



# Building better care homes for adults

Design, planning and  
construction considerations for  
new or converted care homes  
for adults





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## Foreword

When someone lives in a care home, that is their home. We expect care homes not just to be safe, but to be enjoyable places to live. People should experience a homely environment, with warm, compassionate care that meets their needs and upholds their rights.

How a care home is designed can have a profound effect on the experiences of, and outcomes for, people experiencing care and their families. Building a new care home, or refurbishing one, is a major exercise but also an opportunity to use high-quality design and construction to help contribute to a high-quality experience for people. It is much better to design quality in from the start, rather than to try to deliver care in a building that militates against that happening.

At the Care Inspectorate, we play a vital role in acting as a gateway to the care market. Care services must satisfy us they are capable of providing high-quality care. The physical layout of a care home is one of the things we look at when considering an application for registration. This guidance contains many of the questions and issues we raise when considering an application.

I hope this guidance is helpful to you and prompts you to think at an early stage about how you intend to build a high-quality care home.

This guidance has been completely revised in light of the new Health and Social Care Standards, being implemented from April 2018. These are radically different from the old standards, and much more person-led and outcome-focused. They apply across health and social care provision rather than to specific settings like care homes, so detailed guidance like this is even more important. This guidance sets out our expectations on a number of key elements of care home building design and room size.

We also recognise that the nature of care is changing, with an increasing emphasis on the benefits of homely and small-group living. Providers, planners and architects will need to consider how the information here will inform models of care in smaller settings and in innovative forms of care provision.

We warmly welcome any feedback you have about this guidance, particularly if there are areas we can expand and update for the future.



**Karen Reid**

Chief Executive

## Our Aim

The aim of this publication is to provide general guidance for applicants or existing providers of care home services. The Care Inspectorate plays an important role in supporting the development of high-quality care in Scotland. All care services, including care homes, require to be registered with the Care Inspectorate. This process is designed to ensure that applicants are fit to provide care, that people experiencing care are likely to experience high-quality care, and that the premises for providing care are suitable. We are committed to making this process as simple and straightforward as possible and to supporting innovation in care, without compromising on the need to provide robust public assurance and further improve the quality of care provision in Scotland.

We encourage and expect applicants wishing to register a care home to contact the Care Inspectorate for an initial consultation at an early stage regarding the suitability of any proposed premises and we may ask you to provide us with detailed plans in support of this.

Where an applicant is purchasing an existing care home, recently closed or an older property, the Care Inspectorate expects you to meet current requirements and good practice. This may mean making improvements and producing a mutually agreed plan of refurbishments over time as part of the conditions of registration. Where existing providers are planning refurbishments and adaptations, they should involve people using the existing service and their families in planning improvements. This supports the following Health and Social Care Standard 4.7: **I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership.**

We quote people living in care homes and their carers throughout this guidance. Their comments help to illustrate the difference that high-quality design can make to people's experience of living in a care home.

Using this guidance does not guarantee that any particular application for registration or variation will be granted. The Care Inspectorate has a duty to consider each application on its own merits. Likewise, it may be that you have innovative ideas and suggestions about how you can build a care home that leads to high-quality experiences and outcomes for residents by changing some of the advice and guidance here. Our registration staff are always keen to discuss new ideas and approaches with you, and we encourage you to raise these with us.

# 1. Introduction and purpose of this document

The design of a care home can impact significantly on dignity, respect, compassion, inclusion, responsive care and support, and wellbeing.

High-quality design, planning, construction, conversion, refurbishment and ongoing maintenance are vital if a care home for adults is to be capable of providing high-quality care. These elements have a significant impact on those who experience provide and work in services.

We previously developed this guidance in 2014 and we were pleased to receive positive feedback from service providers, architects and applicants.

This new version of the guidance, reviewed and updated in 2017, takes into account Scotland's new Health and Social Care Standards, in particular Standard 5 **"I experience a high-quality environment if the organisation provides the premises"**.

The Care Inspectorate expects all care services and commissioners to take these standards into account when planning, commissioning and delivering care from April 2018 onwards.

The Health and Social Care Standards can be found at: [www.newcaresstandards.scot](http://www.newcaresstandards.scot).

These standards differ from the previous national care standards in some important ways. They are much more person-led than before and are written from the perspective of the person experiencing care. They apply not just to regulated care services like care homes, but across the whole range of social care, health, and social work practice. Because they are not specific to categories of registered care, they contain, in some cases, less detail than the older standards. Instead, they are much more outcomes-focused, requiring providers and commissioners to reflect and innovate in order to deliver the outcomes described in the standards. High-quality cannot be assured by compliance with a minimum standard; quality is instead assessed by reference to the experience of, and impact of care on, people. This makes the importance of guidance like this even greater.

The Health and Social Care Standards set out at 5.1 that **"I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high-quality care and support"**. This guidance is designed to help you think about some of the ways you can deliver that outcome.

This document:

- refers to regulations, the Health and Social Care Standards, and other guidance used by the Care Inspectorate
- tells you about some other regulatory bodies, relevant legislation and good practice that you should know about if you are designing a care home for adults or altering or extending existing premises
- is used to guide our registration team on registration and variations and by our inspectors during inspection and complaints

- signposts to good practice documents like The King’s Fund Environmental Audit Tool, which provides helpful advice to which we will refer during the registration and inspection of care homes for older people.

You are responsible for seeking advice from statutory agencies and consultants about high-quality design principles for the people you propose to provide a service for, such as:



**Fire safety**



**Food standards safety**



**Health and safety**



**Meeting planning and building standards requirements**

This includes sharing your plans with us before building work starts so that we can support you to deliver high-quality practice and identify any problems and possible solutions at this early stage.

This document is also relevant when seeking to change the legal entity of the provider, take over an existing care home, or vary an existing condition of registration.

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) set out the basic requirements for care services and include regulations relating to matters such as welfare of people experiencing care, the fitness of premises and facilities in care homes.

Service providers must demonstrate to the Care Inspectorate that these regulations will be used to deliver high-quality care at the time of registration and that this will continue after registration is granted.

It is vital that service providers use information that is relevant to Scotland for new or upgraded buildings – many aspects of care regulation and building control are devolved and differ from other parts of the UK.

You can access links to the legislation and Health and Social Care Standards as well as Care Inspectorate policies and guidance and registration information on the Care Inspectorate website [www.careinspectorate.com](http://www.careinspectorate.com).

Our website for good practice guidance is The Hub at [www.hub.careinspectorate.com](http://www.hub.careinspectorate.com).

## 1.2 Building materials used for existing and new builds

Following tragic fires in residential premises, attention has been focused on the use of building materials, in particular certain types of cladding used predominantly in high-rise buildings. We remind existing and prospective service providers of their overall responsibility for the safety and wellbeing of people who use services, consulting as necessary with the owner or landlord and the local authority's building services department.

You should inform us through the normal notifications process of any particular concerns or issues that are identified.

## 2. Service aims and objectives

When planning a new care home or changes to an existing care home, providers must take into account primary legislation and associated regulations. In addition, the service's aims and objectives should be a key factor in determining the design of the building. Further information can be found in regulation 10 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011: <http://www.legislation.gov.uk/ssi/2011/210>.

These aims and objectives should be considered at an early stage of the development and inform the planning of a new building or alteration/extension of existing premises.

The service aims and objectives should reflect the type of care service to be offered.

Having clear aims and objectives for your care service helps people who are thinking about using your service understand what they can expect. In particular, this supports the following Health and Social Care Standards.

Standard 1.17 **"I can choose from a wide a range of services and providers as possible, which have been planned, commissioned and procured to meet my needs."**

Standard 1.18 **"I have time and any necessary assistance to understand the planned care, support therapy or intervention I will receive, including any costs, before deciding what is right for me."**

Standard 1.20 **"I am in the right place to experience the care and support I need and want."**

### 2.1 Location

The physical location of a care home is an important consideration. The Health and Social Care Standard 5.8 states **"I experience a service as near as possible to people who are important to me and my home area if I want this and if it is safe"**.

Standard 1.17 states **"I can choose from a wide range of services and providers as possible, which have been planned, commissioned and procured to meet my needs"**.

This is an important issue for local authorities and commissioners, planners, service providers and architects.

Standard 5.9 states **"I experience care and support free from isolation because the location and type of premises enable me to be an active member of the local community if this is appropriate"**.

A well-connected care home that is well integrated into the community, can have a positive impact on people's wellbeing experience and help tackle isolation and loneliness. Important elements of providing a suitable environment include:



- access to local facilities; the care home should be sited in areas suitable for domestic living and should avoid non-domestic locations such as industrial or retail sites
- access to public transport systems, pedestrian walkways and local community to ensure people are not isolated from their family, friends and other visitors
- suitable visual outlooks which will support the health and wellbeing of people
- the effect of noise or air pollution to be minimised to a level that is in keeping with a residential setting; for example not building next to a railway, airport, noisy main road or night club
- accessible outdoor areas and environment that encourage people to move more (the Health and Social Care Standards set out at 5.23 **“If I live in a care home, I can use a private garden”**)
- appropriate and accessible car parking and cycle facilities for visitors and staff.

People living in care homes tell us how important these things are to them:

**“We have lovely open views; it helps make the days more interesting, watching the world go by!”**

**“There is a hairdresser in the home, but I prefer to go out to the village and get my hair done, I get a coffee there and meet other people.”**

**“I go into the town and meet up with friends.”**

**“There’s a nice garden that I can sit in on warm days and a summer house when it’s not so warm!”**

**“Even on the third floor I can get into the sun because of the lovely roof terrace.”**

There is growing evidence that positive outcomes for children and older people can occur through intergenerational opportunities. You should think about whether and how your care home will promote positive intergenerational experiences for children, families and older people. Daily activities, interests and outings can be mutually beneficial for young people, older people and staff.

## 2.2 Deciding on size and layout

The Health and Social Care Standards set out what people should experience as a result of their care.

