ENVIRONMENTAL ASSESSMENT TOOL - HIGHER CARE (EAT-HC)
HANDBOOK

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RESOURCE 4

Suite of Environmental Design Resources

February 2017

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Dementia Training Australia

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DESIGNING FOR PEOPLE
WITH DEMENTIA

ENVIRONMENTAL ASSESSMENT TOOL - HIGHER CARE (EAT-HC) HANDBOOK

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February 2017

DEMENTIA TRAINING AUSTRALIA
ENVIRONMENTAL DESIGN RESOURCES

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Resource 2:   **Applying the key design principles in environments for people with dementia**

INTRODUCTION

This handbook is Resource 4 in a set of six Environmental Design Resources. The purpose of this handbook is to assist users of the Environmental Assessment Tool – Higher Care (EAT-HC)* to systematically review and create better environments for people living with dementia.

The Environmental Assessment Tool – Higher Care (EAT-HC) is intended to complement the original Environmental Assessment Tool (EAT)*, first published by NSW Health in the book 'Adapting the Ward' (Fleming, Forbes and Bennett. 2003).[1] It extends the focus of the environmental assessment to facilities providing care for the less mobile person with dementia. It has been developed with the support of the Dementia Collaborative Research Centre - Assessment and Better Care (DCRC-ABC).

The EAT-HC is based on the same principles as the EAT. However 'Reduce unhelpful stimulation' and 'Optimise helpful stimulation' have been measured under 'Manage levels of stimulation' to improve the internal validity of the tool. The same process has been applied to the "Privacy and Community' and 'Community Links' principles from the EAT, resulting in them being scored together under "Provide a variety of places to be alone or with others". A detailed explanation of the reasons behind the change has been provided by Fleming and Bennett (2015).[2]

There are four parts in the handbook.

Part 1   'Key Design Principles' contains a description of key design principles.

Part 2   'The Environmental Assessment Tool - Higher Care' introduces the EAT-HC and provides directions for its use.

Part 3   'Using the Spreadsheet' contains a guide to scoring the EAT-HC and showing the results graphically.

Part 4   'Applying the Principles' provides information about the questions contained in the EAT-HC and outlines design considerations for each of the questions.

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1   Fleming, R., I. Forbes and K. Bennett (2003). Adapting the ward for people with dementia. Sydney, NSW Department of Health.

2   Fleming, R. and K. Bennett (2015). "Assessing the quality of environmental design of nursing homes for people with dementia: Development of a new tool." Australasian Journal on Ageing 34(3): 191-194.

*   This tool has previously used Audit in the title rather than Assessment.

RESOURCE 4

Environmental Assessment Tool – Higher Care Handbook

PART 1

KEY DESIGN PRINCIPLES

PART 1
KEY DESIGN PRINCIPLES

1. UNOBTRUSIVELY REDUCE RISKS
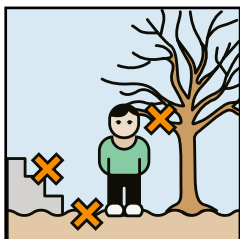
People with dementia require an internal and external environment that is safe and easy to move around if they are to continue to pursue their way of life and make the most of their abilities. Potential risks such as steps must be removed. All safety features must be unobtrusive as obvious safety features, such as fences or locked doors, can lead to frustration, agitation and anger or apathy and depression.

2. PROVIDE A HUMAN SCALE
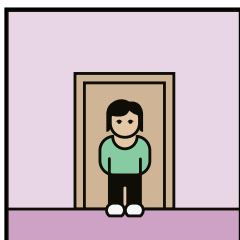
The scale of a building can affect the behaviour and feelings of a person with dementia. The experience of scale is influenced by three key factors; the number of people that the person encounters, the overall size of the building and the size of the individual components (such as doors, rooms and corridors). A person should not be intimidated by the size of the surroundings or confronted with a multitude of interactions and choices. Rather the scale should encourage a sense of wellbeing and enhance the competence of a person.

3. ALLOW PEOPLE TO SEE AND BE SEEN
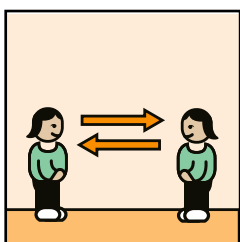
The provision of an easily understood environment will help to minimise confusion. It is particularly important for people with dementia to be able to recognise where they are, where they have come from and where they can go. When a person can see key places, such as a lounge room, dining room, their bedroom, kitchen and an outdoor area they are more able to make choices and see where they want to go. Buildings that provide these opportunities are said to have good visual access. Good visual access opens up opportunities for engagement and gives the person with dementia the confidence to explore their environment. It can also enable staff to see residents. This reduces staff anxiety about the residents' welfare and reassures the residents.

4. MANAGE LEVELS OF STIMULATION - REDUCE UNHELPFUL STIMULATION

Because dementia reduces the ability to filter stimulation and attend to only those things that are important, a person with dementia becomes stressed by prolonged exposure to large amounts of stimulation. The environment should be designed to minimise exposure to stimuli that are not specifically helpful to the resident, such as unnecessary or competing noises and the sight of signs, posters, places and clutter that are of no use to the resident. The full range of senses must be considered. Too much visual stimulation is as stressful as too much auditory stimulation.
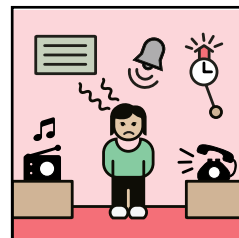
5. MANAGE LEVELS OF STIMULATION - OPTIMISE HELPFUL STIMULATION

Enabling the person with dementia to see, hear and smell things that give them cues about where they are and what they can do, can help to minimise their confusion and uncertainty. Consideration needs to be given to providing redundant cueing i.e. providing a number of cues to the same thing, recognising that what is meaningful to one person will not necessarily be meaningful to another. Using text and image in signs is a simple way to do this. Encouraging a person to recognise their bedroom through the presence of furniture, the colour of the walls, the design of a light fitting and/or the bedspread is a more complex one. Cues need to be carefully designed so that they do not add to clutter and become over stimulating.
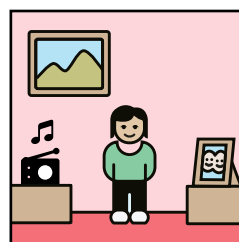
6. SUPPORT MOVEMENT AND ENGAGEMENT

Purposeful movement can increase engagement and maintain a person's health and wellbeing. It is encouraged by providing a well defined pathway, free of obstacles and complex decision points, that guides people past points of interest and opportunities to engage in activities or social interaction. The pathway should be both internal and external, providing an opportunity and reason to go outside when the weather permits.
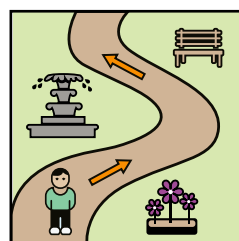
7. CREATE A FAMILIAR PLACE

A person with dementia is more able to use and enjoy places and objects that are familiar to them from their early life. The environment should afford them the opportunity to maintain their competence through the use of familiar building design (internal and external), furniture, fittings and colours. The personal backgrounds of the residents need to be reflected in the environment. The involvement of the person with dementia in personalising the environment with their familiar objects should be encouraged.
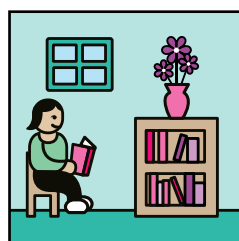
8. PROVIDE A VARIETY OF PLACES TO BE ALONE OR WITH OTHERS - IN THE UNIT
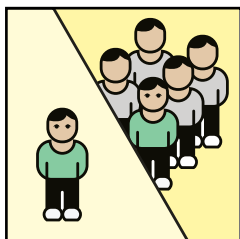
People with dementia need to be able to choose to be on their own or spend time with others. This requires the provision of a variety of places in the unit, some for quiet conversation and some for larger groups, as well as places where people can be by themselves. These internal and external places should have a variety of characters, e.g. a place for reading, looking out of the window or talking, to cue the person to engage in relevant activity and stimulate different emotional responses.

9. PROVIDE A VARIETY OF PLACES TO BE ALONE OR WITH OTHERS - IN THE COMMUNITY
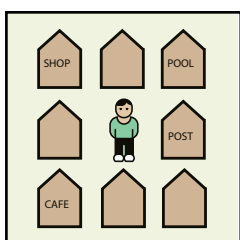
Without constant reminders of who they are, a person with dementia will lose their sense of identity. Frequent interaction with friends and relatives can help to maintain that identity and visitors should be able to drop in easily and enjoy being in places that encourage interaction.

Stigma remains a problem for people with dementia so the unit should be designed to blend with the existing community and not stand out as a 'special' unit. Where possible a 'bridge' should be built between the unit and the community by providing a place that is shared by the community and people with dementia. A coffee shop near the unit, for example, may enable a person with dementia to go there easily without needing assistance. Where the unit is a part of a larger site, there should be easy access around the site so people with dementia, their families and friends can interact with other people who live there.

10. DESIGN IN RESPONSE TO VISION FOR WAY OF LIFE
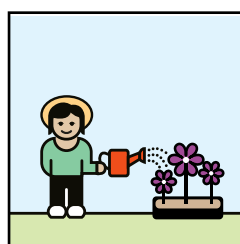
The choice of life style, or philosophy of care, will vary between facilities. Some will choose to focus on engagement with the ordinary activities of daily living and have fully functioning kitchens. Others will focus on the ideas of full service and recreation, while still others will emphasise a healthy life style or, perhaps, spiritual reflection. The way of life offered needs to be clearly stated and the building designed both to support it and to make it evident to the residents and staff. The building should be the embodiment of the philosophy of care, constantly reminding the staff of the values and practices that are required while providing them with the tools they need to do their job.

These principles are an extension of work first published in 1987 [1] and continued in 2003[2].

References

1. Fleming, R. and J. Bowles, Units for the confused and disturbed elderly: Development, Design, Programming and Evaluation. Australian Journal on Ageing, 1987. 6(4): p. 25-28.
2. Fleming, R., I. Forbes, and K. Bennett, Adapting the ward for people with dementia, 2003. Sydney: NSW Department of Health.

RESOURCE 4

Environmental Assessment Tool – Higher Care Handbook

PART 2

ENVIRONMENTAL ASSESSMENT TOOL - HIGHER CARE (EAT-HC)

PART 2
ENVIRONMENTAL ASSESSMENT TOOL – HIGHER CARE

INTRODUCTION TO THE EAT-HC

The Environmental Assessment Tool - Higher Care (EAT-HC) provides a systematic framework for reviewing environments for mobile and less mobile people living with dementia and identifying areas for improvement. It is organised around key design principles and contains questions that respond to each principle. These principles are evidence based (refer to Resource 1 of these Environmental Design Resources for more information).

Scores can be summarised under each principle within the EAT-HC. Alternatively an Excel spreadsheet available at http://www.dementiatrainingaustralia.com.au can be completed, providing a graphical representation of the EAT-HC results. (For more information about scoring refer to Part 3 of this handbook).

A copy of the Environmental Assessment Tool - Higher Care is provided at the back of this handbook (Appendix 1).

BACKGROUND TO THE EAT-HC

The Environmental Assessment Tool – Higher Care (EAT-HC) is intended to complement the original Environmental Assessment Tool, first published by NSW Health in the book 'Adapting the Ward' (Fleming, Forbes, Bennett. 2003)[3], by extending the focus of the environmental assessment to facilities providing care for the less mobile person with dementia. It has been developed with the support of the Dementia Collaborative Research Centre - Assessment and Better Care (DCRC-ABC). Its psychometric properties have been examined (Fleming and Bennett 2015). Refer to Resource 2 for more information.

USING THE EAT-HC

The EAT-HC is designed to be used by a non-design professional and can be completed by a member of staff or a person visiting the facility.

Some key steps have been identified as valuable when using the EAT-HC:

1. It is important that the person completing the EAT-HC is familiar with the design principles underpinning the EAT-HC (refer to Part 1 of this handbook). Attending a presentation by a person who is experienced in using the principles is a good way of gaining an understanding of the principles.

2. Prior to starting the assessment, users should familiarise themselves with the EAT-HC by reading it thoroughly.

3 Fleming, R., I. Forbes and K. Bennett (2003). Adapting the ward for people with dementia. Sydney, NSW Department of Health.

If a group of people is completing the EAT-HC there are two ways to approach this:

a. The group completes the assessment together and the answers are determined by consensus. This encourages discussion, familiarises more people with the design principles and facilitates ownership of the results of the assessment.

b. A number of people complete the assessment independently. (In this case the different results are entered and a median score is provided in a spreadsheet (refer to Part 3 of this handbook). A discussion about the different scores can be part of this process.

3.   Undertaking the assessment

Before commencing the EAT-HC, it is important to clearly define the area that is to be assessed i.e. the extent of the unit and what features are included in it. Is the courtyard garden, for example, part of the unit being assessed, another unit or both? In a large facility, it may be helpful to assessment units separately as this will allow for more accurate responses to questions. Ask someone who knows the unit well about the boundaries of the unit so that the area that is to be assessed is accurately defined.

It is important to ensure that the questions are answered as accurately as possible. Spending time in the facility and observing daily life will help generate a feel for the place. This will also create opportunities for interaction with residents so that they can enjoy the visit, rather than being the subject of scrutiny.

The EAT-HC questions typically require a 'yes' or 'no' answer.

