



NCC - Care Home Design Guide

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Introduction

As more alternative accommodation for older people is developed, residential and nursing care homes will increasingly focus on people that have complex physical or medical care needs. In particular they will need to provide care for those with moderate or severe dementia.

In light of rising customer expectations and new specialist accommodation for older people being built, NCC will review its own accommodation. As replacement care home capacity becomes available we aim to decommission NCC-owned care homes, where buildings are approaching the end of their economic life and do not meet customer expectations or modern standards.

We will work in partnership with new providers to share the risk and develop sustainable care homes at a price that is affordable to NCC but still allows investors to make a return on their investment. NCC is willing to discuss using its own land. Some privately owned and operated older care homes in Northamptonshire face the issue of outdated standards and we are keen to work with operators who wish to improve conditions in their homes.

NCC wants a good quality of life for its residents, and older people have expectations about maintaining the living standards they are used to. We want today's older residents and future generations to have access to a modern living environment as well as good quality care. Local and national research shows that older people value the following design characteristics in their accommodation:

Space: sufficient living space in which to sit, eat, do hobbies and host guests. Older couples have a preference for accommodation with 2+ bedrooms.

Location: safe, attractive area, good transport links, easy access to local services and facilities (e.g. a local high street/ estate precinct), and integration with the wider community.

Design: accessible, adaptable, attractive, comfortable, energy efficient, and manageable with access to well-maintained outside space and welcoming communal areas. It is important it does not look or feel institutional.

Services: tailored, personalised, flexible, varied, and a pay when used model.

Other important factors are:

- Maintaining independence – in well-designed homes where there is easy access to care and support services.
- Opportunities for both peer supported, and staff supported activities to promote community cohesion and reduce isolation.
- Permission for pets.
- Upfront and ongoing costs.
- Protect family inheritance.
- An ability to release equity at the time of purchase or in future.
- The impact of moving on relationships with family, friends and community.

- Opportunities to meet people and participate in hobbies, exercise etc.
- Provision for help with the move.

Care Design Home Specification

Good care home design can provide a better quality of life for residents and reduce running costs.

Appropriate design features include:

General Building Design

- Attractive, comfortable and homely. The design of the accommodation, selection of equipment, signage, internal colour and décor finishes and landscaping should enable the independence of people who have physical, sensory or cognitive impairment and include dementia friendly design features e.g. signage/ labelling rooms which is positioned appropriately, promotes way finding for residents, contrasting decor etc.
- Maximise natural light through windows with low window sills to allow people who are seated or in bed to see out. Lighting in the home is designed to allow for increased light levels, good contrast, minimal glare and good colour definition. There is both natural and good quality artificial lighting in all areas suitable for the needs of residents and any activities planned for each room. The artificial lighting in areas used by residents is domestic in character. In bedrooms it is recommended that dimmable lighting is installed. Motion sensor lighting may be considered in bathroom and corridor areas. Blinds are used to keep residents comfortable in hot weather.
- Design and layout should make it easy for the building to be maintained and decorated. Operating a maintenance schedule and work plan, which includes regular servicing of all equipment, electrical safety checks and planned maintenance of the fabric of the building, e.g. redecoration of walls, replacement of bathroom fittings, etc.
- The physical environment must be “care ready” and ‘enabling’ in terms of the likely progression of impairments and long term conditions residents will experience with increasing age and frailty.
- Developments should provide vibrant community facilities and encourage intergenerational activity in a secure part of the building whilst maintaining progressive privacy concepts
- Avoidable hazards should be removed as is consistent with a domestic setting. Risk reduction should however not lead to an ‘institutional’ feel. (This will be assisted by allowing residents to bring personal items of furniture and effects into the home.) Identifying and managing areas of any potential slip or trip hazards, subject to a risk assessment; identifying and mitigating as far as possible any hazards or risks around the home and implementing solutions e.g. non slip rugs or removing obstacles; Appropriate safety/ risk mitigation features incorporated into design e.g. taps in toilets and bathrooms used by residents are clearly labelled hot and cold in words and colours red and blue.
- Doorways in areas accessed by residents have a clear opening width of at least 800mm, but where residents need assistance when walking or use wheelchairs, wider doorways need to be considered. Corridor doors have vision panels and in homes where residents need assistance when walking or use wheelchairs, there are level access thresholds at all doors.
- The minimum corridor width in areas accessed by residents is 1.2m unobstructed between handrails, but where residents need assistance when walking or use wheelchairs, a minimum width of between 1.5m and 1.8m is recommended.
- Access to all areas of the home, including outdoor environments, should be fully wheelchair accessible and designed to meet the needs of all service users, including those with physical, sensory and cognitive impairments. E.g. through provision of ramps and lift access to all floors and suitable signage. Lifts sufficient to accommodate a stretcher and staff to all floors
- Fire and emergency evacuation should be considered in any design and comply with the requirements of Northamptonshire Fire and Rescue Service.

