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01

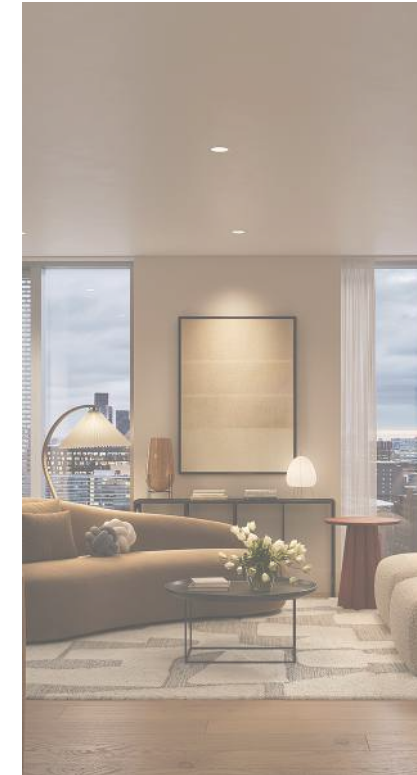
Introduction

The Applicant

Cityside is a forward-thinking property development company focusing on design led development and sustainable place making by creating high quality value add opportunities in the real estate sector for its investors. The core strategy of the business is to secure value add opportunities through-out UK core cities, whether this is through refurbishment and re-gearing of existing assets or through planning gain and delivery. The long-term strategy for Cityside is to retain a stake in all of our developments and to focus on building a long income portfolio of good, well managed, and well tenanted stabilised assets.

As a business we identify, we enhance and most importantly we deliver. We acquire the site, design the scheme, obtain a viable planning permission and then develop often innovative and sustainable developments. As people, we are devoted to providing high standards throughout all our work. We aim to deliver a product at a higher standard than available in the open market, we work intensively with our design team, construction teams and the management partners to deliver sustainability and value throughout all of our developments.

We work hard at building awareness, understanding the value in good relationships with the people that our developments impact. We do this by engaging and involving the local authority, residents, the community and all other stakeholders in a project-wide approach throughout the development process. The process from sourcing the site to practical completion is carried out internally and we work closely with our design team and project managers to ensure expedient delivery. We are setting new standards and we are delivering those standards for the long-term. We are Cityside.



Introduction

The Architect

BCAE Architects is a dynamic and innovative architectural studio specialising in high end bespoke residential and commercial architecture. We specialise in creating exceptional residential architecture, with a focus on greenbelt land and unique properties. Each project is bespoke, driven by both design and context, and tailored to the specific needs and aspirations of our clients.

We're respectful of the location, designing buildings sympathetic to their surroundings – buildings that fit the landscape, as well as your needs. We're sensitive to the environment, making sure comfort doesn't come at the cost of sustainability. And we're considerate to our community, from our neighbours (and yours) to our suppliers and partners.

We understand that each client has unique priorities and budgets, and we tailor our services to suit each one. Our clients have varying styles, aspirations, and budgets, and we ensure that every brief is customized to their individual needs.

The Team

Architect - BCAE Architects

Project Manager - Artal

Cost Consultants - Artal

Planning Consultant - Mosaic Town Planning

Structural Engineer - Reid Jones Partnership

MEP Engineer - NOVO

BREEAM - GENEX



Introduction - The Site

Site Location:

185 Manchester Road
Rochdale
OL11 3QY

Date Prepared:

June 2025

Applicant:

Cityside

Agent:

Mosaic Town Planning
Phone: 0161 638 9211
Email: enquiries@mosaictownplanning.co.uk

BCAE Architects Ltd.

Contact: Arron El-Ammar

Phone: 01772 230 538

Email: info@bcae-architects.co.uk

Local Authority:

Rochdale Borough Council

Development:

New build 75-bed care facility

The site contains an existing large dwelling contained within large grounds. A number of trees border the site providing screening between the site and adjacent properties.

The existing dwelling, which will be demolished, is made of brick, with bay windows and a pitched roof.



02

Site Location

Site Description

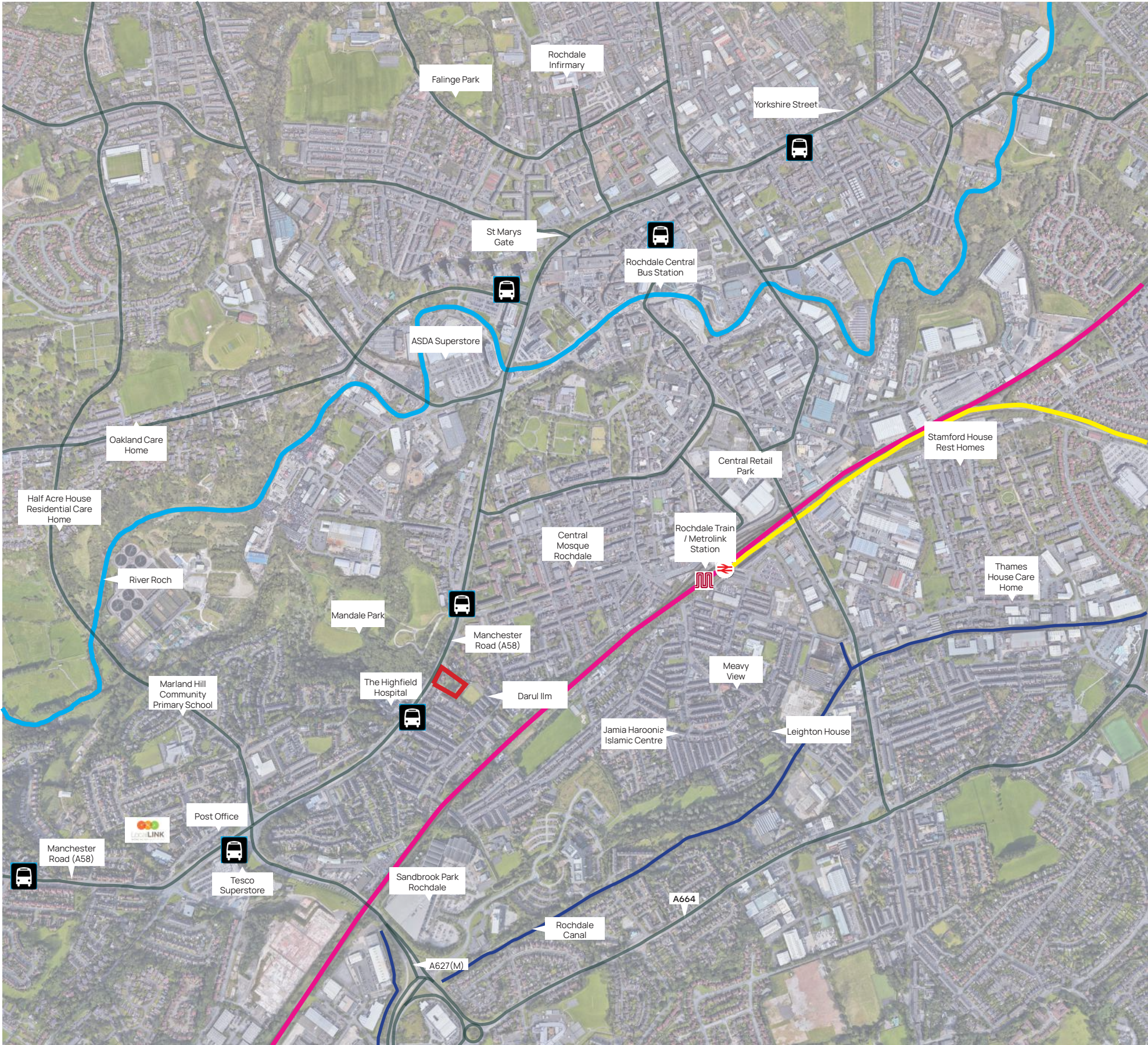
There is visibility on Manchester road, however there is a brick wall boundary with high level hedgerow behind restricting views into the site. High level brick boundary walls with hedgerow behind are a strong feature along Manchester road.

Immediately to the rear of the site is a parking area with Castleton Bowling club beyond.

Turning space for deliveries and visitors also needs to be incorporated, there is opportunity to have multiple access points along Manchester Road.

Cityside seek to invest long term in the local community and hope to address a massive shortfall of good quality well managed care homes in the Rochdale borough.

- SITE BOUNDARY
- MAIN ROADS
- RIVER ROCH
- ROCHDALE CANAL
- TRAIN LINE
- METROLINK



Site & Context

Points of Interest, Transport & Connectivity

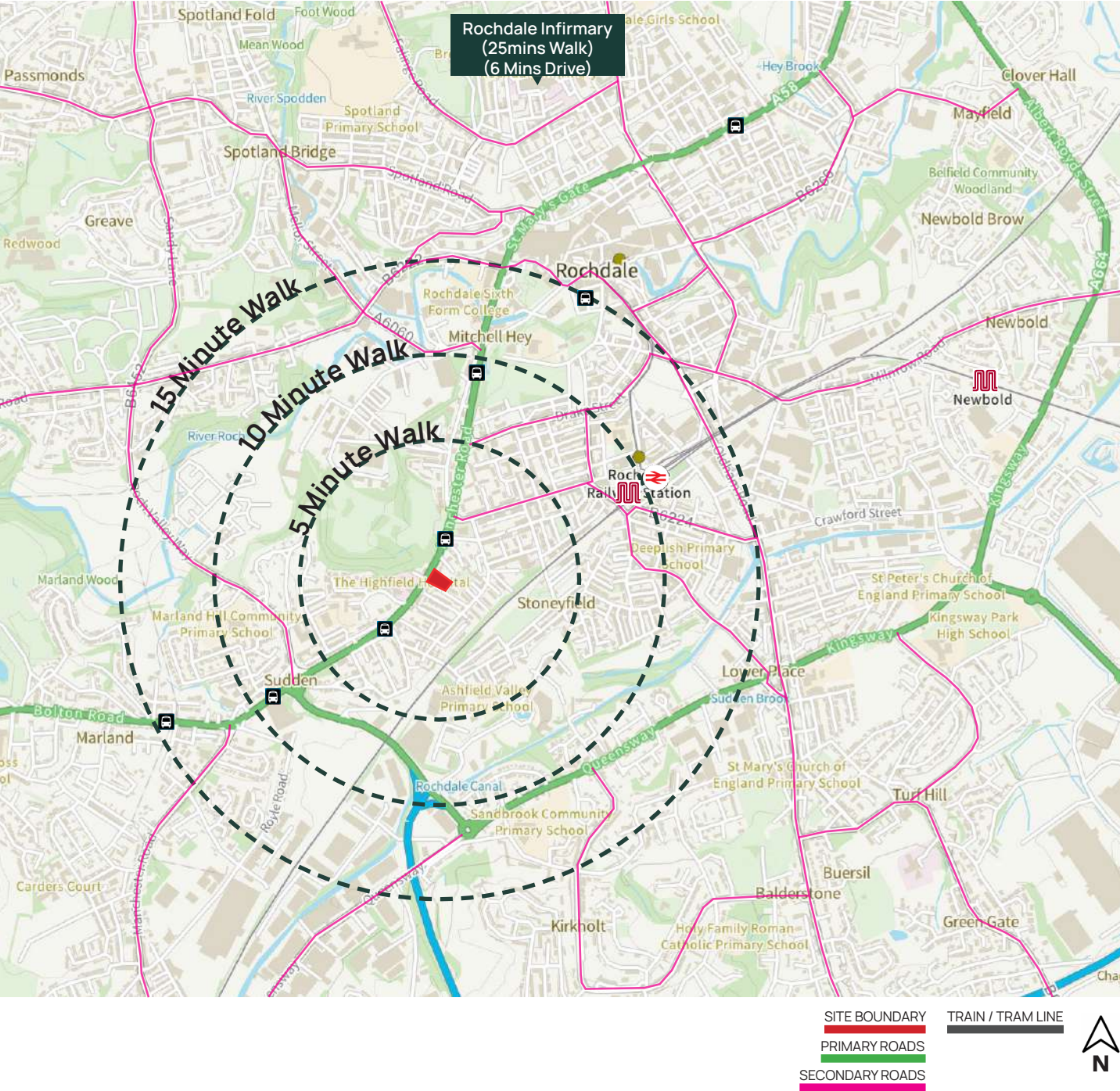
The site is located on a strategic highway network (Manchester Road) and appears to have very good accessibility with a bus stop in close proximity. This is a positive. Impact on amenity will also be a key consideration as set out in policy DM1 General development requirements of the Core Strategy.

The site is located just 1 mile from Rochdale train station and is in a good location with access for local amenities such as shops, food and a local post office. The site is accessible via various modes of transport including the bus, with stops local to the site.

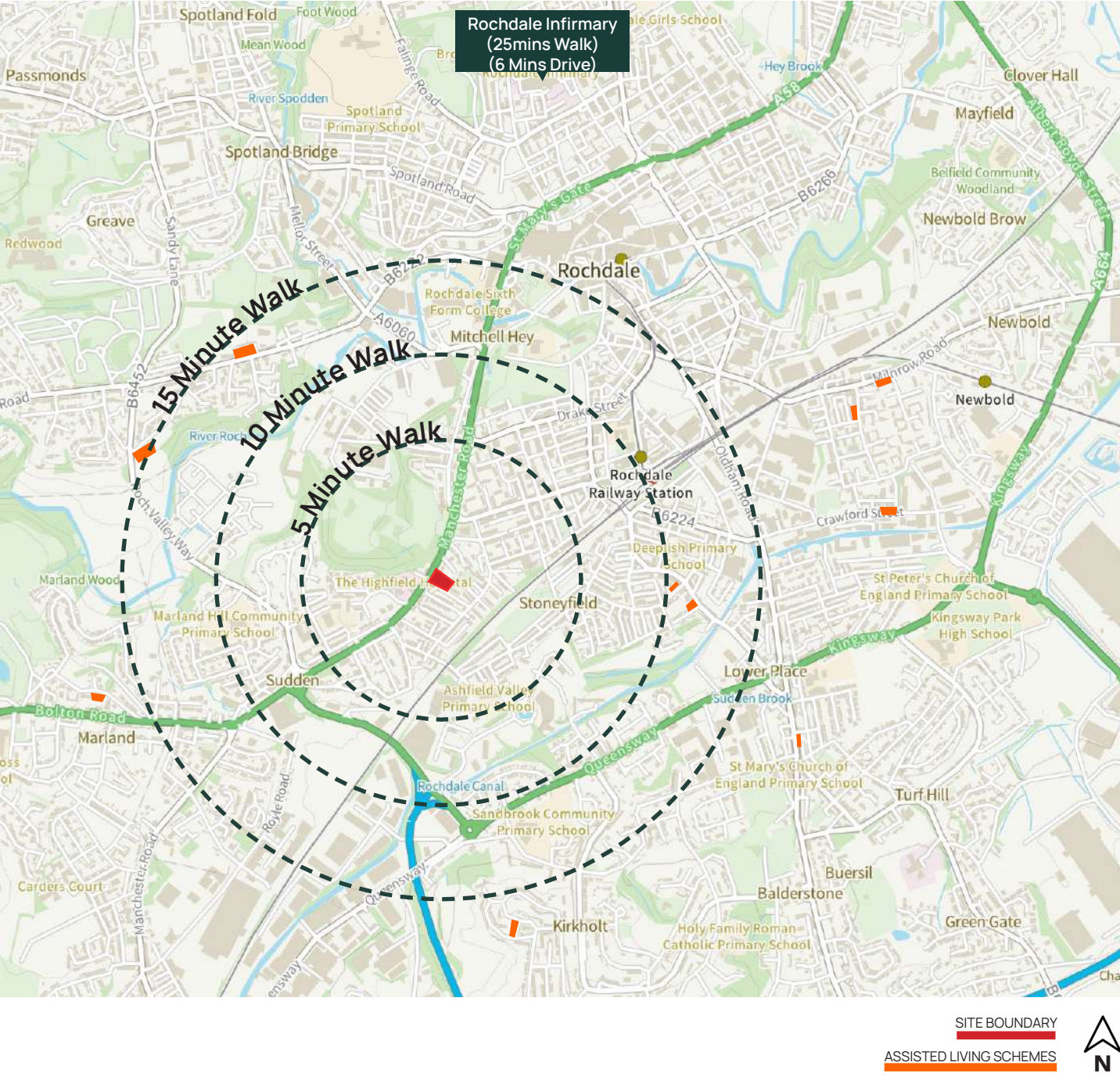
Mandale park is situated across the road from the site and provides good onlooking views across Manchester Road.

Central Mosque Rochdale (CMR) formerly known as Idara Taleem-ul-Islam is located within a 6 minute walk of the site. The mosque was set up in 1974 by the local Muslim Community to address the growing religious, social, cultural and recreational needs of the newly settled Muslims in and around the Borough of Rochdale.

Transport & Connectivity



Local Assisted Living Schemes



Site & Context

Location Plan



Sparth House, 185 Manchester Road Location Plan

Site & Context

Site Aerial Views



Drone view looking South towards the site



Drone view looking East towards the site



Drone view looking North towards the site



Drone view looking West towards the site



Drone view looking East towards the site



Drone view looking South East towards the site

Site & Context

Immediate Site Context

The site is located at 185 Manchester Road, on the eastern side of the main road and is situated in between a number of residential properties. Positioned fronting onto Manchester Road the site sits approximately 1 mile from Rochdale Town Centre. The site is easily accessed via foot and public transport.

Historically the site has been used for private residential which hasn't changed since the building was constructed. The building is currently occupied. The two storey building is set back from the main road edge and car parking is currently situated at the front of the building.

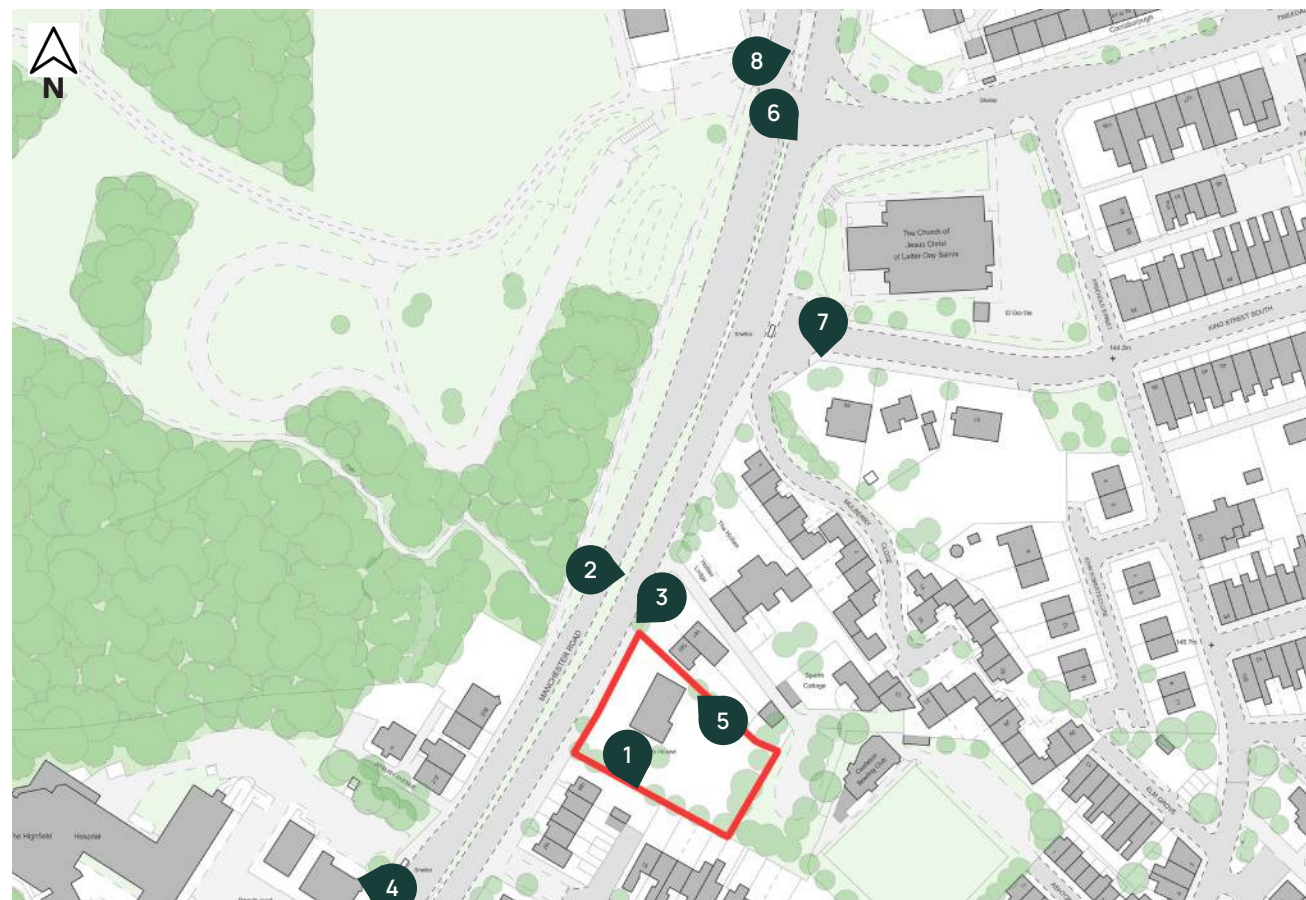
The house is bounded by Manchester Road, Sparthfield Avenue and Mulberry Close and other two storey residential buildings form the immediate context. A break in the pattern can be seen to the North where there is residential building of 3 storeys with a large pitched roofscape.

To the western side of Manchester Road, opposite to the site, there is the Highfield Hospital and Mandale Park.

The street scene along Manchester Road is inconsistent with buildings varying from between 2-5 stories in height, some within the vicinity of the site. There is an evident juxtaposition of larger buildings next to smaller buildings within the area, as evidenced in the adjacent images.

The existing street scene presents architectural diversity and historical significance, intertwining with modern and newer buildings to create a vibrant and dynamic urban landscape. The irregular layout of the street is a unique characteristic that sets it apart from the typical uniformity found in many urban settings.

The street's irregularity fosters a lively and engaging urban experience, with opportunities to encourage a diverse range of activities. Unpredictable setbacks, varied roof lines, and varied designs all contribute to the street's visually captivating character. Its irregular layout offers a delightful departure from standardised urban planning. Preserving and enhancing the existing street scene will not only respect the area's historical roots but also contribute to a sustainable and thriving urban environment that celebrates the past while embracing the future.



