf

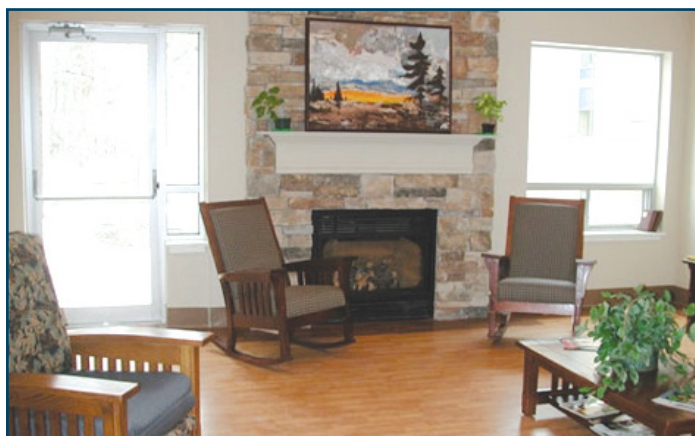
http://sunnybrook.ca/uploads/Dorothy_Macham.pdf

Video link:

<http://sunnybrook.ca/content/?page=veterans-dementia-care-dorothy-macham-home>

10.3.2 Grandview Lodge (Dunnville, Ontario, Canada)

Grandview Lodge is a long-term care home. Creekview, within the Lodge, is the dementia care area, inspired by Montessori methods. Grandview Lodge was awarded the Innovation and Excellence Award at the Ontario Association of Non-profit Homes and Services for Seniors convention in April 2014 and was also nominated for the Service Awards for Geriatric Excellence.



The entire outdoor area is secure, giving residents the freedom to wander outside without the risk of getting lost. The garden features a wandering path specially designed for dementia patients. Research has shown that patients who have access to a garden setting display calmer behaviour.



The Montessori philosophy focuses on social well-being and what residents are able to do. Grandview has a series of “themed” rooms, which staff members help facilitate to support various lifestyles of residents. Families are encouraged to write stories of who their families are, prior to dementia helping staff connect with who the individual is. Each resident also has a memory box outside his/her room to showcase a cherished memento.

Grandview has 24-hour nursing care, which includes dispensing medications, administering treatments and care plans. There is also on-site physician care. Creekview is a secure area of the facility for wandering residents. There is also a Wanderguard departure alert system that provides easy-to-use and effective protection against resident wandering.



For further information:

<http://www.haldimandcounty.on.ca/residents.aspx?id=268>

<http://www.haldimandcounty.on.ca/photogallery.aspx?folderid=1983>

10.3.2.1 Heimstaed Lodge (Hamlet of La Crete, Alberta)

Heimstaed Lodge is an 80-bed seniors' lodge originally built by the community's nursing association to provide housing to 12 people whose families wanted to keep them in the community. The land on which the lodge is built was donated by the church and community members. Most of the funding for the project was donated by the community. The first phase, which has 32 beds, replaced the original premises and was built in 2000. Phase 3 with 18 beds, which is designed to accommodate persons living with dementia was built in 2008.

While each of the 80 beds are in private rooms, some rooms have connecting doors to accommodate couples. Given that the lodge uses a delinked model, where the cost of the accommodation is separate from the cost for services, couples consisting of persons with different levels of care needs are able to be housed in the lodge. Residents are encouraged to bring some personal items from home, such as pictures, quilts, small furniture and keepsakes. The rooms in Phase 3 also have a 'memory box' outside of each door. This houses a hand-painted sign of the resident's name and some personal souvenirs. There is a large dining area where all of the residents can be accommodated as well as a smaller area for those who do not want to join the larger group. Residents are also allowed to move furniture in the common areas to make them feel more at home.



Residents are low- and moderate-income seniors who pay not more than the cost of a long-term care bed in rent. Most of the operational expenses are covered by rents and income from a thrift store while Alberta Health Services provides funding for the cost of the support services.



While there is no formal volunteer program, there are many volunteers who assist with caring for the residents, including preparing meals, visiting with residents, and providing entertainment. Volunteers also assist in providing culturally appropriate meals and care for the Aboriginal residents, who make up about 20 per cent of the total number of residents in the lodge. In terms of staffing, management tries to accommodate staff preferences as there are staff members who prefer to work with residents who are living with dementia.



10.3.3 Lotte (Frederiksberg, Copenhagen, Denmark)

Lotte is fully funded by the Danish Government and operated by the not-for-profit public initiative organization OK Foundation. Lotte's website states that the organization is "not bound by political or religious interest"... but rather, "work[s] to improve the conditions and quality of life for the elderly, disabled and vulnerable groups in the broadest sense." Lotte's primary area of expertise covers nursing home operation. Lotte is a residential facility (nursing home). The brick house closely resembles a family home, and is organized to facilitate active living among residents who cook, eat meals and vacation together. Seventy per cent of the 23 men and women who are residents at Lotte are living with dementia (mild to moderate).

The residents care for the "family cat" and participate in social activities. Another interesting concept revolves around potential safety hazards, smoking behaviours of residents and regulations about locking doors. For instance, across Canada there are different regulations, depending on the classification of the residence, concerning locking doors. However in Denmark, locking dementia-specific floors is considered unlawful and is not permitted. Thus, while facilities may attempt to be considerate of residents' personal preferences (that is, their desire to leave the facility) and needs (that is, being protected from becoming lost), facilities also need to closely monitor how fire safety codes in their region shape operations and management.

Residents are given the freedom to be involved in the world around them and exercise autonomy to live their lives as they wish. Health and social interventions are individually tailored to residents. For instance, when residents becomes less steady on their feet, they are given access to a walking device and encouraged to wear a helmet, but are not prevented from walking alone if they choose. In this way precautions are taken, but people are not limited.

