

Is your care home
dementia friendly?

EHE Environmental
Assessment Tool



Third edition

The EHE assessment tools

In order to help as many health and care organisations as possible to develop more supportive design for people with dementia, in 2014 The King's Fund developed a suite of environmental assessment tools for use across health and care settings. This 2020 version of the tool has been produced by the Association for Dementia Studies, University of Worcester, with the kind permission of The King's Fund.

How to use the care home assessment tool

The assessment tool can be used by a single individual but involving others who have a different perspective, for example; people with dementia or a family member; clinical, managerial or estates staff; or dementia specialists, can offer valuable opportunities for gaining different views on the care environment and how to improve it. Completing the tool together can also encourage constructive conversations about the philosophy and purpose of care.

The assessment tool contains seven sections and a set of questions to prompt discussions and should be completed in full. Walk around the care home and consider each of the questions in turn. Give each question a score out of five, where five indicates that it is met completely and one indicates it is barely met.

A summary sheet has been provided at the end of the assessment tool which should help pinpoint the areas that might be considered for initial improvement.

Notes about how others have used the results, together with The King's Fund's overarching design principles for dementia friendly design, are reproduced at the end of the tool.

How the tool was developed

The 2014 assessment tools were developed in collaboration with organisations delivering care to people living with dementia, including organisations who had participated in The King's Fund's Enhancing the Healing Environment (EHE) programme. The 2020 editions have been updated to reflect the latest research evidence, best practice and survey responses from those who have used the tools in practice.

Each of the sections draws on this evidence to form a rationale for effecting change in care environments. The rationales recognise that people with dementia often have co-morbidities together with sensory impairments and can experience visuospatial problems.

Before using the tool

The assessment should be undertaken during normal working conditions. However, if this is not possible due to exceptional circumstances, for example control of infection requirements that limit visiting, please mark any appropriate questions as non-applicable and note the reason under 'areas of concern'.

Before carrying out the assessment please ensure that all relevant management backing has been secured to build support and commitment to the results. It may also be useful to take photographs as these can be used to mark progress and act as a record of improvements. If photographs are taken all relevant permissions need to be obtained.

Date

Care home

.....

Assessment carried

out by.....

1 The environment promotes meaningful interaction and purposeful activity between residents, their families and staff

Rationale

Uncared for and unwelcoming spaces can cause anxiety and provoke concerns both for residents and their relatives about the standards of care. Furniture arrangement gives clues to the use of the space. A quiet area should be available for residents. Activities encourage socialisation and should be chosen to reflect individual residents' interests, age and culture. Pleasant smells can be evocative whereas unpleasant odours can cause distress. Dementia is a terminal illness and research indicates that people prefer to die in places and amongst people that are familiar to them.



Questions

Please score each answer from 1 – 5
(1=barely met, 5=totally met)

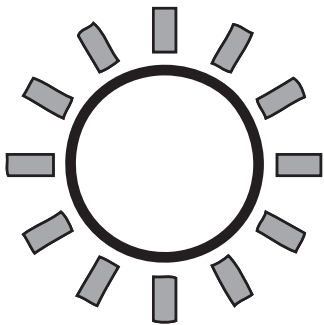
- A Does the approach to the care home look and feel welcoming?
- B Is the entrance obvious and the doorbell/entry phone easy to use?
- C Does the care home give a good first impression i.e. does it look clean, tidy and cared for?
- D Are there social areas such as day rooms, dining rooms and dedicated quiet spaces?
- E Is there a choice of seating e.g. settees as well as single chairs with arms, and are chairs arranged in small clusters to encourage conversation?
- F Are there resources for individual and group activities e.g. music, books, memorabilia, artworks, crafts?
- G Does the environment support residents to engage in home life e.g. doing laundry and gardening?
- H Are pleasant smells used to encourage reminiscence and has the use of heavily scented air fresheners and other materials been avoided?
- I Do family carers have extended visiting opportunities and is there provision for them to stay overnight?