Some questions are best answered by sitting in a central position and others by moving around. If the correct answer is not obvious, ask a staff member who works in that part of the facility, e.g. 'Is there a switch to turn off electricity to power points in the kitchen(s) the residents use?' It may be that there is a difference of opinion between the staff and the person completing the EAT-HC, for example as to whether glare can be avoided by using curtains and blinds. In this case the person completing the EAT-HC will need to determine the correct response. If in doubt as to the intent or aim of the question, refer to part 4 of this handbook where information about each question is provided.

It may be that on the day of the visit something is observed that is unusual and not representative of a typical day. Before leaving the facility confirm the results with the manager (or the liaison person).

RESULTS OF EAT-HC

The results of the EAT-HC can be entered into an Excel spreadsheet which is available at http://www.dementiatrainingaustralia.com.au. This allows the data to be shown graphically and enables the creation of a *Room for Improvement (RFI)* report as discussed in Part 3 of this handbook.

It is important to remember that the purpose of the EAT-HC is not to achieve a particular score, but to provide a framework for reviewing the environment and identifying areas for improvement.

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PART 3

USING THE SPREADSHEET

PART 3
USING THE SPREADSHEET

ENTERING THE DATA

The results of the EAT-HC can be entered into an Excel spreadsheet which is available at http://www.dementiatrainingaustralia.com.au. This allows the data to be shown graphically and enables the creation of a *Room for Improvement (RFI)* report.

The spreadsheet allows the scores of up to five EAT-HC users to be entered. In this instance, the median of the ratings is used in the graph and RFI report.

WHAT DO THE EAT-HC SCORES MEAN?

It is important to remember that the purpose of using the EAT-HC is not to achieve a particular score. There is no perfect design. Even the best facilities can do things better. The purpose of the EAT-HC is to provide a systematic framework for reviewing the environment and identifying areas for improvement.

It is important to recognise that the EAT-HC questions are not a set of rules that are to be applied in the same way every time. There are many ways in which the EAT-HC questions and principles can be applied. How the design principles are best interpreted will depend on the particular context of the facility. Geographic location, climate, site, culture, socio economic background and lifestyle of the residents are just some of the things that will influence the responses to the principles. They will be applied differently in different settings and in response to a range of needs.

DISCUSSION OF RESULTS

a. Look at the overall picture presented by the graph that summarises the sub-scale scores.

When the original EAT is used this graph enables a comparison to be made with a sample of purpose designed and non-purposed design residential aged care facilities.

However, this information is not currently available for the EAT-HC but as data is collected it will be added and made available from the same source as the spreadsheet.

In the example in Figure 1 the EAT-HC has been used to evaluate a residential aged care facility. The most obvious areas of concern are in the principles of 'Unobtrusively reduce risks', 'Provide a human scale' and 'Allow people to see and be seen'.

Figure 1: Residential Aged Care Facility EAT-HC results
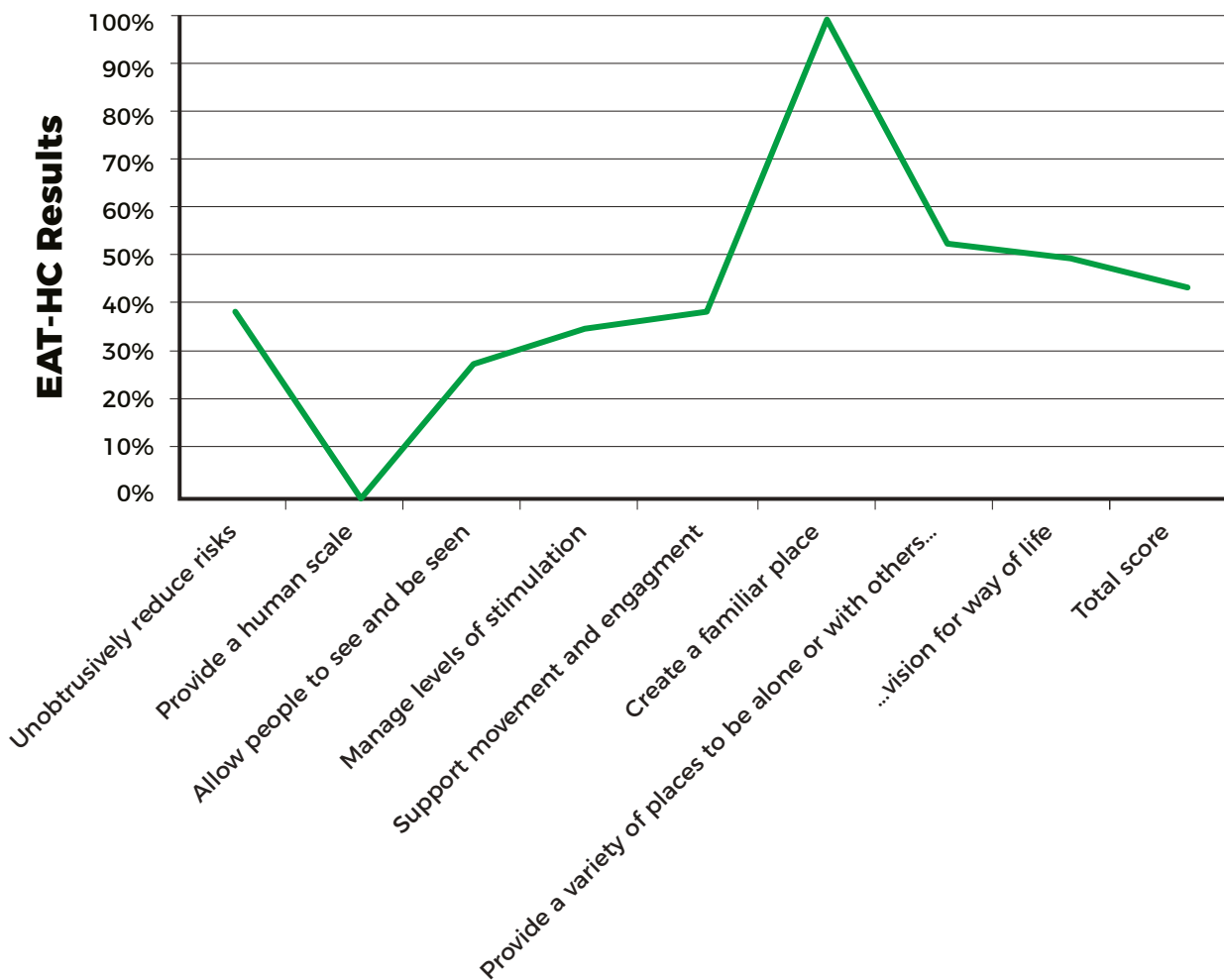
b. Look at the specific items that have a high 'Room for Improvement Score'

The spreadsheet provides the means of generating a 'Room for Improvement' (RFI) report for the EAT-HC. This is simply a table in which the EAT-HC items are ranked according to the amount of room for improvement that is available, i.e. the possible score minus the actual score. When a number of people complete the EAT-HC and enter the data into the spreadsheet, the 'actual score' in the table will be the median of the scores entered.

The RFI table can be used to structure the discussion about the environment. Start at the top and discuss the items one by one until the point where there is no room for improvement (because the item is scored at the maximum). This will ensure that all of the main points are discussed.

The Not Applicable items (N/A) have been placed at the top of the list to encourage consideration of the possibility that they may be relevant. In the example in Table 1, the item on locking appliances away in the kitchen after residents use has been scored (N/A). Putting it at the top of the list provides an opportunity to discuss the use of the kitchen by the residents.

Table 1: Abbreviated EAT-HC 'Room for Improvement' report

EAT-HC ITEM	Actual score	Maximum possible score	RFI score	Principle

Look at the items below that have been scored as Not Applicable (N/A). Would the facility be improved if they were considered to be applicable?

EAT-HC ITEM	Actual score	Maximum possible score	RFI score	Principle
Resident's kitchen has safe appliances.	N/A	2	N/A	Unobtrusively reduce risks
Outside, ramps are wheelchair accessible.	N/A	1	N/A	Unobtrusively reduce risks
Lounge room is clearly recognisable.	N/A	1	N/A	Optimise helpful stimulation

Discuss the following items in turn.
These are ordered according to where there is the most room for improvement.

EAT-HC ITEM	Actual score	Maximum possible score	RFI score	Principle
Bedroom is seen from Lounge room.	0	3	3	Allow people to see & be seen
Dining room is seen from bedrooms.	0	3	3	Allow people to see & be seen
Resident kitchen has master switch.	0	2	2	Unobtrusively reduce risks
Inside small group areas are available.	1	3	2	... a variety of places to be alone or with others
Front door can be secured.	1	2	1	Unobtrusively reduce risks
Outside, paths are appropriate widths.	0	1	1	Unobtrusively reduce risks
Inside, contrast between floor surfaces is avoided.	0	1	1	Unobtrusively reduce risks

The items below (RFI = 0) do not need as much discussion
(but may still may have room for improvement).

EAT-HC ITEM	Actual score	Maximum possible score	RFI score	Principle
Lounge furniture is familiar.	2	2	0	Create a familiar place
Bedroom furniture is familiar.	2	2	0	Create a familiar place

c.   Use the structure of the Planning Template in Table 2 to guide the discussion and to record the proposed actions.

The discussion should begin by asking the question 'Can we improve this situation by using our existing resources differently?' '*How can we reuse what is there?*' There might be some chairs available, for example, that can be used to furnish a small area for conversation.

If this isn't the case then the next question is '*What can we do in the short term?*', which may mean 'What can we do with the money in the petty cash?' or 'What can we do as part of our planned maintenance works?'

If this isn't sufficient to improve the situation the next question is '*What can we do in the medium term?*', e.g. 'What can we do at the end of the financial year when there are some funds left over or when the Auxiliary has held their jumble sale? Can we allocate some money in next year's budget to achieve this change? Can we apply for a grant or contact the local service organisation?'

The final question is '*What can we do in the long term?*' or 'Does this need to be put into the capital expenditure budget? Does this need to be the subject of ongoing strategic planning and fundraising?'

When action items have been agreed, add the response to the appropriate cell of the table according to the relevant principle(s) and the time frame that is proposed. In the example shown in Table 2, the use of the EAT-HC identified that there was little for residents to do outside apart from move about. Chairs or benches were not available for them to sit on and shade was not provided along the path. Discussion focussed on how this could be addressed, and it was agreed that the first step was to take some vinyl chairs from inside and put them outside. While not a long term response, staff felt this was something that could be done quickly and easily, *re-using* what is already there. Intentionally using the garden for activities that already occur, such as morning tea, was seen as another easy thing to do and so this was a *short term* action item. More permanent seating will take time and require some work on the path to ensure easy access to the seats and so this was seen as a *medium term* solution. Finally, the provision of a permanent shade structure was seen as ideal but a *long term* goal.

It is important to recognise that making changes can take time. Some changes, such as altering the layout of the building, will be possible but very expensive. Others, such as moving a piece of furniture will be relatively easy to implement. Don't lose heart! The advantage of systematically considering environmental changes is that it is possible to identify a schedule of priorities and then work through them as opportunities arise and as part of a regular maintenance program.

Table 2: EAT-HC Planning template (full scale version in Appendix 2)

KEY DESIGN PRINCIPLES

	Unobtrusively reduce risks	Provide a human scale	Allow people to see and be seen	Manage levels of stimulation - reduce unhelpful stimulation	Manage levels of stimulation - optimise helpful stimulation	Support movement & engagement	Create a familiar place	Provide a variety of places to be alone or with others - in the unit	Provide a variety of places to be alone or with others - in the community	Design in response to vision for way of life
ISSUE						Nothing to do outside No seats No shade				
How can we re-use what is there?						Take some seats and put them outside				
What can we do in the short term?						Plan to have morning tea outside on fine days use an umbrella to provide shade				
What can we do in the medium term?						Increase path width and create permanent seating areas				
What can we do in the long term?						Build a shade structure				

RESOURCE 4

**Environmental
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PART 4

APPLYING THE PRINCIPLES

PART 4
APPLYING THE PRINCIPLES

This section is organised around the key design principles contained in the EAT-HC and the questions that relate to each principle (refer to Part 1 and Appendix 1 of this handbook).

Each question in the assessment tool is discussed. Under each question there is a brief statement of what is important and why, and some key design considerations. For most (but not all) items three categories follow: Ensure, Avoid and Consider. These give suggestions and examples of design responses, problem areas to avoid, and items that may be considered depending on the particulars of a project and the people who will live there.

Some questions are found under more than one principle and some information is duplicated. This section has been designed so that each question stands alone, allowing the reader to use it as a reference document rather than being required to read it from beginning to end.

The Indigenous Aged Care Design Guide by Paul Pholeros, Kirsty Bennett, Adrian Welke and Maureen Arch is a key source document for this part of the handbook (Refer Resource 6 of these Environmental Design Resources).

1.   Unobtrusively reduce risks

1.1   **Can people who live in the unit be prevented from leaving the garden/outside area by getting over or under the perimeter?**

It may be important that the environment is secure to prevent residents leaving the unit if they shouldn't. Having a fence that is sturdy and difficult to climb (or go under) is vital in this regard.

The fence needs to be high enough to make it difficult for residents (and non-residents) to climb over when it is important that the unit is secure. The fence should be 1.8m high if this is the case. It should also be continuous and well maintained, and the fence design must not allow for climbing (in or out). It is important that measures to create a secure garden are as unobtrusive as possible to avoid frustration, agitation and anger.

