



CLINICAL FOCUS

Caring for people living with dementia

Person-centred approach to moving
& handling, mobility and hygiene care



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Person-centred care of people living with dementia

Being a carer for a person living with dementia is about capturing positive behaviours and moments leading to contentment and joy, but it can also lead to sensitive, stressful and potentially uncomfortable occasions that can cause the person discomfort and lead to moments of conflict.

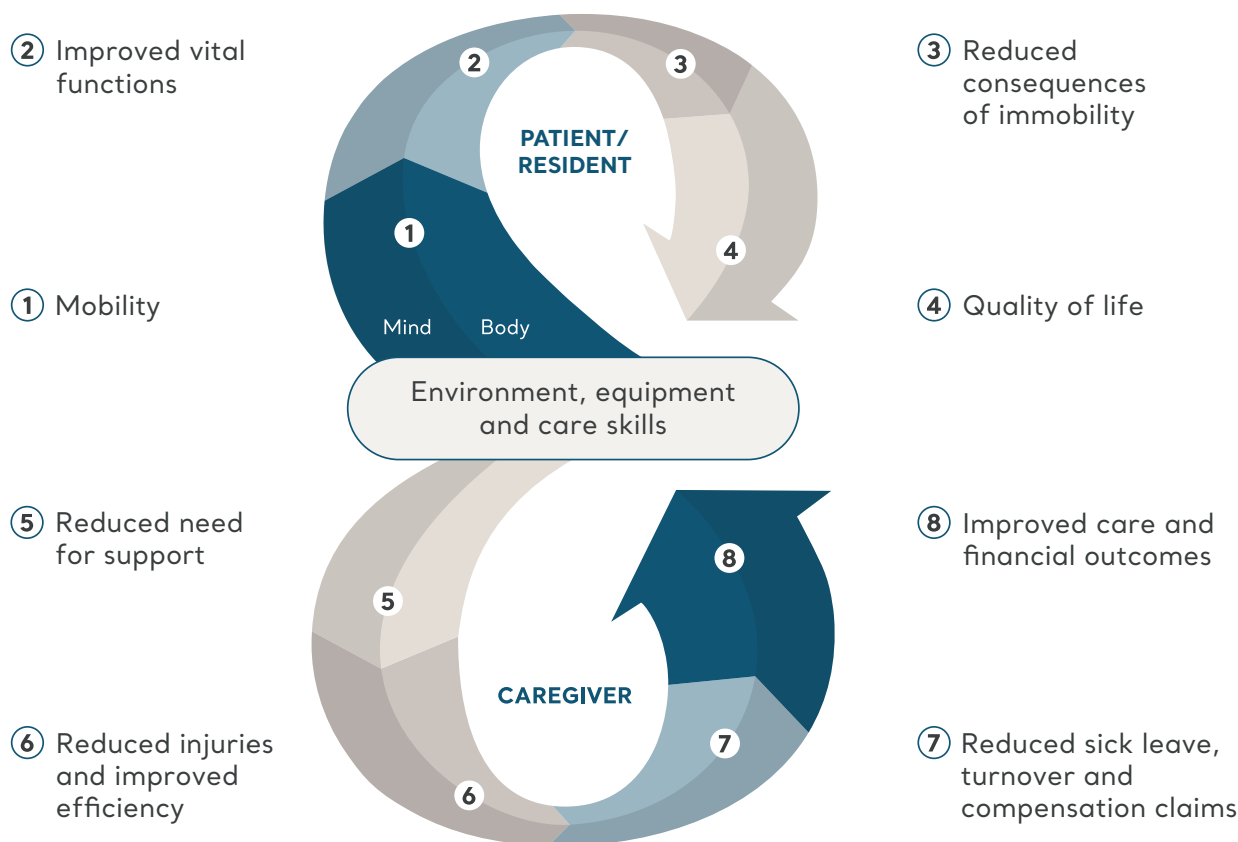
Due to the progressive nature of dementia and the potential presence of other chronic underlying conditions that may already affect mobility, the declining ability of the person to understand the task to be completed, along with communication challenges, it is easy to appreciate that hygiene care, mobility and safe moving and handling

are potentially complex aspects of supporting people with dementia.

In particular, promoting mobility for people with dementia has important physiological and psychological benefits as illustrated in the Positive Eight below.

As dementia progresses and the person becomes less mobile and eventually fully dependent on the assistance of others, the need for appropriate and safe personal hygiene routines, regular repositioning and assistance with moving and handling becomes even more important.

The Positive Eight™



The right **environment, equipment and care skills** need to be in place to allow the benefits of the Positive Eight to flow



Person centred care – best practice care model

Person-centred care is internationally recognised as a best-practice model of care for people with dementia¹²³ underpinning international policy and practice guidelines.⁴ It places the person with dementia at the centre of care and decision-making; treating them with dignity, recognising the person's inherent value, and is respectful of their beliefs, values, preferences and choices.

Practicing person-centric care during showering and bathing, for example has been shown to significantly reduce discomfort and challenging situations among people with moderate to severe dementia.⁵

Care provided should:

- maximise and promote independence and participation in care
- take cultural sensitivities and the need for different methods of communication into consideration
- provide care that is based on knowledge of the individual's choices, abilities and needs.

Understand preferences and capabilities

Person-centred care focuses on the person and their abilities and strengths rather than what they may have lost. Each person is unique, with their own life history, personality, likes and dislikes. It is very important to focus on what the person still does have. To understand this and to ensure care is developed to support those abilities, a personal assessment should be performed to understand the person's preferences, values, functional capabilities and any issues such as triggers that are likely to cause fear and anxiety.

A detailed assessment is the basis for developing the right way to support the person with dementia. To help complete the assessment:

- Gain as much information as possible from the person receiving care.
- Learn from family members who are likely to be a very valuable source of information
- Use observation to understand the situations where the person requires visual and or verbal prompts, instruction or physical assistance including use of equipment or assistive aids

This will help define the right approach together with the need for any equipment or aids that may be required during the care process. It is crucial that the carer works together with people living with dementia and personalises the care for each person. The assessment should be considered 'dynamic' and the carer should undertake an assessment of the person's mood, function and situation every time they approach the person.

