

Aged Care Residential Services Generic Brief

Human
Services



Peoplefirst



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1 Introduction

1.1 Generic Brief

A generic brief provides detailed guidelines for the planning and design of health and aged care facilities. This generic brief has been developed in response to the 'Commonwealth Aged Care Structural Reform' and the State Government's objective for continual improvement in the development of aged care residential facilities which will further enhance the quality of life for aged persons.

The aim of this document is to:

- Assist aged care residential service facilities meet the objectives of the 'Commonwealth Aged Care Structural Reform'.
- Provide general principles for quality design outcomes for public aged care residential service facilities in Victoria.
- Give an overview of the services and activities that an aged care residential service facility will commonly provide and describe in generic terms, the spaces required to conduct those services and activities.

Each design should be refined to suit the service needs and community circumstances as identified in the agency's service plan, which must be approved by the Department of Human Services (the Department). Prior to considering the facility requirements for service delivery, it is important that each health service provider develops a comprehensive knowledge and understanding of local community health and aged care needs.

The Department is committed to providing the highest quality, most effective and cost efficient aged care services.

These guidelines have been structured around this principle with the main objectives being:

- Respect for residents' rights and dignity and continuous improvement in their quality of life.

- A residential environment which promotes:
 - A domestic lifestyle
 - Self respect
 - Independence
 - Social opportunities.
- An environment which meets the objectives of 'Ageing in Place'.
- Flexibility to cater for residents with a range of frailties, disabilities, support needs and confusional states which may vary over time.

The design influences many elements of the economic viability of the facility. These include:

- Work practices
- Management
- Flexibility
- Maintenance
- Energy efficiency
- Operating costs.

This generic brief has been developed through literature review and an extensive consultation process. Consultation was undertaken with representatives from:

- The Department of Human Services.
- The Commonwealth Department of Health and Family Services (now the Commonwealth Department of Health and Aged Care).
- Aged care residential service providers (government and non-government).
- Carers.

The processes used to develop the generic brief entailed:

- The establishment of a steering committee.
- Analysis of existing research data and guidelines workshops.
- Site visits to existing facilities.
- Literature search.

Variations in developing each facility may be necessary in order to adjust the design to proposed sites including consideration of refurbishment. Some sections of this document relate to specific

legislative requirements such as building codes and safety specifications. However many aspects of the generic brief are indicative or conceptual in nature and therefore provide a framework which can be adapted to meet local needs. The development of aged care residential services in Victoria will be guided by this generic brief.

1.2 Functional Brief

The information in this generic brief can be taken and adapted by an agency in conjunction with an architect to develop a project specific functional brief from which a building can be constructed or redeveloped. Development of a project specific functional brief that will deliver well-planned aged care residential service facilities involves extensive consultation, investigation and coordination. In the planning stage consultation for individual facilities will involve the Department, aged care residential service providers, consumers and carers in the community.

Information on the development of a functional brief should be obtained from the *Department of Human Services Capital Development Guidelines*.

Particular note should to be taken of the guidelines for:

- Policies and procedures for undertaking capital developments.
- The planning and evaluation phase.
- Fire risk management.

A project control group is formed to manage and ensure that a capital project complies with functional requirements, and is within the scope, budgets and time constraints of an individual project. The project control group gives final endorsement for the project. Final written approval for each phase of a project must be obtained from the Department. Representatives from the Department at a regional and program level, together with representatives of the agency, will

participate in individual project control groups to contribute constructively to the design and development of the service, and to facilitate the approval processes.

1.3 Policy and Service Context

1.3.1 The Framework for Service Provision

The demographic profile of the Australian population has changed since 1976 with substantially higher annual increases in the number of people over 65 years of age. This trend towards an ageing population is expected to continue for at least the next 20 years. The demographic trend towards an ageing population can be attributed to advances in health care and a change in older peoples' lifestyles. These changes include taking positive actions to keep healthy through physical activity, healthy eating and social activity. Changing patterns of care over the last decade have seen a shift in the balance of care away from the more intensive types of residential care towards home-based care. Consequently the population profile of aged care residential facilities in the future will increasingly be the very frail who have limited capacity for ambulation, even with considerable assistance, and people with dementia with major cognitive deficits and a substantial ambulation deficit.

The Commonwealth Government has the major role in the provision of residential aged care services. It establishes the policy directions in consultation with State governments, the aged care industry and consumers and provides the bulk of the administrative support and funding. The Commonwealth Government is responsible for an accreditation based quality assurance system overseen by the Aged Care Standards and Accreditation Agency Limited. This system includes consideration of compliance with prudential requirements and certification status in residential aged care services.

The State Government has a regulatory role in aged residential care, such as ensuring compliance with building and fire safety regulations, occupational health and safety requirements and industrial awards. The links between each level of government are through formal agreements, joint setting of strategic directions and joint planning processes and consultative mechanisms. Service providers are subject to legally enforceable conditions of grant.

1.3.2 Legislation

The Commonwealth Government in 1997 introduced four pieces of principle legislation to facilitate the aged care structural reform process. These were:

- *The Aged Care Act 1997* which is the main piece of legislation to support the structural reforms. It sets out the broad framework for the entire aged care program, excluding the 'Home and Community Care Program'.
- *The Aged Care Act 1997 Principles* to provide further guidance on the Aged Care Act 1997.
- *The Aged Care (Consequential Provisions) Act 1997* to facilitate the transition from the old program to the new system.
- *The Aged Care (Compensation Amendments) Act 1997* which allowed for the recovery of amounts of money the Commonwealth paid to a person for their care where the person also received compensation payments for this care.
- *The Aged Care Income Testing Act 1997* allowed the 'Department of Social Security and Veterans' Affairs' to commence income testing in advance of the other 'Acts'.

1.3.3 Residential Aged Care Program

Under the Aged Care Act 1997, the Commonwealth Government commenced a major restructuring of residential aged care with the introduction of a new 'Residential Aged Care Program'. The 'Residential Aged Care Program' is based on an alignment of the former hostel and nursing home programs. It builds

on their strengths through development of improved funding arrangements and regulations that apply to all Commonwealth funded residential aged care services. A major component of the program is the amalgamation of nursing homes and hostels to create aged care residential services with one classification system known as the 'Residential Classification Scale' (RSC). The change in the classification process has followed extensive consultation and development of the detailed arrangements through working groups comprised of both industry and consumer representatives.

The 'Residential Aged Care Program' is designed to address possible pressures, in order to put the system on a sustainable footing for the future. It will bring the focus back to individuals by giving service providers the funding and flexibility to meet the changing needs of consumers in a way that encourages quality and excellence.

The facilitation of access and care for people who are financially disadvantaged is built into the system.

2 Functions and Operations

2.1 Philosophy

The prime objective of aged care residential facilities is to provide a purpose built environment, which enhances the quality of life for its residents. The 'Residential Aged Care Program' is underpinned by a set of broad principles, presented in the Aged Care Act, Division 2 (Objects).

In summary these are to:

- Promote a high quality of care and accommodation and protect the health and well-being of residents.
- Help residents enjoy the same rights as all other people in Australia.
- Ensure that care is accessible and affordable for all residents.
- Plan effectively for the delivery of aged care services.
- Ensure that aged care services and funding are targeted towards people and areas with the greatest needs.
- Encourage services that are diverse, flexible and responsive to individual needs.
- Provide funding that takes account of the quality, type and level of care.
- Provide respite for families, and others, who care for older people.
- Promote 'Ageing in Place' through the linking of care and support services to the places where older people prefer to live.

The Department of Human Services supports the principle that aged care residential environments should meet the objective of 'Ageing in Place' and is committed to the promotion of an environment that provides residents with self respect, social opportunities and continuous improvement in their quality of life. A major objective of aged care residential services is flexibility to cater for residents with a range of issues relating to frailty, disabilities, support needs and confused states of mind which may change as time elapses. The outcome of the facility development must ensure that residents regard the building as their own home.

To achieve this the following considerations need to be incorporated into the design:

- Residential scale of facility.
- Familiar materials and colours.
- Size of rooms.
- Privacy.
- Communal zones.
- Linkages between internal and external spaces.
- Integration of staff facilities with overall facility.
- Cluster development.
- External design compatible with surrounding environs.
- Relationships with the community.

It is essential that the facility be designed for the residents' requirements and needs and provide an environment which enables staff to assist residents in maintaining independence and dignity.

2.2 Key Elements

2.2.1 Needs-Based Planning

The residential aged care needs based planning system will continue to ensure that growth in new residential care places is in line with population growth and targeted towards the areas of greatest need. The planning system will also continue to ensure that each region has an appropriate balance of services, including services provided to people in their own homes, services in residential care for people with lower levels of need, as well as services for people with higher levels of need. Funding is structured to provide for special viability funding to assist small, isolated services in rural and remote areas.

2.2.2 Respite

The funding structure of the 'Residential Aged Care Program' also includes unified respite arrangements, designed to improve flexibility and encourage greater provision of respite services.

2.2.3 Aged Care Assessment Service

The Aged Care Assessment Service (ACAS) consists of a multidisciplinary team of health professionals who are responsible for determining a person's eligibility for entry to a residential care facility. The team also ascertains the level of care (high or low level) required for each resident.

2.2.4 Resident Classification Scale and Funding Structure

The 'Resident Classification Scale' (RCS) is a key element of the aligned funding structure. It is a single funding and classification system, designed to distribute funding equitably across the residential aged care sector. This system ensures that funding is properly matched to the care needs of residents.

Categories of Care

Different residents will need different levels of care. The RCS has been developed comprising eight categories of relative care needs of residents in category one representing the most dependent residents and category eight the least dependent.

- Categories one to four – represent the 'high dependency care' levels (nursing home).
- Categories five to eight – represent the 'low dependency care' levels (hostel).

Each person's care category is determined by the RCS which covers both nursing homes and hostels. The scale is completed by approved providers. It contains questions related to the total care of a resident. These include their clinical, social, emotional and personal care needs, level of ability to perform activities of daily living and an assessment of their cognitive function. It should be noted that the RCS is not a care plan nor is it an accreditation document. The RCS presumes there will be an holistic care plan based on a complete assessment of each resident. Funding structures are based on the RCS level and category of care required by the resident.

2.2.5 Flexibility and Choice

Operational aspects of the 'Residential Aged Care Program' aim to allow more choice and flexibility for older people. This is the concept of integrating residential care facilities to provide low and high level care into a unified aged care system.

2.2.6 Accreditation Based Quality Assurance System

The aim of each aged care residential service provider should be to achieve continuous improvement in the quality of life for their residents. An accreditation system with principles formulated under the Aged Care Act 1997 has been introduced to ensure that all services provide high quality care. The accreditation process involves the Government working in partnership with consumers and providers to provide the best possible environment and care. This includes the employment of appropriately qualified and skilled staff to meet the needs of residents.

Accreditation is the evaluation process which residential aged care facilities must go through to be recognised as approved providers. The Aged Care Standards and Accreditation Agency has responsibility for managing accreditation for all Commonwealth funded residential aged care services.

Accreditation Standards

These are one of the key elements of the accreditation framework. Four accreditation standards were gazetted in the Quality of Care Principles 1997. Services that apply for accreditation will be assessed against all of the four standards as outlined below:

- Standard 1 – management systems, staffing and organisational development.
- Standard 2 – health and personal care.
- Standard 3 – resident lifestyle.
- Standard 4 – physical environment and safe systems.

Each standard has a range of expected outcomes and ongoing staff development is included in the accreditation process. More detailed information is in the *Accreditation Guide for Residential Aged Care Services, July 1998*.

2.2.7 Certification of Building and Care Standards

Building and care standards are part of the assessment process undertaken by the Aged Care Standards and Accreditation Agency in accrediting services. The aim of certification is to provide an opportunity for an income stream to support capital investment in improving buildings. An agency must obtain certification for a facility in order to charge residents an ingoing fee for accommodation and to receive the Commonwealth concessional rebate for people who cannot afford to pay the ingoings. The certification process focuses on:

- Safety, with an emphasis on fire safety.
- Hazards.
- Resident privacy.
- Occupational health and safety.
- Lighting and ventilation.
- Heating and cooling.
- Continuous improvement.

The physical standard of a facility is measured against a 'benchmark' standard. Assessment has taken into account the traditional differences between hostels and nursing homes in design and purpose and the system of weightings compensates for these differences. This is reflected in the Building Code of Australia, individual State regulations and relevant industry guidelines.

2.2.8 Dementia Care

An improved funding system for dementia care ensures better access to quality dementia care and provides appropriate support to both dementia specific units and mainstream facilities.

2.2.9 Ageing in Place

Aged care residential services should reflect 'Ageing in Place' by enabling people to access an increasingly diverse range of services to meet their individual needs and to stay in familiar surroundings with their family and friends as their care needs change, instead of having to move, often to new areas, to receive the care they need.

2.3 Method of Operation

Service provision should promote a lifestyle and setting which is as domestic as possible. Resident's frailty, disabilities and state of mind should also be taken into consideration. These variables will determine the degree of assistance and support required by residents in their normal daily activities.

2.3.1 Specified Care and Services

Specified care and services are the basic components of care which must be provided to residents in an aged care facility. There is no extra cost for these services which are based on residents level of care. Additional charges to residents may only be indicated if a low care resident (category five to eight) requires additional services that are usually provided to high care residents. Extra costs need to be agreed beforehand with the resident, and an itemised account provided. The three components to specified care and services in an aged care residential service are:

- Hotel or accommodation related services.
- Personal care services.
- Nursing and personal care services.

Hotel or Accommodation Related Services

Hotel or accommodation related services involve and include:

- The general operational requirements of the residential care service including relevant documentation.
- Furnishings.
- Furniture.
- Bedding.
- General laundry.
- Toiletry goods.
- Cleaning services.
- Meals.
- Maintenance of buildings and grounds.
- The provision of staff continuously on call to provide emergency assistance as required.

Personal Care Services

Personal care services involve and include:

- Assistance with the activities of daily living such as bathing, toileting, eating, dressing, mobility, communication, maintaining continence and managing incontinence.
- Rehabilitation support.
- Recreational therapy.
- Assistance in obtaining health and therapy services.
- Support for people with cognitive impairments.
- Emotional support.
- Treatments and procedures (under the instructions and supervision of a health professional, where appropriate).

Nursing and Personal Care Services

Nursing and personal care services and equipment are to be provided for all high care level residents who need them. These include:

- Equipment to assist with mobility such as crutches, walkers, walking frames, walking sticks and wheelchairs.
- Mechanical devices for lifting residents.
- Stretchers and trolleys.

- Bedding fittings and furnishings appropriate to each resident's condition.
- Goods to assist with toileting and incontinence management such as absorbent aids, commode chairs, over toilet chairs and shower chairs.
- Toiletry goods including tissues, teeth/denture cleaning preparations, shampoo, hair conditioner and talcum powder.
- Basic medical and pharmaceutical supplies and equipment including provision of oxygen.
- Administration of medications.
- Provision of nursing services and procedures.
- Provision and/or maintenance of therapy services such as recreational therapy, speech therapy, podiatry, occupational therapy and physiotherapy services where appropriate.

2.3.2 Service Models

There are a variety of service models for aged care services in Victoria. The service needs of a community will determine a facility's location and development. Aged care residential services may be situated in or adjacent to an extended care facility or hospital. They may be situated independently or off campus from an auspicing facility. Service models include the provision of aged residential care in:

- High care (nursing home) facilities for RCS category levels one to four.
- Low care (hostel) facilities for RCS category levels five to eight.
- Collocated aged care facilities which encompass the concept of 'Ageing in Place' to provide both high care and low care in a collocated facility.

Responsible and Accountable Professional Care Practices

The professional requirements of responsible and accountable care practices for people who live in an aged residential care facility are documented in the *Commonwealth Department of Health and Aged Care Documentation and Accountability Manual 1998*. This manual describes the:

- Process of care delivery to residents.
- Documentation of care.
- System of classification of care.

Responsible and accountable professional care practices apply to all residents in an aged care facility. These incorporate a partnership between the care team, the residents, their families and/or significant others. The object of the partnership is to:

- Assess the residents' needs, capabilities and their expectations.
- Plan and implement strategies to meet those needs and expectations.
- Evaluate the resident's needs, capabilities and expectations on an ongoing basis.

Residents in a facility providing high care will also receive professional nursing care. High care need residents in a low care facility will require qualified nursing care provided by appropriately trained staff in either a direct or supervisory capacity. Effective professional care delivery involves liaison with others who may have been previously involved in a person's care, such as a medical practitioner, an acute or sub-acute facility or other health professional, to ensure a continuum of care for the resident.

2.4 Staffing for Aged Care Residential Services

The Aged Care Act 1997 subordinate legislation provides the framework within which providers are able to decide on the staffing mix most appropriate to the care needs of their residents. The Aged Care Act section 54-1(1)(b) requires providers to maintain an adequate number of appropriately skilled staff to ensure the care needs of the residents are met. This includes skilled nursing staff where this is indicated by the needs of the residents. There are specific requirements relating to the level and qualifications of staff employed in any approved residential aged care facility. Minimum levels of staffing are required to ensure resident safety and supervision. The classification process acknowledges the need for nursing and technical procedures for residents requiring high levels of care. All members of the health care team are responsible for working in partnership with the resident to provide the

resident's care needs and lifestyle choices. Staff providing holistic care to residents in an aged residential care facility may include:

Aged Residential Care Manager

The manager may be a supervisor in a low care facility or a director of nursing who is a registered 'Division 1' nurse in a collocated or high care facility. A manager may represent or be the person approved by the Department as the 'approved provider' to operate the aged care service. A manager is responsible for the operational requirement of the facility including administrative and clerical services.

Medical Practitioners

A general practitioner from the local community usually provides medical treatment to address residents' medical needs.

Environment and Catering Services Personnel

The environment and catering services personnel have the responsibility for linen, laundry, waste disposal, housekeeping and food supplies.

Maintenance Services Personnel

The responsibilities of maintenance services personnel include plant and equipment, building and maintenance, garden and grounds and occupational health and safety.

Nurses

Qualified nurses registered by a nurses' registration board in a State or Territory provide nursing services. State legislation prescribes that particular categories of qualified nurses perform certain functions. For example, 'Division 2' registered nurses work under the direction of 'Division 1' registered nurses. Technical and nursing procedures are carried out by a qualified nurse or other appropriately trained staff under the direct or indirect supervision of a qualified nurse. Certain medications and medical functions may only be administered or performed by a qualified nurse.

Personal Care Attendants

Personal care attendants provide assistance for residents to perform personal activities such as bathing, toileting and dressing.

