

health

Residential aged care services built environment audit tool

Online version 1.2: Part 5. Photo gallery

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This document is available as a PDF on the internet at: www.health.vic.gov.au/agedcare

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5. Photo gallery

The following photographs have been provided by various RACS locations in Victoria.

Please note each photograph highlights a specific recommendation/tip only and as such may contain other elements that are not supported by current research and evidence.

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Part A: External areas

Recommendation 3 – parking



There is a drop off area at the entrance to this RACS, but the car park is much further away and quite a distance for older visitors to walk.

Recommendation 4 – parking well lit (refer Rec.124 photo)

Recommendation 7 – path curves



This pathway is too narrow and sharp for wheeled equipment to turn.

- Note the path is defined by wooden garden edging – this can be a hazard for users and wheeled equipment tipping over the edge.

Recommendation 9 – path views



From the garden seat there is a view into other areas inviting participation – firstly the veranda and beyond the veranda to the dining room.

Recommendation 10 – path width



Whilst the gazebo provides a rest point it is difficult to fit a number of wheelchairs/tub chairs in it at the one time.

The pathway gently curves, but cannot fit more than one chair on it at a time; this creates a bottleneck effect in the gazebo with residents waiting for the path to clear.

Lavender plants provide a sensory and decorative definition for the path way; however chairs have toppled off the path as there is a lip between the concrete and the ground.



Recommendation 11 – path hazards



This garden has provided a water feature decorated with rocks in a bark bed.

- The concrete lip is higher than the bed and has caused the wheels of chairs to tilt precariously into the rocks.
- The rocks are loose and can be picked up and thrown around.



• (Left) Note the lip of the concrete is higher than the bark bed creating a hazard.

• The free range chickens also tend to spread bark across the path, creating a hazard and requiring constant maintenance.

• (Right) This grate is on a walking path and is hidden by a bush

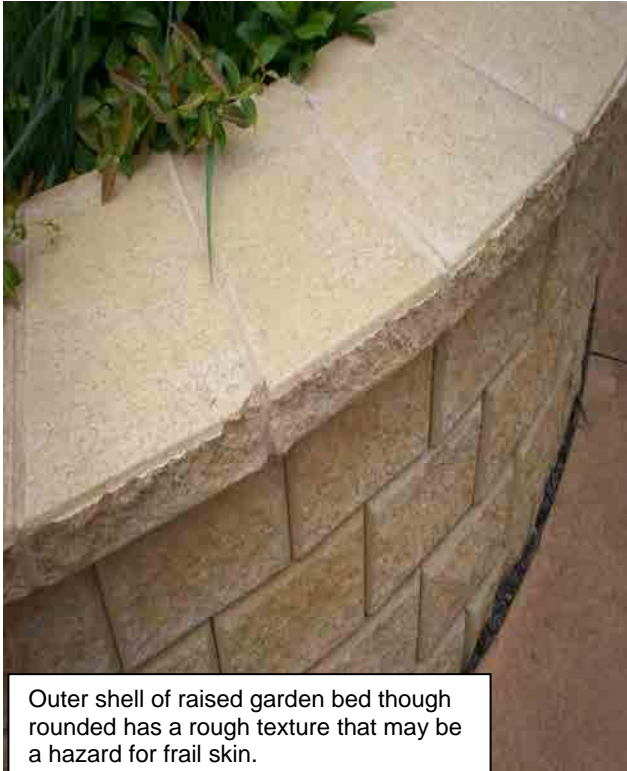


Recommendation 13 – raised garden beds



Corrugated metal may reflect heat and can create glare.

Raised bed is set back from path - difficult for wheelchairs to access.



Outer shell of raised garden bed though rounded has a rough texture that may be a hazard for frail skin.

This raised bed is wide enough on the top for a person to rest. However it has an uneven finish with square edge and protruding nails.



Recommendation 14 – rest areas



This gazebo provides the dual purpose of a shaded rest area and a landmark (place of interest), with a walking path through the centre leading from building to building.