For further information:

<http://www.cbc.ca/radio/thesundayedition/the-breathless-zoo-by-rachel-poliquin-1.2904693/redefining-dementia-in-denmark-1.2904694>

10.3.4 Union Mills, Union Villa (Unionville, York Region, Ontario)

Union Villa can accommodate 160 residents in its five home units. Included is a 32-bed unit (Union Mills) specifically designed for persons with dementia, behavioural problems, cognitive impairment and benign wandering who require a secure environment. Union Villa is one of two homes in Canada accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) for Person-Centred Long-Term Care Community: Dementia Care Specialty Program (Older Adults). Union Mills includes a multi-sensory therapy room and has created three 'destination rooms' (story, office, nursery).



Under the person-centred approach, Union Villa has a unique approach to management and staffing at their homes. Care plans are individualized and cues are taken from the residents. Staff members are also provided with flexibility. For example, once care needs and recordings are complete, personal support workers spend time with their residents and families in the unit in a social context. This aspect of Union Villa helps improve the quality of life of the resident, build better relationships and increase the quality of the work experience for staff. In addition management

conducts one-on-one training with staff and encourages staff to bring forward innovative ideas or suggestions to improve the quality of care of residents.⁷ Education is also provided for family members who want to take their loved one home for a short stay.

Union Villa provides several virtual tours of its spaces on its website. The virtual tour of the sensory garden is found at <http://www.uhs.on.ca/union-villa/virtual-tours/sensory-gardens-virtual-tour/>



For further information:
http://www.alzheimer.ca/~media/Files/national/Culture-change/ASC_Union_Villa.pdf

10.4 Full Continuum of Care

10.4.1 Delta View Adult Day Program, Assisted Living and Life Enrichment Centres (Delta [south of Vancouver], British Columbia)

Delta View is a private, for-profit group of several homes owned and operated by Devji Family Holdings. Soon after immigrating to Canada from East Africa, husband and wife team Jane and Amin Devji acquired a small hospital, later founding the 65-bed Ladner Hospital with private capital in 1976. They then built the Delta View Habilitation Centre in 1991, which was purpose-built for dementia. Delta View is accessible by public transportation. In 2003, the organization redeveloped the Ladner Private hospital creating the 212-bed life enrichment centre, fully operational in 2006. The founders' original acquisition of the property was inspired by their vision that they could offer a new standard of care. Delta View has expanded to provide an adult day program and residential long-term care. Their key stakeholders include Fraser Regional Health Authority, Vancouver Coastal Health Authority and Work Safe BC.

There are a total of 292 beds available across the two facilities. Of these, 180 are publicly subsidized residential care beds, 40 are classified as special-care-unit beds, 7 are for peritoneal dialysis, 7 are for respite, and there will be a 9-bed hemodialysis centre. Each room offers basic furniture, including a bed, bedside cabinet, wardrobe or armoire, cushioned wing chair and study desk. Bay windows offer both natural light and a comfortable seating space with bench seat storage. Residents are encouraged to bring

their own personal belongings. Delta View's two buildings are divided into 10 different homes that cater to different cognitive, mobility and social needs. The suites contain a separate bedroom, living area and kitchen. Delta View gardens and surrounding farmland are visible from the residents' north-facing windows. Residents are supported to move internally within the 10 life enrichment homes to one that is the "best fit" as their needs change.





Delta View provides a panorama viewer to illustrate various room layouts and designs, to view please go to

<http://deltaview.ca/delta-view-photo-gallery-external-amenities/>
<http://deltaview.ca/delta-view-photo-gallery-indoor-amenities/>

The Cross Roads Adult Day Program operates Monday through Friday. Physical exercise and a range of mentally stimulating activities are a core component of the day program. Home care workers (PSWs) provide full assistance with bathing to participants requiring this additional service. Licensed practical nurses provide nursing treatments, administer medications, monitor client's health needs and provide ongoing support to the clients and their families.

Residential care (habilitation centres) suites provide residents with a balance between maintaining their independence and receiving supports. Supports provided include meals delivered directly to a resident's suite, weekly housekeeping and laundry, social and recreational opportunities, medication administration or assistance and a 24-hour emergency response system.

Typically residential care services are for adults who can no longer live safely or independently at home because of their complex health care needs. Music, recreation and rehabilitation therapy are provided on site, seven days a week (included in the basic accommodation package). A residence bus is used for regular outings such as lunch and shopping trips. Wander guard alert system, security system, digital video recording system, proximity and magnetic door access control and routine security patrols are all part of the efforts Delta View makes to ensure a safe and secure home environment.

Delta View strives to maintain a person-centred approach to care and follow the GENTLECARE® philosophy. A person-centred approach aims to see persons with dementia as individuals, rather than focusing on their illness or on abilities they may have lost. Instead of treating the person as a collection of symptoms and behaviours to be controlled, person-centred care considers the whole person, taking into account each individual's unique qualities, abilities, interests, preferences and needs. Person-centred care also means treating residents with dementia with dignity and respect.



Residents are cared for by an interdisciplinary team including a physician, director of care, care coordinators, registered nurses or licensed practical nurses, care aides, a dietitian, recreation therapists, physiotherapists, rehabilitation assistants, pharmacists, a spiritual care coordinator, a social worker, the management team, the administration team, dietary aides, maintenance, housekeepers and volunteers.

Residents also have access to optional and supplementary services, including dentistry, optometry, foot care, cosmetology (hair salon), and reflexology, physiotherapy and assistance with bathing and grooming.

For more information: <http://deltaview.ca>

10.4.2 Donald Berman Maimonides Geriatric Centre (Montréal, Quebec, Canada)

The Donald Berman Maimonides Geriatric Centre provides 387 beds in a long-term care facility. The Maimonides Centre provides housing options for Montréal's Jewish seniors who are no longer able to live alone at home. The Centre offers many different housing options that offer varied levels of care and support. While the Centre is not dementia-specific, it is Planetree® affiliated and includes a person-centred approach to care.