ENSURE:

·   fence is continuous and well maintained
·   fence is 1.8m high where the perimeter is needed to be secure
·   fence design does not allow for climbing (in or out)
·   gates are able to be secured but allow for controlled coming and going

AVOID:

·   fences and gates with openings or horizontal members which can be used as foot holds
·   planting near the fence which can be used for climbing
·   latch on outside of the gate

CONSIDER:

···

- designing the fence so that it blends into the landscape
- using vegetation to hide the fence so it is not foreboding or institutional
- creating a front yard which has a lower fence and can be easily accessed from the street to allow entry to the front door and a side/back garden which can be secure

1.2	Can people who live in the unit be prevented from leaving the garden/outside area through the gate?

It may be important that the environment is secure to prevent residents leaving the unit if they shouldn't. Having a gate that is sturdy and difficult to climb (or go under) is vital in this regard.

The gate needs to be able to be locked while allowing for exit in an emergency (if this is part of an emergency evacuation route). Mechanical keypads or keypads which are linked to a staff call system can be installed on gates. (If keypads are linked to a staff call system, they will release automatically in the event of a fire). It is important that measures to create a secure garden are as unobtrusive as possible to avoid frustration, agitation and anger.

Double handles/latches and handles which open in an anti clockwise direction may also be effective to prevent easy opening by residents from within the grounds. It is also important that residents cannot reach over a gate and open it from the outside while inside the grounds.

ENSURE:

···

- gate design does not allow for climbing (in or out)
- gates are secured but allow for controlled coming and going
- fence is continuous and well maintained
- fence is 1.8m high where the perimeter is needed to be secure
- fence design does not allow for climbing (in or out)

AVOID:

···

- fences and gates with openings or horizontal members which can be used as foot holds
- latch on outside of the gate

CONSIDER:

···

- designing the gate so that it blends into the fence
- double handles/latches, handles which open in an anti clockwise direction, keypads to secure exit
- designing the fence so that it blends into the landscape
- using vegetation to hide the fence so it is not foreboding or institutional
- creating a front yard which can be easily accessed from the street to allow entry to the front door and a side/back garden which can be secure

1.3   Can the front door leading out of the unit be secured?

It is important that the front door/gate of the unit can be secure to prevent residents leaving the unit if they shouldn't, and to prevent people coming in and bothering residents. The location of the front door within the facility and the type of security mechanism selected will be important to allow for ease of use by staff and visitors.

It is important that measures to create a secure front door are as unobtrusive as possible to avoid frustration, agitation and anger.

ENSURE:

·   front door is clearly recognisable from outside

·   front door can be secured

AVOID:

·   front door/gate that is unwelcoming and uninviting upon approach

CONSIDER:

·   location of the front door within the facility

·   the type of security mechanism selected to allow for ease of use by staff and visitors

·   screening the front door from inside the unit to prevent residents being continually confronted by a door that may be secured

·   designing so individual units can be made secure at different times to suit different groups of residents' needs

1.4   Outside, is there step free access to all areas?

As many residents use mobility aids, step free access is important so that residents can easily move about outside. Step free access outside means that there are no steps between different surfaces and no changes of level between inside and outside, or between outside areas (such as a shelter and a path). Steps with risers of varying heights and small changes of level are unacceptable.

ENSURE:

·   no steps or uneven surfaces outside

AVOID:

·   any changes in levels (for example ridges, hobs, small steps)

CONSIDER:

·   providing a ramp of suitable gradient to replace or complement existing steps

1.5   Outside, are all floor surface materials safe from being slippery when wet?

A fall can result in a significant injury for an older person and so it is important to create an environment which minimises the risk of slipping and tripping. Outside floor finishes need to be slip resistant, even when they are wet. An appropriate cleaning regime is essential to ensure that the slip resistance of the outside finish is maintained. Slip resistant outside floor finishes are also required to enable staff to assist residents safely.

ENSURE:

- floor finishes are even and slip resistant
- changes in floor surface are clearly marked with colour or texture
- clear differentiation between horizontal and vertical surfaces
- maintenance of floor surfaces

AVOID:

- unnecessary changes in floor finishes
- run off from air conditioners or rain water which wet outside floors
- strong contrast between changes in floor surfaces as these can result in the floor being perceived as a step or hole (refer 1.14)

CONSIDER:

- for hard surfaces, use concrete rather than pavers which can become uneven and cause tripping
- selection of materials to retain domestic finish

1.6   Outside, is the path surface even?

An even path surface will reduce the likelihood of residents tripping as they walk outside. Paths should be free from undulations, holes and ragged edges.

ENSURE:

- path surfaces are even and well maintained
- continuous materials, such as concrete, are used for path surfaces

AVOID:

- slippery surfaces
- bedding paving bricks in sand which may move over time
- uneven and undefined path edges
- glare from night lighting on paths

CONSIDER:

- in areas of high rainfall, raising the path so that the surface is well drained and remains dry (while maintaining step free access)
- selecting a surface that is most familiar to residents and their families
- connecting pathways are well lit at night
- protecting paths from driving rain and wind

1.7 Outside, are the paths clear of obstacles (e.g. trees, thorny plants) along and over the path?

Obstacles along a path present a great hazard to residents. Trees, plants and bushes can project onto paths (reducing their width) and creating tripping hazards. Twigs and leaves falling from trees can also be dangerous for residents. Branches which hang over the path can also be a hazard if they hang near head height.

ENSURE:

·   plants close to paths are well maintained
·   overhanging branches are regularly pruned

AVOID:

·   thorny plants
·   plants which grow too large near paths

CONSIDER:

·   replacing inappropriate plants near pathways

1.8 Outside, are the paths wide enough to allow two wheelchairs to pass? (Minimum width is 1.8 metres)

Many residents in residential aged care facilities use walking aids such as wheelchairs or rollers. It is important that two people can walk together or pass each other along the path.

ENSURE:

·   path is two metres wide in key areas

AVOID:

·   narrow pathways, sharp turns

CONSIDER:

·   widening the path occasionally to allow stopping without blocking the path flow

1.9 Outside, are all ramps of a gradient suitable for wheelchair use? (Gradient 1 in 14 or less)

It is not only important that ramps are used to respond to changes in level, but that these ramps are of a suitable gradient. If a ramp is too steep, it will be difficult for both residents and carers (who may be pushing residents) to use them.

ENSURE:

·   ramps comply with the current Australian Standard AS 1428.1

AVOID:

·   trees or vegetation likely to drop leaves over or near ramps making them slippery and unsafe
·   uneven slopes on ramps

CONSIDER:

·   making areas at the top and bottom of longer ramps not just to allow safe circulation but also to provide a good place for people to stop and have a rest

1.10 Is there a way to keep residents out of the kitchen if required?

The ability to restrict access to certain areas helps to create a safe environment for residents. Some residents, and visitors, may present a danger to themselves or to others in a kitchen, and so access to the resident kitchen needs to be able to be controlled. It is important, however, that this does not result in all residents being denied access to the kitchen. The design and layout of the kitchen will be instrumental in allowing controls to be well designed and effective. The measures used (such as a half door or bench with an up-stand) need to be discreet and integrated into the design, so that they cannot be easily removed and so that the limits which are being put in place are not being emphasised. Demands on staff time will be reduced if residents can potter in a kitchen. It is important that measures to keep residents out of the kitchen are as unobtrusive as possible to avoid frustration, agitation and anger.

ENSURE:

·   planning and detailed design to discreetly control access to resident kitchen

AVOID:

·   obvious measures to restrict access to the resident kitchen
·   open plan kitchen

CONSIDER:

·   half height door (designed to be part of kitchen joinery) with key pad, swipe card or magnetic lock
·   bench with an up-stand or hob

1.11   Can appliances be locked away in the kitchen the residents use?

The ability to control access to certain appliances such as a toaster, kettle, or mixmaster helps to create a safe environment for residents. Some residents (and visitors) may present a danger to themselves or to others when using appliances and so access to these needs to be restricted, for example by placing them in a lockable cupboard. It is important, however, that this does not result in all residents being denied access to appliances. Demands on staff time will be reduced if residents can potter in a kitchen. It is important that measures to store appliances safely are as unobtrusive as possible to avoid frustration, agitation and anger.

ENSURE:

·   the access to certain appliances is able to be controlled discreetly

·   a lockable cupboard is provided discreetly

AVOID:

·   unrestricted access to appliances which could be dangerous, such as a toaster, kettle, or mix master

CONSIDER:

·   bench top appliance cupboard

·   including one cupboard that contains appliances, a lockable knife drawer and switch to control power

·   isolating the power as an alternative method of protecting residents from injury from appliances

1.12   Is there a switch to turn off electricity to power points in the kitchen the residents use?

It is important that electrical power to the resident kitchen is able to be controlled so that residents who are not able to use appliances and power points safely are not prevented from entering the kitchen to undertake other tasks, such as washing dishes and wiping benches. The ability to isolate the power will also mean that those residents who are able to use electrical appliances safely can continue to do so. This control needs to be discreet, so that it cannot be easily overridden and so that the limits which are being put in place are not being emphasised.

ENSURE:

·   power to both stove and power points can be turned off discreetly

AVOID:

·   turning off fridge and lights

CONSIDER:

·   including one cupboard which contains appliances, a lockable knife drawer and switch to control power

1.13   **Inside, are all floor surfaces safe from being slippery when wet?**

A fall can result in a significant injury for an older person and so it is important to create an environment which minimises the risk of slipping. All internal floor finishes need to be slip resistant, as any surface can become wet. An appropriate cleaning regime is essential to ensure that the slip resistance of the floor finish is maintained. Slip resistant inside floor finishes are also required to enable staff to assist residents safely.

ENSURE:
- all internal floor finishes are slip resistant
- appropriate cleaning regime is in place to maintain surface integrity
- clear differentiation between horizontal and vertical surfaces

AVOID:
- changes in level
- strong contrast betweeen changes in floor surfaces as these can result in the floor being perceived as a step or hole (refer 1.14)

CONSIDER:
- selection of materials to retain domestic finish

1.14   **Inside, is contrast between floor surfaces avoided (e.g. sharp distinction between bedroom floor and corridor)?**

A person living with dementia may perceive two floor surfaces that have a high level of contrast between them as one floor surface which is adjacent to a hole or step or barrier. A resident may not wish to leave their bedroom, for example, as he/she perceives the corridor floor (which has a high level of contrast with the adjacent bedroom floor) is a danger to them. This can lead to falls, anxiety and limit a person's ability to move about freely and be independent. Patterns in floor finishes can have the same effect as residents try to step over or around patterns or pick up objects from the floor surface.

ENSURE:
- contrast between different floor finishes is minimised
- where contrast is used, it is used intentionally to guide a person (e.g. by using a contrasting border in front of a cleaner's cupboard to deter a person living with dementia from entering)
- clear differentiation between horizontal and vertical surfaces

AVOID:
- strong contrast betweeen changes in floor surfaces as these can result in the floor being perceived as a step or hole
- unnecessary features in floor finishes such as vinyl or carpet
- strong contrast complex patterns in floor finishes

CONSIDER:
- using floor finishes to guide and direct residents to places of interest and importance

1.15   **Inside, are all ramps of a gradient suitable for wheelchair use? (Gradient 1 in 14 or less)**

It is not only important that ramps are used to respond to changes in level, but that these ramps are of a suitable gradient. If a ramp is too steep, it will be difficult for both residents and carers (who may be pushing residents) to use them.

ENSURE:

·   ramps comply with the current Australian Standard AS 1428.1

AVOID:

·   soft floor finishes which can make ramps difficult to use with mobility aids and trolleys
·   uneven slopes on ramps

CONSIDER:

·   making areas at the top and bottom of longer ramps not just to allow safe circulation but also to provide a good place for people to stop and have a rest

1.16   **Is it easy to transfer a non-ambulant person from their bed to the ensuite/WC (using appropriate equipment)?**

It is important when a resident is non-ambulant that he/she can be easily assisted using mobility aids and lifting equipment. This should not, however, take away the ability for the resident and their family to furnish their bedroom. Room size will be important to allow for the easy use of equipment, and the subsequent furnishing of the room also needs to take this into account. The careful placement of doors and windows is also important to ensure the maximum usability of the room by everyone.

ENSURE:

·   room is large enough to accommodate mobility aids and some pieces of a resident's furniture
·   doors and windows are placed to maximise circulation space while providing places for pieces of furniture

AVOID:

·   large pieces of heavy furniture which cannot easily be moved to accommodate the use of mobility aids if required
·   limiting a resident's ability to furnish their room in case mobility aids are required in the future

CONSIDER:

·   ways in which furniture can be changed to allow for the use of mobility aids when required, without limiting a resident's ability to furnish their room as they wish

2.   Provide a human scale

2.1   **How many people live in the unit?**

It has been shown that small scale settings are beneficial for older people and especially for older people with dementia. Group size, or the number of people in a unit, is the most important factor in achieving a small scale setting. In a small unit, a resident needs to relate to fewer people, and is able to do things in a group which is more familiar to them. There are less comings and goings, and less noise and distractions.

The number of residents in a unit has a big impact on the overall size of the unit, as the number of bedrooms and the amount of circulation space that is required increase with more people. By default, a smaller group size means a smaller unit.

A small scale environment can be successfully created in many ways. A large facility can be made up of many units, each of which contains the areas that are important in the residents' daily life, such as the lounge room, dining room, residents' kitchen, bedroom, sitting areas and outdoor areas.

ENSURE:

· creating a unit for 15 people or less
· staffing models are prepared at the design stage to confirm the best unit size and how it will operate

AVOID:

· larger unit sizes greater than 15 people

CONSIDER:

· creating units for 10 people for less
· breaking up larger units into smaller units

2.2   **Does the scale (height and width) of the common areas allow a person to feel comfortable (and not uneasy because they are too big or too small)?**

The internal scale and detailing of a unit is important in creating a human scale. Common areas need to be of a size that allows people to feel comfortable and at ease, rather than lost or alone. The size of room for 4 people to sit in, for example, is quite different from the size of a room designed for 12 people to sit in. The meaning of human scale will vary according to people's living experiences, and so it is important to use a typical house/living environment as a reference point. Common areas have an important role to play in reinforcing the residential role of the facility, rather than a public one. The choice of furniture will be important in this regard, as will the selection of artwork, window furnishings, door furniture, taps, and flooring.

