

RESORT-STYLE LUXURY VERSUS THE COMFORTING FEELING OF HOME: FUTURE CHALLENGES IN AGED CARE DESIGN

Ignoring evidence-based aged care design can have long-term implications for residents, carers and providers, warn design and construction experts.

Australia is rapidly establishing itself as a source of building design inspiration in aged care settings. What has contributed to the 'Australian way' of aged care building design and what challenges require ongoing vigilance to ensure we remain innovative and fresh in our approach to design?

Firstly, in this country there has been a two-fold and complementary process occurring – the dilution of the medical/institutionalised model in building design, and a powerful shift towards a social model of care where the resident is front and centre.

This has been driven of course, through the aged care reforms but also by a combination of highly informed clients/families, innovative and courageous providers, and agile, knowledgeable design teams.

Disturbingly, however, there remain remnants of an embedded, paternalistic approach in both design and service delivery, both of which have the potential to deny residents the positive, fulfilling lived experience that they are increasingly aware is their right. It also has the potential to lose your most valued staff – those who are creative, smart and seeking to march to the beat of a different drum.

The recent findings (Ageing Agenda Jan–Feb 2017) of Linda Justin's experience living as a resident was telling. Linda (Director of Practice and Quality, Uniting) chose to live in aged care facilities, experiencing exactly what residents experienced in order to understand residents' quality of life and inform her organisation's care model. She learnt that aged care services are about understanding life, as opposed to imposing health care routines. It is therefore incumbent on us all to continue to engage with residents regarding the design elements they favour, and understand how providers' responsibilities can be appropriately located within this paradigm.

While in some areas outmoded design (and care and service models) is perpetuated, in other areas we need to question

if the pendulum has swung too far the other way. The aged care landscape now includes facilities that resemble five-star resorts, where style looms over substance and where the subtle, comforting feeling of 'home' is missing.

In these types of facilities, evidence-based design principles are diluted in favour of an actual or perceived market appeal so that some buildings achieve a 'wow' factor, but internal spaces are overwhelmingly large, and residents feel socially isolated. Elements such as shadows and light cast from sky tubes cause confusion, and a predominance of hard surfaces causes excessive noise and stress for residents.

A provider's business model may aim at attracting predominantly fee-paying consumers with higher personal assets and income bases, and their contemporary care design may focus on luxury and providing amenities usually attributed to a lifestyle retirement village. However, design decisions must be predicated on residents' diminishing physical abilities and cognition, with this balanced against the provider's vision for a luxury product.

Anyone involved in new residential aged care or supported/assisted development projects understands that design is a complex and often delicate balancing act. The design outcome is dependent on the interplay of many stakeholders, sometimes with competing agendas (owners, management/boards, carers/nurses, hotel and maintenance teams, design team, financiers).

Residents or their families are rarely consulted or included in design discussions and yet they unfailingly bring the detail of what constitutes comfort and security to the design table. While most with experience in designing new or refurbishment projects understand the significance of consultation and inclusiveness during design development, the art is in how the various strongly-held views are resolved into a single solution that provides a successful outcome and supportive environment for all parties.

The loudest voices during the design development process, while needing (demanding) to be heard, don't necessarily carry the shared view of others or indeed have any carriage through evidence-based research. Having knowledge of, and respecting the enormous body of research-based design (which has very strong international consensus) is critical. If ignored, the long-term impact for residents, carers and the provider can be a bitter pill prescribed daily, for life.

One of the refreshing and fundamental shifts in the mind set of some teams designing aged care communities in recent times has been challenging regulatory requirements and seeking alternative ways to achieve compliance which better support a more resident-focused outcome. This means that the process becomes one where prioritising the resident is first and foremost, and implementing the operational procedures that support an alternative compliance solution follows.

In this way, the resident takes precedence and the regulatory framework becomes one of the many informative and important considerations, rather than THE driving force. It is often the combination of many alternative compliance solutions that

collectively improve the overall result. Examples are: deletion of corridor handrails, deletion of manual call points/break glass, significantly reduced exit signage requirements, removal of clinical hand wash basins in corridors, designing to negate the requirement for fire/smoke doors, deletion of requirement for people with disabilities-accessible rooms.

We must remain vigilant in our ongoing interrogation and evaluation of the effect of the built environment (building design) on residents' quality of life and how we can work with and respond to regulatory requirements. We must be the residents' design champions and prevent the wrong compromises being made. We can do this by taking on the regulators, keeping informed about and influencing decisions using research-based information, remaining current regarding the impact of industry related reforms, and understanding what it means to 'walk a mile in the resident's shoes'. This approach will inspire innovative, fresh, and informed design approaches. ■

Erica Lambert and Andrew Spilar are members of the Paynter Dixon (Queensland) design team.



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