

# Safety in the Home - *Factsheet*

**Dementia web**   
Information resource for carers, professionals and you

[www.dementiaweb.org.uk](http://www.dementiaweb.org.uk)



# Safety in the Home

The safety of a person with dementia is something which often causes great concern to relatives and carers. We live in an increasingly risk-aware society, and it can seem that every aspect of life is just too dangerous for a vulnerable individual. However, we need to remember that it is not possible, and nor would it be beneficial, to eliminate all risk from our lives. The potential for an accident is always there, for all of us, but we learn to take sensible precautions and to balance the risk against our need for independence and a “normal” life.

There are various reasons why a person living with dementia may be at even greater risk from accidents in the home.

Their ability to understand the dangers to be found in the home may be impaired. Dementia can affect memory and judgement, and people may lose the insight which normally makes us aware that it may be dangerous to follow a certain course of action.

A situation where a person living with dementia is being supported in their own home is often both tiring and very stressful for everyone, and when people are tired and stressed, feeling confused, pressured or flustered, they are more likely to have accidents.

Problems associated with being elderly, such as poor balance, slower reactions, poor sight or hearing and general mobility difficulties all add to the potential for accidents. In addition, dementia may make it hard for someone to understand that there are now limitations to their abilities.

Despite all these problems, someone living with dementia is likely still to retain the urge to be independent and to continue with the habits and routines of a lifetime, and this will be important for their self-esteem. This can however be very troubling to those supporting the person who will want to safeguard them from the increasing risks they perceive. This introduces the potential for conflicting viewpoints between the person and their family and friends and they may strongly resent the attempts of others to restrict their activities.

When considering safety in the home what is needed is to consider all aspects and to find a balance between the person’s safety (and perhaps that of others in the home or nearby) and their need for self-determination and normality. It is simply not going to be possible to watch over someone twenty-four hours a day, and nor would it be beneficial to protect them to such an extent that their freedom is totally curtailed. Perhaps the most useful approach is to consider the dangers under various headings and to look at how risk can be minimised in each area.

## Preventing Falls

As people age they become more prone to accidents in the home, and falls

are the most common accidents amongst older people. Precautionary measures which can be taken include:

# Safety in the Home

Try to avoid the use of rugs and mats, because apart from the danger of them slipping on hard floors, the corners tend to turn up with use, and they are a considerable trip hazard. If mats and rugs are in use, you can buy sticky strips to make sure they are firmly fixed to the underlying surface. Hearthrugs can be particularly dangerous; they are often thick, and the person may trip on them and fall towards the fire or mantelpiece. Make sure there is good colour contrast between the main floor covering and any mat, so that the edge is clearly visible.

Check that carpets, especially on stairs, are not loose or wrinkled. Look out for loose, worn, cracked or uneven floor surfaces, holes in lino or slippery surfaces such as polished wood.

Make sure that there are no trailing cables or other things, such as piles of newspapers or children's toys, cluttering the floor. Check that furniture is not wobbly, or fitted with casters which will cause it to move away if someone uses it to lean on. Outside the home, look out for uneven paving slabs on the path or in the garden, worn asphalt, uneven grassy areas where someone may go to hang out washing etc.

See whether it is possible to fit handrails in key areas, such as the stairs, front and back doors, bathroom and toilet. These can make it much easier for the person to keep their balance and retain confidence. Make sure that small maintenance jobs, such as changing light bulbs or re-hooking curtain rails are carried out promptly, so that the person is not tempted to climb up and attempt the job themselves.

Lighting is very important – at only sixty we need three times the lighting level we coped with at twenty. Poor lighting makes it difficult for people to see hazards, so all rooms should be well lit with bulbs not less than 100W or the low energy equivalent.

If someone is likely to be up and about at night it is important that some lighting is left on as they may be unaware of the need for light or unable to locate switches. Leaving the light on in the bathroom or toilet may help someone to find their way there, and it is also possible to buy plug-in low voltage night lights which could be installed on the landing, for example. If you decide that a night light in the person's room would be helpful, make sure that it does not cast frightening or confusing shadows.

If, despite all these precautions, someone does have a fall, and it seems to be serious, do not try to move them. Reassure them, keep them warm and call an ambulance. Do not give them anything to drink, because if they have sustained a fracture they may need an anaesthetic. Make sure that the ambulance staff can gain easy access and then stay with the person who has fallen.

## Safety in the bathroom

Check that the bathroom floor does not become dangerously slippery when wet. If it is, you could consider fitting a waterproof, non-slip floor covering.

# Safety in the Home

Grab rails will be very useful in a bathroom, near the toilet and wash hand basin and to help with getting in or out of the bath or shower. Things to remember are that it will be easier to grip a textured surface with wet hands, and a colour contrast between rail and wall will make it easier to see. It is very important to make sure that grab rails are correctly installed and that they will support the person. Correct fitting, whilst essential, is rendered useless if the wall itself is not strong enough, and fixing grab rails to a light partition wall may be very unsafe. In this case it may be necessary to fix a wooden backboard to the other side of the wall, and fasten the grab rail to this, through the wall. A toilet seat riser can help someone who is unsteady on their feet, and it is possible to buy hinged support rails which can be pushed out of the way when not in use.

