
Lessons Learned from Isolation during a Pandemic

Care Setting



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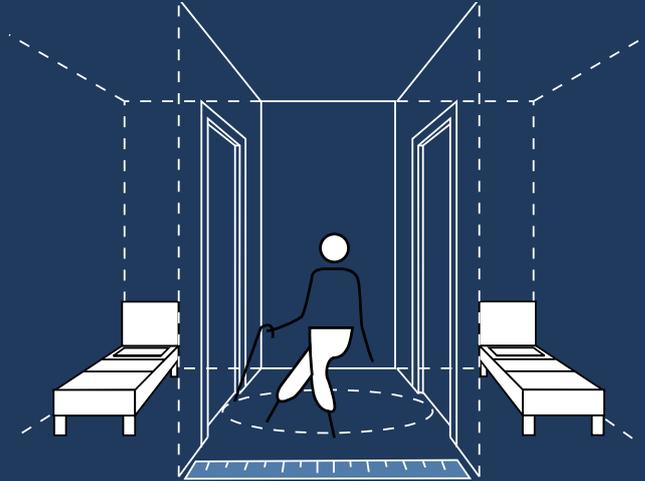


KEEPING CARING

We to seriously consider the future of our care settings. We have had the most testing time in history in care and the care sector were mainly left to their own devices. Will the effects of COVID19 have long term changes to people wanting to downsize? Keeping a house with rooms to isolate separately with large gardens etc. is more important than ever. HAPPI advocates a better standard of design to new built housing but is there opportunity to adapt existing housing stock to meet HAPPI, through reducing occupancy whilst keeping it cost effective. With the second wave well on its way we need to consider our housing and how to improve it now.

WEST WADDY ARCHADIA

WWA has extensive and specialist experience in housing, health and special needs, education and public buildings. Our expertise lies in supported housing for older people and people with disabilities. Many of our clients are large housing associations and several of our specialist housing projects have won awards.



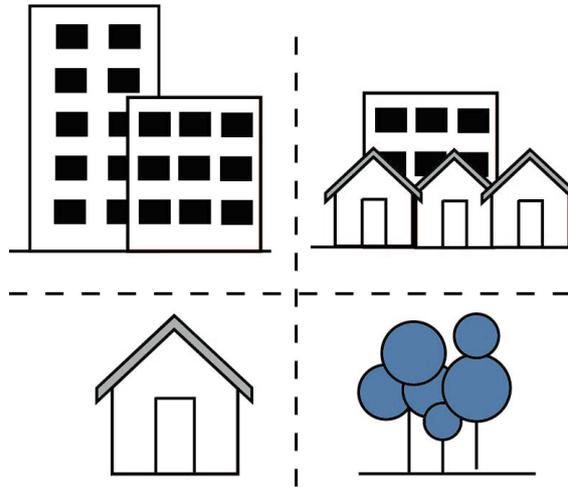
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ISSUES

COVID19 has highlighted several problems with our care setting; from workspace arrangements to social distancing we have had to overcome many hurdles. There is a lot of guidance on how to cope with outbreaks in existing buildings, but how will this affect our design of future care settings? Integrating HAPPI principles will help the residents but we need to further consider the staff and visitors and how we can safely work/live/visit these homes.

Design in urban settings is different to rural; there can be greater limits on space and constraints in views and access on urban sites. Each site will need to be designed to the specific location but general principles could be used for floor plans to reduce risk. Can we reduce loneliness and isolation through our design but maintain privacy? We will explore in the following pages different arrangements for sheltered accommodation and care homes which have been informed by government guidance and our isolation lessons. At West Waddy Archadia we encourage a person-centred approach to design for the residents, guests and workers. Post-COVID 19 consultation with the residents and staff will be essential to truly understand where homes can be improved; where necessary retrofit/adaptations can be used to improve existing stock.