Eight of the 387 beds in the Maimonides Centre are part of "Program 68," a program administered by the *Agence de Montréal*. The program aims to create a more efficient discharge system for elderly persons moving out of acute care. Patients requiring long-term care would be placed in an "orientation and evaluation" (Program 68) bed, where their status would be monitored before being discharged. At Maimonides, a patient may remain in a Program 68 bed for only three months. While the patient remains in the orientation and evaluation stage, Local Community Services Centre staff members work in collaboration with staff at Maimonides to make decisions regarding future care. Once the evaluation process is complete, the resident would be transferred to the most appropriate housing option.

The Centre is also home to the Helen and Sam Steinberg Day Hospital, which offers a short-term outpatient program for assessment, diagnostics, treatment, and functional and physical rehabilitation. The Day Hospital can accommodate

patients with multiple complex problems such as a stroke or Parkinson's. The program aims to prevent or delay placement in a long-term care facility.

Other programs offered at the Maimonides Centre include four respite beds for caregivers and accredited homes, which are supervised home-like living environments for seniors who require assistance with their daily activities. The Centre also operates a meals on wheels program.

For further information:

<http://www.donaldbermanmaimonides.net/>

10.4.3 Northwood at the Harbour, In Care Living (Halifax, Nova Scotia, Canada)

Northwood at the Harbour is part of a larger organization called Northwoodcare group of companies, which offers a wide range of services to support seniors and others both in the community and through Northwood's homes. Northwood is a not-for-profit, community-based organization with over 50 years of experience. Northwood at the Harbour offers a variety of accommodations in three connected buildings: Northwood Towers, Northwood Manor and Northwood Centre.



Northwood Manor is a retirement-style apartment building offering bachelor and one-bedroom units. The Northwood Manor is home to seniors who live independently and to those requiring residential care (RCF) supervised care, Level I (limited help with personal care).



Northwood Towers opened in 1967, as a 73-unit, affordable housing project designed specifically for seniors. It offered a mix of studio and one-bedroom apartments. Northwood Towers is also a retirement-style apartment building offering bachelor and one-bedroom units. The Northwood Towers is an apartment building for seniors who want to live independently in their own home.

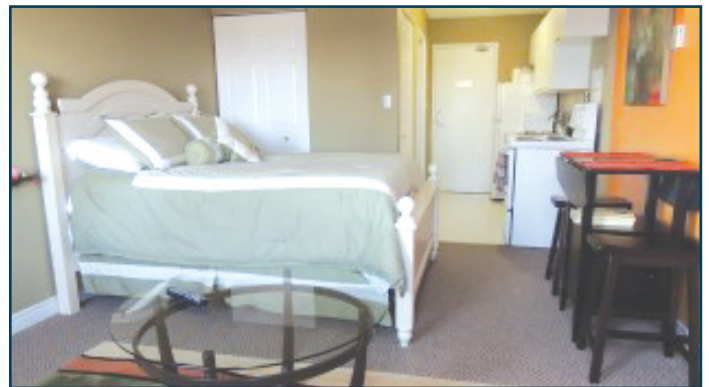
Northwood Centre is a nine-storey building with each floor home to 33 residents and a total of five neighbourhoods. The Northwood Centre offers 24-hour Level II care (help with personal care and professional nursing care) and is home to residents living with dementia, acquired brain injury and other complex medical conditions.

The three buildings are linked through a shared commons with amenities, such as a drugstore, beauty salon, fitness centre, on-site bank, medical centre, restaurant, community centre, greenhouse and an outdoor courtyard garden.



The three buildings provide a range of care alternatives serving residents with low, moderate and high needs. Residents with advanced dementia are supported to live in Northwood Centre's Special Care neighbourhood.

In early 2009, Northwood at the Harbour created a vision document outlining person-centred care, which was subsequently presented to and adopted as its vision by the corporate leadership team of Northwoodcare Inc. Northwood relies on its vision of providing person-centred



care for each of the residents. More detailed information may be found under the link provided by the Alzheimer Society of Canada under “Outcomes from Research”:

http://www.alzheimer.ca/~media/Files/national/Culture-change/ASC_Northwood_at_the_Harbour.pdf

Northwood employs over 1,700 staff and over 500 volunteers. There are two campuses that provide home support services to the community. Most staff members provide direct care and include nurses, continuing care assistants, home support workers and support personnel (environmental, dietary, office, maintenance). In 2013, Northwood was named by the *Atlantic Business Magazine* as one of Atlantic Canada’s top 100 Employers recognizing Northwood as an exceptional place to work.

For more information:

<http://nwood.ns.ca/>

10.4.4 Perley Rideau Seniors Village (Ottawa, Ontario, Canada)

A trailblazer in frontline care for seniors with early to mid-stage dementia, the Perley and Rideau Veterans’ Health Centre has expanded its programs and services by creating the Seniors Village to meet the complex needs of Ottawa’s aging population. As one of the province’s largest long-term care centres, Perley Rideau provides private rooms for 250 veterans of World War II and the Korean War as well as 200 long-term care rooms for seniors from the general community. With deep roots in the Ottawa community, the health centre’s commitment to be a leader in dementia care is bolstered by the on-site offices of the Alzheimer Society of Ottawa and Renfrew County and reinforced by a partnership with the Champlain Dementia Network and connections to The Royal Ottawa Mental Health Centre.

The Perley Rideau Seniors Village includes 139 specially designed apartments that allow tenants to choose their level of independence and support while providing easy access to many services and programs within the Village.



From flexible meal plans to parking and privately funded assisted living services, such as personal care and housekeeping, tenants of the two low-rise apartment buildings can customize their level of care to match their lifestyle and budget.

The two new apartment buildings have been constructed to meet the changing needs of seniors, including those who have experienced a physical or mental setback. From extra-wide hallways that accommodate passing wheelchairs to non-slip flooring and adapted kitchen working areas, the apartments provide security, accessibility and comfort for all seniors. Ranging from large apartments with two-bedrooms and a den to single-bedroom apartments and studio apartments, couples and individuals can personalize their new home with their own furnishings.



