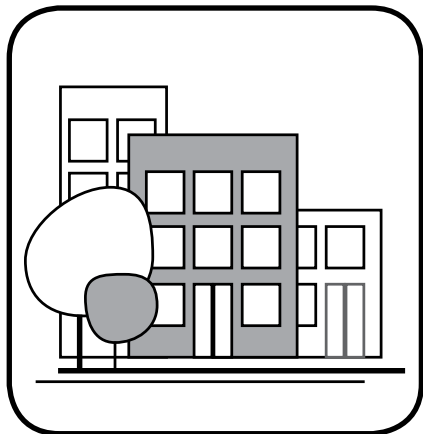


Is your housing dementia friendly?

EHE Environmental Assessment Tool



First 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 dementia friendly is your housing?

The proportion of people with dementia living in specialist, supported and extra care housing is increasing. If this housing is designed to be dementia friendly it can significantly improve the quality of life for people with dementia by maximising independence in activities of daily living, preventing falls, reducing agitation and disorientation and enabling people to stay in their homes for longer. Dementia friendly design is likely to assist everybody who lives and works in the housing because the buildings become more straightforward to read and navigate.

The King's Fund's 'How dementia friendly is your housing?' environmental assessment tool is designed to assess the dementia friendliness of extra care housing. The tool has been designed for use in any 'housing with care' setting including extra care housing, retirement communities, sheltered housing and very sheltered housing of any tenure.

The assessment tool includes external and communal areas as well as private flats or houses. This is because although residents, with their relatives, will choose the design and decoration of their own private areas they may ask for advice. Also many housing providers will be in a position to refurbish or rebuild their stock and some will be commissioning new buildings. The assessment

tool offers some guidance on decor and furniture for communal areas such as lounges and gardens.

Safety is a major concern for people with dementia living on their own. It is important that individual safety assessments are made and timers, sensors e.g. for gas/flood/heat, and alarms/shut off valves are fitted as necessary. As a person's dementia progresses it may be necessary to take other precautions. These might include installing signs on toilet or bathroom doors that use both pictures and text, labelling light switches, using socket covers, removing sink plugs or the toilet lid. It may also be sensible to suggest the removal of unused items particularly from kitchens and bathrooms to avoid unnecessary risk.

There are a number of organisations which offer guidance and support to the housing sector including the Housing LIN www.housinglin.org.uk

How to use the housing assessment tool

The environmental assessment tool has been designed to be practical and easy to use. It focuses only on those aspects of the physical environment known to impact on people with dementia. It assesses not only the physical environment (such as floor coverings and use of paint colours) but also the way that the environment encourages people to behave and interact. An evidence based rationale has been provided to help people understand why the question is important to creating a more dementia friendly environment.

The assessment tool can be used by a single individual but using it in pairs, ideally a mix of residents/relatives and housing staff e.g. a warden and/or maintenance staff can offer valuable opportunities for gaining different perspectives on the dementia friendliness of the housing environment and how to improve it. Field testing has

Date

Area/s assessed

.....

Assessment carried
out by.....

demonstrated that when the tools are completed jointly this leads to constructive conversations about the housing environment.

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. If any of the questions are not relevant they should be marked as not applicable N/A. For example not all housing developments will provide communal areas.

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

You must ensure that you have the consent of the resident before undertaking an assessment of their home.

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

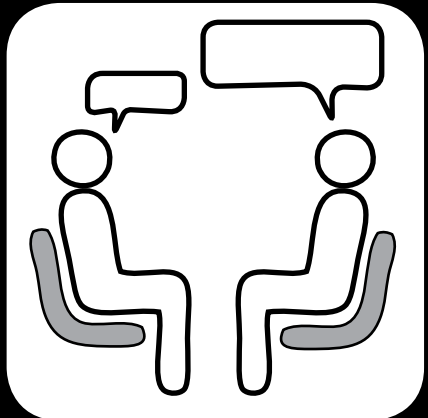
It may also be useful to take photographs as these can be used to mark progress and act as a record of improvements. If photographs are taken all relevant permissions need to be obtained.

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

1 The environment promotes meaningful interaction and purposeful activity between residents, their families and staff

Rationale

Uncared for and unwelcoming spaces can cause anxiety and provoke concerns about the quality of service in both residents and their relatives. In communal areas the arrangement of furniture will give clues as to the function of the space. There should be a choice of seating, including chairs with arms; and arranging chairs in clusters will encourage conversation. People with dementia are adults with a lifetime of experience and so communal activities should be carefully and deliberately chosen to reflect the age of the residents, their culture and individual interests.



