care inspectorate

Care Homes for Adults – The Design Guide

Design, planning and construction considerations for new or converted care homes for adults

Contents

1. Purpose of this document

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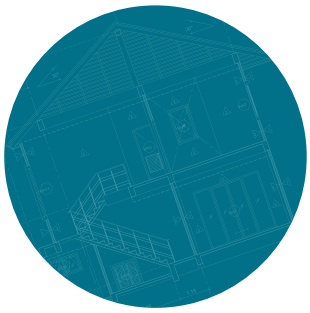


The aim of this publication is to describe and illustrate what good building design looks like for care homes for adults. It provides guidance for those designing a new building or registering a premises that was previously registered as a care home. We recognise that some new care homes were already in the design process at the point that this guidance was published. Therefore, new build care homes will only be expected to comply with this guidance where the design and planning phase commenced following the publication of this document. In circumstances where the design and planning phase commenced prior to the publication of this guidance, applicants must be able to provide evidence of this.

This publication is also relevant when planning to improve the environment of existing premises, seeking to change the legal entity of the provider, take over an existing care service, or vary an existing condition of registration. In these circumstances we work with providers and applicants to agree a reasonable position on what improvements are feasible while ensuring that the care home still be financially viable.

This document describes the environment people should expect in care home services which supports positive experiences and outcomes in a homely environment. High-quality design, planning and refurbishment is vital in creating a safe environment which supports high quality care.

This resource will support those looking to deliver care home services. **Applicants wishing to register or alter a care home should consult with us on the proposed building plans prior to seeking planning permission or building warrant.** You can seek pre-application registration advice on our website here. We will ask you to provide us with detailed plans and information to support this. This is because we will use these documents to consider the suitability of your plans, and to consider improvements where appropriate. Our comments will not guarantee approval, but we will be able to alert you to areas that do not comply with the standards. This is important, as even if the building is under construction non-compliance with the Health and Social Care Standards, regulations and best practice may result in costly changes or registration refusal.

Where existing providers are planning refurbishments and adaptations, they should also involve people using the existing service and their families in planning improvements. This supports the Health and Social Care Standard 4.7 "I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership."

Existing providers should also consider our quality frameworks which are primarily for self-evaluation but are also used for inspection. This resource will enable you to develop services that will offer high quality environments, providing the ability to deliver high quality outcomes for people living in the care home.

A quality framework for care homes for older people and A quality framework for care homes

for adults have a key question 4 which is "How good is our setting?" The three quality indicators associated with this key question are:

- 4.1. People experience high quality facilities
- 4.2. The setting promotes and enables people's independence
- 4.3. People can be connected and involved in the wider community

While this covers the physical environment being safe and clean it goes beyond infection, prevention and control. The key question links directly into the Health and Social Care Standards ensuring that the environment contributes to quality of life and enables people to live full and meaningful lives in an environment that is their home. Importantly key question 4 looks at how people are supported to have people important to them visit them and also how they are connected into their wider community. The Care Inspectorate through our involvement in national groups has always sought to influence the policy direction to balance the guidance; weighing up the infection prevention and control (IPC) and the need for people to live well, maintain relationships with families and exercise autonomy and control. We expect IPC to be integral to the design of a homely environment as this supports the delivery of safe and effective care.

We quote people experiencing care services and their carers throughout this guidance. Their comments help to illustrate the difference that high-quality design can make to people's experience.

The Care Inspectorate has a duty to consider each application on its own merit. It may be that you have innovative ideas and suggestions about how you can build a care home that leads to high-quality experiences and outcomes. Our registration staff are always keen to discuss new ideas and innovative approaches with you, and we encourage you to raise these with us.

This document:

- refers to regulations, the Health and Social Care Standards, and other guidance used by the Care Inspectorate
- tells you about some other regulatory bodies, relevant legislation and good practice that you should know about if you are designing a care home or altering or extending existing premises
- is used to guide our registration team on registration and variations and by our inspectors during inspection and complaints
- signposts to good practice documents like The King's Fund Environmental Assessment Tool, which provides helpful advice to which we will refer during the registration and inspection of care homes
- uses Coronavirus (Covid-19): care home outbreaks - root cause analysis as the basis for learning from the Covid-19 pandemic, the findings of which have been taken into account in the Scottish Government's Adult Social Care Winter Preparedness Plan.

We recognise that many of these regulations and guidance documents will be updated, and that there may be further recommendations which arise out of the review of adult social care. With this in mind, we will continue to review and update this guidance document.

The Health and Social Care Standards set out at 5 that "I experience a high quality environment if the organisation provides the premises." We refer to this standard throughout this document.

You are responsible for seeking advice from statutory agencies and consultants about high-quality design principles for the people you propose to provide a service for, such as:

- fire safety
- food standards safety
- health and safety
- meeting planning and building standards requirements.

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) set out the basic requirements for care services and include regulations relating to matters such as welfare of people experiencing care, the fitness of premises and facilities in care homes.

Service providers must demonstrate to the Care Inspectorate that these regulations will be used to deliver high-quality care at the time of registration and that this will continue after registration is granted.

It is vital that service providers use information that is relevant to Scotland for new or upgraded buildings. Many aspects of care regulation, fire safety and building control are devolved and differ from other parts of the UK.

You can access links to the legislation and Health and Social Care Standards as well as Care Inspectorate policies and guidance and registration information on the Care Inspectorate website https://www.careinspectorate.com/

Our website for good practice guidance is The Hub at https://hub.careinspectorate.com/

2.0
Supporting information

2.0 Supporting information

2.1 Fire safety

Fire safety law applies to all care homes, including smaller care homes. The purpose of fire safety legislation is to ensure life safety. The legislation requires that measures are taken both to prevent fire and to protect occupants in the event of fire, for example by giving warning of fire and by limiting the effects and spread of fire. Some of these measures may be incorporated into the building design.

Part 3 of the Fire (Scotland) Act 2005, as amended and the Fire Safety (Scotland) Regulations 2006 places responsibilities on duty holders, for example employers, owners, and service providers. It requires them to undertake and regularly review a fire safety risk assessment to determine what measures are necessary. Whoever carries out the risk assessment should be competent to do so. Scottish Government have produced guidance to help duty holders meet their obligations: Practical fire safety guidance for care homes and Practical fire safety guidance for existing specialised housing and similar premises. In addition, further advice on fire safety is available from the Scottish Fire and Rescue Service.

Fire alarm systems are designed to satisfy particular fire safety objectives. The design should take full account of the type of premises and its occupancy profile to effectively meet those objectives. In addition, systems should not be prone to unwanted fire alarm actuations: this should be an integral part of the system's design requirements, as well as an ongoing consideration after installation.

Government guidance also recommends a "person-centred" approach to reduce the risk of harm to individuals who may be at particular risk from fire. This could result in additional measures being necessary which could also impact on building design. Further information is available in Practical fire safety guidance for existing specialised housing and similar premises.

Consideration should be given to providing additional rooms for the charging of hoists, electric wheelchairs and so on to prevent storage in protected routes and stairwells. These rooms should be sufficient to provide for the projected requirements of the care home.

While rare, a number of tragic fires in residential premises have focused attention on the use of building materials and modern methods of construction, in particular certain types of cladding used predominantly in high-rise buildings as detailed in External wall systems: draft advice note. Existing and prospective service providers are reminded of their overall responsibility for the safety and wellbeing of people who use services, consulting as necessary with the owner or landlord and the local authority's building standards department.

Tragic events serve as a reminder of how important it is that care services have in place robust fire prevention, protection and evacuation measures.

2.2 Planning and building standards

From a planning perspective, it may be useful to include the views and preferences of partner agencies at conception stage, for example, environmental planning teams, architects, community representatives, legal representatives, as well as fire officers. Consider setting out a timeline of what agencies you would engage with at different stages of the process, what information they would expect, what potential outcomes could be, and potential impact of certain courses of action.

Multi agency meetings at pre-application planning stage would be recommended.

Environmental planning teams, for example, offer planning advice for providers of care and residential homes either for free, or for a minimal cost and would recommend that such discussions take place at idea conception, and most certainly before any application is submitted.

It may be that community engagement prior to application stage would be helpful, noting the importance of transparency and engagement with the local community/ immediate neighbours. While there is no legislative need to do this, applications for care homes are a matter of public record, and there may be a need to support, educate and inform the community within which you are aiming to integrate the people who will live in the care home. The impact of an unwelcome community is significant.

New homes, conversions, extensions and alterations to existing property must comply with relevant legislation. Planning permission where required and a building warrant must be obtained from the local authority before building work can start. At the end of a building project, a completion certificate must be submitted to the local authority building standards service, who will undertake reasonable inquiry before deciding to accept or reject the completion certificate. Some small care premises may not require a building warrant for a change of use, however other legislation such as fire safety, will still require appropriate measures to be put in place. For more detailed information on the building standards system, visit Building standards.

3.0
Service aims and objectives

3.0 Service aims and objectives

The service's aims and objectives are a key factor in determining the design of the building and must be submitted with your proposal along with your plans. Regulation 10 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 also refers to aims and objectives.

The service aims and objectives should reflect the type of care service to be offered. While this document provides guidance for all care homes for adults, it is important to keep in mind that at least 70% of frail older people living in care homes have severe cognitive impairment or a diagnosis of dementia, and so dementia and cognitive frailty are key factors for consideration in the design stage of the care home.

A care home must not only be seen as the physical building but also the culture and society within which a person lives and experiences support, opportunity and citizenship. People considering care and support within a care home often do so as a result of complex care needs. The aims and objectives of your service must describe how it will meet the needs of the people they support. The Care Inspectorate has published Guidance for providers and applicants on aims and objectives.

Having clear aims and objectives for your care service helps people who are thinking about using your service understand what they can expect. This takes account of the following Health and Social Care Standards:

Standard 1.17 "I can choose from as wide a range of services and providers as possible, which have been planned, commissioned and procured to meet my needs."

Standard 1.18 "I have time and any necessary assistance to understand the planned care, support, therapy or intervention I will receive, including any costs, before deciding what is right for me."

Standard 1.20 "I am in the right place to experience the care and support I need and want."

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), regulation 14, sets out that:

"A provider of a care home service must, having regard to the size of the service, the statement of aims and objectives and the number and needs of people using the service:

b) provide such other equipment for the general use as is suitable and sufficient having regard to health and personal care needs

d) ensure that there are provided at appropriate places in the premises from which the service is provided sufficient numbers of lavatories, and of wash-basins, baths and showers fitted with a hot and cold water supply".

The aims and objectives of the service should also inform staffing levels. The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), regulation 15, sets out that:

"A provider must, having regard to the size and nature of the care service, the statement of aims and objectives and the number and needs of service users:

(a) ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users."

The Care Inspectorate has published Guidance for providers on the assessment of staffing levels.

4.0
Location, security and community connection

4.0 Location, security and community connection

The physical location of a care home is an important consideration. The Health and Social Care Standard 5.8 states: "I experience a service as near as possible to people who are important to me and my home area if I want this and if it is safe."

Standard 1.17 states: "I can choose from as wide a range of services and providers as possible, which have been planned, commissioned and procured to meet my needs." The Scottish Government's statutory guidance Care services - planning with people: guidance also advises on community engagement when developing social care services for adults.

