

**'They Have Started to Call It Their Club' : A survey of staff views of dementia-specific day care centres in Ireland**

Suzanne Cahill, Mary Drury, Brian Lawlor, Deirdre O'Connor and Maurice O'Connell

*Dementia* 2003 2: 85

DOI: 10.1177/1471301203002001997

The online version of this article can be found at:

<http://dem.sagepub.com/content/2/1/85>

---

Published by:



<http://www.sagepublications.com>

**Additional services and information for *Dementia* can be found at:**

**Email Alerts:** <http://dem.sagepub.com/cgi/alerts>

**Subscriptions:** <http://dem.sagepub.com/subscriptions>

**Reprints:** <http://www.sagepub.com/journalsReprints.nav>

**Permissions:** <http://www.sagepub.com/journalsPermissions.nav>

**Citations:** <http://dem.sagepub.com/content/2/1/85.refs.html>

>> [Version of Record](#) - Feb 1, 2003

[What is This?](#)



dementia

© 2003

SAGE PUBLICATIONS

London, Thousand Oaks, CA  
and New Delhi

VOL 2(1) 85-103

[1471-3012(200302)2:1;

85-103;029997]

# 'They have started to call it their club'

## *A survey of staff views of dementia-specific day care centres in Ireland*

SUZANNE CAHILL *Dementia Services Information and Development Centre Ireland*

MARY DRURY *Dementia Services Information and Development Centre Ireland*

BRIAN LAWLOR *Trinity College & St James Hospital*

DEIRDRE O'CONNOR *National Co-ordinator of Care Services*

MAURICE O'CONNELL *Alzheimer Society of Ireland*

**Abstract** The design of residential care facilities for people with dementia has become an area of increasing clinical, architectural and research interest (Kitwood, 1997; Judd et al., 1998; Lawton, 2001). Less is known about day care design and about staff views of the adequacy of the social and built environment in which day care takes place. This article reports survey data on a study of 18 day centres providing dementia-specific care across the Republic of Ireland. Quantitative and qualitative data were collected from 77 practitioners (nurses in charge, care staff and branch managers). The focus of the research was on examining staff views of the physical characteristics of day care settings, the effectiveness of day care and staff views on the major benefits derived from day care attendance. The research also explored the perceptions of staff on how design features could be improved and their views on challenging behaviours, the suitability of certain clients for day care, staff training needs and the cost of care. Policy, practice and research implications emerging from the study are discussed. The article argues for the need for guidelines in best practice in dementia day care to be established in Ireland.

## Introduction

Estimates of the prevalence of dementia in Ireland suggest that there are more than 30,000 people likely to be affected (O'Shea & O'Reilly, 1999).

Close to three-quarters of these are men and women living in the community supported by family caregivers and by social, health and community care services (Ruddle, Donoghue, & Mulvhill, 1997; O'Shea & O'Reilly, 1999). In line with other European countries (Hugman, 1994; Scharf & Wenger, 1995; Nolan, Davies, & Grant, 2001), Ireland's aged care policy system reflects a strong government commitment towards the maintenance of frail older people – including those with dementia – independently in the community for as long as possible (Department of Health, 1994; Ruddle et al., 1997). Yet, unlike other countries, in Ireland there is no Community Care Act (Fitzgerald, 2000). This means that there is in the republic no legislative provision underpinning social service delivery and no statutory rights for people with dementia or their families to access government-funded community services. In the absence of statutory services, Ireland has had a long history of specialist social services developing under the auspices of religious and voluntary organizations (Curry, 1998). One such voluntary body is the Alzheimer Society of Ireland (ASI). The society, which was established in 1982, is now the country's leading voluntary dementia care organization. It provides dementia-specific services, including in-home support, day care and, more recently, a telephone counselling help line. The central focus of this article is on the day care service provided by the society.

In 2001 there were some 21 day care centres across Ireland offering dementia-specific day care. Most of these centres were established during a period when little was known about the critical role the social and built environment plays in relation to dementia care (Lyman, 1989; Marshall, 1998; Day, Carreon, & Stump, 2000). Day care centres in Ireland have emerged in response to local needs. They are located in both urban and rural areas. Most parts of the island are now well serviced, although arrangements for day care service delivery vary according to locale. For many people with dementia and their principal caregivers, a service such as day care is vital to the continuation of home care (Ruddle & O'Connor, 1994) because it enables family members to take time out from caregiving, which can otherwise extend around the clock and adversely affect health (Cahill & Shapiro, 1998). Yet little is known in Ireland about the characteristics of day care and the circumstances in which it takes place. There is also a paucity of information available on formal caregivers' views about design features such as accessibility, safety, lighting, acoustics, multi-sensory gardens and other aspects of the spatial environment, which are considered to be of critical importance in relation to dementia and quality of care (Judd et al., 1998). Likewise research on formal caregivers' perceptions of the merits and demerits of the services they provide is very limited. This is an important issue because day care staff are front-line

workers whose insights and experiences are extremely valuable in planning future care programmes.

