

Building better care homes for adults

Design, planning and construction considerations for new or converted care homes for adults

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This is the first version of this document.

1. Introduction and purpose of this document

At the request of service providers and subsequently Care Inspectorate staff this document was developed over a period of time and has had input from a variety of organisations, service providers and others some of whom are listed at the end of the document.

This document:

- tells you about regulations, National Care Standards and guidance used by the Care Inspectorate
- tells you about some other regulatory bodies, legislation and best practice that you should know about if you are designing a care home for adults or considering applying to the Care Inspectorate to register or vary registration conditions of a care home for adults
- helps Care Inspectorate staff when assessing building plans and applications to register or vary an existing condition of registration
- helps care service providers, developers, architects, builders, local authority/NHS commissioners, as well as individuals looking for or using a registered care home for adults
- helps Scottish Government and other statutory agencies with strategic planning of future provision.

Good design, planning, construction, conversion, refurbishment and on-going maintenance are vital if a care home for adults is to be capable of providing a good service. These elements have a significant impact on those who use, provide and work in the service.

Good design:

- can have a positive impact on the health, wellbeing and quality of life of people who use care services and work there
- can help people be independent
- can reduce costs to the service provider, for example in terms of maintenance, cleaning and equipment
- can provide a homely environment for those who use the service and their families
- can encourage recruitment and retention of staff and good reputation, if quality care is given
- can create a flexible environment that would, in the future, better meet the changing needs of service users.

This document provides general guidance only. It aims to help providers, applicants for registration and others. Compliance with this guidance does not however guarantee that any particular application for registration or variation will be granted. The Care Inspectorate will consider each application on its own merits and on all prevailing circumstances.

2. Background

Building work is expensive and time consuming. It is important at the planning and building stages to consider if the premises is suitable and meets the needs of people who will use the service and the service's aims and objectives.

If you are a service provider, you are responsible for making sure that any proposed building or building work complies with legislation and relevant practice guidance.

You should consider:

- how the building will affect the people who use the service and staff who work in it
- your responsibilities for fire safety, food safety standards, health and safety, disability planning and building standards requirements and how you will meet them
- sharing your plans with the Care Inspectorate before building work starts so that any problems can be identified and resolved at this stage.

2.1 Location

You should consider providing a suitable environment that allows:

- resident access to local facilities; the care home should be sited in areas suitable for domestic living and should avoid non-domestic locations such as industrial or retail sites
- access to public transport systems and pedestrian walkways to make sure residents are not isolated from their family, friends and other visitors
- suitable visual outlooks which will support the health and wellbeing of service users
- noise pollution to be minimised; for example not building next to a railway, airport, noisy main road or night club
- garden areas for service users to enjoy.

2.2 Deciding on size and layout

Evidence in 2008 from CSCI (the then care regulator for England) and unpublished analysis and experience of findings from the Care Inspectorate during 2012 shows that smaller care homes at that particular time were achieving more grades of 5 (Very good) and 6 (Excellent) compared to larger services.

Scottish Intercollegiate Guidelines Network (SIGN) guidelines 2010 <http://www.sign.ac.uk/pdf/sign86.pdf> recommend that small group living and size of units should play an important part in the purchasing of care home places.

You must consider the size of the service and how the building and its external areas such as garden and outbuildings will allow:

- small group living, that is small groups of 6 to 10 people provided with their own en-suite bedrooms and a communal bathroom, lounge and dining facility just for their own group use reflecting a homely type environment
- provision of communal spaces such as activity rooms, hairdresser, library, reminiscence room, café, cinema, quiet areas
- appropriate siting of support service areas such as domestic service rooms, dirty utility (formerly sluice) areas, medication storage, laundry, kitchen and accessible pantry areas for use by residents and visitors
- provision of suitable kitchen equipment, crockery, cutlery and utensils, and adequate facilities for the preparation and storage of food by residents

- a large multipurpose room in which all small groups could be brought together for specific functions
- independence, privacy and safety while respecting the resident's human rights.

Before finalising plans or starting building work, we advise service providers to take the following into account:

The National Care Standards <http://www.nationalcarestandards.org> applicable to the service user group, produced by the Scottish Government. These set out what people should expect from registered care services. The principles which underpin the National Care Standards are dignity, privacy, choice, safety, realising potential, and equality and diversity.

The National Care Standards are subject to review and updating, therefore it is important to use the current edition of the standards.

Section 59 of the Public Services Reform (Scotland) Act 2010, and The Social Care and Social Work Improvement Scotland (Applications) Regulations 2011 (SSI 2011/29) ("the 2011 regulations") set out information which the Care Inspectorate must receive as part of the application to register or vary the conditions of registration of a care service. The Social Care and Social Work Improvement Scotland (Registration) Regulations 2011 (SSI2011/28) set out at regulation 3, details of persons disqualified from applying for registration. Applicants for registration or variation are advised to refer to para 6 of the schedule to the 2011 regulations of - www.legislation.gov.uk/ssi/2011/29/made - 'The aims and objectives of the care service'. The service's aims and objectives should be a key factor in determining the design of the building and further information can be found in paragraph 10.2 www.legislation.gov.uk/ssi/2011/210

Example 1: if the aims and objectives are to "provide care to young adults with a physical disability while promoting independence", then the design should create an environment that enables ease of moving and handling such as hoist tracking systems and which is free from barriers to independence. The service may also need design features that promote age appropriate activities. If the service objective is to provide a "homely environment" then small group living must be promoted as one of the elements of design.

Example 2: if the aims and objectives of the service are to "provide care to older adults with cognitive impairment and improve their quality of life", then the design should create an environment which allows small group living and which allows residents with dementia to move around as safely and independently as possible while maintaining their dignity. This can be achieved with a well designed environment by appropriate use of colour, lighting and using other specific features. When planning services for people with dementia, you can contact the Dementia Services Development Centre (DSDC) for advice: www.dementia.stir.ac.uk Dementia Strategy for Scotland documents are available via www.scotland.gov.uk.

The document entitled Designing Places produced by the Scottish Government is a useful generic guide to service design, which is available on <http://www.scotland.gov.uk/Topics/Built-Environment/planning/National-Planning-Policy/Designing>

2.3 Activities

Activities are integral to people's health and wellbeing, so it is essential that residents can have access to a choice of activities in or outside of the home.