Scalding can be a risk, and mixer taps with an anti-scald safety cut-out are available. You can also obtain temperature indicators, visible and/or audible for bath water. Radiators in toilets and bathrooms (and indeed throughout the home of a person living alone) should either have a surface which remains cool enough not to burn them if they fall or lean against them, or should be protected with radiator covers.

Getting in and out of the bath can become risky, and there are many aids and adaptations available, from a simple seat which fits across the bath and enable the person to sit and swing their legs over to a specially adapted bath with a door in the side. Showers can seem a much better option, but bear in mind that the person with dementia may not be used to a shower and may find it stressful. The same applies to many "high tech" adaptations, which may seem to be just what is required. A person living with dementia may find it impossible to understand how to use such aids, and this could increase the risk rather than decrease it. It may be that the basic strip wash, which they have always been used to, is the safest option.

Someone with dementia will probably still retain the habit of locking the bathroom or toilet door, and this could be a problem if they fall or become ill while inside. Fit locks which can be opened from the outside, for example with a coin, and if possible hinge the door so that it opens outwards in case the person falls against it.

Finally, if there is a gas water heater, make sure it is serviced regularly and that there is adequate ventilation

## Protection from dangerous substances

If the person is able to administer their own medication they may be helped to

keep safe by the use of special containers available from pharmacists which allow you to measure out medication for a week, with sections for different times of the day. Otherwise, medication must be stored where the person cannot access it and administered by someone else. Never leave medication lying around, and especially do not leave sleeping tablets on the bedside table, as the person may decide to take more if they wake in the night.

# Safety in the Home

Someone living with dementia may lose the ability to recognise dangerous or poisonous substances such as bleach, disinfectant, paint stripper or cleaning fluids, and they may drink them. Such poisonous substances should therefore not be left accessible to the person if you think this might be a possibility. Some manufacturers seek to minimise this risk by incorporating bitter-tasting additives such as Bitrex, and this would be indicated on the labelling of the product.

If you think that your relative, or the person you care for, might have overdosed on their medication or have swallowed a dangerous substance, call an ambulance or take the person to A & E, together with details of the medication or the container and the remains of the substance if you can.

## Safety in the kitchen

A person living with dementia may lose the ability to understand and recognise danger. It may therefore be necessary to remove potentially dangerous items such as sharp knives from the kitchen. If the person is able to continue to cook for themselves, there are various safety measures you can think about. For example, you can have cooker guards fitted and provide a cordless, electric kettle which switches itself off. The person may be able to cook while you are around to help and monitor them, but they may be at risk when alone of switching on the gas and leaving it unlit. In such a case it is possible to have an isolation valve fitted so that the cooker may be disabled when you leave.

It is important to make sure that the person is able to learn how to use new technology, which, at first sight, may seem to be the answer to their difficulties. For example, a microwave might seem a better option than a cooker, but if the person is not already used to using a microwave their dementia may mean they are not able to learn how to use one safely.

If the person you are caring for sustains a burn or a scald, pour cold water over the area for at least ten minutes. This reduces the heat and lessens the pain. Do not apply creams or butter. Cover the area with a clean, non-fluffy cloth, such as a pillow-case or cling film if available. Contact your doctor or take the person to hospital.

## Heating and the risk of fire

Fires and heaters can be dangerous to someone who has lost the ability to remember or understand the element of risk which is involved. Any fire or heater should have a fixed fire guard, because someone with dementia might stand too close to it without realising. Clothes or tea towels should never be dried over a fire guard as this could easily cause a fire.

You can minimise risk by making sure that all gas and electric appliances are regularly serviced. The safest form of heating is central heating or storage or other electric heating which can be regulated with a timer switch.

# Safety in the Home

Never, ever, allow someone to take a portable electric heater into a bathroom. This could prove fatal.

You can have gas detectors and smoke alarms fitted in the person's home, and alarms can be set up so that others are alerted to the situation.

Electric blankets can be dangerous as they could start a fire if they overheat. If one is in use, you should check that it switches off automatically when it reaches a certain temperature. If the person is likely to be incontinent, they should not use an electric blanket at all. All portable electrical appliances should be checked every year.

Smoking is a major hazard for everyone, and a person living with dementia is likely to be less aware of the dangers because of their impaired memory or reasoning. They may leave a cigarette burning without realising or fall asleep while smoking. It may therefore be necessary for you to keep control of the cigarettes and/or the matches, to make sure that the person is supervised when smoking.

## Other hazards

If you do not live together, make sure that you have a spare set of keys for the person's home, and, if possible, give one to a friendly neighbour. Check that the person is not in the habit of shooting bolts or chaining the door, so that you could not enter in an emergency. A keysafe is perhaps the best solution, with only a limited number of people knowing the number.