There are 40 studio apartments that are part of a common-living area, which provide a safe environment and welcome social interaction. Tenants share a common kitchen, dining area and entertainment area. These specially designed living areas are rented at below market rates as part of the Perley Rideau's commitment to creating an inclusive village.

Community support programs include assisted living services for seniors in the new apartments and these supports are also available to individuals in the neighbouring community outside of the Village. An adult day program provides a supervised and safe, stimulating daily environment for seniors with early to mid-stage dementia. The new, stand-alone Guest House is available for overnight stays under the supervision of specially trained staff so that caregivers can take the time to recharge. Also available in the Long-Term Care Centre is respite care for seniors with dementia who need extra assistance.



Seniors living in the apartments and the Village may access these programs; however, access to the community support programs, including assisted living services, requires a referral from the Champlain Community Care Access Centre (CCAC).

With buildings and courtyards spread over more than 11 acres and near the healthcare centres on Smyth Road, the Perley Rideau Seniors Village provides many of the services found in a village including dental services, audiology, vision care, physiotherapy, hair salon and catering service. Within the Village is a chapel, cafeteria, pub, games room and several rooms for hosting private functions. The frequent social events within the Village include weekly bingo, seasonal concerts, live performances and special events that link to the 118-year history of the organization that has grown from a small community care provider to a provincial leader in the provision of the continuum of care.

For further information:

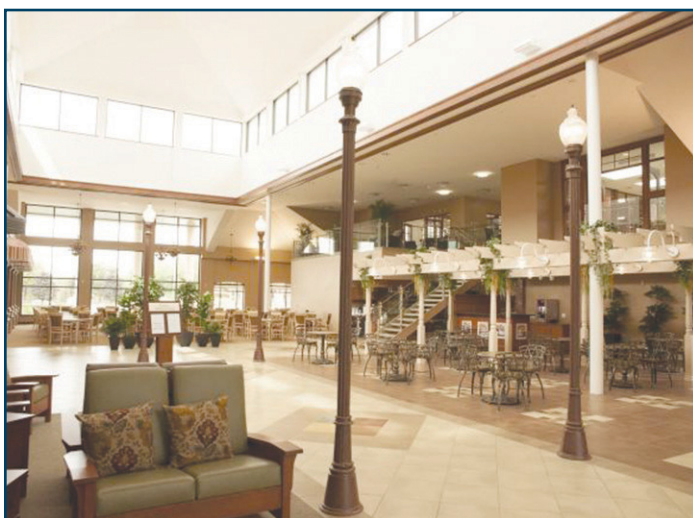
<http://www.cmhc-schl.gc.ca/en/inpr/afhoce/afhoce/prpr/upload/Perley-Rideau-Seniors-Village-EN.pdf>
<http://www.perleyrideau.ca/>

10.4.5 Schlegel Village (Guelph, Ontario, Canada)

Schlegel Villages is a private, for-profit entity that is Canadian owned and operated. The Villages benefit from the Schlegel family having over 40 years of direct experience co-owning, managing and operating long-term care and retirement communities in Ontario.

Schlegel Villages house approximately 3,200 seniors living across thirteen locations including Barrie, Brampton, Burlington, Etobicoke, Guelph, Hamilton, Kitchener, London, Mississauga, Whitby and Windsor. The majority of locations are close to urban and suburban settings. One of the most recently built villages is Arbour Trails, which opened in Guelph in 2013.

The Arbour Trails location is surrounded by a waterfront and has outdoor patio space for residents to explore and enjoy the outdoors. Arbour Trails offers retirement apartments and full service retirement suites with private bathrooms and kitchenettes. Senior-friendly features such as oversized showers, rooms suitably equipped with sprinklers, fire, safety and emergency response systems. The assisted living environment is for residents who have



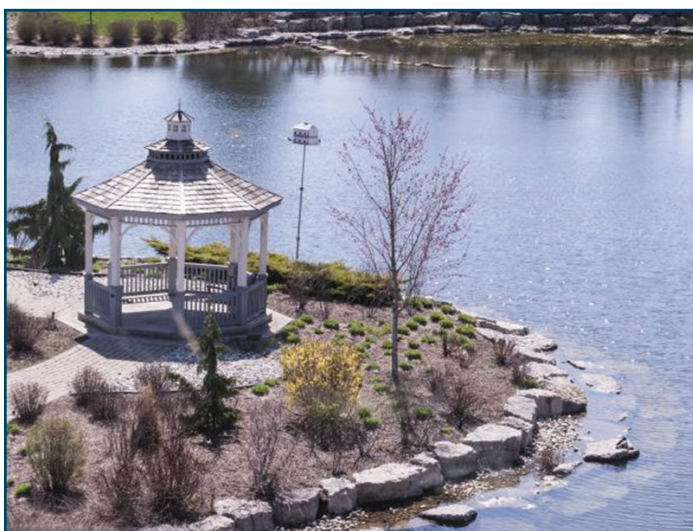
higher physical care needs. Individuals living in this level of care have access to 24-hour comprehensive care and assistance with activities of daily living. Residents living with memory loss are able to live in comfort in the Memory Care Neighbourhood. This neighbourhood provides both recreational programs and care specially designed for residents with Alzheimer's Disease and other related forms of dementia. The Memory Care Neighbourhood is staffed by individuals who are trained to provide care to residents living with memory loss in a secure and caring environment. As with all of the other Schlegel Villages, the Arbour Trails location works with volunteers to provide a supportive living environment and to meet the comprehensive needs of the residents. Arbour Trails offers a rich "village" life with church services, exercise classes, film and entertainment, arts and crafts and music. The facility also offers a spa and salon for the convenience of residents.

Four pillars guide the philosophy of care delivered by Schlegel Villages including physical design, investment in people, integration with the larger community and innovative programs.

Residents First is one management initiative made possible through the support of the Ontario Ministry of Health and Long-Term Care. The goal of Residents First is to help homes gain new expertise and skills to meet their broader accountabilities and advance quality for all long-term care home residents.

