



Care Homes for Children and Young People – The Design Guide

Design, planning and
construction considerations
for new or converted
care homes for children
and young people



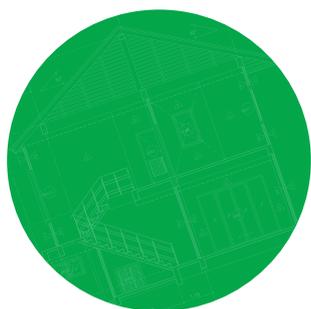
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1. Purpose of this document



1. Purpose of this document



The aim of this publication is to describe and illustrate what good building design looks like for care homes for children and young people. It provides guidance for those designing a new building or registering a premises that was previously registered as a care home. It seeks to address the inherent challenge of creating an environment that is simultaneously public and private, as described in [Designing with Care: Interior Design and Residential Child Care](#).

It is also relevant when planning to improve the environment of existing premises, seeking to change the legal entity of the provider, take over an existing care service, or vary an existing condition of registration. In these circumstances we work with providers and applicants to agree a reasonable position on what improvements are feasible whilst ensuring that the care home still be financially viable.

This document describes the environment young people should expect in care home services which supports positive experiences and outcomes in a homely environment. High-quality design, planning, construction, conversion, refurbishment and ongoing maintenance are vital if a care home is to create an environment where children and young people flourish, feel safe and build nurturing relationships. These elements have a significant impact on those who experience, provide and work in services.

This resource will support those looking to deliver care home services. Applicants wishing to register or alter a care home service should consult with us on the proposed building plans prior to seeking planning permission or building warrant. You can seek pre-application registration advice on our website [here](#). We will ask you to provide us with detailed plans and information and we will use these documents to consider the suitability of your plans, and to consider improvements where appropriate. Our comments will not guarantee approval, but we will be able to alert you to areas that do not comply with the standards. This is important, as even if the building is under construction, non-compliance with the [Health and Social Care Standards](#), regulations and best practice may result in costly changes or refusal of the registration.

Where existing providers are planning refurbishments and adaptations, they should also involve people using the existing service and their families in planning improvements. This supports the Health and Social Care Standard 4.7: "I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership."

Existing providers should also consider our quality frameworks which are primarily for self-evaluation but are also used for inspection. This resource will enable you to develop services that will offer high quality environments, providing the ability to deliver high quality outcomes for young people living in the care home.

[A quality framework for care homes for children and young people and schoolcare accommodation \(special residential schools\)](#) has a key question 4 which is: "How good is our setting?" The three quality indicators associated with this key question are:

- 4.1. Children and young people experience high quality facilities.
- 4.2. The setting promotes and enables children and young people to thrive and develop their independence.
- 4.3. Children and young people can be connected with and involved in the wider community.

Key question 4 links directly into the Health and Social Care Standards ensuring that the environment contributes to quality of life and enables young people to live full and meaningful lives in an environment that is their home. Importantly this question also looks at how young people are connected into their wider community.

We have involved young people in producing this guidance and where possible have used their comments to help illustrate the difference high-quality design and considered decision making can make to young people's lives.

The Care Inspectorate has a duty to consider each application on its own merit. It may be that you have innovative ideas and suggestions about how you can create a residential care service that leads to high-quality experiences and outcomes. Our registration staff are always keen to discuss new ideas and innovative approaches with you, and we encourage you to raise these with us.

This document:

- refers to regulations, the [Health and Social Care Standards](#), and other guidance used by the Care Inspectorate
- tells you about some other regulatory bodies, relevant legislation and good practice that you should know about if you are designing a care home or altering or extending existing premises
- is used to guide our registration team on registration and variations and by our inspectors during inspection and complaints
- signposts to good practice documents which provide helpful advice that we will refer during the registration and inspection process.

We recognise that many of these regulations and guidance documents will be updated, and with this in mind, we will continue to review and update this guidance document.

The Health and Social Care Standards set out at standard 5 that: "I experience a high quality environment if the organisation provides the premises." We refer to this standard throughout this document.

You are responsible for seeking advice from statutory agencies and consultants about high-quality design principles for the people you propose to provide a service for, such as:

- fire safety
- food standards safety
- health and safety
- meeting planning and building standards requirements.

[The Social Care and Social Work Improvement Scotland \(Requirements for Care Services\) Regulations 2011 \(SSI 2011/210\)](#) set out the basic requirements for care services and include regulations relating to matters such as welfare of people experiencing care, the fitness of premises and facilities in care homes.

Service providers must demonstrate to the Care Inspectorate that these regulations will be used to deliver high-quality care at the time of registration and that this will continue after registration is granted.

It is vital that service providers use information that is relevant to Scotland for new or upgraded buildings. Many aspects of care regulation, fire safety and building control are devolved and differ from other parts of the UK.

You can access links to the legislation and Health and Social Care Standards as well as Care Inspectorate policies and guidance and registration information on the Care Inspectorate website <https://www.careinspectorate.com/>

Our website for good practice guidance is The Hub at <https://hub.careinspectorate.com/>

2.0

Supporting information



2.0 Supporting information

2.1 Fire safety



Fire safety law applies to all care homes, including smaller care homes. The purpose of fire safety legislation is to ensure life safety. The legislation requires that measures are taken both to prevent fire and to protect occupants in the event of fire, for example by giving warning of fire and by limiting the effects and spread of fire. Some of these measures may be incorporated into the building design.

Part 3 of the [Fire \(Scotland\) Act 2005](#), as amended and the [Fire Safety \(Scotland\) Regulations 2006](#) places responsibilities on duty holders e.g. employers, owners, service providers. It requires them to undertake and regularly review a fire safety risk assessment to determine what measures are necessary. Whoever carries out the risk assessment should be competent to do so. Scottish Government has produced guidance to help duty holders meet their obligations: [Practical fire safety guidance for care homes](#) and [Practical fire safety guidance for existing specialised housing and similar premises](#). In addition, further advice on fire safety is available from the Scottish Fire and Rescue Service.

Fire alarm systems are designed to satisfy particular fire safety objectives. The design should take full account of the type of premises and its occupancy profile in order to effectively meet those objectives. In addition, systems should not be prone to unwanted fire alarm actuations. This should be an integral part of the system's design requirements, as well as an ongoing consideration after installation.

Government guidance also recommends a "person-centred" approach to reduce the risk of harm to individuals who may be at particular risk from fire. This could result in additional measures being necessary which could also impact on building design. Further information is available in [Practical fire safety guidance for existing specialised housing and similar premises](#).

Consideration should be given to providing additional rooms for the charging of hoists, electric wheelchairs and so on to prevent storage in protected routes and stairwells. These rooms should be sufficient to provide for the projected requirements of the care home.

While rare, a number of tragic fires in residential premises have focused attention on the use of building materials and modern methods of construction, in particular certain types of cladding used predominantly in high-rise buildings as detailed in [External wall systems: draft advice note](#). Existing and prospective service providers are reminded of their overall responsibility for the safety and wellbeing of people who use services, consulting as necessary with the owner or landlord and the local authority's building standards department.

Tragic events serve as a reminder of how important it is that care services have in place robust fire prevention, protection and evacuation measures.

2.2 Planning and building standards

From a planning perspective, it may be useful to include the views and preferences of partner agencies at conception stage, such as environmental planning teams, architects, community representatives, legal representatives, as well as fire officers. Consider setting out a timeline of what agencies you would engage with at different stages of the process, what information they would expect, what potential outcomes could be, and potential impact of certain courses of action.

Multi agency meetings at pre-application planning stage would be recommended.

Environmental planning teams for example offer planning advice for providers of care and residential homes either for free, or for a minimal cost and would recommend that such discussions take place at idea conception, and most certainly before any application is submitted.

It may be that community engagement prior to application stage would be helpful, noting the importance of transparency and engagement with the local community/ immediate neighbours. While there is no legislative need to do this, applications for care homes are a matter of public record, and there may be a need to support, educate and inform the community within which you are aiming to integrate the people who will live in the care home. The impact of an unwelcome community is significant.

New homes, conversions, extensions and alterations to existing property must comply with relevant legislation. Planning permission where required and a building warrant must be obtained from the local authority before building work can start. At the end of a building project, a completion certificate must be submitted to the local authority building standards service, who will undertake reasonable inquiry before deciding to accept or reject the completion certificate. Some small care premises may not require a building warrant for a change of use, however other legislation such as fire safety, will still require appropriate measures to be put in place. For more detailed information on the building standards system, visit [Building standards](#).

3.0

Service aims and objectives



3.0 Service aims and objectives



The service's aims and objectives are a key factor in determining the design of the building and must be submitted with your proposal along with your plans. Regulation 10 of [The Social Care and Social Work Improvement Scotland \(Requirements for Care Services\) Regulations 2011 \(SSI 2011/210\)](#) also refers to aims and objectives.

The service aims and objectives should reflect the type of care service to be offered, for example a short break service, or one that is suitable for young people with additional support needs.

We expect care home services for children and young people to be a homely, nurturing environment as recommended by Independent Care Review. [The Promise](#) stated its ambition for children and young people "We grow up loved, safe, and respected so that we realise our full potential". The focus of care that is provided may well be determined by the age and/or support each child or young person requires. The aims and objectives of the service may need to mirror this flexible approach to care. The Care Inspectorate has published [Guidance for providers and applicants on aims and objectives](#).

