

Design and Access Statement (from Inception to Completion)

Inclusive design places people at the heart of the design process and acknowledges human diversity and difference. It offers choice where a single design solution cannot accommodate everyone's needs and provides for flexibility in use. Above all inclusive design is about the provision of buildings and environments that are safe, convenient, equitable and enjoyable to use by everyone, regardless of their age, ability or gender.

This Access Statement form should be submitted as part of the Planning and Building Regulation Application. The completed document is to be included in the building users/occupiers manual.

Essential information in this document should be repeated on the plans to ensure that contractors adopt the inclusive design principles you have detailed in this statement.

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| Site: | Westholme Nursing & Residential Home, Harestock Road, Winchester | TMS Code: | P9666 |
| Project Name: | Nursing Extension | | |
| Project Officer: | Sam Morley | | |
| Consultation (Planning): Access Officer: | NOT YET COMPLETED | Date | |
| Consultation (Building Control): Access Officer: | NOT YET COMPLETED | Date | |
| Consultation (Detailed Design): Access Officer: | NOT YET COMPLETED | Date | |
| Revision dates: | | | |

1) Project summary

Summarise the project regarding the access for disabled people and inclusive design principles.

This project along with Oakridge in Basingstoke involve extensions to existing Nursing Homes to provide a limited amount of additional Nursing Care bedrooms.

Fundamental dementia design guidance includes the following recommendations, which have been addressed in the overall design:

- Observing a domestic scale
- Creating a homely environment for residents
- Using familiar materials and colours.

There is a reduced capacity for people with dementia to be able to judge risk or foresee danger; forgetfulness is another problem that can lead to danger in some areas. It is also quite common for people with dementia to get lost trying to find their way around a building. This reflects a person forgetting such basic information as the location of one room in relation to another. If numerous visual cues or reminders are incorporated into the designed environment, these can help by acting as way-finders and thus lessen the problem.

Use of good redundant 'cueing' techniques, way-finding and orientation, familiarity, scale and security. For example, providing well-lit, inviting entrances to day rooms, natural lighting, changes in floor and wall textures, colours, identifiable architectural features, recognisable and distinctive individual room designs to compensate for residents' sensory and memory losses.

Good internal visibility throughout the building. Clear and uncomplicated circulation routes are easier to interpret and reduce the possibility of residents getting lost and frustrated.

The need for a distinct frame for a photo or picture by residents' rooms.

Avoidance of dead-end corridors and stairs with blind turnings. In order to minimise confusion and

frustration of residents with dementia, lounge dining rooms and seating areas have been located to the ends of corridors to give residents a 'goal' if they are prone to wandering.

Access and routes to non-resident areas need to be understated so as not to alert residents with dementia to their presence.

The creation of seating areas to break up corridors provides meaningful areas for the wandering resident to walk to.

2) Sources of advice and consultation

Planning Officers, Conservation Officers, Access Officers, historic buildings advisors, highways department.

Evidence of consultation with existing/planned building users.

The extent of input from local Access Groups or local organisations reflecting the views of disabled people.

Please confirm that an equality impact assessment has been carried out in relation to this project and any equality issues identified have been included in the project design.

Planning Officer - A series of pre-application meetings. Planning Officer encouraged holding a Public Consultation Event. Planning Officer supportive of proposals.

Access Officer - Meetings to discuss project, in particular layout of en-suite shower.

Highways - No requirement for Transport Assessment.

Occupational Therapist - Detailed discussions regarding en-suite shower assessing use of shower chair, turning circles and space for care workers assisting residents. Advice fed into brief.

Nursing Care Adviser - General discussions regarding overall layout and interior specification. Advice fed into brief.

Fire Officer - Supportive of fire strategy based on Progressive Horizontal Evacuation as

- existing Care Home and extension are fully sprinklered
- there is a high level of compartmentation
- there will be an updated fire risk assessment
- the Care Home is staffed 24/7 who manage evacuation of residents

Stepped fire escape to extension will be compliant based on the above strategy.