Residents First is a partnership-driven collaborative, which includes 12 sector partners, including Ontario's 14 local health integration networks. The program is offered to all long-term care home leaders. The goals of Residents First are to:

- build an executable transformational strategy;
- implement quality as an organizational strategy;
- execute effective governance for quality;
- measure and publicly report quality;
- channel attention to quality;
- build quality improvement capability necessary to achieve aims;



- inspire care staff; engage physicians; and
- involve residents and families in improving processes.

Persons with dementia receive care from staff trained in specialized dementia-care education via programs developed by the Schlegel-University of Waterloo Research Institute on Aging and MAREP (Murray Alzheimer Research Education Program). Schlegel Villages have implemented a signature dementia care philosophy and corresponding education program called LIVING In My Today that is open to all team members, residents, family members and volunteers in their villages.



In the next 10 years Schlegel Villages intends to house an estimated 7,000 seniors across all their locations. Retirement living phases will be under construction at two existing long-term care locations in Hamilton and Mississauga in 2014/2015. A new long-term care location, The Village at University Gates, will open in Waterloo in 2015 along with the new home for the Schlegel-University of Waterloo Research Institute for Aging.

For further information:
<http://schlegelvillages.com/>

Links to videos:
<http://schlegelvillages.com/about-us/research-and-innovation>
<http://schlegelvillages.com/about-us/family-behind-vision>
<http://schlegelvillages.com/village-life/enjoy-village-day>

10.5 Dementia Day Care and Respite Centres

10.5.1 The Orchard Day and Respite Centre (Blackrock, Dublin, Ireland)

The Orchard Day and Respite Centre provides specialist day care and overnight respite care. Trained staff members provide dementia-specific, person-centred care for participants and support, information and respite from caring for their caregivers. The Orchard Day Centre accepts up to 17 participants. Specialist care is offered on a 7-day basis for a specified period of time, typically between 1 to 2 weeks. The Orchard Day and Respite Centre is situated in an urban downtown setting and is open to people with dementia who are residents of Ireland.

The Centre is a purpose-built single-storey building, which opened in 2009. It provides short-term care and day care and has 11 residential places for residents with a primary diagnosis of dementia. According to an accreditation inspection conducted in 2010, there were 6 residents all over 65 years of age living in the centre (on a Monday to Friday basis) and 17 people attending the day service – this is indicative that Orchard Day is a popular housing and respite option.



Recreational activity rooms, visitors' rooms and a multi-sensory room are available to residents and participants of the day program. The building is surrounded by small trees, shrubs and a vegetable patch and is located within a well-maintained green space. The building is fully wheelchair-accessible and its two-tiered outdoor space has ramps and handrails leading to the upper level. Seating and tables are visible in the garden for residents' use.



The Centre comprises 11 single ensuite bedrooms, two sitting rooms, a parlour room/quiet room, activity room, sensory room, dining room and two assisted bathrooms. An enclosed secure garden offers residents the chance to do gardening and planting of fruit and vegetables. The sensory garden and apple tree orchard are also available for residents of the respite program. This outdoor space includes walkways, bird feeders and a patio area for barbecuing. The dementia-specific design of the Centre has won several awards on the basis of enhancing safety and independent functioning for the persons living with dementia who are residents during their short stay.

All services operate using the philosophy of person-centred care. Residents are provided with stimulating activities throughout their day. All residents are assessed so that programming may be developed and specifically tailored around the individuals' assessed abilities. The resident's previous interests and hobbies inform assessments.



Activities offered at the Centre include the following:

- Reminiscence therapy.
- Sensory room.
- Movement to music (exercise program).
- Live music.
- Gardening.
- Arts and crafts.
- Secure and sensory gardens.

Management uses a social profile of each of the residents to ensure that activities and interventions provided on an individual and group basis are compatible for residents. Volunteer services are engaged to help provide support to staff, particularly around some activity programs such as movement to music and alternative therapies. Typical staffing includes one person in charge, one nurse, one care staff, three respite staff, five day-care staff as well as catering, cleaning and laundry staff.



For further information:

<http://www.alzheimer.ie/Services-Support/About-our-Services/Respite-Centre/The-Orchard-Day-Respite-Centre.aspx>

10.5.2 T. Roy Adams (St. Catharines, Ontario, Canada)

T. Roy Adams Regional Centre for Dementia Care is aimed at delivering a range of services to meet the unique needs of older adults living with dementia and their families. T. Roy Adams has two distinct areas of focus—behavioural support and respite care.



Behavioural support includes temporary accommodation (up to 90 days) for 17 people in a home-like setting. Individualized care plans are prepared for their relocation to the most appropriate care setting. Specialized geriatric and therapeutic services are provided. Respite care is provided for caregivers. Respite care includes adult day services and overnight respite. T. Roy Adams does not have permanent housing for persons living with dementia.

The two buildings are designed as small clusters of bedrooms around open living rooms. There are two secure enclosed landscaped courtyards. All of the homes offer bedrooms that can be customized for the residents, gathering places, social programs, outdoor gardens, café on site and other amenities.

T. Roy Adams also places a strong emphasis on working with community partners including practitioners, providers, family members and caregivers and is part of an advisory committee representing all dementia care practitioners in Niagara.