The care plan

To provide person-centred care carers need to perform a detailed assessment of the person's abilities, strengths and subsequent needs. This assessment should be recorded in the care plan, that includes a record of needs, actions and responsibilities in the care process. The care plan should also identify hazards and manage possible risks, reflecting individual preferences and diversity.



Overview of general aspects to consider when assessing a person's ability and needs related to hygiene and mobility

As a first step in the assessment process, the key is to understand the person's capabilities and where guidance or assistance may be required. In this example there are eight areas to consider when assessing a person's ability and subsequent needs:

1. **Medical and physical condition.** Is the person with dementia affected by an underlying chronic disease or condition impacting their mobility? Arthritis, Stroke, Parkinson's Disease, Diabetes, Heart conditions and Lung Disease can all impact mobility. The carer needs to plan and provide care, support and assistance depending on the level of loss of function and according to risks related to balance, stiffness, loss of sensation, pain or anxiety.
2. **The person's preferences and capabilities.** Investigate if there are practical techniques or ways of approaching the person to increase their comfort and confidence. If the person has trouble communicating, it is possible to assess by observing and interacting with the person during transfer sessions.
3. **Functional mobility.** An option such as the Arjo Mobility Gallery can be utilised.
4. **Cognitive ability and emotional state.** Collect information from the person living with dementia, from medical assessments, other carers and family members.
5. **Level of support required.** Assess if any equipment is required to perform transfers, mobilise safely and to help in hygiene care. Assess level of support required every time due to possible fluctuation in physical and emotional status that affects mobility and cooperation.
6. **The physical environment** such as the space, tracks for ceiling lifts available, lighting, handrails, floor coverings, contrasting colours of equipment etc. Try to see the environment from the perspective of the person living with dementia, and with a carer's eye for safety.
7. **Assess number of carers involved and if one-to-one care can be provided.** Look at all of the care routines including number of transfers, frequency of hygiene procedures and any differences during the day.
8. **Staff skill-level and training status.** Have staff received training in using assistive equipment to aid in mobility, transfers and hygiene care processes

Assessment of emotional and cognitive abilities



Dementia care personas

Roy

- Roy has a lot of energy
- He has difficulty sitting still and relaxing. He tends to be **restless**.
- He often wanders around and may get lost

Alice

- Alice is very **active** with the nurses and some of the other residents
- She looks for stimulation
- Alice asks a lot of questions and insists on being answered

Stacy

- Stacy tends to be **sleepy** and naps a lot
- Stacy has low energy
- It is hard to know if she is just resting, or fast asleep

Dementia care personas

There are several classification systems to use, to classify cognitive ability and stage. Those are typically based on different cognitive neuropsychiatric aspects such as: delusion, agitation, depression, apathy and restlessness, as well as problems sleeping, eating and performing personal hygiene.⁶ 80% of individuals diagnosed with dementia will experience some behavioural symptoms.⁷ Based on those aspects Arjo has developed three Dementia Care Personas™ describing people you could meet in real life:

- Roy, who wanders and does not want to sit and relax. He has a lot of energy.
- Alice, who is very active and looks for stimulation.
- Stacy, who is only awake for short periods and has a limited ability to stay alert, socialise and integrate.

Dementia Care Personas could be very useful and beneficial when discussing care situations in general, making quick assessments of residents on a unit for example, but it will of course never replace the detailed assessment of the individual.

Assess emotional state

A person's emotional state can be influenced by intrinsic factors such as pain, hunger, thirst, low or high energy levels and/or emotions related to memories. It can also be affected by extrinsic factors, such as a reaction to the environment, a person or an event. How the person expresses emotions can be affected by the type of dementia and/or changes in both physical and psychological health. Some observed behaviours should not be considered as symptoms of dementia, but as a reaction to either emotions, stress, stimuli or the environment. We sometimes hear the phrase 'challenging behaviour'; this is often seen as unwanted behaviour that can lead to challenges in the care environment.

Assess cognitive ability

Cognitive abilities are skills we need to carry out any task from the simplest to the most complex. They are the mechanisms of how we learn, remember, problem-solve, and pay attention. The ability to sequence simple everyday tasks, such as dressing and washing, as well as recognising everyday objects can often be lost. People with dementia experience a gradual loss of cognitive abilities but every person will experience a different progression of the disease. In moderate to late stages of dementia, the cognitive decline is more rapid, leading to reduced independence. People with reduced cognitive abilities will require support, encouraging guidance and supervision to be able to participate in activities such as hygiene care.

Assessing functional mobility and physical environment



ALBERT



BARBARA



CARL



DORIS



EMMA

The Mobility Gallery™

Five levels of Mobility.

When assessing and communicating a person's level of function and ability to transfer and perform activities, the Arjo Mobility Gallery can be used. This is an evidence-based scale, used to describe typical abilities of different people you might find within a care setting. The Mobility Gallery is not concerned with medical condition, age or gender, but rather with

what the person is able to do, i.e. their ability to function. If we know how and when a person is able to function, then we can promote this participation and involvement in movement utilising appropriate equipment and help to maintain the person's physical and cognitive well-being.

Assess functional mobility

A person's physical ability to function and perform daily transfers is not just related to their physical condition, but their ability to move their limbs and bear weight on their feet can also be directly related to the person's psychological and emotional state.

A person may not have the cognitive ability to move even though they have the physical capacity to undertake the movement.

Alternatively the person may experience a day with an altered mood or emotional state and choose not to move.

Focussing on the needs of the individual may require re-arranging the working schedule for the staff. The person can also be affected by a temporary physical condition such as an infection that can lead to a change in mood and willingness to mobilise.

A person who might normally require limited support may require full support with all mobility and hygiene routines when feeling unwell. Medical advice is advised if a person is showing signs of acute deterioration or when experiencing changes in activity level.

As a first step in the process a comprehensive assessment is key to understanding the person's functional mobility capabilities.

Areas to consider include:

- Ability to walk unaided.
 - What equipment the person uses when walking and how the equipment is used.
 - Level of assistance required.
 - Any additional equipment that will be required to the task safely.
- Ability to raise from sitting to standing and vice versa.
- Ability to bear weight on at least one leg.
- Sitting balance and body stability.
- Ability to manoeuvre in the wheelchair, if he/she uses a wheelchair, by using feet or arms/hands.