Public Consultation Event - Neighbours and Relatives of Residents attended. Generally supportive comments focused on externals and landscaping.

Equalities Impact Assessment - This has been carried out by Adult Services for their transformation programme which includes these Nursing Care Extensions.

3) Design standards and guidance -

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| X | Approved Document M |
| X | BS8300 (2009) |
| | BB102 designing for disabled children and children with special educational needs (DFES website) |
| | School inclusion design brief http://www3.hants.gov.uk/pbr-propertyprocedures-access |



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|---|---|
| | BT Countryside for all |
| | English Heritage easy access to historic buildings/landscapes http://www.english-heritage.org.uk/publications/easy-access-to-historic-buildings/ |
| X | Other, please detail below: Care Homes for Older People - National Minimum Standards and Care Home Regulations 2001 (not current but cited) |
| 4) Pedestrians & cyclists travelling to the site | |
| Describe the accessibility/safety of the journey to the site for pedestrians and cyclists in the local area. What reasonable measures are included within the design to improve this (include people using mobility scooters/wheelchairs, parents with pushchairs, cycle storage) Critical issues: path widths, surface materials, gradients, dropped kerbs, tactile paving, lighting, safe crossing routes, seating) May need to reference back to Green Travel Plan | |
| Harestock Road has a 40mph speed limit and does not have continuous pavements on both sides. This could adversely affect the use of the site by pedestrians and cyclists. The speed limit on Harestock Road has been raised with Highways following comments at the public consultation. There is currently a cycle store provided and showers predominately aimed at staff who cycle to work. | |
| 5) Public Transport | |
| Describe the distances and accessibility of routes from bus stops and other major public transport modes to site (consider regularity of public transport services, low-floor buses etc pedestrian routes as (4)) May need to reference back to Green Travel Plan | |
| Due to the nature of the building public transport would only be an option for staff and visitors. There is a bus stop in close proximity and Winchester station is approximately 2 miles away. Adult Services have a policy to recruit locally and residents tend to be placed close to where they lived making public transport a viable option for local transport to the Care Home from within Winchester. | |
| 6) Vehicle approach & parking | |
| What approach has been taken to parking on site; for staff, visitors etc? Type of gate? If electrical is there audio/visual warning? Describe controls? How many designated parking bays provided for disabled persons. Size of bays? What are the travel distances from these to relevant entrances? How is vehicular traffic versus pedestrian movement managed? Have dropped kerbs been provided? Are there drop-off zones for cars/taxis/mini-buses? | |
| There is no vehicle access gate to the site and one is not proposed. No accessible bays are proposed in addition to the two existing. The existing bays are set out with clearance spaces on alternative sides to suit the users needs depending on their type of vehicle. Both accessible bays are located within 15m of the existing Care Home entrance. There is a section of dropped kerb to the pedestrian route adjacent to the main entrance that is used for drop-off. This drop-off zone is near to space that can be used for larger vehicle turning. | |
| 7) Pedestrian approach to the site | |
| Have catchment areas, different approach routes, gradients, barriers, dropped kerbs, signage etc been considered? | |
| The pedestrian approach to the site will not be altered by this project. Currently, there is a dropped kerb to the bell mouth entry from Harestock Road. The footpath within the site links to the pavement to Harestock Road without any sharp changes in level. There is signage around the entrance from Harestock Road which is not proposed to be altered. | |
| 8) Pedestrian routes within the site | |
| What measures are included within the design to provide safe, independent and dignified access for people with mobility, sensory impairment? Describe widths of paths, passing places, gradients, dropped kerbs and | |

materials used, lighting, seating, signage. Where hazards such as the swing of doors project onto access routes are unavoidable then barrier protection should be provided.

Pedestrian routes within the site from the entrance off Harestock, around the car park and to the main entrance will be unaltered by the works. Some of the footpaths within the rear garden will be reconfigured to allow better access for residents to use this currently underused area.