Examples of innovative design may include:

- providing cooking, domestic and lounge type area within the resident's own room
- facilities such as cinema, café, internet café, library, pantry or kitchen for use by residents and their visitors
- a hairdresser, beauty room, games room, sensory garden, farm settings and keeping animals or pets. If you are considering providing animal areas within the grounds, it is important to discuss this with local Environmental Health services and obtain appropriate licences and/or permissions. You should also take into account the document entitled 'Preventing or controlling ill health from animal contact at visitor attractions'; Industry Code of Practice version 1 June 2012 available at <http://www.face-online.org.uk/resources/preventing-or-controlling-ill-health-from-animal-contact-at-visitor-attractions-industry-code-of-practice> This details key points that can be applied whenever animals and their environment are accessible to residents and their visitors. This includes risk assessment tools

Many residents can be at risk of falling, so it's important to minimise this risk and consider factors such as space, doorways and floor coverings. A good practice resource pack and DVD produced in 2011 entitled Managing Falls and Fractures in care homes for older people is available free of charge. You can find details at http://www.careinspectorate.com/index.php?option=com_docman&task=cat_view&gid=329&Itemid=720

2.4 Infection prevention and control

Infection prevention and control is a key issue in both the design and operation of a care service and there are regulations, Scottish guidance and evidence based best practice documents which cover this. Consider whether the building will reduce or increase the risks of infection to residents, their visitors and staff.

The Healthcare Associated Infections in European Long Term Care Facilities (HALT) Prevalence Study 2010 in Scotland highlights the prevalence of infection in adult care homes which provide nursing care and identified that the levels of infection are similar to those in acute hospital settings. Detailed information is available at http://www.hps.scot.nhs.uk/pubs/Publication_Detail.aspx

The Care Inspectorate takes account of:

- 'Infection Control in Adult Care Homes: Final Standards 2005', published and distributed by the Scottish Government. These standards are available on the Scottish Government website at <http://www.scotland.gov.uk/Publications/2005/03/19927/42762>
- the key principles of infection prevention and control in 'Scottish Health Facilities Note 30: Version 3 Infection control in the built environment: Design and planning, 2007' <http://www.hfs.scot.nhs.uk/publications/shfn-30-v3.pdf> and its associated Healthcare Associated Infection System (HAI-Scribe) documents or subsequent updated versions which are expected to be available in May 2014

www.hfs.scot.nhs.uk/publications/hai-scribe.pdf produced by Health Facilities Scotland These describe best practice and should be read alongside the regulations and National Care Standards used by the Care Inspectorate

- infection prevention and control standards and information produced by external bodies such as the Scottish Healthcare Associated Infection (HAI) Taskforce, the Health and Safety Executive (HSE), Food Standards Agency (FSA) and the Scottish Environmental Protection Agency (SEPA).

It is vital to use information that is relevant to Scotland for new or upgraded buildings.

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) sets out the basic requirements for care services and includes regulations relating to matters such as welfare of service users, fitness of premises and facilities in care homes. Service providers must demonstrate to the Care Inspectorate that these regulations will be complied with at the time of registration and will continue to be complied with after registration is granted.

You can access all legislation, National Care Standards and Care Inspectorate policies and guidance through the Care Inspectorate website:

www.careinspectorate.com

More detailed information and guidance on the Care Inspectorate's registration process are also available on this website.

2.5 Other regulators and statutory agencies

Other regulators and statutory agencies are responsible for enforcing specific legislation. There may be particular policies or by-laws in a local authority area that identify how the various laws and regulations will be applied in that local area. Those applying to register a care service which will operate in Scotland must satisfy the Care Inspectorate before they can be registered, that they are complying with the relevant requirements of these other agencies as well as regulations used by the Care Inspectorate. The document entitled Design Regulator Overview Report 2013 compiled by DSDC and subsequent updates available on <http://www.dementiashop.co.uk/products/design-people-dementia-overview-building-design-regulators-free-download> will help to explain the roles and responsibilities of regulators with regard to building design.

The Care Inspectorate has memoranda of understanding in place with other public bodies which allow certain types of information to be shared http://www.careinspectorate.com/index.php?option=com_docman&task=cat_view&gid=530&Itemid=100175 . The Care Inspectorate also has working arrangements with the Health and Safety Executive. Copies of these are available at http://www.careinspectorate.com/index.php?option=com_docman&task=doc_download&qid=760&Itemid=100175

Responsibility for any new build property, or development of an existing property, will always lie with the service provider. However, Care Inspectorate staff can advise on plans before an application is made. It may also be useful to consult with local authority and NHS commissioners at this early stage.

3. Common design features to consider

3.1 Hot water outlets

You should consider fitting integral anti-scald devices at all hot water outlets that residents have access to. You can obtain examples of maximum temperatures for the following outlets such as showers, baths and wash hand basins from www.hse.gov.uk/pubns/hsis6.htm. Also check Scottish Health Technical Memorandum (SHTM) 04-01 <http://www.hfs.scot.nhs.uk/online-services/publications/engineering/shtm-04-01/>

If there are, or will be people using the service who have dementia or other cognitive impairment there are aids to help with their independence. For example there are specific colours for taps indicating hot and cold, and pressure-sensitive plugs that reduce the risk of flooding by allowing the water to drain once it reaches a certain level and water temperature alerts. Visit www.dementia.stir.ac.uk to obtain further information or arrange to view examples on display within rooms.

Consider how frequently hot water outlets such as showers, wet rooms, bathrooms, hand wash sinks and other sinks are used regarding the management and control of Legionella. Also, consider circulation and storage of water. The Health and Safety Executive's website has information regarding legionella: www.hse.gov.uk/legionnaires/
www.hse.gov.uk/healthservices/legionella.htm
www.hse.gov.uk/safetybulletins/legionella2.htm

3.2 Private water supplies

If the building has, or will have a private water supply, it is essential that this is discussed with the local Environmental Health service and that evidence of compliance with all necessary water regulations and standards is provided to the Care Inspectorate.