Standard 5.5 **“I experience a service that is the right size for me.”**

Standard 5.7 **“If I live in a care home, the premises are designed and organised so that I can experience small group living, including access to a kitchen, where possible.”**

Standard 5.11 **“I can independently access the parts of the premises I use and the environment has been designed to promote this.”**

Standard 5.20 “I have enough physical space to meet my needs and wishes.”

The Care Inspectorate registers a wide range of care service types, but our scrutiny evidence suggests that people living in smaller care homes often experience better care.

**“In general, larger care homes (with more than 90 places) tended to have a higher proportion of services with the lowest evaluations, and small care homes (with fewer than 10 places) tended to have the highest proportion of services where all themes were evaluated as very good or excellent”.**

Inspecting and improving care and social work in Scotland - Findings from the Care Inspectorate 2011–2014  
Care Inspectorate (2015).

We strongly encourage innovation and diversity in future care provision and wish to encourage care providers and commissioners to provide residential care on a smaller scale.

The advantages of small-scale group living include:

- people living there are not overloaded with stimuli of noise, activity and too many other people
- the design can be domestic, homely and so, more familiar
- it may be easier for people to participate in domestic activities
- it is easier for staff to get to know individual people and understand what matters to them
- the small-group living model will enhance team development, knowledge and expertise that produces high-quality care, particularly for people with dementia
- people often experience less stress in smaller units
- staff develop a greater sense of ownership and pride in their unit.

People living in small care homes and small-scale units tell us that it makes a difference to them. Their carers often think so too.

**“It’s relaxing and homely here and all the staff know me well.”**

**“It’s my home now, I know everyone and they know me.”**

**“My relative has settled in the room. It’s like a wee bedsit and so much more homely than the big unit she was in before.”**

### Layout

Regardless of the size of the care home, you should consider how the building and its external areas such as garden and outbuildings will support the aims and objectives of the service. For example:

- small-group living, usually numbering fewer than ten people, provided with their own en-suite bedrooms and a communal bathroom, lounge and dining facility just for their own group can promote a homely, domestic environment

- provision of communal spaces such as sitting rooms, activity rooms, multipurpose room, reminiscence room, café, cinema, quiet lounge areas
- provision of services like a hairdresser, library, café, and cinema, bearing in mind that wherever possible residents should be supported to use local facilities
- appropriate siting of support service areas such as domestic service rooms, dirty utility areas (formerly sluice), medication storage, laundry, kitchen and accessible pantry areas for use by residents and visitors
- provision of suitable kitchen equipment, crockery, cutlery and utensils, and adequate facilities for the preparation and storage of food by people living in the service and visiting
- sufficient storage space should be an integral part of the design in bedrooms
- bedroom space should also take into account enough space for the potential need for hoists, wheelchairs or other equipment
- garden areas for everyone who uses or visits the service to enjoy.

Irrespective of the size of the care home, we expect care home design to promote physical activity and movement and support people to live well.

For new-build care homes, if the building is built on more than one floor we expect to see safe, independently-accessible outdoor space such as a balcony, roof garden, for example. If the care home is an existing building, we will expect the applicant to consider and plan how safe, independent access to outdoor space can be improved.

Where the service is offering areas open to the public, we would also expect suitable arrangements that respect the security, privacy, dignity and human rights of people who live in the service.

In some care homes, there are separate facilities for people working in the service. The Health and Social Care Standards set out at 5.14 that these should be in keeping with a homely environment.

## 2.3 Interior design

The Care Inspectorate expects all care homes to provide a homely environment.

Health and Social Care Standard 5.6 states **“If I experience care and support in a group, I experience a homely environment and can use a comfortable area with soft furnishings to relax”**.

Health and Social Care Standard 5.22 states **“I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment”**.

It is important to ensure that any design complies with other legislation, regulations or standards such as building standards, food hygiene, health and safety, infection prevention and control and waste. Some people may be living with complex needs or dementia but these needs should not be considered in isolation.

Health Facilities Scotland, in partnership with Dementia Services Design Centre (DSDC) and Fair for All, has produced a 'dementia design checklist' available in the 'publications section':

[www.hfs.scot.nhs.uk/publications/](http://www.hfs.scot.nhs.uk/publications/)

This and information produced by DSDC on lighting design, garden design and interior design are invaluable tools for building or developing care services. Many of these principles of high-quality design are transferable to all other adult care homes.

The Social Care Institute of Excellence (SCIE) Dementia Gateway also has information on best practice in dementia care, including environment information: [www.scie.org.uk/publications](http://www.scie.org.uk/publications).

We recommend taking account of the King's Fund Environmental Design Audit Tool which will help in creating more supportive care environments for people living with cognitive problems and dementia: [http://hub.careinspectorate.com/improvement/spotlight-on-dementia/dementia-inspection-focus-area-\(ifa\)/](http://hub.careinspectorate.com/improvement/spotlight-on-dementia/dementia-inspection-focus-area-(ifa)/).

## 2.4 Bedrooms

Bedrooms are usually a person's only personal living space. It is important to consider how you will make the bedrooms feel like home for residents and how you will support them to be able to control aspects of the room.



Everyone should have the choice of a single bedroom. In some circumstances, people may wish to share a double or twin room with a partner, sibling or friend with whom they have a prior established relationship. Health and Social Care Standards 5.26 states **"As an adult living in a care home, I have my own bedroom that meets my needs and I can choose to live with and share a bedroom with my partner, relative or friend"**. For couples, consider additional private space, for example two single rooms that are adjacent or linked could be used for bedroom and sitting area.

It is good practice to design premises that allow for a proportion of bedrooms to be available as doubles or twins, however, at registration, we will register the number of bedrooms. The provider can apply through the variation process to use double bedrooms where two people are in a prior established relationship and ask to share.

Health and Social Care Standard 5.15 states **"If I am an adult living in a care home, I can choose to see visitors in private and plan for a friend, family member or my partner to sometimes stay over"**.

### Sizes

Health and Social Care Standard 5.20 states **"I have enough physical space to meet my needs and wishes"**.

Currently, we expect bedrooms in care homes to meet the following sizes but recognises that many high-quality care homes provide rooms well in excess of these.

- Single room: minimum of 12.5 - 13 square metres or more of usable floor space, with head space of, at least, 2 metres. This excludes bedroom entrance, en-suite facilities, fitted units and moveable furniture.
- Shared bedroom: minimum of 16 square metres or more excluding en-suite.

We expect rooms to have the following facilities and fitted units:

- a lockable space where money and valuables may be deposited for safe keeping; this may be a locked area within the room, if the person wishes this
- a lockable door suitable to the assessed needs of the resident, which can be opened in an emergency by staff.

It is important for you to consider whether you have:

- enough space for care equipment such as walking aids, wheelchair, and commode
- adequate room for personal furniture or items to be brought in such as a favourite chair, china cabinet, fridge, microwave, music system or computer
- space to have visitors in the room.

Many people will be used to sleeping in a double bed and feel more comfortable with this. There should be enough space to have a double bed, if a person wishes.

## **Bathrooms**

We expect all bedrooms to generally have en-suite facilities, but recognise that some people will require or prefer to use a bath. Health and Social Care Standard 5.28 states **“As an adult living in a care home, I have ensuite facilities with a shower, and can choose to use a bath if I want. If I live in a small care home that has not been purpose built, I might need to share a bathroom with other people”**.

## **The experience of using a bedroom**

Health and Social Care Standard 5.27 states **“As an adult living in a care home I have enough space for me to sit comfortably with a visitor in my bedroom”**.

Health and Social Care Standard 5.12 states **“If I live in a care home, I can control the lighting, ventilation, heating and security of my bedroom”**.

Consider how each person would like their room to be furnished and decorated and perhaps reflect what they had in their own home. In some care homes, family and friends are able to help with the furnishing and decoration of the bedroom. Health and Social Care Standard 5.13 states **“If I live in a care home, I can decide on the decoration, furnishing and layout of my bedroom, including bringing my own furniture and fittings where possible”**.

People living in care homes tell us how important their bedroom is to them. When they can decorate and furnish their room, they say it feels more like home.

**“My son did up my room and I’ve got all my own stuff.”**

**“It’s all my own things. I bought the sofas and cushion myself.”**

**“I picked my colour of paints then picked the carpet. I love it.”**

**“There’s a medicine cabinet in my room and I can take my own tablets... feeling more independent is important to me, rather than relying on the staff.”**

If ceilings are low in places, this should not pose a danger to people. If the ceiling is very low in places, such as coombed ceilings, staff should have adequate working space for staff to assist residents safely: <http://www.hse.gov.uk/pubns/books/I24.htm>.

Medicine storage within rooms, if appropriate, must be away from radiators and must not be within the en-suite facility. See health guidance note on the subject available at:

<http://hub.careinspectorate.com/search/?s=temperature&type=0&view=0&ord=0>.

We expect to see covered storage of care equipment and products such as continence aids or products, dressings, catheter equipment. These items should be protected from environmental contamination or handling by visitors and people living in the home who are confused.

## 2.5 En-suite and bathroom facilities

En-suites should consist of a toilet, wash-hand basin (sink) and a shower or bath, with enough room to allow assistance by staff.

Toilets, bathrooms and shower-room doors must have locks that staff can open in an emergency and a call system to summon help.

For a wet-floor shower, wash-hand basin and toilet, we expect the room size to be at least 3.5 square metres. Alternatively, for a shower tray or bath, the size will need to be greater than 3.5 square metres.

Heights of wash-hand basin, shaving point, wall cabinets and mirror should be accessible for use.

Grab rails should be in a contrasting colour to make them stand out. If it is unclear if they will be needed, they must be available for installation as required.

There must be storage for toiletries (bathroom cabinets) and other personal items. There must also be storage for personal protective equipment (PPE) for staff such as disposable gloves and aprons. These can be in a built-in cupboard or other suitable container that prevents environmental contamination and should be available in a way that does not detract from the homely environment. There must be liquid soap and disposable towels in en-suites where it is likely that staff assistance with personal care will be required.

The bed should be able to be positioned so that access to the en-suite is highlighted.