9) External steps and ramps

Steps: Detail the use of tactile paving (corduroy), step nosing, handrails and rise and going. Ramps: Detail the use of colour contrast between ramp surface and level landings, gradients, handrails. Note: when providing ramped access, complimentary steps are beneficial.

There are no external ramps within the scheme. External steps are proposed for the fire escape. These will only be used in an evacuation situation which would be managed by staff. These external steps are to comply with Approved Document Part M in terms of tactile paving, step nosing, handrails, rise and going.

10) Landscaping features

External steps to play areas: detail the use of step nosings, handrails, tactile paving, seating, Type of surface, planting, fencing & play areas.

The new courtyard will be provided with handrails to aid mobility for residents. Seating for this area will be selected in consultation with Adult Services. The courtyard will be provided with a slip resistant hardwearing surface.

11) Main entrances to buildings

Are entrances step-free (level access), if stepped what are the alternative entrances/routes in? Type of door (minimum clear opening width 1000mm). Door weight (Max 20 Newtons) if this cannot be achieved it should be powered? Thresholds; if unavoidable max height is 15mm. Is a canopy provided over the entrance? automatic door control options? barrier matting? Manifestation? Visual contrast?

Not included within proposals. Primary access to the new extension from outside will be via the existing main entrance to the Care Home.

12) Security & entry phone systems

Ensure these are accessible to deaf and hard of hearing people and people who cannot speak. Height of control should be easily reached by all. Should be clearly visible to all. Position should be 1400mm clear of leading edge of door.

Entry phone system are not included within the proposals as the existing main entrance to the Care Home will be used which is currently fitted with an entry phone system.

The nurse call system within the existing buildings is to be extended to cover the extensions.

13) External doors

Provide details of door weights, clear opening through single leaf, automatic door control options, manifestation of glass, door handles, barrier protection. Thresholds as (11). Detail of vision panels.

External doors are to courtyard and fire exit. Main entrance to the Home will be via existing external doors. New external doors are to be fully glazed with aluminium frame. Clear opening width to comply with Approved Document Part M. Level threshold to be provided. External works to be designed to avoid building users impacting doors. The doors will have a mid height transom to avoid need for manifestation. Doors handles to be polyamide coated steel, warm to touch. Doors will not be fitted with automatic controls but will have a compliant opening force.

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| 14) Lobbies & lobby doors |
| Detail dimensions of lobby and door details, also barrier matting, lighting/glare. |
| Not included within scheme. Lobby at existing main entrance to be used. |
| 15) Ironmongery |
| Height and style of door furniture, lever handles, colour contrast, pull handles (15 point LRV difference) |
| All ironmongery polyamide coated steel, warm to touch. Colour contrast above 15 point LRV difference achieved between dark grey ironmongery and beech veneered doors. Height of lever handles 900mm. |
| 16) Reception Area |
| Heights and layouts of counters. Staff & visitor access. Knee space. Induction loops, seating arrangements. |
| Not included within proposals. The existing reception area within the Nursing Care Home will function as the reception for this new extension. |
| 17) Additional spaces i.e. office, kitchen, meeting rooms, prayer rooms etc. |
| Consider furniture types, chairs, work tops heights, induction loops, colour contrast, rise and fall equipment. Consider hand and feet washing facilities for prayer rooms. |

Bedroom Facilities

The extensions are to contain bedrooms in excess of 14 metres sq (in excess of the 12 metres sq under the National Minimum Standards).

The relationship of the bed to the layout of the bedroom and adjacent corridor is important to ensure that staff passing by on the corridor can observe a resident in bed but at the same time offer a degree of privacy.

The bedroom furniture layout is to be designed around the nursing bed in a peninsular position to allow access to both sides of the bed for staff to aid hoisting and manoeuvring.

Residents should have the ability to lock their own room once a risk assessment has been undertaken. Ironmongery to bedrooms should include a one-action emergency release mechanism to facilitate easy escape in the event of an emergency, to comply with Standard 24.5 of the National Minimum Standards.

