Dementia Design Checklist

NHS National Services Scotland

Health Facilities Scotland

UNIVERSITY OF STIRLING

The Dementia Services Development Centre

fair for all – disability
Positive Action – Real Change

NHS National Services Scotland

Dementia Design Checklist

Design checks for people with dementia in healthcare premises

Health Facilities Scotland
Property and Capital Planning

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Contents

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Design for dementia in healthcare premises

Introduction

This document is part of a Design Audit and Survey Toolkit intended for use across all healthcare properties, including primary care premises and those operated by independent contractors. It covers areas of healthcare premises where people with dementia are likely to attend as patients or visitors. There are over 65,000 people living in Scotland who have dementia and they, in common with other people with cognitive impairment, are users of healthcare facilities on a day to day basis across the country. Most people with dementia (60-80%) live in the community, and many of them have multiple health centre and hospital appointments and admissions in any year.

This Survey Checklist is in line with other NHSScotland guidance and assessment tools and uses the concept of 'inclusive' design, which tries to ensure that the built environment does not present insurmountable barriers to those who use it. Users will include people with physical, sensory and cognitive impairments, which may be progressive, intermittent or permanent and may also include people who may have temporary disabilities. Properly considered and designed facilities will benefit everyone, including people who use wheelchairs and walking aids, have other types of impairment, older people and families.

The Design Audit and Survey Toolkit is in three parts:

- Initial Survey Checklist;
- Dementia Audit Toolkit; (under development);
- Three guidance publications on design and dementia.

Part 1: 'Initial Survey Checklist'

The Initial Survey Checklist is designed to allow a preliminary assessment of an existing building to determine its suitability for use by people with dementia and is a prompt for relevant improvements. It is also a helpful briefing tool for new facilities.

Part 2: 'Dementia Audit Toolkit'

The Dementia Audit Toolkit is designed to enable the user to audit a building in more detail. The 'Auditor' will use the tool to assess the space and provide a measure of its suitability for people with dementia against a set of given criteria. The criteria have been developed using current research and knowledge on international best practice about designing environments for people with dementia.

Part 3: 'Guidance Publications'

This section contains three publications on design for people with dementia:

- Designing interiors for people with dementia;
- Designing gardens for people with dementia;
- Designing lighting for people with dementia.

These publications are designed to help the user of the toolkit in their decision making on development of appropriate environments.

An assessment strategy

The key elements which should be considered in the design of dementia friendly healthcare facilities are embodied within the Initial Survey Checklist. The checklist can be used at the earliest stages of projects or as an assessment tool for existing buildings. The outcomes of the design and facility checks can be actioned as appropriate by relevant members of the project team.

The checklist has been set out to include all the rooms and areas that form part of a typical health building or care setting. A systematic approach to evaluating design proposals and existing facilities can be taken. Every building is different and the checklist can be adapted for different settings.

The Initial Survey of an existing building should be made by a team which includes a clinician, someone from the Estates/Property/Facilities Department, a construction professional and a service user with dementia and/or their carer.

Using the 'Initial Survey Checklist'

This checklist is available in electronic format on the Health Facilities Scotland web site for general use and to suit accessibility software – www.hfs.scot.nhs.uk

A5 size printed versions of this document are issued with reduced text size due to presentation format. A4 size versions of the checklist are a minimum of 14pt text throughout.

Before completing the Initial Survey, the function and use of the building should be fully understood so that the specific requirements of the users are known and can be taken into account, particularly if it is necessary to assess the feasibility of making alterations to an existing building.

The checklist has been structured with a section on General Design Principles at the beginning. This provides a valuable basis for use as a briefing tool for designers of new facilities.

Statutory Legislation

Anyone involved in a new or redevelopment project should be aware that there should be compliance with relevant statutory legislation which includes, but is not limited to, Planning Approval (which may also include Conservation Area Consent and Listed Building Consent), Building Warrant Approval. The detail requirements of this publication should be read in conjunction with the Building (Scotland) Regulations 2004, the Disability Discrimination Acts 1995 and 2005 and the Construction (Design and Management) Regulations 2007.