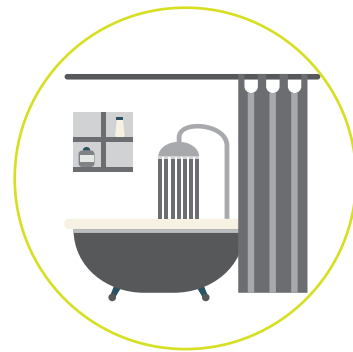
If there is a shower tray, there should be no step as this may prevent accessibility.

Some people may require additional safety features associated with access to water.

A remote controlled shower could be appropriate for some people. You may also find that there are other and new forms of technology that support residents. Health and Social Care Standard 1.22 states **“I can be independent and have more control of my own health and wellbeing by using technology and other specialist equipment”**.

## 2.6 Communal toilets, bathrooms and showers

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), regulation 14, set out that:



**“A provider of a care home service must, having regard to the size of the service,**

**the statement of aims and objectives and the number and needs of people using the service:**

- b) provide such other equipment for the general use as is suitable and sufficient having regard to health and personal care needs**
- d) ensure that there are provided at appropriate places in the premises from which the service is provided sufficient numbers of lavatories, and of wash-basins, baths and showers fitted with a hot and cold water supply”**

Health and Social Care Standard 5.2 states **“I can easily access a toilet from the rooms I use and can use this when I need to”**.

You should therefore consider:

- proximity to bedrooms
- proximity to sitting and dining rooms and other public areas
- whether people using the service have to pass through such areas for access, thereby compromising privacy and dignity
- whether the height of the ceiling compromises the space available for residents and the safety of staff or visitors who may assist the person
- the space needed for staff to assist people when required

- wheelchair access with enough widths and turning space for wheelchairs and hoists
- providing enclosed storage for protective personal equipment (PPE) for use by staff
- the specific needs of people with conditions that require additional safety features associated with access to water
- assisted communal bathroom or shower and equipment
- wash-hand basins for staff as for en-suite and toilets
- how toilets will promote a homely setting, for example by being in a small room rather than in cubicle form.

Baths are not just a facility for personal hygiene but can be therapeutic for people, providing relaxation and enjoyment, easing of joint pain and a precursor to treatments for skin conditions. It is therefore important to make sure the bathroom is pleasant and homely.

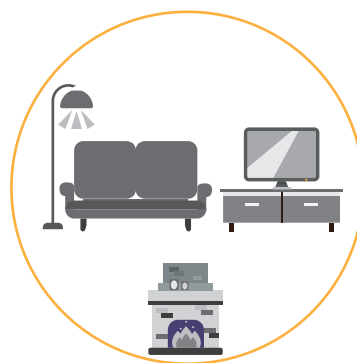
As a guide, there should be one bath to every ten people living in the service (excluding people who have an assisted bath facility in their en-suite). This supports Health and Social Care Standard 5.28, which states “...I can choose to use a bath if I want”.

Where all bedrooms have en-suite facilities, there should still be a sufficient number of baths available. These should be positioned for discreet access and in close proximity to the bedrooms for people to be able to choose to have a regular bath.

Storage facilities such as built-in cupboards for staff PPE must be enclosed. Open shelving must not be used for storage of PPE, clean towels or linen.

## 2.7 Communal space in care homes, such as sitting, lounge and dining areas

Health and Social Care Standard 5.20 states “I have enough physical space to meet my needs and wishes”. We expect that communal space must be at least 3.9 square metres for every person living in the home, not including corridors and circulation areas. In calculating this, there must be a minimum of 3.9 square meters of space for each person within the unit they are living in. In addition, consideration must be given to the size of large communal activity or function rooms, where these are available to all people living in the service.



The service’s aims and objectives need to be considered when planning shared areas. For example, where the service currently operates or intends to operate in an open-plan setting, the service provider should recognise the potential for increased noise and reduced opportunities for walking and exploring a range of spaces. In general having a range of different spaces for residents to choose to spend their time is preferable to one open-plan area.



Space occupied by storage facilities such as cupboards or sideboards should not be included when calculating the communal space requirements.

Other shared areas and facilities such as an internet café, cinema, bistro, quiet rooms and spiritual area should be considered only where appropriate, where they are likely to be in regular use, and in relation to the service's aims and objectives.

Communal areas should be pleasant, free from unpleasant smells and relaxing for residents. Constant traffic of staff passing through with waste, used sanitary ware, used laundry or other items must be avoided. The design and layout should consider this in relation to siting dirty utility rooms and laundry.

Where the service currently operates or intends to operate in an open-plan setting and residents and staff have to pass through that area on their way to another part of the building, then an area equivalent to that of one corridor's width should be deducted from the overall area.

People living in care homes often tell us things like this:

**“I love my room, but there are plenty of other places you can use, my favourite is the library, peace and quiet to read.”**

**“It's full of nooks and crannies where you can rest and chat with friends.”**

**“There is a garden room and my grandchildren play outside on the swings when they visit me; it's lovely to watch them.”**

Health and Social Care Standard 5.6 states **“...I experience a homely environment and can use a comfortable area with soft furnishings to relax”**. You should actively consider how you will create a homely environment that residents will enjoy, and that will promote their health and wellbeing. This could include considering features such as:

- a focal point for the lounge such as a view, fish tank or fireplace
- windows that are accessible by residents to sit at to enjoy views
- fresh air and natural daylight
- smaller lounges and dining areas for groups of up to 10-12 people
- a large area within the home that could have partitions to allow multi-use and small groups (including open partitions to create a function room to enable social events involving people from all parts of the service such as concerts, cinema evening or church services)
- social facilities, for example cafes, beauty and therapy facilities, rooms with multi-sensory equipment, art and creative activity rooms
- patio doors that can be used independently by people in wheelchairs wishing to go outside to the garden or outdoor areas
- occasional sitting areas, for example chairs in hallways, alcoves or at windows to give destination points and choice of areas to spend time
- space to accommodate visitors and indoor and outdoor play areas for children
- patio doors that open directly from the sitting and dining areas onto an outside area, such as a patio or garden, roof terrace or balcony

- opportunities for safe access to roof terraces and balconies for sitting rooms situated on floors above ground level.

Support facilities such as laundry, sluice rooms, dirty utility rooms and bathrooms if in sight of social and shared areas such as sitting rooms can create noise or detract from homely ambience.

The provision of conservatories is encouraged, but consider the effects of sun glare, heat and cold on the area.

### Dining rooms and eating facilities

Pay particular attention to people's dining experience. Consider issues like noise and odours associated with serving food, and the impact of other activities such as people watching television nearby during dining. There should be enough space and seating at tables in the dining area for staff to sit with residents while having a meal with them, assisting with eating or just helping, particularly if people stay in their wheelchair when eating or keep their walking aid beside them. There may also need to be adequate room for a meal trolley to be used within the dining room for serving food.

We expect that a designated wash-hand basin for care staff will be available within rooms where food is served and, if required, residents to wash their hands before handling food or eating. If there is an area for people using the service and visitors to prepare to make hot drinks and or a snack, then a separate wash-hand basin is not required. Toilets must not open directly into the dining and sitting areas.

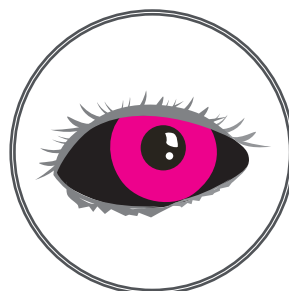
A pantry area in the dining room or close to the sitting room can support residents' eating and drinking needs and requests.

Dishes should be washed in a dishwasher either in the pantry or returned to the main kitchen and there should be a procedure to make sure that domestic dishwashers are maintained with a minimum of one full clean daily and cleaned regularly.

### Supporting physical activity

Avoid steps across communal areas, where possible. Many residents can be at risk of falling, so it is important to minimise this risk, while remembering the need to promote physical activity and wellbeing in the daily life of the home, and consider factors such as space, doorways and floor coverings. A good practice resource pack *Managing Falls and Fractures in Care Homes for Older People* is available. You can find it here:

[http://hub.careinspectorate.com/media/107603/ci\\_falls\\_and\\_fractures\\_new\\_resource\\_low\\_res.pdf](http://hub.careinspectorate.com/media/107603/ci_falls_and_fractures_new_resource_low_res.pdf).



## 2.8 Main kitchen

Service providers should seek advice on kitchen plans from their local authority's environmental services before building.

The service will require to be registered with environmental services as a food premises 28 days before food is provided.



You should consider:

- where the kitchen will be situated in relation to other facilities such as dining areas and bedrooms, sluice and dirty utility areas and laundry
- how access to the main kitchen will be controlled to ensure people using the service and visitors can only access the kitchen if supported by staff
- how supplies will be delivered to the home, for example through the care home, garden area or past people's bedroom windows and doors or directly accessible through an external kitchen door
- how much space is needed to cater for the range of people's dietary needs as explained in Food in Hospitals national catering and nutrition specification for food and fluid provision in hospitals in Scotland 2008 Scottish Government, which is applicable to care homes:

[www.scotland.gov.uk/Publications](http://www.scotland.gov.uk/Publications).

## 2.9 Laundry

Advice and guidance on laundry facilities can be found in SHFN 30 Part A: HAI-SCRIBE; Manual. Information for Design Teams, Construction Teams, Estates & Facilities and Infection Prevention & Control Teams; Oct 2014, through [www.hfs.scot.nhs.uk/](http://www.hfs.scot.nhs.uk/) in the 'guidance publications' section.



Additional information can be found in 'National Guidance for Safe Management of Linen in NHSScotland; Health and Care Environments; HPS August 2017 [www.hps.scot.nhs.uk/haic/ic/resourcedetail.aspx?id=1542](http://www.hps.scot.nhs.uk/haic/ic/resourcedetail.aspx?id=1542) Appendix 1 – 'Additional guidance for domestic style laundry facilities', may be especially useful.

The layout of laundry areas must be designed to ensure that effective cleaning can be undertaken. Finishes to walls, floors, work surfaces and equipment must be capable of withstanding regular cleaning and the impact of mechanical cleaning equipment.