ENSURE:

· the unit is designed and detailed to create a human scale setting
· a cluster of domestic scale living and dining areas is created rather than one large space

AVOID:

· large institutional size rooms (especially for the living room, dining room)

· repetition of colour, materials, details

· institutional finishes

· 'office style' notice boards

CONSIDER:

· domestic scale dining tables

· a variety of furniture selection so that not all furniture looks the same

· domestic decoration (pictures, etc)

3.   Allow people to see and be seen

3.1   **What proportion of residents can see the inside of a lounge room as soon as they leave their bedroom?**

The lounge room is a place where residents are likely to want to spend time relaxing and socialising with others or on their own. It needs to be easy to find and recognise. If residents can see the inside of a lounge room as soon as they leave their bedroom this will help them know where they are heading and give them a hint of what they will find when they get there. Seeing inside the room (rather than just the outside of the room) will give them added information and inspiration as they can see particular features, furniture and decoration, such as a fire place, painting, or an easy chair.

ENSURE:

·   the lounge room is located in a prominent position in the unit
·   the lounge room is identifiable when leaving the bedrooms, for example by the scale, form, colour
·   entry door(s) to the lounge room are glazed to allow people to look inside
·   windows have low sill height to encourage a view in and out from/to paths and circulation routes

AVOID:

·   repetition of building form, scale and colour which doesn't distinguish the lounge room from other areas
·   obstructing the view in or out of the lounge room, for example by closing curtains, using solid doors

CONSIDER:

·   how to create clear lines of sight between bedrooms and lounge room
·   sidelights to doors to allow people to see inside the lounge room

3.2   **What proportion of residents can see their bedroom entry as soon as they leave a lounge room?**

Bedrooms may be places where residents want to spend time relaxing with others or on their own. A resident's bedroom needs to be easy to find and recognise. Bedroom doors offer residents an important way to recognise their room, and consideration should be given to the finish and decoration of bedroom doors and information on the door. The placement of features near the door can also be important in highlighting the entry to a bedroom. These measures will help residents locate their bedroom.

ENSURE:

·   bedroom doors can be clearly distinguished from one another
·   bedoom doors are positioned so they can be easily seen
·   where bedroom doors cannot be easily seen, the use of features near adjacent walls to identify bedrooms

AVOID:

·   repetition of finishes and features, as this makes all bedroom doors and approaches to bedrooms appear to be the same

CONSIDER:

·   how clear lines of sight can be provided to bedroom doors

·   the use of redundant cueing, i.e. providing more than one cue to the same thing (for example, through the use of colour, texture, finish, names, numbers, images, artwork) recognising that different things can be meaningful to different residents and at different times.

3.3	What proportion of residents can see the inside of a dining room as soon as they leave their bedroom?

The dining room is a place where residents are likely to want to spend time relaxing and socialising with others or on their own. It needs to be easy to find and recognise. If residents can see the inside of the dining room when they leave their bedroom it will help them know where they are heading and what they will find when they get there. Seeing inside the room (rather than just the outside of the room) will give them added information and inspiration as they can see particular features, furniture and decoration, such as a table and chairs.

ENSURE:

·   the dining room is located in a prominent position in the unit

·   the dining room is identifiable when leaving the bedroom for example by the scale, form, colour

·   entry doors to the dining room are glazed to allow people to look inside

·   windows have low sill height to encourage view in and out from/to paths and circulation routes

AVOID:

·   repetition of building form, scale and colour which doesn't distinguish the dining room from other areas

·   obstructing the view in or out of the dining room, for example by closing curtains, using solid doors

CONSIDER:

·   how clear lines of sight between bedrooms and dining room

·   sidelights to doors to allow people to see inside the dining room

| **3.4** | **Can the exit to a garden or outside area be seen from the lounge or dining room that is used by most residents?** |

The lounge and dining rooms are likely to be an important place in the life of the unit. Spending time outside is important and so it is vital that residents are able to see the way to go outside from the lounge and the dining room.

ENSURE:

· that the door to outside is clearly recognisable as a door

· clear lines of sight to outside areas especially to places where activities may be occurring

· easy access to outside area

AVOID:

· obstructing the view of the door to outside

· obstructing the view out of the lounge and the dining room

· designing doors that could be mistaken for windows (and visa versa)

CONSIDER:

· using sidelights to doors

· ways to distinguish between windows and doors (e.g. design of mullions and transoms, size of glazing panels, sill heights, door furniture)

| **3.5** | **Can the dining room be seen into from the lounge room?** |

Ideally key inside areas such as lounge room and dining room should be visually connected. This will mean that a resident can easily see other places that will be of interest to them, and can also see how they can go from one of these places to another.

ENSURE:

· the dining and lounge room are located near each other

· there is a clear visual connection between lounge and dining rooms

· a clear path between lounge and dining rooms

AVOID:

· obstructing the view from the dining to the lounge room

CONSIDER:

· emphasising the connecting path between the dining and lounge room, for example, by having it well defined and separate from other circulation

3.6	Can a toilet be seen from the lounge room that is used by most residents?

A toilet is a room which needs to be used often and therefore needs to be easily located. If it is not only in close proximity to the lounge room but can also be seen from the lounge room; it can act as an important prompt for residents.

ENSURE:
· toilet is visible but still private
· clear path between the toilet and lounge room

AVOID:
· locating the toilet so that it dominates the lounge room view
· locating the toilet pan so that if the door is left open residents' privacy is compromised
· obstructing the view between the lounge room and the toilet
· obstructing the path between the lounge room and the toilet
· the spread of toilet odours into the lounge room

CONSIDER:
· the location of screens and the placement of fixtures in the room
· use of appropriately adjusted door closer so that the toilet door closes but residents can easily open the door

3.7	Can a toilet be seen from the dining room that is used by most residents?

A toilet is a room which needs to be used often and therefore needs to be easily located. If it is not only in close proximity to the dining room, but can also be seen from the dining room; it can act as an important prompt for residents.

ENSURE:
· toilet is visible but still private
· clear path between the toilet and dining room

AVOID:
· locating the toilet so that it dominates the dining room view
· locating the toilet pan so that if the door is left open resident privacy is compromised
· obstructing the view between the dining room and the toilet
· obstructing the path between the dining room and the toilet
· the spread of toilet odours into the lounge room

CONSIDER:
· the location of screens and the placement of fixtures in the room
· use of appropriately adjusted door closer so that the toilet door closes but residents can easily open the door

3.8 **Can the lounge room that is used by most residents be seen into from where staff spend most of their time?**

Residents are likely to be reassured if they know staff are around and so good visual access between the point(s) where staff spend most of their time and the lounge room is important. As residents are likely to spend a lot of time in the lounge, it will also be an advantage if staff can easily see residents and assist them if required.

ENSURE:

· good visual access to the lounge room from staff areas, circulation routes and dining room

AVOID:

· a central staff base (which can be dominating)

CONSIDER:

· the general transparency of building (planning, the placement of windows, window sill height and glazed doors). Perforated screens, small inside windows and low walls may increase the transparency between rooms, whereas solid walls and furniture may decrease the transparency

3.9 **Can the dining room that is used by most residents be seen into from where staff spend most of their time?**

Residents are likely to be reassured if they can see where staff are and so good visual access between the point(s) where staff spend most of their time and the dining room is important. As residents are likely to spend a lot of time in the dining room, it will also be an advantage if staff can easily see residents and assist them if required.

ENSURE:

· good visual access to the dining room from staff areas, circulation routes and lounge room

AVOID:

· a central staff base (which can be dominating)

CONSIDER:

· the general transparency of building (planning, the placement of windows, window sill height and glazed doors). Perforated screens, small inside windows and low walls may increase the transparency between rooms, whereas solid walls and furniture may decrease the transparency

3.10 **Can a garden or outside area for the residents be seen from where staff spend most of their time?**

Residents are likely to be reassured if they can see where staff are and so good visual access between the point(s) where staff spend most of their time and outside areas is important. As it is important that residents spend time outside, it will also be an advantage if staff can easily see residents and assist them if required.

ENSURE:

·   good visual access to outside from staff areas, circulation routes, lounge room and dining room

AVOID:

·   a central staff base (which can be institutional)

CONSIDER:

·   the general transparency of building (planning, the placement of windows, window sill height and glazed doors)

4. MANAGE LEVELS OF STIMULATION - REDUCE UNHELPFUL STIMULATION

4.1	**Are doors to cleaner's cupboards, storerooms and other areas where residents may find danger easily seen?**

Residents have no need to open doors to cleaners' cupboards or storerooms. More importantly, these will contain equipment that could be harmful. It is important that residents' attention is drawn only to those doors which they can open and may lead to somewhere of interest, rather than to those which may be locked, are irrelevant or present a potential danger to the resident or visitors.

ENSURE:

· doors to cleaners' cupboards (storerooms and other areas where residents may find danger) are unobtrusive

· doors to cleaners' cupboards (storerooms and other areas where residents may find danger) do not look the same as doors to residents' areas

AVOID:

· locating cleaners' cupboards (storerooms and other areas where residents may find danger) in residents' areas

CONSIDER:

· planning/location of cleaners' cupboards (storerooms and other areas where residents may find danger)

· locating cleaners' cupboards (storerooms and other areas where residents may find danger) in staff zones

4.2	**Is the wardrobe (or cupboard) that the resident uses full of a confusing number of clothes and/or irrelevant objects?**

It is important that residents have the opportunity to put their clothes or possessions away. Sometimes, however, too many choices aren't helpful and can leave a person feeling frustrated and confused. Limiting the number of things that can be easily accessed in a wardrobe is a good way of minimising this.

ENSURE:

· residents have access to a wardrobe containing only a small number of items

· simple layout of wardrobes

AVOID:

· large wardrobes with many wardrobe doors

· overfilling a wardrobe with contents

· locking all wardrobe doors

CONSIDER:

·   making some wardrobe doors unobtrusive through use of colour, finishes and door furniture

·   having a hidden wardrobe, where the majority of clothes are stored, and an obvious wardrobe with only two sets of clothing, preferably chosen by the resident

4.3   Is there a public address, staff paging or call system with bells, loudspeakers or flashing lights in use?

The noise from public address and staff paging systems can be disturbing. Bells, lights and public announcements can interrupt residents' daily life and cause distraction and confusion. They often give information which is not directed to the residents, and so provide an unnecessary interruption.

A staff call system plays an important role in a facility as it assists residents to contact staff and enables staff to respond to residents' needs. It must be reliable. There are many types of staff call systems which are available. All have advantages and disadvantages and it is important to do research to determine which is the most appropriate system in a particular location. There are also a number of additional items which are available and can be linked to a staff call system (such as a bed sensor). These can significantly enhance the ability of the staff to do their work and play an important role in meeting resident's needs.

ENSURE:

·   staff paging systems are unobtrusive

·   the staff call system is operational and can be maintained

AVOID:

·   loud, bells, flashing lights and public announcements

CONSIDER:

·   whether a public address system is required

4.4   Does the noise from closing doors disturb residents, (e.g. flapping kitchen doors, noisy automatic doors)?

The sound of doors closing in a unit can be very distracting for a resident. It is important that doors can be closed quietly and door closers are adjusted to close doors quietly.

ENSURE:

·   doors close quietly

AVOID:

·   door closers that are poorly adjusted

CONSIDER:

·   installing cushioning seals around doors

4.5 **Is there a lot of visual clutter in the unit (i.e. notices, objects, furniture that are either irrelevant to residents or make it hard for them to interpret their environment)?**

Visual stimulation in a unit can be very distracting for residents. Notices and signs can become visual clutter when there are many of them, as they no longer stand out from the wall and catch people's attention. A room full of objects or furniture can make it difficult for someone to see what they are looking for. Furniture that is left inadvertently in a room can create an impression of a store room, rather than a lounge room. Signs next to a painting diminish the impact and ambience of the painting.

ENSURE:

· residents are able to focus on the most important objects in the room
· signs are only used when other environmental cues or means of communication are inadequate
· all signs and notices are current

AVOID:

· storing objects, equipment and furniture in rooms that are not store rooms
· clutter resulting from clinical information and objects

CONSIDER:

· regularly reviewing the environment for visual clutter

4.6 **Inside, can glare be avoided by using curtains and blinds?**

Natural and artificial lighting should be designed to avoid glare to ensure that residents can see easily within a room and to outside. In particular this will have an impact on the type of lamp and light fitting that are selected, the selection of surfaces and finishes and the use of glass (which can reflect the light.)

ENSURE:

· ability to control glare from windows
· light fittings and shades that protect from glare

AVOID:

· highly reflective surfaces and finishes

CONSIDER:

· light paint colours around windows to reduce contrast around windows as this can reduce glare
· orientation of windows
· adjustable internal window shading treatment such as curtains or blinds
· outside awnings

5. MANAGE LEVELS OF STIMULATION - OPTIMISE HELPFUL STIMULATION

5.1	**Does each room have a distinctive character and feel? i.e. is it easy to identify a room as a dining room or a lounge room?**

The environment can give us a strong indication of how we are to behave and what we are to do in a certain place. If a person is no longer able to initiate an action or remember what a certain room is for, it is especially important that he/she is able to receive this information from the environment and receive a cue as to the room's purpose. Each room should have its own distinctive characteristics so that its use is clearly identifiable, for example as a lounge or dining room. This also means that residents and staff are offered a variety of experiences.