Questions

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

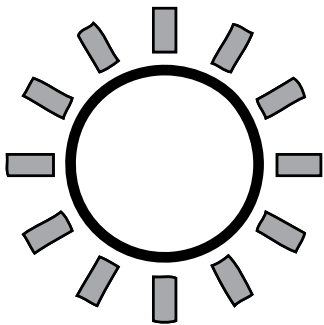
- A** Does the approach to the housing development look and feel welcoming?
- B** Is the entrance obvious and the doorbell/entry phone easy to use?
- C** Does the development give a good first impression i.e. does it look clean, tidy and cared for?
- D** Are there communal social areas such as sitting and dining rooms and gardens/outside spaces?
- E** Are the chairs in communal areas arranged in small clusters to encourage conversation?
- F** Does the furniture contrast with the walls and floors and is there a choice of seating e.g. single chairs and settees?
- G** Does the environment in the communal areas support residents to engage independently in activities of daily living e.g. clear signage to the laundry and/or external drying area?
- H** Do communal areas enable individual and group engagement in age and culturally appropriate activities e.g. space for activities other than watching TV?

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 on the floor as holes and try to step over them. Stripes or strong patterns on flooring, walls or furniture could be confusing and disorientating. Appropriate light levels can help promote normal patterns of waking and sleeping. Views of nature and spending time outdoors are essential to well-being. Dementia is a terminal illness and research indicates that people prefer to die in places and amongst people that are familiar to them.



Questions

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

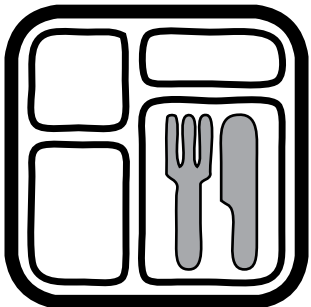
- A** Is there good natural light in communal areas, hallways, kitchens, bedrooms?
- B** Is the level of light comfortable and appropriate for what residents want to do in the space and can it be adjusted?
- C** Do the light switches contrast with their surrounds/the walls so that they are easy to see?
- D** Is the lighting and natural light from windows even e.g. without pools of light and/or dark areas, stripes or shadows?
- E** Is the lighting designed to support normal sleep and wake patterns e.g. can bedrooms be made completely dark using black out curtains/blinds?
- F** Are links to and views of nature maximised e.g. by having low windows, using natural materials and colours?
- G** Is there accommodation available for relatives to stay overnight if needed?
- H** Have sheltered seating areas and points of interest been provided in the outside space?
- I** Is planting non-toxic and has it been chosen to offer variety throughout the year?

Please give examples of good practice/
areas of concern

3 The environment encourages eating and drinking

Rationale

Open shelves/glass fronted cupboards or labels/pictures on cupboard doors will help residents remember what goes where. Having a choice of where to eat, e.g. with others or by themselves, may encourage people to eat and drink. For people with dementia, table cloths, crockery, cutlery and drinking glasses should be chosen with care to look familiar (beakers and specially shaped plates may not be recognised) and to offer a colour contrast from the food or drink because people may not be able to see white food that is presented on a white plate.



Questions

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

- A** Are the fixtures and fittings e.g. hobs, ovens, kettles and fridges of traditional design and easy to use?
- B** Are all appliances fully visible i.e. not hidden behind cupboard doors?
- C** Are kitchen taps, sinks and plugs of a traditional design?
- D** Are there open shelves/glass fronted cabinets in the kitchen?
- E** Are there sufficient cupboards to prevent clutter?
- F** Does the layout of the flat/house enable enough space for a traditional table and chairs?
- G** Are communal dining areas domestic in scale?
- H** Is there enough space and chairs in communal dining areas for visitors to sit in to help with eating and drinking and/or eat alongside the residents?

Please give examples of good practice/ areas of concern

4 The environment promotes mobility

Rationale

Being able to walk independently is important. Safety can be enhanced by providing handrails and small seating areas where people can rest in corridors and outside spaces. People with dementia may interpret shiny floors as being wet and/or slippery. Strong colour contrasts in flooring, paving, threshold strips or floor mats should be avoided as they may be interpreted as something to step over. Speckles in flooring could look like pieces of litter. Interesting artworks will encourage mobility as well as helping people find their way around.



Questions

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

- A** Is there space to walk around independently both inside and outside the development?
- B** Is the flooring matt rather than shiny and of a consistent colour i.e. does not have speckles, pebble effects or stripes? Is the flooring in a colour that contrasts with the walls and furniture?
- C** Are the handrails in a colour that contrasts with the walls and can they be grasped properly?
- D** Are there small seating areas for people to rest along corridors and outside?
- E** Are there age appropriate points of interest and way finding clues throughout the development e.g. different colours or artworks on each floor or residential block?
- F** Are lifts easy to find and do they have large control buttons?
- G** Have the outside areas been designed to encourage engagement and activity e.g. circular/returning pathways, raised flower beds, a clothesline?
- H** Are dead ends avoided by putting a chair or an artwork at the end of a corridor?

Please give examples of good practice/ areas of concern

5 The environment promotes continence and personal hygiene

Rationale

Not being able to find the toilet provokes anxiety and using the same signs and door colours to denote all toilets in communal areas will help people find them more easily. Ensuring good colour contrast on sanitary fittings will make toilets and basins easier to see and use. Traditional and familiar designs will help ease anxiety and promote self-care. Being plunged into darkness if sensor lights go out while washing or sitting on the toilet can be very frightening. Badly placed mirrors can increase disorientation. Pictures of people or reflections in a mirror may cause people to think there is someone else in the bathroom with them.



