Is your hospital dementia friendly?

EHE Environmental Assessment Tool

Second edition
The EHE assessment tools

In order to help as many health and care organisations as possible to develop more supportive design for people with dementia, The King's Fund has developed a suite of dementia friendly assessment tools for use in care settings. Tools are available for wards; areas of hospitals where patients are ambulatory such as clinics; care homes; extra care housing and health centres.

How to use the hospital assessment tool

The assessment tool can be used by a single individual but involving others who have a different perspective, for example; people with dementia or a family member; clinical, managerial or estates staff; or dementia specialists, can offer valuable opportunities for gaining different views on the care environment and how to improve it. Completing the tool together can also encourage constructive conversations about the philosophy and purpose of care.

The assessment tool contains seven sections and a set of questions to prompt discussions and should be completed in full. Walk around the area being assessed and consider each of the questions in turn. Give each question a score out of five, where five indicates that it is met completely and one indicates it is barely met.

A summary sheet has been provided at the end of the assessment tool which should help pinpoint the areas that might be considered for initial improvement. Notes about how others have used the results, together with The King’s Fund’s overarching design principles for dementia friendly design, are reproduced at the end of the tool.

How the tool was developed

The first assessment tool for the ward environment was developed in collaboration with NHS trusts participating in The King’s Fund’s Enhancing the Healing Environment (EHE) programme. Since then over 70 care organisations have been involved in field testing the tools.

The tools have been informed by research evidence, best practice and over 300 survey responses from those that have used the tools in practice. Each of the sections draws on this evidence to develop a rationale for effecting change in care environments. These rationales also address the visuospatial problems often associated with dementia.

For further details go to www.kingsfund.org.uk/dementia

Before using the tool

Before carrying out the assessment please ensure that all relevant management backing has been secured to build support and commitment to the results.

It may also be useful to take photographs as these can be used to mark progress and act as a record of improvements. If photographs are taken all relevant permissions need to be obtained.

If you would like to provide any feedback on the tool or to contact us please email ehe@kingsfund.org.uk
Questions

Please score each answer from 1 - 5 (1=barely met, 5=totally met)

A Does the approach to the hospital/department look and feel welcoming?

B Is there an obvious reception desk?

C Does the hospital/department give a good first impression i.e. does it look clean, tidy and cared for?

D Is seating arranged in clusters to encourage conversation and support from an accompanying carer?

E Is there a choice of seating provided including chairs with arms?

F Is there space for wheelchairs and those accompanying patients to sit together?

Please give examples of good practice/areas of concern
2 The environment promotes well-being

Rationale
Older people need higher light levels and people with dementia may interpret shadows or dark areas as holes in the floor and try to step over them. Stripes on flooring could be confusing and disorientating. Appropriate artworks can provide interest while waiting. Views and access to the outside are essential for well-being.

Questions
Please score each answer from 1 - 5 (1=barely met, 5=totally met)

A  Is there good natural light?  
B  Is the level of light comfortable and appropriate?  
C  Is the lighting and natural light from windows even e.g. without pools of light and/or dark areas, stripes or shadows?  
D  Are artworks provided to provide interest and distraction while waiting?  
E  Are links to and views of nature maximised e.g. by having low windows and using natural materials and colours?  
F  Is there independent access to a pleasant, safe outside space e.g. garden, courtyard or terrace?  
G  Have sheltered seating areas been provided in the outside space?  
H  Has planting been chosen to be colourful and non-toxic?

Please give examples of good practice/areas of concern
Questions
Please score each answer from 1 - 5
(1=barely met, 5=totally met)

A Is there a separate quieter seating area for
older patients and carers in the department?

B Is there a designated assessment area for
older people in a quieter area of the hospital/
department?

C Is there a dedicated treatment room/cubicle
for older people in a quieter area of the
hospital/department?

D Are there appropriate facilities to enable a
relative/carer to be present throughout the
assessment and episode of care?

E Are snacks and hot drinks available?

F Is water freely available and independently
accessible?

Please give examples of good practice/areas of concern
Questions

Please score each answer from 1 - 5
(1=barely met, 5=totally met)

A  Is the flooring matt rather than shiny and of a consistent colour i.e. does not have speckles, pebble effects or stripes? □

B  Is the flooring in a colour that contrasts with the walls and furniture? □

C  Are the handrails in the corridors in a colour that contrasts with the walls? □

D  Is it possible to grasp the handrails properly? □

E  Are there small seating areas for people to rest along corridors? □

F  Are there points of interest e.g. photographs or tactile artworks? □

G  Are lifts easy to find and do they have large control buttons? □
Questions

Please score each answer from 1 - 5
(1=barely met, 5=totally met)

A. Can the signs to the toilets be seen from all areas?

B. Are all toilet doors painted in a single distinctive colour and do they have the same clear signage?

C. Are the toilet seats, flush handles and rails in a colour that contrasts with the toilet/bathroom walls and floor?

D. Are the taps clearly marked as hot and cold and are they and the toilet flushes of traditional design?

E. Are basins and toilet roll holders of familiar design?

F. Is there easy access to a toilet big enough to allow space for a wheelchair and carers to assist with the door closed?

G. If sensor lights have been installed do they allow sufficient time for completion of toileting or washing?
Questions

Please score each answer from 1 - 5
(1=barely met, 5=totally met)

A Do doors have a clear or transparent vision panel to show where they lead to?

