

Making your home a better place to live after a stroke

A common concern for people who have had a stroke is that resulting problems such as walking, co-ordination or communication difficulties might make living in their own home difficult. But with the right support, some changes and adaptations, most people who have had a stroke can and do continue to enjoy living independently at home.

Some people choose to move to a house, flat or bungalow which they find more manageable, or which has linked care. If you are thinking about moving, it is important to weigh up the pros and cons of various options. Knowing about the different possibilities, and being clear about what features to look for, can help you make decisions that will best suit your changing circumstances.

In this brochure we briefly outline the main stroke symptoms and then consider what you can do to your home to make living with the more manageable. We describe the range of alternative housing options and offer suggestions about where to find more detailed information, advice and help for your particular situation. These notes are particularly for older people who may be considering their long term housing and care options anyway.

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Stroke Symptoms

A stroke happens when part of the blood supply to the brain is cut off, and brain cells are either damaged or die. The two types of stroke are:

Ischaemic stroke

In this type of stroke, something blocks the artery that carries blood to the brain. This might be due to a blood clot; an air bubble or fat globule forming in a blood vessel; or a blockage in the tiny blood vessels deep within the brain.

Haemorrhagic stroke

This type of stroke involves a blood vessel bursting and bleeding (haemorrhaging) into the brain, and can be caused by the bursting of a blood vessel within the brain or on the surface of the brain, which then bleeds into the space between the skull and the brain.

Some people find their sight is affected; a stroke can also make some people feel unsteady or confused.

The main symptoms to look out for that suggest someone is having a stroke are:

- Face - can the person smile? Has their eye or mouth drooped?
- Arms - can the person lift both arms?
- Speech - is their speech slurred? Can they understand what you are saying?

Sometimes symptoms are temporary and only last for a short while: this is called a transient ischaemic attack (TIA) or mini stroke, from which people tend to recover very quickly. In the case of a "full" stroke, some people do not recover fully, in other cases it can take a year or more to recover and in some instances people continue to improve and regain at least some of the strength and control over the affected parts of their body over many years.

The Stroke Association has further details about different types of stroke as well as other advice - www.stroke.org.uk; if you are enquiring for a much younger person you can also contact Different Strokes - www.differentstrokes.co.uk

Making your home easier to live in after a stroke

If you or someone you know has had a stroke which has resulted in loss of co-ordination, strength, mobility and possibly eyesight and memory, there are a range of options for improving the home environment. These ideas can be applied whether you stay in your current home or move to specialist or supported housing. They include considerations about:

- general design and layout
- lighting and heating
- safety and security
- going out and about
- gadgets and equipment

If you are considering later life housing and care options such as extra care or retirement housing, or residential care homes, then you may still find it useful to take these housing and design factors into account when making your choice.

If you live with/or care for someone who has had a stroke, these design features and changes may also make it easier for you to continue to look after them.

Design and layout of your home

To make moving around the home easier, perhaps now using a walking aid, you may find it helpful to change the layout and organisation of day to day objects. This might include re-positioning the furniture to create clearer "pathways" across rooms to give you more space and fewer trip hazards. Strategically placing sturdy chairs or firm tables where you can sit or lean when moving around the home can also help.

Whilst there is a balance to be found between keeping active to help recovery, and avoiding over-exertion, positioning frequently used items close to hand to reduce the need to get up and down (eg. a larger side table next to the main living room chair upon which to keep remote controls, glasses, books, papers, pen etc) can be useful.

In the case of sight or memory loss re-organising furniture and objects will need to be done carefully. People may have deep seated memories which can enable them to find objects and move around safely. In such instances perhaps start with the basic safety checks and removal of hazards.

Stairs may be the most pressing problem. It is currently considered best to try to use stairs for as long as it is practical and made safe (eg. by installing a second banister) as this can help to rebuild mobility and muscle tone. Occupational therapists should be able to offer advice on this in individual cases. Installation of a stairlift may be a possibility (not all stairs are suitable), or a through-floor lift in some cases. Alternatively, some homes have enough space to allow you to re-organise rooms to enable living on the ground floor.