Other Staff and Resources

Personnel may be employed, consulted or accessed on a sessional or private basis as required. These can include:

- Allied health professionals who provide or direct therapy services designed to maintain resident's levels of independence in activities of daily living. They may include physiotherapists, occupational therapists, speech pathologists, social workers, dietitians, nutritionists, chiropractors, psychologists, podiatrists, recreational officers and diversional therapists.
- Clinical nurse specialists and consultants who provide a range of services such as psychogeriatric care, continence management, palliative care, pain management, cardiac care and mental health.
- Specialist and general medical practitioners.
- Dentists.
- Pharmacists.
- Members of the Aged Care Assessment Service.

2.5 Components

Aged care residential services will vary in size. Components in an aged care residential service will depend on the location and size of the facility, as well as the needs of the area in which it is to be situated. The possible components/spaces of an aged care residential service facility listed in the following table are described in detail in the section: 'Functional Zones and Relationships' (Pages 29–60).

Each component/space has a tick box that defines it in the following categories:

Zone

The zone classified in an accommodation schedule.

Required

The component must be provided.

Optional

Some components of the aged care residential service are classified as optional and their inclusion will depend on the size and location of the individual facility.

Multi- Zone Use

The functional area may be shared by more than one component within the facility.

Shared External

Some of the components may be shared with external services if an aged care residential service is situated in or adjacent to another facility or hospital.

Example tick box:

Zone	Multi-Zone	Required	Shared External
4	All	Yes	Yes

Table 1: Components/Space

Zone	Component/Space	Required	Optional	Multi-Zone Use	Shared External
	External Areas				
	Vehicles/car parking facilities	✓		✓	✓
	Garage for aged care residential service vehicles		✓		✓
	Bicycle rack		✓	✓	✓
	Signage	✓			
	External storage areas	✓		✓	✓
Zone 1	Arrival Areas				
	External entry canopy	✓			✓
	Entry/lobby	✓			✓
Zone 2A	Living Areas – Private				
	Bedrooms	✓			
	Ensuites	✓			
	Assisted bathroom	✓			
	Residents’ smaller sitting areas	✓			
Zone 2B	Living Areas – Communal				
	Lounge areas	✓		✓	
	Resident’s courtyards/gardens	✓		✓	
	Dining areas	✓		✓	
	Kitchen/kitchenette	✓		✓	
	Activity/therapy area	✓		✓	
	Toilets	✓		✓	
Zone 3	Clinical and Administrative Areas				
	Staff base	✓		✓	
	Medication/treatment area	✓		✓	
	Quiet interview room			✓	
	Office	✓		✓	
Zone 3	Service and Support Areas				
	Service entry/canopy	✓		✓	✓
	Circulation space/passageways	✓		✓	✓
	Clean utility room	✓		✓	
	Dirty utility room	✓		✓	
	Domestic laundry	✓			
	Flower preparation space		✓	✓	
	Storage spaces	✓		✓	
	Plant room	✓		✓	✓
	Holding or mortuary room		✓	✓	✓
	Viewing facilities		✓	✓	✓
Zone 5	Staff Amenities				
	Handwashing facilities/toilets/change area	✓		✓	✓
	Shower facilities		✓	✓	✓
	Lockers/staff lounge/kitchenette	✓		✓	✓

3 Planning Considerations

3.1 Planning Brief

It is essential that a needs analysis and service plan be undertaken of the agency's catchment area and demand on services, current and future, at the commencement of the project. Such a process will determine the aged care residential services required, the relationship/linkages with other services/programs and their economic viability. If an outcome of the service plan is to provide aged care residential services (either enhancing an existing service or introducing a new service) then a facility planning brief is required to proceed with the facility analysis. The planning brief has to be endorsed by the Department prior to commencing the facility development strategy process. The purpose of a planning brief is to establish a framework in which a facility development strategy known as a 'Master Plan' can be undertaken.

The planning brief should provide the following information:

- Role statement.
- Services to be provided.
- Number of beds.
- Types of residents.
- Functional/departmental relationships.
- Siting requirements.
- Operational objectives.
- Facility requirements.
- Area schedules.
- Engineering services requirements.

Although the development of facilities should be based on the design guidelines set out in this document it is equally important that the individual needs of each community are incorporated into the built environment. This is particularly relevant where the aged care residential service is a component of a number of services provided from the same site, for example, Multi Purpose Services (MPS) and Healthstreams.

3.2 The Site

Capital works projects for aged care residential facilities are generally initiated from a service planning process or a low Commonwealth certification assessment score. In many instances an existing site may already be owned by an agency. This should not preclude each agency investigating if other sites are available or more suitable. These other sites should be critically analysed against the existing site to determine the advantages and disadvantages in relocating and developing new facilities.

When evaluating the existing site or selecting a new site the following key objectives should be considered:

- The site should be large enough to accommodate all the required components including a site of sufficient size to facilitate access to a covered entry.
- The shape of the site and the potential for future expansion needs to be evaluated.
- The site itself should be easy to move around for all users. This includes ensuring that there is level ground in resident areas.
- Costs to purchase and develop the site should be evaluated. Existing topography will greatly influence development costs.
- Geotechnical aspects should be assessed to determine if there is any soil contamination, as this may impact on capital costs and safety to occupants.
- Availability of site engineering services such as gas, water and electricity to the particular location should be assessed.
- Selection of a site that reflects the general character of the local community and in particular the type of environment in which residents are likely to feel comfortable may be advantageous.
- The quality of the views from the selected site can add or detract from the character and effectiveness of the building.

- Ensure that a location within a residential environment includes appropriate zoning.
- Select a site in close proximity to shops, public transport, community services such as senior citizens clubs, day centres and libraries.
- Choose a site that has a defined street address.
- Adjoining developments should reflect community expectations and familiarity with residents' lifestyle.

3.3 Site Development

The provision and use of external spaces and their relationship to the building is an important aspect of site development. Consideration of the total site is essential as it influences the planning and design outcomes, and in addition has a significant impact on the development costs of a project. Issues include whether there are:

- Other health services to be provided on the same site and what their possible functional relationship with the aged care residential service would be.
- Any planning opportunities such as sharing resources with adjoining properties, community support, optimising use of existing buildings and/or vegetation.
- Any planning constraints such as building setbacks, height restrictions, historical restrictions, cultural implications or flora and fauna of significance.

3.3.1 Residential Lifestyle Issues

Although the building is an essential element in the provision of aged care residential services, the site development will be critical in providing a 'total' environment to enhance the quality of living for aged persons. Prime consideration in the development of the site should be given to:

- Safe access to and movement around outdoor areas accessed by residents. These areas should be fenced so that there is no exit from the facility except in an emergency.
- Landscaping.
- External spaces which provide social and therapeutic opportunities.
- Strong interaction between indoor and outdoor spaces.

- Rest points.
- Therapy.
- Divisional entries back into the building.
- Privacy.

3.3.2 Size

The site should be of such a size that it caters for all buildings, including future expansion, resident external spaces, car parking and service deliveries/pick ups. It will need to allow vehicles (ambulance, taxis, bus, cars) to manoeuvre and should promote a free traffic flow for multiple vehicles.

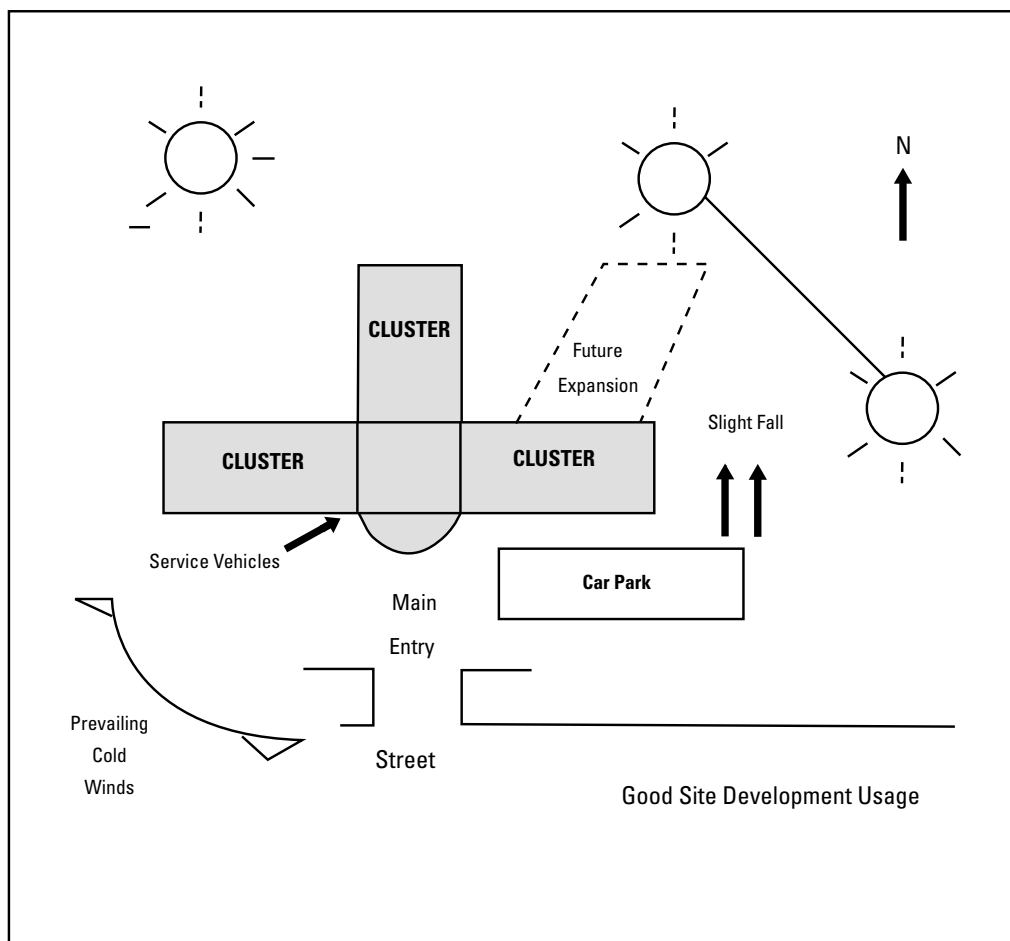
Taking into consideration the building, external spaces and planning requirements, the site area for a 30 bed aged care residential facility would be approximately 3100–3300 square metres.

The size of the facility may vary depending on site availability, adjoining compatible developments and local government planning conditions. For example, available inner suburban land might only be 2500 square metres resulting in a reduction of external spaces. However if the residents have lived most of their lives in the inner suburbs they would be accustomed to limited external spaces and have adjusted their lifestyles accordingly.

3.3.3 Access

Consideration needs to be given to access and exit points to the road for vehicles. A loading bay away from the main entry point will facilitate access for service vehicles. The aged care residential service is preferably situated on ground floor level with an entrance providing easy access for disabled people and for those using wheelchairs, electric scooters and other mobility equipment. Sensor doors/ automatically opening doors will facilitate access. The entrance should be covered to provide dry access to the building and be well lit at night. The design of the entrance and resident drop off area should also allow sufficient dry space for staff to assist residents into and out of vehicles. It is essential that there is easy access to the facility at all times for fire fighting equipment and other emergency and service vehicles.

Figure 1: Good Site Development



3.3.4 Vehicles, Car Parking and Garage

Car parking and vehicle traffic flow on site should be taken into consideration to ensure easy access and a safe environment for residents, visitors and staff. An adequate number of vehicle parking spaces for all users of the facility are required. Under most planning conditions aged care residential facilities will require one on site car parking space for every two beds. Considerations include:

- Locating car parking spaces to ensure easy level access to the facility.
- Location of service vehicle parking and turning areas must be situated away from residents bedroom areas to avoid unnecessary noise.
- The circulation patterns of vehicles accessing car parking spaces as well as delivery and pick up points are important. Large service vehicles traversing through car parks should be avoided. Turning spaces and parking bays for service vehicles need to be simple and practical to facilitate access.
- A bicycle rack for staff members should be adjacent to the facility and be designed to accommodate locking devices.
- The safety of night staff and security of their vehicles is essential.
- A lockable garage may be provided if there is to be a designated vehicle such as a mini-bus.
- Space may be required inside the building for residents to park and store motorised wheelchairs.

3.3.5 Signage

Signage identifying the aged care residential service should be displayed clearly in English and other relevant languages. It should be designed appropriately for people with a visual impairment. The size of all signage will be in accordance with the relevant building code or standard. Well known symbols can be used instead of words. Where the aged care residential service is integrated into other facilities, signage should be in keeping with the already existing display.

3.3.6 Landscaping

A carefully designed landscape can provide an environment that is sensitive, nurturing, and supportive and be an extension of internal spaces. Consideration needs to be given to adequate low maintenance watering systems for outdoor areas. Provision for a shed or other storage for garden tools and equipment may be required.

4 Design

4.1 General Design Criteria

In general, the built environment should be designed and constructed in a manner which promotes a domestic environment which is cost effective in both capital and recurrent terms. Simple straightforward solutions should be encouraged for flexibility of accommodation, ease of construction and effective work practices. Wherever possible the design and structure should involve the use of local trades and materials and Australian products.

An aged care residential service may be either situated in a new purpose built stand-alone facility or adjacent to an existing facility. It may be situated within an existing building that will need to be refurbished. The selected design should always take into consideration the factors related to integrating new designs within or adjacent to an existing building. When designing a facility an accommodation schedule should be developed for each area of aged care residential service activity. The space and activity requirements will differ from facility to facility and will relate to the resident, staffing, and operational aspects of the facility.

A design brief prepared in accordance with Department Capital Works Guidelines detailing specific building requirements including a room area and data schedule is required once the preferred facility development strategy has been determined and approved by the Department. Careful consideration should be given to identifying spaces which could be multipurpose or have shared functions. Development of specific accommodation schedules will also be influenced by whether building occurs on a greenfield site or an existing building is refurbished. Building shape should minimise circulation routes, energy consumption and dependence on artificial light. It may be necessary to stage the work in accordance with funding allocations or to minimise disruption to existing services. The design of the buildings should provide for this in a cost effective and streamlined manner. The building is to comply with the *Building Code of Australia* (BCA), relevant Australian

Standards and the Victorian Department regulations as applicable, especially in relation to legionella and fire services. All relevant authority approvals must be obtained.

Professional advice on the layout and design of an aged care residential service facility is critical. An experienced architect and builder will ensure all facilities comply with relevant building and safety regulations and codes of practice and will act as a valuable resource in creating a quality environment for a target group. Gaining input from clinicians, professionals and others who will use the facility is vital to the design and building process. The design of the facility should consider the realities of recurrent costs. The design therefore needs to consider:

- Robustness of materials used in the construction and fitting of the building.
- The use of standard readily available fixtures and fittings preferably of a commercial or heavy-duty quality.
- The simplicity of ongoing maintenance of the facility.

4.2 Building Form and Character

The design philosophy of the aged care residential service should impart a friendly and inviting environment. A non-institutional, safe and supportive environment needs to be promoted. Whilst the aim should be to keep the scale of the building 'domestic', care should be taken to ensure practical considerations are addressed, including the need for ease of movement and the avoidance of congestion. The appropriate use of 'private' and 'communal' spaces also needs to be considered. Building design must be flexible and adaptable to enable the service to cater for varying resident and service needs and future service delivery changes. The aesthetic outcomes of the design should take into consideration the building's function, surrounding environment and community consultation. An energy efficient and passive solar design will provide an economically and environmentally sustainable facility.

4.3 Implications for People within the Facility

The architectural design should be responsive to the philosophy of care and management objectives of the service provider. These guidelines challenge the previous institutionalised approach to designing aged care residential facilities and encourage designers to be innovative in their approach to developing concepts for the built environment. It is important to remember that it will be someone's home and the design outcome should where possible reflect the residents' needs, familiarities and the environment they are accustomed to.

The interior of the aged care residential service facility will provide an inviting and positive environment for the people within the facility. Residents should feel comfortable and regard the building as their own home. To achieve this the scale of the facility and the rooms in the facility should be domestic and familiar materials and colours should be used. It is essential that the facility be designed to anticipate the residents' requirements or needs and to provide an environment which enables staff to assist residents in maintaining independence and dignity and to provide personal and social support in the residents' daily activities. Building design should maximise the capacity of staff to observe residents and ensure their safety in all parts of the facility. Security is an important issue particularly when considering residents with dementia.

4.3.1 Residents

Privacy must be considered at all times and residents must have a sense of personal space/territory. External spaces need to be easily accessible for residents. A cluster design may be most appropriate to achieve these aims. The design will include communal zones, linkages between internal and external spaces and staff facilities integrated with the overall facility. The external design must be compatible with the surrounding environment. All main living areas should have a pleasant view

where possible and should take advantage of any significant scenic vistas and/or areas of activity visible from the development. The building should facilitate a choice of options and encourage continuation of residents' lifestyles where possible.

Cultural Diversity

Australia is a cosmopolitan community inhabited by people of diverse cultural backgrounds including those from indigenous backgrounds. As a consequence there will be varying custom requirements relating to language, food, family, religion and social interaction.

These requirements need to be taken into consideration when designing a facility which will be providing accommodation for residents of diverse cultural backgrounds. This may include creating areas for smaller sub-groups such as smaller dining and sitting areas. Other cultural considerations include:

- Decor and interior design.
- Orientation of rooms.
- Food preparation.
- Recreational space.
- Gardens/landscaping.

Dependency Issues

The varying dependency levels of residents should also be considered in the design and should cater for:

- Medical problems.
- Physical disabilities.
- Dementia.
- Sensory impairments.
- Mental state.
- Social behaviour.
- Nutritional requirements.

Psychogeriatric Considerations

Psychogeriatric residents will generally require closer supervision and a more controlled environment. This is for their own safety as well as the safety of other residents and staff. The key

design issues which may have to be incorporated into a facility accommodating psychogeriatric residents are:

- An open planning model to minimise corridors.
- More robust materials, fixtures and furnishings including the use of recessed light fittings and fire protection services.
- Safety issues including master control switches/emergency shut off and the use of lockable doors to restrict access.
- Elimination of all potential for residents to harm themselves, for example, the ability to hang themselves from exposed fixtures or pipes.

Integrated Rural Health Services

In most rural communities aged care residential service are integrated with other health services such as acute beds, emergency and stabilisation, primary care and day centre. To ensure an agency achieves maximum operational efficiencies these services are often in the one building complex. In this situation some adjustments will need to be considered when designing such facilities. However any design outcomes should not compromise the objectives of 'Ageing in Place'. Design adjustments include the:

- **Front Entry** – this is usually a combined entry. Care needs to be given to create sub entries to the clusters so that visitors to other services of an agency do not enter the aged residential care zone.
- **Clinical and Administration Areas** – there may be an increase in administration areas and treatment rooms. Administration areas should be separated from the aged care zone.
- **Day Centre** – if there is a day centre provided on site, residents may be able to access this area for activity programs.
- **Kitchen** – if there is a main central kitchen, kitchenettes would only be required in dining areas.
- **Service and Staff Amenities Areas** – staff amenities and support areas such as storage and building services may also vary.