Relevant legislation:

The Private Water Supplies (Scotland) Regulations 2006

www.opsi.gov.uk/legislation/scotland/ssi2006/20060209.htm

The Private Water Supplies (Notices) (Scotland) Regulations 2006

www.opsi.gov.uk/legislation/scotland/ssi2006/20060297.htm

The Private Water Supplies (Grants) (Scotland) Regulations 2006

www.opsi.gov.uk/legislation/scotland/ssi2006/20060210.htm

The siting and building of associated tanks, pipes and equipment to run such a system must be part of the building information made available to local authorities.

3.3 Ventilation, heating and lighting

All services must provide “adequate and suitable ventilation, heating and lighting.” The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), regulation 10 (2) (c).

10 (2) (c) – Fitness of premises.

“You can control the heating, lighting and ventilation in your room” and “All bedrooms and public rooms will have windows.” National Care Standards, care homes for older people, revised November 2007, Standard 4 – Your environment.

This not only helps to provide comfort to the individual resident reflecting their needs but also takes into consideration their health and well being.

Windows

Any windows that are accessible to residents, which are two metres or more above ground level, which can be opened and are large enough for a person to fall out of, should be restricted to a maximum opening of 100 millimetres or less.

Window restrictors should only be able to be disengaged using a special tool or key. www.hse.gov.uk/healthservices/falls-windows.htm See also hazard warning information issued in Scotland in January 2012 and www.hse.gov.uk/healthservices/safety-alerts.htm which highlights hazards relating to materials used following a fatal incident.

- For those with dementia, deep window sills are helpful so that items that remind them of who they are and where they are can be put on display.
- Residents must be able to open and close windows. However, restriction on the opening of windows may be required, for example some residents with autism maybe at risk or present a risk to others due to particular behaviours such as trying to post items out through the window. They may fall out while trying to retrieve items or drop items onto others passing by.
- Provision of light particularly natural light is essential for older people and those with cognitive impairment as it affects sight, behaviour and ability to sleep at night
- The use of bay windows increases day light penetration and viewing of activities outside.
- Will residents be able to see out of the window of their bedroom when seated or in bed?
- Will residents be able to see out of a window in communal areas such as sitting and dining rooms?
- Will the privacy of the resident be compromised by others overlooking the building if there are full length windows or patio doors?
- The effects and possible solutions if building standards stipulate that the bedroom window glass must be opaque, which would mean that the resident cannot see through the glass.
- Provision of special or tinted glass may be required by those affected by light such as those suffering from autism or autism spectrum conditions.

Care service providers must discuss any window alterations with the Scottish Fire and Rescue Service and local authority building standards.

Ventilation

- Consider the need for some form of ventilation such as extractor fans in areas without windows which open, such as en-suite areas, bathrooms, showers or wet rooms, laundry, dirty utility (sluices), medication storage areas, staff facilities,

kitchens and pantries, duty rooms, domestic services rooms and, if present, rooms used for smoking.

- The effects of noise on the resident if extractor fans are used within their en-suite facilities, particularly if the toilet door is left open for example during the night.
- Type of ventilation appropriate to area and specific needs; for example the laundry ventilation “must be able to minimise the level of airborne contamination and dust and minimise the risk of cross infection”
<http://www.hfs.scot.nhs.uk/publications/shfn-30-v3.pdf>

Lighting

- Lighting is very important for all older people as their eyesight often reduces over time and where lighting is not good the risk of falls increases.
- A dimly lit room may benefit people who have autism or autism spectrum conditions.
http://researchautism.net/autism_treatments_therapies_intervention.ikml?ra=112&infolevel=2
- Light also affects psychological wellbeing in terms of mood and behaviour.
- ‘Light and lighting design for people with dementia’ revised document of 2010 published by DSDC or any subsequent revisions www.dementia.stir.ac.uk. This provides detailed information on target lighting levels and configuration of lighting for different areas of a care home catering for people with dementia.
- Lighting levels must be appropriate for the needs of those using the service, and for some residents should be supplemented by table and low level lighting. This is particularly important for those living with dementia as they are likely to have a variety of visual disturbances, for example depth perception.
- Natural light for most residents is best and the environment design should allow as much as possible for example by the use of light pipes, glass blocks, roof windows and doors that train light into the room.
- Exposure to sunlight is necessary for absorption of vitamin D
<http://www.scotland.gov.uk/Topics/Health/Healthy-Living/Food-Health/vitaminD> provision of protection for residents from glare arising from sunlight must be in place and within resident bedrooms this should be capable of being controlled by the resident.
- Artificial lighting and fittings should be carefully specified to avoid creating an institutional atmosphere and glare.
- DSDC recommend that for a person with dementia a single bedroom should have 2 ceiling-mounted pendant lights as a minimum.
- Lighting switches should be accessible and controllable by residents including operating from their bed. This is best achieved by using two way switches that can be operated from the doorway and the bedside.
- Lighting provision for staff must be available and adequate within all working areas including cupboards, if appropriate, for the health and safety of staff.
www.hse.gov.uk.

Heating

Heating controls within bedrooms should be accessible and easy to operate by the resident or staff member depending on the individual needs of the resident. People who cannot move away from a heat source (for example hot water pipes, radiators or other forms of heating) quickly enough can sustain serious burns. Incidents like this can often happen in areas where there is not a regular flow of staff, such as

bedrooms (especially during the night), bathrooms and some lounges. Risk can be reduced by:

- providing low-surface-temperature heat emitters, such as cool wall
- locating heat sources out of reach, for example, high up
- guarding heated areas, for example installing radiator covers, covering exposed pipework or providing fireguards and so on
- providing under floor heating or heating incorporated into a skirting board design can benefit those residents who have autism or similar disorders and can reduce injury or damage to or by the resident.

<http://www.autism.org.uk/working-with/leisure-and-environments/architects/evaluation-of-features-specific-to-an-asd-designed-living-accommodation.aspx>

www.hse.gov.uk/healthservices/scalding-burning.htm

www.hse.gov.uk/pubns/hsis6.htm

4. Other facilities

“A provider of a care home service must, having regard to the size of the service, the statement of aims and objectives and the number and needs of service users –

- (b) provide such other equipment for the general use of service users as is suitable and sufficient having regard to their health and personal care needs;
- (c) provide adequate facilities for service users to prepare their own food and ensure that such facilities are fit for use by service users; The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), regulation 14 (b) and (c).