In line with the [Staying put Scotland: providing care leavers with connectedness and belonging](#) guidance, and [Part 11 \(Continuing Care\) of the Children and Young People \(Scotland\) Act 2014](#) consideration should be given to the fact that as a child's 'home,' it is a place that they will be encouraged and welcomed to stay into adulthood. With this comes some considerations around, for example, young adults being provided with a key to the front door, whether they can be left alone unsupervised, or if they have access to the kitchen at unusual hours (for example if they are working and come home late after a shift).

A care home service should not only be seen as the physical building but also the culture and society within which a person lives and experiences support, opportunity and citizenship. The design of a care home can impact significantly on dignity, respect, compassion, inclusion, responsive care and support and wellbeing.

Having clear aims and objectives for your care service helps people who are thinking about using your service understand what they can expect. This takes account of the following Health and Social Care Standards:

Standard 1.17 "I can choose from as wide a range of services and providers as possible, which have been planned, commissioned and procured to meet my needs."

Standard 1.18 "I have time and any necessary assistance to understand the planned care, support, therapy or intervention I will receive, including any costs, before deciding what is right for me."

Standard 1.20 "I am in the right place to experience the care and support I need and want."

[The Social Care and Social Work Improvement Scotland \(Requirements for Care Services\) Regulations 2011 \(SSI 2011/210\)](#), regulation 14, set out that:

“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 people using the service:

b) provide such other equipment for the general use as is suitable and sufficient having regard to 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 aims and objectives of the service should also inform staffing levels. [The Social Care and Social Work Improvement Scotland \(Requirements for Care Services\) Regulations 2011 \(SSI 2011/210\)](#), regulation 15, sets out that:

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

(a) ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.”

The Care Inspectorate has published [Guidance for providers on the assessment of staffing levels](#).

4.0

Location, security and community connection



4.0 Location, security and community connection



The physical location of a care home service is an important consideration as outlined in [Designing with Care: Interior Design and Residential Child Care](#) and the NICE guideline [Learning disabilities and behaviour that challenges: service design and delivery](#). The Health and Social Care Standard 5.8 states: “I experience a service as near as possible to people who are important to me and my home area if I want this and if it is safe.”

The [United Nations Convention on the Rights of the Child \(UNCRC\)](#) incorporation has raised expectations considerably regarding how children’s views must be taken into account when planning, commissioning and designing services for young people. The Scottish Government’s statutory guidance [Care services – planning with people: guidance](#) also advises on community engagement when developing social care services for children and young people.

Standard 1.17 states: “I can choose from as wide a range of services and providers as possible, which have been planned, commissioned and procured to meet my needs.”

This is an important issue for local authorities and commissioners, planners, service providers and architects. The [Place standard tool](#) may be helpful in supporting developers’ understanding of where they are going to build.

Standard 5.9 states: “I experience care and support free from isolation because the location and type of premises enable me to be an active member of the local community if this is appropriate.”

All people have a right to citizenship, with equal choices, full inclusion, and participation in the community.

Some care home services may have a rural or isolated location as a key part of their aims and objectives for the type of service they wish to provide, and for some children and young people this might be a preferred option.

However, for most care home services we would note that a well-connected care home service which is well integrated into the community, can have a positive impact on people’s wellbeing and experience.

Important elements of providing an integrated and connected environment include:

- access to local facilities; the premises 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 allow both staff and visitors easy access to the home
- being close to local community to ensure people living in the service are not isolated from their family, friends and community amenities
- suitable and stimulating visual outlooks which will support the health and wellbeing of people. This may include a garden area or green space
- the effect of noise or air pollution to be minimised to a level that is in keeping with a residential setting; for example, not building next to a railway, airport, noisy main road or night club
- accessible outdoor areas and environment that support young people's emotional regulation as recommended by [The Promise](#) (the Health and Social Care Standards 5.23 state: "If I live in a care home, I can use a private garden.") Good practice guidance can be found in [Go Outdoors! Guidance and Good Practice on Encouraging Outdoor Activities in Residential Child Care](#)
- a service which will blend into the community rather than stand out
- safe Wi-Fi and IT availability, that support those living in the service to maintain contact with friends and family
- appropriate and accessible car parking and cycle facilities for people using the service, visitors, and staff
- wider considerations of the demographics of an area in relation to age, deprivation, and crime and acceptance of the local community.

When deciding on the location of the service the provider must take into account the availability of other services that children and young people may need to access, for example:

- education/work placement
- Child and Adolescent Mental Health Services (CAMHS)
- throughcare and after care teams
- family and friends
- community facilities, social opportunities, and shops
- community sports and recreational facilities
- local NHS facilities, such as a GP or dentist
- links to local transport.

The Independent Care Review states: "Access to timely, appropriate therapies must be available to ... those who have experience of care..."

The building should be secure but not impinge on an individual's human rights. Security of the building will be in line with the stated aims and objectives of the service and the people living there. The Health and Social Care Standards state:

Standard 5.17 "My environment is safe and secure."

Standard 1.3 "If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively."

We would not support the fitting of door alarms on bedroom doors as the perceived need for this could evidence that insufficient staffing levels are planned to meet the needs of children and young people using the service. In exceptional circumstances, such as where external fire escapes are accessed from bedrooms, it may be necessary in the interests of safety to fit such a device on the fire door. Advice should be sought from us in relation to when it is appropriate to fit door alarms, and consideration given to Rights, risks and limits to freedom.

If CCTV is to be used, a provider should refer to [Guidance for care providers in Scotland using CCTV \(closed circuit television\) in their services](#). The Health and Social Care Standards set out at 2.7: “My rights are protected by ensuring that any surveillance or monitoring device that I or the organisation use is necessary and proportionate, and I am involved in deciding how it is used.” While the use of CCTV may be necessary in some settings, by not using it and considering the use of alternative supervision and monitoring arrangements, we are supporting the reduction of the gap between living in a care home and living in a family setting.

Care experienced young people tell us how important these things are to them.

“Care homes should be in the community and near shops. You shouldn’t have to need to get a lift to go the shop.”

“It’s important that the community is supportive.”

“I was in a care home where there were really good relationships with the neighbours – in fact one of the young people had fixed an old lady’s printer. It’s really important to get on with the neighbours.”

5.0 General design



5.0 General design

Consideration may wish to be given to the general design, sustainability, and carbon reduction of the building for example by considering a Passivhaus or low-carbon approach.

5.1 Size

The Care Inspectorate registers a wide range of care service types, but our scrutiny evidence and data suggests that people living in smaller care homes often experience better care.

Care homes for children should offer a safe and loving environment that resembles that of a family home in order to improve the experiences and outcomes of young people experiencing care. [The Promise](#) stresses the importance of the quality of relationships in residential settings. It states that the values for these settings should be therapeutic and recognise that children require thoughtful, supportive relationships as a basis on which to heal and develop as young adults.

The overall size of residential care services must meet the needs of the individuals who use them. Young people have told us that they prefer to stay in a care home with a maximum of four beds. This supports people to form positive, worthwhile relationships with staff and other young people.

Young people told us:

“I was in a smaller service – it felt more homely and right for the children living there.”

“Smaller houses seem more settled. Too many dynamics in larger groups. Imagine having seven brothers and sisters all winding each other up.”

“With less young people, there is more space to have time away if needed.”

The Health and Social Care Standards set out what people should experience as a result of their care:

Standard 5.5 states: “I experience a service that is the right size for me.”

Standard 5.7 states: “If I live in a care home the premises are designed and organised so that I can experience small group living, including access to a kitchen, where possible.”

Standard 5.11 states: “I can independently access the parts of the premises I use and the environment has been designed to promote this.”

Standard 5.20 states: “I have enough physical space to meet my needs and wishes.”

The applicant must demonstrate how the environment takes account of the Health and Social Care Standards.

Most care homes for children and young people now follow a domestic model. The advantages of this are that:

- children and young people are not overloaded with stimuli from noise, activity and too many other people
- it allows for a more domestic design which should be more nurturing, homely and familiar
- it should be easier for young people to arrange and participate in activities
- it's easier for staff to get to know individuals well and understand what matters to them
- it enhances team development, knowledge and expertise and therefore provides opportunities for high quality care
- it provides a greater sense of ownership and belonging.

5.2 Layout and design



The Care Inspectorate expects all care homes for children and young people to provide a homely, nurturing environment as recommended by [The Promise](#).

Health and Social Care Standard 5.6 states: "If I experience care and support in a group, I experience a homely environment and can use a comfortable area with soft furnishings to relax."

Health and Social Care Standard 5.22 states: "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment."

Regardless of the size of the service, you should consider how the building and its external areas such as garden and outbuildings will support the aims and objectives of the service and its capacity to be accessible to children and young people with a disability.

In line with the [Staying put Scotland: providing care leavers with connectedness and belonging](#) guidance, the care home, including the kitchen, laundry, and location, should be designed in a way that encourages the development of self-care and life skills at every opportunity throughout the child's life in that house.

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 prevent and control (IPC), waste and fire safety.

Health and Social Care Standard 1.22 states: "I can be independent and have more control of my own health and wellbeing by using technology and other specialist equipment."

