

Dementia Services Development Centre

University of Stirling, U.K.

2021-411 Tollesbury Salt Meadows

Concept Plan Review

August 2021



Tollesbury Site Layout courtesy of Lewis & Scott Retirement Living



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Date of Issue: 27th August 2021

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Revision:
Revision Notes:

Introduction to DSDC

The University of Stirling has a distinct reputation in the field of dementia and ageing, and our international centre for knowledge exchange- the Dementia Services Development Centre (DSDC) is recognised worldwide as leaders in the field of dementia design with a strong reputation for supporting society to meet the changing needs of an ageing population.

Since our formation in 1989 the centre has worked to: improve the lives for people living with dementia through design; make communities dementia-friendly and; influence policy to improve services for people living with dementia.

Our team of architects, nurses, engineers and designers have advised on projects internationally on the design and delivery of leisure, health care, social care and housing to support people with dementia – on large scale new build projects and smaller scale refurbishments. This includes provision for older people, for palliative and end-of-life care, as well as design specifically for older and working age people diagnosed with dementia.

What is dementia?

Dementia is the term we use to describe a broad range of brain diseases, including conditions such as Alzheimer’s disease, vascular dementia, Parkinson’s disease dementia and dementia with Lewy bodies. One person in every fourteen over the age of 65 year has dementia in the UK, and this is projected to increase; one in three people born in the UK this year are likely to develop dementia in their lifetime (source: Alzheimer’s Research UK, 2018).

Dementia is most commonly understood to be a condition which affects our memory, but dementia can also impact on sight, hearing, balance, gait disorders, visuo-spatial understanding, tonal differentiation, wayfinding and hallucinations. The challenges caused by these symptoms are often compounded by other general issues of ageing, such as reduced mobility, hearing loss and impaired visual acuity. The design of the built environment can therefore have a profound impact on how a person with dementia perceives, experiences and engages with the places and spaces in which they live, socialise and work.

Living with these impairments results in high levels of stress and frustration. Though these are common traits, people with dementia have their own unique pathway through the condition which depends on a number of factors, including the extent of brain damage. Their experience will be affected by their general health, personality, family circumstances and ability to remain independent and maintain a quality of life. Reduced cognitive capacity can make it harder to cope with daily challenges, whilst noisy, busy, or hostile environments can have significantly negative effects on independence, behaviour, self esteem, and overall wellbeing. This is why creating dementia friendly environments is one of the key non-pharmacological interventions in therapeutic care.

Design principles

Evidence-based environmental design principles offer a non-pharmacological approach to ameliorate responsive behaviours associated with dementia, such as agitation, aggression, confusion, incontinence, visuospatial and navigational difficulties. The international consensus on principles of dementia design should:

- Support the individual’s needs
- Maximise independence
- Enhance self-esteem and confidence
- Demonstrate care for staff
- Be orientating and understandable
- Reinforce personal identity
- Welcome relatives and the local community
- Allow control of stimuli

Recommendations provided within this document are intended as a non-pharmacological interventions but we note that the complexity of the condition is such that the individual’s response (either negative or positive) can vary and therefore further review of the impact of the environment on the person with dementia is important and further, personalised adaptations may be required.

Introduction to Project: Tollesbury Salt Meadows

01	CLIENT INFORMATION
02	PROJECT DESCRIPTION
03	NOTE LEGEND
04	DRAWING INFORMATION

1.1 Client Information

Building name:	Tollesbury Salt Meadows
Organisation name:	Lewis & Scott Retirement Living
Building Classification:	Housing Community for 60+
Address:	Woodrolfe Road, Tollesbury, Essex, CM9 8SD

1.2 Project Description

Tollesbury Salt Meadows is a proposed purpose-built housing development in Essex, England, UK. In response to the lack of suitable housing for older people, Lewis & Scott have appointed Thrive Architects to develop a neighbourhood community scheme, which enables independent living and ageing in place for as long as possible. To meet the present community's needs, the scheme has undergone a 'Specialist Housing Need, Demand and Affordability Assessment' (SHNDAA).

The development consists of 29 dwellings, ranging from one to three-bedroom and a 'social heart' community hub. These properties are adaptable to meet the changing needs of homeowners as they get older. Occupation restriction enables these houses to be targeted at the users who need them the most.

1.3 Note Legend

Commentary is provided throughout this report and is pre-fixed with a letter ('E' or 'R') corresponding to the level of compliance in relation to the Dementia Design Audit Tool V2, 2012. In recognition of empirical research undertaken post publication of this tool additional commentary is provided, and considered current best practice.

Pre-text Category Description

E Essential The design features in this category are essential criteria, based on research and expert opinion. 100% of the criteria in this category must be met to achieve certification.

R Recommended The design features in this category are recommended in environments used by people with dementia, based on current evidence and international best practice.

A Additional The design features in this category are made in addition to the guidance within the dementia design audit tool and are considered best practice. Some features in this category are regulatory requirements.

1.4 Drawing Information

The comments provided within this report are not exhaustive, are made with reference to and are edited by relevance from the DSDC Dementia Design Audit Tool. They are based on the drawing information provided at the time of writing, as provided by Lewis & Scott Retirement Living:

- Design and Access Statement
- Planning Statement
- Specialist Housing Need Demand and Affordability Assessment
- 20-4123 Tollesbury Strategic Landscape Plan D2
- 21-0061 Woldrolfe oad Tollesbury DLD Proposed Soft Planting V1
- 21-0069 Woldrolfe Road Tollesbury Courtyard DLD V1
- LEWI200915 SS01 Street Scenes
- LEWI200915 Tollesbury Site Layout
- Plots 1_2 10000 Proposed Plans
- Plots 1_2 20000 Proposed Elevations
- Plots 3_4 10000 Proposed Plans
- Plots 3_4 20000 Proposed Elevations
- Plots 5_7 10000 Proposed Plans
- Plots 5_7 20000 Proposed Elevations
- Plots 8_12 10000 Proposed Plans
- Plots 8_12 20000 Proposed Elevations
- Plots 13_14 10000 Proposed Plans
- Plots 13_14 20000 Proposed Elevations
- Plots 15_20 10000 Proposed Floor Plans
- Plots 15_20 20000 Proposed Elevations
- Plots 21_24 10000 Proposed Plans
- Plots 21_24 20000 Proposed Elevations
- Plots 25_26 10000 Proposed Plans
- Plots 25_26 20000 Proposed Elevations
- Plots 27_29 10000 Proposed Plans
- Plots 27_29 20000 Proposed Elevations
- Social Heart 10000 Proposed Plans
- Social Heart 20000 Proposed Elevations

Design Review: Tollesbury Salt Meadows

01	SITE AND CONTEXT
02	ACCESS, PARKING AND APPROACH
03	EXTERNAL AREAS
04	ELEVATIONS
05	PLOT LAYOUTS
06	SOCIAL HEART - THE SALT BOX

2



Tollesbury Site Layout courtesy of Lewis & Scott Retirement Living

2.1 Site and Context

To the north-east of Tollesbury, the 1.8 hectare site sits between a residential area to the west and commercial developments, a free car park to the west, with the road culminating at Tollesbury Marina. Arable land is situated to the north of the site, with sole access from Woodrolfe Road to the south.

Accommodation comprises of 29 dwellings, 14 one-bedroom, 2 one and half-bedroom, 8 two-bedroom and 5 three-bedroom properties.

2.1.1 [A] Local amenities, the marina and primary services such as Tollesbury pharmacy, post office and convenience stores are within a 500m walking distance, which will support older people to stay connected in their community and access shops on a more regular basis, with access to public transport under 1km. Evidence shows such characteristics to contribute to 'ageing in place' and 'walkable neighbourhoods'.

2.1.2 [A] Housing has been planned as a pocket neighbourhood around communal courtyard. This will give homeowners a sense of community, encouraging them to socialise with their neighbours, and reduce social isolation. The varied urban form, building facades, path structures and areas of interest will aid navigation and wayfinding through the development.

2.1.3 [A] The architectural style, with gable roof structures is domestic in appearance and will be recognisable as 'home' to people with a cognitive impairment.

2.1.4 [A] The site is relatively flat and the landscaping has been well considered to provide residents with a place they would like to live and be proud of. The site therefore is well suited for a residential development for people with dementia, older people and their carers. Minimal rise or decent in the topography will be supportive for ease of movement throughout the site and encourage residents to explore and make new connections.

2.2 Access, Parking and Approach

2.2.1 [A] Access to Tollesbury Salt Meadows is only available from the south via Woodrolfe Road which prevents the development from being used as an access route or thoroughfare. This will help to keep noise pollution to a minimum, create a private community and foster a feeling of safety.

