H&H Care SA Pty Ltd

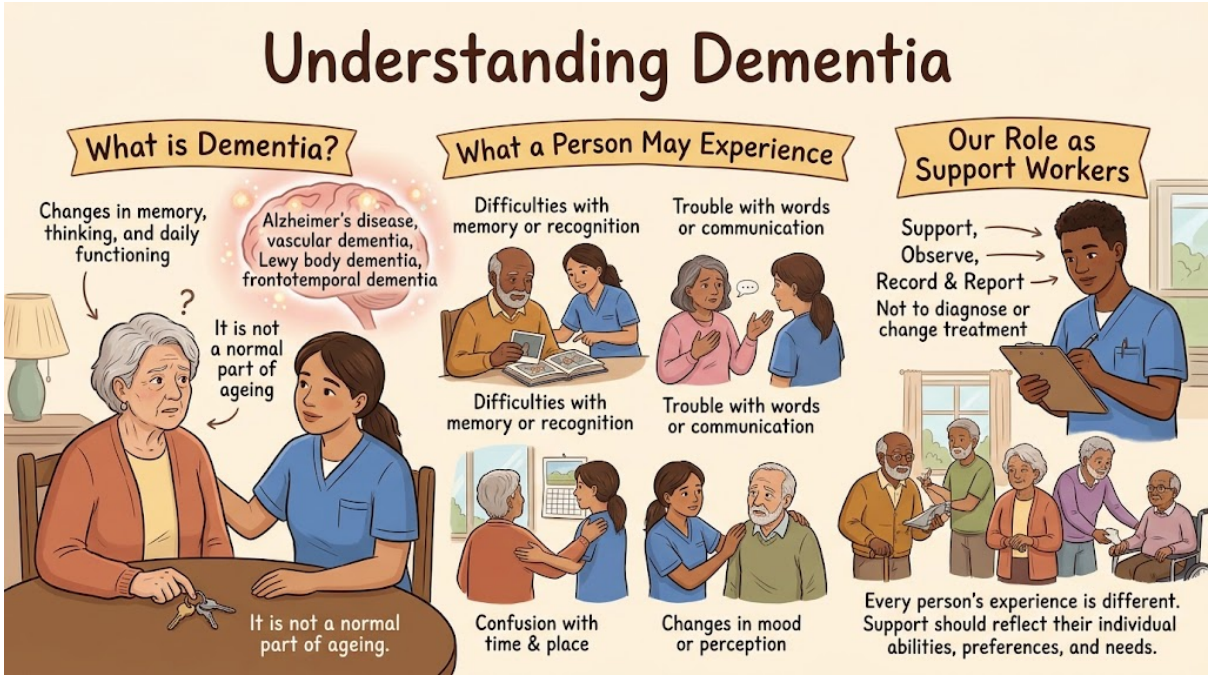
Caring for a Person Living with Dementia: A Practical Guide for Support Workers

Prepared for H&H Care SA

This guide helps support workers provide safe, respectful care for people living with dementia. It explains how to support daily activities and prescribed exercises, recognise changes that need reporting, and write clear case notes to ensure consistent care and follow-up.

This guide supports workplace training. Always follow the person's current care plan, professional instructions and your organisation's procedures, and work within your training and authorised role.

1. Understanding dementia



Dementia is a term describing changes in memory, thinking and everyday functioning caused by conditions affecting the brain. It is not a normal part of ageing. Common types include Alzheimer's disease, vascular dementia, Lewy body dementia and frontotemporal dementia. A person may have more than one type, known as mixed dementia.

A person living with dementia may experience:

- Difficulty remembering recent events or recognising familiar people.
- Trouble finding words, understanding instructions or expressing needs.
- Confusion about time and place.
- Difficulty planning or completing everyday activities.
- Changes in judgement, mood, behaviour or perception.

Every person's experience is different. Support should reflect their individual abilities, preferences and needs. A diagnosis does not define the person or remove their right to be heard and involved.