To prevent disruption to the service and residents and to prevent expensive alterations it is an important part of the building planning stage to consider making provision for future installation of equipment that may be required by specific residents at some stage, for example:

- hoist tracking requiring re-reinforcement of ceilings – this can easily be dealt with during the initial building
- environmental control equipment
- further call systems and alarms
- specialist communication equipment or signage
- grab rails
- smart technology.

Also see National Care Standards, care homes for older people, Standard 6 – Support arrangements.

4.1 Electrical sockets within bedrooms

Electrical sockets must be provided in all resident rooms and generally these will be used for television, bedside lights and equipment such as feeding pumps, pressure mats, free standing fans, fires, specialist beds and mattresses.

Residents increasingly have additional needs for electrical sockets. Extension or multi-socket type devices should not be used.

Consider:

- Will there be sufficient access to sockets if the resident chooses to have a fridge, microwave, kettle or other electrical appliances within their bedroom?
- Will there be sufficient sockets for use of medical equipment, if required?
- Will sockets in bedrooms and other resident areas be at an accessible level for people using the service?
- The positioning of sockets in relation to room layout when furniture is in position.
- Protection of sockets, where appropriate, from interference by the resident who may try to dismantle or break the sockets.

4.2 Television, telephone and internet access

Television and phone sockets and access to the internet must be available to service users.

Consider providing facilities within bedrooms and how noise from ringing telephones or televisions will be managed e.g. sound insulation.

4.3 Alarm call systems

Alarm call systems must be available.

Consider:

- if residents are able to reach and use the system/call pull when in their en-suite, bedroom and communal areas such as bathrooms, toilets and lounge/dining rooms
- putting in safety features to reduce risks associated with trips
- ligature prevention
- an alarm system that alerts staff without disturbing residents.

4.4 Noise and sound

The premises are “free from intrusive sounds” National Care Standards, care homes for older people, revised November 2007, Standard 4 – Your environment

The effects of noise can be distressing for many people but for those suffering from dementia or autism and other cognitive impairments, the effects of noise are “measured in adverse incidents, increased dependency and expensive accidents”

www.dementia.stir.ac.uk. Also check

http://researchautism.net/autism_treatments_therapies_intervention.ikml?ra=112&infolevel=2

Consider:

- distribution of noise associated with utility areas such as laundry, kitchen, dirty (sluice) areas, extraction fans, plant room and the use of equipment such as television, music
- structural precautions to reduce noise such as building materials and the manner of construction of rooms and spaces
- excess noise created during times of communal gathering, for example many people in the same area during peak visiting or during meal times
- use of technology, insulation or furnishing to reduce noise level
- providing quiet areas
- information contained within the document entitled 'Hearing, sound and the acoustic environment for people with dementia' 2010 version or any subsequent revisions www.dementia.stir.ac.uk
- the need for specialist communication equipment for those who may have sight and hearing impairments, learning disabilities or dementia.

4.5 Doors

“The door to your room will have a lock which you can use. Staff will be able to open the door if there is an emergency.”

“You will enjoy easy access, with all inside doors having a clear opening width of 840mm, off wide corridors (of at least 1200mm).” National Care Standards, care homes for older people, revised November 2007, Standard 4 – Your environment.

- Smart technology: locking/access systems examples can be viewed at the Iris Murdoch Centre at Stirling University.
- Are there hoists or other large pieces of equipment e.g. food trolleys that need to be accessed and do door widths accommodate these?
- Door handles: are they recognisable as such and at an appropriate height? Is the colour and shape appropriate for those with cognitive impairment including dementia?
- Will the type of door handle or lock cause injury or encourage people with autism or behavioural disorders to disassemble the device used?
- What features will be used to help residents recognise their own door and will this reflect the concept of their own front door?

4.6 Lifts, stair lifts and stairways

“If the home has more than one floor, there will be a passenger lift which the service user can operate” National Care Standards, care homes for older people, revised November 2007, Standard 4 – Your environment.

Contingency arrangements must be in place in the event of passenger lift breakdown.

- Where there are lifts in use, are there stairways that can be used by those who choose not to use a lift e.g. residents, visitors and staff?

- Does the stairway or lift give direct access to each unit without the need to pass through other units or resident areas of the home?
- Does the lift have adequate lighting and can it be operated by residents and their visitors easily?
- Are there mirrors in the lift which may cause distress to residents?
- Is the lift to be used only for people or is it to be used for transportation of goods and equipment e.g. waste, laundry, food?
- Appropriate size, e.g. wheelchair user and escort; coffin, stretcher.
- A separate service lift for waste, laundry, food trolleys.
- For stair lifts, is there the designated two metres gap from the edge of the device to the stair wall to allow access?

Equipment safety in health and social care services, 11 Mar 2013

www.hse.gov.uk/healthservices/equipment-safety.htm

The Lifting Operations and Lifting Equipment Regulations 1998 (LOLER)

<http://www.hse.gov.uk/work-equipment-machinery/loler.htm>

<http://www.hse.gov.uk/healthservices/equipment-safety.htm> and Safety alert

<http://www.hse.gov.uk/healthservices/safety-alerts.htm>

4.7 Flooring

The type of flooring used within the service must be homely and risk assessed as appropriate to the area. It should meet resident's individual needs, maintain health and safety, and be able to be cleaned. HSE guidance on flooring selection and cleaning is available at <http://www.hse.gov.uk/healthservices/slips/index.htm>

It is important to take advice relating to the particular issues around dementia/ brain injury and on how to reduce risk of falls and noise pollution. You should consider various features such as anti-flood sensors in floors, contrasting colours between floors and walls and light sensors.

Carpets must not be used within the following areas: bathroom, shower, toilets, en-suite, dirty (sluice) area, clean utility rooms, domestic service rooms/cupboards, kitchen, pantry and laundry facilities. Water Impervious flooring materials should be used in these areas and continued up the wall to replace skirting boards and reduce potential gaps or areas that could trap dirt.

In choosing flooring consider the type of material used and how it can decrease the noise level for residents. The use of contrasting colours or shades of colour between the floor and wall is important for resident areas.

4.8 Hand wash sinks

The most effective way to prevent and control infection is by using correct hand washing techniques at the right time and using appropriate facilities.