Refer: <www.health.vic.gov.au/dementia/changes/gardens.htm>

Recommendation 15 – shade



Shade cloth provides shelter in a courtyard.

- Be aware of the glare and heat reflected by the windows and concrete walls during the day.
- Traffic cannot move freely through the centre to follow the path.

The combination of corrugated metal and concrete has created a very hot environment in this internal courtyard, where there is no overhead shade.



- Note the stepped entry into the courtyard, making it inaccessible for wheeled equipment.
- There is also a lip between the concrete path and the ground, creating a hazard for users.
- The grate is not easily recognisable as a hazard.

Recommendation 17 – fencing

Shrubs have been planted along the fence to soften the appearance of the boundary fence, which cannot be climbed.

- The plants are drought resistant and low maintenance.

Pleasant views to outdoors with seating to encourage access and participation.

- Note the seat is set in the concrete path and the table can have a shade umbrella inserted.

Refer:

<http://www.health.vic.gov.au/dementia/changes/gardens.htm>



This fence provides an alternative to pool type fencing, and a domestic feel which is found in residential areas.

Planting shrubs and placing ornaments against the fence reduces starkness.

Recommendation 19 – surface changes (refer Rec.51,83,121 photos)

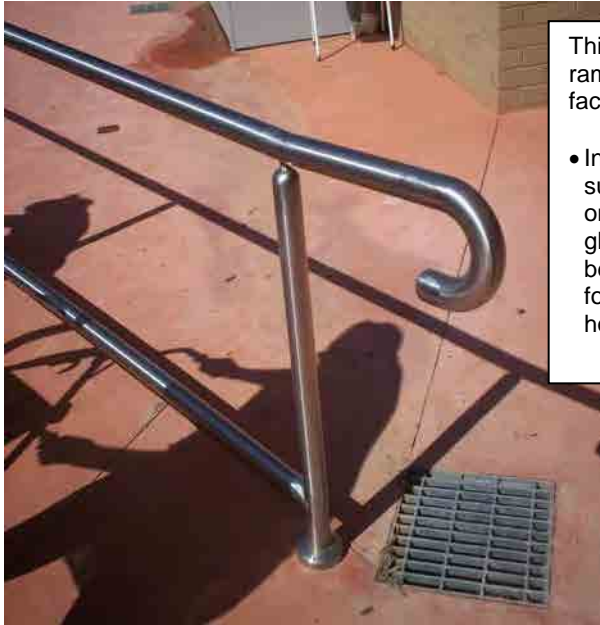


This threshold leads from the dining room to the outside patio.

- The join is raised and stands out against each floor type. It can be argued that it makes residents aware that this is a threshold and to be aware of the change, however a floor level darker joining strip would achieve this purpose.

Recommendation 20 – threshold cues (refer Rec.31 photo)

Recommendation 24 – handrail contrast



This rail guides a ramp into the facility.

- In constant sunshine it not only creates glare, but also becomes too hot for the user to hold.

Recommendation 25 – access



This call bell was an afterthought.

Residents were able to wander outside, but once outside, the door locked behind them and they were unable to independently re-enter the building.

- The call bell is easily identifiable and can be reached either sitting or standing.
- However it means a resident has to wait for staff to open the door. It may have been better as a push button entry.
- The door opens on the opposite side to the call bell. For example if a person in a wheelchair pressed this bell then had to move to the other side to open the door, it may have locked again in the interim.

Part B: Entrances and hallways

Recommendation 28 – entrance visibility



The driveway to this facility is considered by visitors to be too steep, and does not provide a separate walking path from the street to the front entrance.

Recommendation 29 – entrance cover



Whilst the main entrance to this RACS provides partial cover, the only external waiting seat is open to the elements. (However, there is internal seating available inside the main door.)

The entrance effectively masks the larger building behind it.

- It provides a shaded rest stop, bus stop and a meeting place.



Recommendation 31 – threshold cues (relevant Rec.20)



This facility uses the vase and flowers next to the door to provide a cue for residents to note an entry into another area.

It also provides a landmark for wayfinding.

