



# Improving accommodation in residential aged care

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# Overview

- Older people need aged care accommodation that is:
  - Well designed
  - Accessible
  - Dementia-friendly
- New National Aged Care Design Principles and Guidelines will commence from 1 July 2024.



# Consultation

- We have engaged with a broad range of stakeholders, including older people, their families and carers, residential aged care providers, peak bodies, health professionals, technical experts and regulatory bodies.
- Discussion papers – November 2021
- Design survey – March 2022
- Targeted consultations – October – November 2022
- National Workshop – November 2022
- Focus groups – December 2022 – January 2023
- Consultations have informed the draft Principles and Guidelines.



Residential Aged Care  
Accommodation Framework

Final report on the development of the draft  
**National Aged Care  
Design Principles and  
Guidelines**

September 2023



Funded by the Australian Government  
Department of Health and Aged Care



# Draft Design Principles and Guidelines

- A consortium team led by the University of Wollongong helped develop a set of draft Design Principles and Guidelines.
- Key considerations included:
  - accessibility
  - dementia-friendly design
  - diversity
  - safety
  - smaller group home models
  - enabling innovative design solutions

# 4 Design Principles







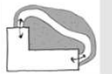

## Principle 1 Enable the Person

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|---|--|---|---|--|---|
| <br>1.1 Personalised Home  | <br>1.2 Minimal Clutter | <br>1.3 Acoustic Comfort   | <br>1.4 Clean Air            | <br>1.5 Brighter Lighting         | <br>1.6 Tonal Contrast |
| <br>1.7 Simple Circulation | <br>1.8 Safe Floors     | <br>1.9 Supportive Seating | <br>1.10 Stress-free Toilets | <br>1.11 Comfortable Temperatures |   |


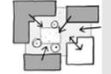
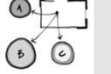

## Principle 2 Cultivate a Home

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|--|--|--|---|---|---|
| <br>2.1 Small Households  | <br>2.2 Private Entries       | <br>2.3 Domestic Kitchens | <br>2.4 Room Clusters      | <br>2.5 Enabling Corridors | <br>2.6 Private Bedrooms |
| <br>2.7 Ensuite Bathrooms | <br>2.8 Appropriate Furniture | <br>2.9 Clinical Support  | <br>2.10 Private Staffroom |   |   |

## Principle 3 Access the Outdoors

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|--|--|--|---|---|--|
| <br>3.1 Dedicated Outdoors | <br>3.2 Garden Connections | <br>3.3 Garden Verandahs | <br>3.4 Garden Destinations | <br>3.5 Clear Paths | <br>3.6 Nature Indoors |
|--|--|--|---|---|--|

## Principle 4 Connect with Community

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|---|--|--|---|
| <br>4.1 Neighbourhood Access | <br>4.2 Community Hub | <br>4.3 Easy Navigation to Households | <br>4.4 Integrated Building Form |
|---|--|--|---|

## Guideline 2.3

## Domestic Kitchens

An open plan domestic kitchen is at the heart of each household

## Scenario

The opportunity to be with others and enjoy the stimulation of a positive dining experience is important for everyone. This experience is enhanced by the sights and smells of a domestic kitchen, and this is particularly helpful for people relying on reduced sensory capacity.



**Anne** often eats in her room. As she is not independently mobile it is difficult for her to be moved to the dining room and she doesn't want to trouble Eleesha who is already very busy. It feels to her that the food just arrives, and she finds it hard to taste and eat it. She often is surprised by what she is eating. She's beginning to have trouble swallowing which is frightening for her. She begins to dread mealtimes.



**Eleesha** assists Anne to eat in her room. She is concerned that Anne is losing weight.

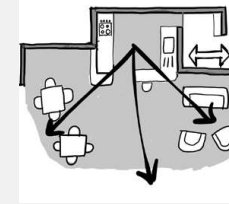
## Rationale

**Why is this important?** Functional, domestic kitchens provide an anchor to environments often overwhelmed by clinical and operational apparatus. Kitchens can contribute to a domestic appearance, support activity meaningful to a resident,<sup>168</sup> maintain their connection with daily routines, and bolster independence.<sup>169</sup> Fully functioning domestic kitchens which engage residents are a stark contrast to institutional food preparation which reduce meals to a task.<sup>170,171</sup> Kitchens provide a powerful landmark to orientation within a household.<sup>172</sup> Involvement of residents in sharing family-style meals,<sup>173</sup> the preparation of meals, and oversight of food preparation all contribute to nutritional outcomes.<sup>174,175</sup> Central kitchens can also support the work of staff<sup>176</sup> and create a positive work environment for them to deliver person-centred care.<sup>177</sup> The ability to make or assist in making of meals, stimulates appetite.<sup>178</sup>