4.3.2 Visitors, Family and Carers from the Community

Design implications for people visiting the aged care residential facility include:

- Car parking in close proximity.
- Welcome and comfortable seating arrangements for visitors.
- Access to toilets a public telephone and if possible, space and facilities for umbrellas, coats and hats.

4.3.3 Staff

A design which not only enables team members to carry out their duties effectively but also caters for the needs of the staff will enhance the quality of the service. Planning should include:

- Short travel routes where possible within the facility.
- Car parking areas that are adequately lit at night.
- Adequate staff amenities.

4.4 Orientation and Climatic Control

The design should provide for effective sun control, light penetration, thermal performance and protection from prevailing weather. Orientation should maximise the use of sunlight (solar efficiency) with buildings positioned to provide protection to external sitting areas from the prevailing winds. Physical comfort is important for both staff and residents. Issues that can affect climatic control include orientation of the building, external surface areas and internal ventilation and heating. Elements to be considered include the use of appropriate insulation, types and colours of materials including walls, window coverings and roofing.

Buildings should be positioned to provide protection to external sitting areas from the prevailing winds and should be designed for passive energy efficiency.

Specific orientation factors include:

- Combining orientation of the building with the effective use of passive solar controls such as roof overhangs, screens and pergolas to minimise heat gain in summer and maximise heat gain in winter.
- Proper implementation of orientation principles can also significantly reduce dependence on mechanical means of heating and cooling.
- North-facing walls allow the greatest control over heat gain and loss by using eaves, overhangs and proper landscape planting.
- Southern and eastern facing rooms can be very pleasant. With minimal screening of eastern walls, hot summer sun can be effectively blocked out.
- Western-facing walls are the most difficult to control, therefore if possible avoid windows in this wall. However if this is unavoidable use verandas, adjustable louvres or other means of solar control.
- Airconditioning should be considered for group areas such as dining, lounge and activity areas.
- Airconditioning should be considered for the entire facility where climatic conditions require it.

4.5 Designing the Building

In keeping with the main design philosophy the interior of the building will provide an inviting and positive environment whilst being fully functional. This means that though the scale of the building may be 'domestic' practical considerations such as the need for ease of movement and avoidance of congestion should be addressed. Building design should also maximise the capacity of staff to observe residents and ensure their safety in all parts of the facility. The interior design should be culturally appropriate and allow for economical redecoration.

4.5.1 Design Approach/Clusters

A 'cluster' approach may be appropriate to create greater flexibility in managing residents with a diverse range of care needs, and to help to create a domestic setting. Each cluster should incorporate the following principles:

- Seven to 10 bedrooms which will have direct access to ensuites.
- One lounge and dining and kitchen/kitchenette.
- The lounge area should be nearer to the front door where possible.
- A sitting room.
- A toilet near the living area.
- Minimisation of long straight corridors.

4.5.2 Resident Security

Security within the facility and the surrounding outdoor area is particularly relevant where residents with dementia are involved and where after-hours access needs to be controlled. Security should be provided in a manner which is unobtrusive yet provides an environment which is easily supervised by staff. Features for residents who wander should be given special consideration. The facility needs to allow people who wander to move easily between internal and external zones whilst being maintained within a secure perimeter.

4.5.3 Capacity

The space capacity of the aged care residential service will reflect local need for services, therefore space and activity requirements will differ from facility to facility, and will relate to the clients, staffing and operational aspects of the service. The total number of residents, staff, and visitors the aged care residential service needs to accommodate should be considered in designing spaces and activity areas. Consideration must be given to identifying spaces which could be multipurpose or have shared functions. Facilities developed from this generic brief will not necessarily include an allocation for every function or space listed in the

accommodation schedules in this document. Development of specific accommodation schedules will also be influenced by whether building occurs on a greenfield site or an existing building is refurbished.

4.5.4 Acoustics

Thoughtful acoustic design can be used to aid hearing and ensure privacy. Excessive unwarranted noise is a distraction and can reduce both the comfort and ease of communication for all in the facility. Considerations include:

- Intrusive external noise sources such as traffic.
- Noise can be attenuated by carefully choosing and planning the site.
- External noise sources are minimised by window/door seals, appropriately constructed walls and roofs. For example, cavity brick is more effective than weatherboard.
- Internal noises are likely to come from mechanical and electrical equipment such as fans, airconditioners, and other people's activities such as conversation.
- Internal noise can be minimised by separating quiet areas from noisy areas.
- Acoustic insulation in wall and ceiling spaces will reduce transmission of noise from one room to another. This can also be achieved by the use of heavy curtains, wall hangings and fabric upholstered furniture.
- Noisy areas such as kitchens should have wall and ceiling surface treatment that will absorb rather than reflect sound waves.
- Service areas such as toilets can act as a buffer zone within the building.

Another important consideration is noisy residents who may be disruptive to other residents at night. It is recommended that at least one bedroom per cluster be acoustically treated.

4.5.5 Mobility

Buildings should be designed to cope for residents with a wide range of possible physical and medical conditions. The aim is to provide an environment that will allow the maximum mobility possible for each person. The aged care residential service facility will include access for the disabled as required under the Building Code of Australia and in accordance with the relevant Australian Standards. An increasing number of residents in aged care facilities because of their frailty and dependence will need assistance from one or more staff. Two factors critical to design are the residents' way of ambulating and their need for assistance.

Resident mobility may be categorised as:

- Those who move about without any form of aid.
- Those who need a walking aid such as a stick, four pronged stick, frame or support from a staff member.
- Those who move about in a wheelchair.
- Those who are bedbound.

Circulation

- Circulation space in passageways, bedrooms, ensuites, bathroom, lounge, dining and other areas must be sufficient to facilitate access and movement. This will enable residents using mobility equipment to pass others in corridors, move around furniture and safely sit down. It will also facilitate staff in caring for debilitated and bedbound residents.
- Examples of average circulation space sizes required for ambulant people using the following mobility aids are:
 - One person using a walking stick – 750 mm width
 - One person using 2 walking sticks – 800 mm width
 - One person using elbow crutches – 900 mm width
 - One person using crutches – 950 mm width
 - One person using a walking frame – 800–900 mm width.

Storage

- Storage space is required for various types of wheelchairs, walking frames or other mobility aids such as lifting machines and shower trolleys.
- Adequate storage will ensure that wheelchairs and other mobility aids are not left in passageways where they can cause obstruction.

Bedrooms

- Spatial design issues that affect mobility are the location of loose furniture and equipment such as bedside tables, chairs and medical equipment.
- Consideration needs to be given to using beds on wheels which will enable staff to move the bed on the occasions that they need additional circulation space. The width and length of different types of beds can vary.
- Estimated minimum space required around a bed for a mobile lifting machine (no larger than 1200 mm in length and 700 mm in width) is:
 - 1100 mm on the side requiring access for the mobile lifting machine.
 - 650 mm for staff person on the other side if access for the mobile lifting machine is from one side only.
 - 1000 mm at the foot of the bed allows for manoeuvring the lifting machine at the post end of the bed to doors located on either side of the room.
- Estimated minimum space required around a bed for a fixed overhead lifting device and a wheelchair (maximum size of 700 mm wide and 900 mm in length) access is:
 - 900 mm on the side requiring access for the wheelchair.
 - 650 mm for staff person on the other side if access for the wheelchair is from one side only.
 - 1000 mm at the foot of the bed.

4.5.6 Sensory Aspects

Aged care residential facilities should be designed to accommodate residents with sensory impairments. The use of cues and orientation is very important for people with sensory impairments. The use of colour, material surface changes and details such as varying corridor widths or change in direction all assist in providing a built environment in which the resident feels comfortable and secure. Sensory considerations are listed below.

Vision

- The use of natural and artificial light can have a major influence on people with visual impairments. Glare can adversely affect a visually impaired person by causing distraction and disorientation.
- Long corridors and neutrally coloured surfaces and reflective floor finishes should be avoided. Some types of floor surfaces may cause confusion and contrast in colour. For example, the appearance of a step can be given where floor surfaces change. Abrasive wall finishes should also be eliminated.
- Where two surfaces tend to merge with each other skirtings in contrasting colours can be used to clearly differentiate between walls and floor. The use of markings in handrails can help create reference points.
- Appropriate lighting, colours and floor surfaces will facilitate visual identification.

Touch

- Changing the texture of surfaces can be used to define a change of function particularly with flooring and wall materials.

Smell

- A garden or walkway area can be a rich source of stimulation with perfumed plants. However the facility should not be overloaded with 'smells'.

Hearing

- People with hearing impairments place a greater emphasis on visual cues and lip reading. Therefore high lighting levels (carefully avoiding glare) can assist hearing impaired people who may need to rely on visual clues to aid them.
- For those with partial hearing impairment the reduction of background noise is essential. The use of sound absorbing materials such as carpets and window furnishings can assist. Internal brick walls are not recommended. The use of timber stud walls with acoustic insulation can reduce both the sound reverberation and noise transmission between rooms.
- For communal areas the installation of an audio loop induction system should be considered.

4.5.7 Building Fabric and Finishes

General Considerations

- It is desirable for domestic material/finishes to be used within the facility. Selection of non-toxic materials, fabrics and finishes in keeping with design philosophy of an aged care residential service should be investigated and evaluated.
- All surfaces should comply with the *Department Guidelines for Fire Safety (Series 7, Capital Development Guidelines)*.
- Materials require the capability of withstanding 'institutional' treatment and maintenance, cleaning and replacement costs are important considerations. Materials that are easily damaged should be avoided.

Internal Walls

- Plasterboard is a generally satisfactory method of lining walls and allows for a wide range of colour selection, however it may be appropriate to provide more durable finishes at lower levels where potential damage may occur.
 - In wet areas cement sheet should be used on the walls.
- Exposed natural materials such as brick or concrete block should not be over-used. They can be rough, dark and if not used appropriately can also appear cold and alienating, however if used in small areas only they can provide a visual highlight. Timber can be appropriate if used carefully. Excessive use can also produce dark walls, but timber with a natural finish can be used effectively on skirting boards and architraves.

Ceilings

- Plasterboard is preferable for ceilings. Consider the use of skylights that can be designed to provide indirect daylight without increasing glare or affecting climate control.

Paint Finishes

- Flat or low sheen washable acrylic paint is generally acceptable for walls and requires minimal maintenance. Flat acrylic paint is suitable for ceilings.
- Enamel paints (semi-gloss) are more suited to timber trimming pieces such as architraves, doors and skirtings.
- High-gloss paint should be avoided.
- Wet areas may have enamel paint, ceramic tiles or vinyl sheet.

Floors

- When choosing floor coverings avoid an institutional appearance where possible. The main factors to consider when seeking floor coverings are those of:
 - Safety.
 - Water resistance.
 - Ease of cleaning.
 - Resistance to retaining unpleasant odours.
 - Appropriateness within the facility.
- Non-slip vinyls are available and should be used in toilet areas. Vinyl floor covering with a cushioned backing may be considered in areas where activities are conducted. Glossy vinyl finishes should be avoided because of glare and safety.

- Carpet may be used in the entry area, office, lounge rooms, quiet sitting rooms, passageways or other living areas.
- Carpets with short pile and specialised backing are practical and easy to clean.
- The carpet pile should be tight weave and short pile so as not to affect wheelchairs and people using walking aids.
- Carpet tiles are an alternative that may be suitable in some areas.

Door and Window Hardware

- Simple robust door and windows hardware should be installed particularly in areas used by residents.
- All door hardware should be lever type of a minimum length of 150 mm and with a small return at the end of the handle.
- Cylindrical type levers appear to be easier to use.
- Handles should be located 1050 mm above floor level.
- Window hardware should be of a low maintenance type and needs to be easy to operate.
- Avoid locating window hardware at high points.

Door Locking Devices

- The use of door locks is acceptable but careful consideration needs to be given to their impact on emergency exits, ease of use and who has control. Considerations include:
 - Emergency exit doors which are lockable must be connected to the smoke detection and fire alarm system.
 - The use of a master key system is recommended so that staff have access to all locked doors at any time.
 - Residents bedroom doors can be lockable to provide for their own privacy and be a deterrent from people wandering into the room when it is unoccupied. This lock should be a fire latch type from inside the room and key operated from the passageway. It should also have an overriding control so that it can be operated as a non lockable door in situations where the resident is incapable of using locks.

Doors and Doorways

- Doorways should provide sufficient clearance to facilitate access for wheelchairs, beds and lifting devices.
- Although doors need to be robust and have good acoustic quality, consideration also needs to be given to their weight and appearance. Frailer residents will not be able to open heavy doors and heavy doors may also inconvenience staff who are pushing trolleys or other items.
- The door should be domestic in appearance.
- To facilitate orientation for residents each door may have different patterns of panelling.
- Consider using automatic sliding entrance doors as they make access easier for disabled people. Sliding doors may also be appropriate for access to outside enclosed gardens or walkways.

Windows

- Window design and location has to be carefully considered in relation to glare, climate control, ventilation and lighting. The placement of windows and the view they provide will affect the internal ambience of a space.
- Operable windows to all resident areas should be either sliding or double hinged. The use of awning (wind-out) windows should be avoided particularly where opening onto a paved area.
- The sill height in resident areas, such as bedrooms and living rooms should not be above 600 mm. It is preferable that where feasible, they should be to the floor and if possible incorporate external doors.
- The use of aluminium windows is often preferred due to their low maintenance costs. They should be domestic in appearance and colour coordinated with the building.
- For all glazed doors and windows below 900 mm and those adjoining doors, the glass has to be safety glass.

Other Surfaces

- Joinery should be as domestic as possible both in design and materials.
- Built in joinery items such cupboards and other furniture items will normally have a laminex or timber veneer finish.

- Careful consideration has to be given to the people who will be using the cupboards, benches or other fittings with regards to height, frailty and disabilities.

4.5.8 Furniture

Function

- The furniture must be flexible enough to meet the needs related to a person's physical capability and be selected for specific purposes rather than for multiple purposes.
- Consideration may need to be given to specialised styles for specialised uses such as stackable furniture for multi-use areas.

Safety

- Tables and chairs must have stability.
- Rounded corners of tables, benches and cupboards will reduce the possibility of injury. The use of sharp edges must be avoided.
- Colours should be used that contrast with walls and floor covers.
- Avoid glass or clear plastic furniture.

Comfort

- Furniture that will provide maximum comfort for the specific needs of the residents should be selected.

Appearance

- Appearance should be as domestic as possible and appropriate to the use of the room.

Durability

- Furniture should be strong and covered in fabrics that will withstand spillage and will not easily show stains. This can be facilitated by the use of removable washable covers.

Mobility

- Chairs need to have appropriate arm rests and be of an appropriate height for a disabled or frail person.
- Toilet pans should be of a suitable height for disabled access.

4.5.9 Signs and Graphics

- Signs must be visible and consistent throughout the building. To aid visibility they can be in a contrasting colour to the walls.
- Signs are best situated at around 1500 mm above floor or ground level. Typeface should be a minimum of 30 mm and raised or indented.
- The use of signs and graphics should be kept to a minimum and where used they should be appropriate international symbols. Careful use of colours, materials and design features can provide a sense of direction and thereby minimise the need for written signage.
- Entrances and exits should be illuminated.

4.5.10 Colours

- Carefully chosen colours can help create an environment which will have a positive effect, for example, reds are generally regarded as stimulating colours that can produce tension or excitement while blues are considered restful colours or even depressants in some shades.
- Colour selection should ignore current fashions if these fashions are inappropriate.
- As a general guide larger surface areas should be in pastels and softer colours while smaller surface areas can have stronger and brighter colours as accents.
- The use of contrasts in colour can assist in orientation for the residents.
- Specific colour schemes may be used to differentiate the various functional zones or coloured areas on a floor may be used to indicate an area such as lounge room, activities room, bathroom or toilet.
- As a general guide to assist in selection of appropriate colours the following chart may be useful:

Table 2: Colour Chart

Colour	General Psychological Response
Blue	Peaceful, comfortable, contemplative, restful.
Black	Despondent, ominous, powerful, strong.
White	Cool, pure, clean.
Yellow	Cheerful, inspiring, vital.
Purple	Dignified, mournful.
Red	Stimulating, hot, active, happy.
Orange	Lively, energetic, exuberant.
Green	Calm, serene, quiet, refreshing.
Pastels	Neutral, non-respondent, soothing

4.6 Building Services

All building services shall conform to relevant building regulations including the Building Code of Australia and its incorporated Australian Standards. They should also conform to the requirements of the relevant planning authorities who have jurisdiction over the area in which the facility is to be built or refurbished. The built environment has to be safe for residents, staff and visitors. This includes exits, fire services, smoke and fire compartmentation of the building, access to hazardous chemicals and occupational health and safety. The design will be influenced by length of corridors, number of external exits, types of construction, smoke/fire wall and architectural and engineering details, such as handrails, joinery, door locking devices, lighting levels, fire warning systems, nurse call systems and materials.

It is important that the risk assessment be undertaken on such safety issues. This can include:

- An asbestos audit.
- A fire safety audit and risk assessment.
- A building regulatory audit.
- Legionella testing.

4.6.1 Fire Prevention Services

The facility will be required to comply with the Department of Human Services Capital Development Guideline Series 7 Fire Risk Management and other statutory requirements. Fire detection, prevention and suppression systems are detailed in the Building Code of Australia. Human

safety is the first priority at all times and the aged care residential service facility must include adequate and readily accessible means of escape. The regulation number of exits and their required locations should be regarded as a minimum standard. People may require help during an evacuation due to the nature of the facility.

The design and construction of the building and its fittings should aim to reduce any fire risks. Furniture and fittings should be selected on the basis that they will not contribute unduly to the production of smoke or fumes in the event of a fire. This should be checked with the manufacturer. Floor and wall coverings are required to meet fire index figures. A 'mimic' panel should be provided in the nurses' station to indicate the location of any activated smoke/thermal fire detector. The main fire panel should be located adjacent to the main entry, visible from outside, in a non-resident access area.

4.6.2 Hydraulic Services

Hydraulic services include hot and cold water and sewerage waste management. Where hot water outlets are accessible to residents the water must be thermostatically controlled in accordance with Department guidelines. To assist the management of the low temperature system operational indicator lights should be provided within the staff base area. Measures need to be undertaken to prevent the likelihood of the spreading of legionella through the water (and air) system.