A support worker's role is to support, observe, record and report—not to diagnose dementia or change treatment.

2. Know the person before providing care



Read the care plan and handover before each shift. Understand:

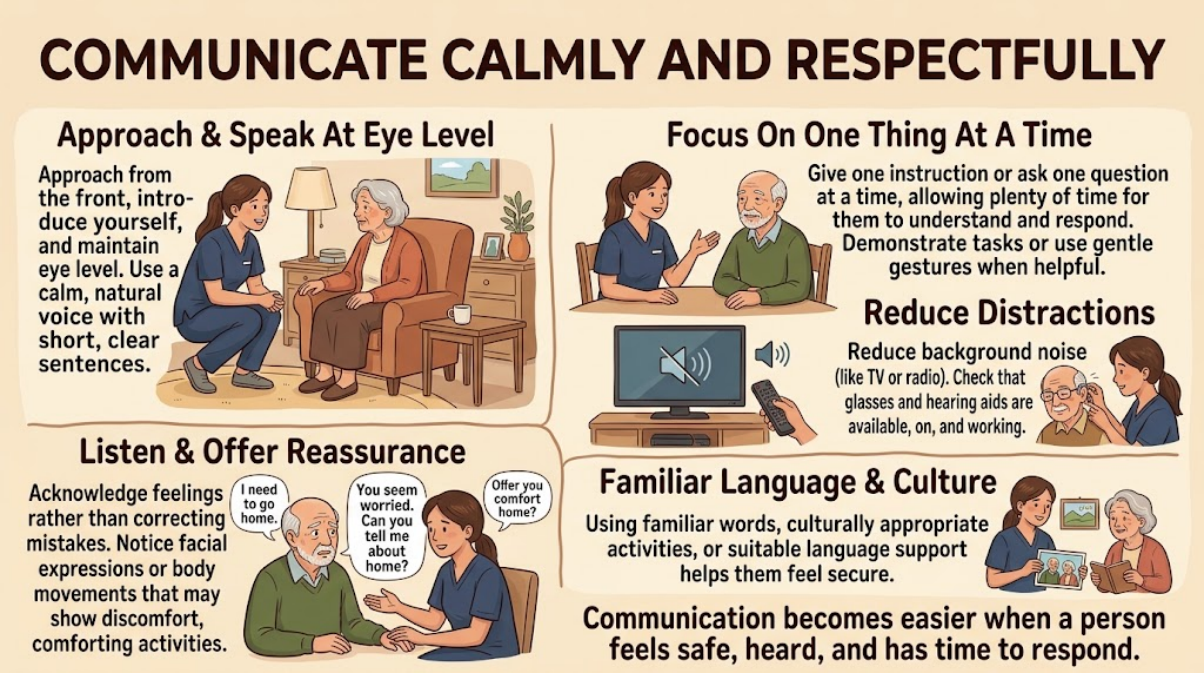
- The person's usual communication, memory, mood and mobility.
- Their preferred name, language, culture, routines and interests.
- What they can do independently and where assistance is needed.
- Relevant health conditions, allergies and identified risks.
- Instructions for meals, swallowing, medication, transfers and exercise.
- Who to contact when concerns arise.

Knowing the person's **usual level of functioning** helps you recognise when something has changed.

Speak directly to the person and involve them in decisions. Offer manageable choices, such as "Would you like the blue shirt or the white shirt?" Explain what you are doing and seek consent before providing assistance.

If the person declines care, pause, consider why, and offer another approach or time when safe. Report unresolved concerns rather than forcing the task.

3. Communicate calmly and respectfully



Communication becomes easier when the person feels safe and has time to respond.

- Approach from the front, introduce yourself and speak at eye level.
- Use a calm voice and short, clear sentences.
- Give one instruction or ask one question at a time.
- Allow time for the person to understand and respond.
- Demonstrate a task or use gestures when helpful.
- Reduce television noise and other distractions.
- Check that glasses and hearing aids are available and working.
- Notice facial expressions and body movements that may communicate discomfort.