B Are signs of a good size and a contrasting colour so as to be seen easily?

C Do signs e.g. for toilets use both pictures and words and are they hung at a height (approximately 4 foot/1.2m) that makes viewing them easy?

D Have colours, numbers or signage been used to clearly identify each floor of the building?

E Have strong patterns been avoided in wall coverings, curtains, furnishings and screens?

F Are pictures/objects and/or colours used to help patients find their way around?

G Is an easy to read internal hospital map available?

H Is there a large face clock easily visible in all areas?

I Is there signage showing the name of the hospital and the department?

Rationale

People with dementia are likely to become agitated in unfamiliar surroundings. Providing visual clues and prompts, including accent colours and artworks, to help them find their way around is particularly important. Signs using both pictures and text need to be placed at a height where they can easily be seen. Signs should be placed on doors not beside them. Providing clocks and calendars will help with orientation. Strong patterns on wall coverings or furnishings can be misinterpreted. Signs indicating the name/type of department will help with orientation.
The environment promotes calm, safety and security

Rationale
Clutter and distractions, including notices, can cause added confusion and should be avoided. Noise can make concentration difficult and can increase anxiety. Locked doors and window restrictors can lead to frustration and anger when they cannot be opened. All staff should be familiar with current statutory and regulatory requirements for Deprivation of Liberty Safeguards.

Questions
Please score each answer from 1 - 5 (1=barely met, 5=totally met)

A Are notices kept to a minimum to avoid distraction and confusion?
B Are spaces clutter free?
C Have noise absorbent surfaces been used e.g. on floors and ceilings, to aid noise reduction?
D Is equipment on display kept to a minimum?
E Are doors to exits clearly marked but ‘staff only’ areas disguised e.g. by painting the doors and door handles in the same colours as the walls/ continuing the handrail across the door?
F Are all hazardous liquids and solids e.g. cleaning materials, locked away?

Please give examples of good practice/areas of concern
Please add your scores for each criterion here

<table>
<thead>
<tr>
<th>1</th>
<th>The environment promotes meaningful interaction between patients, their families and staff</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A B C D E F G H I</td>
</tr>
</tbody>
</table>

| 2  | The environment promotes well-being                                                      |
|    | A B C D E F G H I                                                                        |

| 3  | The environment encourages active engagement of people with dementia in their care       |
|    | A B C D E F G H I                                                                        |

| 4  | The environment promotes mobility                                                        |
|    | A B C D E F G H I                                                                        |

| 5  | The environment promotes continence and personal hygiene                                 |
|    | A B C D E F G H I                                                                        |

| 6  | The environment promotes orientation                                                     |
|    | A B C D E F G H I                                                                        |

| 7  | The environment promotes calm, safety and security                                       |
|    | A B C D E F G H I                                                                        |

How the results might be used
Scores can be benchmarked against other similar areas in the organisation or more widely to look at comparisons and to highlight particular priorities for improvement. Remember it is often the simple things that can make a big difference such as de-cluttering spaces or providing small seating areas. Similarly a local photographic competition can produce stunning artworks.

If there are low scores in a particular area, think what action can be taken immediately and what actions need to be addressed with others. If the scores are low overall this should help inform discussions on the need for environmental improvements with senior management in the organisation.

How others have used their results
Evaluations of the tools indicate that people have already used their results to:
- secure finance from their boards to improve the care environment
- influence their managers and estates colleagues to support change
- educate staff and help change attitudes
- improve signage, flooring and colour schemes as part of maintenance programmes.
Overarching design principles
The design principles focus on promoting well-being and independence rather than providing detailed room by room guidance. They have been developed as a result of the EHE programme and bring together best practice in creating more supportive care environments for people with cognitive problems and dementia. The principles are drawn from a number of sources, including research evidence and the learning gained from changes tested in a range of care environments. [Link to bibliography]

Each of the five sections contains a list of design elements that are known to support, encourage and enable people with dementia in care settings. It is unlikely that all the elements can be addressed at the same time unless a new build or comprehensive refurbishment is being planned. However, many of the principles are simple, can be introduced with very little financial outlay and are known to be helpful in creating a more supportive physical environment for people with dementia and those that care for them.

MEANINGFUL ACTIVITY
Can be encouraged by providing
- Books and games
- Drinks and snacks
- Gardens
- Handrails
- Interactive artworks
- Memorabilia
- Places to walk
- Resting points

LEGIBILITY
Can be aided by ensuring
- Clear sight lines
- Discreet security measures
- Even lighting
- Matt, even coloured, flooring
- Noise reduction
- Uncluttered spaces

WAYFINDING
Can be helped by using
- Accent colours
- Artworks
- Identification of beds, bedrooms and social spaces
- Signage - pictures and text

OUTCOMES
- Easing decision-making
- Reducing agitation and distress
- Encouraging independence and social interaction
- Promoting safety
- Enabling activities of daily living

FAMILIARITY
Can be enabled by
- Domestic scale seating and dining areas
- Personal and self care items
- Photographs and memory boxes
- Recognisable sanitary ware
- Traditional crockery and cutlery

ORIENTATION
Can be supported by
- Artworks that reflect the seasons
- Calendars
- Large face clocks
- Natural light
- Outside spaces
- Photographs of local scenes
- Clear signs and signage
- Views of nature
- Visible staff