Arrangements need to be made for emergency 'shut off' of hot or cold water supply when there is a failure of water supply. In addition concealed stop taps should be installed to each wet area for maintenance purposes. Toilet cisterns will preferably be of a concealed type with heavy duty cover panels and side sewerage outlets should be avoided. Facilities for washing bedpans and urinals will be required in each dirty utility room.

Bathroom fixtures should be provided with devices, which limit maximum water flow and shower roses should be of a flush mounted, safety type. Lever type taps that are easy to use are desirable for

resident hand basins. Wastes to basins in residents areas should preferably be concealed. Floor wastes of a 'gatic-wade' type should be provided to all wet areas. Most facilities will be connected to the local sewerage system, however in remote areas where facilities need to provide their own treatment system, consideration needs to be given to the impact on the environment and local authority requirements.

4.6.3 Lighting and Electrical Services

Access to daylight can improve quality of life and disabled, frail or cognitively impaired residents will be dependent on others to control both natural and artificial lighting. It is important to carefully consider lighting factors that will fulfil the needs of residents and staff. Skylights specifically designed and incorporated into ceilings will minimise the need for artificial lighting. The lighting system should conform to the recommended standards. All electrical circuits should include overload/emergency safety breakers.

Low power factor type fluorescent luminaries should be used where possible. Fluorescent lighting has an initial greater cost but is more economical to run. It is important to ensure that it is not too institutional or civic by using concealed and pelmet lighting. Power outlets should be a minimum of 450 mm above floor level. Use of larger type light and power point switches with on/off indicators is encouraged for resident areas. The use of double adaptors and extension leads should be avoided. To enable control of local areas for maintenance purposes the use of sub circuit boards in clusters should be considered.

Carefully choose locations for general-purpose outlets. Sufficient numbers of outlets will need to be provided to obviate the use of double adaptors, power boards and cords. Bedroom lighting should simulate a domestic lighting environment with a secure bedside lamp for reading. A night-light should be incorporated in all bedrooms and ensembles. Use dimmer switches for greater control over lighting levels and enable high levels of

illumination for specific tasks as required. The lighting system including emergency and exit lighting throughout should conform to the recommended standards.

4.6.4 Communication Systems

The number of required incoming and outgoing lines will be determined by the size of the user group in the aged care residential service. Planning needs to provide adequate telephone access points and handsets for staff, residents and relatives. An intercom may be provided between the main entry and the staff station. A nurse call system that is easily accessible for debilitated residents and compatible with the facility will need to be installed. The nurse call system must comply with Building Code of Australia.

The location of the nurse call buttons is extremely important whichever system is installed. Buttons should be strategically placed particularly in residential areas. (One type of call system that may be considered is a pocket type radio pager nurse call system equipped with its own antenna, amplifier, transmitter, encoder and receivers for local transmission within the facility. This type of paging system can be interfaced with the fire alarm and external door systems).

The provision of television antenna points is a key element for residents and families. They should be placed in all resident areas. Plans need to include the installation of cabling and outlets suitable for televisions and computers in staff and resident areas. Information technology and telecommunications cabling shall comply with the Department's 'T2 and T2' cabling strategy and specifications appropriate to the service complexity required within the building. Resident bedrooms should have a telephone outlet. Telephones with 'Hands Free' or portable facilities would be most appropriate for debilitated residents. Visitors will require access to a public telephone (preferably a card or coin operated public STD phone) in a recessed area (for acoustic purposes).

4.6.5 Security Systems

Security systems are for protecting staff and residents from intruders, particularly at night, and for monitoring the movement of confused or demented residents. Their installation should not compromise the quality of the residents' living environment. Although such security systems are necessary, care should be taken that they do not compromise emergency evacuation requirements. Entry doors should have electronic locking. Various types of security systems are available including sensors or keypads on doors to the external environment or between various zones within the building. The security system can also be integrated with the fire detection system.

Battery backup to the electrical supply system will be required to ensure locks are operative during a period of power failure. An override capacity to electronic door locks should be controlled from the staff base. Security lighting is essential, particularly to outdoor areas.

4.6.6 Mechanical Services

Physical comfort is important and residents may be affected by extremes of heat and cold. Orientation and construction of the building will affect internal temperatures. To minimise running costs of mechanical heating and cooling, the use of energy efficient systems is important.

Heating

- Heating systems should be designed to maintain reasonably even comfortable conditions throughout the facility with a recommended air temperature of 20–24°C in winter.
- Ducted central heating systems or hydronic systems (hot water radiators) are possibly the best method of obtaining even temperatures, depending on the size of the building spaces to be heated.
- The advantage of a hydronic system is that it is silent and does not blow air through a room. It also allows for the most specific control over the areas to be heated. Individual control wall panels in each room would give residents the ability to achieve a specific internal temperate climate

within their own bedroom.

Airconditioning

- Airconditioning systems are an effective but expensive way to achieve physical comfort. They are both costly to install and maintain.
- A split-packaged system may be more economical to operate.
- An airconditioning system will operate most effectively when the whole building is designed for maximum efficiency.
- If an airconditioning system is installed it should be provided with an override control which enables the system to run on 100 per cent fresh air to assist in expulsion of unwanted odours/smoke as required.
- All systems should be designed to take into account standards and guidelines for:
 - Fire precaution.
 - Internal noise levels.
 - Ventilation.
 - Building Code of Australia.
 - Legionella control.
 - The Department's *Technical Guideline TG6.00*.

Ventilation

Natural ventilation should be maximised and mechanical ventilation minimised. Ceiling-mounted fans can be helpful in improving air circulation. Where possible, rooms should have external opening windows and cross ventilation. Mechanical exhaust systems would normally be used in all wet areas such as toilets, kitchens and bathrooms where steam and odours are more prevalent and should be released into the atmosphere.

4.6.7 Waste Disposal and Incineration

Careful consideration needs to be given to the provision of facilities for the collection, holding, separation and disposal of waste products. Guidelines will be strictly adhered to at all times for disposal of infectious waste. Adequately ventilated enclosed external rooms with good vehicular access should be provided. If the facility is situated in an existing hospital or institution, those incineration and waste disposal unit facilities may be used.

5 Functional Zones and Relationships

5.1 Functional Zones

This section will provide a description of each functional area and its relationship within the functional zone. It includes consideration of purpose, capacity, required relationships and other relevant issues. During the design phase detailed room data should be provided. As a general principle the layout of the building should be as simple as possible with clear directions for visitors. This generic brief will include an example of a facility schedule of rooms/spaces within the various zones for a typical 30 bed aged care residential service facility. A facility schedule for each individual aged care residential facility will include the relevant components of each zone together with room and/or space sizes. These zones are no different to a normal house environment and can be broken down into following five main zones:

- Functional Zone 1: Arrival areas
- Functional Zone 2: Living areas – private and communal
- Functional Zone 3: Clinical and administrative Areas
- Functional Zone 4: Service and support areas
- Functional Zone 5: Staff amenities.

Aged care residential services will vary in size. Components in an aged care residential service will depend on the location and size of the facility, as well as the needs of the area in which it is to be situated. Each room/space listed below has a tick box that defines each component in the following categories:

Zone

The zone classified in an accommodation schedule.

Required

The component must be provided.

Optional

Some components of the aged care residential service are classified as optional and their inclusion will depend on the size and location of the individual facility.

Multi-Zone Use

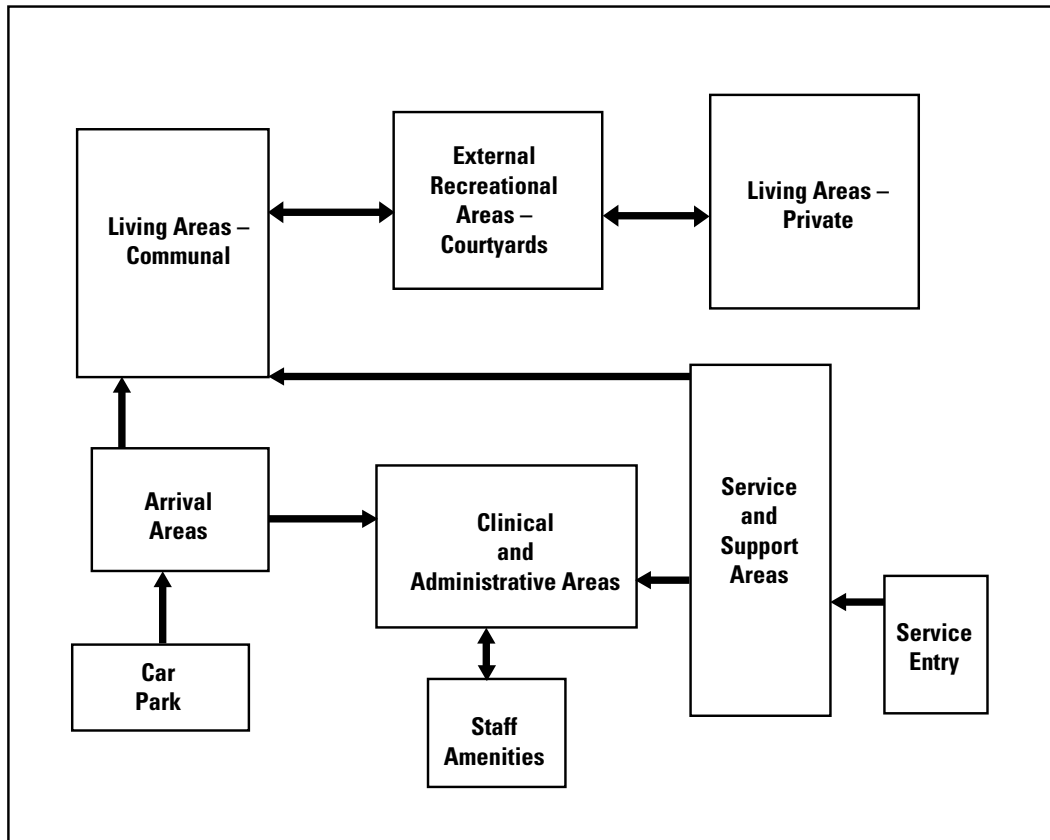
The functional area may be shared by more than one component within the facility.

Shared External

Some of the components may be shared with external services if an aged care residential service is situated in or adjacent to another facility or hospital.

5.2 Functional Relationships

Figure 2: Functional Relationships Diagram



5.3 Functional Zone 1: Arrival Areas

The arrival zone should be at the front address of the building. It should be easily accessible, inviting and 'user friendly'. This area needs to provide information for people entering the facility and should avoid the 'no man's land' feeling that is common in the entry foyers of many institutional buildings.

5.3.1 External Entry Canopy

Zone	Multi-Zone	Required	Shared External
1	All	Yes	Yes

Function

The entry canopy is to provide dry and protected access to the building. This includes protection for residents and visitors using the front entry directly to and from vehicles.

Considerations

- Although the canopy acts as a focal point for the front door, care should be taken to incorporate it into the overall building aesthetics.
- Clear roofing material should be fitted to maximise natural light inside the building.
- A covered area should be of an adequate size to allow vehicles such as taxis, bus, cars, and emergency vehicles to manoeuvre and facilitate free concurrent traffic flow for multiple vehicles.
- The following measurements are an example:
 - Height – a minimum of three metres to allow for a minibus with an air conditioner on the roof.
 - Length – the size of a car plus two metres.
 - Width – sufficient for a vehicle with both doors open plus another vehicle to drive through.



Fig 5.3.1. Arrival area

5.3.2 Entry/Lobby

Zone	Multi-Zone	Required	Shared External
1	All	Yes	Yes

Function

To provide a clearly identifiable initial access point for the aged care residential service facility. Access is required for emergency vehicles at all times.

The Front Entry

- The front entry sets the agenda for the rest of the facility and is a key link between the community and the residents.
- Design should aim to provide as domestic an ambience as possible that blends into the overall aesthetics.
- The design should be inviting to visitors whilst providing a sense of security for residents.
- The entry area is also the first point of reference in accessing other areas within the building.
- The design should allow for residents and visitors to easily orientate themselves by displaying clear directions.

- Appropriate illumination day and night will be a key aspect of this area.
- The entry should be designed for people with impairments such as limited mobility and poor vision who may require assistance to and from vehicles.
- A ramp will provide easier access for disabled persons. Where steps are unavoidable at the entry, they should be marked with edge stripping to aid vision.

The Front Door

The front door needs to be compatible with a typical house entry, while taking into consideration access for disabled persons. It should:

- Have a security locking system that does not require keys, controlled from the staff base.
- Be of sufficient width and weight to facilitate access for all people with disabilities. A heavy door with rapid closing movement will impede access for a frail, aged or disabled person.

Inside the Entry

- The internal component of the entry should provide seating for about three or four chairs and closet or hanging space for coats, umbrellas or other items.
- Access to public toilets is essential.
- A public telephone is desirable in this area.
- There needs to be easy viewing of the front entry, particularly after hours, to enable staff to supervise people accessing and leaving this point. This is particularly relevant where a facility accommodates residents with dementia.
- Natural light should be maximised.

Finishes

- Floor coverings – carpet with dirt removing surface area incorporated at the door to suit the general decor. Vinyl sheet may be used but can

induce an ‘institutional’ feel.

- Walls – painted and/or wallpaper.
- Ceilings – painted.

Functional Relationship

The entry/lobby is the main access point to the facility. It should have direct access to the staff base.

5.4 Functional Zone 2A: Living Areas – Private Zone

The aim of this zone is to provide residents with privacy and quiet space within the facility. Visitors may only enter this zone after receiving a personal invitation, giving residents total control and sense of ownership. The area should also have views and access to the external environment. Where practicable, engineering services should be individually controlled. It will primarily comprise:

- Bedrooms.
- Ensuites.
- An assisted bathroom.
- Small sitting areas.

5.4.1 Bedrooms

Zone	Multi-Zone	Required	Shared External
2A	No	Yes	No

Function

The bedroom is a place for residents to sleep and to have private space for sitting, reading or watching television. It may also be used for social interaction with invited guests who may include family, friends or other residents. The design emphasis should therefore be based on a bed-sitting arrangement allowing the residents to personalise the space to meet their own needs. Bedrooms in an aged care residential facility will generally comprise at least seventy five percent single rooms and the remainder

double bedrooms. This facilitates/allows for privacy and enables greater flexibility in caring for residents with changing dependency levels. In circumstances where partners, close relatives or friends are also residents, they may be accommodated in adjoining bedrooms with interconnecting doors.

Access, Size and Layout

- Bedroom size should be a minimum of fourteen square metres.
- The bedroom needs to be large enough to accommodate a single bed and space for two to three chairs. Where appropriate some personal furniture such as a side table may be included in the bedroom.
- Layout of bedrooms needs careful consideration to achieve the maximum useable space. The design may include flexibility to allow for two alternative furniture layouts.
- Direct access to an ensuite is required.
- It is essential that there is sufficient space within the bedroom area at all times to provide for unrestricted movement by the resident.
- Access is necessary for staff using lifting devices, bath-trolleys, wheelchairs and other appropriate items.
- Bedroom doors must be wide enough to allow access for beds and wheelchairs to passageways and the outside environment.
- Blind spots, narrow corridors and restricted room entrances should be avoided as they afford opportunity for self injury or injury to others by patients.
- Consideration should be given to direct external access from the bedroom.
- A view from the bedroom to the outside environment is necessary.

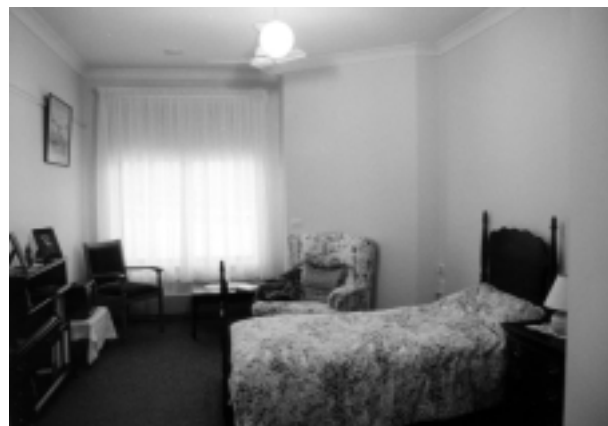


Fig 5.4.1. Low care bed

Beds

- All beds should be durable and have the capacity to be raised or lowered as required, for example, a 'Hi-Lo' bed.
- Beds need to be fitted with a well-covered, layered, fire retardant mattress (one type is a KCI mattress).
- Bed linen may be in home like colours, textures and design.
- All beds must have the ability to accommodate cot sides, monkey bars and over-bed table as required.
- Pressure relieving equipment should be fitted as required, particularly for frail debilitated residents.
- All beds will have the scope to be easily wheeled to other areas within the facility or to the outside environment as required.

Communication

- A nurse call system should be appropriate for individual needs and easily operated by a debilitated resident. The system needs to be designed to cater for alternate bed locations.
- There should be two nurse call points strategically located near the bed and sitting area. At least one bedroom layout should allow a resident to view the toilet from the bed.
- Telephone points need to be installed to enable phone access for residents when necessary.

Heating and Cooling

- Ceiling fans should be considered for facilities in average temperature zones.
- In hotter/humid regions air conditioning should be considered. Personal temperature control of the room is also important where possible.

Power and Lighting

- Sufficient power points are necessary for all resident and staff needs including access outlets for personal appliances and if applicable, a point for rechargeable wheelchair.
- Bedrooms should simulate a domestic lighting environment.
- Each bed should have a secure bedside lamp for reading.
- Lights should be two way switched – at the entry door as well as the bed.
- Switches should be easily accessible for the resident.

Windows and Ventilation

- Natural ventilation is desirable. A bedside or ceiling fan will provide extra movement of air for a breathless patient.
- Windows will be:
 - Flyscreened, openable and with a view to an outdoor area.
 - Have a maximum sill height of 600 mm.
 - Have a minimum glassed area of two square metres.
 - Be covered with washable, flame retardant materials capable of day time blackout.

Recreation

- A television, preferably hung from a well-positioned high wall bracket with remote access, is highly desirable as well as access to music, tapes and a radio.

Furniture, Furnishings and Fittings

- Each room will need a comfortable chair or recliner for the patient to sit out of bed. Mobile water chairs are large and expensive but facilitate comfort and care in a severely debilitated resident. Sufficient chairs for visitor seating need to be included (or available) in the bedroom.
- A bedside cabinet, preferably with a lockable drawer is required.
- The wardrobe should be 1200 mm minimum in length. It will ideally have hanging and drawer space. Adequate shelving, storage or display space is necessary for flowers and personal possessions. A suitably designed bench space can allow for a small fridge (if appropriate), wheelchair storage, linen storage and bedside walking frames.
- Picture rails will allow for the hanging of pictures or wall hangings and a pin-board can provide an area for displaying cards or photos.
- Doors may be fitted with internal locking devices that have external release mechanisms.
- The recommended ceiling height is 2700 mm.
- Furnishings should be of a commercial quality with impervious inner lining and removable washable covers.

