

Living Well with Dementia at Home

A practical guide for families in Halton

Understanding change • Preserving dignity • Finding the right support

ComForCare Home Care Halton | Aging Well Resource Centre

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Start here: Five useful first steps

1. Write down specific changes and when they happen; avoid trying to diagnose the cause yourself.
2. Arrange an appointment with a qualified health professional for persistent concerns; seek urgent care for sudden or severe confusion.
3. Ask the person what matters most to them and include them in decisions as much as possible.
4. Review immediate risks involving falls, cooking, medications, driving, leaving home and nighttime routines.
5. Share responsibilities, identify a backup caregiver and contact local support services before a crisis.

This quick-start list is a starting point, not a medical assessment.

The Complete Guide to Dementia & Memory Care in Halton

Understanding change, preserving identity, and supporting a meaningful life at home

Memory changes can alter a family's routines long before anyone knows what to call them. A person may repeat a question, lose confidence with a familiar task, withdraw from conversation, become suspicious, or need more time to make a decision. Families often compensate quietly. They add reminders, take over bills, call more often, or arrange meals without recognizing how much the situation has changed.

Dementia is not an inevitable part of aging, and memory loss does not always mean dementia. Many health conditions, medications, sleep problems, mood changes, sensory losses, and other factors can affect thinking. A health professional should assess concerning or persistent changes rather than the family trying to diagnose them at home.

Begin here: A diagnosis can explain some difficulties, but it does not explain the whole person. Good care starts with the person's history, preferences, relationships, strengths, and remaining abilities.

A composite Halton family story

The following vignette is a composite created from situations many families experience. Names and identifying details are fictional.

For years, Eleanor managed the household in her Oakville townhouse with almost no help. Her daughter, Priya, began noticing small changes: the same grocery items bought several times, an unpaid utility bill in a drawer, and phone calls asking what day an appointment was. Priya answered the questions, replaced the spoiled food, and quietly set up automatic payments. Each adjustment felt minor.

The turning point was not a dramatic emergency. Eleanor stopped attending the weekly gathering she had loved for years because organizing the bus route and arrival time had become overwhelming. The family first described this as a loss of interest. During a medical appointment, they realized that the change involved memory, planning, confidence, and fear of making a mistake in public.

The care plan did not begin by taking everything away. Eleanor still chose her clothes, prepared part of breakfast, watered her plants, and decided which activities mattered. The family simplified the calendar, arranged accompaniment for outings, reviewed medications and health concerns with her clinicians, and added support around the tasks that had become unsafe or exhausting. Her independence changed, but her authority and identity did not disappear.

What the family learned: Support is not only about preventing harm. It can preserve the parts of daily life that still give the person confidence, belonging, and purpose.

1. Understand what dementia can affect

Dementia is an umbrella term for symptoms affecting brain function. Depending on the cause and the individual, it may influence memory, language, attention, judgment, planning, visual-spatial abilities, mood, behaviour, movement, and the ability to manage daily activities. Alzheimer's disease is one cause of dementia, but it is not the only one.

There is no single dementia personality and no universal sequence that every person follows. Abilities can vary from day to day and within the same day. Fatigue, pain, unfamiliar surroundings, noise, illness, hunger, poor sleep, or a rushed interaction may make a task much harder.

Changes worth discussing with a health professional

Memory that disrupts daily life

Examples include repeatedly forgetting recent events, appointments, or conversations and being unable to retrace what happened.

Difficulty with familiar tasks or planning

Cooking, banking, medications, shopping, travel, technology, or household routines may require more time, prompting, or supervision.

Changes in language, judgment, or orientation

A person may lose words, struggle to follow conversation, make decisions that are unusual for them, or become confused about time or place.

Withdrawal, fear, or personality change

Stepping away from hobbies, becoming unusually suspicious, or showing new anxiety can reflect a difficulty the person cannot easily explain.

Prepare for an assessment without turning life into a test

Write down specific examples, when they began, how often they occur, what makes them better or worse, and how they affect daily life. Bring an up-to-date medication and supplement list. Note changes in sleep, appetite, mood, hearing, vision, mobility, continence, and recent illness. This information is more useful than repeatedly quizzing the person or asking them to prove what they remember.