Assess the physical environment

- Ensure there are open areas with in-sight destinations.
- Handrails, stable surfaces and non-slip mats to prevent falls and promote mobility.
- Ensure the bedroom, dining room and bathroom look familiar.
- Add familiar objects to the room, and make sure they are in a contrast colour.
- Ensure there is enough lighting.
- Use familiar smells, such as smell of coffee in the morning.
- Use familiar sounds but avoid background noise and too many stimuli. If a person has a hearing problem, he/she can also be sensitive to certain sounds. In hygiene situations it may not be possible to use hearing aids, which is important to remember during communication.
- Use simple pictures and symbols, which depict what is inside a room.
- Ensure the chairs have armrests.
- Provide personal chairs that match the person in height and support.

Use a contrast of colours for the person to be able to perceive distances and define objects; this can be done with a coloured tape.



Hygiene care is more than helping the person to become clean, it has the potential to aid wellness and provide much needed relaxation.

Hygiene care for people living with dementia

Caring for people with dementia can be a challenge because of the complexity of symptoms and their very individual needs. There are occasions when the person with dementia can feel uncomfortable or stressed when receiving support and care, and the situation can lead to discomfort or conflict. For most people, hygiene care is a task that has in the past been carried out independently and in private. To be naked in front of strangers can be very stressful and in the beginning an unthinkable situation; the sensitivity of the situation must be considered. The person's need for support with personal hygiene increases gradually during the progression of the disease and the loss of independence and privacy can be intimidating, unpleasant or even threatening for a person with dementia.

A thorough assessment and planning, together with the person with dementia, is needed to minimise the risk of the person feeling less autonomous and exposed.

"Assisting someone to maintain his or her personal hygiene needs can contribute to comfort, safety, wellbeing and dignity. People should receive the level of assistance that they require to meet their individual personal hygiene needs, which will vary between individuals and cultures"⁸

Plan the environment

Planning the environment can help the person become more familiar with it and more independent during hygiene care. The physical design of an area, including equipment, surfaces and materials along with temperature and privacy are important.

- Plan for privacy.
- Ensure any clutter or storage that has accumulated is removed and the bathroom looks welcoming and like a bathroom should be.
- Add familiar items to the bathroom, such as shampoo bottles and towels.
- Use familiar smells such as the person's favourite soap.
- Use simple pictures and symbols, which depict what's inside a room.
- Use a contrast of colours for the person to be able to perceive distances and define objects, this can be done with a coloured tape.
- Cover mirrors with a towel if reflections are known to scare the resident.
- Ensure the bathroom is warm and inviting.

These aspects can all assist prompt familiarity and recognition and hence reduce anxiety and promote relaxation. When the person with dementia experiences a greater loss of cognitive function, the support should be adapted to the individual needs. Visual aids such as pictures of objects can help a person find and use the right equipment with little assistance. A picture of someone brushing their teeth using a toothbrush or showing the hygiene routine for the shower equipment/bath can for example help a person feel more familiar with objects. Pictures and objects can provide information when the understanding of the spoken word has become difficult. Using music during the hygiene session is another way to promote relaxation⁹, but we need to keep in mind people are different and what works well for one person may not work for everyone. This means it is important to be flexible in the planning for dementia care, the bathing session and bath environment.

'Adding music-assisted bathing into the activities of daily living routine may assist in lessening of aggressive and agitated behaviours exhibited prior to and during bathing'⁹

Determine personal hygiene needs, preferences and capabilities

By seeing the person behind the disease, focussing on abilities and individual needs through person-centred care it can reduce discomfort, anxiety and reduce the risk of undesirable responses. These responses are often triggered by factors such as a new environment, insecurity, lack of independence and anxiety.

The assessment of hygiene support in person-centred care can include information such as:

- The resident's own role in hygiene routines, focusing on strengths and abilities, considering mobility, cognitive, physical and psychological needs.
- Frequency and preferences in previous hygiene routines.
- Frequency of showering, bathing, hair washing and shaving routine.
- Time of day preferences: a bath might be preferred before bed to help the person sleep. If so, find out if this can continue.
- Level of support required; encourage the person to take part in hygiene care.
- Preferred personal toiletries; find out if there is a favourite soap or shampoo to use.
- What hygiene situations the person appreciates and if there are techniques known to increase comfort and avoid discomfort.
- If there are temperature and water depth preferences.
- Consider privacy, gender and cultural issues. If there are individual preferences as to who should assist in the hygiene routines. Some people prefer that the carer should be of the same sex.
- Assessment of the environment and space during the entire hygiene process.

Talk to the person and learn from family

Use assessment to achieve the best possible outcome within hygiene care; this to understand their personal preferences, functional capabilities and triggers causing fear and anxiety. A proper assessment is the base for choosing the right equipment and the right way to give care.

- Talk to the person with dementia to find out his/her preferences, but also to explore possible worries and questions related to the hygiene session.
- Learn from family members what routines the person used to have.
- Observe the person during a hygiene session to find out if verbal, visual or touch cues will be most beneficial.
- Find out amount and type of physical support needed.

It is crucial that the carer working with people living with dementia can personalise the care for each individual. The general assessment should consider pain, mobility, sensation, vision, hearing, dizziness and balance. Moreover, the carer should be able to undertake an assessment of the resident's mood, function and situation every time they approach the person. It should be an ongoing and dynamic assessment and evaluation of implemented care routines. A person's condition and ability can change rapidly.

Handle emotional reactions related to the hygiene session

Some responsive behaviours should not be considered as symptoms of dementia, but a reaction to either emotions, stress, stimuli or the environment. Some emotional reactions can be difficult for the person with dementia to experience, as well as for others to deal with.

Within the bathing and showering situation, water poured over a person's head and face may spark negative memories of shampoo in their eyes for example. This can result in the person becoming afraid and upset and exhibiting what we may see as challenging behaviour, hitting and shouting. Remember that a person with dementia can react differently to different stimuli. The temperature can feel too hot, the air can feel too cold and the light too bright. Responses are often associated with a stimulus or trigger; remove the trigger and it might reduce a person's anxiety and hence improve their willingness to take part in the showering or bathing session.

