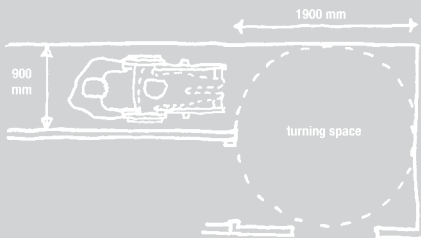
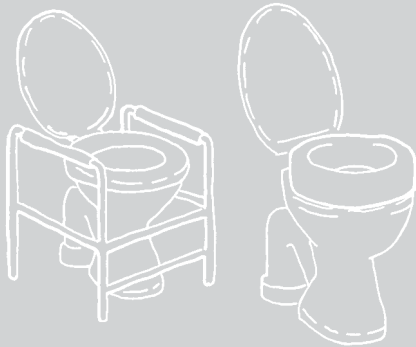
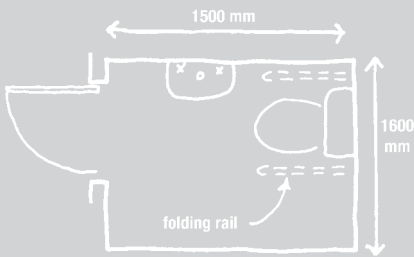
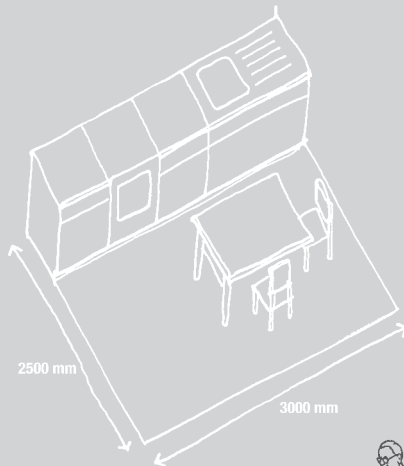




Alzheimer's Disease
International



Planning and design guide for community-based day care centres

This revised edition of the *Planning and design guide for community-based day care centres* was originally published by the Alzheimer's Society (UK) in 1992 and is published with permission.



**Alzheimer's Disease
International**

64 Great Suffolk Street
London SE1 0BL
Tel: +44 (0)20 7981 0880
Fax: +44 (0)20 7928 2357
Email: info@alz.co.uk
Web: www.alz.co.uk

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Summary

This design guide sets out the principles for the provision of day care centres which can give some respite for people who provide care at home for relatives with dementia. The main principle is that the day care centre should be as much like home as possible, but with additional facilities to extend the services available to both the clients and the carers.

The minimum requirements for a day centre for people with dementia are probably the part-time use of the living room, kitchen and toilet in a small house, and for dedicated and skilled staff to look after them. This, after all, is how many families care for a relative who has dementia.

PART 1: Planning Guidelines

The importance of initial planning for any proposed day centre, including defining objectives, identifying existing facilities and resources in the area, and establishing realistic budgets.

PART 2: Design Guidelines

People: the varied needs of people with dementia (the clients), of the people who look after them at home (the carers), and of the staff at the day centre. Activities and general considerations in the design and furnishing of accommodation for people with dementia.

Design considerations: a brief description of the main issues to consider, according to functions, activities and rooms, with a cost checklist.

Introduction

Aims and methods

This guide aims in a simple way to provide an outline of the basic requirements for a community-based day care unit for people with dementia. Its main purpose is to describe the minimum physical provision which is required to provide care for a small number of users on a daily basis. Far from seeking to define what is required for an ideal day centre, the guide sets out the minimum requirements so that effort and resources can be concentrated on those features which are essential.

The guide is based on the results of visits to day care centres run by voluntary organisations and by social services departments. Only two of the centres visited were purpose built; the others were in converted buildings in a variety of different settings, with a minimum of adaptation.

The guide does not attempt to deal with the financing, staffing and management of day care centres and is not intended to include sophisticated schemes for new buildings. The emphasis of the guide is mainly on the use of existing buildings with limited resources.

Why provide day care for people with dementia?

Day care is a key component of a comprehensive support service for elderly people, their carers and their families. The tradition of providing care on a daily basis for the frail elderly, the physically disabled and the mentally ill is well established and people with dementia have many of the same needs as people with other disabilities.

There is no known cure for dementia. The requirement for care is therefore for the long-term maintenance and monitoring of the person with dementia, and for relief for the carers. In this design guide the term Alzheimer's disease is used to include all types of dementia.

Community day care centres provide, in theory, a long term commitment and very often see their main role as one of providing respite for the carer. If this respite is going to be valuable both for clients and carers the building should allow for a variety of

activities to take place. These should include those that best maintain the individual's residual skills, and that stimulate each client to his or her maximum potential. The necessary medical treatment for secondary conditions should be made available.

Objectives for a day centre

The objectives for a day care centre could include some or all of the following:

- to reduce the stress on carers by giving them respite from the burden of caring
- to contain the problem, primarily by enabling the carers to continue caring
- to provide therapy for the people with dementia in order to manage the consequences of the disease
- to enable older people to continue living within the community
- to support carers and their families.

PART 1

Planning

guidelines

Introduction

The aim of community care is to enable people in need of care to live as fully as possible, and for as long as possible, in their own homes. In the case of people with dementia, a key component of comprehensive support may be the existence of a day care centre where they can be looked after for short periods of time, giving them the opportunity of outside stimulus and their families an opportunity for rest or respite.

This booklet aims to give some guidance to voluntary organisations who have recognised the need for a day centre for people with dementia in their area and wish to set up such a service or have agreed with a local authority to run a centre. The guide focuses exclusively on design considerations and only touches on the management and financing of such schemes in so far as they are inextricably linked to the building requirements.

This guide does not attempt to be a blueprint for the ideal day centre. New buildings are beyond its scope but the more common needs of adapting an existing building, of choosing appropriate furniture and fittings, of simple adaptations and decorations are addressed.

Community care legislation

It is essential to check the community care legislation in your country before proceeding with planning your day care centre.

The planning process

Initial planning

The voluntary organisation will want to ensure that the need for day care is properly established. It may be that a more flexible approach to transport, for

example, would mean that an existing centre could be used more fully. It is most important to ensure that any new facility is really needed and will be used by the carers. However, it is almost impossible to make an accurate assessment of the numbers with dementia in any locality and of the potential clients in advance.

The necessary steps at the initial stages will include:

- An assessment of local needs, including a review of the existing resources and facilities in the area, in consultation with the social services departments and the health authorities. An appraisal of the potential demand can then be made.
- A statement on the fundamental purpose of the proposed centre. This will include: a definition of those who will be eligible as clients; the establishment of specific targets for the numbers of clients to be cared for; and the activities and support services to be provided.
- The appointment of an executive management committee, with appropriate professional and technical advisers, to undertake the planning of the organisation and its administration, financing, staffing and building requirements.