Generally, the furniture design is to incorporate rounded corners, easy grip handles and wipeable surfaces. The bedside table is to have wheels to enable easy positioning of the unit whilst the resident is in a profiled position in bed. An over-bed server is to be provided to all nursing care bedrooms.

All new bedrooms are to be fitted with X-Y ceiling track hoists that are capable of serving as much of the bedroom floor area as practicable with a working load of 30st.

Floors to be fitted with slip resistant vinyl. It should be designed as a static-dissipative product.

Walls are to be finished in washable, scrubbable emulsion.

Kitchenette and Dining Facilities

Kitchenettes are to be provided in every lounge-dining room.

Fittings shall include the provision of base and wall cupboards, with locks provided to all doors and drawers to enable staff to lock away any potential hazardous equipment such as toasters, kettles and microwaves which may pose a risk of scalding or hot surfaces. Dishwashers will not be provided in kitchenettes.

It is to be remembered that residential and nursing environments are the residents' homes and kitchenettes are provided to enable residents to maintain independence and access facilities such as hot/cold drinks and snacks as they wish. In a frail and vulnerable client group this inevitably poses elements of risk, where residents are most at risk of injuring themselves assistance will be offered and residents' individual risk assessments and care plans should be prepared by HCCAS to reflect this. For residents most at risk the kitchenette cupboards are lockable to store kettles/toasters etc if staff are not available to assist or supervise.

The worktop should have a lower fixed section with a space beneath in compliance with Approved Document Part M.

There should be adequate space for assisted transfer from wheelchair to dining chair if required. There should be room for care staff to sit alongside at the dining table.

There should be adequate space for manoeuvring heated trolleys and temporary parking provided where they do not cause obstruction.

Flooring is to be slip-resistant vinyl with a resistance rating of R10 to kitchenettes, and impervious-backed carpet to dining areas.

Walls to have a tiled splashback over worktops.

18) Horizontal circulation

Circulation routes around building; corridor widths (pinch points); fire doors; 300mm to leading edge of manual doors, corridor doors – widths and weight.

Corridors are to be significantly wider than those commonly provided in residential homes for elderly people. This is in order to create a more comfortable and less restrictive space for residents to circulate. These circulation areas will inevitably become wandering areas for some residents and contain designed features or 'landmarks' such as a recessed seating area, bay window with a view, a distinctive picture or colour etc. This will also be of benefit in the use and manoeuvring of food and linen trolleys.

Skirtings are to be continuous across the base of riser cupboards to make them appear as part of the wall. Riser cupboard doors and doors to non-resident areas are to be painted in with the wall colour so that they are visually lost within the wall. This will reduce confusion and frustration among residents with dementia, if they try to open doors but find that they are locked.

It is important for residents with dementia to be able to address their surroundings. Entrances to residents' communal spaces such as lounge dining rooms are to have a glazed partition adjacent to the door so the use of the room can be seen by the resident before entering.

The internal layout should be designed to help minimise damage to walls by mobile equipment and also limit incidences of residents accidents. Any corners vulnerable to damage by mobile equipment are to be protected by the use of corner guards.

Corridor doors are to be recessed to be flush in to the wall when held open, with the handrail running continuous across them. Doors are to be fitted with automatic self-closing devices - hold-open type for operational reasons.

Bedrooms doors should be positioned to afford the bedrooms a degree of privacy.

A 300mm space should be maintained to the leading edge of all doors to facilitate ease of use by wheelchair-bound residents, in accordance with Approved Document Part M.

Continuous handrails to both sides of corridors should be provided, wherever practicable.

19) Internal ramps & steps

How are changes in level on circulation routes and into unique facilities dealt with? Internal ramp surface should contrast visually with level landings. Step nosings should be highlighted. Provision of handrail (if more than 2 steps)?

Not included within proposals. Extension is single storey and floor is at the same level as existing ground floor with no steps or thresholds.

