

ACHIEVING QUALITY ENVIRONMENTS FOR PERSON CENTRED DEMENTIA CARE





FOREWORD

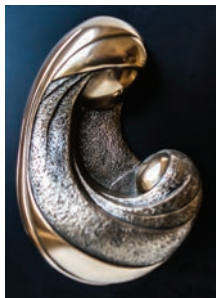
So often in Alzheimer's disease and other dementias we talk of decline and of what is lost and our frustrations at feeling there is little we can do. The design of Willow View and Meadow View House and the commitment by Daughters of Charity Service staff to offer individuals with an intellectual disability and dementia choices, excellence in care, innovation in environmental supports and state of the art programming says instead that there are lots of things that can be done!

"Home", opportunity, and enjoyment are celebrated where others would focus only on services, supports and supervision. Willow View and Meadow View are yes, state-of-the art, reflect the best research evidence for what works, are professionally organized and managed, AND represent the highest of international standards for dementia care They are also the kitchen, the living room, the bedroom, the garden where we would all feel welcome, comforted and able to do all the things, and enjoy all the people who are important to us. People with dementia deserve no less.

The Daughters of Charity Service, their planning teams and their expert advisor, Professor Mary McCarron are to be commended. In our advancing years may we all experience that mix of support, caring and a pleasant place to live that is Willow View and Meadow View House.

Professor & Director
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PREFACE



For over a Century the Daughters of Charity Service has provided services to persons with intellectual disability in Ireland. As the country has changed so have our services, always seeking to offer the highest quality of care and support while at the same time emphasizing our mission-driven commitments to:

- *The development of the potential of each person with an intellectual disability in an atmosphere characterised by love, respect and creativity*
- *Enabling each person with an intellectual disability within the Service to take his/her place in society and in turn to contribute in a meaningful way*
- *Giving priority to people with the greatest need*
- *Advocacy and the promotion of justice for persons with intellectual disability*

Those commitments do not change as people with intellectual disability grow older or when they experience symptoms of dementia. The Service is committed to supporting people with dementia in their own homes for as long as possible. However, if it becomes necessary to transfer a resident to a more high support setting then we believe that the individual should continue to have the highest quality services available. Willow View and Meadow View House are the bricks and mortar embodiment of the Daughters of Charity Service wide determination to offer quality services but it is only by the commitment and dedication of trained staff that the individual with dementia will receive true support. Combining the two the Service will ensure that no matter what the needs of an individual with intellectual disability, the Daughters of Charity values of love, respect and creativity will always mean the opportunity to live one's life in a place that feels like home.

I would like to thank all of the people listed in the acknowledgements page for their support for this project but I would like to specifically thank Prof. Mary Mc Carron for her vision, support, commitment and determination in helping the Service bring this project to a successful conclusion.

Denis Cronin

**Chief Executive Officer
Daughters of Charity Service.**

ACKNOWLEDGEMENTS

Sincere thanks are due to service users, family members, volunteers and staff of Willow View and Meadow View. Their individual and collective energy and enthusiasm is reflected throughout this publication and we would sincerely like to thank them. In no small measure their time, commitment and dedication has made these homes such warm, homely, and welcoming.

We would like to acknowledge the work and support of Maloney O'Beirne (Architects) especially Mr. Michael De Suin, the Management Team and Logistics Department at the Daughters of Charity Service, especially Mr. Derek Tallant. Special thanks to Sr. Zoe Killeen and Sr Mary O Toole, former and current administrators at St. Joseph's Centre, Ms. Evelyn Reilly and Ms. Pamela Dunne, Ms. Sandra Nelson and Ms Andrea Mulligan.

Special thanks are due to Ms Marie O'Sullivan (Physiotherapist), Ms Ferrilyth Louw (Occupational Therapist) and Dr Niamh Mulryan (Clinical Director) Daughters of Charity Service, for their invaluable input.

We owe a great deal of gratitude to the Daughters of Charity Community and to our fundraisers RESPECT who so generously donated the capital funding to make this project a reality. We would also like to acknowledge the continuing support of the Health Service Executive in their allocation of revenue funding.