Disability Discrimination Acts (DDA) 1995 and 2005

Healthcare facilities fall within these Acts and have a legal duty to comply with the requirements of the DDA 1995 and the Disability Equality Duty (DED) 2006. Guidance on implementing compliance measures for healthcare premises under the provisions of the 1995 Act is contained within SHFN 20: 'Access audits of primary healthcare facilities' (September 2000) and the 'Access Audit Survey Toolkit' (October 2002), both produced by Health Facilities Scotland (formerly NHSScotland Property and Environment Forum).

All rooms and areas in new and refurbished buildings which are accessible to staff, patients and visitors, are required to comply with this Act.

The Scottish Government Health Directorate (as the Scottish Executive Health Department) in partnership with the Disability Rights Commission has produced guidance for NHSScotland under the Fair For All (FFA) initiative 'Achieving fair Access'. This guidance offers advice to both policy makers and practitioners on how to ensure that services are delivered fairly and equally for everyone including disabled people.

The guidance is available to view at: www.fairforalldisability.org

Construction (Design and Management Regulations) 2007

Design teams and facilities managers should already be conversant with these health and safety regulations. However, all those who are Clients must become aware of their duties in undertaking a project. The Regulations will be relevant to the project from inception stage, through the design and construction process to completion, handover and beyond.

Other guidance documentation

The development of new designs and adaptations to existing buildings should be in accordance with all relevant statutory requirements and utilise the most appropriate guidance issued by Health Facilities Scotland – Scottish Health Planning Notes (SHPNs) and Scottish Health Technical Memoranda (SHTMs), the 'Wayfinding' publication and other Scottish Government Health Directorate and Department of Health guidance together with the design guidance documentation published by The Dementia

Services Development Centre which is already referenced as Part Three of the Toolkit.

It is inevitable that some guidance which could be viewed as conflicting may exist and it is important that a hierarchy of requirements is identified to ensure that the most important factors are prioritised in an action plan. This is particularly important when a variety of users will use health buildings and certain design and specification solutions may be contrary to other guidance.

Examples of issues which may require further consideration, depending on the type of facility or area of a building, are sanitary fittings generally, taps specifically, use of contrasting finishes, type and location of signage, soft furnishings and fixtures and fittings.

Many of the features identified are the result of researched case studies and/or international best practice. The Dementia Services Development Centre at the University of Stirling has a specialist library and information service and holds a large collection of documents relating to care of people with dementia - www.dementia.stir.ac.uk

Cleaning and Control of infection

Control and Prevention of Healthcare Associated Infection (HAI) is a priority issue for NHSScotland – both in respect of the safety and well being of patients and staff and also the resources consumed by potentially unavoidable infections.

It is imperative that those involved in the design and planning, construction and refurbishment and on-going maintenance of the healthcare facility have a sound knowledge of prevention and control of infection in the built environment.

Scottish Health Facilities Note (SHFN) 30, Version 3: 'Infection Control in the Built Environment: Design and Planning' and 'Healthcare Associated Infection System for Controlling Risk In the Built Environment', Version 2 (HAI-SCRIBE) aim to provide information on the prevention and control of infection, and on the prevention of cross-infection and cross contamination in healthcare facilities, to those responsible for the planning, design and maintenance of such facilities.

Cleaning is an essential part of the multi-disciplinary approach in improving patient, staff and public safety. Designs and associated specifications should take into consideration the cleaning and maintainability of all finishes and associated components within a healthcare environment.

NHSScotland Firecode

Firecode is a suite of guidance documents that collectively specify the fire safety benchmark standards for all NHS healthcare buildings, including premises that may be jointly occupied together with non NHS occupiers.

The requirement for Health Boards to comply with Firecode standards is contained in the Fire Safety Policy for NHS Scotland; Statement 6. (See NHS HDL (2005) 53).

Each Health Board employs, or will have direct access to the services of, a competent Fire Safety Advisor who is familiar with the contents of Firecode and will provide guidance on fire safety matters.

Finding Solutions

The design guides – interiors, gardens and lighting - associated with this checklist, together with the general principles identified in Section 1, should be read in conjunction with relevant NHS guidance documentation.

Should there be any conflicts in guidance identified, then project teams should carry out an assessment to determine the risks associated with proposed solutions and/or seek further guidance from Health Facilities Scotland and/or The Dementia Services Development Centre.