When planning laundry facilities for independent living consider:

- the aims and objectives of the service and the care that is being provided
- if there is an objective to promote independence by offering choice for people to do their own laundry and putting procedures in place to manage this.

## Main laundry facility

Segregation of clean and dirty linen is of the utmost importance to prevent cross contamination when it comes to dealing with laundry. The design of the laundry must facilitate the creation of dirty and clean areas for example, dirty linen can be brought into one area, moved through the laundry as it is processed and come out as clean laundry without crossing over the route for used laundry.

People experiencing care value a good laundry service. They often express anxiety about losing laundry or garments being shrunk. However, when the laundry is good or they can do their own washing, it makes a big difference to them.

**“My relative is treated well. I do the laundry, but it’s easy as there’s a wee washing machine that I use when I’m visiting. We prefer it because it feels more like home.”**

**“Laundry staff give a really good and quick service. I’ve had no problems with clothes going missing.”**

You need to ensure suitable space for laundry machinery. You should consider the site of laundry in relation to bedrooms, lounge, living, dining and kitchen areas. Ideally, the laundry should be on ground level. If the laundry is sited above other floors, consider whether the floor is able to support the heavy machines and ensure floor beams will not become distorted by the vibration of the machines when in operation.

Other things you need to consider include:

- the times of day or night that the laundry will be operating and whether this will require sound proofing
- the volume and type of laundry, capacity of washing machines and the size of the room
- suitable facilities to promote high-quality hand hygiene practices, including a designated wash-hand basin for staff and a designated general purpose sink for washing laundry equipment such as baskets, laundry trolleys and containers
- suitable storage for used linen and for separation of used and laundered linen
- storage space designed to prevent odours from migrating to adjacent areas
- storage space designed to accommodate trolleys, for example used in the transportation of linen
- appropriate facilities to allow the segregation of used linen, heat labile linen and infectious linen, in appropriate containers which are clearly identifiable
- a ventilation system that will minimise the level of airborne contamination and dust to minimise the risk of cross infection.

Equipment such as washing machines and driers should have the capacity to reflect the service’s needs and be of an industrial type that includes a sluicing cycle. Hand sluicing of laundry is not permitted. Domestic-type machines may only be used for laundering personal items of clothing belonging to residents. Where clothing may be infected or heavily soiled, it would be appropriate that they were laundered in the main laundry.

You should consider the washing machine's type of system, for example temperature control, or ozone system, which needs more space. All washing machines must be fitted with accurate heat sensors so that the disinfection stage of each wash can be monitored.

Wherever possible and to help minimise cross contamination, there should be two doors to allow a dirty-to-clean flow during processing, with a dirty entrance and a clean exit door.

Procedures should be in place to support people living in the service who wish to launder their clothes to do so safely. This would include ensuring high-quality infection prevention and control.

There should be enough space for all laundry activities, including ironing and short-term storage of clean items.

## 2.10 Dirty utility (often referred to as the sluice) area

'Advice and guidance on dirty and clean utility can be found in SHFN 30 Part A: HAI\_SCRIBE Manual. Information for Design Teams, Construction Teams, Estates & Facilities and Infection Prevention & Control Teams; Oct 2014, through [www.hfs.scot.nhs.uk/](http://www.hfs.scot.nhs.uk/) in the 'guidance publications' section.

Use of the HFS documents are a mandatory requirement for all NHSScotland Capital Projects and Maintenance/Refurbishment projects, however they provide useful and relevant guidance for others to consider. Appendix 3: 'Infection control in Community Care facilities, Mental Health units, custodial facilities and accommodation for patients with learning disabilities', may also be found useful.'

The dirty utility area is used for the disposal of waste, including waste that may be contaminated with blood or body fluids. It is used for the cleaning and disinfection of care equipment such as commodes.

A dirty utility room can be used 24 hours a day, so a site should be chosen where noise from water or noise from hardware is not a nuisance. This area must be situated away from shared living spaces or kitchen/food storage areas.

A dirty utility room should include facilities for:

- cleaning items of equipment
- testing urine
- disposal of body fluids
- decontamination of commodes
- temporary holding of items that may require reprocessing
- hand hygiene.

New waste regulations for Scotland were introduced on 1 January 2014 for care homes and this requires additional segregation of waste categories, for example hygiene, domestic, plastics and other recycling materials. Advice and support is available from Zero Waste Scotland:

[www.zerowastescotland.uk](http://www.zerowastescotland.uk).

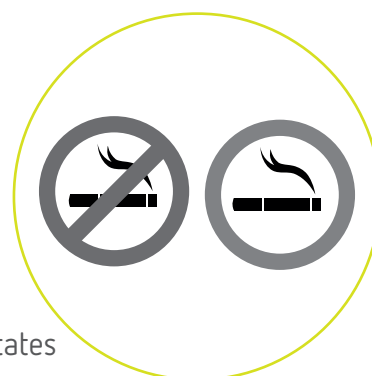
The dirty utility area must be separate from the cleaners' or housekeeper's area for cleaning and storage of housekeeping equipment.

Other things you should consider include:

- used sanitary ware should not be transported past the kitchen, reception or lounge and dining room areas
- a designated wash-hand basin with hot and cold running water supply
- closed storage required for PPE
- an automated method such as a thermal washer or disinfector is an effective cleaning method for cleaning many reusable medical devices, for example bedpans, commode pans and urinals.
- macerators are also an effective and cost effective way of disposing of use-once-only items, such as bed pan liners
- having restricted access for staff only, such as lockable doors with a lock or key pad
- built-in cupboards for storage of equipment or products, if required
- space for storage of waste and laundry bins and equipment
- where commodes are to be used, there should be sufficient space allowed for their decontamination and storage of a working stock
- space for staff to work safely
- a general purpose sink
- area where washed items will be placed for drying.

## 2.11 Smoking

The service provider has to make the decision whether the care home will permit smoking or not. Effective tobacco and smoking policies, sensitively communicated, can help to encourage smokers to stop smoking, which brings health benefits at any age. Smoking is a dangerous activity that damages people's health. Health and Social Care Standard 2.25 states **"I am helped to understand the impact and consequences of risky and unsafe behaviour and decisions"**.



We expect care services to support people to stop smoking and seek appropriate external advice where they wish to and where possible. That said, we recognise that some residents in care homes may choose to smoke tobacco. Staff may not smoke in their workplace.

The service provider has to make the decision whether the care home will permit smoking or not.

Care homes for adults are considered exempt within the Smoking, Health and Social Care (Scotland) Act 2005. Such care homes are defined as<sup>1</sup>:

- "Adult care home means an establishment providing a care home service exclusively for adults".

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<sup>1</sup> Information on the position for children and young people's care homes can be found here: [http://hub.careinspectorate.com/media/515579/creating-a-tobacco-free-culture\\_guidance-for-providers-of-residential-care-for-cyp.pdf](http://hub.careinspectorate.com/media/515579/creating-a-tobacco-free-culture_guidance-for-providers-of-residential-care-for-cyp.pdf)

- Smoking is prohibited for children and young people under the age of 16.

If a service allows residents to smoke in the care home, a designated room must be provided. This means a room that:

- has been designated by the person with management or control of the premises as being a room in which smoking is permitted
- has a ceiling and, except for doors and windows, is completely enclosed on all sides by solid floor-to-ceiling walls and has a ventilation system that does not ventilate into any other part of the premises (except any other designated rooms and not immediately beneath or next to a window)
- is clearly marked as a room in which smoking is permitted.

Ideally, this room would be separated from the corridor or connections to the rest of the building by a double door.

Things you should consider include:

- self closing door
- glass panel to view
- double door
- proper ventilation with doors closed.

The designated rooms where smoking is permitted are intended for the use of people using the service only, not for staff or visitors.

Staff should not normally be required to work in these designated smoking rooms. If they have to enter them, then their time of exposure to second-hand smoke must be kept to a minimum. Staff with pre-existing conditions exacerbated by second-hand smoke, for example asthma, should not be asked to enter them at all.

If it is not possible to provide a designated room for smoking in line with the legislation, then the building must be smoke-free. This ensures that other people using the service and staff are protected from the dangers of second-hand smoke.

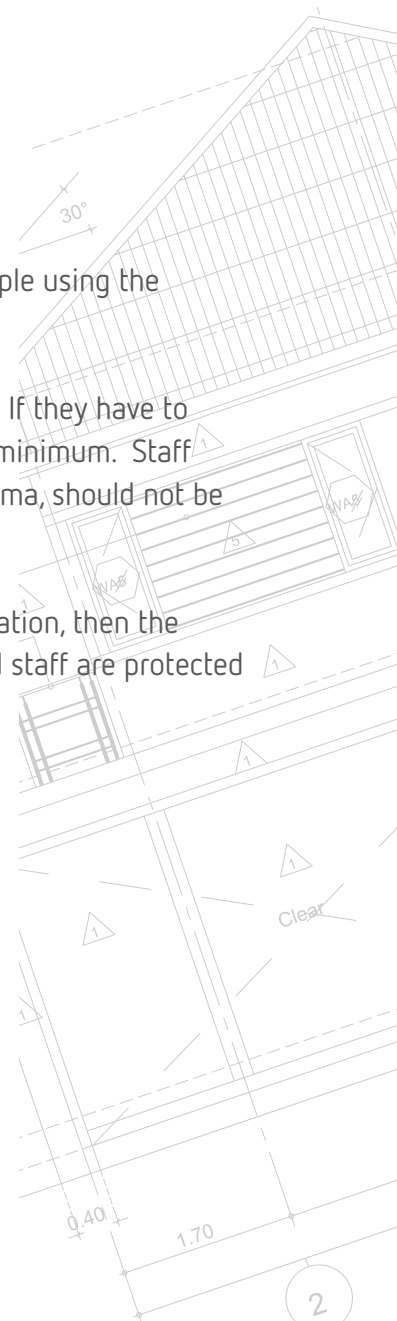
## Further information

<http://www.legislation.gov.uk/asp/2005/13/contents>

[http://www.legislation.gov.uk/ssi/2006/90/pdfs/ssi\\_20060090\\_en.pdf](http://www.legislation.gov.uk/ssi/2006/90/pdfs/ssi_20060090_en.pdf)

<http://www.gov.scot/Publications/2005/12/21153341/33431>

<http://www.ashscotland.org.uk/>



### 3. Outdoor facilities

For most people, being able to be outdoors is an important part of their wellbeing. A care home's outdoor environment should enhance people's quality of life and encourage them to engage in activity and daily life. The care home should be a pleasant place to live and people should be able to move around easily in the home and its outdoor spaces. Health and Social Care Standard 5.23 states **"If I live in a care home, I can use a private garden"**.