Determine the reason behind the behaviour

These kinds of emotional responses can be difficult for the person living with dementia to experience, as well as for others to deal with. To limit these situations, it is important to:

- **Communicate within the care team** and share ideas and information, for example about the person's preferences and individual hygiene practices.
- **Find out the reason behind the behaviour**, ask the person if you can. Look at what you see them doing, saying and showing you to understand their nonverbal cues.
- **Let the person living with dementia be as participative and autonomous as possible** in the care routine. Encourage the person to wash as much of their body as they are able. If singing or listening to music is enjoyable adding music-assisted bathing into the activities of daily living routine may assist in lessening of aggressive and agitated behaviours exhibited prior to and during bathing.⁹
- **Perform a thorough assessment related to personal hygiene.** Is there a pattern? Does the person exhibit this response when he/she is in a special environment or with certain people? Are there too many people in the bathroom? Explain the routines step by step so there are no surprises. Show objects, materials and equipment so they are familiar when using them.
- **When communicating use a calm voice without stress.** Take time and show with your body language what you are saying and feeling. If you are becoming frustrated in a difficult situation, make sure you have support and that you remain calm and talk through what is difficult. Take a time out, breathe then re-approach.
- **Create a familiar and relaxing environment** for undressing, dressing, drying and bathing.
- **Treat the person in a way that appeals to the person positively.**

Be flexible – adapt for the individual

The choice whether to provide hygiene care within their bed, at their bedside (a 'strip wash'), in the shower or within a bathtub will depend upon both the assessment and their preference.

The person's choices and needs may change from day to day, and sometimes within one day, which means that the carer needs to adapt to the individual they currently 'see in front of them'.

The aim is to meet the person's essential hygiene needs by using a variety of equipment solutions and care skills. For example, if a person shows clearly with words or actions that he or she does not want to shower, the person should preferably be approached at a different time, or in a different way.





The Parker bath and Rhapsody/Primo bathing systems offer a range of options, such as Air Spa and Sound & Vision. Those features are there for you to be able to create a multisensory bathing experience.

Key care skills to be utilised during the hygiene process

- **Communication skills, verbal and non-verbal.** Use a reassuring and positive language, simple and easy to follow instructions with eye contact, non-verbal prompting and common gestures.
- **Repeat information** about the routine and equipment several times during the process. Allow for time to process, it can take up to 60 seconds for a person with dementia to respond.
- **Do not show stress, this is easily picked up on.** Have enough time and think about your body language and facial expression.
- **Too many questions can be confusing.** Keep options simple, two choices only, would you like this or this, point and show to enhance information. The important thing is that the resident trusts you and you form an understanding.
- **Appropriate touch, reassuring, leading and providing direction.** The carer provides the skill and the person living with dementia goes through the movement, called the 'hand over hand' approach.
- **Always let the person do what he/she can do independently.** Do not take over.
- **Distraction techniques,** distracting away from the aspect that causes fear and anxiety. Substitution not subtraction works well.
- **Do not stop explaining.** In the late stages of dementia, the person needs help with all hygiene needs and may have very reduced ability to communicate, even through non-verbal communication. It is very important to talk calmly, perform the hygiene routines with respect for the person. Even if the person may not understand, he/she can feel the trust through the carer's reassurance and body language.
- **Support and do not restrict.** Always ensure that the person feels supported and never restricted. Hygiene routines should never be forced.
- **Allow individual preferences and solutions;** if for example bathing with a t-shirt/night gown or towel on 'comfort item' then let them do it.
- **During bathing reduce the amount of water that goes over the person's face;** be careful during bathing and showering, use a handheld shower or let the person use a facecloth to wash his/her face. Consider hair washing for the end of the routine, whether it is during a shower or bath.
- **Avoid the person living with dementia waiting;** be ready when the person is ready, have bathroom and equipment ready.
- **Ensure you have a 'back up plan';** plan for how to get the person out of the bath/bathroom if the hygiene process does not go as expected.

Choosing the hygiene solution

When choosing equipment and the hygiene care process on a general level, assess the following:

- The resident's personal preferences, showering or bathing, and capabilities. Try to find out if there are techniques known to increase comfort.
- The functional mobility and abilities; utilise the Arjo Mobility Gallery.
- The cognitive ability of the resident, and if possible emotional state.
- Level of assistance required, encourage the individual to take part in their personal hygiene care.
- The physical environment such as: the space in the bathroom, light, warmth, handrails, floor, contrast colours of equipment, safety etc.
- The entire bathing session, number of carers involved, time and number of transfers. Ensure the person is safe, warm and supported during all transfers and the entire session.
- If one-to-one care is possible to provide together with the staff skill-level and training status.
- Remember to assess and evaluate to ensure the right equipment is used regularly. The resident's overall status and performance should be assessed every time.

Example of hygiene equipment solutions

Showering one-to-one. Carendo is a one-to-one, multi-purpose hygiene chair, which allows a person living with dementia to participate in their personal hygiene routines.






























Using Carendo can reduce the amount of transfers during the hygiene process. This is beneficial for those living with dementia who may find transfers stressful and frightening.

Promote independence. Having the right hygiene and bathing equipment for those who are self-reliant will ensure promotion of independence and well-being. Providing assistive devices and hygiene equipment for the more dependent person will allow the person to make choices, shower or bathing, as preferred, without exposing the carer to unacceptable levels of physical overload.

Integrated bath chairs and tubs that allow easy access even for independent residents, can all help a person maintain their independence as well as reduce the risk of falls. Transfers within the bathroom/shower room can be hazardous given that the floor may be slippery and sloped.

Accessible bathing systems. Plan for a bathing system that makes bathing accessible for everyone, without compromising on ergonomics and carer safety. Plan for comprehensive, integrated solutions, for transportation, transfer and bathing; designed to be adapted for different personal preferences, abilities and mobility levels.

With a ceiling lift, the bathing system can accommodate a wide range of needs; fully height adjustable, it also promotes eye contact and one-to-one interactions between the carer and person.