Thanks also to Mr Jerry Huysmans for his contribution in design, and a very special thank you to Ms Maura Tilbury for her special talent in photography; both contributions were invaluable in enabling the completion of this book.

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**ACHIEVING QUALITY ENVIRONMENTS FOR PERSON CENTRED DEMENTIA CARE
DESIGNING A HOME FOR PERSONS WITH DEMENTIA - DAUGHTERS OF CHARITY SERVICE,
DUBLIN, IRELAND**

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'TO REALIZE THEIR THERAPEUTIC POTENTIAL, SETTINGS SUCH AS DEMENTIA CARE UNITS MUST BE DESIGNED AND MUST FUNCTION IN CONCERT WITH THE SOCIAL AND ORGANIZATIONAL DIMENSIONS OF THE LARGER SYSTEMS OF WHICH THEY ARE A PART.'

FIRST IT SHOULD BE RECOGNISED THAT THE ROLE OF THE PHYSICAL ENVIRONMENT NEED NOT BE LIMITED TO THE SIMPLE PROVISION OF SHELTER; THE ENVIRONMENT REPRESENTS A POTENTIALLY IMPORTANT, ALBEIT FREQUENTLY UNDER-UTILISED, THERAPEUTIC INTERVENTION



FURTHERMORE, IT MUST BE RECOGNISED THAT THE PHYSICAL ENVIRONMENT DOESN'T EXIST IN ISOLATION; RATHER, THE PHYSICAL SETTING IS AN INTEGRAL PART OF A LARGER COMPLEX SYSTEM'

WEISMAN ET AL (1991)





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INTRODUCTION

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A serious challenge today for service providers in Ireland is the growing number of people with intellectual disabilities who are ageing and are now experiencing symptoms of dementia. The capacity for assessment and management, current models of services, the residential and community living settings available, the training provided to staff and palliative care provision at end of life have been proving inadequate to the task and need to change.

The Daughters of Charity Service is at the cutting edge of making the needed changes given its early commitment to support ageing in place, the development of a Memory Clinic to support timely screening and dementia assessment, and the involvement of staff, family and service users in a strategic plan for dementia. During this time the Daughters of Charity Service has developed an understanding of key issues to be addressed in the provision of high quality care for people living with dementia. This book addresses important understandings that have emerged on the principles of good environmental design in dementia, all of which have been applied in the design of these new dementia homes. This document has been prepared as a supporting document to the Daughters of Charity Strategic Plan on Dementia (McCarron, 2006), The Daughters of Charity Memory Clinic Protocol (McCarron 2006) and Supporting Persons with an Intellectual Disability and Dementia: Quality Dementia Care Standards a Guide to Practice (McCarron & Reilly 2011).

THE PLANNING PROCESS

As part of the strategic planning process and in line with national and international best practices in dementia care, it was agreed that setting up a specialist dementia home which was responsive to the changing needs of persons across the continuum of dementia was crucial. Consequently, these homes are designed to support and respond to the needs and concerns of persons with mid-stage dementia, as well as address the more complex nursing and palliative needs of persons with late stage dementia.

The Daughters of Charity Service believes that high quality dementia care is more likely to occur if the care culture reflects the following characteristics:



- a philosophy that emphasises personalised care and which is reflected at all levels of the organization
- leadership that promotes ownership of the care philosophy
- staff who are knowledgeable and valued as important resources and encouraged to respond in a positive, creative and flexible manner
- good partnership working with relevant generic dementia and palliative care services
- a built environment that has a warm and “homely” feel based on appropriate physical design.





'The move was so well planned; it resulted in zero stress for all of us, staff here getting to know them before the move, staff from the house coming with them and settling them in, having that familiar face just really helped'

(Family Member).





CHAPTER ONE

The changes and difficulties most commonly encountered by people with dementia are loss of short-term memory, spatial and perception difficulties, difficulty with planning activities, and lowered threshold to stress. As a consequence the physical environment can become a challenge to people with dementia. In a specialist dementia home (SDH) the environment is designed to compensate for these losses and challenges with the specific aim to empower the person to utilize their retained abilities with minimal frustration, and experience the highest possible quality of life.