ENSURE:

- that the purpose and identity of rooms are easily recognisable
- the use of multiples cues including furniture, room arrangement, furnishings and finishes

AVOID:

- using common colour schemes and furniture throughout a facility

CONSIDER:

- how identity can be created, e.g. by the use of different wall colours, artwork, fabrics in a variety of rooms

5.2	**Is the dining room clearly recognisable from outside the room?**

In most residential settings for older people the dining room is a key social place. Therefore it is important that it can be easily recognisable when it is seen, and/or through signs or symbols so that residents find it easy to locate the dining room. An indication from outside the room as to what is inside can help highlight the room for residents.

ENSURE:

- the dining room is recognisable
- the use of multiples cues such as visual, auditory and olfactory

AVOID:

- barring entry to the dining room
- closing the dining room doors and turning off lights when the room could be used

CONSIDER:

- the transparency of the dining room (for example perforated screens, glass, small inside windows and low walls may increase the transparency between rooms whereas curtains, solid walls and furniture may decrease the transparency)
- introducing images near the dining room approach such as a painting of food on the wall, menu board or hall table
- promoting food smells, the sight of tables being laid

| 5.3 | **What percentage of residents have a clearly defined path from their room to the dining room (e.g. by using colour objects and signage, or can see the dining room from their room)?** |

The dining room is a key social place in most residential settings for older people. Therefore it is important that it can be easily found and that residents can make their way there with little assistance. While it is desirable for residents to see the dining room from their bedrooms, this may not always be possible and so attention needs to be paid to the design of the way to the dining room.

ENSURE:

- residents can either see the dining room or the way to the dining room from their bedroom
- the way to the dining room is clearly recognisable e.g. through the use of artwork

AVOID:

- corridors which do not have an indication of where they are leading
- corridors that look like each other (refer 5.11)

CONSIDER:

- the transparency of the dining room (for example perforated screens, glass, small inside windows and low walls may increase the transparency between rooms whereas curtains, solid walls and furniture may decrease the transparency)
- introducing signs or symbols near the dining room approach such as a painting of food on the wall, menu board or hall table
- the use of multiples cues such as visual, auditory and olfactory (e.g. the smell of coffee brewing or toast being made)

5.4   Is the lounge room clearly recognisable from outside the room?

In most residential settings for older people the lounge room is a key social place. Therefore it is important that it can be easily recognisable when it is seen, and/or through signs or symbols so that residents find it easy to locate the lounge room. An indication from outside the room as to what is inside can help highlight the room for residents.

ENSURE:

· the lounge room is recognisable
· the use of multiples cues such as visual, auditory and olfactory

AVOID:

· barring entry to the lounge room
· closing the lounge room doors and turning off lights when the room could be used

CONSIDER:

· the transparency of the dining room (for example perforated screens, glass, small inside windows and low walls may increase the transparency between rooms whereas curtains, solid walls and furniture may decrease the transparency)
· introducing images near the lounge approach such as a painting of people sitting relaxing, lounge chairs etc
· promoting music, song and chatter

5.5   Are different corridors clearly recognisable so residents can identify where they are?

There can be many corridors within a unit and each corridor can be quite long if it leads to a number of rooms. It is therefore important that the corridors do not all appear the same, and that each corridor is broken up into different parts, to highlight, for example, a group of bedrooms, a sitting alcove, a view, or a door leading to outside. This can be done in many ways, for example, by using lighting (both natural and artificial), colour, a change in ceiling height or treatment, varied placement of windows, framing of a view or by varying the width of the corridor.

ENSURE:

· corridors have identifiable parts
· a range of features are included in a corridor

AVOID:

· repetitive corridors
· using the same features in different corridors

CONSIDER:

· introducing features such as lighting (both natural and artificial), colour, a change in ceiling height or treatment, sitting alcove, skylight, views, paintings, framing of a view, varying the width of the corridor, varying the placement of windows

5.6 Are personalised signs, symbols or displays prominently displayed to identify bedrooms?

It is important to be able to identify the room before the door is opened so that residents can find it and feel confident it is their room. The finish on bedroom doors can be varied (in texture or colour). Name plates, photos, art work and memory or shadow boxes which allow a person to display some of their favourite things outside their door can all be used to identify bedrooms from outside the room as belonging to a particular person.

ENSURE:

· residents have the opportunity to identify their room from outside the door

· residents can personalise their rooms

AVOID:

· repetition (for example of door finish, colour, layout)

CONSIDER:

· colour, name plates, photos, art work and memory or shadow boxes

5.7 Are shared ensuites/bathrooms/toilets clearly marked with a sign (text and symbol) or colour coded door?

Shared ensuites, bathrooms and toilets need to be clearly recognisable. These rooms will be used frequently, and if they can be easily found when they are needed it will reduce the stress and anxiety in older people. The finish to doors to shared ensuites, bathrooms and toilets should be different from bedroom doors. Any signage should be meaningful and appropriate in size, language, contrast and colour. Signs should combine words and symbols, be placed at eye level or lower and contrast with the background.

ENSURE:

· ensuite/bathroom/toilet doors are recognisable

AVOID:

· ensuite/bathroom/toilet doors being the same colour and finish as bedroom doors

CONSIDER:

· colour, contrast, plates, sign, symbol, lighting

5.8 **Is, or can, the bed be placed so that it possible to see the toilet pan from the bed when lying down?**

If residents are able to see the toilet pan as soon as the ensuite door is opened it will assist them to recognise the room and to use it. Placing the toilet pan in a prominent position in a room will reduce the chance of confusion as residents mistake the room for another purpose and so continue to look for a toilet. In particular at night, the visibility of a toilet pan will help an older person to maintain independence. This can reduce inappropriate use of other parts of a room and minimise discomfort and embarrassment for the older person, their family and staff.

ENSURE:

· toilet pan can be visible from the bed
· contrast between the toilet pan, floor and walls
· contrasting toilet seat

AVOID:

· obscuring the toilet pan

CONSIDER:

· artificial lighting over the toilet
· a low level of night lighting to the toilet and ensuite area
· skylight over toilet
· positioning of pan in the room

5.9 **Do the toilet seats contrast with the background?**

It is vital that toilet seats contrast with the background so that they can be easily seen and identified by the resident.

ENSURE:

· contrasting toilet seats
· contrast between the toilet pan, floor and walls
· toilet pan is visible from doorway of shared ensuite, bathroom or toilet

AVOID:

· white toilet seats with white pans and white tiling
· obscuring the toilet pan

CONSIDER:

· lighting over the toilet
· positioning of pan in the room

5.10   What percentage of residents have a window that provides an attractive view to the outside from their bed?

Residents may spend more time in their bed if they are less mobile, for example because they have difficulty moving about or are ill. It is particularly important that residents are not removed from contact with nature just because it is difficult for them to go outside. Having an attractive view to outside gives residents the opportunity to connect with nature, to be aware of the time of day, the season and the changes that take place in any day. An attractive view can provide an important source of stimulation and provide a good conversation point.

ENSURE:

·   each bedroom has an attractive view to outside
·   the bed can be located to take advantage of the view

AVOID:

·   rooms which have a poor view to outside e.g. of a plain brick wall

CONSIDER:

·   providing alternative bed locations in the bedroom

5.11   Inside, are contrasting materials used so that edges of surfaces and objects can be easily seen (e.g. coloured borders, different floor, wall and ceiling colour)?

If a resident is unable to see an object such as a chair, it is unlikely that they will be able to sit down. It is important that there is contrast between horizontal surfaces, e.g. chair seat and floor, table and seat, bench top and floor so that object stands out. Contrast between vertical surfaces is also necessary, for example so that doors can be easily seen, handles stand out against cupboard doors etc.

ENSURE:

·   contrast is used so that objects can be seen easily

AVOID:

·   bland environments where there is little contrast
·   contrasting floor finishes (refer 1.14)

CONSIDER:

·   the use of contrast when selecting colours, finishes and furniture

| **5.12** | **Inside, are olfactory cues (such as perfumed flowers or kitchen smells) used to provide a variety of experiences for a person with dementia and help them know where they are?** |

There are many cues that can be helpful to a person with dementia. It is important that all of the senses are considered when providing cues and the sense of smell has an important role to play. The smell of coffee brewing or toast being prepared can stimulate memories and help people find their way toward a kitchen or dining room. These cues need to be used carefully so that they do not compete with each other or become overwhelming and confusing. Residents may have positive or negative associations with certain aromas and these need to be considered when using olfactory cues. Allergies will also need to be taken into account.

ENSURE:

· olfactory cues are considered and regularly reviewed to meet residents' needs

AVOID:

· multiple concurrent olfactory cues as this can be confusing

CONSIDER:

· how to change olfactory cues to reflect different times of day and seasons

| **5.13** | **Inside, are tactile cues used to provide a variety of experiences for a person with dementia and help them know where they are (e.g. different floor finishes, fittings such as door handles)?** |

There are many cues that can be helpful to a person with dementia. It is important that all of the senses are considered when providing cues and the sense of touch has an important role to play. The feel of different materials and surfaces can stimulate memories and give residents varied and rewarding experiences. Walking on tiles, for example, is a different experience to walking on carpet or timber. These cues need to be used carefully so that they do not compete with each other or become overwhelming and confusing.

ENSURE:

· tactile cues are considered and regularly reviewed to meet residents' needs

AVOID:

· multiple concurrent tactile cues as this can be confusing
· high levels of contrast between floor finishes (refer 1.14)

CONSIDER:

· how to use tactile cues to offer a variety of experiences

5.14 **Inside, are auditory cues used to provide a variety of experiences for a person with dementia and help them know where they are (e.g. music, sound of a water feature)?**

There are many cues that can be helpful to a person with dementia. It is important that all of the senses are considered when providing cues and the sense of sound has an important role to play. Music can stimulate memories, alter moods and give residents a variety of experiences. Auditory cues need to be used carefully so that they do not compete with each other or become overwhelming and confusing. Residents may have positive or negative associations with certain sounds and this also needs to be taken into account when using auditory cues.

ENSURE:

· auditory cues are considered and regularly reviewed to meet residents' needs

AVOID:

· multiple concurrent auditory cues as this can be confusing

CONSIDER:

· how to change auditory cues to reflect different times of day and seasons

5.15 **Outside, are contrasting materials used so that edges of surfaces and objects can be easily seen (e.g. coloured borders on paths, different colours and materials for seats and ground surfaces)?**

If a resident is unable to see the edge of a path it unlikely she/he will remain on it. If a resident cannot see an object such as a chair, it is unlikely that she/he will be able to sit down. It is important that there is contrast between horizontal surfaces, e.g. chair seat and path, table top and seat, table top and floor so that object stands out. Contrast between vertical surfaces is also necessary.

ENSURE:

· contrast is used so that objects can be seen easily

AVOID:

· bland environments where there is little contrast

CONSIDER:

· contrasting path surfaces (refer 1.14)
· the use of when selecting colours, finishes and furniture

5.16 **Outside, are a variety of materials and finishes used to create an interesting and varied environment for a person with dementia and help them know where they are (e.g. brick, timber stone, grass)?**

When a variety of materials is used, important stimuli can be emphasised, scale can be reduced (by avoiding repetition) and a more familiar environment can be created. The feel of different materials and surfaces can stimulate memories and give residents varied and rewarding experiences. Walking on tiles feels different to walking on carpet or timber. Materials need to be used carefully so that they do not compete with each other or become overwhelming and confusing.

ENSURE:

· a variety of materials and finishes are used to create an interesting and varied environment

AVOID:

· the repetitive use of materials and finishes
· contrasting path surfaces (refer 1.14)

CONSIDER:

· how to use a variety of materials and finishes to offer a range of experiences

5.17 **Outside, are olfactory cues (such as perfumed plants) used to provide a variety of experiences for a person with dementia and help them know where they are?**

There are many cues that can be helpful to a person with dementia. It is important that all of the senses are considered when providing cues and the sense of smell has an important role to play. The smell of lavender or basil can stimulate memories and help people find their way to a pergola or kitchen door. These cues need to be used carefully so that they do not compete with each other or become overwhelming and confusing. Residents may have positive or negative associations with certain aromas and so these need to be taken into account when using olfactory cues. Allergies will also need to be taken into account.

ENSURE:

· olfactory cues are considered and regularly reviewed to meet residents' needs

AVOID:

· multiple concurrent olfactory cues as this can be confusing

CONSIDER:

· how to use olfactory cues to reflect different seasons

5.18 **Outside, are auditory cues used to provide a variety of experiences for a person with dementia and help them know where they are (e.g. wind chimes)?**

There are many cues that can be helpful to a person with dementia. It is important that all of the senses are considered when providing cues and the sense of sound has an important role to play. The sound of wind chimes, for example, can draw people to that part of the garden. Auditory cues need to be used carefully so that they do not compete with each other or become overwhelming and confusing. Residents may have positive or negative associations with certain sounds and so this needs to be taken into account when using auditory cues.

ENSURE:

· auditory cues are considered and regularly reviewed to meet residents' needs

AVOID:

· multiple concurrent auditory cues as this can be confusing

CONSIDER:

· how to change auditory cues to reflect different times of day and seasons

5.19 **Inside, is there an attractive view to outside from the lounge and/or dining room for a person seated or lying down?**

Residents may spend time lying down, perhaps because they are ill. This should not mean that they need to remain in their bedrooms, just because they are not able to sit up. Having an attractive view when lying down gives residents the opportunity to connect with outdoors, to be aware of the time of day, the season and the changes that take place in any day. An attractive view can provide an important source of stimulation and provide a good conversation point.