Small is beautiful

Although the stages of planning for a new day care centre may seem long and complicated, there are many practical advantages in planning for this service on a local scale:

- Budgets can be relatively modest and may be funded with contributions from a variety of sources.
- Existing buildings of all kinds can be considered for adaptation and may provide opportunities for imaginative and successful projects.
- Collaboration with other organisations and caring services can enable a day care centre to develop as part of a co-ordinated community based service to meet the needs of people with dementia.
- The concept of a simple and small scale project is easy to communicate to all concerned, including existing home carers and the community in general.
- The practical realisation of such a project provides strong motivation for everyone involved.

It should be noted that one of the most successful centres visited in the preparation of this guide was an ordinary domestic bungalow with a few basic

alterations to improve the access, and the sanitary and cooking facilities.

The people

The clients

The size of the available building will influence the number of clients who can be cared for in any one day. Even where space is no problem, it is possible that about 16 is the maximum number that can be accommodated comfortably and with the maintenance of a domestic atmosphere. However, financial pressures may result in the day centre having to be planned for a larger number.

The condition of the clients is likely to vary considerably, depending on the stage of dementia and on their physical health and mobility. Most day centres which cater for people with dementia cannot cope with those who are also severely physically disabled. It is possible that elderly people who are mentally ill and suffering from a non-organic mental illness such as depression may be accepted. The day care centre organisation may also find it easier to look after clients with severe dementia on different days from those in the early stages of the disease. These are decisions which will depend on the numbers requiring the service, and the numbers of days a week on which the day centre will be open.

The design and character of the day centre can contribute greatly to the amount of independence which may be safely allowed during the daily activities. If the group is small, the building is secure, there are sufficient staff and there is more than one room for the clients, it may be possible to allow the clients considerable choice in what they do. Knitting, drawing or cooking may be particularly beneficial because these are skills which are often retained for some time.

The carers

Older carers

Most people with dementia are elderly and cared for by an elderly spouse. The respite provided by a day care centre may just be sufficient for the carer to be able to keep their relative at home. They may even find that, relieved of the constant pressure of care, the time spent with their relative becomes more pleasant. For these people, respite care on one or more days per week from about 10.00 am to 3.00 pm may be sufficient. Such care can, if necessary, be provided in

a building which is used for other purposes at other times.

Younger carers

Younger people with dementia may have a spouse or children who have to go out to work and for whom part-time day care is quite inadequate. The situation for this group of carers is particularly severe. There is a lack of suitable day care provision and there is often no alternative to the person having to go to a centre for the over 65s. For this group, it may be necessary to provide care for longer hours, so that the 'bread winner' may continue in employment. In these circumstances a full time day care centre may be the only alternative to institutional care and alternative uses of the building are less likely to be acceptable. Such considerations have a profound influence on the design, staffing, management and funding of a day care centre.

Emotional and practical support for carers

The service provided by the centre can be greatly extended if there is regular contact with the carers. Every day centre should have a small quiet room where individual carers can be counselled. It is best if the quiet room is situated near the entrance so that carers can talk things over with a member of staff whenever they visit the centre.

The staff

Staff at the centre will be greatly assisted if the design of the accommodation and the provision of equipment and facilities are appropriate. Unfortunately, at many day care centres, the staff have to manage as best they can with limited facilities. Staff may be paid, or may be volunteers. All will require training and there should be sufficient space for this. They will need an understanding of dementia and its problems, and of caring, communicating, lifting and helping physically frail and disabled people. Staff meetings and training sessions will need to take place in the centre.

A day care centre should also, if possible, have a room where staff can relax from time to time during the day and where a member of staff can be counselled when under stress. The demanding nature of the work means that support to staff, whether paid or voluntary, is an important aspect of the managerial task, and is easier if there is a staff room.

Main activities

The company of other people and the activities provided in the centre may stimulate the person with dementia. Many of the activities at a day care centre will aim to maintain residual skills.

Reminiscence

Short-term memory loss is the most frequent early symptom of Alzheimer's disease. However, long term memory may remain largely intact and much pleasure may be given through reminiscence therapy involving the use of newspapers, photographs, objects and so on from the person's youth. Some centres even furnish rooms in styles from the past.

Domestic activities

While people with dementia may not know why they are carrying out certain tasks, they will derive satisfaction from doing things that they once did with efficiency. Painting, cooking, gardening and so on can provide that satisfaction. The appropriate space for these activities needs to be provided.

Table manners and hygiene

The ability to use a knife and fork and to shave may be an early loss in the progression of the disease. If the day centre staff can help with these basic skills and support the person for as long as possible, the family will benefit. Toilet facilities with plenty of room for assistance are also very important.

Entertainment and hobbies

People with dementia do not lose all their original interests at once. Their attention span tends to be short, but they should be given the opportunity to express past talents. Music and singing are often among the last faculties to go, and the words of songs are remembered long after normal conversation is a thing of the past. Simple games like dominoes, lotto and bingo are often enjoyed, especially with help from staff or volunteers. A piano and tables would thus normally be part of a day care setting.

Physical exercise

People with dementia need as much exercise as anyone else. The temptation to leave the patient in front of a television screen at home is one of the reasons why a good day care programme can be very

valuable. People with dementia may sleep badly and be more inclined to wander if they have not had enough exercise.

Space is necessary so that short sessions of exercise or dancing can be held in the centre. Accompanied walks in the fresh air are even more therapeutic.

Outings

If the centre has transport, many people enjoy outings to parks and other places of interest.

Transport

Transport is often a problem when providing day care services, especially where vehicles are provided by hospitals or other organisations with other demands for their services. There are immense advantages if a day care centre has its own vehicle for the transport of clients.

The most suitable vehicle is usually considered to be a minibus with forward facing, chair type seats, good visibility through the windows, easy communication between the driver, the escort and the passengers, and good heating/air conditioning. The vehicle should have a tail-lift if possible. Ideally the vehicle should be able to discharge and to pick up clients at the day centre under a canopy or other protection from the weather. In any event, the vehicle should be able to park safely close to the day centre for the considerable time that may be required to transfer the clients to and from the building.

Other considerations influencing design

General health

People with dementia do not communicate well or register their complaints reliably so there is a need for a day centre to have good medical records on individuals and to be able to make contact with the clients' doctors.

The planning and furnishing of a day centre should allow for the necessary records to be kept securely and for medical consultations to take place if this is arranged with the family doctor or specialist.

Maintaining a day book which records anything of significance happening during the day, which is accessible to all staff when on duty, may be a great help. The location for keeping the day book should be planned in advance.