For further information:

<http://www.niagararegion.ca/living/seniors/long-term-care/locations/adams.aspx>

10.6 Summary of Selected Case Studies

Union Mills, Union Villa

Unionville, Ontario, Canada

Housing form

- Long-term care (LTC)
- 32-bed unit for persons living with dementia (PLWD)
- Accredited by CARF

Project highlights: approach

- Designed for persons living with dementia (PLWD) who need a secure environment
- Person-centred approach

Project highlights: design

- Campus-style setting
- Five home units
- Sensory garden
- Destination centres (store, office, nursery)

Project highlights: support

- Individual and flexible care plans
- Staff encouraged to spend time with residents in social context
- Educational sessions for families

Project highlights: operation

- One-on-one coaching by management
- Encourage staff to be innovative and bring forward new ideas

For more information

http://www.alzheimer.ca/~media/Files/national/Culture-change/ASC_Union_Villa.pdf

<http://www.uhs.on.ca/union-villa/>

Donald Berman Maimonides Geriatric Centre

Montreal, Quebec, Canada

Housing form

- LTC
- 387 beds

Project highlights: approach

- Person-centred care
- Includes a special program ("Program 68") that aims to create a more efficient discharge system for patients

Project highlights: design

- Located in proximity to the Helen and Sam Steinberg Day Hospital, offering short-term outpatient programs

Project highlights: support

- "Orientation and evaluation" beds, to monitor status of patient before being discharged

Project highlights: operation

- While not dementia-specific, is Planetree-affiliated

For more information

<http://www.donaldbermanmaimonides.net/>

T. Roy Adams Dementia Care Centre

St. Catharines, Ontario, Canada

Housing form

- Complex care centre includes 17 temporary (up to 90 days) beds and 8 respite beds
- Centre is attached to 218 LTC home

Project highlights: approach

- Beds for temporary support provide home-like setting
- Respite care including adult day services and overnight respite

Project highlights: design

- Buildings designed as small clusters of bedrooms around open living rooms
- Two secure enclosed landscaped courtyards

Project highlights: support

- Individual care plans designed for relocation to the most appropriate care setting

Project highlights: operation

- Staff area is located for visual contact with social areas and activities and for monitoring entry and exit

For more information

<http://www.niagararegion.ca/living/seniors/long-term-care/locations/adams.aspx>

Perley Rideau Seniors Village

Ottawa, Ontario, Canada

Housing form

- LTC home with four 10-bedroom clusters
- 12-bedroom Guest House for short stays for persons living with dementia

Project highlights: approach

- Seniors Village aimed at providing more housing choices for seniors
- 45 affordable units included

Project highlights: design

- 40 studio cluster apartments for persons living with dementia
- Seniors Village ranges from independent living options to secure assisted living for persons in need

Project highlights: support

- Services provided as needed and are the same programs as if seniors were living in their existing homes (through assisted living program)
- Special Approach Program for persons living with dementia

Project highlights: operation

- Providing nursing care in Ottawa for over 114 years

For more information

<http://www.cmhc-schl.gc.ca/en/inpr/afhoce/afhoce/prpr/upload/Perley-Rideau-Seniors-Village-EN.pdf>

<http://www.perleyrideau.ca/article/a-seniors-village-a-community-of-care-172.asp>

<http://www.perleyrideau.ca/upload/documents/hc-fact-sheet-questions-and-answers-july.pdf>

The Willows Abbeyfield

London, United Kingdom

Housing form

- Residential care – 2-storey
- 28 single bedrooms, 8 of which have ensuite facilities

Project highlights: approach

- Residents are encouraged to pursue hobbies and interests and are offered a variety of activities from in-house entertainment to regular outings.

Project highlights: design

- Leisure services integrated into daily activities
- Community services: post office, social centre and transport services are located nearby

Project highlights: support

- Chiropodists and hairdressers are also on site to promote well-being. Live-in caterers cook food in the home.

Project highlights: operation

- 24-hour personalized dementia care

For more information

https://www.abbeyfield.com/media/45008/TheWillows_A4_LR.pdf

<https://www.abbeyfield.com/accommodation-search/eastern/t/the-willows-nw9-9qa/>

Lotte

Copenhagen, Denmark

Housing form

- Brick house
- 70 per cent of the residents at Lotte are living with dementia

Project highlights: approach

- Organized to facilitate active living among residents who cook, eat meals, and vacation together.

Project highlights: design

- Resembles a family home

Project highlights: support

- Health and social interventions are individually tailored to residents.

Project highlights: operation

- Residents are given the freedom to be involved in the world around them and exercise autonomy.

For more information

http://www.accessibilitynews.ca/cwdo/activities/aging_committee.php?activities-aging=604

<http://okhjemmetlotte.dk>

Delta View

Delta, British Columbia, Canada

Housing form

- Two buildings, 296 residents, 292 living in residential care and 4 in assisted living

Project highlights: approach

- Strives to maintain a person-centred approach to care to see persons with dementia as individuals, rather than focusing on their illness or on abilities they may have lost.
- GENTLECARE philosophy

Project highlights: design

- Delta View's two buildings are divided into 10 different homes that cater to different cognitive, mobility and social needs.
- Suites contain a separate bedroom, living area, and kitchen. Delta View gardens and surrounding farmland are visible from the residents' north-facing windows.

Project highlights: support

- Music, recreation and rehabilitation therapy is provided on site, 7 days a week
- Wander guard alert system, security system, digital video recording system, proximity and magnetic door access control
- Residents are supported to move internally within the 10 life enrichment homes to one that is the "best fit" as their needs change.

Project highlights: operation

- Interdisciplinary staff team

For more information

http://www.fraserhealth.ca/find_us/services/residential_care/residential-care---surrey,-white-rock,-delta/delta-view-life-enrichment-centre/

Northwood at the Harbour, In Care Living

Halifax, Nova Scotia, Canada

Housing form

- Three buildings with different care levels
Northwood Centre has 297 units and 5 neighbourhoods, including a Special Care neighbourhood for residents with advanced dementia.

Project highlights: approach

- Provides a range of care alternatives serving residents with low, moderate and high needs.

Project highlights: design

- Buildings are linked through a shared commons with amenities such as a drugstore, beauty salon, fitness centre, on-site bank, medical centre, restaurant, community centre, greenhouse and an outdoor courtyard garden.

Project highlights: support

- Northwood Towers is an apartment building for seniors living independently.
- Northwood Manor serves independent seniors and those requiring residential care.
- Northwood Centre offers 24-hour Level II care (help with personal care).