Safe Wi-Fi accessibility for digital devices should have sufficient connection strength throughout the care home so that young people can remain connected with family and friends, music and films can be streamed for entertainment, and clinical monitoring can be used where required.

Considerations should be given to the infection prevention and control in the design of the environment for example flooring in bathroom, shower, toilets, ensuite, utility rooms and cupboards, kitchen, pantry and laundry facilities should be seamless, impermeable, slip-resistant, easily cleaned and appropriately wear-resistant. In these rooms there should be coving between the floor and the wall to prevent accumulation of dust and dirt in corners and crevices. Any joints should be welded or sealed to prevent accumulation of dirt and damage due to water ingress. Carpets in bedrooms or communal areas can provide a more homely environment and there is no requirement for covered joints. The home should have a plan for deep cleaning, disposal and replacement of these, should they become soiled. More detail on IPC can be found in the [National Infection Prevention and Control Manual \(NIPCM\)](#), and in section 7.1 below.

Similarly, walls in bathroom, shower, toilets, ensuite, utility rooms and cupboards, kitchen, pantry and laundry facilities should be smooth, wipeable, impermeable surfaces. Design in these areas should ensure that surfaces are easily accessed and will not be physically affected by detergents and disinfectants. Wallpaper in bedrooms or communal areas can provide a more homely environment, however the home should have a plan for disposal and replacement of this, should it become damaged or soiled.

Soft furnishings, such as chairs and cushions, are to be encouraged as they provide a more homely feel, however the home must have a plan for how these would be cleaned or disposed of in the event of infectious outbreaks. They must also be suitably fire retardant as specified in [The Furniture & Furnishings \(Fire\) \(Safety\) Regulations 1988 \(as amended\)](#). More advice on this is available in [Fire safety guidance for existing premises with sleeping accommodation](#) (sections 133-135), and from the [Trading Standards Department](#).

Doors should be cleanable, that is, smooth, wipeable and have impermeable surfaces and should have handles that can be easily cleaned and dried.

Further information can be found in [SHFN 30 Part A Manual: Information for design teams, construction teams, estates and facilities and infection prevention and control teams](#).

If the environment is open plan, consideration must be given to promoting privacy and dignity for people using the service.

If providing care for a broad age range of children and young people, you must take into account how you will meet a broad range of needs. For example, staff skills and expertise, the environment and activities must support the needs and promote good outcomes for everyone staying there.

The Health and Social Care Standards set out at 1.6: "I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential."

The Health and Social Care Standards set out at 1.8: "If I experience care and support in a group, the overall size and composition of that group is right for me."

5.3 Bedrooms



Bedrooms are usually a young person's only personal living space. It is important to consider how you will make the bedrooms feel like home for children and young people and how you will support them to be able to control certain aspects of their room, for example décor, furniture, equipment and personal belongings.

Health and social care standard 5.12 states: "If I live in a care home, I can control the lighting, ventilation, heating and security of my bedroom."

We would expect all children and young people to be accommodated in single rooms. The Health and Social Care Standards set out at 5.25: "As a child or young person living in a care home, I might need or want to share my bedroom with someone else and I am involved in this decision." This means, for example, family groups, especially young siblings, could share a room if appropriate.

The Independent Care Review reinforces the presumption that children will stay together with their siblings whenever possible. However, the overall numbers agreed at registration will support all children and young people having their own bedroom.

Room sizes should reflect the age and ability of people using the room and allow for the potential for siblings to share and also any additional equipment required to support children and young people who are living with disabilities. They should also include the scope for young people to have friends over to stay, further normalising their experience of childhood.

The Health and Social Care Standards set out at 5.20: "I have enough physical space to meet my needs and wishes."

We expect rooms to have the following facilities and fixed furniture:

- a lockable space where money and valuables can be stored safely
- a lockable door suitable to the assessed needs of the child or young person staying in that room, which can be opened by staff in an emergency
- sufficient space for any care equipment required
- a desk with sufficient space to allow for homework
- a digital connection to enable use of connections for personal entertainment, education, connecting with family / friends and supporting and clinical needs
- space for usual bedroom furniture such as wardrobe, drawers, comfortable chair, bedside table and so on
- a view from the window with control of the window coverings
- a television point.

If medicine is stored in bedrooms, it must be in a lockable cabinet, away from radiators and must not be within any ensuite facility.

Bedrooms must be designed to allow staff access in case of an emergency and promote the safety and wellbeing of the people living there.

Any noisy equipment which has the potential to disturb sleep should be removed.

Internet or Wi-Fi access should be available and sufficient to meet the needs of people using the service and have the ability to be safely managed individually in accordance with individual care planning.

Sufficient accessible electrical sockets to meet the needs of young people and their use of electronic equipment. It may be appropriate to consider dual use sockets which provide a USB charging port.

Young people told us:

“You should be able to personalise your space. A bit of painting, posters and choosing your own bedding.”

“I was able choose some of my own furniture. This really helped it feel like my space.”

“I spoke to one young person who was able to choose their own bed... They really appreciated it.”

“It’s important to have a desk – particularly if you’re at school.”

5.4 Toilets and bathrooms

Careful consideration must be taken to ensure young people’s privacy and dignity when accessing toilets and bathrooms. If ensembles are provided, these should consist of a toilet, wash-hand basin and a shower or a bath, with enough room to allow assistance by staff if necessary. We will discuss the ratio of communal toilets and bathrooms with you at the design stage.

Young people have told us that even where they must share bath/shower/toilet facilities with other young people, they do not expect to share facilities with staff or visitors to their home. More detail on this is available in section 8.0.

Children and young people, including those with a disability should be able to choose to access a bath. Baths are not just a facility for personal hygiene but can be therapeutic for children and young people, providing relaxation and enjoyment, easing of pain and a precursor to treatments for skin conditions. It is therefore important to make sure the bathroom is pleasant and homely.

Like bedrooms, bathrooms and ensuite areas must be designed to allow staff access in case of an emergency and promote the safety and wellbeing of the people living there. Flooring should be seamless, impermeable, and slip-resistant, but be easily cleaned. There should be the potential to incorporate low level lighting, to support access to the toilet through the night.



Bathrooms and ensuites must have storage for toiletries and other personal items. If necessary, and a pedal operated bin for disposal of this or any other clinical waste. These should be built into a cupboard or other storage area that prevents environmental contamination and should be available in a way that does not detract from a homely environment. There should be storage for personal protective equipment (PPE) near to, but not within, the bathroom, ensuite or toilet.

If toilets require sufficient width and turning space for wheelchair access, more details on this can be found in [Building Standards technical handbook 2017: non-domestic buildings](#) and [BS 6465-1:2006 Sanitary installations. Code of practice for the design of sanitary facilities and scales of provision of sanitary and associated appliances](#).

When planning where communal toilets and bathrooms should be sited you should consider:

- the proximity of the communal toilet/bathroom to bedrooms
- the proximity of the communal toilet/bathroom to sitting/dining areas
- whether people using the service have to pass through such areas for access therefore compromising privacy and dignity.

More detail on water systems is available in section 6.3.

Health and Social Care Standard 5.2 states:

“I can easily access a toilet from the rooms I use and can use this when I need to”.

“I’ve shared a bathroom before and it was awful. Maybe younger children don’t bother but I definitely liked having my own bathroom.”

“It’s important to have your own bathroom for privacy.”

“Communal bathrooms are awkward.”

“I appreciated the privacy of my own bathroom where I could take my time.”

5.5 Communal areas

Health and Social Care Standard 5.20 states:

“I have enough physical space to meet my needs and wishes.”

The service’s aims and objectives need to be considered when planning shared areas. For example, where the service currently operates or intends to operate in an open plan setting, the service provider should recognise the potential for increased noise and reduced opportunities for walking and exploring a range of spaces. In general, having a range of different spaces for children and young people to choose to spend their time is preferable to one open-plan area as this supports a range of different activities which may not be appropriate to carry out in the same space such as watching a movie and gaming.

Space occupied by storage facilities such as cupboards or sideboards should not be included when considering communal space requirements.

Communal areas should be pleasant, free from unpleasant smells and relaxing for children and young people. A constant flow of staff passing through with waste, used sanitary ware, used laundry or other items must be avoided. The design and layout should consider this in relation to where the laundry is sited and accessed.

Communal areas should be accessible to children and young people with appropriate levels of supervision and should not be locked as a matter of course.

Health and Social Care Standard 5.6 states: “...I experience a homely environment and can use a comfortable area with soft furnishings to relax.” You should actively consider how you will create a homely environment that children and young people will enjoy, and that will promote their health and wellbeing.

Support facilities such as the laundries and bathrooms if in sight of social and shared areas such as sitting rooms can create noise or detract from homely ambience.

Children and young people should have sufficient access to safe Wi-Fi, electrical sockets, and digital devices in communal areas. Wi-Fi should be of sufficient strength to meet the needs of young people using the service.

A quiet area should be provided for children and young people to engage in quiet time, do homework or relax. Children and young people should have access to a desk and chair in quiet areas to do homework.

Access to space for meetings, 1:1 work and group work should be considered in terms of timing and flexible use of space such as partitioning.

Self-closing fire doors can present an obstacle to normal movement, particularly in common corridors

and circulation spaces. Where this is the case, electromagnetic hold-open or swing-free devices may be worth considering. Hold-open devices are designed to hold a door open against the action of the self-closing device. Swing-free devices allow a door to stand open at any angle in normal use. Both types of device automatically result in closure of the door in the event of fire.