Finishes

- Floors – carpet (preferred) or domestic like matt finish vinyl over an impervious sealed floor.
- Walls – washable paint and wall protection for bed heads must be incorporated.
- Ceiling – painted.
- Joinery – paint, melamine, laminate or sealed natural wood.

Functional Relationship

The bedrooms are ideally situated adjacent to the communal living areas. Direct access is essential to an ensuite.

Figure 3: Single Bedroom Layout with Single Ensuites (1)

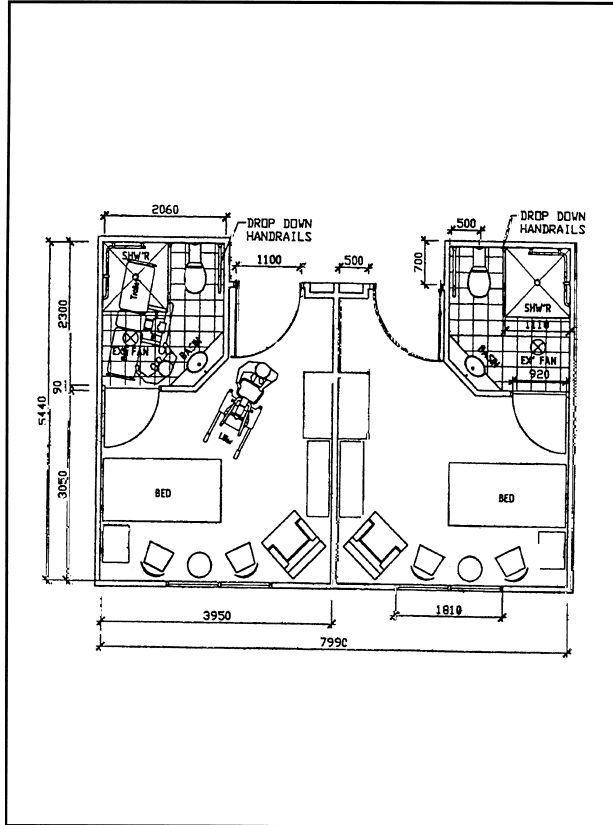


Figure 4: Single Bedroom Layout with Single Ensuites (2)

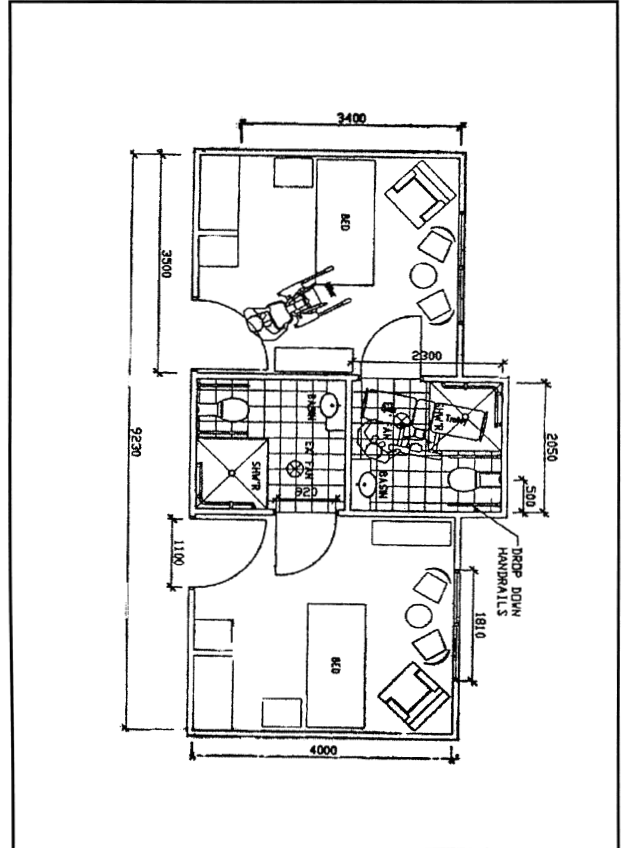
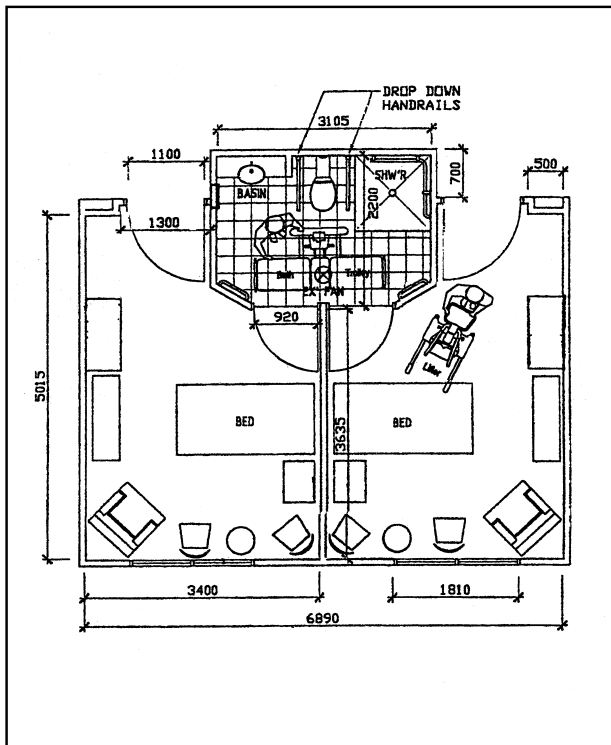


Figure 5: Single Bedroom Layout with Shared Ensuite



5.4.2. Ensuite

Zone	Multi-Zone	Required	Shared External
2A	No	Yes	No

Function

To provide ensuite facilities for residents. The ensuite will comprise a toilet, shower, hand basin and storage cupboard. The provision of ensuites should reduce staff travel time and assist in continence management programs.

Although the creation of a domestic environment is encouraged, the ease of cleaning and long term maintenance of the room should be considered.

Ensuite – Bedroom Ratios

Each bedroom will have direct access to an ensuite, enabling a resident to maintain their personal hygiene. Bedrooms in an aged care residential facility will have the following approximate ratio of shared and private ensuites:

Single Room Single Ensuite	Single Ensuite Shared Ensuite	Adjoining or Double Room Shared Ensuite
50 – 60 per cent	25 – 30 per cent	15 – 20 per cent

As the above ratios are approximate they will need to be rounded to fit bed configurations in each facility. The physical distribution of the single versus shared ensuites will be determined by the agency to reflect the proposed future use of the building and the local availability of home based care for persons who would otherwise require low care accommodation. (This guideline is to be reviewed to reflect the dependency levels of residents in January 2000).

Access, Size and Layout

- The ensuite should be designed in accordance with the guidelines set out in the *Australian Standards – Designs for Access and Mobility* to facilitate usage by residents and staff. There should be sufficient room for two to three persons to manoeuvre in and allow enough space for shower chairs, overtoilet seats, lifting devices, shower trolleys or other appropriate items.
- A layout that enables the toilet to be seen directly from the bed is desirable. A nightlight should be located over the toilet to assist in continence management, particularly at night.
- The door to the ensuite should be:
 - Located in a position to enable easy access for the resident from within the bedroom, yet take into consideration privacy and dignity.
 - Wide enough to allow ease of access for staff assistance and mobility aids.
 - Capable of being locked but able to be accessed by a nurse in an emergency.
- Where ensuites are shared with two single rooms, the design will include the following ensuring that:
 - The doors from each room will both have a locking capability to provide privacy.
 - They are accessible from outside by the nurse.
 - There is an appropriate warning system such as a light fitted to ensure the ensuite is only accessed via one room at a time.

Nurse Call Buttons

- There should be waterproof nurse call buttons adjacent to both the toilet pan and the shower.

Hot Water

- All hot water must be supplied via a thermostatic mixing valve or similar approved temperature control device.

Shower

- A walk-in graded shower area without steps or doors is required. The floor should generally fall towards the shower.
- The shower will be equipped with a detachable shower head. A shower attachment that can be adjusted for a lower or higher height will assist a person to shower independently.
- Adequate drainage is essential in the shower area.

Toilet Pans

- Toilet suites including the type of ‘flusher’ should not restrict an incapacitated person’s access. The height of pan and type of cistern must be taken into consideration.
- Ensure there is sufficient space between the wall and the toilet pan to provide for staff assistance both sides of the resident when necessary.
- Ensure that there is sufficient room over the pan for an over toilet seat to be wheeled into a position that will avoid spills and embarrassment.
- A bibcock tap adjoining the toilet to enable rinsing of bed pans and other items should be installed.

Grabrails

- Grabrails that are robust and maintenance free are required to be fitted in an ensuite in accordance with Departmental regulations.
- Careful consideration has to be given to the choice and positioning of grabrails adjacent to the shower and toilet. Refer to the Australian Standards for details of location and fixing.
- Fold down rails may be appropriate for residents requiring assistance from two or more staff members.

Hand Basin

- The hand basin must be designed to enable usage by residents in wheelchairs or using walking frames. The height of the basin needs to allow for a person sitting down.
- Tap fittings need to provide ease of use for a disabled or debilitated person, for example, people with arthritis or loss of sight. Fittings such as lever type or 'sensor' (activated by touch) taps may be considered.
- A mirror should be installed over the hand basin and possibly to the side of hand basin at a lower level for people in wheelchairs or sitting down.

Light, Ventilation and Heating

- The ensuite should have good lighting. Natural light from a window or skylight is preferable where possible.
- Heating and mechanical ventilation is essential. Mechanical ventilation can be operated on the lighting circuit with a delay timer.

Fittings

- Cupboard space/shelving and bench top space is required for a resident's personal belongings and toilet rolls. Height for ease of access and sighting is important.
- A shared ensuite will require two separate storage areas for personal items.
- If a fold down chair is fitted, ensure that it is wide enough to accommodate the resident comfortably.
- A small storage cupboard for bedpans and aids may be incorporated within the ensuite.
- Safely fitted power points will need to be available for shavers and/or hair dryers.

Finishes

- Floor – non-slip type (sheet vinyl or tiles).
- Walls – impervious walling material to 2100mm high (sheet vinyl, tiles laminate sheets).
- Ceiling – painted.

Functional Relationship

The ensuite will be directly accessed from the bedroom or bedrooms. The shared ensuite should be incorporated into and accessed from one bedroom at a time.

5.4.3 Assisted Bathroom

Zone	Multi-Zone	Required	Shared External
2A	2B	Yes	No

Function

To provide a facility for patient bathing with the assistance of trained staff. The assisted bathroom is important in providing residents with a choice of bathing facilities and can also be used for therapeutic purposes.

Access, Size and Layout

- One bathroom is provided for every 20 to 30 residents, however the number will depend on the layout of the facility and the need to provide privacy/dignity for residents being transferred to the bathroom from their bedroom.
- Access to the bathroom should not be via public or communal spaces.
- The layout needs to take into consideration lifting equipment, staff assistance and movement in and out of the room. It is important to ensure there is sufficient space between the bath and the door to provide privacy for a resident being lifted from a lifting machine into the bath.
- Door width will need to enable access for wheelchairs, lifting devices and bath trolleys. The door should be fitted with a lock on the inside, which can be opened by a staff member externally when necessary.

Bath

- A peninsula bath of adjustable height such as a 'Parker Bath', a 'Kebo Bath', an 'ARJO Bath' or similar.
- A lifting device is essential and the bath should be of a style that allows for lifting device access.

- A hand basin of the cantilevered type will need to be suitably positioned to provide wheelchair access.
- If hairdressing facilities are required in the assisted bathroom, an attachment can be easily fitted to the hand basin as necessary.

Toilet

- A toilet with grab-rails may be provided in the assisted bathroom. Details are as listed in ensembles.

Shower

- Installation of shower facilities with grab-rails and an adjustable and detachable shower hose may be appropriate. Details for showers are as for 'ensembles'. A specialised shower trolley may be used and stored in the assisted bathroom.

Nurse Call Buttons

- There should be waterproof staff call buttons adjacent to the bath and where applicable the toilet and shower.

Hot Water

- All hot water is to be thermostatically controlled.

Light, Ventilation and Heating

- The room is to be heated and mechanically vented with an operational switch separate to the light switch.

Fittings and Furnishings

- Shelving and hanging space for personal belongings.
- A cupboard is required for towels.
- Towel rack.
- Mirror.
- Shower seat.

Finishes

- Floor – vinyl sheet safety floor covering and an extra floor drainage point.
- Walls – impervious paint finish with ceramic tiles in shower and basin area.
- Ceiling – impervious paint finish.

Functional Relationship

The assisted bathroom should be located adjacent to the private living areas.

5.4.4 Residents' Smaller Sitting Areas

Zone	Multi-Zone	Required	Shared External
2A	No	Yes	No

Function

A small sitting area, simplistic in design is a space where residents can rest or socialise in small groups. It may also be used for entertaining visitors who do not wish to visit the larger communal areas.



Fig 5.4.4. Quiet sitting area

Access, Size and Layout

- The space may be in an alcove off a passageway. It does not have to be fully enclosed on the wall adjoining the passageways, but a low height partition without a door can be provided if required.
- Visibility and accessibility to allow for casual or planned social interaction by residents. External views are essential and direct external access is desirable.

Communication

- Nurse call availability is essential.

Heating and Cooling

- Heating and cooling facilities are required in the smaller sitting areas.

Furniture, Furnishings and Fittings

- Shelving for books may be incorporated into this area.
- Comfortable seating is desirable for four to six people with domestic style fittings with furniture in colours that are soft and suggest tranquillity.
- A full height external window/door of at least three square metres and ceiling height of 2550 mm minimum is recommended.

Finishes

- Floors – carpet.
- Walls and ceilings – paint.

Functional Relationship

The residents' smaller sitting areas need to be located in the private living area adjacent to the bedrooms and toilet. It is desirable that they also have direct access to the external environment.

5.5 Functional Zone 2B: Living Areas – Communal Zone

The communal living zone should encourage social interaction between residents and the community. It should be easily accessible without traversing the private zone. Living areas should be located near the front entry with direct access to external spaces and views of community activities such as passing traffic and people in the street are important. The communal living areas comprise:

- Lounge areas.
- Residents' courtyards/gardens.
- Dining areas.
- Kitchen/kitchenette.
- Multi-use activity spaces.
- Toilets.

5.5.1 Lounge Areas

Zone	Multi-Zone	Required	Shared External
2A	All	Yes	No

Function

The lounge room together with the dining room is seen as the main hub of daily activity within an aged care residential facility, providing for recreational, social interaction and therapeutic programs. Lounge rooms are seen as communal areas for all residents, family, friends and community.

Access, Size and Layout

- It is recommended that one lounge room providing a net floor area of three square metres per resident is situated in each 10 bedroom cluster.

- As in a house the lounge area needs to be formal to some extent, but must also have a flexible layout to cater for various group sizes and activities in which residents and staff are continually moving around.
- Layout must include space for one or more wheelchairs.
- The use of verandahs/covered areas will extend the capacity and flexibility of these living spaces.
- An operable wall between the lounge and dining room will provide flexibility in utilising the area to create extra floor space for larger group activities.
- Visual contact is required from the passageway to the lounge area.
- Views and visual contact with external activities are desirable and direct external access via doors (preferably swinging) to a veranda is to be incorporated into the design.

Acoustics

- Good acoustics within the room are enhanced by the use of a combination of carpet, curtains and upholstered furniture.

Power and Lighting

- Sufficient power points should be located for convenient access.
- Natural light should be maximised and light fittings are to be domestic in style.

Communication

- Nurse call buttons should be provided.

Heating and Cooling

- Heating in winter and cooling for summer use is recommended.
- Hot water heating radiators should have thermostat valves.

Furniture, Furnishings and Fittings

- All furniture and furnishings need to be washable and hardwearing. A chair rail or wall protection will prevent damage from chairs.
- Furniture and fittings should not be obstructive to residents with sensory impairments or physical disabilities nor should they inhibit the use of the room. There needs to be sufficient seating in comfortable chairs with armrests (arranged in more than one configuration) for the size of the cluster.
- A lockable cupboard will provide security for audio-visual equipment. Shelving provides for books, magazines and other recreational material. Inclusion of picture rails will allow for wall hangings and pictures.
- A television may be located in the lounge areas, however staff must ensure that it does not dominate the use of the room. Residents should have the option of having a television in their own bedroom.
- Portable screens may need to be used for privacy at certain times, for example, when transferring a person from a wheelchair to a lounge chair.
- Windows should be full height and if feasible, maximise the length of an external wall to optimise views and conceptually create the feeling of a larger space.
- Ceiling height should be no lower than 2700 mm. Variation of ceiling height will help to create a varying spacial environment.

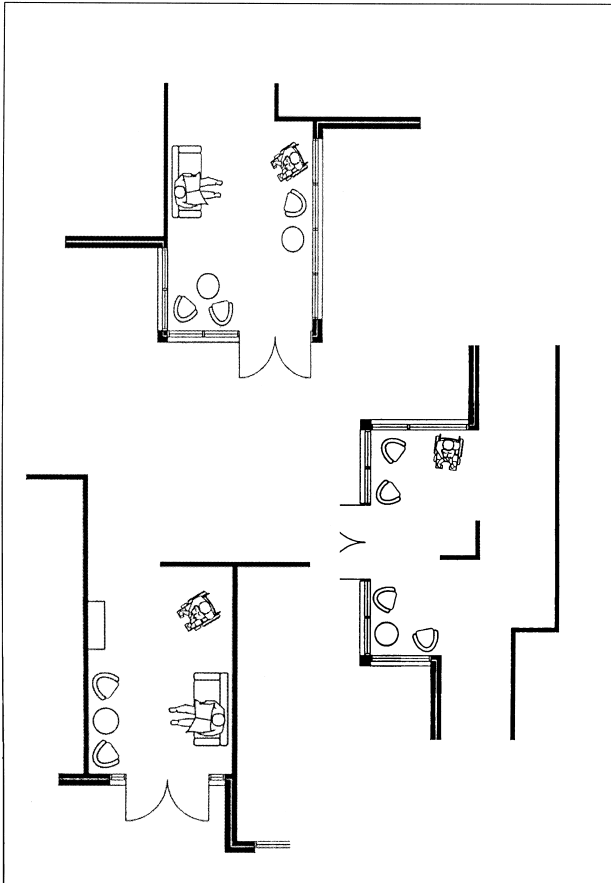
Finishes

- Floors – carpet.
- Walls and ceiling – paint.
- Joinery – painted or natural finish.

Functional Relationship

Lounge rooms need to have direct access to the external environment and be adjacent to toilet facilities.