Hand wash sinks within bedrooms must be appropriate for the resident. For example, a plug may be used by the resident if they are washing themselves at the sink, and taps should be of a type that they recognise. Staff can adapt practices to accommodate different types of taps used, for example, the use of paper towels to turn off hand operated taps. However taps should be capable of delivering a

constant flow of water without having to have one hand on the tap at all times. Press down taps may have too short a delivery time which would not allow adequate hand washing (running times can be adjusted) or be too stiff to be operated by a frail person.

Residents with autism or autism spectrum disorders often have an obsession with water and good design can reduce the problems associated with provision of hand wash sinks and taps. Water supply to hand wash sinks must be capable of being turned off within the room.

<http://www.autism.org.uk/working-with/leisure-and-environments/architects/nas-architects-briefing-notes-autism-and-building-design/nas-architects-briefing-notes-general-design-points.aspx>

An innovative way to provide hand wash sinks in rooms for residents with complex needs who may also have autism or autism spectrum conditions is to provide mobile hand washing facilities which are in keeping with the room design but can be removed, as required.

A hand wash sink for use by staff in staff only areas should incorporate the following features:

- both hot and cold running water should be available for staff to wash their hands. www.hse.gov.uk
- a mixer tap, as hands must be washed under running water
- wrist, fist, elbow or sensor operated taps: taps must not be hand operated
- taps which do not discharge into a shallow sink or directly into a drain hole as this can cause splashing and generate aerosols
- taps that empty after use (as opposed, for example, to swan-neck taps)
- tap strainer and anti-splash fittings should not be used as they become easily contaminated
- plugs must not be used as hands must be washed under running water <http://www.hfs.scot.nhs.uk/publications/shfn-30-v3.pdf> if taps are of a press down type it is important to ensure that the water running time is long enough for hand washing under running water to take place
- sink must be large enough to contain splashes and therefore enable the correct hand washing technique to be performed
- the sides of the sink should be curved to prevent splashing.

4.9 Interior design

It is important to consider how each resident would like their room to be designed and decorated or to perhaps reflect what they had in their own home. In some care homes family and friends are able to help with the furnishing and decoration of the bedroom.

Health Facilities Scotland, in partnership with DSDC and Fair for All, has produced a 'Dementia Design Checklist' available on <http://www.hfs.scot.nhs.uk/publications-1/property/miscellaneous-property-documents/> This, along with information produced by DSDC on lighting design, garden design and interior design, is an invaluable tool for building or developing services. Many of these principles of good design are transferable to all other adult care homes. You can purchase information from www.dementia.stir.ac.uk. However it is important to ensure that any design

complies with other legislation, regulations or standards such as building standards, food hygiene, health and safety, infection prevention and control and waste. Residents may have complex needs and dementia should not be considered in isolation.

The [Social Care Institute of Excellence \(SCIE\) Dementia Gateway](http://www.scie.org.uk/publications) also has information on best practice in dementia care, including environment information: www.scie.org.uk/publications

Interior design is equally important for residents who may have autism, autism spectrum disorders and other similar conditions as it can affect behaviour and mood. Examples of design features which are helpful to residents are curved walls, specific colours such as grays, pinks and purples. Guidance documents on specific design features and requirements are available from The National Autistic Society.

www.autism.org.uk

4.10 Bedrooms

All residents should be able to have a choice of a single bedroom. It is good practice to design premises to allow for a proportion of bedrooms to be available as doubles or twins. Many providers are finding that the capacity to convert 10% of bedrooms for use as doubles or twins is sufficient to meet demand. You can achieve this by designing adjoining single bedrooms, which can be converted for use as a double/twin with adjoining living room. Or, by designing some bedrooms that can meet the standards for double/twin bedrooms, if demand arises.

Bedrooms must meet the minimum space requirements stated in the current version of the appropriate National Care Standards.

National Care Standards, care homes for older people, revised November 2007, Standard 4 – Your environment requires the following space:

- 12.5 square metres or more of usable floor space, excluding en-suite facilities and fitted units
- minimum of 16 square metres or more in a shared bedroom excluding en-suite facilities
- all bedrooms will have en-suite facilities
- a place where money and valuables may be deposited for safe keeping. This may be a locked area within the room, if the resident wishes.

“You have a lockable space for personal belongings in your own living space” and “You can entertain visitors and friends in private”. National Care Standards, care homes for older people, revised November 2007, Standard 16 - Private life.

Considerations

- Is there enough room for equipment such as commode, wheelchair, walking aids?
- Is there enough room for personal furniture or items to be brought in such as favourite chair, china cabinet, fridge, microwave, music centre or computer?
- Is there enough space to have visitors in the room?

- Is there enough space to have a bigger bed, if residents choose this, for example many residents will have had a double bed at home which they feel more comfortable with?
- Is there danger to residents if ceilings are low in places?
- Is there enough working space for staff to assist residents safely if the ceiling is very low in places, such as combed ceilings?
<http://www.hse.gov.uk/pubns/books/l24.htm>
- For couples, could two single rooms adjacent or linked be used, perhaps one as a sitting room?
- Medicine storage within residents' rooms, if appropriate, must be away from radiators and must not be within the en-suite facility. See health guidance note on subject available at
http://www.careinspectorate.com/index.php?option=com_docman&task=cat_view&gid=330&Itemid=100175
- Storage of care equipment/products such as continence pads or products, dressings, catheter equipment which should be protected from environmental contamination or handling by visitors and confused residents.

4.11 En-suite

- Resident toilets, bathrooms and shower room doors must have a lock provided, which staff will be able to open if there is an emergency, and a call system to summon help.
- En-suites must consist of a toilet and wash hand basin (sink), plus a shower or bath and provide sufficient room to allow the resident to be assisted by staff.
- For a 'wet' floor shower, wash hand basin and toilet, the room size will need to be at least 3.5 sq metres. Alternatively, for a shower tray or bath, the size will need to be greater than 3.5 square metres.
- The heights of wash hand sink, shaving point, wall cabinets and mirror must be accessible for use by residents.
- Grab rails, if in place, should be in a contrasting colour to help residents to identify them.

Consider:

- storage for residents' toiletries (bathroom cabinets) and other personal items
- storage for personal protective equipment for staff such as disposable gloves and aprons can be in a built-in cupboard or other suitable container which prevents environmental contamination. See health guidance note available at
http://www.careinspectorate.com/index.php?option=com_docman&task=doc_download&gid=515&Itemid=100175
- remote control shower and appropriateness for residents
- positioning the bed in the room so that access to the en-suite is highlighted
- access to controls and safety issues
- dimmed lighting at night
- if a shower tray is in place, that it doesn't have a step which may cause difficulty to the resident
- whether the shower will permit access by someone using a wheelchair
- the specific needs of residents with autism who require additional safety feature associated with access to water.