Dementia Design Checklist

Initial Survey

HEALTH FACILITIES SCOTLAND INITIAL SURVEY CHECKLIST	
Date of Initial Survey	
Name of NHS Board	
Name and Address of Healthcare Provider	
Name of Building	
Address of Building	
Type of Building (e.g. Hospital, Clinic, GP & Dental Practices etc)	
Name and telephone number of Surveyor	
Name, job title and telephone number of Site Contact Person	
Areas of building reviewed	
Drawing Reference(s) (Floor plans, elevations)	
Reference Number (for Database)	

Initial survey

1. **General principles** (to be read in conjunction with relevant design guides for interiors, gardens and lighting)		Yes/No	Comments
	Layout and general design		
1.1	Has a DDA audit been carried out? Access and movement in and around the building should be reviewed in accordance with Health Facilities Scotland 'Access Audit Survey Toolkit'. Refer also to 'Achieving Fair Access'.		
1.2	Use of open plan layouts to increase visibility e.g. visibility from reception area to entrance, waiting area, WCs and access points to other parts of the building.		
1.3	Integration of display spaces for personal belongings to help stimulate memory and identity.		
1.4	Use of imaginative and unobtrusive designs and systems to make fire doors an integral part of the overall environment or to conceal areas where patients are denied access for safety reasons.		
1.5	Use of analogue clocks that utilise contract principles, outside views, and natural light to aid orientation in time and place.		

1. General principles (continued) (to be read in conjunction with relevant design guides for interiors, gardens and lighting)		Yes/No	Comments
1.6	There should be landmarks to assist people with finding their way to areas e.g. their bedroom, such as furniture, plants, wall hangings, artwork and generally items that are attractive and interesting.		
1.7	Window design should have low sill levels to allow views out from a sitting position, including wheelchair accessibility.		
1.8	Windows should provide easily controllable ventilation i.e. with trickle vents and hung to avoid direct drafts at sitting level.		
1.9	If the building has more than one accessible storey, there should be a lift, stair lift or ramp access to the storeys above or below ground level.		
1.10	Ramp surfaces to be slip resistant but still allow a shuffling gait.		
1.11	Stair nosings to contrast to the general stair finish.		
1.12	Lifts should not have finishes that are highly reflective or use mirrors.		
1.13	Lifts should have speech control for notifying floor levels and have passenger controls in brail. The speech control function can be switched off when required.		

1. General principles (continued) (to be read in conjunction with relevant design guides for interiors, gardens and lighting)		Yes/No	Comments
	Wayfinding		
1.14	Use landmark objects such as memorabilia and artwork to aid wayfinding.		
1.15	Design of corridors to lead to meaningful destinations. Consider access to areas generally used by patients such as bedrooms, sitting rooms and dining areas.		
1.16	Opposing bedroom doors along corridors should be staggered.		
1.17	There should be contrast in colour between sign and background mount.		
1.18	Signs should be fixed to the doors they refer to, rather than adjacent wall surfaces.		
1.19	Signs should be placed at an appropriate height. See sections on specific areas and also review in conjunction with the provisions of Health Facilities Scotland 'Wayfinding' document.		
	Decor		
1.20	Use contrasting colours to aid visibility. For example, skirting boards in colours that contrast with wall and floor finishes		

1. General principles (continued) (to be read in conjunction with relevant design guides for interiors, gardens and lighting)		Yes/No	Comments
1.21	Use of contrast should be utilised in toilet areas e.g. toilet seat contrasting with the toilet and the wall it is fixed to.		
1.22	Floor coverings should be consistent in colour and texture and avoid contrast in areas where patients are, including the thresholds from one space to another.		
1.23	Non carpeted floors should be matt rather than shiny or highly polished with high degree of reflection.		
1.24	Changes in floor finish should be flush to prevent trip hazards or confuse users, especially at threshold to new areas e.g. toilet and bedrooms.		
	Fixtures, fittings and loose furniture		
1.25	Facilities such as libraries, hairdressers and treatment rooms should be equipped with readily visible furniture and fittings that clearly express their uses.		
1.26	The furnishings and decoration should help provide a non-institutional environment.		