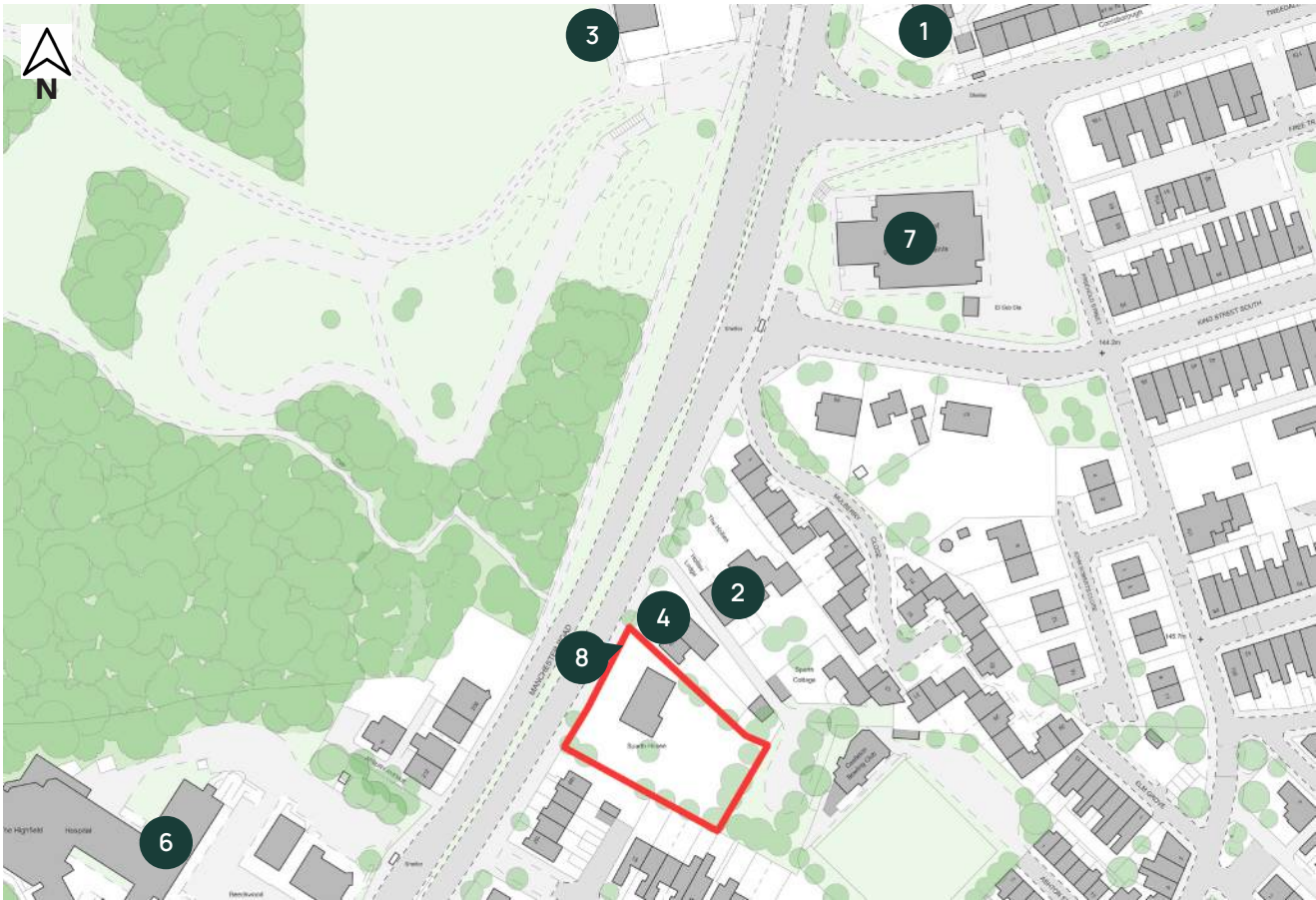
Key Plan



Site & Context

Local Vernacular

Drawing inspiration from the local vernacular, our design philosophy is rooted in the region's architectural heritage. The distinctive pitched roofs reflect a nod to tradition, evoking a sense of continuity within the community. The timeless art of brickwork finds renewed relevance in our approach, celebrating the familiar material that has shaped the area. Windows and curtain glazing, thoughtfully incorporated, not only frame scenic views but also honor the interplay of light and space evident in local design. With a contemporary twist, we weave these elements into our concept, paying homage to the past while enriching the street scene.



Key Plan



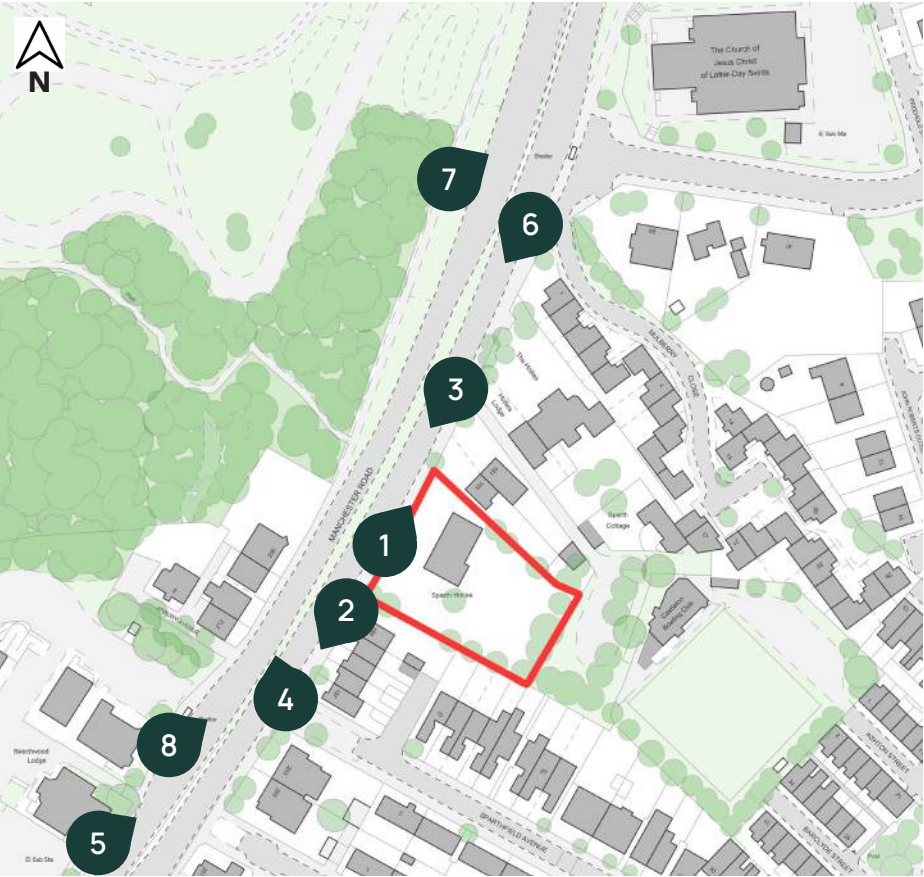
Site & Context

Manchester Road

Manchester Road is the main route past the frontage of the site. The western side of Manchester Road is presently home to Mandale Park and a few semi-detached residential properties. South west of the site along Manchester Road is The Highfield Hospital which is a private hospital part of The Circle Health Group.

Physically the frontages onto Manchester Road have significant stretches of fractured street frontage with no continuous stretch of active frontage. The pavements are in good condition and of good quality with landscaping integrated in some parts. There is plenty of greenery around the site and along Manchester Road which provides some continuity.

Buildings along Manchester Road are typically 2-5 storeys in height and have pitched roofs. Typically brick built buildings with pockets of glazing where required.



Key Plan



Site & Context

Existing Site Situation



Key Plan

03

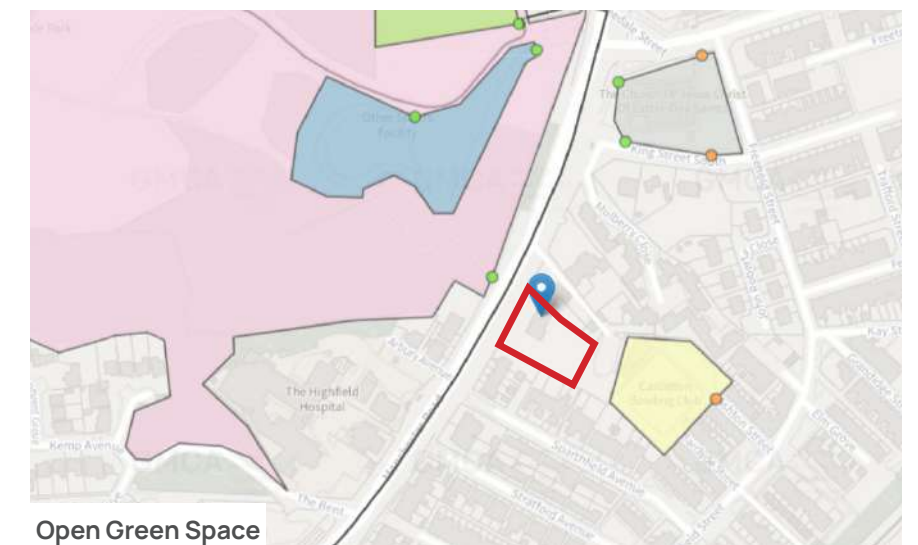
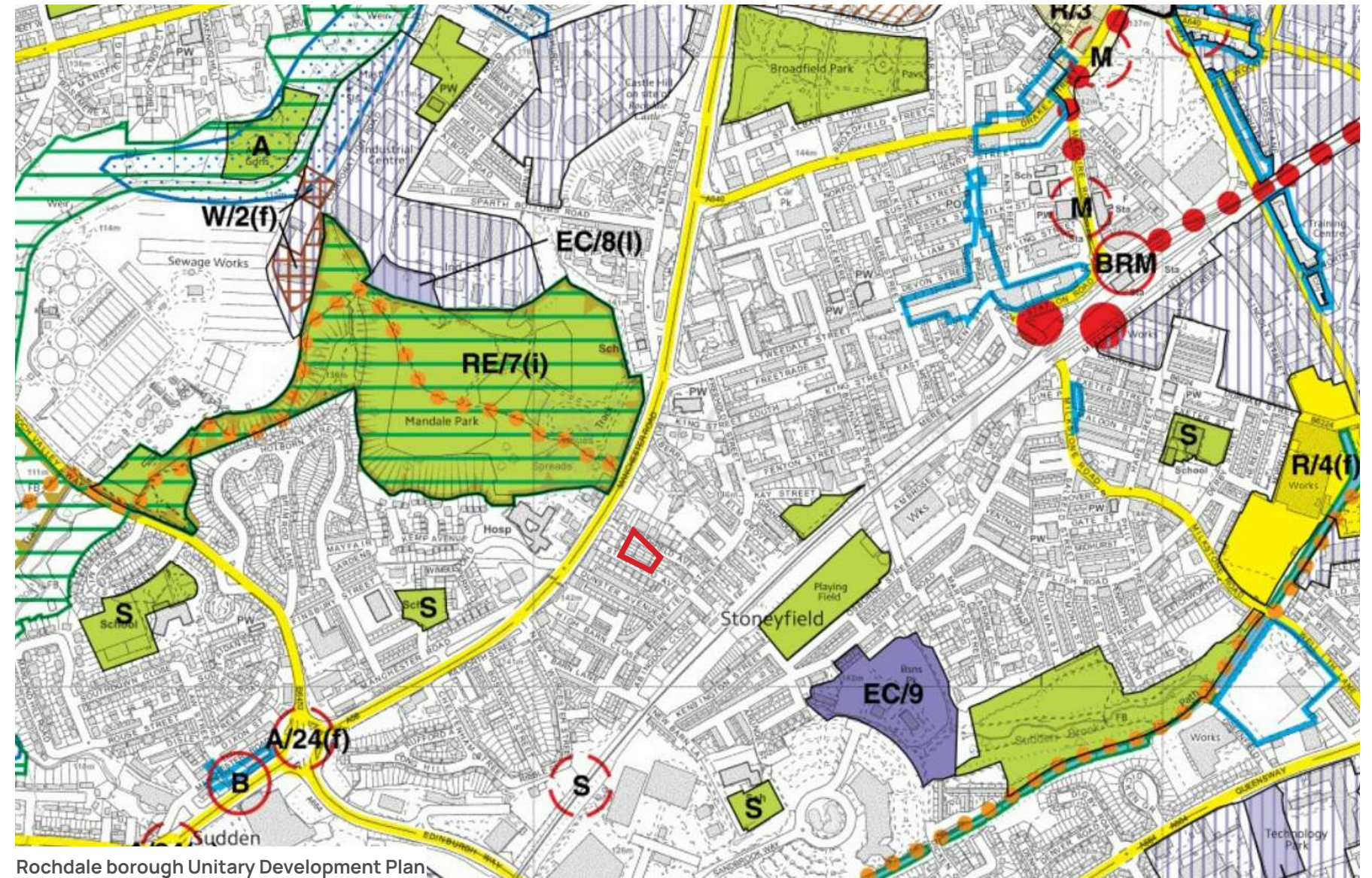
Site Analysis & Strategy

Local Policy

The following policies shown on the policies map are all adjacent to the site to the northwest:

- Accessibility (Chapter 18): Strategic Highway Network A/24
- Green Space (Chapter 14): Protection of Existing Recreational Open Space (G/3)
- Green Space (Chapter 14): Green Space Corridors (G/8)
- Countryside and the Rural Economy (Chapter 15): Recreational Rights of Way (RE/6)
- Countryside and the Rural Economy (Chapter 15): Recreational Management Areas (RE/7(a) – (k))

This is no relevant planning history associated with the site.



Site Analysis & Strategy

Places for Everyone

The Places for Everyone Plan began life as a joint Development Plan Document of the ten Greater Manchester districts. Following a recommendation from AGMA Executive Board in November 2014, the 10 Local Planning Authorities in Greater Manchester (Bolton, Bury, Manchester, Oldham, Rochdale, Salford, Stockport, Tameside, Trafford and Wigan) agreed to prepare a joint Development Plan Document to set out the approach to housing and employment land across Greater Manchester for the next 20 years.

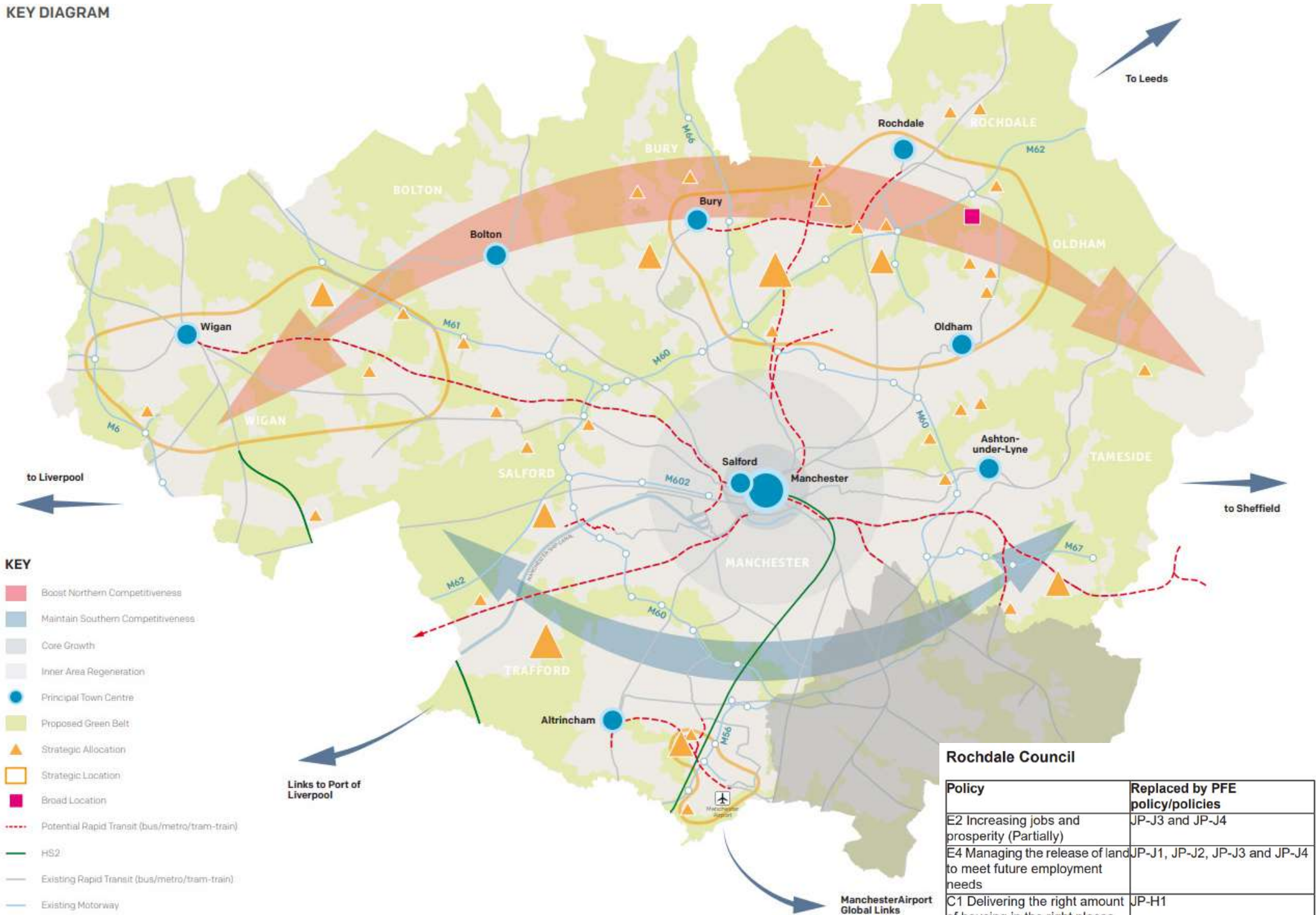
An analysis by the Office for National Statistics of over 100 towns and cities in England and Wales identified Oldham, Salford and Rochdale amongst some of the most deprived areas in the country.

The sites location is a key route between areas identified within the Places for Everyone Framework (PFE), although the site is not allocated as a potential development site within the framework, it is most certainly an extension to the town centre due to its proximity and therefore key principles from the PFE will be incorporated into the scheme.

The Health and Social Care Act 2012 has given local authorities a core responsibility for public health, joining up local health policy with all other areas of work. As part of this, a key aim is to better integrate health and social care services including wider community health services.

The location, design and density of development is fundamental, as it influences how far people need to travel and their ability to make these journeys by sustainable modes as well as equality of opportunity for all. Good access to local facilities and amenities is critical to encouraging sustainable journeys by providing opportunities to work, learn, shop, play and socialise locally. To be sustainable, developments need to be located close to existing facilities or be mixed use developments that provide community facilities such as schools, healthcare centres, shops, parks and play areas. Higher density developments help to make the provision of these community facilities and public transport economically viable.

KEY DIAGRAM



Rochdale Council

Policy	Replaced by PFE policy/policies
E2 Increasing jobs and prosperity (Partially)	JP-J3 and JP-J4
E4 Managing the release of land to meet future employment needs	JP-J1, JP-J2, JP-J3 and JP-J4
C1 Delivering the right amount of housing in the right places (Partially)	JP-H1
G1 Tackling and adapting to climate change	JP-S1, JP-S2 and JP-S3
G2 Energy and new development	JP-S1, JP-S2 and JP-S3
G3 Renewable and low carbon energy developments (Partially)	JP-S1, JP-S2 and JP-S3
G4 Protecting Green Belt land	JP-G10
G5 Managing protected open land (Partially)	JP-G10

Table A.5

Site Analysis & Strategy

Historical Mapping

Analysis of historical mapping dates back to 1840 and shows the evolution of the site from woodland and industrial to an integrated urban neighborhood. The site has always been bound by the neighboring roads and had its key main frontage onto Manchester Road.

Manchester Road has always been the main route past the site and access has always been via. the main route. The road is the dominant route and this was further established into the 20th

century as a dense network of residential streets are established around the site. A street pattern that largely exists today.

Development around the site concentrated on mainly residential housing. A mosque occupies a site further down Manchester Road, and a small hospital is located to the west of the site.

Mapping from following years (1930, not shown) indicates a stable street pattern and urban form for a number of decades.

The 1972 map shows high concentrations of residential amenity within the area and Manchester Road as the main route along the sites frontage and there has been the introduction of schools and other amenity within the area which help serve the local community. The areas around the site have become very well connected over time and is still very well used to and maintained to this day.



1840



1952



1972

Site Analysis & Strategy

Constraints

The most trafficked adjacent road to the site is Manchester Road - thus the western edge of the site is the loudest and most exposed resulting from vehicular traffic.

The adjacent buildings to the south of the site have gable windows on the elevations that front onto the site which are largely screened by mature trees along the boundary. This is a key consideration for the way in which the south facade is articulated on the ground and upper storeys.

The immediate adjacency to Manchester Road is a vital consideration. The placement of the development's communal spaces takes this into consideration and will help shape the planning of the site.

Existing trees will be retained as much as possible and integrated into the curtilage of the site layout.

The existing levels from Manchester Road are elevated. Level access will be required into the car park from Manchester Road without the need to ramp up into the site.



Constraints Plan

Site Analysis & Strategy

Opportunities

The site contains an existing large dwelling contained within large grounds. A number of trees border the site providing screening between the site and adjacent properties.

The existing dwelling will be demolished.

The site is visible from adjacent property's to the North and south, which have gable / side elevation windows facing the site.

The properties to the north are near 3 storeys in height to their ridge.

There is visibility of the site along Manchester road, however there is a brick wall boundary with high level hedgerow behind restricting views into the site. High level brick boundary walls with hedgerow behind are a strong feature along Manchester road.

Immediately to the rear of the site is a parking area with Castleton Bowling club beyond.

The architectural articulation, building heights and street scene vary heavily along Manchester Road creating interest and opportunities.

Opportunities to enhance the landscaping and perception of the site by dropping the ground and site levels to match those of Manchester Road to create level access into the site.



Opportunities Plan

SITE BOUNDARY



Site Analysis & Strategy

Site Strategy

Since Manchester Road is a busy main street, there will be a singular access point to keep vehicular access to a minimum.

The existing structures are to be demolished.

Parking would be situated to the front and side, creating a buffer between Manchester road, No.183 and the proposed scheme.

The building plot will sit to the middle of the site, avoiding over looking issues. A 'H' shaped footprint aims to reduce visual intrusion and overbearing on the adjacent properties, whilst minimising corridor lengths and dead-end routes.

Site Strategy During Construction

A well-structured building site setup is crucial for the successful execution of construction projects. It ensures efficiency, safety, and adherence to regulations throughout the construction process. Key considerations will be:

- Site Layout
- Security & Safety Measures
- Material Storage and Management
- Construction Facilities
- Logistics and Access
- Environmental Considerations
- Utilities and Services
- Community Engagement

The building site setup is a comprehensive framework designed to ensure the efficient, safe, and compliant execution of the construction project. By prioritising worker welfare, safety, environmental considerations, and community engagement, we aim to create a positive construction experience and a successful outcome for this prominent site.



Plan showing site strategy for the development and site layout

SITE BOUNDARY



Site Analysis & Strategy

Core Strategies

From review of policy there is no direct development plan policy relating to care homes within Rochdale's development plan. A care home proposal would be viewed in the context of Core Strategy policy C3 Delivering the right type of housing. In the Core Strategy at paragraph 8.26, it states 'The population aged 65 or over in Rochdale borough is expected to increase by 34% between 2012 and 2028 and therefore meeting the needs of older people in terms of housing provision will become increasingly important.'

Recent planning permission ref: 22/00523/FUL for change of use from a hotel to a residential care home of 18 apartments has been granted at Moss Lodge Kings Road Rochdale OL16 5HW.

The site is located on a strategic highway network (Manchester Road) and appears to have very good accessibility with a bus stop in close proximity. Impact on amenity will also be a key consideration as set out in policy DM1 General development requirements of the Core Strategy.



04

Pre-App Comments - Consultation 1

Consultation 1 with Tom Hiles on 23.03.2023

Building Design

As noted when we met, I do have significant concerns about the overall scale of the building, in terms of its height, overall volume, and density within the plot, and the consistency of the design with the surrounding area in terms of these metrics. I won't reiterate our discussion in full detail at this stage, but in my view a significant reduction in overall scale would be necessary to achieve a design which would work with the character and grain of the area. I think the overall character of the building as indicated in the design sketches is broadly appropriate, subject to details of materials and reconsideration of the extensive use of glazing. We did discuss some potential alterations to the massing of the building which could potentially overcome these concerns in pure design terms, but it is possible they would not overcome the neighbour impacts noted above, if the overall height and proximity is broadly similar.

