



# **15 August 2024**

## **Improving aged care homes through design webinar: Questions and Answers**

Thank you to everyone who attended and submitted their questions.

This document provides answers to the questions.

If you have any further questions, please contact:

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## General

**Please advise if suggestions while contributing to your information collection here will be considered or all input simply collected (as data)?**

The Principles and Guidelines are intended to be a living document to respond to changing evidence and community expectations. The department encourages stakeholders to share their experiences and let us know what is working well, what could be improved, and what measures are needed to ensure the Principles and Guidelines are adopted.

Noting its recent release, we do not yet have any immediate plans to make updates to the document, however, we will be making note of any feedback we receive for future consideration.

**Liz, are there any outcome papers from the example you gave about your time in Scotland?**

Unfortunately there are no outcome papers for the example I mentioned in our talk. This project was a new build aged care home located in Stirlingshire, UK, completed in 2011. The existing home was a stately home (the service had been running since 1836) and was full of dark narrow corridors, large reception rooms and shared bedrooms. The residents were primarily men living with alcohol-related brain damage. The new building had eight households of eight single ensuite bedrooms, each with their own living, dining and kitchenette spaces. There was easy access outside directly from the main living spaces and public amenities like a barber and a cafe. My surprise as a young architect was not that it impacted residents positively, but how immediate the positive impact was. Sadly the client didn't at the time undertake an impact study. As is so common, there were just stories of positive outcomes told by staff, residents and family, which are wonderful for those directly involved, but less convincing for those a step removed.

Often with building projects it's easy to be consumed with just getting the project done, but in terms of longer term, wider-reaching impact before and after data is so powerful. This can be as simple as using data you are already collecting such as resident weight or numbers of incidents, or even using tools such as QUALIDEM which record quality of life data for people living with dementia. More research like this is needed to help us keep improving care.

**We have had domestic kitchens in our homes for many years and have found domestic appliances are not up to the rigours of a care home and have had to replace these. These appliances also do not meet food safety requirements. Have you considered this effect?**

For those appliances that require regulatory compliance, such as the dishwasher and washing machine the challenge is finding a commercially rated machine that looks domestic and familiar. These are available and do meet the requirements of food safety. It is important to have good asset replacement schedules and good preventative maintenance programs in place. Where possible domestic appliances should be used, for example a toaster or kettle.

## Funding

**Any chance AN-ACC funding will match this model of care because at the moment it is institutionalised model funding and smaller homes are not viable.**

Funding provided via the Australian National Aged Care Classification funding model (AN-ACC) covers all the costs of delivering residential aged care in line with what is required under the *Aged Care*

*Act 1997*, including meeting the Aged Care Quality Standards. This includes the delivery of care minutes by registered nurses, enrolled nurses, and personal care workers, but also lifestyle, recreation, diversional, allied health services and other care not specified under care minutes.

AN-ACC funding does not support hotelling or accommodation costs. AN-ACC supports services provide care based on residents' individual care needs (covered by their variable AN-ACC classification funding) and shared care needs (covered via fixed Base Care Tariff funding). More information is available on the Department of Health and Aged Care's [AN-ACC webpage](#).

To ensure AN-ACC funding reflects the actual cost of delivering care, the Independent Health and Aged Care Pricing Authority (IHACPA) will provide annual AN-ACC pricing recommendations to Government, based on independent analysis of actual care costs across the aged care sector, including by services in different MM locations (as per the 2019 Modified Monash Model classifications). IHACPA's advice will be informed by analysis of all costs and revenue streams reported by residential aged care providers in their Aged Care Financial Reports and Quarterly Financial Reports.

While research indicates the costs of building small-scale, household models of residential aged care may be slightly higher than those for larger aged care homes, it also shows that running costs are comparable and may even be lower when differences in resident and facility characteristics are taken into account. We have also heard from several providers who are successfully operating small home models about their experiences, including reductions in hospital admissions, lower use of medications and a higher quality of life for the residents, as well as improved relationships with aged care workers and as a result, better staff retention.

**If I am running close to the line, is there anything that could make me adopt changes in accordance with these principles, and how do you suggest I can implement these without significant extra staffing costs?**

The Principles and Guidelines have been written to allow for flexibility and innovation when designing accommodation solutions. They include suggestions that range from simple, low-cost changes that can be introduced to existing aged care homes, to more substantial features that better suit new buildings. We know that even relatively small and inexpensive changes to existing homes can make a meaningful difference to wellbeing and quality of life for residents and provide better work environments for staff.