“When someone lives in a care home, that is their home. We expect care homes not just to be safe, but to be enjoyable places to live. People should experience a homely environment, with warm, compassionate care that meets their needs and upholds their rights.” Karen Reid, Chief Executive Foreword Building better care homes for adults, Care Inspectorate



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CHOICE

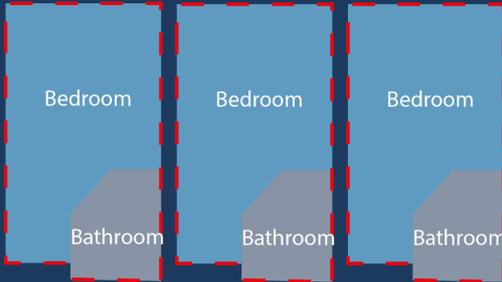
There has been a trend towards retirement villages; multiple tenure types for older people with the idea of living with people of a similar age or attitude. COVID 19 has tested our tenures, designs and housing stock. It has made a case for lower density or smaller clusters of houses/rooms. The care model sites could help reduce loading on staff and the threat of illness spreading through smaller groups of rooms. There are many advantages to small-scale group living including:

- Reduced stimulus to people: less noise, activity and too many other people
- Less intense on staff: they can work with individual people and get to know them better which in turn produces a high-quality of care
- Choice/control of numbers of interactions: 10 people in the cluster and staff
- Domestic Scale: homely and more familiar; easier participation in domestic activities

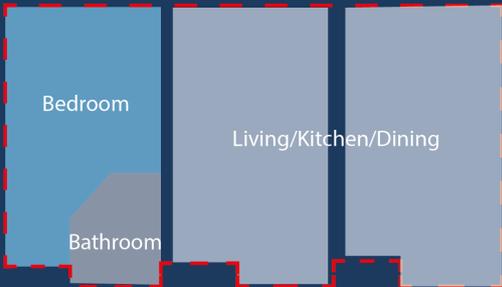
These advantages can be achieved by creating clusters of rooms numbering fewer than ten people. Each person would have their own en-suite bedroom as well as the provision of a communal bathroom, lounge and dining room. These facilities would be provided just for their own group, in a homely, domestic scale environment. Smaller scale ultimately affects cost, we need to review density in terms of wellbeing and environment.



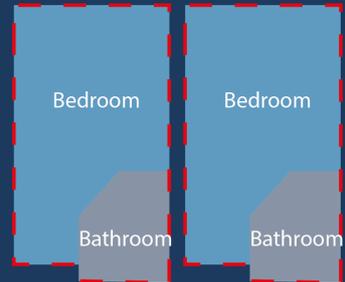
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Standard Model
3 UNITS



Studio rooms to larger unit



Standard Model
2 UNITS

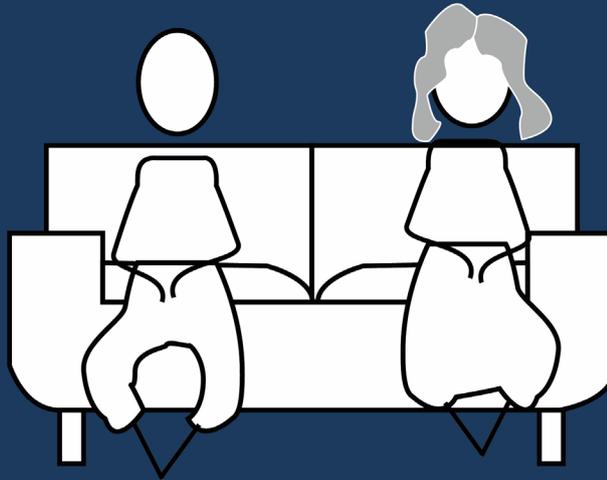


Two rooms to become a studio

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CLASS USE

With the impact COVID 19 is having on the care home sector we wonder if many care homes will have the resources to continue to operate in their current guise. This could potentially leave empty many buildings with a C2 use class, which are key to supplying high levels of care and support. We wonder if these buildings can be adapted and altered to give them a new lease of life and allow their operators to continue providing vital services. One option is to use the existing bedrooms to create larger units where possible. By combining three rooms; keeping one as a bedroom and repurposing the other two into kitchen/living we can create a similar footprint to a one bed apartment or use two bedrooms to create a studio. This would allow for the creation of accommodation fit for the COVID 19 need; larger self-contained spaces to isolate safely. This option is not currently viable in the existing financial model and will have to be assessed hand in hand with the physical constraints of the building and the levels of care required to create an alternative approach to the provision of care.