Where possible, there should be outdoor space available on every level of the home. Outdoor space should be independently accessible for all people living in the care home. People should be able to choose to spend extended periods outdoors. Being outdoors can have a powerful effect on people's wellbeing and can help rekindle past interests and hobbies. It can support physical activity, and exposure to sunlight is necessary for absorption of vitamin D:

<http://www.scotland.gov.uk/Topics/Health/Healthy-Living/Food-Health/vitaminD>.

People living in care homes and their carers tell us how important it is to be able to get outside.

**"The gardens and benches at the back are pleasantly laid out and provide a nice sitting area for us. We even go out in the winter because they have patio heaters."**

**"Being able to potter in the garden is so important to my mum, she always loved being outside and I'm so pleased that she can still go out whenever she wants. She is happiest when she's in the garden....even in the winter."**

**"There is a secure outside area with benches that we can all use, but I love to sit at the front and chat with passersby."**

**"Even on the third floor I can get into the sun because of the lovely roof terrace."**

Things you should consider include:

- accessibility for people who have mobility problems
- providing separate, small, themed gardens, for example, sensory, vegetable, flower, raised beds, children's play area for visitors
- colour of doors matching a coloured object at the door so people recognise which door to go in and out of
- providing seating, tables, shade or potting shed or greenhouse to encourage resident use and participation in gardening activities.

Put in place procedures to enable people's safety, lighting, security and disabled access:

[www.legislation.gov.uk/uksi/2010/2128/contents/made](http://www.legislation.gov.uk/uksi/2010/2128/contents/made).



Consider how the grounds can be designed to reduce barriers, encourage independence, and promote physical activity and wellbeing. Risk assessment should be part of the design of the outdoor spaces to provide choice and enable positive risk taking, for example an enclosed garden may be preferable for people who are less able to recognise hazards.

The publication *Designing Balconies, Roof Terraces and Roof Gardens for People with Dementia* may be of help to you: [www.dementia.stir.ac.uk](http://www.dementia.stir.ac.uk). You should also take account of <http://www.hse.gov.uk/pubns/hsis5.htm>, which relates to health and safety aspects of balconies.

Other health and safety and privacy aspects can be found here: <http://www.hse.gov.uk/healthservices/falls-windows.htm> [www.hse.gov.uk/healthservices/information.htm](http://www.hse.gov.uk/healthservices/information.htm).

There will be areas where access should be limited, for example waste storage, service deliveries and car parks.

### 3.1 Lifestyle and social opportunities

Lifestyle and social opportunities are integral to people's health and wellbeing, so it is essential that the building and grounds supports a range of opportunities for people. Health and Social Care Standard 2.22 states **"I can maintain and develop my interests, activities and what matters to me in the way that I like"**.

Examples of design that consider the lifestyle of people who experience care may include:

- how cooking facilities and domestic and lounge areas, including within people's own rooms, can promote independence and wellbeing
- how areas can be booked or used for family events, noting Health and Social Care Standard 5.15, which states **"...I can choose to see visitors in private..."**
- how facilities such as a cinema, café, Wi-Fi access, library, pantry or kitchen can be planned to promote wellbeing and independence
- whether a hairdresser, beauty room, games room, sensory garden, greenhouse, vegetable area or other will be part of the service you provide.

In many care homes, people are able and supported to maintain their outdoor interests, including gardening, growing food for the kitchens and maintaining a pleasant outdoor environment. Think about how you will support residents to do this and what design features this will need.

Keeping pets or providing animal areas within the care home or grounds can have positive therapeutic benefits for people. The Health and Social Care Standards recognise that this may not always be possible, but Standard 5.24 states **"if I live in a care home and want to keep a pet, the service will try to support this to happen"**.

It is important to discuss this with local environmental health services, comply with relevant guidance and obtain appropriate licenses and permissions that may be necessary: <http://www.hse.gov.uk/agriculture/topics/visitor-attractions.htm>.

## 4. Infection prevention and control

Health and Social Care Standard 5.22 states “I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment”.

Infection prevention and control is a key issue in both the design and operation of a care service. There are regulations, Scottish guidance and evidence-based best practice documents which cover this.

When looking at this, we take account of the National Infection and Control Manual (NIPCM). This is a practice guide for use in Scotland containing standard infection control precautions (SICPs) and transmission-based precautions (TBPs), which when used can help reduce the risk of healthcare-associated infection (HAI). It is mandatory for NHS Scotland employees and applies to all health settings. It is considered best practice in other care settings, including care homes. We recommend that you adopt this guidance as best practice. <http://www.nipcm.scot.nhs.uk/>.

Research and investigation have consistently confirmed that health and care environments can be a reservoir for organisms with the potential for infection. For infections to be reduced, it is imperative that infection prevention and control (IPC) is an integral part of the planning and design stages of a new-build or refurbishment project and that input continues up to the final build stage.

The key principles of infection prevention and control in the built environment for Scottish health facilities is set out in SHFN 30 Part A: Manual. Information for Design Teams, Construction Teams, Estates & Facilities and Infection Prevention & Control Teams. While SHFN 30 is intended mainly for NHS health facilities, the guidance is relevant within the care home setting. While the principles need to be considered within the particular circumstances of its use and application, they are recommended as guiding principles. These principles have been adopted to reflect guidance given throughout this publication. Further information can be found at Health Facilities Scotland (HFS) <http://www.hfs.scot.nhs.uk/>.

Health Protection Scotland’s (HPS) Compendium of Healthcare Associated Infection Guidance contains links to current national policy and guidance on HAI, decontamination and other related topics. It aims to provide an overview of all up-to-date guidance from stakeholders/organisations. ‘Chapter 4 Built Environment contains links to SHFN30 Parts A and B. SHFN 30: HAI-SCRIBE Question Sets and Checklists is a portfolio of question sets and pro-formas for each stage of project development that is available from the HFS website or through the HAI Compendium. It is a useful resource that you may wish to consider for supporting material. Other up-to-date guidance from HFS that will be useful is available through HPS Compendium in the chapter Built Environment. <http://www.hps.scot.nhs.uk/haic/resourcedetail.aspx?id=104>.

While HFS documents describe best practice, they should be read alongside the regulations and Health and Social Care Standards used by the Care Inspectorate, as well as infection prevention and control standards and information produced by external bodies such as the Health and Safety

Executive (HSE) Food Standards Agency (FSA) and the Scottish Environmental Protection Agency (SEPA). These documents will be useful as a guide for social care settings taking into account the aims and objectives of the services.

#### **4.1 Cleaning environment or the domestic services room (DSR)**

This is the cleaners' designated area and provision of such designated areas and facilities will depend on what type of cleaning system is to be used.

A single-use micro-system can be used, as can a traditional reusable cleaning system. Whichever is adopted should follow good practice guidelines and an appropriate DSR should be considered. The literature review, published by Health Protection Scotland (HPS), that guided the NIPCM on routine cleaning of the care environment provides further information.

Re-usable cleaning materials and equipment should be colour coded. Colour coding of cleaning equipment has been adopted in many NHS settings. It is considered best practice in other care settings, including care homes and we recommend you adopt this guidance as best practice. Cleaning equipment should only be used in the area indicated by the colour scheme, to reduce cross infection. The colour scheme adopted within the NHS is described in the HPS literature review <http://www.nipcm.scot.nhs.uk/documents/sicp-routine-cleaning-of-the-environment-in-the-hospital-setting/>.

Colour coding is not required for single-use microfibre mopping systems or for single-use disposable PPE. Disposable cleaning equipment should be disposed of in accordance with local waste management policy.

A separate DSR should be used for storing cleaning equipment. This room is used to deliver day-to-day cleaning services for a defined area. Cleaning materials and equipment in daily use should be stored in cupboards within this room.

DSRs should have sufficient space and facilities to allow non-disposable cleaning equipment to be thoroughly cleaned after use and for the disposal of cleaning solutions. Space should be provided for segregation and storage of mops, buckets and other cleaning equipment, vacuum cleaners and scrubbing and polishing machines (for hard floors) with a lockable COSHH cupboard for cleaning supplies.

The DSR should have a sink with draining board and slop hopper as well as a wash-hand basin. This should be situated well away from the equipment washing sink and slop hopper.

## 5. Common design features to consider

Health and Social Care Standard 1.24 states “**Any treatment or intervention that I experience is safe and effective**”. It is therefore important for providers to think about how design and building features will reduce risks from harm but also promote a high-quality, homely environment for residents.

### 5.1 Water

Premises used for the delivery of health or social care are dependent upon water to maintain hygiene through a safe and comfortable risk assessed environment for all who may interface and support functional care delivery .

The development, construction, installation and maintenance of hot and cold water supply systems are vital for public health.

#### Hot water outlets

Care home settings have high water temperatures for a number of reasons, including the need to satisfy demand for hot water, efficient running of the boiler and controlling the risk from Legionella bacteria.

If hot water used for showering or bathing is above 44°C there is increased risk of serious injury or fatality. Where large areas of the body are exposed to high temperatures, scalds can be very serious and lead to fatalities. Where vulnerable people who use care services are at risk from scalding during whole body immersion, water temperatures must not exceed 44°C. Any precautions taken should not introduce other risks, for example from Legionella bacteria.