Questions

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

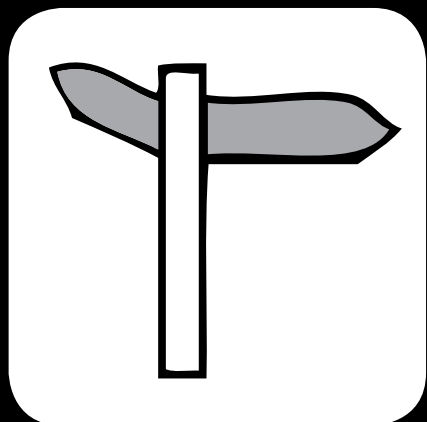
- A** Is the door to the toilet easily identifiable e.g. is it painted a distinctive colour?
- B** Are the toilet seats, flush handles and rails in a colour that contrasts with the toilet/bathroom walls and floor?
- C** Are the taps clearly marked as hot and cold and are they, the toilet flushes, bath and shower controls of familiar design?
- D** Do residents have access to an assisted shower/bathroom big enough to allow space for a wheelchair and carers to assist with the door closed?
- E** If sensor lights have been installed do they allow sufficient time for completion of toileting or washing?
- F** Are there open shelves/glass fronted cabinets in the bathrooms so that self-care items can be easily found?
- G** Are mirrors carefully placed to avoid disorientation and can they be covered if required?

Please give examples of good practice/ areas of concern

6 The environment promotes orientation

Rationale

People with dementia rely heavily on what they can actually see to help them find their way around. They are likely to become agitated in unfamiliar surroundings. Providing visual clues and prompts, including accent colours and artworks, and providing clocks and calendars will help with orientation. Signs should be mounted on the door to which they refer. Directional signage may be required if a location such as the dining room is not obvious. Signs using both pictures and text need to be placed at a height where they can easily be seen. Strong realistic patterns of e.g. flowers and fruit may be misinterpreted. Life size images e.g., of trains and installations such as indoor bus stops are likely to further disorientate people with dementia



Questions

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

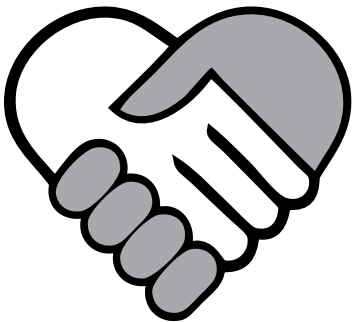
- A** Are there good sight lines inside the flats/ houses e.g. can the toilet door be seen easily from the sitting room?
- B** Do doors have a clear or transparent vision panel to show where they lead to?
- C** Is it easy to navigate between the communal areas e.g. can the dining room be seen clearly from the lounge areas?
- D** Are signs of a good size and of a contrasting colour so as to be seen easily?
- E** Are signs placed at key decision points to assist navigation through the building?
- F** Do signs e.g. for communal areas use both pictures and words and are they hung at a height (approximately 4 foot/1.2m) that makes viewing them easy?
- G** Are pictures/objects and/or colours used to help people find their way around?
- H** Are individual's front doors personalised e.g. through the use of names, numbers or colours?
- I** Have strong patterns been avoided e.g. in wall coverings, furnishings and flooring?
- J** Are large faced clocks, a calendar and orientation board easily visible in communal areas?

Please give examples of good practice/ areas of concern

7 The environment promotes calm, safety and security

Rationale

Clutter and distractions, including notices, can cause added confusion and should be avoided. Signs should be kept to the minimum. 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. The installation of timers, sensors e.g. for gas/flood/heat, alarms and shut off valves should be considered for all appliances to enhance safety.



Questions

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

- A** Are houses/flats big enough for residents to have their own furniture and personal possessions?
- B** In communal areas are notices kept to a minimum to avoid distraction and confusion and are spaces kept clutter free?
- C** Have noise absorbent surfaces been used e.g. on floors and ceilings, to aid noise reduction?
- D** Is background noise kept to a minimum including doorbells and alarm systems?
- 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/ having no architrave/ continuing the handrail and skirting across the door?
- F** Are the emergency cords clearly distinguishable from lighting cords in all rooms?
- G** Has the installation of timers, sensors and shut off valves been considered?
- H** Are all hazardous liquids and solids e.g. cleaning materials, in the communal areas locked away?

Please give examples of good practice/ areas of concern

Summary

Please add your scores for each criterion here

A B C D E F G H I J

1 The environment promotes meaningful interaction and purposeful activity between residents, their families and staff

2 The environment promotes well-being

3 The environment encourages eating and drinking

4 The environment promotes mobility

5 The environment promotes continence and personal hygiene

6 The environment promotes orientation

7 The environment promotes calm, safety and security

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 physical 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.

www.kingsfund.org.uk/sites/files/kf/EHE-developing-supportive-design-for-people-with-dementia-bibliography1.pdf

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.

