

Section 3

Design Guidelines 3

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High Care - Non Dementia Specific Facility

Application of this guideline – This guideline is intended to provide general information about this type of facility to potential designers, managers, service providers and others. This section is to be read in conjunction with the General Principles (Section 2) and the Room Data Sheets (Section 4). The design information is generic in nature and hypothetical. Readers should be aware of the implications of site requirements, budgets, management needs and the particular needs of the service providers and residents for a particular project.

The following information relates to specific built fabric designed to support the delivery of an approved model of care. This section may detail information divergent to that contained in the general document. Where reference is made to individual spaces or rooms, the reader should consult the Room Data Sheets (Section 4) for details.

Operational Profile – The current residential aged care environment is based around facilities for elderly persons who cannot, for health, nursing, physical, psychological or social circumstances, continue living independently or semi-independently in the wider community. The residential aged care environment provides all normal living facilities supported by nursing and other services which foster the individuals' potential for living and ensures that the quality of life that they experience, is kept to the highest possible standard.

Residents, service providers, including nursing, medical and allied health professionals, non-government organisations, Queensland Health employees and other management service providers, students, research visitors and the general public, use this facility.

There will be generally three shifts per day for care staff. The general public, management, hotel and other ancillary services will most likely be restricted to day and evening use.

The administration of care involves procedures, which are in line with accepted aged care policies and practices. The goal is to achieve an environment and program that is suitable to each resident's individual level of adaptability. Sufficient and subtle support should be provided to enable each individual resident to function at the highest level of independence.

Resident spaces should therefore reflect a variety of activities and offer areas for individual respite. While still providing for care interaction, it is essential the ambience of this facility is residential, as many residents will live in this facility for many years.

Facility Design Philosophy - The built fabric must be designed to maximise the dignity of residents while facilitating appropriate levels and models of professional care culminating in the establishment of a therapeutic, supported and homelike environment. The overall design outcomes must reflect the implementation of a process of consultative design to produce comprehensive, equitable and flexible solutions, as follows:

- Facilitate care provision treatment, over an extended period of time, for ageing persons who may display behaviours related to:
- Physical frailty
- Mental confusion
- Sensorial disablement
- Provide services appropriate to the individuals past and present life patterns involving consideration of social and cultural factors.
- Provide care and support in a clearly defined, identifiably domestic setting to minimise confusion. This negates the necessity for residents to 're-learn' a new spatial grammar within the facility.
- Provide for specific groups such as Aboriginal or Torres Strait Islander people and those with non-English speaking background.

Economic sustainability of capital works and recurrent funding for residential aged care facilities place the onus on designers to provide efficiency in circulation and economy of functional areas. A fine balance between efficient design, longevity and low maintenance buildings, optimum bed numbers, optimum staffing and effective personal and support services management will provide a "best model" facility.

The building is primarily a residential aged care facility, but should be domestic in scale and detailing. It includes areas for public use, offices, care areas, resident areas, staff facilities, hotel services, utility spaces, car parks, roadways, public and private courtyards and delivery areas consistent with the residential nature of the facility.

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Staff Profile – The formulation of any staffing profile must be done in consultation with Queensland Health Corporate Office and with the relevant Health Service District. Within a facility, the staffing profile will be based on the individual care needs of the residents and will take into account such issues as the profile and mix of the residents together with the endorsed model of care.

Historically, staffing in RACF's has included a mix of nursing, allied health and operational classifications.

Resident Profile - This facility provides residential care services for frail elderly residents. These residents will have moderate to severe ADL deficits and will display high dependency care needs. A proportion of residents experiencing a dementing illness may also need to be cared for in this facility type.

The majority of residential aged care facility residents are over 70 years of age. There are however, a small number of younger residents aged between 16 and 50. Younger individuals who require residential care accommodation generally live in special purpose facilities. The design requirements for such facilities will vary according to the specific disabilities of the residents. For the purposes of this document, we will regard the older residents as the predominant population in general residential aged care facilities in Queensland.

Strategic Requirements – Residents in this type of facility will tend to range across a spectrum from extensive (high) care needs to more moderate levels.

Designs must address the need to facilitate independence-oriented care, focusing on health and welfare maintenance and rehabilitation and the achievement of an optimised lifestyle. The importance of facilitating and maintaining a sense of 'family' and place within the lives of residents is not to be understated. Residents in this style of facility will tend to be more mindful of their needs in respect to internal and external support networks, social interactions and issues of choice.