This is an important issue for local authorities and commissioners, planners, service providers and architects. Development of a care home should be in response to an identified local need. This reduces the likelihood of people having to move too far from their original communities and support networks. The Place standard tool may be helpful in supporting developers' understanding of where they are going to build.

Standard 5.9 states: "I experience care and support free from isolation because the location and type of premises enable me to be an active member of the local community if this is appropriate."

All people have a right to citizenship, with equal choices, full inclusion, and participation in the community.

A care home that is integrated and connected with the local community can have a positive impact on people's well-being and helps to tackle isolation and loneliness.

Important elements of providing an integrated and connected environment include:

- access to local facilities; the premises should be sited in areas suitable for domestic living and should avoid non-domestic locations such as industrial or retail sites
- access to public transport systems and pedestrian walkways, to allow both staff and visitors easy access to the home
- being close to local community to ensure people living in the service are not isolated from their family, friends and community amenities
- suitable and stimulating visual outlooks which will support the health and wellbeing of people
- the effect of noise or air pollution to be minimised to a level that is in keeping with a residential setting; for example, not building next to a railway, airport, noisy main road or night club
- accessible outdoor areas and environment that encourage people to move more (the Health and Social Care Standards set out at 5.23: "If I live in a care home, I can use a private garden.")
- premises should be single storey where possible, and people living there and their visitors must have independent access to the outdoors
- facilities, for example visiting rooms with outdoor access, Wi-Fi and IT availability, that support those living in the service to maintain contact with friends and family

- appropriate and accessible car parking and cycle facilities for people using the service, visitors, and staff.

When deciding on the location of the service the provider must take into account the availability of other services that residents may need to access, for example:

- social opportunities, such as hairdressers, beauty salons, cafes
- places of worship
- family and friends
- community facilities and shops
- local NHS facilities, such as GP, dentist
- links to local transport.

People living in care homes tell us how important these things are to them.

> "We have lovely open views; it helps make the days more interesting, watching the world go by!"

> "There is a hairdresser in the home, but I prefer to go out to the village and get my hair done, I get a coffee there and meet other people."

> "I go into the town and meet up with friends."

> "There's a nice garden that I can sit in on warm days and a summer house when it's not so warm!"

5.0
General design

5.0 General design

Consideration may wish to be given to the general design, sustainability, and carbon reduction of the building, for example, by considering a Passivhaus or low-carbon approach.

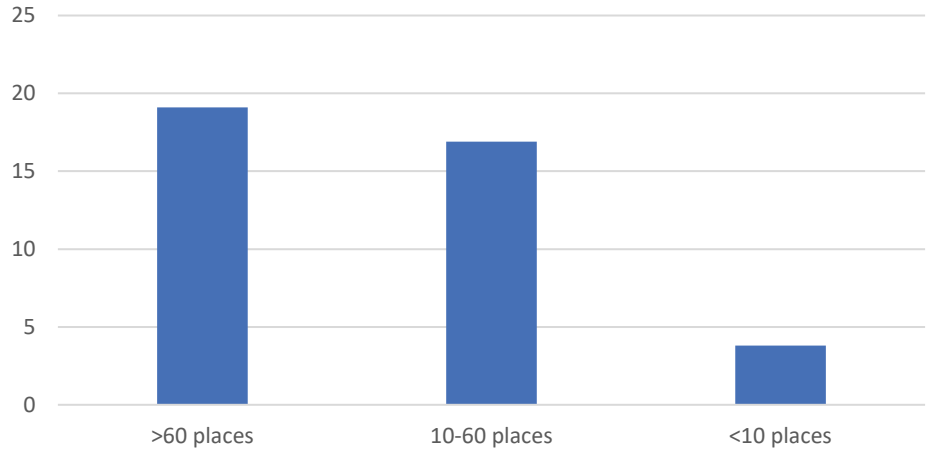
5.1 Size

The Care Inspectorate registers a wide range of care service types, but our scrutiny evidence suggests that people living in smaller care homes usually experience better care. The Independent Review of Adult Social Care in Scotland also notes a correlation between the size of care homes and quality of care provided, with smaller care homes showing better quality than larger ones.

The Covid-19 pandemic has had a significant impact on the care home sector in Scotland, with large care homes being proportionately more affected by Covid-19 than medium or small services, as recognised by Public Health Scotland in Discharges from NHSScotland Hospitals to Care Homes between 1 March and 31 May 2020, noting that care home size has the strongest association with outbreaks of Covid-19, with the risk of a care home outbreak increasing progressively as the size of care home increases.

Larger care homes for older people had higher rates of suspected cases/ 100 places than smaller ones

Source: Care Inspectorate 13 March - 12 August



Source: The Care Inspectorate's Role, Purpose and Learning During the Covid-19 Pandemic (2020, p.18)

The Care Inspectorate recommends that care homes for older people should have no more than 60 residents in total. Care homes for other younger client groups such as those for adults with mental health needs should have no more than 10 residents in total. Care homes for adults with autism and/ or learning disabilities must have no more than six residents in total.

The applicant must demonstrate that the size of the care home has been determined by local need, population group and care focus of the service. This should be reflected in the aims and objectives. Large buildings which look and feel institutional will not be considered. Where a development consists of a cluster of small units or households this should be carefully designed to avoid being institutional in appearance and functioning. Here are some examples.

The aesthetic of premises and layout should be homely/residential in style.

- The development should be designed and located to enable easy access and connectedness to the wider community.
- The development design should promote a person-centred approach in accordance with each individual's needs, abilities and preferences.
- Individual choices and preferences should not be determined and unduly restricted by the routines, procedures and design of the service.
- The development should not be of a design that inhibits social integration and inclusion with the wider community or creates an enclave or ghetto environment.

Small group living settings (usually numbering fewer than 10 people) promote a homely and accessible environment. The benefits of small group living can be compromised where there are many units or households within a large building. Small group living settings should not be a thoroughfare to other shared facilities or services areas of the premises.

The Health and Social Care Standards set out what people should experience as a result of their care.

Standard 5.5 states: "I experience a service that is the right size for me."

Standard 5.7 states: "If I live in a care home the premises are designed and organised so that I can experience small group living, including access to a kitchen, where possible."

Standard 5.11 states: "I can independently access the parts of the premises I use and the environment has been designed to promote this."

Standard 5.20 states: "I have enough physical space to meet my needs and wishes."

The applicant must demonstrate how the environment takes account of the Health and Social Care Standards. Small group living settings must have the ability to operate independently and be self-contained if required. This is to ensure that residents of care homes experience small group household living. However, the care home would still be expected to meet the care and support needs as appropriate, either internally or externally. The overall size of any residential premises should not detract from the ethos of small group living and should not be institutional in appearance, design and functioning. The appearance and design should largely be in keeping with the surrounding buildings and the local community it is part of.

The advantages of small group living are:

- people living there are not overloaded with stimuli of noise, activity and too many other people
- the design can be domestic in nature, homely and so, more familiar
- it may be easier for people to participate in domestic activities
- it is easier for staff to get to know individual people and understand what matters to them, and the small-group living model will enhance team development, knowledge and expertise that produces high-quality care
- people often experience less stress in smaller units or households
- staff develop a greater sense of ownership and pride in their unit or household
- it promotes good infection control.

People living in small care homes and small-group settings tell us that it makes a difference to them. Their carers often think so too.

"It's relaxing and homely here and all the staff know me well. It's my home now, I know everyone and they know me."

"My relative has settled in the room. It's like a wee bedsit and so much more homely than the big unit she was in before."

Regardless of the size of the care home, you must demonstrate how the building and its external areas such as garden and outbuildings will support the aims and objectives of the service, and how the layout and design will comply with the factors laid out in section 5.2 below.

5.2 Layout and design

Irrespective of the size, we expect the design to support people to live well, promote physical activity and maintain independent living skills.

Ideally, buildings should be single storey. However, if the building is built on more than one floor there must be safe, independently accessible outdoor space such as a balcony or roof garden for each small group setting. If the care service is an existing building, we expect the applicant to consider and plan how safe, independent access to outdoor space can be improved.

The layout and design must provide:

- small-group living, usually numbering fewer than 10 people
- each small group setting must be accessed without going through other settings
- the ability to operate independently and be self-contained if required
- homely and domestic environment overall is a key factor, balanced within a safe environment
- Wi-Fi accessibility for digital devices with sufficient connection strength throughout the care home so that people can remain connected with family and friends, music and films can be streamed for entertainment, and clinical monitoring can be used

- separate staff toilet(s)
- sufficient hand washing facilities throughout the premises for staff
- sufficient, accessible storage for documents, medication and personal protective equipment (PPE) across the premises
- an environment that supports the prevention and control of the risk of infections with the potential for harm
- waste disposal including clinical waste and disposal of PPE, and lockable storage for waste prior to uplift
- appropriate laundry facilities that can handle potentially infectious linen
- central medication storage in the home. Each unit or household will need to consider whether any medication should be centrally stored in the building, stored in a dedicated facility in each unit or household, or stored in people's own bedrooms
- a suitable kitchen equipped to meet the aims and objectives of the service
- visiting facilities with outdoor access to enable visiting without accessing the care home in the event of any outbreaks of infection
- sufficient staff storage, showers, changing and rest areas
- a suitable alarm call system.

Each self-contained unit or household should include:
- bedrooms with ensuite wet floor shower room
- choice of public rooms to spend time in, for example one sitting room and one dining room, or an open plan kitchen/dining/sitting room
- at least one bathroom, with assisted bath per 10 people
- communal toilets co-located with communal areas
- domestic service room and dirty utility room (sluice)
- accessible kitchen area for use by residents and their visitors
- garden areas for everyone who uses or visits the service to enjoy.

The height of ceilings must not pose a danger to people. There must be no less than two metres of height from floor to base of the ceiling.

The layout must be such that should infection outbreaks occur, resident placement is arranged in a way that supports the need for isolation or cohorting.

In designing any layouts within care homes, consideration must be given to any fire evacuation strategy to be adopted. Should residents require to be moved to another fire compartment within the building, such areas should be located in a position where residents can be temporarily accommodated comfortably, and not provide difficulties to limited numbers of staff who may have to assist their evacuation from the building.

Considerations should be given to IPC in the design of the environment for example flooring in bathroom, shower, toilets, ensuite, sluice area, clean utility rooms, domestic service rooms and cupboards, kitchen, pantry and laundry facilities should be seamless, impermeable, slip-resistant, easily cleaned and appropriately wear-resistant. In these rooms there should be coving between the floor and the wall to prevent accumulation of dust and dirt in corners and crevices. Any joints should be welded

or sealed to prevent accumulation of dirt and damage due to water ingress. More detail on IPC can be found in the National Infection Prevention and Control Manual (NIPCM), and in section 7.1 below.

Similarly, walls in bathroom, shower, toilets, ensuite, sluice area, clean utility rooms, domestic service rooms and cupboards, kitchen, pantry and laundry facilities should be smooth, wipeable, impermeable surfaces. Design in these areas should ensure that surfaces are easily accessed and will not be physically affected by detergents and disinfectants. Wallpaper in bedrooms or communal areas can provide a more homely environment, however the home should have a plan for disposal and replacement of this, should it become damaged or soiled.