Integral anti-scald devices must be fitted to all hot water outlets that residents have access to. You can obtain more guidance on maximum temperatures for outlets such as showers, baths and wash-hand basins from [www.hse.gov.uk/pubns/hsis6.htm](http://www.hse.gov.uk/pubns/hsis6.htm).

Health Facilities Scotland (HFS) Scottish Health Technical Memorandum (SHTM) 04-01 Water Safety for Healthcare Premises Part A: Design, Installation and Testing should also be considered for guidance.

Version (2.0) of SHTM 04-01 Part A was updated to take account of latest guidance regarding measures to prevent build up of waterborne bacteria and biofilm such as Pseudomonas as it affects design and specification of domestic hot and cold water systems and components.

[www.hfs.scot.nhs.uk/publications/1475662184-V2%20SHTM%2004-01%20Part%20A.pdf](http://www.hfs.scot.nhs.uk/publications/1475662184-V2%20SHTM%2004-01%20Part%20A.pdf)

The routes of transmission from the *P. Aeruginosa* in taps, drains and from any other contaminated environment or equipment source to the patients prior to infection developing, include:

- direct contact from contaminated water, or splashes from water outlets
- indirect contact, for example routes involving contaminated hands, contaminated equipment and environments, such as reusable washbowls.

Guidance for Neonatal Units (NNUs) (levels 1, 2 & 3), Adult and Paediatric Intensive Care Units (ICUs) in Scotland to Minimise the Risk of *Pseudomonas Aeruginosa* Infection from Water' (2017) contains general information and guidance on *P. Aeruginosa* you may wish to consider.

<http://www.hps.scot.nhs.uk/resourcedocument.aspx?id=6073>.

If there will be people using the service who have dementia or other cognitive impairment there are aids to help with their independence. For example, there are specific colours for taps indicating hot and cold, and pressure-sensitive plugs that reduce the risk of flooding by allowing the water to drain once it reaches a certain level and water temperature alerts. Visit [www.dementia.stir.ac.uk](http://www.dementia.stir.ac.uk) for further information or arrange to view examples on display within existing rooms.

Measures to control the spread of microorganisms in health and social care premises include the increasing use of alcohol-based hand-rubs (ABHRs). This can result in a reduction in the use of wash-hand basins. In recent years, there has also been a trend to providing more wash-hand basins in health and care settings. This results in reduced throughput of water to each. Under-use of taps encourages colonisation with *Legionella* and other microorganisms such as *Pseudomonas* spp. Designers should be aware of these issues and, accordingly, consider how frequently wash-hand basins will be used.

You must assess how frequently hot water outlets such as showers, wet rooms, bathrooms, hand wash sinks and other sinks are used regarding the management and control of *Legionella*. Particular care needs to be taken to manage these risks where water temperatures are circulated above 50 C to control legionella. The Health and Safety Executive's website has information regarding legionella.

[www.hse.gov.uk/legionnaires/](http://www.hse.gov.uk/legionnaires/)

<http://www.hse.gov.uk/healthservices/legionella.htm>

[www.hse.gov.uk/safetybulletins/legionella2.htm](http://www.hse.gov.uk/safetybulletins/legionella2.htm)

[http://www.hse.gov.uk/foi/internalops/sims/pub\\_serv/07-12-07/index.htm](http://www.hse.gov.uk/foi/internalops/sims/pub_serv/07-12-07/index.htm)

### **Private water supplies**

If the building has, or will have a private water supply, it is essential that this is discussed with the local environmental health team and that evidence of compliance with all necessary water regulations and standards is provided to the Care Inspectorate.

The siting and building of associated tanks, pipes and equipment to run such a system must be part of the building information made available to local authorities.

## 5.2 Windows

Any accessible windows that are two metres or more above ground level, which can be opened and are large enough for a person to fall out of, should be restricted to a maximum opening of 100 millimetres or less.

Window restrictors should only be able to be disengaged using a special tool or key:

[www.hse.gov.uk/healthservices/falls-windows.htm](http://www.hse.gov.uk/healthservices/falls-windows.htm).

See also the hazard warning information issued in Scotland in January 2012 and [www.hse.gov.uk/healthservices/safety-alerts.htm](http://www.hse.gov.uk/healthservices/safety-alerts.htm), which highlights hazards relating to materials used, following a fatal incident.

You should also consider these points.

- All bedrooms and communal rooms must have windows that can be opened and have a pleasant outlook from a seated position.
- People must be able to open and close windows.
- Enough light, particularly natural light, is essential for everyone and particularly for older people and those with cognitive impairment or reduced sight as it affects sight, mood and ability to sleep at night.
- Deep window sills are helpful for people living with dementia, so that items that remind them of who they are and where they are can be put on display.
- People's privacy should not be compromised by others overlooking the building if there are full-length windows or patio doors.
- Bay windows increase daylight penetration and being able to look outside.

Service providers must discuss any window alterations with the Scottish Fire and Rescue Service and local authority building standards.

## 5.3 Ventilation, lighting and heating

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), regulation 10(2)(c) – Fitness of Premises states that all services must provide **“adequate and suitable ventilation, heating and lighting”**.

Health and Social Care Standard 5.19 states **“My environment has plenty of natural light and fresh air, and the lighting, ventilation and heating can be adjusted to meet my needs and wishes”**. Standards 5.12 states **“If I live in a care home, I can control the lighting, ventilation, heating and security of my bedroom”**.

We expect that all bedrooms and public rooms must have controllable heating, lighting and ventilation. This not only helps to provide comfort, reflecting people's needs but also takes into consideration their health, wellbeing and choices.

## Ventilation

Health and Social Care Standard 5.18 states **"My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells"**.

Ensure any areas without windows that open have some form of ventilation, such as en-suite areas, bathrooms, showers or wet rooms, laundry, dirty utility and sluice rooms, medication storage areas, staff facilities, kitchens and pantries, staff duty rooms, domestic services rooms and, if present, rooms used for smoking.

In medicine storage areas there should be adequate ventilation or means to control the temperature of the room. The effects of noise should be minimal if extractor fans are installed within en-suite facilities, particularly if the toilet door is left open, for example during the night.

## Lighting

Natural light is best and the environment design should allow as much as possible to come in, for example by the use of light pipes, glass blocks, roof windows and doors that train light into the room.

The level of lighting is very important and needs to meet older people's needs as eyesight often reduces over time and where lighting is not high-quality, the risk of falls increases.

Consider that:

- lights controlled by a dimmer switch may benefit some people who have autism spectrum disorders
- light also affects psychological wellbeing in terms of mood and behaviour
- people should be protected from glare arising from sunlight
- artificial lighting and fittings should be carefully specified to avoid creating an institutional atmosphere and glare
- light switches should be accessible and controllable in bedrooms including operation from the bed (this is best achieved by using two-way switches that can be operated from the doorway and the bedside including bedside lighting)
- lighting provision for staff must be available and adequate within all working areas including cupboards, if appropriate, for the health and safety of staff
- sensory operated lighting may not be appropriate in all types of care home, for example an older person opening their room door and seeing a dark corridor may be more reluctant to leave their room.

The ability to dim lighting at night (rather than simply switching it off) can provide reassurance and reduce the risk of falls.

The Dementia Services Design Centre (DSDC) provides detailed information on target lighting levels and configuration for different areas of a care home, as people with dementia are likely to have a variety of visual disturbances, for example depth perception:

<http://dementia.stir.ac.uk/design/good-practice-guidelines/lighting>.

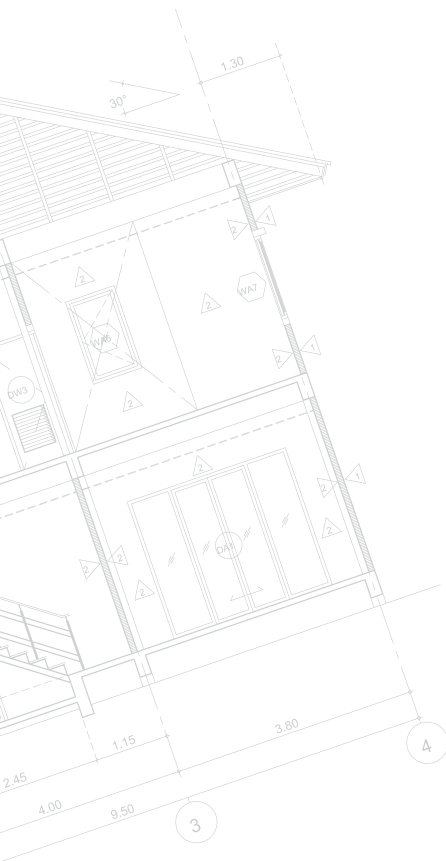
## Heating

Heating controls should be accessible and easy to operate for people living in the home. People who cannot move quickly enough away from a heat source (for example hot water pipes, radiators or other forms of heating) can sustain serious burns.

Risk must be assessed and managed, for example by:

- providing low-surface-temperature heat emitters, such as cool wall
- locating heat sources out of reach, for example, high up
- guarding heated areas, for example installing radiator covers, covering exposed pipework or providing fireguards and so on
- providing under-floor heating or heating incorporated into a skirting board design can benefit some people.

Specific information on assessment of risk can be found at [www.hse.gov.uk/healthservices/scalding-burning.htm](http://www.hse.gov.uk/healthservices/scalding-burning.htm).





## 6. Other facilities

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), regulation 14(b) and (c) state:

**“A provider of a care home service must, having regard to the size of the service, the statement of aims and objectives and the number and needs of service users:**

**(b) provide such other equipment for the general use of service users as is suitable and sufficient having regard to their health and personal care needs**

**(c) provide adequate facilities for service users to prepare their own food and ensure that such facilities are fit for use by service users”.**

There is increasingly a need for all care homes to be able to provide for the full range of care needs for an individual, including complex nursing care and for those living with multiple long-term conditions.

Health and Social Care Standard 1.22 states **“I can be independent and have more control of my own health and wellbeing by using technology and other specialist equipment”.**

To prevent disruption and expensive alterations, it is important at the planning stage to make provision for potential installation of equipment that may be required in the future. Examples include:

- hoist tracking requiring re-enforcement of ceilings – this can more easily be dealt with during the initial building
- smart technology – assistance and detection devices that work alongside intelligent appliances, sensors and reminders, which help to enhance the wellbeing and safety of residents.