Amenity

In my view the building as designed at present would be harmful to the amenity of neighbouring residents at the immediate north (183 Manchester Road) and south (189 Manchester Road and 15-19 Sparthfield Avenue, which I've indicated below.

The most significant impacts would be on the rear gardens of these properties, mainly due to the significant height and close proximity of the building to the boundaries. In my view the proposed arrangement would result in the gardens of 183 and 189 in particular suffering a significant overbearing effect owing to the close proximity of the tall side elevations. No 183 would appear to suffer a particularly significant loss of daylight as the building would be positioned fully along the shared boundary.

I would suggest that the building would need to be significantly redesigned (reducing the height and proximity to the boundaries) to avoid these harmful impacts, but I'm happy to discuss these considerations in more detail in person.

The floor plans indicate that the building could be designed without any windows facing towards the neighbouring houses on either sides, so potentially any loss of privacy could be avoided.



Proposed Sketch Visual



Impact on neighbouring residential property



Proposed Site Plan



Proposed Visual

Pre-App Comments - Consultation 1

The building would also likely have a negative impact upon the interiors of these dwellings but it is difficult to anticipate the exact level of harm at this stage without knowing the internal layout of these homes. It seems quite likely that there are principal windows serving habitable rooms at the rear elevations of 15 and 17. If this is the case then I would be concerned about the potential impacts on the interior spaces of these neighbouring houses.

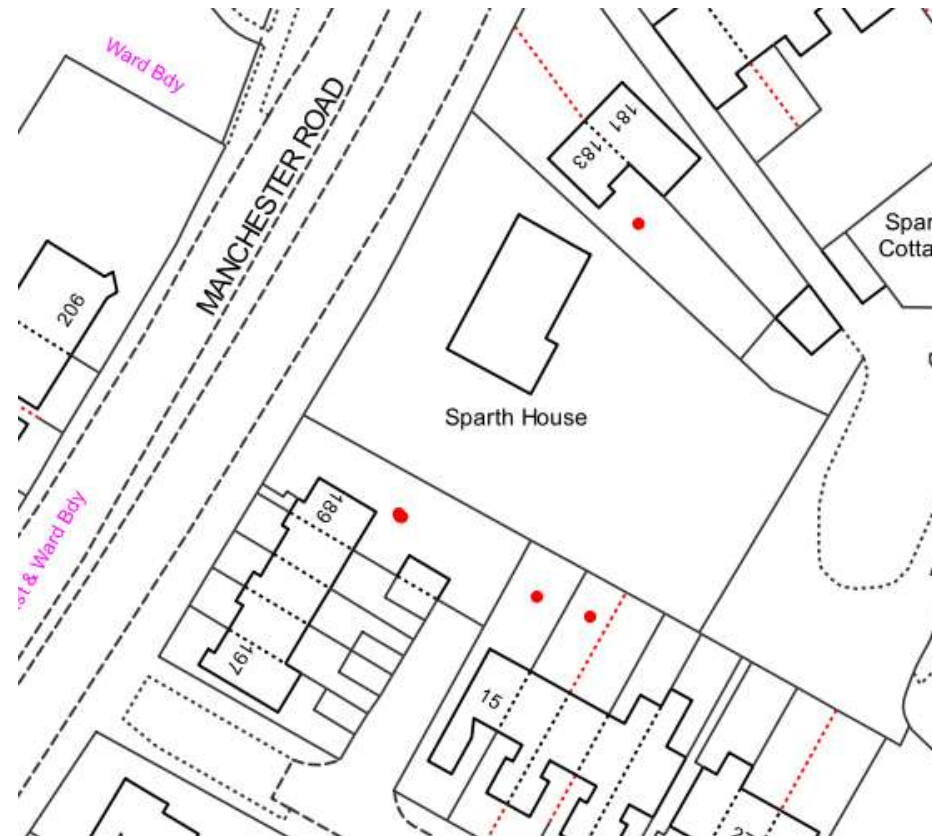
Our adopted SPD for residential development notes that:

4.1 Although it is expected that most new development will have some impact on neighbours, it is important to ensure that the impact is not so significant that it results in unacceptable harm. All new developments should avoid causing a significant loss of privacy and/or light for occupiers of new neighbouring dwellings and existing dwellings. The following minimum space standards will be applied to all new residential developments and developments which affect existing residential properties:

- (i) 21m between directly facing principal windows of habitable rooms, at an upper floor level AND 10.5m between a principal window at an upper floor level and a directly facing boundary of the curtilage (Figure 2);
- (ii) 14m between a principal window and any directly facing two storey elevation which does not contain a principal window to a habitable room (Figure 3);
- (iii) 10m between a principal window and any directly facing single storey elevation which does not contain a principal window to a habitable room (Figure 4).

4.2 Where buildings of three or more storeys are proposed, or there is a marked difference in levels, it may be necessary for the minimum distances set out in (ii) and (iii) above to be increased.

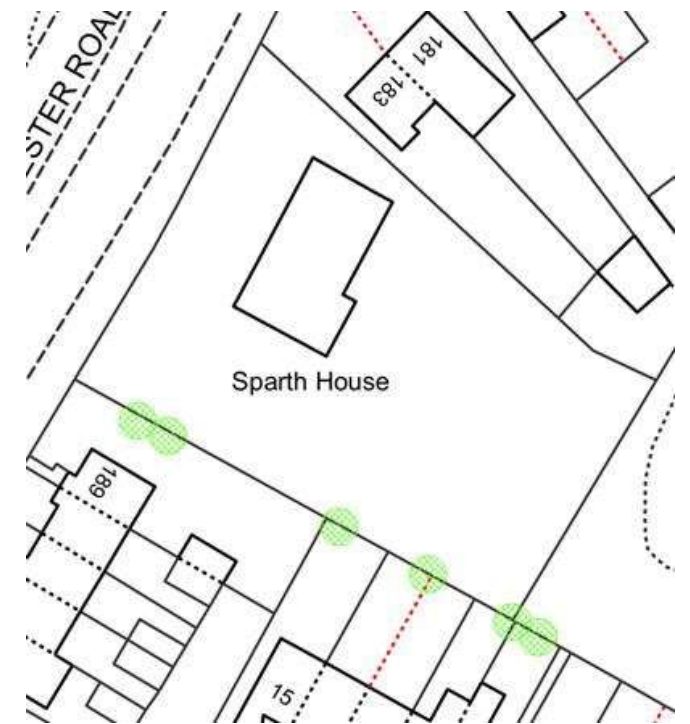
Depending on the internal layout of 15 and 17 Sparthfield I think there is potential for there to be a shortfall against guideline (ii) above, mainly owing to the height of the proposed building.



Impact on neighbouring residential amenity

Trees

As I mentioned, there are a number of trees along the south boundary which are subject of tree preservation orders. These are indicated by the green circles shown below, which I think relate to the large trees in my photo below.



The trees are protected due to their importance to the character of the local area, which is significant due to their size and prominent visibility. There is potential for these trees to be harmfully impacted by the building. Whilst I note that your site plan indicates the footprint of the building would be set away from the trees, tree roots tend to be quite extensive and I can't say for certain that they would not be impacted by the building. If an application is submitted we would expect a full tree survey to be undertaken, together with an assessment of the proposal on the trees. If it appears the building would cause harm to the trees then this would likely be a reason to resist the application. We would also need to consider the potential for future interaction between the occupation of the building and the trees – if the bedrooms along the south side of the building had windows facing onto the trees, this could result in pressure for the trees to be thinned or lopped in order to provide adequate natural light to the bedrooms. If this appeared to be a likely prospect this would be a further concern. I would suggest that your design process should be informed by an accurate understanding of the extent of the tree roots, and the potential impact upon them.

Pre-App Comments - Consultation 2

Pre-App Consultation 2 with Tom Hiles on 27.07.2023

Generally

I discussed this pre-app case with members of my team last week (we have a semi-regular internal meeting where we discuss current major apps and pre-apps), and they agreed with some of the design concerns I've raised previously with your client's team, in particular the scale and density of the scheme, and the general design character of the most recent proposal, both of which we don't think work with the established density and character of the immediate area.

Highways

The submitted plans indicate the potential for more than one vehicular access onto Manchester Road however as it is a busy classified road we would prefer that vehicular access is kept to a minimum.

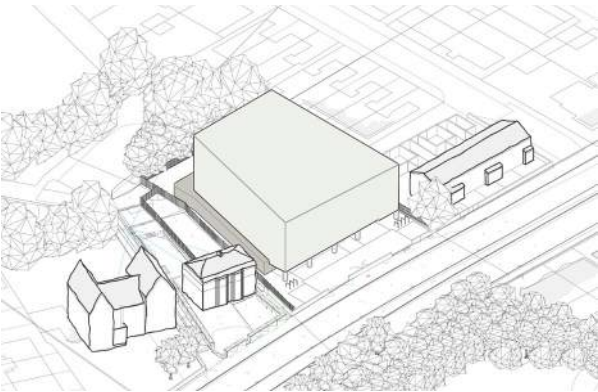
Any proposed access should have adequate visibility into Manchester Road with segregated pedestrian facilities

Any future application should provide adequate internal turning facilities for larger service vehicles as vehicles must be enter and leave Manchester Road in forward gear.

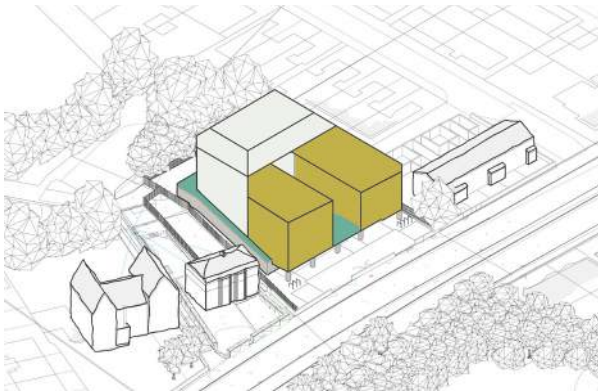
Parking provision should be in line with Councils parking standards with disabled parking provision clearly identified, the submitted plans do not seem to meet these requirements.

Any proposed parking and hard standing areas must be SUDs compliant.

Diagram Studies



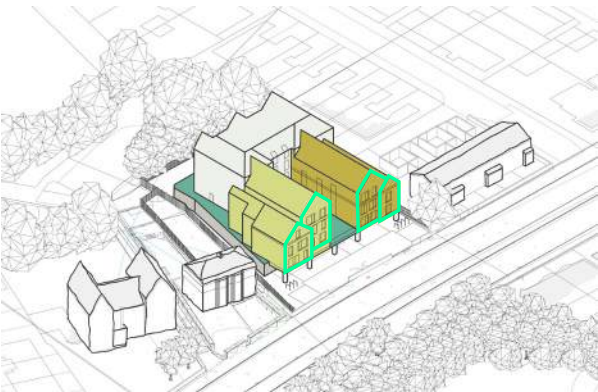
Optimising the building footprint and responding to the site constraints and neighbouring offsets.



Breaking up the mass to respond to the urban grain, integrating areas of open terrace and outside amenity.



Addressing the neighbouring properties and reducing the height to the boundaries.



Stepping back the principle elevation from Manchester Road and breaking up the elevation with windows and brickwork window features.



Adding feature brickwork and lighter brick upper floors to further reduce the appearance of height.



Respecting prominence and unique street scene. Reducing scale, addressing junction movements and respecting neighbouring and adjacent development heights.



Proposed Site Plan



Proposed Visual

Pre-App Comments - Consultation 3

Pre-App Consultation 3 with Tom Hiles on 22.03.2024

Generally

The proposal has developed during pre-app discussions, particular in terms of it's scale, massing and facing materials. In my view, the character of the original proposal would potentially have represented an appropriate and positive further development of traditional characteristics of the local area, notwithstanding concerns about the scale, volume and density of the building. The scheme has since then evolved to a more contemporary character, in terms of elevational details and materials. The finalised design document has been very helpful in understanding the approach taken to the development of the final proposal.

Scale and Density

The building has been substantially reduced in overall scale compared to that originally submitted with the pre-app request. It's overall volume and size relative to its plot would however remain substantially greater than any of the immediately surrounding buildings and my concern remains that the building would appear incongruous in this particular setting, where buildings, particularly larger buildings, are generally set in relatively large plots, which provide some visual relief within the street scene, and a sense of spaciousness which is more characteristic of this out-of-centre location.

The building would be of a similar height to some buildings, but the width (including relative to the width of the plot) and rearward projection occupying the majority of the plot would result in a building which is much larger overall, and in particular relative to the plot on which it sits. As proposed, the building would appear to result in a much higher ration of built form to open space than is characteristic of the area.

Whilst I think some increase over existing patterns of density can be supported in the general interest of sustainable patterns of development, this has to be balanced against achieving a high standard of design (as well as protecting corresponding amenity considerations) and I am not confident that that this would justify what may be considered an excessively increase in density relative to the established character of the area.



Proposed Site Plan



Proposed Visual

Pre-App Comments - Consultation 3

Building Character / Architecture / Materials and Detailing

The finalised scheme would present relatively simple building forms with relatively little decoration beyond brick patterns at the front elevation, and with extensive glazing to the front as well. Particularly depending on finalised materials choices, I'm concerned that the finished building would appear rather in contrast with the positive characteristics of the surrounding area.

The apparent use of a relatively light palette of bricks, particularly those at the upper storeys, could likely result in the building appearing somewhat alien to the established character. I note that the neighbouring building employs white render at first floor and to an extent the proposal would reflect this, but I think the visual impact at this greater scale would require a careful approach.

I think this would be exacerbated by the overall scale of the building and the relative plainness of the building forms and the fairly simple fenestration. Whilst a contemporary approach can be supported in general, I think a design which does more to emphasise traditional positive elements of existing buildings would be strongly preferable. Neighbouring buildings provide more visual interest through features such as quoins and timber bargeboards.

As currently proposed, the massing of the main volumes would result in excessively simple building forms being presented to the street, resulting in a very 'flat' and somewhat bulky appearance compared to existing buildings.

The earlier proposals did more to break up the building volumes, which to an extent helped to reduce apparent scale of the building. The current proposals are a step back in this regard, with the elevations now broken up only by the fenestration and changes to facing materials and patterns. Larger neighbouring buildings break up their larger volumes by features such as bays and setbacks. In my view, more should be done to visually break up the main volumes, such as introducing visual setbacks at the upper storeys.



Facade Articulation & Key Details

Amenity

As you'll recall from our meetings I had concerns regarding the impact of the proposal upon neighbouring residences, particularly those at 181/183 and 189 Manchester Road, and at 15 to 19 Sparthfield Avenue to the south-west of the site. I note that the scheme has been modified in response to these concerns, including incorporating set-backs in the massing of the building, and reducing the height of the parts of the building closest to the boundaries.

Despite these changes I do still have very significant concerns about the amenity impacts that the proposal would have on the adjacent dwellings, most particularly in terms of visual intrusion and overbearing effects, and in relation to no 183 Manchester Road, also in terms of overshadowing and loss of daylight.

The building would appear as a tall volume from the rear aspect and rear outdoor spaces of the houses on Sparthfield Avenue, and from the rear/side garden of no 189 Manchester Road, presenting a three-storey elevation in close proximity to the rear boundaries of nos 15 and 17, and a four/five storey volume set slightly further away.

In my view, the proposed arrangement would likely be considered to result in any unacceptably harmful impact arising from visual intrusion to these properties. Whilst existing trees (and potential additional planting) along the boundaries may provide some degree of screening, this is likely to be partial at best and would be very limited during the times of year when the trees are not in leaf.

Rooms at the south side of the building at the first and second floor would have principal windows oriented towards the neighbouring houses in quite close proximity to the boundary, and this is likely to give rise to concerns relating to overlooking of these dwellings. My view remains that any building of this scale is likely to result in very significant concerns in terms of amenity impacts to the neighbouring properties.

Design Evolution - Dementia Care

BCAE Architects, Cityside and design team have duly taken note of the initial comments provided by Tom Hiles and have produced a revised proposal which seeks to address any ambiguity within the design and also seeks to answer the comments raised in the second pre-application meeting.

The proposals seek to introduce a high quality extra care scheme which responds to both the immediate and wider context with the integration of high quality landscaping, amenity and parking.



Design at Consultation 1

The revised design reflects comments from Consultation 1 by reducing the overall height and massing to better align with the surrounding context, and by setting the building further from neighbouring boundaries to minimise overbearing impacts and preserve amenity.



Design at Consultation 2

The revised scheme responds to Consultation 2 by further reducing scale and density to better reflect the local character, while also addressing highways feedback through the rationalisation of access points, improved turning provision, and alignment with parking and SUDs requirements.



Design at Consultation 3

The amended design responds to Consultation 3 by introducing greater articulation and variation in form and materials to address concerns around bulk and flatness. The scheme now incorporates visual setbacks, enhanced detailing, and a more contextually appropriate material palette to better align with the character of neighbouring buildings.

The remainder of this report presents the final scheme in full. It outlines the revised design in response to the pre-application feedback, illustrating how the proposals have evolved to meet the expectations of the local authority and deliver a high quality, contextually sensitive care development.

05

Environments for Dementia

Sterling University Assessment Tool

This tool will be used to incorporate features throughout the development.

The document, “Environments for Ageing and Dementia Design Assessment Tool” (EA DDAT, Version 2, 2023), provides a comprehensive framework for creating age- and dementia-friendly environments. Developed by the Dementia Services Development Centre at the University of Stirling, it emphasizes evidence-based design principles to enhance the quality of life for individuals living with dementia and age-related impairments. The tool includes resources for various settings, such as homes, care facilities, public spaces, and workplaces, organized into tiers of intervention: Aware (Tier 1), Supportive (Tier 2), and Inclusive (Tier 3). It aims to promote independence, reduce social isolation, and ensure dignity through mindful environmental design, addressing physical, sensory, and cognitive challenges associated with ageing and dementia.

The following pages contain the criteria in which we will use to assess and guide features throughout the development.

* = Features could be incorporated

Guidance - Sterling University Assessment Tool

E.1 Entrances



Wayfinding is an essential ability to maintain independence and autonomy in our lives. Research shows that a reduction in wayfinding capabilities is one of the first symptoms of dementia and that locating a building entrance can be very difficult. The ability to make decisions can become limited, and so it can be very challenging and stressful to follow a route or move through a series of spaces. Often subtle cues are missed or misinterpreted, and so a combination of good signage and architectural communication should be considered in the design.

High level, large scale signage can help to compensate for some deficits, helping to draw attention to the building and its function.

The doorway should be recognisable from a distance and have high contrast to its surroundings – perhaps reinforced by a visible entrance canopy. Glazing can also provide valuable visual information but should not be easily confused with the entrance. Manifestation will be required for safety, to prevent collisions with full height glass, but should not obscure the view into the space.

Lighting can be strategically positioned to highlight key access routes, including door furniture if necessary. The ageing eye takes longer to adjust to a change in lighting levels between outside and inside, so lighting should be carefully designed so that brightness levels

change gradually between spaces, helping to prevent disorientation and reduce the risk of falls from the dazzling effect of a sharp decline in brightness. Draught lobbies can be utilised to help this change whilst also preventing heat loss.

Door security, such as doorbells and intercoms should be easily seen and understood. Audible buzzers or voices over intercom may be alarming for people with dementia, especially if they cannot locate the source of the noise. In health and care settings the noise from bells, alarms, and buzzers should be removed altogether if possible – with the staff making use of silent, vibrating, alerts instead.

E.1 Entrances

	Y/N	Notes
1	*	The entrance is visibly identifiable on approach. It has a glazed vision panel and is readily identifiable from the general features of the building (including any sidelights or other glazed elements).
		<i>People with dementia often have difficulty interpreting cues such as the building entrance. Architectural cues and signage can provide visual nodes or cues to assist wayfinding. It is important that entry is not stressful for the person with dementia since people living with dementia will often be very stressed about entering an unfamiliar space. To reduce stress it is important the entrance is easily recognised, is visible from the street and has a glazed section of the door to enable a view into the building before entering.</i>
2	*	The principal entrance is accessible. It has a level approach, entrance platt and threshold. There is good access for those with physical or mobility problems including wheelchair users.
		<i>If there is any obstacle at all, even a few millimetres, it will increase chances of tripping or catching a walking aid. Observe: Handrails; lift; ramp; height and accessibility of door handles; disabled parking spaces near building.</i>
3	*	There is accessible parking or a covered vehicle drop off within close proximity to the entrance.
		<i>A port cochere or projecting roof structure provides cover and protection from adverse weather. This can accommodate vehicle drop-off at the principal entrance.</i>
4	*	The circulation has a legible composition. There are clear lines of sight through the space.
		<i>Spatial disorientation and wayfinding difficulties are some of the early symptoms of dementia. To reduce the demand on the individual to have to plan and initiate a sequence of complex moves through a variety of spaces the entrance and circulation should be simply designed. Spaces that turn a corner or pass through multiple doors are complex to understand.</i>
5	*	The entrance has clearly visible, legible signage which describes the building function.
		<i>To help reassure people with dementia of their destination, signage is provided to clearly identify the building and the services provided. This is described in simple language. For example, 'Barbers' or 'Café'.</i>
6	*	It is obvious whether the door is push/pull or automatic and if there is a revolving door or automatic door, it is obvious whether the door should be touched or not.
		<i>To avoid confusion it is important that the opening mechanism of the door is clearly communicated.</i>

Guidance - Sterling University Assessment Tool

E.1 Entrances

7	*	There is an accessible toilet near the building entrance (either inside or outside the building). The toilet door is clearly visible on arrival.
		<i>People with dementia can become anxious when they cannot easily locate a toilet. The toilet should be fitted with contrasting toilet seat, grab supports and fittings should be dementia friendly. Refer to the technical guidance for dementia friendly toilets.</i>
8	*	Mats do not present a trip or slip hazard.
		<i>Barrier matting can become an obstacle if sitting proud of surrounding surfaces, a change in tone may also prevent someone with dementia from walking across the threshold.</i>
9	*	The main reception desk is very visible from the entrance door with a legible sign indicating its purpose. There is also space to be seated when speaking to a staff member.
		<i>Immediately knowing where to go and ask for assistance will reduce stress over feeling lost.</i>
10	*	Acoustics have been fully considered, as entrance spaces can often be of a large scale with many hard surfaces. The space supports audible communication and conversation.
		<i>Noise can be overwhelming and confusing for a person with dementia and a hearing impairment. Cognitive impairments can reduce the ability to filter out background noise, causing distress and reducing the ability to concentrate or communicate.</i>
11	*	The door entry system (e.g. intercom or buzzer) is clearly identified and controls are highly visible (e.g. the button contrasts with the unit).
		<i>The design and placement of the intercom system should be carefully considered so that it is understandable and highly visible to visitors. Consideration of panel placement close to fully automated outward opening doors should be well considered without relying on the person having to move backwards outwith the door swing.</i>
12	*	There is a transitional space between the outdoor and indoor space, to temper light levels.
		<i>A draught lobby or overhead canopy can provide a sheltered area from adverse weather, and help to prevent a sharp reduction in light levels on entry to the building. The ageing eye can take longer to adjust to these changes and therefore increases the risk of trips and falls. In a care/domestic setting, a transitional space can also encourage the use of outdoor spaces in all types of weather.</i>
13	*	Internal finishes, colours, lighting and signage are dementia friendly (refer to these sections within this guidance document for more detailed information).
		<i>Internal finishes, colours, lighting and signage are dementia friendly (refer to these sections within this guidance document for more detailed information).</i>

E.1 Entrances

Notes and Observations:

Self-assessment score		Once you have completed the checklists, you will need calculate the % score of successfully met criteria.
Total answered 'Yes'		
Number of 'not applicable' Q's		
Total Relevant Q's (Total number of Q's minus the number of N/A)		
Resource E.1 Score (Total answered Y/ Total number of Q's)		
Resultant Resource E.1 Percentage	%	The minimum score required for self-certification is an aggregate score of 60% or higher across all relevant checklists.
60% or higher achieved?	✓/X	
Photographic Evidence?	✓/X	
		Note: 60% is not required for every checklist as long as the overall cumulative score is at least 60%.
		You can apply for Self-Certification through the ' Resources ' section on the DSDC website.

