

**The Right Care:** creating  
dementia friendly hospitals



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# Environments that are dementia friendly

*Good practice for better care*

# Environments that are dementia friendly

## Section 1

Self assessment statements from National Audit-Royal College of Psychiatrists	Measures used (see examples section 3)	RAG	Evidence	Areas for improvement
People with dementia are cared for in an environment that is adaptable to their needs and preferences				
Physical environment on the ward				
Patients with dementia and/or who are being assessed for cognitive impairment and who are situated on the ward where they are visible to staff and staff are visible to them				
<b>Orientation</b>				
Colour schemes are used to help patients with dementia to find their way around the ward <i>e.g. doors and bays are painted in a different colour</i>				
Signs and maps use large and clear (easy to read) fonts and colours				
Information (words and pictures) on signs is in clear contrast to the background				

Self assessment statements from National Audit-Royal College of Psychiatrists	Measures used (see examples section 3)	RAG	Evidence	Areas for improvement
Key areas are clearly marked <i>e.g. the nursing station, the bathrooms/toilets, any side rooms or waiting areas</i>				
All patients with dementia are able to see a clock from their bed				
All patients with dementia are able to see a calendar (or orientation board) from their bed				
Signs to locate the toilet are visible from the patient's bed				
For patients with dementia, messages from relatives and personal objects including self care items are situated where the patient can see them at all times				
A room/area is available for patients to use for a break from the ward environment <i>e.g. a patient lounge, "quiet" room, seating area</i>				
<b>Bathroom</b>				
Toilet and bathroom doors carry signs and are a different colour to the walls				

Self assessment statements from National Audit-Royal College of Psychiatrists	Measures used (see examples section 3)	RAG	Evidence	Areas for improvement
Items such as the soap dispenser, the bin, the hand dryer are clearly labelled with pictures as well as words so that the patient can identify them				
There are call/alarm buttons visible in the toilet/bathroom				
There are hand rails, large handles and a raised toilet seat to support the patients				
Door handles are a different colour to the wall so that they stand out				
Toilet paper is a different colour to the wall so that it stands out				
The toilets are big enough for assisted toileting				
The bathroom is big enough for assisted bathing				
Single sex toilet/washing facilities are provided for patient use				

Self assessment statements from National Audit-Royal College of Psychiatrists	Measures used (see examples section 3)	RAG	Evidence	Areas for improvement
Facilities are available so that patients have choices about bathing or assisted bathing, <i>e.g. at the sink, overhead showering, hand held shower head, full bath</i>				
<b>Promoting independence</b>				
There is space for restless patients with dementia to walk up and down where they are visible to staff				
The ward is adapted to assist people with mobility difficulties, <i>e.g. large handles, hand rails</i>				
The ward is able to provide adapted utensils to encourage patients to assist themselves with their meals and eat independently				
The ward can readily provide equipment to assist mobility, <i>e.g. walking frames, wheelchairs</i>				
The ward can readily provide hearing aids such as amplifiers/communicators/hearing loops/batteries for personal aids or other assistive devices				

Self assessment statements from National Audit-Royal College of Psychiatrists	Measures used (see examples section 3)	RAG	Evidence	Areas for improvement
Floor				
Floor Level changes and contrasts (gentle slopes and steps) are clearly marked				
Floors are plain or subtly patterned, not “busy” <i>e.g. without bold or high contrast design or pattern which could affect orientation</i>				
Floor surfaces are subtly polished rather than high gloss				
Floor surfaces are non slip				

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## Section 2

### Relevant NICE standards

- NICE CG 103: Delirium. Priority ii. Give a tailored multi-component intervention package to prevent delirium



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## Section 3

### Example measures and indicators

Ward audit using tools from National Dementia Audit. Ward champions involved in recommendations for action.

Facilities manager confirms at agreed intervals that signage has been installed as recommended by clinical champion

Ward audit. Positive practice: involvement of carers/families, voluntary and third sector partners in monitoring and checks.

Evidence of hospital policy.

Audit of implementation of hospital policy.

Review of serious and untoward incidents, including falls of patients with a dementia.

Feedback from ward champion and staff.

Feedback from patients and carers/families.

Audit of medical records.

Audit of bed moves.

Observation.

Feedback from ward champion and staff.

Feedback from patients and carers/families.<sup>1</sup>

Audit of medical records.

Audit of bed moves.

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<sup>1</sup> National Audit of Dementia - Care in General Hospitals 2010/11 (Royal College of Psychiatry, 2010)



## Example measures and indicators

Observation.

Feedback from clinical champion and staff.

Feedback from patients and carers/families.

Agreed periodic review by hospital clinical champion with facilities management and ward champions, in partnership with voluntary and community sector, patient, carers/families.

Regular report to hospital Board.

Ward review, in partnership with voluntary and community sector, patient, carers/families.

Review system is in place for ward champion to audit and report at agreed intervals on delivery of standard 4.

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## Section 4

### Resources to help you

All the resources below can also be found at [www.dementiaaction.org.uk/DKITresources](http://www.dementiaaction.org.uk/DKITresources)

Kings Fund EHE Assessment tool

<http://www.kingsfund.org.uk/projects/enhancing-healing-environment/ehe-design-dementia>

RCN Commitment to care: How to Guide (pages 26- 28)

[http://www.rcn.org.uk/\\_data/assets/pdf\\_file/0011/480269/004235.pdf](http://www.rcn.org.uk/_data/assets/pdf_file/0011/480269/004235.pdf)

SCIE Dementia Gateway

<http://www.scie.org.uk/publications/dementia/environment/index.asp>

The South – West Dementia Partnership Competency Framework: (Standard 4 page 26 - 44)

<http://www.dementiapartnerships.org.uk/wp-content/uploads/dementia-care-in-hospital-positive-practice-compendium.pdf>

Stirling University – Dementia Design Audit Tool

<http://dementia.stir.ac.uk/node/1918>

The wander some patient – case study

[http://www.dementiaaction.org.uk/assets/0000/0804/BTH\\_The\\_Wander\\_Some\\_Patient\\_-\\_Case\\_Study.pdf](http://www.dementiaaction.org.uk/assets/0000/0804/BTH_The_Wander_Some_Patient_-_Case_Study.pdf)

Yorkshire Outdoors (RCN PowerPoint presentations)

[www.dementiaaction.org.uk/assets/0000/0805/BTH\\_Yorkshire\\_Outdoors\\_-\\_RCN\\_Presentation.pdf](http://www.dementiaaction.org.uk/assets/0000/0805/BTH_Yorkshire_Outdoors_-_RCN_Presentation.pdf)