It is also equally important to acknowledge that dementia is a terminal illness and providing good end of life and palliative care for persons with end stage dementia and who are dying is paramount. Persons who are dying with advanced dementia, their carer's and families deserve dignity and a supportive and caring environment. This home has been designed to be responsive to their changing needs and to provide dignity and comfort as the person journeys through their dementia. It is theoretically underpinned by a strengths based, person centred and relationship based approach to care.

One of the main drivers for developing this guide is that the SDH at the Daughters of Charity Service is part of a wider service system supporting persons with an intellectual disability and dementia, and it is in always thinking of the person first, and then considering the intra-relatedness of wider services that will contribute to the success of the SDH. Design alone will not ensure high quality person centred dementia care; a clear vision and philosophy on how best to support people with dementia within the organization and a highly motivated and trained staff will ensure that the SDH is positioned to address any difficulties.

THE BUILT ENVIRONMENT

INTERNATIONAL CONSENSUS ON DESIGN PRINCIPLES

There is an international consensus that the built environment affects and has an impact on quality of life for those who are deeply forgetful and living with dementia and while the literature tends to be more descriptive than empirical, international consensus also exists on design features and principles for special care units (SCUs) has emerged (Judd, Marshall and Phippen, 1998; Marshall, 1999).

These issues have also influenced the design of the SDH at the Daughters of Charity Service and include:

- familiar features and a homely style which supports persons with dementia and staff to participate and complete tasks together
- scope for involvement in ordinary domestic activities
- good signage and 'cueing' features, for example, having good visual access, inviting entrances to sitting rooms, living and garden areas
- additional space for daytime activities
- supports informal impromptu unplanned activities to take place between persons with dementia and staff such as taking a walk in the garden or preparing meals together



PHILOSOPHY INHERENT IN THE BUILDING DESIGN

There are two homes for persons with dementia which are distinct in their design, and are reflective of the changing needs of people across the continuum of dementia:

- 1 An eight bedded home designed to support the needs of persons with mid-stage dementia.
- 2 A six bedded home to provide high quality nursing and palliative care with appropriate end of life supports for persons with advanced dementia, their families and staff.

'the other house just became too distressful for her, despite staffs efforts and they were wonderful she was very troubled, you could tell by the distress on her face'

(Family member)





A STRENGTHS BASED APPROACH



The overall plan is based on a strengths based approach, and has been designed to create opportunities for people with dementia to succeed and use their retained abilities by maximising ease in finding their way, familiarity, promoting a feeling of empowerment; freedom and control, while at the same time reduce opportunities for potential failure and feeling trapped and/or isolation.

The design is underpinned by features which aim to maintain self-identity and ordinary living, promote meaningful opportunities for communication, yet facilitate personal space and personal enjoyment, is welcoming to family and community, provides dignity at end of life, and expresses care for staff. Having spaces where people can meet, hear, see each other and yet have personal space was fundamental to the design. Rather than being designed to 'control and manage' problem behaviour, this home is designed to support 'pleasurable activities and satisfying experiences' for all living and working there.

'They are safe and happy and that's what is really important. That's what it is all about, to be happy and content, can't imagine there is a place like this, could never have imagined it, it has given us such peace'

(Family member)

TO DEMENTIA CARE DESIGN





The design is underpinned by five major principles

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- 1 support engagement in valued life activities
- 2 optimise comfort
- 3 promote privacy control and self-esteem
- 4 support dignity and comfort at end of life
- 5 demonstrate care for staff



CHAPTER TWO



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ENTRANCE

- The entrance space is bright, warm and homely giving a sense of reassurance and welcome.

SPECIFIC SPACES



INTERNAL COURTYARD

- The internal courtyard brings daylight into the home, provides a secure space for people to have personal space, and empowers people to go outside without the need to request staff permission.
- Attractive large indoor spaces for people to walk and exercise on days when weather does not permit going outside.
- No dead ends or very large circulating areas. Strategic use of curved corridors and glass allows for discrete monitoring yet supports people having their own space.

entrance



- Seating bays/quiet sitting areas cues people to rest.
- Colour contrasting curved handrails along the walkways provide people with support to mobilize more independently.

day programme



DAY PROGRAMME

In addition to day to day activity programming carried out by staff in the home, there are also external recreational therapists and volunteers in areas such as music, art, cooking, gardening and pet therapy reflective of the menu of life enhancing activities developed with each person based on their strengths, likes and biography.

