

Dementia with dignity:

How one local retirement community cares for those living with cognitive decline

by Lisha Van Nieuwenhove



Enjoying the sunshine in the Memory Care Neighbourhood at Douglas Crossing.

Photos by John Covers

Late day sun pours through a south-facing window. Flowers that fill a few planters set just outside the window flutter in a breeze; the same breeze caresses the face of a woman who is sitting contently in a rocking chair. Beside her, another lady puts the final pieces of a puzzle together, then sits back to enjoy her accomplishment. A man sitting behind them cradles a very real looking baby, and the woman to his left is quietly petting the FurReal™ dog that fills her lap.

This tranquil scene completely encapsulates all that is the Memory Care neighbourhood at Douglas Crossing, a newly-built retirement community in Uxbridge. Peace, comfort, and individuality – words not often attributed to those with dementia who are in professional care. This isn't an advert for the neighbourhood – any visitor to the second floor of Douglas Crossing will see and experience what was described above.

Douglas Crossing, which is owned and operated by Esprit Lifestyle Communities (a division of Extendicare, a Canadian senior care service provider), opened in 2017, with the main focus of the neighbourhood being upscale Retirement living for those with varying degrees of capabilities. The second floor was always destined to be home for residents with various forms of Dementia, and Esprit wanted to ensure that, from the beginning, both staff and residents were “set up for success.”

“Douglas Crossing is different,” says Mark Lugowski, vice-president of Esprit. “There are many types of memory care communities out there,

but what makes us unique is the fact that we started with a vision for how we wanted to program that neighbourhood.”

The vision Lugowski mentions was brought to life by Gail Elliot, a gerontologist and dementia specialist based in Burlington. Elliot is best known for developing the “DementiAbility” program, a philosophy of care that places a great deal of emphasis on creating what Elliot calls a “prepared environment that enriches, engages and supports the mind, body and spirit.”

This “prepared environment” is perhaps the most striking feature of Douglas Crossing's second floor. In fact, it begins before the second floor is even reached. The main entrance to Douglas Crossing is bright, cheery, and a walk through the first sliding door puts one in a large, airy vestibule that includes a hat rack, umbrellas at the ready, some potted plants, and a bench for sitting on to adjust boots or set a handbag on. It's been purposefully designed to feel like home.

The ride in the tastefully appointed elevator up to the second floor is standard, and when the door slides open, nothing immediately strikes one as different. Step out of the elevator, however, and let the door slide closed behind you. The doors appear to be gone – a large, floor-to-ceiling bookcase has been painted on the doors, complete with famous titles and some trinkets on display.

“Doors invite people to leave. Before they [the doors] were painted, people crowded around them in order to try and elope; once they were painted, no one even stopped by them anymore.” Elliot explains

this logic as she points to an emergency exit door further down the hall. It's painted as a curio hutch such as one would find in an old farmhouse.

The unique doors are just one of the myriad facets of the Memory Care neighbourhood that appear to be just tasteful, almost whimsical decoration, but are in fact integral to the care of the residents in the neighbourhood. The walls are a soft cream, rather than institutional white – few homes are institutional white. Paintings have been specifically chosen and deliberately placed – the one that depicts a stack of delicate china teacups and saucers is in the dining room, the place where one uses teacups and saucers. The picture of a man's razor and other shaving toiletries hangs in the bathroom – where men shave.

“The design of floor itself is unique because we've ensured that the colours, the art, the signage – it's all been very carefully sought out and placed. The physical space itself always had the purpose of a dementia care,” says Lugowski.

Elliot goes so far as to explain why painting a large mural of, say, a sunny, open field would be detrimental in this environment. “What if you have someone who lived their whole life as a farmer here? They were likely used to urinating wherever they were. You show them a large open field here and they could possibly just pee on the wall.”

Every one of the doors to each of the 18 suites is unique, as well, so that residents with memory issues can find their own way “home.” Esprit worked closely with Brian and Karen Romerli of Creative Art Co.,

to paint all these interior specialties.

The furniture throughout the neighbourhood is purposely homey, not hospital-like or industrial. Bathrooms look more like private spas, with brightly coloured towels and bathrobes hanging from walls and potted palms in the corners. In the lounge, orange chairs contrast well with the dark floors. There are real bookcases storing baskets and books at the ready. One large common room has a small nursery in one corner, complete with bassinet and crib, so that the man who is holding the life-like baby in the solarium can put the baby to bed when he feels it's time. There are tables set up for jewellery making, laundry sorting, there's even a saddle perched on a wooden horse waiting to be polished and looked after. There is a workbench set up, for those who might like to tinker. There's a typewriter and paper, for those who feel the urge to type a letter. Signage asks “Would you like to...” and whatever the activity is.



Kim Tuck-Marcoretta shares a moment with her mother, Iris.

Some may think that this alludes back to kindergarten days, and could be insulting to the residents who live there. Elliot assures that the labels instead give memory cues, and their use can lead to an enhancement of independence and self-esteem for the resident.

“When people think about dementia, they tend to think about the devastating consequences associated with the diagnosis,” she says. “We can't reverse the dementia, but we can try to slow down the decline and expose abilities of people who have to live with it.” This is the goal of Elliot's work – to ensure that those living with dementia live with meaning, purpose and joy.

“A lot of what you see in dementia patients is caused by disuse of the brain, not by the disease itself,” she explains.

