The King's Fund>

Ideas that change
health care

Is your ward dementia friendly?

EHE Environmental Assessment Tool

Third 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 ward 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 tools contain 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 not met at all.

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 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**

Date ....

Ward

....

Assessment carried out by

....

1 The environment promotes meaningful interaction between patients, their families and staff

Rationale

Uncared for and unwelcoming spaces can cause anxiety and provoke concerns in patients and their relatives about the standards of care. The arrangement of furniture provides clues as to the purpose of the space. There should be a choice of seating, older people are likely to need chairs with arms, and arranging chairs in clusters will encourage conversation. Participation in age appropriate activities can help to relieve anxiety.

Questions

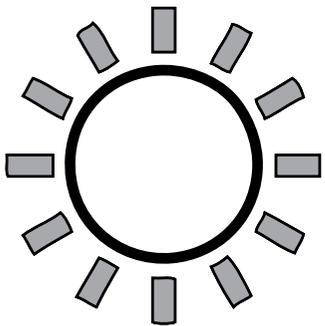Please score each answer from 1 - 5
(1=barely met, 5=totally met)

A Does the approach to the ward look and feel welcoming? ☐

B Is there an obvious reception desk? ☐

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

D Are there obvious social areas such as day rooms? ☐

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

F Are the chairs in social areas arranged in small clusters to encourage conversation? ☐

G Are other activities encouraged rather than just passively watching TV? ☐

H Can staff observe and be seen in all areas of the ward? ☐

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 light levels can help promote normal patterns of waking and sleeping. Personal objects are reassuring and help promote self-care. Views and access to the outside are essential for well-being.

Questions

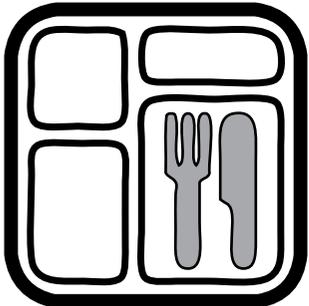Please score each answer from 1 – 5
(1=barely met, 5=totally met)

A Is there good natural light in bed areas and social spaces? ☐

B Is the level of light comfortable and appropriate and can it be adjusted to suit sleep/wake patterns and care needs? ☐

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 personal objects, including self-care items, situated where the patient can find them? ☐

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

3 The environment encourages eating and drinking

Rationale

Having a choice of where to eat, e.g. with others or by themselves, may encourage people to eat and drink as will the provision of nutritious drinks and snacks. For people with dementia crockery, cutlery and drinking glasses should be chosen to look familiar (hospital beakers and specially shaped plates may not be recognised). People many not be able to distinguish white food presented on a white plate so crockery needs to offer a colour contrast to food and drink.

Questions

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

A Do patients and/or their relatives have constant independent access to hot and cold drinks? ☐

B Do patients have independent access to snacks and finger food? ☐

C Is the crockery and glassware of familiar design and in a distinctive colour that contrasts with tables and trays? ☐

D Is there somewhere for patients to eat other than by their beds? ☐

E Is there a space where patients can eat together? ☐

F Is there enough space and chairs for staff and carers to help with eating and drinking? ☐

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. People with dementia may interpret shiny floors as being wet or slippery and changes in flooring colour as something to step over. Speckles or pebble effects 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 for patients to walk around independently? ☐

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

C Is the flooring in a colour that contrasts with the walls and furniture? ☐

D Are the handrails in the corridors in a colour that contrasts with the walls? ☐

E Is it possible to grasp the handrails properly? ☐

F Are there small seating areas for people to rest along corridors and/or by the reception desk? ☐

G Are there points of interest e.g. photographs or tactile artworks? ☐

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 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 can be very frightening. People may not recognise themselves in a mirror and this can cause distress.

Questions

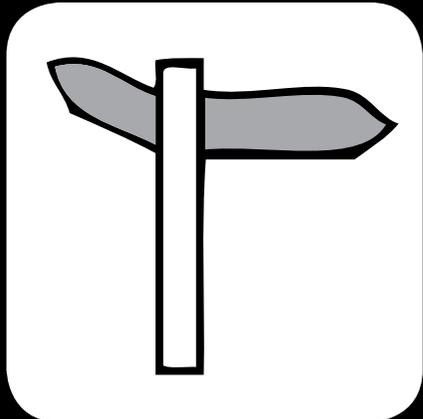Please score each answer from 1 - 5
(1=barely met, 5=totally met)

A Can the signs to the toilets be seen from all patient 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 and shower controls clearly marked as hot and cold and are they and the toilet flushes of traditional design? ☐

E Are basins, baths and toilet roll holders of familiar design? ☐

F Are all of the toilets and showers large enough for staff to assist patients when the door is closed? ☐

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

H Is it possible to cover mirrors if required? ☐

Please give examples of good practice/ areas of concern

6 The environment promotes orientation

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. Personalising bed spaces and providing clocks and calendars will help with orientation. Strong patterns on wall coverings or furnishings can be misinterpreted.

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 to the door so as to be seen easily? ☐

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

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

E Are bedrooms/bed spaces personalised e.g. through the use of numbers, accent colours, memory boxes, or personal photographs? ☐

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

G Is there a large face clock easily visible from the bedside? ☐

H Are patients able to see a calendar in the ward? ☐

I Is there clear signage showing the name of the hospital and the ward? ☐

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. 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 Are the staff call system and machine/sensor alarms designed to alert staff but not to disturb patients? ☐

E Do patients have any control over the sounds they hear e.g. can they listen to their own choice of music? ☐

F Are doors to exits clearly marked but 'staff only' areas disguised e.g. by painting the doors and handles in the same colours as the walls/ continuing the handrail across the door? ☐

G Are patients cared for in the least restrictive environment possible while maintaining the appropriate level of safety and security? ☐

H Are safety and security measures e.g. baffle locks, window restrictors and alarms, as discreet as possible? ☐

I Are all hazardous liquids and solids e.g. cleaning materials, 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

1 The environment promotes meaningful interaction between patients, 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 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

- redesign dining areas and change crockery.

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.

**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

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

**WAYFINDING
Can be helped by using**

Accent colours

Artworks

Identification of beds, bedrooms and social spaces

Signage – pictures and text