Incontinence

The problems of incontinence have considerable bearing on the design and furnishing of a day care centre for people with dementia. The design of the building should ensure that the toilets are easy to get to and to use, and the selection of furniture and carpets can help to reduce the problems caused by incontinence and accidents.

It is usually possible to retrain or to control incontinence by regular toileting. It is therefore important that there should be sufficient space in the toilet compartments for staff to be able to assist clients. A toilet adapted for wheelchair users is nearly always essential. Privacy and dignity for the client are very important.

Incontinence in people with dementia may not be due to neurological problems and the reasons for the incontinence should be investigated. For example, the client may be disoriented and unable to find the toilet or unable to make themselves understood. In other cases the client may be angry and frustrated, using incontinence as a way to strike back.

People with dementia are often embarrassed and humiliated by incontinence and appreciate help in overcoming the problem. Sympathetic and matter-of-fact handling are essential. Families or carers may be able to help staff to understand any problems, such as constipation or diarrhoea, which need to be attended to. The centre needs to be organised so that carers can discuss these and other matters of private concern either in the quiet room when delivering or collecting the person, or by telephone, and that accurate records are maintained to enable the situation to be monitored.

Meals

Nutritious meals may not be available to the clients except at the centre, and consultation with a dietitian and with the family as to likes and dislikes is advisable. Dietary restrictions or requirements of the clients, including those of ethnic or religious minorities, should be maintained.

Meals are usually brought in from a separate kitchen and should be similar to a family hot meal.

They should not consist solely of salads or sandwiches. Any wrappings should be removed in advance. Food temperatures, especially hot soups and drinks, should be checked by the staff.

If possible, the tables should be set up before the clients enter the dining room or eating area so that they can go straight to their places. (Clients could be encouraged to help with the laying of the tables.) The tables should be set up without salt or sugar as these are likely to be overused by the clients.

The meals should be an important part of the day. It may be helpful if staff eat at the same tables as the clients to minimise problems and to help make mealtimes relaxed and enjoyable.

The concentration of clients is improved by having as few people standing as possible and tables should be for small groups (say 4-7 people).

Toilets should be near the dining area. Some clients may need help and privacy in fitting or removing dentures before and after meals.

Personal hygiene

If possible, at least one bathroom should be provided and should contain a suitable modern type of assisted bath. Baths with a hoist, such as those used in hospitals, may be very alarming for elderly people and are not necessary in a day care centre.

Hairdressing and chiropody services can be very welcome and, if possible, space needs to be set aside for them.

PART 2

Design

guidelines

Essential qualities

The essential quality for a successful day care centre is that it should be welcoming and domestic in character. This is likely to be particularly important for carers who would not wish to send their relative to an institutional environment but who can feel relaxed when they know that the person is being well looked after in a cosy sitting room.

The quality and design character of a day care centre are therefore important for:

- Clients, providing an environment where they can spend a tranquil and enjoyable day.
- Carers, who need to feel comfortable and relaxed, without feeling guilty, about a loved relative spending time at the centre.
- Staff, who need an environment where they can look after those entrusted to their care and work efficiently during a very demanding day.

Many different types of building have been used as day care centres for people with dementia. All the successful examples are suitable for a wide range of activities to be carried out and, as far as possible, are welcoming and domestic in character both externally and internally.

Many activities and rest periods take place with people sitting comfortably in a group. Access, floor finishes, furnishings and lighting all need to be designed to meet the special needs of people who may be frail, elderly and incontinent and, at the same time, provide a day care centre which has an informal and domestic atmosphere.

For many clients, nutritious meals may only be available at the centre and meal times are also important in the training and observation of clients. Tables should be laid for a maximum of six or seven people, with an informal and attractive setting.

Choice of building

Conversions

Many different types of converted and new buildings have been used for day care centres for people with dementia. The majority are converted buildings, probably because of the advantages of cost and availability. For example:

- A small converted hall used by a local authority to provide day care on weekdays (12 clients max per day).
- A single storey hospital building, formerly a ward, converted and used by the district health authority as a day centre on weekdays (13 clients max per day).
- Converted houses used to provide day care on four weekdays (20-25 clients per day).
- An old social services building on two floors, with a lift, used by the local authority as a day care centre on weekdays (up to 25 clients max per day).
- A large converted church hall used by the social services department to provide day care five days per week (15 clients max per day).
- A bungalow used by the local health authority on weekdays.

New buildings

Recent examples of new buildings for day care include the following:

- A new single storey building used by a local authority to provide day care seven days a week (15 clients max per day).
- A community room in a sheltered housing scheme used as a day centre for one day each week (12 clients max per day).
- An annexe, sometimes purpose built, which is attached to a private or local authority residential home.
- A mobile day care team, providing day care at different locations on different days of the week. (This is the method of staffing some of the part-time day centres described above and is more common in rural than in urban areas.)

Design and sizes of rooms

Note: approximate areas for rooms and other spaces are given at Appendix B.

Entrance

The design of the entrance to the centre is extremely important, both in practical terms and because the entrance immediately conveys an impression of the objectives, character and atmosphere of the centre.

The route between the entrance and the car or mini-bus park should be as short as possible and the entrance should preferably be protected from the weather by a porch or canopy. The entrance should be suitable for wheelchair and assisted access. It should be well lit, but without glare.

A lockable space is required close to the entrance where the clients' outdoor clothes can be put away safely and clearly labelled when they arrive.

Main room

The main room for general use in the centre should be attractively designed and domestic in character, with suitable light fittings, furnishings, carpets and curtains and planting. Ideally it should offer attractive views onto a well landscaped garden or courtyard and where possible to a pleasant scene beyond.

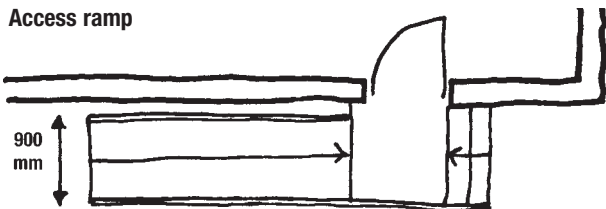
If the room is located immediately next to the entrance, anyone entering or leaving the building can be seen by the staff. This can help in general supervision and may help to prevent clients from wandering out of the building. Ideally, this room should

Access and handrails

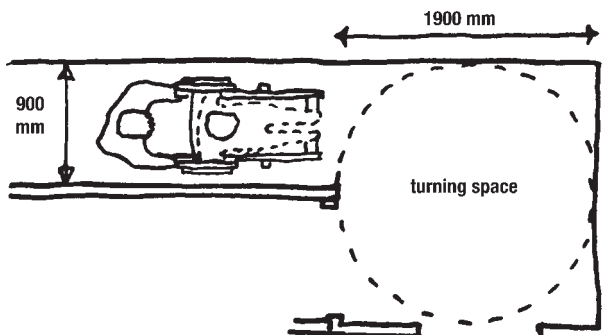
All day care centres should be designed or adapted for wheelchair and disabled access including access ramps and space to enable wheelchair users to move about within the building as necessary.