The article attempts to address five key research questions – namely, (1) what are some of the characteristics of ASI centres in which dementia-specific day care is provided? (2) what are staff views of the effectiveness of day care programmes? (3) what are staff views about the adequacy of the settings where day care is currently being provided? (4) what do staff believe are the main benefits derived from day care attendance? and (5) what are staff views about the need for training on design and dementia?

## Literature review

The careful design and evaluation of residential environments providing support to people with dementia has become an area of increasing clinical, research and architectural interest (Cohen & Weisman, 1991; Kitwood, 1997; Judd et al., 1998). It has been noted that the movement away from single environmental solutions to more holistic approaches is a positive step forward in understanding the complex set of relationships found in dementia care settings (Calkins, 2001). There is also a consensus about the value of creating home-like environments for people with dementia, although it is recognized that homely settings mean more than merely architectural features and include other aspects of the social environment, including meaningful activities, the way in which meals are prepared and served and the opportunities afforded within for greater control and privacy (Calkins, 2001).

It has been noted that much can be done in the living environment to affect mood, encourage independence, reduce anxiety, enhance or stimulate memory and produce a whole host of other desirable outcomes (Hiatt, 1991). International research has shown that home-like environments affect the mood of people with dementia (Lawton, 2001) and that physical surroundings strongly influence the behaviour and quality of life of individuals diagnosed with Alzheimer's disease and related dementias (Curran, 1996; Brawley, 1997). An international consensus has been reached on what are considered the principles and features of good design in dementia care (Judd et al., 1998). Environments that are small, domestic-like, accessible, welcoming, safe, that have total visual access, that maximize independence and that are creatively adapted to compensate for the disabilities associated with dementia are said to promote independent living and to contribute to an improved quality of life (Judd et al., 1998).

Lawton in a recently published state-of-the-art review of the design of residential environments for people with dementia (Lawton, 2001) identifies 11 universal human needs. He uses these as a basis to inform

methodologies when researching the topic of design and dementia. The areas identified by him include (1) autonomy, (2) individuality, (3) dignity, (4) privacy, (5) enjoyment, (6) meaningful activities, (7) relationships, (8) security, (9) comfort, (10) spiritual wellbeing and (11) functional capacity. Lawton advocates for the use of qualitative observational approaches to generate user-friendly data for designing environments for people with dementia. He makes the point that design solutions have striven to attain goals such as choice, retreat opportunities and stimulating social features. He argues that the high-stimulus 'day room' in residential settings is often a disorganized, aversive environment. This could be improved, in his view, through the provision of smaller interpersonal environments that comprise clusters of chairs or a configuration of rooms simulating a neighbourhood (Lawton, 2001).

In another excellent paper addressing the topic of design and dementia, Brawley identifies environmental barriers that can inhibit and further disable people with dementia (Brawley, 2001). Light deprivation or, conversely, glare, excessive noise, inappropriate seating, poorly selected floor surfaces and inadequately designed bathrooms are features that she argues can be hazardous to people with dementia. In contrast, she suggests that good design can positively impact on quality of life. In the same article, Brawley acknowledges the therapeutic benefits of outdoor space and gardens for people with dementia and emphasizes the important contribution that sunlight and fresh air make to quality of life (Brawley, 2001).

There is a paucity of published literature on the topic of clients' and formal caregivers' attitudes to day care facilities. One exception is the recently published work of Furness and his colleagues (Furness, Simpson, Chakrabarti, & Dennis, 2000). In this study the researchers surveyed a sample of British-based clients and paid caregivers and explored their attitudes to both day hospital and day care services. The most highly ranked areas of unmet need identified by service providers were the lack of availability of day care at weekends and the need for more flexible transport services. The study also highlighted the difficulties that service providers had in accessing day care facilities because of complex and varied referral procedures and the lack of day care places for people with early onset dementia (Furness et al., 2000). The authors concluded that there was a real absence of quality research examining the topic of day care services for people with dementia.

Much of the literature on the topic of architectural design and dementia centres around the issue of residential care facilities rather than day care (Day et al., 2000). Day, who undertook a key word search of several major databases, identified only one study that specifically examined the therapeutic impact of the design of day care centres (Day et al., 2000). The study

identified (Lyman, 1989) investigated the extent to which improvements in the physical environment of day care increased clients' quality of life and reduced staff stress. A key finding was that bigger was not necessarily better and that while more space allowed more freedom for clients, demands on staff were also increased by virtue of people being distributed over too large a space to allow easy interaction. Following the move to a larger facility, staff stress levels shifted from that prompted by space shortages to stress associated with specific spatial arrangements – the difficulties involved in integrating clients in new larger activity rooms (Lyman, 1989).