The guidelines associated with Principle 1 require little additional cost if incorporated during the design of a new building. They are also the easiest to apply retrospectively to existing buildings. Some of the suggestions require changes to organisational practices (e.g., decluttering programs), some can be achieved without construction work (e.g., upgrading furniture), and some may be achieved through routine maintenance programs (e.g., renewing flooring). For example, a simple change may involve minimising visual clutter, particularly signage and notices. Guideline 1.1 encourages the decluttering of resident areas to help reduce the risk of physical or cognitive stress, as many people experience sensory overload and physical challenges in busy or noisy environments.

The department encourages all providers to refer to the Principles and Guidelines and consider the many ways they might be able to make practical changes.

## **Design – Existing buildings and retrofits**

**What would be considered best practice when refurbishing a resident room that is smaller than the appropriate minimum?**

The Principles and Guidelines do not recommend specific sizes for resident rooms, as they have been written to allow for flexibility and innovation when designing accommodation solutions. This will allow them to be applied flexibly to the many diverse social, cultural and geographical contexts in which aged care homes operate.

Principle 2, *Cultivate a Home*, encourages providers to create familiar environments in which people have privacy, control and feel they belong. Guideline 2.7 relates specifically to *Private Bedrooms* and encourages each resident to have their own lockable, private bedroom with the control to keep their room how they want it. This guideline includes checklist items to ensure there is enough space for storage, shelving, furniture and equipment.

The document also includes many other suggestions that can be considered when refurbishing resident rooms such as:

- installing better lighting
- using contrasting tones to clarify key surfaces in the room
- renewing flooring and floor coverings
- ensuring furniture is fit for purpose, domestic in style and familiar to older generations, and
- helping residents set up their bedroom with their own furniture, decoration and everyday items.

### **Are dementia specialists consulted in the design of aged care homes?**

The Principles and Guidelines recognise the importance of co-design and encourage providers to work collaboratively with stakeholders, including residents, families, staff and designers. This will assist providers to apply the Principles and Guidelines to the many diverse social, cultural and geographical contexts in which aged care homes operate.

In particular, [The Dementia Centre](#) has been providing education and consultancy in supporting organisations and architects to design spaces aligned with the small-home model for more than a decade. A body of evidence internationally has been growing over the past 30 years that informs the design. Many dementia specialists and people living with dementia have been involved in the research and practice. They continue to provide consultancy services on these topics along with evidence based education via the Dementia Design Schools to help create new homes as well as assisting organisations in reimagining existing spaces. Other organisations also provide consultancy services, including but not limited to Dementia Training Australia and Dementia Australia.

### **Any hints for hiding fire extinguishers to feel more homely rather than institutionalised?**

Fire extinguishers can be problematic in terms of the risk of their misuse, and their high visual impact contributes to an institutional appearance. The best strategy in a new build situation often is to work with a fire engineer to create a 'performance solution' which allows for the positioning of extinguishers in non-resident spaces, as residents and visitors are generally not being relied on to use extinguishers, and staff are trained to know their positions.

In an existing building essentially the same process can be used. A fire engineer can be engaged to work through the best option for your site. Note that high-level signage is less problematic than signage at eye-level in terms of contributing to clutter and institutionalisation.

### **It is a common feature of secure dementia units that they are more institutional and there is no access to the outdoors. What do the design standards say about these units?**

An objective of the Specialist Dementia Care Program (SDCP) is to enable providers to deliver care in a dedicated dementia friendly environment. Providers that apply to operate a unit as part of the SDGP are expected to outline how the proposed unit meets the dementia enabling design principles, which includes the provision of outdoor space for residents to spend time on their own or with others. An



evaluation of the SDCP found that the design of SDCP units, including outdoor garden space, effectively enabled providers to deliver person-centred care for residents in SDCP units and to effectively manage behaviours.

The Principles and Guidelines build on research undertaken over several decades, including the work of dementia design experts. They incorporate dementia-friendly design principles and recognise that dementia-friendly design represents good design for all, not just those people living with dementia. The Principles and Guidelines have been designed to apply flexibly to the variety of contexts in which aged care homes operate. We encourage all providers of residential aged care to consider the Principles and Guidelines and how they can be applied to support residents to see, access and spend time outdoors.

## Small home models

**How can government ensure that the recommendations of the Royal Commission are enacted around the issue of smaller care homes being built instead of the huge facilities we are seeing developers build currently? Is this even possible?**

The department acknowledges that changing the design of aged care homes will take time and need the right combination of supports and policy settings. The Principles and Guidelines have been introduced on a voluntary basis and have been written to allow for flexibility and innovation when designing accommodation solutions.