Please give examples of good practice/
areas of concern

2 The environment promotes well-being

Rationale

People with dementia may have co-morbidities and broader sensory impairments. Older people need higher light levels to see properly and appropriate light levels can help promote normal patterns of waking and sleeping. Curtains, nets and blinds should be pulled back to avoid blocking natural light. Dark areas and shadows can be misinterpreted. Views and access to the outside are essential for well-being.



Questions

Please score each answer from 1 – 5
(1=barely met, 5=totally met)

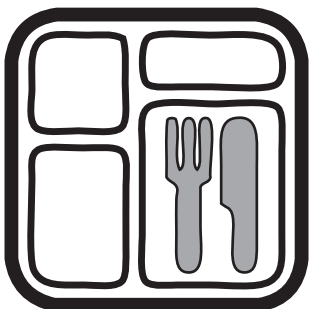
- A Is there good natural light in bedrooms and social spaces?
- B Is the level of light comfortable and appropriate and can it be adjusted e.g. by the use of dimmer switches, to suit care needs?
- C Do the light switches contrast with their surrounds/the walls so that they are easy to see?
- D Is the lighting and natural light from windows even e.g. without glare, without pools of light and/or dark areas, stripes or shadows?
- E Is the lighting designed to support normal sleep and wake patterns e.g. can bedrooms be made completely dark using blackout curtains/blinds?
- F Is the temperature of the social spaces and bedrooms comfortable and can it be adjusted in hot and cold weather?
- G Is the decor age appropriate and culturally sensitive?
- H Are links to and views of nature maximised e.g. by having low windows, using natural materials and colours?
- I Is there independent access to a pleasant, sociable, safe and secure outside space e.g. garden, courtyard or terrace with sheltered seating areas?
- J Is internal and external planting non-toxic and chosen to offer variety and colour throughout the year?

Please give examples of good practice/
areas of concern

3 The environment encourages eating and drinking

Rationale

Taste and smell can be diminished by ageing and dementia. Eating with others can encourage socialisation. A choice of where to eat and the provision of nutritious drinks and snacks including finger foods will encourage residents to eat. Noise from food trolleys or serving stations can be very distracting. For people with dementia, crockery, cutlery and glasses should be chosen with care to look familiar (beakers and specially shaped plates may not be recognised). People may not be able to distinguish white food presented on a white plate so crockery needs to offer a colour contrast to food and drink.



Questions

Please score each answer from 1 – 5
(1=barely met, 5=totally met)

- A Do the people living in the care home and/or their relatives have constant independent access to hot and cold drinks?
- B Do residents have independent access to snacks and finger foods?
- C Are residents and/or their relatives able to help lay tables, make food and wash up?
- D Is the crockery and glassware of familiar design and in a distinctive colour that contrasts with tables, tablecloths, trays and food?
- E Is there a sufficient level of lighting so that the table settings and food can be seen easily?
- F Does the dining room provide opportunities for residents to eat in small groups or alone if they wish?
- G Can large dining areas be divided to be domestic in scale and less noisy?
- H Is there enough space and chairs for someone to assist residents with eating and drinking and/or eat alongside the residents?
- I Are opportunities for socialisation during mealtimes maximised e.g. by using music to enhance the dining experience?

Please give examples of good practice/ areas of concern

4 The environment promotes mobility

Rationale

Providing handrails and resting points will encourage people to walk independently. Shiny floors can look wet and speckles can look like litter. Changes in flooring colour including stripes, patterns, shadows or dark areas e.g. threshold strips or mats, can be misinterpreted and look like holes to step over. Life size images, floor to ceiling murals and pretend objects e.g. bus stops or telephone boxes, can be confusing and disorientating. Artworks can provide interest while walking. Access to the outside throughout the year is essential for well-being and walking routes will encourage mobility.