In the Irish context, the topic of day care and dementia has not been extensively researched. A study undertaken by Ruddle and O'Connor (1994) showed how for family caregivers respite care, including day care, was considered a highly desirable service. The recent Action Plan on Dementia (O'Shea & O'Reilly, 1999) has called for an expansion and improvement in all services including day care for people with dementia. In this comprehensive report emerging from extensive community consultations, the authors highlight the different models of respite care available and demonstrate the key role the ASI plays in providing dementia-specific day care. The authors argue that effective day care needs to be well-planned, accessible and responsive to clients' needs. We do not know the extent to which day care in Ireland meets these criteria nor do we have an understanding of skilled practitioners' attitudes towards the built environment in which day care is practised and where they are employed. This study is a first attempt to narrow the gap in the literature by providing an overview of service providers' views on dementia-specific day care.

## Method

The research uses an exploratory descriptive design. In-depth interviews were conducted with each of the nurses in charge ( $n = 18$ )<sup>1</sup> of ASI day care services and each of the branch chairpersons ( $n = 17$ ) who, by and large, have acted as pioneers for service development and who for the most part continue to be involved in service delivery. In addition a self-administered questionnaire was distributed to a sample of 42 care staff. At the time of the research, all but one of the 18 day care centres employed fully trained nurses to co-ordinate the day care programme. In one centre two nurses job-shared. All but one of the 18 centres had a branch chairperson; therefore, only 17 chairpersons participated in the research.

The face-to-face interviews took place across the country between May and October 2000 and lasted between one and two hours. A semi-structured questionnaire piloted on a sample of day care co-ordinators (from

generic day centres) was used to collect quantitative and qualitative data. At the time of interviews each nurse in charge was informed about the need to circulate the survey instrument to include the views of other care staff. Out of a total of 72 questionnaires distributed, a response rate of 56 percent was achieved ( $n = 42$ ). It is important to remember therefore that the sample of care workers was not randomly selected. We have no information on the non-respondents and why they may have refused to participate. Caution must be exercised in interpreting the results since this subgroup of care workers is likely to be biased. Care workers comprised personnel paid directly by the society and those paid indirectly through the FAS community employment scheme (men and women undergoing a government return to work training programme).

Pending the nature of the issues being explored in the semi-structured questionnaire, (1) fixed-choice, (2) closed or (3) open-ended questions were asked. Questions asked about the physical characteristics of the building were closed or fixed-choice, whereas attitudinal questions such as service providers' views of the greatest contribution day centres made or perceptions of how the physical environment might be improved were open-ended. In addition a five-point Likert scale was used to measure the attitudes of staff to design features such as safety and accessibility.

Data were analysed using SPSS with frequency distributions, measures of central tendency and cross-tabulations undertaken. Qualitative data were analysed by transcribing findings from open-ended questions, then grouping together responses according to particular themes and conducting within-case and cross-case analyses. The within-case analysis sought to link data with explanations and tried to understand why phenomena occurred the way they did. The cross-case analysis was then conducted between multiple cases, grouping together answers from different people to different questions. Strategies used included counting, noting patterns and themes and linking unsolicited with solicited data.

## Results

### Sample

The sample consisted of 77 care staff and branch chairpersons from 18 day centres offering dementia-specific day care. Of the 77 respondents, there were 23 paid care workers, 18 nurses in charge, 17 branch chairpersons, 17 FAS workers and 2 volunteers. All but 11 participants in the research were female (86 percent). Care workers and FAS staff, whose mean ages were 36 and 37 respectively, were significantly younger than volunteers, nurses in charge and branch chairpersons (mean age = 46, 49 and 51;  $p = 0.03$ ). Most respondents had either a secondary ( $n = 25$ ) or third-level

education ( $n = 20$ ) or had completed post-secondary school training ( $n = 19$ ). Time spent by staff working in day care varied considerably. FAS workers had worked for shorter periods in day care compared with other staff members ( $p = 0.006$ ). Only 18 staff members (23 percent) reported that they had any prior day care work experience before joining the facility where they were now employed, and most of these had not worked in dementia-specific day care.

### A description of the day care centres

Table 1 reports data on the day care centres included in the survey. Out of the 18 centres surveyed, 11 were rented or on loan. Only seven were owned by the ASI. Four centres were purpose-built, which meant they were specifically designed to accommodate for the cognitive deficits a person with dementia experiences. Six centres (33 percent) were operating in environments where relocation was imminent. Several used makeshift environments, a feature that

Table 1 Characteristics of day care ( $n = 18$ )

<b>Property arrangements</b>	
Being rented out or on loan	11
Day care is purpose built	4
Garden is purpose built	9
Property is likely to be repossessed	6
Own transport available from centre	13
<b>Hours daily service is available</b>	
8	1
6	13
5	2
4	1
3	1
<b>Service availability</b>	
Every day except at weekend	9
Four days	1
Three days	3
Two days	2
Once a week	3
<b>Daily cost of care (£)</b>	
10	1
9	5
8	1
6	2
4	6
2	3



placed additional strain on staff: ‘there were rumours in the past that the lease may not be continued, if the lease was removed we’d have to close’, whereas others shared facilities with organizations, a situation that imposed further constraints on staff: ‘on Tuesday we must finish at 2.30pm ’cos of yoga’. Half of the centres surveyed had purpose-built gardens and close to three-quarters had their own transport system (not shown).

