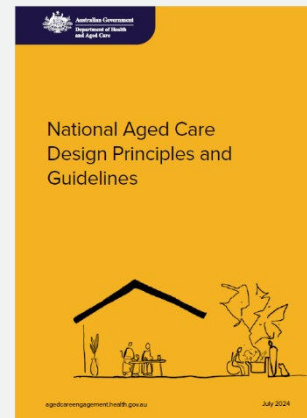




National Aged Care Design Principles and Guidelines

Executive Summary





Contents

Contents	3
Executive Summary	4
Overview	4
Structure of the Principles and Guidelines	4
Principle 1 – Enable the Person	6
Principle 2 – Cultivate a Home	8
Principle 3 – Access the Outdoors	10
Principle 4 – Connect with Community	12

Executive Summary

Overview

In its Final Report, the Royal Commission into Aged Care Quality and Safety called for greater awareness and consistency of standards for accessible and dementia-friendly design in aged care. In response to recommendation 45, the Department of Health and Aged Care has worked with a broad range of stakeholders, including older people, their families and carers, the aged care sector and design and technical experts to develop National Aged Care Design Principles and Guidelines (Principles and Guidelines).

The Principles and Guidelines aim to support the development of safe and comfortable environments that promote independence, function and enjoyment. They also aim to support the development of safe workplaces for staff to provide high quality care.

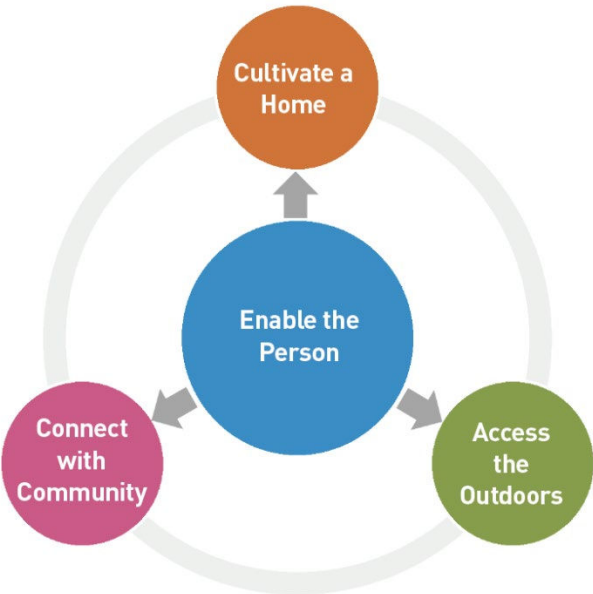
They represent a shift away from institutional design settings towards familiar and supportive environments for residents.

Structure of the Principles and Guidelines

The Principle and Guidelines are structured around four overarching principles:

- **Principle 1: Enable the person**
 - To support people living in a place that maintains their health, wellbeing and sense of identity
- **Principle 2: Cultivate a Home**
 - To create a familiar environment in which people have privacy, control and feel they belong.
- **Principle 3: Access to Outdoors**
 - To support people seeing, accessing and spending time outdoors in contact with nature.
- **Principle 4: Connect with Community**
 - To encourage people to connect with family, friends and community, continuing to participate in meaningful activities.

The principles follow a logic beginning with the experience of the individual in their immediate environment (Principle 1), before extending to their broader living environment (Principle 2), engaging with the outdoors (Principle 3) and finally, engaging with the community (Principle 4).



The focus is on promoting the rights of older people, valuing care staff and encouraging positive relationships between residents, families and staff.

Each principle is supported by a set of guidelines, with a total of 31 guidelines, focusing on particular design challenges and providing an overview of key concerns and potential solutions.

Each guideline includes a checklist of practical changes, supported by an evidence-based rationale. The checklists consider cultural diversity, supporting workforce, environmental sustainability, infection and prevention control and the use of enabling technology. The document also includes dedicated appendices on environmental sustainability, enabling technology, infection prevention and control and wayfinding signage.



Cultural diversity



Supporting care delivery



Environmental sustainability



Infection prevention and control



Enabling technology

The guidelines include fictional personas to help the reader understand the needs, experiences, behaviour and goals of different users to bridge the gap between an abstract understanding of a guideline and the lived experience of residents and staff.

The Principles and Guidelines are intended to be a living document that is reviewed and updated periodically, to ensure the guidance is in keeping with changing evidence and societal and cultural expectations and aspirations.

Principle 1 – Enable the Person

This principle aims to support people living in a place that maintains their health, wellbeing and sense of identity. It acknowledges that thoughtful design can reduce the impact of changing mobility, cognition, continence and frailty that residents may experience and supports their physical, cognitive and psychosocial wellbeing.