2.2.2 [A] There is good access from the main approach for cars to each property with 51 parking spaces provided. Consider ambulance/patient transport access and turning on the site or parking requirements for those who are visited by carers/district nurses etc throughout the day. It is welcome that a number of these parking spaces are to accessible standards.

2.2.3 [E] Accessibility for pedestrians has been considered to most dwellings via pavements/walkways. Consider the lighting strategy to illuminate pedestrian access to the development. High level lighting, above eye level will help to create an even spread of light and avoid light pooling and shadows on the ground. As well as the importance of safe ambulation, lighting can also decrease anxiety around safety and security. Recorded barriers to good pedestrian access for older people and people with dementia include narrow pavements; lack of benches; poor lighting; uneven surfaces; slippery surfaces; lack of handrails and high changes in level, such as kerbs.

2.2.4 [A] We note that sustainable transport is supported by the addition of 44 cycle spaces, however it is unclear on the site plan, where these are to be located.

2.2.5 [E] The line of sight is obscured to some houses due to the more fluid placement of housing plots. Signage will be necessary at decision points to direct residents and visitors to particular house numbers and the communal hub.

2.2.6 [E] Seating supportive of older people should be positioned at regular intervals along the walking routes and within the communal garden spaces to encourage people to spend more time outside and break up the distance they are travelling with well positioned resting points.

2.2.7 [A] Where housing facades are visually similar, consider ways of being able to differentiate between them. People with dementia

can find it difficult to locate their own house when faced with multiple front doors which look the same. Being able to hang a personal item like a flower basket or wind chime or providing space/a shelf outwith the access route, to position an ornament will aid wayfinding and prevent altercations between neighbours. House numbers should also be located in a position where they can be easily seen and contrast the background material they are placed on.

2.2.8 [E] Although driving is the most common mode of transport, walking is very important for older people who may no longer drive. The main entrance to the development has both vehicle and pedestrian access and the walkway appears to be sufficiently large enough to allow a wheelchair user and an ambulant person to pass (at least 1500mm). Consider pedestrian access to the houses located on the left of the entrance, which do not have a walkway. Ideally the use of materials should clearly define the path from the road, prioritising the pedestrian e.g at crossings.

2.2.9 [A] Where dwellings do not have a personal parking space in curtilage e.g plots 8-12 or where spaces are already occupied, consider where visitors/carers will park to gain access to all properties, without blocking the road or obstructing pedestrian access via the pathways. It is unclear if spaces which aren't in curtilage are numbered and allocated.

2.2.10 [A] Each dwelling has two ground floor access points, to the side and rear or to the front and rear. This enables convenient access to vehicle, bin storage and garden space and helps to orientate the houses towards a green outlook with patio doors from the main living space.

2.2.11 [A] It is unclear whether occupants in plots 27-29 have to walk a longer distance for bin presentation. Ideally lorries will have access to bins placed at the kerbside adjacent to these properties.

2.2.12 [E] It is essential that manhole and service covers are concealed where people are likely to walk. These should be set to level and ideally inset with a continuation of the paving material. A change in tone in the walking route can look like an obstacle or hole, resulting in high stepping or avoidance of the area completely.



STRATEGIC LANDSCAPE PLAN

2.3 External Areas

It is generally understood that the provision of accessible outdoor spaces has a positive effect on the physical and mental health of all (regardless of age or generation). Especially within care environments studies have reported the benefits of garden settings as well as horticultural therapy in reduction of pain, lowering of as needed medications, anti-psychotics and reduction of falls. Spending time outside is considered to be one of the most beneficial non-pharmacological intervention for people with dementia.

In order to encourage visitors to spend time outdoors, garden areas should provide various opportunities for residents to participate in everyday activities as well as meaningful outdoor activities.

2.3.1 [A] Salt Meadows provides a variety of outdoor spaces to encourage socialisation, exercise and intergenerational activity.

2.3.2 [E] Hedges line the site, providing a soft boundary and a welcoming, green outlook from internal spaces. Views between indoors and outdoors should not be blocked by furniture or planting. Where boundary treatments are located close to houses, these should be kept to a minimum to maximise natural light and views into the wider surrounding.

2.3.3 [E] There is boundary planting surrounding the SuDs/wetland area. A soft border is excellent and will enhance the aesthetic with a green outlook. However if this area is unsafe and unsuitable for activities such as dog walking or playing more active games with grandchildren the boundary treatment should be such that is Trees and planting could be layered to add interest and depth and deter people from being able to walk through, and if necessary disguise a fence.

The externals are defined by three different areas:

- Semi-Private - Verandas, Roof Gardens, Balconies and Private Gardens
- Woodland Memory Walks
- Communal Gardens and Therapeutic Garden

2.3 External Areas - continued

Semi-Private - Verandas, Roof Gardens, Balconies and Private Gardens

2.3.4 [A] The balance between resident privacy, spaces for interaction and view from the main living space has been carefully considered through building orientation and with the inclusion of private verandas, balconies and roof terraces. These spaces should be easy to determine as semi-private and include space for personal activity such as sitting/eating outside, opportunity for pot planting or hanging washing.

2.3.5 [R] Consider installation of outdoor taps which can be used for watering plants, cleaning, activities and drinking.

2.3.6 [R] Studies have shown that drying washing inside could be detrimental to health and wellbeing and drying clothes outside is familiar for the demographic. Consider the space required for washing lines and where they will be placed so that residents do not need to walk far to reach one. It is unclear if there is a communal drying area or one for each dwelling. It is important that people can go about their daily lives as easily as possible and will increase opportunities for passive socialising.

2.3.7 [R] The shrub/herbaceous border define the boundary between plots 3-4 and 5-7. Consider the height of the border to balance privacy from the communal area between and natural light into these properties.

2.3.8 [A] With regards to DLD Proposed Soft Planting Overview, the shrub/herbaceous borders shown outside plots 5-7 and 17-20 create a barrier from the veranda preventing residents from easier access into the communal gardens. We propose access is given to encourage more use of the outdoor spaces without having to take a longer route.

Woodland Memory Walks

2.3.9 [R] It is excellent that the forest path forms a loop back to the starting point as people with dementia often like to follow a set route and can become confused and frustrated by dead-ends. The close proximity of the forest walk also offers residents the perfect opportunity for a walk close to home without the use of a car and will be popular for dog owners.

2.3.10 [R] Some older people cannot walk very far and tire easily. The option to walk using the shortcut pathway, to form a smaller round loop will encourage residents that they can partake in brief exercise without having to go on a long walk. The resting points and seating proposed along the route will allow residents to take their time and encourage them to walk further.

2.3.11 [R] This path will be very dark in the evenings. Consider overhead lighting to increase the perception of safety and improve mobility in the darker, winter months.

Communal Gardens and Therapeutic Garden

2.3.12 [A] Self delivering on the facilities management to ensure grounds and property maintenance will provide resident's with peace of mind over upkeep and finding reliable trades people.

2.3.13 [E] All species named in the plant schedule specifically for the central courtyard are deemed non-toxic and therefore safe to position in gardens where people with dementia spend time. However reconsider the positioning of Rosa species where located close to pathways. Planting which is poisonous or thorny should not be within reach of residents as people with dementia may pick and ingest parts of plants.

The following plants and their locations, shown in the plant schedule for the wider development, should be reviewed:

- Prunus Spinosa (thorny)
- Crataegus monogyna (thorny)
- Ilex aquifolium (moderately prickly, however can provide a sensory element)
- Crataegus laevigata (spiny)
- Rosa canina (thorny)
- Choisya Ternata Sundance (thorns at shoots)
- Genista Lydia (Spiny/gorse-like)
- Rubus Fruitosus (prickles)
- Rhamnus Cathartica (thorny/laxative effect)

2.3.14 [R] Planting to encourage bio-diversity, wildlife and year round interest is welcome. This will attract wildlife, areas of interest and activity and give residents a sense of the changes in season.

2.3.15 [R] Sensory planting such as the specified lavender will have therapeutic benefits and can have a positive effect on mood and

anxiety levels. Consider increasing acoustic and haptic stimuli with plants such as ornamental grasses.

2.3.16 [R] The inclusion of a play-area to the rear of the site is excellent. People with dementia often enjoy passive activities such as watching children play. This area will also encourage families to visit their relatives more often and support intergenerational interaction and activity.

2.3.17 [R] The covered seating areas in the central garden will provide shade as well as encourage time spent outdoors in any weather. There should also be seating options in direct sunlight. It is vitally important for people with dementia to be exposed to UV rays in sunlight, which trigger vitamin D production. Vitamin D helps to maintain mobility and bone density and will decrease the risk of injury if someone should fall. This natural bright light can also improve residents circadian rhythm and minimise sleep disturbance.

