



**Can We Truly Create
Homes Where People Want
to Live, Work & Visit—
Without Letting Rules and
Regulations Driving
Policies and Practices?**

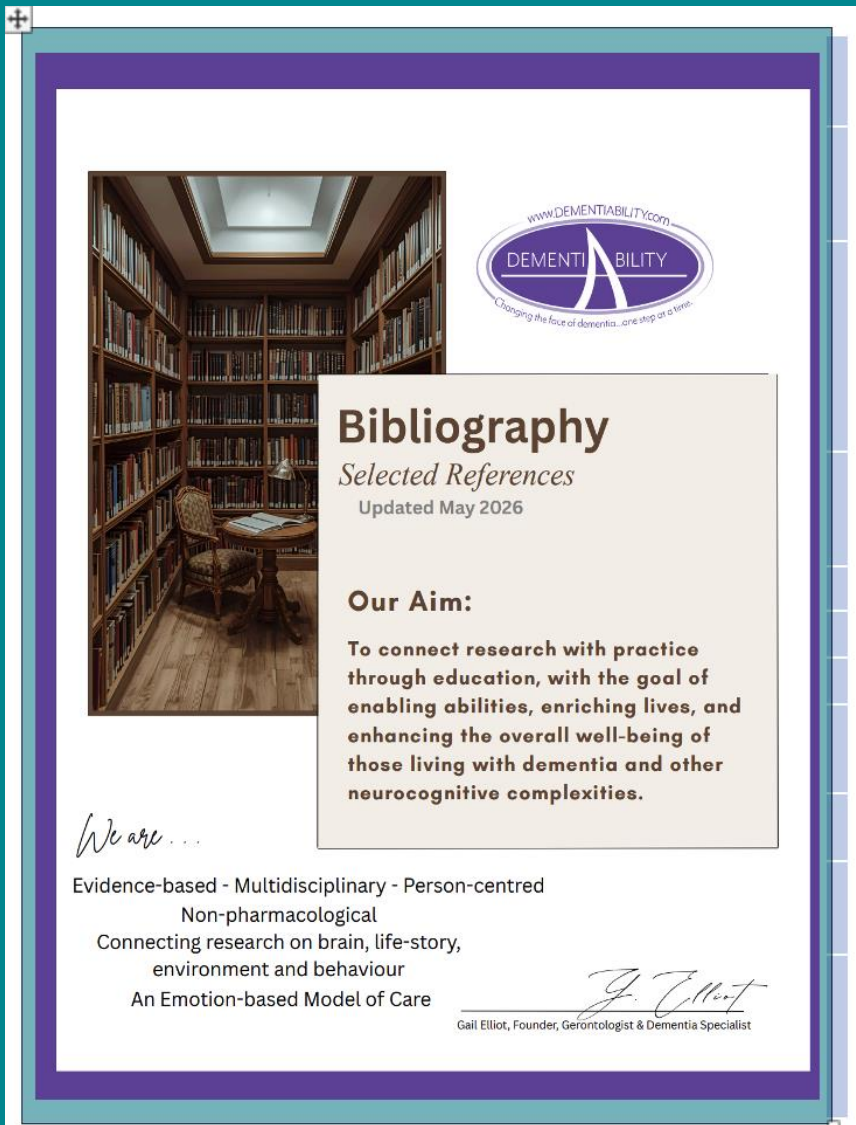
**By: Gail Elliot
DementiAbility
Enterprises Inc.**



First . . .

The Evidence

The Terminology



<https://acrobat.adobe.com/id/urn:aaid:sc:VA6C2:38042fa3-75df-402c-a7c5-fd93736980e4>

Elliot, G. (2026) DementiaAbility

Models of Care

Person-centred Care
Emotion-centred care

Other . . .

Can We Truly Create Homes Where People Want to Live, Work & Visit—Without Letting Rules and Regulations Drive Policies and Practices?



YES - BUT HOW?

We need to think about
Designing for Dementia . . .
AND Engaging in Life and
Living

Creating Homes Where People Want to Live, Work and Visit While Navigating Rules and Regulations



**Now for the trailer for a 10-season series
on how to create the best of the best for
our residents in care environments**



A LTC HOME is someone's
HOME

The Focus Must Be On:
A Life Worth Living

Buildings PLUS Inner Activity &
Workings – Which includes Rules &
Regulations



Key Question

Have designers, policy makers, and operators taken what is know about dementia, brain and behaviour into account?



Let's Set the Stage





Key elements of “home” should focus on:

**An enabled environment - that
looks, feels and smells like home
+ is based on what is known**

about the people who live here, including:

- **The brain (memory & disease)**
- **Life story**
- **Behaviour**



When you think about the definition of dementia - what comes to mind?



CHANGES IN BRAIN
FUNCTION

Dementia

CHANGES IN BRAIN
STRUCTURE

LOSS

LOSS of memory

Remember this when designing
homes & programs for dementia





**How much do you
know about
spared memory?**

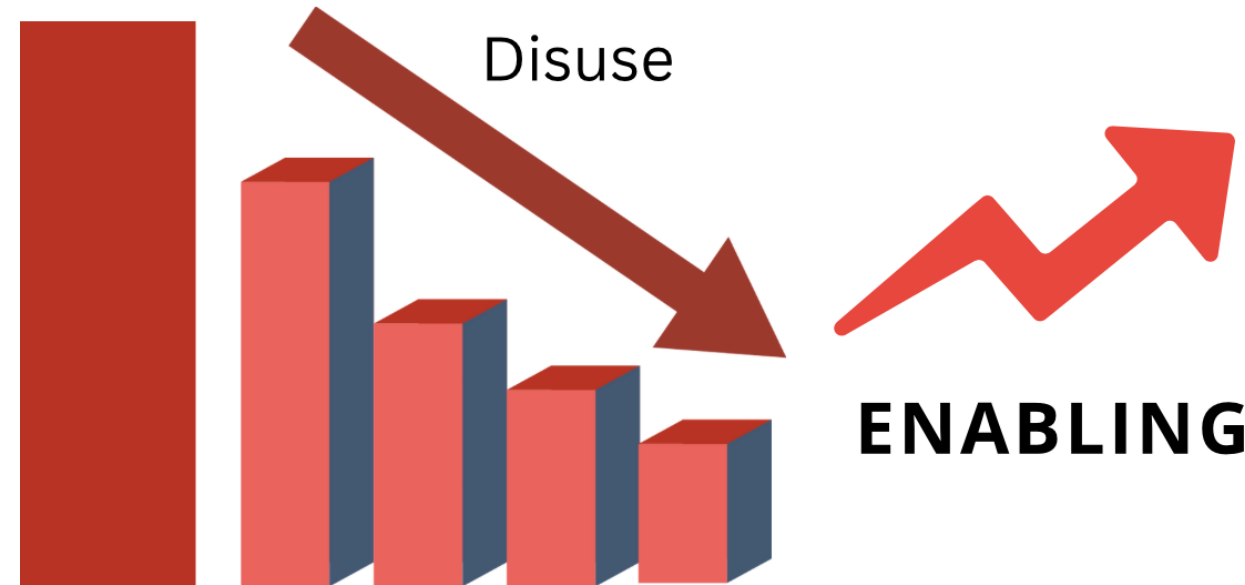
**Memory training
is possible
The brain is
neuroplastic**

Designing homes,
interventions &
programs for dementia
must take brain &
behaviour into account

*A lot of what we see is not because
of dementia – it is disuse*



**Prevent excess
disability . . .**



Use it or lose it!

THE NEURONS THAT
FIRE TOGETHER
Wire together



To create homes where people want to live, work and visit . . .

WE WANT PEOPLE TO
FUNCTION
at their
HIGHEST POTENTIAL
BODY • MIND • SOCIAL • MENTAL HEALTH

The Competency Press Model

Environmental Press

Powell Lawton, (1973) is regarded as the most important environmental theorist for dementia and aging in the last century.

Lowest competency - largest impact.

Calkins, 2004; Morgan-Brown & Chard, 2014



Finding the Right Balance in Long-Term Care

The best quality of life happens in the middle.

TOO MUCH STIMULATION

Overstimulation can cause stress, confusion, agitation and fatigue.

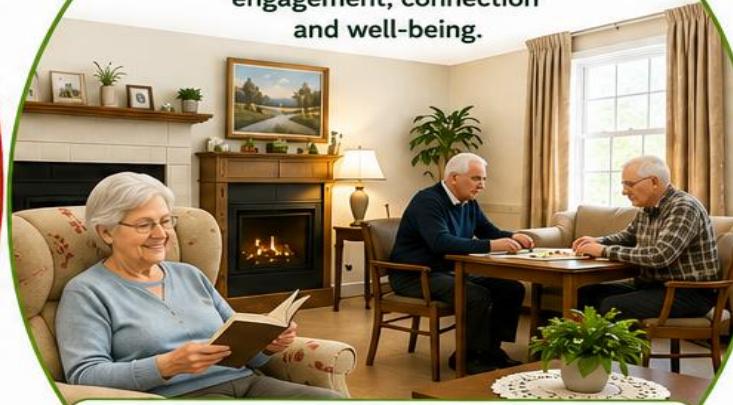


- Loud noises and bright lights
- Cluttered, busy spaces
- Too many activities at once
- Little opportunity to rest



JUST RIGHT

A calm, familiar environment with meaningful activities supports engagement, connection and well-being.



- Calm, home-like surroundings
- Personal touches and familiar items
- Meaningful, choice-based activities
- Time for rest and quiet



TOO LITTLE STIMULATION

Too little stimulation can lead to boredom, loneliness, withdrawal and decline.



- Barren spaces with no visual interest
- Nothing on walls or tables
- No activities or things to do
- Little connection with others



Our Goal:

Enable each resident to live a meaningful, purposeful and engaged life.



BALANCE MATTERS

Thoughtful environments and activities help residents maintain dignity, engagement, function and quality of life.

Lawton (1977)

People, purpose and connection make the difference.



**OVER-
STIMULATING**

**JUST
RIGHT**

**UNDER-
STIMULATING**

Competency Press

Cutler (2007)

Based on Lawton (1973)

TOO MUCH PRESS

- Stress
- Anxiety
- Excessively challenging barriers within the environment
- Behavioural responses

OPTIMAL PRESS

The right amount of challenge and support to promote growth, engagement, and competence.

TOO LITTLE PRESS

- Lack of stimulation
- Boredom
- Deconditioning
- Unmet needs
- Excess disability

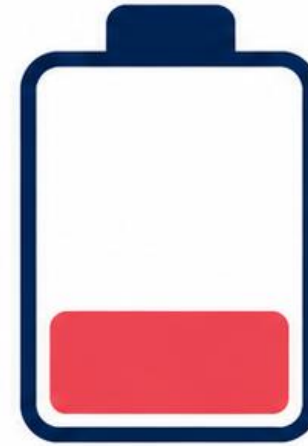
Each person begins the journey with a different tank of reserves.



**Larger
reserve capacity**



**Moderate
reserve capacity**



**Smaller
reserve capacity**

Factors such as lifelong experiences, education, health, cognitive reserve, physical abilities and social supports can influence the size of a person's reserve.

**As dementia progresses and environmental demands increase,
reserve capacity can become smaller.**

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Progressively Reduced Stress Threshold Theory



Within Capacity

- Feels calm and engaged
- Enjoys the environment
- Can filter out background stimulation
- Has cognitive reserve



Exceeds Capacity

- Same environment feels “too much”
- Noise, movement and multiple people increase stress
- May show signs of agitation, withdrawal or confusion
- Lower cognitive reserve

As dementia progresses, the person’s ability to cope with environmental stress and stimuli decreases.

Environmental demands can exceed the person’s stress threshold.

Research Recommends Dignified

Calm sensory environments



Functional contrast



Familiar residential cues



Meaningful engagement







Dining. Which is better?



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Competency Press

Cutler (2007)

TOO LITTLE PRESS

- Lack of stimulation
- Boredom
- Deconditioning



Results in disengagement, low motivation, and declining abilities.

OPTIMAL PRESS

The right amount of challenge and support to promote growth, engagement, and competence.



Leads to engagement, confidence, skill development, and well-being.

TOO MUCH PRESS

- Stress
- Anxiety
- Excessively challenging barriers within the environment



Results in overwhelm, avoidance, anxiety, and decreased performance.

GOAL:

To create enabling environments

which provide:

(Wahl and Weisman 2003)

Based on Lawton (1973)

◆

**MAINTENANCE
OF FUNCTION**

through

**CONSTANCY AND
PREDICTABILITY**

◆

STIMULATION

through

**NOVEL STIMULI AND
INTERACTIONS**

◆

**SUPPORT AND
COMPENSATION**

for

**REDUCED OR LOST
COMPETENCIES**

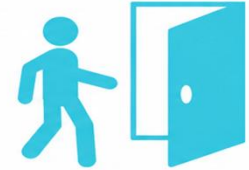
The environment needs to be set up for success with positive environmental triggers

CREATE POSITIVE ENVIRONMENTAL TRIGGERS

SET IT UP FOR SUCCESS

IDENTIFY & REMOVE THE NEGATIVE TRIGGERS

All behaviour has meaning.

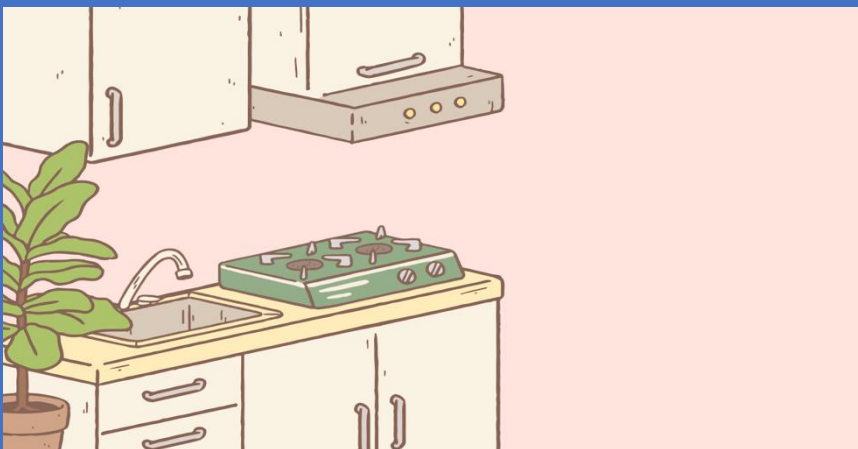


REPLACE THE NEGATIVE WITH THE POSITIVE TRIGGERS



- ✓ Each room looks like its purpose
- ✓ Caring & compassionate carers
- ✓ Exits disguised as needed
- ✓ Memory cues in place
- ✓ Things to do – available and accessible

*Well-defined
familiar spaces*



KEY MESSAGES:

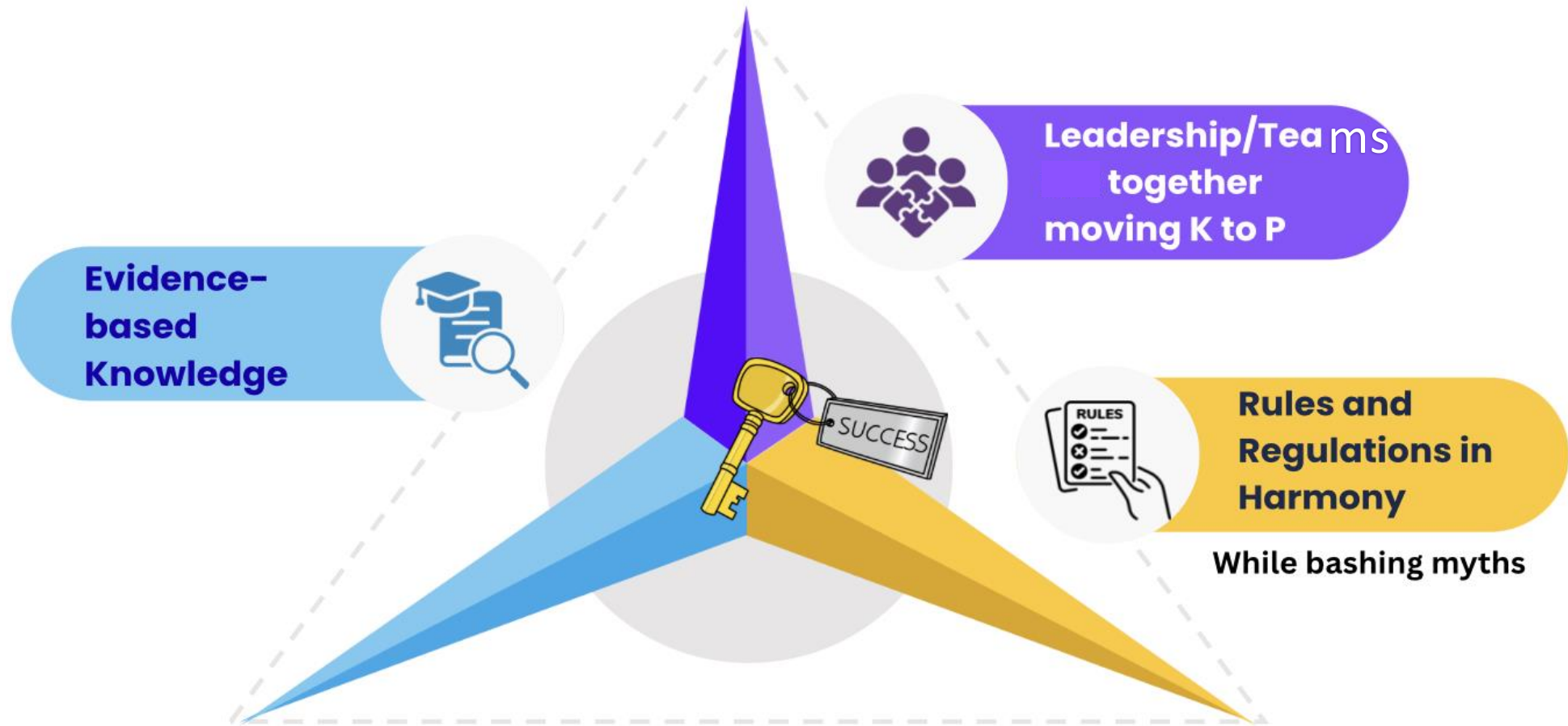
Evidence-based (brain & behaviour)
Knowledge-informed staff/dementia competency/Leadership