Doors should be cleanable, that is, smooth, wipeable and have impermeable surfaces and should have handles that can be easily cleaned and dried.

Further information can be found in SHFN 30 Part A Manual: Information for design teams, construction teams, estates and facilities and infection prevention and control teams.

Many residents can be at risk of falling, so it is important to minimise this risk, while remembering the need to promote physical activity and wellbeing. Factors such as space, doorways, handrails, steps and floor coverings, as well as digital connections in private rooms to identify falls must be considered. The good practice resource pack Managing Falls and Fractures in Care Homes for Older People can support with this.

For all materials selected, but particularly for flooring, reduction of glare and reflectivity will generally make the space more usable.

Where the service is offering areas open to the public or other services, these should be independent of the service and must have a separate outdoor entrance. The security, safety, privacy, dignity and human rights of people who live in the service must be respected.

Interior design

Care homes must provide a safe, homely environment, balanced with the need for an environment that can reduce the risk of harm from the spread of infection, for example, by using materials, fixtures and fittings that can be effectively cleaned. Soft furnishings may be used, but they must be suitably fire retardant as specified in The Furniture & Furnishings (Fire) (Safety) Regulations 1988 (as amended). More advice on this is available in Fire safety guidance for existing premises with sleeping accommodation (sections 133-135), and from the Trading Standards Department.

Soft furnishings, such as chairs and cushions, are to be encouraged as they provide a more homely feel, however the home must have a plan for how these would be cleaned or disposed of in the event of infectious outbreaks. Chairs with removable washable covers, or those which are easily wipeable should be used. Where this is not the case, the home should have a plan for disposal and replacement of these should they become damaged or irreparably soiled.

Health and Social Care Standard 5.6 states: "If I experience care and support in a group, I experience a homely environment and can use a comfortable area with soft furnishings to relax."

Health and Social Care Standard 5.22 states: "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment."

If designing a care home for older people you should take account of The King's Fund Environmental Assessment Tool, which will help in creating more supportive care environments for people living with cognitive problems and dementia.

It is important to ensure that any design complies with other legislation, regulations or standards such as building standards, fire safety, food hygiene, health and safety, infection prevention and control (IPC) and waste.

5.3 Bedrooms

Bedrooms are usually a person's only personal living space. It is important to consider how you will make the bedrooms feel like home for residents and how you will support them to be able to control aspects of their room whilst supporting IPC. There must be sufficient storage space in the bedroom to accommodate individual's care equipment such as wheelchair, hoist, and other personal care items. Bedrooms should be designed to allow people to have as much independence as possible.

Everyone should have the choice of a single bedroom. In some circumstances, people may wish to share a double or twin room with someone whom they have a prior relationship. Health and Social Care Standards 5.26 states: "As an adult living in a care home, I have my own bedroom that meets my needs but can choose to live with and share a bedroom with my partner, relative or close friend." For couples, consider additional private space, for example two single rooms that are adjacent or opposite could be used for a bedroom and sitting area.

While it is good practice to design premises that allow for a proportion of bedrooms to be available as doubles or twins, care homes will be registered for the number of bedrooms available.

Health and Social Care Standard 5.15 states: "If I am an adult living in a care home, I can choose to see visitors in private and plan for a friend, family member or my partner to sometimes stay over."

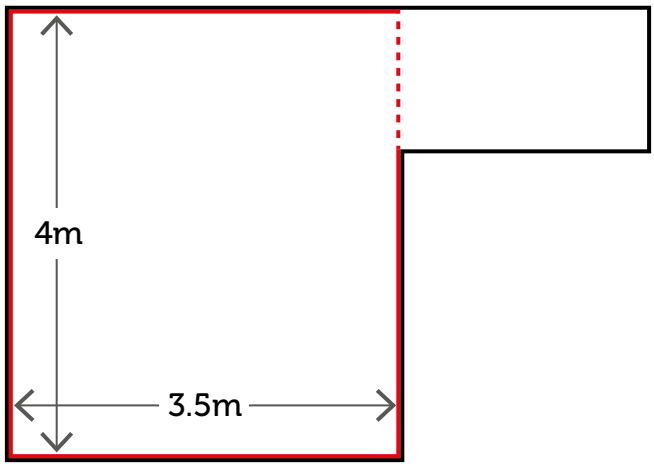
Health and Social Care Standard 5.20 states: "I have enough physical space to meet my needs and wishes."

Size and facilities in bedrooms

Single room: minimum of 12.5 square metres of usable floor space, with head space of, at least, two metres. Usable floor space excludes the bedroom entrance (for example, door swing of bedroom and ensuite doors), ensuite, or fitted units. Some people may require additional space for care equipment to meet their needs and the room must be large enough to accommodate this. Many people will be used to sleeping in a double bed and feel more comfortable with this. There should be enough space to have a double bed, even in single rooms, if a person wishes. Couples choosing to share a room of

12.5 square metres of usable floor space must have two rooms, one of which can be used for a sitting room. Alternatively, bedrooms of at least 16 square metres may be used as shared rooms without the second room option. Including a couple of bedrooms suitable to offer support for bariatric needs can provide for a broader range of needs.

Useable floor space example: In the example below, the black outline shows the whole bedroom, including the corridor area. The red line shows the useable space, meaning that the bedroom is 14 square metres.



Bed sit type accommodation will provide choice and support independence and may be required to meet the service's aims and objectives. Bedrooms with a small kitchen area should be designed so that each kitchen, living and sleeping area has sufficient space and layout for each activity. If kitchen facilities are provided in a bedroom, this should be reflected in the risk assessment and the individual would benefit from a person-centred fire safety risk assessment. More information on this can be found in the Practical fire safety guidance for existing specialised housing and similar premises.

Health and Social Care Standard 5.27 states: "As an adult living in a care home I have enough space for me to sit comfortably with a visitor in my bedroom."

Health and Social Care Standard 5.12 states: "If I live in a care home, I can control the lighting, ventilation, heating and security of my bedroom."

Bedrooms must have these facilities.

- Enough space for care equipment such as walking aids and wheelchair.
- Adequate room for personal furniture or items to be brought in such as a favourite chair, fridge, microwave, or computer.
- Ventilation and natural daylight.
- Windows that can be opened and have a pleasant outlook from a seated position.
- The ability to dim lighting at night to enable care tasks to be carried out with a greater level of comfort.
- Space to entertain visitors, at a physical distance (for example, 2m) if necessary. Visits should primarily take place in resident's own bedrooms, where possible.

- A lockable space to keep money and valuables.
- A digital connection to enable use of connections for personal entertainment, connecting with family/friends and supporting clinical need.
- A lockable door suitable to the assessed needs of the resident, which can be opened in an emergency by staff.
- The bedroom should be designed so that the ensuite door is visible (within their eyeline) from the bed.
- Storage for PPE for staff such as disposable gloves and aprons. This may be in a built-in cupboard or other suitable container that prevents environmental contamination but does not detract from the homely environment.

Consideration should be given to the safe and appropriate use of bed rails. See chapter 5 of Health and safety in care homes for more detail on this.

Many residents may wish (or need) to keep their bedroom doors open for ventilation or communication with other residents or staff. Open doors can assist staff to monitor residents with a minimum of disturbance. There are devices which allow self-closing fire doors to be held in the open position until the fire warning system operates. Electromagnetic hold-open devices are designed to hold a door open against the action of the self-closing device. Swing-free devices allow a door to stand open at any angle in normal use and are particularly suitable for bedroom doors.

Medicine storage within bedrooms, if appropriate, must be away from radiators and must not be within the ensuite facility.

We expect to see enclosed storage of care equipment and products such as continence aids, dressing catheter equipment. These items should be protected from environmental contamination or handling by visitors and people living in the home who are confused.

Consider how each person would like their room to be furnished and decorated and perhaps reflect what they had in their own home. Consider furnishings that are fire retardant and can be easily and effectively cleaned. In some care homes, family and friends are able to help with the furnishing and decoration of the bedroom. Health and Social Care Standard 5.13 states: "If I live in a care home, I can decide on the decoration, furnishing and layout of my bedroom, including bringing my own furniture and fittings where possible."

In Japanese care homes, this is done by building a miniature version of the persons home with their favourite items featured, like in the picture above. People living in care homes tell us how important their bedroom is to them. When they can decorate and furnish their room, they say it feels more like home.

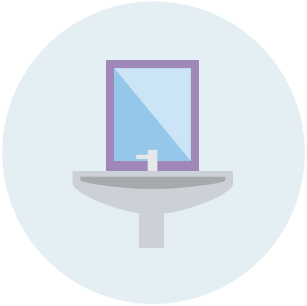
> "My son did up my room and I've got all my own stuff."

> "It's all my own things. I bought the sofas and cushion myself. I picked my colour of paints then picked the carpet. I love it."

> "There's a medicine cabinet in my room and I can take my own tablets… feeling more independent is important to me, rather than relying on the staff."

> "My father is pleased with his room. It looks onto a small garden."

5.4 Toilets and bathrooms



- Ensuites must have a wet-floor shower, wash-hand basin and toilet.
- The room size must be at least 3.5 square metres in total (including toilet and basin), however it may need to be larger than this to provide enough room for assistance from staff.
- Doors must have locks that staff can open in an emergency.
- A call system must be in place.
- Heights of wash-hand basin, shaving point, wall cabinets and mirror should be accessible for use.
- Built-in sink units must be suitable for individuals who wish or need to sit at the sink when washing.
- Grab rails and toilet seats should be in a contrasting colour to the background/walls make them stand out. See Dementia Services Development Centre (DSDC) for more information.
- Additional safety features associated with access to water may be required for some individuals.
- Storage for toiletries and other personal items should be available.
- There must be liquid soap and disposable towels in ensuites for staff providing personal care.
- Ventilation (see section 7.5.1).
- Separate pedal operated bins for disposing of PPE or any other clinical waste, and domestic waste such as paper towels.
- Flooring should be seamless, impermeable and slip-resistant, but be easily cleaned.

Health and Social Care Standard 5.28 states: "As an adult living in a care home, I have ensuite facilities with a shower and can choose to use a bath if I want. If I live in a small care home that has not been purpose built, I might need to share a bathroom with other people."

People should be able to choose to have a regular bath. Baths are not just a facility for personal hygiene but can be therapeutic for people, providing relaxation, enjoyment and easing of joint pain. It is therefore important to make sure the bathroom is pleasant and homely.

Care homes where all bedrooms have ensuite shower rooms must have a minimum of one assisted bathroom for every 10 people, located for discreet access and in close proximity to the bedrooms. There must be sufficient space for wheelchair access with enough width and turning space for wheelchairs and hoists.

This supports Health and Social Care Standard 5.28, which states: "…I can choose to use a bath if I want."

Toilets
Health and Social Care Standard 5.2 states: "I can easily access a toilet from the rooms I use and can use this when I need to."

Toilets should be comfortable and accessible. There must be toilet(s) close to the public rooms but to meet hygiene regulations these toilets must not open directly onto living and dining areas. Toilet signage may be helpful to assist people with dementia in accessing toilets. See Dementia Services Development Centre (DSDC) for more information.

All toilets must have sufficient space for wheelchair access with enough width and turning space. More details on this can be found in Building Standards technical handbook 2017: non-domestic buildings and BS 6465-1:2006 Sanitary installations. Code of practice for the design of sanitary facilities and scales of provision of sanitary and associated appliances.