2.3.18 [E] Seating should be comfortable, robustly constructed and provide ergonomic support of an older person e.g. include back and arm rests.

2.3.19 [E] The social hub overlooks the wetlands area, giving a unique and interesting focal point from the deck. The balustrade should not create any footholds, as these can be viewed as an invitation to climb. An inward sloping balustrade can also help to deter climbing. Safety should be considered from all access points including adjacent gardens.

2.3.20 [R] The central communal garden is formal in design incorporating symmetry. This creates four 'rooms', consider ways to make these areas distinct, e.g. the use of unique landmarks to support resident's with orientation and wayfinding.

2.3.21 [E] Maintaining activities of daily living is very important for people with dementia to remain independent. Consider the inclusion of a communal shed and raised planters to encourage light gardening which is also accessible to wheelchair users, washing lines, and an area for larger activities such as a putting green or bowls.

2.3.22 [R] External lighting in the communal garden should be above eye level ensure even distribution and avoid creating confusing shadows on the pathways e.g. bollard lighting.



Image reference & source

2.3.23 [R] The pergolas help to break up the central courtyard as large empty spaces can be alarming for people with dementia and provide a focal point away from house windows. They are a traditional garden feature which plants can be trained to grow over, however caution should be taken in the early stages where gaps in the pergolas can create strong shadows on the ground, which can be perceived as steps. People with a visual impairment may try to step over these, increasing the risk of trips and falls.

2.3.24 [R] Older people feel the cold more than usual. Building orientation around the central courtyard should act as a wind break and create a sheltered area which people are comfortable to spend time in.

General Guidance

Please read the Outdoor Spaces Principles in Section 4 of this document.

2.4 Elevations

2.4.1 [R] The elevations show large windows with low sill heights have been specified for most living areas. This will enable the maximum amount of natural light into these spaces and enable visual connections with garden spaces. It is unclear what the sill height is from bedroom spaces. Lower sill heights enable views from a seated or lying position much further into the plan. This is especially beneficial for those who may be bed bound.

2.4.2 [A] Building materials are domestic in appearance and a combination of brick and timber add to the aesthetic of the development, creating a welcoming place to live.

2.4.3 [E] The elevations show that external doors clearly contrast with the surrounding walls. This is essential to ensure the door is visible to those with a sight impairment. Door furniture/ironmongery should also contrast the door, be easily recognisable and comfortable to use.

2.4.4 [E] Planting has been shown outside windows which is excellent and will create a privacy barrier, prevent collision with the sudden opening of windows and prevent sound from reverberating off hard surfaces and into homes.

2.4.5 [R] The subtle change in colour of timber cladding will add to the wayfinding strategy.

2.5 Plot Layouts

2.5.1 [A] A well designed home environment can reduce stress, and distressed behaviours in the person with dementia. This can also be linked to a reduction in care costs, hospital admission and anti-psychotic medication being prescribed. DSDC are pleased to see the effort to incorporate dementia-friendly design principles into the project.

2.5.2 [E] People with dementia often struggle to interpret cues such as where the building entrance is located (Burton, Mitchell 2006). As many entrances are not located in a prominent position from the street, appropriate visual cues should be incorporated to reduce confusion and anxiety over getting lost. The way back in from the outside area should be clearly visible and doors should contrast the surrounding walls by at least 30 LRV.

2.5.3 [R] The linear structures over car ports add to the overall building aesthetic and also allow more natural light to enter car port areas, however they could also create strong stripes on the ground which people with visuospatial difficulty may perceive as steps.

2.5.4 [A] Charging ports and storage for mobility scooters within car ports at every dwelling is excellent. However we cannot locate these successfully on the layout drawings. Electric mobility scooters and powered wheelchairs are typical for this client group and so providing a dry space to accommodate these will alleviate resident safety concerns and increase scooter longevity. These should not block access/egress from the property as it could impact on fire evacuation.

2.5.5 [R] The car ports provide a transitional space and protection from the elements when getting in/out of the car. This will allow residents to take their time to find their keys, empty the car and open the front door, even in adverse weather.

2.5.6 [R] The ageing eye takes longer to adjust to the change in light levels between outdoors and indoors. During this period of adjustment there is an increase in the risk of trips and falls. The car ports will help to temper the change in light levels when moving from bright natural light to indoors. However, at night the car ports should be well lit to aid activity and movement, to provide a sense of safety and security into the winter months and evenings.



2B5 courtesy of Lewis & Scott Retirement Living



1B3 courtesy of Lewis & Scott Retirement Living

2.5.7 [A] Doors to external areas from lounge spaces have been specified as sliding. Sliding doors save valuable interior and exterior space and can reduce the issues posed by a hinged door to wheelchair users. However they can be more difficult for older people to operate as they require more core strength to open. Consider specifying a hinged or automation option. Where this is not possible, ensure the door runs smoothly on the track, that little force is required and handles are comfortable and simple to use. There should be a level access threshold.

2.5.8 [E] Gait disorders such as imbalance, shuffling, lack of movement at the knee or hip and a stooped posture are common for people living with dementia. Therefore deep pile carpets and protruding transitional strips should be avoided. Level flooring should also be tonally consistent, including transitional strips and where external paving meets the internal floor surface.

2.5.9 [R] Corridor space as been minimised in house types, utilising an open-plan style which is more suitable to modern day living. This also increases the visual access to the garden spaces and in some cases the toilet. These are two key vantage points for people with dementia. The open plan layout also allows for different focal points within the room such as the television and kitchen cabinets to prompt meal preparation.

2.5.10 [R] Rooms should be recognisable on entry so the person with dementia understands what behaviour is expected of them. Modern housing does not usually incorporate fireplaces anymore, which are recognisable focal points of an older generation.

2.5.11 [A] Consider incorporating knock out panels between the bedroom and bathroom to allow for adaptation for a hoist to be installed, should a resident's needs change in the future. The door could also be widened to accommodate a large shower chair or wheelchair access.

2.5.12 [R] It is recommended that there is a line of sight from the bedhead to the toilet. Some people with dementia are very disorientated when waking in the middle of the night and cannot connect the urge of needing the toilet with the location of the toilet. This visual prompt of seeing the toilet pan can remind them of why they have awoken, therefore supporting independence and dignity.

2.5.13 [R] The standardised use of close coupled back to wall toilets is excellent. A visible cistern is familiar in appearance and will be recognisable to people living with dementia.

2.5.14 [A] We recommend incorporating glass doors into the kitchen cupboard fronts. This will make the function of the kitchen more recognisable and will help residents to find objects within the cupboards more easily. Anxiety can be a result of not remembering where items are stored and having to search through a number of cupboards to find them. Seeing through some glazed doors can alleviate some anxiety and encourages people with dementia to be more independent for longer.

HT1B1

2.5.15 [R] It is excellent that there is a wc on arrival into this house type. People with dementia often need the toilet in a hurry and so where these are conveniently located, like at a building entrance, they will support independence and dignity.

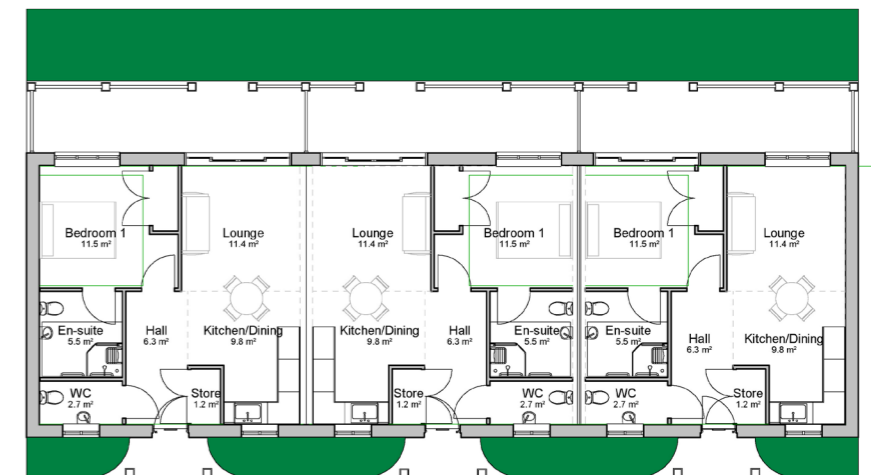
2.5.16 [A] Moving home after a dementia diagnosis can be confusing. High visibility to most rooms of the house upon entering can help the person to adjust to new surroundings through recognition of their own home whilst also maintaining an understanding of the layout.

2.5.17 [A] The majority of this plot type offers only left-hand transfer to the wc. The option of both left and right handed transfer would accommodate potential buyers preference.