20) Vertical circulation (inc lifts)

Lifts & stairs: handrails, contrasting nosings, rise & going. Any unique facilities not wheelchair accessible? Is there a lift, is it accessible? What size is the lift? Where are the call buttons located? Have you considered alternative means of escape for wheelchair users? (see section 24 - Egress)

Not included within proposals. Extension is single storey and floor is at the same level as existing ground floor with no steps or thresholds.

21) Standard wc's

Provision for ambulant disabled people, larger cubicle, urinal heights, lever taps, colour contrast, door furniture. If the building is extended/altered with WC provision please provide an explanation if it is not to include ambulant cubicles.

Not included within scheme - All WCs to be assisted WCs.

22) Accessible wc's

Overall provision & location. Please detail dimension of space, layouts, colour contrast, emergency alarms,

door furniture. Specialist areas, eg Hygiene Rooms, therapy rooms. If the building is extended/altered with WC provision please provide an explanation if it is not to include a fully accessible toilet. Please note: wheelchair accessible toilets should not be used for baby changing and should be provided in a separate room for all to use. Consider the need for RADAR locks as this will restrict the use of the facility for those who do not have a RADAR key.

There should be en-suite WC facilities to every bedroom in accordance with the National Minimum Standards. WC layouts should accommodate a peninsular WC pan arrangement ensuring staff better access to both sides of the resident during use, as well as easier access for mobile specialist equipment should a resident fall from the WC pan.

There is a requirement for certain en-suites to contain shower provision in addition to the WC and basin noted elsewhere in this section. The shower should have level access and formed by a shower tray former. There will need to be a 2m turning circle for a shower chair which can overlap the shower and can also act as the main turning circle within the en-suite used for WC and basin access. A fold-down seat is not required in the shower. Fixed rather than fold down support rails to be provided in the shower. In addition to this a shower curtain and half height shower screens should be provided. The rail holding the shower head must be sturdy enough to act as a support rail.

In addition to en-suite WCs there should also be a number of unisex peninsular arrangement WCs located around the building, generally in close proximity to lounges.

All WCs accessible to residents or visitors will have doors that can be unlocked and opened outwards in an emergency. All doors to WCs are to be of contrasting colour to other doors to create a visual cue to residents and to indicate the usage of the room beyond. Door signage to include pictorial and word references. Ironmongery to include a one-action emergency release mechanism to facilitate easy escape in the event of an emergency.

Basins should have overflows to avoid accidental flooding. There should be separate hot and cold taps as this will be less confusing to residents than mixer taps. Percussion taps shall not be installed as they can be confusing and difficult to operate and are not appropriate to a domestic environment. The basin in the en-suite WC shall be large enough to accommodate a bowl for bed-bathing, and provide enough knee space underneath for residents in wheelchairs. It should have a semi-pedestal to conceal the trap and waste from view and to stop residents from risking injury. The basin fixing should be able sufficiently sturdy should residents use the basin for support.

Services are to be boxed in to conceal plumbing and pipework so as to limit dust traps and alleviate cleaning issues as well as hot surfaces.

Support rails are to be provided around the WC pan, basin and on the back of the door.

The WC pan is to be at a height of 480mm to aid side transfers from wheelchairs. The WC pan seat should contrast with the pan to aid residents with visual impairment. The flush lever should be a large spatula design suitable for elderly people. The cistern is to be lockable.

Shower support rails are to be fitted with grips and should incorporate shower head holders to avoid shower slide poles which are not designed as support rails.

Soap dispensers, paper towel dispensers and knee operated bins are to be provided for staff use.

Lockable storage is to be provided for staff use.

Towel rails are to be robust enough to use as support rails.

There should be a staff call pull cord accessible from the WC pan linked back to the staff call system.

Flooring is slip-resistant vinyl with a resistance rating of R10. It should be designed as a static-dissipative product.

Walls are to be finished in washable, scrubbable emulsion, with tiling around the mirror.