Mobility level	Showering	Reclining sit bath solutions	Sit bath with integrated chair	Recumbent bath solutions
 ALBERT	 Foldable seat	 Reclining sit bath	 Sit bath with integrated chair	  Bath lift chair Recumbent bath
 BARBARA	  Foldable seat Hi-low shower chair	 Reclining sit bath	 Sit bath with integrated chair	  Bath lift chair Recumbent bath
 CARL	  Hi-low hygiene chair Multi-purpose hygiene chair	 Reclining sit bath	 Sit bath with integrated chair	  Bath lift chair Recumbent bath
 DORIS	 Multi-purpose hygiene chair	 Reclining sit bath		  Bath lift trolley Recumbent bath
 EMMA	 Shower trolley			  Bath lift trolley Recumbent bath

Wash in bed, when that is the preferred choice

The role of the carer supporting the person with dementia is to maintain their personal hygiene whilst also helping the person to feel comfortable and clean. While it might be that bathing or showering offer the best hygiene solutions, the person with dementia may still prefer to be washed within their bed, or at their bedside. In such a situation, it is important to make sure the bed is at the correct height for the carer to work comfortably. If the person has a fear of water, then it may be a good alternative to use purpose-made and impregnated washcloths to 'wash without water'; this can sometimes help to reduce anxiety. Remember that a person with dementia goes through changes in mobility, cognitive functions, physical and psychological health. Assessment and person-centred care should always be adapted to the current status and increase as the person requires more support.

Plan for the bathing session

A bathing session can give an excellent chance for sensory stimulation. The temperature and tactile feeling from the water, the smell of bath oils/lotions, colour, light and sometimes music can be used to stimulate or relax the person living with dementia. It is important though to remember that bathing is not only the time staying in the warm water, it is important to plan for the whole session.

1. How the person living with dementia gets to the bathroom.

It is a good idea to be able to get to the bathroom dressed, ambulating or sitting in a wheelchair or in a shower chair.

2. Where the person should be undressed & dressed.

Many people with dementia need some level of support; here an active lifter, a hygiene chair or a stretcher could be good options. Consider leaving a gown or towel on during the bath or shower for dignity and warmth.

3. A secluded place for getting to the toilet.

It is a good idea if the person empties the bladder and bowel before bathing or showering. The toilet area could be integrated with, or be in direct connection to, the bathroom.

4. Safe working environment including a safe way to enter the tub.

During bathing and showering the carer should be able to conduct transfers and support in a safe working posture, while the person relaxes comfortably.

5. Showering

The person may prefer a shower prior to, instead of, or after the bathing session. To support independent or assisted showering as an alternative to bathing, there should be a separate showering area. In this area the person can be cleaned if "accidents" happen during the bathing session.

6. Getting out of the bath.

Even if the person did not require support to enter the bath, exiting can be difficult. After the bath, the person is warm, wet and tired, maybe even dizzy. Offer a cold glass of water. Using a lifter to avoid the risk of the person falling and to avoid strain on the staff could be a good choice.

7. Drying, dressing and relaxation.

A heated area, or at least a towel heater, for assisted drying is good to plan for. It is important that the person can relax and does not get cold after the bath. It is also important to plan for an area where the person can sit and relax for a while.

8. Cleaning.

To avoid the risk of cross-infection, the bathtub and equipment used during bathing or showering need to be cleaned and disinfected. A bathtub or shower-panel with built-in cleaning disinfection is a welcome timesaving feature.

Accessing the toilet

Personal hygiene routines provide opportunity to self-sufficiency, activation and mobilisation. It is important to provide an opportunity for everyone, also the incontinent person, to perform bodily functions on the toilet; to be able to empty the bladder and bowel in a seated position. Good design and support can promote continence, independence and personal hygiene.

Limited space, hard surfaces and fixture and fittings, and the potential for slipping on water, soap etc. all increase the risk of injury around the toilet. It is important to balance the reduction of potential risk on one hand and protecting people's rights to privacy and maintaining their mobility, abilities and dignity on the other.



Sara Flex allows a single carer to position a person from being seated in a wheelchair, up to a full standing position, where the person can be undressed and thereafter can sit down on to the toilet.



Sara Steady is a mobility-promoting support aid that encourages people who need support to stand up, to enable relevant clothing to be lowered so they can then sit down on to the toilet

Mobility, moving and handling in dementia care

People with dementia experience more barriers to participating in physical activity than a person without a cognitive disease. They are often dependent upon support to be physically active. This is due to factors related to the disease process with reduced cognition, physical abilities and reduction in executive function, as well as factors related to the environment. Research shows that maintaining independence, promoting abilities, exercise and mobility can lead to improved wellbeing and self-hood¹¹, decreased depression¹² and improved sleep.¹³

Moving and handling can be a challenge

Moving and handling can be a complex aspect of supporting people with dementia. This is due to the progressive nature of the disease, the potential presence of other chronic conditions affecting mobility together with difficulties for the person in understanding how to move or follow instruction. It is very important that the person with dementia feels involved and should be encouraged to express feelings and preferences, if possible. Always inform and communicate so that person with dementia understands what is about to happen and trusts the situation. If he/she does not fully understand, make sure you promote trust, so the person feels comfortable with the situation and people involved. If the person

feels insecure, humiliated or exposed, he/she will not participate, or may even do the opposite. As the dementia progresses and the person affected becomes less mobile, unable to walk or transfer, the need for safe patient handling routines becomes even more important. There should be systematic and regular assessments carried out for best and safe practice, person-centered care and for improved quality of life.

Support mobility by using learned and basic skills

Most dementia diseases include severe memory problems, and as the disease progresses it may be difficult, or even impossible, to learn new tasks. To learn new skills, repetition is necessary for the task to become embedded in the long-term memory. If you try to raise a person from sitting to standing in a new or unfamiliar way, it might not trigger the signals of “standing up”, even though the person might have the physical capability to stand up. To be successful it is important to give the right stimuli and connect to the procedural memory, they should be encouraged to do the movement “as natural” as possible; as they have done it for decades. For example, a standing up movement that follows the natural movement “nose over toes”, gives good prerequisites to trigger the memory of standing up.

Cognitive impairment influencing mobility

Dementia can affect mobility in different ways and the degree of cognitive impairment varies from individual to individual. Carers supporting people with dementia need to appreciate the importance of maintaining mobility for as long as possible. It helps the person to maintain some control, independence and it has many other benefits.