Figure 6: Example Layouts of Sitting Areas



5.5.2 Residents' Courtyards/Gardens

Zone	Multi-Zone	Required	Shared External
2B	All	Yes	No

Function

To provide the residents with an external space, which is useable and enhances the home environment including areas for socialisation, privacy and therapeutic activities. Features within courtyards and gardens should provide orientation and focal points for residents, staff and visitors.

Access, Size and Layout

- The area required for residents' courtyards/gardens is five to eight square metres per resident.
- It is recommended that pathways are 1500 mm to 1800 mm wide.
- Pathways should be clear, simple and should lead to a destination.
- Alternative access points back into the building are desirable, particularly for residents suffering from dementia.
- The front garden and back garden principle of a typical suburban residence should be the same for aged care residential facilities. For example, the front yard is more formal and public whilst the back yard is informal and private.
- The layout needs to consider accommodation for animals and/or birds such as a dog kennel and bird aviary.
- A clothesline should be situated close to the domestic laundry area.
- To assist in providing a discrete secure environment the installation of a 'pool' fence is encouraged.

Seating and Rest Points

- Fixed seating should be provided every 20 to 30 metres.
- Some seating may need to be placed under cover or semi-cover.
- Rest points should be provided in a variety of public and private locations. They should not restrict pedestrian movement.

Landscaping and Socialisation

- The use of a rotunda, verandas and a barbecue can assist in providing informal points of gathering and socialisation.
- Sections of the outdoor space may be allocated as a smoking area.
- The use of raised garden beds to enable residents to participate in gardening activities, such as vegetable plots, should also be incorporated into the landscape design.
- Plants and trees need to be carefully chosen.
- The following issues in plant or tree selection need to be considered:
 - Shade.
 - Familiarity.
 - Colour.
 - Practicality.

It is also important to consider:

- Plants that are poisonous or cause allergies.
- Maintenance, including watering of the area.
- A timed controlled water sprinkler system is advisable.

Functional Relationship

The residents' outdoor areas such as courtyards and gardens should be adjacent to the residents' living areas.

5.5.3 Dining Areas

Zone	Multi-Zone	Required	Shared External
2B	All	Yes	No

Function

The dining areas together with the lounge areas are seen as the main hub of daily activity within an aged care residential facility. The dining area is where residents can sit down and have meals, meet, play games and generally socialise.

Access, Size and Layout

- The size of the dining room should be based on two square metres per resident.
- It is recommended that there is one dining room for each bedroom cluster of 10 beds.
- External access and view is essential.
- Variety in seating arrangements and choice of options for the resident is important.
- The design will include space for small private occasions, such as birthdays. This can be achieved by using an alcove within the dining room or a small separate room.
- Direct access to the kitchen/kitchenette is essential for hydration and nutrition.

Furniture, Furnishings and Fittings

- Individual tables with seating for two to four people are required.
- Tables need to have the capacity to be joined to seat up to 10 people.
- Domestic style furnishings may include sideboards and audio equipment.
- A dado rail or other wall protection will avoid wall damage from chairs.
- Ceiling heights should be 2700 mm and the use of bulkhead/dropped ceilings to create varying spacial volume can add to providing intimate areas.
- The use of acoustic materials to control noise is recommended for floors, walls and ceilings.

Finishes

- Floor – carpet or vinyl.
- Walls and ceiling – painted.

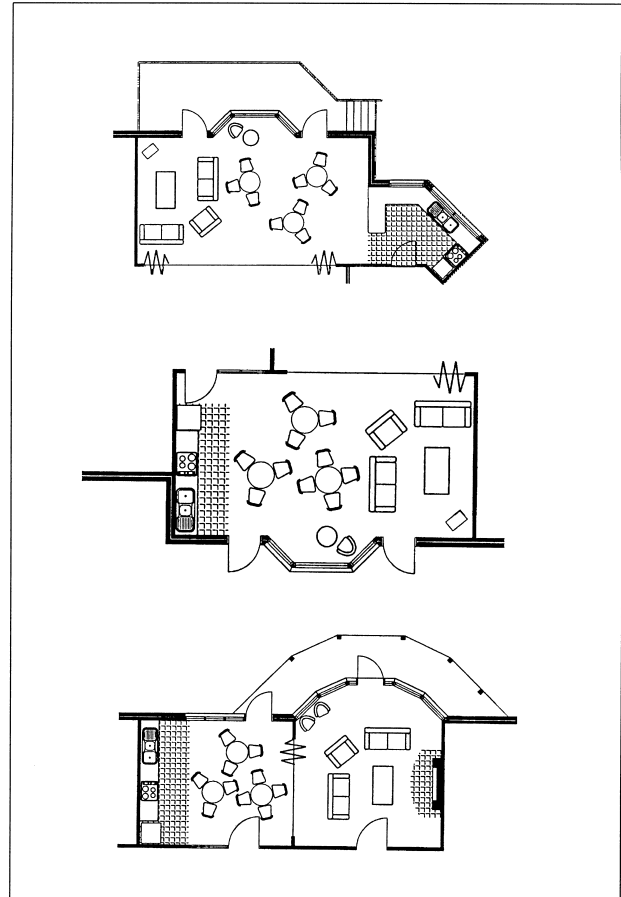
Functional Relationship

Dining areas need to be adjacent to the lounge areas. Access is required to toilets.



Figure 5.5.3: Lounge and Dining Room

Figure 7: Example Layouts of Dining/Sitting Areas



5.5.4 Kitchen/Kitchenette

Zone	Multi-Zone	Required	Shared External
2B	All	Yes	No

Function

Kitchen – is used for the storage, preparation and cooking of food. The function of the kitchen will vary depending if there is a main central kitchen on site. This is often the case for rural agencies, that have integrated health services. Agencies without a central kitchen require a greater emphasis on providing for meal preparation within each 10 bed cluster. Therefore, a full domestic kitchen should be provided in each cluster. Even when there is a central kitchen each cluster should have a small kitchenette.

Kitchenette – is used to provide a refreshment area to prepare beverages and light snacks for residents and visitors. This space is separate from the central kitchen where main meals may be prepared. The kitchenette should be open and incorporated into the living space.

Access, Size and Layout

- The floor area of a full domestic kitchen should be approximately twelve square metres for up to 10 residents and six square metres for a kitchenette.
- The kitchen design should allow for a meal preparation area by staff.
- Access to 24 hour nutrition and hydration, and the smell and sight of food preparation are very important elements for residents. Sufficient space and access to the kitchen for residents is also required to maintain living skills, social skills and independence.
- An external window is preferable but may vary depending on the total layout of the living spaces.
- Easy access from the passageway or external environment for the delivery of goods and disposal of waste should be considered.
- Space may be required for food trolley parking if food to be transported from a central kitchen.

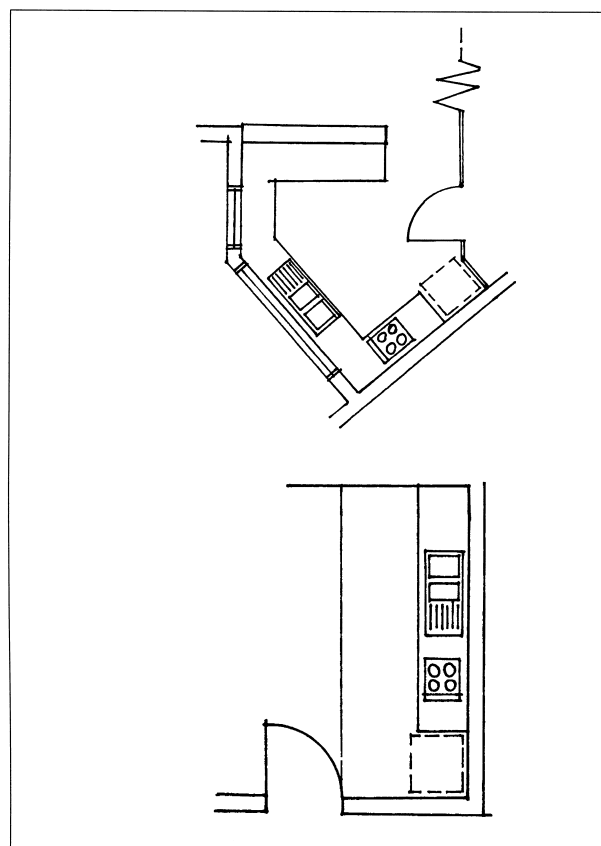
Safety Issues

- The kitchen layout should be functionally efficient and safe.
- It is essential that there are master controls in a locked cupboard for each major equipment item or service which only staff operate.
- Temperature control on hot water supply is also important for residents' safety.
- Consideration needs to be given to the safe storage of other loose equipment such as a toaster, mixer and a microwave.

Furniture, Furnishings and Fittings

- Joinery should be as domestic in style as possible while supporting heavy usage. Robust and simple hinges and handles are particularly important.

Figure 8: Example Layouts of Kitchenettes



- An island bench between the kitchen and living space is desirable to enable residents to participate in relevant activities.
- Benches should be fitted with a sink to provide space for the preparation and serving of food.
- Cupboards and drawers for storage of crockery, cutlery and other kitchen utensils are desirable. Storage should be predominantly below benches to minimise the use of overhead cupboards. Under bench or cupboard space is required for a kitchen waste disposal bin.
- A large lockable pantry cupboard should be provided and appropriately designed for food storage.
- Equipment may include a boiling hot water unit, microwave oven, tea/coffee making facilities, a toaster or toaster oven, stove, range hood, domestic refrigerator/freezer and a dishwasher.
- Handwashing facilities are necessary in the kitchen area.

Finishes

- Floor – vinyl sheet floor covering.
- Walls and ceiling – plaster covering with impervious paint surface.

Functional Relationship

The kitchen/kitchenette is to be incorporated into the communal living area.

5.5.5 Multi-Use Activity/Therapy Spaces

Zone	Multi-Zone	Required	Shared External
2B	All	Yes	Yes

Function

Activity spaces – these are primarily for active programs such as exercise classes or drama, community participation and large group meetings.

Therapy spaces – these provide for therapy activities such as physiotherapy, hairdressing and podiatry.

Multi-use activity space is not only for therapeutic purposes, but should encourage socialisation between residents and visitors. It should be noted that visitors to an aged care residential service will often include children. Space may be allocated in a sitting room or multi-use activity space as a play area for children. This space may be equipped with a large box of children’s toys or books.

Access, Size and Layout

- Activity space requires about 30 square metres per 30 residents. This area is based on the assumption that not all residents will access the activity room at the same time.
- Therapy space needs to be approximately fourteen square metres. This area needs to have the flexibility to be used for a range of differing undertakings.
- To give the opportunity to create a larger space, consideration should be given to locating the activity room next to a lounge/dining room area with an operable wall between. This would then enable the facility to create a useable space of 80 square metres, which would cater for all residents at any one time.
- The shape of room (rectangular or square) is important. Open floor space may be required for activities, therefore the layout needs to be flexible to enable movement of furniture and equipment.
- A quiet area in the activity space may be considered for residents who need a break in activities.

Power and Lighting

- Computer activities will necessitate the installation of computer cabling.
- Television or video entertainment will need a television antenna and sufficient power outlets.

Furniture, Furnishings and Fittings

These will vary depending upon the type of activities proposed and may include the following:

- Tables, benches and chairs. Chairs may need to cater for table activities as well as relaxation.

- Cupboard storage for equipment. Some lockable cupboard storage may be required.
- A wash basin is required if hairdressing is to be performed in this space.
- Wall fittings may include a whiteboard, pin-up surface and space for a projection screen.
- Large full height windows with low sills (approximately 300 mm above floor level) are desirable. An external wall may have doors incorporated into the window.
- The ceiling height should be no lower than 2700 mm minimum.

Finishes

- Floor – carpet or domestic like matt finish vinyl over an impervious sealed floor.
- Walls – paint/paper or washable and sound attenuating.
- Ceiling – acoustically treated and painted.

Functional Relationship

To enhance social interaction, the activities/therapy space should be easily accessed from the communal living areas as well as the front entry and have direct external access, preferably to a paved area. Access through resident’s private living areas must be avoided.

5.5.6 Toilets

Zone	Multi-Zone	Required	Shared External
2B	All	Yes	No

Function

Toilets need to be built to allow easy and quick access for residents. This will assist with continence management programs. Visitors may also use them. A toilet for disabled persons will be provided in each cluster and should be located in close proximity to the lounge/dining area. They shall be designed in accordance with the relevant standards for a disabled person.

Access, Size and Layout

- Layout will include a toilet pan and a hand basin. Fittings need to be accessible from both sitting and standing height.
- Toilet doors should open outwards to ensure that people cannot be trapped if they collapse against the door. Locks on toilet doors must permit staff access in an emergency.

Toilet Pans

- The cistern flushers should be easy to use with levers or large raised buttons instead of recessed buttons.

Light, Ventilation, Communication and Heating

- Mechanical ventilation may be activated by the light switch. No heating is required.
- For safety reasons an electronic communication system should be installed.

Fittings

- Hand basins should be of cantilever type. Taps which are of a lever type will be easier to use. All hot water needs to be thermostatically controlled.
- Handrails should be provided to each toilet – one fixed and one fold down. These rails are required to be fixed to the building structure.
- Fittings including toilet paper holders and towel dispensers should be provided. An overtoilet toilet seat may be used to provide both extra height and support for a resident.

Finishes

- Floors – special non-slip safety vinyl floor covering should be used in all toilet areas.
- Walls – impervious paint finish with tile splash backs behind basins.
- Ceilings – painted.

Functional Relationship

Toilets are located in each cluster in close proximity to the lounge/dining area.

5.6 Functional Zone 3: Clinical and Administrative Areas

The clinical and administrative areas are seen as a functional zone which needs to be accessible to, and controlled by staff only. This area needs to be relatively central to the overall facility to minimise staff travel time. It also needs to provide quick and easy access to resident services and support facilities such as the clean and dirty utility rooms.

5.6.1 Staff Base

Zone	Multi-Zone	Required	Shared External
3	All	Yes	Yes

Function

To provide area for staff to carry out report writing, storing residents records, photocopying and meetings.

Considerations

- The room should not be seen as a reception point but rather a large room or space which staff use as a resource area and visitors and residents use as a reference point. It should blend in to the residential feel of the facility but may have internal windows to assist staff with discreet supervision of residents.
- Consideration needs to be given to the location of the staff base in facilities, particularly those that accommodate dementia patients and/or blended services such as rural health, acute health, rehabilitation and aged care. This will be influenced by functional relationships, after hours access and the need for supervision of the facility's main access.
- A photocopier will need to be situated in a separately ventilated space within or adjacent to this area.
- The space may also be equipped to house stationery supplies, a printer and fax machine if these are to be incorporated with the staff station.

- It should have sound attenuation to ensure confidentiality when appropriate.

Access, Size and Layout

- The floor area of the staff base will vary depending on the number of residents and staff numbers. Generally it will be 15 to 20 square metres.
- The staff base needs to be situated, where possible, to provide access and visibility for staff, residents and visitors. It should be accessible to the front entry and central to the clusters.
- The staff base will also have or adjoin the drug storage cupboard, which has to be designed in accordance with the *Drugs and Poisons Act* and Pharmacy Board guidelines.

Heating, Power, Ventilation and Lighting

- Adequate heating and ventilation are essential.
- Both high and low lighting levels will be required.
- Equipping the staff station with sufficient double power points will eliminate the need for double adaptors and extension cords. A photocopier, if situated in or adjacent to this area, will require a discrete power outlet.

Communication

- This area requires appropriate facilities for communication systems including telephones, computers and the staff assistance call system.

Furniture and Fittings

- Chairs and report writing bench tops or desks.
- Bench space surrounding the walls should be at a height to allow for the possibility of fitting cupboards underneath, for example, two drawer filing cabinets or mobile drawer units and a safe for valuables.
- Shelving and cupboard space for stationery supplies, reference material and manuals.
- Handwashing facilities need to be located in or adjacent to the staff station

Finishes

- Floor – carpet or vinyl.
- Walls – paint/wallpaper.
- Joinery – laminate or timber.
- Ceiling – painted and acoustically treated.

Functional Relationship

The staff base needs to be situated where possible, to provide access and visibility for staff, residents and visitors. It should be accessible to the front entry and central to the clusters. The staff base will be adjacent to the medication/treatment area.

5.6.2 Medication/Treatment Area

Zone	Multi-Zone	Required	Shared External
3	All	Yes	Yes

Function

The medication room is for the preparation of medications and secure storage of pharmaceutical supplies. Treatment space provides an area in which residents can seek medical examination and treatment. Acoustic control should be incorporated into the design to ensure privacy in this area.

Access, Size and Layout

- The size of this area should be no more than 10 square metres.
- The medication/treatment area is located adjoining the staff base.
- This area must have restricted access and be secured with a lockable door. Designated staff or a medical practitioner must accompany residents requiring medical examination and treatment.
- Careful use of colours will assist in ensuring that this clinical space is seen as part of the overall residential facility.

Furniture, Furnishings and Fittings

- Lockable cupboards for medical and pharmaceutical supplies including a drug safe for drugs of addiction.

- Refrigerated storage facilities.
- A bench approximately two metres in length.
- A sink with elbow taps.
- Overhead cupboards may be fitted but consideration needs to be given to height and types of goods to be stored.
- Space for temporary parking of a drug trolley if appropriate.
- An examination table may also be incorporated in this area.

Finishes

- Floors – impervious and easily cleaned, for example, vinyl.
- Walls and ceiling – painted.

Functional Relationship

The medication/treatment area needs to be located adjacent to the staff base.

5.6.3 Quiet/Interview Space

Zone	Multi-Zone	Required	Shared External
3	All	Yes	Yes

Function

To provide an unobtrusive and private space where small meetings, interviews and counselling can take place, for up to six people. Acoustic control is necessary to minimise internal and external noise in this area.

Access, Size and Layout

- Space can be from 12 to 14 square metres for a quiet/interview area.
- This room will have external windows and be located in a discreet area near the front entry.

Furniture, Furnishings and Fittings

- Table and chairs and solid sealed doors.
- Pin-up boards and whiteboards may be appropriate where the room is used for small meetings.

Finishes

- Floors – carpet.
- Walls – paint/paper with good sound attenuation.
- Ceiling – paint.

Functional Relationship

Quiet/interview space should have easy access from the front entry. It will require access to toilet and refreshment facilities.

5.6.4 Office

Zone	Multi-Zone	Required	Shared External
3	All	Yes	Yes

Function

The office is for the manager to meet with staff, residents, visitors, doctors and sales representatives. The office may have an adjoining bed/sitting room with ensuite facilities that may be used for overnight stays by staff or relatives.