1. General principles (continued) (to be read in conjunction with relevant design guides for interiors, gardens and lighting)		Yes/No	Comments
1.27	Representations of real life objects and complex designs are avoided in wall, floor and curtain finishes.		
1.28	Furniture design and layout should enable rather than restrain patients.		
1.29	Technology should be utilised to support a patient in their independence and personal activities.		
1.30	Handrails and door handles should be easy to use and comfortable and contrasting in colour with the walls, with clear safety features to indicate where they end.		
1.31	Provide variation to furnishing styles e.g. with a selection of chair designs, heights, with or without armrests, etc to give patients choice.		
1.32	Mirrors should be easily covered or removable.		
	Safety and Security		
1.33	Patient call systems should be fitted and easy to identify in bedroom areas and WC facilities which they may use alone.		

1. General principles (continued) (to be read in conjunction with relevant design guides for interiors, gardens and lighting)		Yes/No	Comments
1.34	Fire safety provision and relevant requirements should be checked.		
1.35	Hose reels and extinguishers should be located to reduce patient anxiety and scope for tampering.		
1.36	Windows should generally be able to be opened, but have restrictors to limit opening other than for cleaning and maintenance on levels other than the ground floor.		
1.37	Easily used and familiar door handles should be used.		
	Lighting		
1.38	Entrance and reception areas should be bright and well lit with maximum use of natural light.		
1.39	Corridors should be bright and evenly lit (please refer to lighting guide which recommends double normal levels).		
1.40	All areas should have good levels of both natural and artificial lighting supplemented by more localised lighting.		
1.41	En-suites and toilet areas should have good lighting levels both manually and automatically controllable.		

1. General principles (continued) (to be read in conjunction with relevant design guides for interiors, gardens and lighting)		Yes/No	Comments
1.42	External lighting should be evenly distributed and avoid pools of bright light and deep shadow contrasts.		
1.43	Natural lighting should be generally controllable to minimise glare and shadow contrasts.		
1.44	In public areas use non-reflective glass in windows, or external lighting after dark to avoid mirror-like reflections.		

2. Exterior		Yes/No	Comments
	Layout and general design		
2.1	Is adequate designated parking available for people with reduced mobility?		
2.2	Is the approach to the building level, or easily graded, and relatively even and free of kerbs?		
2.3	Are the main entrances to the building level and without steps or non-negotiable thresholds?		
2.4	Are handrails provided at steps and ramps?		
2.5	Are the main entrance doors manually or automatically operated and wide enough for all users (800mm minimum), fitted with suitable ironmongery (including suitably positioned control gear if automatic) for disabled use and with adequate space alongside for a wheelchair user?		
	Wayfinding		
2.6	Is there clear and well positioned signing of the entrance routes and entrance points?		
2.7	Is there a safe, enclosed and secure exterior environment for patients?		

2. Exterior (continued)		Yes/No	Comments
2.8	Is there easy access to safe outdoor space from the building e.g. garden, terrace, patio or balcony?		
2.9	Are there no steep slopes or other barriers within the outdoor area?		
2.10	Are handrails provided at steps or gradients?		
2.11	Is there a level, non-slip hard surfaced patio that allows for a shuffling gait?		
2.12	Is there a path in the garden that is wheelchair accessible and returns the user to the beginning?		
2.13	Are there resting areas in the garden, some with protection from direct sunlight and wind?		
2.14	Are there areas created in the garden to provide a sense of moving from one space to another e.g. a trellised gate?		
2.15	Are patient accessible outdoor areas easily visible to staff from inside building?		
	Fixtures, features and outdoor furniture		
2.16	Are there familiar garden objects such as tools, washing lines, wooden seats, bird tables and greenhouses in easy view and access?		

2. Exterior (continued)		Yes/No	Comments
2.17	Are exits and manhole covers hidden or blended into colour scheme, with handles and latches concealed where possible?		
2.18	Is the garden attractive, with a range of year round planting, offering a range of stimulation to the senses?		
2.19	Is the garden well maintained?		
	Safety and Security		
2.20	Is any exterior fencing difficult to clamber over, yet allows views of the outside world?		
2.21	Is there strategic use of planting to help guide patients away from exit areas which they should not use?		
	Lighting		
2.22	Is external lighting evenly distributed and avoids pools of bright light and deep shadow contrasts?		
2.23	Is there adequate lighting to the main access routes and at the main entrance?		