E.2 Vertical Circulation



Vertical circulation is the means available by which people and goods move between a change in level or floor, and includes stairs, lifts and escalators. For older people and those with mobility impairments this can be a daunting and timely task to complete. Dementia can have a great impact on a person's mobility; reducing depth perception, and alter changes in gait, balance and co-ordination. Highly visible circulation routes supported with legible signage on arrival to direct people, will help to increase wayfinding capabilities and reduce anxieties around moving between floors.

Lifts can be a point of confusion for a person with dementia. The design of the car interior if highly

reflective or mirrored can cause distress. Controls may be too small or overly complex, which can result in the individual either becoming trapped inside the lift or exiting on the wrong floor. In addition the orientation of the lift car doors can also create wayfinding difficulties and the sliding threshold plate can often be perceived as a step.

Contrast should be implemented to highlight a change in level, with a 30% LRV difference between stair nosing, and the tread and riser. However in the case of a lift, where the lift floor is level with the adjacent landing, tonal continuity should be provided at all floors the lift services. Calming, light colours should be applied and reflective materials and mirrors

avoided. A seat located in the lift can provide an opportunity to rest between floors for people who are unsteady on their feet.

Handrails on both sides of the staircase or ramp are essential when changing level, however in the domestic home, a stair lift may be appropriate, and safety of the user should be assessed prior to installation.

Space standards should be well considered to allow mobility scooters, wheelchairs and pushchairs to traverse the building with ease. Residential buildings occupied by people near the end of life should also consider a 13-person lift to accommodate a profile bed or coffin.

E.2 Vertical Circulation

	Y/N	Notes
1	*	There is an alternative to the stairs e.g. ramp, lift which are clearly signed/visible.
		<i>Buildings should have an alternative to the stairs to allow everyone to be able to access the upper floors. Visibility of directional signage to vertical circulation will enable the shortest route through the building, reduce anxiety about not knowing where to go, and reduce the burden on staff to give directions.</i>
2	*	Steps are straight (not tapered).
		<i>Tapered steps can be dangerous and disorientating to climb, as the changing width can cause visual illusions and appear to move. This type of stair relies on the individual to walk at an angle if using a handrail to the outer edges of the staircase, therefore increasing the risk of trips and falls.</i>
3	*	The rise of steps is of uniform height.
		<i>Risers of a uniform height allow a person to assess the height of the next step correctly. For a person with reduced depth perception, a change in riser height can be very difficult to judge. This change can alter a person's gait, cause them to lose balance, and thus increase the risk of falls.</i>
4	*	Edges to steps are clearly delineated for safety: Nosings are clearly contrasted with the treads and riser.
		<i>To highlight a change in level, stair nosings should contrast the treads and riser. People with dementia often have visuospatial problems and cannot see 3D. It is important that they see steps and hesitate in order to prepare themselves.</i>
5	*	The steps/ramp contrasts in tone with the wall. The stairs/ramp also has sloped/stepped skirting along the wall, which contrasts with both floor and wall.
		<i>Contrast to a minimum of 30% LRV difference is required to ensure the environment is able to be read and interpreted correctly. This enables people to see where the stairs end and the wall begins.</i>
6	*	There is an easy to grip, grab rail or handrail for all stairs/ramps. They are located on both sides of the stairs/ramps, and contrasts in tone with the wall or surface it is fixed to.
		<i>Handrails need to be highly visible (contrasting colour to the wall behind), easy to grip, with some tactile indication where sections end for people with impaired vision.</i>
7	*	There is double the light level on the stairs that younger people find adequate.
		<i>The ageing eye needs around twice as much light to see this is especially important where there is a change in level and a higher risk of falls/injury.</i>
8	*	The lift interior is calming i.e. the lining is pastel coloured, not reflective or shiny. There are no mirrors or reflecting surfaces inside the lift.
		<i>Lifts are necessarily a confined space, so for people with dementia, the interior needs to look as normal and non-threatening as possible. Some people with dementia cease to be able to understand a mirror and are frightened to see other people in them.</i>

Guidance - Sterling University Assessment Tool

E.2 Vertical Circulation

9	*	Lift flooring matches that of the adjacent landing.
		<i>People with dementia often have visuospatial problems and cannot see 3D. It is important that they do not see steps, hesitate and potentially tumble.</i>
10	*	Lift lighting is bright, but glare-free and uniform.
		<i>Glare causes visual discomfort and squinting and is often misinterpreted; shadows can be seen as objects or holes.</i>
11	*	A sensor keeps the lift doors open until people are safely inside the lift.
		<i>The doors do not close too abruptly and risk distressing users.</i>
12	*	Lift button controls are large and visible. They contrast with the door frame on the exterior and contrast with the panel on the interior.
		<i>As per signage guidance i.e. consider visibility, height and clarity.</i>
13	*	The lift is not in a bedrooms area, nor is on the adjoining wall of a bedroom.
		<i>Lifts, especially with voice support, are potentially noisy and may cause distress or confusion. Noise at night can affect sleep, the person with dementia may not be able to understand the source of the noise.</i>
14	*	There is a clear description of what is located at each floor inside the lift and opposite the doors on each floor. Landmarks are also used to identify landing spaces.
		<i>Highly visible informative and identifying signage will reduce any anxiety about where to go or about feeling lost. The use of a landmark or identifiable theme within the landing space can also help to aid wayfinding and make each floor distinguishable from each other.</i>
15	*	Internal finishes, colours, lighting and signage are dementia friendly (refer to these sections within this guidance document for more detailed information).
		<i>Internal finishes, colours, lighting and signage are dementia friendly (refer to these sections within this guidance document for more detailed information).</i>

E.2 Vertical Circulation

Notes and Observations:

Self-assessment score		Once you have completed the checklists, you will need calculate the % score of successfully met criteria.
Total answered 'Yes'		
Number of 'not applicable' Q's		
Total Relevant Q's (Total number of Q's minus the number of N/A)		
Resource E.2 Score (Total answered Y/ Total number of Q's)		
Resultant Resource E.2 Percentage	%	The minimum score required for self-certification is an aggregate score of 60% or higher across all relevant checklists.
60% or higher achieved?	✓/X	
Photographic Evidence?	✓/X	
		Note: 60% is not required for every checklist as long as the overall cumulative score is at least 60%.
		You can apply for Self-Certification through the ' Resources ' section on the DSDC website.

Guidance - Sterling University Assessment Tool

E.3 Toilets



There is a major lack of publicly available toilets within most communities across the UK. Without knowing where to access to suitable public toilets, many older people will be much less willing to leave the house for fear of getting caught short. This has a significant impact on social isolation, loss of independence and loneliness. Local businesses, shops and cafes should be encouraged to allow free access to their toilets for both paying and non-paying customers. Primarily toilets should be located at ground level, close to the entrance and with unimpeded access. This includes not having to find a member of staff to ask for permission or for a key. Subsequently, toilets should be positioned at key locations

throughout the building, at every level where possible and with clear vantage points and signage. A signature toilet door colour should be used throughout the building or adopted by the council area to clearly distinguish against any other door. There are a large number of design considerations which should be taken into account to aid dignity and safety. Adequate contrast between critical planes and fixtures and fittings is vital in a complex environment such as the bathroom. Often white fixtures are fitted on white walls and blend into the background for someone with a sight impairment. The toilet and toilet seat should be clearly seen to aid dignity, independence and safety.

Noisy hand dryers can be a source of distress for a person with dementia and therefore it is recommended that paper/towel dispensers are fitted instead. For similar reasons air extract fans, and air conditioning units should also operate as quietly as possible. From January 2021, it will be mandatory in England to include a changing place in new large public buildings or those under considerable renovation or which change use. Transfer to the toilet/shower should be easily accessible from a wheelchair. A peninsular toilet can provide access for both left and right transfer.

E.3 Toilets

	Y/N	Notes
1	*	There is a toilet adjacent/adjoining key activity rooms within the building e.g. entrance, waiting room, consultation room, dining area, lounge, bedroom). <i>A person with dementia often needs to find a toilet in a hurry. To maintain dignity, independence and continence a toilet must be visible and easily reached from key activity rooms in the building. The 'key' rooms will vary depending upon the function and purpose of the building. Observe: is this room intended to be used by a person with dementia? If so, it is a 'key activity' room.</i>
2	*	An 'accessible' public toilet is provided and has the required grab supports, contrasting toilet seat and activity space for a wheelchair user. Where possible, a changing places toilet is also provided. <i>An 'accessible' public toilet is defined by the British Standards Institute BS 8300 - Design of an accessible and inclusive built environment or within the 'Approved Document M - Access to and use of buildings' of the UK Government Building Regulations. 'Changing Places' toilets are larger accessible toilets for severely disabled people. Refer to UK Government website for further information. Links provided on 'Resources' page of this document.</i>
3	*	Within private toilets such as ensembles there is adequate space for transfer to the toilet from a wheelchair or hoist, especially when two carers are required. <i>Publicly available accessible toilets will provide sufficient space for a person to be supported to toilet, if necessary. However in private toilets, where space standards can be smaller it is important there is sufficient space for two carers to provide support.</i>
4	*	The doors to toilets have a distinctive, consistent signature colour/finish throughout the building. This colour/finish is not used on any other door. The door should contrast with the adjacent wall. <i>People with dementia have impaired learning. If they only have to learn one cue for all toilet doors throughout the building they are more likely to remember it. This can maintain dignity, independence and continence. The door should contrast with the wall. This makes the toilet door more visible and therefore more likely to be used.</i>
5		Where toilets are behind cubicle doors they contrast in tone with the adjacent fixed cubicle panel. <i>Similar to above, it is important that the toilet/cubicle door is clearly visible and can be distinguished from adjoining fixed panels (which are often flush and difficult to differentiate from the opening door) and provide sufficient contrast.</i>
6	*	There is a sign on the toilet door to aid wayfinding (refer to 'Essential Technical Guidance' for 'Signage and Wayfinding'). <i>A person with dementia often needs to find a toilet in a hurry. Visible cues such as legible signage can reduce any anxiety about locating one. Research shows a pictogram of a toilet in perspective with the word 'toilet' is better than the international stick figure symbols.</i>

Guidance - Sterling University Assessment Tool

E.3 Toilets

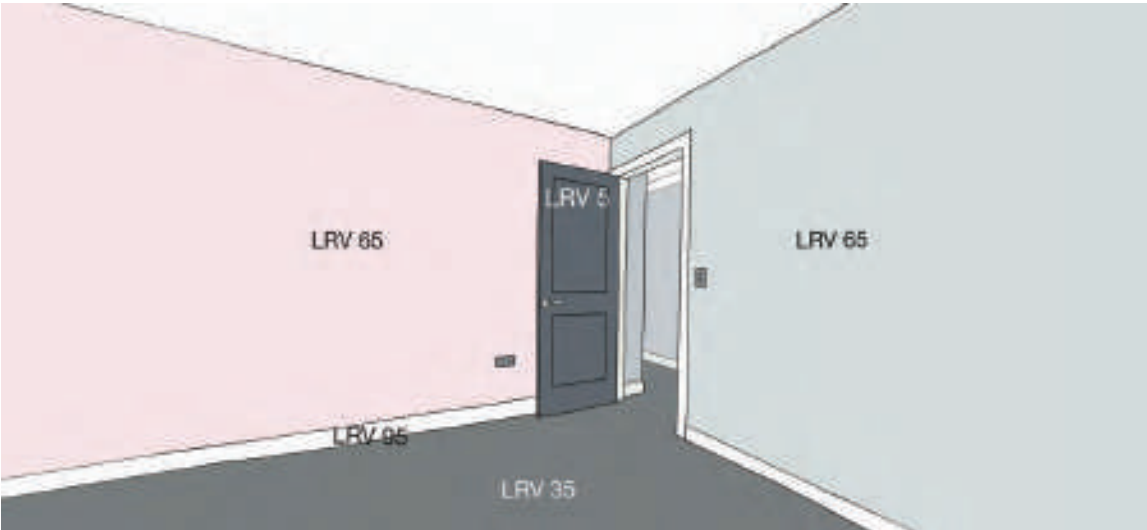
7	*	It is obvious how the door lock operates e.g. traditional in appearance, understandable. The locking mechanism clearly indicates whether the toilet is occupied.
		<i>To aid dignity, it should be obvious if the toilet is occupied and how to lock/unlock the door when inside. Consider whether the indicator colour/wording is clearly legible and of a size which someone with diminished eye sight can read.</i>
8	*	Mirrors are well situated and are designed to be removable or easily covered.
		<i>Some people with dementia cease to be able to understand a mirror and are frightened by believing they see other people in them. One of the simplest solutions is to fit a roller blind over the mirror. Mirrors should not be visible on entry to the room or in direct line of sight when using the toilet as this can prevent a person with dementia entering or using the facilities.</i>
9	*	Contrast is used in wall finishes and fittings so that grab rails and sanitaryware contrast with the walls behind. Also, the toilet seat should contrast with both the toilet pan and the floor below.
		<i>Contrast will make the fittings more visible, which is essential for safety in the case of the toilet.</i>
10	*	Cisterns, flush levers and wash hand basin taps are traditional in appearance, simple to operate and have legible indications to help people to use them (e.g. to identify hot from cold and flow, are quarter-turn). Avoid back-to-wall toilets and integrated plumbing systems (IPS) panel systems.
		<i>Independence boosts self esteem. Self esteem is helped if people can manage familiar tasks like flushing the toilet or washing their hands on their own. They are more likely to be able to do this if the sanitaryware looks familiar. This also aids hygiene and infection control. Note, lever flushes are more ergonomic to use for a person with dexterity issues. Avoid wall mounted flush plates or cistern flush buttons as these can be harder to use.</i>
11	*	Toilet roll holders are simple to operate, contrast with the wall behind and are preferably domestic-style in their design.
		<i>Independence boosts self esteem i.e. if people can manage familiar tasks like using toilet paper on their own. This also aids hygiene and infection control.</i>

E.3 Toilets

Notes and Observations:

Self-assessment score		Once you have completed the checklists, you will need calculate the % score of successfully met criteria.
Total answered 'Yes'		
Number of 'not applicable' Q's		
Total Relevant Q's (Total number of Q's minus the number of N/A)		
Resource E.3 Score (Total answered Y/ Total number of Q's)		
Resultant Resource E.3 Percentage	%	The minimum score required for self-certification is an aggregate score of 60% or higher across all relevant checklists.
60% or higher achieved?	✓/X	
Photographic Evidence?	✓/X	
		Note: 60% is not required for every checklist as long as the overall cumulative score is at least 60%.
		You can apply for Self-Certification through the ' Resources ' section on the DSDC website.

E.4 Contrast



Contrast is a key consideration in many aspects of design for dementia, and in design for sight loss. Providing contrast between two objects helps them to be seen against each other, whereas lack of contrast may mean they blend into each other. Both of these scenarios have their use in dementia design – depending on whether we want to draw attention to something in the environment or not.

However, before discussing how to use contrast in design it is important to understand what it is and, of course, what it isn't. In this context, contrast refers to differences in tone, not differences in hue (e.g. colours of the rainbow). When measuring tone we use a measure

known as Light Reflectance Value (LRV). LRVs are a measure of how much light reflects off a surface, from 0% (black) where all light is absorbed, to 100% (white) where all light is reflected. This means that two shades of the same colour could have drastically different LRV values, whereas two different hues (or colours of the rainbow) could have exactly the same LRV. Although manufacturers usually use highly calibrated scientist equipment to determine the LRV of materials, where LRV is unknown it can be beneficial to use the tonal view on cameras to get some sense of how much contrast exists between surfaces, fixtures and fittings in an environment.

Age related changes, in

addition to living with the symptoms of dementia can affect vision. Colour sensitivity may diminish and therefore tonal values become much more important for a person to navigate and understand their surroundings. There can also be a reduction in peripheral vision, and depth perception.

Ensuring critical planes and furniture stand out against their background so that they are clearly visible, can help someone to live a more independent and safe life. This design principle can be used on a large scale, for example providing adequate contrast between floors and walls but can also be extremely useful in smaller areas, like placing a white bar of soap on a dark wash cloth.

E.4 Contrast

Light Reflectance Values measure the amount of light which bounces off any given surface. This is strongly correlated with the ability of blind and partially sighted people to identify differences in colour. It is not always possible to discern contrast by the naked eye. Contrast is often referred to in manufacturers published technical guidance. If this is not available, try taking a black and white photograph of the area, which will show where contrast is required. The greater the contrast, the greater the difference between tones i.e. black and white.

	Y/N	Notes
1	*	The colour of the flooring contrasts with the colour of the walls. Ideally, the skirting will also contrast with both the floor and the walls.
		<i>As recommended by the British Standards Institute, contrast to a minimum of 30% LRV difference is required to ensure the environment is able to be read and interpreted correctly. This enables people to see where the floor ends and the wall begins.</i>
2	*	The colour of fittings and fixtures intended for use by the person with dementia contrast with their environment (e.g. crockery, plates, tables, chairs, kettle etc.)
		<i>Contrast makes fittings and fixtures more visible which is essential to ensure the person with dementia can maintain independence and sustain activities of daily living. Increasing their visibility through contrast will increase the likelihood of the person with dementia engaging with them. Consider the item in relation to its typical position i.e. crockery and the table in which it is usually placed or a visitors book and the reception counter.</i>
3	*	The colour of furniture and fixed items (e.g. tables, chairs and worktop surfaces) contrasts with the colour of the flooring beneath them.
		<i>Contrast makes the furniture and fixed items more visible which is essential for safety. Increasing their visibility through contrast will increase the likelihood of the person with dementia engaging with them.</i>
4	*	Button controls, switches and sockets are large and visible and contrast with the wall on which they are fixed. This includes light switches, door entry systems, lift buttons, reception bells etc.
		<i>To enable a person with dementia to be able to interact independently with the environment it is important that they are able to see, accurately locate and understand the usage of controls, light switches and door entry systems. Contrast between control buttons and their back plate, as well as contrast between the back plate and the wall will increase their visibility.</i>

Guidance - Sterling University Assessment Tool

E.4 Contrast

5	*	The colour of the door (internal and external) contrasts with the wall adjacent and the handles or door ironmongery (e.g. push plates, pull handles etc.) contrast with the colour of the door on which they are fitted.
		<i>Colour contrast will make door and door handles visible which will in turn draw attention to these features and encourage their use. This includes external doors. Observe: where a door forms part of a larger glazed panel the door frame should contrast with abutting and adjacent mullions and transoms so as to clearly delineate the entrance door from windows or full height glazed panels.</i>
6	*	Edges to steps are clearly delineated for safety. Nosings are clearly contrasted with the treads and riser.
		<i>People with dementia often have visuospatial problems and can struggle to interpret 3D. It is important that they see steps and hesitate in order to prepare themselves.</i>
7	*	Colour contrast between the interior floor finish and exterior surfacing is minimal i.e. there is very little difference in colour contrast.
		<i>Where the threshold is level, any tonal contrast between the colours of materials at the threshold could be mistakenly perceived as a step leading to increased risk of falls.</i>
8	*	The colour of flooring is tonally consistent throughout including threshold strips i.e. there is very little difference in colour contrast. This includes lift flooring, which should also match with the adjacent landing.
		<i>People with dementia often have visuospatial problems and can struggle to interpret 3D. It is important that they do not mistakenly perceive steps in flat floors, then hesitate and potentially tumble. There should be no more than 10% LRV difference between adjoining floor finishes, including the thresholds and any transitional strips.</i>
9	*	Doors to areas not intended to be used by the person with dementia e.g. staff facilities, hazardous stores or plant rooms are well concealed. Observe: Doors are the same colour as the walls; skirting or handrail extends along the door with no, or minimum, door furniture and architraves.
		<i>Frustration for people with dementia should be avoided wherever possible. If a non-usable door is well concealed, this will be minimised and will reduce the likelihood of a person with dementia engaging with the door.</i>

E.4 Contrast

Notes and Observations:

Self-assessment score		Once you have completed the checklists, you will need calculate the % score of successfully met criteria. The minimum score required for self-certification is an aggregate score of 60% or higher across all relevant checklists. Note: 60% is not required for every checklist as long as the overall cumulative score is at least 60%. You can apply for Self-Certification through the ' Resources ' section on the DSDC website.
Total answered 'Yes'		
Number of 'not applicable' Q's		
Total Relevant Q's (Total number of Q's minus the number of N/A)		
Resource E.4 Score (Total answered Y/ Total number of Q's)		
Resultant Resource E.4 Percentage	%	
60% or higher achieved?	✓/X	
Photographic Evidence?	✓/X	

E.5 Patterns and Colour



The considered application of pattern and colour can bring an interior to life, giving it much more interest, meaning and purpose. However, dementia can change the way a person perceives a space. Strong geometric or bold pattern can become distorted, appear to move and cause visual illusions. This can be very distressing, cause disorientation and lead to a higher risk of falls.

Carefully selected pattern for easily removable or reversible furnishings such as cushions, throws and curtains can be appropriate as they can be removed or turned around where necessary. Flooring should never contain strong pattern, flecks, sparkle or heavily grained timber effects so as not to impede movement. Patterns such as

these can alter a person's gait, walking speed, increase the risk of falls or prevent someone from walking at all.

No specific colours are recommended, or advised to be avoided. However, as our eyes age, it is understood that the blue end of the spectrum is lost first and therefore when using colours such as blue and green, a more vibrant, saturated colour will be more distinct. Generally colour is of personal or cultural preference and therefore contrast is more important to consider, whilst also designing for interest and relaxation. A simple colour palette of 2-3 colours works most effectively and this principle of simplicity should also be implemented where colour is to be used for wayfinding

strategies. Research also shows that adopting a unique colour for toilet doors which is distinguishable against any other door, aids independence and misdiagnosis of incontinence. People with dementia have impaired learning and so if only one cue has to be remembered when locating the toilet it will more likely be remembered.

Large scale wall murals or those with accurate representation, such as trompe l'oeil can be confusing for a person with dementia who is already working constantly to understand their environment. Containing pictures within frames which contrast their background are more easily understood and will not cause distress and agitation.