Young people told us:

“This needs to be of an ok size to do different things but not too big so that it doesn’t feel homely.”

“I was in a care home where it was quite a small lounge but it was really cosy and homely.”

“Art, photos and plants are really important even when young people can sometimes damage them. Care Inspectorate certificates should be in the office not in the lounge!”

Smoking is prohibited in Scotland for people under the age of 16. Children and young people should always have access to a smoke free environment. Standard 2.25 states: “I am helped to understand the impact and consequences of risky and unsafe behaviour and decisions.”

Smoking cessation and further guidance for providers of residential care for children and young people can be found at:

- [Creating a tobacco-free culture: guidance for providers of residential care for children and young people](#)
- [Smoking, Health and Social Care \(Scotland\) Act 2005](#)
- [The Prohibition of Smoking in Certain Premises \(Scotland\) Regulations 2006](#)
- [Smoke-free Scotland - Guidance on smoking policies for the NHS, local authorities and care service providers](#)
- [ASH Scotland Website](#)

5.6 Dining rooms

The dining room should be designed to enhance young people’s experiences of food. Children and young people should have access to a dining area that allows staff and young people to sit together at mealtimes. The dining areas must comply with food safety legislation and be able to be adequately cleaned.



Further advice regarding food and nutrition is available at:

- [Food for Thought](#)
- [Health Promotion Guidance: Nutritional Guidance for Children and Young People in Residential Care Settings](#)
- [The Eatwell Guide](#)
- [Eating well for looked after children and young people: Nutritional and practical guidelines](#)

5.7 The kitchen



Service providers should seek advice on kitchen plans from their local authority's environmental health services before building.

The service will require to be registered with environmental health services as a food premises 28 days before food is provided.

To promote life skills, the kitchen area should be accessible to children and young people, however this must be risk assessed by staff as safe at the time of access. The Health and Social Care Standards set out at 1.38: "If appropriate I can choose to make my own meals, snacks and drinks, with support if I need it, and can choose to grow, cook and eat my own food where possible."

You should consider:

- where the kitchen will be situated in relation to other facilities such as dining areas, lounges, bedrooms, and the laundry
- how the kitchen will be organised to manage food storage and food preparation areas to support health needs, lifestyle choices, religious beliefs or cultural norms, such as young people who follow a vegan, gluten free, or halal diet
- floors that are particularly subject to traffic when wet (bathrooms, kitchens) should be seamless, impermeable, and slip-resistant, but be easily cleaned
- fire safety guidance on kitchen and cooking can be found in [Practical fire safety guidance for care homes](#) and [Practical fire safety guidance for existing specialised housing and similar premises](#).
- digital connectivity in the kitchen area to support remote shopping and provide the opportunity to use meal plans or recipes that are digitally stored.

A readily accessible handwash sink with liquid soap must be available in this area.

Young people told us:

"Kitchens should not be locked! Young people should be able to access the kitchen."

"I was in a care home where the kitchen was locked and the kids weren't allowed snacks (only one biscuit each day). It was so controlled and restricted that the young people went mad in McDonalds when they were out. It doesn't work."

Further information is available in the [CookSafe Manual](#).

5.8 Laundry, utility and cleaning



The layout of laundry/utility areas must be designed to ensure that effective cleaning can be undertaken. Finishes to walls, floors, work surfaces and equipment must be capable of withstanding regular cleaning and the impact of mechanical cleaning equipment.

When planning laundry facilities, you must ensure the facilities provided support practice guidance. The location of these rooms must be considered at an early stage to ensure they are situated away from sleeping

areas where possible, and have appropriate ventilation and, where appropriate, the inclusion of electromagnetic hold open or swing free devices for fire doors.

Providers must consult with the local authority environmental health department in relation to the siting of laundry/utility and handwashing facilities. The Care Inspectorate must be satisfied that all instructions from environmental health are followed.

Children and young people should be able to access and be supported to use laundry facilities where appropriate. Procedures should be in place to support people living in the service who wish to launder their clothes to do so safely and with appropriate levels of privacy. This would include ensuring best practice IPC. When planning laundry facilities you should consider the aims and objectives of the service and the care that is being provided.

Segregation of clean and dirty linen is of the utmost importance to prevent cross contamination when it comes to dealing with laundry. The design of the laundry/utility must facilitate the creation of dirty and clean areas for example, dirty linen can be brought into one area, moved through the laundry as it is processed and come out as clean laundry without crossing over the route for used laundry. Advice and guidance on laundry facilities can be found in [SHFN 30 Part A Manual: Information for design teams, construction teams, estates and facilities and infection prevention and control teams](#). Wherever possible and to help minimise cross contamination, there should be two doors to allow a dirty-to-clean flow during processing, with a dirty entrance and a clean exit door.

You need to ensure suitable space for laundry machinery. You should consider the site of the laundry in relation to bedrooms, lounge, living, dining and kitchen areas. Ideally, the laundry should be on ground level. If the laundry is sited above other floors, consider whether the floor is able to support the heavy machines and ensure floor beams will not become distorted by the vibration of the machines when in operation. A laundry/utility room may be in use 24 hours a day so careful consideration will need to be given to the location. They should be located:

- where noise and odours will not adversely impact on the people who live in the home
- so that used sanitary ware does not need to be transported past the kitchen, reception, lounge and dining room areas.

The selection of equipment such as washing machines and driers should reflect the aims and objectives of the service and the needs of people for whom it plans to care. They should have the flexibility to cope with outbreaks of infection, soiled linen, or that which is contaminated with emollient

creams where necessary. Hand sluicing of laundry is not permitted. Consideration must be given to the use of laundry detergent and fabric conditioner that is suitable for each young person's skin.

Other things you need to consider include:

- the times of day or night that the laundry/utility will be operating and whether this will require sound proofing
- the size of the room
- a door with a lock or key pad so that access can be restricted to staff
- a ventilation system that will minimise the level of airborne or droplet contamination and dust to minimise the risk of cross infection
- a designated wash-hand basin with hot and cold running water supply (see section 6.3 on sinks)
- a general purpose sink
- closed storage for PPE to prevent environmental contamination
- built-in cupboards for storage of equipment or products including a lockable COSHH cupboard for cleaning supplies
- space for the storage of waste, the separation of used and laundered linen, and equipment
- space for staff to work safely for example restricting the number of people in the space at one time
- area where washed items will be placed for drying
- floors that are particularly subject to traffic when wet should be seamless, impermeable, and slip-resistant, but be easily cleaned
- fire safety guidance on laundry facilities can be found in [Practical fire safety guidance for care homes](#) and [Practical fire safety guidance for existing specialised housing and similar premises](#)
- space for a pedal operated bin.

Equipment such as washing machines and driers should have the capacity to reflect and respond to the service's needs e.g. in cleaning linen which is heavily soiled, or contaminated with emollient creams. Hand sluicing of laundry is not permitted. Consideration must be given to the use of laundry detergent and fabric conditioner that is suitable for each young person's skin, and washing machines used must support the use of different detergents. In some circumstances, for example where there are high levels of personal care and vulnerability, there should be enough space for all laundry activities, including ironing and short-term storage of clean items. There may also be a need for a dirty utility area. This is an area used for the disposal of waste, including waste that may be contaminated with blood or body fluids. It is used for the cleaning and disinfection of care equipment such as commodes. Further detail on this is available in [Care Homes for Adults – The Design Guide](#).

A single-use microfibre cleaning system can be used, as can a traditional reusable cleaning system. Whichever is adopted should follow good practice guidelines. Re-usable cleaning materials and equipment must be colour coded. Cleaning equipment should only be used in the area indicated by the colour scheme, to reduce cross infection. The colour scheme adopted within the NHS is described in the [Standard Infection Control Precautions Literature Review: Routine cleaning of the care environment](#). The home should plan to follow cleaning regimes, as detailed in the [National Infection Prevention and Control Manual \(NIPCM\)](#). Colour coding is not required for single-use microfibre mopping systems or for single-use disposable PPE. Disposable cleaning equipment should be disposed of in accordance with local waste management policy.

Advice and guidance on dirty and clean utility can be found in [SHFN 30 Part A Manual: Information for design teams, construction teams, estates and facilities and infection prevention and control teams.](#)

Use of the Health Facilities Scotland documents are a mandatory requirement for all NHS Scotland Capital Projects and Maintenance/Refurbishment projects, however they provide useful and relevant guidance for others to consider. [Appendix 3 of SHFN 30 Part A: Infection control in Community Care facilities, Mental Health units, custodial facilities and accommodation for patients with learning disabilities](#) may also provide useful information.

5.9 Outdoor facilities

The environment should enhance people's quality of life and encourage them to engage in activity and daily life. The care home setting should be a pleasant place to live and people should be able to move around easily in the house and its outdoor spaces.

The benefits of taking part in creative activity and outdoor pursuits will have positive effects on the children and young people's physical, mental, emotional and social wellbeing so consideration should be taken regarding the size of the garden and other outdoor areas. The Health and Social Care Standards set out at 5.23: "If I live in a care home, I can use a private garden."