The person should be included directly in conversations as much as possible. Families can share observations respectfully while still allowing the person to describe what they notice, fear, or want help with.

Know when a change may be urgent

Do not assume every new confusion is dementia: Sudden or rapidly worsening confusion can have a medical cause and needs prompt assessment. Call 911 for signs of stroke, severe breathing difficulty, chest pain, loss of consciousness, a serious fall or injury, or an immediate risk of harm.

2. Keep the person at the centre of memory care

Person-centred memory care does not ask only, “What task must be completed?” It also asks, “What does this task mean to the person, what can they still do, and what makes the situation feel safe or unsafe?” The answer may change how help is offered.

Protect adult identity

Speak to the person, not around them. Avoid childlike language, public correction, unnecessary testing, and conversations about their condition as if they are absent. Emotional awareness and the need for respect can remain even when words or recent memory are changing.

Use the least assistance necessary

A person may not be able to complete a whole task but may still complete meaningful parts of it. They may wash their face after the supplies are set out, stir ingredients after

they are measured, fold towels, choose between two outfits, or walk a familiar route with company. Help should fill the gap rather than automatically replace the activity.

Learn the life story behind the routine

Food preferences, work history, faith, language, music, family roles, sleep habits, modesty, and past experiences can all influence care. A technically correct routine can fail if it ignores the person's lifelong rhythm or sense of privacy.

A practical care question: Before changing a routine, ask what the person may be protecting: comfort, dignity, privacy, authority, familiarity, or freedom from fear.

3. Communicate to create connection, not compliance

Communication difficulties are not proof that the person has nothing to say. They may need more time, less noise, fewer choices, visual cues, or a different way to express themselves. Tone, facial expression, posture, and pace can carry as much meaning as words.

Approach calmly and from the front

Use the person's name, introduce yourself when needed, make comfortable eye contact, and avoid surprising them from behind.

Offer one idea at a time

Use short sentences and concrete choices. "Would you like tea or water?" is easier than several questions about the whole afternoon.

Allow time for an answer

Pause without filling every silence. Repeating a question more loudly or more quickly can increase pressure without improving understanding.

Respond to the feeling before correcting the facts

If a person is worried about going home while already at home, arguing about the address may deepen distress. Acknowledge the wish for safety or familiarity, then offer reassurance and a next step.

Reduce distractions

Turn down background noise, improve lighting, sit at the same level, and avoid asking questions while several people are speaking.

Show as well as tell

A gesture, familiar object, written cue, photograph, or demonstration may communicate more clearly than a long explanation.

Instead of "I already told you": Answer the need in front of you. The person may not remember the earlier answer, but they can still experience the frustration or reassurance created by this one.

4. Build routines that reduce unnecessary difficulty

Predictable routines reduce the number of decisions a person must make and can help the day feel recognizable. The goal is not a rigid timetable. It is a dependable rhythm with enough flexibility for energy, health, preference, and changing ability.

Use familiar anchors

Connect meals, medications, movement, personal care, and rest to events the person already recognizes, such as waking, a favourite program, or an evening cup of tea.

Simplify the environment

Reduce clutter, improve lighting, keep commonly used objects visible, and use clear labels or pictures where they genuinely help. Too many signs can become another source of confusion.

Support nourishment and hydration

Offer familiar foods, comfortable seating, adequate time, and company. Watch for dental pain, swallowing difficulty, medication effects, loss of smell or taste, and difficulty recognizing or using utensils.

Protect sleep and daytime activity

Daylight, movement, meaningful activity, and a calm evening routine may support sleep. New night-time wakefulness, pain, breathing problems, or sudden reversal of the sleep pattern should be discussed with a health professional.

Keep meaningful activity real

Activity does not need to look like a formal program. Sorting photographs, gardening, setting the table, listening to familiar music, walking, prayer, or helping with a safe household task can create purpose and connection.