Avoid testing memory or repeatedly correcting harmless mistakes. If the person becomes upset, acknowledge the feeling and offer reassurance.

For example:

Person: "I need to go home."

Worker: "You seem worried. Can you tell me about home?"

Listen and gently offer a familiar, comforting activity.

Some people increasingly use their first language as dementia progresses. Familiar words, culturally appropriate activities and suitable language support may help them communicate and feel secure.

4. Support daily activities while maintaining independence



Personal care and dressing

Follow familiar routines and protect privacy. Prepare items beforehand, explain each step and encourage the person to do whatever they can themselves.

For example, place the toothbrush within reach and provide a simple prompt before offering more assistance. During dressing, offer a small choice of suitable clothes and present them in the order they will be used.

If showering causes distress, consider whether the person is cold, embarrassed, in pain or frightened. Pause, reassure and seek advice if difficulties continue.

Toileting and skin care

Follow the continence and skin care plans. Provide discreet reminders, an accessible toilet and assistance as required.

Report new incontinence, painful urination, constipation, diarrhoea, skin damage or changes in toileting patterns. Maintain dignity and avoid criticism when accidents happen.

Eating and drinking

Dementia can affect recognition of food, use of cutlery and the ability to chew or swallow. Support workers should:

- Provide a calm setting and familiar foods.
- Follow the prescribed meal and swallowing plan.
- Offer simple prompts and allow enough time.
- Encourage independence using recommended equipment.
- Offer drinks regularly, following any prescribed fluid restriction.
- Record intake when required and report a noticeable reduction.

Do not independently change food textures, thicken drinks or introduce swallowing techniques. Follow instructions from the relevant clinician.

If coughing, choking, a wet-sounding voice or difficulty swallowing occurs, stop assisting with food or drink and seek prompt clinical advice. For severe choking or breathing difficulty, call **000** and provide first aid within your training.

Medication support

Provide medication assistance only when trained and authorised, following the medication plan and records.

Never independently change doses, crush tablets or hide medication in food. Report missed or refused doses, medication errors and suspected side effects promptly.

5. Support prescribed exercise and safe movement

Rehabilitation and appropriate physical activity can help people living with dementia maintain function and participate in everyday life. Physiotherapists and other allied health professionals can tailor support to the person's needs.

A support worker should help the person follow their prescribed program safely.

Before exercise:

- Check the current written instructions, including assistance, equipment and repetitions.
- Confirm that you have been trained to provide the required support.
- Check how the person feels and whether anything has changed.
- Prepare a clear space, suitable footwear and prescribed mobility aids.

During exercise:

- Demonstrate one movement at a time.
- Use simple prompts and gentle encouragement.
- Follow the prescribed pace, assistance and rest breaks.
- Respect the person's choice to stop.
- Never force a movement or increase difficulty independently.



Stop and seek advice if the person develops pain, dizziness, unusual breathlessness, marked fatigue or reduced balance. Call **000** for chest pain, collapse, severe breathing difficulty or suspected stroke.

Record the exercises completed, assistance provided, tolerance and any reason the session was stopped or declined.