The United Nations Convention on the Rights of the Child: "recognise the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child". Children and young people should have access to a garden where they can take part in recreational activities, play, grow fruit or vegetables and flowers and relax. Dependent on garden size, digital connectivity in the garden would allow the use of devices outdoors and provide wider independence.

The Health and Social Care Standards set out at 1.38: "If appropriate I can choose to make my own meals, snacks and drinks, with support if I need it, and I can choose to grow, cook and eat my own food where possible." If a garden area does not have sufficient space for this, consideration should be taken in accessing alternatives nearby. This may impact on staffing levels, transport and other factors. The Health and Social Care Standards set out at 1.32 "As a child, I play outdoors every day and regularly explore a natural environment."

Young people told us:

"Outside space is important. It motivates you to be active, have barbecues."

"It needs to be an inviting green space for young people and feel like it belongs to young people."

"I was in a care home where we got a shed so we could use the garden even when it was raining."

"Make it like a normal house with toys in the garden."

6.0

Lifestyle and social opportunities



6.0 Lifestyle and social opportunities

Lifestyle and social opportunities are integral to people's health and wellbeing. It is essential that the building, grounds and location of the service supports a range of opportunities for people.

Health and Social Care Standard 2.22 states: "I can maintain and develop my interests, activities and what matters to me in the way that I like."

Examples of design that consider the lifestyle of people who experience care may include:

- how cooking facilities, and domestic and lounge areas, can promote self-care, life skills, and wellbeing
- how children and young people can enjoy visits from family and/or professional visitors in private if appropriate
- how facilities such as a pantry or kitchen can be planned to promote wellbeing, dietary and lifestyle choices and interdependence
- how access to connectivity can provide opportunities for video calls to family and friends; streaming of music, films, sport and games; access to social media; and support health monitoring
- whether a games room, sensory garden, greenhouse, vegetable area or something else will be part of the service you provide.



Keeping pets or providing animal areas within the care home grounds can have positive therapeutic benefits for people. The Health and Social Care Standards recognise that this may not always be possible, but Standard 5.24 states: "If I live in a care home and want to keep a pet, the service will try to support this to happen."

It is important to discuss providing animal areas within the grounds with local environmental health services, comply with relevant guidance and obtain appropriate licenses and permissions that may be necessary. [Preventing or controlling ill health from animal contact at visitor attractions or open farms](#) provides more detail on this.

7.0

Health and safety common design features



7.0 Health and safety common design features

Health and Social Care Standard 1.24 states: “Any treatment or intervention that I experience is safe and effective.” It is therefore important for providers to think about how design and building features will reduce risks from harm but also promote a high-quality and homely environment.

7.1 Infection prevention and control

Health and Social Care Standard 5.22 states: “I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment.”

IPC is a key issue in both the design and operation of a care service. There are regulations, Scottish guidance and evidence-based best practice documents which cover this.

When looking at this, we take account of the [National Infection Prevention and Control Manual \(NIPCM\)](#). This is a practice guide for use in Scotland containing standard infection control precautions (SICPs) and transmission-based precautions (TBPs), which when used can help reduce the risk of healthcare-associated infection (HAI). The NIPCM for Scotland is for all those involved in care provision in any setting. We recommend that you adopt this guidance as best practice.

Research and investigation have consistently confirmed that health and care environments can be a reservoir for organisms with the potential for infection. Indoor environments with high occupancy, such as care homes, remain an at-risk setting. For infections to be reduced, it is imperative that IPC is an integral part of the planning and design stages of a new-build or refurbishment project and that input continues up to the final build stage. This must include arrangements for cleaning once the care home is operational.

The key principles of IPC in the built environment for Scottish health facilities is set out in [SHFN 30 Part A Manual: Information for design teams, construction teams, estates and facilities and infection prevention and control teams](#). While SHFN 30 is intended mainly for NHS health facilities, the guidance is relevant within the care home setting. While the principles need to be considered within the particular circumstances of its use and application, they are recommended as guiding principles. These principles have been adopted to reflect guidance given throughout this publication. Further information can be found at [Health Facilities Scotland \(HFS\)](#).

Health Protection Scotland’s (HPS) [Compendium of Healthcare Associated Infection Guidance](#) contains links to current national policy and guidance on HAI, decontamination and other related topics. It aims to provide an overview of all up-to-date guidance from stakeholders/organisations. [Chapter 4 ‘Built Environment’](#) contains links to [SHFN30 Parts A and B](#). [SHFN 30: HAI-SCRIBE question sets and checklists](#) is a portfolio of question sets and pro-formas for each stage of project development. It is a useful resource that you may wish to consider for supporting material. Other up-to-date guidance from HFS that will be useful is available through HPS Compendium in [Chapter 4 ‘Built Environment’](#).

While HFS documents describe best practice, they should be read alongside the regulations and the Health and Social Care Standards used by the Care Inspectorate, as well as IPC standards and information produced by external bodies such as the [Health and Safety Executive \(HSE\)](#), [Food Standards Agency \(FSA\)](#), and the [Scottish Environment Protection Agency \(SEPA\)](#). These documents will be useful as a guide for social care settings taking into account the aims and objectives of the services.

Any measures put in place to assist with infection control should not have an adverse effect on the fire safety measures within the building, therefore it may be appropriate to review the fire risk assessment at the same time.

7.2 Water



Premises used for the delivery of health or social care are dependent upon water to maintain hygiene through a safe and comfortable risk assessed environment for all who may interface and support functional care delivery.

While measures to control the spread of microorganisms in health and social care premises include the increasing use of alcohol-based hand-rubs (ABHRs), sufficient hand wash basins remain vital in promoting good hand hygiene.

These must be appropriately situated in relation to the care activity and staff use. Good placement of sinks will reduce the likelihood of seldom used water outlets as under-use of taps encourages colonisation with Legionella and other microorganisms such as Pseudomonas spp.

You must assess 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 and have a plan in place for clear monitoring of this. Particular care needs to be taken to manage Legionella risks where water temperatures are circulated below 50°C. Information on the [Control of Legionella in hot and cold water systems in care services / settings using temperature](#) is available on the HSE website.

7.2.1 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 team and that evidence of compliance with all necessary water regulations and standards is provided to the Care Inspectorate.

Hose reel firefighting equipment can be a source of Legionella and should be avoided wherever possible and replaced with appropriate portable fire extinguishers.

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. In addition, any private water supplies used for firefighting purposes such as hydrants, must be subject to a suitable maintenance regime and maintained available for use at all times. This includes appropriate ground maintenance to ensure growth of shrubbery and grass do not affect emergency access.

7.2.2 Hot water outlets

Care home settings have high water temperatures for a number of reasons, including the need to satisfy demand for hot water, efficient running of the boiler and controlling the risk from Legionella bacteria.

If hot water is used for showering or bathing, the water should be temperature controlled as there is increased risk of serious injury or fatality. Where vulnerable people who use care services are at risk from scalding during whole body immersion, water temperatures must not exceed 44°C. Any precautions taken should not introduce other risks, for example from Legionella bacteria.

Integral anti-scald devices must be fitted to all hot water outlets that young people have access to. You can obtain more guidance on maximum temperatures for outlets such as showers, baths and wash- hand basins from the document [Managing the risk from hot water and surfaces in health and social care](#).

HFS' [Health Technical Memorandum 04-01: Safe water in healthcare premises Part A: Design, installation and commissioning](#) should also be considered for guidance. This takes account of latest guidance regarding measures to prevent build-up of waterborne bacteria and biofilm such as Pseudomonas as it affects design and specification of domestic hot and cold water systems and components.

7.3 Sink design, provision and type of taps

Hand hygiene is the single most important factor in the prevention of HAI. Compliance with hand hygiene guidelines can be improved by sufficient, conveniently placed and well-designed hand hygiene facilities including hand wash sinks. These should be accompanied by the provision of instructional posters. High-quality hand hygiene practices must be at the top of the list of priorities when designing and planning new care homes or refurbishment of existing premises is being undertaken.

Guidance on specification and provision can be found in [SHFN 30 Part A Manual: Information for design teams, construction teams, estates and facilities and infection prevention and control teams](#).

7.3.1 Wash hand basins within ensembles, toilets and bathrooms

Wash-hand basins within bathrooms must be appropriate. For example, the person may use a plug when they are washing themselves at the sink and taps should be of a type that they recognise.

People should be encouraged to wash their hands under running water. The type of tap fitted should be relevant to the person using the sink. Thermal mixing valves must be fitted to all sinks to prevent scald from hot water.

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 should not be used. They have too short a delivery time, which would not allow adequate hand washing.

If there will be people using the service who have cognitive impairment there are aids to support their interdependence. 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.

Wash-hand basins should not have overflows, as these are difficult to clean and become contaminated. All general wash-hand basins should be sealed to a seamless waterproof splash-back.

7.3.2 Wash hand basins in staff and clinical areas

To meet the needs of people experiencing care and in line with the service's aims and objectives, staff only clinical areas may be necessary. In these locations, sinks need to be fit for purpose, for example designed to prevent splashing, enable effective cleaning, designed not to have a plug or overflow, include a splash-back.

The dimensions of a clinical wash-hand basin must be large enough to contain most splashes and therefore enable the correct hand-wash technique to be performed without excessive splashing of the user or surrounding surfaces. This can also occur if the water outlet is placed too high above the basin.

Clinical wash-hand basins should be wall-mounted using concealed brackets and fixings.