3. Hall/Entrance/Reception areas		Yes/No	Comments
	Layout and general design		
3.1	Does the reception area have good visibility of the entrance, waiting areas, WCs and access to other parts of the building?		
3.2	Is there is good access for those with physical or mobility problems including wheelchair users?		
3.3	Do doors open against the wall into the various rooms providing good clues to a particular room's function, by giving an immediate view of the room and its contents?		
3.4	Have corridors been minimised in areas which patients use most frequently?		
3.5	Is there use of glass to show what is behind doors and walls to increase visibility? Consider balancing visibility with privacy and dignity when reviewing and comment accordingly.		
3.6	Are there seating areas at frequent intervals to provide opportunities for rest? This may include sub-waiting areas in clinical environments.		

3. Hall/Entrance/Reception areas		Yes/No	Comments
3.7	Are fully accessible WCs located close to reception and waiting areas and have they made use of contrast e.g. toilet seat contrasting with the toilet and the wall it is fixed to?		
	Wayfinding		
3.8	Is the reception area easily visible from and in close proximity to the entrance point?		
3.9	Are there landmark objects such as memorabilia and artwork to aid way finding?		
3.10	Do corridors lead to meaningful destinations? Consider access to areas generally used by patients such as bedrooms, sitting rooms and dining areas.		
3.11	Is there is contrast in colour between sign and background mount?		
3.12	Are signs fixed to the doors they refer to, rather than adjacent wall surfaces?		

3. Hall/Entrance/Reception areas		Yes/No	Comments
3.13	Are signs placed at an appropriate height? i.e. the centre of the sign for optimum placement should be approximately 1,200mm from the base of the door or the floor. This requires to be balanced by the provisions of Health Facilities Scotland 'Wayfinding' document where relevant.		
	Décor		
3.14	Is the entrance area to the building welcoming, well lit and friendly?		
3.15	Are representations of real life objects and complex designs avoided in wall, floor and curtain finishes?		
3.16	Does the carpet/floor covering contrast with walls and furniture?		
3.17	Are changes of flooring material similar in appearance and finished to avoid trip hazards or confuse, especially at threshold to new areas e.g. toilet and bedrooms?		
3.18	Is entrance zone barrier matting similar in appearance to adjacent floor finishes?		

3. Hall/Entrance/Reception areas		Yes/No	Comments
	Fixtures, fittings and loose furniture		
3.19	Are there comfortable handrails to give both physical assistance and sense of direction/distance?		
3.20	Does the reception area provide ease of access to the counter for those with reduced mobility and wheelchair users?		
3.21	Is there a range a chair types in the waiting areas suitable for the needs of all?		
3.22	Does the layout of seating in waiting and adjacent areas encourage ease of access and use e.g. are there open and barrier free pedestrian routes from the entrance and reception areas and then from the waiting area further into the building?		
	Safety and Security		
3.23	Are fire hose reels and extinguishers located to reduce patient anxiety and scope for tampering?		
3.24	Do windows have restrictors to limit opening other than for cleaning and maintenance on levels other than the ground floor?		

3. Hall/Entrance/Reception areas		Yes/No	Comments
	Lighting		
3.25	Is the reception area bright and well lit with maximum use of natural light?		
3.26	Are corridors bright and evenly lit? (Please refer to lighting guide which recommends double normal levels).		
3.27	Is natural lighting generally controllable to minimise glare and shadow contrasts?		
3.28	Is non-reflective glass in windows, or external lighting after dark used to avoid mirror-like reflections in public areas?		

4. Lounge / Day Room		Yes/No	Comments
	Layout and general design		
4.1	Is the room easily accessible from other areas of the building?		
4.2	Is the focus of the room something other than a television?		
4.3	Are fully accessible toilet facilities near at hand and visible from a seated position and/or well signposted?		
4.4	Are window sills low enough to be able to see out from a sitting position?		
4.5	Do windows provide easily controllable ventilation e.g. with trickle vents and hung to avoid direct drafts at sitting level?		
	Wayfinding		
4.6	Is the room made recognisable through features such as the television, radio, comfortable seats, easy chairs, feature fireplace and coffee table?		
4.7	Is there ease of orientation on leaving the room?		
	Decor		
4.8	Is the décor of the room age appropriate and culturally sensitive?		