Cubicle toilets are not acceptable.

5.5 Communal areas

Health and Social Care Standard 5.20 states: "I have enough physical space to meet my needs and wishes."

There must be at least 3.9 square metres of communal space for every person within each small group living setting, not including corridors and circulation areas. Space occupied by built in storage facilities such as cupboards will not be included when calculating the communal space requirements.

Sitting rooms and dining rooms must not be thoroughfares to other parts of the care home or small group setting, and levels of visibility between communal and private areas should be respective to the people experiencing care.

The service's aims and objectives need to be considered when planning shared areas. Having a range of different spaces for residents to choose where to spend their time is essential. Public spaces must be positioned so that they are accessible to people living in the service where they can be easily supported by staff.

Other shared areas such as an entertainment space, café or cinema should be located in areas accessible to people living in the service where they can be easily supported by staff.

People living in care homes often tell us things like this:

> "I love my room, but there are plenty of other places you can use, my favourite is the library, peace and quiet to read."

> "It's full of nooks and crannies where you can rest and chat with friends."

> "There is a garden room and my grandchildren play outside on the swings when they visit me; it's lovely to watch them."

> Health and Social Care Standard 5.6 states: "…I experience a homely environment and can use a comfortable area with soft furnishings to relax."

Care homes should be a homely environment that residents will enjoy and promote their health and wellbeing.

This would include features such as:

- a focal point for the lounge such as a view, fish tank or fireplace
- windows that are accessible by residents to sit at to enjoy views
- fresh air and natural daylight
- smaller lounges and dining areas
- occasional sitting areas, for example chairs in hallways, alcoves or at windows to give destination points and choice of areas to spend time, however full consideration should be given to the quantity and flammability of furniture or other items left in hallways to ensure that they do not pose a fire risk and that the means of escape is not compromised in protected routes (part of an escape route which has a degree of passive fire protection i.e. fire resistance to protect it). The design of these areas should take this into account.
- digital connections and equipment to enable group activity for classes, concerts, faith services and connecting with others
- space to accommodate visitors and family life in line with Covid-19: Information and Guidance for Care Home Settings and Open with Care - supporting meaningful contact in care homes: guidance. Care homes should be welcoming to people of all ages and support intergenerational contact. More information on this is available from Generations Working Together.
- opportunities for independent safe access to gardens and roof terraces and balconies for sitting rooms situated on floors above ground level
- all care homes must have a visiting room with outdoor access, to accommodate large groups of visitors, or residents who do not wish to have visitors in their bedroom space. There should be a room where people can meet to have private and uninterrupted conversations. If this space cannot be created within the care home building an outdoor structure should be erected with sufficient facilities to allow comfortable use throughout the year.
- the provision of conservatories is encouraged, but consider the effects of sun glare, heat and cold on the area.

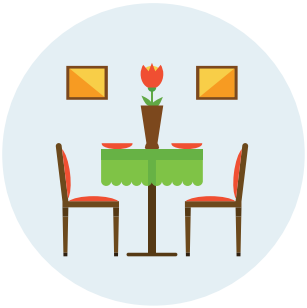
Meaningful outdoor spaces should be considered for views and outlook, but also for meaningful engagement, including options to support the abilities of different people experiencing care, thus

promoting a more active lifestyle.

Where social facilities, such as cafes, beauty and therapy facilities, rooms with multi-sensory equipment, or art and creative activity rooms are provided, the location of these rooms must be considered at an early stage to ensure suitable ventilation from windows.

Self-closing fire doors can present an obstacle to normal movement for some residents, particularly in common corridors and circulation spaces. Where this is the case, electromagnetic hold-open or swing-free devices may be worth considering. Hold-open devices are designed to hold a door open against the action of the self-closing device. Swing-free devices allow a door to stand open at any angle in normal use. Both types of device automatically result in closure of the door in the event of fire.

5.6 Dining rooms



The dining room in each unit or household should be designed to enhance people's dining experience. The dining areas must comply with food safety legislation and be able to be adequately cleaned. In sitting/dining rooms consider issues such as noise and the impact of other activities such as people watching television or using digital devices during dining. There should be enough space and seating in the dining area for staff to sit with residents while assisting with meals. There must be adequate room for a meal trolley to be used within the dining room for serving food if there is not a servery adjacent.

5.7 The kitchen

There must be an accessible kitchen/pantry area for staff, residents and their visitors to make drinks and snacks, including for individuals with cognitive decline. A readily accessible handwash sink with liquid soap must be available for staff and residents. There also needs to be a general-purpose sink with a drainage board.

Service providers must seek advice on kitchen plans from their local authority's environmental health services before building and kitchens should be considered carefully in the premises fire safety risk assessment.

The service will require to be registered with environmental health services as a food premises 28 days before food is provided.

You must consider where the kitchen will be situated in relation to other facilities.

- The kitchen must not be situated next to the laundry and dirty utility areas.
- The kitchen must be designed and situated to support effective and safe food transportation.
- The kitchen must be appropriately ventilated.

- The size of the kitchen must be suitable to cater for the number of people living in the care home.
- The design should support minimal intrusion on the living areas from kitchen deliveries and catering activity.
- Floors that are particularly subject to traffic when wet (bathrooms, kitchens) should be seamless, impermeable, and slip-resistant, but be easily cleaned.
- Good practice guidance should be taken into account such as Food in Hospitals: National Catering and Nutrition Specification for Food and Fluid Provision in Hospitals in Scotland and Eating and drinking well in care: good practice guidance for older people.
- Fire safety guidance on kitchen and cooking can be found in Practical fire safety guidance for care homes and Practical fire safety guidance for existing specialised housing and similar premises.

Digital connectivity in the kitchen area would support remote shopping and provide the opportunity to use meal plans or recipes that are digitally stored.

5.8 Laundry, utility and cleaning

5.8.1 Laundry

People experiencing care value a good laundry service. They often express anxiety about losing clothing or garments being shrunk. When the laundry is good or they can do their own washing, it makes a big difference to them.

> "My relative is treated well. I do the laundry, but it's easy as there's a wee washing machine that I use when I'm visiting. We prefer it because it feels more like home."

> "Laundry staff give a really good and quick service. I've had no problems with clothes going missing."

When planning laundry facilities, you must ensure the facilities provided support practice guidance. The location of these rooms must be considered at an early stage to ensure they are situated away from sleeping areas where possible, and have appropriate ventilation and, where appropriate, the inclusion of electromagnetic hold open or swing free devices for fire doors. If the service aims to promote independence by offering choice for people to do their own laundry, the facilities must be suitable to support people safely. This would include ensuring best practice IPC.

It is recommended that laundries are able to offer a staff uniform laundry service that meets infection control guidance as stated in Covid-19: Information and guidance for care home settings. For services that don't require staff to wear uniforms, their work clothes should still be changed immediately when staff arrive home, and laundered:

- separately from other household items
- at the maximum temperature the fabric can tolerate, then tumble dried and/or ironed.

The layout of laundry areas must be designed to ensure that effective cleaning can be undertaken. Finishes to walls, floors, work surfaces and equipment must be capable of withstanding regular cleaning and the impact of mechanical cleaning equipment.

Additional information on laundry facilities including the provision of domestic style laundry arrangements is within the National Guidance for Safe Management of Linen in NHSScotland Health and Care Environments.

Segregation of clean and dirty linen is of the utmost importance to prevent cross contamination. The laundry facilities must support a dirty to clean circulation process without crossing over. There must be two separate doors, one to bring in dirty laundry and one for clean linen to exit following the dirty to clean circulation process.

In currently operating services, the laundry must have a dirty to clean circulation process without cross contamination. Where satisfactory arrangements cannot be achieved providers may be required to outsource their laundry.

Equipment such as washing machines and driers should have the capacity to reflect the service's needs and be of an industrial type that includes a sluicing cycle. Hand sluicing of laundry is not permitted. Domestic-type machines may only be used for laundering personal items of clothing belonging to residents, and if used, should be situated in each unit or household. Where clothing may be infected or heavily soiled, or contaminated with emollient creams, it would be appropriate that they were laundered in the main laundry.

Consideration must be given to the use of laundry detergent and fabric conditioner that is suitable for each resident's skin, and washing machines used must support the use of different detergents.

Laundry facilities must include:

- hand wash basin
- general purpose sink
- space for ironing
- storage for domestic cleaning equipment
- short term storage of clean linen/clothing
- storage space to accommodate linen trolleys for distributing clean laundry
- appropriate facilities to allow the segregation of used linen, heat labile linen and infectious linen, in appropriate containers which are clearly identifiable
- closed storage for PPE to protect from environmental contamination (this can be a centralised storage area which PPE is distributed from to PPE storage areas around the building).

Other things you need to consider include:

- the site of laundry in relation to bedrooms, lounge, living, dining and kitchen areas to prevent disturbance from noise and vibration
- the times of day or night that the laundry will be operating and whether this will require sound proofing
- a ventilation system that will minimise the level of airborne or droplet contamination and dust to

minimise the risk of cross infection, and risk assessment of this
- floors that are particularly subject to traffic when wet should be seamless, impermeable, and slip-resistant, but be easily cleaned.

Different types of washing machine have different requirements and you must consider this for example temperature control, or ozone system, which needs more space. All washing machines must be fitted with accurate heat sensors so that the disinfection stage of each wash can be monitored. Appropriate temperatures for washing must be used so that machines are capable of achieving thermal disinfection, as outlined in National Guidance for Safe Management of Linen in NHSScotland Health and Care Environments.

Advice and guidance on laundry facilities can be found in SHFN 30 Part A Manual: Information for design teams, construction teams, estates and facilities and infection prevention and control teams.

Fire safety guidance on laundry facilities can be found in Practical fire safety guidance for care homes and Practical fire safety guidance for existing specialised housing and similar premises.

5.8.2 Dirty utility room or sluice

The dirty utility room is used for the disposal of waste, including waste that may be contaminated with blood or other bodily fluids. It is used for the cleaning and disinfection of potentially contaminated care equipment such as commodes.

The planning and design of the dirty utility room must incorporate the following features:
- a designated wash-hand basin with hot and cold running water supply (see section 6.3 on sinks)
- a general purpose sink
- an automated thermal washer or disinfector which should be of a type that can deal with the disposal of human waste
- a door with a lock or key pad so that access is restricted to staff
- built-in cupboards for storage of equipment or products
- space for the storage of waste, and laundry bins containing dirty laundry
- space for staff to work safely for example by restricting the number of people in the space at one time
- area where washed items will be placed for drying
- space for a pedal operated bin
- the fabric of the environment must be able to withstand regular and effective cleaning
- where commodes are to be used, there should be sufficient space allowed for their decontamination and storage.

Macerators, which use a rotating blade to liquify waste, may be considered as an efficient and cost-effective way of disposing of single use items, such as bed pan liners. Consideration should be given to the site of these, and times of use, to prevent disturbance from noise and vibration.

A dirty utility room may be in use 24 hours a day so careful consideration will need to be given to the location. They should be located:

- where noise and odours will not adversely impact on the people who live in the home
- so that used sanitary ware does not need to be transported past the kitchen, reception, lounge and dining room areas.