The department encourages providers to refer to the Principles and Guidelines and consider the many ways they might be able to make practical changes. Principle 2, *Cultivate a Home*, aims to support organisations to move towards small household models. Evidence highlights that the best health and wellbeing outcomes are achieved by living arrangements that bring together 15 or fewer people and promote familiar, domestic activities.

The Principles and Guidelines recognise that small household models can be implemented in various ways. This includes:

- stand-alone households within the community,
- self-contained households clustered within a complex or larger aged care home, or
- a collection of co-located 'suites'.

It is important to remember that shifting to a small household approach is not only about building design and requires an aligned 'model of care'.

The department is looking at options for monitoring the uptake of the Principles and Guidelines by the sector to inform recommendations to Government about long-term implementation arrangements and the need for future regulation. The department is also exploring various options to drive uptake across the sector, ranging from empowering older people with information about design when choosing an aged care home, through to making components of the Principles and Guidelines mandatory.

The department is working with the Aged Care Quality and Safety Commission to ensure alignment with the Quality Standards and the Australian Building Codes Board to explore options for embedding components of the Principles and Guidelines in the National Construction Code.

**Residents in larger aged care homes responded less positively to all questions in the Residents' Experience Survey compared to those in smaller aged care homes. What do the design principles and guidelines say about the size of aged care homes?**

In order to allow for flexibility and innovation, the Principles and Guidelines have intentionally been written to allow for a variety of design approaches so that they can be applied to the many and diverse social, cultural and geographical contexts in which aged care homes operate.

To allow for this, the document does not specify exact sizes for rooms or the home itself, however, the document does suggest that providers consider a small household model, with people living in groups of no more than 15.

As noted above, the Principles and Guidelines recognise that this model can be achieved in a variety of ways.

## **Resident experience**

**How are the needs of actively mobile consumers being considered in relation to the design of adequately sized and secured areas within facilities. How is design supporting the ongoing mobility and fitness of these consumers?**

The Principles and Guidelines recognise that around half of aged care residents require assistance with mobilising. As such, there is an emphasis in many of the guidelines (particularly in Principles 1, 3 and 4) around maintaining and supporting mobility.

In particular, Principle 3, *Access the Outdoors*, recognises the importance of accessing gardens and balconies for maintaining fitness and aims to create outdoor spaces with few barriers to use. This principle also recognises the importance of people engaging in purposeful outdoor activities.

Principle 4, *Connect with Community*, also aims to create opportunities to promote connection and engagement in social life in the local neighborhood. For example, Guideline 4.2 encourages the provision of a community hub that is accessible to the public. This could include services such as a gym or club meeting room and would support a person to maintain their physical health, while retaining connection to the community. It is important to note that for these guidelines to work well they also need to be supported by an operator's 'model of care'.

Some of the other guidelines that focus on supporting and maintaining mobility include:

- Guideline 1.5 *Simple Circulation*
- Guideline 1.6 *Safe Floors*
- Guideline 2.6 *Enabling Corridors*
- Guideline 3.2 *Dedicated Outdoors*
- Guideline 3.5 *Clear Paths*
- Guideline 4.1 *Neighbourhood Access*
- Guideline 4.3 *Easy Navigation to Households*.

**As a power wheelchair user, I fear environments that would result in my losing the dignity that independent self-care mobilizing means to me. What is being done to include my independence in a high-risk environment, that does not include my transfer to manual wheelchairs that I cannot operate without support.**

During the development of the Principles and Guidelines, we worked with a range of stakeholders, including older people and those living with dementia and their families and carers. These stakeholders highlighted how important it is for older people to have independence and autonomy and the desire for meaningful activity and purpose. As noted above, the Principles and Guidelines recognise that independent mobility in aged care homes is low and include a number of guidelines to support and maintain mobility.

The guidelines also recognise that mobility is more strongly supported by short corridor lengths, regular seating, good paths and individual case management provisioning people with appropriate mobility aids. The home's 'model of care' is also an important factor in supporting people to maintain their independence, particularly in relation to appropriate mobility aids.

### **How might these principles enable the inclusion of gender and sexually diverse residents?**

The Principles and Guidelines are underpinned by international principles that recognise the intrinsic value of older people and their right to independence, participation, care, self-fulfillment and dignity. The Principles and Guidelines are intended to be implemented flexibly and applied to the many diverse social, cultural and geographical contexts in which aged care homes operate.