4.12 Communal toilets, bathrooms and showers

A provider of a care home service must, having regard to the size of the service, the

statement of aims and objectives and the number and needs of service users—

- b) provide such other equipment for the general use of service users as is suitable and sufficient having regard to their health and personal care needs;
- d) ensure that there are provided at appropriate places in the premises from which the service is provided sufficient numbers of lavatories, and of wash-basins, baths and showers fitted with a hot and cold water supply”.

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), regulation 14.

Consider:

- location with regard to distance from bedrooms, proximity to sitting/dining rooms and other public areas
- if the height of the ceiling compromises the space available for use by residents and the safety of staff or visitors who may assist the resident
- where the bathrooms are in relation to sitting/dining rooms
- if residents have to pass through such areas for access thereby compromising privacy and dignity
- space for staff to assist residents when required
- wheelchair access
- the sufficiency of widths and turning space for wheelchairs and hoists
- provision of enclosed storage for PPE (Protective Personal Equipment) for use by staff
- the specific needs of residents with autism who require additional safety feature associated with access to water.

Assisted communal bathroom or shower

Wash-hand basin for staff as for en-suite and toilets

As a guide there should be one bath to every eight service users (excluding residents who have an assisted bath facility in their en-suite). If all residents have wet room facilities en-suite but choose to have a bath, is there sufficient number of baths in proximity to the residents’ rooms for residents to be able to choose to have a regular bath? Baths provide not just a facility for personal hygiene but can have therapeutic value to people such as relaxation and enjoyment, easing of joint pain and maybe a precursor to treatments for skin condition.

Make sure storage facilities are enclosed, such as built-in cupboards for personal protective equipment used by staff. Open shelving should not be used for storage of PPE or clean towels or clothing

http://www.careinspectorate.com/index.php?option=com_docman&task=doc_download&gid=515&Itemid=100175

4.13 Communal space in care homes, such as sitting/lounge and dining areas

These areas should be pleasant, free from unpleasant smells and relaxing for residents. Constant traffic of staff passing through with waste, used sanitary ware, used laundry or other items must be avoided.

This guidance is not an exhaustive list and other types of rooms, storage areas and service facilities such as a hairdresser, internet café, cinema, bistro, quiet rooms and spiritual area should be considered where appropriate.

“Communal space will be at least 3.9 square metres for every resident in the home, not including corridors and circulation areas.”

National Care Standards, care homes for older people, revised November 2007, Standard 4 – Your environment.

Where the service currently operates or intends to operate in an 'open plan' setting and residents and staff have to pass through that area en route to another part of the building, then an area equivalent to that of a corridor's width should be deducted from the overall area.

Consider:

- how to make homely lounges and avoid an institutional lay-out; this can involve creating a focus point for the lounge such as a view, fish tank or a fireplace with real fire effect, as well as a television
- providing windows that are accessible by residents to sit at to enjoy views, provide fresh air and light
- providing lounges and dining areas for groups of 6 -10 people
- providing a large area within the home which could have partitions to allow multi use and small groups.(including open partitions to create a function room to enable social events involving residents from all parts of the service attending communal activities and events such as concerts, cinema evening or church services)
- examples of good design, like function rooms, areas with multi sensory equipment or quiet rooms, internet café, café for service users and their visitors, activities rooms, library, beauty, physiotherapy and gym areas
- the location of lounge and dining areas in relation to support facilities such as laundry, dirty (sluice) rooms, bathrooms and toilets
- storage for activities equipment
- possible disturbance to residents if an open plan area is used (for example noise, odours associated with food and toilet areas, other activities, such as walking in front of someone watching television). A lack of space for residents to manoeuvre when there are visitors or the room is full is a hazard and temperature control is often a problem
- provision of occasional sitting areas such as a couple of chairs in corridor alcoves or at windows is frequently used in many care homes
- if there will be enough space and seating for all residents, visitors and staff
- if space will be compromised if hoists or wheelchairs are used
- if available patio doors can be used independently by residents in wheelchairs wishing to access outdoor area e.g. ramp or level with the ground

- if there is sufficient space and seating at tables within the dining area for staff to sit with residents while assisting with feeding or just helping, particularly if residents stay in their wheelchair when eating or keep their walking aid beside them
- if there is sufficient room for the meal trolley to be used within the dining room for service of food
- if the space (occupied by storage facilities such as cupboards or sideboards) has been deducted from the communal space requirements
- if low height ceilings compromise the usable space available to residents (also consider associated health and safety issues for residents, visitors and staff)
- if a designated hand wash sink for care staff is available within rooms where food is served and, if required, residents to wash their hands before handling food
- provision of a pantry area in the dining room or sitting room to support residents' eating and drinking needs
- Will this pantry be exclusively for residents or will it be used by visitors or is it for food preparation by staff? If it is for residents and visitors to prepare to make hot drinks and or a snack, then a separate hand wash sink is not required. Dishes should be washed in a dishwasher either in the pantry or returned to main kitchen.
- The use of patio or French doors which open directly from the sitting and dining areas onto an outside area, such as a patio or garden, roof terrace or balcony, is encouraged. Steps should be avoided, if possible.
- The provision of conservatories is encouraged, but consider the effects of sun glare, heat and cold on the area.
- Toilets must not open direct into the dining and sitting areas.

4.14 Smoking room

This must meet the requirements of the Smoking, Health and Social Care (Scotland) Act 2005 www.legislation.gov.uk/asp/2005/13/contents
<http://www.bing.com/search?q=the+smoking+health+and+social+care+act&src=IE-SearchBox&Form=IE8SRC>

Providers may designate rooms for smoking, although they are not obliged to do so. Any 'designated' rooms should be enclosed spaces with forced air ventilation that vents to the outside of the building not immediately beneath or next to a window nor into any other part of the building. Rooms should be clearly marked as a room in which smoking is permitted. These rooms are designed for the use of residents and must not be used for staff to smoke. They should be separated from the corridor or connected to the rest of the building by a double door.