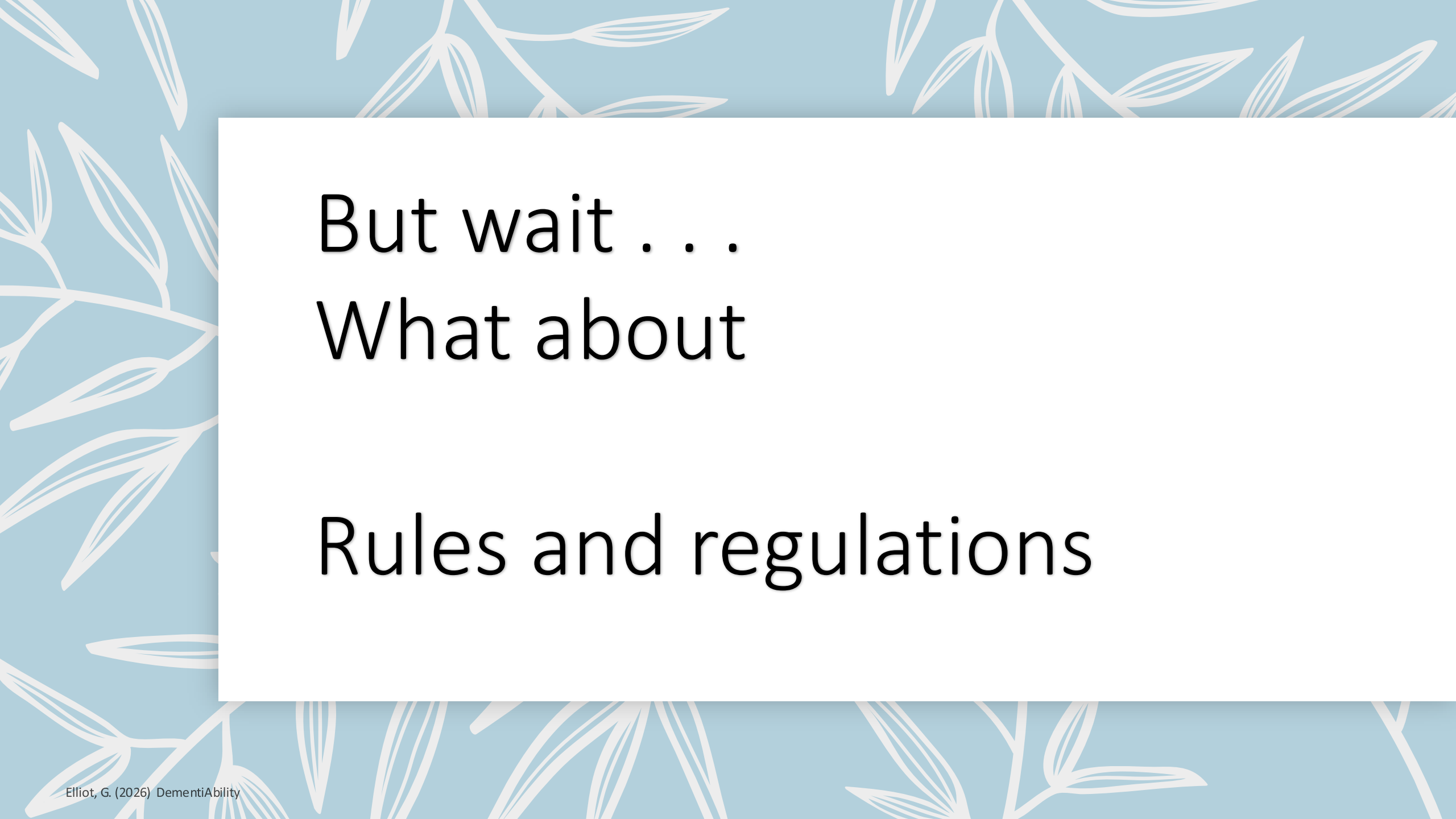
With things to do



HOW?

**Evidence-Informed Teams Working to Change Practice
within **REAL** Rules and Regulations**



The background of the slide features a repeating pattern of stylized, light-colored leaves and branches on a muted blue background. The leaves are elongated and pointed, with some showing internal vein details. The branches are thin and curved, creating a naturalistic yet graphic look.

But wait . . .
What about

Rules and regulations

CANADIAN LONG-TERM CARE STANDARDS

Quality care. Quality living. A home where people can thrive.

RESIDENT-CENTRED CARE

Choice • Dignity • Respect • Compassion

MEANINGFUL QUALITY OF LIFE

Relationships • Purpose • Belonging • What matters to me

SAFE, HIGH-QUALITY CARE

Evidence-informed • Culturally safe • Trauma-informed



HEALTHY, COMPETENT WORKFORCE

Education • Teamwork • Safe working conditions

SAFE OPERATIONS & ENVIRONMENTS

Infection prevention • Accessible design • Emergency readiness

STRONG GOVERNANCE & IMPROVEMENT

Accountability • Learning • Measurable outcomes



The goal is not simply to meet standards — it is to help every person **live well**.

**ONLY 20% MEET
THE NATIONAL
STANDARD**
THIS RELATES TO:

**QUALITY
INDICATORS**

REGULATIONS

DID YOU KNOW?

**CANADIAN STANDARDS
(FOUNDED IN 2023 BY
HSO & CSA*) ARE
AVAILABLE BUT ARE NOT
WIDELY USED?**

Sobol, I. (2023, July 6)
Arulnamby, A., & Sinha, S.
K. (2023)

**QUALITY OF
LIFE**

**CARE
PLANNING AND
ASSESSMENTS**

**WORK FORCE
COMPETENCE**

*HEALTH STANDARDS ORGANIZATION (HSO)
CANADIAN STANDARDS ASSOCIATION (CSA)

All provinces
have
governing
bodies.

Long-Term Care / Nursing Home Legislation Across Canada	
Province	Primary legislation / regulatory framework
British Columbia	Community Care and Assisted Living Act; Residential Care Regulation.
Alberta	Continuing Care Act; Continuing Care Regulation; Continuing Care (Ministerial) Regulation.
Saskatchewan	The Provincial Health Authority Act (special-care homes); Special Care Home Program Guidelines.
Manitoba	The Health Services Insurance Act; Personal Care Homes Standards Regulation; Personal Care Home Licensing Regulation.
Ontario	Fixing Long-Term Care Act, 2021; O. Reg. 246/22 (General).
Quebec	Act respecting the governance of the health and social services system (chapter G-1.021), including institutions providing long-term care/CHSLD services.
New Brunswick	Nursing Homes Act; regulations under the Act.
Nova Scotia	Homes for Special Care Act; Homes for Special Care Regulations.
Prince Edward Island	Community Care Facilities and Nursing Homes Act; Nursing Home Regulations.
Newfoundland and Labrador	Health and Community Services Act; long-term care operational standards (and Personal Care Home Regulations for personal care homes).

Provincial terminology and regulatory structures differ. Summary current to September 2026;

Ontario Long-Term Care Home Design Manual (2015)

Designing environments that support dignity, independence and quality of life



CREATE A PLACE THAT LOOKS AND FEELS LIKE HOME

Smaller, familiar, comfortable spaces that support **dignity, privacy** and **belonging**.

Home



DESIGN TO SUPPORT INDEPENDENCE & QUALITY OF LIFE

Use accessible design, wayfinding, meaningful activity and outdoor spaces to help residents remain **independent, engaged** and **connected**.

*Independence
Connection
Engagement*



BALANCE QUALITY LIVING WITH SAFETY

Meet safety, accessibility and operational requirements while creating an environment where residents can **live, participate** and **thrive**.

*Safety
Access
Peace of Mind*



A place to *live*. | A place to *belong*. | A place to *thrive*. ♥

Minimum
Physical
Design
Standards

FIXING LONG-TERM CARE ACT, 2021



5 KEY PERSON-CENTRED CARE PLANNING REQUIREMENTS

1

BASED ON
ASSESSMENT
OF RESIDENT



2

PLAN TO COVER
ALL ASPECTS
OF CARE



3

INTEGRATION OF
ASSESSMENTS,
CARE



4

INVOLVEMENT OF
RESIDENT, ETC.



5

DEVELOPMENT OF
INITIAL PLAN
OF CARE



Ontario's
Law



The Law is Meant to Protect And Safeguard

Every province in Canada has safeguards.

Each province has laws and regulations designed to:

Protect residents

Ensure safety and quality of care

Uphold rights and dignity

Prevent abuse and neglect

These laws are protective — not punitive.

Their purpose is to establish a safe, dignified standard of care for people who live in long-term care.



The purpose of regulation is to protect people – not institutionalize them.

Safety matters, but so does . . .

Safety

Dignity

Choice

Autonomy

Purpose

**Quality
of life**

A ~~long-term~~ care home is their home.

**In 1977 Daniel J. Baum called LTC
Warehouses for Death.**



**We need to focus on LTC as
Places People Want to
Live, Thrive, Work and Visit.**

CARE PLAN: THE FOUNDATION



- ✓ Person-centered and individualized
- ✓ Reflects the resident's goals, preferences and life experiences
- ✓ Updated regularly with the resident and/or their substitute decision-maker
- ✓ Shared with staff and followed consistently

The Care Plan Guides “What to Do”.

Create a relationship with each
Compliance Inspector/Compliance
Officer/Licensing Officer/Quality
Officer

Compliance is meant to protect. Safeguard.

It is okay to ask questions or say, “I’m not sure, let me look into that for you”.

Show me
the regulation
so I can understand



If you need clarification regarding something on the report – reach out to your Regional Lead and ask for clarification.

Ontario, BC & Yukon has a Bill of Rights



The Fundamental Principle and the Residents' Bill of Rights under the Fixing Long-Term Care Act, 2021

Home: the fundamental principle

1. The fundamental principle to be applied in the interpretation of this Act and anything required or permitted under this Act is that a long-term care home is primarily the home of its residents and is to be operated so that it is a place where they may live with dignity and in security, safety and comfort and have their physical, psychological, social, spiritual and cultural needs adequately met.

Residents' Bill of Rights

3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

RIGHT TO BE TREATED WITH RESPECT

1. **Every resident has the right** to be treated with courtesy and respect and in a way that fully recognizes the resident's inherent dignity, worth and individuality, regardless of their race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status or disability.
2. **Every resident has the right** to have their lifestyle and choices respected.
3. **Every resident has the right** to have their participation in decision-making respected.

RIGHT TO FREEDOM FROM ABUSE AND NEGLECT

4. **Every resident has the right** to freedom from abuse.
5. **Every resident has the right** to freedom from neglect by the licensee and staff.

RIGHT TO AN OPTIMAL QUALITY OF LIFE

6. **Every resident has the right** to communicate in confidence, receive visitors of their choice and consult in private with any person without interference.
7. **Every resident has the right** to form friendships and relationships and to participate in the life of the long-term care home.
8. **Every resident has the right** to share a room with another resident according to their mutual wishes, if appropriate accommodation is available.
9. **Every resident has the right** to meet privately with their spouse or another person in a room that assures privacy.
10. **Every resident has the right** to pursue social, cultural, religious, spiritual and other interests, to develop their potential and to be given reasonable assistance by the licensee to pursue these interests and to develop their potential.
11. **Every resident has the right** to live in a safe and clean environment.

12. **Every resident has the right** to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible.

13. **Every resident has the right** to keep and display personal possessions, pictures and furnishings in their room subject to safety requirements and the rights of other residents.

14. **Every resident has the right** to manage their own financial affairs unless the resident lacks the legal capacity to do so.

15. **Every resident has the right** to exercise the rights of a citizen.

RIGHT TO QUALITY CARE AND SELF-DETERMINATION

16. **Every resident has the right** to proper accommodation, nutrition, care and services consistent with their needs.

17. **Every resident has the right** to be told both who is responsible for and who is providing the resident's direct care.

18. **Every resident has the right** to be afforded privacy in treatment and in caring for their personal needs.

19. **Every resident has the right** to,

- i. participate fully in the development, implementation, review and revision of their plan of care,

- ii. give or refuse consent to any treatment, care or services for which their consent is required by law and to be informed of the consequences of giving or refusing consent.

- iii. participate fully in making any decision concerning any aspect of their care, including any decision concerning their admission, discharge or transfer to or from a long-term care home and to obtain an independent opinion with regard to any of those matters, and

- iv. have their personal health information within the meaning of the *Personal Health Information Protection Act, 2004* kept confidential in accordance with that Act, and to have access to their records of personal health information, including their plan of care, in accordance with that Act.

20. **Every resident has a right** to ongoing and safe support from their caregivers to support their physical, mental, social and emotional wellbeing and their quality of life and to assistance in contacting a caregiver or other person to support their needs.

21. **Every resident has the right** to have any friend, family member, caregiver or other person of importance to the resident attend any meeting with the licensee or the staff of the home.

22. **Every resident has the right** to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately.

23. **Every resident has the right** to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible.

24. **Every resident has the right** not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.

25. **Every resident has the right** to be provided with care and services based on a palliative care philosophy.

26. **Every resident who is dying or who is very ill has the right** to have family and friends present 24 hours per day.

RIGHT TO BE INFORMED, PARTICIPATE, AND MAKE A COMPLAINT

27. **Every resident has the right** to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints.

28. **Every resident has the right** to participate in the Residents' Council.

29. **Every resident has the right** to raise concerns or recommend changes in policies and services on behalf of themselves or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else:

- i. the Residents' Council.

- ii. the Family Council.

- iii. the licensee, and, if the licensee is a corporation, the directors and officers of the corporation, and, in the case of a home approved under Part IX, a member of the committee of management for the home under section 135 or of the board of management for the home under section 128 or 132.

- iv. staff members.

- v. government officials.

- vi. any other person inside or outside the long-term care home.

Further guide to interpretation

- (2) Without restricting the generality of the fundamental principle, the following are to be interpreted so as to advance the objective that a resident's rights set out in subsection (1) are respected:

1. This Act and the regulations.

2. Any agreement entered into between a licensee and the Crown or an agent of the Crown.

3. Any agreement entered into between a licensee and a resident or the resident's substitute decision-maker.

Enforcement by the resident

- (3) A resident may enforce the Residents' Bill of Rights against the licensee as though the resident and the licensee had entered into a contract under which the licensee had agreed to fully respect and promote all of the rights set out in the Residents' Bill of Rights.

Regulations

- (4) The Lieutenant Governor in Council may make regulations governing how rights set out in the Residents' Bill of Rights shall be respected and promoted by the licensee.

A Resident Bill of Rights does not exist in every province. But the framework can still be used to guide quality care.



RESIDENTS' BILL OF RIGHTS

**Residents have
the right to
restorative care.**

23. **Every resident has the right** to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible.



O. REG. 246/22, S. 63 RESTORATIVE CARE APPROACHES

“The licensee of a long-term care home shall ensure that **restorative care approaches are integrated into the care that is provided to all residents.**

The restorative care approaches shall be coordinated and shall enable residents to **maintain or improve their functional and cognitive capacities in all aspects of daily living**, to the extent of their abilities.

Restorative Care

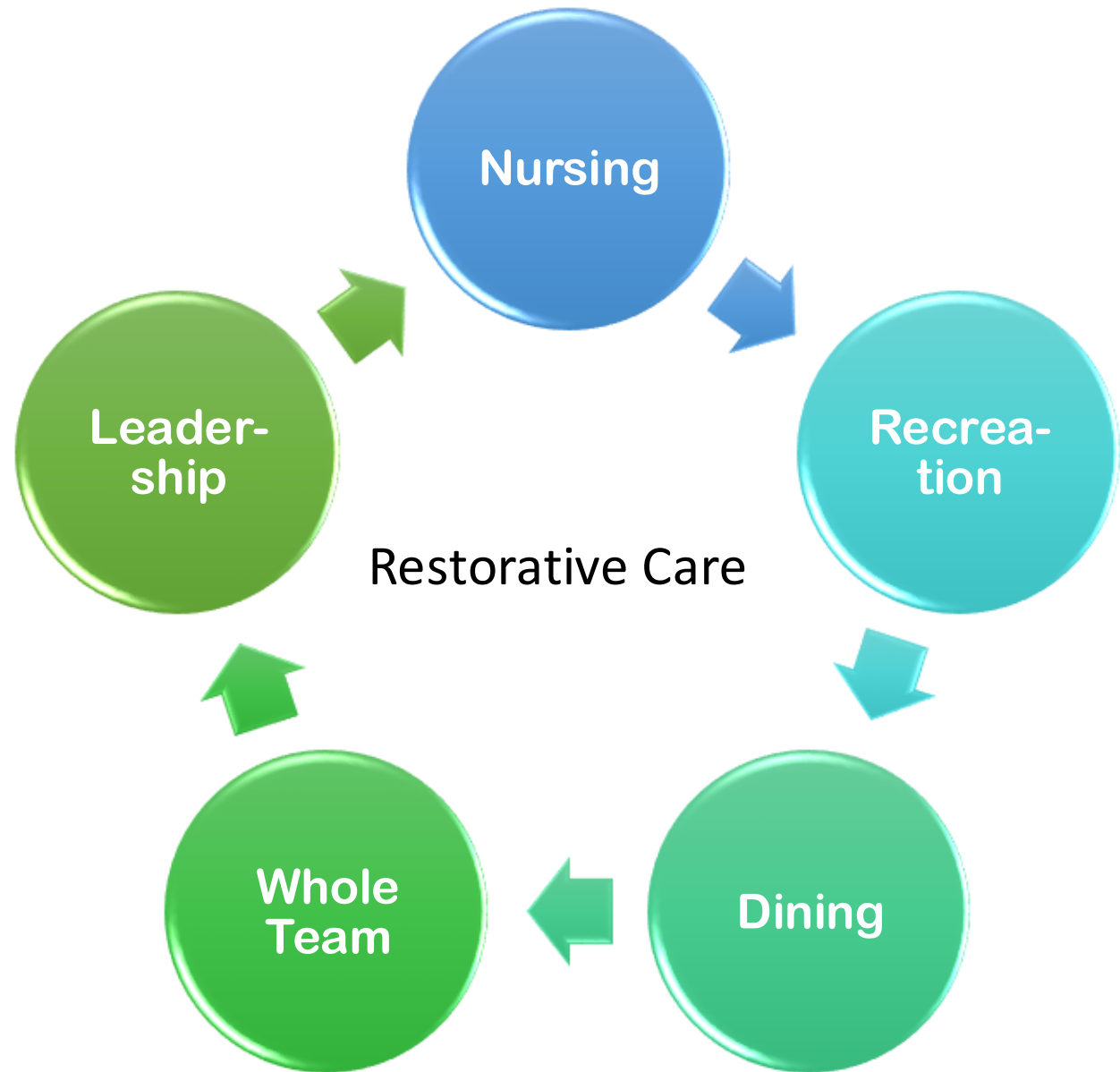
Provides the “why” related to what DementiAbility teaches

Restorative Care



O. REG. 246/22, S. 63
RESTORATIVE CARE APPROACHES

This is not the role of one person - it is a team!