- *It is common for the person with dementia to have visuo-spatial disorientation.* This can lead to a wide range of limitations related to mobilisation, that make it difficult for the person to judge their position in relation to their environment. Things that are close might seem far away and opposite.
- *Dementia is a progressive disease* and the assessment of the individual needs to be updated and based on that situation, the level of intervention and support need to be adjusted to suit the needs.
- *Promote equal participation.* Encourage the person to express feelings and views. This may involve interpreting non-verbal signals as well as tone of voice and expressed feelings.
- *If the person's responses become unpredictable or is unable to weight-bear,* the carer must choose the safest option and use appropriate equipment.
- *People with dementia may be afraid of moving* for fear of falling and many are not able to put their fear into words but show it by their responses. Talk through and show simple steps in the process to avoid surprising movements.
- *Positive statements are normally more effective* such as “keep standing” or “stay standing up tall” rather than “don’t sit down”. Emphasise what you wish them to do, use visual cues.
- *If a person finds it difficult to accomplish a particular action,* try to break it down into more manageable. This may take more time so be careful not to rush.

Mobility changes during disease progression

Even in the normal ageing process reflexes become slower and for a person with dementia; mobility and function reduces as the disease progresses. People with moderate stage dementia may tend to forget their walking aids, skip steps and in addition their mobility could be affected by distraction from others and emotional reactions. It is important to ensure the environment is free of hazards that could cause problems during mobilisation and take time to plan that furniture and other items are stable, to support safe mobility. In this stage, it may also be common for the person to seek stimulation and explore without caution. To assist with safety there should be areas identified that promote and meet sensory needs and, an area that includes good seating.

There may also be a risk associated with visuospatial changes such as loss of depth perception, not realising how deep a stair may be, and problems assessing distance. This may for example lead to a person walking towards a chair and trying to sit down before reaching it potentially resulting in a fall and subsequent injury. Ensuring flush thresholds between doorways, clear demarcation on steps/stairs, and supervision to avoid premature sitting during mobilisation, can all help to promote mobility and help reduce potential falls. Some individuals can walk until they get exhausted, they can't stop, while others may have trouble initiating movement, or spend long periods sitting still which may be due to pain or stiffness. It is important to help the person change position and create schedules and routines that enhance mobility and function. In the very late stage of dementia, muscular contractures may be

common due to increased time spent in bed which will also increase the risk of complications of immobility such as pressure injuries. Regular repositioning and the provision of an appropriate pressure redistribution surface will be important to help prevent such painful adverse events. The person may often feel isolated and show signs of being self-protective. It is important at this stage to go slowly and use your voice and gentle approach to calm during care routines.

Moving and handling solutions

When needing to assist a person to transfer or move, assessing functional mobility is a traditional way of starting the assessment, especially when choosing assistive equipment needed to perform or assist with the task. In addition, as we have described earlier, we need to assess the cognitive status, method and risks, and document in the care plan.

The Arjo Mobility Gallery

Is used to describe the functional mobility of the person and based on this a decision can be made on support needed for mobility.

It is important to support functional mobility and activities of daily living:

- Promote independence by helping a person to do as much as possible by him or herself.
- Guide the person through tasks by using easy, step-by-step directions.
- Give short clear instructions, one step at a time and praise the person for each step completed.

The Mobility Gallery™



ALBERT



BARBARA



CARL



DORIS



EMMA



ALBERT

- Ambulatory, but may use a walking stick for support
- Independent, can clean and dress himself
- Usually no risk of dynamic or static overload for carers
- Stimulation of functional mobility is very important

Patient handling equipment recommended

No patient handling equipment or physical assistance is required. Ensure that walking aid is close by for use and that supervision may be enough, providing guidance and verbal prompting.

Practical tips in care for people with dementia, Albert (& Barbara)

- Encourage a safe and guided walking: plan it, offer support, document it and reinforce it.
- Encourage the person to actively participate in different tasks, and of course in his/her own transfers.
- Constant verbal reassurance to remain safe whilst maintaining independence.
- Perform regular assessments to know when to offer more support when needed.
- Keeping track of the walking stick or walking frame could be a problem, ensure there are handrails and stable furniture to support walking.
- Encourage the person to be active in their transfers, encourage independent safe and guided sit to stand and stand to sit movement.

Sitting to standing

- Have feet positioned under their knees and lean body forward (nose over toes).
- Encourage the person to use the arm rests.
- Push to front edge of seat.
- Shift weight to feet.
- Lean forward and push up to stand.
- Encourage the person to stand fully and gain their balance before starting to walk.

Standing to sitting

- Ensure the person is close to the front edge of the seat before they try to sit down.
- Guide them to reach back to arm rests.
- Have them lean forward with their shoulders and move their hips behind them.
- Continue forward leaning until their bottom touches the seat of the chair.
- Ensure the person moves to the back of the seat.

To get things going

DO:

- offer simple choices
- "it's time to ..."
- break it into 'little steps'
- go SLOW
- use tone of voice
- ask for help
- ask the person to 'TRY'

DON'T:

- talk too much
- pull on them, say "you need to ..."
- ask "do you want to ..."
- use complicated instructions or rush them
- forget to talk TO them
- get too focused on the action



BARBARA

- Can support herself to some degree and uses walking frame or similar
- Dependent on carer in some situations.
 - Usually no risk of dynamic overload for carers.
- A risk of static overload for carers can occur if not using proper equipment.
 - Stimulation of functional mobility is very important



Sara Stedy



Sliding Sheets

Patient handling equipment recommended

Sara Stedy / Sliding Sheets

Sara Stedy in care of people with dementia, when support in sitting to standing:

- It gives stable support and can reduce the amount of transfers required during the care process; dressing, undressing and toileting.
- Encourages activity of the person with dementia, to hold on and use both arms and legs, to perform the standing/sitting.
- The darker contrast colour on Sara Stedy may help guide the person to know where to hold and sit, and place their feet.
- Is non-powered and silent.
- Supports 1:1 care and enables eye contact between carer and the person with dementia as the person is facing the carer.

Using sliding sheets can allow the person with dementia to participate in their own repositioning transfers in bed. The slide sheets remove the friction beneath their body to 'free up' movement and enable them to utilize normal movement patterns.

Practical tips

- Do not leave the person unattended in Sara Stedy, or on the sliding sheets.
- Encourage the person to actively participate in her/his own transfers.
- Promote normal movement patterns to maintain function and mobility.
- Give constant verbal reassurance during equipment use and involve them whenever possible.
- Use the support sling on the Sara Stedy, if transporting between rooms.
- Inform the person what is happening and constantly re-assure through verbal and non-verbal communication.
- Do not use the slide sheets for transfers where the person is sitting on the edge of the bed or on the seat of a chair due to the risk of slipping off.