E.5 Patterns and Colour

	Y/N	Notes
1	*	Strong wallpaper patterns and murals with false, realistic scenes are avoided.
		<i>Strongly contrasting patterns, swirls, or stripes, may cause visual hallucinations for people. Any murals that contain full scale realistic objects (bookcases, shelving, woodland scenes etc.) can be misinterpreted by people with dementia causing increased distress and potential picking at the wallpaper as they try to understand their surroundings.</i>
2	*	Patterned flooring has been avoided and flooring is not laid to create a pattern e.g. herringbone, checker board etc.
		<i>Strongly contrasting geometric patterns, swirls, or stripes, may cause visual hallucinations for people with dementia, and are likely to affect confidence, balance, gait and walking speed. This is similar where tiles (carpet, ceramic etc.) and boards (wood, vinyl plank etc.) are laid in a tessellated way or to create a feature pattern. Ideally, floors are homogeneous throughout.</i>
3	*	Where pattern is used, this is kept to furnishings, fixtures and fittings which can easily be removed.
		<i>Pattern can bring a sense of warmth and pleasure to the built environment and the use of soft furnishings can help to improve the acoustic performance of the room. Pattern on cushions, curtains and loose fittings is acceptable as this tends to be located to smaller areas and these items can be removed in the event pattern is disconcerting to the person with dementia.</i>
4	*	Wall colours are warm and light to maximise light levels.
		<i>Light wall colours will maximise reflected light, thereby aiding overall lighting levels within a room; tones should not be cold or overly clinical.</i>
5	*	The doors to toilets have a distinctive, consistent signature colour/finish throughout the building. This colour/finish is not used on any other door. The door should contrast with the adjacent wall.
		<i>People with dementia have impaired learning. If they only have to learn one cue for all toilet doors throughout the building they are more likely to remember it. This can maintain dignity, independence and continence. The door should contrast with the wall. This makes the toilet door more visible and therefore more likely to be used.</i>
6	*	Doors to areas not intended to be used by the person with dementia e.g. staff facilities, hazardous stores or plant rooms are well concealed. Observe: Doors are the same colour as the walls; skirting or handrail extends along the door with no, or minimum, door furniture and architraves.
		<i>Frustration for people with dementia should be avoided wherever possible. If a non-usable door is well concealed, this will be minimised and will reduce the likelihood of a person with dementia engaging with the door.</i>
7	*	Texture has been used to aid wayfinding.
		<i>The use of texture can aid wayfinding for those who rely on their fingertips to read their environment. Sharp or cold surfaces and hairy timbers should be avoided.</i>

E.5 Patterns and Colour

Notes and Observations:

Self-assessment score	
Total answered 'Yes'	
Number of 'not applicable' Q's	
Total Relevant Q's (Total number of Q's minus the number of N/A)	
Resource E.5 Score (Total answered Y/ Total number of Q's)	
Resultant Resource E.5 Percentage	%
60% or higher achieved?	✓/X
Photographic Evidence?	✓/X

Once you have completed the checklists, you will need calculate the % score of successfully met criteria.

The minimum score required for self-certification is an **aggregate** score of 60% or higher across all relevant checklists.

Note: 60% is not required for every checklist as long as the overall cumulative score is at least 60%.

You can apply for Self-Certification through the [Resources](#) section on the DSDC website.

E.6 Fixtures, Fittings and Finishes



Design is in the details. Specifying the correct details can make a significant difference to safety, confidence and independence for people living with dementia or other physical and cognitive impairments. Details such as thin throat gutter detailing and seamless thresholds considered early on in the design process impact greatly on the ease of movement in and out of buildings, and can be difficult to rectify if left to be specified or improved later on during the build.

Fixtures and fittings should be recognisable and for the person with dementia this could be a typical design from when they were in their 30's. The familiarity of how fittings operate will enable

the person with dementia to be independent for as long as possible. This meaningful design era will naturally shift as subsequent generations' age and therefore design needs to continuously adapt to meet the needs of the audience.

As people age, core strength can diminish and so doors should open with the minimal physical effort required and preferably be hinged rather than sliding. Specification of swing-free closers are excellent for fire safety and those with reduced mobility or strength. Other age related impairments such as arthritis can make gripping objects very difficult. Quarter-turn taps and lever handles rather than door knobs are easier to use for people with reduced

dexterity. It is recommended that door furniture and ironmongery should contrast their background by at least 15 LRV in order to be seen.

Reflective materials and finishes should be substituted for matt, non-glossy alternatives. This is due to the ageing eye being sensitive to glare. Reflections can also be hazardous and distressing. Finishes should contain no sharp edges for those who rely on tactile elements and their fingertips to read.

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E.6 Fixtures, Fittings and Finishes

	Y/N	Notes
1	*	There is evidence of respect for ethnic, cultural and religious backgrounds. Observe: Space for prayers. If multicultural, no dominance of one particular religion's image. <i>People come from very different backgrounds and what is familiar, and therefore comfortable, will vary. It should be obvious that this has been considered in décor etc. Places for worship for different faiths using the building should also be evident.</i>
2	*	Safety has been well considered in the specification of fixtures, fittings and finishes to reduce risk of injury/falls. <i>Sharp edges, loose wires, risk of scalding should all be well considered. Worn fixtures and furniture with jagged edges can cause skin tears, and unfamiliar fittings create further hazards (e.g. modern coffee makers).</i>
3	*	Fixtures and fittings are recognisable and easy to use. <i>People with dementia may need a lot of cues as to the nature of the room and appropriate behaviour. Cues need to be recognisable in terms of their age and background.</i>
4	*	Gloss and shiny finishes have been avoided e.g. paintwork, ironmongery, internal linings. <i>Shiny and gloss finishes reflect too much light causing glare, which may be disorientating or prevent clear understanding (e.g. glossy signage). Matt finishes including matt paint finishes are preferred.</i>
5	*	There is a range of furniture suitable for the needs of all, including chairs of different heights/depths. Round tables provide more seating flexibility; square tables can be put together more easily for large functions. <i>A chair too low will often affect circulation and may give people backache (which may affect behaviour). A chair too high or too deep will make them feel trapped. Some chairs need to provide head and neck support so that people can take short rests or naps in them. Seating should be arranged in social clusters as opposed to around the perimeter of the room.</i>
6	*	Furniture design/placement enables, rather than restrains. Observe: Depth of seat; position of tables and seating. <i>People need to be able to get in and out of chairs. They may need chairs with arms to hold on to or push up from. Tables should not be so close that people are trapped. Arm rests of dining chairs need to clear freely underneath dining tables. This is to prevent hand injuries when people are moved towards the table while sitting in the chair.</i>
7	*	There is seating at frequent intervals to provide opportunities for rest. <i>Seating should be domestic in style, comfortable and robust to support a person's weight. The seat pad should contrast with the floor and ideally the chair back should contrast the wall and the chair arms contrast both the seat pad and the floor.</i>

E.6 Fixtures, Fittings and Finishes

8	*	There are comfortable handrails to give both physical assistance and a sense of direction/distance. <i>Handrails need to be highly visible (contrasting colour to the wall behind), easy to grip, with some tactile indication where sections end for people with impaired vision.</i>
9	*	Ironmongery to doors (e.g. pull handles, locks, thumb turns) is visible, comfortable to hold and contrasts the door. The operation to open is understandable. If there is a revolving or automatic door, it is obvious whether the door should be touched or not. <i>For the person with dementia, the handle should be of a traditional and easily understandable form. Where pull handles are used, to reduce confusion they should only be placed on the 'pull' side of the door.</i>
10	*	Doors open easily with minimal physical effort. <i>Door closers can create resistance and can hinder the opening of the door. Consider whether the door is heavy and the resistance too great for a frail individual to be able to open. Where possible, fit a free-swing arm where a door closer is required.</i>
11	*	The use of stainless steel kick plates which reflect the floor finish and blur the edge of the door have been avoided. <i>Highly reflective kick plates can create the visual illusion of the floor continuing beyond from where it does. The gaze of a person with dementia is more likely to be downwards, towards the floor and therefore if the person is not able to see the contrasting door leaf, they may assume the floor continues and could collide with the door. Kick plates should be matt and match the tone of the door. A clear acrylic would also be acceptable.</i>
12	*	Mirrors are well situated and are designed to be removable or easily covered. Mirrors in lifts are not located on the wall but are preferably mounted at high level e.g. a convex mirror. <i>Some people with dementia cease to be able to understand a mirror and are frightened by believing they see other people in them. One of the simplest solutions is to fit a roller blind over the mirror. Mirrors should not be visible on entry to the room or in direct line of sight when using the toilet as this can prevent a person with dementia entering or using the facilities.</i>
13	*	Provide sturdy tables to support people leaning on them; tables high enough to clear chair arms and with rounded corners to reduce injury from collision. <i>Some people with dementia use furniture and fixtures to support balance as they walk/move through a room. This is not ideal and can be very dangerous. However, to prevent furniture from toppling, it is important it is sturdy. In addition, the impact load of a person positioning them self on a seat can be greater when the person has reduced mobility. It is therefore important that the seating remains stable and does not move under this increased load.</i>

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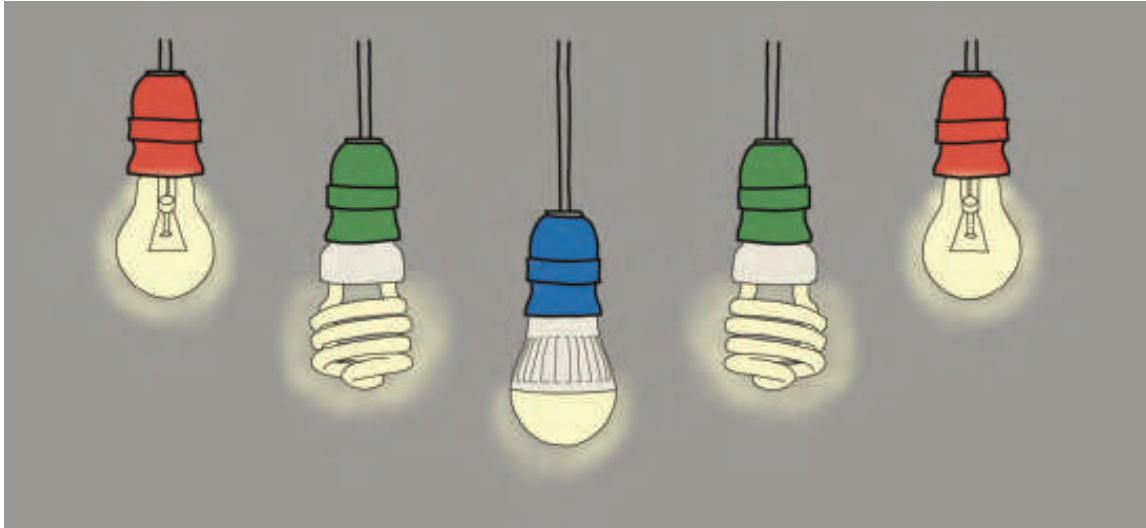
E.6 Fixtures, Fittings and Finishes

14	*	When using coved skirting, detail skirting and wall finish to reduce the difference between the perceived edge of the room and the actual edge of the room.
		<i>People with dementia can experience difficulty interpreting the 3D aspects of their environment. We use contrast to increase visibility and we contrast the wall with the floor and skirting with both the wall and the floor to reinforce where the wall and floor meet. Coved skirting distorts this junction, therefore creating the visual illusion that the floor continues further than it does.</i>
15	*	There is a large analogue clock located in key activity rooms.
		<i>Digital clocks may not be understood by older people. Clocks may need nearby lighting so they can be seen when it is dark.</i>

Notes and Observations:

Self-assessment score		Once you have completed the checklists, you will need calculate the % score of successfully met criteria.
Total answered 'Yes'		
Number of 'not applicable' Q's		
Total Relevant Q's (Total number of Q's minus the number of N/A)		
Resource E.6 Score (Total answered Y/ Total number of Q's)		
Resultant Resource E.6 Percentage	%	Note: 60% is not required for every checklist as long as the overall cumulative score is at least 60%.
60% or higher achieved?	✓/X	
Photographic Evidence?	✓/X	
		You can apply for Self-Certification through the Resources section on the DSDC website.

E.7 Light Levels



People with dementia can misinterpret their surroundings due to poor lighting. Lamps which are too dim, badly positioned, or cause glare can create visual illusions, reflections and shadows, making the environment dangerous and more difficult to understand.

The ageing eye needs twice as much light in order to see and enable the person to be able to function in everyday tasks. Daylight provides good colour rendition and should be optimised wherever possible. Building orientation and window size during the planning stages will determine this quality of light. A means of glare control should also be considered, especially for south facing windows. However, lighting

solutions will also need to be supplemented with adequate artificial lighting for the winter months, evenings and to enhance luminance at task stations, such as kitchen worktops. Incorporating multiple circuits will optimise flexibility according to the time of day and can be dimmed in the evening.

There are also some quick, cost effective solutions such as extending curtain rails so curtains can be fully opened, trimming trees outside windows, increasing the wattage of bulbs and painting interiors light colours to reflect the light, which can all improve the internal light levels. It is important to note that glazing can act like a mirror at night when it is dark. To avoid confusing

reflections, blinds and curtains should be drawn. Direct view of the light source should always be shielded and positioned above eye level to reduce 'pooling' of light and shadows on the floor.

Light has major benefits on health. Exposure to sunlight helps our bodies to produce vitamin D, which increases bone strength, reduces depression, and can be linked to a reduction in cancer, cognitive impairment and cardiovascular disease. Sunlight also helps to protect us from infection and regulate the body's circadian rhythm and will support the production of melatonin for a better sleep pattern.

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E.7 Light Levels

	Y/N	Notes
1	*	The space has good levels of natural lighting from windows, roof lights or borrowed light from other rooms. <i>Natural light enhances the experience of the building for all users. The simplest daylighting device is a vertical glazed opening or window. As a general rule of thumb, daylight will penetrate a room to a distance of about 2.5 times the window head height (if there are no obstructions). Roof lights can be a useful supplement to side windows in an interior. The light can brighten the back of an excessively deep room or bring a welcome balance to strong sideways lighting. Very deep interiors or internal corridors can be day lit solely by roof lights or sun pipes.</i>
2	*	The space has good levels of artificial lighting, which is bright (refer to our recommended light levels table) and uniformly distributed/lit across the space. <i>DSDC sets technical standards for brightness (Lux) and colour rendering index for artificial lighting. These can be tested accurately with scientific instruments or smart device apps. As a rough guide, if you are under the age of 30, the room should seem conspicuously bright. If you are aged between 30 and 48, it should appear very bright, and if you are aged over 48, it should feel bright. Ensure even lighting throughout. People with dementia may see dark patches as holes in the floor which can affect their movement.</i>
3	*	Artificial lighting should be designed to be symbiotic with the daylight strategy. It should not be thought of as two independent lighting strategies. <i>A lack of daylight lighting coordination can lead to a number of problems surrounding aspects such as glare, uniformity and lighting control.</i>
4	*	The light levels (illuminance) are higher at task areas e.g. kitchen work surfaces, reception counters, activity/reading areas etc. <i>Refer to our recommended light levels table.</i>
5	*	The lighting and glare can be controlled throughout the day. Daylight, glare and evening light spill can be controlled. <i>There is more than one light switch and more than one lighting circuit. Curtains and/or light blinds are required if there is a danger of glare in bright sunlight. They should not be block-out blinds, but allow some light transition through them.</i>
6	*	Lighting is bright, but glare-free. <i>The older eye is more susceptible to the effects of glare from lighting (natural and artificial). Glare causes visual discomfort and squinting and is often misinterpreted; shadows can be seen as objects or holes.</i>
7	*	The colour rendering index (Ra) of the lamp (bulb) is greater than 85, preferably 90-95. <i>The ageing eye has a reduction in colour perception therefore maximising the Ra will improve the perception of colour. Good colour rendition is important to ensure objects look natural, finishes appear more vivid and contrast is fully exploited.</i>

E.7 Light Levels

8	*	The lamp (bulb) colour that is selected should reflect the environment within which it is in. <i>A homely environment tends to be warmer, with spaces which are used for concentration or exercise have cool colour temperature lamps. The 'colour appearance' of a lamp (bulb) refers to the apparent colour of the light emitted. E.g. warm light is below 3300k, cool is above 5300k.</i>
9	*	The external lighting is evenly distributed and the light source is above eye level. <i>Principal light source should not be below eye level – low level lighting (e.g. bollards) can produce shadows that can be confusing for the person with dementia.</i>
10	*	At door entrances the lighting inside is bright enough to compensate for impaired vision when returning from a bright outdoor space. <i>Adjustment to a change in light levels is more difficult and slower for older people, so they can be temporarily unable to see unless the contrast in light levels is minimised. Providing transitional light levels which mediate between bright daylight and lower internal light levels can help to reduce the impact of this.</i>
11	*	Light systems on PIRs/movement sensors do not dim to fully being off and provide sufficient time to undertake the required task. <i>People with dementia are more likely to take longer than average when undertaking a task e.g. in the toilet or when walking down a corridor. It is therefore a matter of health and safety that the lighting system does not switch off or drop significantly when they are undertaking a task. This can result in a person becoming trapped in a room or being unable to independently move through a space. Note, even when walking the movement of a person with dementia can be so modest that the PIR does not detect their actions.</i>
12	*	Therapeutic views are provided from key activity rooms e.g. entrance, waiting room, consultation room, dining area, lounge, bedroom). The view is visible from a seated position (and lying if within a bedroom, ward or treatment room). <i>Therapeutic views can increase quality of life, improve recovery time (from illness or injury) and provide a focal point to aid conversation or reduce anxiety. The 'key' rooms will vary depending upon the function and purpose of the building. Observe: is this room intended to be used by a person with dementia? If so, it is a 'key activity' room.</i>

E.7 Light Levels

Notes and Observations:

Self-assessment score	
Total answered 'Yes'	
Number of 'not applicable' Q's	
Total Relevant Q's (Total number of Q's minus the number of N/A)	
Resource E.7 Score (Total answered Y/ Total number of Q's)	
Resultant Resource E.7 Percentage	%
60% or higher achieved?	✓/X
Photographic Evidence?	✓/X

Once you have completed the checklists, you will need calculate the % score of successfully met criteria.

The minimum score required for self-certification is an **aggregate** score of 60% or higher across all relevant checklists.

Note: 60% is not required for every checklist as long as the overall cumulative score is at least 60%.

You can apply for Self-Certification through the [Resources](#) section on the DSDC website.

E.8 Acoustics



Noise levels have a major impact on the emotional, social and psychological wellbeing of people living with dementia. Whereas sound can support us to connect to people and our surroundings; loud, sudden or unnecessary background noise can cause and exacerbate distressed behaviours. Subsequently this can increase aggression and impacts heavily on the ability of medical professions to be able to assess symptoms and prescribe the correct treatment. The feeling of belonging and inclusion also relies to a great extent on being able to hear. Balance is also related to our auditory system which can decrease how steady a person feels on their feet and lead to a risk of falls. In the care environment it can be common to have TVs and music turned up even when not being watched or listened to. This, combined with more open plan areas with no partitioning, allows noise to travel between spaces more readily. This can lead to over sedation of residents within care environments to reduce the behaviours presented, but does not tackle the underlying issue. Visitors can also be reluctant to stay for long when experiencing noisy spaces and upon seeing distressed behaviours. Within an everyday setting, noise can be debilitating, preventing concentration on tasks, wayfinding, hindering clear communication and inhibiting a person with dementia from finishing their meal. The environment should therefore be designed to support hearing through maximising clarity of communication and minimising unwanted noise. In the planning stages the internal layout and room adjacencies should be considered for noise transfer. Natural materials with a high insulation value, acoustic panelling and soft furnishings can also help to absorb noise reverberation and help clarity of communication. Fittings such as overhead door closers can also be used to prevent doors slamming and are critical for fire safety.

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E.8 Acoustics

	Y/N	Notes
1	*	Key activity areas intended for use by people with dementia are not located adjacent to service areas, plant, busy vehicular routes/transport hubs, which generate noise. <i>Noise can be overwhelming and confusing for a person with dementia and those with a hearing impairment. A cognitive impairment can reduce their ability to filter out background noise, causing distress and reducing the ability to concentrate. Service delivery zones, lift motor rooms, staff welfare facilities, loading bays etc. all cause unwanted noise. Consider both the location of the building to the wider urban/rural context and the location of rooms within the building.</i>
2	*	Internal finishes, fittings and furnishings promote sound absorption, dispersion and diffusion e.g. soft furnishings, perforated ceiling panels, acoustic proprietary fittings are provided to reduce noise. <i>This is important for people with dementia to be able to operate to their maximum abilities. A noisy environment impedes most activities for a person with dementia and can result in the person becoming overwhelmed and agitated. Hard surfaces, fittings and furniture are not conducive to supporting good acoustics. Soft furnishings, acoustic flooring, ceiling and wall linings can reduce noise and support the person with dementia to participate.</i>
3	*	There are alternative quieter spaces available for the person with dementia to use, which are away from busy key activity rooms. <i>Staff should be trained on the effect of noise, how it can exacerbate behaviours of a person with dementia and how to identify if a person with dementia is struggling with the environment. A quiet room or private space where the person with dementia and their care companion can wait, undertake activities in private etc. will reduce stress and anxiety.</i>
4	*	Where the room is large, there is a room divider available to subdivide the space and reduce noise when activities are taking place in one area. <i>This will minimise noise which can be distracting and disabling to others in the room.</i>
5	*	Assistive technologies are provided which support good hearing e.g. induction loop systems, vibration pads, light alert systems etc. <i>This will help to compensate for any hearing impairments the person may have.</i>
6	*	Mechanical ventilation systems are quiet, almost imperceptible. <i>People with dementia can become alarmed by sounds whose origins are not obvious and understandable. Noise can impair communication and reduce the person's ability to interact / undertake daily activities.</i>
7	*	Fixtures and fittings which generate noise such as coffee grinders, TVs and public address systems are kept to a minimum. <i>People with dementia can become alarmed by sounds whose origins are not obvious and understandable. Noise can impair communication and reduce the person's ability to interact/undertake daily activities.</i>

E.8 Acoustics

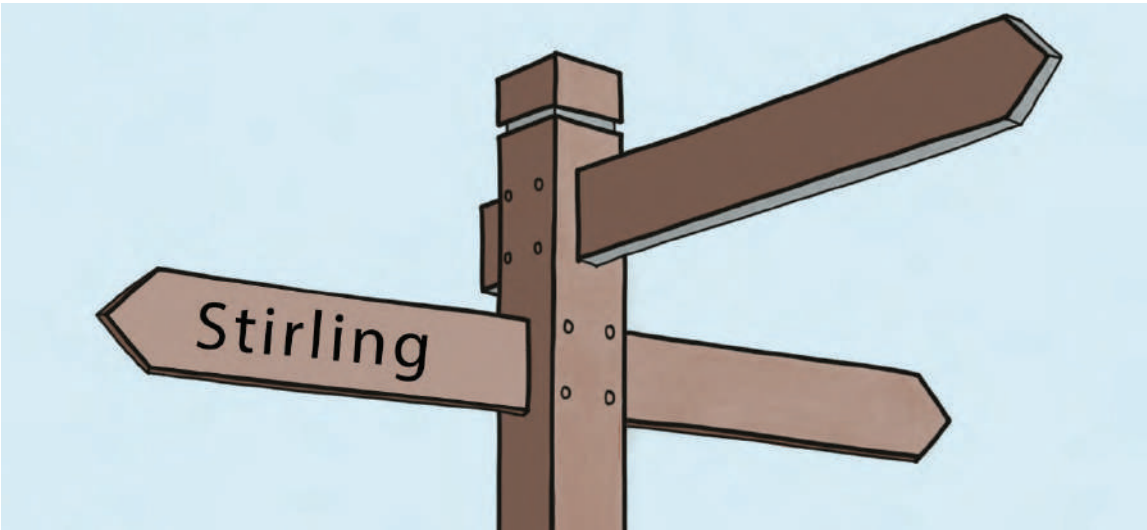
8	*	There is an alternative to hand dryers to dry your hands in wash room facilities. <i>Hand dryers are a worrying source of noise for people with dementia. An alternative method to dry hands will enable people with dementia to choose.</i>
9	*	Arrange furniture and fittings so that the person with dementia can face the source of any sound e.g. receptionist in a waiting room. <i>If the person with dementia is able to see the source of the sound they are more likely to recognise what the sound is and understand how to respond.</i>

E.8 Acoustics

Notes and Observations:

Self-assessment score		Once you have completed the checklists, you will need calculate the % score of successfully met criteria.
Total answered 'Yes'		
Number of 'not applicable' Q's		
Total Relevant Q's (Total number of Q's minus the number of N/A)		
Resource E.8 Score (Total answered Y/ Total number of Q's)		
Resultant Resource E.8 Percentage	%	The minimum score required for self-certification is an aggregate score of 60% or higher across all relevant checklists.
60% or higher achieved?	✓/X	Note: 60% is not required for every checklist as long as the overall cumulative score is at least 60%.
Photographic Evidence?	✓/X	You can apply for Self-Certification through the Resources section on the DSDC website.