ONE PERSON

Change is slower and harder to sustain

**SUSTAINABLE
CHANGE**

THE WHOLE TEAM

Faster • Stronger • Greater Impact

Leadership is part of the team

LEADERSHIP



VOICE MY CHOICE

It is more than a choice. It is a right. It is the law.

Residents' Bill of Rights — Right 2

“Every resident has the right to have their lifestyle and choices respected.”

Residents' Bill of Rights — Right 3

“Every resident has the right to have their participation in decision-making respected.”

Every licensee of a long-term care home shall ensure that the rights of residents are fully respected and promoted.

Reference: Fixing Long-Term Care Act, 2021, S.O. 2021, c. 39, Sched. 1, s. 3(1), Residents' Bill of Rights — Rights 2 and 3. Ontario e-Laws.

RESIDENT'S CHOICE

The resident makes their own decisions when capable of that decision.

Examples:

- What to eat and when
- The right to make choices — even when those choices involve risk

SUBSTITUTE DECISION-MAKER (SDM) CHOICE

The SDM makes a decision only when the resident is incapable of that specific decision and the law authorizes substitute decision-making.

Examples:

- Medical treatment or procedures
- Admission to a care facility

RESIDENT RIGHTS REMAIN CENTRAL

Respect lifestyle and choices | Respect participation in decision-making | Support independence

References: Fixing Long-Term Care Act, 2021 — Residents' Bill of Rights, s. 3; Health Care Consent Act, 1996.

Residents have the right to *voice* their choice.



BALANCING RISK AND REWARD

We listen. We assess. We support.

Your choice. Your life. Our support.

RISK

Potential concerns
we carefully consider:

- Safety
- Risk of falls, injury or harm
- Health
- Impact on medical conditions
- Capacity
- Ability to understand and make decisions
- Impact on others
- Effect on roommates, staff, and the community
- Legal & regulatory
- Duty of care and legislative obligations

REWARD

Based on WOW, NISA
and Voicing Choice

- Dignity & Respect
- Honors who they are and what matters to them
- Needs are addressed - well-being as a priority enhances Q of L
- Increases happiness, purpose and quality of life
- Trust & Connection
- Builds stronger relationships and partnership
- Engagement & Function
- Promotes independence, ability, and mental stimulation
- Belonging
- Supports feeling valued, heard and included



What is the risk?

The person makes a “risky” choice ...

→ *AND
Then what?*



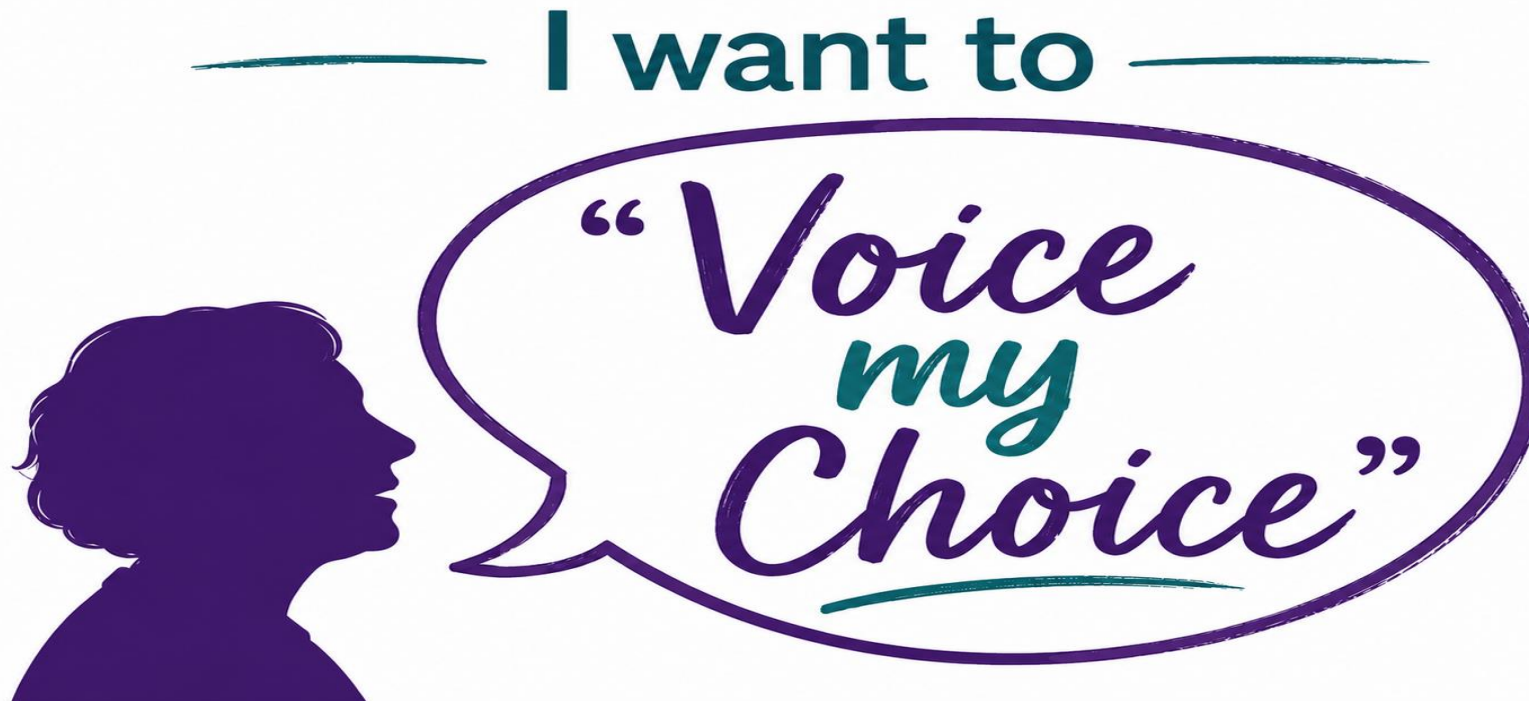
How likely is it that this will happen?



Does the person not have the right to voice their choice – the right to enjoy each day?



Balance *quality living* with **choice** and **safety**.



Bourgeois, et al (2016); Gebhard & Frank (2024)

**Public Health
focuses on
community
protection**

**Works in
collaboration
with IPAC
inside the
home**

PUBLIC HEALTH

MAIN QUESTION

Could this create or contribute to an infection, communicable-disease, environmental-health or food-safety hazard?

COMMON AREAS OF FOCUS

- Outbreak investigation and control
- Infection transmission risks
- Hand hygiene and PPE practices
- Cleaning and disinfection
- Shared equipment and activity items
- Food handling, storage and sanitation
- Environmental contamination concerns
- Communicable disease surveillance
- Advice/direction during outbreaks

LONG-TERM — CARE — IPAC POCKET GUIDE



YOUR POCKET COMPANION FOR INFECTION CONTROL
EXCELLENCE IN LONG-TERM CARE

KAMYAR GHATAN M.D. AL-CIP™ CIC® LTC-CIP®

SEPARATING INFECTION-CONTROL MYTH FROM FACT

It's a home, not a *hospital*.

Good infection prevention keeps people safe — it shouldn't strip the life out of long-term care. Most "IPAC rules" that block everyday comfort and dignity are **myths, not standards**. Here's what actually holds up.

THE IDEA THAT SETTLES MOST OF THIS Canadian IPAC standards are **risk-based** — **not a list of bans**. Clean hands, clean the items people share, launder fabric, and take a little extra care only where there's real risk. Do that, and almost everything below is welcome home.

What people are told vs. what IPAC actually says honey = myth · green = fact

WAYFINDING & SIGNS MYTH Laminated signs and toileting picture-cues aren't allowed on the walls. FACT Wipeable signage is fine — and it can prevent contamination by helping people use the toilet on their own.	PICTURES & MEMORY WALLS MYTH Pictures and interactive walls have to come down for IPAC. FACT Wall art and touch walls are welcome. They simply go on the routine cleaning schedule.
BOOKS, MAGAZINES & LIFE STORIES MYTH Paper books and personal life-story books are an infection hazard. FACT Personal paper needs no special handling — clean hands are the control. Shared books are fine too.	COMFORT DOLLS & PLUSH MYTH Residents can't keep a doll or plush, and cleaning needs costly special products. FACT A personal, one-per-person comfort item is standard care. Machine-wash plush, or wipe hard toys with your usual product.
SHARED ACTIVITY SUPPLIES MYTH Puzzles, cards, chips, board games and art supplies must be banned because they're shared. FACT Clean wipeable items between groups, launder fabric, wash hands. That's the standard — not a ban.	BELONGINGS AFTER A DEATH MYTH A late resident's near-new clothes and cleanable furniture must be thrown out. FACT Launder the clothing, clean and disinfect the furniture — then reuse it. IPAC doesn't call for the dumpster.
COOKING & FOOD ACTIVITIES MYTH Residents aren't allowed to peel vegetables or bake. FACT They can — with basic food-handling hygiene: clean hands, clean tools, and sitting out if unwell.	HOME-LIKE TOUCHES MYTH Décor towels and warm face cloths aren't allowed "in case someone touches them." FACT Clean linen is not a hazard. Launder it regularly; take a little extra care only in wet bathing areas.

WHEN A "RULE" BACKFIRES
Take away toileting wayfinding and infection risk often rises rather than falls. **When residents can't follow the path to the toilet**, incontinence and the handling of incontinence products can spread contamination to hands and surfaces. Simple, wipeable picture-cues help many residents toilet independently again. Dignity and infection control move in the same direction. Over-restriction is not automatically the safe choice.

The five rules that actually matter

1 Clean hands first Before and after activities, before food, after the toilet. This one habit does most of the work.	2 Clean what's shared Wipe non-critical items between groups; launder fabric. Most enrichment items are low-risk.	3 Personal items are fine One person's book, doll, clothes or story needs no between-user cleaning — just routine care.	4 Act on soiling The trigger is visible body fluid — then clean or discard. Not the mere existence of an object.	5 Outbreaks are temporary Extra restrictions belong to a declared outbreak — and should be lifted once it's over.
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BEING STRAIGHT — A FEW ARE REAL
And each one is easy to meet. **Food activities** follow food-safety hygiene. **Wet bathing areas** get a little extra care with textiles. **Fresh flowers and soil** warrant caution only for the severely immunocompromised. And if a shared item genuinely can't be cleaned — a raw sanding block, say — just give each person their own or use a disposable one. None of it means cancelling the activity.

Infection Shield
Kamyab Ghatan, MD, AL-CIP™, CIC®, LTC-CIP® · National Chief Infection Control Officer
An educational resource. Always apply your home's own IPAC program and a point-of-care risk assessment, and follow current PHO / PIDAC guidance. During a declared outbreak, additional precautions may apply.
Prepared by Infection Shield Consulting Inc. in response to questions raised by DementiaAbility Enterprises Inc. —

Dr. Ghatan,
MD, AL-CIP®
LTC-CIP®,
CIC® clearly
states: This is
a home — not
a hospital

Fire Codes



CANADIAN REQUIREMENTS & STANDARDS TO ADDRESS

- Flame behaviour of the film: CAN/ULC-S109
- Film bonded to a door/substrate: CAN/ULC-S109
- Fire-door integrity and operation: A skin must not impair a labelled/rated fire-door assembly or interfere with life-safety components.
- **Exit identification and egress:** Do not cover, alter or obscure required EXIT signs, emergency lighting, door hardware or required means-of-egress features.

Lots of variations – old buildings – new
Lots of room for interpretation

Key Message:
**Build a relationship with your
Fire Advisor**
**Consult and get clearance in
writing**

THIS IS THEIR HOME

A place of dignity.
A place of choice.
A place that feels
like *home*.



Let's think about “home”.



WHICH ROOM IS THE HEART OF YOUR HOME

Living Room?

Dining Room?

Kitchen?

Bedroom?

Outdoors?



**If you lived where
you work, could
you enjoy the
same feelings of
“home”?**



Care Environments Need to Look, Feel & Smell . . .



Like Home &

Each room looks like its purpose

Environments also need to have well-defined spaces with different functions, as this is easier for people with Alzheimer's disease to navigate

(Passini, Pigot et al. 2000) (Passini, Rainville et al. 1998.)

The environment is set up for success and connection.



Physical environment

is where residents enjoy life and meaningful engagement

- kitchen
- social area
- private spaces
- the outdoors
- enhanced function



+

Positive staff interactions



=

Positive outcomes (especially wrt agitation)



Sloan (1998) Pickering, et al (2022)

Environments can be **Therapeutic** or **Disabling**

**The environment can either enable abilities
and support success — or create barriers
that increase dependence, frustration and distress.**

(Calkins, 2018)



Define disabling environments . . . Does this look familiar?

The Environment



**It is
person-centred.**

The person is at the
centre of every decision.

In Ontario: AKA Emotion-centred



**LTC takes
whole-person needs
into account.**

Physical, emotional, social,
spiritual and functional needs
are all important.

Day and Calkins (2008)
Calkins (2018)

Elliot, G. (2026) DementiaAbility



**DementiaAbility's
WOW - NISA and
other tools do just that.**

Tools like WOW and NISA help us
truly know the person and what
matters most to them.

How Do We Create Therapeutic - Enabling - Environments?

(Bruce et al., 2025; Zhao, Liu & Chan, 2021;
Spector et al., 2016; Testad et al., 2010; Kim & Park, 2017;
Ballard et al., 2018; Carparelli et al., 2022)

Trained Multidisciplinary Teams Essential

Person-Centered
Care Values

Staff
Training

Programming
& Activities

Supportive
Environment

“

“It is the care community’s deep adoption of person-centered care values and practices, including **staff training, the approach to programming and activities** and having a **supportive environment**, that will ultimately make the setting successful—a place where individuals living with dementia care be comfortable, feel at home, have their preferences honored, and be in meaningful relationships with those around them.”

Calkins (2018)

Education . . .

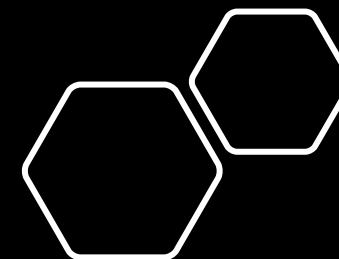


+

Communication
Tips & Tools

www.dementiability.com

Elliot, G. (2026) DementiAbility



The background is a solid teal color. A large, white circle is centered on the page, with a thin, light blue border around its edge. The text is centered within this white circle.

Staff Training Needs to
Include ALL TEAMS!

Including Families

Families are

Partners in care

Keepers of memories

Support for the team

Engagement support (they use DM to create meaningful visits)

Evidence-based Education Is **Key**.



Dementi*Ability*[®] teaches care partners to understand the relationship between **brain function, life story, and environment.**



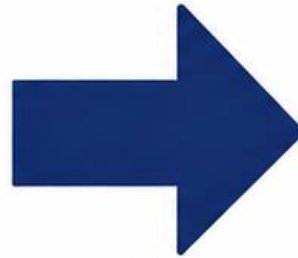
Enabling Individuals in Enabled Environments

Care partners:

**Understand
brain function**

**Enable
social connections**

**Enable
occupation**



Outcome

**Residents will function
at their highest
potential – in a place
that looks, feels and
smells like home.**

The HOW is in the WOW



Enabled whole person
Enabled Environment



W

Who -Past &
Present

O

Observations

W

What will you do?

One person . . .
One plan!

All About ME!

Name: **Peggy**

People I love:

I loved my husband but he is gone now.

My children: Steven, Gail, Mark & David

They are all married and have children of their own.

I love my friends too. Especially my church friends Sylvia and the ladies in my bible group.



This is me when I was younger



This is me now.

www.dementiability.com



A little About Me.....

Prioritizing 'A little About Me' as part of the admission process has resulted in individuals becoming connected with their neighbours & home team more readily, addressing the need to belong and reducing the anxiousness of being in a new community setting.

Every resident has a personalized poster in their room highlighting some facts about their life. This helps the home team with connection and conversation. Staff voice that having 'a little about me' has been one of the most valuable tools in providing more personalized care.

Spruce Lodge

Elliot, G. (2026) DementiAbility

Emma



My Birthdate:
January 13, 1944

My Preferred Language:
English, German

What feeds my spirit:
The Ten Commandments

3 words that describe me:
Kind, Giving, Happy

My Life's Work

- My parents instilled values of respect & dignity
- I had my own hairdressing shop
- Raised 2 children

My Favourite...

- **Movie/TV Show:** General Hospital
- **People:** My Family
- **Pets:** Dogs
- **Places:** North America & Europe
- **Music/Song:** Elvis Presley

My Life's Play

- Travel
- Family time
- Gardening

Things I like to do:

- Cook & Bake
- Being together with family

Things that make me unhappy:

- Not being able to communicate with society the way I used to

Things I'd like people to know about me:

- I am a sensitive person who enjoyed talking with people

Things that keep me busy:

- My husband, Peter
- My home area staff

Things that comfort me:

- Having my children, grandchildren and my husband, Peter, visit me.

Special Interests & Talents:

My husband and I worked together as a creative team always wanting to improve things to make them better. We have 2 USA patents and 1 Canadian patent as well as other developments.