ENSURE:

· sill height low e.g. 600 to allow a view outside when lying down
· lounge/dining room has an attractive view to outside
· when a bed is used in the lounge/dining room it can be located to take advantage of the view

AVOID:

· windows with high sill height

CONSIDER:

· how furniture can be arranged flexibly to meet different sitting/lying positions

6. SUPPORT MOVEMENT AND ENGAGEMENT

6.1 **Is there a clearly defined accessible path that avoids dead ends and locked exits and guides the resident from inside to outside and back to their starting point?**

It is important that residents are able to move freely and continuously when outside and reach destinations that are meaningful. They should not end up at a dead end where they can go no further and cannot easily see how to go back. Paths need to be laid out so that residents can see their way back to their starting point easily, so that a pleasant walk outside doesn't become a nightmare as they feel lost and confused about where they are and where to go. This will also give residents more confidence to explore the outside environment, providing a greater level of comfort and reducing stress.

Another aspect of encouraging residents to move about freely is to ensure that not only the path layout but the paths themselves are well designed. Attention needs to be given to the selection of path surfaces, edges, width, camber, drainage, and obstacles.

ENSURE:

·   paths are continuous,

·   paths do not contain hazards such as potholes, slippery or uneven surfaces or overhanging branches (refer 1.6, 1.7)

·   that path edges are clearly marked with contrasting coloured materials or textures

AVOID:

·   dead ends, paths that lead to nowhere

·   multiple decision points

CONSIDER:

·   widening paths occasionally to provide sitting areas and places off the main route but without dead ends

·   using contrasting colours to mark the edges of paths

·   using concrete or a concrete base to pavers to prevent settling and to ensure a smooth continuous surface

6.2 **Outside, is there a path that guides residents past areas that might invite participation in an appropriate activity?**

The goal of designing the path layout is not to keep residents moving, but rather to give them a rewarding experience. Residents may not have a clear idea of what they would like to do or what they are looking for. They may also have forgotten where the place they are looking for is located. If places of interest are easy to see, it can give residents an idea of what they might like to do.

This journey should offer residents opportunities to engage with others, engage with activities, a range of stimuli and other people or to sit quietly, for example to take in a view. In this way residents are offered experiences that are interesting and rewarding.

ENSURE:
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· the path guides residents to points of interest and participation, such as raised garden beds

AVOID:
··

· paths that lead to nowhere

CONSIDER:
··

· changing landscaping to create a varied outside environment

· at some point along important paths ensuring there is a close view (residents and activities) and a medium view (possible destinations within the unit). Where residents are used to having a long view (e.g.view to the paddocks), this can also be appropriate.

6.3	**Outside, is there a choice of activities for residents to participate in (such as sorting tools, seeing birds, checking the clothesline)?**

Residents should be offered opportunities to engage with others, to sit quietly by themselves, to take in a view or engage in activities. In this way residents can choose what they wish to do and can be offered a variety of experiences that are interesting and engaging.

ENSURE:
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· places of interest are easy to see
· paths guide residents to places of interest

AVOID:
··

· paths that lead to nowhere

CONSIDER:
··

· changing landscaping to create a varied outside environment
· a range of things for residents (their visitors and staff) to do (recognising people's preferences can vary enormously)

6.4	**Outside, are there chairs or benches at frequent intervals so people can sit and enjoy the fresh air?**

A resident can become tired while walking and may need a place to rest to prevent falls and injury, or to simply enjoy being outside. The provision of seats and benches at frequent intervals around the path is important.

ENSURE:
··

· seating is provided at regular intervals

AVOID:
··

· seating with sharp edges and rough surfaces

CONSIDER:

· a variety of different seats (heights, materials and locations)
· allowing for wheelchair stopping points near seating

| 6.5 | Outside, are there both shady and sunny areas along the path? |

There will be times when sunshine is sought after and others when shade is required. Residents can become hot and dehydrate if they are outside in summer, or cold if they are outside in winter. Opportunities to be in the shade or in the sun are therefore important if residents are to enjoy being outside.

ENSURE:

· places along the path offer residents shade and sun

AVOID:

· making outside sitting areas in places that are windy
· large surfaces that reflect the heat of the sun onto residents walking on the path

CONSIDER:

· where and when the sun will shine in winter and summer in relation to the building, outside structures and verandahs

| 6.6 | Outside, does the path allow residents to be taken past a range of activities that they can passively participate in (such as looking at plants, watching birds)? |

Residents who are not independently mobile still need to be offered opportunities to engage with others, to sit quietly by themselves, to take in a view and enjoy a pretty garden. In this way, residents can be offered an experience that it is interesting and engaging, even though they are not able to move about independently.

ENSURE:

· places of interest are easy to see
· there are different opportunities for passive engagement

AVOID:

· paths with no view to other areas

CONSIDER:

· changing landscaping to create a varied outside environment
· the range of things which a resident (their visitors and staff) may find engaging
· providing olfactory as well as visual experiences

6.7 **Are there verandahs or shaded seating areas in close proximity to the building?**

It is important that residents are encouraged to spend time outdoors, and that it is easy for them to do so. Verandahs and shaded seating areas provide a great opportunity for residents to enjoy fresh air, without being unduly exposed to the weather, be it rain, sunshine or heat.

ENSURE:

· there is good view from the building to outside verandah areas and shelters

· the exit to the outside verandah and seating areas is easily identified

· the path to the sitting areas is clearly defined

AVOID:

· placing sheltered seating areas out of sight and easy reach of the building

CONSIDER:

· direction of sun and wind to ensure that different areas can be used in different weather conditions

· furniture is inviting and ready to use (e.g. chairs not stacked in a corner)

6.8 **Inside, is there a path that guides residents past areas that might invite participation in an appropriate activity (such as folding clothes, listening to music)?**

The goal of designing the circulation within a building is not to keep residents moving, but rather to give them a rewarding experience. Residents may not have a clear idea of what they would like to do or what they are looking for. They may also have forgotten where the place they are looking for is. If places of interest are easy to see, and there are clear landmarks along the way, the destination can be highlighted and the journey will be more interesting. This journey could offer residents opportunities to engage with others, to sit quietly, to take in a view and to engage in some activities, e.g look at a newspaper, fold some laundry or reminisce about some old photos. In this way residents will be offered an experience that it is interesting and engaging.

ENSURE:

· the internal path is clearly defined and opportunities for participation are highlighted

AVOID:

· corridors with no view to other areas

· dead ends/corridors that lead to nowhere

CONSIDER:

· familiar landmarks along the way to important areas of the unit

6.9	Inside, does the path take residents past chairs that provide opportunities for rest and/or conversation?

It is important to recognise that residents may become tired while walking and so the environment needs to encourage them to take a rest when they need to do so. Seating areas should be readily seen and offer residents opportunities to engage with others, to sit quietly and/or to take in a view. The goal of designing the circulation within a building is not to keep residents moving, but rather to give them a rewarding experience. Places to sit are a key part of this experience.

ENSURE:

· the internal path is clearly defined and opportunities for sitting and resting or chatting are highlighted

AVOID:

· corridors with no view to other areas and no opportunities to rest

CONSIDER:

· familiar landmarks along the way to important areas of the unit so residents find it easy to have a sense of where they are

7.   Create a familiar place

7.1   Are there any pieces of furniture in the lounge room that are of a design that are not familiar to the majority of residents?

Residents are likely to spend a large amount of time in the lounge and dining room. It is therefore important that these rooms are familiar to residents, as this can contribute to a sense of well being and calm. The presence of familiar furniture will not only help to create a warm and inviting atmosphere in the room, but will encourage residents to use the places and enjoy them. Materials and finishes need to be selected to allow for cleaning.

ENSURE:

·   there is a variety of furniture types i.e. several styles of chairs

·   a variety of furniture heights

·   a variety of familiar furniture coverings

·   finishes are selected to allow for cleaning of surfaces and fabrics

AVOID:

·   commercial or institutional furniture selection

·   repetitive use of furniture

CONSIDER:

·   the domestic lounge and dining room as the model for furniture selection

·   how familiar furniture can encourage people to find their favourite place

·   furniture that is appropriate for inside and outside and can be easily moved from one to another

7.2   Are there any pieces of furniture in bedrooms that are of a design that are not familiar to the majority of residents?

As with the lounge and dining room, the bedroom should provide the comfort of familiarity. As the bedroom is often used only by one resident there are many opportunities to make the room reflect the early life of the individual. The selection of furniture can take many forms and will depend on the residents' life experiences and preferences.

ENSURE:

·   at least some of the furniture has been selected to reflect the experience and preferences of the person who will sleep there

·   hooks and rails on walls to hang photos and other objects

AVOID:

·   extensive use of built in furniture

·   selecting furniture without a clear understanding of the experiences and preferences of the person.

CONSIDER:

·   which pieces of furniture are most familiar to a resident and how they can be accommodated

7.3	**Have most of the residents decorated their bedrooms (e.g. with photos, pictures, objects)?**

If residents' bedrooms are to be familiar to them, it will be vital that they are able to decorate them. This decoration can take many forms and will depend on the residents' life experiences, hobbies, likes and dislikes. For some people, a painting may suffice, for others photos of family and friends will be important. In a shared room, it is essential that residents are able to personalise a part of the room if they wish.

ENSURE:

·   opportunity to display personal items
·   hooks and rails on walls to hang photos and other objects

AVOID:

·   decorating rooms prior to residents' having an opportunity to personalise the room

CONSIDER:

·   areas of pin board or fabric covered materials that will allow an easily maintained surface for pinning photos and pictures onto the walls, while not compromising the domestic ambiance of the the room

7.4	**Do residents have their own furniture in their own bedrooms?**

If residents' bedrooms are to be familiar to them, it will be vital that they are able to choose to furnish them themselves. The furniture residents wish to bring will depend on the their life experiences, hobbies, likes, and dislikes. For some people, a simple piece of furniture may suffice, for others having a number of pieces of furniture will be important. In a shared room, it is essential that residents are able to personalise a part of the room if they wish.

ENSURE:

·   bedrooms are not filled with built in furniture so there is no room for resident furniture
·   rooms are of an adequate size to allow for resident furniture while not impeding the use of necessary equipment

AVOID:

·   decorating rooms prior to residents' having an opportunity to personalise the room
·   commercial or institutional furniture selection
·   repetitive furniture and décor/colours

CONSIDER:

·   the domestic bedroom as the model for furniture selection

8. PROVIDE A VARIETY OF PLACES TO BE ALONE OR WITH OTHERS - IN THE UNIT

8.1 **Within the unit, are there places where a small group of people can gather?**

People can do different things and feel different emotions when they gather in a small group. For example, in a small group people may have a private conversation, listen to music or play cards. It is important that small groups of people can comfortably gather in the lounge or dining room without re-arranging the furniture. If the furniture has to be rearranged for people to gather in this way, it is less likely to happen and so opportunities for residents to experience a more private gathering will be lost.

ENSURE:

·   furniture layouts accommodate small groups

AVOID:

·   undifferentiated furniture arrangements that cater only for large groups
·   furniture arrangements that require everyone to be together

CONSIDER:

·   the varied use of dining and lounge areas for different group sizes
·   flexible furniture design and layout to suit different group sizes

8.2 **Within the unit, are there places where a person can be on their own and/or in private conversation (e.g. nooks, sitting areas)?**

All units need to have a number of places where residents, friends, staff and families can sit, either on their own or with others. Small areas or nooks are an important way to give people many choices. They can be an area to the side of a corridor, a space at the end of a corridor, a bay window in a larger room, or a little room off a lounge or dining room. The more of these small areas or nooks there are in a unit, the greater the opportunity for residents to enjoy privacy or community.

ENSURE:

·   small areas for quiet conversation/interaction are provided
·   large lounge or dining rooms are edged with nooks and smaller areas for small groups and individuals
·   nooks and the smaller edge rooms have a good view of the main room activities
·   corridors, especially long corridors, are broken up by the provision of a space and furniture that enables people to have a conversation

AVOID:

·   large undifferentiated places

CONSIDER:

·   varying corridor and hall widths to accommodate small sitting places

8.3 How many different characters are there within the unit (e.g. cosy lounge, TV room, sunroom)?

Residents will come to live in the unit from a variety of lifestyles. They will also feel like doing different things at different times of day. It is important that all social places are not the same, but instead offer the opportunity for a variety of experiences. They should also take different times of day and seasons into account, for example it may be that a room receives morning sun but is cool in the afternoon, offering residents two different experiences. Furnishings and furniture should also have different characteristics to appeal to residents' different likes and dislikes.

ENSURE:

· a variety of social places are provided, each with different aspects and characteristics

AVOID:

· providing a number of rooms with similar aspect and appearance

CONSIDER:

· how rooms can be altered to suit new residents' needs and preferences

8.4 Does the dining room allow for a choice to eat alone?

Food often plays an important part in the lives of residents and their families. Eating alone is a very different experience to eating in a group. People's preferences for who they dine with will vary and be influenced by their life experiences and their culture. Residents' preferences can also change according to the climate and the day, as some days are a cause for celebration and others for quiet reflection. It is important that residents have the opportunity to eat on their own when they choose, as this is one way that they can influence how they live their lives. This possibility needs to be provided both inside and outside.