4. Lounge/Day Room (continued)		Yes/No	Comments
4.9	Are representations of real life objects and complex designs avoided in wall, floor and curtain finishes?		
4.10	Does the carpet/floor covering contrast with walls and furniture?		
	Fixtures, fittings and loose furniture		
4.11	Does the layout incorporate fittings and furniture that will encourage staff patient interaction?		
4.12	Is there a range of furniture suitable for the needs of all: chairs of different heights/depths and colours that contrast with the surroundings?		
	Safety and Security		
4.13	Are the controls for the feature fire tamper proof (if present)?		
4.14	Do windows have restrictors to limit opening other than for cleaning and maintenance on levels other than the ground floor?		
	Lighting		
4.15	Does the room have good levels of natural and general lighting with supplementary local lighting?		
4.16	Is natural lighting generally controllable to minimise glare and shadow contrasts?		

4. Lounge/Day Room (continued)		Yes/No	Comments
4.17	Is non-reflective glass in windows, or external lighting after dark used to avoid mirror-like reflections?		

5. Dining Room		Yes/No	Comments
	Layout and general design		
5.1	Is the room easily accessible from other areas of the building?		
5.2	Is the dining area small and domestic in scale?		
5.3	Are fully accessible toilet facilities near at hand and visible from a seated position and/or well signposted?		
5.4	Are window sills low enough to be able to see out from a sitting position?		
5.5	Do windows provide easily controllable ventilation e.g. with trickle vents and hung to avoid direct drafts at sitting level?		
5.6	Do the seating arrangements assist in creating a positive and managed dining experience either through low numbers at each sitting or by breaking the room up into smaller dining areas?		
	Wayfinding		
5.7	Is the room made recognisable by easy visibility from as many locations as possible within the building?		
5.8	Is the room made recognisable by features such as the dining table and upright chairs, dresser and visible sideboard storage for cutlery and crockery?		

5. Dining Room (continued)		Yes/No	Comments
	Décor		
5.9	Is the décor of the room age appropriate and culturally sensitive?		
5.10	Are representations of real life objects and complex designs avoided in wall, floor and curtain finishes?		
5.11	Does the carpet/floor covering contrast with walls and furniture?		
	Fixtures, fittings and loose furniture		
5.12	Do the open sideboards and dressers encourage patients to assist in table setting and clearing?		
5.13	Are staff able to eat alongside patients?		
5.14	Are tables suitable for wheelchair users?		
5.15	Are chairs of an appropriate design and are sliders used for ease of moving?		
	Safety and Security		
5.16	Do windows have restrictors to limit opening other than for cleaning and maintenance on levels other than the ground floor?		
5.17	Are non slip floors used for areas where there is a hard floor finish? Agree one style		

5. Dining Room (continued)		Yes/No	Comments
	Lighting		
5.18	Does the room have good levels of natural and general lighting with supplementary local lighting?		
5.19	Is natural lighting generally controllable to minimise glare and shadow contrasts?		
5.20	Is non-reflective glass in windows, or external lighting after dark used to avoid mirror-like reflections?		

6. Meaningful occupation and activity		Yes/No	Comments
	Layout and General Design		
6.1	Are there facilities for visiting services such as hairdresser, chiropody and aromatherapy?		
6.2	Are there facilities for patients to participate in kitchen chores?		
6.3	Are there facilities for art and craft activities, both as an individual and as a group?		
6.4	Are there facilities for general recreational activity, both as an individual and as a group, including wireless access for recreational technology?		
6.5	Is there easy and visible access to outside spaces with facilities for patients to engage in light gardening?		
6.6	Are there opportunities for activities in the outside space?		
6.7	Is there a large room that can be used for social occasions such as tea dances or Burns Suppers?		
6.8	Are fully accessible toilet facilities near at hand and visible from a seated position and/or well signposted?		

6. Meaningful occupation and activity (continued)		Yes/No	Comments
	Wayfinding		
6.9	Are the functions of the rooms/areas distinguishable by visibility of familiar features and/or is graphical signage used to feature the function?		
6.10	Is the kitchen counter visible to patients from various vantage points?		
6.11	Is there is contrast in colour between sign and background mount?		
6.12	Are signs fixed to the doors they refer to, rather than adjacent wall surfaces?		
6.13	Are signs placed at an appropriate height? i.e. the centre of the sign for optimum placement should be approximately 1,200mm from the base of the door or the floor. This requires to be balanced by the provisions of Health Facilities Scotland 'Wayfinding' document where relevant.		
	Decor		
6.14	Are representations of real life objects and complex designs avoided in wall, floor and curtain finishes?		