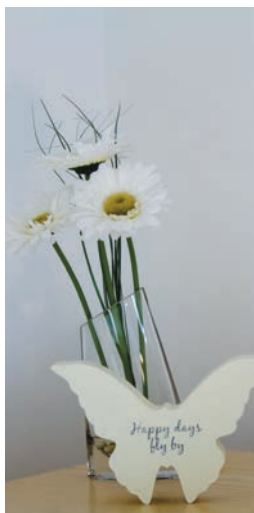




CONSERVATORY

A beautiful calming, peaceful and multipurpose space with extensive garden views. A place to meditate, relax, rejuvenate and get away from it all. A place to chat and enjoy the company of others.

TWO BEDROOM APARTMENT



A two bedroom en-suite apartment with a small sitting room and separate bathroom has been strategically incorporated as part of the eight bedded home. With its own entrance and small garden area, this apartment has been designed to serve many purposes including, supporting friends who may need significant support but would like to live together, keeping a family unit together for example where members from the same family may both be living with dementia.

'What a beautiful idea to have the house laid out this way, ..it's like they have their own private apartment, their own personal space and yet they are able to be involved in everything else that's happening in the house if they wish'.

(Family Member).

MEANINGFUL



OPPORTUNITIES FOR COMMUNICATION



*'It's lovely, I do the tables and my work
would you like to see my room'*

(Person with dementia)

CHAPTER THREE THE HEART OF

OPEN PLAN KITCHEN, DINING AND LIVING ROOM AREA

This area is the heart of the home, the hub and cornerstone of daily life. It is designed to support and create maximum opportunities for meaningful interaction between staff and persons with dementia. For many people with an intellectual disability communicating through language is often a struggle. The senses of smell, taste and touch become alternative avenues for meaningful communication. Care and the associated living spaces are not just simply about 'meeting the needs' of persons with dementia, but more about 'regenerating interests and exposing people to previously valued life activities.'

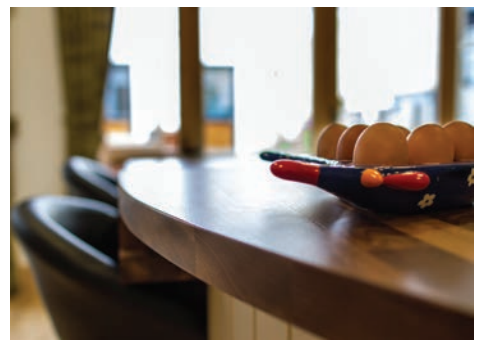


'It's about setting no limits, it's about creating opportunities for each other and I just simply enjoy people having a smile on their faces, having done and achieved something, like breaking the egg for example, I just love spending a couple of hours here each week, its wonderful' (A Volunteer).

THE HOME

KITCHEN

A therapeutic kitchen empowers and supports persons with dementia, their family and friends to participate in activities such as food preparation, baking, cooking, planning birthday parties and other important life events.



'I like my house and making the cakes, I like it here' (Person with dementia)



Like a kitchen in a domestic home, there is a large cooker, fridge, microwave, dishwasher, toaster, kettle etc. A combination of open shelving, glass panel doors trigger memories and encourage participation in previously valued life activities.



Open shelving helps with finding things and a large dresser gives a homely feel.



Colours and materials help key appliances to be easily identified



Under counter storage keeps more dangerous items out of view



The close proximity of the kitchen area to the dining and sitting room offers the multisensory cueing (auditory, visual, olfactory and gustatory cues) that orientates the person to upcoming mealtime events.

The large curved kitchen island is designed at two levels which allows for complete visual access, and supports natural engagement with people with dementia who are immobile and in wheelchairs.





