LEE LI MING
PROGRAMME IN
AGEING URBANISM

Ability Centred Care Model of Dementia Care

Apex Harmony Lodge[1]

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Building upon the Enriched Model of Dementia Care, the Ability Centred Care (ACC) model is developed by Apex Harmony Lodge (AHL) as a ground-up approach to guide care planning at AHL. The ACC model seeks to holistically prioritise the needs and formulate strategies to facilitate purposeful and meaningful activity participation for persons with dementia. The model helps to better understand the interaction between

- the person's abilities and strengths
- the physical and social environment
- the provision of rich tasks that caters to the various needs of persons with dementia to optimise participation, and achieve their fullest potential.[2]

This article presents the ACC model of dementia care at AHL, with a focus on its inception, implementation, impact, critical success factors, and challenges.

Inception

AHL developed the ACC model in 2019 to guide staff to better understand the strengths and abilities of persons with

[1] This is an evolving database. We will be adding more examples and cases over time.

[2] Apex Harmony Lodge (AHL). (n.d.). *Ability Centred Care (AAC) Model: A Case Illustration for Implementing Rich Tasks for Persons with Dementia*. Materials shared by AHL.

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dementia, with the aim to provide better care and activity planning. The model integrates various theories, such as the Enriched Model of Dementia, Maslow's Hierarchy of Needs, Piaget's Cognitive Developmental Theory, the Pool Activity Level Instrument, and the Five Psychological Needs, among others. This enables the ACC model to provide insights into recognising the needs of persons living with dementia, guiding staff in care planning and activity selection.

The ACC model utilises a strength-based approach that focuses on the remaining ability of persons with dementia. This is achieved through a multi-dimensional understanding of the abilities, strengths and preferences of each person with dementia. This includes the individual's neurological impairment, health, biography, personality and social psychology.

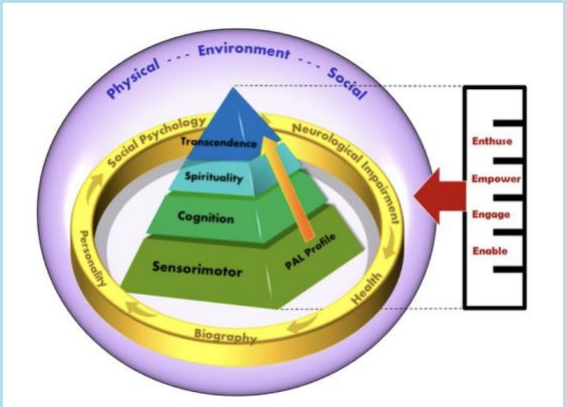
With a thorough understanding of the person with dementia, the ACC model allows for the facilitation of meaningful engagement that enables the individual to achieve their fullest potential. Furthermore, through the identification of various needs of the individual, personally relevant goals can be set and achieved.

How Does the ACC Model Drive Person-centred Care for Dementia?

The ACC Model and its theoretical framework (Box 1) take into consideration both the physical and social environment of persons with dementia when providing them with person-centred care. Physical environment refers to both natural and built settings around the persons with dementia. Social environment refers to the quality of relationships that the persons with dementia are surrounded by. Understanding both enables the lodge to make subtle modifications to the surroundings of the persons with dementia (Ranka & Chapparo, 1997).

Box 1: Theoretical Framework of the ACC Model

The five components of the Enriched Model of Dementia Care (Kitwood, 1997) form the basis of care planning. By understanding the five components of persons with dementia—Neurological Impairment, Health, Biography, Personality, and Social Psychology, it facilitates the identification of psychological needs of persons with dementia and addresses their presenting difficulties. This also guides the multidisciplinary team at AHL in the prioritisation of the individual's goal, taking into consideration its relationship and impact on the health and psychosocial wellbeing of the person with dementia.



Geared to ensure the best possible care for persons with dementia, the pyramid in the ACC model adapted Maslow's (1969) hierarchical concept and Piaget's Cognitive Developmental theory (1952) to propose a hierarchy of needs which consists of four levels: Sensorimotor, Cognition, Spirituality, and Transcendence. Sensorimotor and Cognitive needs form the fundamental levels while Spirituality and Transcendence needs represent the growth needs at the top.

The ACC model also shares a unique 4E approach – Enable, Engage, Empower, and Enthuse. It serves to remind all care staff to constantly look out for the hidden talents of persons with dementia. The 4Es are dynamic and can be applied at all levels of the hierarchy of needs.

Source: AHL

Impact

The ACC Model provides a multi-dimensional understanding of the abilities and strengths of each person with dementia, structuring and pacing the level of engagement, providing the "just-right" challenge. The "just-right" challenge may include breaking down tasks into simple steps or designing activities that are neither too easy, which may lead to boredom, or too hard, which may cause frustration. These activities will thus maintain attention and interest, leading to meaningful participation.