5. Look for meaning behind behaviour

Words such as agitation, resistance, wandering, or aggression describe what others observe; they do not explain why it is happening. A personal expression may be connected to pain, fear, urgency, noise, fatigue, hunger, constipation, medication effects, an unfamiliar caregiver, loss of privacy, or not understanding what is being asked.

Record what happened before, during, and after a difficult moment. Notice the time, place, people present, task, physical symptoms, and what helped. Patterns can guide a clinician or care team toward a safer and more individualized response.

Change the question: Instead of “How do we stop this behaviour?” ask, “What may the person be communicating, and what changed around them?”

6. Review safety without removing every freedom

Safety planning should be specific to the person's actual abilities and risks. Overrestriction can increase isolation, distress, and loss of function. Underestimating risk can lead to preventable harm. Revisit the plan as needs change.

Medications

Maintain one current list and use a system recommended by the pharmacist or care team. Watch for missed, repeated, or incorrect doses and report concerns.

Cooking and household equipment

Assess the steps the person can still complete safely. Consider supervision, simplified appliances, automatic shut-offs, or preparing part of a meal together when risk increases.

Falls and mobility

Review lighting, footwear, pathways, vision, medications, strength, balance, and the correct use of mobility aids. A new fall or sudden mobility decline deserves medical attention.

Leaving home and becoming lost

Create a missing-person plan before it is needed. Keep a recent photo and identifying information available, learn about Finding Your Way and local safety programs, and call 911 promptly if the person is missing.

Driving

Changes in judgment, vision, reaction, navigation, or attention can affect driving. Bring specific concerns to the person's health professional and seek an appropriate driving assessment rather than relying on arguments or a single incident.

Financial vulnerability

Watch for unusual transactions, repeated payments, new acquaintances requesting money, or difficulty understanding contracts. Use lawful planning and professional advice while preserving participation wherever possible.

7. Plan for changing needs before a crisis

Dementia support often begins with reminders or companionship and grows over time. Families may later need help with personal care, meals, mobility, medication routines, appointments, supervision, night-time support, respite, or transitions between settings. Planning earlier creates more choice.

Build one circle of care

Identify who is responsible for medical communication, appointments, finances, daily check-ins, emergency backup, and direct care. Keep essential information in one accessible place and obtain consent for information sharing where required.

Include the caregiver's capacity

A care plan is not sustainable if it depends on one exhausted person being available every hour. Respite, adult day programs, home care, peer support, and shared family responsibility protect both the person living with dementia and the people supporting them.

Discuss wishes while the person can participate

Conversations about values, future care, finances, legal planning, driving, and preferred routines are usually easier before a crisis. Ontario has specific rules for consent and substitute decision-making, so families should use Ontario resources and obtain legal or clinical advice for individual situations.

What professional home support can and cannot do

Trained home support can provide companionship, personal care, meal preparation, cueing, mobility assistance within the care plan, respite, outings, and observation of changes. It does not diagnose dementia, prescribe treatment, make decisions for the person, or replace the health care team or lawful substitute decision-maker.

8. Local Halton resources and a gentle next step

Programs, eligibility, fees, and availability can change. Contact the organization directly and ask what is currently offered in Milton, Oakville, Burlington, Halton Hills, or virtually.

Alzheimer Society of Brant, Haldimand Norfolk, Hamilton Halton [website]

Education, counselling, activities, and support for people living with dementia and care partners.

Halton Region Community Programs for Older Adults [website]

Adult day programs and other supports for older adults, including people living with Alzheimer's disease or related dementias.

Acclaim Health dementia care [website]

Dementia programs, caregiver education, adult day services, and respite resources in Halton.

Ontario Health atHome [website]

Assessment, publicly funded home care information, and connections to community services for eligible Ontario residents.

Ontario Caregiver Helpline [website]

Information and referrals for caregivers across Ontario, available by phone at 1-833-416-2273.

Finding Your Way Ontario [website]

Practical resources for people living with dementia who may become lost and for their families and communities.

A gentle local next step

If memory changes are making meals, personal care, appointments, outings, medication routines, or time alone harder to manage, begin with a conversation about the person's priorities and the family's most difficult time of day. A consultation can help separate what needs clinical assessment, what can be simplified, and where practical support may protect the person's routines.