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Research says that 50 – 90 per cent of people with moderate to severe symptoms of dementia show significant behaviours that cause concern: pacing or wandering; repetitive sentences or questions; agitation; screaming; grabbing; attention seeking; or trying to escape or get away. These are known as “responsive behaviours” because, according to Elliot, they arise when needs are left unmet. She explains that the “old culture” of dementia care taught that activities are for entertainment purposes only, and that large group programming is best, offering a “one size fits all” approach.

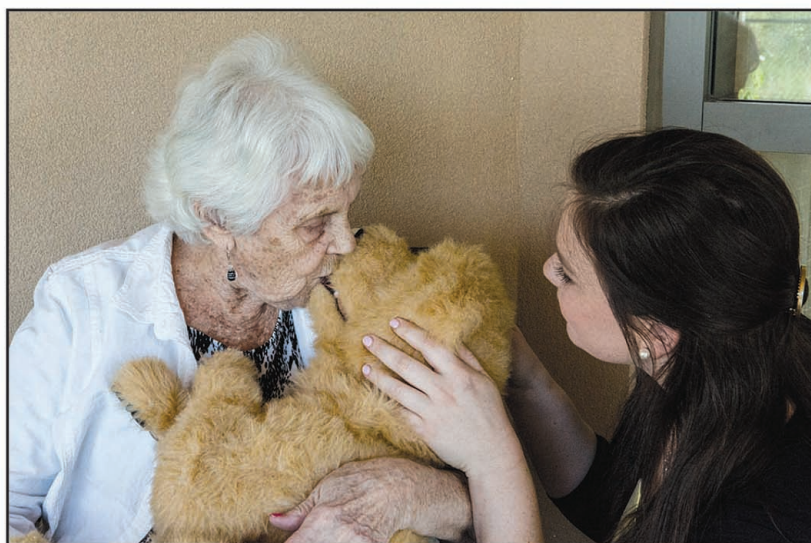
“Behind the disease there is still a person,” says Stacey Sellery, general manager at Douglas Crossing. “The most important thing to do is to recognize the individual. We’re not here to treat the disease, but we can care for the people who have it. We can help. The population that we serve can be us in a blink. We need to treat people the way we ourselves would want to be treated.”

Such care does come with a price. The cost starts at \$5,800/month, and care is not subsidized. It does include access to all amenities, specialized programming, utilities, Esprit level 3 care, all meals and three snacks a day. Sellery points out that this type of care is not for “just well-

to-do folks, as most folks are at the stage that they sell their house and put that money toward it.”

All those involved in a resident’s life, from the recreation programmers to nursing staff to culinary and housekeeping team members to managers of the community, are trained in Elliot’s DementiaAbility method. They are taught to understand brain and behaviour; the easiest way to sum up this up is with WOW. All team members, and even family members, are instructed to first think about WHO. Take into consideration who the person was as well as who they are now. Then, *observe*. Observe what is happening, what behaviours are occurring, and perhaps try to discern why they’re happening. The final W asks “What will you do?” Gathering all the information at hand in a timely manner and doing something with it can be tricky, which is why the Memory Care neighbourhood has a room set aside that has 18 clipboards in it.

Those clipboards are available to each team member who interacts with the residents, and contain the information necessary to perform WOW appropriately. They may contain background information,



A memory care resident at Douglas Crossing in Uxbridge gives kisses and cuddles to a FurReal™ dog as a team member looks on.

medical conditions outside the dementia, possible triggers, interests and past successes.

Memories made and stored between the ages of 14 – 25/28 are the strongest in most individuals, and it’s likely that residents with dementia will most easily remember things from when they were between those ages. This explains why people may not recognize themselves in the present day, but can easily recognize

themselves and others in photos from the past. This can be disconcerting for family and friends who mourn the fact that a loved one doesn’t recognize them anymore. But for those who place their loved

one in a memory care community that supports the individuals within it, there is a certain amount of peace that comes with knowing their loved one is still being treated with dignity and respect.

Kim Tuck-Marcoretta’s mother lives at Douglas Crossing. She has “good days and bad days,” says Tuck-Marcoretta, but overall is happy and comfortable at Douglas Crossing.

“She’s asked that everyone here, the team members and that, they all call her ‘Nana.’” And although her real name is Iris, Nana she is. She has her own special spot in the TV lounge, and Tuck-Marcoretta laughingly describes her as “the queen of the place!” Iris has a spe-

cial place in the hearts of everyone – during a particularly touching moment witnessed between mother and daughter, surrounding team members and visitors are reduced to tears by seeing and feeling the love that is so evident between the two, despite the disease that is ever-present.

“Leaving my mom is always the hardest part, always. But it isn’t as hard here. It isn’t as hard to go, because she is in a really terrific place.

For couples who are entering their later years and want to stay together, but are faced with a dementia care situation, it is possible, and even encouraged, that the couple moves in together. One can live in the Memory Care neighbourhood and the other can live in Independent Living. They live under the same roof but benefit from the different services offered in the community.

Douglas Crossing’s memory care neighbourhood is on the leading edge of supportive dementia care. Lugowski explains that others both in and outside of the Esprit Lifestyle Communities group influenced its design and creation.

“We want to show off a little what we’re doing here. The idea is not to be unique, but to deliver a model across Canada where people can receive quality dementia care. We’re just taking it one community at a time, one family at a time.”