They must be sealed to a seamless waterproof splash-back to allow effective cleaning of all surfaces. It should be noted that tile grouting is difficult to keep clean.

They should not have a plug or a recess capable of taking a plug. A plug allows the basin to be used inappropriately.

Clinical wash-hand basins should not have overflows, as these are difficult to clean and become contaminated.

Strainers and anti-splash devices for sink outlets should also not be used as they can easily become contaminated.

Taps should not be aligned to run directly into the drain, as contamination from the drain could be mobilised and splashing occur.

Mixer taps should be used as hands must be washed under warm running water.

The operation of the mixer tap should allow them to be easily turned on and off without recontamination on the operator's hands.

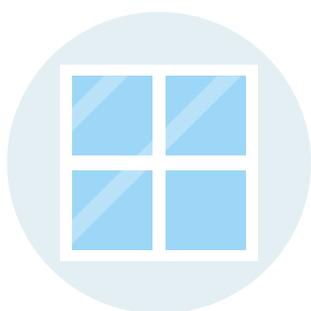
Taps should be of a design that empty after use (as opposed to swan-neck taps, for example).

Non-touch, infrared and sensor taps should not be used as they have a greater risk of their complex internal surfaces becoming contaminated with micro-organisms and biofilms.

Hand hygiene facilities to support the practices as set out in HPS' [National Infection Prevention and Control Manual \(NIPCM\)](#) should be readily available in all clinical areas. There should be sufficient numbers and appropriate sizes of clinical wash-hand basins to encourage and assist staff to conform readily to hand hygiene practices as set out in the NIPCM:

Information and further guidance on hand hygiene can be found in [SHFN 30 Part A Manual: Information for design teams, construction teams, estates and facilities and infection prevention and control teams.](#)

7.4 Windows



Any accessible windows that 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 as detailed in [Risk of falling from windows](#). Sensors linked to alarm stations may also be beneficial in certain circumstances.

See also the hazard warning information issued in Scotland in March 2012 and [Risks to vulnerable members of the public from falling from height from windows](#), which highlights hazards relating to materials used, following a fatal incident.

You must consider that:

- all bedrooms and communal rooms must have windows that can be opened and have a pleasant outlook from a seated position
- where the bedroom has a patio door there should also be a window that can open
- people must be able to open and close windows
- there is enough light, particularly natural light, which is essential for everyone and particularly for those with cognitive impairment or reduced sight as it affects sight, mood and ability to sleep at night
- people's privacy should not be compromised by others overlooking the building if there are full-length windows or patio doors.

Service providers must discuss any window alterations with the Scottish Fire and Rescue Service and Local Authority Building Standards.

7.5 Ventilation, lighting and heating



[The Social Care and Social Work Improvement Scotland \(Requirements for Care Services\) Regulations 2011 \(SSI 2011/210\)](#), regulation 10(2)(c) – Fitness of Premises states that all services must provide “adequate and suitable ventilation, heating and lighting” as detailed below.

Health and Social Care Standard 5.19 states: “My environment has plenty of natural light and fresh air, and the lighting, ventilation and heating can be adjusted to meet my needs and wishes.”

Standards 5.12 states: “If I live in a care home, I can control the lighting, ventilation, heating and security of my bedroom.”

All bedrooms and public rooms must have controllable heating, lighting and ventilation. This not only helps to provide comfort, reflecting young people’s needs but also takes into consideration their health, wellbeing and choices. Sensors and voice control may increase the level of independence of turning these on and off. Movement sensors which allow low lighting to get brighter for night-time toilet use can also be beneficial. Connectivity should be great enough to consider introducing these features.

7.5.1 Ventilation

Health and Social Care Standard 5.18 states: “My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells.”

Ventilation or air conditioning systems should have a dedicated source of outdoor air. Recirculation units could be responsible for recirculating and spreading airborne viral particles into the path of socially distanced users. Where units that recirculate air in rooms are in situ they should be turned off because of the risk of spreading a virus. Care homes must not rely on mechanical ventilation only; there must be the ability for fresh air to be provided.

Areas such as corridors that do not have windows that open must have appropriate ventilation with fresh air as described above.

Medicine storage areas must have adequate ventilation or means to control the temperature of the room.

Further information on ventilation can be found in the:

- HSE guidance [Ventilation and air conditioning during the coronavirus \(COVID-19\) pandemic](#)
- SAGE guidance [EMG: Role of ventilation in controlling SARS-CoV-2 transmission, 30 September 2020](#)
- SAGE guidance [Environmental Influence on Transmission](#)
- CIBSE [Covid-19 Guidance: Ventilation](#)
- CIBSE [Guide B](#).

[SHTM 03-01 Part A Ventilation for healthcare premises. Part A: design and validation](#) and [SHTM 00 Best practice guidance for healthcare engineering. Policies and principles](#), while aimed at healthcare settings, may also be of interest.

The routing of any ventilation systems should not compromise the fire integrity of the building or room construction and where possible, lead directly from the room to outside. Where systems pass through fire resisting construction, they should be appropriately fire stopped and certified. A powered ventilation system may assist the spread of smoke unless it is designed to shut down automatically if fire is detected. Ventilation ducts may provide a pathway for the spread of fire and smoke between compartments or sub-compartments or into stairs. Where ventilation ducts penetrate the walls or floors of these enclosures, automatic smoke/fire dampers provided inside the ducts hold back fire and smoke. Dampers may need to be actuated by smoke detection. Specialist guidance on the use of dampers is contained in [BS 9999: Code of practice for fire safety in the design, management and use of buildings](#).

If extractor fans are installed, they should be of a type that minimises noise (low noise (12dBA)); provides back draft protection; and where appropriate has adjustable timer, speed control, and humidity control.

It may be beneficial to use carbon dioxide monitoring to consider if ventilation rates are not adequate in specific areas.

7.5.2 Lighting

Natural light is best. The building should be designed to allow as much natural light as possible to come in.

Health and Social Care Standard 5.19 states: "My environment has plenty of natural light and fresh air, and the lighting, ventilation and heating can be adjusted to meet my needs and wishes." Standard 5.12 states: "If I live in a care home, I can control the lighting, ventilation, heating and security of my bedroom."

Planning the lighting for a service will take into account the aims and objectives and Health and Social Care Standards.

Consider these things.

- Lights controlled by a dimmer switch, or remotely by devices or voice, may benefit some young people who have autism spectrum condition, physical disabilities, or sensory processing differences. These can be preferable to the use of lighting controlled by motion sensors, which some people may find overstimulating.
- Light also affects psychological wellbeing in terms of mood and behaviour.
- People should be protected from glare arising from sunlight.
- Artificial lighting and fittings should be carefully specified to avoid creating an institutional atmosphere and glare.
- Avoid blue lighting as this can stimulate the brain and disrupt sleep.

- Light switches should be accessible and controllable in bedrooms including operation from the bed (this is best achieved by using two-way switches that can be operated from the doorway and the bedside including bedside lighting).
- Lighting provision for staff must be available and adequate within all working areas including cupboards, if appropriate, for the health and safety of staff.
- The ability to dim lighting at night (rather than simply switching it off) can provide reassurance and reduce night-time anxieties, and can enable care tasks to be carried out with a greater level of comfort.
- Young people should be able to close or open curtains and blinds as they choose.
- Adequate emergency lighting should be provided for escape purposes in the event of fire.

7.5.3 Heating

Heating controls should be accessible and easy to operate for people living in the home. Young people who cannot move quickly enough away from a heat source (for example hot water pipes, radiators or other forms of heating) can sustain serious burns therefore heaters and pipe work must not have a hot surface.

Risk must be assessed and managed by:

- providing low-surface-temperature heat emitters, such as a cool wall
- locating heat sources out of reach
- guarding heated areas, installing radiator covers, covering exposed pipework or providing fireguards
- providing under-floor heating or heating incorporated into a skirting board.

Specific information on assessment of risk can be found at [Scalding and Burning](#).

8.0 Other facilities



8.0 Other facilities

All care homes should be able to meet the full range of care and support needs of their children and young people in keeping with their aims and objectives.

Health and Social Care Standard 1.22 states: “I can be independent and have more control of my own health and wellbeing by using technology and other specialist equipment.”

You must make provision at the planning stage for potential installation of equipment that may be required in the future. Examples include:

- hoist tracking requiring re-enforcement of ceilings; this can more easily be dealt with during the initial building
- smart technology: assistance and detection devices that work alongside intelligent appliances, sensors and reminders, which help to enhance the wellbeing and safety of young people. For example, specialist communication equipment or signage; activity monitors that monitor movement or changes in temperature; or personal fire safety assistive technology measures.

8.1 Electrical sockets

There must be a sufficient number of electrical sockets. While written for domestic premises, [Guidance on: Minimum provision of electrical Socket-outlets in the home](#) offers a rough guide on what a reasonable number of sockets per room would be. Extension and multi-socket devices should not be used.

You must:

- provide enough sockets so young people can choose to have a phone charger, radio, digital device, PC, gaming console or other electrical appliances within their bedroom
- provide sockets for the use of medical equipment, if required
- ensure that sockets in bedrooms and other areas are at an accessible level for young people using the service
- ensure sockets are accessible when furniture is in position
- have a plan to undertake annual Portable Annual Testing (PAT Testing) of electrical equipment.