**What makes a difference?** The key components of a successful kitchen are its presence, the adequacy of the fixtures to support cooking a meal, and the real and perceived access for residents and their families.<sup>179,180</sup> Open layouts promote autonomy and food choice<sup>181</sup> and lower benches support accessibility to residents.<sup>182</sup> Whereas, closed kitchens, locked refrigerators, and the absence of cooking appliances negatively affect resident independence.<sup>183</sup>

## Guideline

Provide a domestic-style kitchen that is accessible to people who live in a household and their visitors. The kitchen should be centrally located and adjacent to the dining area. The domestic kitchen might receive food from a commercial kitchen on or off site, or be the primary place of food preparation. Ideally, at least some preparation of meals occurs in this kitchen. The central location is key to safety as it supports visibility throughout the household and uses passive safety features.



There is a tension between safety concerns and allowing risk taking to support resident autonomy.<sup>184</sup> However, it has been demonstrated that these risks can be successfully managed.

## Checklist

- ① Provide a domestic, familiar kitchen in each household, open to communal areas
- ② Locate the kitchen next to a dining room, with a view of living areas and corridors
- ③ Stock the kitchen with crockery, appliances, and food items, at least as well as a staff kitchen
- ④ Provide common appliances, such as an oven, fridge, stove top, microwave, toaster, and kettle
- ⑤ Provide some open shelving or glass fronted cupboards to provide a view of food or crockery
- ⑥ Position a concealed staff area next to the kitchen for bulk food, equipment, medication, IT, and fire extinguishers
- ⑦ Include passive safety features such as a lockable knife drawer, induction stove top

## Outcomes



A domestic kitchen was installed next to the dining room. **Eleesha** has been encouraged to bring Anne (in her comfort chair) into the dining room for lunch. Anne can see what's happening in the kitchen. Eleesha is serving the food out onto plates and Bianca is helping her getting ketchup from the fridge. It smells like fish and chips.

Anne wonders whether it's Friday today. They'd always have fish and chips at home on a Friday. Her lunch has mashed potato, but it's delicious. **Anne** sits with her and Eleesha at the table and chats about the red snapper and shrimp they used to have on the Amalfi coast.

# Principle 1: Enable the Person

## Objective

To support people living in a place that maintains their health, wellbeing and sense of identity

**Before** The noise, clutter and busyness of the nurse station, signage clutter and lack of orientation increases confusion and stress of residents



**After** This is a more comfortable, peaceful environment with the nurses' station removed, basin area concealed, prompting more social activity



## Principle 2 Cultivate a Home

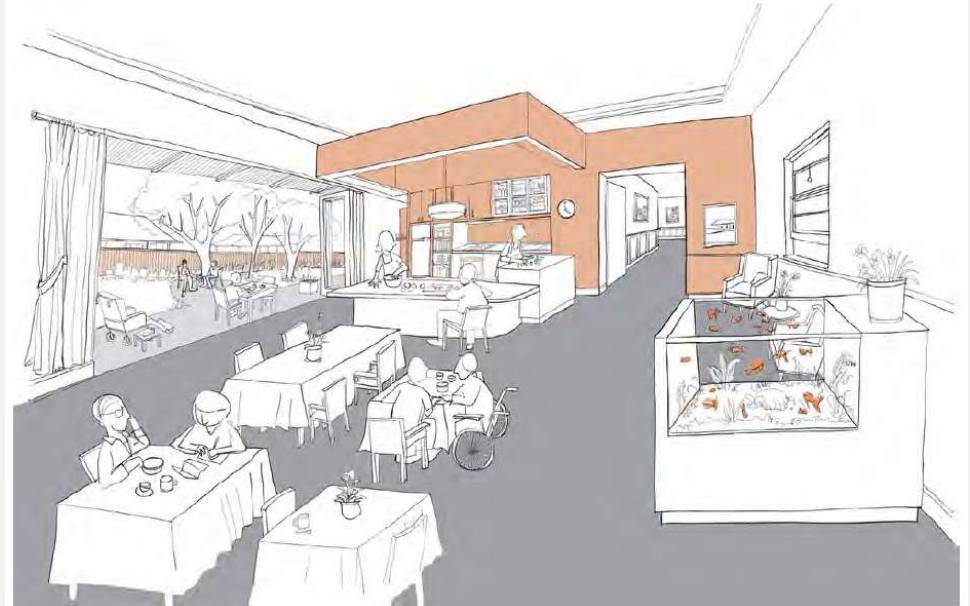
### Objective

To create a familiar environment in which people have privacy, control and feel they belong.