CARL

- Is able to partially weight bear on at least one leg.
- Often sits in a wheelchair and has some trunk stability
- Dependent on carer in most situations
- A risk of dynamic and static overload to the carer when not using proper equipment
- Stimulation of functional mobility is very important



Sara Flex



Sliding Sheets

Patient handling equipment recommended

Sara Flex / Sliding Sheets

Special considerations for people with dementia using Sara Flex

- Allows the person to utilize aspects of normal movement for sitting to standing, such as bringing their upper body forward, allowing forward movement and flexion of the knees and ankles.
- The handles, that resemble bicycle handlebars, could encourage the person to hold-on and support comfortable positioning of hands, wrists and elbows during the movement.
- Contrasting colour between the footplate, kneepad and hand holds compared to the main frame, may encourage the person with dementia to know where to place their hands and feet during use.
- Promotes 1:1 interaction and is possible to use by a single carer. The person faces the carer during transfers, contributing to eye to eye contact and communication.

Using sliding sheets can allow the person with dementia to participate in the repositioning process in bed and utilize normal patterns of movement by removing the friction beneath their body to 'free up' movement.

Practical tips

- Encourage the person to be active throughout the transfer, to lift their bottom and actively stand/sit with the action of the lifter.
- Talk through every step, offer reassurance to reduce possible anxiety.
- Stay close to the person with dementia and being able to hold a hand on the person during lifting, manoeuvre the lift by the handset.
- Choose the right sling, based on person's size and functional ability.
- Never leave a person unattended when in the lifter, or on the sliding sheet.
- Do not use the sliding sheets for transfers where the person is sitting on the edge of the bed or on the chair due to the risk of slipping forwards and off the bed or chair.



DORIS

- Cannot stand and is not able to weight bear.
- Is able to sit if well supported
- Dependent on carer in most situations
 - A high risk of dynamic and static overload to carer when not using proper equipment
- Stimulation of functional mobility is very important



Maxi Move



Maxi Sky 2



Sliding Sheets



Maxi Transfer Sheet

Patient handling equipment recommended

Maxi Move / Maxi Sky 2 / Sliding Sheets / Maxi Transfer Sheet.

Special considerations for people with dementia

- The Powered DPS (Dynamic Positioning System) as well as a range of spreader bars available on Maxi Move and Maxi Sky 2, allow the person with dementia and carer to choose the preferred sling and transfer position.
- By using the handset, the carer can stay near the person face-to-face, during the whole lift and transfer session, due to the handset.
- Different slings provide different support. With the right individual chosen sling, the 'cocooning' effect can be provided, which may be a comforting feeling for some people living with dementia.

Maxi Sky:

- The ceiling track can be hidden, integrated into the ceiling, so the environment looks less institutional.
- By using Maxi Sky 2, instead of a floor lifter, the person who requires lifting does not have a large machine in front of them or between themselves and the carer, the casing with the motor stays at the ceiling.
- Ceiling lifts promote one to one care and interaction as the carer operates the lift standing close to the person with dementia.

Practical tips

- Reassure the person during the lift and transfer so they are aware of what is happening.
- Stand close to the person during lifting and lowering enhancing interaction, use the handset.
- Choose the right sling for the person depending upon the person's size, functional ability, requirement for support and comfort.
- With supervision the person can sometimes operate the handset or use a 'hand over hand' method to operate the controls and reduce the fear of being lifted and assist them to be part of their movement.
- The person should never be left unattended when in the lifter or when lying on slide sheets within the bed. Slide sheets can cause some noise when in use, check if the noise of the slide sheet causes the person any alarm or anxiety.
- The Maxi Transfer sheet can be a 'gentle' option for frequent repositioning in the bed for a person with dementia who may be in pain. They are able to remain lying on the sheet and it can be attached to either the ceiling lift or the floor lift to help the carers perform frequently required in bed positioning, such as upwards in the bed and turning over.
- When using Maxi Move, reduce the risk for fear:
 - Approach the person carefully with the lift, choose the angle carefully
 - Have the lift in a low position, below the person's eye level, when approaching
 - Do not lift the person above the carer's eye level.
 - Move the lifter as little as possible to avoid the person swinging



EMMA

- Might be almost completely bedridden, can sit up only in a special chair
- Always dependent on carer
- A high risk of dynamic and static overload to the carer when not using proper equipment
- Stimulation of functional mobility is not a primary goal



Maxi Move



Maxi Sky 2



Sliding Sheets



Maxi Transfer Sheet

Patient handling equipment recommended

Maxi Move / Maxi Sky 2 / Sliding Sheets / Maxi Transfer Sheet.

Special considerations for people with dementia

As above with Maxi Move and Maxi Sky 2 and Sliding sheets

Additional for Maxi Transfer Sheet:

- It looks and feels like a standard bed sheet and can remain underneath the person for extended periods of time. (Always with frequent checking of the person's skin condition).
- Many people with dementia may not be able to communicate and some are experiencing pain, the use of the *Maxi Transfer Sheet* when lifting a person in a semi-supine or full supine position supports the person's whole body, spreading the weight and hence reducing the pressure on bony prominences such as hips, shoulder blades and heels.
- When lifting the person with dementia in the *Maxi Transfer Sheet* 'cocoons' the person, which can have a positive effect for some people.



Summarising person-centred care with Arjo

Whether the person cared for is relatively independent like Albert, needing more assistance like Doris or full care like Emma, the care should be based on the individual. Each of our products is developed to suit the person's individual needs and should be used to assist care, not determine care. Remember that the care is carried out in what is the person's home, even when living in a care home, and respect the personal space. Arjo products can easily be integrated through a good assessment and use of space. By applying person-centred care every person

is seen as a unique individual, that experience changes through a progressive disease process. What works one day might not work the next. The care team has a great responsibility to use knowledge and understanding to support the person with dementia in every day care. We believe that the knowledge, combined with the right support and product can improve the quality of life for many. Individual assessment, planning and implementation of person-centred care in using the right aids, gives a holistic approach, looking at the person as a whole.