23) Changing place facility

BS:8300 2009 introduced a recommendation for changing place facilities. A changing place facility is a combined toilet, shower and changing room for use of people with complex and multiple disabilities who require the help of 2 assistants. The space needs to be fitted with a fixed track hoist system. Any larger building where the public have access such as major transport terminals, motorway services, sport and leisure facilities, hotels, museums, concert halls, art galleries, stadiums, shopping centres, key buildings within town centres, education establishments and hospitals are all suitable sites. These facilities are not to replace accessible toilets but to be provided in addition.

For more info <http://www.changing-places.org/>

Generally Nursing Care buildings should have assisted bathrooms to a minimum ratio of one bathroom to every eight residents. These are large rooms allowing for improved access with peninsular arrangements of fittings, and sufficient unobstructed floor space for movement of wheelchairs, shower chairs, etc. These all accommodate a height-adjustable bath, WC pan, wash hand basin and associated support rails, storage dishes, mirrors, hooks and benches. Bedrooms with en-suites that contain a shower will not need to be included within the above ratio.

Assisted bathrooms should be lockable when not in use to alleviate risks of drowning. Therefore the WC provision within assisted bathrooms does not form part of the overall provision for the building. All assisted bathrooms are to have an XY ceiling track hoist with a working load of 30st installed.

All bathrooms should have ironmongery that includes a one-action emergency release mechanism to facilitate easy escape in the event of an emergency.

All assisted bathrooms should be designed to limit dust traps and alleviate cleaning issues and hot surfaces issues.

A number of different baths are provided at each home. These offer residents a choice depending on their needs. Bathing options include knee breaks, hydrotherapy (with automatic disinfection system) and bath chairs, depending on bath model. Any new baths should take account of the existing provision to maintain this diversity. All baths are to be height-adjustable to assist staff in bathing residents and to reduce staff back injuries.

Basins are to have overflows to avoid accidental flooding. There are to be separate hot and cold taps as this will be less confusing to residents than mixer taps. It should have a semi-pedestal to conceal the trap and waste from view and to stop residents from risking injury.

The WC pan is to be at a height of 480mm to aid side transfers from wheelchairs. The WC pan seat should contrast with the pan to aid residents with visual impairment. The flush lever is to be a large spatula design suitable for elderly people. The cistern is to be lockable. The area surrounding the WC must be designed not to hinder the placing of a commode over the WC pan.

Support rails are to be provided around the WC pan and basin areas.

Shower support rails are to be fitted with grips and will incorporate shower head holders

Towel rails are to be robust enough to use as support rails.

Soap dispensers, paper towel dispensers and knee operated bins are to be provided for staff use.

Lockable storage is to be provided for staff use.

There are to be staff call pull cords located near to the bath, WC pan and shower area, linked back to the staff call system.

Flooring is to be slip-resistant vinyl with a resistance rating of R10. It should be designed as a static-dissipative product.

Walls are to be fully tiled in shower areas. Elsewhere walls are to be finished in washable, scrubbable emulsion.

24) Egress

Means of escape from upper floors; refuge areas, evac lifts; evacuation chairs, audio visual alarm systems, communication systems.

Management procedures/staff training.

Exits from ground floor.
Emergency exits – explain & detail emergency door release furniture i.e. push bar, thumb turn etc do these visually contrast with door background? (Min 15 points LRV contrast)

The extensions shall be designed to provide for Progressive Horizontal Evacuation in accordance with Approved Document B Volume 2 Section B1 paragraphs 3.38-3.52. The ability to provide bed-evacuation is specifically excluded from the requirements.

The basis of fire safety in older persons' homes is to ensure that the building and its systems give sufficient warning of, and contain any outbreak of fire such that staff have the time to move residents from one fire-resisting compartment within the building to an adjacent safe compartment.

The extensions should be designed in a manner to avoid 'dead-end' conditions by locating an fire exit at the end of a corridor.

Panic bars to the escape doors are to be fitted without the 'push bar to open' sign as residents with dementia would attempt to push the door open. This must be agreed by HFRS on the basis that the staff manage the fire evacuation of residents.