*Social Care Standard Scotland
5.14 states*

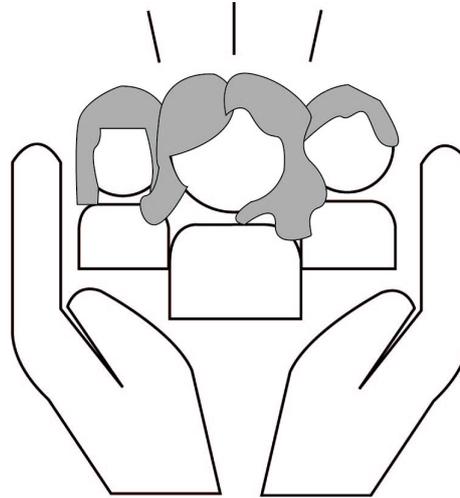
*“If I live in a care home and there
are separate facilities for people
who support and care for me,
these are in keeping with the
homely environment”*

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STAFF CLUSTERS

At West Waddy Archadia we believe in a person centred approach to design, this is especially important in the domestic environments which are also work spaces. Too often staff and carers are overlooked when extending houses, and designing care homes. In the care setting traditionally staff areas have been grouped together. Since the spread of COVID19 we have needed to limit interactions. We propose dividing up staff areas into smaller groupings across the home; having several offices could assist with vigilance over ill residents as well as create zones of care. These staff areas could consist of: a reception area with office, private/confidential conversation office, private staff room for relevant meetings and training, changing rooms and facilities across the scheme. By having smaller clusters of these facilities it could help with creating a homely environment. Care settings have seen high death rates which has greatly affected residents, families and staff. Staff have had to turn away worried family members, some care settings like Heart of Kent Hospice have created “wobble rooms” where staff can take a moment to calm, and reflect. Keeping staff safe is essential; increased storage for stocks of PPE will be paramount.

“...worst aspect of aging was not loss of physical health, but the boredom and isolation that came with losing her identity. She called it ‘the crushing boredom of life.’ Listen to older people and it becomes clear that losses we experienced during old age – of health, of a familiar home, and of identity – can become ‘triggers’ for loneliness that need to be responded to as early as possible.” Campaign to End Loneliness, Loneliness in Care Homes guest blog by Tom Owen



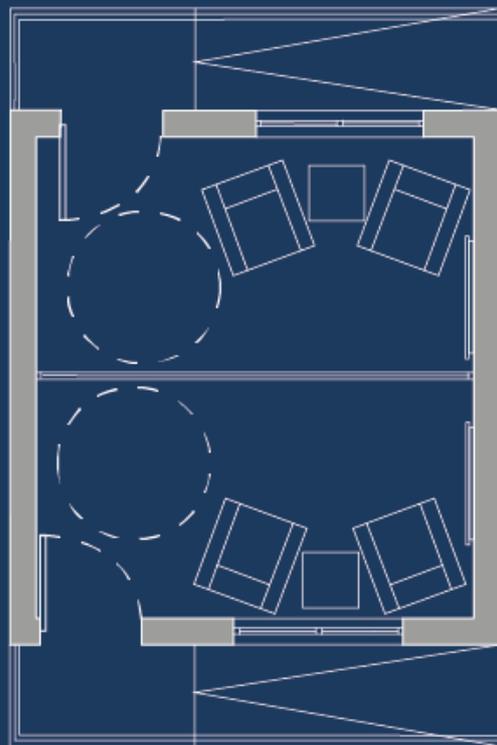
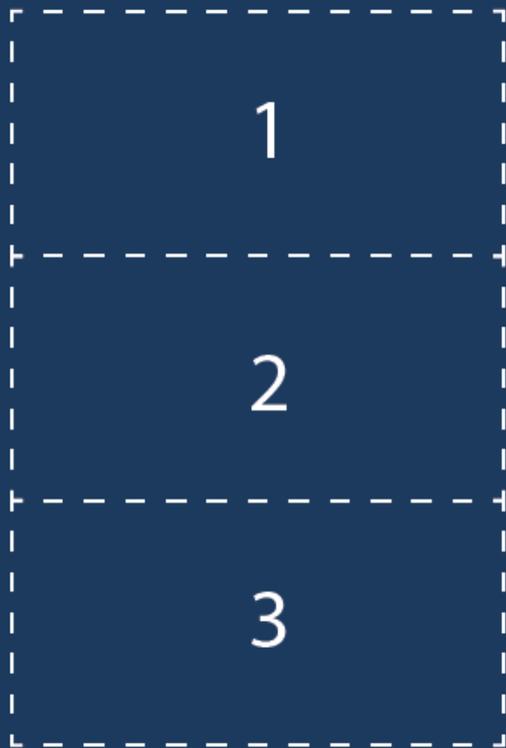
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LONELINESS AND ISOLATION