While the focus of the document is on how the built environment can improve quality of life, it recognises the importance of having a well-defined 'model of care'. This 'model of care' should address governance, staff training and daily activities within the home but must also cater to the needs and diversity of residents.

## **Mandating and compliance**

### **How are these guidelines to be applied in NSW (when in force), where the DPIE already has the Seniors Housing Guidelines in application, which also include design principles for aged care settings?**

The Principles and Guidelines are being introduced on a voluntary basis and have been written to allow for flexibility and innovation when designing accommodation solutions. The Principles and Guidelines have been written with a view to easily harmonising with existing regulations and guidelines, including the NSW Government Seniors Housing Design Guide.

It is important to note that there are a range of regulations and codes that already apply to aged care homes. The Principles and Guidelines aim to complement rather than duplicate or replace these existing regulatory frameworks.

## **Ventilation and infection control measures**

### **I am concerned about poor ventilation and that fresh air flow from windows that overlook green trees is vital for health and wellbeing. How can we be sure that residents have fresh air and green tree views from their windows?**

The Principles and Guidelines recognise the importance of good air quality and ventilation. Guideline 1.9 relates to *Clean Air* and recognises the negative impacts on health that result from poor air quality. This guideline encourages providers to monitor air quality to ensure there is enough fresh air in the home. It also encourages staff to open windows and outside doors to create cross ventilation, as well as using outdoor spaces to maximise fresh air exposure.

The Principles and Guidelines also support people to access the outdoors. Guideline 3.2 relates to *Garden Connections* and encourages connecting living areas to the outdoors by ensuring good lines of sight and easy, direct access for residents.



## Staffing

**Whilst I absolutely support the principles for resident 'homely environment', if this results in loss of functionality as a workplace (as well as a home), and thereby results in injuries to staff or less effective means of undertaking their work, there will be a significant impact on the care that they are able to provide for residents. The new guide does not appear to take this legislative requirement to provide safe workplaces for staff. How are providers able to easily marry this guide with the requirements for staff, which are sometimes contrary to the suggestions in this guide?**

The department recognises the importance of integrating Occupational Health and Safety elements in the Principles and Guidelines to better support residents and staff. The intent of the document is both to improve quality of life for older people in residential aged care and to support the development of safe workplaces for staff. For example, Guideline 2.11 relates to private staffrooms and encourages providers to ensure staff have a private area away from their work and located outside of resident spaces. This guideline acknowledges the importance of dedicated staff areas to improve staff morale and to reduce stress.

Following the release of the draft Principles and Guidelines in September 2023, we also sought feedback, in particular from aged care providers involved in construction and refurbishment projects in aged care homes, to gauge provider attitudes to using the new Principles and Guidelines and factors likely to impact adoption. As part of that process, the department received several independent submissions, including a submission from a peak body with a key interest in staff safety. Some of the feedback received related to:

- the balance between resident autonomy and staff safety, especially in relation to the furniture, equipment, and signage in the bedrooms, bathrooms, and corridors of the aged care homes
- the flexibility and adaptability of the design recommendations to meet the changing needs and preferences of the residents and staff.

This feedback helped us to further refine the Principles and Guidelines, including strengthening staff work health and safety elements, such as:

- accessible furniture, equipment and spaces that support staff safety, including discreet work areas and handwashing stations
- staffrooms with private exit and entry points for shift rotations without entering resident areas
- small households that are supported by safe staffing levels
- minimising the use of signages and notices in resident spaces while ensuring regulatory and work health and safety requirements are still met
- considering employer responsibility and legislative obligations, including managing risks raised by staff, appropriate manual handling and occupational therapy support.
- consultation with staff and addressing their needs, including ongoing training.

## Training and Resources

**Just wondering what are the details for that masterclass next week that Nick mentioned?  
- is it open for attendance? Online?**

Dementia Training Australia (DTA) is hosting a series of in-person Design Masterclasses to assess and improve aged care homes.

For more information and to register, you can visit the DTA [website](#).

**Can you please provide the link to the Environmental Assessment Tool?**

The environmental assessment tool is currently under development. The department recently conducted a pilot with a small group of residential aged care providers to test the usability of the tool and are in the process of finalising the tool before making it available to providers.

When the tool is ready to be used by the sector, the department will publish information on our webpage, [Improving accommodation in residential aged care](#). The department will also look to promote the tool via our aged care newsletters.