Aim for 100%



Alzheimer's Disease

- Memory loss related to people, places & things
- Difficulties with language
- Reduced attention span

Vascular Dementia

- Lack of insight & understanding
- Poor judgement
- Inappropriate behaviour
- Disorientation
- Loss of memory



Lewy Body Dementia

- Hallucinations
- Changes in gait & balance, thinking & reasoning
- Parkinsonian features
- Changing levels of alertness
- Loss of memory



Frontotemporal Disease

- Loss of judgement, empathy and ability to concentrate
- Inappropriate social behaviour
- Blunted affect, difficulties with speech
- Loss of memory

Mixed Dementia/Other

TYPES OF DEMENTIA

If you know one person with dementia -
you know one person with dementia

You may not “know” the diagnosis –
but you can “Observe” & use your
observations to guide “What to do”

Let observations guide you.

Assess & Address Delirium, Depression, Pain & Deficiencies



NEEDS

People - love + belonging

Purpose + leisure

Success

Compassion

Fill in the "Needs Assessment Form"



INTERESTS

What would I like to do?



SKILLS

What have I always done well?

Reading
Writing
Music

Art
Gardening
Cooking
Repairs



ABILITIES

What am i able to do now?



Adapt

TO MATCH ABILITIES



EASY!

I'M DREAMING OF A
Harder

WOW

+

NISA

Needs

Let's refrain from calling
this responsive behaviours.
They are also BPSDs



Do you know of a
medication for

Boredom

Loneliness

Success

**Kindness,
care and compassion**

BPSDs - Responsive Behaviours

Unmet Needs



Boredom



Loneliness

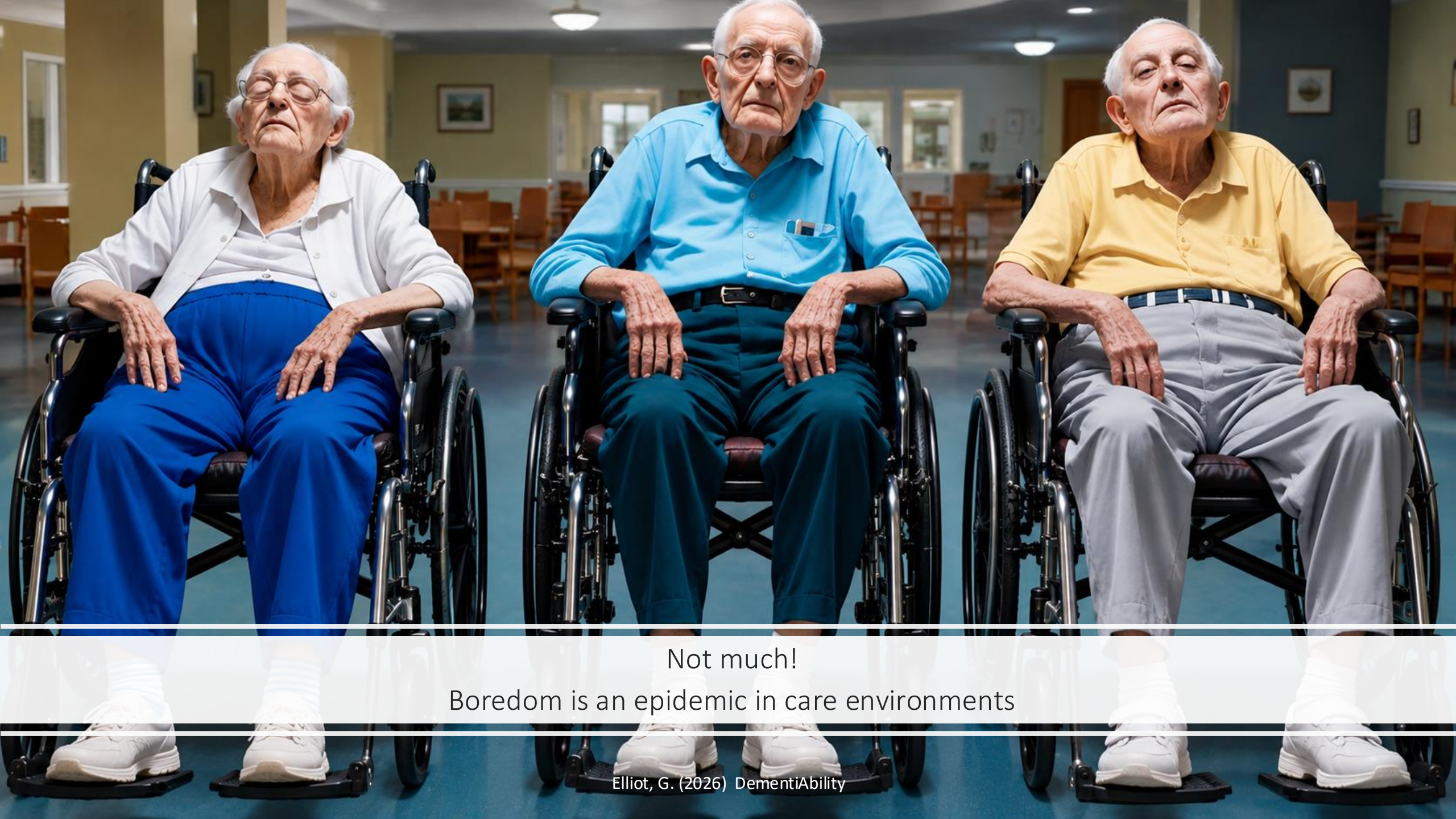


Lack of Success



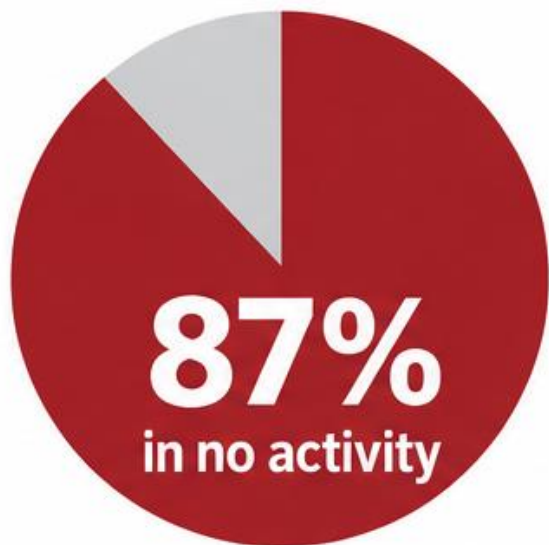
**Lack of Kindness,
Care and Compassion**

What are we doing
to address needs
related to
boredom in care
environments?



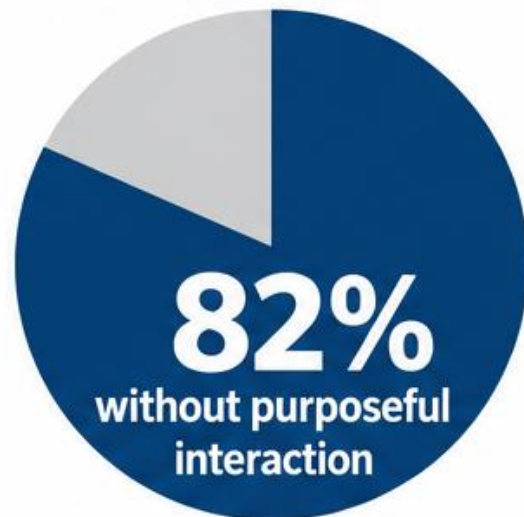
Not much!
Boredom is an epidemic in care environments

Burgio, et al. (1994)



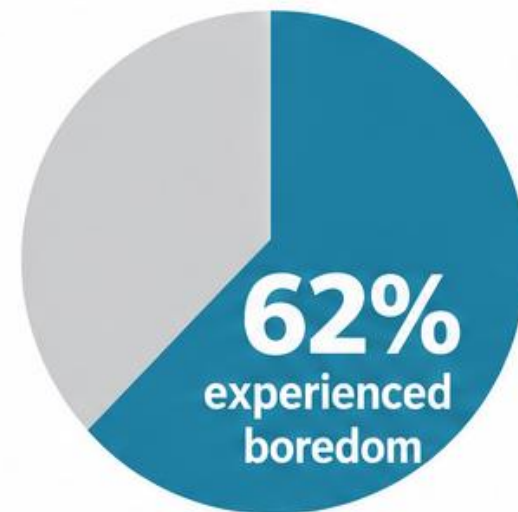
Burgio, L.D., et al. (1994). Observed time study of nursing home residents found that residents spent 87% of observation time in no activity.

Morgan-Brown & Brangan (2016)



Morgan-Brown & Brangan, (2016). Capturing Interactive Occupation and Social Engagement in a Residential Dementia and Mental Health Setting Using Quantitative and Narrative Data. These researchers found 82% of the time was without purposeful interaction (busy staff – bored residents).

Boredom in Long-Term Care



A small sample study found that 62% of residents experienced boredom.

Other supporting research:

Causey-Upton, 2015; Morgan-Brown, Ormerod, Newton; Manley, 2011; Wood, Womack, Hooper, 2009; Brooker, 2008.

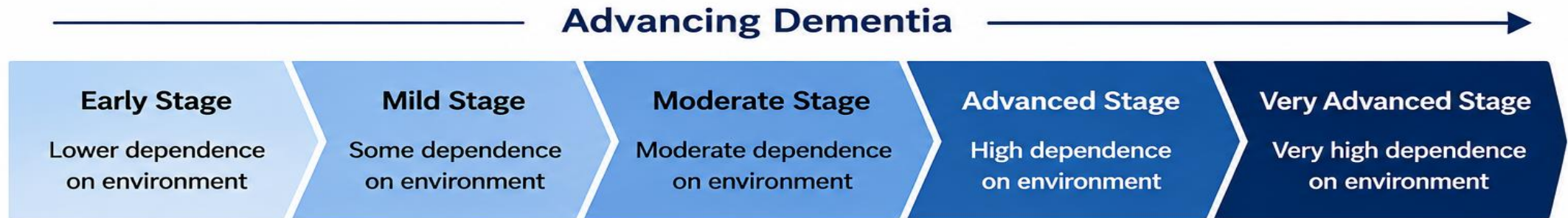


**To address
boredom**

**Match Needs to
Abilities**

Increased needs & dependency . . . increases dependency on the environment.

Addressing boredom is essential at every stage.



As dementia progresses, the environment needs to address boredom through:



People and
connection



Engaging leisure
activities



Purposeful
roles and
routines

The right environment supports engagement, purpose and well-being at every stage.

Gebhard D, Frank JI. Everyday life and boredom of people living with dementia in residential long-term care: a merged methods study.
BMC Geriatr. 2024 Dec 31;24(1):1049. doi: 10.1186/s12877-024-05641-7. PMID: 39736528; PMCID: PMC11686914.

:025)



Add Meaning, Purpose, Connection & Joy

Loneliness Addressed Through Alternate Connection

Alternate Connection

Hugs



Alternate Connection – Nurture Therapy





Think about cognitive
reserve & competency
press.



Options

Think About IPAC

**One per person/
item**

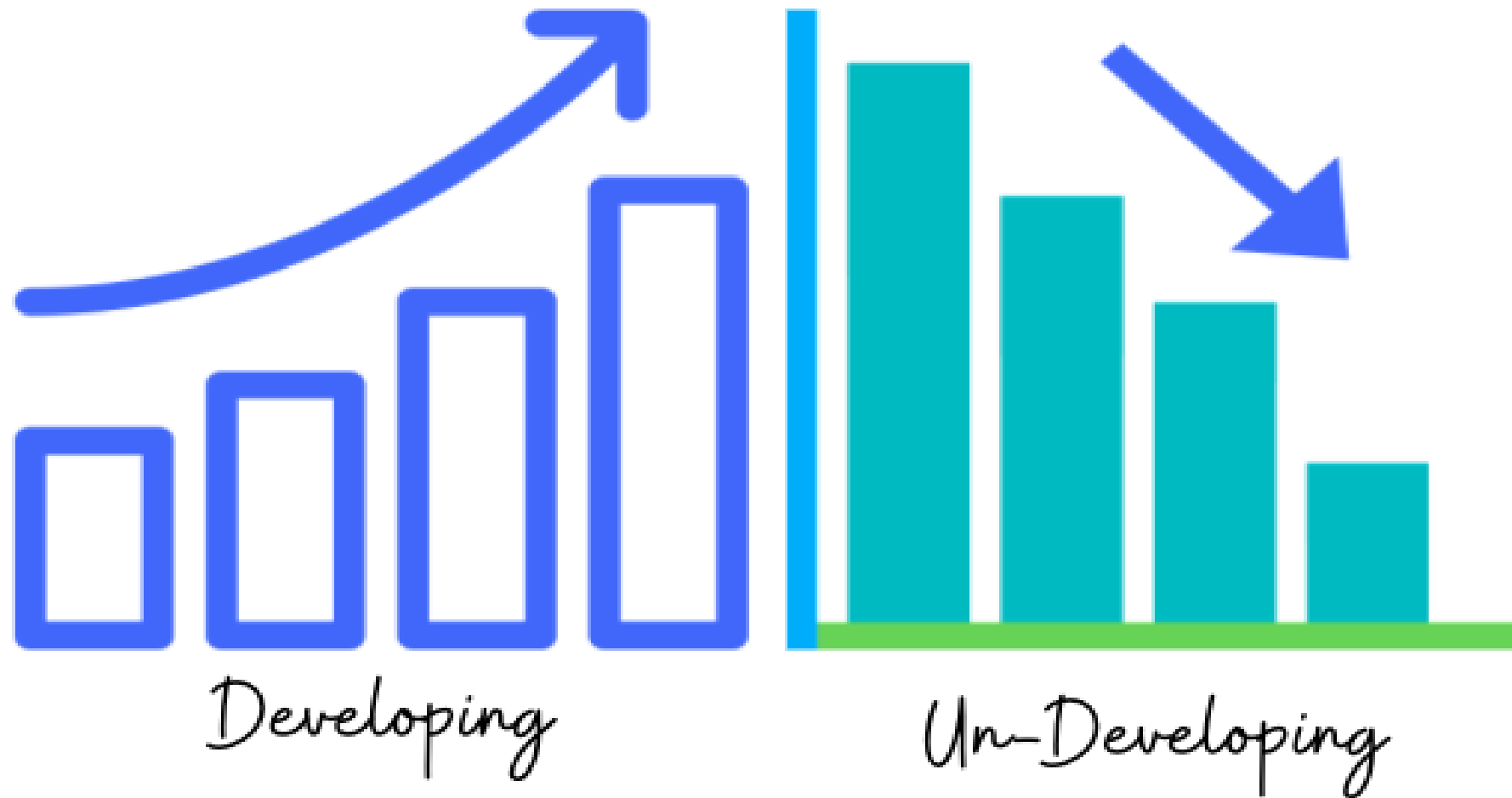
Hand hygiene

**IPAC Cleaning
protocols**

Dapple spray for
cleaning between uses.

Abilities

Consider the un-developing brain.



Living with Meaning, Purpose and Joy

Leisure Interests

Things that bring me joy, relaxation and fulfillment

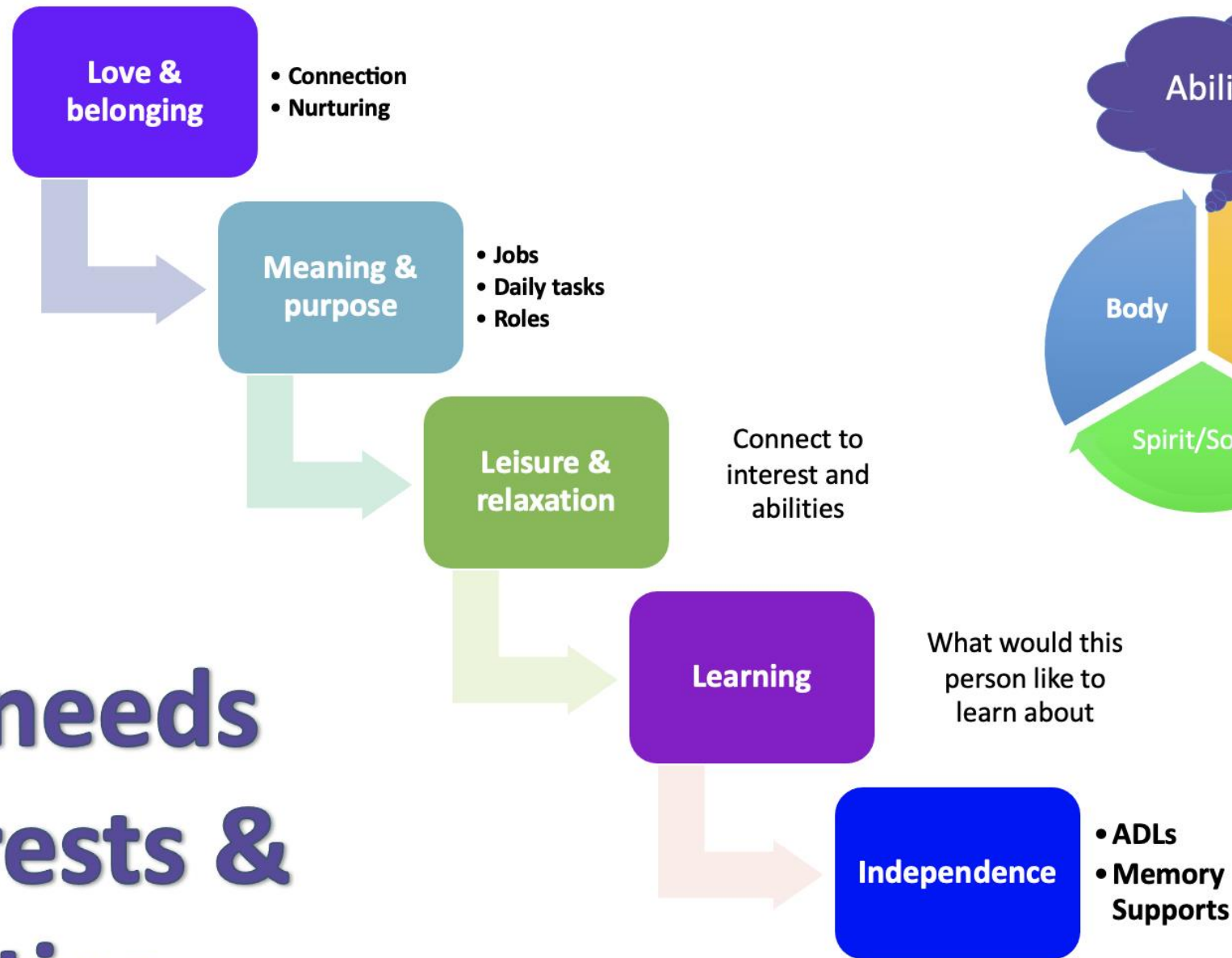
- ☐ Spend time in nature
- ☐ Read
- ☐ Exercise / be active
- ☐ Listen to music
- ☐ Create (art, writing, crafting, etc.)
- ☐ Travel / explore new places
- ☐ Spend time with friends and family
- ☐ Play a sport or game
- ☐ Cook or try new foods
- ☐ Learn something new (hobby or skill)
- ☐ Watch movies or shows
- ☐ Garden
- ☐ Practice mindfulness / meditate

Jobs/Roles/Tasks

Things I do that contribute, create value and give my life purpose

- ☐ Work / career responsibilities
- ☐ Care for family or loved ones
- ☐ Manage home (cleaning, organizing, etc.)
- ☐ Volunteer / give back
- ☐ Support friends
- ☐ Take care of my health
- ☐ Manage finances
- ☐ Pursue education or professional development
- ☐ Be a positive role model
- ☐ Take care of pets
- ☐ Community involvement
- ☐ Administrative tasks (bills, planning, etc.)
- ☐ Personal growth (skills, learning, goals)

Match needs To interests & Abilities





Kindness
Care
Compassion

I am here
because I
care

I am going to
care for you
with love.