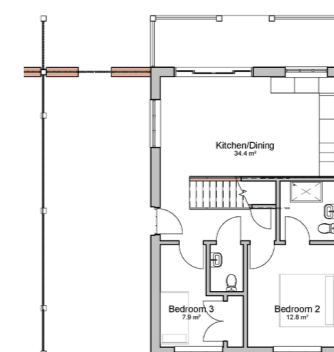
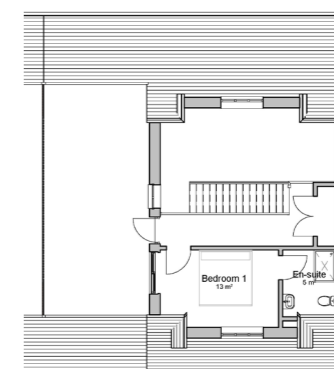
2.5.18 [A] Plot 20 indicates a sliding door to the bedroom which we believe to be a drawing error.

2.5.19 [A] Windows located above the kitchen sink is traditional in design and can frame a nice view, although reaching across worktops to operate can be very difficult. Consider future proofing for automation or determine a suitable location for a manual window winder.

2.5.20 [A] Consider smaller opening pane options in addition to the patio door, to promote good ventilation and a healthy indoor air quality. During the colder months or overnight during the summer, occupants may not want to leave the door open for security reasons or to minimise draughts.

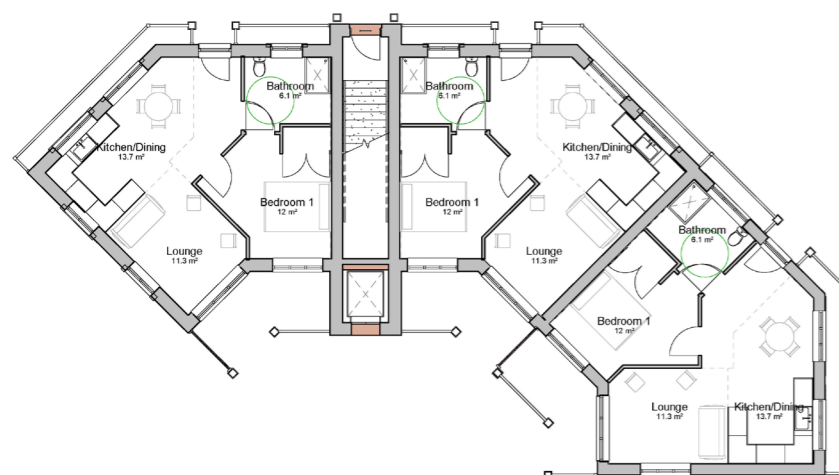


Plots 5-7- HT1B1, courtesy of Lewis & Scott Retirement Living



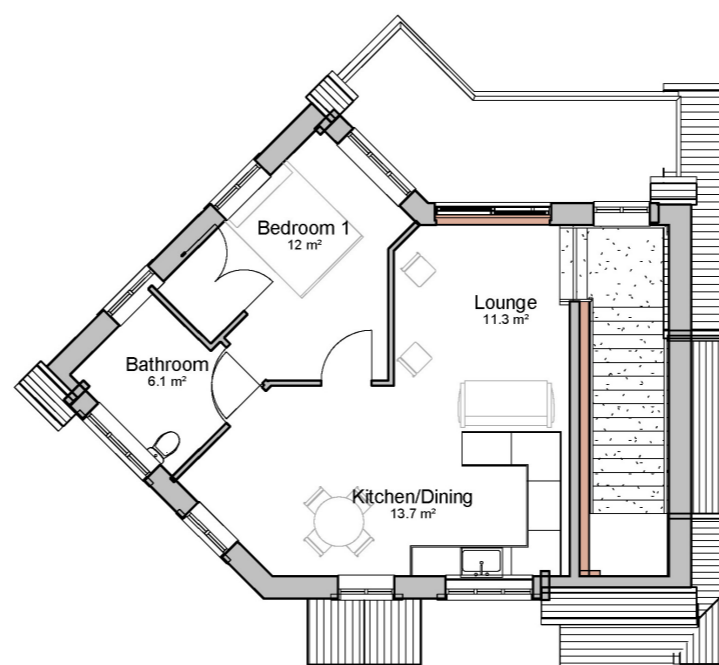
Plot 24- HT2B4 courtesy of Lewis & Scott Retirement Living

2.5 Plot Layouts - continued



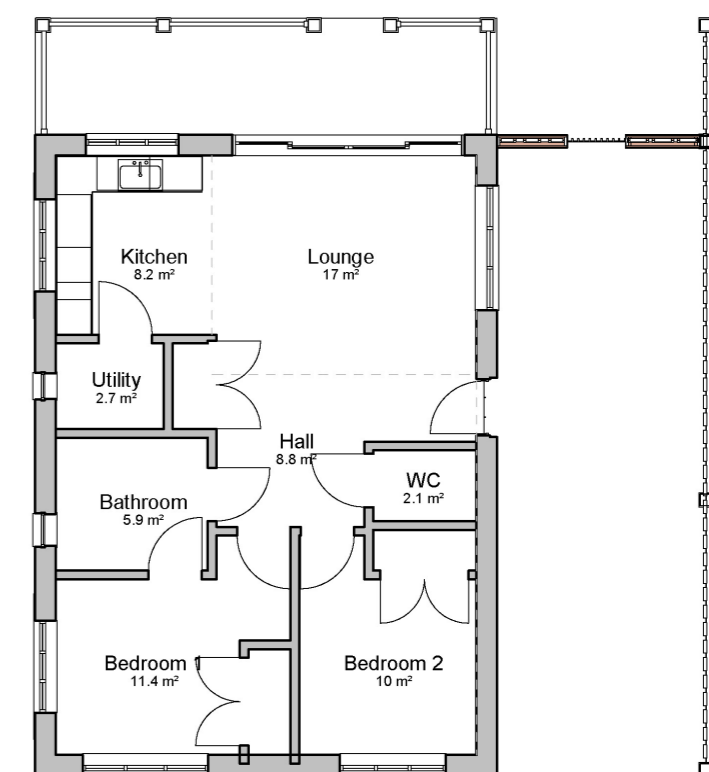
Ground Floor Plan

Plots 8-12 - HT1B2, courtesy of Lewis & Scott Retirement Living



First Floor Plan

Plot 16 - HT1B3, courtesy of Lewis & Scott Retirement Living



Plot 14 - HT2B3, courtesy of Lewis & Scott Retirement Living

HT1B2

2.5.21 [A] The upper floor plan was not provided for this house type. However access appears to be restricted from the ground floor. Lift users will need to walk around the side of the building from the car park to access at a central point in the terrace. Whereas stair users access from the rear at the opposite point. People with dementia can become confused and frightened should the lift doors open on the opposite side to which they entered and may not understand to turn 180 back on themselves.

2.5.22 [R] Lift interiors should be calming light spaces, without reflective or shiny finishes, like mirrors. A mirror can create the effect that there are twice as many people using the lift, which could cause agitation in a confined space. Furthermore, some people with dementia do not recognise their reflection and can be frightened or confused when faced with a mirror or highly reflective surface. The lift flooring should also match that of the adjacent landings. A change in tone at the threshold could be perceived as a step to a person with a

visual impairment, thus increasing the risk of hesitation, high stepping and falling.

HT1B3

2.5.23 [A] The design of the stair should be suitable for the future installation of a chair lift to enable ageing in place for the occupant in the upper flat.

2.5.24 [E] It is excellent the upper flat has access to a private balcony at the same level. Immediate access to outdoor space can reduce stress.

2.5.25 [R] The access to outdoor clothes drying is not obvious for first floor flats.

2.5.26 [A] Consider relocating the wardrobe as the current location is blocking the potential route of a hoist.

2.5.27 [A] Access to window opening and blinds/curtains when over the bed head will be difficult for an older person with limited mobility.

HT2B2

2.5.28 [A] Two bedrooms will support another person to live in the property, for example a live-in carer. It could also provide accommodation for visitors, family members or for storage and hobbies. The specification of two wcs will ensure that a toilet can be reached quickly. They are ideally located opposite the front door but unfortunately with no visual access from the main living area.

HT2B3

2.5.29 [A] As the main entrance opens directly into the lounge space, draught-proofing should be considered. Older people feel the cold more than usual. There is also the potential for future proofing via installation of a high level spur to accommodate an automated door opener.

2.5.30 [A] Consider a high level window in the wc to maintain privacy whilst increasing natural light and ventilation into the space.

2.5.31 [A] Consider reducing the height of the separating fence between neighbours to promote passive social interaction while outside on the verandas.