Recommendation 32 – automatic doors



As it is too cold to venture outside to wait, the resident is waiting inside.

- The position of the wheelchair halts the automatic motion of the doors, so both sets remain open.
- This in turn creates an issue with climate control.

Recommendation 33 – entrance foyer

This foyer provides an inviting area to sit, with views to the outside and the main entrance where there is a constant stream of activity.

- The domestic feel is marred in part by the fire equipment located next to the entry.



Recommendation 38 – doors opening (refer Rec.166 photo)

Recommendation 41 – glass doors (relevant Rec.72)



(Above) The doors have a pathway leading into a garden area with tables and chairs. Unfortunately this area cannot be accessed so the doors remain locked.

- Residents may be attracted to the pleasant view and become frustrated when they are unable to access it, so it may be better to camouflage this exit.

Recommendation 42 – door contrast (refer Rec.112 photo)



- The door stands out against the architrave, wall and floor and is easily distinguishable.
- The handrails stand out against the background and lead the user to the bedroom door.

Recommendation 43 – door camouflage (refer Rec.75 photo)



(Right) This exit door was originally painted a darker purple (as above) and it was found residents tended to congregate there at the windows – drawn to the area by the focus of dark colour. When the door was painted the same colour, this occurred to a far lesser extent.

Recommendation 44 – windows (refer rec.114 photo)

Recommendation 48 – floor finish (refer Rec.80 photo)

Recommendation 50 – floor colours (refer Rec.82 photo)



New residents got down on their hands and knees and crawled around the sides to avoid walking across these circles, which they perceived as holes or piles of sand.

Refer: <<http://www.health.vic.gov.au/dementia/changes/interior-design.htm>>

Recommendation 51 – floor surface changes (refer Rec.19, 83, 120 photos)

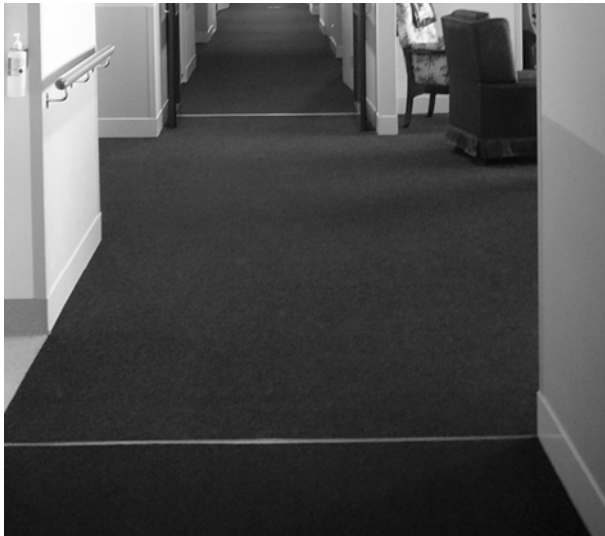


This change in floor covering is at an expected area - a doorway.
As a further cue the door is painted a different colour from the architraves.

Recommendation 52 – joining strips (refer Rec.84 photos)



These floors have examples of patterns and strips which may give the illusion of steps.



Recommendation 53 – walls contrast (relevant Rec.85,123)