Baking bread and filling the room with the aroma of lunch time ignites the senses and communicates what is happening in a much more powerful way than words.



Kitchen sockets on the island enable staff to engage in face to face contact and give the ability to discreetly supervise those not actively engaging in the activity.



The kitchen half door is discrete yet supports safety.

DINING IN STYLE

Meal times are social activities supporting meaningful communication, social interaction and a sense of family. The dining area being near the kitchen enables the person to connect with the smells and sounds associated with mealtimes. Food-related activities take many forms:

- cookbooks
- meals planned around local seasonal occasions, and according to the persons likes staff, families, visitors and people with dementia eating together

MOTIVATING THROUGH PICTURES TO ENGAGE

(A volunteer)





Fabrics, furnishings, natural lighting and extensive views of the garden create an idyllic mealtime atmosphere.

The kitchen table is a social hub. Family, friends and staff gather for a chat and important life events are discussed over a cup of tea and a home baked cake.

A large classic wood, family style dining room table gives a warm and familiar ambience and reduce glare. The table can be extended for social occasions and family events.

Dining room chairs with arms and pressure relieving padding provides support for good positioning and comfort.



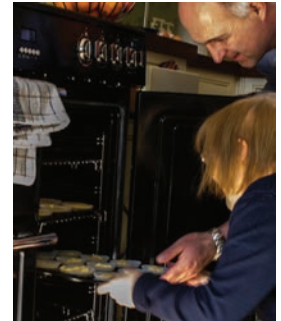
Placemats help define table space, crockery chosen to give contrast and adapted crockery that resembles domestic table wear, all give people a sense of control and support and continued independence in eating and drinking.



Flowers in the centre of the table creates a home-like and warm feeling.

RITUALS AROUND MEAL TIMES

People with dementia feel empowered to assist with meal preparation, set-up and clean-up at whatever level they are capable of.



'They kept their wee jobs, like setting the table, making their lunch, cooking and cleaning up, this is so important' (Family member).

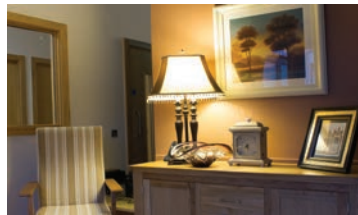
THE LIVING AREA



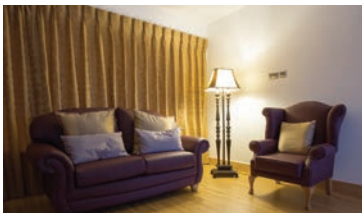
The open plan living area close to the kitchen and dining area enables people to be connected to what's happening in the home. Complete visual access to garden areas, curved corridors and large glazed areas empower and orientate. Colours highlight contrasts between furniture and walls increasing visibility, independence and involvement.



Familiar furniture, strategically positioned helps promote both sociability and quiet personal spaces.



The large central fire place with stove and television, gives the living area a focal point.



Queen Ann chairs and sofas, with pressure relieving cushions in a variety of warm soft serviceable fabrics straddled with cosy cushions give a home like feel.



Nest of tables, low lighting, pictures and photographs further create a sense of 'home from home'.

CHAPTER FOUR BEDROOM



Each person has their own bedroom with an accessibility designed en-suite bathroom.

EN-SUITE GARDEN

Bedrooms face outwards to a small planting /garden area easing access to nature - a large window with low sills supports viewing. Everyone personalises their own bedroom – it's a place to call their own.

'I like it here, I like being in my own room'

(Person with dementia)

The bedroom is a private and personal space:

- personal items/picture identify bedroom doors
- fabrics, furnishings, pictures etc. are to their own taste maintaining a 'sense of self' and assisting staff to get to know the person
- Clutter is minimized to aid orientation
- Glazed walk ways help with way finding to the living room and other areas





EN-SUITE BATHROOM

- Decorative features include soft and colourful towels, indoor plants, personal things and pictures on walls creating the sense of calm, warm and welcoming that is home.

