The Care Home/Extra Care Perspective
commissioning a new building & design considerations

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What will be covered?

- Brief introduction to PRP
- Examples of Extra Care and Care Homes
- Design Considerations and design thinking
- Sources of information & Guidance relating to Design
  - Compulsory standards and the interpretation of these
  - Good practice guidance and the implementation of these
- What do I want to learn more about?
• PRP are the largest Housing Practice in the UK.

• Offices in London, Surrey, Milton Keynes, Manchester and Southampton.

• Expertise in all types of accommodation for older people and other special needs groups.
  • Extra Care
  • Care Homes
  • Care Villages
  • Resource Centres
  • Dementia Care
Our Clients Include:

- **Housing Associations:**
  - Anchor Trust
  - Hanover Housing Association
  - Housing 21
  - Circle 33 HT
  - Notting Hill HT
  - Catalyst HA
  - James Butcher HA
  - Bedfordshire Pilgrims HA
  - Hereward Housing

- **Religious Orders & Private Charities:**
  - St John’s Winchester Charity
  - Pilgrim Homes
  - Methodist Homes for the Aged
  - Independent Age
  - Joseph Rowntree Foundation
  - RAF Benevolent Fund

- **Local Authorities:**
  - Bath & North East Somerset
  - Slough Borough Council
  - West Berkshire Council
  - Westminster City Council

- **Private Providers:**
  - Barchester Healthcare
  - Care UK

- **Health Trusts:**
  - United Healthcare
  - Nuffield Healthcare
  - Cathedral Healthcare
Design Guidance – within PRP
Design Criteria and Specialist Buildings

• In order to design a specialist building requires specialist knowledge

• Focussed client group - we can assume that most residents will be or will become frail and have similar impairments e.g. impaired reach, limited dexterity - at the very least.

• To produce a good design for such a specialist area relies on experienced consultants and a knowledgable client, no amount of guidance can substitute for this.

• Interpretation of information, design guidance and compulsory standards is important.
Design Principles – designing for older people

- To provide a ‘Home for Life’ as far as practically possible
- To create an enabling environment
- To be domestic in style
- To enable staff to run and manage the building efficiently
- To allow individuals to find privacy, comfort, support and companionship
- To facilitate way finding and orientation
Design Criteria – The End Users

Residents

- Visual Impairments
- Hearing Impairments
- Mobility Impairments
- Cognitive Impairments

Designing out disability

......plus Staff & Visitors!
Essential Design Issues and Specification Items

- Visual access throughout
- Good use of natural light
- Interesting corridors
- Handrails
- Wheelchair access
- Appropriate Ironmongery
- Large Lift(s)
- Use of colour and tonal contrast
- Flexibility
- Seating Bays
Designing for Dementia

- Simple and comprehensible layout
- Small scale living – cluster arrangement
- Visual accessibility & visual cues
- Sufficient space for personal belongings
- Detail design considerations
- Plan to facilitate walking routes
- Plan to REDUCE wandering
- Familiarity
- Unobtrusive care delivery
Wayfinding and Design

A combination of:

- interior finishes
- graphics and signage,
- (typographic and pictographic)
- colour contrast
- artwork
- lighting
- architectural detailing
Care Homes
Typical Bedroom with En Suite Shower

Area 18.75m²
Care Home Arrangement

The location of the communal areas at the centre of the cluster minimises travel distance for residents.

Interconnecting Living/Dining could be subdivided to create two smaller clusters of 7/8 bedrooms.

A simple plan form makes way finding easier for confused older people.

Cul-de-sac arrangement reinforces the independent nature of the residential clusters.

Quiet sitting areas at the end of the corridor to provide a vantage point/gathering place for residents.

Borrowed light through glazed screens will minimise the length of internal corridors.

L-shape creates protected outdoor living areas and a secure garden.
Care Home Arrangement

Aerial Perspective
Ground Floor Plan
Extra Care
A Typical Flat Plan

Full Wheelchair standard Flat
Total Internal floor area = 51m²
Two Bedroom Flat

Area 69m²

2nd Bedroom for Carer

2nd Bedroom as Study

2nd Bedroom as Dining Room
Creating Amenity – Balconies and Bays
Schedule of Accommodation – Extra Care

- Approx 40 flats, 1 and 2 beds
- Main Communal Lounge
- Dining/Restaurant
- Tea Kitchens
- Smaller lounges/Activity spaces
- Treatment/Therapy Rooms
- Hairdressing
- Assisted Bathrooms
- Laundry
- Buggy Store
- Catering Kitchen
- Staff Facilities
Design Concept & Layout Considerations

- Relationship of Flats to communal areas
- Location and arrangement of spaces near to the main entrance
- Progressive Privacy
- Vertical Circulation
- Site specific issues
A Typical Extra Care Sheltered Housing Scheme
Extra Care - Suffolk

- 4 ‘Pods’ of 9 Flats on 2 storeys
- Each Pod contains 2 no. 2 bed flats and 7 no 1 bed flats
- Flexible Communal Facilities
- Dementia Specific self contained ‘Pod’
- Landscaped Gardens

Ground Floor
Entrance Areas
Entrances and Public Spaces
Entrances and Public Spaces
Entrance and Public Spaces
Communal Areas
Corridors
Flat Entrances
Wheelchair Accessible Design in Kitchens
Assisted Bathrooms
Bathroom Design – hiding pipework
The Basic Relevant Compulsory Standards – spatial planning

- Housing Corporation Scheme Development Standards
- Wheelchair Housing Design Guide
- NHF – Standards in Quality and Housing
- Building Regulations Document M
- Care Home Minimum Standards
- DDA
Housing focus with dedicated sections for older persons accommodation and wheelchair users

No illustrations
Wheelchair Housing Design Guide

Referred to by the Housing Corporation SDS’s

Family Housing focus for all Wheelchair Users

Fully illustrated
Standards and Quality in Development - NHF

Referred to by the Housing Corporation SDS’s

Family Housing Focus with some generic wheelchair user guidance and diagrams

Illustrations and useful diagrams
Building Regulations and The DDA

**Building Regulations**

**Document M**

For all building types – some diagrams, including those for disabled WC’s for buildings ‘other than dwellings’

(I have chosen not to include other sections of the building Regulations)

**Disability Discrimination Act**

No prescriptive design standards or diagrams.

Non-discrimination for those with impairments.
Care home focus, some spatial requirements, mainly detailed operational needs.

Not Illustrated
Interpreting Design Standards

- This seems to be an art in itself

- Specialist Buildings require considered and careful application of any standards

- There are numerous conflicting standards, some standards that aim to ‘enable’ people can result in compromising activities not covered by the regulations if incorrectly applied

- There is a fear of not meeting the standards, this can force a wrong decision

- Experienced design team members and clients knowledgeable in their chosen field are essential to ensure that compulsory standards are met properly.
Some Authors of Good Practice Design Guidance

- Oxford Brookes University
- Reading University
- RNIB
- Abbeyfield Society
- The Thomas Pocklington Trust
- University College London
- Department of Health – Change Agent Team Website
- Dementia Voice
- University of Stirling
- Housing 21
- Anchor
- Suffolk Social Services
- Bristol City
Summary

• There is scope for more research, better guidance and a review of relevant standards.

• Good Practice is more difficult to work into new buildings when it is not within compulsory standards.

• As designers we continually debate and review our design approach.

• Are all of the assumptions we make about the benefits of design and detailing correct?