E.9 Signage and Wayfinding



Wayfinding is an essential ability for maintaining independence. Signs are everywhere in our daily lives, but lack of standardisation across environments can lead to confusion, rather than a clear understanding of our surroundings. Often one of the first symptoms of dementia is a diminished ability to navigate through a series of spaces due to reduced memory and problem solving capabilities. As dementia is progressive people can find themselves lost in once familiar places, especially in the later stages. This can be a very stressful and frightening experience leading to a loss of confidence and seclusion.

We can support these difficulties through architectural cues, interior

design, increased lighting and a clear signage scheme. Generally schemes for orientation and wayfinding should contain identifying, directional and informative signage. The sensory experience is also a worthwhile consideration. Features such as tactile walls can stimulate touch and memory.

As a rule of thumb, useful information should be highlighted and that which detracts from a clear message or is unhelpful, disguised or omitted. It can be a good exercise to walk around existing environments and assess the signage already in place, with the designated audience in mind. Signage is often relied heavily upon at decision points, for example exiting lifts and

staircases or at a junction of routes. Abbreviations should be avoided.

Legibility and consistency of the scheme are crucial to how successful the scheme is overall. The chosen typeface should be clear san-serif style in sentence case, and have sufficient contrast to the background it is placed on. Size of typeface from the distance it is to be viewed should also be considered. Where possible a pictogram to support the word, has been evidenced to aid understanding and recognition of the word. This can support people with dementia and other cognitive impairments but also tourists and community members whose first language is not English.

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E.9 Signage and Wayfinding

	Y/N	Notes
1	*	There is at least 30% LRV difference in contrast between the tone of the writing on the sign and the tone of the background of the sign. There is also at least 30% difference in contrast between the background of the sign and the wall on which it is fixed. <i>The ageing eye loses the ability to discriminate between colours, so tone is more important in terms of contrast. The background of the sign is not a transparent material. Where the sign is fixed to a patterned background the sign should have a distinctive border around it.</i>
2	*	There is extensive use of glass to show what is behind doors and walls and to increase visibility. Glass is not covered by curtains. <i>People with dementia are at risk of diminishing confidence. The ability to see into a room before entering will help them to understand the function of the room, as well as seeing any people already in there, which will help them decide whether to enter the room or not.</i>
3	*	There are unique, landmark objects on arrival to the building, through the building and in key activity spaces to aid wayfinding e.g. artwork, water features, interesting objects. <i>Generally speaking, most people navigate by landmarks rather than colours. Colour may help staff and relatives, landmarks as well are necessary to increase the chances that people with dementia will be able to find their way. However large scale murals should be avoided. These realistically portrayed scenes can cause more confusion and disorientation.</i>
4	*	Circulation routes lead to meaningful places. Dead ends have been avoided or are provided with a seat where the person can rest, reorientate and return. <i>Corridors that lead to locked doors or dead ends will cause frustration and potential anger. Corridors work best if they lead to a sitting area or to some other distraction e.g. access to a garden area that is safe and connected with the main part of the building.</i>
5	*	Circulation routes are of varying widths but have an effective clear width at the narrowest point sufficient to enable two people in a wheelchair to pass i.e. minimum of 1.5m. <i>This is to avoid the tunnel effect. Circulation routes should be broken up into smaller areas. They also need to be wide enough for a wheelchair to get past someone with a Zimmer frame or walking sticks.</i>
6	*	Signage on the floor has been avoided. <i>Signage located on the floor can distort the perception of a flat surface to walk across. A change in tone within flooring can create the appearance of movement, or look like an obstacle or hole, thereby increasing the risk of trips and falls.</i>

E.9 Signage and Wayfinding

7	*	There are plenty of accurate, analogue clocks which are large and easy to understand. <i>Digital clocks may not be understood by older people. Clocks may need nearby lighting so they can be seen when it is dark.</i>
8	*	There is legible and coherent signage scheme to help wayfinding for everybody. The words on the signs are in sentence case (i.e. not all in upper or lower case) use a sans serif font and use simple descriptive language e.g. 'toilet'. <i>People with dementia have impaired learning. Signs enable people with dementia to find their way. The size of the text should be considered in relation to the distance in which it is to be viewed.</i>
9	*	The way out of public buildings is clearly signed from key decision points, e.g. at corridor junctions, lift exits and along the route. <i>Being able to reorient your way out of a building is just as important as being able to understand a building's function and navigate through it. Signage should direct people to the nearest exit and differentiate between multiple exits. It can be disorientating to exit a building from a location other than the one you entered. This will reduce any anxiety around becoming lost or being late for other appointments of the day.</i>
10	*	The bases of all signs offering wayfinding are around 4 feet/1.2 metres from the ground. <i>Many older people are small and many of them have lost the strength of their shoulder muscles so their heads hang down. Signs should be low enough for all people using the building to see them.</i>
11	*	There is a relevant, easy to understand picture or graphic image as well as words on each sign. <i>To ensure the maximum number of people with dementia can understand a sign, it is useful to have both words and a drawing.</i>
12	*	Signs are fixed to the doors they refer to, not to adjacent wall surfaces, except where they are needed for directions. <i>Identifying signs for rooms are more likely to be seen if they are fixed to the door, rather than to the side of the door. However a second sign to the side of the door may be appropriate where the door is often left in an open position, or not seen from a main direction of approach.</i>
13	*	There is a sign directing users to the nearest toilet from key activity rooms. <i>A person with dementia often needs to find a toilet in a hurry. To maintain dignity, independence and continence a toilet must be visible and easily reached from key activity rooms in the building. The 'key' rooms will vary depending upon the function and purpose of the building. Observe: is this room intended to be used by a person with dementia? If so, it is a 'key activity' room.</i>

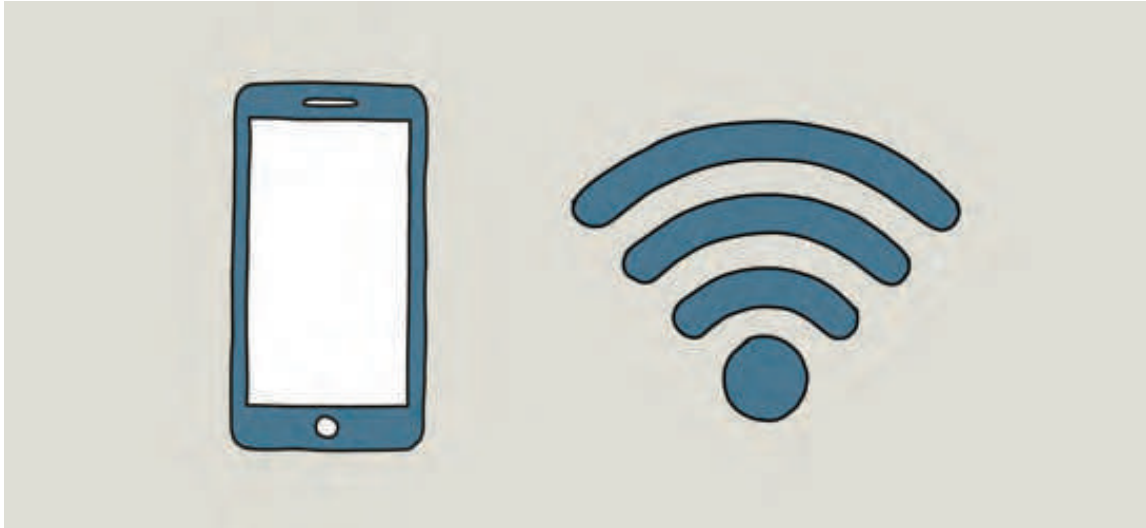
E.9 Signage and Wayfinding

14	*	Directional signage is used to direct people to key activity rooms.
		<i>There should be directional signage on arrival and throughout the building to direct people with dementia to key activity rooms. The 'key' rooms will vary depending upon the function and purpose of the building. Observe: is this room intended to be used by a person with dementia? If so, it is a 'key activity' room.</i>
15	*	Where digital noticeboards are used, Information is static for sufficient time for slow readers.
		<i>People with dementia will require longer time to read, process and understand digital notices.</i>
16	*	'Visual clutter', i.e., posters and printed information is kept to a minimum to prevent over stimulation, confusion and anxiety.
		<i>Too much visual information can be overwhelming and drown out a clear message.</i>

Notes and Observations:

Self-assessment score		Once you have completed the checklists, you will need calculate the % score of successfully met criteria.
Total answered 'Yes'		
Number of 'not applicable' Q's		
Total Relevant Q's (Total number of Q's minus the number of N/A)		
Resource E.9 Score (Total answered Y/ Total number of Q's)		
Resultant Resource E.9 Percentage	%	Note: 60% is not required for every checklist as long as the overall cumulative score is at least 60%.
60% or higher achieved?	✓/X	
Photographic Evidence?	✓/X	
		You can apply for Self-Certification through the Resources section on the DSDC website.

E.10 Technology and Interfaces



Assistive technology can support a person to live well with dementia by facilitating mobility, remembrance, sight, dexterity, connectedness and continence to name a few. It is intended to compensate for, or alleviate a disability and can be either classed as a medical device or as a product/system which supports activities of daily living.

Learning from historic one-size-fits-all approaches we know assistive technology is only likely to be effective if it addresses the recognised individual needs, abilities and personal preferences of the person we are concerned with. Therefore each person with dementia should undergo a personal assessment

which highlights their specific needs, enabling the selection of appropriate technology tailored to the individual. Furthermore, as the person's experience of dementia and their subsequent needs can change, there may be a need for regular reviews so that technology can be adapted to meet these changes. Whilst assistive technology can play an invaluable role in enabling the person to stay safe whilst maintaining as much independence as possible, it can also provide comfort and reassurance to concerned carers and family members. They should however be included in the decision making/assessment process, as the physical and mental wellbeing of carers living in the same household can

be greatly impacted by the types of assistive technology chosen.

It is important that the person with dementia has some control over their environment and therefore controls should be easy to use and locate. Consideration should be taken over adopting brand new and complex technology as it may not be familiar to an older person and constant assistance may be required to operate and maintain it. Simple solutions are often the most beneficial like talking clocks, sensor plugs, pressure mats and big button remotes.

Guidance - Sterling University Assessment Tool

E.10 Technology and Interfaces

	Y/N	Notes
1	*	There is creative use of technology to support people with dementia in their independence or in doing what they wish to do. Observe: Passive alarms; sensor pads; carer call system, anti-flood plugs, shower seat, hoist, pill dispenser etc. <i>Technology should be tailored to the needs of the individual. Some people may manage on their own, however there may be a need for a movement sensor, for example, to indicate to staff/family that the person has spent an unusually long time in the toilet and may need assistance.</i>
2	*	Technology has been adapted to accommodate the person with dementia's specific needs. Observe: Adapted phones; big-button remote control; large-face analogue clock etc. <i>The person should have been individually assessed and provided with equipment and technology to suit their individual needs. Where there are several people, the technology and equipment in each room should be different.</i>
3	*	Interfaces such as controls, switches, systems are simple in their design and aesthetic, easy to understand and intelligible in their use. <i>Intelligible and understandable controls allows the person with dementia to act independently and reduces the burden on carers, or care staff for simple tasks.</i>
4	*	Interfaces contrast in tone with their background (digital or physical in the environment). <i>Clearly visible and understandable controls allows the person with dementia to act independently and reduces the burden on carers, or care staff for simple tasks.</i>
5	*	Environments have been future proofed by installation of additional electrical spurs and concealed storage to be able to fit new equipment/telecare/automatic door openers. <i>As peoples' needs change so do the expectations of the building to adapt to meet them. Considering how the building may function in the future can predetermine appropriate locations for future cables/equipment so they can be built into the fabric and hidden when not in use e.g. a hoist.</i>
6	*	Technology is not over-complex for the user and safeguarding measures have been considered for when a change of need occurs e.g. as dementia progresses. <i>Technology which was once understood may become more confusing as dementia progresses and where repetitive behaviour is seen. Technology should not be overcomplicated for the user just because it exists, e.g. controlling lighting via an app instead of a recognisable light switch. It should be easily adaptable to meet the new needs of the user, where a family member or carer cannot appropriately manage it.</i>

E.10 Technology and Interfaces

7	*	High speed wifi is made available to all building users to support the use of other technologies/apps. <i>People are increasingly relying on their mobile phones to remember lists/ appointments, locate destinations and stay in contact with people. Many assistive technologies also require an internet or wifi connection to work, monitor and assist. To prevent older people becoming digitally excluded, housing providers could consider this as part of the service charge to support older people to stay connected and use assistive technologies in their private accommodation as well as communal areas.</i>
8	*	The visual acuity and dexterity needed to operate switches, buttons and knobs has been considered and tested. Touch/digital buttons have been avoided. <i>Textured and contrasting knobs and buttons are easier to use and locate for a person with limited dexterity and/or a sight impairment. Larger or alternative formats of device could also be considered in relation to user need.</i>
9	*	When an organisation develops apps/user technology, they have co-designed this with people with dementia to maximise user friendliness. <i>To make the most impact and provide a product which meets the need of the user, they should be consulted as part of the design process.</i>
10	*	Consideration has been taken to provide new technologies which support wayfinding and navigation. <i>A common early symptom of dementia is a decline in the ability to wayfind. The inclusion of digital information boards around town centres and shopping malls could help someone to orientate themselves and navigate. Apps on mobile phones could also be tested to support the individual.</i>

E.10 Technology and Interfaces

Notes and Observations:

Self-assessment score	
Total answered 'Yes'	
Number of 'not applicable' Q's	
Total Relevant Q's (Total number of Q's minus the number of N/A)	
Resource E.10 Score (Total answered Y/ Total number of Q's)	
Resultant Resource E.10 Percentage	%
60% or higher achieved?	✓/X
Photographic Evidence?	✓/X

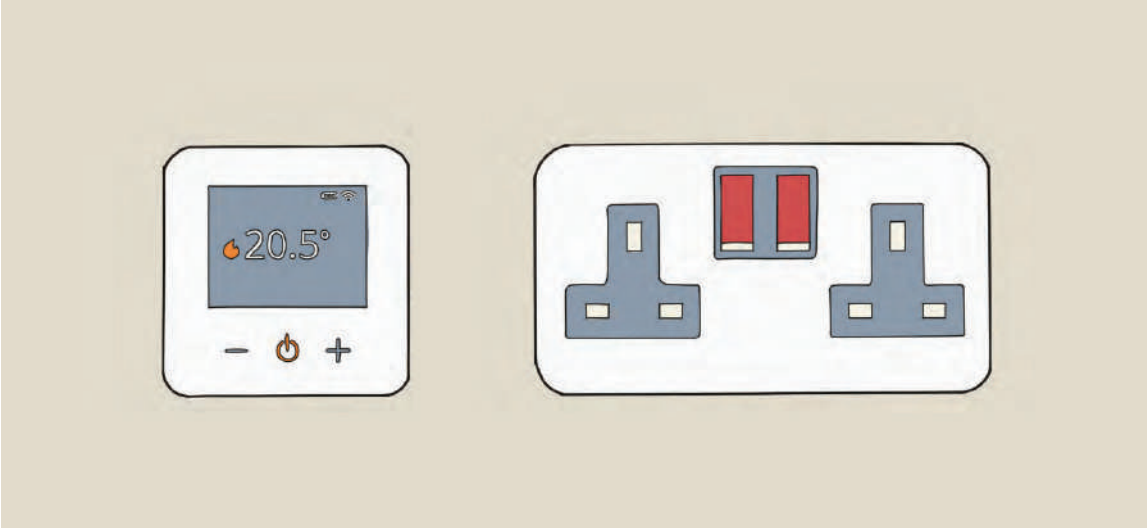
Once you have completed the checklists, you will need calculate the % score of successfully met criteria.

The minimum score required for self-certification is an **aggregate** score of 60% or higher across all relevant checklists.

Note: 60% is not required for every checklist as long as the overall cumulative score is at least 60%.

You can apply for Self-Certification through the [Resources](#) section on the DSDC website.

E.11 Heating and Small Power



In the UK we worry more about being too cold, rather than too hot, but both are serious for people with dementia. Heat can lead to dehydration, confusion, lethargy, constipation, and urine infections that make people with dementia very unwell, perhaps leading to hospital admissions. Older bodies don't adjust well to heat and cold; and dementia means the person may not notice or be unable to tell you that they are too hot or too cold or to do anything about it. Temperature control is important for our comfort but particularly it is important for older people. As we age the body loses its ability to thermoregulate, leading to feeling the cold more than usual and an increased risk of hypothermia if body

temperature falls below 35°. Internal temperatures in buildings are subject to season, the building's construction and orientation and therefore it is difficult to provide specific guidance in relation to optimised temperature. However, it is important to ensure that the environment's temperature is monitored and users' comfort assessed regularly; in some cases daily.

At home, older people can often worry about the cost of heating and may turn it off in order to save money. This can lead to health problems and a risk of falling due to muscle stiffness. Utilising systems which can be monitored by family members, through the use of an app on a mobile phone,

can help to provide peace of mind for the wellbeing of loved ones.

The ability to use small power (unfixed devices and appliances) makes daily life much easier and sustains the person with dementia's independence. In general, it is imperative that the design of controls or control interfaces (where digital) are not overly complex, have easy to understand (preferably illustrated) controls and information is legible.

Guidance - Sterling University Assessment Tool

E.11 Heating and Small Power

	Y/N	Notes
1		All hot water flow outlets have an anti-scald thermostatic mixing valve (TMV). <i>A person with dementia may not understand the danger of hot water or be able to articulate the source of pain, therefore the installation of TMV's will maintain a constant set water temperature to prevent scalding.</i>
2		Radiators have a thermostatic radiator valve (TRV) to control surface temperature, or a low surface temperature (LST) safety cover has been installed. <i>Older people are sensitive to temperature and contact with a very hot surface could cause a serious burn. It is also more difficult for the body to regulate temperature and so a person with dementia may not be able to express how they feel. Controlling the surface temperature of radiators will prevent the risk of scalding.</i>
3	*	Heating controls are easy to understand and are tamper proof if necessary. <i>Ideally individuals should have control over their environment. Where there are multiple occupants, a multi-zone heating system will allow flexibility for each individual room. Simple controls which are easy to understand will increase independence and where appropriate timers could also be set on the system. Where new systems are used (e.g. low carbon/ zero emission boilers), there are a range of controls which are familiar and easy to understand.</i>
4	*	There is draught-proofing where people do not have control over the environment, e.g. seating areas, dining spaces, bedrooms or where people spend a significant amount of time. <i>Older people feel the cold more than usual, and therefore draught-proofing can help to maintain a constant body temperature and allow activities of daily living to resume as normal. Furniture placement should also be considered so that it is positioned in a comfortable environment for the user.</i>
5	*	Switches are labelled and contrast the backing plate where someone with dementia is required to use them. <i>Labelling switches where they could be easily confused, e.g. a bank of switches in the kitchen, will prompt understanding of the function of each one. Colour contrast can be used to highlight important switches. Refer to 'Essential Technical Guidance' on 'Contrast' for further guidance.</i>
6	*	Switches and sockets are accessible to reach. Sockets are positioned in relation to notional furniture layouts. <i>To enable a person with dementia to be able to interact independently with the environment it is important that they are able to see, accurately locate and understand switches and sockets. Locating sockets higher up on the wall and away from corners of the room, will be easier for older people to reach and prevent the risk of falling.</i>

E.11 Heating and Small Power

7	*	There are isolator switches for individual pieces of equipment/appliances or other innovative ways of turning off appliances to safeguard vulnerable people. <i>People with dementia may forget to turn off appliances, leaving them at an increased risk of fire or flooding. Isolator switches, plugs on timers or appliances which automatically turn off can give family members and carers peace of mind over their loved ones safety.</i>
8	*	Sockets/ports/outlets have been future-proofed to allow for a change of use or user needs of a building, including residential homes. <i>Peoples' needs change over time and therefore buildings must be able to adapt with them. E.g. where a hoist or stair lift may be needed in the future. If this is considered in advance sockets/ports/outlets can be installed in suitable positions ahead of need. Where this has not been possible e.g. during a refurbishment of an existing building, effort should be made to conceal new cabling/wiring, whilst avoiding trunking.</i>
9	*	Charge points have been provided with easy access in public places. <i>Free access to charge points in the community will encourage people with dementia to use town centres, without worrying that they may lose connection to people and assistive apps, should their mobile phone run out of battery.</i>

E.11 Heating and Small Power

Notes and Observations:

Self-assessment score		Once you have completed the checklists, you will need calculate the % score of successfully met criteria. The minimum score required for self-certification is an aggregate score of 60% or higher across all relevant checklists. Note: 60% is not required for every checklist as long as the overall cumulative score is at least 60%. You can apply for Self-Certification through the 'Resources' section on the DSDC website.
Total answered 'Yes'		
Number of 'not applicable' Q's		
Total Relevant Q's (Total number of Q's minus the number of N/A)		
Resource E.11 Score (Total answered Y/ Total number of Q's)		
Resultant Resource E.11 Percentage	%	
60% or higher achieved?	✓/X	
Photographic Evidence?	✓/X	

Guidance - Rochdale Core Strategy and SPD

Relevant Policies

Core Strategy 2016

SP3/R The Strategy for Rochdale
C1 Delivering the right amount of housing in the right places
C3 Delivering the right type of housing
C6 Improving health and well being
P1 Improving image
P2 Protecting and enhancing character, landscape and heritage
P3 Improving design of new development
C3 Delivering the right type of housing
C6 Improving health and well being
C8 Improving community, sport, leisure and cultural facilities
G6 Enhancing green infrastructure
G7 Increasing the value of biodiversity and geodiversity
G9 Reducing the impact of pollution
T2 Improving accessibility
DM1 General development requirements
DM2 Delivering planning contributions and infrastructure
Unitary Development Plan 2006 saved policies
G/D/1 Defined Urban Area
UPD EM/8 Protection of Surface and Ground Water
Guidelines and Standards for Residential Development SPD
(Adopted June 2016)

Unitary Development Plan 2006 saved policies

G/D/1 Defined Urban Area
UPD EM/8 Protection of Surface and Ground Water

Core Strategy 2016

DM1 - General development requirements

All development proposals, including changes of use of land and buildings, extensions and alterations, will be expected to demonstrate that they:

- Are of high quality design and take the opportunity to enhance the quality of the area;
- Are compatible with surrounding land uses, both in terms of its impact upon those uses and the impact of the surrounding land uses upon the amenities of future residents / users;
- Do not adversely affect the amenity of residents or users through visual intrusion, overbearing impact, overshadowing or loss of privacy;
- Mitigate against any impacts due to noise, air, dust, light and odour pollution, traffic generation or inadequate access, where such mitigation is identified as being necessary;
- Provide satisfactory vehicular access with adequate parking, manoeuvring, and servicing arrangements taking into account of the proposed use and location;
- Do not have an adverse impact on health, through its impact or the effect of existing problems e.g. land contamination, or poor air quality;
- Provide, or demonstrate the availability of, the service and community infrastructure necessary to meet local needs e.g. local shops, community, leisure and sport facilities and provision of open space;
- Minimise opportunities for crime against people or property;
- Take account of ground conditions including unstable or contaminated land - where a potential risk exists, a survey should be carried out and any necessary remedial measures identified and carried out;
- Incorporate, where appropriate, high quality landscape schemes;
- Have assessed whether the development may be affected by ground instability;
- Have considered the availability of water and wastewater infrastructure, and any need for additional capacity; and
- Do not lead to impacts detrimental to the conservation interests of European Protected Sites.