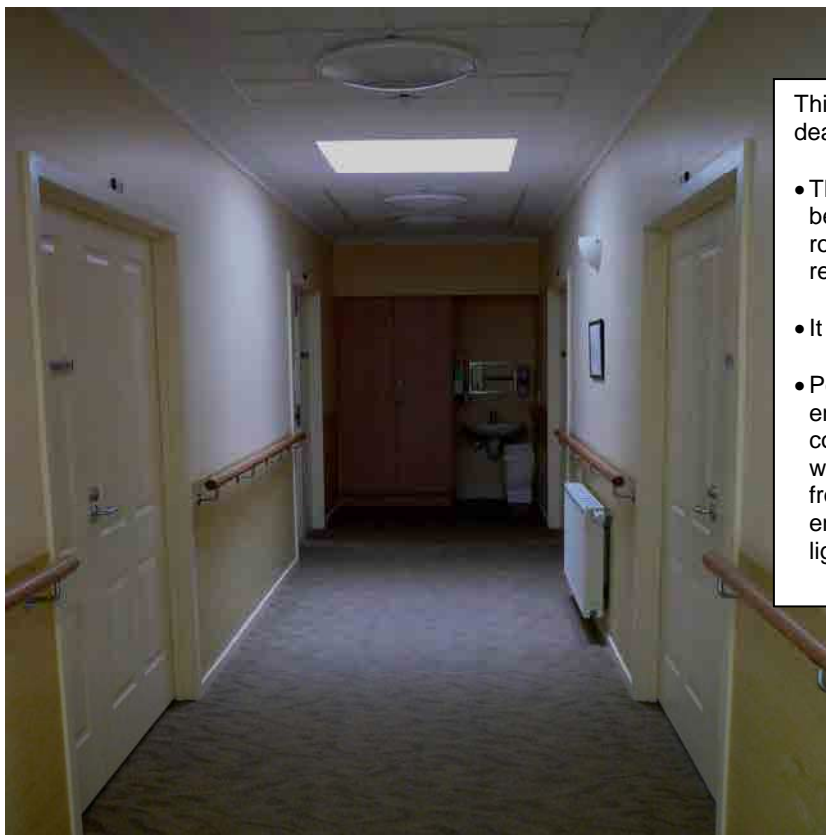
- The walls contrast with the architraves, handrails and floor.
- The darker feature wall reduces the impact of the hallway and acts as a cue for residents to locate their rooms.

Recommendation 54 – lighting (relevant Rec.86,124)



This hallway has 2 skylights designed to provide natural light in an otherwise dark environment.

- They have created pools of light where residents are stepping from light to darkness to light.
- Their positions also provide a focus and inadvertently highlight areas that residents may be discouraged from entering, such as other residents rooms.



This hallway leads to a dead end for residents.

- The skylight is positioned between the resident rooms. It draws the resident's attention to it.
- It also creates glare.
- Perhaps painting the dead end cupboard a lighter colour to match the walls will discourage residents from walking to the dead end, and also serve to lighten the hallway.

Recommendation 55 – glare (refer Rec.87,125 photos)



Be aware of the glare reflected off shiny, buffed floor surfaces. Residents can perceive this as a pool of water to be walked around – or waded through. (Brawley)

Recommendation 56 – hallways

Long hallways may appear clinical and institutional.



Break the monotony of long hallways:

- Use of decorative arches, panelling, pillars, curtains, wall lamps.



- Build in doglegs
- Use panelling or wallpaper (ensure research into appropriate types)
- Paint different sections of walls to highlight specific areas as landmarks.



(Above) Note the handrail blends in with the panelling and may be difficult to see.

- The doors access is a staff only area and may have been better camouflaged i.e wood panelling on the bottom and cream on the top to blend in with the wall.

Recommendation 58 – artwork (relevant Rec.89)



- The artwork is situated along a hallway.
- The painting has a dark frame against a light background.
- The wall light focuses on the painting drawing attention to it.

Recommendation 62 – rest areas

This alcove provides a rest area along a hallway.

- The furniture and bright colours means it can be seen from a distance.
- The lighting provides a focus on the sitting area which also leads into a courtyard.

Refer: <<http://www.health.vic.gov.au/dementia/changes/interior-design.htm>>



Recommendation 64 – furniture comfort (refer Rec.96 photos)

Recommendation 67 – handrails



The handrail stands out against the wall. It is round at the top for ease of grip and filled in at the bottom: suitable for use in both generic and aged persons mental health facilities.

The panelling and handrail create a warm timber feel.

- However, this handrail appears camouflaged by the wall panelling, making it difficult for the user to see.