Fire protection and escape routes are primary considerations in the planning and design of a day care centre. Floor finishes, furnishings, lighting and handrails should be selected to ensure the safety of frail and elderly people, many of whom may be incontinent.

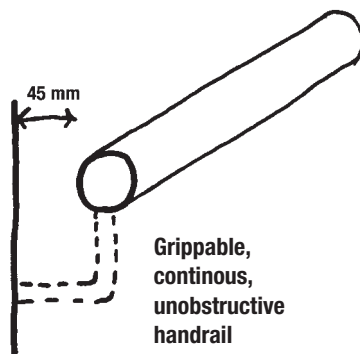
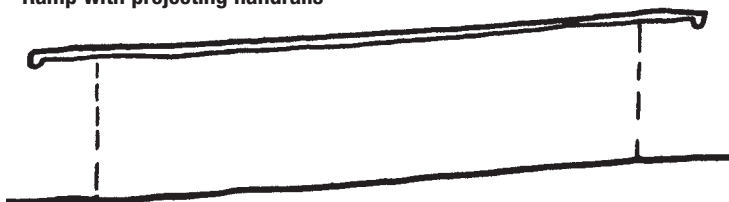
Access ramp



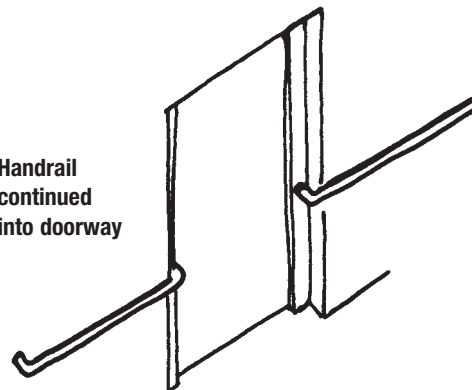
Space for assisted wheelchair access



Ramp with projecting handrails



Handrail continued into doorway



also lead directly to a secure garden or courtyard which the clients can use in good weather.

Office

Every day care centre requires an office with a telephone for administration for quiet and confidential work and for record keeping. The room may also have to be used for consultations, especially if a quiet room is not available. The office should preferably be close to the entrance.

Dining room

It is preferable, but may not always be practical, to provide a separate dining room for taking main meals and snacks.

Quiet room

A small and comfortable room is required for consultations with carers or relatives, or for clients who are temporarily upset or disturbed. If necessary an office may have to be used as a quiet room. A quiet room may also be used for sessions with small groups of clients.

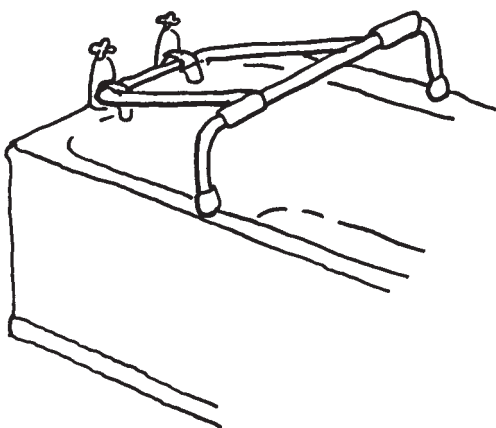
Toilets

At least two toilets should be provided for the clients, preferably next to the main room and readily accessible from the entrance. Where possible a separate toilet and washbasin should be provided for the staff.

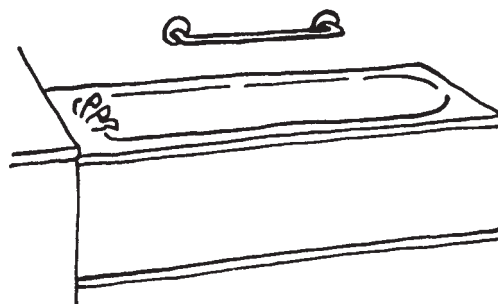
Bathroom and toilet accessories

A number of simple devices can assist clients who are frail, stiff, disabled or confused to use toilets and baths with safety.

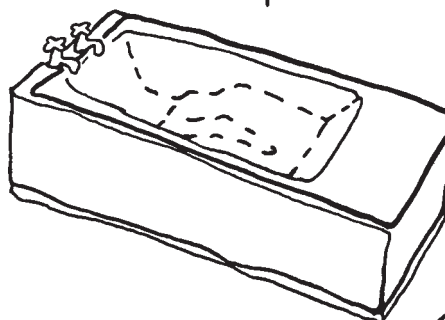
Simple bathtop rail



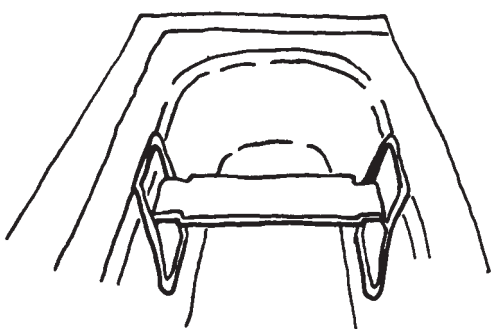
Fixed rail for bath



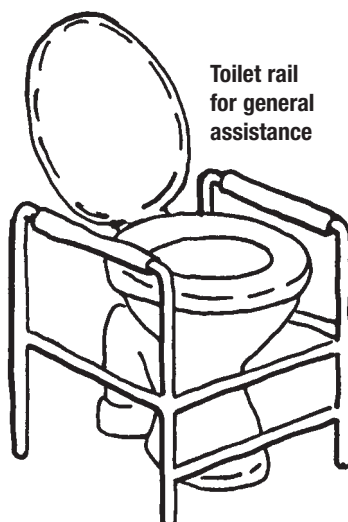
Acrylic liner to reduce depth of bath



Bath seat



Toilet rail for general assistance



Raised toilet seat for people with stiff hips



All toilets for use by clients should have sufficient space for staff to be able to assist and one of the toilets must be suitable for a wheelchair. Doors which open inwards, or which are hung on the wrong side, are common problems which restrict access for people who are disabled or need assistance.

There should be a medium sized washbasin within each toilet space. Rails and aids are likely to be required in each of the toilets used by the clients. The floors of these toilets should be washable and easy to clean.