The COVID19 outbreak has drawn attention to a long term issue of loneliness and isolation in older people. Missing out on regular social activities and interactions can have a negative effect on wellbeing. Age Scotland have shared tips on supporting elderly people from watching the same TV programme and calling for a chat about it afterwards to sending letters and postcards. There have been many studies focused on the relationship between loneliness and the residential care setting. In some cases moving to care setting away from their homes means they have lost connection to the area, and support network of friends and relatives. We have the opportunity when looking at how to redesign the care settings to address how we design to reduce loneliness. Tom Owen suggests “We need society to decide we want care homes that cherish and support our older people.” We need to look at integrating our care homes into the wider community, creating shared spaces that encourage interaction. These changes could be in corridor design, multipurpose spaces, guest suites, community hubs and the scale and character of outdoor spaces. Again we need to focus on the domestic scale and creating scenarios for safe interaction.



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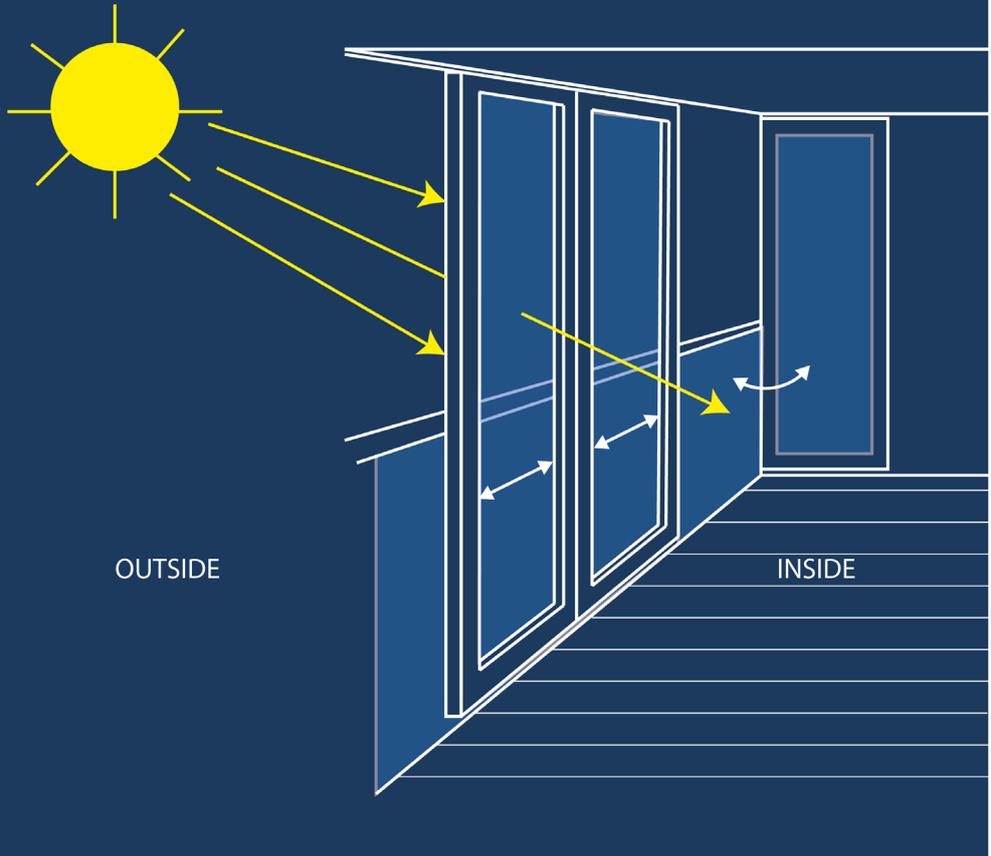
VISITORS