**Before** The environment is set up for people to be together in large numbers which lends itself to a pre-determined program of activities



**After** The environment is set up to encourage small groups and domestic activities giving people choice as to how they spend their day



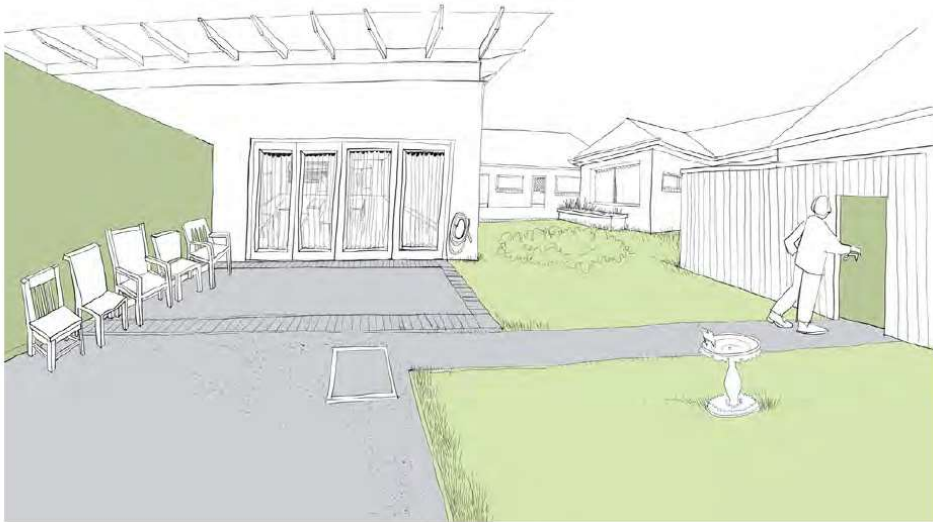


# Principle 3 Access the Outdoors

## Objective

To support people seeing, accessing and spending time outdoors in contact with nature

**Before** The garden itself is decorative, rather than a place that supports activity for individuals or small groups



**After** The garden has been enhanced through introduction of shaded areas, planting, and better pathways



# Principle 4 Connect with Community

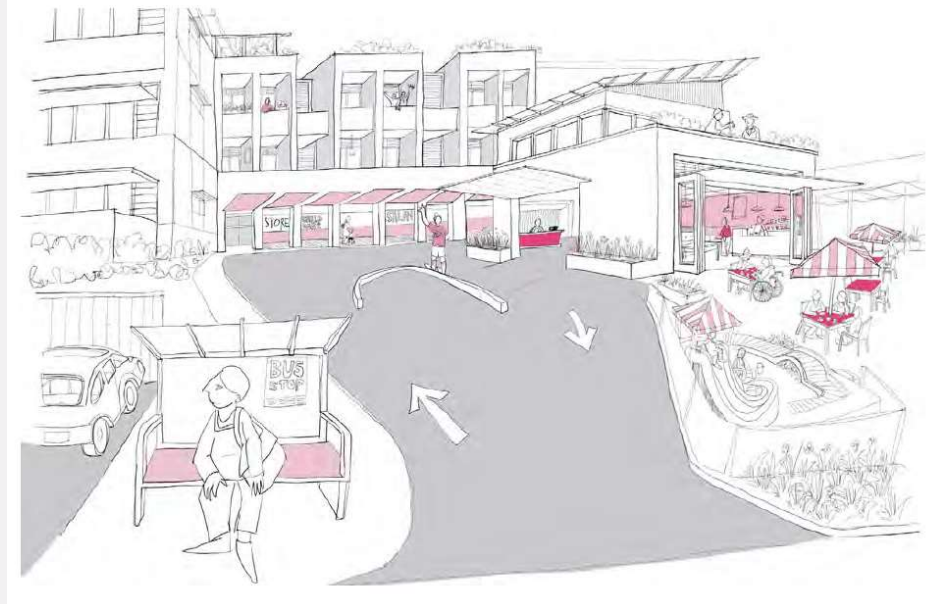
## Objective

To encourage people to connect with family, friends and community, continuing to participate in meaningful activities

**Before** The care home above has a professional, hotel-like appearance that is not welcoming to locals



**After** Changes to the building in the previous image have created opportunities for the service to provide welcoming services to the wider community



## Activities to support the Principles and Guidelines

- A Feedback Form to enable feedback on the Principles and Guidelines and factors likely to impact adoption.
- A Stocktake on the Design of Residential Aged Care Accommodation, seeking feedback from aged care providers, including MPS and NATSIFACP, to develop a picture of aged care homes.
- An Architectural Design Ideas Competition to test the draft Principles and Guidelines and showcase what can be achieved through their application.



## REIMAGINING WHERE WE LIVE DESIGN IDEAS COMPETITION

Testing the draft

**National Aged Care Design Principles and Guidelines**



Australian Government  
Department of Health and Aged Care

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# Questions

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