2.5.32 [R] The elevations indicate that the window sill level is the same as the kitchen. Without indicative furniture layouts it is difficult to comment, however it would be too high to maintain views from a sitting or lying position.

2.5.33 [R] Dual aspect from the bedroom will increase capacity for natural cross-ventilation, sense of orientation and natural light into the room. Bedroom windows should be fitted with both sheer and blackout curtains to control glare during the day and provide dark conditions for a good nights sleep

2.5.34 [A] Windows located above worktops can be difficult to operate. Locating a high level spur for automated openers or locating a manual winder lever can alleviate this problem.

2.5.35 [A] It is excellent that this house type has a utility. These spaces are valuable storage zones, as well as spaces to do the washing. Consider an additional extractor fan to reduce moisture build up and promote healthy indoor air quality.

2.5.36 [A] Good practice for accessibility is to allow a minimum of 300mm from the leading edge of the door for wheelchair users on approach to the bathroom/large wc.

HT2B4

2.5.37 [A] Consider the addition of a roof light/window for improved natural light and ventilation on the first floor.

2.5.38 [A] It is assumed there is a double height about the kitchen/dining. Double height space provides a bright, airy and welcoming living space. Consider automated window openers to facilitate good ventilation for healthy air quality and remove hot air and smells from cooking. Consideration should also be taken over maintenance and cleaning at high level.

2.5.39 [A] The second and third bedroom will allow another person to live in the house comfortably with en-suite accommodation. It also allows flexibility for visitors, a live-in carer, hobby room or work space. Should the occupant not be able to climb the stairs, an en-suite room is available on ground level. However we would still advise that the stair is suitable to support installment of a chair lift as it is especially important to provide equal access to allow less mobile occupants to enjoy the upper terrace area.

HT2B5

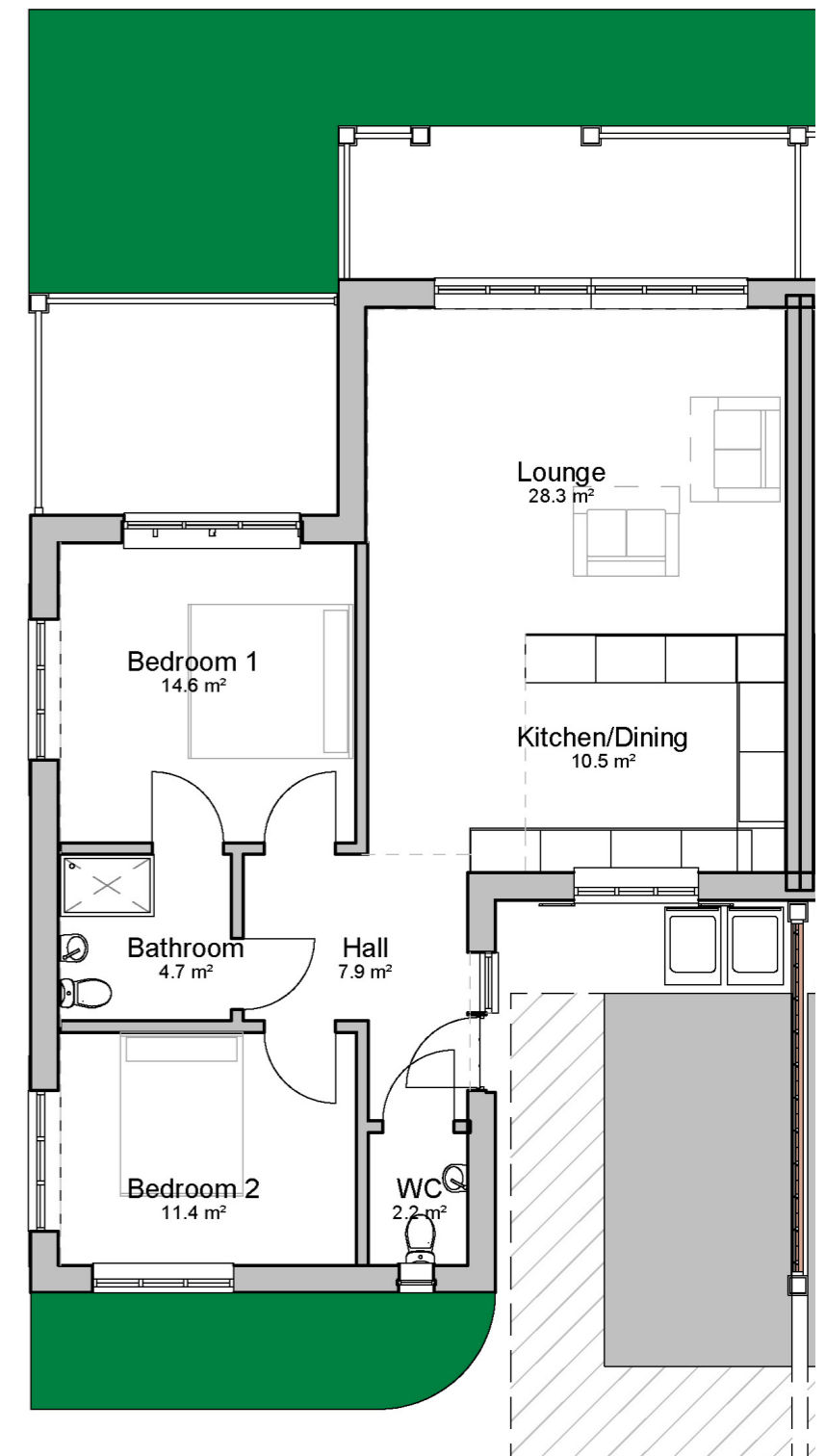
2.5.40 [A] Consider natural lighting and ventilation in the shower room to promote healthy indoor air quality. Natural lighting is important for people with dementia to maintain their circadian rhythm.

2.5.41 [A] The semi-private verandas are a great way to encourage passive socialising, while sitting in the comfort of your own home.

2.5.42 [A] Ensure a dining table will have sufficient activity space around the table and between the other large furniture items for ease of maneuverability.

2.5.43 [A] The ability to independently control environments is beneficial for people with dementia who may not be able to verbalise their discomfort. Operating windows from behind the kitchen worktop can be difficult to reach, consider future proofing for automation (addition of high level spur) or location of a future window winder arm.

2.5.44 [E] It is not clear if the patio doors are integrated into the glazing, however it is assumed the intention is to open out to the veranda. Ensure the doors are easy/light to operate, with a level access threshold. Full height glazing should be distinguishable from a door and have manifestations to prevent collisions with the glass. Planting or continuing skirting in front of full height glazing can help residents to understand their environment and manoeuvre safely. Highlighting the movable panel with a contrasting tone will also help to avoid confusion and frustration when exiting or re-entering the house.

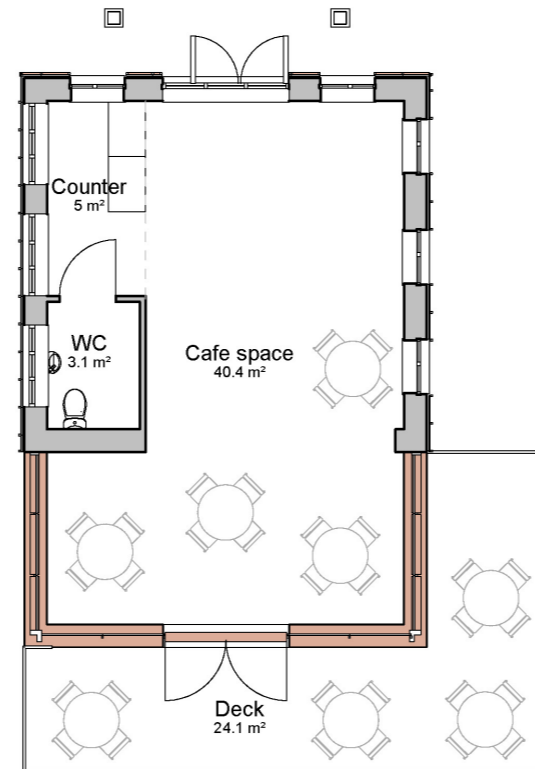


Plot 2 - HT2B5, courtesy of Lewis & Scott Retirement Living

2.6 The Social Heart - The Salt Box



Social Hub courtesy of Lewis & Scott Retirement Living



Social Heart Plan courtesy of Lewis & Scott Retirement Living

2.6.1 [R] It is excellent that the hub is not for profit but there to support resident's health and wellbeing. The flexible nature to accommodate pop-up shops, NHS outreach and exercise classes enable services to come to the residents without the residents having to travel. However the operation and management of this space is unclear.