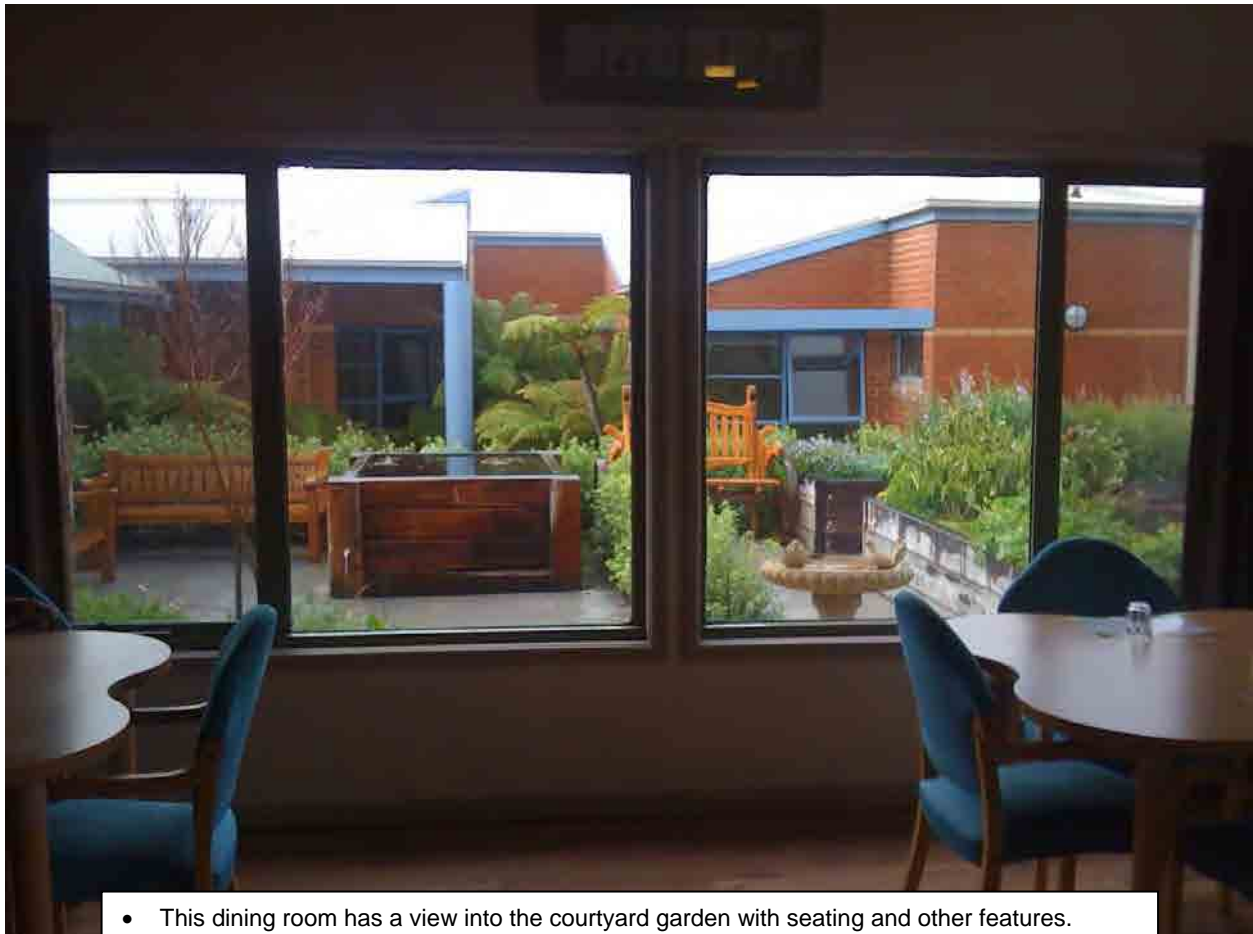


For wayfinding and support a handrail should be continuous around corners. However it can be argued handrails leading into resident rooms may encourage unwanted visitors



Part C: Communal areas (dining, kitchen, lounge and alcoves)

Recommendation 69 – outdoor views



- This dining room has a view into the courtyard garden with seating and other features. There is a doorway to the right of the dining room that leads into the garden

Recommendation 70 – doors opening (refer Rec.166 photo)

Recommendation 72 – glass panel doors (refer Rec.41 photo)

Recommendation 74 – door contrast (refer Rec.42, 112 photo)

Recommendation 75 – camouflage (refer Rec.43 photo)



This door leads into a staff area near a lounge. The doors are disguised the same as the walls with only the keyhole and handle showing it is a door.