In the morning, symptoms may be worse when you first get up. A higher bed with a well positioned high back arm chair placed nearby can help the transition from lying down to standing in the morning. Such a chair placed where clothing can be easily reached can also help with dressing.

As with all other rooms, easy access storage to avoid bending, stretching and searching for items can be helpful. For example, sliding door wardrobes and open fronted cupboards with regularly used items placed at an easy to reach height and clearly visible.

*** Kitchen**

In the kitchen lifting heavy items, or climbing/bending to retrieve awkwardly stored objects can become problematic. Adaptations such as installing a level induction hob so you can slide pans across to worktops; an eye-level oven to avoid bending and lifting; drawers which slide out, rather than cupboards, with fixed shelves, and lever

taps are just some of the design changes that can help to enable use of the kitchen.

Visible storage is another useful feature. For example, glass doors on cupboards reduce the need to remember where everything is. Clear worktops of everything except frequently used items and cluster there eg. place the kettle, tea/coffee/sugar/mugs so that it is easier to make a hot drink with limited movement around the room.

There is a range of specially designed kitchens items that are widely available (see www.asksara.org.uk in "Gadgets" below).

* Bathroom

Getting in and out of a bath becomes more difficult for many people as they get older and may be particularly problematic after a stroke. A level access shower or wet room can make a significant difference to being able to look after yourself in the longer term. If recovery is progressing, specific pieces of equipment or small adaptations can prolong use of existing fittings eg. toilet frames and raised seats, over-bath seats, lever taps, grab rails and handrails can all increase safety and independence.

QUICK CHECK - DESIGN AND LAYOUT	
Arrange furniture so you can safely move around and take rests.	
Think about kitchen layout and storage to avoid lifting, bending and stretching.	
Keep everyday items close to hand or stored where easy to see.	
Consider viability of adaptations and possible equipment, eg. stairlift, bathing aids, shower.	

Heating and Lighting

* Heating

Living in a cold home puts you at a greater risk of a stroke, so an efficient central heating system (and using it) is important. Maintain a higher background level of warmth throughout all of the parts of the home that are used to prevent major fluctuations in temperature. Moving out of a warm, well heated living room into a

cold hall, kitchen or bedroom can be particularly risky for people with circulatory problems.

Sitting by a fixed heat source (eg. a gas or electric fire) is often a preferred option. However, it is still best for the reasons described above to keep background central heating on, using the fixed fire as a top-up.

A home which is warm and dry especially in colder weather is critical for people who have had a stroke, as cold homes can increase risk of a further stroke. At the time of producing this information government schemes for helping older and disabled people with heating, insulation and fuel bills were under review, but the organisations listed at the end of this brochure should be able to provide further information.

* **Lighting**

Being able to use lighting and heating controls is an important part of living independently at home. Think about the position of light switches, sockets and heating system control panels. Consider lowering light switches and raising sockets. The latter is especially useful as it avoids the need for stretching and bending down behind furniture.

A cheap alternative is to use extension cables leading from low sockets and placing these where they are easy to reach-though be careful to avoid trailing wires or overloading. Many ordinary DIY stores as well as shops selling disability aids, sell plug handles or pulls which can be attached to the back of electric plugs making them easier to use if you have a limited grip.

People whose eyesight is affected by a stroke may become sensitive to colour or bright light. A combination of a strong, even central light with bright directional task lamps is best. The Thomas Pocklington Trust offer a useful guide to lighting in the home for people with sight loss www.pocklington-trust.org.uk/research/lighting.

If you find bending down or stretching to reach switches on lamps awkward, try touch-sensitive lights - these are activated by simply touching any part of the lamp base. They are particularly useful in

the bedroom. There are also "motion-sensitive" lights which come on when you walk past them. Lights with movement sensors can be fitted to switch on when you get out of bed or if a person enters a room. Remote controlled lighting can also be useful.

If you find it hard to use the controls on electric or gas fires, you can ask the manufacturer if they have alternative controls that can be positioned to make it easier for you to reach or grip. The "gadgets" information below may also help.

QUICK CHECK - LIGHTING AND HEATING	
Install a good central heating system and use it to avoid large drops in temperature from room to room.	
Make sure the home is well insulated.	
Have sockets and switches positioned at an easy to reach height.	
Consider motion-sensitive and/or touch sensitive lights especially for use at night.	