Case examples

Case 1: Chrissy

Chrissy Smith is mobile, she like to walk around. It can be difficult to redirect her from things that she is very focussed on in care situations. She can become verbally/physically distressed during personal care. Chrissy often becomes impatient when staff do not respond immediately, and it can lead to safety issues. During personal care, she will sometimes use her hair brush to brush her teeth and attempt to use her ointment as toothpaste. Staff will often find her laundry in the waste bin. She appears not to be able to tolerate the sensation of hygiene care when washing her hands, feet, face or during intimate care. She is incontinent and has little awareness that she has soiled herself.

How to support:

Chrissy does not need any equipment for mobilisation and transfer. Encourage her to participate in all care situations and be as independent as possible. Guide your response to her behaviour and be willing to slow down or speed up to match her. Gradually change rhythm and pattern to reach a more comfortable pace, without trying to stop her or restrict. Be a detective, try to figure out what sensation she is seeking or trying to avoid.

In hygiene care, she might enjoy a bath and wash herself as much as possible, with little prompting. Find out what routines she has had before. Work together in the team to think of sensory experiences to match her preferences. What will make her more comfortable and relaxed? Give verbal instructions when needed.

If she needs any increase in assistance or to introduce equipment if needing more care, introduce these gradually step-by-step. Try “hand over hand” guidance when assisting. If you as a carer feel stress in the situation, use “time out”, breathe deeply and re-approach. Get assistance from another carer if needed. Chrissy can be helped by pictures of routines such as brushing teeth. Show her routines and what products to use and she will copy. She needs to be taken to the toilet regularly since she does not feel when she needs to go and when she is incontinent. This will keep her natural continence and body routines.



Case 2: Jack

Jack Edison a social person during short interactions, but he can struggle to find words and becomes frustrated. It is not easy to know if he is being difficult or stubborn or if he is having some changes in his abilities. He is sometimes seen as rigid and inflexible, with little regard for boundaries. He becomes quite distraught when there is a change to his routine.

Jack had a stroke five years ago and sits in a wheelchair. The showering situation has been difficult lately and he has on occasions lashed out towards staff when they come near.

How to support:

Find out Jack's showering routines from the past. Ask Jack but also his relatives. Allow to keep as many old routines as possible and be willing to change and adapt. Find out the triggers for Jack's behaviour. Is it due to struggling to communicate? Be his way of communicating.

Different choices can be given, by showing different objects together with both body language and words, as a way to promote autonomy and independence. Use reassuring and positive language. Go through the procedure step by step so there are no surprises. Using Sara Flex helps in standing and provides a natural way of supporting from sitting to standing. This can make Jack feel like he is supported, not handled. Monitor safety at all times.

Jack can be supported in the Carendo hygiene chair during showering, which can reduce the risk of feeling insecure and lashing out. Try to distract from certain routines that can be stressful and can cause anxiety. Document routines that work well, and not, in a care plan. Share the documentation to ensure the care team is aware of preferences and individualised care.



Case examples

Case 3: Gordon

Gordon Wilson walks around the unit holding onto the handrails and continues to walk all day, he doesn't realize he is tired and requires time for rest and restoration. Gordon often tries to pick at the patterns on the floor resulting in multiple falls. During care, he firmly grabs the blankets not wanting to let go or grabs the staff's arm firmly. When in the dining room he will choke on his food or tends to spit out pieces of food. Family is concerned he is losing weight. For personal hygiene, he has always has always showered before breakfast.

How to support

Plan the day for activity and rest. Gordon has difficulty with the initiation, sequences and steps of an activity and knowing when to stop it. Guide and cue, do not push, pull or force. The more you push the more he will react and resist. Using "the Hand over Hand" is a good way to make him aware of where the touch is

going to occur and to show him the direction. Use all senses to find what calms and what stimulates him. Find out his preferences by asking but also communicate with the family.

Sitting in the Wellness Nordic Relax Chair regularly may be a good way for Gordon to relax and restore. Using the Carendo hygiene chair during showering could be one way to increase comfort and reduce the risk for falling in the bathroom.

He can use a handheld shower head and shower himself while in the Carendo. Break down every task and show what you want him to do. Rhythm and music can be used to relax in the bathroom. Ensure proper assessment of needs and ability. If Gordon lacks nutrients or gets dehydrated this will affect his health and can increase risk of falls and independence.



Case 4: Beverly

Beverly Johnson spends most of the day in bed or sometimes in a fully supported reclining chair. She has many contractures and tends to tense up more when touched and startles with loud noises. She sleeps most of the day and does not interact, but she relaxes when her daughter sings softly to her and will open her eyes from time to time. While sitting up she often leans over to one side of the chair and moans loudly when repositioned. She clenches her mouth when staff try to assist with feeding and drinks very little. Staff and family are concerned about her becoming dehydrated and that she will develop pressure injuries.

How to support

It is important to determine how alert she is and only approach after assessing. If her eyes are closed use your voice and touch friendly/rhythmically to bring her to alertness. As a carer, try to keep one hand still on a shoulder, hip, joint, hand or back when

doing something with the other hand. Even if Beverly does not respond in words does not mean she doesn't understand; especially your tone of voice can give comfort and ensure trust.

Explain what you are doing at all times. Beverly needs a pressure injury prevention mattress. For transfer to the bath or supported chair, use a Maxi Transfer Sheet and a ceiling lift if available. Beverly always needs full support due to her being unable to assist or support herself. Maxi Transfer Sheet is a combined bed sheet and sling, which can remain underneath the person and provide lifting support during transfer and repositioning. Use warm towels or a blanket to cover her in the bathroom. The hydromassage in the bathtub together with warm water may provide relaxation.

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At Arjo, we believe that empowering movement within healthcare environments is essential to quality care. Our products and solutions are designed to promote a safe and dignified experience through patient handling, medical beds, personal hygiene, disinfection, diagnostics, and the prevention of pressure ulcers and venous thromboembolism. With over 6000 people worldwide and 60 years caring for patients and healthcare professionals, we are committed to driving healthier outcomes for people facing mobility challenges.

Only Arjo designed parts, which are designed specifically for the purpose, should be used on the equipment and products supplied by Arjo. As our policy is one of continuous development we reserve the right to modify designs and specifications without prior notice.

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