Particular Design Issues

- Ramping is to be provided as appropriate to specific requirements on site. Where practicable adjacent stairs are to be provided for the use of others. Both are to be in accordance with the BCA.

- Thresholds are to be even and level. Where sliding doors are fitted the bottom track will be flush with finished floor levels and installed to drain away from the doorframes. Internal ramping of floors up to door track is not acceptable.
- All glazing in facilities below 1000mm above floor level is to be considered a 'human impact zone' for the purposes of applying appropriate Australian Standards.
- Toilet pans and cisterns are to be of a type and located to suit the use of appropriate mobility aids and provide support and comfort to users (e.g. concealed cisterns offer little potential for informal back support. Rigid, shaped toilet seats are preferable).
- Corner guards and low level door protection (kick plates, etc) are to be provided wherever practicable to minimise wear and tear to built fabric.
- Door and passage widths to be appropriate to the manoeuvring of anticipated mobility, lifting and clinical aids.
- Controls, hardware and tapware, for the use of residents, to be of a type suited to operation by the frail, disabled, visually impaired or confused (e.g. pictogram signage is preferable to text).
- Slip resistant floors, where required, are to retain their properties in all circumstances reasonably able to be anticipated in the operations of a facility (water, powder, chemicals, oils, etc).
- Protruding features (handrail ends, etc.) to be eliminated to minimise potential for inadvertent injury.
- External floor finishes are to be appropriate to the needs of residents with impaired mobility (heavily textured pressed concrete types or those containing an inappropriate colouring or additives which may reduce slip resistance or promote the growth of moulds and fungus are to be avoided).

See Appendix A

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Dementia Specific Facility

Application of this guideline – This guideline is intended to provide general information about this type of facility to potential designers, managers, service providers and others. This section is to be read in conjunction with the General Principles (Section 2) and the Room Data Sheets (Section 4). The design information is generic in nature and hypothetical. Readers should be aware of the implications of site requirements, budgets, management needs and the particular needs of the service providers and residents for a particular project.

The following information relates to specific built fabric designed to support the delivery of an approved model of care. This section may detail information divergent to that contained in the general document. Where reference is made to individual spaces or rooms, the reader should consult the Room Data sheets (section 4) for details.

Operational Profile – The current residential aged care environment is based around facilities for elderly persons who cannot, for health, nursing, physical, psychological or social circumstances, continue living independently or semi-independently in the wider community. The residential aged care environment provides all normal living facilities supported by nursing and other services which foster the individual's potential for living and ensures that the quality of life that they experience, is kept to the highest possible standard.

Residents, service providers, including nursing, medical and allied health professionals, non-government organisations, Queensland Health employees and other management service providers, students, research visitors and the general public, use this facility.

There will be generally three shifts per day for care staff. The general public, management, hotel and other ancillary services will most likely be restricted to day and evening use.

The administration of care involves procedures, which are in line with accepted aged care policies and practices. The goal is to achieve an environment and program that is suitable to each resident's individual level of adaptability. Sufficient and subtle support should be provided to enable each individual resident to function at the highest level of independence.

Resident spaces should therefore reflect a variety of activities and offer areas for individual respite. While still providing for care interaction, it is essential the ambience of this facility is residential, as many residents will live in this facility for many years.

Facility Design Philosophy - The built fabric must be designed to maximise the dignity of residents while facilitating appropriate levels and models of professional care culminating in the establishment of a therapeutic, supported and homelike environment. The overall design outcomes must reflect the implementation of consultative design principles to produce comprehensive, equitable and flexible solutions, as follows:

- Facilitate care provision, over an extended period of time, for ageing persons who may display behaviours related to clinical levels of dementia.
- Facilitate implementation of behavioural management strategies appropriate to the level of the dementia condition.
- Provide a living environment involving consideration of social and cultural factors as a therapeutic and behavioural management aid.
- Provide care in a clearly defined, identifiably domestic like setting to minimise confusion. This negates the necessity for residents to re-learn a new spatial grammar within the facility.
- Provide the opportunities for the management of dementia to limit the potential for impacts on all residents, staff and visitors.
- Provide for specific groups such as Aboriginal or Torres Strait Islander people and those with non-English speaking background.