Bathrooms and shower rooms

Bathrooms or showers are essential for the effective day care of many clients. Although not all clients will wish to be bathed during the day, regular bathing at the day care centre can make carers' lives easier. If only one bathroom can be provided it should contain either a modern bath, with suitable rails and accessories to assist the clients and staff (see page 11), or a Medic-bath which enables clients to be bathed in seated position. If a Medic-bath is to be installed it is essential to ensure that the bathroom heating is sufficient to keep the clients warm while the bath is being filled. If a second bathroom is available it may be useful to have an ordinary domestic bath which may be more reassuring to clients.

Hairdressing and chiropody room

Hairdressing and chiropody are desirable though not essential services. A new hairdo can achieve much to raise self-esteem for someone who is feeling depressed and untidy. A 'parlour' can be set up with few facilities but will be more efficient and useful if provided with a good washbasin, dryer, couch and storage space.

Staff room

Staff will need to relax in privacy for a short period from time to time, especially after dealing with distressing situations. A suitable space needs to be identified for this even if a separate staff room cannot be provided.

Staff toilet and changing room

Desirable but not essential. The clients' toilets should be kept in a condition suitable for anyone to use them but it may be more convenient to have a separate toilet for staff. In any case, staff will need a safe place to leave their outdoor clothes and valuables and for changing.

Safety and Circulation

The main considerations for safety include:

Fire protection and escape routes

It is essential to discuss with the local fire brigade at an early stage any proposals for a conversion or a new building. The fire officer's requirements are likely to include the provision of clear main and alternative fire escape routes, protected by half hour fire resistant walls and doors, and with doors opening outwards toward the escape route. Smoke and heat detectors are likely to be required in the main rooms and circulation areas, together with fire alarms and fire extinguishers. These requirements are likely to be met most readily in small single storey buildings, with short distances to the fire exit. If the use of an upper floor is being considered for a day care centre for elderly people the requirements for fire escape, and particularly for elderly people to be assisted down the stairs, are likely to be stringent and could be prohibitively expensive. These issues should, therefore, be examined at an early stage in any proposal.

Disabled access

Access for wheelchair users and for people with walking difficulties is fundamental to the planning and design for a day care centre. There needs to be sufficient parking space for a minibus with a wheelchair lift (approximately 3 x 6 metres), and the route to the front door must be safe and convenient for all users. This usually involves a ramp up to the front door (see page 10) but when space is limited it may be difficult to ensure that the ramp will not be an obstruction or that visitors do not trip over the end of the ramp.

Protection against wandering

Although the risk of clients wandering off the premises often gives cause for concern, it is important to be aware that doors which may be needed for fire escape should never be locked or bolted when the premises are occupied. A common precaution against clients wandering off is for the front door to be fitted with a buzzer or bell so that staff are aware when the door is opened. If necessary, the same arrangement could be used for some internal doors or they can be fitted with two sets of door handles, one above the other, which is usually sufficient to prevent a confused

person from opening the door. An alternative arrangement, which has worked well in some day care centres, is simply to conceal the door handles behind a curtain or blind as confused clients will not usually make any attempt to open a door if they cannot see the door handle.

Corridors

Ideally there should be little or no corridor space in a day centre. If a corridor has to be provided the width should be at least 1.2 metres to enable people to be assisted and to pass each other. The layout should minimise the problems of clients losing their way, and the character should be non-institutional, with sitting places or attractive features if possible. Handrails may be necessary on one or both sides.

Handrails

Most day care centres do not appear to need handrails on the walls and they are often felt to create a non-domestic atmosphere. However, in existing buildings with long corridors, it may be helpful for some clients if a handrail is fitted on one side of the corridor.

Special handrails to assist disabled people can be very useful in toilets and bathrooms (see page 11). These need to be designed and located so as not to impede members of staff when assisting the clients. Handrails may also be useful to provide support for clients during exercise therapy.

Dangers of falling

Steps in awkward or unexpected places should be avoided as far as possible and should, in any case, be provided with handrails to guide and support the clients. When converting an existing building, steps can sometimes be converted to a ramp but this requires plenty of space as ramps should not be steeper than 1:12.

Loose edges of rugs or carpets can be a hazard in some circumstances but this should not prevent rooms in a small day care centre from being furnished in an ordinary domestic manner. A problem which may not be anticipated is that coloured floors with broad stripes can be misleading to clients who have poor eyesight or who misunderstand the stripe. They may think that the change of colour shows a step or obstacle and take unnecessary care when stepping across it. Conversely, good lighting and a change of colour can help to show the edges of steps or ramps.

Lighting with safety

The eyes of elderly people are slow to adapt to changes in brightness or darkness. Abrupt transitions and glare, whether caused by artificial lights or by sunlight, should therefore be avoided, particularly in entrance halls and circulation spaces. Avoid windows, mirrors and other bright surfaces which can cause glare at the end of corridors. Shield all light sources to minimise glare and select warm-toned lighting if possible. Ordinary fluorescent lighting emphasises the blue-green tones which are the most difficult for elderly people to perceive. Day centres should not contain light fittings and flexes which could be a hazard

First aid

A member of staff must have either nursing or first aid training and a first aid kit should be kept available for minor incidents and emergencies. An accident book must be kept in which all accidents must be recorded.

Security

It should be ensured that day care centres are secure against intruders and burglaries as they may be used by a large number of people but be empty and vulnerable at predictable times.

Catering and cooking

Main kitchen

A well equipped main kitchen is required for the production of the main meals, whether these are cooked at the centre or supplied from elsewhere to be heated and served at the centre. The kitchen should normally be large enough for three members of staff to work at the same time (possibly less if all cooked meals are brought in), should include a large sink and a dishwasher, and should be located immediately adjacent to the dining space. A refrigerator, freezer and storage space for vegetables are likely to be required and their sizes will depend on the number of clients and the method of catering.

Any serving hatch or door between the kitchen and dining room should meet the requirements of the local fire officer. A washbasin is likely to be required in the kitchen and all the catering and sanitary arrangements should be approved in advance by the local authority and the Public Health Inspector.