Furthermore, by aligning with an individual's abilities, it will prevent feelings of failure and frustration while reinforcing their sense of competence and self-worth. Appropriately challenging tasks also stimulate cognitive functions and provides a sense of accomplishment. This can help reduce feelings of anxiety, apathy, or depression often associated with dementia. Tailoring activities to abilities (Figure 1) promotes the completion of tasks independently or with minimal assistance, encouraging autonomy and retaining remaining abilities. These positive feelings will be associated with the activity and thus encourage continued participation.

Figure 1: Mindfulness Immersive Nature Therapy (MINT), where residents use leaves and flowers from the garden as part of their artwork.
(Image credit: AHL)

The ACC model also considers the environment (Figure 2) that is provided to persons with dementia during activity engagement. This includes both physical and social environment. The social environment plays an important role as it fosters opportunities for social interaction, teamwork, and collaboration, while reducing feelings of isolation and loneliness. Thus, a suitable environment that is tailored to an individual will also serve to encourage the individual to

participate in the activity and to reap the benefits of the activity.

Figure 2: Kampung mural wall immerses resident in physical activity
(Image credit: AHL)

By identifying the needs of individuals, care staff at AHL are able to effectively target activities that are more suitable for the individual. Ultimately, the ACC model allows them to discover their talents, develop their potential and enhance their quality of life.

Critical Success Factors

Given the unique and complex nature of each person with dementia, **a multidisciplinary team** plays a crucial role in accurately identifying their needs, abilities, and preferences. This team—comprising nurses, social workers, occupational therapists, physical therapists, psychologists, therapeutic programme executives, and family members — ensures a holistic and comprehensive approach to understanding persons with dementia at every stage of dementia.

Additionally, to meet the individual's needs at various stages of dementia, AHL has divided the care services into **three specialised models of care** based on the severity of the diagnosis. With increasing severity, the lodge has assisted living (AL), supported living (SL) and tender loving care (TLC). By grouping persons with dementia of similar profiles and abilities, care staff at AHL can provide targeted activities that align with their cognitive, physical, and emotional needs. This approach fosters social interaction, peer support, and a sense of belonging, enhancing overall well-being. Additionally, it optimises limited resources by maximising staff time, materials and space, while still delivering personalised and meaningful engagement. This improves both care efficiency and program sustainability.

Lastly, the successful implementation of the ACC model requires **committed management**. Strong leadership is essential in allocating funding, staffing, and materials, as well as in fostering a culture of person-centred care within the organisation. To ensure the effectiveness and sustainability of the model, management must prioritise ongoing staff training, the development of adaptive programmes, and the integration of specialised care strategies. Additionally, investing in infrastructure, technology, and evidence-based interventions can enhance the model's overall impact, allowing for continuous improvements in care delivery and resident engagement.

Challenges

Applying the ACC model presents a unique challenge, as it must be adapted to **meet the needs of persons with dementia at various stages**, particularly those in the

severe stage. As dementia progresses, individuals may lose their ability to communicate verbally, recognise loved ones, or respond to traditional forms of engagement. In this advanced stage, many require comfort care, where medical needs, pain management, and overall well-being take precedence. However, this does not mean that engagement should be overlooked. Sensory stimulation, emotional connection, and personalised activities remain essential for preserving their quality of life and their personhood. The key challenge is integrating therapeutic activities that complement comfort-focused care while still addressing the individual's need for engagement, occupation, and emotional support.

Given the diverse needs and abilities of individuals with dementia, the level and type of support required will vary significantly. While some may need only minimal guidance, others require intensive support and carefully adapted activities to enable meaningful participation. This underscores the importance of **personalised interventions**, where activities are specifically designed to align with each person's cognitive abilities, physical capabilities, and emotional well-being.

However, delivering such individualised care presents a significant challenge, as it demands **a well-trained, adequately staffed care team**. Facilitators must possess the skills to assess, modify, and implement activities dynamically, ensuring they remain engaging, accessible, and appropriate without causing frustration or distress. This is particularly critical in one-on-one interactions, which are often necessary for individuals in the advanced stages of dementia, as well as in group settings, where balancing different levels of ability is crucial for fostering inclusion and participation.

Ultimately, the effective application of the ACC model relies on **the availability of sufficient resources**, including specialised training of staff, adapting programmes, and an environment conducive to personalised care. Without these essential components, ensuring that individuals receive the right level of engagement and support becomes increasingly difficult, potentially limiting the model's impact. Therefore, investment in staff training, program development, and resource allocation is critical to successfully implementing this approach and enhancing the quality of life for individuals with dementia at all stages.

Sources:

Kitwood, T. (1997). *Dementia reconsidered: The person comes first (Reconsidering Ageing)*. Buckingham, PA: Open University Press.

Maslow, A. H. (1969). The farther reaches of human nature. *Journal of Transpersonal Psychology, 1*(1), 1–9.

Piaget, J. (1952). *The Origins of Intelligence in Children (M. Cook, trans.)*. New York: International Universities Pres.

Ranka, J., & Chapparo, C. (1997). Definition of terms. *Occupational Performance Model (Australia): Monograph 1*, 58-60. Occupational Performance Network: Sydney.