- Suitably positioned hand and grab rails, which meet the general needs of the resident group and promote independence in all the areas occupied or used by residents. Aids, hoists and assisted toilets and baths are installed which are capable of meeting the assessed needs of service users.
- The building should be enabled for both Telecare and Telehealth equipment both in terms of hardwiring and WiFi enabled environments to accommodate future ICT developments. Resident/staff call points, accessible to residents, are provided in every room used by residents and linked to a system that alerts staff a call is being made or assistance is required.
- All areas used by residents are naturally ventilated, have opening windows with safety glazing and guarding where necessary. The height of the windowsill affords an unobstructed view when the residents are seated. Window openings are controlled to a safe point of opening of no more than 100mm and cannot be overridden by residents. Upstairs windows need to be restricted. Frosted or obscured glass is fitted as required to ensure privacy. The effects of light pollution should be considered when positioning external lighting.
- The heating system can be controlled within safe limits for the residents' comfort in areas accessed and used by them, and is able to provide a range of temperatures throughout the home. Each room accessed or used by residents has a wall-mounted thermometer. Pipework and radiators are guarded or have guaranteed low temperature systems.
- Proposals should be provided both with and without Furniture. Where furniture is included in the proposal, it is arranged with enough space so as not to impose barriers or obstacles to movement and encourages communication amongst residents. Furniture and fittings in communal rooms are domestic in character, are suitably designed for both the activities that take place in the room and the client group who will use them. They must incorporate ergonomic design principles that promote user independence and safe moving and handling procedures. Any moving and handling equipment or mobility aids should be positioned or stored in an appropriate area and take account of the collective and individual mobility needs of the residents, including those with sensory impairments.
- Floor coverings, wall finishes and soft furnishings are suitable for the purpose of each room and meet health and safety and infection control requirements. Finishes that produce glare, dazzle and optical illusions are avoided, and where residents use wheelchairs, floor coverings have non-directional pull. According to the statement of purpose and needs of residents, for example those with a visual impairment, changes in the texture of floor coverings or other indicators should be considered to identify key areas in the home, for example doorways, or the top or bottom of stairs.
- There are arrangements in place to ensure the home can operate in the event of a utility service failure.
- Consideration should also be given to additional structural and weight bearing requirements within the building to accommodate bariatric residents including additional support for hoists and wider access requirements to rooms and shower facilities; for example rooms and facilities designated for Bariatric Care (care of residents over 26st) if included should be located on the ground floor. These will require wider door sets to accommodate larger specialist equipment, wheelchairs, shower chairs, etc. The bedroom and bathroom should have the ability to take a heavy duty ceiling track hoist capable of lifting up to 45st. Consideration should also be given to floor-mounted rails, larger WC pans, bidet-toilets, etc. In communal areas, 10-20% of general seating should be bariatric and up to 50% specific bariatric units. According to a FSE (functional space experiment) run by Loughborough University, there needs to be a minimum spatial requirement of 16.61m². Note: these are ergonomic envelopes to support functional activity and not room dimensions. Additional space is needed for storage, family, and hygiene. Rooms should be located near elevators to provide a clear path of travel. Guidance from Loughborough University and Cornell

University should be considered and incorporated where relevant.