To address needs related to
care and compassion . . .

Send "I care" messages

Care and Compassion

Our Communication Tips and Tools Course focuses on emotional memory – and how to connect with kindness, care and compassion.

AND how to listen – before you fix!





What do we need to
know to address
needs?

**All behaviour has
meaning: What is it
telling us?**

**We need to understand
the brain to figure out
what it is saying.**



Short Term Memories

FACTS RELATED TO RECENT EVENTS

**THIS FORM OF MEMORY NEEDS
TO BE SUPPORTED.**

Long Term Memories

FACTS RELATED TO DISTANT EVENTS
FROM THE PAST

**STRONGEST MEMORIES FROM
MID TEENS TO LATE 20'S**



Declarative
Memory:
This is the
form of
memory that
is conscious
memory.

**In other words – you
think about the answer –
you need to access your
memory bank.**

Support Declarative Memory

- All information that is needed to support memory/cognitive loss can be found in the environment.

Support Memory Loss

Find My Way

Make it easy to get to people, places and spaces.



Living Room



Bedroom



Recreation Room



Outdoors



Find Things



Shirts

Pants

Socks

Underwear

Do Things in the Right Order



- Pull down your pants
- Sit
- Wipe
- Stand
- Pull up your pants
- Flush

Facts About My Life



All About Me

Activities Set Up for Success



Would you like to help fold the laundry?

Agenda So I Know



My Day

7:30 Breakfast ☒

9:00 Exercise ☒

10:30 Activity ☒

12:00 Lunch ☒

1:30 Visit with family ☐

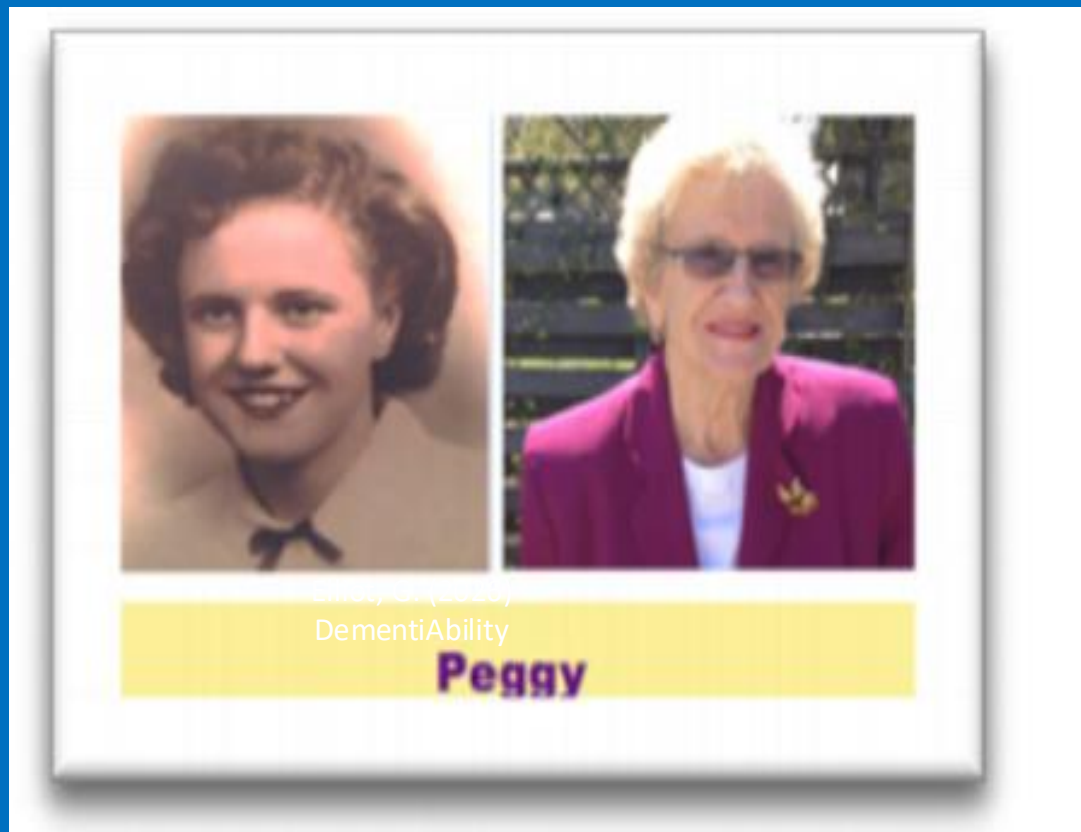
3:00 Music ☐

4:30 Relax ☐



Support Memory Connect People!

With words, images or both



Please call
me Mrs.
Jones

6:30 pm

Lorne Abrams (C)

SHARP

**PLEASE
HAVE
A DRINK**



Enhancing Independence & Choice: Kun Mor Jewish Care, London, England

Resident Rooms

Picture – past and present

Spruce Lodge





Support Memory Loss

- Provide the answers to the questions using a dry erase board, an agenda or something else (piece of paper)

"Mom, the answer to that question is on the board here. When you are wondering about this, look at this board."



This supports
the person with
dementia &
those who
support & care

Supports to find things

- Matched to abilities
- Size of font/size of image
- Language – words or images – or both

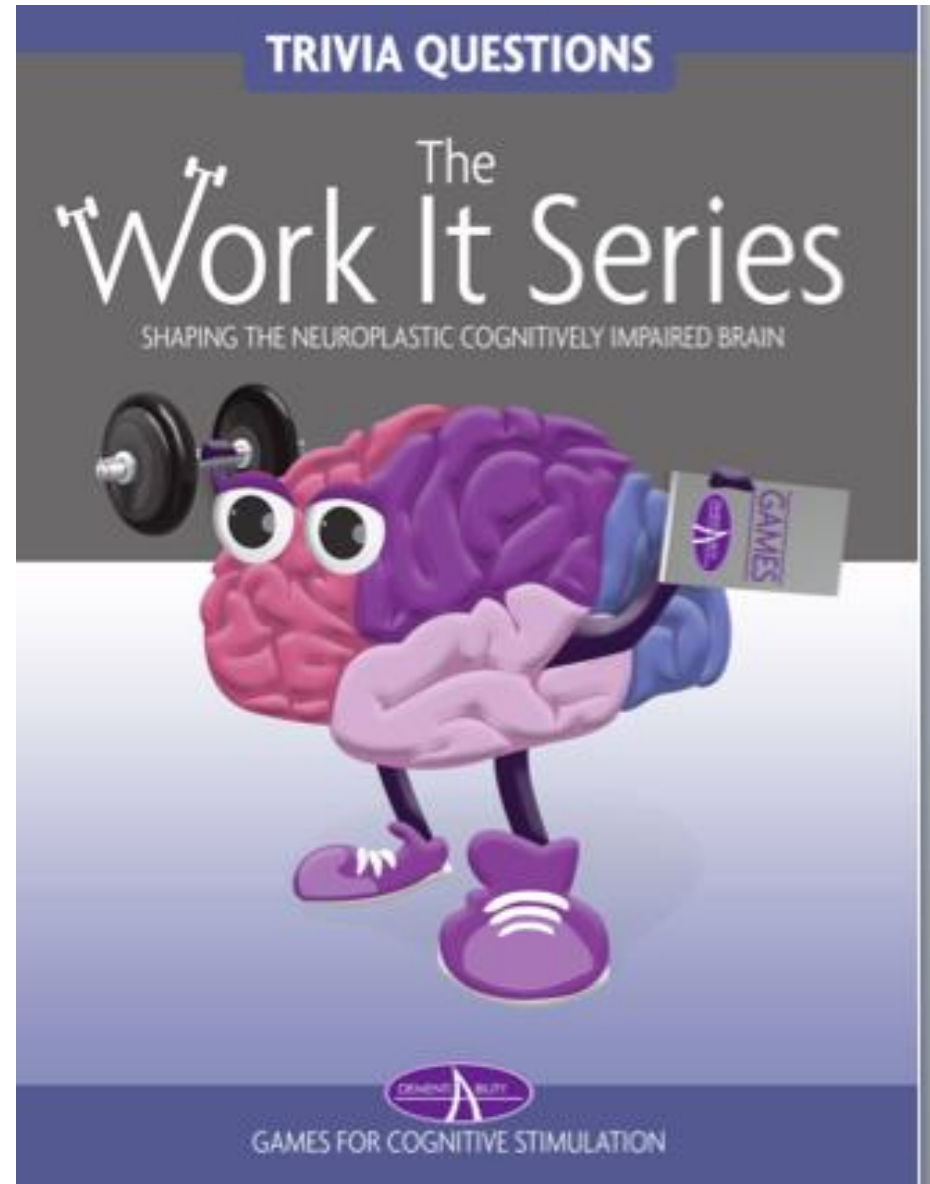


Images
available as
free download



Engaging activities that are set up for success

Games provide the answers.





Who was the Prime Minister of Canada in 1969?

Who was the Prime Minister of Canada in 1969?

☐ Pierre Elliott Trudeau

☐ Tim Horton



Support Memory Loss

Use memory cues to:



- Find my way.



- Find things.



- Do things in the right order.

1. Wash hands
2. Make coffee
3. Take medicine
4. Eat breakfast



- Engage in daily life successfully.



- Connect successfully and enjoy activities that support memory loss.





Spared Memory

Unconscious –
overly learned
habits/behaviours/words/
actions

Habits and Skills

**Ability to read is spared
late into dementia – for
many – not all**

If they could read prior to
diagnosis, reading ability
may be spared.

What size of font is needed?



I am fine

How are you?

What a nice day.

Sharp as a tack.

Live, laugh and learn.

Smile and the world smiles with you.

Would you
please
read
these
sentences
to me?
What size
is best?



Habits/Routines/Overly Learned Actions

Do you read when you go to the toilet?

Has anyone ever asked if someone living in care would like something to read?

Might this explain why they won't stay seated?



Who would urinate on a
wall?

It isn't random.

People Who Worked Outdoors

Farmer



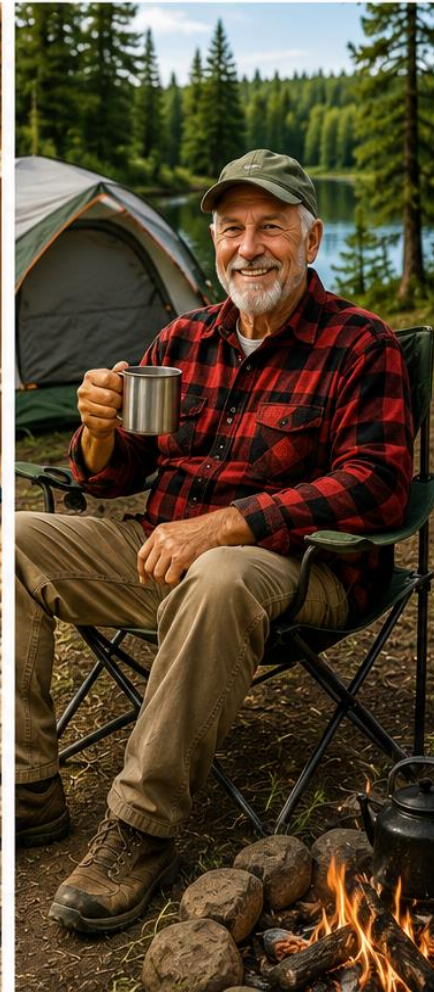
Outdoor person



Construction worker



Camper



Overly
learned
behaviours

Schacter, D. L.,
and Tulving, E.,
(1994)

Finding Locations

Signs can be seen - understood



THE NEURONS THAT FIRE TOGETHER Wire together



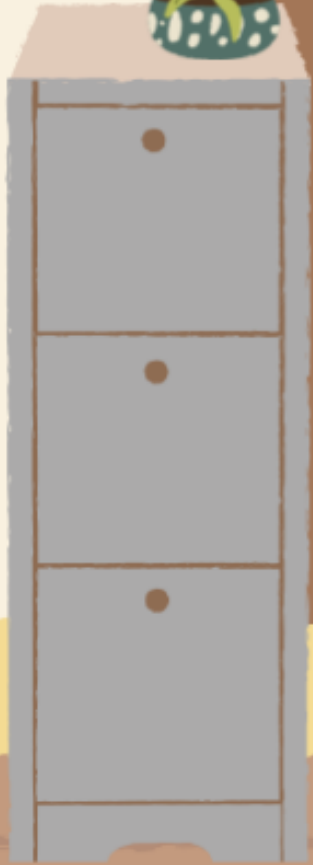
Use it or Lose it

Conditioned Behaviours Learned Associations

Spared in Dementia

ALL BEHAVIOUR HAS MEANING

Why the behaviour?



For Example Bathing



I want to help you . . . because I care.



To address needs related to care and compassion . . .

Send "I care" messages



I am going to care for you with love.



To address needs related to care and compassion . . .



I am want to pamper you.



The word "help" may be a negative trigger.

What words work best for the person who needs support with bathing?

1 person – 1 plan!

Spa Basket Pamper Basket

“Would you like
to enjoy a visit
to the spa?”



Create positive associations with bathing & bathing areas

www.creativeartco.com



Before



After



Before and After



Residents hate
being cold

To decondition
the association
of bathing with
that of being
cold:
Sit under the
hairdryer –
before and/or
after.

Based on interdisciplinary research and practice – and moving it into practice

Bubble trouble?

Words - and actions - are powerful! They can create, and hold onto, strong associations with positive and/or negative experiences and can trigger behaviours.

Consider using the following phrases when encouraging people with dementia to accept help with personal hygiene!

NOTE: None of these is ideal, but none are the word "help". Sometimes a story - a subtle lie - creates a better day for those who need a bit of subtle support and care.

- "The doctor has asked me to check up on you. She wants me to make sure you are doing well."
- "After we are finished with your bath, why don't we have a cup of coffee (or something else that is especially important to this person)."
- "Why don't we get you all dolled up?"
- "Someone special is visiting later (name inserted). I'm sure you want to look your best. What would you like me to do? Shall I run the bath? I would be happy to do your hair after you are all cleaned up."
- "You have worked so hard today. Allow me to run you a bath so you can rest."
- "Let me spoil/pamper you"
- "I know I get uncomfortable being undressed in front of others. Would you like me to put a special cover over you for your bath/shower?" (A large hand towel held with ribbon and clips could be used as a cover.)
- "I have cleaned your bathroom and started the shower. It is so beautiful and warm in there. Would you like to come in and see?"
- "I know you don't need help. I am here because I care."
- OR
- "I am here because I care about you. I want you to be independent, safe and happy."



www.dementiability.com

SPA ROOM CHECKLIST

What do those in your care need?



SPA BASKET

- ☐ Spa Invitation
- ☐ Coupons for a "free day at the spa"
- ☐ Preferred soap or bathing products
- ☐ Hairbrush - comb
- ☐ Hairdryer
- ☐ Facecloth and/or towels
- ☐ Bathing apron/modesty cover
- ☐ Nail care/manicure supplies
- ☐ Housecoat
- ☐ Shaving kit

SPA ROOM

- ☐ Sign and Pictogram on the door clearly indicates this is a spa/tub room (Note: terminology connected to individuals using the space)
- ☐ Wall art connects to the space does not resemble and open window (no beach/forest scenes)
- ☐ Windows are covered
- ☐ Non-institutional shower curtain
- ☐ Spa music available
- ☐ Colourful towels, plants placed on shelves
- ☐ Room is tidy and clean with no clutter - no instructions
- ☐ Water heaters, knobs, etc. are covered
- ☐ Room temperature is warm

PERSONHOOD (APPLIES TO ALL)

- ☐ Bathing Preference Form completed - and shared with all staff
- ☐ Staff are aware of past trauma related to water and/or bathing
- ☐ Staff know how to create positive experiences and de-condition negative ones
- ☐ Staff wear name badge
- ☐ Staff invitation is connected to WOW (e.g. - Would you like to go to the spa? Would you...). Avoid the word "HELP".
- ☐ Staff encouraged to wear standard colour of uniform
- ☐ Bathing experience is personalized (e.g. - a magazine to read in the bath, preferred music, "water friendly" doll, etc.)
- ☐ Staff documents/shares details related to bathing (what is working/not working/etc.)

OTHER

- ☐ Salon style dryer used before and/or after bathing to calm/keep warm
- ☐ "Over bath" heat lamp to keep warm while bath is filled as per preferences
- ☐ Aromatherapy Diffuser



Better Bathing

In Dementia Care



Ensure the bathing environment is "familiar"

The bathing area should look like its purpose. All clutter is removed - there is home/spa-like decor. Avoid beach or forest scenes. Consider temperature, aroma, lighting and contrast.