2.6.2 [E] 'The Salt Box' is an appropriate name in-keeping with the development and suits a multi-purpose building. However the function at the time of use also needs to be clearly displayed. People with dementia may become confused and upset if they are expecting and indeed relying upon a cafe venue or access to a toilet but walk in on an exercise class.

2.6.3 [A] As such a prominent building in the neighbourhood community, it is unclear if facilities are large enough and specify enough equipment/facilities to be flexible for a number of uses, for example the appliances needed to accommodate a cafe. If there were

an event which all residents could attend, it is unlikely there would be capacity for everyone.

2.6.4 [A] A social hub which can be relied upon, to take family and meet neighbours out-with their homes would provide a more social destination and change of scenery. It would be beneficial if the decking area and seating could be accessed by residents throughout the day.

2.6.5 [R] The projecting canopy will provide a sheltered area in which people can wait, read information etc. in any weather. Consider including seating outside the main entrance to cater for people meeting or waiting to be picked up.

2.6.6 [R] The sun room and skylights will need a form of glare control and ventilation for very sunny days, without making the room dark.

2.6.7 [R] People with dementia are at risk of diminishing confidence, and so being able to see in a room, its function and occupants before

entering, allows them to make a decision beforehand. Glazing in the door will enable this visual connection.

2.6.8 [A] Consider locating a charge point for an electric scooter by the communal hub to support resident mobility around the development, and provide peace of mind for residents who are worried about getting stuck away from home.

2.6.9 [R] Consider the inclusion of storage for tables, chairs and equipment when the building is closed or changing its function. Privacy should also be considered if typical uses include NHS outreach and exercising to maintain dignity.

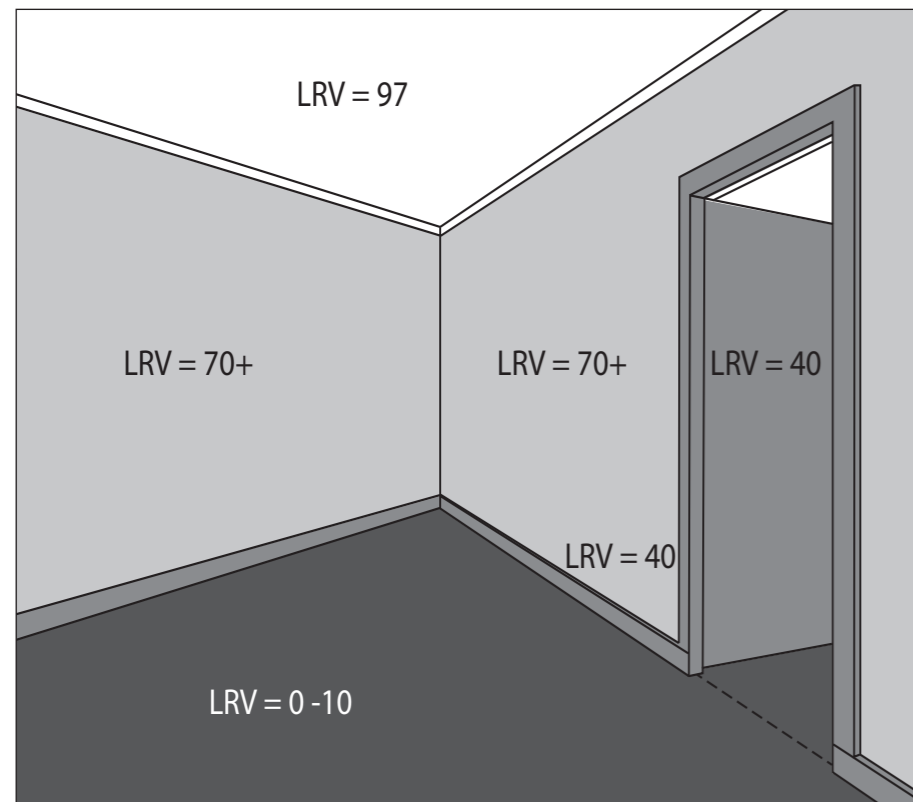
2.6.10 [E] It is essential that no more than 10 people with dementia dine together, should the building be in use as a cafe. More than ten people dining together is evidenced to result in over-stimulation and failure to concentrate on eating, as well as increases in distressed and agitated behaviours. Room partitions, movable planters on castors etc can be utilised to break up the space and prevent over-stimulation.

2.6.11 [E] It is unclear from the plans if the wc is available to everyone. Many people with dementia have an overactive bladder and can become anxious if they cannot locate a toilet in a hurry. Access to a toilet can increase use of communal spaces. The door is not easily visible from the seating area and so directional signage will be needed.

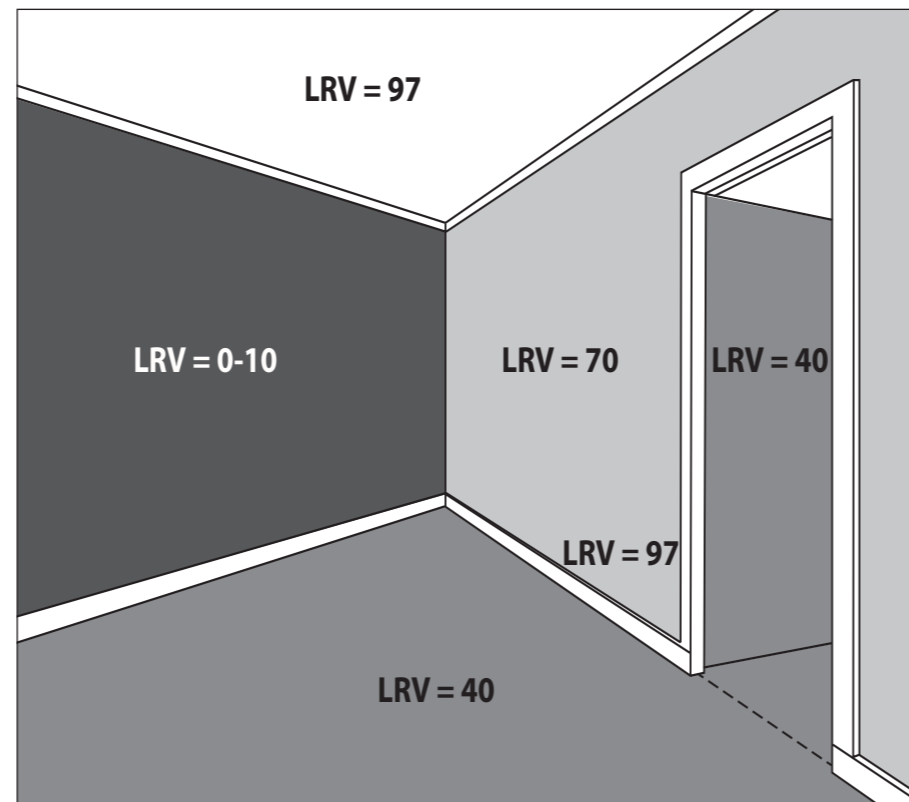
2.6.12 [E] The wc door is depicted to open into the space. There will not be enough room for maneuverability of a wheelchair between the door and counter. We propose the door swing is reversed.

2.6.13 [E] The wc door should be a signature colour which is different to that of any other door in the scheme. Ideally it will match the toilet doors in the dwellings and act as a visual cue. If a person with dementia has impaired learning and so if only one colour has to be remembered for the toilet it will aid dignity and independence and reduce misdiagnosis of incontinence.

Essential design attributes and features



Example of suitable LRV difference within a room interiors scheme



Example of suitable LRV difference within a room interiors scheme

There are aspects of dementia design which are considered 'essential' and are based on research and expert opinion. Some are relevant only to certain rooms (e.g., ensuite or dining areas) but it is imperative that those attributes and features identified in this section of the report are incorporated into the design. These design features and attributes are 'essential' criteria. For any project to receive a DSDC dementia-design accreditation all criteria in this category must be achieved.

There is good access for those with physical disabilities or mobility problems. Hand rails, lifts and ramps should be provided where necessary. Disabled parking spaces should also be available.

Contrast to a minimum of 30 LRV difference is required in several instances. The following is a (non-exhaustive) list of where contrast is required:

(E=Essential, R=Recommended)

E: Walls vs. Floor

E: Doors vs. Walls (Excluding staff-only & service

spaces)

R: Skirtings vs. Walls AND Floors

R: Door Handles vs. Doors (LRV 15 is sufficient)

E: Grab rails / Hand Rails vs. Walls

E: Toilet Seat vs. Toilet Pan

E: Toilet Seat vs. Floor

E: Bathroom fixtures vs. Wall

E: Furniture vs. Floor (esp. Chairs and Tables)

Where possible doors should open against the wall to allow for a full view of the room giving residents the opportunity to recognise the room on entry/access.