Electromagnetic locks (maglock) should be fitted to the fire escape doors in addition to the panic bars. The maglocks are fail safe open, linked to the fire alarm system. This must be agreed by HFRS.

Minimum LRV to be achieved.

25) Acoustics

Induction loops, soundfield systems, PA's, infra-red, passive acoustic treatment. Reverberation in teaching spaces. Sound absorption in corridors, entrance halls and stairwells. (Please refer to BB93 – Acoustic Design of Schools).

Portable induction loops will be provided by the Care Home on an assessed basis. Acoustic separation between bedrooms to comply with Approved Document Part E.

26) Signage

Follow Sign Design Guide as best practice document. Distinguish between information signs and directional signs. Entrance signage: there needs to be 70 point difference between lettering and board background and 70 point difference between board against wall or surrounding area (BS 8300 2009)

Signage shall comply with Approved Document Part M which includes guidelines such as minimum character size, sentence case, embossing, height, type face, etc. The Sign Design Guide produced by The Sign Design Society and The Royal National Institute of the Blind should be observed.

Internal signage should include some directional signage, particularly on larger sites. Entrances to residents' communal spaces such as lounge dining rooms, smoking rooms, hairdressing rooms, quiet rooms, etc., are to have a glazed partition adjacent to the door so the use of the room can be seen by the resident before entering, eliminating the need to add a room name on the door.

External signage should include directional signage and will distinguish between residential and nursing homes on the same site. Appropriate signage delineating disabled parking bays to be designed in accordance with BS 8300:2009.

27) Colour contrast

Door furniture – LRV difference 15 points
Wall to floor LRV difference 30 points
Skirting to wall same LRV
Door and architrave different LRV to wall
Signage – Letters to sign & sign to back ground LRV difference 70 points

Light switches

Please ensure this information is detailed on plans.

Colour contrast is provided between walls, floors, doors and architraves, as well as fittings and furniture, to assist residents with visual impairment in identifying the different surfaces and edges of their surroundings. Patterns are limited so as not to cause confusion between, for example, the edge of a chair and the carpet.

In the new buildings, the colour schemes from each units' lounge/dining space are taken through the corridor of that unit, and at the entrance to each unit of bedrooms this colour is highlighted, giving each group of bedrooms an individual look. This will assist residents in locating 'their home'.

Measures have been taken to ensure non-resident areas such as stores and staff areas have the facility to be locked off and the doors and frames are 'visually lost' in the wall colour to detract residents from trying to enter areas they should not be in. This could lead to confusion and anxiety as they attempt to action a sign on a door - for example a door with a 'push' sign on it - only to find it locked.

All doors to WCs are of the same colour in contrast to other door colours to act as a visual cue to residents and to limit anxiety and confusion for residents when searching for the WC.

Handrails are provided to both sides of corridors and stairways. These handrails will incorporate a change in material and colour at changes of direction, to assist residents with visual impairment in identifying the route through the building.

Tiling is satin finish to reduce glare that can confuse residents with visual impairment.

Interior timberwork is painted with satinwood as opposed to gloss, to reduce glare.

Use of patterned wallpapers is avoided as they cause such problems as:

Bold patterns can be over stimulating,
Small patterns such as geometric ones can produce blurred vision and eye fatigue,
Vertically striped wallpaper can make some people feel dizzy,
Curved and angled lines on walls can affect balance,
Still life patterned wallpaper can be confused with reality.

28) Local management issues

Building elements needing regular maintenance: e.g. transfer space in wc's, overhead door closers. Are there specific procedures for means of escape: from upper floors, use of portable induction loops, alternative entrances, marking of accessible bays, high level reception desks.

Care Home to update Fire Risk Assessment and Fire Management Plan to take account of intention to extend Progressive Horizontal Evacuation strategy employed in existing building across to the extension.

Care Home to assess use to portable hearing loops.

It is important that this document is completed in conjunction with the Access Team.

A final copy should be sent to the Access Team on submission to Building Control.

accessteam@hants.gov.uk