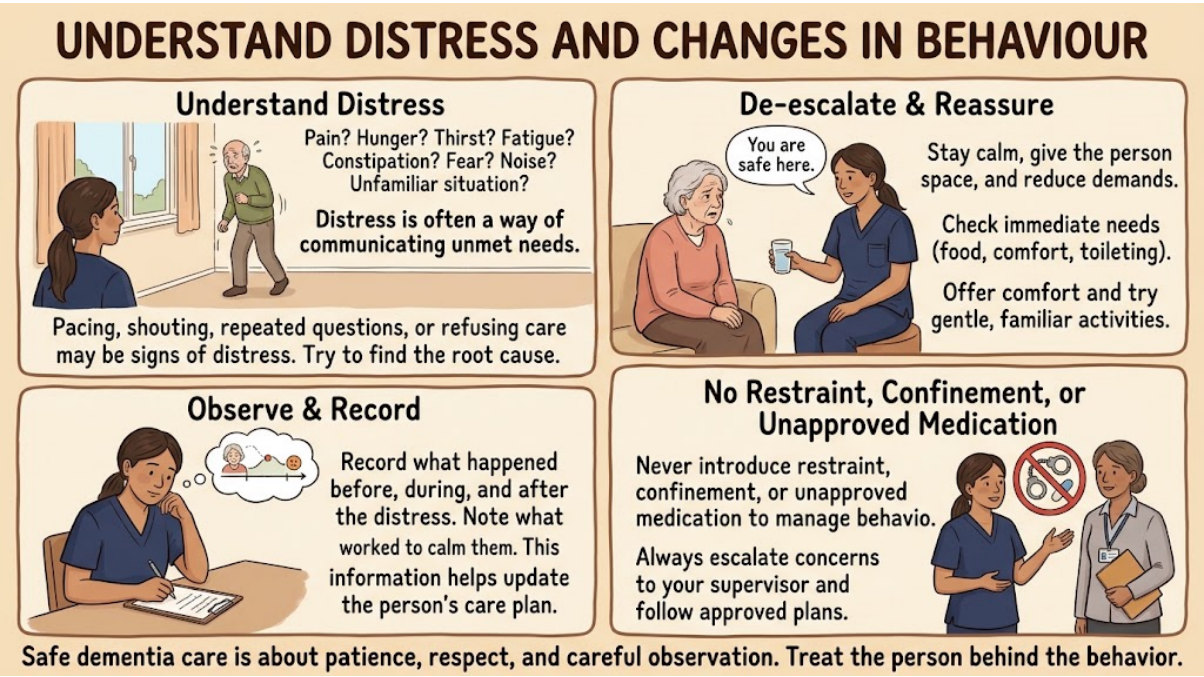
6. Understand distress and changes in behaviour

Pacing, shouting, repeated questions or declining care may communicate an unmet need. Consider pain, hunger, thirst, constipation, fatigue, fear, loneliness, noise or an unfamiliar situation.

Stay calm, give the person space and reduce demands. Check immediate needs, offer reassurance and use familiar activities where appropriate. Seek help if anyone's safety is at risk.

Record what happened before the distress, what you observed, how you responded and what helped. These details can guide changes to support.

Do not introduce restraint, confinement or medication to control behaviour. Escalate concerns to the supervisor and follow approved plans and applicable requirements. For NDIS services, regulated restrictive practices have specific behaviour support, authorisation and reporting requirements.