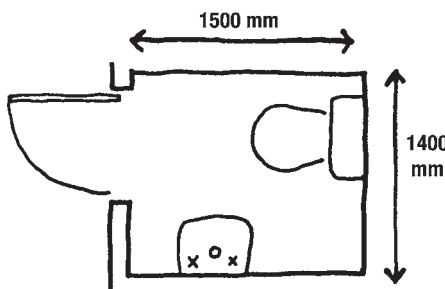
Therapeutic cooking

In addition to the main kitchen, it is very desirable for a day care centre to have a separate kitchenette where the clients can share in cooking activities and enjoy familiar skills, materials and smells. The minimum kitchenette would probably include a worktop, a sink with a drainer, a kitchen table and an oven. This would enable the clients to carry out simple tasks, either sitting at the table or standing at the worktop, and to enjoy the satisfaction and smells of

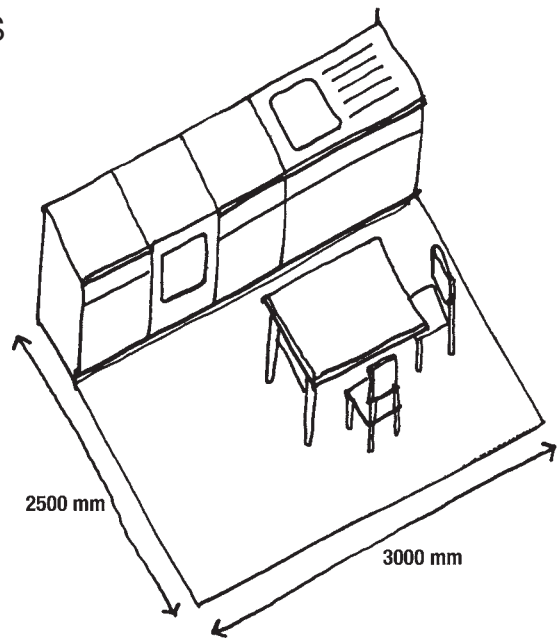
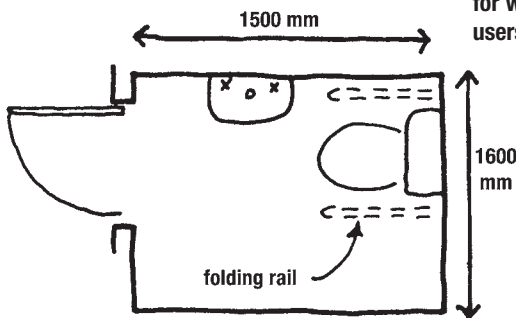
baking without any of the risks associated with hotplates or gas burners.

Clients often enjoy participation in the routine of preparing the daily meals, although the health and safety regulations prevent them from helping in the kitchen when meals are being prepared. If, however, there is a separate kitchenette they might be permitted to assist in such tasks as peeling potatoes or preparing vegetables provided that the standards of hygiene are maintained and they are supervised. Where a separate kitchenette cannot be provided,

Typical layouts for toilets, bathrooms and kitchenettes

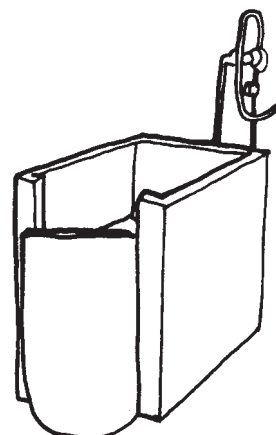
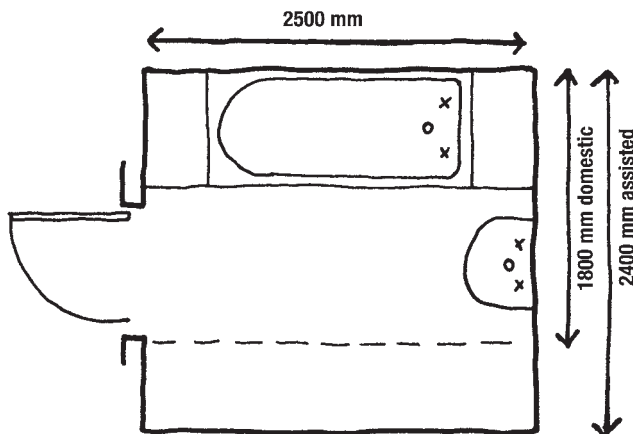


All toilets for the use of clients should have sufficient space for staff to be able to provide any assistance which may be needed. At least one toilet should be suitable for wheelchair users.



If there is to be a kitchenette for therapeutic cooking, this should contain at least an oven, a sink, worktops and a table with chairs so that elderly clients can sit down while preparing ingredients for cooking.

Bathrooms should be at least 2.4 metres (8 feet) wide if there is to be space for staff to assist clients, or sufficient space for wheelchair users.



A Medic-bath, for bathing in a seated position, avoids the need for lifting equipment and occupies less space than a domestic bath. The room must be well heated to keep elderly people warm while the bath is being filled.

opportunities should be sought to enable the clients to use the main kitchen when it is not in use for meals.

Floors, walls and doors

Carpets

Modern washable carpets are generally preferable to other alternatives for the floors of the main rooms in a day care centre. Also consider carpeting in corridors. Carpets have a more domestic appearance, are softer underfoot and absorb noise more than sheet or tiled floors such as vinyl or linoleum.

Traditional carpets with natural fabrics are not suitable in day care centres because they are difficult to keep clean in rooms used by people who may be incontinent. However there are synthetic carpets which are suitable for day care centres. These washable carpets generally have a short synthetic pile (polypropylene), which is totally impervious to liquids, and a waterproof backing which enables them to be cleaned by any standard method of carpet cleaning without loss of colour. These carpets are available in a wide range of mixed colours and are similar in appearance to carpets of natural fibre.

Most synthetic carpets are vulnerable to damage from cigarettes and similar burns and extra care is needed to prevent damage if clients are permitted to smoke at the centre.

Washable floors

The floors of toilets and kitchens in day care centres should be easy to wash and, although hard materials such as quarry tiles are practical in areas of heavy usage, vinyl flooring is equally practical and more comfortable. Non-slip vinyl flooring can sometimes be useful in kitchens and bathrooms but is slightly less easy to clean than the more usual smooth finishes.

Walls and doors

The walls in a day care centre can be decorated with paint or wallpaper as for domestic use. Wall surfaces should have enough texture to enable clients to support themselves but not be so abrasive as to cause injury.

Wallpapers with a vinyl finish are easy to clean and a wide range of attractive patterns are available. For painted walls, emulsion paint is practical and convenient. Gloss paint is very suitable for doors and

woodwork but care should be taken to avoid shiny paints on walls as even the satin finishes, which are very easy to clean, can catch the light, causing high spots of glare and an institutional appearance in rooms which should be restful and domestic in character.

Doors should have lever handles which are easy for elderly people to operate.

Lighting, colours and pictures

Natural and artificial light

Lighting should be generally domestic in character. Tungsten or filament lights are preferable to fluorescent strip lighting. Compact fluorescent lamps provide a similar quality of light to tungsten filament lamps and reduce electricity consumption to one quarter. Particular attention should be given to avoiding glare as this can commonly cause problems for elderly people so, although sunlit rooms may be welcoming and warm, curtains or blinds may be necessary to avoid problems of glare or of excessive heat.