Know the person - know their preferences

Who was this person in the past - who is this person now? Learn about negative and positive triggers, how often they bathed, rituals/religious practices, etc. A Bathing Preferences form is available at www.dementiability.com. When using a shower head/spray, keep water away from the face and/or provide a cloth to cover face as per WOW.

Privacy matters

Some people who need support continue to be quite modest. Dignify the bathing experience with a cover made from a large towel, a ribbon and strong clips. Keep noise and number of people in the room to a minimum.

Support independence

Encourage the person to independently complete bathing tasks, especially face, arms and private areas. Support independence by labelling shampoo and conditioner. Provide instructions that match abilities.

Assess pain

Research indicates that "incidence of pain and painful conditions in institutionalized older adults may range from 43 - 71%" (Costello & Corcoran, 2009). A towel bath, which by nature reduces movement, may be an option for those who experience pain during movement when bathing or showering. Let observations guide decision-making.

Create positive associations

Create positive associations with bathing. Smile. Consider engaging individuals in pleasurable activities, before (e.g. - manicure), during (e.g. - pleasurable music) and after (e.g. - special activities or treats) the bath.

Promote comfort, dignity & safety

Name tags and a designated colour of uniform offers memory supports/environmental cues, afford a dignified experience and help the person with dementia to understand what is going on.

Make a spa basket

Consider creating a spa basket that includes such things as towels, face cloth, dignity cover, house coat, lotion and soap. Instead of offering to "help" with a bath, offer an invitation that suggests the person has won a free spa treatment. Refer to "Bubble Trouble" for additional ideas.



www.dementiability.com

Conditioned Behaviour - Learned Associations

Spared in dementia

Unconscious Memory



Move In Day
The room needs to be ready – familiar - dignified

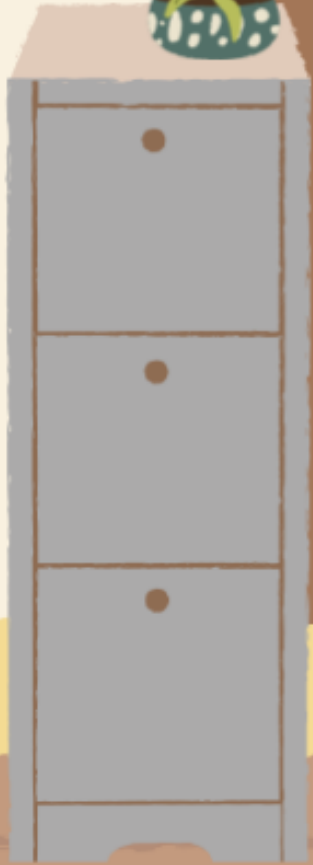
Most importantly - SMILE

Associate care,
kindness and
connection
with a smile!



ALL BEHAVIOUR HAS MEANING

Why the behaviour?



Contrast

Concrete

Familiar

Dignity

Dignified

Contrast

Concrete

Familiar

Dignity

Dignified

CAN THE PERSON SEE WHAT NEEDS TO BE SEEN???

LIGHTING

- Highly associated with agitation
- Contrast
 - No glare
 - Sufficient lighting (lux)
- Call bells
 - Hallway communication
 - Dining room noise



Contrast – Familiar –Dignified Address Glare







Before



After

What Colours are Best for LTC?

It depends
where the home
is located
and
who lives here.

What are resident preferences? Contrast NB! Familiar – dignified

Which colour do you like best for your living area?



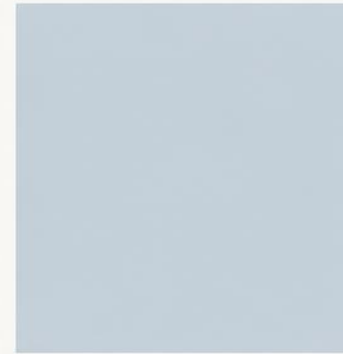
1. Warm Cream



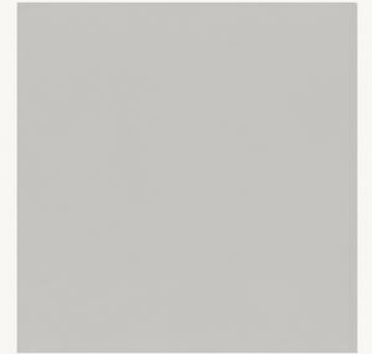
2. Light Taupe



3. Sage Green



4. Sky Blue



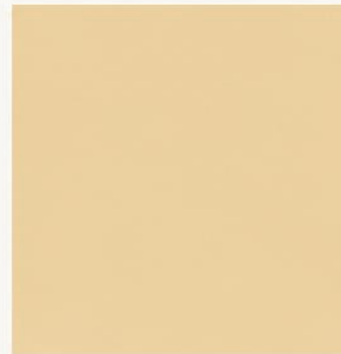
5. Light Grey



6. Soft Lavender



7. Blush Pink



8. Soft Yellow



9. Seafoam Green



10. Dusty Blue



produced palette - another pretty look and feel



Color Wander



color escape - light and airy



Color Wander



Through dust, let a little shimmer shine through...



feathered hues - one of my favorites!



a door hues - another favorite - very soft and...



flora brights - for a super fun vibe!



Color Wander



polar hues - for a soft and serene look

Contrast Familiar Dignified

Wijk, H., et al (1999); (Van
Deusen, J., 2009)

Elliot, G. (2026) DementiAbility



Donwood Manor, Manitoba



Environmental Press – Cognitive Reserve!



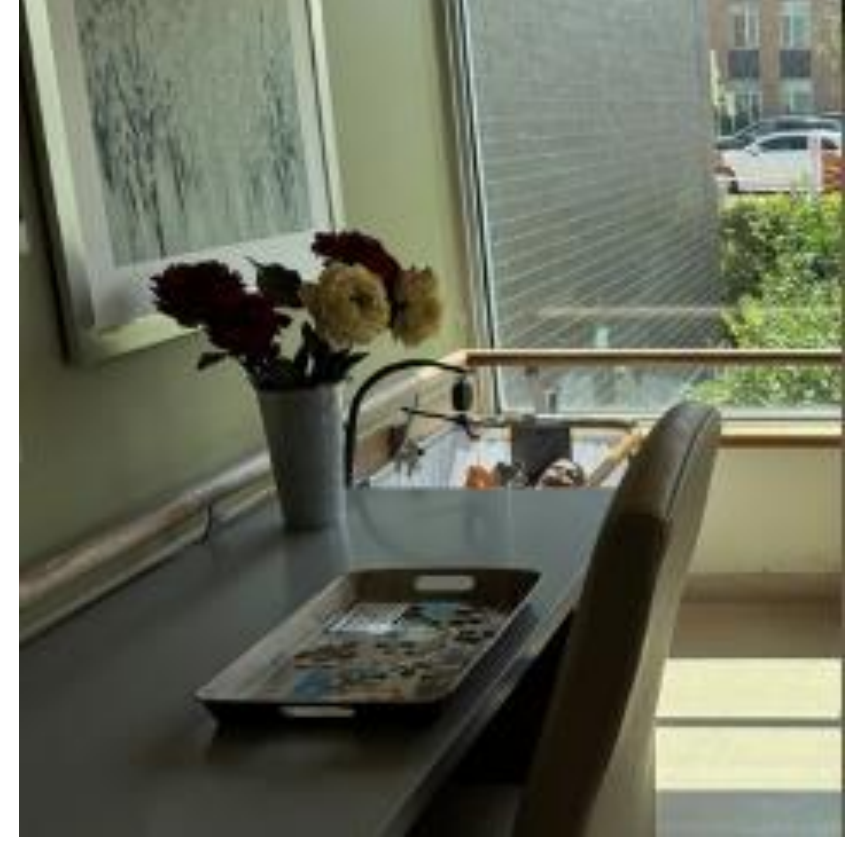
Always think about
Competency Press, Reserve
Capacity and Progressively
Reduced Stress Threshold





Laundry Folding Station





This now looks like home – chairs face out – bird house to watch and music for listening enjoyment

Toronto

Before

Eliot, G. (2026) DementiAbility

After



Front Entrance

- You do not get a second chance to make a good first impression
- The goal is to create a positive emotional experience



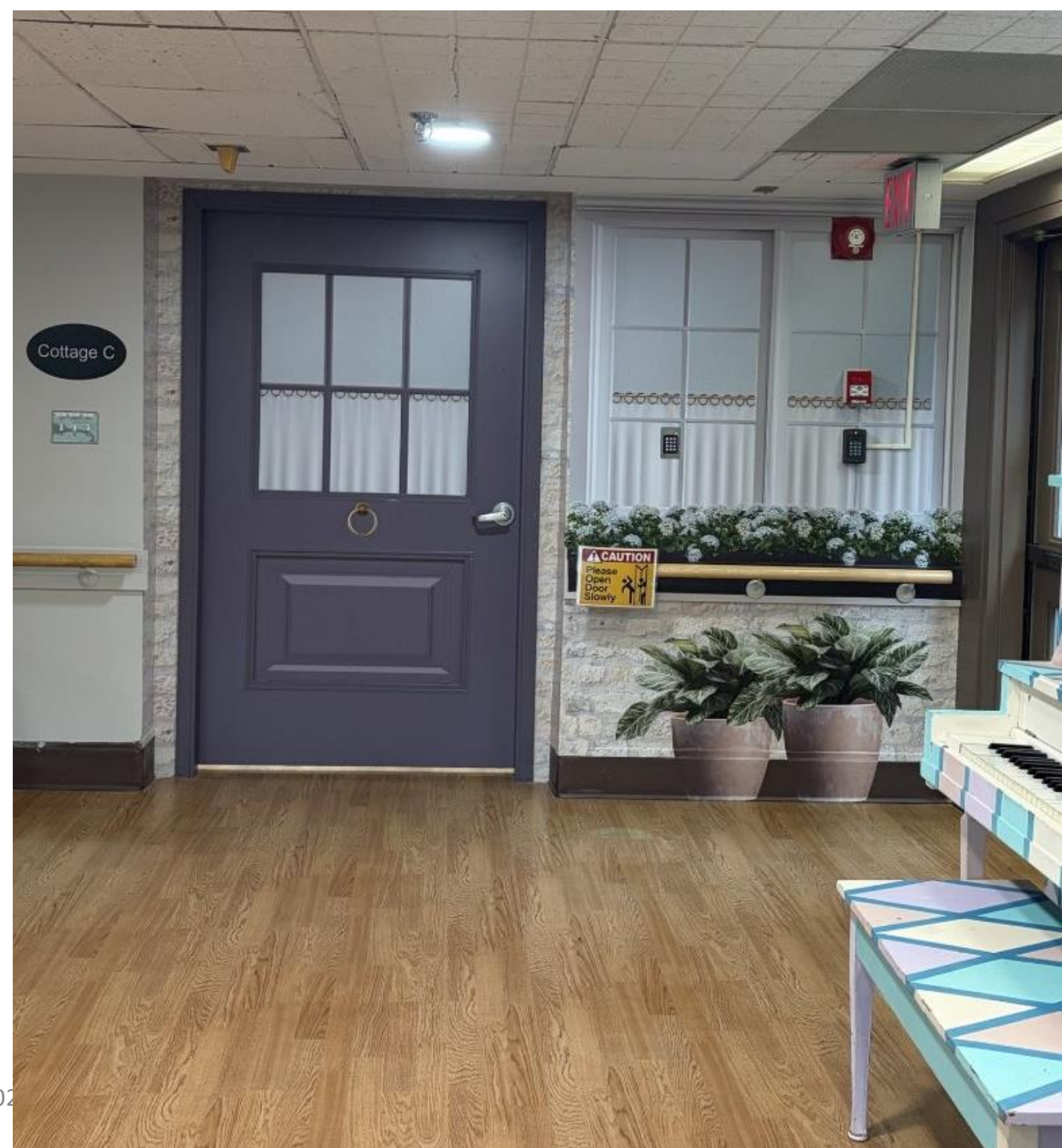
In Dementia Care
A prepared environment
begins when you enter
through the front doors
Entrance - Burlington, ON

- **First impressions are important**





Elliot, G. (202





Dining Rooms are Familiar – With Purpose



Before and After



Dining with Dignity & Meaningful Moments



DementiAbility's Dining for Dementia Toolkit

Dining with Dignity and Meaningful Moments in Spaces that are Designed for Dementia

Creating a familiar, welcoming and abilities-based dining experience in care environments.

Written by:

Gail Elliot, Gerontologist and Dementia Specialist, DementiAbility Enterprises Inc.

This toolkit draws on core concepts from the DementiAbility Methods and applies them specifically to the dining experience in dementia care. DementiAbility is an evidence-based approach, informed by multidisciplinary research and interdepartmental practical experiences. It focuses on understanding the connections between brain function, life story, environment, and behaviour to better understand and support the whole person in an enabled environment.

Drawing on research and practice evidence from diverse disciplines, this document applies key concepts into practical dining strategies. This toolkit provides innovative and meaningful approaches to creating enabling dining environments that promote **independence, engagement, connection, dignity, choice, and success at mealtimes.**

Since this toolkit is designed to complement the DementiAbility Methods, I encourage the reader to learn more at www.dementiability.com (check out dates of upcoming workshops) or contact us, and we would be happy to set up a workshop at your location. Please email gail.elliott@dementiability.com or tash@dementiability.com for more information.

A positive dining experience preserves dignity, supports independence, promotes connection and helps every person feel that they are enjoying their meal in a familiar place that looks, feels and smells like home.

Use the DementiAbility WOW and NISA Tools to guide you as you make decisions about how to set each person up for success – with meaning, purpose, connection, enhanced independence, choice and joy.



Home includes indoors, and outdoors



Doors



Elliot, G. (2026) DementiAbility





Before

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After



Contrast. Familiar



Enhancing the Environment – Cottage Home Area Entrance

Before.....



After....



Before.....



After....



Extendicare Mississauga



Stairwell Door Before



After

Extendicare Mississauga

Before



After



See through their
eyes!





There is no perfect blueprint –
no magical design. . . There are
individual needs to be
addressed



- Boredom
- Loneliness
- Lack of success
- Lack of care and compassion



Brain Function – Life Story - Behaviour

Dementia Competency is Key!

The Goal:

To think differently about dementia

Person-centred The Focus is on the Person in an Enabled Environment

- Familiar
- Dignified
- Contrast
- Engaging
- Enabled
- Choice
- Set up for success

With Opportunities to Participate in Meaningful Activity

*If you
build it*



They May Not Come

They may not use what you create

**I am the
starter button**



To expose ABILITIES
**YOU MUST BE THE
STARTER BUTTON**

W + O =
What will
you do?



Risk Assessment

Would you consider a
“Negotiated risk assessment”?



**Honouring Resident Rights
Risk Assessment Form
Do No Harm: Reward versus Risk**

Every resident in this home has the right to enjoy high quality of life and accommodation in a safe, autonomous, comfortable, home-like environment with many and diverse opportunities to enjoy daily life, and to pursue the relationships, activities and interests that are meaningful to them, according to their skills and abilities. Every resident has the right to voice their choice and the right to live with dignity and respect, according to their unique values and beliefs. It is up to the care team to make accommodations that reflect and respect the wishes of each person in our care.

Name of Resident: _____ Date: _____
D.O.B.: _____ Room #: _____

1. What is the activity? _____
a. Why is it important to the resident? _____

b. How important is this activity to the resident, from the resident's perspective and from the care partner perspective (e.g. – staff, family, volunteer)? _____

2. What are the risks associated with “NOT” providing the activity? Consider the following:
a. Activity promotes autonomy/dignity/engagement/connection and thus the risk outweighs the benefits
b. Positive risk: engaging in the activity improves function (cognitive, social, emotional, physical) and outweighs negative risks (identify the associated risks)
c. The activity addresses needs (thereby circumventing responsive behaviours such as exit-seeking, agitation, sleep due to boredom, etc.)
d. Other: _____

Notes: _____

www.dementiability.com  pg. 1





Things to do in their room. RISK?

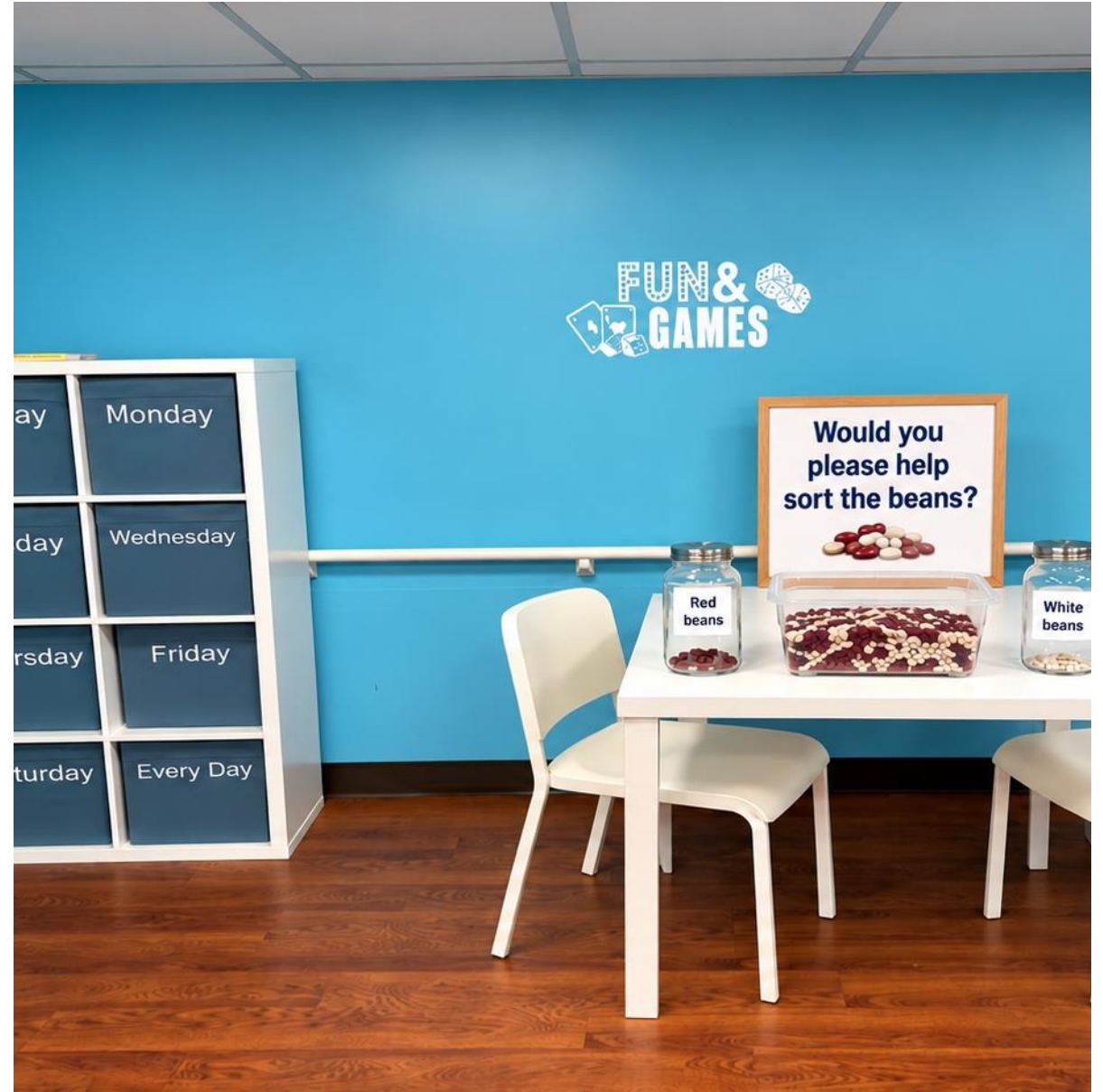
There are things to do in public and private spaces (available and accessible)



Do you have
hand sanitizer
accessible?