Risk assessment must be undertaken for the use of any electrical equipment used and appropriate risk management measures put in place for people who use the service.

Where any installation of sockets is proposed or any other changes that would cause a breach within the construction of rooms within the building such as lighting, an appropriate assessment must be taken to ensure that such breaches do not compromise the fire integrity of the structure. Modern methods of construction such as timber framed buildings, require additional precautions to sockets that are fire rated to prevent any spread of fire behind the wall structure.

Where additional appliances are being considered within rooms, full and specific consideration should be given to the fire alarm system to prevent the use of these appliances increasing the likelihood of unwanted false alarms which can also cause distress to young people unnecessarily.

8.2 TV, telephone and internet access



The Health and Social Care Standard 5.10 states: “If I experience 24-hour care, I am connected, including access to a telephone, radio, TV and the internet.”

Television, phone sockets and safe Internet or Wi-Fi access must be available within bedrooms as well as communal areas.

Any telephone systems need to be digital, due to the imminent changes away from analogue.

Wi-Fi should be of sufficient strength to meet the needs of young people using the service and have the ability to be managed individually in accordance with individual care planning.

The Health and Social Care Standards set out at 5.10: “If I experience 24-hour care, I am connected, including access to a telephone, radio, TV and the internet.”

Internet access must be sufficient to meet the needs of young people using the service, and for staff to maintain digital records.

8.3 Alarm call systems

Alarm call systems should be available where it is required to meet the aims and objectives of the service and the needs of people using the service.

Where an alarm system is needed:

- people must be able to reach and use the alarm system or call-pull when in their ensuite, bedroom and communal areas such as bathrooms, toilets, lounges and dining rooms
- mobile devices that link into a call system should be available for people who need them
- the alarm system installed should alert staff without disturbing others.

8.4 Noise and sound

The effects of noise can be distressing for many people. The premises should be free from intrusive sounds, as set out in Health and Social Care Standard 5.18, which states: “My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells.”

You must consider these things.

- Noise associated with utility areas such as laundry, kitchen, sluice or dirty utility areas, extraction fans, plant room and the use of equipment such as television, ringing telephones or music. These must be managed to minimise disruption for people living in the service.
- How to avoid excess noise created during times of high activity, for example during mealtimes by using technology, insulation or furnishing to reduce noise level.

- Arrangements for staff working during the night.
- The location of quiet rooms and areas.
- The need for specialist communication equipment for those who may have sight and hearing impairments, autism spectrum condition, learning disabilities or sensory processing differences. [Autism spectrum disorder in under 19s: support and management](#); [National Autistic Society's SPELL Framework](#); and [An independent guide to quality care for autistic people](#) are all useful sources of information when planning an environment for autistic young people.

8.5 Doors



If necessary, and dependent on the aims of the service, we expect that door openings should be 840mm wide off corridors of at least 1200mm. These need to be wide enough for wheelchair access and for beds and furniture to be moved around.

Consideration should be given to the inclusion of fire door holders. Fire door holders operate using a magnet, which holds the door open. In the event of a fire the magnet is released and the door closes.

Bedroom doors and ensembles must have a lock that young people can use independently and should not require the use of a key from inside. Staff must be able to gain access in an emergency.

Things you must consider:

- Best practice in relation to self-closers and self-injurious behaviours.
- The use and movement of hoists or other large pieces of equipment, for example bariatric equipment, food trolleys.
- Door handles that should be recognisable and at an appropriate height, colour and shape and suitable for those with cognitive impairment, and be easily cleaned and dried.
- Bedroom doors should be individualised so that they are recognisable to occupants and could have features to help young people recognise their own door, such as pictures or object signifiers. This reduces the risk of young people entering other rooms mistakenly.
- Bedroom doors should be offset where possible so that they are not immediately opposite each other or doorways to communal areas.
- Whether door sets need to satisfy a fire safety objective and the specification required.

Doors should be cleanable, that is, smooth, wipeable and have impermeable surfaces to ensure that surfaces will not be physically affected by detergents and disinfectants. This applies especially in clinical areas where contamination with blood or body fluid is a possibility.

8.6 Lifts and stairways

Whether there is the need for a lift and the number of passenger lifts will be dependent on the stated aims and objectives of the service, the size of the care home and the number of people living there. A proportionate approach would apply for smaller domestic-style care homes.

If a lift is needed or in place, contingency arrangements must be in place in the event of passenger lift breakdown. Operational procedures must describe how the service lift can be used as a contingency.

Where there are lifts in use, stairways should be in place that can be used by those who choose not to use a lift, including young people, visitors and staff.

The stairway or lift should give direct access to each unit without the need to pass through other units or other living areas of the home.

A lift well can be a route for vertical fire spread. A lift well which is enclosed by walls with at least 60 minutes fire-resistance will be a barrier to fire spread. Where a lift well is not the full height of the building, the fire resistance of the floor and/or ceiling needs to be considered. Stairways forming part of an escape route should also be adequately protected from fire.

The lift will have adequate lighting and it can be operated by young people and their visitors easily.

The lift floor should not be black or dark coloured as it can look like a hole to people who are visually impaired.

You should consider the size of the lift you need, for example for a person using a wheelchair, trolley, stretcher or escort.

Further information is available in:

- [Equipment Safety](#)
- [Lifting Operations and Lifting Equipment Regulations 1998 \(LOLER\)](#)
- [Vertical lifting platforms or lifts for people with impaired mobility – potential falls from height risks to employees and members of the public from over-riding door locking safety devices.](#)

8.7 Flooring

The type of flooring used within the service must be homely and risk assessed as appropriate to the area. It should meet young people's individual needs, health and safety, and be easily cleaned.

Consider the provision of slip-resistant flooring. More detail on this can be found in chapter six of [Health and safety in care homes](#).

Carpets must not be used within the following areas: bathroom, shower, toilets, ensuite, sluice area, clean utility rooms, domestic service rooms and cupboards, kitchen, pantry and laundry facilities.

Water-impervious flooring materials must be used in these areas and continued up the wall to replace skirting boards and reduce potential gaps or areas that could trap dirt. Flooring must be seamless, impermeable, slip-resistant, easily cleaned and appropriately wear-resistant. Any joints should be welded or sealed to prevent accumulation of dirt and damage due to water ingress. Wood, tiles, and flooring with unsealed joints are difficult to keep clean and should be avoided.

Carpets in bedrooms or communal areas can provide a more homely environment and there is no requirement for coved joints. The home should have a plan for deep cleaning, disposal and replacement of these, should they become soiled.

8.8 Medication storage and treatment room

Whether there is a need for a medication storage and treatment room will be dependent of the aims and objectives of the service and the children and young people for whom they wish to care. We can discuss appropriate medication storage arrangements for the service you wish to provide. A medication storage and treatment room can be used for storing medication, preparing treatments and in some cases, for carrying out clinical procedures. Medication and medical products must be stored in the correct environment and temperature to ensure their safety and quality. If medication is stored, the room temperature should not exceed 25°C and there should be adequate ventilation.

The room should not be used for any other purpose other than those identified above.

Security and access for staff should be restricted by lock or keypad.

Digital connectivity should be sufficient for staff to access and update medical records, carry out medicine checks and orders, and use video calls such as [Near Me](#) for appointments.

There must be:

- appropriate storage facilities for sterile supplies and sundries with no open shelving at floor level
- provision of safe storage of oxygen (fire, preventing cylinders falling), as detailed in [Oxygen use in the workplace](#)
- enough space to store one or more medicine trolleys, if used and storage of medicines stock in drug cupboards
- enough space for fridges for storing medicines and dietary supplements
- adherence to legislative requirements for controlled drugs storage
- space for storage of healthcare waste such as sharps bins, as detailed in [Sharps injuries](#)
- space for waste bins for storing hazardous, healthcare and municipal waste, if required, as detailed on the [SEPA website](#).

Where this room is used for storage and preparation only, a general-purpose sink is sufficient. If the room is also used to carry out treatments or clinical procedures, a wash-hand basin is also required.

In order to promote person-led care and people's interdependence, it is good practice to consider lockable medicine cabinets in people's bedrooms.

Further medication storage guidance is available on the [Care Inspectorate HUB](#).

8.9 Waste storage areas

Waste regulations for Scotland were introduced on 1 January 2014 for care homes and this requires additional segregation of waste categories, for example hygiene, domestic, plastics and other recycling materials. Advice and support is available from [Zero Waste Scotland](#).

External waste storage should be sited away from the building, particularly the main kitchen area and young people's areas, and should be easily accessed for uplift of waste. It should be lockable preventing access to members of the public.

Things you need to consider include:

- potential smells, nuisance, pests and noise
- security of storage area
- recycling legislation
- waste guidelines
- appropriate frequencies of uplifts and the potential spread of fire from waste to the building.

9.0 Staff areas



9.0 Staff Areas

Sufficient staff areas should be available to ensure administrative tasks, meetings and other activities do not impact on home life. Staff areas should be of a suitable size to allow staff to socially distance when required. Staff should have space to store personal belongings when working.

Staff offices should be positioned discretely so as not to undermine the homeliness of the environment and of a necessary size. Staff should have access to their own shower and toilet facilities. If staff are on-call and sleeping over in the care home, there must be a dedicated staff bedroom and they must not have beds/sofa beds in communal areas such as living rooms or dining rooms.