<https://www.hse.gov.uk/research/rpdf/rr573.pdf> <https://cpb-us-e1.wpmucdn.com/blogs.cornell.edu/dist/a/3723/files/2013/09/Universal-Design-Meeting-the-Needs-of-the-Bariatric-Population-18360rc.pdf>

- Noise management design is incorporated throughout the care home.
- Biophilic design is incorporated to promote wellbeing
- Carbon reduction measures are taken to mitigate the carbon footprint of the build and ongoing running of the care home.
- The building and grounds are designed to comply with all current relevant legislation and guidance documents. Certificates and commissioning documents with regard to engineering services and plant, and approval letters and letters certifying completion of works from other agencies and authorities confirm this.

Communal space

- There is communal space (excluding corridors and circulation areas) amounting to at least 4.00m² for each resident. This allows for dining space of at least 1.5 m²/person and sitting space of approximately 2.5m²/person.
- The communal space includes a range of rooms; comfortable and fully accessible shared spaces that can be used for a variety of activities, and where the varied needs of residents can be met.
- This includes:
 - A room where meetings/ receiving visitors can take place in private;
 - Dining rooms to cater at any one time for all residents and enable residents to opt to eat with families and visitors
 - A lounge/ sitting room
 - A facility for residents to make or get drinks and snacks; and
 - A room where telephone calls can be made or received in private.
 - Where residents cannot access a local hairdresser or barber, there is a hairdressing facility in the home.
 - Areas for different physical activities and mental states e.g. sensory/memory room, quiet lounge, outdoor seating areas etc.

Residents' bedrooms /private accommodation

- Ensuite facilities for all residents, including level access showers.
- Bedrooms that are no smaller than 12m².
- Bedroom layout to provide sufficient space for visitors and allow carers to access both sides of the bed.
- All accommodation is provided in single bedrooms. Consideration should be given to how the design can enable couples to remain together when one or both members of a couple develop care needs e.g. two adjoining bedrooms with a connecting half hour fire resistant soundproofed door or movable partition.
- Furniture is suitable for the size of the room and allows all equipment to be used safely.
- The minimum useable floor space (excluding ensuite facilities) is 12m², except in homes that are registered specifically for residents with physical disability, where the minimum useable floor space (excluding ensuite facilities) is 20m².
- Ceilings to support an overhead hoist and layouts that can accommodate hoists e.g. a direct line from the bed to the bathroom.
- There is a minimum ceiling height of 2.4m, and room dimensions allow for a minimum space of 2.00m on one side and 0.8m on the other side of the bed to promote when necessary, safe handling of residents, and access for any equipment needed.
- Ability for residents to control the temperature in their rooms.
- The height of the windowsill affords a view when the resident is seated or in bed.

- Where the home provides furniture in residents' private accommodation, these rooms contain all of the following unless the resident wishes otherwise:
 - A suitable bed at a height for safe handling of residents with mattress and accessories suitable for the assessed needs of residents;
 - A mirror of suitable size at an appropriate height;
 - Overhead and bedside or wall lighting;
 - Suitable seating for the resident's use with seating available for visitors;
 - Drawers or built in shelving;
 - An enclosed space for hanging clothes;
 - A tabletop facility;
 - A lockable storage space; and
 - A bedside cabinet.
- Furniture and fittings are safely secured and positioned to take into account the mobility and overall needs of the residents. Wardrobes are secured to walls for safety.
- The positioning of telephone, television aerial points and light switches are considered so that they are suitable for the resident to control. A minimum of 4 double electrical socket outlets is recommended for each bedroom.
- Doors are fitted with appropriate master key locks, with an easy opening (thumb-turn) device fitted to the inside of the door.