There has been a lot of criticism about the restrictions on visitors that care home providers have had to put in place to protect their residents from COVID19. This is an opportunity to look at designs of care homes and integrate procedures to allow visitors. Any suggestion will depend on how infectious the illness is and the vulnerability of the resident. Technology has largely kept us all connected through these difficult times, but seeing people is also important especially when feeling isolated or lonely. By dividing the public spaces in the care setting we could allow safe distances and maintain hygiene. Using glazed partitions could allow people into the entrance section of the home to see family members who are kept to the living space. Alternatively it could be through using the guest suite differently, by placing this close to the public areas it could become an extension of the home in times of need. With direct access to the outside and internal glazing it can create a connection from one area to another. Although these suggestions focus on the safety of the residents you also need to consider the safety of the visitors. In order not to increase the burden on staff this area would require the visitors to be conscientious and wipe down where they touch.

“The design should incorporate a range of comfortable and fully accessible shared spaces, including a space for receiving visitors in private, dining facilities and sitting areas”

At West Waddy Archadia we have been researching into pre-fabrication and off-site technology to meet the needs of COVID 19. Today we would like to review the possibility of using visitors “Pods” to care homes. With the R rate fluctuating, we still need to protect our most vulnerable people who have been isolated for months. We have seen flare ups in locations across the country and we have to accept the new normal for the time being. West Waddy Archadia have been reviewing how we design to accommodate the changing circumstances and needs. Many of our buildings are existing, we need to look at retrofit and temporary solutions. One proposal is to create external units which can be placed in car parks to allow residents to be safely visited by loved ones, using 3 parking spaces. A key consideration would be a WC, portable toilet or optional WC pod for visitors who may have to travel a long way, however drainage would be essential.



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OUTDOOR SPACE

Since the outbreak of COVID 19 we have come to cherish our time outside and the use of private amenity space as well as our parks and shared spaces. In the care setting having balconies, gardens and views is paramount to wellbeing and happiness. A lot of the time the design and use of balconies and outdoor spaces is dependent on staffing, finances as well as safety concerns about residents and their care needs. We need to be designing areas which are safe to use for multiple care needs and provide access to fresh air and sunlight. A feature often designed out at the value engineering stage is a winter garden also referred to as a sunspace or enclosed balcony. These balconies can be fully opened, partially or fully enclosed allowing safety and control as well as creating versatile space which can be used all year round. With the advantages of a conservatory and a balcony we recommend their use where possible: they can be private or communal, single storey or double height. Post COVID 19 we need to review the hierarchy of design considerations, there needs to be a social value on design of spaces and the mental as well as physical needs of the users.



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CONCLUSION

COVID will change our perception of the care setting; it is a time to rewrite the narrative and highlight the positives that can be built in. If we can safely accommodate visitors and create homely environments then care settings can reduce loneliness. Tom Owen suggests “We need society to decide we want care homes that cherish and support our older people.” We need to look at integrating our care homes into the wider community, creating shared spaces that encourage interaction.

At West Waddy Archadia we are focusing on looking at how we redesign the “traditional” floor plan to create COVID secure buildings without reducing people’s freedom to go to shared spaces and see family and friends. These changes could be in corridor design, multipurpose spaces, guest suites, community hubs and the scale and character of outdoor spaces; we need to focus on the domestic scale and creating scenarios for safe interaction.

West Waddy Archadia are also looking at stock analysis of existing buildings, how can we adapt to the new age of design. Is it to do with greater floor areas, larger shared facilities to allow for social distancing, better consideration of our exterior spaces and larger rooms so isolation isn’t like a prison sentence? Moving forward we want to review how equitable this new proposed model can be. Building less on the same amount of land will have cost effects to all involved which will ultimately be passed onto the end user. Working with our clients we want to explore the new frontier room by room and design solutions to meet the individual using a wellbeing approach. We need to consider all solutions as a whole. A balance between these themes could help reduce infection transference and increase wellbeing and help prepare for a new post-pandemic world.



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