HEALTH BASICS

Dementia - home care

Dementia home care is practical support that helps a person live safely at home.

WHAT IT IS
Practical support for living at home with dementia

WHERE IT COMES UP
After diagnosis or when daily tasks become difficult

WHY IT MATTERS
Supports safety, comfort, independence, and caregiver wellbeing

WHAT IT IS NOT
Not a disease or a diagnosis

WHO TO ASK
Primary care, memory services, or social care

HOW IT IS CHECKED
Home safety and care-needs assessment

Overview

Dementia home care means helping a person with dementia live in their own home, or in a family member's home. It is an approach to care, not a disease or diagnosis.

Dementia is a general term for problems with memory, thinking, communication, and everyday activities caused by conditions affecting the brain. Different types include Alzheimer's disease, vascular dementia, dementia with Lewy bodies, and frontotemporal dementia.

Home care can range from occasional help with shopping to continuous supervision. It may be provided by relatives, friends, paid care workers, nurses, therapists, or community services.

The goal is not to remove every risk. It is to balance safety with the person's independence, preferences, privacy, and dignity. The right balance can change as the person's abilities and living situation change.

How it works

Good home care starts with what the person can still do. Familiar routines, rooms, objects, and people may help them feel more secure and take part in daily life.

Support may include help with:

Clear communication can reduce confusion. It may help to speak calmly, use short sentences, ask one question at a time, and allow extra time for an answer. Correcting every mistake is rarely necessary. If the person appears distressed, focus on the feeling and immediate need rather than arguing about facts.

The home can also be adapted. Useful changes may include brighter lighting, reducing loose rugs and clutter, fitting handrails, labeling cupboards, and keeping important items in consistent places. An occupational therapist can assess how the person manages everyday tasks and suggest changes suited to that particular home.

A regular routine can provide useful cues. However, the routine should remain flexible enough to account for tiredness, pain, appointments, and personal preferences.

Care planning should involve the person with dementia as much as possible. If they can understand and decide about a particular issue, their decision should be respected. The ability to make decisions is called mental capacity . It can differ from one decision to another and may change over time.

- Washing, dressing, eating, and using the toilet
- Medicines, appointments, shopping, and household tasks
- Communication, social activities, and meaningful routines
- Mobility, home safety, and getting outside
- Managing bills, paperwork, and care arrangements

Why it matters for your health

Well-planned home care can help the person continue activities that matter to them while reducing avoidable hazards. It may also make changes in health or function easier to notice.

Food and fluid intake need attention because a person may forget meals, have difficulty preparing food, or struggle to recognize thirst. Dental problems, swallowing difficulty, constipation, depression, and medicine side effects can also affect eating.

Medicines can become difficult to manage when memory or vision changes. Missed doses, repeated doses, and confusion between packages can cause harm. A pharmacist or prescribing clinician can review the medicines and help arrange a safer system. Pill organizers and reminder devices are useful only if the person can use them reliably.

Movement and social contact also matter. Suitable activity may support mobility, sleep, mood,

and connection with other people. Activities should match the person's interests and abilities rather than testing what they can remember.

The health of an unpaid caregiver is part of the care plan. Repeated night waking, physical lifting, constant supervision, and difficult decisions can affect sleep and mental health. Respite care means someone else provides care for a period so the usual caregiver can rest or attend to other needs.

What can go wrong

A sudden increase in confusion is not always a progression of dementia. Delirium is a rapid change in attention or awareness, often caused by an infection, pain, dehydration, constipation, a medicine, or another medical problem. It requires prompt medical assessment.

Falls may be related to poor lighting, unsuitable footwear, muscle weakness, vision problems, low blood pressure, or medicine effects. A fall assessment can look for treatable contributors. Do not stop prescribed medicines without advice.

Other situations linked with home care include:

Arrange an urgent clinical assessment if there is a sudden change in confusion, new severe agitation, repeated vomiting, inability to drink, a suspected infection, a new swallowing problem, or a significant decline over hours or days.

Call emergency services for signs of stroke, severe breathing difficulty, chest pain, a seizure lasting several minutes, serious injury, unresponsiveness, or immediate danger. Stroke signs can include sudden facial drooping, arm weakness, or speech difficulty.

If the person is missing and may be at risk, contact emergency services promptly. You do not need to complete your own search first.

If anyone is at immediate risk of violence or abuse, move to safety if possible and contact emergency services. Non-immediate concerns can be raised with primary care, social care, or the local adult safeguarding service.

- Malnutrition or dehydration
- Medication errors
- Burns, poisoning, or unsafe appliance use
- Getting lost or leaving home without adequate safety
- Pressure injuries from spending long periods in one position
- Caregiver exhaustion, neglect, financial abuse, or physical abuse

What you can do

Ask for a care-needs assessment and a home safety assessment. Depending on the local system, these may be arranged through primary care, a memory service, social care, or an occupational therapy service.

Keep an up-to-date record containing:

Ask a pharmacist or prescribing clinician to review all prescription medicines, over-the-counter products, and supplements. Useful questions include whether any medicine may worsen confusion, dizziness, constipation, or sleepiness, and whether the current system reduces missed or duplicate doses.

Create a simple emergency plan. Include how to leave the home safely, who can provide backup care, where essential medicines are kept, and what information to take to hospital. Working smoke and carbon monoxide alarms should be checked regularly.

Consider identification information if getting lost is a concern. Door sensors or location devices may help in some households, but they should not replace supervision when immediate risk is high. Discuss privacy and involve the person in the decision whenever possible.

Plan ahead while the person can take part. This may include preferences for future care, who may make financial or health decisions if needed, and where important documents are stored. The names and legal requirements for these arrangements differ by location, so use an appropriate local legal or health service.

Caregivers should arrange their own routine healthcare and ask about respite before reaching a crisis. If lifting or transfers are difficult, request professional training and an equipment assessment rather than improvising.

- Diagnoses, allergies, medicines, and clinician contact details
- Usual routines, communication needs, and food preferences
- Emergency contacts and who has permission to receive information
- Recent falls, changes in eating, and episodes of getting lost
- Existing legal or advance-care documents

Common questions

Does home care mean someone must be present all day?

Not always. The amount of supervision should reflect the person's abilities, home layout, support network, and risks. Needs should be reviewed after falls, getting lost, medicine errors, or major health changes.

Should doors be locked to stop someone leaving?

Restricting movement can cause distress and may create a fire risk. Safer options may include discreet alerts, identification, supervised walks, and checking why the person wants to leave. Seek professional advice if there is an immediate safety concern.

Are memory aids useful?

Calendars, clocks, labels, written routines, and reminder devices can help some people. They work best when simple, familiar, and introduced before the task becomes too difficult. Remove an aid if it increases confusion or distress.

When is residential care needed?

There is no single threshold. A review may be appropriate when the person needs more support than can be provided safely at home, caregivers cannot sustain the arrangement, or suitable care cannot be delivered in the home. The person's wishes, finances, available services, and health needs all form part of that decision.

Sources

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