The flooring must be consistent in colour/tonal throughout the building, including threshold strips. There is possible benefit in an exercise of mapping the flooring LRVs across the floor plate of each level (bearing in mind of course that requirement also ties into the lift floor which will, in effect, tie all levels together tonally).

Where level flooring abuts, there should never be any larger a step in tone than 10 LRV

A clear signage strategy must be provided throughout the development to aid residents with wayfinding.

It is essential that all signs are positioned at a height of 1.2m from the ground in order to allow for residents who may have a stooped posture to read.

There must be a clear contrast between the colour of the sign and the wall or door that is positioned on. Similarly there must be contrast between the background of the sign and the text. There must also be an easy to understand graphic located on the sign describing the text that is presented.

All doors that are accessing residential toilet facilities must have a signature colour. Residents recognition of the coloured door will act as a trigger as well as an aid to wayfinding when using the toilet.

All toilet doors throughout the development must have clear signage indicating the function of the room. This includes any en-suites.

Where a dining room is provided there should be sufficient seating provision for residents and staff (to support residents during meal-times). In addition there should be no more than ten people with dementia dining together.

Provide an opportunity for the bedroom doors to be personalized, the inclusion of a memorable item/object, memory box or other digital monitoring would be beneficial for residents with dementia, helping to recognise their own door. Further to this, residents should be allowed to personalise their room.

Hard surfacing should be level, non-slip and non reflective. There should be minimal tonal contrast between adjoining paving materials. This will avoid the false perception by people with dementia of a change in level (keep Light Reflectance Values within adjacent level areas with a maximum difference 10% of each other).

There should be sufficient colour contrast between furniture and

ground surface. Preferably over 30 LRV. There should be contrast where there are steps, sharp level changes or other trip hazards occur (retaining walls, planters, tables, chairs, exercise equipment etc. may all fall into this category).

Planting should provide a range of year round interest, whilst avoiding species that contain thorns, spikes or those which are poisonous if eaten (especially those which resemble known edible plants).

It is essential that there is good provision of furniture within the outdoors space. Furniture must be robustly constructed ensuring that tables and chairs do not move easily when seated.

Further to this there is the requirement that furniture contrasts sufficiently with the ground surface below. This will help people with dementia to accurately position themselves. Ensure that furniture is comfortable for users when sitting down or getting up.

Where there are varying levels, from a minimum step height, at adjacent surfaces it is essential that there is a balustrade at the height of 1.1 meters high provided.

Handrails should always be provided to sloped areas where the incline is 1:20 or greater gradient. These should be well integrated within the design.

People with dementia can have reduced or impaired judgement, so it is important that any outdoor spaces for residential use should be both unobtrusively safe and secure.

It is essential that there are no footholds or horizontal fencing bars on the inside of the balcony balustrade, making the enclosure difficult or impossible to climb. Barrier planting at the base of a boundary wall will deter residents access.

It is essential that all access points for external areas, including balconies, are wheelchair accessible. Ensure that all thresholds have level access and are wide enough for a wheelchair user.

Access must also be visible and well signposted from lounge and dining areas, where outdoor areas are visible, and easily accessible.

Rooms including; bedroom, dining room, living room, kitchen and en suite must all be domestic in appearance. This will help resident to recognise the space and its function.

Ensure that there is the potential for rooms to be made dark overnight. Use of a blackout curtain or blind is advised, to help with glare control, and low level night lighting is optional.

It is important for residents when accessing outdoor spaces that there is no barrier to deter access and that the way back into the building is clearly visible. This will encourage residents to move freely throughout the development.

Ensure that landmarks are provided in the aid of wayfinding. Visually distinct items should be used to aid with recognition of entrance ways. Door handles must be accessible to all users, ensure that all door handles are comfortable and easy to use, recognisable as to their function and contrasting in tone with the door frame.

In order to avoid injury ensure that outdoor accessible areas are out-with the reach of any opening windows, people with dementia may have reduced or impaired vision, avoiding intrusion around accessible paths is important for residents safety.

Provide residents with the opportunity to engage in meaningful activity including activities for daily living. These include; laundry, washing up, setting the table etc. Such activities will result in reduced agitation among residents.

Ensure that any man hole covers are consistent in tone with the surrounding surface. Any contrasting colours may appear as a step to someone with impaired vision and therefore presents a trip hazard.

If there are any apartments that do not provide an en suite ensure that there is a toilet facility located nearby with a clear signage strategy directing the resident to the facility. Always include a sign on the toilet door.

When specifying materials for the interior of the en suite ensure that materials used are warm and light colours, this will help to maximise light and ultimately assist with residents vision. Materials must also be

traditional, domestic bathroom materials to help residents with recognition of place.

Any sanitary fittings including toilet roll holders and toilet seats must be traditional in appearance as well as contrasting in tone with the adjoining wall of floor beneath. Further to this ensure that toilet roll holders are within easy reach of the toilet seat.

Controls for any of the facilities within the bathroom areas (showers, toilets, taps, etc.) must be traditional in appearance and simple to operate. Observe that some residents may experience arthritis and therefore a tight tap head could prove difficult to twist, we recommend using a tap with a quarter turn mechanism to make this activity easier for residents.

Outdoor spaces principles

It is generally understood that the provision of accessible outdoor spaces has a positive effect on the physical and mental health of all (regardless of age or generation). Care environment studies have reported the benefits of garden settings, as well as horticultural therapy in reduction of pain, medications, anti-psychotics and an overall reduction of falls. Spending time outside is considered to be one of the most beneficial non-pharmacological interventions for people with dementia. In order to encourage people to spend time outdoors, garden areas should provide various opportunities for residents to participate in everyday activities as well as meaningful outdoor activities.

MEANINGFUL OCCUPATION

1. [E] Private outdoor spaces and courtyards will provide access to the outdoors. Where a secure boundary is required, this can be achieved through the perimeter boundary treatment i.e hard and soft landscaping and secured fencing. The height of the boundary is to be considered carefully without creating a feeling of imprisonment. It should be kept to a minimum height as is safe to prevent unsafe exiting. [A] Especially in close proximity to the building, where it should be kept lower than eye level to avoid the feeling of imprisonment.
2. [E] The outdoor areas should offer a diverse range of activities. The opportunities for residents to participate in meaningful outdoor activities should be increased and diversified.
3. [R] To encourage residents to use outdoor spaces and ensure outdoor experiences are comfortable, sufficient space for storage of cushions and blankets for outdoor use should be considered. These should be easily visible and located adjacent to egress points.

ACCESS

1. [E] Access to the outdoor area is visible and/ or very well signed.
2. [E] The door threshold to the outdoor area is level.
3. [E] The door to the outdoor area is wide enough for wheelchair users.
4. [E] Access to the roof garden is barrier free. Therefore there should be no obstacles or change of tone at the threshold, which can be seen as a step by a person with dementia.
5. [E] Colour contrast between the interior floor finish and exterior surfacing is minimal (within 10 LRV, preferably below 8 LRV).

6. [E] Access to the outdoor areas is available during the day. It is essential that doors to outdoor areas are unlocked and access remains unrestricted.
7. [E] Access should be available from communal areas.
8. [E] Where there is a slope, there are handrails.
9. [E] The way back into the building is clearly visible from the outdoor area. There is visible and clear signage indicating the way back into the building.
10. [E] The door should contrast clearly with the surrounding walls.
11. [E] Different landmarks should identify the communal doors to help wayfinding.
12. [E] The door handle should be recognisable, comfortable to use and easy to operate. It should also be clearly visible and contrast against the door.
13. [A] A visual link between the interior and exterior will be a good reminder for people with dementia to spend time outside and also help to familiarise themselves with the garden area. In addition, a good visual link will also allow staff, carers or other visitors to be able to observe or oversee any residents or visiting children using the outdoor spaces.
14. [A] A transitional space between indoors and outdoors can help users to adjust to the change in light levels as well as change in weather. A lobby or veranda is a good way of providing this transition, in particular where egress is provided within a room or space where other activities will be taking place.

SAFETY FEATURES

15. [E] The external space should be enclosed.
16. [E] Boundaries should be designed in a way to be difficult or impossible to climb, e.g. there are no footholds or horizontal fencing bars.
17. [E] There is barrier planting to deter access to the enclosure.
18. [E] Where adjacent surfaces vary in level, a barrier of suitable height should be provided.
19. [R] External lighting should be evenly distributed. The principle source of light should not be below eye level as low level lighting (e.g. bollards) can produce shadows that can be confusing for the person with dementia.
20. [R] The shadows cast from fencing and railings are not confusing. Shadows can look like stripes on the pavement and this can be alarming if people have a visuospatial difficulty and see holes where there are shadows.