ENSURE:

· dining room can accommodate discreet small or individual dining
· furniture to suit small group and individual dining

AVOID:

· large open dining rooms with undifferentiated furniture layouts only suited to dining in large groups
· fixed furniture that precludes individual or small group dining

CONSIDER:

· the varied use of dining area for different group sizes
· flexible furniture design to suit different group sizes

8.5   **Does the lounge room provide opportunities for people to be in private conversation?**

Residents should be able to choose to socialise in different ways. Sometimes people may choose to spend time on their own or in a private conversation. The lounge room needs to allow residents' opportunities to gather in small groups for private conversation so that they can choose what is best for them at a particular time.

ENSURE:

· furniture arrangement in the lounge room can accommodate private conversations

AVOID:

· fixed structures and seating that preclude private conversations

CONSIDER:

· variety of furniture e.g. couches and sofas as well as chairs

8.6   **Outside, are there places in the garden or outdoor area where a person can be on their own and/or in private conversation?**

Residents should be able to choose to socialise in different ways. Sometimes people may choose to spend time on their own or in a small group. Certain activities are better suited to a more private setting, such as having a conversation. The outdoor environment needs to allow residents opportunities to gather in small groups in public and private so that residents can choose what is best for them at a particular time.

ENSURE:

· outdoor furniture arrangement encourages conversation
· the widths of verandah areas can accommodate small groups and still allow safe circulation past the group
· there are seasonal outside places where people can be on their own or in private conversation (shaded summer places and sunny winter places)

AVOID:

· wind and sun exposed seating and tables outside

CONSIDER:

· how the selection of outside furniture can support people to be on their own or in private conversation

9. PROVIDE A VARIETY OF PLACES TO BE ALONE OR WITH OTHERS - IN THE COMMUNITY

9.1 **Is there easy access to places which encourage interaction and engagement with the wider community (e.g. children, knitting groups, church groups)?**

A person living with dementia can become isolated and less engaged as they become frailer. Engagement with the wider community is vital to reinforce a person's identity, encourage interaction with other people and maintain the skills and interests of the person living with dementia. When community groups meet at the facility it is easier for residents to take part in these activities. This also plays an important role in reducing the stigma that can be associated with residential aged care facilities.

ENSURE:
·   places are included in the facility which encourage the wider community to come to the facility for their meetings and activities

AVOID:
·   isolating the unit so it is difficult for residents to gain access to other parts of the facility

CONSIDER:
·   location of meeting rooms and gathering places so they are easily accessed by the wider community
·   providing internal and external places for the community to use

9.2 **Is there a room where families can share meals and/or celebrations with their relatives?**

Sharing a meal together is a pleasure for many people. Much of life in a residential setting is communal and although this is often familiar and desirable, it is important that residents and their families also have the opportunity to gather in a more private setting to eat and relax if they wish to. The inclusion of such places are likely to encourage family and friends to visit a facility as they feel welcome and are able to interact with their loved one in the way they are used to in the community.

ENSURE:
·   one or more areas or rooms which can be used by families to dine with a resident
·   area is attractive and comfortable

AVOID:
·   distractions near the area such as main circulation pathways
·   signage with lots of rules and instructions

CONSIDER:
·   flexible furnishings, flexible screening to accommodate small or large groups

9.3 **Is there an easily accessible place where families and friends can feel comfortable while taking a break from visiting, (e.g. when visiting a very sick person)?**

It is important that the facility includes places where families can retreat or withdraw and take a break, for example from visiting a very sick person.

ENSURE:

· an outdoor area or room in the facility which can be used by families as a place of retreat

AVOID:

· distractions near the area such as main circulation pathways
· signage with lots of rules and instructions

CONSIDER:

· flexible furnishings, flexible screening to accommodate small or large groups

10. DESIGN IN RESPONSE TO VISION FOR WAY OF LIFE

10.1	**What is the vision/purpose of the unit for people with dementia? To provide:**
	a) **A homelike environment**
	b) **A hotel like environment with hotel like services**
	c) **A medical care facility**
	d) **A lifestyle environment focusing on recreation, exercise or another aspect of lifestyle**
	e) **A centre of excellence for people with dementia**
	f) **Other . . .**

Residents are not all the same. They come to residential aged care with a variety of life experiences and preferences. They enjoy doing different things and will look to continue these as far as they are able in residential aged care.

It may not be possible for a residential facility to meet the needs of the full range of potential residents. There is a danger of being a 'jack of all trades and master of none'. It may be better for a facility to focus on a particular group of potential residents and their abilities and lifestyles, rather than partially meeting the needs of many.

The development of a clear vision for a way of life in the residential facility is vital. The vision will influence the design of the unit, for example a fully functioning kitchen is essential if the vision is one of taking part in ordinary activites of daily life. However, if the focus is instead on social activities, the kitchen may be replaced with a billiards room, a room for playing cards or a place for playing bowls or bocce. The vision will influence the priorities of a unit and how residents will spend their time within the unit and in the wider community. It will give the staff direction and help potential residents and their families decide whether the facility is likely to meet their needs.

ENSURE:

- there is a clearly articulated vision for how residents are to live, what they can do etc

AVOID:

- assuming all potential residents enjoy the same lifestyle and have the same needs

CONSIDER:

- ways in which the environment can enable the vision to be realised

10.2	How well does the built environment enable this to happen?

(Ask the manager or their representative for their view)

There are many ways of life. It is important that the environment supports the vision for the way of life that is being offered to the residents.

ENSURE:

- the vision is clearly articulated during the design of a building
- the amenities required to support the way of life are provided within the environment, e.g. a fully functioning kitchen is essential if the vision for a way of life involves full engagement with the ordinary activities of daily living. However, if the focus is social activities, the kitchen may be replaced with a billiards room or a room for playing cards.

AVOID:

- a bland environment intended to meet everyone's needs.
- trying to put a vision for a way of life into practice that is not supported by the environment.
- designing a building without a vision for way of life.

CONSIDER:

- how the environment can be adapted to meet changing residents' needs and preferences.

APPENDIX 1

ENVIRONMENTAL ASSESSMENT TOOL - HIGHER CARE (EAT-HC)

ENVIRONMENTAL ASSESSMENT TOOL - HIGHER CARE

Date: .... Time: .... Facility ....

Unit: .... Observer: ....

1	UNOBTRUSIVELY REDUCE RISKS	N/A	NO	YES	ADD 1 IF UNOBTRUSIVE	SCORE
1	Can people who live in the unit be prevented from leaving the garden/outside area by getting over or under the perimeter? (N/A = no outside area)	N/A	0	1	1	
2	Can people who live in the unit be prevented from leaving the garden/outside area through the gate? (N/A = No outside area)	N/A	0	1	1	
3	Can the front door leading out of the unit be secured?	N/A	0	1	1	
4	Outside, is there step free access to all areas? (N/A = No outside area)	N/A	0	1		
5	Outside, are all floor surface materials safe from being slippery when wet? (N/A = No outside area)	N/A	0	1		
6	Outside, is the path surface even? (N/A = No outside area)	N/A	0	1		
7	Outside, are the paths clear of obstacles (e.g. trees, thorny plants) along and over the path? (N/A = No outside area)	N/A	0	1		
8	Outside, are the paths wide enough to allow two wheelchairs to pass? (Minimum width is 1.8 metres). (N/A = No outside area)	N/A	0	1		
9	Outside, are all ramps of a gradient suitable for wheelchair use? (Gradient 1 in 14 or less). (N/A = No outside area)	N/A	0	1		
10	Is there a way to keep residents out of the kitchen if required? (N/A = no resident accessible kitchen)	N/A	0	1	1	
11	Can appliances be locked away in the kitchen the residents use? (N/A = no resident accessible kitchen)	N/A	0	1	1	
12	Is there a switch to turn off electricity to power points in the kitchen the residents use? (N/A = no resident accessible kitchen)	N/A	0	1	1	
13	Inside, are all floor surfaces safe from being slippery when wet?		0	1		
14	Inside, is contrast between floor surfaces avoided (e.g. sharp distinction between bedroom floor and corridor)?		0	1		
15	Inside, are all ramps of a gradient suitable for wheelchair use? (Gradient 1 in 14 or less) (No ramps = 1)		0	1		
16	Is it easy to transfer a non-ambulant person from their bed to the ensuite/WC (using appropriate equipment)?		0	1		

2 PROVIDE A HUMAN SCALE

	Number of people	1-10	11-16	17-29	30+	SCORE
1	How many people live in the unit?	Score 3	Score 2	Score 1	Score 0	

	Scale of building	NO	YES
2	Does the scale (height and width) of the common areas allow a person to feel comfortable (and not uneasy because they are too big or too small)?	0	1

3 ALLOW PEOPLE TO SEE AND BE SEEN

						SCORE
1	What proportion of residents can see the inside of a lounge room as soon as they leave their bedroom?	0-25% Score 0	26-50% Score 1	51% - 75% Score 2	76% - 100% Score 3	
2	What proportion of residents can see their bedroom entry as soon as they leave a lounge room? (Bedroom entry includes bedroom door, architrave or other feature specific to a particular bedroom)	0-25% Score 0	26-50% Score 1	51% - 75% Score 2	76% - 100% Score 3	
3	What proportion of residents can see the inside of a dining room as soon as they leave their bedroom?	0-25% Score 0	26-50% Score 1	51% - 75% Score 2	76% - 100% Score 3	
4	Can the exit to a garden or outside area be seen from the lounge or dining room that is used by most residents? (N/A = no lounge, dining room or outside area)		N/A	NO Score 0	YES Score 1	
5	Can the dining room be seen into from the lounge room? (Answer with reference to lounge and dining room used by most residents) (N/A = no lounge or dining room)		N/A	NO Score 0	YES Score 1	
6	Can a toilet be seen from the lounge room that is used by most residents? (N/A = no lounge room)		N/A	NO Score 0	YES Score 1	
7	Can a toilet be seen from the dining room that is used by most residents? (N/A = no dining room)		N/A	NO Score 0	YES Score 1	
8	Can the lounge room that is used by most residents be seen into from where staff spend most of their time? (N/A = no lounge room)		N/A	NO Score 0	YES Score 1	
9	Can the dining room that is used by most residents be seen into from where staff spend most of their time? (N/A = no dining room)		N/A	NO Score 0	YES Score 1	
10	Can a garden or outside area for the residents be seen from where staff spend most of their time? (N/A = no outside area)		N/A	NO Score 0	YES Score 1	

Total score

4	MANAGE LEVELS OF STIMULATION - REDUCE UNHELPFUL STIMULATION	NO	YES	SCORE
1	Are doors to cleaners' cupboards, storerooms and other areas where residents may find danger easily seen?	1	0	
2	Is the wardrobe (or cupboard) that the resident uses full of a confusing number of clothes and/or irrelevant objects?	1	0	
3	Is there a public address, staff paging or call system with bells, loudspeakers or flashing lights in use?	1	0	
4	Does the noise from closing doors disturb residents, (e.g. flapping kitchen doors, noisy automatic doors)?	1	0	
5	Is there a lot of visual clutter in the unit (i.e. notices, objects, furniture that are either irrelevant to residents or make it hard for them to interpret their environment)?	1	0	
6	Inside, can glare be avoided by using curtains and blinds?	0	1	

5	MANAGE LEVELS OF STIMULATION - OPTIMISE HELPFUL STIMULATION						SCORE
1	Does each room have a distinctive character and feel (i.e. is it easy to identify a room as a dining room or a lounge room)?		NO Score 0		YES Score 1		
2	Is the dining room clearly recognisable from outside the room? (Answer with reference to dining room used by most residents) (N/A = no dining room)	N/A	NO Score 0		YES Score 1		
3	What percentage of residents have a clearly defined path from their room to the dining room (e.g. by using colour objects and signage, or can see the dining room from their room)?		0-25% Score 0	26-50% Score 1	51-75% Score 2	76-100% Score 3	
4	Is the lounge room clearly recognisable from outside the room? (Answer with reference to lounge room used by most residents) (N/A = no lounge room)	N/A	NO Score 0		YES Score 1		
5	Are different corridors clearly recognisable so residents can identify where they are? (N/A = no corridors)	N/A	NO Score 0		YES Score 1		
6	Are personalised signs, symbols or displays prominently displayed to identify bedrooms?		NO Score 0		YES Score 1		
7	Are shared ensuites/bathrooms/toilets clearly marked with a sign (text and symbol) or colour coded door? (N/A = no shared ensuite, bathroom or toilet)	N/A	NO Score 0		YES Score 1		
8	Is, or can, the bed be placed so that it is possible to see the toilet pan from the bed when lying down?		NO Score 0		YES Score 1		

5	MANAGE LEVELS OF STIMULATION - OPTIMISE HELPFUL STIMULATION						SCORE
9	Do the toilet seats contrast with the background?		0-25% Score 0	26-74% Score 1	75-100% Score 2		
10	What percentage of residents have a window that provides an attractive view to the outside from their bed?		0-25% Score 0	26-50% Score 1	51-75% Score 2	76-100% Score 3	
11	Inside, are contrasting materials used so that edges of surfaces and objects can be easily seen (e.g. coloured borders, different floor, wall and ceiling colour)?		NO Score 0		YES Score 1		
12	Inside, are olfactory cues (such as perfumed flowers or kitchen smells) used to provide a variety of experiences for a person with dementia and help them know where they are?		NO Score 0		YES Score 1		
13	Inside, are tactile cues used to provide a variety of experiences for a person with dementia and help them know where they are (e.g. different floor finishes, fittings such as door handles)?		NO Score 0		YES Score 1		
14	Inside, are auditory cues used to provide a variety of experiences for a person with dementia and help them know where they are (e.g. music, sound of a water feature)?		NO Score 0		YES Score 1		
15	Outside, are contrasting materials used so that edges of surfaces and objects can be easily seen (e.g. coloured borders on paths, different colours and materials for seats and ground surfaces)? (N/A = no outside area)	N/A	NO Score 0		YES Score 1		
16	Outside, are a variety of materials and finishes used to create an interesting and varied environment for a person with dementia and help them know where they are (e.g. brick, timber stone, grass)? (N/A = no outside area)	N/A	NO Score 0		YES Score 1		
17	Outside, are olfactory cues (such as perfumed plants) used to provide a variety of experiences for a person with dementia and help them know where they are? (N/A = no outside area)	N/A	NO Score 0		YES Score 1		
18	Outside, are auditory cues used to provide a variety of experiences for a person with dementia and help them know where they are (e.g. wind chimes)? (N/A = no outside area)	N/A	NO Score 0		YES Score 1		
19	Inside, is there an attractive view to outside from the lounge and/or dining room for a person seated or lying down?		NO Score 0		YES Score 1		