The dirty utility room must be a separate room from the domestic services room (DSR) which is for the cleaning and storage of housekeeping equipment.

Advice and guidance on dirty and clean utility can be found in SHFN 30 Part A Manual: Information for design teams, construction teams, estates and facilities and infection prevention and control teams and the National Infection Prevention and Control Manual (NIPCM).

Use of the Health Facilities Scotland (HFS) documents are a mandatory requirement for all NHS Scotland Capital Projects and Maintenance/Refurbishment projects, however they provide useful and relevant guidance for others to consider. Appendix 3 of SHFN 30 Part A: Infection control in Community Care facilities, Mental Health units, custodial facilities and accommodation for patients with learning disabilities may also provide useful information.

5.8.3 Domestic services room (DSR)

The DSR is the cleaners' designated area and provision of such designated areas and facilities will depend on what type of cleaning system is to be used.

All small group living settings must have a designated DSR.

A single-use microfibre system can be used, as can a traditional reusable cleaning system. Whichever is adopted should follow good practice guidelines and an appropriate DSR should be considered.

Re-usable cleaning materials and equipment must be colour coded. Cleaning equipment should only be used in the area indicated by the colour scheme, to reduce cross infection. The colour scheme adopted within the NHS is described in the Standard Infection Control Precautions Literature Review: Routine cleaning of the care environment. The home should plan to follow cleaning regimes, as detailed in the National Infection Prevention and Control Manual (NIPCM).

Colour coding is not required for single-use microfibre mopping systems or for single-use disposable PPE. Disposable cleaning equipment should be disposed of in accordance with local waste management policy. DSRs should have sufficient space and facilities to allow non-disposable cleaning equipment to be thoroughly cleaned after use and for the disposal of cleaning solutions. Space should be provided for segregation and storage of mops, buckets and other cleaning equipment with a lockable COSHH cupboard for cleaning supplies. Vacuum cleaners and scrubbing and polishing machines (for hard floors) must be stored safely.

The DSR should have a low level janitorial sink as well as a wash-hand basin which should be situated as far away as possible from the janitorial sink. There must be space for a pedal operated bin, and the environment must be able to withstand regular cleaning.

5.9 Outdoor facilities

For most people, being able to be outdoors is an essential part of their wellbeing. A care service's outdoor environment should enhance people's quality of life and encourage them to engage in activity and daily life. The care service should be a pleasant place to live and people should be able to move around easily in the home and its outdoor spaces. Health and Social Care Standard 5.23 states: "If I live in a care home, I can use a private garden."

There should be outdoor space accessible from each small group setting, available on every level of the home. Where this space is communal, full consideration should be given to the evacuation strategy for the premises. External balconies over eight square metres are considered rooms and this should be considered at construction phase and within future fire risk assessments, as detailed in Building Standards technical handbook 2017: non-domestic buildings.

Outdoor space should be independently accessible for all people living in the care service. People should be able to choose to spend extended periods outdoors. Being outdoors can have a powerful effect on people's wellbeing and can help rekindle past interests and hobbies. It can support physical activity, physical and mental wellbeing and exposure to sunlight is necessary for absorption of vitamin D.

Consideration should be given to having a number of outdoor spaces which are accessible from each unit or household. Where only one outdoor space is available, the capacity to sub-divide this area will promote choice and enable social distancing measures to be implemented if necessary.

Dependent on garden size, digital connectivity in the garden, greenhouses, and summerhouses would allow the use of devices outdoors and provide wider independence.

Spaces for children outdoors should also be considered and would generally account for increased visits and length of visits.

People living in care homes and their carers tell us how important it is to be able to get outside.

> "Mum loves being out in the garden. They always have the windows open too for fresh air".

> "It is easy to get about the home. It's great to get out in the fresh air. It's peaceful here".

> "My father is pleased with his room, it looks onto a small garden".

> 'I'm pleased with my room, it's bright, airy and gets the afternoon sun so I like to sit up here then.'

> "Being able to potter in the garden is so important to my mum, she always loved being outside and I'm so pleased that she can still go out whenever she wants. She is happiest when she's in the garden…even in the winter."

> "There is a secure outside area with benches that we can all use, but I love to sit at the front and chat with passers by."

> "Even on the third floor I can get into the sun because of the lovely roof terrace."

Consider how the grounds can be designed to reduce barriers, encourage independence, and promote physical activity and wellbeing. Sensory gardens provide positive stimulus as well as being a pleasant environment for all.

Gardens must be enclosed for privacy and safety, however consideration must be given to escape from any enclosed area in the event of a fire. Waste storage, service deliveries and car parks should be separate and inaccessible from the care home gardens.

The publication Designing balconies, roof terraces and roof gardens for people with dementia may be of help to you. You should also take account of Falls from windows or balconies in health and social care, which relates to health and safety aspects of balconies.

Things you should consider:

- accessibility for people who have mobility problems; the aims and objectives should detail procedures to actively ensure how access to a garden is to be achieved by all people in the home including those on upper floors
- providing separate, small, themed gardens, such as sensory, raised flower and vegetable beds
- children's play area
- recognisable signs, symbols and directions to help people find their way to the garden
- potting shed or greenhouse to encourage participation in gardening activities

- gazebos, or sheltered seating in the garden for people and their visitors
- individual private garden spaces which people can access from their bedroom
- lighting, security and disabled access.

6.0
Lifestyle and social opportunities

6.0 Lifestyle and social opportunities

Lifestyle and social opportunities are integral to people's health and wellbeing. It is essential that the building, grounds and location of the service supports a range of opportunities for people living in the care home. These opportunities should be flexible enough to support the participation of people with mental health needs, learning disabilities, or autistic people, as appropriate. This includes actively supporting people to access services and amenities within their local community.

Health and Social Care Standard 2.22 states: "I can maintain and develop my interests, activities and what matters to me in the way that I like."

In many care homes, people are able and supported to maintain their outdoor interests and preferences such as visiting their own hairdresser, their church membership and local social clubs.

Keeping pets or providing animal areas within the care home grounds can have positive therapeutic benefits for people. The Health and Social Care Standards recognise that this may not always be possible, but Standard 5.24 states: "If I live in a care home and want to keep a pet, the service will try to support this to happen."

It is important to discuss providing animal areas within the grounds with local environmental health services, comply with relevant guidance and obtain appropriate licenses and permissions that may be necessary. Preventing or controlling ill health from animal contact at visitor attractions or open farms provides more detail on this.

Smoking

Care homes for adults are considered exempt within the Smoking, Health and Social Care (Scotland) Act 2005 and are defined as:

"Adult care home means an establishment providing a care home service exclusively for adults".

The service provider has to make the decision whether the care home service will allow smoking or not. Effective tobacco and smoking policies, sensitively communicated, can help to encourage smokers to stop smoking.

Smoking is a dangerous activity that damages people's health. For example, Coronavirus is a respiratory viral infection affecting the lungs and airways. There is strong evidence that smoking tobacco is generally associated with an increased risk of developing respiratory viral infections.

Health and Social Care Standard 2.25 states: "I am helped to understand the impact and consequences of risky and unsafe behaviour and decisions."

We expect care services to support people to stop smoking and seek appropriate external advice where they wish to and where possible. That said, we recognise that some people experiencing care may choose to smoke tobacco.

If a service allows residents to smoke in the care home, a designated room and outside area must be provided. This means a room that:

- has been designated by the person with management or control of the premises as being a room in which smoking is permitted
- has a ceiling and, except for doors and windows, is completely enclosed on all sides by solid floor-to-ceiling walls and has a ventilation system that does not ventilate into any other part of the premises (except any other designated rooms and not immediately beneath or next to a window)
- is clearly marked as a room in which smoking is permitted
- has a self-closing fire rated door of at least 30 minutes with intumescent seals and smoke strips (FD30S) as detailed in Practical fire safety guidance for care homes
- has a fire rated glass panel to view
- has proper ventilation with doors closed
- has metal bins, for people to dispose of used cigarettes
- has an intervening door so that the door to the smoke room is not directly accessed from the corridor/hallway
- has internet coverage to enable digital activity whilst using this space.

The designated rooms where smoking is permitted are intended for the use of people using the service only, not for staff or visitors.

Staff should not normally be required to work in these designated smoking rooms, however they will require to monitor the rooms to ensure cigarettes are correctly extinguished. If they have to enter them, then their time of exposure to second-hand smoke must be kept to a minimum. Staff with pre-existing conditions exacerbated by second-hand smoke, for example asthma, should not be asked to enter them at all.

If it is not possible to provide a designated room for smoking in line with the legislation, then the building must be smoke-free.

The fire safety guidance referred to above contains more information on assessing and managing the fire risk associated with smoking. In addition, further information can be found in:

The Prohibition of Smoking in Certain Premises (Scotland) Regulations 2006

Smoke-free Scotland - Guidance on smoking policies for the NHS, local authorities and care service providers

ASH Scotland Website

7.0
Health and safety common design features

7.0 Health and safety common design features

Health and Social Care Standard 1.24 states: "Any treatment or intervention that I experience is safe and effective." It is therefore important for providers to think about how design and building features will reduce risks from harm but also promote a high-quality and homely environment.

If people using the service have dementia or other cognitive impairment there are aids to help with independence. For example, there are specific colours for taps indicating hot and cold, pressure-sensitive plugs that reduce the risk of flooding by allowing the water to drain once it reaches a certain level, and water temperature alerts. The home should be future proofed to enable sensors of this nature to be monitored remotely i.e. triggers in a staff base.

Visit Dementia Services Development Centre for further information or arrange to view examples on display within existing rooms.

7.1 Infection prevention and control

Health and Social Care Standard 5.22 states: "I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment" and 4.11 states: "I experience high quality care and support based on relevant evidence, guidance and best practice."

IPC is a key issue in both the design and operation of a care service. There are regulations, Scottish guidance and evidence-based best practice documents which cover this, including the Scottish COVID-19 Care Home Infection Prevention and Control Addendum.

When looking at this, we take account of the National Infection Prevention and Control Manual (NIPCM). This is a practice guide for use in Scotland containing standard infection control precautions (SICPs) and transmission-based precautions (TBPs), which when used can help reduce the risk of healthcare-associated infection (HAI). The NIPCM for Scotland is for all those involved in care provision in any setting. This is mandated for use in all Scottish care homes.

Research and investigation have consistently confirmed that health and care environments can be a reservoir for organisms with the potential for infection. Indoor environments with high occupancy, such as care homes, remain an at-risk setting. For infections to be reduced, it is imperative that IPC is an integral part of the planning and design stages of a new-build or refurbishment project and that input continues up to the final build stage. This must include arrangements for cleaning once the care home is operational as outlined in SHFN Note 01-05 Safe Management of the Care Environment.

The key principles of IPC in the built environment for Scottish health facilities is set out in SHFN 30 Part A Manual: Information for design teams, construction teams, estates and facilities and infection prevention and control teams. While SHFN 30 is intended mainly for NHS health facilities, the guidance is relevant within the care home setting. While the principles need to be considered within the particular circumstances of its use and application, they are recommended as guiding principles.

These principles have been adopted to reflect guidance given throughout this publication. Further information can be found at Health Facilities Scotland (HFS).