21. [R] The gates should be disguised and gate handles and latches hidden.
22. [E] Hard surfaces should be level, non-slip, well drained, non-reflective (especially when wet) and not abrasive in case of touch or falls. Strongly patterned or textured materials should be avoided.
23. [R] Hard surfacing has defined edges to aid direction finding.
24. [R] Raised edges do not create a trip hazard.
25. [A] Soft and gravelly finishes are difficult for wheelchairs, walking frames or for people who walk with a shuffling gait and should be avoided.
26. [E] Location of accessible areas does not extend within reach of opening windows.
27. [E] Service covers should be concealed. Ideally these should be located away from paved areas where residents might walk, and where this unavoidable, they should be well disguised using paved covers or as a minimum a tonally similar colour (within 10 LRV).
28. [E] There should be no high contrast between different materials to avoid confusion or perception of a change in level. Any changes in paving of flooring material (including at an interior / exterior threshold) should not provide excessive tonal contrast. There may be a difference in 'hue' if desired, but there should be no more than 10 LRV difference in tone.
29. [E] Planter walls should contrast with paving to help prevent those with dementia or sight impairment from colliding with, or falling over them.
30. [E] Any posts supporting overhead structures should be located out of activity spaces, and if not they should contrast with the paving material (There should be a minimum of 30 LRV difference)

GENERAL DESIGN PRINCIPLES

1. [E] There should be opportunities for different activities.
1. [A] Opportunities for herb, salad, fruit or flower growing within the garden area can encourage residents and visitors to get involved in planting, harvesting, food preparation or decorating tables with flowers. This is not only beneficial for meaningful activities and a good purpose to venture outdoors, but also ties into the experience of time and season, healthy and nutritious eating and provides a physical and emotional link between the internal and external areas.
2. [R] It should be considered to include elements that engage children as well as encourage intergenerational activities. These could also be used out with organised activities.
3. [R] The outside areas are sunny during at least one part of the day

and preferably for most of the day.

4. [R] There are pergolas, a summer house or a gazebo to break up the space.
5. [R] There are trellises to break up the space, as a large empty space can be alarming.
6. [R] Features that are of particular interest to residents or visitors could also be considered within the external spaces. People with dementia often need to be encouraged into a space by a destination point or something to look at and talk about. It could be for example, a water feature, an item of local interest, artworks or something in relation to a specific cultural background. These elements can be helpful for people with dementia to relate to the community as well as reminisce about their life.
7. [R] There are trees to provide shade.
8. [R] There are awnings/ parasols to provide shade.
9. [R] The prevailing wind direction should be considered for the external spaces. Outside spaces can be breezy, which may dissuade elderly people and people with dementia from using or sitting in the space. Wind breaks, if required, are therefore very useful.
10. [E] Different styles of furniture should be offered. Older people and those with dementia can tire very easily so frequent seating within the garden encourages them to spend time outside more often and walk further distances. [A] Planting beside seating works well as this provides additional therapeutic benefit to residents through close proximity sight, smell and touch of greenery.
11. [E] Seating and furniture should be age friendly with back-and armrests robustly constructed and stable (and [A] ideally ergonomically formed). The armrests should be comfortable to use when sitting down/ getting up.
12. [E] There should be sufficient colour contrast between the furniture and ground surface.
13. [E] Any groups of furniture intended for dining should be limited to max. 10 residents per group. So if necessary, divided by a physical feature that reduces sound and visibility between the groups. Some additional seats may be appropriate for staff to join or assist residents during dining.
14. [R] Items/ furniture in the garden/ balcony/ roof terrace/ roof garden are in good condition.
15. [R] It is recommended that there is a toilet located in close proximity to outdoor spaces (either inside or outside). It should be clearly signed.
16. [R] To avoid sound reflecting into the building, there should be no large areas of hard surfacing outside bedrooms, offices or treatment

rooms.

17. [R] There is access to outdoor areas in all weathers.
18. [R] A space where raincoats, sun hats, umbrellas, cushions, blankets can be stored, is beneficial and can act as a visual reminder to take these items or put them on when leaving. There is a safe area where clothing and footwear can be easily changed when re-entering the building.
19. [R] It is recommended to provide an outside tap for watering plants and cleaning, but is also safe to drink from.

PATHS

1. [R] If space allows, there is a path of minimum wheelchair width that returns either to the starting point or alternative safe access to the building.
2. [R] The path route can be generally seen from the communal areas and/ or staff offices. If outdoor areas are easily visible, staff are more likely to encourage their use at will by residents.
3. [R] There are resting areas along the path, as visible resting places encourage walking by providing destination points for people who might be more frail.
4. [R] Paths do not lead to dead ends, locked doors or gates as this can cause frustration and anger.
5. [R] The hard-surfaced patio is large enough for the number of people that might use it. A patio, good seating and a BBQ could encourage social activities outside.
6. [R] There is no colour contrast between the paths leading from the patio and the patio itself.
7. [E] Planter walls should contrast with path surface by at least 30 LRV.

PLANTING AND GRASS

1. [E] People with dementia might pick and ingest parts of plants, so it is essential that none within reach are harmful. Plants within reach of visitors and residents should not be poisonous or spiny.
2. [R] Planting does not overhang the paths as this might make the definition of the path less visible.
3. [R] Planting with all-year-interest and stimulating different senses could be considered to provide a sense of season to those using and/ or looking out on the garden, as well as offering something to observe.
4. [A] Planting which attracts wildlife (birds or butterflies) has been considered, as these offer points of interest as well as something to

talk about.

5. [R] There are raised planters that provide opportunity for gardening. Planters with different heights can cater for ambulant and wheelchair users.
6. [R] Planting beds and grass areas should be well maintained.
7. [R] Landmarks such as trees, plants and garden furniture can be included within the design to aid wayfinding for people with dementia, as they can get anxious about getting lost.

WAYFINDING- EXTERNAL

If any signage is being proposed the following is essential:

1. [E] There should be a contrast between the colour and tone of the writing on the sign and the colour and tone of the background of the sign.
2. [E] There should be a contrast between the colour and tone of the background of the sign and the colour and tone of the door/ wall.
3. [E] There should be relevant, easy to understand picture or graphic image as well as words on each sign.
4. [E] Proposed signage on the doors using picture images indicate clearly the use of the room.
5. [E] For older people and those with dementia the base of all signs should be 1.2m from the ground.
6. [E] Generally speaking, most people navigate by landmarks rather than colours. Colour may help staff and visitors without dementia, however people with dementia are more likely to remember landmark objects or images. It is therefore essential to add this in addition to waymarking by colour.

Scope of review of this report

This Building Review Report has been prepared following a desktop review of design information by two DSDC's approved building auditors and constitutes an evaluation of the proposed scheme in relation to DSDC Dementia Design Principles. The evaluation is based on, but not limited to, information and advice contained in the undernoted set of designing for dementia guide booklets published by the Dementia Services Development Centre at the University of Stirling:

- Designing Gardens for People with Dementia
- Designing Interiors for People with Dementia
- Light and Lighting Design for People with Dementia
- Hearing, Sound and the Acoustic Environment for People with Dementia
- Designing Balconies, Roof Terraces and Roof Gardens for People with Dementia
- Designing Outdoor Spaces for People with Dementia
- Designing for People with Dementia: Audit Tool (2nd Ed.)

The review of the building design also takes into account the U.K. Equality Act 2010, the recommendations and guidance provided by the British Standards BS8300:2009 'Design of buildings and their approaches to meet the needs of disabled people- Code of practice' and applicable national building regulations.

Comments and recommendations made throughout this review relate principally to matters of design and the appropriateness of the building for people with dementia and do not refer to any general merits or otherwise of the design of the building for older and more frail people or to service and management issues.

It should be noted that a building review report is not the same as a full audit and it will still remain the responsibility of the designers to comply with the detailed requirements of the Dementia Design Audit Tool.

Provision of design consultancy services by The Dementia Services Development Centre does not constitute endorsement of the completed building provided by your organisation. The name or branding of The Dementia Services Development Centre cannot be used in any format to promote the completed building, unless your organisation has received certification through our design audit service. Any ideas expressed or concepts outlined, or methods of working set out in this paper remain the intellectual property of The Dementia Services Development Centre, University of Stirling.

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Dementia Services Development Centre

University of Stirling, U.K.

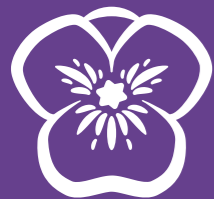
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