

'The Silent Carers': dementia-specific environments

Tim Burke – Principal, Wayfinder Design

(Published in INsite, April-May 2010, Issue 59, p.37 under the title 'the devil's in THE DETAIL')

The built environment can be considered the silent partner or the silent participant in the care of people in dementia-specific accommodation. Accordingly, the built environment can be considered the 'silent carer', working concurrently with the care staff and the relevant care procedures. Where the built environment is viewed as part of the care process, that is, as a 'silent carer', then each individual element or combination of elements in the environment can themselves be considered to be 'silent carers'. What this means in terms of design, is that the form, scale and finish (texture, colour etc.) of every single element or combination of elements (physical space, physical feature or object) can be reviewed and assessed as either being appropriate or inappropriate for inclusion in or exclusion from the resultant design.

Most, if not all, dementia-specific accommodation is promoted as being 'homelike' or similar. What this means, in design terms, is that the facilities have incorporated in them many aspects or facets of 'domestic residential' design to provide for as familiar an environment as is possible for people with a cognitive deficit. However, viewing a domestic-residential style setting for people with dementia as a 'silent carer' elevates the design and the design process above 'standard' domestic residential design and focuses attention on the therapeutic nature of the proposed environment and its physical features.

There are two basic 'design' fundamentals for consideration in dementia-specific (dementia-friendly) environments:

1. Maximise independence of the residents
2. Minimise risk of injury and potential harm to the residents

All individual elements and all combinations of elements, that a resident has access to, can be assessed for conformity to these two fundamentals. This approach can be applied to a bed, the arm of a chair, a table, a door handle, a light fitting, a floor covering, the joins between adjacent floor coverings, the edge of a kitchen bench, a window frame etc. Each element needs to satisfy both requirements. If an element satisfies only one requirement and cannot be modified to satisfy the second then, it is not appropriate for inclusion in the design. If the element can be modified to satisfy both requirements then, it can be included in the design.

Some of the numerous 'details' that can potentially cause harm to the frail-aged and to those with dementia, who are highly susceptible to skin tears and bruising, are sharp edges, sharp corners, burrs on screws and nails, protruding nails, screws or staples and unfinished or poorly finished surfaces (seen or unseen) on timber, metal, plastic, ceramic or any other material. None of these potentially dangerous details should occur in these environments if due diligence is taken during the specification, manufacture and/or fabrication process.

'Tactile' Testing of Objects for Suitability

One of the best ways to test when looking for problematic details (or defects) in the environment is to shut your eyes and run your fingers all over the surface of an object whether it be a piece of furniture, inbuilt joinery, architectural detail or any other element. Just conducting a visual check of the item in question is not enough. Shutting the eyes makes the person concentrate while, carefully and slowly, running the fingers over, under or around the object 'searching' for potential problems. However, the important point in shutting the eyes is that this process heightens the 'tactile sensitivity' of the finger tips. Research has demonstrated that unsighted people have a greater sense of tactile sensitivity in the finger tips, so shutting the eyes to simulate a comparable situation can only be advantageous.

A couple of examples of inappropriate design elements

Furniture

Most furniture manufacturers appear to assume that the undersides of chairs, lounges and tables need not necessarily be finished with the same care or precision as those parts that are generally visible. When dealing with people with dementia nothing can be taken for granted. We have to assume that all parts of an object will be 'explored' by a person with a cognitive deficit. And, as people with memory loss appear to lose their sense of danger or fear of the unseen, they are more likely to place their hands into, onto or under potentially harmful objects. Great care needs to be taken when specifying furniture to ensure that potentially harmful elements are excluded.

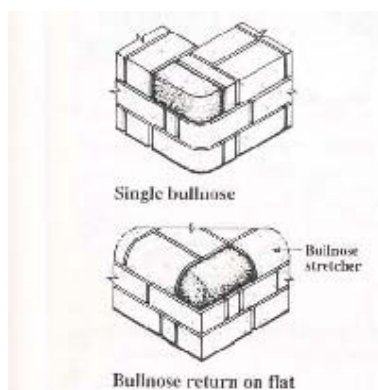
Raised Garden Beds

Raised garden beds are a popular feature in many dementia-specific facilities enabling residents to participate in a gardening activity without having to bend too low. However, when fabricating the raised garden structure, it is very important to ensure that the design does not include details which could result in injuries being sustained through poor design. If made from brick, then the bricks on all edges and corners of the raised garden bed should be 'Bullnose' or equal. Where timber 'sleepers' are used for raised garden beds then all edges and corners of the sleepers should be mitred or 'rounded' to remove all sharp corners and edges. The surface of the timber should be properly finished (sanded) to remove the danger of splinters. Additionally, all fixing devices (bolts, nails, screws etc.) should be recessed so that there are no dangerous protrusions.

Good design is not more expensive - it is simply more thoughtful, more careful and good sense.

References

1. Goldreich, D. & Kanics, I. M. '*Performance of blind and unsighted humans on a tactile grating detection test*'. Perception and Psychophysics.(2006), 68(8), 1363-1371
2. Goldreich, D. & Kanics, I. M. '*Tactile Acuity is Enhanced in Blindness*'. The Journal of Neuroscience, (2003), April 15, 23(8): 3439-3445



Source: Glossary of Building Terms, Fourth Edition 1994