Project highlights: operation

- Northwood employs over 1,700 staff and over 500 volunteers.
- Most staff provide direct care; staff includes nurses, home support workers and environmental, dietary, office, and maintenance personnel.

For more information

http://www.alzheimer.ca/~media/Files/national/Culture-change/ASC_Northwood_at_the_Harbour.pdf

Orchard Day and Respite Centre

Blackrock, Dublin, Ireland

Housing form

- Comprises 11 single ensuite bedrooms
- Day Centre accepts up to 17 participants

Project highlights: approach

- The Orchard Respite Centre is open to people with dementia who are residents of Ireland.

Project highlights: design

- The dementia-specific design of the Centre has won several awards on the basis of enhancing safety and independent functioning for the persons living with dementia who are residents during their short stay.

Project highlights: support

- Reminiscence therapy
- Sensory room
- Movement to music (exercise program)
- Live music
- Gardening
- Arts and crafts
- Secure and sensory gardens

Project highlights: operation

- Provides specialist day care and overnight respite care.
- Trained staff members provide dementia-specific, person-centred care for participants; and support, information and respite from caring for their caregivers.

For more information

n/a

Schlegel Villages

11 locations in Ontario, Canada

Housing form

- Houses 2,800 seniors

Project highlights: approach

- Four pillars guide the philosophy of care delivered:
 - physical design
 - investment in people
 - integration with the larger community
 - innovative programs

Project highlights: design

- Supports wayfinding through use of landmarks and awnings, “store fronts,” street signs, windows and skylights to bring natural light and to create the atmosphere of a street.

Project highlights: support

- Supportive care floor for seniors experiencing mild to moderate dementia
- Long-term care facility with three levels of dementia care

Project highlights: operation

- Has more than 2,000 staff members.

For more information

<http://schlegelvillages.com/village-life/enjoy-village-day>

Ewart Angus Homes Inc. SPRINT

Toronto, Ontario, Canada

Housing form

- Building with six floors
- SPRINT Senior Care provides service to 20 seniors with dementia living in four apartments

Project highlights: approach

- Non-medical model philosophy of care that:
 - uncovers, builds on and works with strengths; and
 - provides meaningful activities to foster self-esteem, self-confidence and life satisfaction.

Project highlights: design

- Each resident brings his/her own furnishings for his/her bedroom.
- The building is a safe and secure locked unit with the appearance of a regular apartment.

Project highlights: support

- Families are encouraged to participate in all decisions pertaining to the care of their relative.

Project highlights: operation

- Staff ratio is at least 1 to 5 in the day and 1 to 10 overnight.
- Physicians and dementia specialists
- Hairdresser and foot care nurse visit regularly.
- Supervisor on site as well as on call after hours

For more information

<http://www.sprintseniorcare.org/sites/default/files/documents/Ewart%20Angus%20SPRINT%20Homes%20Information%20Sheet.pdf>

Heimstead Lodge

La Crete, Alberta, Canada

Housing form

- Assisted living facility

Project highlights: approach

- Originally built by the community's nursing association to keep people in the community

Project highlights: design

- As home-like as possible
- Residents encouraged to bring personal items

Project highlights: support

- Provide culturally appropriate meals
- Large role for volunteers

Project highlights: operation

- Seniors pay no more than the cost of long-term care bed.
- Operational expenses are covered by rents and income from a thrift store.
- Alberta Health Services provides funding for supports.

For more information

n/a

Brentwood

Saanich, British Columbia, Canada

Housing form

- Community living/assisted living

Project highlights: approach

- Housing and care for persons living with dementia that focus on care while being affordable

Project highlights: design

- Small, family-style home with private rooms and ensuite bathrooms

Project highlights: support

- Provides social model of care, emerged from need to bridge gap between assisted living and residential care.
- Model allows residents to choose their social interactions and activities.

Project highlights: operation

- Partnership between Beacon Community Services and Vancouver Island Health Authority

For more information

http://www.beaconcs.ca/pages/dementia_housing.html

Dorothy Macham

Toronto, Ontario, Canada

Housing form

- Assisted living facility (attached to Sunnybrook hospital)

Project highlights: approach

- DMH services veterans with moderate to severe dementia.

Project highlights: design

- As home-like as possible
- Enclosed, secure, therapeutic garden
- Interior wandering path
- Every bedroom is equipped with a lift

Project highlights: support

- Comprehensive patient care team

Project highlights: operation

- The patient care team

For more information

http://sunnybrook.ca/uploads/Dorothy_Macham.pdf

Protective Community Residences

Corner Brook, Newfoundland and Labrador, Canada

Housing form

- Group home
- 12 individuals

Project highlights: approach

- A holistic individual-centred approach to care

Project highlights: design

- Home-like environment with private bedrooms
- Shared spaces and access to a secure outside area
- Secure environment inside and outside of the home through locked doors, alarms on doors and a fenced and gated outdoor area

Project highlights: support

- Follows a psychosocial model of care emphasizing choice and promoting the use of functional abilities through purposeful activities and social interactions.

Project highlights: operation

- Staff, standards, legislation and staffing requirements support creating a holistic individual-centred approach to care

For more information

http://www.health.gov.nl.ca/health/publications/Provincial_Protective_Community_Residence_Operational_Standards.pdf

http://www.health.gov.nl.ca/health/seniors/residentialoptions_pcr.html

Sherbrooke Community Centre

Saskatoon, Saskatchewan, Canada

Housing form

- Assisted living
- 11 Houses of 9-10 residents each
- Marleau/Wyant Residence: comprised of eight neighbourhoods of 20 residents each in a four-storey building, connected with the Village and common areas

Project highlights: approach

- Follows the Eden Alternative® philosophy and creates an environment more reflective of “home” rather than the “institution.”

Project highlights: design

- Small-scale, self-contained environments to promote elder independence, decision making, and overall quality of life

Project highlights: support

- Person-centred approach
- Stresses that staff work in the elder’s home as opposed to the elders living in the staff’s work place.