6. Meaningful occupation and activity (continued)		Yes/No	Comments
6.15	Does the carpet/floor covering contrast with walls and furniture?		
6.16	Are chair covers in a contrasting colour to other finishes?		
6.17	Does the skirting colour contrast with adjacent finishes?		
	Fixtures, fittings and loose furniture		
6.18	Is there shelving and attractive display areas for patients' work?		
6.19	Are worktops and sinks, etc at suitable heights for all users including wheelchair users and those with reduced mobility?		
	Safety and Security		
6.20	Are tools and materials stored in a secure area?		
6.21	Do windows have restrictors to limit opening other than for cleaning and maintenance on levels other than the ground floor?		
	Lighting		
6.22	Does the room have good levels of natural and general lighting with supplementary local lighting?		
6.23	Is natural lighting generally controllable to minimise glare and shadow contrasts?		

6. Meaningful occupation and activity (continued)		Yes/No	Comments
6.24	Is non-reflective glass in windows, or external lighting after dark used to avoid mirror-like reflections in public areas?		

7. Bedrooms		Yes/No	Comments
	Layout and general design		
7.1	Is the individual's room or bed area personalised, protected, easily visible and identifiable and secure?		
7.2	Does the room have access to private and fully accessible en-suite facilities?		
7.3	Does the furniture layout allow for ease of movement and wheelchair access?		
7.4	Can the head of the bed be positioned to allow the occupant to identify the toilet area?		
	Wayfinding		
7.5	Is the function made recognisable by a wide range of sight lines to the bed from both inside and outside the room?		
7.6	In an individual room or bed area, is the area personalised and identifiable to the occupant?		
7.7	On exiting a bedroom to a corridor, has the placement of a door directly opposite been avoided?		
	Decor		
7.8	Are representations of real life objects and complex designs avoided in wall, floor and shower curtain finishes?		

7. Bedrooms (continued)		Yes/No	Comments
7.9	Does the carpet/floor covering contrast with walls and furniture?		
7.10	Is the floor threshold between spaces the patient is to move between consistent in colour e.g. bedroom entrance, en-suite?		
7.10	Are bed cover patterns relatively subdued?		
7.11	Are chair covers in a contrasting colour to other finishes?		
7.12	Does the skirting colour contrast with adjacent finishes?		
	Fixtures, fittings and loose furniture		
7.13	Is there appropriate accessible clothes storage which displays or partly displays the contents?		
7.14	Is there display space for personal memorabilia?		
7.15	Can mirrors be covered or easily removed?		
	Safety and Security		
7.16	Is there a well located patient call point?		
7.17	Do windows have restrictors to limit opening other than for cleaning and maintenance?		

7. Bedrooms (continued)		Yes/No	Comments
	Lighting		
7.18	Does the room have good levels of natural and general lighting with supplementary local lighting?		
7.19	Is natural lighting generally controllable to minimise glare and shadow contrasts?		
7.20	Can bedside lights be controlled automatically when touched?		

8. Toilets		Yes/No	Comments
	Layout and general design		
8.1	Is there adequate space for transfer from wheelchair or hoist, especially when two carers are required?		
8.2	If not en-suite, are the toilets well located and fully accessible relative to areas where users will generally be?		
	Wayfinding		
8.3	If en-suite, is the WC visible from the bed head position?		
8.4	In shared areas, do toilets have immediate and full accessibility and are identifiable from as many viewpoints as possible?		
	Decor		
8.5	Is the wall tiling domestic in appearance, avoiding a 'clinical' appearance?		
8.6	Are representations of real life objects and complex designs avoided in wall, floor and shower curtain finishes?		
8.7	Is the floor threshold between the entrance to the toilet consistent in colour with the space the patient is moving from?		

8. Toilets (continued)		Yes/No	Comments
	Fixtures, fittings and loose furniture		
8.8	Are the colours of the toilet pan and seat in contrast to the floor and wall it is fitted to?		
8.9	Are the cisterns traditional in appearance and have clear contrasting lever handles?		
8.10	Do the toilet roll holders contrast in colour to the background wall finish, or if not, is the toilet roll contrasting in colour?		
8.11	Is the toilet roll holder within easy reach of the WC position and of a traditional design?		
8.12	Are taps traditional in appearance e.g. crosshead, and are simple to operate with clear indications of “hot” and “cold”?		
8.13	Are grab rails comfortable to grip and contrast in colour or tone with the tiles and background wall/floor?		
8.14	Is there structural provision for wall fixing of support rails?		
8.15	Is there shelving for toiletries?		
8.16	Are there discrete storage spaces available for bulk items such as incontinence pads?		