Table 1 also reports findings on the number of days that weekly day care was available and the number of clients daily in attendance. Thirteen out of 18 centres (72 percent) offered the service three to five days a week. The mean number of clients in attendance was 11 (range 4–24), the mean number of days a week the service was available was four (range 1–5) and the mean number of hours of daily service was 6 (range 3–8). While the vast majority of those surveyed (83 percent) expressed a need for hours of day care to be extended to include overnight respite, only one Dublin-based centre offered respite care five nights a week (not shown). Findings showed that the daily cost of care to clients and their families varied from £2 to £10. Three of the 18 centres surveyed had waiting-lists for using day care transport (not shown).

**Staff views on effectiveness of day care design**

Respondents were asked a series of questions about the effectiveness of day care in terms of its responsiveness to clients’ needs, accessibility, safety and

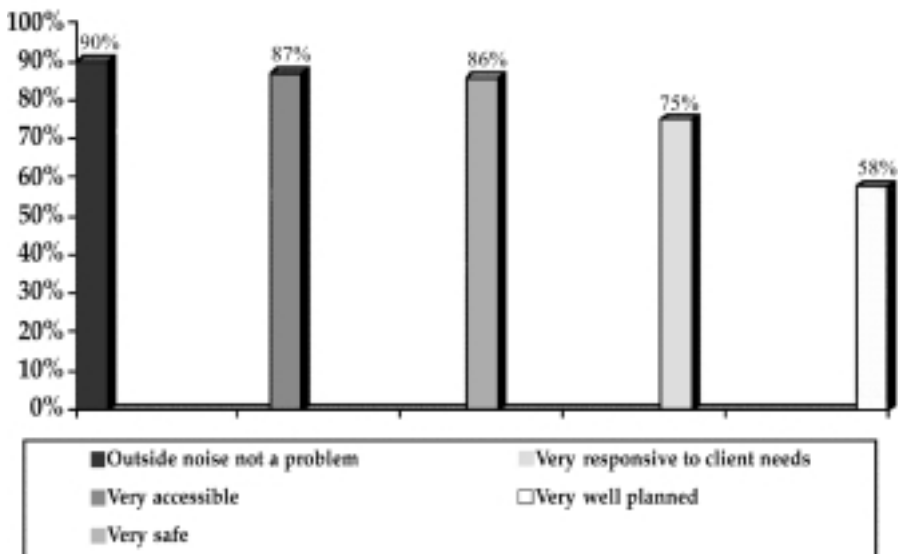


Figure 1 Respondents’ perspective of effectiveness of Day Care (N = 77)

the extent to which activities were well planned and gardens well designed. Figure 1 reports findings on staff perceptions of design.

The figure shows that most service providers were satisfied with many of the broad principles and features of internal design in evidence. A large majority reported that day care was very accessible, responsive to clients' needs and very well planned. Another large majority (90 percent) denied that outside noise was a problem. Close to two-thirds reported that day care environments were very safe. About half (52 percent) reported that the gardens were well designed (not shown). In response to a question asked about lighting, three-quarters of the sample believed that the lighting (mainly electric and fluorescent) was quite adequate (not shown).

### Staff views of adequacy of the physical environment

Respondents were also asked to report on the physical environment and in particular on the adequacy of client, staff and storage space available in day care. Figure 2 reports these results.

Results show that less than half (45 percent) reported there was sufficient client space. A total of 29 out of the 77 staff surveyed (38 percent) claimed that there was adequate staff space including staff rooms and another one-third reported that there was sufficient storage space. In relation to specific questions asked about the adequacy of toilets and showers, only one-third (35 percent) reported that there were enough toilets, while similar numbers (41 percent) claimed that there were sufficient numbers of showers (not shown). A total of 61 respondents (79

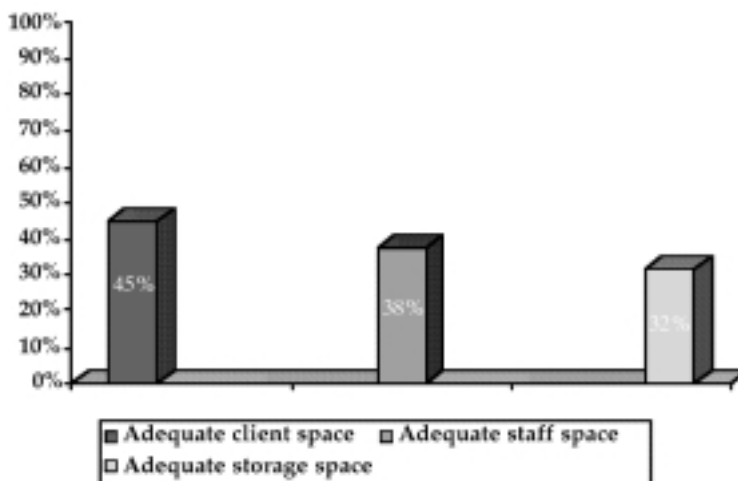


Figure 2 Respondents' perceptions of adequacy of space (N = 77)

percent) reported that they could benefit from more space in day care (not shown).