Hypothermia is a real risk to people living alone, as they may become chilled without noticing. Try to make sure that their home is as well insulated as possible, and perhaps encourage them to live mainly in one room which is well heated. Layers of clothing, preferably made of natural fibres such as wool, are best at retaining body heat.

If the person is likely to go out, and you are worried about them getting lost, you can help by making sure they have identification about their person. This could be a card, a bracelet or a pendant, showing their name, and who to contact. It is, however, safest not to give their address. If the person does go missing, tell the Police at once, and for this purpose it is a good idea always to have access to a recent photograph.

## Help from Technology

In most areas new technology has made devices available which are specifically designed to enhance the safety of a vulnerable person living alone. Sometimes known as "Telecare" it covers a wide range of options. These can range from simple systems, where the person wears an alarm button incorporated into a pendant or bracelet, and can summon help by pressing it should they fall, for example, to more sophisticated provision, where sensors fitted in the home will alert a central monitoring centre.

# Safety in the Home

Such sensors might identify all sorts of hazards, such as the person leaving the house, an unusual change in temperature in the house, gas leaks, flood, fire etc. Modern technology has also come up with a wide range of products which aim to help people to cope safely with living alone. There are devices which can give people visual or audible reminders, for example, to take medication. Other devices can help to keep the person able to communicate, and this might be important if a danger arises. These might include easy-to-use telephones or mobile phones, or an intercom system.

You can buy many of these devices relatively cheaply, from nation-wide stores or specialist suppliers. However, you should always seek advice first from a health or social care professional. There are places you can go, to be shown the devices and how they work, and sometimes assistive technology or telecare will be provided by health, social or housing services.

It is important to remember that technology will not necessarily help everyone. Some people living with dementia might be very disturbed by a disembodied voice reminding them to take their pills, distressed by the noises some equipment might make or very confused by devices they do not understand or see the need for. So it is necessary to think carefully about the pros and cons.

## Useful tips

Ask for help when you need it. Caring for a person with dementia is not easy, and help and support is available.

Some equipment and adaptations can be supplied by your local authority, and may be free or available through a grant system. Request an assessment of the person's needs from your local Social Services Department. Carers are also eligible for an assessment of their needs.

Seek advice from an Occupational Therapist before buying expensive equipment which you hope will improve someone's safety. Their skills and experience will help to ensure that the equipment is suitable and beneficial for the individual.

There may be a home improvement agency in your area (often known by names such as Care and Repair or Staying Put). These can offer a "handyperson" scheme which provides help with small DIY tasks which might improve safety.

Make a list of important information and telephone numbers which might be needed in an emergency, and tell anyone who might need it (such as neighbours) where to find it.

For example, you might list:

Telephone numbers for the person's doctor, social worker, home care agency, carers, friends or family members.

Telephone numbers for the local hospital and the police and for emergency trades people such as electrician, locksmith and plumber.

# Safety in the Home

Information about who to contact or how to deal with an emergency.

Tips on how to approach the person themselves – what might help them to communicate or what might make them more distressed.

Information about the person's house – where to turn off water or gas, where the meters, fuse boxes etc. are located.

## Useful organisations

**Guideposts Trust** provides specialist information and care services for people with dementia and their carers. [www.dementiaweb.org.uk](http://www.dementiaweb.org.uk)

Contact the Helpline number: **0845 4379901** available Monday to Friday office hours, answer service at other times or by email at [info@dementiaweb.org.uk](mailto:info@dementiaweb.org.uk)

The Disabled Living Foundation can give advice about all sorts of aids and adaptations which may make life easier and safer for a person living with dementia. Their helpline number is: **0845 130 9177** and is available between 10 am and 4 pm Monday to Friday. Email: [helpline@dlf.org.uk](mailto:helpline@dlf.org.uk)

The Alzheimer's Society is a care and research charity for people with Alzheimer's disease (and other forms of dementia) and their families. As well as a national helpline, there are over 250 local branches.

Helpline: **020 7423 3500**

Email: [enquiries@alzheimers.org.uk](mailto:enquiries@alzheimers.org.uk)

Website: <http://alzheimers.org.uk>

Carers UK provides advice and information to carers and the professions who support carers.

Carers UK Adviceline: **0808 808 7777** (Wednesday and Thursday 10 am to 12 pm and 2 pm to 4 pm)

Email: [adviceline@carersuk.org](mailto:adviceline@carersuk.org) Website: [www.carersuk.org](http://www.carersuk.org)

## Dementia Information Service for Carers

Helpline Number **0845 1204048**

Call in normal office hours. Answer phone at other times.

Email: [info@dementiawebgloucestershire.org.uk](mailto:info@dementiawebgloucestershire.org.uk)

Web: [www.dementiawebgloucestershire.org.uk](http://www.dementiawebgloucestershire.org.uk)

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