Economic sustainability of capital works and recurrent funding for residential aged care facilities place the onus on designers to provide efficiency in circulation and economy of functional areas. A fine balance between efficient design, longevity and low maintenance buildings, optimum bed numbers, optimum staffing and effective personal and support services management will provide a facility dedicated to continue improvement.

The building is primarily a residential aged care facility, but should be of a domestic scale and detailing. It includes areas for public use, offices, care areas, resident areas, staff facilities, hotel

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services, utility spaces, car parks, roadways, public and private courtyards and delivery areas consistent with the residential nature of the facility.

Staff Profile – The formulation of any staffing profile must be done in consultation with Queensland Health Corporate Office and with the relevant Health Service District. Within a facility, the staffing profile will be based on the individual care needs of the residents and will take into account such issues as the profile and mix of the residents together with the endorsed model of care.

Historically, staffing in RACF's has included a mix of nursing, allied health and operational classifications.

Resident Profile – This facility provides residential aged care services for residents experiencing a dementing illness which necessitates expert and complex care and who have the potential to respond to a specialised dementia program. The facility should be domestic in scale and detailing. It includes areas for public uses, offices, care areas, resident areas, staff facilities, hotel services and utility spaces. Provision should be made for carparks, roadways, public and private courtyards and delivery areas.

The majority of residential aged care facility residents are over 70 years of age. There are however, a small number of younger residents aged between 16 and 50. Younger individuals who require residential care accommodation generally live in special purpose facilities. The design requirements for such facilities will vary according to the specific disabilities of the residents. For the purposes of this document, we will regard the older residents as the predominant population in general residential aged care facilities in Queensland.

Strategic Requirements – Residents in this type of facility will tend to exhibit behaviours consistent with their cognitive impairment. It is expected that resident profiles will trend towards a higher prevalence of more advanced dementia. Such facilities will, therefore, be required to be particularly flexible in this regard.

Extraneous stimulation (sound, movement, and change) is to be avoided in the interests of behavioural management. However, the highlighting of resident oriented cues and interfaces is to be adopted (access to bedrooms, toilets etc.). The facilitation and management of 'planned' wandering shall also be undertaken.

Particular Design Issues

- Security issues will require extensive consideration of such issues as access control and the requirements of personal, building and perimeter security.
- The necessity for control of visual, acoustic and behavioural impacts on residents and staff by dementia sufferers is to be addressed.
- The relationship between internal and external space is of heightened significance in this type of facility. The concept of planned wandering necessitates the proximity of such complementary spaces; continuous paths of travel destinations and appropriate facilitation (security, lighting etc).
- Way finding and cueing is to be enhanced through the use of colour, form, finish, landmarks, and multiple sensory cueing should be implemented as appropriate. This involves presenting the same information in a range of ways with the objective of enhancing residents perception of their surroundings.
- Residents will tend to gravitate to areas of interest or activity. Consideration shall be given to the centralisation of daily activities around a core element of the facility (kitchen, lounge etc).
- In appropriate use or access to controls, equipment, items and spaces is to be 'designed-out' of such facilities. Issues of supervision, unauthorised access and potential for risk of harm to residents are to be carefully evaluated.

See Appendix B

design guidelines

High Care – Psychogeriatric Specific Facility

Application of this guideline –

This guideline is intended to provide general information about this type of facility to potential designers, managers, service providers and others. This section is to be read in conjunction with the General Principles (Section 2) and the Room Data Sheets (Section 4). The design information is generic in nature and hypothetical. Readers should be aware of the implications of site requirements, budgets, management needs and the particular needs of the service providers and residents for a particular project.

The following information relates to specific built fabric designed to support the delivery of an approved model of care. This section may detail information divergent to that contained in the general document. Where reference is made to individual spaces or rooms, the reader should consult the Room Data sheets (section 4) for details.

Operational Profile – The current residential aged care environment is based around facilities for elderly persons who cannot, for health, nursing, physical, psychological or social circumstances, continue living independently or semi-independently in the wider community. The residential aged care environment provides all normal living facilities supported by nursing and other services which foster the individual's potential for living and ensures that the quality of life that they experience, is kept to the highest possible standard.

Residents, service providers, including nursing, medical and allied health professionals, non-government organisations, Queensland Health employees and other management service providers, students, research visitors and the general public, use this facility.

There will be generally three shifts per day for care staff. The general public, management, hotel and other ancillary services will most likely be restricted to day and evening use.