The limitations of the physical environment were further highlighted in the qualitative data:

The showering is awkward because of confined space. The water supply is poor. There are no rails for the toilet. The doors and access are narrow and awkward. The ambulance (slot) is too near the door. The shaving facilities can be frustrating. The dining area is too small for more than 10. (FAS worker)

There is no privacy when showering, the toilets are too small, there is not enough room for entertaining, the front doors open in. [There are] black strips across doors, clients think this is a hole. [There is] a clip on the door-step. (care attendant)

The corridors are not wide enough and the kitchen is in the wrong place as clients have to pass through the kitchen to get into the dining-room. (care attendant)

Other qualitative data on the physical environment showed some divergence of opinion about the merits of integrating versus segregating staff from clients:

In our centre we have a family atmosphere where all of us work together, have our tea breaks and lunch together. We do not need separate areas other than our own toilet and maybe our own lockers for personal items. (volunteer)

The staff have no room of their own to take their lunch so therefore they don't get time away from their work. (care attendant)

### **Staff views on challenging behaviours and the role of the physical environment in causing comfort**

Respondents were also surveyed about behaviours that staff and others found challenging and were asked to report which, if any, behaviour might be difficult to manage in day care. A large majority ( $n = 47$ ) claimed that aggression, violence or a combination of aggression with some other challenging behaviour was the most difficult type of behaviour to manage. Smaller numbers identified wandering ( $n = 5$ ), incontinence ( $n = 3$ ), immobility/feebleness ( $n = 2$ ), stubbornness ( $n = 2$ ) and repetitive behaviours ( $n = 2$ ).

A regular theme emerging in discussions about challenging behaviours was the need for a separate/quiet room to take clients who might be agitated or in need of one-to-one attention. In their commentary about managing challenging behaviours, respondents also frequently reflected on design features such as heating and lighting and referred to the way in which the built environment had the potential to precipitate

challenging behaviours or how, conversely, it could be manipulated to address these:

Sometimes it gets too hot in the conservatory for lunch so we have to move the table. When it's too warm, they become very agitated, then it can snowball and in no time you can have 5 or 6 very agitated people. (nurse in charge)

The artificial light I find affects their eyes; they're calmer when there's no light on but for eight months of the year we have to use electric light. (nurse in charge)

They are too confined here. There'd be less agitation if they had more freedom. (nurse in charge)

You can make bathing for someone distressed a very relaxing experience. I'd incorporate a bathroom with therapies. (nurse in charge)

When you have a patient that is aggressive you have to approach them gently and find something that they will relate to and will calm them and make them secure. If you had a small quiet room for aggressive clients, for someone who might be frightened, a bad mixer, (but here at this centre) there's nowhere to go. (care worker)

### **Staff views of benefits of day care**

Figure 3 reports staff perceptions of day care's greatest contribution.

An interesting feature of this study is that while day care is often perceived as a service which primarily benefits family caregivers rather than persons with dementia, this was not a major finding. Only a small minority (9 percent) identified carer respite as being day care's greatest contribution. In contrast, about one-third of respondents (30 percent) considered the service played a key role in promoting client dignity and in providing an environment in which persons with dementia were welcomed and made to feel unique: 'we try to make everyone feel special', 'every client is an individual and treated with respect'. Another one-quarter of respondents (26 percent) considered that the main value derived from day care was that of socialization, stimulation and the engagement of clients in meaningful activities. For another 16 percent of the sample day care's main benefit was in providing a safe and accessible environment where clients could interact in a meaningful way, while for another small minority (13 percent) its main function was to ensure that clients' multiple needs – physical, psychological, social and sensory – were met.

The rich narratives provided in response to the question about the role of day care showed the staff's overwhelming commitment to the philosophy of person-centred care, to looking after clients' socio-emotional as well as physical needs, to 'caring about' as well as 'caring for' (Ungerson,

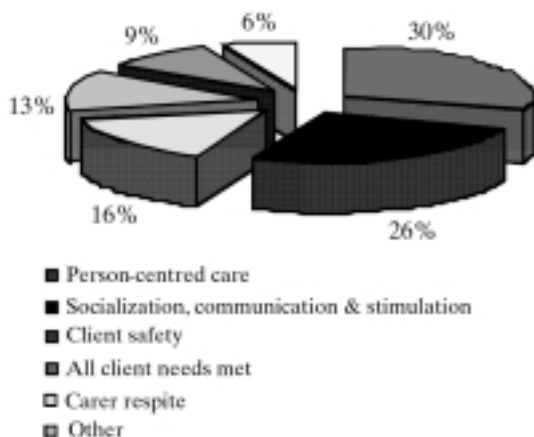


Figure 3 Staff perceptions of greatest contribution of day care (n = 69)

1987) and to providing a service that placed the individual at centre stage and respected his or her uniqueness and personhood:

We involve them in a programme of activities, not that we can cure dementia but we can improve their quality of life, their club, they make friends here. Otherwise they'd be sitting at home with stressed carers. (nurse in charge)

We provide a caring friendly atmosphere, time to listen to them, and attend to their needs when the families are tired and have their own families and might not have the time they need. (FAS worker)

It helps stimulate them. Also they can have baths and hairdressing etc done. It also gives them a sense of worth, that they are doing something positive in life and that they look forward to it. They become part of a community or in the case of our centre they have started to call it their club and they are all members, they make friends and look after each other. (branch chairperson).