Project highlights: operation

- Staffing levels are the same from days to evenings with approximately one and a half staff for every 9-10 elders.
- Staff are multi-skilled and responsible for personal care, meal preparation, and housekeeping.

For more information

<http://www.sherbrookecommunitycentre.ca/>

<http://www.ctvnews.ca/w5/sherbrooke-community-centre-a-canadian-success-story-1.1474069>

Gradmann House

Stuttgart-Kaltental, Germany

Housing form

- Assisted living
- 12 units (can share also)
- Furnished by residents

Project highlights: approach

- The milieu therapeutic approach, which attaches particular importance to a social, organizational and structural/physical environment that is dementia-friendly.

Project highlights: design

- Designed according to the “village street” principle
- Combines neighbourhood meeting spaces and supervised apartments
- Sheltered garden

Project highlights: support

- Offers assisted living as well as adult day program and nursing home.

Project highlights: operation

- Operated in co-operation with Alzheimer Society Stuttgart Baden-Württemberg

For more information

[http://translate.google.ca/translate?hl=en&sl=de&u=http://www.demenz-support.de/gradmann-stiftung/bauprojekte/gradmannhaus_stuttgart_kaltental&prev=/search%3Fq%3DGradmann-Haus,%2BKaltental%2B\(Germany\)%26biw%3D1034%26bih%3D755](http://translate.google.ca/translate?hl=en&sl=de&u=http://www.demenz-support.de/gradmann-stiftung/bauprojekte/gradmannhaus_stuttgart_kaltental&prev=/search%3Fq%3DGradmann-Haus,%2BKaltental%2B(Germany)%26biw%3D1034%26bih%3D755)

Hogewey ‘Dementia Village’

Weesp, Netherlands

Housing form

- Assisted living
- 1.5-hectare complex with 23 houses
- Seven different lifestyle themes (crafts, culture, religion) based on past lives of residents
- Two-storey dormitory-style homes form a perimeter wall for the village

Project highlights: approach

- Small-scale housing with an aim to provide most ‘normal’ life possible (normal life according to the lifestyle of the group of people living together in one house)

Project highlights: design

- Residents are free to roam the premises and secure courtyard
- Designed to resemble a neighborhood or village with houses, streets and amenities
- Wall around perimeter; only one exit

Project highlights: support

- Staff members each have their own respective training plus dementia training
- Based on the Planetree Model®

Project highlights: operation

- 250 staff for the village
- Caregiving staff members manage the houses according to residents ‘wishes such that residents experience them as their own.

For more information

<http://www.vivium.nl/hogewey>

Cherry Trees

Wirrel, Moreton Merseyside, United Kingdom

Housing form

- 10 units for persons living with dementia

Project highlights: approach

- Designed to help individuals remain as independent as long as possible.
- Residents continue to direct their care as long as possible.

Project highlights: design

- Each unit is self-contained, with communal facilities.

Project highlights: support

- Staff are assigned different residents each day.

Project highlights: operation

- Operated by Housing 21
- Review panel determines eligibility.
- Priority is given to individuals coming out of hospital.

For more information

<http://www.fshc.co.uk/care-home/cherry-trees-care-home>

Bruyère Village

Ottawa, Ontario, Canada

Housing form

- Independent living (78 units), on-site assisted living (149 units) and co-housing cluster care (36 units)
- The Village is also connected to the Saint-Louis Residence Long-Term Care Home.

Project highlights: approach

- The Village provides affordable housing and supports for older adults with the aim of keeping people healthy and well for as long as possible.

Project highlights: design

- The cluster housing offers common areas, which are integral to community living and designed for daily use by the tenants living in the cluster apartments to supplement private living areas.

Project highlights: support

- Co-housing cluster apartments (bachelor units) require that tenants must qualify under the Assisted Living Services for High Risk Seniors program.
- Cognitive impairment is one of the qualifying criteria.

Project highlights: operation

- The cluster apartments are staffed 24-7 with personal support workers who are responsible for supporting tenants but also coordinating activities of the cluster tenants based on their interest.

For more information

<http://www.bruyere.org/>

11.0 Summary

The number of people living with dementia in Canada is increasing and will continue to increase as the population ages. While there is currently no cure for dementia, there are a number of strategies to ensure that people living with dementia and their caregivers have a good quality of life. These strategies include modifications and adaptations to the physical environment as well as supports for both persons living with dementia and their caregiver. Staying home is an option, particularly in the early stages of dementia. Moving to an assisted living facility or long-term care is another option, particularly as the symptoms of dementia progress. This guide has aimed to present strategies and recommendations to make both of these options as supportive as possible for the person living with dementia based on a person-centred approach.

Endnotes

- ¹ Adapted from the Bruyère Continuing Care Village promotional materials plus the website.
- ² O'Brien, K., J. Wells, D. Welsh, C. Wells, and L. Cake (2014). "Impact of relocation from home or institution to assisted living on adults with mild to moderate dementia." *Perspectives* 36 (4):6-15.
- ³ Hutchings, D., J.L. Wells, K. O'Brien, C. Wells, and A.M. Alteen. *From institution to home: Family Perspectives on a Unique Relocation Process*. *Canadian Journal on Aging* 2011; 2: 223-232. Accessed at: <http://dx.doi.org/10.1017/S0714980811000043>.
- ⁴ Barrett, J. (2012). *Provision for people with dementia within Housing with Care: Case studies from HDRC Steering Group Providers*.
- ⁵ Gradmann House in *Nursing Homes: Long Term Care Management* (May 2002) pp. 31-33.
- ⁶ CTV W5 Staff jointly with the Alzheimer Society of Canada. (2013). *Sherbrooke Community Centre: A Canadian Success Story*. Retrieved from: <http://www.ctvnews.ca/w5/sherbrooke-community-centre-a-canadian-success-story-1.1474069>
- ⁷ Alzheimer Society. *Union Villa Long-Term Care Home: The Union Mills unit for residents with dementia Leading Practices in Person-Centred Care for Residents with Dementia*.

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