Consider:

- location of room within the service
- making sure that non-smokers are not exposed to smoke or smell
- health and safety issues for staff who may require to enter the smoking area.

4.15 Outdoor facilities

"Your environment will enhance your quality of life and be a pleasant place to live" and "you will be able to move around easily in the house and its grounds." National

Accessible, outdoor space for service users will be expected. Residents should be able to spend extended periods outdoors when weather permits and where possible access the outdoor space independently.

Consider:

- all year round bushes/shrubs in the garden for a pleasant view
- providing separate small themed gardens, for example, sensory, vegetable, flower, raised beds, children's play area for visitors
- colour of doors matching a coloured object at the door so people recognise which door to go in and out of
- providing seating, tables, shade or potting shed to encourage resident use and participation in gardening activities
- safety, lighting, security and disabled access
www.legislation.gov.uk/ukxi/2010/2128/contents/made
- making gardens barrier free with no steep gradients (a secure garden may be required for residents who might wander onto roads or away from the building)
- access for emergency vehicles to all parts of the building
- how access to outdoor areas will be provided safely, such as direct access from bedrooms and communal areas, and how this will be monitored and controlled
- the use of garden, courtyard, patios, animal sections of the garden, if appropriate. Many services now have animals such as pigs, goats, hens and pigeons to name a few. The provision of animals and their housing must be carefully assessed and appropriate licences obtained. Hand washing facilities will need to be provided for all who come into contact with the animals, their equipment and housing. Ensure that key elements of best practice guidance from documents such as 'Preventing or controlling ill health from animal contact at visitor attractions', version 1 June 2012 or any subsequent documents are complied with. <http://www.face-online.org.uk/resources/preventing-or-controlling-ill-health-from-animal-contact-at-visitor-attractions-industry-code-of-practice>. 'Designing balconies, roof terraces and roof gardens for people with dementia' document 2010 or subsequent revised versions when available to assist when the service has more than one level www.dementia.stir.ac.uk also <http://www.hse.gov.uk/pubns/hsis5.htm> which relates to health and safety aspects of balconies
- health and safety and privacy aspects <http://www.hse.gov.uk/healthservices/falls-windows.htm> and www.hse.gov.uk/healthservices/information.htm
- the location in relation to waste storage, service deliveries and car parks.

4.16 Laundry

Consider:

- the aims and objectives of the service
- if there is an objective to promote independence of the resident by allowing them to do their own laundry
- if washing machines and tumble driers for use by residents will be situated centrally or within their own room

- issues around infection prevention and control and how these will be addressed where there is the possibility of having to deal with laundry contaminated with blood and body fluids or infection and will there be sufficient space (room for movement while carrying out duties). This may include space for a wheelchair user if residents with physical disability are managing their own personal laundry.

Main laundry facility

“Segregation of linen is of the utmost importance to prevent cross contamination when it comes to dealing with laundry. Clean and dirty areas must be well controlled” “No cross over from clean to dirty area”

<http://www.hfs.scot.nhs.uk/publications/shfn-30-v3.pdf>

Considerations

- The site of laundry in relation to bedrooms, lounge/living and dining areas, and kitchen. Ideally the laundry should be on ground level outwith bedroom
- The times of day or night that the laundry will be operating.
- If the laundry is sited above other floors ensure that the floor is able to support the heavy machines and floor beams will not become distorted by the vibration of the machines when in operation. Consider potential leakages of water and the possible effects on areas below e.g. kitchen, resident areas.
- Sound proofing, if necessary.
- Will the laundry have sufficient capacity to process all used laundry items?
- Will all items be laundered in-house, such as resident clothing, bedding, furnishings, staff uniforms, kitchen linen, mop heads?
- Will there be dedicated laundry staff or will care staff be providing this service?
- To prevent cross contamination, there should be two doors to allow dirty entrance, with a ‘dirty to clean’ flow during processing with clean exit door.
- How will dirty and clean areas be separated to ensure no cross over between dirty and clean linen or equipment?
- Equipment such as washing machines and driers should have the capacity to reflect the service’s needs and be of an industrial type which includes a sluicing cycle. Hand sluicing of laundry is not permitted.
- Washing machines type of system e.g. temperature control or ozone system which needs more space.
- A designated hand wash sink for staff hand washing.
- A designated general purpose sink for washing laundry equipment such as baskets/laundry trolley and containers.
- Sufficiency of space (room for movement while carrying out duties) including space around machinery to allow cleaning and maintenance.
- Will ironing duties take place in the laundry or elsewhere?
- Storage of clean items short term, while awaiting ironing: return to resident or to clean linen store while awaiting transfer.

Dirty utility (often referred to as the sluice) area

Location of dirty utility relating to resident areas must be such that staff do not have to take used sanitary items or other equipment used for care to other parts of the home for cleaning/decontamination.

Considerations

- Will used sanitary ware need to be transported past the kitchen, reception or lounge/dining room areas? If so, how this could be done without creating malodours and potential spillages? (This area must be separate from the cleaner/housekeeper's area for cleaning and storage of housekeeping equipment <http://www.hfs.scot.nhs.uk/publications/shfn-30-v3.pdf>.)
- Having designated hand wash sink with hot and cold running water supply.
- Providing an automated washer disinfectant for cleaning and decontamination of used sanitary ware and other equipment which, if necessary, can take the contents of commode pots or wash basins for emptying. The use of a macerator as an alternative to washer disinfectant is strongly opposed by UK Water and may be penalised or banned by future legislation. <http://www.water.org.uk/home/policy/positions/waste-macerators-position-paper?s1=use&s2=of&s3=macerators#conc>. In Scotland please check The Waste (Scotland) Regulations 2012 www.zerowastescotland.org.uk/content/waste-scotland-regulations <http://www.bing.com/search?q=Zero+Waste+Regulations+Scotland&FORM=QSRE4>
- Manual washing of sanitary ware is unacceptable.
- Having restricted access for staff only, such as lockable doors with a lock or key pad.
- Built-in cupboards for storage of equipment or products, if required.
- Space for storage of waste and laundry bins and equipment.
- New waste regulations for Scotland will be introduced on 1 January 2014 for care homes and this will require additional segregation of waste categories e.g. hygiene, domestic, plastics and other recycling materials. Advice and support is available from Zero Waste Scotland www.zerowastescotland.org.uk
- Space for staff to work safely.
- A general purpose sink.
- Where washed items will be placed for drying.