Questions

Please score each answer from 1 – 5
(1=barely met, 5=totally met)

- A Is there space to walk around independently both inside and outside the home?
- B Are the flooring and thresholds of a consistent colour, matt, non-reflective, non-patterned and not slippery?
- C Is the flooring in a colour that contrasts with the walls, any skirting, and furniture?
- D Are the handrails in a colour that contrasts with the walls and is it possible to grip them properly?
- E Are slopes, steps and stairs clearly marked?
- F Are there small seating areas for people to rest along corridors and in gardens?
- G Are there points of interest e.g. artworks or photographs of local scenes, on the walls hung at a height where they can be easily seen?
- H Are lifts easy to find and do they have large control buttons?
- I Have the outside areas been designed to encourage engagement and activity e.g. walking routes, points of interest, raised beds, a washing line?

Please give examples of good practice/
areas of concern

5 The environment promotes continence and personal hygiene

Rationale

Not being able to find the toilet provokes anxiety and using the same signs and door colours to denote all toilets will help people find them more easily. Ensuring good colour contrast on sanitary fittings will make toilets and basins easier to see and use. Familiar designs will help ease anxiety and promote self-care. Being plunged into darkness if sensor lights go out can be very frightening. A resident may not recognise their reflection in a mirror which can increase disorientation.



Questions

Please score each answer from 1 – 5
(1=barely met, 5=totally met)

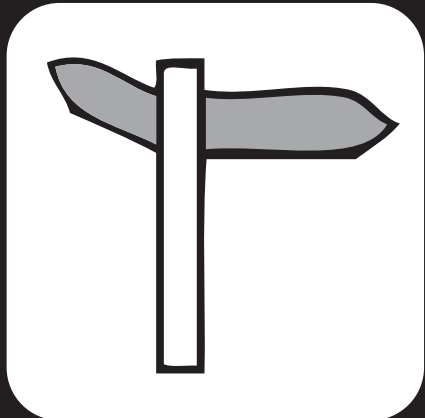
- A Do the signs to the toilets include clearly identifiable images and text and can they be clearly seen from all resident areas?
- B Are all the doors to toilets painted in a single distinctive colour and do they have the same clear signage?
- C Are the toilet seats, flush handles and rails in a colour that contrasts with the toilet/bathroom walls and floor?
- D Are the taps and shower controls clearly marked as hot and cold and are they and the toilet flushes of familiar design?
- E Are basins, baths, soap dispensers and toilet roll holders of familiar design?
- F Can toilet rolls be easily reached from the toilet?
- G Is there easy access to toilets big enough to allow space for a wheelchair and for family carers/staff to assist with the door closed?
- H If sensor lights have been installed do they allow sufficient time for older people to use the facilities?
- I Have mirrors been placed to avoid disorientation and is it possible to conceal them if required?

Please give examples of good practice/
areas of concern

6 The environment promotes orientation

Rationale

Providing visual clues and prompts, including accent colours and artworks, personalising bedroom doors and bedrooms. Providing clocks and calendars will help with orientation. Signs using both images and text need to be placed at a height where they can easily be seen. Signs should be placed on doors not beside them. Strong realistic patterns and life size images e.g. of flowers or trains, are likely to further disorientate people with dementia. Artworks should be framed in a contrasting colour to the walls.



Questions

Please score each answer from 1 – 5
(1=barely met, 5=totally met)

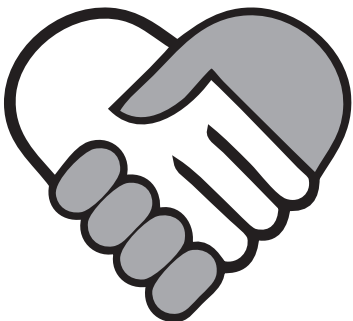
- A Do doors to communal areas have a clear or transparent vision panel to show where they lead to?
- B Have strong patterns or images been avoided e.g. in wall coverings, furnishings and flooring?
- C Are signs for residents placed on, not beside, doors and of a good size and of a contrasting colour to be seen easily?
- D Do all signs e.g. for a toilet, use both images and text and are they fixed at a height (approximately 4 foot/1.2m) that makes viewing them easy?
- E Are all staff signs e.g. sluice or treatment room, out of general eyesight?
- F Have artworks/objects and accent colours been used to enhance residents' orientation and wayfinding?
- G Are bedrooms and bedroom doors personalised e.g. through the use of numbers, accent colours, artworks, or personal photographs?
- H Is there a large, accurate and silent clock (approx 18"/45cm diameter) clearly visible in all social areas and bedrooms?
- I Is the correct day and date displayed and clearly visible in all social areas?