Colours and pictures

Fairly soft colours should generally be used for walls and ceilings in order to create a light and tranquil environment. Most elderly people have failing or defective eyesight and it may therefore be useful to have a difference in tone and colour between walls, doors and door handles in the areas where clients circulate. It is useful for toilets or other rooms to have doors of a certain colour, but nothing in the colour schemes should detract from the domestic character of the day care centre. A selection of pictures can add interest and variety to the rooms in a day care centre, whether or not they are consciously appreciated by the clients.

Furniture, fittings and fabrics

General

Furniture should generally be arranged in fairly informal groupings, and should be easy to move so as to enable room layouts to be rearranged. It should also be reasonably robust while retaining a domestic character. The main room should be sufficiently large to contain a piano, which is always popular and greatly extends the range of enjoyable activities for the clients. A TV set and a radio may or may not be considered to be desirable.


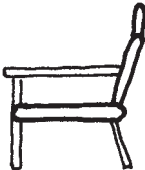




Chairs

The selection of chairs requires very careful consideration. Most chairs used by clients should have arms and be fairly high (to Department of Health

standards) so as to be easy to get in and out of without help. Select chairs where the arm is above or slightly in front of the front edge of the seat and with a clear space under the front of the seat so that the user's heels can be placed underneath. This greatly reduces the burden on staff and allows them more time and energy to attend to the clients. Chairs may have high or low backs. Avoid seats which are so firm that they may cause skin ulcers. A variety of chairs and fabrics can help to achieve a more informal atmosphere than in rooms where all the chairs are identical. For general purposes select chairs with a seat height of 420mm (17 inches) and tables about 760 mm high (30 inches).

If incontinence can be contained it may be preferable to have domestic style chairs but the reality is that at most centres the furniture needs to be proof against incontinence and be easily cleaned. Chairs

Examples of chairs with arms available from a typical range (eg. Parker Knoll 'Milton')

	LOW BACK	HIGH BACK
<p>Low seat (height 420 mm, 16.5 ins) no arms straight arms sloping arms Uses include:</p>	 Sitting in groups or at tables	 Resting for people who are short
<p>Dining seat (height 460 mm, 18 ins) no arms sloping arms Uses include:</p>	 Meals and sitting at tables	
<p>High seat (height 470 mm, 18.5 ins) straight arms sloping arms Uses include:</p>		 For people who are stiff or need extra support
<p>High seat and fitted cushion (height 520 mm, 20.5 ins) straight arms Uses include:</p>	 For people who are tall or very stiff	

Notes:

- 1 in a day care centre for people with dementia, chairs with arms are generally likely to be safer and more practical than chairs without arms
- 2 people need to be able to sit comfortably with their feet in the floor
- 3 high seats and straight arms provide assistance in getting in or out
- 4 sloping arms can be used at a table (height about 760mm or 30 in)
- 5 high backs provide good support but restrict view
- 6 options include:
 - arms with or without arm pads
 - loose cushions
- 7 upholstery choices:
 - all vinyl (for protection)
 - vinyl seat with matching fabric (attractive and practical)

can be protected against incontinence by being fitted with a fabric with a waterproof lining to protect the seat, or with a vinyl covering or with a mixture of vinyl and fabrics. For example, the seat may be covered with vinyl and the back covered in matching tweed fabric. The choice of chairs and other furniture should take account of space, durability, weight, comfort and cost. A wide range of furniture, accessories and fabrics suitable for use in day care centres are available.

Garden or courtyard

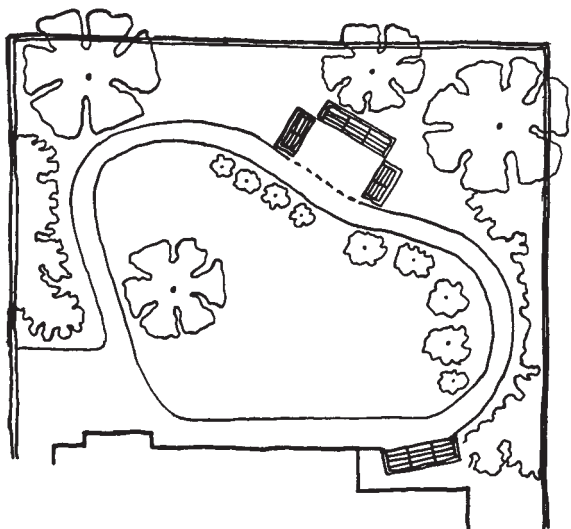
It is highly desirable to have a garden or courtyard at a day care centre. It should receive plenty of sunlight, be planted with carefully chosen plants and have paved surfaces for access over most of the area. There should be plenty of seating, both in the sunshine and in the shade. Provide some seating which gives a sense of enclosure and separation from the main pathway and arrange it so that people can see and talk to each other easily. There should be access and space for wheelchair users to use the seating.

Suitable plants and raised planting beds may enable some of the clients interested in gardening to enjoy familiar and therapeutic activities in the garden.

Garden layout and design

Clients may feel less shut in if the garden or courtyard can be enclosed by planting or hedges instead of by a

A simple garden with a circular path. Seats may be arranged singly or in groups and should generally be shielded from the full heat of the sun.



Raised flower beds can be helpful for people who are stiff or in wheelchairs



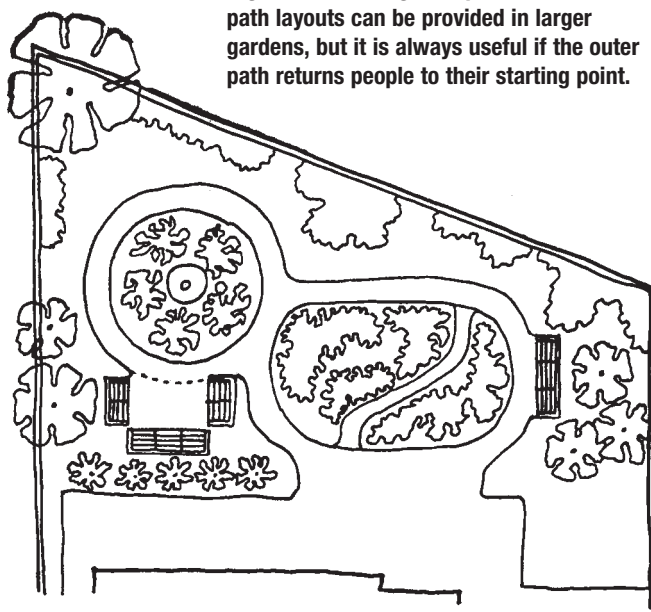
fence or wall. Lighting of the outside space will allow increased use and provide visual interest after dark.

It may be possible to plan a garden or courtyard so as to provide a pleasant and reassuring route on which clients can walk in a circle, or figure of eight, and which enables wandering to become a safe and therapeutic experience, always returning to the same place (see plans below).