The administration of care involves procedures, which are in line with accepted aged care policies and practices. The goal is to achieve an environment and program that is suitable to each resident's individual level of adaptability.

Sufficient and subtle support should be provided to enable each individual resident to function at the highest level of independence.

Resident spaces should therefore reflect a variety of activities and offer areas for individual respite. While still providing for care interaction, it is essential the ambience of this facility is residential, as many residents will live in this facility for many years.

It should be noted that such a facility must comply with the necessary provisions of the Mental Health Act where such a facility may be required to accommodate residents under the Act.

Facility Design Philosophy – The built fabric must be designed to maximise the dignity of consumers while facilitating appropriate levels and models of professional care culminating in the establishment of a therapeutic, supported and homelike environment. The overall design outcomes must reflect the implementation of a process of consultative design to produce comprehensive, equitable and flexible solutions, as follows:

- Facilitate care provision over an extended period of time for ageing persons who may display behaviours related to:
- Physical frailty
- Mental confusion
- Sensorial disablement
- Provide spaces for clinical and therapeutic functions, approaches to managing symptoms and for the education of the consumer, family and carers about the illness.
- Allow implementation of management strategies appropriate to the level of behavioural disturbance.
- Provide counselling spaces for consumers, families and carers.
- Provide services appropriate to the individuals past and present life patterns involving consideration of social and cultural factors.
- Provide treatment in a clearly defined, identifiably domestic setting to minimise confusion.
- Provide the opportunity for containment in specially prepared rooms for people who are at risk of harming others.

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- Provide for specific groups such as Aboriginal or Torres Strait Islander people and those with non-English speaking background.

Economic sustainability of capital works and recurrent funding for residential aged care facilities place the onus on designers to provide efficiency in circulation and economy of functional areas. A fine balance between efficient design, longevity and low maintenance buildings, optimum bed numbers, optimum staffing and effective personal and support services management will provide a “best model” facility.

The building is primarily a residential care facility, but should be of a domestic scale and detailing. It includes areas for public use, offices, care areas, resident areas, staff facilities, hotel services, utility spaces, car parks, roadways, public and private courtyards and delivery areas consistent with the residential nature of the facility.

Staff Profile – The formulation of any staffing profile must be done in consultation with Queensland Health Corporate Office and with the relevant Health Service District. Within a facility, the staffing profile will be based on the individual care needs of the residents and will take into account such issues as the profile and mix of the residents together with the endorsed model of care.

Historically, staffing in RACF’s has included a mix of nursing, allied health and operational classifications.

Resident Profile – This facility provides residential care services for residents who are experiencing a psychogeriatric illness and/or have challenging behaviours. The facility should be domestic in scale and detailing. It includes areas for public uses, offices, care areas, resident areas, staff facilities, hotel services and utility spaces. Provision should be made for carparks, roadways, public and private courtyards and delivery areas.

The majority of residential aged care facility residents are over 70 years of age. There is however, a small number of younger residents aged between 16 and 50. Younger individuals who require residential care accommodation generally live in special purpose facilities. The design requirements for such facilities will vary according to the specific disabilities of the residents. For the purposes of this document, we will regard the older residents as the predominant population in general residential aged care facilities in Queensland.

Strategic Requirements – Residents in this type of facility will almost exclusively be older or ageing with advanced or developing mental illness who require both specialised mental health treatment and aged care support. A high proportion will be individuals who have been in state care for some years. Behavioural difficulties may range from paranoid and delusional states through to aggressive and violent tendencies. Psychogeriatric facilities must accommodate residents who present with a mental disorder complicating an existing disorder related to ageing or visa versa.

Designs must maximise the resident’s potential to maintain a dignified lifestyle within a supported, therapeutic environment.

- Facilitate the management of the behavioural disturbances exhibited by residents.
- Achieve similar strategic aims to that of dementia care.

Particular Design Issues

- Facilitate treatment, over extended periods, for aged residents exhibiting a range of psychiatric disorders.
- Provide areas for the administration of medications, psychological and social approaches to symptom management and education of resident, family and carers about the illness.
- Provide counselling spaces for residents, families and carers.
- Design to facilitate a continuity of care.
- Provide appropriate acoustic separations.
- Provide safe and secure access to outdoor environments.
- Allow for the provision of individual respite for residents.
- Issues of supervision of residents, in respect to operational requirements, to be addressed.
- The needs of staff to work in a safe environment to be addressed in line with Queensland Health Policy.

See Appendix C