8. Toilets (continued)		Yes/No	Comments
	Safety and Security		
8.17	Is there a well positioned patient call point?		
8.18	Is the floor finish non slip to prevent potential accidents when moving from wet areas to dry?		
	Lighting		
8.19	If en-suite off bedroom, is there low-level lighting operating overnight to improve visibility without disturbing sleep or another arrangement e.g. movement sensor?		
8.20	Does the room have good levels of natural (if there is a window) and general lighting with supplementary local lighting if a mirror is utilised?		
8.21	If there is a window, is the daylight generally controllable to minimise glare and shadow contrasts?		

9. Bathrooms		Yes/No	Comments
	Layout and general design		
9.1	Is there adequate space for transfer from wheelchair or hoist, especially when two carers are required?		
9.2	Is the bathroom well located relative to areas where users will generally be?		
	Wayfinding		
9.3	Is the bathroom well located and visible, with adequate signage?		
9.4	Are patients able to see what is in the room clearly when they open the door?		
	Decor		
9.5	Does the skirting contrast in colour with the flooring?		
9.6	Is the floor threshold between the entrance to the bathroom consistent in colour with the space the patient is moving from?		
9.7	Is the wall tiling domestic in appearance - avoiding 'clinical' effect?		
9.8	Are representations of real life objects and complex designs avoided in wall, floor and shower curtain finishes?		

9. Bathrooms (continued)		Yes/No	Comments
	Fixtures, fittings and loose furniture		
9.9	Is there provision of prominent shelving space for toiletries, etc?		
9.10	If there is a walk-in shower area, does the flooring or shower tray blend into overall colour scheme of the floor yet contrast with walls and furniture?		
9.11	Are mirrors well situated and designed to be removable or easily covered?		
9.12	Does it have familiar, practical sanitary fittings such as cross head taps?		
9.13	If patient is using the bathroom independently, are controls easy to see and operate?		
9.14	Are grab rails comfortable to grip and contrast in colour or tone with the tiles and background wall/floor?		
9.15	Is there structural provision for wall fixing of support rails?		
9.16	Is there generous shelving for display and storage of toiletries and personal supplies?		
9.17	Are there discrete storage spaces available for bulk items such as incontinence pads?		

9. Bathrooms (continued)		Yes/No	Comments
	Safety and Security		
9.18	Is there a well-positioned patient call point?		
9.19	Is the floor finish non-slip to prevent potential accidents when moving from wet areas to dry?		
	Lighting		
9.20	Does the room have good levels of natural (if there is a window) and general lighting with supplementary local lighting if a mirror is utilised?		
9.21	If there is a window, is the daylight generally controllable to minimise glare and shadow contrasts?		

10. Examination/Consulting/Treatment Areas		Yes/No	Comments
	Layout and general design		
10.1	Can people with cognitive impairment be located close to a supervision point such as the nurses' station?		
10.2	Does the layout of the room or area encourage good communication between the patient, carer if present, and staff?		
	Wayfinding		
10.3	Is signage about the purpose and function of the area or room appropriate and within the visual field of patients positioned on or accessing a trolley/examination area?		
	Decor		
10.4	Does the floor covering contrast with walls and furniture?		
10.5	Is the floor threshold between the entrance to the treatment area consistent in colour with the space the patient is moving from?		
10.6	Are screens/curtains of a plain pattern and contrast on both the patterned and reverse side with the colour of adjacent walls?		

10. Examination/Consulting/Treatment Areas (continued)		Yes/No	Comments
	Fixtures, fitting and loose furniture		
10.7	Is there adequate concealed storage for equipment?		
10.8	Is there a table to ensure the person can access food and drink when appropriate?		
	Safety and Security		
10.9	If the area contains equipment that may present a risk to an unsupervised patient, can it be concealed when not in use?		
	Lighting		
10.10	Does the room have good levels of natural (if there is a window) and general lighting with supplementary local lighting?		
10.11	If there is a window, is the daylight generally controllable to minimise glare and shadow contrasts?		
10.12	Does the examination lighting allow for it to be positioned away from the patient when not in use?		