Wandering

Day care centres for people with dementia need to be designed to prevent clients from wandering off the premises, but not in ways which emphasise the constraints. A day care centre should, if at all possible, have an attractive garden with places for people to sit and footpath circuits along which they can wander with safety and tranquillity.

A garden with a figure 8 path. More elaborate path layouts can be provided in larger gardens, but it is always useful if the outer path returns people to their starting point.



Utilities and services

Laundry

Clothes and linen may need to be washed on the premises.

A laundry service to carers could be an invaluable part of day care service for elderly confused people but this is rarely possible because of the financial implications.

Storage

Storage spaces are likely to be required for:

- a) occupational therapy equipment
- b) linen and spare clothing
- c) medical equipment and medicines
- d) wheelchairs
- e) office materials

Cleaners' room

A lockable room, with a sink, and with a lockable cupboard for cleaning appliances and materials.

Linen store

A small lockable cupboard for towels, linen, spare clothing and incontinence pads should be located so as to be readily accessible during the day but secure from clients.

Switchgear and services room

Depending on the form of the building, and on the heating, air conditioning system and so on, space will be needed for incoming services, switches, meters and possibly a boiler.

Refuse store

To be located safely and conveniently, and to meet the access requirements of the local authority.

How ADI can help you

Alzheimer's Disease International (ADI) is a federation of national Alzheimer associations around the world whose mission is to improve the quality of life of people with dementia and their carers and to raise awareness of the disease.

One of ADI's key roles is to support members in their activities and encourage the formation of new associations by disseminating information, supporting an annual international conference, encouraging research and stimulating public and political awareness at the national and international level.

ADI produces the following publications:

Booklets

- Help for caregivers
- Starting a self-help group
- Influencing public policy
- How to develop an Alzheimer's association and get results

Factsheets

- Prevalence of dementia
- Organisation of a prevalence study
- Reasons for prevalence studies
- Demography of ageing around the world
- Alzheimer's disease and genetics
- Caring for people around the world with dementia
- Psychiatric and behavioural disturbances in dementia
- Drug treatments in dementia

You can contact ADI for:

- Any of the above materials (these are available free of charge)
- Further guidance in developing an Alzheimer association in your country
- Contact details of Alzheimer associations in other countries

Please call or write to:

Alzheimer's Disease International
64 Great Suffolk Street
London SE1 0BL
Tel: +44 (0)20 7981 0880
Fax: +44 (0)20 7928 2357
Email: info@alz.co.uk
Web: www.alz.co.uk

Appendix A

Main financial considerations checklist

Note: figures are not included because they are so variable. The following, however, are some of the main items that need to be costed.

Capital costs:

Alterations:

plumbing
heating/air conditioning
lighting
wheelchair access safety rails kitchen alterations
decoration

Equipment:

chairs tables cutlery and crockery kitchen equipment
telephone system (and answerphone?) transport

Revenue costs:

water
rent
electricity
gas
telephone

Staff:

salaries
National Insurance
pension schemes (if appropriate)
drivers
volunteers' expenses
training
public liability insurance
property insurance
publicity

Appendix B

Essential or desirable building features and spaces

Note: the following list is intended as a preliminary guide to assist in assessing whether an existing or proposed building is likely to be suitable for use as a day care centre. Where it is not possible to provide the features listed as essential, it may still be possible to achieve a practical compromise.

FEATURE	ESSENTIAL MINIMUM	DESIRABLE
Parking	Space for one vehicle with outside lighting Area approx 3 x 6 m	Parking for five vehicles or more with covered route to front door Area approx 12 x 6 m plus circulation
Front entrance	Access ramp for wheelchairs Entrance lobby Area approx 2.0 x 2.5 m, say 5 sq	Entrance hall Area variable
Internal circulation spaces	Internal circulation spaces, with safety precautions Areas variable	
Space for outdoor clothes	Hanging space Area approx 1 x 2 m = say 2 sqm	
Rooms	Main room for general activities Area approx 6 x 8m = approx 50 sqm Office (for occasional use for counselling) Area approx 2.5 x 3 m = approx 8 sqm	Dining room Area approx 4 x 6m = approx 24sqm Quiet room Area approx 2.5 x 3 m = approx 8 sqm Group room Area approx 3 x 5 m = approx 15 sqm Hairdressing/chiropractic parlour Area approx 3 x 3.5 m = approx 11 sqm Staff room Area approx 3 x 3.5 m = approx 11 sqm
Toilets	2 Toilets Area each approx 1.5 x 2 m = 3 sqm Say 6 sqm for 2 toilets	1 Staff toilet Area approx 1.5 x 2 m = approx 3 sqm
Bathroom	Bathroom with special rails, fittings etc Area approx 2 x 3.5m = approx 7 sqm	Second bathroom (domestic) Area approx 2 x 2.5 m = approx 5 sqm
Kitchen	Main kitchen Area approx 3 x 4 m = approx 12 sqm	Kitchenette for clients' activities Area approx 3 x 3 m = say 9 sqm

FEATURE	ESSENTIAL MINIMUM	DESIRABLE
Washing machine	Washing machine (clothes) Located in bathroom if necessary	Laundry room, with facilities for drying and ironing Area approx 3 x 3 m = approx 9 sqm
Storage	Storage cupboards or spaces <ul style="list-style-type: none"> •occupational therapy equipment •linen and spare clothing •medicines and medical equipment •wheelchairs •office materials Total area say 8-10 sqm	Storage rooms Total area approx 15-20 sqm
Cleaners' cupboard	Cleaners' cupboard Area approx 1 x 2m = approx 2 sqm	Cleaners' room with sink Area approx 2 x 2 m = approx 4 sqm
Services cupboard and boiler	Services cupboard and boiler for hot heating/hot water (eg in kitchen) Location and areas variable	Services/boiler room Area approx 1.5 x 3 m = approx 4.5 sqm
Refuse area	Refuse sacks/bins Screened location close to access road	Refuse store Enclosed area approx 2 x 3 m = approx 6 sqm
Garden	Small courtyard or garden Area variable, say 15 sqm (minimum)	Garden with space for clients to wander with safety Area variable, eg 6 x 15 m = approx 100 sqm
Garage		Garage for 1-2 vehicles and for extra storage space Area approx 4.2 x 5.5 m = approx 25 sqm
Total floor areas (examples)	Sub-total of internal spaces listed above approx 100 sqm (excluding circulation space etc). Eg for 10 clients @ 12 sqm = say 120 sqm 15 clients @ 14 sqm = say 210 sqm	Sub-total of additional internal spaces listed above, excluding garage etc, approx 125 sqm (plus 110 sqm = approx 225 sqm). Eg for 10 clients @ 16 sqm = say 240 sqm 15 clients @ 20 sqm = say 300 sqm