Health Protection Scotland's (HPS) Compendium of Healthcare Associated Infection Guidance contains links to current national policy and guidance on HAI, decontamination and other related topics. It aims to provide an overview of all up-to-date guidance from stakeholders/organisations. Chapter 4 'Built Environment' contains links to SHFN30 Parts A and B. SHFN 30: HAI-SCRIBE question sets and checklists is a portfolio of question sets and pro-formas for each stage of project development. It is a useful resource that you may wish to consider for supporting material. Other up-to-date guidance from HFS that will be useful is available through HPS Compendium in Chapter 4 'Built Environment'.

While HFS documents describe best practice, they should be read alongside the regulations and the Health and Social Care Standards used by the Care Inspectorate, as well as Healthcare Associated Infection (HAI) IPC standards and information produced by external bodies such as the Health and Safety Executive (HSE), Food Standards Agency (FSA), and the Scottish Environment Protection Agency (SEPA). These documents will be useful as a guide for social care settings taking into account the aims and objectives of the services.

Any measures put in place to assist with infection control should not have an adverse effect on the fire safety measures within the building, therefore it may be appropriate to review the fire risk assessment at the same time.

PPE

There should discreet PPE stations close to dining rooms, sitting rooms, and bathrooms. PPE (for example, gloves, aprons, face masks and visors) should be located close to the point of use and stored to prevent environmental contamination in a clean/dry area until required.

Consideration must be given to disposal of PPE after removal. Pedal operated bins should be readily accessible for this.

7.2 Water

Measures to control the spread of microorganisms in health and social care premises include the increasing use of alcohol-based hand-rubs (ABHRs). ABHRs must be available for staff as near to point of care as possible. Sufficient hand wash basins remain vital in promoting good hand hygiene. These must be appropriately situated in relation to the care activity and staff use. Good placement of sinks will reduce the likelihood of seldom used water outlets as under-use of taps encourages colonisation with Legionella and other microorganisms such as Pseudomonas spp.

You must assess how frequently hot water outlets such as showers, wet rooms, bathrooms, hand wash sinks and other sinks are used regarding the management and control of Legionella and have a plan in place for clear monitoring of this. Particular care needs to be taken to manage Legionella risks where

water temperatures are circulated below 50˚c. Information on the Control of Legionella in hot and cold water systems in care services / settings using temperature is available on the HSE website.

7.2.1 Private water supplies

If the building has, or will have a private water supply, it is essential that this is discussed with the local environmental health team and that evidence of compliance with all necessary water regulations and standards is provided to the Care Inspectorate.

Hose reel firefighting equipment can be a source of Legionella and should be avoided wherever possible and replaced with appropriate portable fire extinguishers.

The siting and building of associated tanks, pipes and equipment to run such a system must be part of the building information made available to local authorities. In addition, any private water supplies used for firefighting purposes such as hydrants, must be subject to a suitable maintenance regime and maintained available for use at all times. This includes appropriate ground maintenance to ensure growth of shrubbery and grass do not affect emergency access.

7.2.2 Hot water outlets

Care homes have high water temperatures for a number of reasons, including the need to satisfy demand for hot water, efficient running of the boiler and controlling the risk from Legionella bacteria.

If hot water used for showering or bathing is above 44°C there is increased risk of serious injury or fatality. Where large areas of the body are exposed to high temperatures, scalds can be very serious and lead to fatalities. Where vulnerable people who use care services are at risk from scalding during whole body immersion, water temperatures must not exceed 44°C. Any precautions taken should not introduce other risks, for example from Legionella bacteria.

Integral anti-scald devices must be fitted to all hot water outlets that residents have access to. You can obtain more guidance on maximum temperatures for outlets such as showers, baths and wash-hand basins from the document Managing the risk from hot water and surfaces in health and social care.

HFS' Health Technical Memorandum 04-01: Safe water in healthcare premises Part A: Design, installation and commissioning should also be considered for guidance. This takes account of latest guidance regarding measures to prevent build-up of waterborne bacteria and biofilm such as Pseudomonas as it affects design and specification of domestic hot and cold water systems and components.

7.3 Sink design, provision and type of taps

Hand hygiene is the single most important factor in the prevention of HAI. Compliance with hand hygiene guidelines can be improved by sufficient, conveniently placed and well-designed hand hygiene

facilities including hand wash sinks. These should be accompanied by the provision of instructional posters. High-quality hand hygiene practices must be at the top of the list of priorities when designing and planning new care homes or refurbishment of existing premises is being undertaken.

Guidance on specification and provision can be found in SHFN 30 Part A Manual: Information for design teams, construction teams, estates and facilities and infection prevention and control teams.

7.3.1 Wash hand basins within ensuites, toilets and bathrooms

Wash-hand basins within ensuites must be appropriate. For example, the person may use a plug when they are washing themselves at the sink and taps should be of a type that they recognise.

People should be encouraged to wash their hands under running water. The type of tap fitted should be relevant to the person using the sink. Thermal mixing valves must be fitted to all sinks to prevent scalds from hot water.

Taps should be capable of delivering a constant flow of water without having to have one hand on the tap at all times. Press-down taps should not be used. They have too short a delivery time, which would not allow adequate hand washing.

Wash-hand basins should not have overflows, as these are difficult to clean and become contaminated. All general wash-hand basins should be sealed to a seamless waterproof splash-back.

7.3.2 Wash hand basins in staff and clinical areas

A clinical area is one which is used to house medical equipment, and/or for the treatment of people using the service.

Clinical areas should have both a general-purpose sink and a handwash sink.

Clinical wash-hand basins must be appropriately located so that they are readily available and convenient for use.

The dimensions of a clinical wash-hand basin must be large enough to contain most splashes and therefore enable the correct hand-wash technique to be performed without excessive splashing of the user or surrounding surfaces. This can also occur if the water outlet is placed too high above the basin.

Clinical wash-hand basins should be wall-mounted using concealed brackets and fixings.

They must be sealed to a seamless waterproof splash-back to allow effective cleaning of all surfaces. It should be noted that tile grouting is difficult to keep clean.

They should not have a plug or a recess capable of taking a plug. A plug allows the basin to be used inappropriately.

Clinical wash-hand basins should not have overflows, as these are difficult to clean and become contaminated.

Strainers and anti-splash devices for sink outlets should also not be used as they can easily become contaminated.

Taps should not be aligned to run directly into the drain, as contamination from the drain could be mobilised and splashing occur.

Mixer taps should be used as hands must be washed under warm running water.

The operation of the mixer tap should allow them to be easily turned on and off without recontamination on the operator's hands.

Taps should be of a design that empty after use (as opposed to swan-neck taps, for example).

Non-touch, infrared and sensor taps should not be used as they have a greater risk of their complex internal surfaces becoming contaminated with micro-organisms and biofilms.

Hand hygiene facilities to support the practices as set out in HPS' National Infection Prevention and Control Manual (NIPCM) should be readily available in all clinical areas. There should be sufficient numbers and appropriate sizes of clinical wash-hand basins to encourage and assist staff to conform readily to hand hygiene practices as set out in the NIPCM.

Information and further guidance on hand hygiene can be found in SHFN 30 Part A Manual: Information for design teams, construction teams, estates and facilities and infection prevention and control teams.

7.4 Windows

Any accessible windows that are two metres or more above external ground level, which can be opened and are large enough for a person to fall out of, should be restricted to a maximum opening of 100 millimetres or less.

Window restrictors should only be able to be disengaged using a special tool or key as detailed in Risk of falling from windows. Sensors linked to alarm stations may also be beneficial in certain circumstances.

See also the hazard warning information issued in Scotland in March 2012 and Risks to vulnerable members of the public from falling from height from windows, which highlights hazards relating to materials used, following a fatal incident.

You must consider that:

- all bedrooms and communal rooms must have windows that can be opened and have a pleasant outlook from a seated position
- where the bedroom has a patio door there should also be a window that can open
- people must be able to open and close windows

- there is enough light, particularly natural light, which is essential for everyone and particularly for older people and those with cognitive impairment or reduced sight as it affects sight, mood and ability to sleep at night
- there are deep windowsills which are helpful for people, so that familiar items can be put on display
- people's privacy should not be compromised by others overlooking the building if there are full-length windows or patio doors.

Service providers must discuss any window alterations with the Scottish Fire and Rescue Service and Local Authority Building Standards.

7.5 Ventilation, lighting and heating

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), regulation10(2)(c) – Fitness of Premises states that all services must provide "adequate and suitable ventilation, heating and lighting" as detailed below.

Health and Social Care Standard 5.19 states: "My environment has plenty of natural light and fresh air, and the lighting, ventilation and heating can be adjusted to meet my needs and wishes."

Standards 5.12 states: "If I live in a care home, I can control the lighting, ventilation, heating and security of my bedroom."

All bedrooms and public rooms must have controllable heating, lighting and ventilation. This not only helps to provide comfort, reflecting people's needs but also takes into consideration their health, wellbeing and choices. Sensors and voice control may increase the level of independence of turning these on and off. Movement sensors which allow low lighting to get brighter for night-time toilet use can also be beneficial. Connectivity should be great enough to consider introducing these features.

7.5.1 Ventilation

Health and Social Care Standard 5.18 states: "My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells."

Ventilation or air conditioning systems should have a dedicated source of outdoor air. Recirculation units could be responsible for recirculating and spreading airborne viral particles into the path of socially distanced users. Where units that recirculate air in rooms are in situ they should be turned off because of the risk of spreading a virus. Care homes must not rely on mechanical ventilation only. There must be the ability for fresh air to be provided.

Areas such as corridors that do not have windows that open must have appropriate ventilation with fresh air as described above.

Medicine storage areas must have adequate ventilation or means to control the temperature of the room.

Further information on ventilation can be found in the:

- HSE guidance Ventilation and air conditioning during the coronavirus (COVID-19) pandemic
- SAGE guidance EMG: Role of ventilation in controlling SARS-CoV-2 transmission, 30 September 2020
- SAGE guidance Environmental Influence on Transmission
- CIBSE Covid-19 Guidance: Ventilation
- CIBSE Guide B.

SHTM 03-01 Part A Ventilation for healthcare premises. Part A: design and validation and SHTM 00 Best practice guidance for healthcare engineering. Policies and principles, while aimed at healthcare settings, may also be of interest.

The routing of any ventilation systems should not compromise the fire integrity of the building or room construction and where possible, lead directly from the room to outside. Where systems pass through fire resisting construction, they should be appropriately fire stopped and certified. A powered ventilation system may assist the spread of smoke unless it is designed to shut down automatically if fire is detected. Ventilation ducts may provide a pathway for the spread of fire and smoke between compartments or sub-compartments or into stairs. Where ventilation ducts penetrate the walls or floors of these enclosures, automatic smoke/fire dampers provided inside the ducts hold back fire and smoke. Dampers may need to be actuated by smoke detection. Specialist guidance on the use of dampers is contained in BS 9999: Code of practice for fire safety in the design, management and use of buildings.

If extractor fans are installed, they should be of a type that minimises noise (low noise (12dBA)); provides back draft protection; and where appropriate has adjustable timer, speed control, and humidity control.

It may be beneficial to use carbon dioxide monitoring to consider if ventilation rates are not adequate in specific areas.

7.5.2 Lighting

Natural light is best. The building should be designed to allow as much natural light as possible to come in.