Other examples of effective practice include:

- beds that are equipped with sensors to detect movement
- fall detectors that can detect if a person has fallen and needs assistance
- activity monitors that monitor movement and can highlight if person has not moved for a specified period of time
- lighting controls with technology to light particular rooms as a person moves between them, for example from bed to bathroom during the night, which can help to reduce fall risk and accidents in the dark
- temperature controls that are fixed centrally, to keep rooms at a healthy temperature and limit the risk of burns: <http://www.jamesdearsley.co.uk/smart-homes-elderly-care/>
- specialist communication equipment or signage.

## 6.1 Electrical sockets

Electrical sockets must be provided in all rooms and generally, these will be used for personal electrical and care equipment.

There are increasingly additional requirements for electrical sockets. Extension and multi-socket devices should not be used.

Risk assessment must be undertaken for the use of any electrical equipment used and appropriate risk management measures put in place for people who use the service.

You should consider:

- providing enough sockets so people can choose to have a fridge, microwave, kettle, phone charger, radio, or other electrical appliances within their bedroom
- providing sockets for use for medical equipment, if required
- ensuring that sockets in bedrooms and other areas are at an accessible level for people using the service
- the positioning of sockets in relation to room layout when furniture is in position.

## 6.2 Television, telephone and internet access

The Health and Social Care Standard 5.10 states **“If I experience 24-hour care, I am connected, including access to a telephone, radio, TV and the internet”**. Television, phone sockets and internet or Wi-Fi access must be available within bedrooms as well as communal areas.

Consider how noise from ringing telephones or televisions will be managed, for example using sound insulation.

## 6.3 Alarm call systems

Alarm call systems must be available. You should ensure:

- people are able to reach and use the alarm system or call-pull when in their en-suite, bedroom and communal areas such as bathrooms, toilets, lounges and dining rooms
- mobile devices that link into a call system should be available for people who need them
- the alarm system installed should alert staff without disturbing other residents.

## 6.4 Noise and sound

The effects of noise can be distressing for many people. The premises should be free from intrusive sounds, as set out in Health and Social Care Standard 5.18, which states **“my environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells”**.

You should consider:

- noise associated with utility areas such as laundry, kitchen, sluice or dirty utility areas, extraction fans, plant room and the use of equipment such as television or music must be managed to minimise disruption for people living in the service
- how to avoid excess noise created during times of high activity, for example during meal times by using technology, insulation or furnishing to reduce noise level
- the location of quiet rooms and areas
- the need for specialist communication equipment for those who may have sight and hearing impairments, learning disabilities or dementia.

The resource *Hearing, Sound and the Acoustic Environment for People with Dementia* is a useful resource for information.

<http://www.dementiashop.co.uk/products/hearing-sound-and-acoustic-environment-people-dementia-ebook>.

## 6.5 Doors

We expect that door openings should be 840mm wide off corridors of at least 1200mm. These need to be wide enough for wheelchair access and for beds and furniture to be moved around.

Bedroom doors will have a lock that their occupants can easily use.

Staff must be able to gain access in an emergency.

You can view examples of smart technology, such as locking and access systems, at the virtual care home on the DSDC website:

<http://dementia.stir.ac.uk/design/virtual-environments/virtual-care-home>.

Things you need to consider include:

- the use and movement of hoists or other large pieces of equipment, for example bariatric equipment, food trolleys and door widths and corridors to accommodate these
- door handles that should be recognisable as such, at an appropriate height, colour and shape and suitable for those with cognitive impairment including dementia
- features to help occupants recognise their own door, such as pictures or memory boxes
- that bedroom doors should look different from other doors to minimise the risk of people from entering other rooms mistakenly.

## 6.6 Lifts and stairways

The number of passenger lifts will be dependent on the size of the care home and the number of people living there. A proportionate approach would apply for smaller domestic-style care homes dependent on size, number of floors and aims and objectives of the service in relation to the client group.

If the home has more than one floor, it must have at least one passenger lift and a separate service lift.

Contingency arrangements must be in place in the event of passenger lift breakdown. Operational procedures must describe how the service lift can be used as a contingency.

Where there are lifts in use, stairways should be in place that can be used by those who choose not to use a lift, including residents, visitors and staff.

The stairway or lift should give direct access to each unit without the need to pass through other units or other living areas of the home.

The lift will have adequate lighting and it can be operated by residents and their visitors easily.

You should consider the size of the lift you need, for example for a person using a wheelchair, trolley, stretcher or escort.

Equipment Safety in Health and Social Care Services, 11 March 2013:

[www.hse.gov.uk/healthservices/equipment-safety.htm](http://www.hse.gov.uk/healthservices/equipment-safety.htm)

The Lifting Operations and Lifting Equipment Regulations 1998 (LOLER)

<http://www.hse.gov.uk/work-equipment-machinery/loler.htm>

and safety alert <http://www.hse.gov.uk/healthservices/safety-alerts.htm>

## 6.7 Flooring

Flooring is an important consideration for older people living with dementia and for people with sight perception difficulties, including older people and younger adults. The type of flooring used within the service must be homely and risk-assessed as appropriate to the area. It should meet people's individual needs, health and safety, and be easily cleaned.

HSE guidance on flooring selection and cleaning is available at:

<http://www.hse.gov.uk/healthservices/slips/index.htm>.

It is important to take advice relating to the particular issues around dementia and brain injury and on how to reduce risk of falls and noise pollution. You should consider various features such as anti-flood sensors in floors, contrasting colours between floors and walls and light sensors.

Carpets must not be used within the following areas: bathroom, shower, toilets, en-suite, sluice area, clean utility rooms, domestic service rooms and cupboards, kitchen, pantry and laundry facilities.

Water-impervious flooring materials must be used in these areas and continued up the wall to replace skirting boards and reduce potential gaps or areas that could trap dirt.

## 6.8 Sink design, provision and type of taps

Hand hygiene is the single most important factor in the prevention of healthcare-associated infection (HAI). Compliance with hand hygiene guidelines can be improved by conveniently placed and well-designed hand hygiene facilities. The importance of facilities to encourage and facilitate high-quality hand hygiene practices should be high on the list of priorities when designing and planning new healthcare premises or refurbishment of existing premises is being undertaken.

Guidance on specification and provision can be found in HFS SHFN 30 Part A: Manual. Information for Design Teams, Construction Teams, Estates & Facilities and Infection Prevention & Control Teams (2014) <http://www.hfs.scot.nhs.uk/home/>, this can be found in the guidance publication section.

Wash-hand basins within bedrooms must be appropriate. For example, the person may use a plug when they are washing themselves at the sink and taps should be of a type that they recognise.

People should always wash their hands under running water and mixer taps allow this to happen safely in health and social care settings where hot water temperatures may be high, to control *Legionella* spp. (see Scottish Health Technical Memorandum 04-01).

Taps should be capable of delivering a constant flow of water without having to have one hand on the tap at all times. Press-down taps should not be used. They have too short a delivery time, which would not allow adequate hand washing.

Compliance with hand hygiene guidelines and best practice can be improved by conveniently placed and well designed hand hygiene facilities. The importance of care homes to encourage and facilitate high-quality hand hygiene practices should be high on the list of priorities when designing and planning new care homes or refurbishment of existing premises is being undertaken.

Wash-hand basins should not have overflows, as these are difficult to clean and become contaminated. All general wash-hand basins should be sealed to a seamless waterproof splash-back.

## 6.9 Wash-hand basins in staff and clinical areas

Sinks located in staff-only and clinical areas need to be fit for purpose, for example designed to prevent splashing, enable effective cleaning, designed not to have a plug or overflow, include a splash-back.

The dimensions of a clinical wash-hand basin should be large enough to contain most splashes and therefore enable the correct hand-wash technique to be performed without excessive splashing of the user or surrounding surfaces. This can also occur if the water outlet is placed too high above the basin. Clinical wash-hand basins should be wall-mounted using concealed brackets and fixings. They should also be sealed to a seamless waterproof splash-back to allow effective cleaning of all surfaces. It should be noted that tile grouting is difficult to keep clean. They should not have a plug or a recess

capable of taking a plug. A plug allows the basin to be used to soak and reprocess equipment that should not be reprocessed in such an uncontrolled way. Clinical wash-hand basins should not have overflows, as these are difficult to clean and become contaminated.

Taps should not be aligned to run directly into the drain aperture, as contamination from the waste outlet could be mobilised and splashing could occur.

The cleaning and flushing of any non-touch taps should be considered. Non-touch, infrared and sensor taps have a greater risk of their complex internal surfaces becoming contaminated with micro-organisms and biofilms.

Mixer taps should be used as hands must be washed under warm running water and as high water temperatures are used to control *Legionella* spp.

The operation of the mixer tap should allow them to be easily turned on and off without recontamination on the operator's hands.

Taps should empty after use (as opposed to swan-neck taps, for example).

Using a shallow sink will also cause splashing and therefore they should be avoided.

Strainers and anti-splash devices for sink outlets should also not be used as they can easily become contaminated.

The location and provision of clinical wash-hand basins should ensure that they are all readily available and convenient for use. The location of clinical wash-hand basins is important.

Hand hygiene facilities to support the practices as set out in Health Protection Scotland's National Infection Prevention and Control Manual should be readily available in all clinical areas. There should be sufficient numbers and appropriate sizes of clinical wash-hand basins to encourage and assist staff to conform readily to hand hygiene practices as set out in the NIPCM:

<http://www.hfs.scot.nhs.uk/publications/shfn-30-v3.pdf>.

Information from NIPCM Literature review on Hand Hygiene, further guidance can be found in HAI-SCRIBE; SHFN 30 Part A: Manual, Information for Design Teams, Construction Teams, Estates & Facilities and Infection Prevention & Control Teams through <http://www.hfs.scot.nhs.uk/> in the 'guidance publications' section.