Outdoor Design

- Car parking spaces for residents, visitors and staff consistent with the number of residents that the home will be registered for and the number of people employed in the home.
- Clear access to and egress from the home for emergency and other vehicles, and there are suitably sized turning spaces for service vehicles using the site with parking close to the main entrance
- Areas for residents to get on and off transport safely that are illuminated and offer some protection against the elements.
- Safe outdoor space with seating, fully accessible to all residents including those with physical disability or sensory impairment, and secure. The outdoor environment promotes leisure and therapeutic opportunities and stimulates sociable activity for all residents. Garden designed and landscaped to provide residents with useable space in which to relax or take part in activities, with balconies to provide outdoor access for residents living on the upper floors. In homes registered to accommodate people with dementia, there is a secure perimeter.
- Garden space is easy to find from inside the home. Planting is used to soften hard features such as walls and fencing and to create points of interest for residents. Paths are wide enough to allow for two people to walk side by side. There are opportunities for resting and sitting throughout the garden and there is shelter available from the sun and wind. Consideration is given to using the garden to stimulate the senses through water features; planting and features that attract wildlife and birds; and fragrant plants and flowers.
- There is sheltered storage and charging points for scooters

Toilet and washing facilities

- A range of toilet, washing, bath and shower facilities (including assisted facilities) are provided to meet the needs of residents and a toilet facility is available for use by visitors.
- En-suite facilities are provided in all residents' private accommodation.
- There is a minimum of 2 separate toilets and 1 assisted toilet to 5 residents, with a minimum of 1 facility per floor. Each toilet facility, including en-suite facilities:
 - Is clearly marked and conveniently located to communal rooms;

- Is fully and separately enclosed;
- Has suitable hand washing and drying facilities to meet infection control guidelines;
- Has an accessible call system; and
- Has a door that opens outwards.
- Toilets for ambulant, semi and assisted-ambulant people are a minimum of 3m². Toilets for people who use a wheelchair independently or require the assistance of one person are a minimum of 4.5m² and at least 2m long. Toilets for people who use a wheelchair and require the assistance of two people are a minimum of 5.5m² and at least 2m long.
- 1 assisted bathroom or shower room per floor (or per approximately 20 residents). Bathrooms for ambulant people, people who require assistance and people who use a wheelchair independently are a minimum of 8.5m². Bathrooms for people who require the use of a hoist are a minimum of 16m². Shower rooms for ambulant people, people who require assistance and people who use a wheelchair independently are 7m² (non-linear layout) and 7.5 m² (linear layout), and are level access.
- Locks and handles on toilets, bathroom and shower room doors are easy to operate and allow staff immediate access in an emergency. Hand rails are in place in toilets and bathrooms.

Medicines

- There is an identified area where medicines can be stored in accordance with the manufacturers' instructions. This has:
 - Cupboards conforming to British Standards for the storage of medicines;
 - Space to safely store, access and administer medicines and medicinal products in accordance with current policy and legislation;
 - Sufficient work surfaces for the tasks required;
 - Hand washing facilities in close proximity that meet infection prevention and control guidelines; and
 - Facilities for disposal of medication should be available in accordance with current policy and legislation.
 - There is a controlled drug cabinet that complies with Regulations
 - Where necessary, there is a lockable trolley or trolleys for administration of medicines.

Clinical or treatment room (required for Nursing Homes)

- There is a clinical or treatment room with facilities in place so that procedures such as application of dressings, health checks or podiatry treatments can be carried out. Certain procedures can be undertaken in the resident's single room.
- The clinical room is fully equipped with appropriate diagnostic and clinical equipment to meet the home's statement of purpose and residents' care needs.
- The clinical or treatment room has a clinical hand washing facility. There is a range of high and low level lockable cupboards for the safe, secure storage of clinical equipment, and approved containers for the collection, storage and disposal of clinical waste including sharps.