Recommendation 76 – windows (refer Rec.114 photos)

Recommendation 80 – floor matte finish (relevant Rec.48,118, 161)

Sunlight at certain times of the day can cause striped shadows on the floor, giving the appearance of lines, which can be confusing to vision impaired residents.



External slats designed to provide shelter and also allow ventilation, have created shadows which may appear as steps to vision impaired residents.





A dining room with a view:

- Notice the glare from the windows
- Notice the glare on the floor.

Recommendation 82 – floor colours (refer Rec.50 photo)



Staff reported some residents stepping around the light and dark patches of this floor.



Recommendation 83 – floor surface changes (refer Rec.19,51,120 photos)

Recommendation 84 – joining strips (refer Rec.52 photos)



The dining and lounge areas at this facility are combined in one room, and the distinction between each is made by the floor surfaces.

- Staff report that residents stop at this strip and need to be guided over it.
- The strip itself is a tripping hazard, as it is not flush with the floor.
- The patterned carpet also creates areas of light and shade.

Recommendation 85 – wall contrast (refer Rec.53 photos)

Recommendation 86 – lighting (refer Rec.55 photos)

Recommendation 87 – glare (refer Rec.55, 124 photos)



Examples of table glare, easily overcome by the use of tablecloths.



Recommendation 89 – artwork (refer Rec.58 photo)

Recommendation 96 – furniture comfortable (relevant Rec.64, 144)



- Red furniture blends into the red wall and can become a blur for vision impaired residents and visitors.

Other points to note:

- The door to the right is painted white and is a drawcard, highlighting entry. If this is a staff only access point it would be better to blend it in with the rest of the wall.
- Consider the glare created as a result of the wall lamp fittings.
- The table edges are square and sharp.

Recommendation 100 – social interaction



A small sitting room located off the main hallway. It can be easily seen and accessed for watching television, or alternatively used for visitors or as a quiet retreat.

Recommendation 102 – storage



An example of wheelchair storage located next to a dining/lounge area.

Recommendation 104 – kitchenette



This kitchen opens into the dining room and food is available over the bench top.

- Colour contrasting highlights features for different uses.
- There is under bench seating and wheelchair access for watching and participating in activities.

Refer: <www.health.vic.gov.au/dementia/changes/dining.htm>

Recommendation 106 – private family areas



This room can provide a quiet retreat for reading or alternatively can accommodate private social interaction

Refer: <www.health.vic.gov.au/dementia/changes/dining.htm>

Part D: Resident room

Recommendation 107 – entrances distinctive



- Each resident room has a distinctive picture next to their room door to assist in wayfinding.
- The hallway is created in such a way that each picture can be seen from a distance.
- Note however, the use of brick walls may be considered hazardous – especially behind the handrail.