Please give examples of good practice/
areas of concern

7 The environment promotes calm, safety and security

Rationale

Clutter and distractions, including notices, can cause added confusion and should be avoided. Signs should be kept to the minimum. Noise can make concentration difficult and can increase anxiety. Reflections from shiny surfaces and mirrors can be disorientating. Locked doors and window restrictors can lead to frustration and anger when they cannot be opened. All staff should be familiar with current statutory and regulatory personal liberty protection standards.



Questions

Please score each answer from 1 – 5
(1=barely met, 5=totally met)

- A Are spaces clutter free and notices kept to a minimum to avoid distraction and confusion?
- B Has noise management been considered and noise absorbent surfaces been used e.g. on floors and ceilings, to aid noise reduction?
- C Is background noise kept to a minimum including doorbells, call systems and sensor alarms?
- D Do residents have any control over the sounds they hear e.g. can they listen to their own choice of music, watch their own choice of TV programme?
- E Has careful consideration been given to the placement of any mirrors or shiny surfaces in corridors and social spaces?
- F Are doors to exits clearly marked but 'staff only' areas disguised e.g. by painting the doors and door handles in the same colours as the walls, or continuing the handrail across the door?
- G Are residents cared for in the least restrictive environment possible while maintaining the appropriate level of safety and security?
- H Are safety and security measures e.g. baffle locks, window restrictors and alarms, as discreet as possible?
- I Are all hazardous liquids and solids e.g. cleaning materials, locked away?

Please give examples of good practice/
areas of concern

Summary

Please add your scores for each criterion here

A B C D E F G H I J

1 The environment promotes meaningful interaction and purposeful activity between residents, their families and staff

2 The environment promotes well-being

3 The environment encourages eating and drinking

4 The environment promotes mobility

5 The environment promotes continence and personal hygiene

6 The environment promotes orientation

7 The environment promotes calm, safety and security

How the results might be used

Scores can be benchmarked against other care homes, or more widely to look at comparisons and to highlight particular priorities for improvement. Remember it is often the simple things that can make a big difference such as de-cluttering spaces or providing small seating areas. Similarly a local photographic competition can produce stunning artworks.

If there are low scores in a particular area, think what actions can be taken immediately and what needs to be addressed with others. If the scores are low overall this evidence, together with photographs, should help inform discussions on the need for environmental improvements with senior management in the organisation.

How others have used their results

Evaluations indicate that people have already used their results to:

- influence their managers and estates colleagues to support change
- educate staff and help change attitudes
- prioritise areas for improvement
- secure finance from their boards to improve the care environment
- improve signage, flooring and colour schemes as part of maintenance programmes
- redesign dining areas and change crockery.

For further details about the EHE programme go to www.kingsfund.org.uk/dementia

For further details about the assessment tools go to www.worcester.ac.uk/discover/kings-fund-environmental-assessment-tools.html

If you would like to provide any feedback on the tool or to contact us please email dementia@worc.ac.uk

Overarching design principles

The design principles focus on promoting well-being and independence rather than providing detailed room by room guidance. They have been developed as a result of the EHE programme and bring together best practice in creating more supportive care environments for people with cognitive problems and dementia. The principles are drawn from a number of sources, including research evidence and the learning gained from changes tested in a range of care environments.

www.worcester.ac.uk/documents/Assessment-Tool-Bibliography-2020-FINAL.pdf

Each of the five sections contains a list of design elements that are known to support, encourage and enable people with dementia in care settings. It is unlikely that all the elements can be addressed at the same time unless a new build or comprehensive refurbishment is being planned. However, many of the principles are simple, can be introduced with very little financial outlay and are known to be helpful in creating a more supportive physical environment for people with dementia and those that care for them.