The level of lighting is very important as eyesight often reduces over time. Where lighting is not high-quality, the risk of falls increases. Light also affects psychological wellbeing in terms of mood and behaviour.

Planning the lighting for a service will take into account the aims and objectives and Health and Social Care Standards.

Aspects of lighting that you should consider.

- People should be protected from glare arising from sunlight.
- Artificial lighting and fittings should be carefully specified to avoid creating an institutional atmosphere and glare.
- Avoid blue lighting as this can stimulate the brain and disrupt sleep.
- Light switches should be accessible and controllable in bedrooms. Two-way switches that can be operated from the doorway and the bedside improve the accessibility. Light controlled by dimmer switches, or remotely by devices or voice, might benefit some people who have autism spectrum condition, physical disabilities, or sensory processing differences. These can be preferable to the use of lighting controlled by motion sensors, which some people may find overstimulating.
- Lighting provision for staff must be adequate within all working areas.
- Sensory operated lighting may not be appropriate in all types of service for example in bathrooms where the light may suddenly go off,
- The ability to dim lighting at night (rather than simply switching it off) can provide reassurance and reduce the risk of falls. This can be particularly useful in bedrooms to enable care tasks to be carried out with a greater level of comfort. Corridors should also not be in complete darkness.
- Adequate emergency lighting should be provided for escape purposes in the event of fire.

The Dementia Services Development Centre (DSDC) provides detailed information on target lighting levels and configuration for different areas, as people with dementia are likely to have a variety of visual disturbances, for example depth perception as detailed on their Lighting page.

7.5.3 Heating

Heating controls should be accessible and easy to operate for people living in the home. People who cannot move quickly enough away from a heat source (for example hot water pipes, radiators or other forms of heating) can sustain serious burns therefore heaters and pipe work must not have a hot surface.

Risk must be assessed and managed by:

- providing low-surface-temperature heat emitters, such as a cool wall
- locating heat sources out of reach
- guarding heated areas, installing radiator covers, covering exposed pipework or providing fireguards
- providing under-floor heating or heating incorporated into a skirting board.

Specific information on assessment of risk can be found at Scalding and Burning.

8.0
Other facilities

8.0 Other facilities

All care homes should be able to meet the full range of care and support needs of their residents in keeping with their aims and objectives.

Health and Social Care Standard 1.22 states: "I can be independent and have more control of my own health and wellbeing by using technology and other specialist equipment."

You must make provision at the planning stage for potential installation of equipment that may be required in the future. Examples include:

- hoist tracking requiring re-enforcement of ceilings; this can more easily be dealt with during the initial building
- smart technology: assistance and detection devices that work alongside intelligent appliances, sensors and reminders, which help to enhance the wellbeing and safety of residents. Examples include:
  - beds that are equipped with sensors to detect movement
  - fall detectors that can detect if a person has fallen and needs assistance
  - activity monitors that monitor movement or changes in temperature and can highlight activity of concern
  - lighting controls with technology to light particular rooms as a person moves between them, for example from bed to bathroom during the night, which can help to reduce fall risk and accidents in the dark
  - the ability to open and close curtains remotely
  - temperature controls that are fixed centrally, to keep communal rooms at a healthy temperature and limit the risk of burns
  - specialist communication equipment or signage
  - personal fire safety assistive technology measures.

8.1 Electrical sockets

There must be a sufficient number of electrical sockets. While written for domestic premises, Guidance on: Minimum provision of electrical Socket-outlets in the home offers a rough guide on what a reasonable number of sockets per room would be. Extension and multi-socket devices should not be used.

You must:

- provide enough sockets so people can choose to have the electrical devices they wish
- provide sockets for the use of medical equipment, if required
- ensure that sockets in bedrooms and other areas are at an accessible level for people using the service
- ensure sockets are accessible when furniture is in position
- have a plan to undertake annual Portable Annual Testing (PAT Testing) of electrical equipment.

Risk assessment must be undertaken for the use of any electrical equipment used and appropriate risk management measures put in place for people who use the service.

Where any installation of sockets is proposed or any other changes that would cause a breach within the construction of rooms within the building such as lighting, an appropriate assessment must be taken to ensure that such breaches do not compromise the fire integrity of the structure. Modern methods of construction such as timber framed buildings, require additional precautions to sockets that are fire rated to prevent any spread of fire behind the wall structure.

Where additional appliances are being considered within rooms, specific consideration should be given to the fire alarm system to prevent the use of these appliances increasing the likelihood of unwanted false alarms which can also cause distress to residents unnecessarily.

8.2 TV, telephone and internet access

The Health and Social Care Standard 5.10 states: "If I experience 24-hour care, I am connected, including access to a telephone, radio, TV and the internet."

Residents should have easy access to a telephone network in all bedrooms as well as communal areas.

Any telephone systems need to be digital, due to the imminent changes away from analogue.

Internet access must be sufficient to enable residents to retain contact with friends and relatives, as well as for recreational use such as music and video streaming or watching live events. It is also a necessary area for contact with professionals such as GPs through Near Me consultations, and for staff to maintain digital records.

8.3 Alarm call systems

A suitable alarm call system is required. People must be able to reach and use the alarm system or call-pull when in their ensuite and bedroom; communal areas such as bathrooms, toilets, lounges and dining rooms; as well as in other shared areas such as an entertainment spaces, cafés or cinemas. Mobile devices that link into a call system must be available for people who need them.

The availability of pendant or wrist alarms should be considered, along with the use of technology or alert systems to ensure the safety of those who may leave the premises when not safe to do so or those with cognitive impairment who may become disorientated. See Decisions about technology for more information on this.

The alarm system installed should alert staff without disturbing other residents. The use of pagers would be best practice, as they do not create a ringing sound throughout the whole building.

8.4 Noise and sound

The effects of noise can be distressing for many people. The premises should be free from intrusive sounds, as set out in Health and Social Care Standard 5.18, which states: "My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells."

Things you must consider.

- Noise associated with utility areas such as laundry, kitchen, sluice or dirty utility areas, extraction fans, plant room and the use of equipment such as television, ringing telephones or music. These must be managed to minimise disruption for people living in the service.
- How to avoid excess noise created during times of high activity, for example during mealtimes by using technology, insulation or furnishing to reduce noise level.
- The need for specialist communication equipment for those who may have sight and hearing impairments, autism spectrum condition, learning disabilities or dementia.

These resources are useful sources of information.

Hearing, Sound and the Acoustic Environment for People with Dementia

Autism spectrum disorder in adults: diagnosis and management

National Autistic Society's SPELL Framework

An independent guide to quality care for autistic people

8.5 Doors

Door openings should be 840mm wide off corridors of at least 1200mm. These need to be wide enough for wheelchair access and for beds and furniture to be moved around.

Bedroom doors and ensuites must have a lock that people experiencing care can use independently and should not require the use of a key from inside. Voice activation may be beneficial for some people.

Staff must be able to gain access in an emergency.

You can view examples of smart technology, such as locking and access systems, at the DSDC Virtual Care Home.

Things you must consider.

- The use and movement of hoists or other large pieces of equipment, for example bariatric equipment, food trolleys.
- Door handles that should be recognisable and at an appropriate height, colour and shape and

suitable for those with cognitive impairment including dementia and be easily cleaned and dried.

- Doors to public and living rooms should look different from doors to operational areas such as sluice rooms, medication room, and staff rooms.
- Bedroom doors should be individualised so that they are recognisable to the occupant and have features to help occupants recognise their own door, such as pictures or memory boxes.
- Bedroom doors should be offset so that they are not immediately opposite each other or doorways to communal areas.
- Whether door sets need to satisfy a fire safety objective and the specification required.

Doors should be cleanable, that is, smooth, wipeable and have impermeable surfaces to ensure that surfaces will not be physically affected by detergents and disinfectants. This applies especially in clinical areas where contamination with blood or body fluid is a possibility.

8.6 Lifts and stairways

Single storey living improves accessibility and promotes independence. Buildings with more than one floor must be designed to be inclusive and fully accessible.

The number of passenger lifts will be dependent on the size of the care home and the number of people living there. There must be at least one passenger lift and a separate service lift.

Stairways or lifts must give direct access to each unit or household without the need to pass through other households or other living areas of the home.

Lifts and stairways must be designed to allow safe access.

You should consider the size of the lift you need, for example for a person using a wheelchair, trolley, stretcher or escort.

A lift well can be a route for vertical fire spread. A lift well which is enclosed by walls with at least 60 minutes fire-resistance will be a barrier to fire spread. Where a lift well is not the full height of the building, the fire resistance of the floor and/or ceiling needs to be considered. Stairways forming part of an escape route should also be adequately protected from fire.

The lift must have adequate lighting.

The lift floor should not be black or dark coloured as it can look like a hole to people who are visually impaired.

The lift should be of a type that it is operated easily.

Further information is available in Vertical lifting platforms or lifts for people with impaired mobility – potential falls from height risks to employees and members of the public from over-riding door locking safety devices.

8.7 Flooring

The type of flooring is important particularly for older people living with dementia and for people with sight perception difficulties. Flooring used within the service must be homely and appropriate to the area. It should meet people's individual needs, health and safety, and be easily cleaned.

Consider the provision of slip-resistant flooring. More detail on this can be found in chapter six of Health and safety in care homes.

It is important to take advice relating to the particular issues around dementia and brain injury and on how to reduce risk of falls and noise pollution. You should consider various features such as anti-flood sensors in floors, contrasting colours between floors and walls, and light sensors. For all materials selected, but particularly for flooring, reduction of glare and reflectivity will generally make the space more usable.

Carpets must not be used within the following areas: bathroom, shower, toilets, ensuite, sluice area, clean utility rooms, domestic service rooms and cupboards, kitchen, pantry and laundry facilities. Water-impervious flooring materials must be used in these areas and continued up the wall to replace skirting boards and reduce potential gaps or areas that could trap dirt. Flooring must be seamless, impermeable, slip-resistant, easily cleaned and appropriately wear-resistant. Any joints should be welded or sealed to prevent accumulation of dirt and damage due to water ingress. Wood, tiles, and flooring with unsealed joints are difficult to keep clean and should be avoided.

Carpets in bedrooms or communal areas can provide a more homely environment and there is no requirement for coved joints. The home should have a plan for deep cleaning, disposal and replacement of these, should they become soiled.

8.8 Medication storage and treatment room

This room can be used for storing medication, preparing treatments and in some cases, for carrying out clinical procedures. Medication and medical products must be stored in the correct environment and temperature to ensure their safety and quality. If medication is stored, the room temperature should not exceed 25°c and there should be adequate ventilation.

The room should not be used for any other purpose other than those identified above.

This room must have both a general-purpose sink (for washing medical equipment) and a dedicated handwashing sink.

Security and access for staff should be restricted by lock or keypad.

Digital connectivity should be sufficient for staff to access and update medical records, carry out medicine checks and orders, and use video calls such as Near Me for appointments.