P3 - Improving design of new development

We will require all new developments, including associated landscaping, regardless of location in the borough, to adhere to high standards of design. The following design principles should be adhered to wherever relevant:

- Enhance the borough's identity and sense of place, by respecting context where it is positive and having regard to the scale, density, massing, height, layout, landscape, materials and access of surrounding buildings and areas in general;
- Ensure that buildings contribute positively to the townscape, and are well proportioned;
- Incorporating design measures that design out crime and ensure developments and spaces are safe to use and access (including lighting as appropriate);
- Provide an appropriate mix of uses and consider the needs of all sections of society;
- Ensure a development is easy to move through and get around, especially for pedestrians, cyclists, public transport, disabled people and emergency service vehicles;
- Provide a hierarchy of routes, streets and spaces, relating positively to visual connections between the development and its surroundings;
- Ensure that the intended functions of buildings and spaces are easily understood, and their entrances appropriately located and visible;
- Ensure buildings can be easily adapted to meet future/alternative needs of occupants;
- Minimise impact upon the environment, and help adapt to the impacts of climate change, including by re-using existing buildings and materials (maximising the benefits of existing embodied energy) and utilising sustainable drainage (Policies G1 and G2);
- Design buildings and spaces so that quality and appearance can be maintained over time; and
- Reduce the monotony and visual impact of car parking areas by using substantial and well integrated landscaping.

Guidelines & Standards for Residential Development SPD

4. New Residential Development

Please note that this guidance should be read in conjunction with the Urban Design Guidance Supplementary Planning Documents, which set out general design principles, as well as all other relevant planning policies and guidance.

Space Standards

- 4.1 Although it is expected that most new development will have some impact on neighbours, it is important to ensure that the impact is not so significant that it results in unacceptable harm. All new developments should avoid causing a significant loss of privacy and/or light for occupiers of new neighbouring dwellings and existing dwellings. The following minimum space standards will be applied to all new residential developments and developments which affect existing residential properties:
- 21m between directly facing principal windows of habitable rooms, at an upper floor level AND 10.5m between a principal window at an upper floor level and a directly facing boundary of the curtilage (Figure 2);
 - 14m between a principal window and any directly facing two storey elevation which does not contain a principal window to a habitable room (Figure 3);
 - 10m between a principal window and any directly facing single storey elevation which does not contain a principal window to a habitable room (Figure 4).
- 4.2 Where buildings of three or more storeys are proposed, or there is a marked difference in levels, it may be necessary for the minimum distances set out in (ii) and (iii) above to be increased.
- 4.3 Exceptions to these minimum space standards may be acceptable in some circumstances and applications will be considered on their individual merits. For example, where the character and density of the surrounding area would be best preserved by reduced distances and this would not detract from the general levels of privacy and amenity typical in the area, then exceptions may be made.
- 4.4 Balconies and elevated terraces can result in adverse overlooking of neighbouring private garden areas or habitable room windows if they are located in close proximity to the boundary of the curtilage. They should be carefully designed to prevent unreasonable overlooking of neighbouring properties.

Figure 2 Directly facing principal windows and principal window / boundary



Figure 3 Principal window and two storey secondary elevation



Guidance - CQC (Care Quality Commission) Standards

The Care Quality Commission (CQC) is the independent regulator for health and adult social care in England. Its primary role is to ensure that services provide safe, effective, compassionate, and high-quality care, and to encourage improvement in these services. When CQC inspectors evaluate any care service they are guided by 5 areas: The CQC 5 Standards are as follows:

Is it safe? Are you protected from abuse and avoidable harm?

Is it effective? Does your care, treatment and support achieve good results and help you maintain your quality of life, and is it based on the best available evidence?

Is it caring? Do staff involve you and treat you with compassion, kindness, dignity and respect?

Is it responsive? Are services organised so that they can meet your needs?

Is it well-led? Does the leadership of the organisation make sure that it's providing high-quality care that's based around your needs? And does it encourage learning and innovation and promote an open and fair culture?

The 5 Key Standards were created out of the Fundamental Standards. The CQC Fundamental Standards are the minimum requirements a care provider needs to meet. The Fundamental Standards are enshrined in law as part of The Health and Social Care Act 2008.

The design will ensure to adhere to these standards by incorporating key principles of accessibility, patient dignity, and staff efficiency, ensuring all spaces support safe, effective, and person-centred care.

Fundamental Standards



Person-centred care
You must have care or treatment that is tailored to you and meets your needs and preferences.



Safeguarding from abuse
You must not suffer any form of abuse or improper treatment while receiving care.



Staffing
The provider of your care must have enough suitably qualified, competent and experienced staff to make sure they can meet these standards.



Visiting and accompanying
If you're in hospital, a care home or a hospice, you should be able to have visitors.



Food and drink
You must have enough to eat and drink to keep you in good health while you receive care and treatment.



Fit and proper staff
The provider of your care must only employ people who can provide care and treatment appropriate to their role.



Dignity and respect
You must be treated with dignity and respect at all times while you're receiving care and treatment.



Premises and equipment
The places where you receive care and treatment and the equipment used in it must be clean, suitable and looked after properly.



Duty of candour
The provider of your care must be open and transparent with you about your care and treatment.



Consent
You (or anybody legally acting on your behalf) must give your consent before any care or treatment is given to you.



Complaints
You must be able to complain about your care and treatment.



Display of ratings
The provider of your care must display their CQC rating in a place where you can see it.



Safety
You must not be given unsafe care or treatment or be put at risk of harm that could be avoided.



Good governance
They must have effective governance and systems to check on the quality and safety of care.

06

The Vision - The Brief

Accommodation Requirements

Dementia Wing (20 Beds)

20 dementia-specific bedrooms, each with:

- En suite shower room.
- Built-in wardrobe and storage.
- Small dressing table.
- Mini fridge and tea/coffee station for personal use.

Separate amenities dedicated to dementia residents:

- Lounge, dining, and kitchen space.
- Separate accessible bathroom for staff to assist residents with complex needs.

Respite Wing (5 Beds)

5 separate respite rooms with:

- En suite facilities
- Built-in wardrobe
- Small dressing table, tea/coffee station, and mini fridge.

Nursing Wing (50 Beds)

50 nursing rooms organised into small clusters of 5/7 rooms, each cluster to:

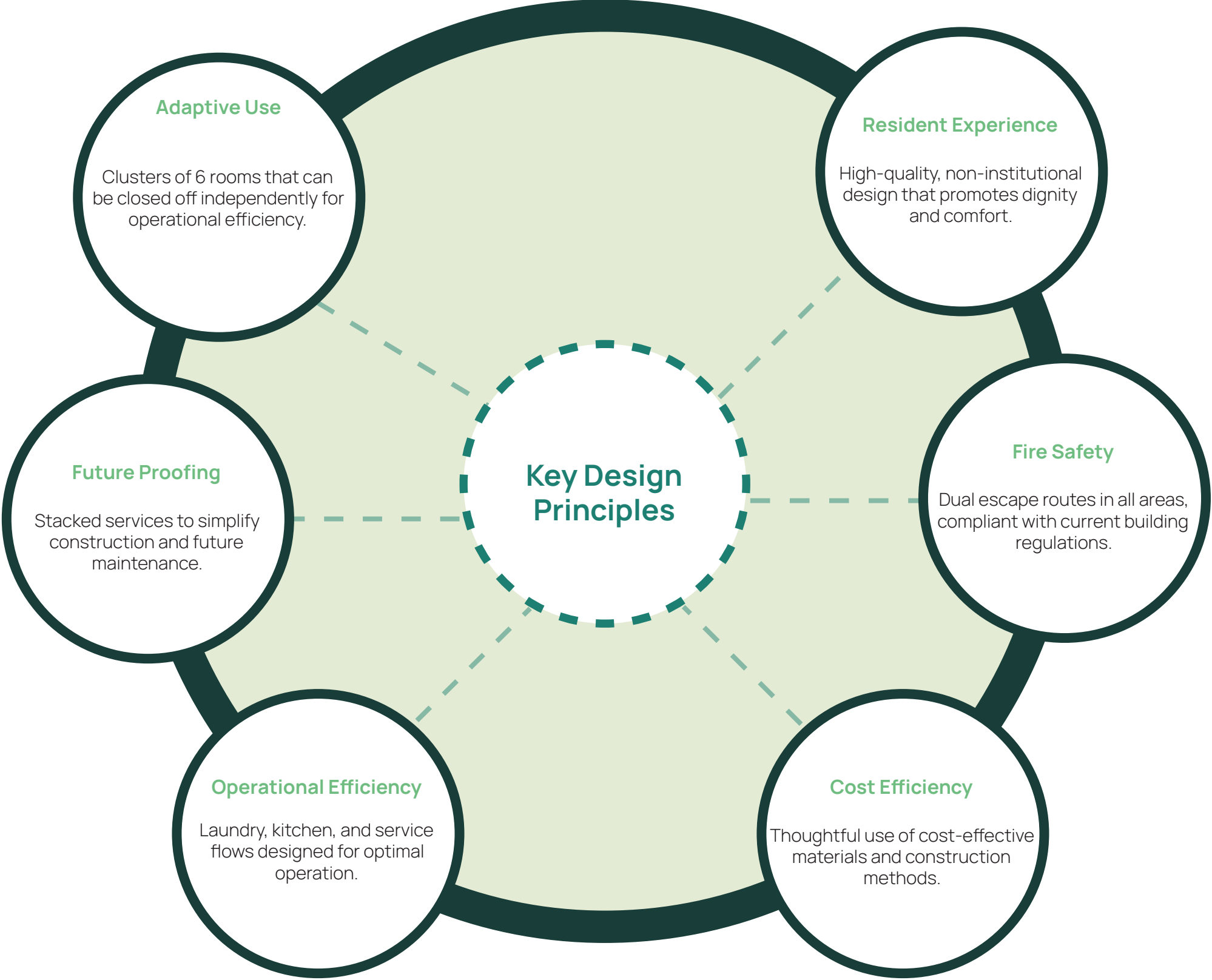
- Have its own access door so it can be sectioned off if required.
- Each room to have an en suite, built-in wardrobe, small dressing table, and tea/coffee station with a mini fridge.

Provide one assisted bathroom with a bathtub for the nursing wing to cater to residents requiring assisted bathing.

Shared Facilities

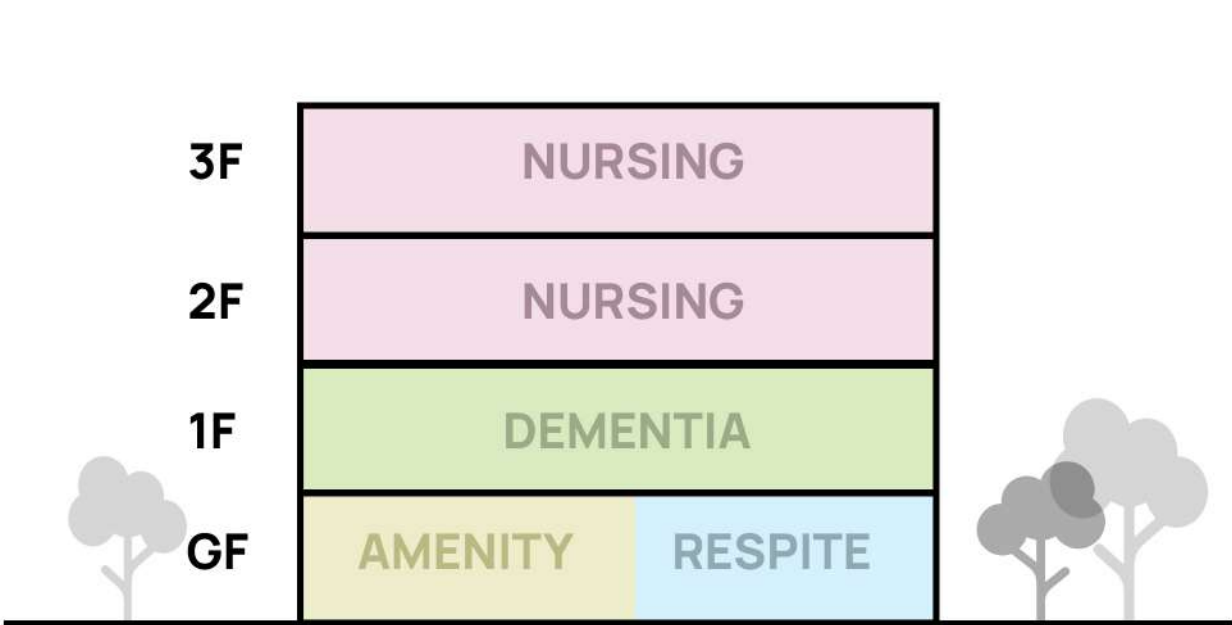
- Resident Dining, Lounge and Kitchen Area:
- One small hairdressing room:
- Outdoor Space
- Staff Facilities
- Visitor Facilities and multifunctional space.
- Laundry Room
- Kitchen Facility

Parking provision (minimum 19 spaces)



The Vision - Zoning and Layout Strategy

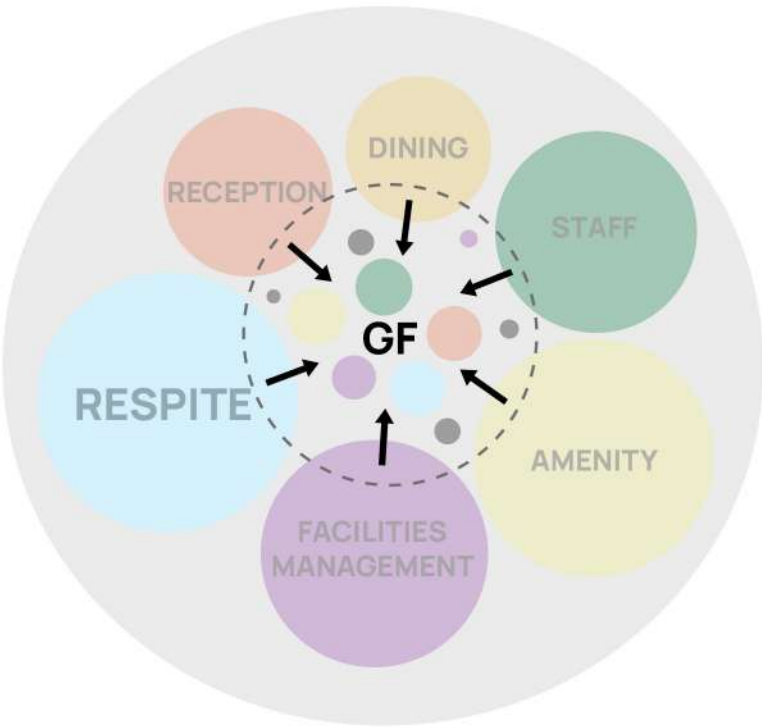
The vertical distribution and spatial organisation of key functions are defined by a centralised core on each level, with care types, staff areas, and shared amenities strategically layered. Diagrams reflect the relative scale and relationship between uses, supporting a clear and efficient layout strategy.



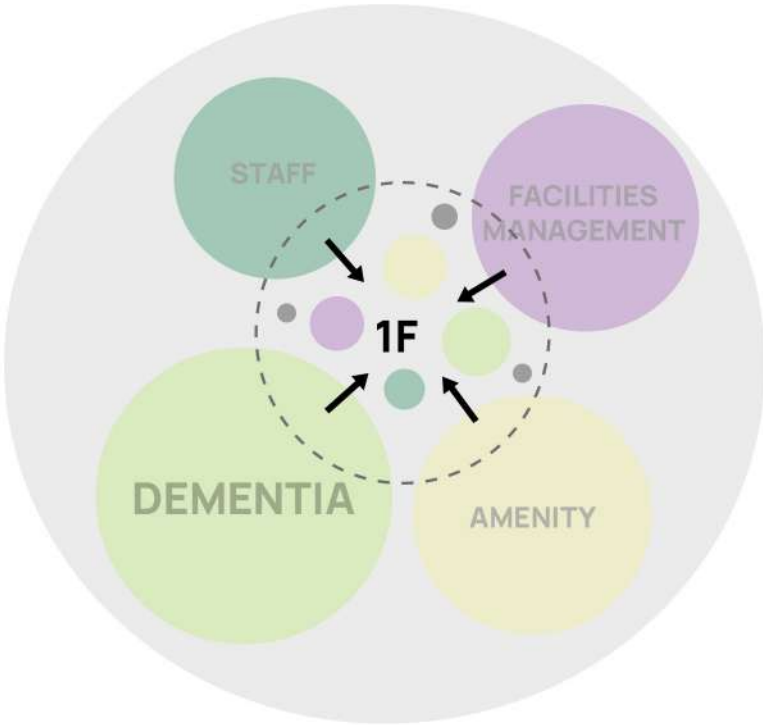
Vertical Zoning
Vertical zoning places respite on the ground floor for easy access, dementia care above for security, and nursing care on upper floors for long-term support and privacy.



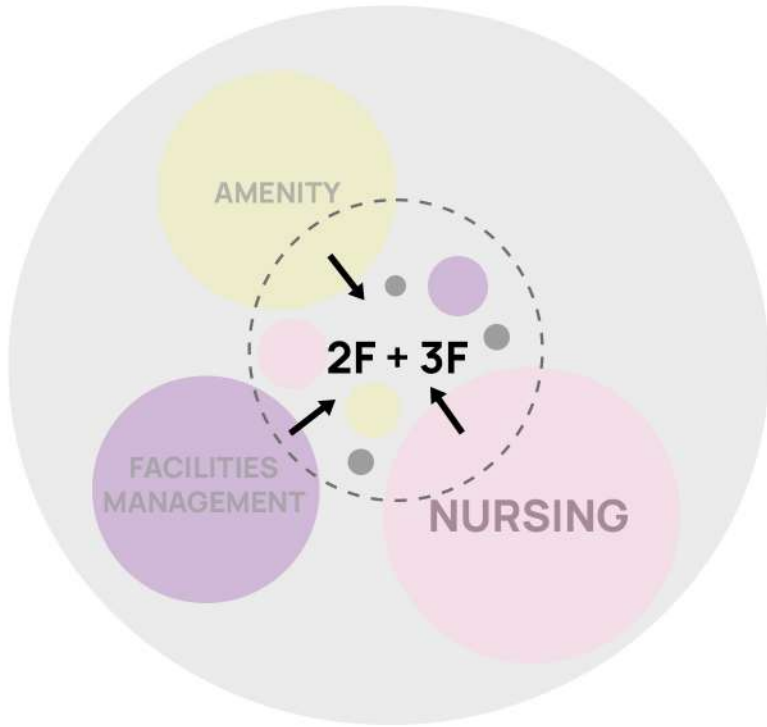
Spatial Zoning
Bubbles represent key uses, scaled to show their relative area and arranged to reflect spatial relationships across the building.



Ground Floor Arrangement
Ground floor organised around a central core, with direct access to respite, staff, dining, reception, and amenity spaces.



First Floor Arrangement
Dementia care floor structured with support functions and amenity spaces radiating from the central core.

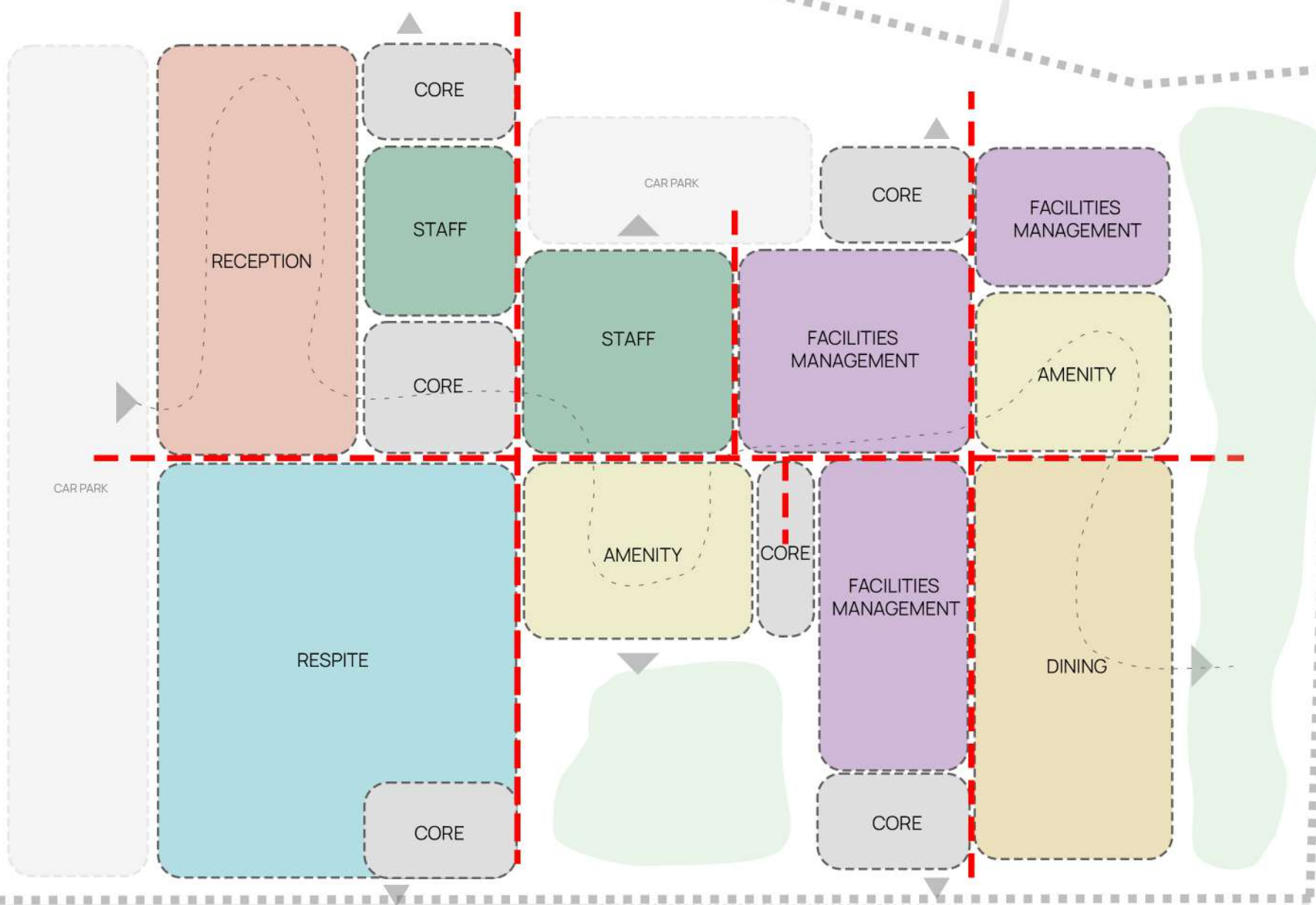


Second & Third Floor Arrangement
Nursing care levels arranged with associated support and amenity areas positioned around a shared core.