7. Maintain a safe, meaningful daily routine

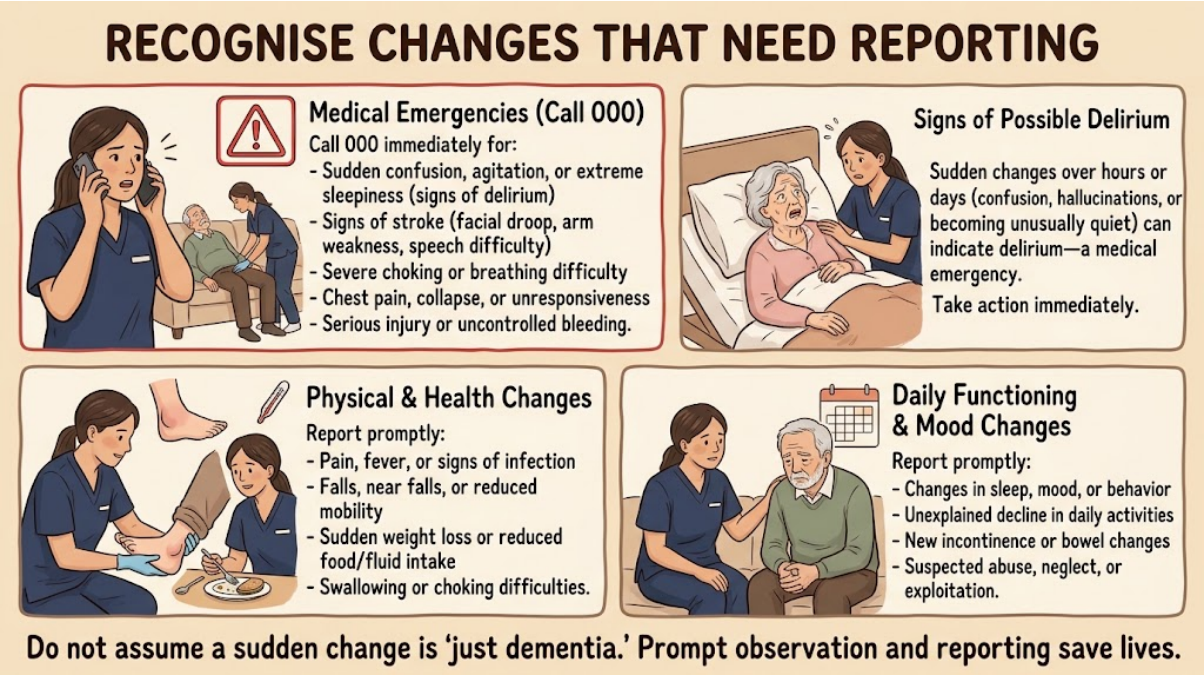
Check for hazards such as clutter, slippery floors, poor lighting, unsafe water temperatures and inaccessible walking aids. Follow transfer instructions and use equipment only as trained.

Support enjoyable activities suited to the person's interests and abilities, such as familiar music, gardening, folding clothes, looking at photographs or supported community outings. Focus on participation and enjoyment.

If the person walks frequently or tries to leave, consider what they may need and follow the individual safety plan. If they are missing, activate the missing-person procedure immediately and contact police or emergency services as required.



8. Recognise changes that need reporting



Do not assume a new symptom is "just dementia."

A sudden change over hours or days may be delirium, caused by an acute illness or another medical problem. Signs can include new confusion, difficulty concentrating, unusual agitation, hallucinations or becoming unusually quiet and sleepy.

Suspected delirium is a medical emergency. Call 000 or arrange immediate emergency department assessment. Keep the person safe and calm while help is arranged. Do not delay urgent care while waiting for a supervisor to respond.

Call **000** for other emergencies, including:

- Facial droop, new arm weakness or speech difficulty.
- Severe choking or breathing difficulty.
- Chest pain, collapse or unresponsiveness.
- Serious injury or uncontrolled bleeding.
- Immediate danger to the person or others.

Promptly report other new or worsening concerns, including:

- Reduced food or fluid intake, weight loss or swallowing difficulties.
- Pain, fever or signs of infection.
- Falls, near falls or reduced mobility.
- Constipation, diarrhoea or changes in continence.
- Skin wounds or pressure areas.
- Medication concerns.
- Ongoing changes in sleep, mood, behaviour or participation.
- Suspected abuse, neglect or exploitation.

State what changed, when it started and how it differs from the person's usual presentation. Follow up if the concern remains unresolved.