### Staff views on suitable clients for day care

Staff were also surveyed about the issue of who they thought might be suitable for day care along with which service providers in their view made most referrals. More than three-quarters (n = 26) of the nurses in charge and branch chairpersons reported that they would accept clients into day care with high support needs. Similar numbers (n = 28) claimed that residents placed in long-stay facilities would continue to be welcome as clients in day care. While 11 of the 18 nurses in charge (61 percent) stated that they would admit clients into day care with serious challenging behaviours, only eight of the 17 branch chairpersons (47 percent) considered these to be appropriate referrals. Although visits to day care centres suggested that

some centres were offering services to clients with much higher support needs than others, results showed that a standardized assessment form for client admission was used at each of the centres. All 77 respondents were asked about their major sources of referrals. The vast majority identified the public health nurse (n = 37), family caregivers (n = 20), a combination of different health and allied health staff (n = 14) or general practitioners (n = 2) as the main sources of referral. There was only one self-referral and in three cases participants were unsure who made most referrals.

### **Staff views on needed adaptations to the physical environment**

All respondents (n = 77) were asked a series of questions about their attitudes to design features, and what if anything they might do if they were free to change the internal design of the centre where they were employed. Respondents were also asked whether they would welcome training on the topic of dementia and the social and built environment. While more than three-quarters (n = 61) reported how they would value specialist training, curiously, when asked the specific question 'do you feel free to change the design of this centre?', only 27 (35 percent) replied affirmatively. Several of these respondents had obviously thought through the issues, for they provided rich descriptions of how their work environment could be best adapted. The themes emerging from the qualitative data expanded on earlier quantitative findings:

There's lot of things I'd like to do. We'd love a conservatory and raised garden beds. I'd widen the doors, and I'd have separate toilet facilities and staff facilities. I'd have a different shower area from the toilet. I'd get a cloakroom for the clients. We have no quiet room. (nurse in charge)

We could have it much nicer. I'd love a little more money and I'd like more colour in it, I'd love a little pond, and if doing it again, we'd make it bigger. (branch chairperson)

I would redesign the kitchen and dining room using curves and half-moon shapes, rather than square and straight lines. I would include a bathroom with relaxing colours, lighting and luxury bath. (volunteer)

### **Discussion**

The research is a first attempt in Ireland to open up the debate on the topic of day care design and dementia and to explore from a service provider's perspective attitudes to the social and built environment in which dementia-specific day care takes place. Results show that there is much variability across the facilities studied. Day care centres differed in size,

structure, physical layout, numbers in attendance, costs of care and hours the service was available. Many buildings were not owned by the ASI and findings clearly showed that working in makeshift arrangements placed additional strain on front-line staff. Only four centres were purpose-built and only half of those surveyed had purpose-built gardens. Results also showed that not all centres surveyed had their own transport system and even in circumstances where centre transport was provided, time taken to commute was excessive even for able-bodied individuals. The data also showed that the centres surveyed had, in the opinions of care staff, insufficient numbers of toilets and bathrooms to cater for the numbers in attendance. A large majority (79 percent) of all respondents surveyed reported that they could benefit from having more space available at day care.

The issue of the availability of more client and staff space in day care centres needs careful consideration (Lyman, 1989). While we need to listen to the experts who in this study were front-line practitioners and who complained about lack of space and cramped conditions, building large, more institutional, dementia-specific day care environments is likely to reduce the possibility of providing genuinely person-centred care. Likewise, while staff room space is, as demonstrated by the research, clearly important, having separate staff rooms from which persons with dementia are barred may not be advisable and may in fact contribute to more extreme forms of frustration and aggression.

As noted in the literature, there is a shortage of quality research on the topic of day care facilities (Furness et al., 2000) and on the topic of design and dementia (Lawton, 2001) and much of the published work on dementia and design pertains to residential care settings (Day et al., 2000). Our findings, however, concur with those of Furness and colleagues, whose work identified areas of unmet need for clients attending day care, including unsatisfactory transport systems and the need for more flexibility, particularly weekend services. Although Lawton's conceptual structure for design and human needs was not explored in this research, our results show the value day care staff place on issues including security, autonomy, client dignity and meaningful activities, areas already highlighted in the literature (Lawton, 2001). Findings also show that environmental hazards for people with dementia such as poor lighting, excessive noise and the absence of access to garden space (Brawley, 2001) did not seem to pose a major problem for most service providers in this research. In contrast, however, at least half of the gardens available in day care were, in the opinion of service providers, not always well designed for persons with dementia.