4.17 Facility medication/clean supplies/treatment room

Medication and clean supplies such as dressing and other medical products must be stored in the correct environment and temperature to ensure that the quality of products are safe for use by residents.

National Care Standards care homes for older people, revised November 2007 – Standard 13 – Eating well, Standard 14 – keeping well – medication

The purpose of the room must be identified as this will impact on the building requirements. The Aims and Objectives of the service should identify if this facility is required.

Room temperature control if storage of medication is within the area: temperature should not exceed 25° C.

Consider:

- appropriate storage facilities for sterile supplies and sundries, including no open shelving at floor level

- provision of safe storage for oxygen (fire, preventing cylinders falling).
<http://www.hse.gov.uk/pubns/indg459.pdf>
- sufficient space for storage of one or more medicine trolleys
- sufficient space for fridge/s for storage of drugs and dietary supplements
- provision and adequacy of controlled drugs cupboard
- medication storage, including some dietary supplements guidance is available at
http://www.careinspectorate.com/index.php?option=com_docman&task=cat_view&gid=330&Itemid=100175
- space for storage of healthcare waste such as sharps bins
<http://www.hse.gov.uk/healthservices/needlesticks/index.htm> space for storage of waste bins for hazardous waste, healthcare and municipal waste, if required. Information available on www.careinspectorate.com and www.sepa.org.uk. Also security and access for staff. Access should be restricted by lock or key pad.

4.18 Facility reception/office/duty room

National Care Standards, care homes for older people, revised November 2007, Standard 10 – Exercising your rights.

Consider:

- security and confidentiality
- the location and whether staff will need to leave a unit or floor within the service to access information or use a telephone
- where visitors will speak with staff in private
- if the reception compromises the experience of residents in any way, for example if it is in a sitting/dining area

Cleaner/Housekeeper's designated area

The provision of such designated areas and facilities within these areas will depend on what type of cleaning system is to be used.

Considerations

- Is a micro-fibre system to be used? If yes, a central area will be appropriate. If no, facilities on each floor/unit must be considered.
- Having separate secure storage of cleaning materials within the area
www.hse.gov.uk/coshh/
- Designated hand wash sink and facilities for staff hand washing after cleaning equipment.
- A general purpose sink for washing equipment, filling buckets. Consider height of general purpose sinks in relation to duties to be performed.
- Facilities to store waste, equipment and mops without cross contamination.
- Whether there is adequate space to work.
- Unauthorised access for example residents and visitors.

4.19 Facility external waste storage areas

This should be sited away from the main kitchen area and resident areas and should be easily accessed for uplift of waste.

Consider:

- potential smells, nuisance, pests and noise
- security of storage area.

4.20 Main kitchen

Service providers should seek advice on kitchen plans from the local authority's Environmental Services for the proposed premise before building.

The service will require to be registered with Environmental Services as a food premises 28 days before food is provided.

Consider:

- Where in the building is the kitchen situated in relation to other facilities such as dining areas and bedrooms, sluice/dirty utility areas and laundry?
- Is access to the kitchen controlled to ensure residents and visitors cannot wander in or can only access the kitchen if supervised by staff?
- Delivery of supplies - is this through the care home, through the resident garden area or past the resident's bedroom windows and doors, or is there direct access via an external kitchen door?
- Is the space sufficient to cater for the range of dietary needs of residents as explained in Food in Hospitals national catering and nutrition specification for food and fluid provision in hospitals in Scotland 2008 Scottish Government, which is applicable to care homes www.scotland.gov.uk/Publications/2008/06/

Other considerations

Provision of toilets for use by visitors to a care home

Although some visitors may choose to use toilet facilities within the resident's room when visiting, this is not always appropriate or acceptable to the resident or the provider. Communal toilets are generally to be used by the residents. Therefore it is important to provide a visitor toilet within the service that visitors can use when required and for the purpose of washing their hands on entering and leaving the building. This helps to prevent potential infection to residents, staff and visitors.

Staff welfare

Facilities such as suitable toilets, washing facilities, rest facilities and changing facilities for people at work are covered under The Workplace (Health, Safety and Welfare) Regulation 1992. A revision of Health and Safety in Care Homes HSG 220 August 2013 is available electronically from the Health and Safety Executive www.hse.gov.uk

From a Care Inspectorate infection prevention and control perspective, staff must not share toilet facilities with residents or their visitors.

Staff facilities

Will the premises provide an area for staff meetings, education and other potential needs which does not impose restrictions on areas used by residents?

SUPPORTING INFORMATION

Fire safety

The basic purpose of legislation in this area is to achieve fire prevention; fire containment (to prevent the spread of fire) and to ensure protected routes to a place of safety outside the building in the event of a fire. Owners/occupiers of care homes must check their responsibilities for fire safety under Part 3 of the Fire (Scotland) Act 2003. For more information on fire safety visit www.scotland.gov.uk/Topics/Justice

Building Standards

New homes, conversions, extensions and alterations to existing property must comply with this legislation. A Building Warrant must be obtained from the local authority Building Standards before building work starts on site. At the end of a building project, a completion certificate must be submitted to the local authority Building Standards who will formally accept or reject the certificate giving reasons. For more detailed information on the building standards system visit www.scotland.gov.uk/bsde/public-safety/fire-and-rescue-services/FireLaw

[The National Autistic Society | - | autism | Asperger syndrome |](http://www.autism.org.uk/scotland)
www.autism.org.uk/scotland

The Dementia Services Development Centre (DSDC) at the University of Stirling
dementia@stir.ac.uk.

Mental Welfare Commission
www.mwcscot.org.uk

Alzheimers Scotland
www.alzscot.org

Mental Health Foundation Scotland
www.mentalhealth.org.uk

ENABLE Scotland
www.enable.org.uk/aboutus/Pages/default.aspx

Sense Scotland
www.sensescotland.org.uk

Capability Scotland: Scotlands
www.capability-scotland.org.uk

Leonard Cheshire
www.lcdisability.org

Age Scotland
www.ageuk.org.uk/scotland

The Joseph Rowntree Trusts and Foundation
www.josephrowntree.org.uk

The Food Standards Agency (Scotland)
www.foodstandards.gsi.gov.uk

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