ComForCare Home Care Halton supports people living with dementia and their families across Halton Region with personalized home and personal care. The goal is not to take over the person's life. It is to make familiar life safer, calmer, and more sustainable while respecting the person's dignity and preferences.

Frequently asked questions

Is memory loss always dementia?

No. Memory and thinking can be affected by many medical, emotional, sensory, sleep-related, and medication-related factors. Persistent or concerning changes should be assessed by a health professional.

Should we correct a person every time they remember something differently?

Usually the immediate goal is understanding and reassurance, not winning an argument. Correct information when safety or an important decision requires it, but avoid repeated correction that only creates distress.

What if the person refuses help?

Look for the reason behind the refusal. The person may not understand the request, may fear losing control, may feel embarrassed, or may dislike the timing or helper. Offer a smaller step, familiar routine, or different approach while addressing genuine safety concerns.

Can someone with dementia still make decisions?

A diagnosis does not automatically remove decision-making ability. Capacity can be decision-specific and may change. Include the person as much as possible and seek appropriate legal or clinical guidance when capacity or consent is in question.

How do we make activities meaningful?

Start with the person's history and current abilities. Familiar music, walking, gardening, photographs, spiritual practices, household tasks, or visiting a known place may be more meaningful than a generic activity.

What should we do if confusion changes suddenly?

Seek prompt medical assessment. Sudden confusion is different from a gradual change and may signal an acute health problem. Call 911 when emergency symptoms or an immediate risk of harm are present.

When should a family add home support?

Consider support when essential routines are repeatedly missed, the person is unsafe alone, personal care or nutrition is declining, night-time needs are increasing, or the family caregiver cannot sustain the current arrangement.

Does accepting respite mean the family is giving up?

No. Respite can preserve the caregiver's health and the family relationship. Sustainable care includes planned relief before exhaustion becomes a crisis.

Printable family tools

Home and daily-routine review

- ☐ Walkways, stairs, lighting, footwear and mobility aids
- ☐ Kitchen appliances, food safety and meal preparation
- ☐ Medication storage, current medication list and professional oversight
- ☐ Hydration, meals, swallowing concerns and dental comfort
- ☐ Communication cues, hearing, vision and reducing distractions
- ☐ Doors, identification information and a plan if the person becomes lost
- ☐ Driving concerns discussed with an appropriate professional
- ☐ Evening routines, bathroom access, nighttime waking and fall risk
- ☐ Emergency contacts, backup caregiver and respite arrangements

For each concern: record the specific risk, the person's preferences, the agreed next step, and who will follow up.

Caregiver observation worksheet

Date and time: _____

What changed or happened? (observable facts): _____

What happened immediately before? _____

Duration / frequency: _____

Possible context (sleep, meals, pain, environment, new medication): _____

Immediate safety action taken: _____

Person notified / when: _____

Follow-up requested and responsible person: _____

Record observations objectively. Do not change or stop prescribed medications without direction from the prescriber. Sudden severe symptoms may require emergency care.

Local support starting points

Alzheimer Society of Brant, Haldimand Norfolk, Hamilton Halton

Education, counselling and support for people living with dementia and care partners.
<https://alzhn.ca/>

Acclaim Health

Dementia and caregiver programs; confirm current eligibility and service areas.
<https://acclaimhealth.ca/>

Ontario Health atHome

Information about publicly coordinated home and community care.
<https://ontariohealthathome.ca/>

Ontario Caregiver Organization

Caregiver education, navigation and support. <https://ontariocaregiver.ca/>

Halton Region

Community programs and information for older adults. <https://www.halton.ca/>

Verify current program availability, eligibility and contact information directly with each organization before relying on it.

About this guide

This publication offers general education, not medical, nursing, legal or emergency advice. A dementia diagnosis alone does not establish a person's decision-making capacity. Consult qualified professionals for individualized assessment and decisions. In an emergency, call 911.

The Eleanor and Priya vignette is a fictionalized composite, not an identifiable client case.

Prepared for the Aging Well Resource Centre by ComForCare Home Care Halton. Local service details may change; confirm them directly with the organizations listed.