A central focus of the research was on examining those design features in evidence in ASI dementia-specific day centres and in exploring staff

views about the spatial and internal environment in which they worked. Interestingly, the analysis showed how ASI day centres met quite adequately the criteria for effectiveness in day care as outlined by experts in the area (O'Shea & O'Reilly, 1999). Most centres were rated by participants as being well planned, very accessible and safe. In contrast, however, quantitative and qualitative data showed unequivocally the architectural barriers and space limitations that staff had to confront and negotiate, and how such could compromise care standards and could also contribute further to the burden of caregivers.

In the context of client space the importance of having separate rooms for separate functions in day care needs careful consideration. Several respondents in this study commented about the difficulties encountered when different activities competed for the same space. Staff reported that they felt frustrated when, as a result of lack of space, they were obliged to clear partially completed recreational activities such as artwork or jigsaws, because the same room acted as both activity and dining room. The research findings also highlight the need for all day care centres to be carefully designed to include a quiet room for clients with dementia who may be acutely stressed, fearful or agitated, along with a visitors'/family caregivers' room for relatives and friends requiring counselling.

The study's findings highlight the need for national guidelines on best practice in dementia day care to be established. Such guidelines could address questions such as, what is the optimum number of people with dementia a day care centre should serve? What is the optimum number of rooms a centre should have? What is the minimum level of staffing and qualifications required in a dementia-specific day care centre? What is the maximum period of time people with dementia should spend commuting to day care? What security systems should be in place in day care to prevent a client from wandering and how can assistive technologies promote an improved quality of life and make the delivery of day care less stressful to staff?

Results from this study also showed that there were some variability across the centres surveyed in terms of access to and cost of care. Although standardized assessment/admission forms were used in each of the centres surveyed, service provider bias was an obvious factor impacting on admission policy. There is a need to further standardize admission procedures and costs of day care at a national level. Day care transport service also needs to be reviewed. In this context, a transport service brokered out to local retired people is one approach that might warrant further exploration.



## Conclusions

The study's findings highlight the need for national standards in dementia day care to be established in Ireland. People with dementia, like all frail older people with disabilities, deserve affordable, accessible, acceptable, equitable, high-quality services. While our findings demonstrate the very important specialist service provided nationally by the ASI, several limitations to service delivery were also identified; deficiencies that arose due to structural constraints and the absence of early architectural input into the planning and design of the buildings in which day care was practised and delivered.

As shown in the research, about one-quarter of day care staff were operating in makeshift environments and the qualitative data highlighted some of the difficulties encountered by staff as a direct result of these unstable settings. As a starting point it is recommended that all dementia-specific day care centres need to be purchased as opposed to being leased or on loan. Second, although the study failed to provide comparative data between purpose-built and other style environments (since only four centres were purpose built), qualitative data provide preliminary evidence of the importance of purpose-built settings and the need for all day care centres to be designed by well-informed, dementia-friendly architects who are cognizant of the unique and specialist needs of people with dementia. Day care centres must be planned to include an adequate number of bathrooms and toilets, with wide doors to enable wheelchair and principal caregiver access. Toilets should be gender-specific because, in public buildings and before the onset of dementia, this is what people are accustomed to. For maximum efficiency, toilets need to be separated from bathing/showering areas.

Findings from this study also highlighted the need for more staff and storage space. In particular, our results suggest that day care centres need to be planned to include adequate storage space for bulky appliances such as wheelchairs, Zimmer frames and incontinence pads, because their storage in corridors or in bathrooms/toilets is unsafe and far from ideal. Recreational equipment and materials for creative activities must not be forgotten in design plans and require careful storage. Attention should also be given to the design of the grounds of day care centres. Each should have a purpose-built safe and enclosed garden with carefully selected plants and shrubs to help stimulate any retained sensory skills that people with a cognitive impairment may have. The outside area should be safe, unobtrusive and should include adequate parking space with a separate delivery area. An efficient transport service is also a vital component of a dementia-specific day care service.

The study has several limitations that need acknowledgement. First and

most importantly, the voice of the person with dementia attending day care centres in Ireland was not included in the research. Future work now needs to focus attention on the individual's experience of attending day care and how the spatial environment can be better adapted to his or her needs. Second, while the dementia design literature focuses attention on the issue of dementia-friendly environments – settings that are welcoming, domestic-like and provide total visual access – the current study failed to address this topic. Future research studies using qualitative methodologies now need to be developed which take on board this important aspect of design. The study was a first attempt to look at an area that, until now, has remained unexplored in Ireland. Accordingly, while key components of spatial design such as accessibility, safety, lighting, noise, space and multi-sensory gardens were examined, other important design features such as seating, flooring and chair and room configurations were not fully investigated. These also constitute critical design issues that warrant future research.

Finally, while the study demonstrates the significant role the ASI plays in Ireland in the provision of day care services to those with a cognitive impairment, some gaps in service provision were noted, as were staff training needs. The study's findings reflect the need for the government to develop a more comprehensive strategy for supporting voluntary services such as the ASI, which, in Ireland, are the main providers of specialist services for dementia care. There is a need for a broad policy framework to be developed and for a more integrated approach to dementia-specific services to be established with statutory and voluntary bodies working in partnership alongside each other. More funding is required to support education and training to further develop the skills of front-line staff who are the linchpin to community care policy. There is a need for more cross-cultural empirical research. Other key issues warranting future investigation include professional caregiver burden in day care, the impact of multi-sensory programmes on quality of life in day care, the role of assistive technologies, and longitudinal studies of pathways through day care for both younger and older people with dementia.