Young People told us:

“I was in a care home where the office was way in the back – it wasn’t “in your face”.”

“If you have friends round for dinner – you don’t want to say “that’s the office” – it’s not like an office in a house so maybe out of sight is better.”

“Young people need to be able to access the office and the office shouldn’t be huge. If it’s big – maybe it should be an additional space for young people.”

“There should be a separate space for young people to access a computer.”

9.1 Reception areas, offices, and duty rooms



Irrespective of the size of care home, creating a homely environment is crucial. Therefore, where a provider has office space within the home, this should not disturb or impact on the young people.

Health and Social Care Standard 5.14 states: “If I live in a care home and there are separate facilities for people who support and care for me, these are in keeping with the homely environment.”

There should be a room where people can meet to have private and uninterrupted conversations. There should be a suitable area or room to hold staff meetings and internal training, hold confidential information or make confidential calls that is separate to any communal space used by young people. Internet connections must be sufficient to allow staff to join training, participate in remote meetings, and access any electronic records.

Personal information relating to young people’s care and support needs should be stored in a safe and secure way.

In addition, communal space is normally the principle means of escape for young people in the event of an emergency and control of combustible material and electronic equipment such as computers and photocopiers should be avoided or kept to a minimum.

Other information should be in a convenient location for staff who need access to it. There should be adequate space and facilities for staff to update records and information.

9.2 Direct/non direct care staff changing/on-call/sleepover facilities

If staff have changing facilities, important information is described in the [SHFN 30 Part A Manual, Chapter 5 'Typical rooms: purpose and content'](#). We do not advise directly on staff welfare facilities, and specific advice on this should be sought from HSE.

By providing staff changing facilities, sanitary facilities, showers and sufficient locker space for outdoor clothing, staff will be able to change on site. Wash-hand basins and shower facilities for staff should be made available and easily accessible in case of substantial blood or body fluid contamination. Where these are not available, staff should change and bag contaminated uniforms.

If maintenance staff have changing facilities:

- Changing facilities should be provided for maintenance staff who undertake activities that could expose them to contamination. There should also be access to showers in case of significant contamination.
- Appropriately sized changing facilities should be provided for staff, to encourage them to change out of their uniform on site.
- Wash-hand basins and sanitary facilities should be included in showers in the event of contamination by blood or body fluid.
- As a minimum, the number of toilets and showers for staff should be provided in accordance with the requirements of the workplace.

Where staff need to sleep in the premises, bedroom facilities must be provided. Staff should not impose on people living in the service by using their private or communal room/facilities. Health and Social Care Standard 5.14 states: "If I live in a care home and there are separate facilities for people who support and care for me, these are in keeping with the homely environment."

Staff toilets can be heavily used and should provide enough space with wipeable, impermeable, durable finishes to maintain a high standard of cleanliness.

The HFS publication, [Best Practice Guidance - Core elements: Sanitary spaces](#) may be of interest.

9.3 Visitor toilets



Visitor toilets can be heavily used and should provide enough space with wipeable, impermeable, durable finishes to maintain a high standard of cleanliness.

Toilet provision for visitors in public areas will be determined by the Scottish building control technical standards.

Toilets, urinals, bathrooms and showers should be designed to be easily cleaned and maintained. Wash-hand basins should be provided next to toilets and urinals.

Hand drying should be by single-use paper hand towels.

10.0 Toolbox



10.0 Toolbox

Further relevant references, which are referred to throughout this guidance document, are detailed in the toolbox below. You may also want to visit the [Care Inspectorate Hub](#) which provides links to other relevant resources.

[An independent guide to quality care for autistic people](#)

[Appendix 3 of SHFN 30 Part A: Infection control in Community Care facilities, Mental Health units, custodial facilities and accommodation for patients with learning disabilities](#)

[A quality framework for care homes for children and young people and schoolcare accommodation \(special residential schools\)](#)

[ASH Scotland Website](#)

[Autism spectrum disorder in under 19s: support and management](#)

[Best Practice Guidance - Core elements: Sanitary spaces](#)

[BS 6465-1:2006 Sanitary installations. Code of practice for the design of sanitary facilities and scales of provision of sanitary and associated appliances](#)

[BS 9999: Code of practice for fire safety in the design, management and use of buildings](#)

[Building standards](#)

[Building Standards technical handbook 2017: non-domestic buildings](#)

[Care Inspectorate HUB](#)

[Care services - planning with people: guidance](#)

[Compendium of Healthcare Associated Infection Guidance](#)

[Control of Legionella in hot and cold water systems in care services / settings using temperature](#)

[CookSafe Manual](#)

[Covid-19 Guidance: Ventilation](#)

[Creating a tobacco-free culture: guidance for providers of residential care for children and young people](#)

[Designing with Care: Interior Design and Residential Child Care](#)

[Eating well for looked after children and young people: Nutritional and practical guidelines](#)

[EMG: Role of ventilation in controlling SARS-CoV-2 transmission, 30 September 2020](#)

[Environmental Influence on Transmission](#)

[Equipment Safety](#)

[External wall systems: draft advice note](#)

[Fire safety guidance for existing premises with sleeping accommodation](#)

[Fire Safety \(Scotland\) Regulations 2006](#)

[Fire \(Scotland\) Act 2005](#)

[Food for Thought](#)

[Food Standards Agency \(FSA\)](#)

[The Furniture & Furnishings \(Fire\) \(Safety\) Regulations 1988 \(as amended\)](#)

[Go Outdoors! Guidance and Good Practice on Encouraging Outdoor Activities in Residential Child Care](#)

[Guidance for care providers in Scotland using CCTV \(closed circuit television\) in their services](#)

[Guidance for providers and applicants on aims and objectives](#)

[Guidance on: Minimum provision of electrical Socket-outlets in the home](#)

[Guide B](#)

[Health and Safety Executive \(HSE\)](#)

[Health and safety in care homes](#)

[Health and Social Care Standards](#)

[Health Facilities Scotland \(HFS\)](#)

[Health Promotion Guidance: Nutritional Guidance for Children and Young People in Residential Care Settings](#)

[Learning disabilities and behaviour that challenges: service design and delivery](#)

[Lifting Operations and Lifting Equipment Regulations 1998 \(LOLER\)](#)

[Managing the risk from hot water and surfaces in health and social care](#)

[National Autistic Society's SPELL Framework](#)

[National Infection Prevention and Control Manual \(NIPCM\)](#)

[Oxygen use in the workplace](#)

[Place standard tool](#)

[Practical fire safety guidance for care homes](#)

[Practical fire safety guidance for existing specialised housing and similar premises](#)

[Preventing or controlling ill health from animal contact at visitor attractions or open farms](#)

[Rights, risks and limits to freedom](#)

[Risk of falling from windows](#)

[Risks to vulnerable members of the public from falling from height from windows](#)

[Scalding and Burning](#)

[Scottish Environment Protection Agency \(SEPA\)](#)

[Health Technical Memorandum 04-01: Safe water in healthcare premises Part A: Design, installation and commissioning](#)

[Sharps injuries](#)

[SHFN 30 Part A Manual: Information for design teams, construction teams, estates and facilities and infection prevention and control teams](#)

[Smoke-free Scotland - Guidance on smoking policies for the NHS, local authorities and care service providers](#)

[Smoking, Health and Social Care \(Scotland\) Act 2005](#)

[Standard Infection Control Precautions Literature Review: Routine cleaning of the care environment](#)

[Staying put Scotland: providing care leavers with connectedness and belonging](#)

[The Eatwell Guide](#)

[The Prohibition of Smoking in Certain Premises \(Scotland\) Regulations 2006](#)

[The Promise](#)

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

Trading Standards Department

United Nations Convention on the Rights of the
Child (UNCRC)

Vertical lifting platforms or lifts for people with
impaired mobility – potential falls from height
risks to employees and members of the public
from over-riding door locking safety devices

Zero Waste Scotland

11.0 Summary



11.0 Summary

This is not a complete list but highlights some of the important points in this document for easy reference.

- ✓ Fire safety risk assessment completed (section 2.1)
- ✓ Community engagement, and planning permission (where required) (section 2.2)
- ✓ Design meets aims and objectives (section 3.0)
- ✓ Consideration of young people's views, with minimum level of restrictions (section 4.0)
- ✓ Small home (preferred maximum of 4 beds) (section 5.1)
- ✓ Homely environment (section 5.2)
- ✓ Single bedrooms, big enough to meet needs (section 5.3)
- ✓ Enough bathrooms, no sharing with staff or visitors (section 5.4)
- ✓ Registered with environment health (section 5.7)
- ✓ Young people have access to laundry (section 5.8)
- ✓ Access to local facilities, services, and social opportunities (section 6.0)
- ✓ Good infection prevention and control measures (section 7.1)
- ✓ Legionella management and anti-scald devices (44°C max) for hot water (section 7.2.2)
- ✓ Window restrictors (100mm max) for 2m above ground (section 7.4)
- ✓ Wi-Fi access (section 8.2)
- ✓ Corridors (1200mm min), and doors (840mm min) with locks for private areas (section 8.5)
- ✓ Waste is separated (section 8.9)
- ✓ Staff have separate office, rest and bathroom areas (section 9.0)
- ✓ Visitors have a separate toilet to young people (section 9.3)

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