Infection prevention and control

- There is hand-washing equipment (wash hand basins, liquid soap dispensers, disposable paper towels and pedal operated bins) in all areas where care is provided. Hand sanitizers are in place throughout the home.
- Approved containers that are suitable for the type of waste generated are provided in all areas of the home. Waste audit data is recorded and available for inspection.
- Wheeled bins for clinical waste are provided that allow for 'single handling' of the waste in a secure outside area.

Sluice rooms - Dirty Utility

- Sluice rooms are located away from communal areas, residents' private accommodation and areas where food is stored, prepared, cooked or eaten.
- Sluice rooms are ventilated, lockable and equipped with facilities for disposal of clinical waste including disposable continence products, and for cleaning and disinfecting soiled items in accordance with relevant guidelines. A lockable COSHH cupboard should be located in this room
- Separate hand-washing facilities that meet infection prevention and control guidelines are provided in sluice rooms.
- There is adequate storage in sluice rooms for bedpans, urinals and disposable continence products.

Laundry

- Laundry services appropriate to the size and nature of the scheme e.g.;
 - The laundry is located away from communal areas, residents' private accommodation and areas where food is stored, prepared, cooked or eaten. The location of the laundry ensures that dirty laundry is not transported through day or dining areas. The laundry is suitably ventilated and allows for the separation of soiled items from clean clothes and linen.
 - Laundry equipment includes a sink with drainer, washing machine with a sluicing facility and a specified programme to meet disinfection standards, and a tumble drier that is vented externally.
 - There are facilities for ironing and separately stacking individual resident's personal laundry prior to distribution.
 - Separate hand-washing facilities that meet infection prevention and control guidelines are provided in laundries. The laundry operates a dirty-clean workflow.

Catering areas

- The catering facilities and equipment are adequate for the method of food provision and for the number of residents the home will be registered to accommodate. Consideration is given to the provision of separate cooking areas to accommodate specific cultural or religious catering needs.
- Catering areas comply with the Food Hygiene legislation. All relevant records are maintained and available for inspection.

Storage

- There is provision for the secure storage of all required records.
- Secure facilities are provided for the safekeeping of money and valuables held on behalf of residents.
- There are separate recessed areas designated as storage space for wheelchairs on every floor and in close proximity to communal areas and residents' private accommodation.
- Storage space is provided for residents' belongings that cannot be kept in their rooms. Personal items must be easily identifiable as belonging to one particular resident.
- There is storage space for reserve linen and bedding.
- There is storage space for cleaning materials and equipment that is ventilated and lockable. In large facilities, there is a cleaner's store with separate hand-washing facilities that meet infection prevention and control guidelines. (An average size for a storeroom for cleaning materials is between 5.5m² and 7.5 m²).
- Gas and other fuel storage facilities comply with any relevant legislative requirements and good practice guidance.
- There is external storage space for garden furniture, equipment and other items.
- Where necessary, there is an area for charging batteries for equipment.

Staff facilities

- There are staff facilities, including at least one office, consistent with the required number of people employed in the home.
- Nurses' stations are provided on each floor in close proximity to resident areas. The number of nurses' stations is dependent on the number of residents to be accommodated, category of care and the layout of the Home.
- Staff rest with lockable lockers consistent with the required number of people on duty at any time
- Staff WCs and shower should be available.

Detailed advice on dementia friendly design can be obtained from the Dementia Services Development Centre at the University of Stirling at <http://dementia.stir.ac.uk/> and the Kings Fund especially the EHE Environmental Assessment Tool at http://www.kingsfund.org.uk/sites/files/kf/field/field_pdf/is-yourcare-home-dementia-friendly-ehe-tool-kingsfund-mar13.pdf

CQC Standards

All care homes will need to comply with the CQC Fundamental Standards
<https://www.cqc.org.uk/what-we-do/how-we-do-our-job/fundamental-standards>