ASSISTED TOILETS

- Toilets are readily visible and accessible, the area is large enough to allow for assistance
- Domestic design water-taps support the person to control for themselves water and temperature (within safe limits).
- Unobtrusive supporting hardware/ grab rails address safety concerns and empower the person to engage in self-care activities, promoting self-esteem.

ASSISTED SHOWERS

- Showers are step-free and have enough room for a person and if needed, one or more assistants.
- Non-slip floor space in shower area also permits the person to be supported using shower seat.

CHAPTER 5



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GARDENS AND THERAPEUTIC OUTDOOR SPACES



A GARDEN ENVIRONMENT COMBINING A HEALING/SENSORY GARDEN AND HORTICULTURAL GARDEN.

Key principles underpinning the garden design included ease of maintenance, orientation and empowerment, unrestricted access, social space, therapeutic activities/things to do, sensory stimulation, accessibility and safety. It has been designed specifically to provide therapeutic and life enhancing activities, which aim to balance sensory stimulating activities with calming activities, and to give people a sense of freedom and autonomy. It is a peaceful and tranquil place where people can wander freely and safely.



'We (family) were so worried about the move, but now you can see there is such a big change in her, she is relaxed, happy, and that's what it's all about really' (Family member).

The gardens can be viewed from all aspects of the home - enjoyed from the inside and also encouraging people to go out. (picture to support one living areas, seating bays and conservatory). An internal courtyard enjoyed in inclement weather. Strategically placed seating bays and a large conservatory and natural colour schemes brings the outside inside.

Gardens designed to be calming and peaceful, with unrestricted access yet accessible for people with limited mobility.



SCENTS OF THE GARDEN



A variety of plants/shrubs selected to appeal to sight, hearing, smell, taste and touch and to reflect and capture the changing seasons.

A large moving water feature with extensive views from the inside promotes a sense of peace and tranquillity.

Low set lighting for late evening and night time viewing from the indoors. The Garden is designed to facilitate social activities and encourage meaningful communication and social events.

A range of seating styles give people the opportunity to decide how they want to use the garden and sturdy furniture with armrests gives optimal comfort.



Staff and volunteers have been trained on the therapeutic elements of the garden and have developed a range of activities.

Garden features include daily interaction such as feeding the birds and watering plants in summer months.

Potting tubs, raised beds, a large vegetable plot, fruit boxes and flower arranging encourage and engage people in meaningful activities

A gardening work table with storage area keeps equipment near at hand and supports ease of garden maintenance.



A photograph of two women engaged in a garden activity. They are standing at a wooden table with several white planters filled with fresh produce. The woman on the left, wearing a dark blue sweater and glasses, is reaching into a planter to handle green onions. The woman on the right, wearing a light blue cardigan over a white blouse with a large bow and a pearl necklace, is looking down at the vegetables. The planters contain green onions, leafy greens, and a tomato. The background is a light-colored stone wall. The text 'GARDEN ACTIVITIES' is overlaid in the center in a light green, sans-serif font. The number '43' is in the bottom right corner in a white, sans-serif font.

GARDEN ACTIVITIES

CONCLUSION

This specialist dementia home has been informed by empirical evidence on the challenges experienced on a day to day basis by persons with dementia and their caregivers. It is theoretically underpinned by a strengths based, person centred and relationship based approach to care. It carefully and strategically uses the best principles and international consensus and opinion on the dementia design to support optimal care, minimize stress and promote quality of life for persons with dementia. Such approaches will "maximise awareness and orientation, promote feelings of, and actual safety and security, provide opportunities for significant social contact, and support functional ability through meaningful activity" (Cohen and Wiseman, 1991).

On a more practical and personal level this is captured in the following quote from a family member.

'I had sleepless nights at the thought of my sister moving into care, nightmares at the thought of the move, how wrong I was. I could never have imagined that there was a place like this, it's like coming into a new world, ..the content feeling, I know she is so safe, so happy, so well cared for, it's a beautiful home, the staff are wonderful, the last day I was here she was cooking rice crispy buns, ..so happy, it's just a dream come through',

(Family member)



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Environmental Geriatrics

http://www.environmentalgeriatrics.com/multimedia_course/index.html

www.docservice.ie