Considerations

- The office needs to be very residential in appearance and likened to a small study in a house.
- This area needs to have the capacity to be visually and acoustically private where necessary.

Access, Size and Layout

- This area needs to be approximately twelve square metres.
- There needs to be sufficient space to accommodate meetings of up to four persons plus the manager's administrative needs.
- It is preferably accessible by the front entry and adjacent to the staff base.

Communication and Power

- Facilities including power outlets, telephone connection and computer cabling are necessary to accommodate office equipment such as a computer, printer, telephone and facsimile machine.

Lighting, Ventilation and Heating

- High lighting levels, heating and ventilation are necessary.

Furniture, Furnishings and Fittings

- A small built in safe for resident's personal valuables may be installed in this area if these are not accommodated in the staff base.
- Desk, chairs, filing cabinets and storage cupboards.

Finishes

- Floors – carpet.
- Walls and ceiling – paint.
- Joinery – laminate or timber.

Functional Relationship

The manager's office is ideally located close to the front entry and adjacent to the staff base.

5.7 Functional Zone 4: Service and Support Areas

The service and support area comprises the:

- Service entry and canopy.
- Circulation space/passageways.
- Clean and dirty utility rooms.
- Domestic laundry and flower preparation space.
- Storage spaces.
- Plant room.
- Mortuary/viewing facilities.

General Considerations:

- The design of the building should include low maintenance finishes wherever possible.
- Adequate cleaning services will be essential if the operation of the facility is to be a success.
- General stores will be obtained as required.
- Food services, where appropriate, may be supplied from the a main kitchen or external caterers.
- Provision for transfer and receipt of meals will be required.

- The maintenance staff will undertake responsibility for building maintenance otherwise there will be externally contracted agents to provide ongoing maintenance.
- Storage spaces need to be carefully planned to provide adequate internal and external storage facilities for a variety of usages. The amount and type of storage space to be provided will vary depending on the needs and size of each facility.

Storage Considerations

- Careful analysis of storage requirements and good management in organising the store is essential. This includes maximising available floor space.
- Select stackable furniture and equipment for the facility where possible.
- Shelving should be ergonomically designed. This includes ensuring that shelving is at an appropriate depth, width and height.

5.7.1 Service Entry/Canopy

Zone	Multi-Zone	Required	Shared External
4	All	Yes	Yes

Function

The service entry allows deliveries to the facility without having to pass through the main entrance of the building. The service canopy is to provide shelter at the service entry and under cover access for service deliveries.

Considerations

- The service canopy should be designed to ensure it is large enough to provide shelter from inclement weather.
- The space should be large enough, with sufficient blank wall length to allow for temporary storage of items such as linen or food trolleys, items of furniture or items of equipment for repair.
- Soiled linen should be removed from the building only through the service entry.

- Ongoing compliance needs to occur with adequate infection control measures.

Functional Relationship

The service entry and canopy will be adjacent to the service and support areas.

5.7.2 Circulation Space/Passageways

Zone	Multi-Zone	Required	Shared External
4	All	Yes	Yes

Function

The passageways operate as links between and within the various functional zones. They are often used to accommodate storage cupboards for equipment and other items such as linen, wheelchairs, fire fighting equipment or other items.

Size, Access and Layout

- The passageways used by the residents must have a clear width of 1500 mm (between handrails). The width can be extended at any key points in the length of a particular passageway.
- The circulation length of passageways should not exceed 28 metres in length in a cluster of 10 beds.
- Although passageways need to be as simple and direct as possible so as not to create confusion for residents, they should not be designed as one long straight corridor without reference points. Alcoves to create rest points at not more than fourteen metres apart, will encourage socialisation and aesthetically break down the perceived length of the passageways.

Lighting

- Natural light can be maximised in the passageways by the use of skylights, highlight windows, and small sections of external walls with windows.
- Lighting at night is also important.



Figure 5.7.2: Passageway

Handrails and Doorways

- Handrails should be along both sides of every common passageway. They will be approximately 40 mm in diameter top, 50 mm clear of the wall and the top, 900 mm above floor level.
- Handrails need to be simple and easy to grip. Handrails that are flattened not rounded in design are preferred as residents are able to rest their arms along the rail. Handrails may be stained in a contrast colour. The use of colour for the visually impaired residents is also important. Fixing brackets are equally important and should not impede hand movements.
- Doorways should be offset, so as to always have a handrail on least one side of the passageway.

Finishes

- Floor – carpet or vinyl.
- Walls – painted.

Functional Relationship

The passageways are links between and within the various functional zones.

5.7.3 Clean Utility Room

Zone	Multi-Zone	Required	Shared External
4	All	Yes	Yes

Function

A clean utility room is for the storage of sterile supplies, dressings and minor medical equipment and provides preparation space for dressings and other clinical activities. It may also function as an alternative storage area for the medication trolley. Although clean utility rooms are used for a more 'institutional' type activity they can still be designed to be residential in appearance.

Access, Size and Layout

- The clean utility area should be eight to 10 square metres.
- Depending on the total design, one clean utility room may be required per 20 to 30 residents. They should be centrally located to the clusters. Staff should not have to walk more than 28 metres to access the utility room from the furthest bedroom. Two strategically placed small rooms are better than one large clean utility room.
- The doors to a clean utility room should be lockable and access is restricted to authorised persons.

Lighting, Power and Ventilation

- Ventilation of the room is important and the use of vented skylights should be considered for internal rooms.
- Good natural and artificial lighting is essential.
- Sufficient power points should be provided throughout the room.

Fittings

- A sink, with elbow taps is required with easy access to hand drying facilities.
- Lockable bench high cupboards with bench tops in stainless steel, approximately three metres in length, and shelving. The use of overhead cupboards should be minimal and ergonomically designed.
- A full height lockable storage cupboard may also be included for storage of tall items.
- If a lockable medication refrigerator is not provided in a medication room it may be accommodated in this area.

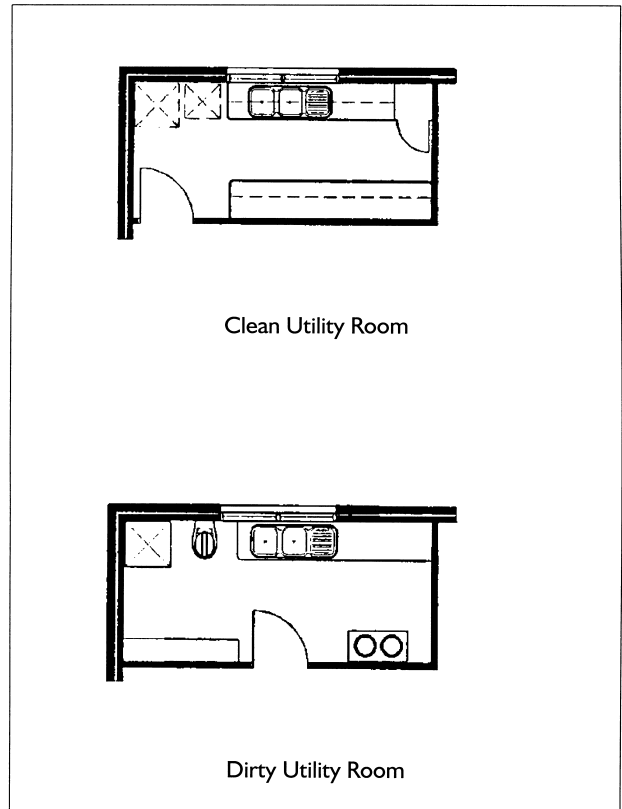
Finishes

- Floor – vinyl sheet floor covering.
- Walls and ceiling – plaster with impervious paint surface.

Functional Relationship

The clean utility room should be adjacent or near to the staff base.

Figure 9: Example Layouts of Clean and Dirty Utility Rooms



5.7.4 Dirty Utility Room

Zone	Multi-Zone	Required	Shared
4	All	Yes	External

Function

This room is for the hygienic cleaning of bed pans and medical equipment and for disposal of waste. It is also for storage of materials and equipment for sample analysis. It may also function as a cleaners' room or the cleaners' room can be independent of the dirty utility room. Although dirty utility rooms are used for a more 'institutional' type activity they can still be designed to be residential in appearance.

Access, Size and Layout

- The room should be eight to 10 square metres with one per 20 to 30 residents, depending on total facility layout.
- They should be centrally located to the clusters. Staff should not have to walk more than 28 metres to access them from the furthest bedroom. It would be better to incorporate two strategically placed small rooms rather than one larger room in the facility.
- Space is required for temporary storage of soiled linen and other items before removal to disposal area.

Lighting, Heating and Ventilation

- Mechanical ventilation and good lighting is essential.
- The use of vented skylights should be considered for internal dirty utility room.
- No heating is required.

Fittings

- Acoustic treatment to control noise being transmitted into other rooms is essential.
- Doors and cupboards should be lockable.
- Bench high lockable cupboards with stainless steel bench tops approximately three metres in length.
- A laundry trough, with elbow taps, a slop hopper and a pan sanitiser (this should also be easily accessible for both staff usage and servicing).

- Bedpan/urinal rack.
- If room is to be utilised for cleaners' storage there needs to be cupboard space for brooms, mops, buckets and cleaning solvents.

Finishes

- Floor – non-slip vinyl sheet.
- Walls and ceilings – plaster with impervious paint finishes.

Functional Relationship

Dirty utility rooms should be centrally located to each cluster of 10 beds.

5.7.5 Laundry (Domestic)

Zone	Multi-Zone	Required	Shared External
4	All	Yes	Yes

Function

To provide a domestic laundry for resident's personal belongings. It will be available for use by staff, family and able residents and be residential in style.

Access, Size and Layout

- A domestic laundry of eight to twelve square metres is to be provided per 30 residents.
- Layout should facilitate ease of access for staff and residents.

Ventilation and Hot Water

- There needs to be both natural and mechanical ventilation in a laundry.
- Hot water will have thermostatic temperature control.

Furniture and Fittings

- A front-end loader washing machine for easy operation by persons with disabilities.
- A tumble dryer which is vented to the outside environment.
- Laundry trough and lockable cupboards for storage of laundry detergents and other laundry items.
- Ironing facilities and benches for folding clothes and space to accommodate clothes baskets.

Finishes

- Floor – non-slip vinyl sheet.
- Walls – painted, water resistant. Ceramic tile splashbacks to all benching.
- Ceiling – painted.

Functional Relationship

The laundry should be located within close proximity to bedrooms with direct access to an external clothesline.

5.7.6 Flower Preparation Space

Zone	Multi-Zone	Required	Shared External
4	All	Yes	Yes

Function

The flower preparation space is for arranging and disposing of residents' flowers. Flower preparation space may be located in the kitchen, laundry, cleaner's room or an alcove.

Considerations

- Access is required to a sink, bench and waste disposal bin.

Functional Relationship

The flower preparation space or alcove should ideally be situated in the living areas.

5.7.7 Stationery and Other Administrative Supplies Store

Zone	Multi-Zone	Required	Shared External
4	All	Yes	Yes

Stationery and other such items may be stored in the staff base or offices in the clinical and administrative area.

5.7.8 Food Supplies Store

Zone	Multi-Zone	Required	Shared External
4	All	Yes	Yes

Space will be required for storage of food supplies. The areas needed will depend on a number of

factors including food service arrangements. An agency may have a main dry food store and a cool room. Kitchens will generally have food storage facilities for residents within each cluster of 10 beds.

5.7.9 Clean Linen Store

Zone	Multi-Zone	Required	Shared External
4	All	Yes	Yes

Function

The clean linen store is to house all linen supplied to the facility. Items to be stored include pillowcases, sheets, blankets, towels, face washers, tea towels and other items. Linen may be supplied from within the facility or from an externally contracted agent. Linen may be stored in each bedroom or in strategically located linen cupboards with adjustable shelving and an appropriate finish in each cluster to minimise staff movement.

Finishes

- Floor – non-slip vinyl sheet.
- Walls and ceiling – painted and water-resistant.

Functional Relationship

Clean linen should be stored within close proximity to the area where it will be used.

5.7.10 Soiled Linen Holding Space

Zone	Multi-Zone	Required	Shared External
4	All	Yes	Yes

Function

The soiled linen holding space is for storage of soiled linen awaiting removal from the site.

Considerations

Mechanical ventilation and a floor waste outlet with a tap over it.

Finishes

- Floor – safety non-slip vinyl.
- Walls – impervious to 2100 mm and washable.
- Ceiling – painted.

Functional Relationship

The soiled linen storage space should be situated within close proximity to a covered external service entry.

5.7.11 Waste Disposal (Infectious and Other Waste) Space

Zone	Multi-Zone	Required	Shared External
4	All	Yes	Yes

Function

Waste disposal space is for storage of waste materials awaiting removal from the site.

Considerations

- A floor waste outlet with a tap over it and mechanical ventilation.

Finishes

- Floor – safety non-slip vinyl.
- Walls – impervious to 2100 mm and washable.
- Ceiling – painted.

Functional Relationship

The waste disposal area should be situated within close proximity to a covered external service entry.

5.7.12 Cleaners' Space

Zone	Multi-Zone	Required	Shared External
4	All	Yes	Yes

Function

To store cleaning equipment, cleaning agents or other items and for disposal of liquid waste. This room may also be used as a flower room. The cleaners' space may be in a separate area or in a dirty utility room.

Fittings and Considerations

- A stainless steel cleaners' sink and drainer is required. The sink will be fitted with water taps and a bucket rack.
- Laminated benches with ceramic tile splashbacks are desirable for all benching and the cleaners' trough.

- Waste disposal bins of adequate size are desirable.
- A lockable cupboard for cleaning equipment and detergents and a tall cupboard which is able to contain a mop, brush, and other cleaning equipment.
- Adequate mechanical ventilation is essential.

Finishes

- Floor – non-slip vinyl sheet.
- Walls and ceiling – painted.

Functional Relationship

The cleaners' space should be central to the area it serves and have easy access to handwashing facilities.

5.7.13 Storage Space for Resident's Personal Belongings

Zone	Multi-Zone	Required	Shared External
4	All	Yes	Yes

Function

To provide storage for residents' clothing and luggage.

Considerations

- Residents' personal storage such as clothes should be in a wardrobe in their own room.
- Additional luggage can be stored in a central storeroom. The space provided can be approximately eight square metres per 30 residents.

Functional Relationship

Space for smaller items including clothing should be stored in the resident's bedroom. Larger items including suitcases may be stored in a central storeroom.

5.7.14 Wheelchair Parking Space

Zone	Multi-Zone	Required	Shared External
4	All	Yes	Yes

Function

To provide a space or spaces for parking or storage of wheelchairs.

Considerations

Wheelchairs often create the biggest problem and careful consideration needs to be given to their storage. The options are to:

- Provide strategically located recessed bays in the bedroom passageways, which are discrete. This can be achieved by incorporating a bench or cupboard above the wheelchair handles.
- Incorporate storage space in each room.
- Electric wheelchairs may be recharged overnight in the resident's bedroom.

Functional Relationship

Wheelchairs are ideally stored close to the residents living areas.

5.7.15 Medical and Mobility Equipment Store

Zone	Multi-Zone	Required	Shared External
4	All	Yes	Yes

Function

To provide storage for the different types of equipment necessary for the function of the aged residential facility.

Considerations and Fittings

- Specifically designed storerooms are required for storage of medical and mobility equipment and supplies. Planning for this storage space will depend of the size, number of residents and the layout of the facility. There may be one large storage room or a number of smaller storerooms with one designated for each cluster of 10 beds.
- These storerooms should be rectangular in shape and large open unusable spaces should be avoided.

- Select furniture and equipment that can be stacked to make storage easier.
- Storage cupboards should contain sufficient shelving that may be fixed or adjustable, large pigeon holes and perforated ply walls with hooks are also required.
- Mechanical ventilation in the equipment store is desirable.
- Lighting needs to be ceiling mounted.

Functional Relationship

The medical and mobility equipment storage space will need to be in a convenient location to the area in which it is required.

5.7.16 Workshop

Zone	Multi-Zone	Required	Shared External
4	All	Yes	Yes

Function

A workshop is to provide space for items required for general and other maintenance requirements. These may include plumbing, electrical, paint or gardening equipment. Some or all of these services may be provided on a contract basis from an external source.

Fittings

- Benches and cupboards including secure storage are desirable.
- Flexible shelving and a shadowboard for tools and other items are necessary.
- Access to a telephone/intercom, cleaning and handwashing facilities are necessary.

Finishes

- Floor – concrete.
- Walls and ceiling – painted.

Functional Relationship

The workshop should be situated in close proximity to the service area.

5.7.17 Medical Gases Area

Zone	Multi-Zone	Required	Shared External
4	All	Yes	Yes

Function:

To provide a safe and secure environment for the storage of various gas cylinders where these are utilised in an aged care residential service.

Fittings

- Benches.

Finishes

- Floor – concrete.
- Walls and ceiling – painted.

Functional Relationship

Medical gases storage space should be situated within close proximity to a covered external service entry.

5.7.18 Chemical Store

Zone	Multi-Zone	Required	Shared External
4	All	Yes	Yes

Function

A chemical store is for the storage of chemicals and inflammable liquids. This storage will be in a secure and safe environment in accordance with standards.

Fittings

- Benches and shelving.

Finishes

- Floor – concrete.
- Walls and ceiling – painted.

Functional Relationship

The chemical and inflammable liquids store needs to be in close proximity to the area in which the chemicals are to be used.

5.7.19 Plant Room

Zone	Multi-Zone	Required	Shared External
4	All	Yes	Yes

Function

A plant room is to accommodate boilers, pumps, hot water service units, heat exchangers (if required) and electrical mains distribution board.

Finishes

- Floor – concrete.
- Walls and ceiling – painted.

Functional Relationship

The plant room should be situated within close proximity to a covered external service entry.

5.7.20 Holding or Mortuary Room

Zone	Multi-Zone	Required	Shared External
4	All	Yes	Yes

Function

A holding or mortuary room is to provide for body storage of a deceased person. Some facilities may require mortuary or holding room facilities with refrigeration. This room may only be required where undertaking facilities are not in close proximity to the facility. A holding room or mortuary needs to have service entry access for undertakers.

Considerations

- Trolleys for body storage and refrigeration.

Finishes

- Floor – safety non-slip vinyl.
- Walls – impervious to 2100 mm and washable.
- Ceiling – painted.

Functional Relationship

The holding room or mortuary should be situated within close proximity to a covered external service entry.

5.7.21 Viewing Facilities

Zone	Multi-Zone	Required	Shared External
4	All	Yes	Yes

Function

Viewing facilities are to provide viewing of a deceased person for relatives or friends when bedrooms are not available or appropriate. The space should be large enough to accommodate family members as well as a bed or mortuary trolley that can be specifically placed for religious purposes.