These guidelines apply to all areas of an aged care home and build on existing regulatory requirements, promoting design elements that are known to support good health, orientation, continence, mobility, participation and meaning for older people.

The aim of these guidelines is to design an environment that is familiar to and supportive of residents and can adapt to meet their changing needs over time.

Design strategies employed to achieve this include:

- Minimising visual clutter and removing or discreetly storing non-essential or clinical items and objects.
- Using noise elimination strategies to improve the acoustic environment and ensuring light levels are designed for older people.
- Using contrasting tones to clarify key surfaces, such as walls and floors, and low contrast to minimise objects that should not stand out (e.g. staff doors).
- Keeping circulation simple and easy to navigate without the need for signage, ensuring flooring is safe with level access and providing comfortable and supportive seating where space allows.
- Ensuring toilets are easy to find and use from main common spaces and are of a good size.
- Monitoring air quality, ensuring there is enough fresh air and that temperatures are comfortable for residents in all seasons and assessing devices and cleaning products for impact on air quality.
- Designing for 'nature indoors' to connect people to nature and pets while they are inside.

Before: The noise, clutter and busyness of the nurses' station, signage clutter and lack of orientation increases confusion and stress of residents.



After: The same setting changed to be a more comfortable, peaceful, and less institutional environment with the nurses' station removed and basin area discreet, prompting more social activity.



Principle 2 – Cultivate a Home

This principle aims to create a familiar environment in which people have privacy, control and feel they belong. It reflects the substantial evidence on the benefits of small household models, including reduced agitation, pacing and exit-seeking behaviours and improved social interaction, eating and infection control.

Principle 2 aims to support organisations to consider moving towards small household models and highlights that evidence suggests the best health and wellbeing outcomes are achieved in living arrangements of 15 or fewer residents, where those environments promote familiar, domestic activities.

Design strategies employed to achieve this include:

- Furnishing bedrooms and living areas with items from people's lives, with each resident having their own bedroom and private bathroom.
- Considering opportunities for small scale household environments and an aligned model of care to create a place that looks and feels like 'home', where people live in groups of no more than 15 supported by safe staffing levels.
- Ensuring that household entry design reduces disruption to residents, using private entries.
- Providing a centrally located, domestic-style kitchen, adjacent to the dining area that is accessible to residents and their visitors in each household.
- Setting up areas to promote a range of small group domestic activities that relate to residents' cultures and preferences, where each room's function is easily recognisable through its design.
- Ensuring corridors are shorter than 20m and avoid the use of handrails through the use of seating, landmarks and improved lighting.
- Using furniture that looks domestic and is fit for purpose.
- Providing sufficient handwashing stations, equipment storage and other clinical supports close to where they are needed but ensuring they are discreet and readily accessible.
- Having a comfortable place for staff breaks, located away from resident areas.

Before: The environment is set up for people to be together in large numbers which lends itself to a pre-determined program of activities



After: The same environment is now set up to encourage smaller groups and domestic activities giving people choice as to how they spend their day



Principle 3 – Access the Outdoors

Principle 3 aims to support people seeing, accessing and spending time outdoors in contact with nature and to create outdoor spaces with few barriers to use.

It highlights the evidence linking access to the outdoors with a range of health, psychological and social benefits, which have a cumulative positive effect that is hard to replicate in other ways.

Concerns about safety are often raised as a reason for not using gardens, but the benefits of time spent outdoors far exceed these risks. This Principle acknowledges that the physical environment can either help or hinder someone accessing the outdoors and reinforces the importance of staff practices and risk culture in residents using outdoor areas.

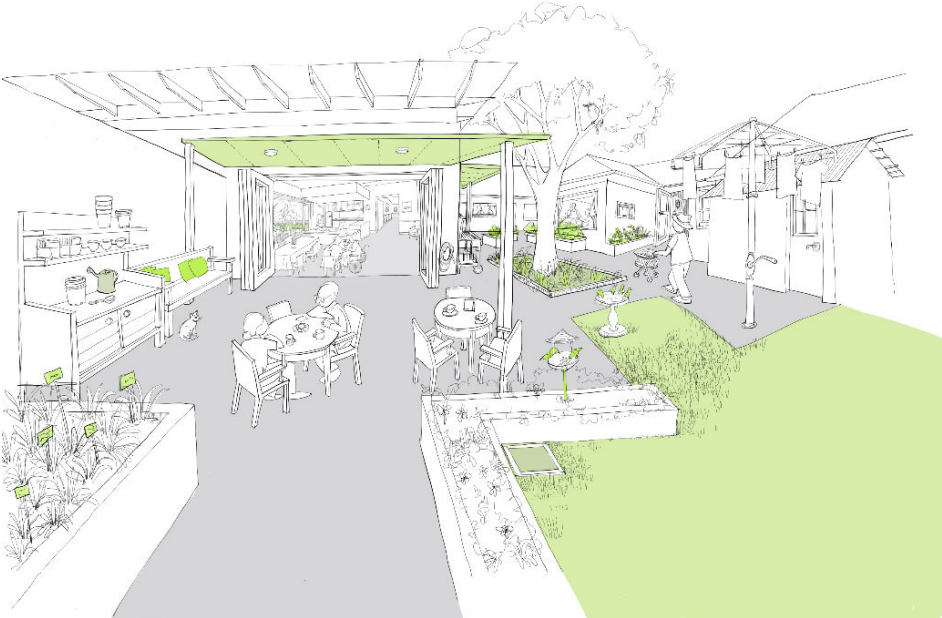
Design strategies employed to achieve this include:

- Providing a garden or balcony that is an extension of residents' living space, which is safe, accessible and has opportunities for meaningful engagement.
- Ensuring connection to the outdoors by providing good lines of sight and easy, direct access outdoors and staff education about the benefits of outdoor access and addressing any safety concerns.
- Providing a variety of outdoor places that support different and meaningful activities and ensuring areas immediately outside doors are sheltered and are large enough to support at least a small group sitting together around a table.
- Ensuring garden paths are simple and clear, have seating and wide enough to suit different levels of mobility.

Before: The garden itself is decorative, rather than a place that supports activity for individuals or small groups



After: The same garden has now been enhanced through introduction of shaded areas, planting, better pathways, connection to living spaces, and provision of outdoor activities



Principle 4 – Connect with Community

This principle aims to encourage people to connect with family, friends and community and continuing to participate in meaningful activities. It acknowledges that many people living in residential aged care homes are at risk of social isolation and exclusion due to a lack of visitors and negative social attitudes towards ageing and dementia.

Principle 4 highlights that creating opportunities for residents to connect with each other and with family, friends and the broader community is critically important for their wellbeing. For sites that are more isolated, it encourages aged care homes to create community hubs to provide a public space experience for residents of the home and as an opportunity to connect with the local community.

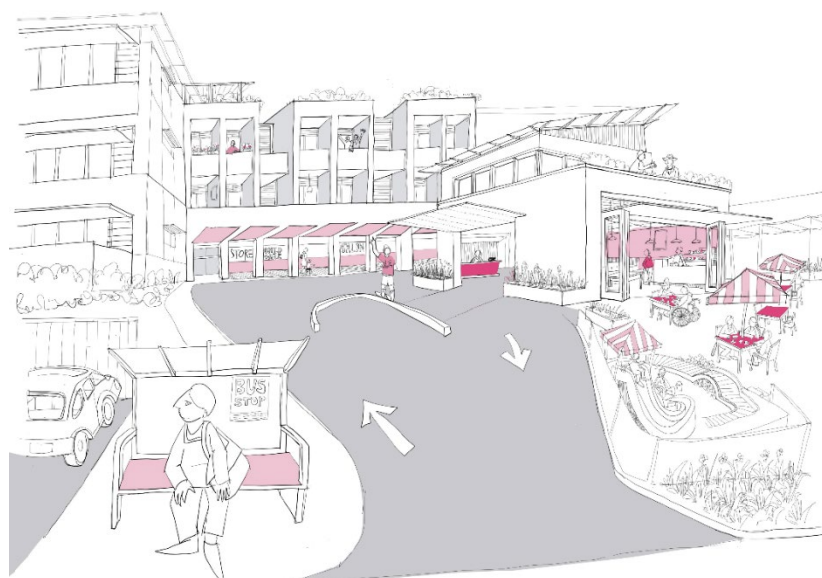
Design strategies employed to achieve this include:

- Locating the home near a neighbourhood centre or other community amenities and considering ways that IT can be implemented to support social connections.
- Creating public amenities inside or adjacent to the home, including by co-developing amenities, and making these visible from the street and resident areas (e.g. shops, cafes, places of worship, social clubs and childcare centres).
- Creating easy-to-follow routes between households and places in the home that residents like to visit, with familiar landmarks and signage where navigation is more complex.
- Ensuring the form of the building fits into the local neighbourhood.

Before: The care home below has a professional, hotel-like appearance that is not welcoming to locals.



After: Changes to the building in the previous image have created opportunities for the service to provide welcoming services to the wider community.



Let's change aged care together

We invite Australians to continue to have their say about the aged care reforms.



Visit agedcareengagement.health.gov.au



Phone **1800 318 209** (Aged care reform free-call phone line)

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