Safety and security

With any health condition which increases the risk of an acute attack, it is worth thinking about how you might make your home safer, especially if you live alone.

In many areas, "*Home Safety and Security Check*" services for older people are offered by voluntary organisations such as local AgeUK or home improvement agencies - see Contacts section at the end.

*** Staying safe at home**

As a minimum install smoke alarms and carbon monoxide indicators. If testing and battery replacement are difficult install low maintenance and mains connected options that do not require batteries.

Falls can be a major hazard as you get older. Simple measures such as keeping rooms free of general clutter on the floors, removing loose rugs or frayed carpets and having good lighting can help reduce risk.

Many falls happen on steps, stairs and in bathrooms. As mentioned above, fitting a second handrail, putting up grab rails and clearly marking the edges of steps and stairs are just some of the measures worth taking sooner rather than later. Grab rails and a toilet seat riser can help with being unsteady when going from sitting to standing.

Occupational therapists (OTs) are the specialists who can advise about the equipment and adaptations that can help around the home, such as bath lifts and electronic bath seats, stairlifts, hoists and a range of other options. You may be able to get help and advice from an OT via your GP or Social Services, but this varies across the country.

There are also private OTs who can offer independent advice. You can find a properly trained and registered OT via the Independent Practice enquiry line on 0800 389 4873 or on www.cotss-ip.org.uk/directory/index.htm

*** Telecare**

There is an increasing range of devices that use a variety of sensors fitted around the home to monitor activity by the occupant or changes in "normal" activity. The sensors are linked via a telephone line to a nominated person or a call centre. By monitoring the person's activities the system can detect potential problems and trigger an alarm to a relative, carer, neighbour or emergency service. This is broadly referred to as telecare.

Sensors can be used to detect factors such as:

- Normal daily activity eg. flushing the toilet, turning on taps, opening the fridge. If these actions don't take place at the "normal" time a response can be made.
- Getting out of bed at night - bed occupancy sensors or pressure-mat sensors placed by the bed can activate an alarm when the person gets up in the night, eg. to alert a carer.
- Floods - when sensors are fitted on skirting boards or floors in kitchens or bathrooms, if the taps are left running and cause a floor, the system will shut off the water and raise the alarm.

Specially designed plugs can also be used to prevent floods from taps that have been left running.

- Extreme temperatures - sensors send a warning signal if a room temperature is very low or very high, or if the temperature suddenly goes up. In the kitchen, for example, this could detect a pan that has boiled dry. It can also detect if the temperature in a room is so low there may be a risk of hypothermia.
- Gas - sensors detect if someone forgets to turn the gas off, and a device will automatically shut this off and raise the alarm.
- Falls - sensors worn on the hip can detect the impact of a person falling.
- Unexpected absence from a bed or chair - if someone doesn't get up in the morning, a bed or chair occupancy system can raise an alarm.

There is also a growing range of equipment of Assistive Technology (AT) that can make independent day to day living easier eg. enabling washing, dressing, cooking and eating.

Controlling who can come into and out of your home can be especially useful. One of the most commonly used pieces of equipment is a "Keysafe". This is a small, secure box which is fitted outside the home to contain the front door key. It can be opened by people ie. relatives and carers, who know the secure number code set for that specific safe. Fitting a door entry system is another (but more expensive alternative, reducing the need to get up to answer the door if you can't move very quickly.

QUICK CHECK - SAFETY AND SECURITY	
Fit and maintain smoke alarms and carbon monoxide indicators.	
Fit a KeySafe, entry phone system and/or easy to manage locks	
Keep floors clear of clutter and cables tidy	
Find out about possible special equipment and adaptations	
Consider the range of telecare options	

Going out and about from your home

For people whose stroke has particularly affected their ability to walk or their sight, going out and about can become a challenge. Yet not getting out of your home can limit your sense of independence and your ability to do tasks like shopping, attend health appointments or simply go out for pleasure.

In this brochure we do not cover the various transport and mobility schemes - your local council should have more information about what is available where you live, or look up www.shopmobilityuk.org.