#### Note

1. Only 18 of the 21 day care centres were fully operational at the time of the research.

#### References

- Brawley, E. (1997). *Designing for Alzheimer's disease: Strategies for creating better care environments*. New York: John Wiley & Sons.
- Brawley, E. (2001). Environmental design for Alzheimer's disease: A quality of life issue. *Ageing & Mental Health*, 5(1), S79–S83.
- Cahill, S., & Shapiro, M. (1998). 'The only one you neglect is yourself: Health

- outcomes for carers of spouses or parents with dementia. Do wives and daughter carers differ? *Journal of Family Studies*, 4(1), 87–101.
- Calkins, M. (2001). The physical and social environment of the person with Alzheimer's disease. *Ageing & Mental Health*, 5(1), S74–S78.
- Cohen, U. & Weisman, G. (1991). *Holding on to home: Designing environments for people with dementia*. Baltimore, MD: Johns Hopkins University Press.
- Curran, J. (1996). The impact of day care on people with dementia. *International Journal of Geriatric Psychiatry*, 11, 813–817.
- Curry, J. (1998). *Irish social services*. Dublin: Institute of Public Administration.
- Day, K., Carreon, D., & Stump, C. (2000). The therapeutic design of environments for people with dementia: A review of the empirical research. *The Gerontologist*, 40(4), 397–416.
- Department of Health (1994). *Shaping a healthier future: A strategy for effective healthcare in the 1990s*. Dublin: Stationery Office.
- Fitzgerald, E. (2000). Community services for independence in old age: Rhetoric and reality: Follow the money trail. *Administration*, 48(3), 75–89.
- Furness, L., Simpson, R., Chakrabarti, S., & Dennis, M. (2000). A comparison of elderly day care and day hospital attenders in Leicestershire: Client profile, carer stress and unmet need. *Ageing & Mental Health*, 4(4), 324–329.
- Hiatt, L. (1991). Designing specialised institutional environments for persons with dementia. In P. Sloane & L. Matthew (Eds), *Dementia units in long term care* (pp. 174–197). Baltimore, MD: Johns Hopkins University Press.
- Hugman, R. (1994). *Ageing and the care of older people in Europe*. London: Macmillan.
- Judd, S., Phippen, P., & Marshall, M. (1998). *Design for dementia*. London: Journal of Dementia Care.
- Kitwood, T. (1997). *Dementia re-considered: The person comes first*. Buckingham: Open University Press.
- Lawton, P. (2001). The physical environment of the person with Alzheimer's disease. *Ageing & Mental Health*, 5(1), S56–S64.
- Lyman, K. (1989). Day care for persons with dementia: The impact of the physical environment on staff stress and quality of care. *The Gerontologist*, 29(4), 557–559.
- Marshall, M. (1998). Therapeutic buildings for people with dementia. In S. Judd, P. Phippen, & M. Marshall (Eds), *Design for dementia* (pp. 11–14). London: Journal of Dementia Care.
- Nolan, M., Davies, S., & Grant, G. (2001). *Working with older people and their families: Key issues in policy and practice*. Buckingham: Open University Press
- O'Shea, E., & O'Reilly, S. (1999). *An Action Plan on Dementia*. Dublin: National Council on Ageing Report No. 54.
- Ruddle H., & O'Connor, J. (1994). *Caring without limits: Sufferers of dementia/Alzheimer's disease. A study of their carers*. Dublin: The Alzheimer Society of Ireland.
- Ruddle, H., Donoghue, F., & Mulvihill, R. (1997). *The years ahead report: A review of the implementations of its recommendations*. Dublin: National Council on Ageing and Older People.
- Scharf, T., & Wenger, C. (1995). *International perspectives on community care for older people*. Aldershot: Avebury.
- Ungerson, C. (1987). *Policy is personal: Sex, gender and informal care*. London: Tavistock.
- Working Party on Services for the Elderly (1988). *The years ahead: A policy of the elderly*. Dublin: Stationery Office.

**Biographical notes**

SUZANNE CAHILL is the Director of Dementia Services Information and Development Centre, Dublin, Ireland and a lecturer in Gerontology in Trinity College, Dublin. [email: director@stjames.ie]

MARY DRURY is Education Officer at Dementia Services Information and Development Centre, Dublin, Ireland.

BRIAN LAWLOR is Professor of Old Age Psychiatry at Trinity College and St James Hospital, Dublin and Chairperson of the Steering Committee of Dementia Services Information and Development Centre.

DEIRDRE O'CONNOR is the National Co-ordinator of Care Services at the Alzheimer Society of Ireland.

MAURICE O'CONNELL is the Chief Executive of the Alzheimer Society of Ireland.