Finishes

- Floor – carpet or vinyl.
- Walls – paint/paper with good sound attenuation and solid sealed doors.
- Ceiling – painted and acoustically treated.

Functional Relationship

The viewing room should be located within easy access of the service entry.

5.8 Functional Zone 5: Staff Amenities

Staff amenities are to provide areas for staff to store personal belongings, relax and attend to personal hygiene.

The facilities to be provided include:

- Handwashing facilities.
- Staff toilets.
- Staff change area, lockers and shower.
- Staff lounge with small kitchenette.

Consideration needs to be given to balancing the need for staff privacy between staff privacy and the facility being seen as part of the home.

5.8.1 Handwashing Facilities

Zone	Multi-Zone	Required	Shared External
5	All	Yes	Yes

- Hand basins will need to be provided in accordance with the building regulations.
- These should be strategically located and discretely designed in passageways to minimise the 'institutional' impact.
- Hand basins should have elbow taps or electronic sensors.

Functional Relationship

Handwashing facilities should be provided at a convenient locations throughout the facility.

5.8.2 Staff Toilets

Zone	Multi-Zone	Required	Shared External
5	All	Yes	Yes

- Toilets need to be provided in accordance with the building regulations. They may be of conventional design or for disabled use.
- Staff toilets may either be unisex or male/female.
- Toilets are described in detail in 'Functional Zone 2B'.

Functional Relationship

Staff toilets should be provided at a convenient location.

5.8.3 Staff Change/Shower/Lockers

Zone	Multi-Zone	Required	Shared External
5	All	Yes	Yes

It is recommended that a staff shower (in accordance with building regulations) be provided, which will also be large enough for a person to change clothes.

Fittings and Finishes

- A lockable cupboard for staff personal belongings can either be purpose built joinery or proprietary type lockers.
- Floor – safety non-slip vinyl.
- Walls – impervious to 2100 mm and washable.
- Ceiling – painted.

Functional Relationship

Staff shower, change area and lockers should be provided at a convenient location within the facility.

5.8.4 Staff Lounge and Kitchenette

Zone	Multi-Zone	Required	Shared External
5	All	Yes	Yes

- Staff should be encouraged to share dining and social spaces with residents. However, they also require a place to retreat, relax and rejuvenate themselves. A small staff lounge/entry area with a kitchenette is recommended.

Furniture , Finishes and Fittings

- Kitchen cupboards, a small sink and bench space.
- Table, chairs, microwave oven and refrigerator.
- Floors – carpet or vinyl.
- Walls and ceiling – paint.
- Joinery – laminate or timber.

Functional Relationship

The staff lounge and kitchenette should be provided at a convenient location and ideally have external access yet not be too distant from the main residents' area.

6 Other Planning Issues

6.1 Town Planning

Government regulations may require that the proposed facility be submitted for town planning approval. Should the local council receive objections, the approval process can be extremely lengthy (several months). The attitude of the relevant council to the project should be ascertained early in the planning process and any particular council requirements taken into account. The council will have policies as to:

- Car parking provisions.
- Building heights.
- Plot ratios.
- Landscaping requirements.
- External appearance in some cases.

6.2 Property Agreement

Where the proposed facility is to be built on freehold land owned by anyone other than the Department it will be necessary to have in place a property agreement guaranteeing ongoing access to the facility for the purposes of an aged care residential service. The structure of such agreements will give overall control of the site to the Department for the useful life of the building with a sub-lease back to the service provider for the term of the service provider agreement.

7 Appendices

Appendix 1: Functional Area Schedule

30 Bed Aged Care Residential Facility

Zones	Space	m ²	No	Total	Comments
Zone 1: Arrival	Entry	15	1	15	Allow seating for up to four people.
Zone 2A: Living – Private	Bedrooms	14	24	336	
	Bedrooms – shared	27	3	81	
	Ensuites – single	5	14	70	Toilet visible from the bed.
	Ensuites – shared	6	8	48	Toilet visible from beds.
	Bathroom	12	1	12	Island bath, shower, toilet and hand basin.
	Sitting areas	12	3	36	Provide one sitting room per cluster.
Zone 2B: Living – Communal	Lounge	30	3	90	Three square metres per resident Lounge may adjoin dining room.
	Dining	20	3	60	Two square metres per resident. Kitchen and dining to be collocated.
	Kitchen/ette	12	3	36	One point two square metres per resident
	Garden/courtyard	200	3	–	Each cluster to have its own secure backyard.
	Activity space	30	1	30	May adjoin lounge with operable walls between.
	Therapy area	14	1	14	
	Toilets	4	3	12	One per each cluster near the lounge/dining areas.
Zone 3: Clinical and Administrative	Staff base	18	1	18	Report writing area, file storage, photocopying.
	Treat/medication	12	1	12	Storage for medication and examination table.
	Quiet/interview	14	1	14	Up to six people.
	Office	14	1	14	For manager.
Zone 4: Service And Support	Passageways				One point five metres minimum clear between handrails.
	Clean utility room	5	2	10	May be two smaller rooms or one larger room.
	Dirty utility room	5	2	10	May be two smaller rooms or one larger room.
	Laundry	10	1	10	Washing machine, dryer, trough and small bench.
	Clean linen store	6	1	6	
	Residents store	12	1	12	
	Equipment store	16	1	16	
	Cleaners store	6	1	6	
Soiled linen/waste	10	1	10		
Zone 5:	Staff amenities	26	1	26	Includes staff lounge, toilets, shower and locker space.
Total nett area				1004	
Circulation/plant 35 per cent				352	
Total gross floor area				1356	

The following ratios indicate the number of shared/single facilities in a 30 bed facility:

Single Room – Ensuite	Single Room – Shared Ensuite	Adjoining/ Double Room – Shared Ensuite
50 – 60 per cent	25 – 30 per cent	15 – 20 per cent

Site Area Requirements for a 30 bed facility with three clusters		
Space	Comments	m ²
Residence	Gross floor area	1356
Backyards	Assumes one secure area of 200 square metres for each cluster	600
Front yard		200
Car parking	Fifteen cars	375
Storage Sheds	Garden and maintenance materials/tools	20
Service Bay	Delivery vehicles including turning circle	100
Front Canopy	Allows for two vehicles	60
Total nett site area:		2711 m²
Allow 20 per cent for circulation, boundary setbacks and shape of block:		543 m²
Total site area required for a 30 bed facility:		3254 m²
Site area may be rounded at:		3300 m²

Building Area Schedule

Based on the requirements for each functional area, the total gross floor area (GFA) for a 30 bed stand alone facility is 1356 square metres. This includes circulation and assumes three clusters of 10 beds each.

Some key elements in developing the facility area schedule include the following:

- Bedrooms shall not be less than 14 square metres per bed.
- Each bedroom shall have direct access to an ensuite of not less than 5 square metres.
- Lounge and dining/kitchen(ette) shall be a total of 6.2 square metres per resident.
- Small sitting rooms are to be 12 square metres each.
- Assisted bathroom 12 square metres.
- Storage total of 50 square metres.
- Quiet interview 14 square metres.
- Dirty and clean utility rooms total 20 square metres per 30 residents.
- Residents laundry 10 square metres.
- Circulation space 35 per cent of nett floor area.

Appendix 2: Assessment of Existing Facilities

Assessment and Evaluation

Assessment and evaluation of existing facilities and design proposals for new facilities need to reflect the principles and objectives of the 'Commonwealth Residential Aged Care Program' and the Department. The aim of assessment is to ascertain a facility's:

- Community service demand.
- Viability.
- Ability to meet Commonwealth certification and accreditation.
- Fabric and infrastructure condition.

Assessment examines the facility's design and capacity of the design to achieve the best standards of care and outcomes for residents and staff. It provides a broad evaluation of the building fabric and its functionality to assist the Department to undertake comparative analysis between facilities and prepare regional and State priorities for the capital works program.

Assessment findings may be classified into the following three categories:

- **Major Costs**
Consideration needs to be given to one of the following:
 - A 'Greenfield proposal'.
 - A major redevelopment of existing facilities.Costs for this category may be \$1,000,000 and over.
- **Significant Costs**
This category indicates that significant building works are required to meet the 'Regulations and Guidelines'. It usually entails redevelopment of existing facilities with possible minor extensions. Costs for these may be from \$250,000 – \$1,000,000.
- **Minor Costs**
This category involves upgrading and minor building alterations and/or refurbishment. Costs may be up to \$250,000.
Funding for minor works may be:
 - Undertaken by the agency for amounts up to \$50,000.
 - By application for 'Annual Provision Funds' up to \$250,000.

New Works Versus Refurbishment

The advantages and disadvantages of either constructing new facilities or refurbishing and extending existing buildings need to be fully evaluated when determining the preferred development strategy.

The outcome will be influenced by:

- Service plan/need analysis.
- Site suitability.
- Capital costs.
- Resources.
- Ongoing maintenance costs (asset management policy).
- Staging of works.
- Inconvenience to residents when redeveloping.
- Community perception of facilities.
- Operational efficiencies.
- Integration with older health and community services.
- Outcome standards – accreditation.
- Certification.
- Relationship with other services.
- Net present value (return on capital investment).

This evaluation process is to be carried out in accordance with the Capital Works Guidelines and will incorporate the following:

- Service plan/needs analysis.
- Master plan.
- Feasibility study.
- Investment evaluation study.

In undertaking this evaluation process one should be innovative yet pragmatic and take into account:

- The residents' needs.
- Staff requirements.
- On going maintenance costs.

Capital Costs

The indicative costs listed below are a guide to the development of new aged care residential facilities. They are based upon 'normal' conditions and should be used only to determine initial budgets.

For more accurate costings on a specific project the services of a quantity surveyor should be engaged.

Capital costs to be considered for residential services include:

- **Building Costs (cost per square metre)**
Includes allowance for site works, external services, building services, fittings and design contingencies.
Cost may be \$1,500 to \$1,700.
- **Construction Contingency**
(Percentage of building costs only).
New works 2.5 per cent.
Refurbishment works 5.0 per cent.
- **Loose Furniture and Equipment**
This includes beds, chairs, tables, cabinets, window furnishings and so on.
Costs may be 8 per cent of building costs.
- **Fees (including all Consultants)**
Fees are a percentage of building costs plus loose furniture and equipment where a consultant is involved in the selection.
These fees may be from 9 – 12 per cent of costs.

For new developments the total building cost per bed is approximately \$80,000 to \$100,000 (excluding land purchase costs).

Notes:

- Special conditions such as locality, sub soil, topography and asbestos removal will result in a variation to the cost per square metre.
- Refurbishment or alteration works will be a proportion of new costs.
- If such costs are in excess of 60 per cent of new costs then serious consideration has to be given to the long term benefits of refurbishment works against new works.

Capital Works Guidelines

The implementation of an aged care residential facility project needs to meet the requirements of the Department's capital project.

For further information regarding the capital works requirements, reference should be made to the published series of *Department of Human Services Capital Development Guidelines*. They are:

Series 1	General Management Guidelines
1.1	Policy and Procedures Manual
1.2	Project Management Overview
Series 2	Organisation
2.1	Project Control Groups
2.2	Consultant Engagement
2.3	Cost Plans and Reports
Series 3	Investment Evaluation Phase
3.1	Service Planning
3.2	Business Planning
3.3	Planning Briefs
3.4	Master Plan Studies
3.5	Functional Briefs
3.6	Feasibility Studies
3.7	Schematic Design
3.8	Investment Evaluation Reports
3.9	Value Management Studies
Series 4	Documentation Phase
4.1	Design Development
4.2	Contract Documentation
Series 5	Implementation Phase
5.1	Tendering, Evaluation and Acceptance
5.2	Construction Insurance
5.3	Contract Administration
5.4	Commissioning of Facilities
5.5	Decommissioning of Facilities
5.6	Post Occupancy Evaluation
Series 6	Technical Guidelines

Appendix 3: Glossary of Terms

- Accommodation services – these include the basic ‘hotel’ or accommodation related services to be provided to all care recipients who need them.
- Accreditation – the formal recognition provided to a residential care service by the Aged Care Standards and Accreditation Agency where that service is considered to be operating in accordance with the legislative requirements of the Aged Care Act, and providing high quality care within a framework of continuous improvement.
- Accreditation standards – standards against which facilities apply for accreditation. There are four accreditation standards focusing on management systems, staffing and organisational development; health and personal care; resident lifestyle; and physical environment and safe systems.
- Aged Care Act 1997 – the principle legislation that regulates the residential aged care program from 1 October 1997. The Act covers residential aged care (including former nursing homes and hostels), flexible care (including former Multi Purpose Services (MPS) and nursing home options), and community aged care packages. The Act does not cover ‘Home and Community Care’ services, ‘Domiciliary Nursing Care Benefit’ and aged care services that are administered under State or Territory legislation such as ‘Retirement Villages’. The Act supersedes the National Health Act 1953, which regulated the nursing home industry and the Aged or Disabled Persons Care Act 1954 which regulated the provision of hostel care, community aged care packages and capital funding for nursing homes and hostels for most purposes.
- Aged Care Assessment Team (ACAT) – multidisciplinary team of health professionals responsible for determining eligibility for entry to a residential care facility.
- Allied health – the term used to describe health professionals providing a range of therapies other than medicine and nursing; for example, physiotherapists, occupational therapists, speech pathologists, social workers, dietitians, psychologists, podiatrists and diversional therapists.
- Asbestos audit – an audit carried out by a qualified assessor on existing buildings to determine if there is any asbestos and identify it as a risk factor.
- AS – Australian Standard – documents prepared by the Australian Standards Association which the construction and operation of facilities should comply.
- Capital Funding – financial assistance provided by the Commonwealth to approved providers to buy land and buildings, build, demolish or upgrade premises and purchase equipment.
- Certification – a specified standard of building and care that facilities must meet to enable them to charge accommodation bonds and be eligible to receive Commonwealth subsidies for concessional and assisted residents. Facilities that apply for certification are assessed independently of the Department through the application of a nationally consistent assessment instrument.
- Classification level – care recipients approved for residential care or for some kinds of flexible care, are classified according to the level of care they need. The classifications may affect the amounts of residential care subsidy or flexible care subsidy payable to approved providers for providing care.
- Community visitor – a volunteer who befriends a care recipient who has been identified by the facility as being at risk of isolation.
- Clinical care – specialised or therapeutic care that requires ongoing assessment, planning, intervention and evaluation by health care professionals.
- Continence management – the practice of promoting and maintaining continence and the assessment, evaluation and action taken to support this.
- Continuous improvement – continuous review by managers, staff and residents of policies, practices and service outcomes to identify and implement improvements for better outcomes.

- Director of Nursing – a registered nurse who has overall responsibility for the nursing care provided in a residential care facility.
- Enrolled nurse – a person who is enrolled by a nurses’ registration board in a State or Territory.
- Facility area schedule – a schedule of rooms and their floor area to be provided in a development.
- Fire Safety and Risk Assessment – an audit carried out by a fire engineer to determine the fire safety risks of existing buildings and undertake a risk assessment of existing conditions for the proposed development.
- Functional – a mode of activity that fulfils its purpose.
- Legionella testing – the testing of equipment and service supplies to determine the existence of legionnaire’s disease.
- Gross Floor Area (GFA) – the total floor area of a building including individual rooms, circulation and equipment.
- Healthstreams – is a rural funding and service model that aims to consolidate numerous existing funding programs from a variety of State government sources into a single more flexible system.
- High care resident – a care recipient who is assigned to classification levels one to four using the resident classification scale. The level of care required is broadly equivalent to the nursing home care provided under the previous arrangements.
- Hospitality services – hotel-type services that support basic, everyday living needs.
- Isolated facility – a facility that has been approved as being isolated due to it being in a remote location.
- Low care resident – a care recipient who is assigned to classification levels five to eight using the Resident Classification scale. The level of care required is broadly equivalent to the hostel level of care provided under the previous arrangements.
- Medical treatment – any action carried out or delegated by a medical practitioner to address the care recipient’s health needs.
- Multi Purpose Services (MPS) – a joint Commonwealth and State Program which globally funds the single management of integrated rural health services including acute aged care, primary and community care.
- Nursing and personal care – care which a care recipient requires for a medically related condition and/or assistance with personal tasks such as washing and dressing.
- Nursing and personal care staff – staff in residential care facilities responsible for providing nursing and personal care to care recipients.
- OH and S – occupational health and safety.
- Outcome standards – the minimum Commonwealth objectives required in providing aged care residential services.
- Policies – documented statements of intent in relation to an activity.
- Practices – the actions carried out by staff with a responsibility for that activity.
- Principle – a statement reflecting the philosophy of a standard and which is supported by the expected outcomes for the standard.
- Quality system – the organisational structure, responsibilities, procedures, processes and resources for implementing quality management.
- Personal care – assistance provided to care recipient to perform personal activities such as bathing, toileting and dressing.
- Psychogeriatric – refers to the psychological and psychiatric problems of some aged persons.
- Qualified nurse – a person who is enrolled or registered by a nurses’ registration board in a State or Territory.
- Registered nurse – a person who is registered by a nurses’ registration board in a State or Territory.
- Remote facility – a facility located in a remote area - this will depend on how the Statistical Local Area where the service is located is classified in the ‘Rural, Remote and Metropolitan Areas Classification’ published by the ‘Australian Bureau of Statistics’.

- Resident – the term generally used to describe the recipients of care in a residential aged care facility as distinct from the term ‘care recipient’ used within the regulatory framework. A resident has been assessed by an ‘Aged Care Assessment Team’ as requiring residential care and resides in a Commonwealth-funded residential facility.
- Residential care – personal and/or nursing care that is provided to a person in a residential care facility in which the person is also provided with accommodation that includes appropriate staffing, meals, cleaning services, and furnishings, furniture and equipment, for the provision of that care and accommodation.
- Residential care facility –a facility consists of a number of approved places at a specific location. In the Aged Care Act a facility is called a ‘service’.
- Residential care standards – standards for residential care facilities to ensure care recipients are receiving appropriate care. Residential care facilities cannot charge accommodation bonds unless they achieve certification. One of the requirements of certification being that the ‘Residential Care Standards’ are met.
- Resident classification – process of assigning a care recipient to one of eight care levels based on their assessed relative care needs. Relative care needs are determined according to a rating against 22 questions on the ‘Resident Classification Scale’.
- Resident classification scale – a nationally consistent instrument which assesses a care recipient’s care needs. This scale has eight classification levels ranging from low to high care, with each level having a specified subsidy level which is paid to the provider for providing the required care to the care recipient.
- Respite care – care given as an alternate care arrangement with the primary purpose of giving the carer or a care recipient a short-term break from their usual care arrangement.
- Small facility – a facility with less than 30 places.

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