Please
take a squirt
of hand
sanitizer.





Mondays





Please sort the
cutlery 

Would you
like to try on
a scarf? 

Tuesday

Take a few
minutes to sit
and read.



Funny People
The Gift of Laughter

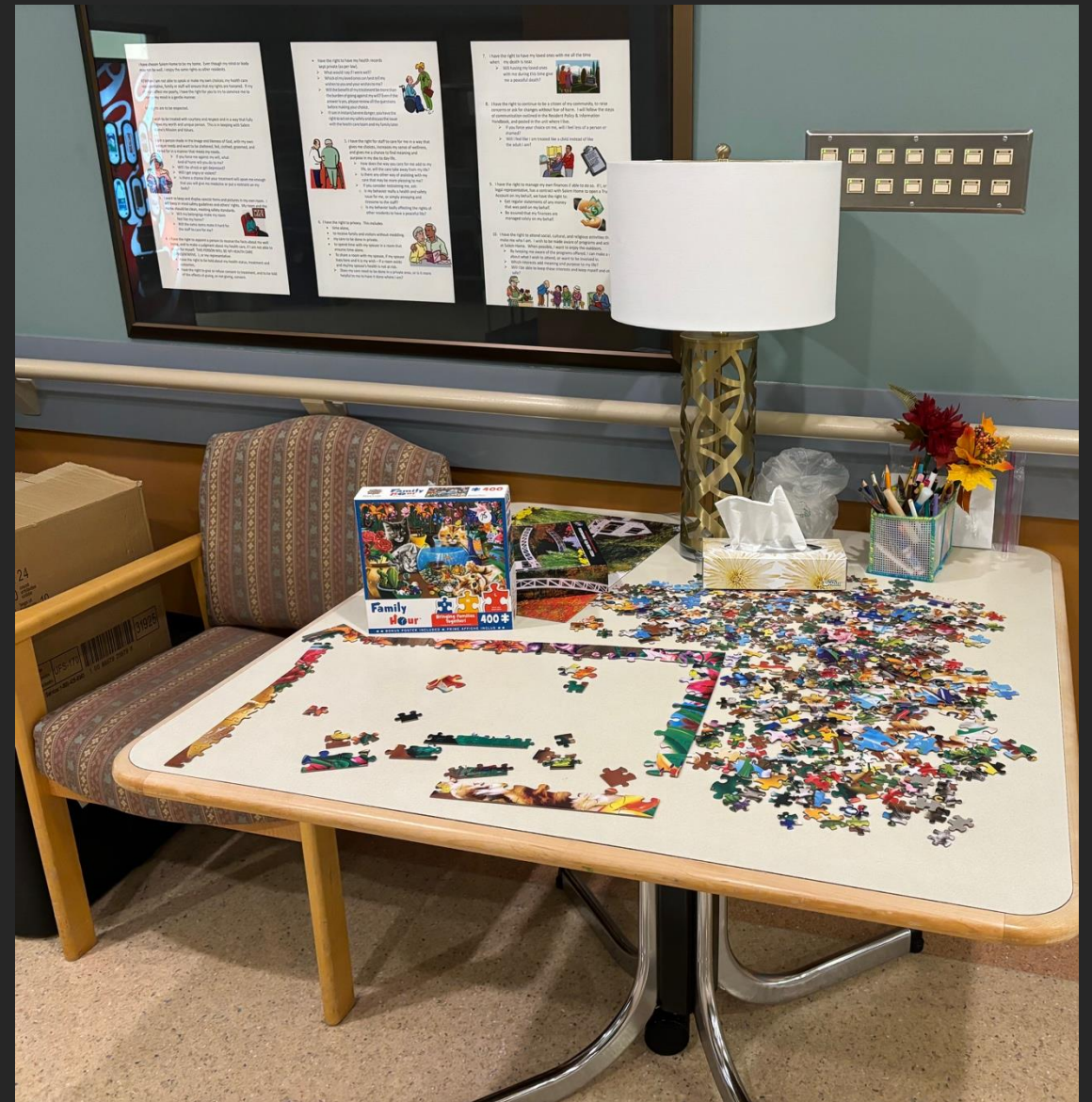
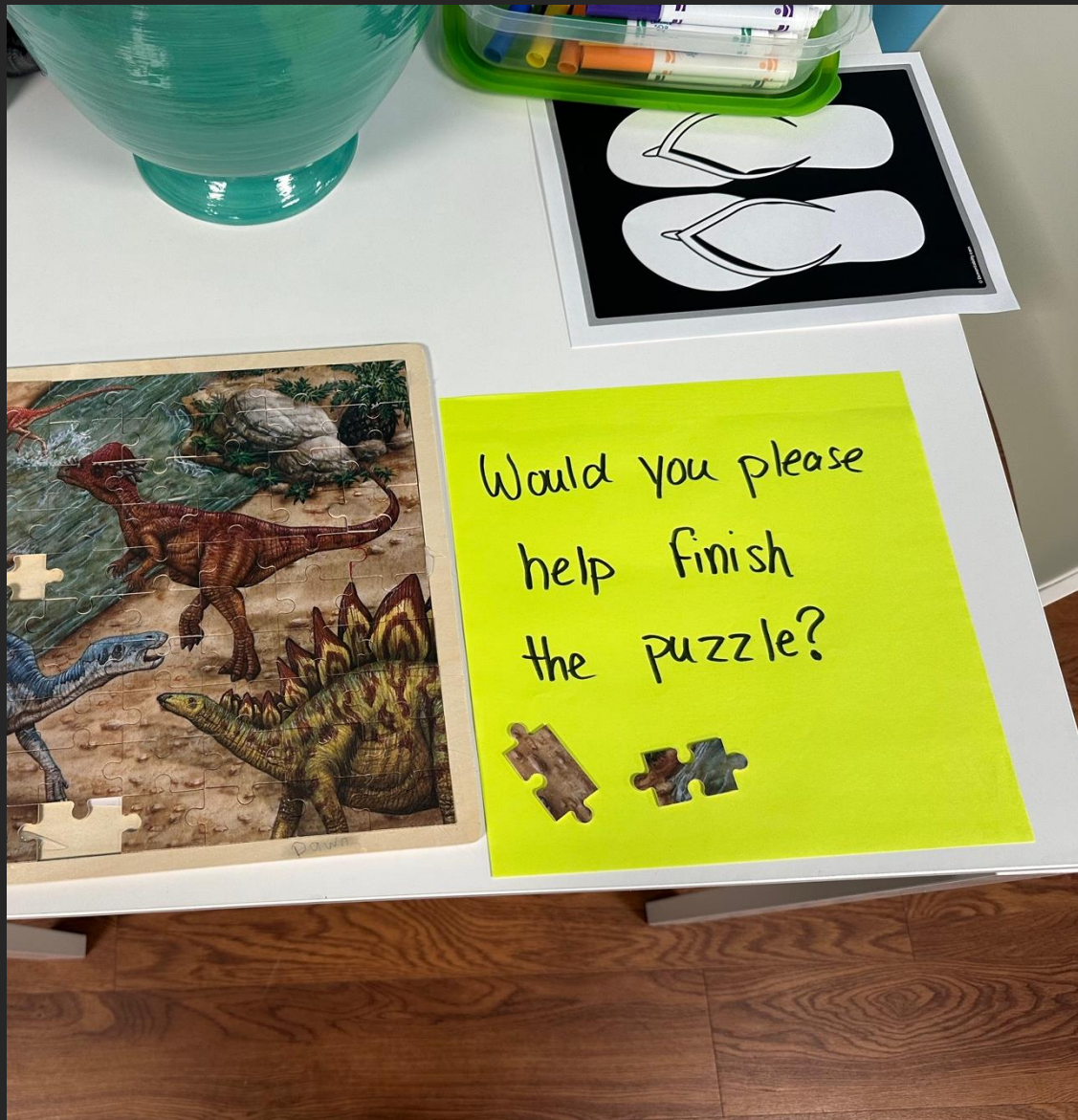
Creating an Engaging Environment – Main Spaces



**Would you like to do
some hand & finger
exercises?**

**Explore the different
textures.**





Things to do when
people walk the
halls.

Activities available
and accessible.





**Please put
the poker chips
in the case.**



**Please push down
on top spout -
with the other hand
under the spout -
and sanitize your
hands before you help.**



Put hand sanitizer on tables

Dirty Bins



Please place the tag in the folder once you have completed the task. Thank you

Carla
Resident
Volunteer

Name Badges

D
n
v

Aiko
Resident
Volunteer

Ron
Resident
Volunteer

Diane
Resident
Volunteer

Would you like to help give out hand sanitizer?



Would you like to help put away books in the library?



Would you like to help bake bread in the kitchen at ____?



Would you like to help tidy the Lounge areas? Recycle old Newspapers?



Would you like to water the plants in the common areas of the home?



Would you like to help hand out aprons at lunch?



Would you like to help fold?



Would you like to help fill up the birdseed feeders and hummingbird feeder?



Would you like to help wash dishes in the kitchen?



Would you like to help dust?



Would you like to help fold laundry at ____?



Would you like to help shred paper in the office?



Would you like to help us to do a job?
Please take tag and put it in the bag when completed.
Thank you for help.

Name badges on the left – Job board on right



JOB BOARD

WOULD YOU LIKE A JOB?

Would you like to help
great friends at
lunchtime?

Would you like to help
up some newspapers
or magazines?

Would you like to help
say good night to
friends before bed?

Would you like to
sweep the floors?

Would you like to help
wash some dishes?

Would you like to help
clean the windows?

Would you like to help
hand out aprons at
breakfast?

Would you like to
dust?

Would you like to
polish the hand rails?

Would you like to help
give out hand
sanitizer?

Would you like to help
hand out aprons at
lunch?

Would you like to help
shred paper in the
office?

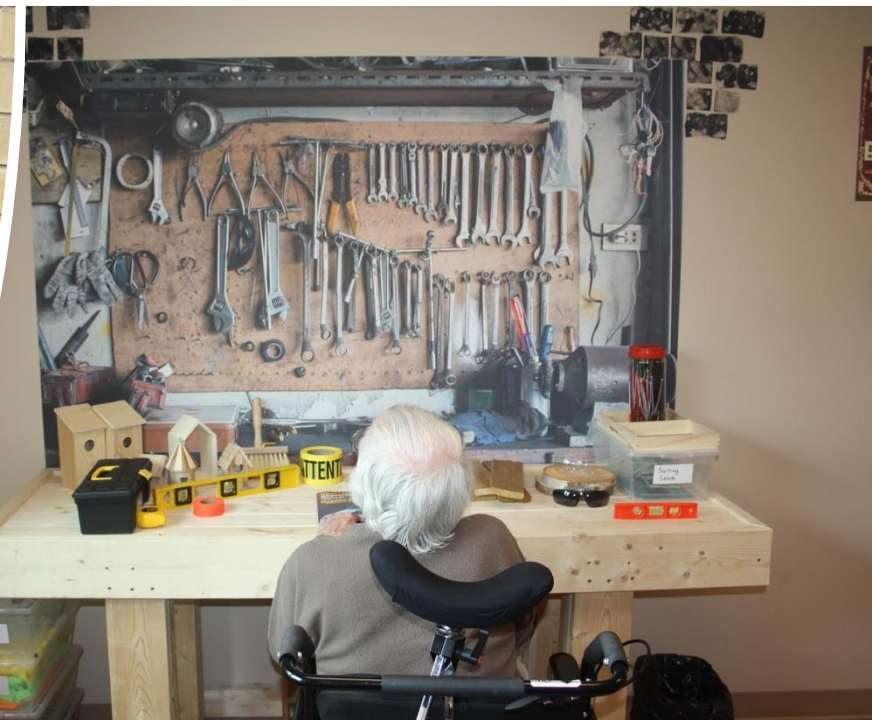
Would you like to help
say good night to
friends before bed?

Would you like to help
hand out song books
at church at _____?

Would you like to help
clean the chairs in the
dining room?

A job board – the goal is
to add meaning and
purpose to each day

**Engaged
with
meaning
and
purpose**





Preparing Dinner



Engaged with
Meaning and
Purpose

- Task matches abilities



Plates

**Cups
and Mugs**

Cutlery.

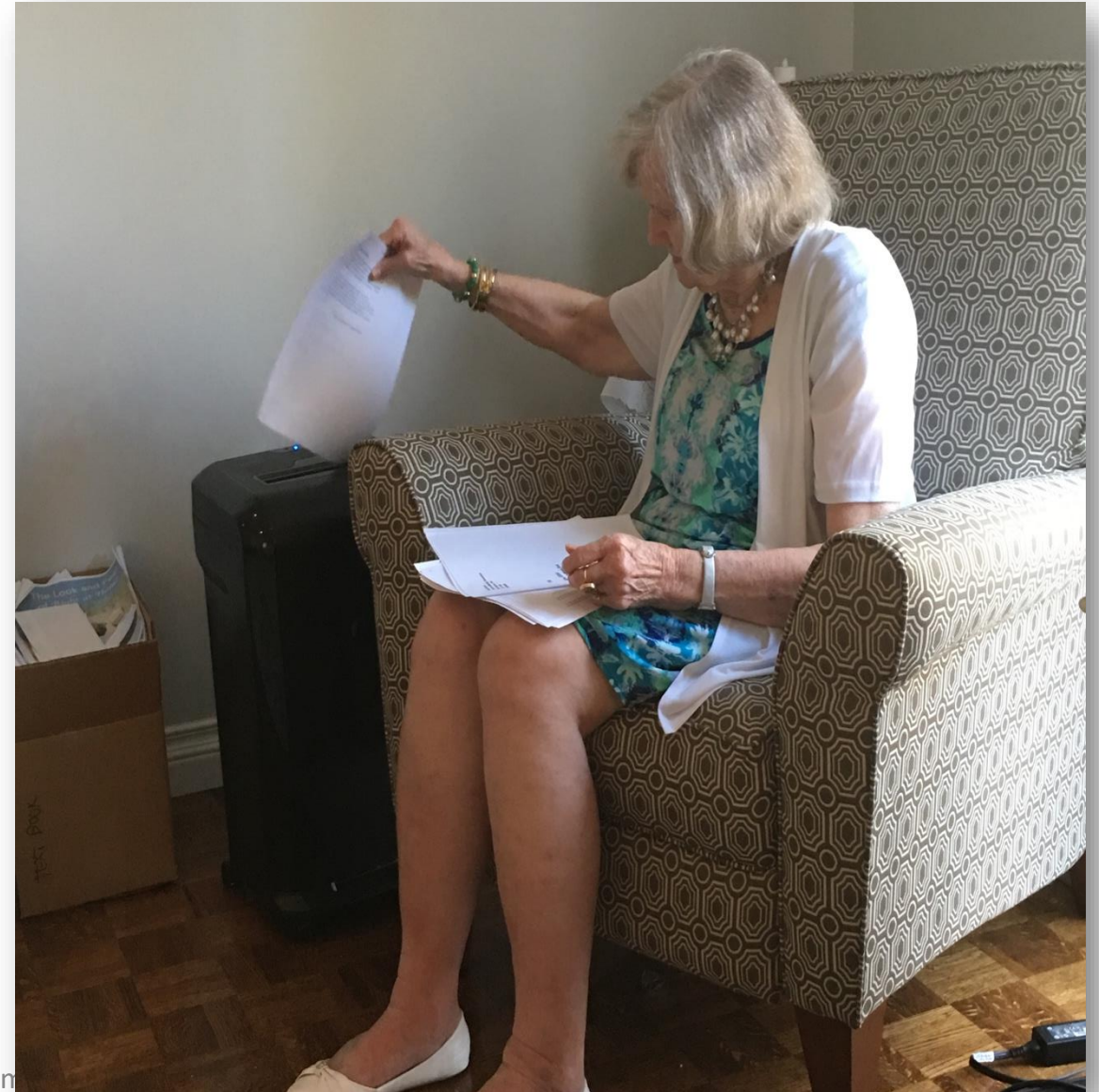
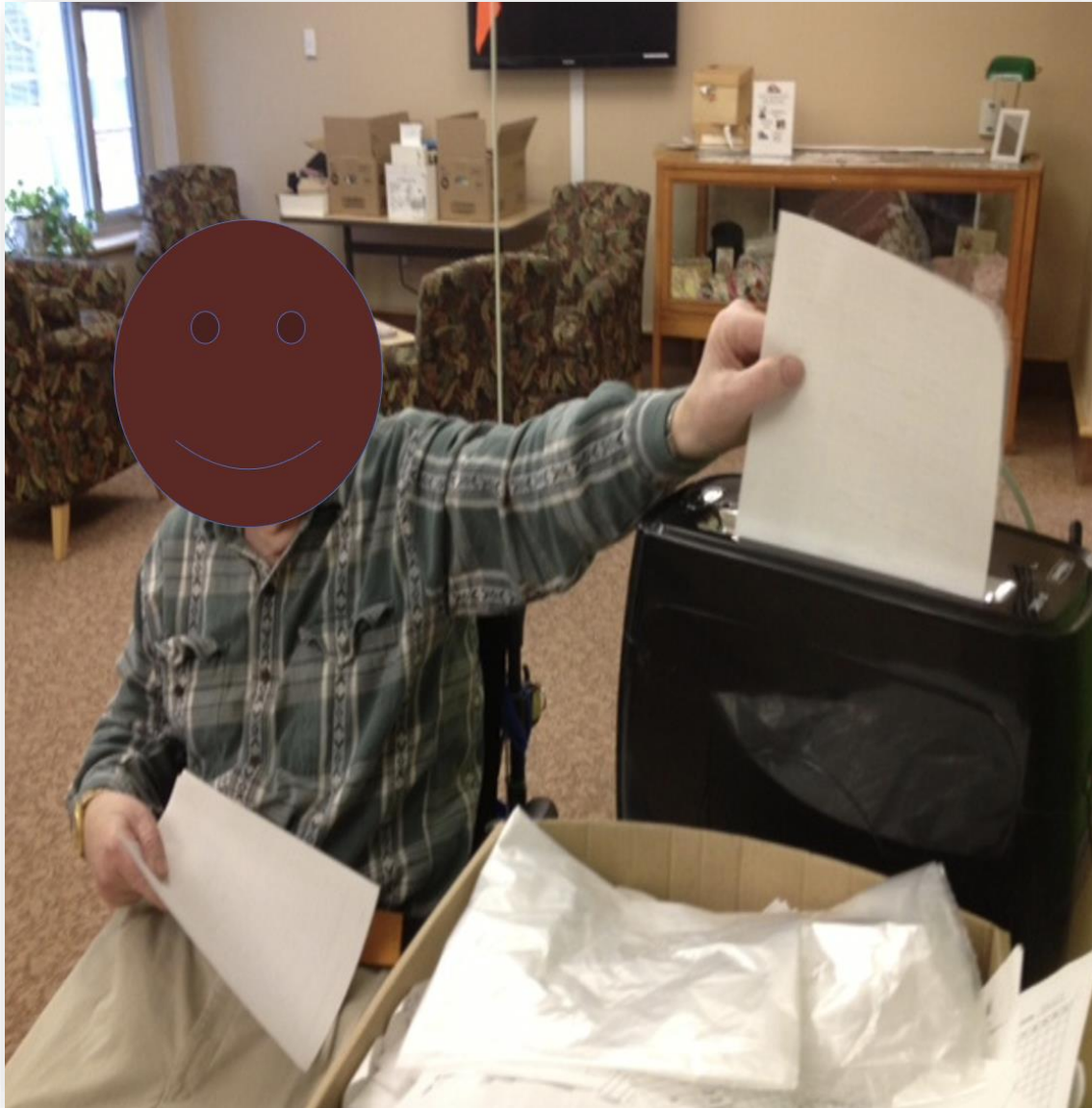