NIPCM through <http://www.nipcm.hps.scot.nhs.uk/>

NIPCM Literature review on Hand Hygiene

<http://www.nipcm.hps.scot.nhs.uk/resources/literature-reviews/standard-infection-control-precautions-literature-reviews/>

## 6.10 Medication storage and treatment room

This room can be used for storing medication, preparing treatments and in some cases, for carrying out clinical procedures. Medication and medical products must be stored in the correct environment and temperature to ensure their safety and quality. If medication is stored, the room temperature should not exceed 25°C and there should be adequate ventilation.

The room should not be used for any other purpose other than those identified above.

There must be:

- appropriate storage facilities for sterile supplies and sundries with no open shelving at floor level
- provision of safe storage of oxygen (fire, preventing cylinders falling):  
<http://www.hse.gov.uk/pubns/indg459.pdf>
- enough space to store one or more medicine trolleys, if used and storage of medicines stock in drug cupboards
- enough space for fridges for storing medicines and dietary supplements
- adherence to legislative requirements for controlled drugs storage
- space for storage of healthcare waste such as sharps bins:  
<http://www.hse.gov.uk/healthservices/needlesticks/index.htm>
- space for waste bins for storing hazardous, healthcare and municipal waste, if required.

Information available on: [www.sepa.org.uk](http://www.sepa.org.uk).

Security and access for staff should be restricted by lock or key pad.

Where this room is used for storage and preparation only, a general purpose sink is sufficient. If the room is also used to carry out treatments or clinical procedures, a wash-hand basin is also required.

In order to promote person-led care and people's independence, it is good practice to consider lockable medicine cabinets in people's bedrooms.

Further medication storage guidance, including some on dietary supplements is available at:  
<http://hub.careinspectorate.com/search/?s=temperature&type=0&view=0&ord=0>.

## 6.11 Reception areas, offices, duty rooms and staff areas

Irrespective of the size of care home, creating a homely environment is crucial. Therefore, where a provider has office space within the home, this should not disturb or impact on the residents. Health and Social Care Standard 5.14 states **“If I live in a care home and there are separate facilities for people who support and care for me, these are in keeping with the homely environment”**.

There should be a reception area or office close to the main entrance, where visitors can be welcomed and helped if they need it.

There should be a room where people can meet to have private and uninterrupted conversations.

Open nursing stations are not appropriate. There should generally be a suitable area or room to hold staff meetings and internal training, hold confidential information or make confidential calls that is separate to any communal space used by residents.

Personal information relating to people’s care and support needs should be stored in a safe and secure way, preferably in their bedroom.

Other information should be in a convenient location for staff who need access to it. There should be adequate space and facilities for staff to update records and information.

## 6.12 Staff welfare

### Staff changing facilities

Important information is described in SHFN 30 Part A: Manual, Chapter 5 Typical Rooms: Purpose and Content. You can access this from <http://www.hfs.scot.nhs.uk/> in the ‘guidance publications’ section.

By providing staff changing facilities, sanitary facilities, showers and sufficient locker space for outdoor clothing, staff will be able to change out of their uniform on site. Wash-hand basins and shower facilities for staff should be made available and easily accessible in case of substantial blood or body fluid contamination. Where these are not available, staff should change and contaminated uniforms bagged.

### Maintenance staff changing

Changing facilities should be provided for maintenance staff who undertake activities that could expose them to contamination. There should also be access to showers in case of significant contamination.

- Appropriately sized changing facilities should be provided for staff, to encourage them to change out of their uniform on site.
- Wash-hand basins and sanitary facilities should be included in showers in the event of contamination by blood or body fluid.



As a minimum, the number of toilets and showers for staff should be provided in accordance with the requirements of the workplace.

Health Facilities Scotland's (HFS) publication, Best Practice Guidance: Core Elements Sanitary Places may be helpful. HBN 00-02 (updated March 2017):remove the reference that is there and add the link to HFS <http://www.hfs.scot.nhs.uk/> in the 'guidance publications' section.

Health Facilities Scotland publication, 'In-patient care , Scottish Health Planning Note SHPN 04-01: Adult in-patient facilities' Version 1.0 October 2010, may also be a useful resource.

Where staff need to sleep in the premises, bedroom facilities must be provided. Staff should not impose on people living in the service by using their private or communal room/facilities. Health and Social Care Standard 5.14 states **"If I live in a care home and there are separate facilities for people who support and care for me, these are in keeping with the homely environment"**.

### 6.13 Visitor and staff toilets

Visitor and staff toilets are usually heavily used and should provide enough space with wipable, impermeable, durable finishes to maintain a high standard of cleanliness.

Health Facilities Scotland's (HFS) publication, Best Practice Guidance: Core Elements Sanitary Places may be helpful. HBN 00-02 (updated March 2017):remove the reference that is there and add the link to HFS <http://www.hfs.scot.nhs.uk/> in the 'guidance publications' section.

Minimum numbers for staff and patient toilets and visitor toilets in non-public areas are determined by NHS guidance documents. This is considered best practice in other care settings, including care homes.

Toilet provision for visitors in public areas will be determined by the Scottish building control technical standards.

Toilets, urinals, bathrooms and showers should be designed to be easily cleaned and maintained. Wash-hand basins should be provided next to toilets and urinals.

Hand drying should be by single-use paper hand towels or hot-air hand driers. If a facility is in or near areas where people may be sleeping, hot-air hand driers will be avoided because of the noise they make. Again, see Health Facilities Scotland (HFS) Health Building Note 00-02 – Sanitary spaces (2017) for design guidance and indicative room layouts of sanitary spaces in healthcare buildings. Health Building Notes gives best practice guidance on the design and planning of new healthcare buildings and on the adaptation and extension of existing facilities. They provide information to support the briefing and design processes for individual projects in the NHS building programme. We recommend this guidance as best practice guidance within other care settings.

The document must be read in conjunction with current Scottish Government and NHS Scotland guidance.

The need to minimise the risk of cross-infection remains important in any health and social care setting. However, in a care home setting, it is important to recognise that other factors such as maintaining a homely ambience and the creation of a positive therapeutic environment will need to be considered.

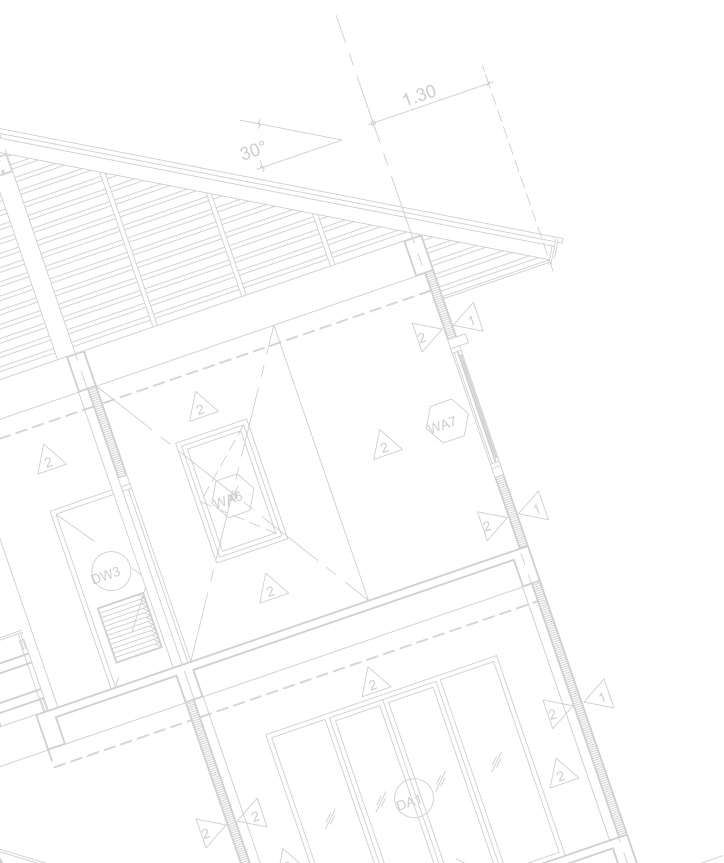
Creating and maintaining a non-clinical feel to the environment can be achieved by using furnishings and fittings that are manufactured especially for this setting and are easy to clean and maintain and these should be considered. For example, wood-effect vinyl flooring can be used to create a less clinical environment, but cleanliness can be maintained. Vinyl is easy to maintain and will require less frequent replacement than other materials.

## 6.14 External waste storage areas

This should be sited away from the main kitchen area and resident areas and should be easily accessed for uplift of waste.

Things you need to consider include:

- potential smells, nuisance, pests and noise
- security of storage area
- recycling legislation
- waste guidelines.



## 7. Supporting Information

### Fire safety

Tragic events serve as a reminder of how important it is that care services have in place robust fire prevention, safety and evacuation measures.

Care service providers should review the safeguards they have in place and liaise with their local contacts in the Scottish Fire and Rescue Service for any specific advice they may need.

The basic purpose of legislation in this area is to achieve fire prevention and containment (to prevent the spread of fire) and to ensure protected routes to a place of safety outside the building in the event of a fire. It is the responsibility of the care home service provider to ensure the premises and systems meet legislation and requirement for fire safety under Part 3 of the Fire (Scotland) Act 2003. For more information on fire safety, visit:

<http://www.gov.scot/Resource/0044/00444923.pdf>

The Scottish Government has published Practical Fire Safety Guidance for Care Homes, available here:

<http://www.gov.scot/Publications/2014/03/1383>

### Building standards

New homes, conversions, extensions and alterations to existing property must comply with this legislation. Planning permission where required and a building warrant must be obtained from the local authority building standards department before building work starts on site. At the end of a building project, a completion certificate must be submitted to building standards, which will formally accept or reject the certificate, giving reasons. For more detailed information on the building standards system, visit:

[http://www.legislation.gov.uk/asp/2003/8/pdfs/asp\\_20030008\\_en.pdf](http://www.legislation.gov.uk/asp/2003/8/pdfs/asp_20030008_en.pdf)

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