There must be:

- appropriate storage facilities for sterile supplies and sundries with no open shelving at floor level
- provision of safe storage of oxygen (fire, preventing cylinders falling), as detailed in Oxygen use in the workplace
- enough space to store one or more medicine trolleys, if used and storage of medicines stock in drug cupboards
- enough space for fridges for storing medicines and dietary supplements
- adherence to legislative requirements for controlled drugs storage
- space for storage of healthcare waste such as sharps bins, as detailed in Sharps injuries
- space for waste bins for storing hazardous, healthcare and municipal waste, if required, as detailed on the SEPA website.

Lockable medicine cabinets in bedrooms promote person-led care and independence.

8.9 Waste storage areas

Waste regulations for Scotland were introduced on 1 January 2014 for care homes and this requires additional segregation of waste categories, for example hygiene, domestic, plastics and other recycling materials. Advice and support is available from Zero Waste Scotland.

External waste storage should be sited away from the building, particularly the main kitchen area and resident areas, and should be easily accessed for uplift of waste. It should be lockable preventing access to members of the public.

Things you need to consider include:

- potential smells, nuisance, pests and noise
- security of storage area
- recycling legislation
- waste guidelines
- ensuring waste is not left, even temporarily, within escape routes
- appropriate frequencies of uplifts and the potential spread of fire from waste to the building.

9.0
Staff areas

9.0 Staff areas

Sufficient staff areas should be available to ensure administrative tasks, meetings and other activities do not impact on home life. Staff areas should be of a suitable size to allow staff to socially distance when required. Staff offices should be positioned discretely so as not to undermine the homeliness of the environment and of a necessary size.

9.1 Reception areas, offices, and duty rooms

Creating a homely environment is essential. Therefore, where a provider has office space within the home, this should not disturb or impact on people experiencing care.

Health and Social Care Standard 5.14 states: "If I live in a care home and there are separate facilities for people who support and care for me, these are in keeping with the homely environment."

There should be a reception area or office close to the main entrance, where visitors can be welcomed and helped if they need it.

There must be a suitable area or room to hold staff meetings and internal training, hold confidential information or make confidential calls that is separate to any communal space used by others. Internet connections must be sufficient to allow staff to join training, participate in remote meetings, and access any electronic records.

Open nursing stations are not acceptable due to the high risk of confidential information being overheard. In addition, communal space is normally the principle means of escape for residents in the event of an emergency and control of combustible material and electronic equipment such as computers and photocopiers should be avoided or kept to a minimum.

Personal information relating to people's care and support needs must be stored in a safe and secure way, preferably in their bedroom. Whiteboards containing personal information of residents must not be displayed in communal areas.

Other information should be in a convenient location for staff who need access to it. There should be adequate space and facilities for staff to update records and information.

9.2 Direct/non direct care staff changing/on call/sleepover facilities

There must be at least one suitably located staff toilet/changing facility which should be located near to the entrance of the building for staff to use when arriving on shift. Staff changing facilities, sanitary facilities, showers and locker space must be sufficient for the number of care and nursing staff. We do

not advise directly on staff welfare facilities, and specific advice on this should be sought from HSE.

If staff are on-call and sleeping over in the care home they must not have beds/sofa beds in communal areas such as living rooms or dining rooms.

Important information is described in the SHFN 30 Part A Manual, Chapter 5 'Typical rooms: purpose and content'.

Staff must not travel between their home and the care home in their uniform. Shower facilities for staff should be available and easily accessible in case of substantial blood or body fluid contamination. Where these are not available, staff should change and bag contaminated uniforms.

Kitchen Staff
Kitchen staff should have access to their own dedicated toilet and changing area. Hand drying should be by single-use paper hand towels.

9.3 Visitor Toilets

Designated visitor toilets and hand hygiene facilities in sufficient numbers must be available near the entrance of the care home. In larger care homes it would be preferable if there was a designated visitors toilet on each floor. These must fully accessible and include a baby changing area.

The HFS publication, Best Practice Guidance - Core elements: Sanitary spaces may be of interest.

Hand drying should be by single-use paper hand towels.

10.0 Toolbox

10.0 Toolbox

Further relevant references, which are referred to throughout this guidance document, are detailed in the toolbox below. You may also want to visit the Care Inspectorate Hub which provides links to other relevant resources.

Adult Social Care Winter Preparedness Plan

An independent guide to quality care for autistic people

Appendix 3 of SHFN 30 Part A: Infection control in Community Care facilities, Mental Health units, custodial facilities and accommodation for patients with learning disabilities

A quality framework for care homes for adults

A quality framework for care homes for older people

ASH Scotland Website

Autism spectrum disorder in adults: diagnosis and management

Best Practice Guidance - Core elements: Sanitary spaces

BS 6465-1:2006 Sanitary installations. Code of practice for the design of sanitary facilities and scales of provision of sanitary and associated appliances

BS 9999: Code of practice for fire safety in the design, management and use of buildings

Building standards

Building Standards technical handbook 2017: non-domestic buildings

Care Inspectorate HUB

Care services - planning with people: guidance

Compendium of Healthcare Associated Infection Guidance

Control of Legionella in hot and cold water systems in care services / settings using temperature

Coronavirus (COVID-19): care home outbreaks - root cause analysis

COVID-19: Information and guidance for care home settings

Covid-19 Guidance: Ventilation

Decisions about technology

Dementia Services Development Centre

Designing balconies, roof terraces and roof gardens for people with dementia

Discharges from NHS Scotland Hospitals to Care Homes between 1 March and 31 May 2020

DSDC Virtual Care Home

Eating and drinking well in care: good practice guidance for older people

EMG: Role of ventilation in controlling SARS-CoV-2 transmission, 30 September 2020

Environmental Influence on Transmission

Equipment Safety

External wall systems: draft advice note

Falls from windows or balconies in health and social care

Fire safety guidance for existing premises with sleeping accommodation

Fire Safety (Scotland) Regulations 2006

Fire (Scotland) Act 2005

Food in Hospitals: National Catering and Nutrition Specification for Food and Fluid Provision in Hospitals in Scotland

Food Standards Agency (FSA)

Generations Working Together

Guidance for care providers in Scotland using CCTV (closed circuit television) in their services

Guidance for providers and applicants on aims and objectives

Guidance on: Minimum provision of electrical Socket-outlets in the home

Guide B

HAI-SCRIBE question sets and checklists

Health and Safety Executive (HSE)

Health and safety in care homes

Health and Social Care Standards

Health Facilities Scotland (HFS)

Hearing, Sound and the Acoustic Environment for People with Dementia

Independent Review of Adult Social Care in Scotland

Lifting Operations and Lifting Equipment Regulations 1998 (LOLER)

Managing Falls and Fractures in Care Homes for Older People

Managing the risk from hot water and surfaces in health and social care

National Guidance for Safe Management of Linen in NHS Scotland Health and Care Environments

National Autistic Society's SPELL Framework

National Infection Prevention and Control Manual (NIPCM)

Open with Care - supporting meaningful contact in care homes: guidance

Oxygen use in the workplace

Place standard tool

Practical fire safety guidance for care homes

Practical fire safety guidance for existing specialised housing and similar premises

Preventing or controlling ill health from animal contact at visitor attractions or open farms

Register a care service: Requesting advice before applying

Review of adult social care

Rights, risks and limits to freedom

Risk of falling from windows

Risks to vulnerable members of the public from falling from height from windows

Scalding and Burning

Scottish COVID-19 Care Home Infection

Prevention and Control Addendum

Scottish Environment Protection Agency (SEPA)

Health Technical Memorandum 04-01: Safe water in healthcare premises Part A: Design, installation and commissioning

Sharps injuries

SHFN Note 01-05 Safe Management of the Care Environment

SHFN 30 Part A Manual: Information for design teams, construction teams, estates and facilities and infection prevention and control teams

Smoke-free Scotland - Guidance on smoking policies for the NHS, local authorities and care service providers

Smoking, Health and Social Care (Scotland) Act 2005

Standard Infection Control Precautions Literature Review: Routine cleaning of the care environment

The Care Inspectorate's Role, Purpose and Learning During the COVID-19 Pandemic

The Furniture & Furnishings (Fire) (Safety) Regulations 1988 (as amended)

The King's Fund Environmental Assessment Tool

The Prohibition of Smoking in Certain Premises (Scotland) Regulations 2006

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

Trading Standards Department

Ventilation and air conditioning during the coronavirus (COVID-19) pandemic

Vertical lifting platforms or lifts for people with impaired mobility – potential falls from height risks to employees and members of the public from over-riding door locking safety devices

Zero Waste Scotland

11.0 Summary

11.0 Summary

This is not a complete list, but highlights some of the important points in this document for easy reference:

- ✓ Fire safety risk assessment completed (section 2.1).
- ✓ Planning permission and building warrant (where required) (section 2.2).
- ✓ Design meets aims and objectives (section 3.0).
- ✓ Community engagement (section 4.0).
- ✓ Small home (preferred maximum of 60 residents in care homes for older people, and 10 in care homes for other client groups. Small group living settings (usually fewer than 10 people) accessed without going through other settings, and able to operate independently and be self-contained if required (section 5.1).
- ✓ Homely and domestic environment. Ceiling height minimum of 2m from floor to base of the ceiling. Visiting facilities with outdoor access. Sufficient storage for documents, medication and PPE across the premises (section 5.2).
- ✓ Single bedrooms, minimum of 12.5 m^2, and shared bedrooms minimum of 16 m^2 (section 5.3).
- ✓ Toilets and bathrooms minimum of 3.5 m^2 Ensuite wet floor shower rooms, plus a minimum of one assisted bathroom with bath for every 10 people (section 5.4).
- ✓ Choice of public rooms to spend time in, with at least 3.9 m^2 communal space for every person within each small group living setting (section 5.5).
- ✓ Accessible kitchen area for use by residents and their visitors (section 5.6).
- ✓ Suitable kitchen equipped to meet the aims and objectives of the service, which is registered with environment health (section 5.7).
- ✓ Laundry must have a dirty to clean circulation process without cross contamination, with facilities that can handle potentially infectious linen (section 5.8.1).
- ✓ Dirty utility or sluice room, and domestic services room (DSR) (sections 5.8.2 and 5.8.3).
- ✓ Outdoor space accessible from each small group setting, available on every level of the home (section 5.9).
- ✓ Access to lifestyle and social opportunities (section 6.0).
- ✓ Environment that supports the prevention and control of the risk of infections with the potential for harm, with storage and accessibility of PPE (section 7.1).
- ✓ Sufficient hand washing facilities throughout the premises for staff (section 7.2).
- ✓ Legionella management and anti-scald devices (44°C max) for hot water (section 7.2.2).
- ✓ Window restrictors (100mm max) for 2m above ground (section 7.4).
- ✓ Not rely on mechanical ventilation, there must be the ability for fresh air by opening windows (section 7.5.1).
- ✓ WiFi accessibility for digital devices with sufficient connection strength throughout the care home (section 8.2).
- ✓ Suitable alarm call system (section 8.3).
- ✓ Corridors (1200mm min), and doors (840mm min) with locks for private areas (section 8.5).
- ✓ Central medication storage in the home, with consideration to where the home will store medication for the residents in the households (section 8.8).
- ✓ Waste disposal including clinical waste and disposal of PPE, and lockable storage for waste prior to uplift (section 8.9).
- ✓ Staff have separate toilet and changing facility with storage and rest areas, located near to the entrance of the building (section 9.2).
- ✓ Visitors have access to a separate toilet (section 9.3).

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