Would you like to sweep?

Making beds
– It doesn't
matter if it
isn't perfect!
Care plan it!



Roles: Shredding Paper



Grandview Lodge

Fixing bikes





Would you like to put the tools away?



Helping with
projects that can
be sold.



Themed Areas



TORONTO METRO







Wyndham Manor Oakville

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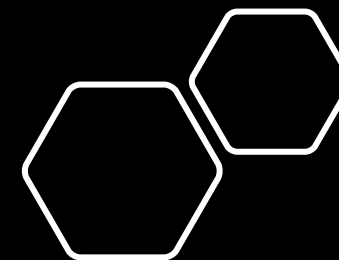


Always
something to
do.





Workshop



Manitoba



**With a focus on understanding needs
and supported environments**



All staff must
be “dementia
capable”

Calkins, 2018



Elliot, G. (2025). DementiaAbility



DementiaAbility Ambassador of Change

Purpose

The purpose of the DementiaAbility Ambassador of Change is to provide guidance and assistance across the care home/organization through training, mentorship and practical implementation of DementiaAbility Methods.

The primary objective is to work collaboratively with interdisciplinary teams to create a foundation of knowledge and understanding throughout the organization. This foundation will ultimately foster collaborative and team-based practice that spans across all departments and disciplines. Additionally, the Ambassador of Change will partner with the leadership team to ensure the DementiaAbility Methods are integrated into organizational policies, practices, tools, and techniques. This integration will establish a framework for ongoing accountability and long-term sustainability.

Duties and responsibilities

Primary Responsibilities:

- Cultivate a home environment where teams work collaboratively across departments to build a world in which individuals living with dementia experience a life rich in meaning, purpose, joy, independence, connection, love, choice, success, and high self-esteem.
- As a Certified DementiaAbility Trainer, work with the leadership team to create a strategic educational plan for staff in all departments to attend the 2-day DementiaAbility workshop.
- Teach the DementiaAbility Methods 2-day education workshop and deliver review sessions at least twice a year.
- Commit to summarizing workshop Action Plans to ensure staff have voice and are involved in the changes they have identified as priorities.
- Participate in the onboarding of new employees and volunteers, with a focus on providing a DementiaAbility Methods overview and how it connects to the home's vision, mission and values.



DementiaAbility On-Boarding Specialist

Purpose

The purpose of the DementiaAbility On-Boarding Specialist is to provide initial in-house guidance and assistance to care homes through training, mentorship and practical implementation of DementiaAbility Methods.

The primary objective is to work collaboratively with interdisciplinary teams to create a foundation of knowledge and understanding throughout the organization. This foundation will ultimately foster a collaborative, team-based practice that spans across all departments and disciplines. Additionally, the On-Boarding Specialist will partner with the leadership team to ensure the integration of DementiaAbility Methods into organizational policies, practices, tools, and techniques. This integration will establish a framework for ongoing accountability and long-term sustainability.

Duties and responsibilities

Primary Responsibilities:

- Support existing staff who have already been DementiaAbility trained/Certified with the goal of moving knowledge into practice.
- Serves as the interim DementiaAbility Trainer until at least two staff have completed requirements related to DementiaAbility Certified Trainer. Mentor these staff members as they move towards Certification and Trainer status.
- Participate in the onboarding education of new employees by delivering an overview of the DementiaAbility Methods and an explanation about how this education and these practices are connected to the home's vision, mission and values.
- Connect with each new employee's manager to schedule a DementiaAbility Methods 2-day training session, providing clear messaging that the education must be completed before each new employee probationary period is complete.
- Liaison between staff, residents and families regarding DementiaAbility practices and opportunities. Provide ongoing communication, mentorship and teaching through one-to-one conversations, family council, resident council, care conferences, town halls and other.
- Mentor the team through encouragement, modelling, review and accountability.

DementiAbility Observation Audit

Date: _____ Time: _____ Home Area: _____

Rating: 0 goal not present, 1 effort being made, 2 goal being achieved

	Rating
TV intentionality	0 1 2
<i>0 'what to watch next' suggestions, 1 appropriate show for adults, 2 what the residents want to watch -- engaged</i>	
DementiAbility Kits/Nurture Therapy/Sensory Items	0 1 2
<i>0 not out/items not put back properly after use, 1 out and ready for engagement, 2 resident engagement observed</i>	
Resident Engagement in their Environment	0 1 2
<i>0 not engaged or asleep, 1 looking at persons/items in environment, 2 fixated on person/items in environment - smiling</i>	
Staff Interaction with Residents	0 1 2
<i>0 dismissive of resident in passing, 1 greeting by hello or name when passing by, 2 engaging with residents in conversation</i>	
Positive Interactions when Giving Items	0 1 2
<i>0 setting items in front of resident with no interaction, 1 using name/greeting, 2 using name/greeting and identifying what you're giving them.</i>	
Positive Interactions between Staff & Family	0 1 2
<i>0 dismissive of family in passing, 1 greeting by hello or name when passing by, 2 engaging with family in conversation</i>	
Department Engagement	0 1 2
<i>0 departments in home area but not engaging, 1 greeting by hello or name when passing by, 2 engaging with residents in conversation</i>	
Mealtime -- Dignity	0 1 2
<i>0 Faces & Clothing not presentable following meal, 1 clothing covers in use and removed following meal/Face is washed, 2 clothing cover removed, excess food wiped from clothing/wheelchair and face clean with no residual food present</i>	
Mealtime -- Engagement	0 1 2
<i>0 Conversation between staff at tables -- not engaging residents, 1 greeting residents at table, 2 conversation before meal and after -- when conversation is difficult are staff utilizing conversation/observation starters</i>	
Resident Appearance -- Dignity	0 1 2
<i>0 Clothing not presentable/hair not groomed/glasses not clean, 1 clothing clean but hair not groomed/glasses not clean, 2 clothing cleaned/hair groomed/glasses are clean</i>	

Total Score: _____/20



Our Vision:

To create a world where individuals living with dementia enjoy a life filled with meaning, purpose, joy, independence, connection, love, choice, and high self-esteem – in an environment that is set up for success. The enabled environment is familiar: it looks, feels and smells like home.



DementiAbility's Guidelines for an Enabled Environment And an Emotion-Based Model of Care

References available at www.dementiability.com



Emotion focused care includes the look, feel and smells of home

Creating spaces where people want to live, work and visit.



DementiAbility Certified Neighbourhood or Homes



Our Vision: ~ ~ ~

To create a world where individuals living with dementia enjoy a life filled with meaning, purpose, joy, independence, connection, love, choice, and high self-esteem - in an environment that is set up for success. The enabled environment is loving, familiar and looks, feels and smells like home.

Goal: Cognitive, social, emotional, physical, spiritual and overall well-being

Staff Care and Competency and the Enabled Environment

Staff are dementia competent and work as a team across disciplines and departments.



- | 1 | 2 | 3 | 4 | 5 | |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--|
| ☐ | ☐ | ☒ | ☐ | ☒ | The organization embraces evidence-based education (e.g. - DementiAbility, Communication Tips and Tools, GPA, PIECES and U-First), as per the Behavioural Supports Ontario 5 - Star Core Competencies. |
| ☒ | ☐ | ☐ | ☒ | ☒ | Policies, practices and job descriptions incorporate the DementiAbility Methods and leadership communicates clear messages about expectations. |
| ☐ | ☐ | ☒ | ☐ | ☒ | Interdisciplinary teams work together to ensure that all residents are reaching their highest potential. |
| ☐ | ☐ | ☒ | ☐ | ☒ | Emphasis is placed on person-centred care, with a focus on achieving cognitive, physical, emotional, social, spiritual and overall well-being. |
| ☐ | ☐ | ☒ | ☐ | ☒ | Staff understand that compassion includes addressing the needs of the "whole person" - which includes emotion-focused care. |
| ☐ | ☒ | ☐ | ☐ | ☒ | Staff use the words dignified, contrast, concrete, abstract and familiar to guide decision-making (ranging from art and design choices or daily engagement). |
| ☐ | ☒ | ☐ | ☐ | ☒ | Terms such as "The right to know", "The right not to know" and "The right to risk" are well understood. |



1 -Not yet implemented 2-Minimal implementation 3-Moderate implementation 4-Well Implemented 5-Fully optimized



Environmental Checklist

Bathing Areas

- | 1 | 2 | 3 | 4 | 5 | |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--|
| ☐ | ☐ | ☐ | ☐ | ☒ | Bathroom entrances are labelled using the word "Toilet" for rooms with toilet and "Spa", "Tub Room" or "Bathing Area" for bath and shower areas. |
| ☒ | ☐ | ☒ | ☐ | ☐ | Bathing preferences form is completed for all, and likes and preferences are honoured before, during and after bathing. |
| ☐ | ☐ | ☐ | ☐ | ☒ | Bathing area is calm, relaxing, inviting and free of noise, clutter/institutional signage/staff notices. Relaxing/Familiar music provided as per wishes of each individual |
| ☒ | ☐ | ☒ | ☐ | ☐ | Art on the wall reflects the purpose of the room, it is dignified and cannot be mistaken for an open window, beach scene or forest. |
| ☐ | ☐ | ☐ | ☐ | ☒ | Spa baskets/invitations/coupons are available and used as needed (according to NISA). |
| ☐ | ☐ | ☐ | ☐ | ☒ | Modesty aprons are available. Face cloths to cover face are available when spray is used. |
| ☒ | ☐ | ☐ | ☐ | ☐ | Essential oil diffuser available (using pure oils) for those who would benefit. |
| ☐ | ☐ | ☒ | ☒ | ☐ | Salon dryer (which adheres to local codes) available for use before and/or after bath/shower. Towel warmers available. |
| ☐ | ☐ | ☐ | ☐ | ☒ | Bath dolls and other items are available to hold as needed (Note: item can be submerged in water). |
| ☐ | ☐ | ☒ | ☐ | ☐ | Soap/shampoo/conditioner is labelled to support independence with the goal of enhancing independence (residents are encouraged to do for self) . |
| ☒ | ☐ | ☐ | ☐ | ☐ | Non-institutional shower curtain is utilized; knobs and dials on tub are covered. |
| ☐ | ☒ | ☐ | ☐ | ☒ | Bathing area decor creates relaxing environment (e.g. - electric candles, decorative towels, chair to rest on when changing, plants, shelf unit with rolled towels, etc.) |

1 -Not yet implemented 2-Minimal implementation 3-Moderate implementation 4-Well Implemented 5-Fully optimized

10



Canadian Institute
for Health Information



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Careers

Français

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News, events and education ▾

About CIHI ▾

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The Canadian Institute for Health Information (CIHI) provides standardized and actionable data and information to drive improvements in health care, health system performance and population health across Canada.

Vision and mandate ▶



Digital health information in Canada: Measuring
access and use →

● Report

Explore our data and resources

Donwood Manor,
Manitoba
Speaking at a CIHI
education event about
their achievements
(low antipsychotic
rate) – based on
DementiAbility
Training

The questions staff have learned to ask

Instead of asking:

“How do we reduce this behaviour?”

“How do we reduce this medication?”

We NOW ask:

- What does this person need?
- What are they communicating?
- What do we know about them?
- What abilities – strengths – skills – remain?
- What can we change or provide?
- How can we do this as a team?

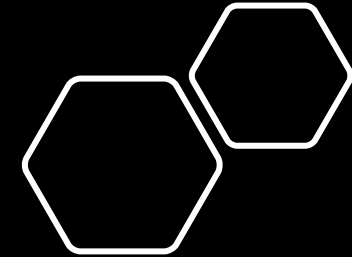
Outcomes of DementiAbility

An Engaged Environment and an Enriched Life

Elliot, G. (2026) DementiAbility

DementiAbility helps care partners understand the important connections between brain function, health, life story, environment, needs, abilities and behaviour. By shifting the focus from loss and disability to strengths, abilities and remaining capacity, organizations report meaningful changes for residents, staff and families.

- **Shift in staff approach** from reacting to behaviours to observing, asking “What is the person communicating?” and identifying unmet needs. Leadership support and team discussions reinforce this approach.
- **Improved understanding of responsive behaviours.** Staff recognize that behaviour has meaning and feel better equipped to assess and address what the person may be experiencing.
- **Reduced responsive expressions**, including screaming, crying, yelling and other expressions of distress.
- **More positive emotional expression.** Laughter, humming, conversation, connection and enjoyment increasingly replace distress.
- **Reduction in BSO referrals and interventions.** Residents who previously required frequent intervention may require considerably less support.
- **Reduction in resident-to-resident and resident-to-staff incidents.**
- **Reduced resistance to personal care**, including bathing, dressing and toileting.
- **Improved bathing experiences.** Individualized music, spa-like environments and attention to personal preferences contribute to calmer, more enjoyable bathing.
- **Improved resident function and independence**, including eating, dressing, toileting and finding people, places and belongings.
- **Increased meaningful engagement.** Greater participation in purposeful roles, jobs, routines, leisure activities, social interaction, clubs and day programs.
- **Choice, autonomy and the right to risk.** Residents are encouraged to explore and enjoy their home while being supported to exercise choice, autonomy and the right to risk.
- **Improved social connection.** Through strategies such as name tags, name plates, conversation prompts, book clubs, familiar activities and meaningful roles.
- **Improved cognitive outcomes**, including reported increases in MoCA scores.
- **Improved health outcomes**, including reported reductions in falls, UTIs, delirium and hospital visits related to delirium.
- **Reduction or elimination of psychotropic medications** associated with responsive behaviours where clinically appropriate.
- **Improved resident, staff and family satisfaction.** Increased satisfaction in long-term care, retirement homes and day programs. Reduction in family complaints, with some organizations reporting periods with no family complaints.
- **Homes become more familiar, dignified and home-like.** Environments are intentionally designed to support abilities rather than create unnecessary barriers.



A Few Key Messages



⚡ The more you do for me -
the more you steal from me



www.dementiability.com



**The purpose of life is a life with
purpose.**

Can We Create Quality Living in LTC with Existing Rules and Regulations

YES WE CAN!

Through
dementia competency
and thinking differently
about dementia!



Knowledge

Skills

Better Lives



ONE PERSON

Change is slower and harder to sustain

**SUSTAINABLE
CHANGE**

THE WHOLE TEAM

Faster • Stronger • Greater Impact

Leadership is part of the team

LEADERSHIP



**The Rules and Regulations are there to provide
safeguards - to ensure quality outcomes.
DementiAbility (including DementiAbility's
Communication course and BSO 5 Star)
provides tips, tools and resources to achieve
quality of life.**

R & Rs Can Work Together with Staff Competency – Teams Working Together – Leaders Leading



**Empower every person in care
to be the best they can be.**

**IF WE DON'T LIKE
WHAT IS HAPPENING
WE NEED TO CHANGE
IT!
LET'S ADVOCATE FOR
CHANGE**

Provincial
Organizations

National
Organizations



Thank you

Gail.Elliot@dementiability.com
www.dementiability.com

Questions?