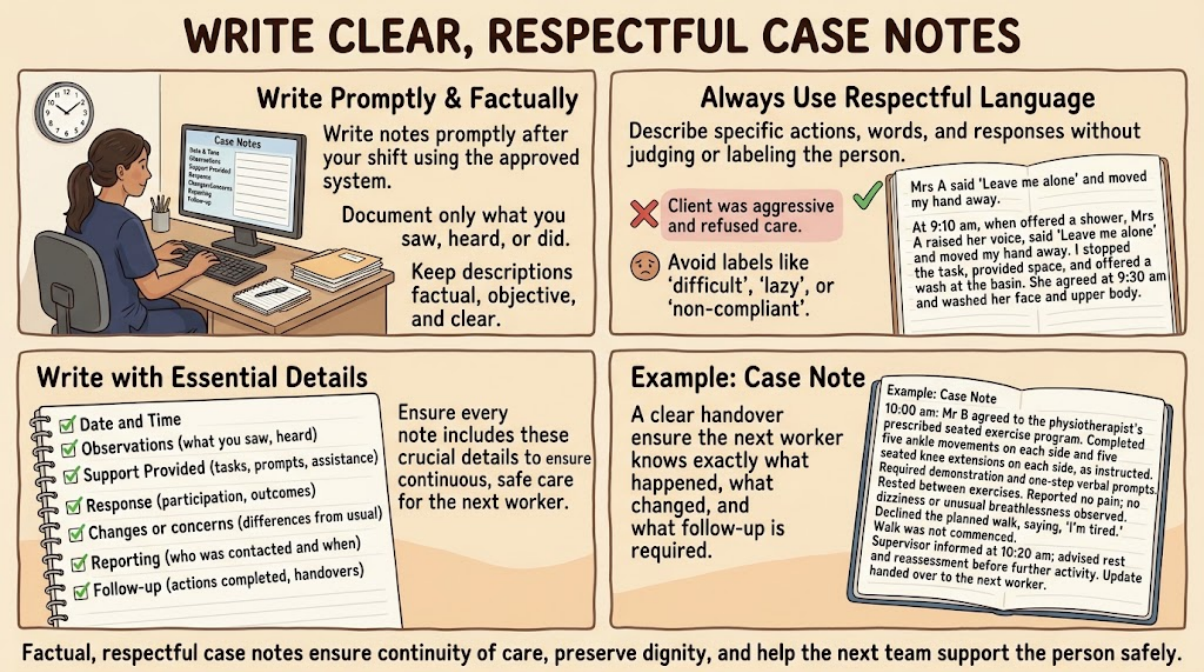
9. Write clear, respectful case notes

Case notes should help the next worker understand what happened and what follow-up is needed. Complete them promptly using the approved system.

Include:

1. **Date and time:** When care or an event occurred.
2. **Observations:** What you saw, heard or measured.
3. **Support provided:** Tasks, prompts and assistance.
4. **Response:** Participation, comfort and outcomes.
5. **Changes or concerns:** How these differed from usual.

6. **Reporting:** Who was contacted, when and what advice was given.
7. **Follow-up:** Actions completed and anything outstanding.



Use factual, respectful language. Avoid labels such as “difficult,” “lazy” or “non-compliant.”

Instead of:

“Client was aggressive and refused care.”

Write:

“At 9:10 am, when offered a shower, Mrs A raised her voice, said ‘Leave me alone’ and moved my hand away. I stopped the task, provided space and offered a wash at the basin. She agreed at 9:30 am and washed her face and upper body with verbal prompts. Supervisor informed at 9:45 am about the change from her usual morning routine.”

Record only care you provided and observations you made. Clearly identify information reported by someone else. Complete any required incident report as well as the case note.

Example: exercise case note

“10:00 am: Mr B agreed to the physiotherapist’s prescribed seated exercise program. Completed five ankle movements on each side and five seated knee extensions on each side, as instructed. Required demonstration and one-step verbal prompts. Rested between exercises. Reported no pain; no dizziness or unusual breathlessness observed. Declined the planned walk, saying, ‘I’m tired.’ Walk was not commenced. Supervisor

informed at 10:20 am; advised rest and reassessment before further activity. Update handed over to the next worker."

This example illustrates documentation only. It is not an exercise prescription.

10. Provide a clear handover

At the end of the shift, explain significant changes, care declined or incomplete, concerns reported, advice received and outstanding follow-up.

Share information only through approved channels with authorised people. Involve the person and their chosen supporters in accordance with consent and the care plan.

Safe dementia care combines patience, respect, careful observation and reliable follow-up. Every interaction should help the person feel secure, valued and involved in their own life.