6	SUPPORT MOVEMENT AND ENGAGEMENT	N/A	NO	YES	SCORE
1	Is there a clearly defined accessible path that avoids dead ends and locked exits and guides the resident from inside to outside and back to their starting point? (N/A = no outside area)	N/A	0	1	
2	Outside, is there a path that guides residents past areas that might invite participation in an appropriate activity? (N/A = no outside area)	N/A	0	1	
3	Outside, is there a choice of activities for residents to participate in (such as sorting tools, seeing birds, checking the clothesline)? (N/A = no outside area)	N/A	0	1	
4	Outside, are there chairs or benches at frequent intervals so people can sit and enjoy the fresh air? (N/A = no outside area)	N/A	0	1	
5	Outside, are there both shady and sunny areas along the path? (N/A = no outside area)	N/A	0	1	
6	Outside, does the path allow residents to be taken past a range of activities that they can passively participate in (such as looking at plants, watching birds)? (N/A = no outside area)	N/A	0	1	
7	Are there verandahs or shaded seating areas in close proximity to the building?		0	1	
8	Inside, is there a path that guides residents past areas that might invite participation in an appropriate activity (such as folding clothes, listening to music)?		0	1	
9	Inside, does the path take residents past chairs that provide opportunities for rest and/or conversation?		0	1	

7	CREATE A FAMILIAR PLACE	N/A	NONE	A FEW	MANY	SCORE
1	Are there any pieces of furniture in the lounge room that are of a design that are not familiar to the majority of residents? (Answer with reference to lounge room used by most residents) (N/A = no lounge room)	N/A	2	1	0	
2	Are there any pieces of furniture in bedrooms that are of a design that are not familiar to the majority of residents?		2	1	0	
3	Have most of the residents decorated their bedrooms (e.g. with photos, pictures, objects)?		0	1	2	
4	Do residents have their own furniture in their own bedrooms?		0	1	2	

8	**PROVIDE A VARIETY OF PLACES TO BE ALONE OR WITH OTHERS - IN THE UNIT**					SCORE
1	Within the unit, are there places where a small group of people can gather?	NO Score 0	1 Score 1	2 or more Score 2		
2	Within the unit, are there places where a person can be on their own/or in private conversation (e.g. nooks, sitting areas)?	NO Score 0	1 Score 1	2 Score 2	3 or more Score 3	
3	How many different characters are there within the unit (e.g. cosy lounge, TV room, sunroom)?	1 Score 0	2 or 3 Score 1	4 or more Score 2		
4	Does the dining room allow for a choice to eat alone?	NO Score 0		YES Score 1		
5	Does the lounge room provide opportunities for people to be in private conversation?	NO Score 0		YES Score 1		
6	Outside, are there places in the garden or outdoor area where a person can be on their own and/or in private conversation?	NO Score 0		YES Score 1		

9	**PROVIDE A VARIETY OF PLACES TO BE ALONE OR WITH OTHERS - IN THE COMMUNITY**			SCORE
1	Is there easy access to places which encourage interaction and engagement with the wider community (e.g. children, knitting groups, church groups)?	NO Score 0	YES Score 1	
2	Is there a room where families can share meals and/or celebrations with their relatives?	NO Score 0	YES Score 1	
3	Is there an easily accessible place where families and friends can feel comfortable while taking a break from visiting (e.g. when visiting a very sick person)?	NO Score 0	YES Score 1	

10	DESIGN IN RESPONSE TO VISION FOR WAY OF LIFE		SCORE
1	What is the vision/purpose of the unit for people with dementia? To provide: a) A homelike environment b) A hotel like environment with hotel like services c) A medical care facility d) A lifestyle environment focusing on recreation, exercise or another aspect of lifestyle e) A centre of excellence for people with dementia f) Other . . .	Circle one option a b c d e f	
2	How well does the built environment enable this to happen? (Ask the manager or their representative for their view) 1 = not at all well 5 = extremely well	Circle one option 1 2 3 4 5	

EAT-HC ADDITIONAL ITEMS

Here are some additional questions you may wish to consider.

These are questions that did not meet measurement requirements for inclusion in the EAT-HC, but may nonetheless be useful for consultation purposes.

1	UNOBTRUSIVELY REDUCE RISKS	N/A	NO	YES	ADD 1 IF UNOBTRUSIVE	SCORE
a	Can people who don't live in the unit be prevented from getting in through the gate to the garden/outside area? (N/A = no outside area)	N/A	0	1	1	
b	Can all side doors leading out of the unit be secured? (This does not refer to side doors leading to a secure garden/outdoor area.)		0	1	1	
c	Can bedroom windows (and/or doors) be restricted in the extent to which they open so that people cannot climb in or out?	N/A	0	1	1	
d	Is there a lockable knife drawer in the kitchen the residents use (N/A = no resident accessible kitchen)	N/A	0	1	1	
e	Is the cook top in the kitchen the residents use a gas cooktop? (N/A = no resident accessible kitchen or no cooktop)	N/A	0	1		
f	Are rooms large enough to allow for the use of mobility aids (e.g. wheelchairs, frames)?		0	1		
	On the whole, how well do you think this facility responds to the principle of 'Unobtrusively reduce risk'? 1 = not at all well 5 = extremely well		Circle one option 1 2 3 4 5				

2	PROVIDE A HUMAN SCALE	N/A	NO	YES	SCORE
a	Does the detailing of the unit inside (e.g. use of different finishes and materials) focus on the human scale?		0	1	
b	Does the detailing of the unit outside (e.g. window finishes, variety of materials) focus on the human scale? (Is a person not dwarfed or intimidated by the facility when outside?) (N/A = No outside area)		0	1	
	On the whole, how well do you think this facility responds to the principle of 'Provide a human scale'? 1 = not at all well 5 = extremely well		Circle one option 1 2 3 4 5			

3	ALLOW PEOPLE TO SEE AND BE SEEN					SCORE

a	What proportion of residents can see their bedroom entry as soon as they leave a dining room? (Bedroom entry includes bedroom door, architrave or other feature specific to a particular bedroom)	**0-25%** Score 0	**26-50%** Score 1	**51-75%** Score 2	**76-100%** Score 3	
	On the whole, how well do you think this facility responds to the principle of 'Allow people to see and be seen'? 1 = not at all well 5 = extremely well	Circle one option 1 2 3 4 5				

4	MANAGE LEVELS OF STIMULATION - REDUCE UNHELPFUL STIMULATION	N/A	NO	YES	SCORE
a	Is the noise from any kitchen disturbing for residents?		1	0	
b	Are deliveries of food, linen etc taken through resident areas such as lounge or dining rooms?		1	0	
c	Is there any constant source of noise that could be confusing or disturbing for residents (e.g. loud TV/radio left on regardless of people watching/listening)?		1	0	
d	Is the front door to the unit easily visible to residents?		1	0	
e	Is the service entry (where food linen etc is delivered) easily visible to residents?		1	0	
f	Are there mirrors that could be confusing or disturbing for residents?		1	0	
g	Are there unpleasant smells or odours?		1	0	
	On the whole, how well do you think this facility responds to the principle of 'Manage levels of stimulation - Reduce unhelpful stimulation'? 1 = not at all well 5 = extremely well	Circle one option 1 2 3 4 5			

5	MANAGE LEVELS OF STIMULATION - OPTIMISE HELPFUL STIMULATION	N/A	NO	YES	SCORE
a	Are different parts of a long corridor clearly recognisable so residents can identify where they are? (N/A = no long corridor)	N/A	0	1	
b	In the daytime, when standing in the middle of the lounge room, can you (the observer) read this question using only daylight? (Answer with reference to lounge room used by most residents) (N/A = no lounge room)	N/A	0	1	
c	In the daytime, when standing in the middle fo the dining room, can you (the observer) read this question using only daylight? (Answer with reference to dining room used by most residents) (N/A = no dining room)	N/A	0	1	
d	In the daytime, when standing in the middle of a (typical) corridor, can you (the observer) read this question using only daylight? (N/A = no corridor)	N/A	0	1	
e	In the daytime, when standing in the middle of the resident accessible kitchen, can you (the observer) read this question using only daylight? (N/A = no resident accessible kitchen)	N/A	0	1	
f	In the daytime, when standing in the middle of the lounge room, can you (the observer) read this question using artificial light? (Answer with reference to lounge room used by most residents) (N/A = no lounge room)	N/A	0	1	
g	In the daytime, when standing in the middle of the dining room, can you (the observer) read this question using artificial light? (Answer with reference to dining room used by most residents) (N/A = no dining room)	N/A	0	1	
h	In the daytime, when standing in the middle of a (typical) corridor, can you (the observer) read this question using artificial light? (N/A = no corridor)	N/A	0	1	
i	In the daytime, when standing in the middle of the resident accessible kitchen, can you (the observer) read this question using artificial light? (N/A = no resident accessible kitchen)	N/A	0	1	
j	Inside, are a variety of materials and finishes used to create an interesting and varied environment for a person with dementia and help them know where they are? (e.g. timber flooring, vinyl, carpet, exposed roof beams, wall paneling)		0	1	
k	Outside, are tactile cues used to provide a variety of experiences for a person with dementia and help them know where they are (e.g. timber deck and concrete paths)? (N/A = no outside area)	N/A	0	1	
	On the whole, how well do you think this facility responds to the principle of 'Manage levels of stimulation - Optimise helpful stimulation'? 1 = not at all well 5 = extremely well	Circle one option 1 2 3 4 5			

6	SUPPORT MOVEMENT AND ENGAGEMENT	NO	YES	SCORE
a	Inside, is there a choice of activities for residents to participate in?	0	1	
b	Inside, does the route allow residents to be taken past a range of activities that they can passively participate in (such as enjoying a view, listening to music)?	0	1	
	On the whole, how well do you think this facility responds to the principle of 'Support movement and engagement'? 1 = not at all well 5 = extremely well	Circle one option 1 2 3 4 5		

7	CREATE A FAMILIAR PLACE	N/A	NONE	A FEW	MANY	SCORE
a	Are there colours in the furnishings or the decoration of the lounge room that are not familiar to the majority of residents? (Answer with reference to lounge room used by most residents) (N/A = no lounge room)	N/A	2	1	0	
b	Are there fittings and fixtures (e.g. taps, light switches) in the unit that are of a design that are not familiar to the majority of residents?		2	1	0	
	On the whole, how well do you think this facility responds to the principle of 'Create a familiar place'? 1 = not at all well 5 = extremely well	Circle one option 1 2 3 4 5				

8	PROVIDE A VARIETY OF PLACES TO BE ALONE OR WITH OTHERS - IN THE UNIT	N/A	NO	YES		SCORE
a	Near or within the unit, are there easily accessible places, other than the main lounge, where a group of more than 8 people can gather?		NO Score 0	1 Score 1	2 or more Score 2	
b	Outside, are there places in the garden or outdoor area where a small group of people can gather?		NO Score 0	YES Score 1		
	On the whole, how well do you think this facility responds to the principle of 'Provide a variety of places to be alone or with others in the unit'? 1 = not at all well 5 = extremely well			Circle one option 1 2 3 4 5		

9	PROVIDE A VARIETY OF PLACES TO BE ALONE OR WITH OTHERS - IN THE COMMUNITY	N/A	NO	YES		SCORE
a	Is there easy access to places which encourage interaction and engagement with residents who live elsewhere on the site? (N/A = no other residents living on site)	N/A	0	1		
b	Does the building blend into the streetscape?		0	1		
c	Is there a place for residents to go to if they do not wish to take part in an activity involving visitors from the community?		0	1		
	On the whole, how well do you think this facility responds to the principle of 'Provide a variety of places to be alone or with others in the community'? 1 = not at all well 5 = extremely well			Circle one option 1 2 3 4 5		

APPENDIX 2

EAT-HC
PLANNING
TEMPLATE

EAT-HC
PLANNING TEMPLATE

KEY DESIGN PRINCIPLES

		Unobtrusively reduce risks	Provide a human scale	Allow people to see and be seen	Manage levels of stimulation - reduce unhelpful stimulation	Manage levels of stimulation - optimise helpful stimulation
	ISSUES					
ACTIONS	How can we **re-use** what is there?					
	What can we do in the **short** term?					
	What can we do in the **medium** term?					
	What can we do in the **long** term?					

KEY DESIGN PRINCIPLES

		Support movement & engagement	Create a familiar place	Provide a variety of places to be alone or with others - in the unit	Provide a variety of places to be alone or with others - in the community	Design in response to vision for way of life
	ISSUES					
ACTIONS	How can we **re-use** what is there?					
	What can we do in the **short** term?					
	What can we do in the **medium** term?					
	What can we do in the **long** term?					

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