*** Steps and ramps in and out of your home**

Steps at the front and back doors can be a major obstacle to getting out and about. Occupational therapists and some home improvement agencies (noted above) can offer practical help and advice about options and arrange installation of adaptations, such as ramps or grab rails.

*** Communication when you are out and about**

If your speech has been affected by a stroke, it can be useful to write down information eg. the items you need in the shops, or the address where you wish to go/return to for the taxi driver. If your handwriting has been affected, and you have access to and can use a computer (or have someone who can do this), typing and printing off this information is another possibility.

Difficulties with speech and communication are called "aphasia". The charity Connect UK is specifically for people with aphasia. They offer practical information about living with aphasia, including providing packs of small "I have aphasia" cards which you can give out if you cannot make yourself understood. www.ukconnect.org

Gadgets and Equipment

There is an increasing range of gadgets and equipment to enable independence. The Disabled Living Foundation's website

www.asksara.org.uk has a lot of information about products to use in daily life.

There are around 40 Disabled Living Centres linked to AssistUK which have permanent exhibitions of equipment and offer professional advice about what may be of most use to you. To find your nearest centre see www.assist-uk.org

There are a number of "independent living centres" where some equipment is on display and can be tried out. You can find your nearest centre using a search on the National Centre for Independent Living (NCIL) website <http://www.ncil.org.uk/categoryis21.html> NCIL are part of Disability Rights UK (www.disabilityrightsuk.org) and you can also call their Advice Line on 0845 026 4748.

Meeting the Cost of Home Adaptations and Equipment

If you are on a limited income you may be eligible for a Disabled Facilities Grant from the local council to help to pay for the home adaptations that you are assessed as needing now. They will not pay for something that you may need in the future. Some social landlords (the council or a housing association) help tenants who need adaptations. Your local Social Services and hospital are obliged to provide certain essential items of special equipment.

To find out more about your possible entitlement to Disabled Facilities Grants see the factsheet from Disability Rights UK (www.disabilityalliance.org/f49.htm), or contact one of the helplines listed below.

Thinking about moving home

You may decide that having thought about the suitability of your current home, moving might be a better option.

It is worth bearing in mind that many of the issues described above about living at home also apply to other housing options - such as the design and layout. If walking is a problem, a major factor to consider may be the location of a new home eg. hills, slopes, steps,

availability of public transport or mobility scooter and parking space (noted above).

Your main housing options if you decide to move home include:

- A more suitable and better located "ordinary" property (ie. not one which has been built specially for older people) such as a bungalow or a flat that you might buy or rent.
- Special housing built for older people, such as retirement or sheltered housing. In some, but not all, of these types of accommodation help may be at hand if you need it. Some will be designed to make them easier for older people with health problems manage, such as having space for adaptations and equipment and with not steps or stairs.
- Specialist housing with 24 hour on-site care, such as extra care housing or an "Assisted Living" apartment. These may be available to buy or to rent.
- A care or nursing home.

Information about the pros, cons, costs and local availability of these housing options is available from the national, government back, independent information and advice service FirstStop Housing and Care Advice.

Their website www.firststopcareadvice.org.uk lists in detail local specialist housing developments (both for sale and rent) as well as related services. They produce brochures about housing and care options and offer a free telephone helpline 0800 377 70 70.

Wherever you choose to live, you might need help with day to day living, such as washing, dressing, cleaning and so on. FirstStop, as well as some of the organisations listed below, can offer information about how to find and pay for the care you need.

Sources of Related Advice and Information

The Stoke Association

0303 3033 100

www.stroke.org.uk

Carers

Carers UK

Advice line 0800 808 7777

www.carersuk.org

Older People

AgeUK

Advice line 0800 169 6565

www.ageuk.org.uk

Housing & Care Information for Older People

FirstStop

Advice line 0800 377 70 70

www.firststopcareadvice.org.uk

Home Repairs and Adaptations Services

Foundations (for home improvement agencies)

Tel 08458 645210

www.foundations.uk.com

This information is produced by the national housing charity, Care & Repair England, as part of its "*If only I had known ...*" initiative which was supported by the Department of Health's Third Sector Investment Programme www.careandrepair-england.org.uk.

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Care & Repair England is an Industrial and Provident Society with Charitable Status Reg 25121R