The Vision - Functional Zoning – Ground Floor

Ground Floor Arrangement

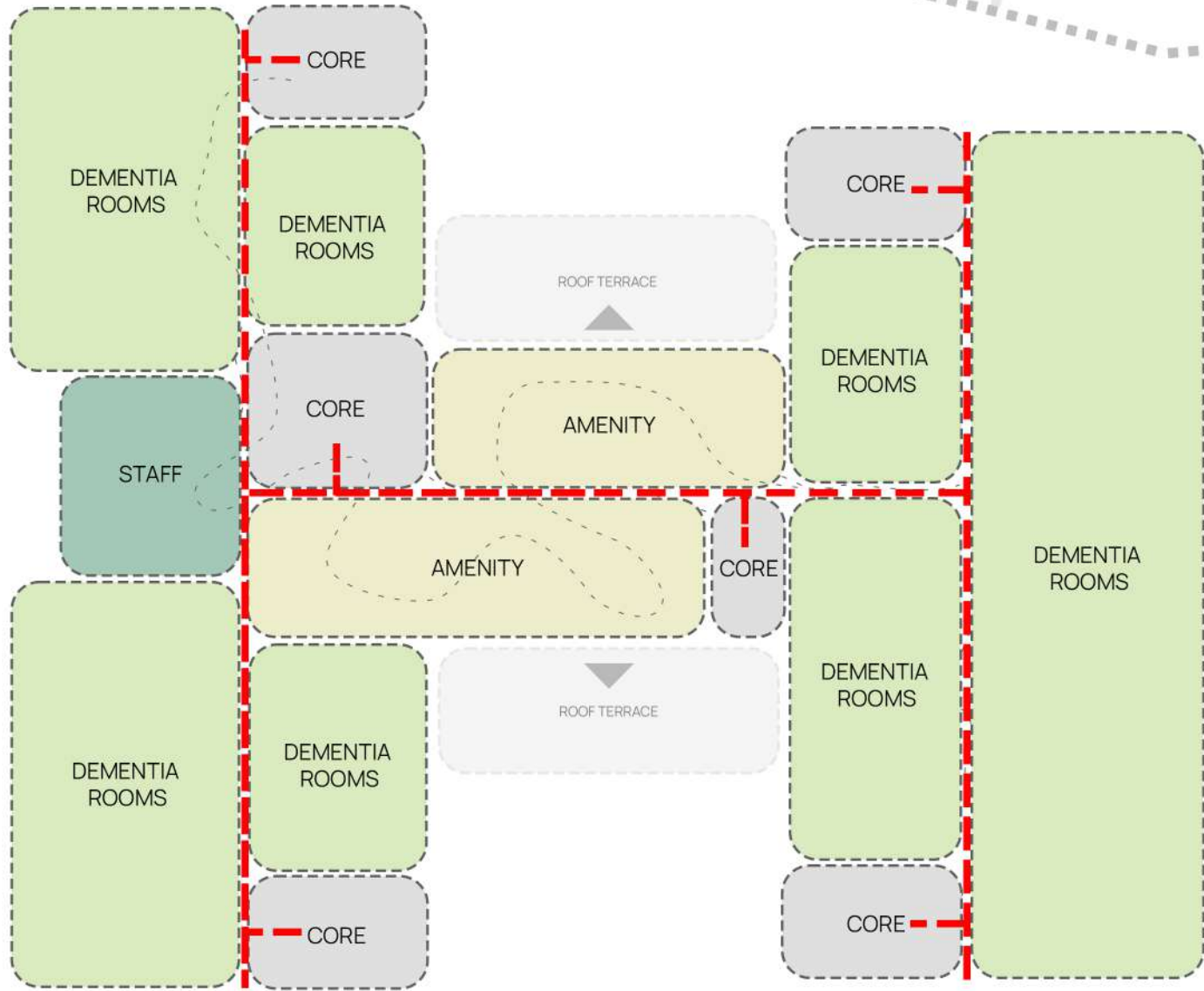
The layout is organised around multiple core points, separating public-facing functions like reception and dining from quieter respite areas. Staff and facilities management zones are centrally positioned for efficient access, while amenity spaces are distributed to connect with external landscape zones and promote resident wellbeing. Circulation is structured to allow clear horizontal movement across the building.



The Vision - Functional Zoning – First Floor

First Floor Arrangement

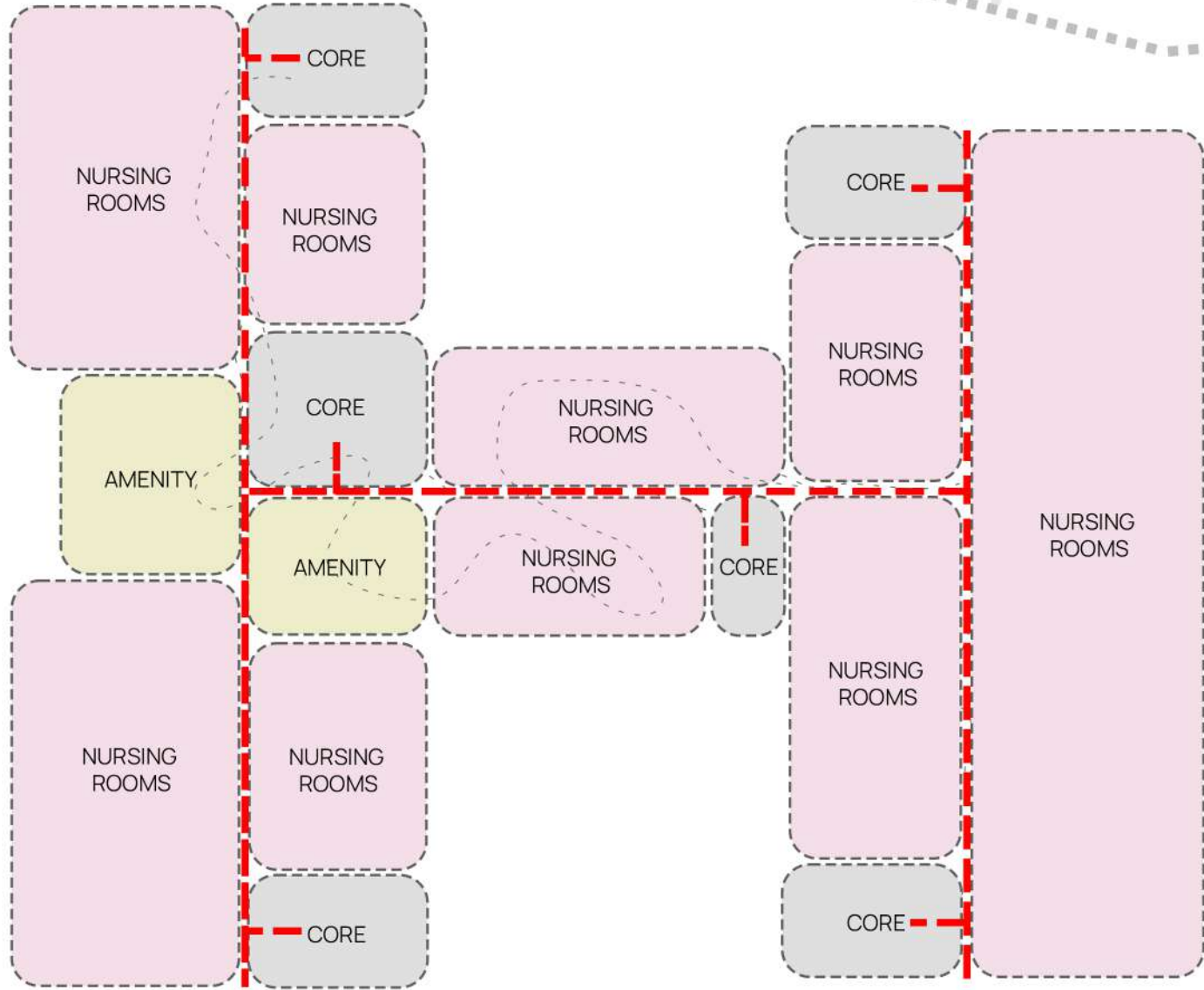
Dementia bedrooms are arranged around the perimeter for privacy and daylight, with central amenity spaces and roof terraces promoting interaction and wellbeing. Staff areas and vertical cores are evenly distributed for efficient access and support.



The Vision - Functional Zoning – Second Floor

Second Floor Arrangement

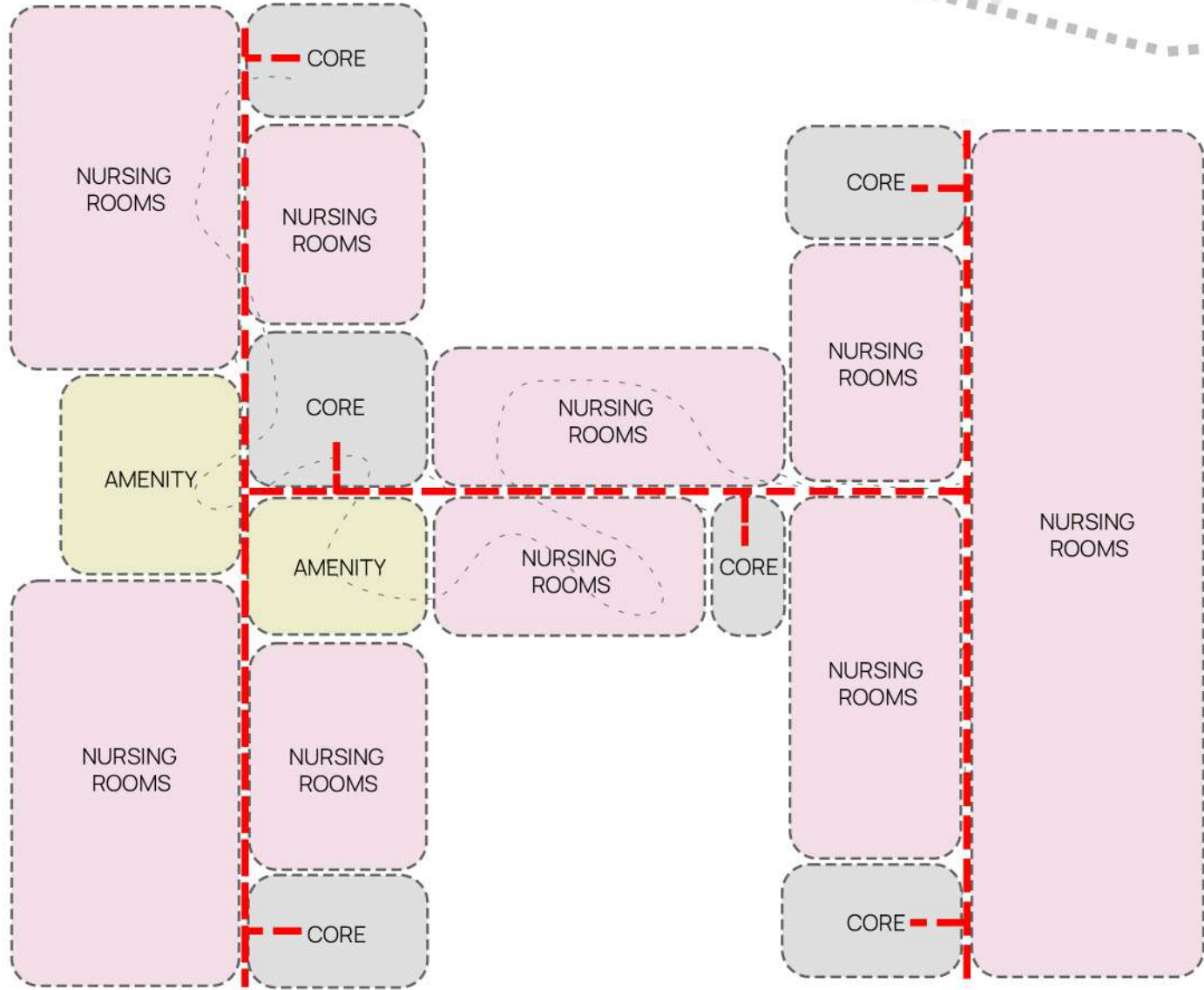
Nursing rooms are distributed evenly across the floor, with cores providing efficient access and clear circulation. Central amenity spaces offer shared social areas to enhance resident experience and reduce travel distances.



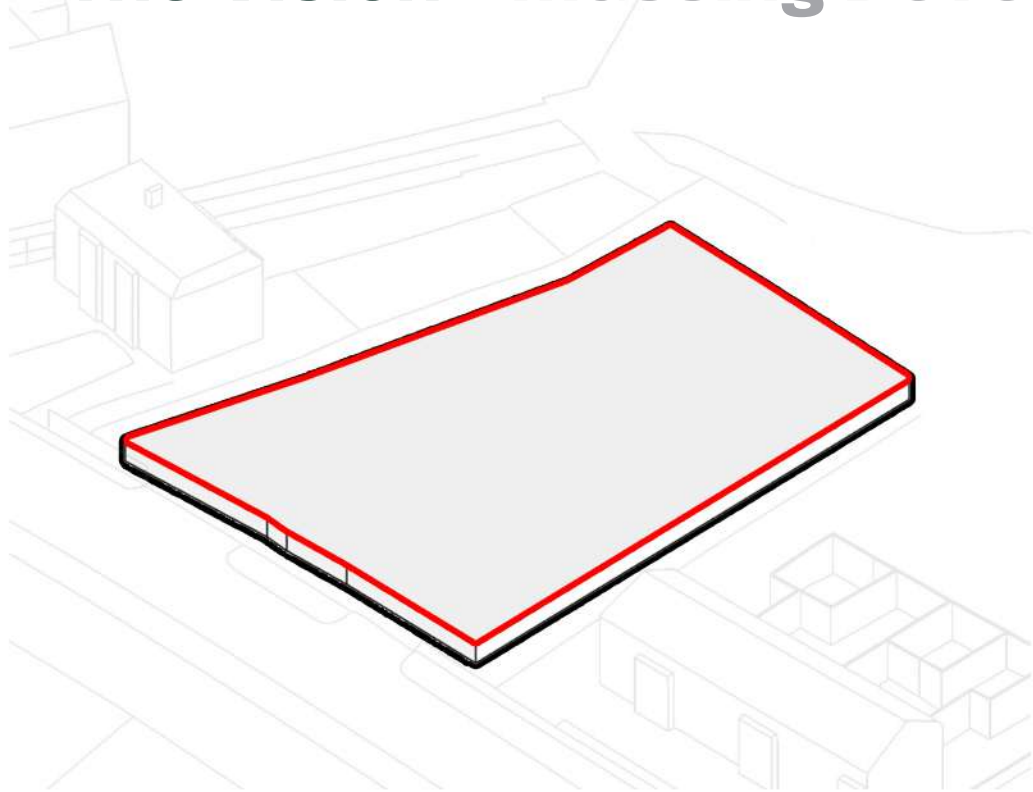
The Vision - Functional Zoning – Third Floor

Third Floor Arrangement

Located within the roof space, the third floor mirrors the second floor layout with nursing bedrooms and central amenity areas. The plan maximises usable space while maintaining core access and clear circulation throughout.

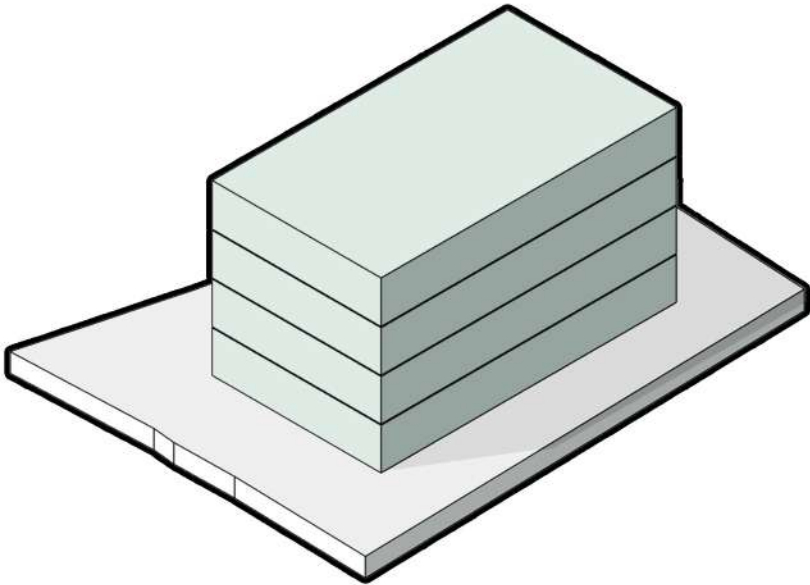


The Vision - Massing Development



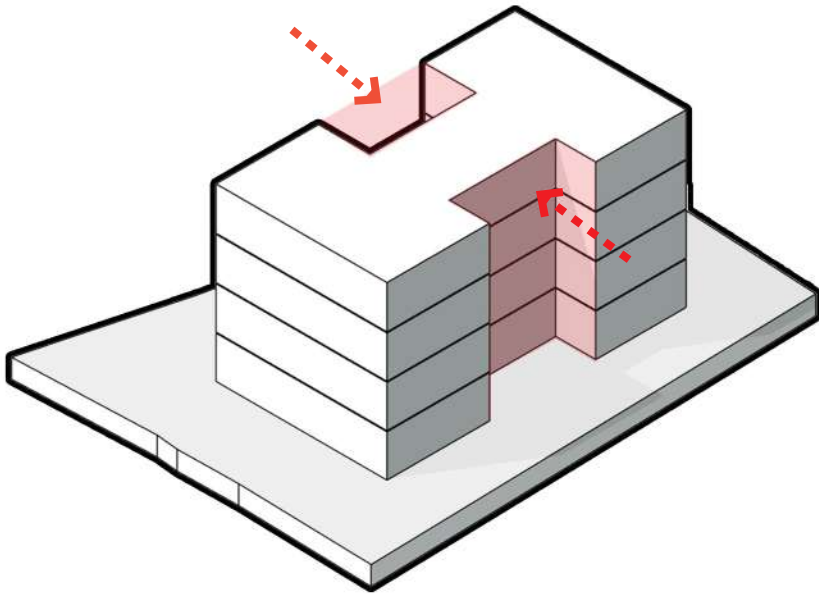
01. Site Context & Boundary

The site is positioned within a mixed-use urban setting, defined here with a red outline to establish the development footprint in relation to its surroundings.



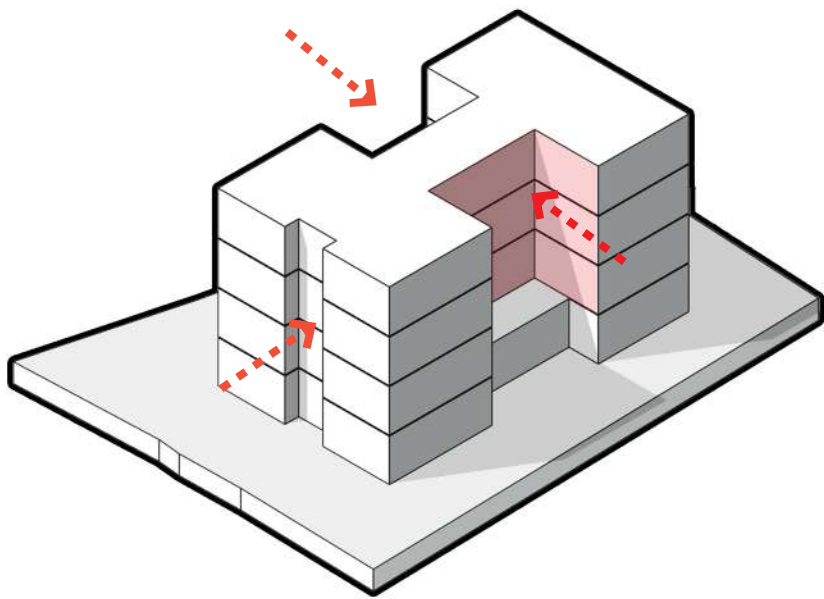
02. Maximum Volume

A full-site massing envelope is extruded to explore the maximum developable volume within height and boundary constraints.



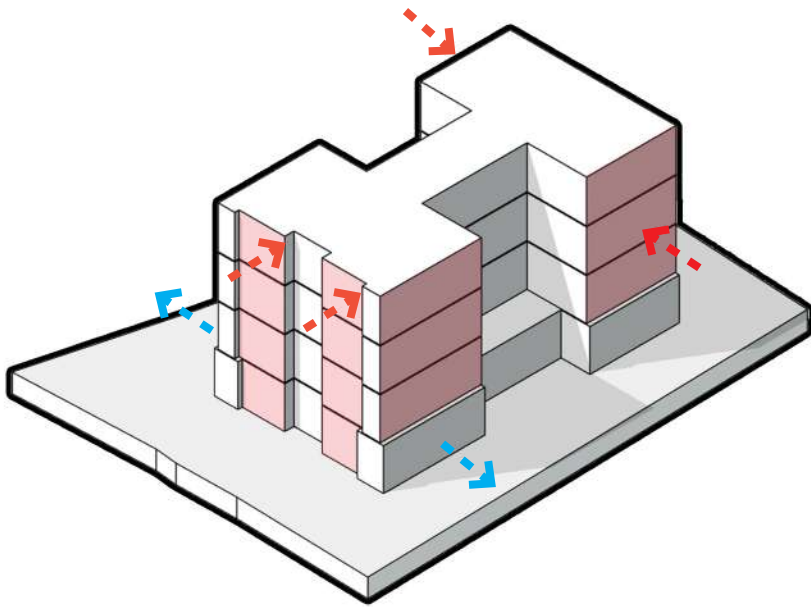
03. H-Form Subtraction

Courtyards are carved from the front and rear to form an H-shaped plan. This allows for increased daylight penetration and dual aspect units.



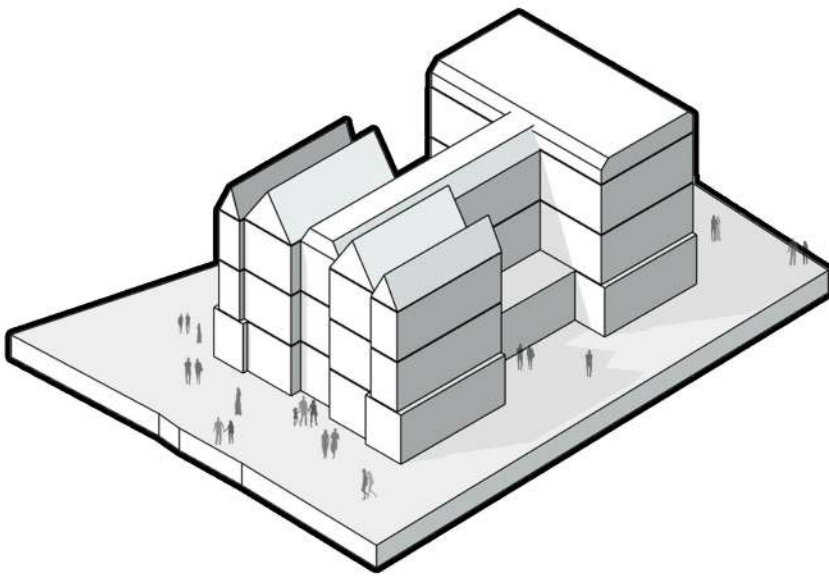
04. Massing Refinement

The H-form is adjusted for a more human-scale street presence. The built form steps in to create recessed entrances and define clearer edges.



05. Ground Floor Activation

Further articulation at ground floor introduces active frontages and defined entrances, enhancing street-level interaction and accessibility.



06. Roof Articulation

Gabled roof forms are introduced to reflect the surrounding residential character and reduce the overall perceived massing from the street.