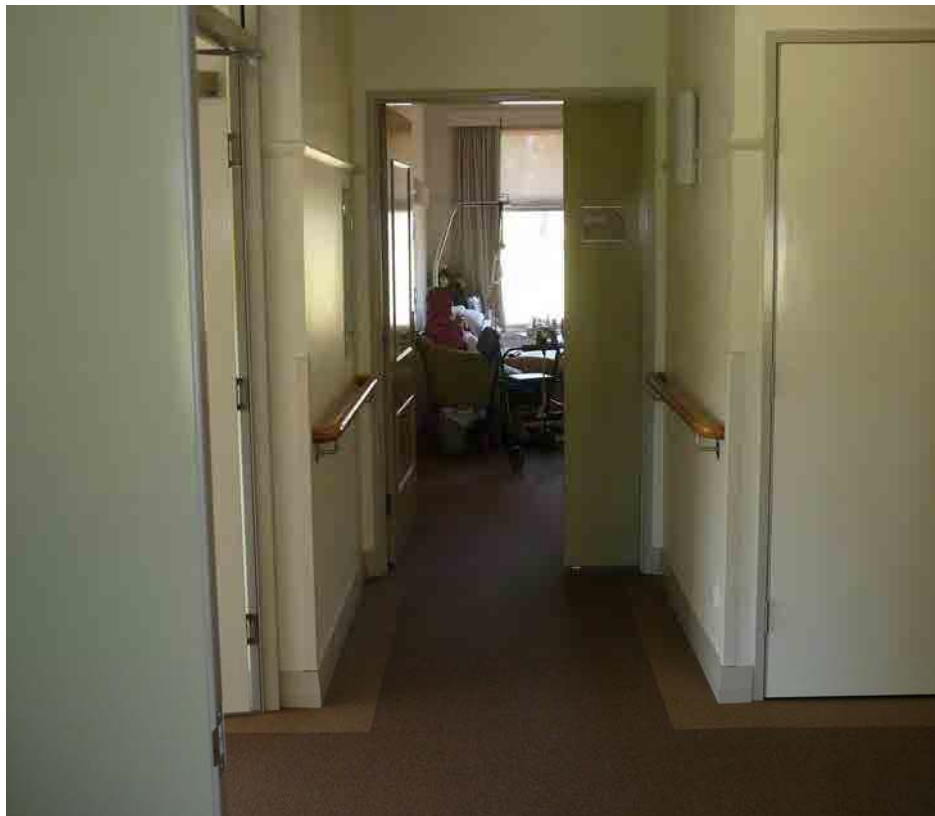


A glassed wall cabinet outside a resident's room:

- It creates a talking point, and can show off individual treasures.
- The poster also personalises the area, and provides a distinctive landmark for the resident.

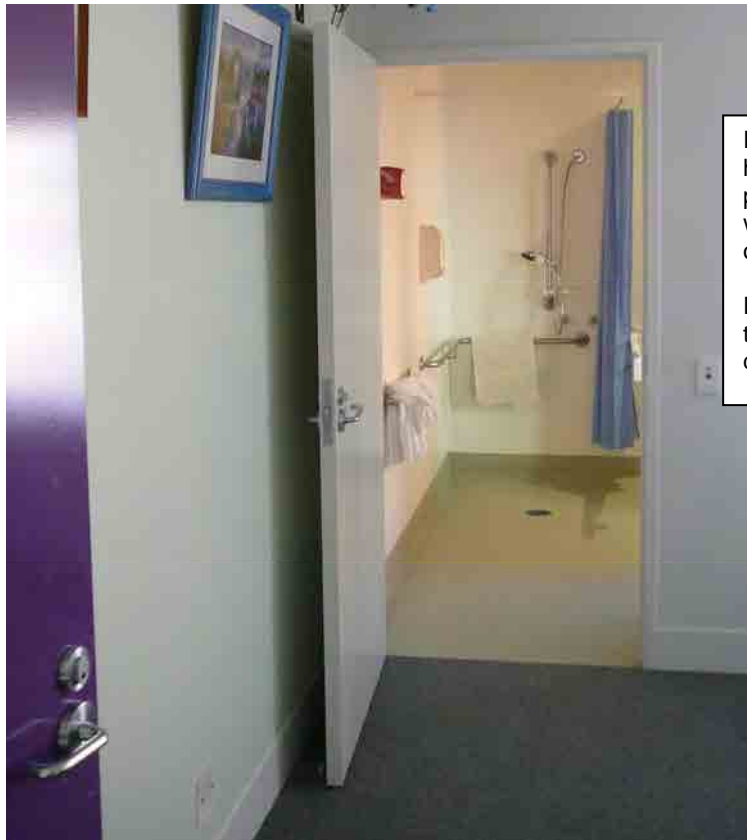
Recommendation 108 – room privacy & dignity

This resident is sitting in the same position as another resident directly across the hallway – whilst they can talk to each other there is a lack of privacy for both. The resident may not be able to independently close the door



The room doorways are recessed and staggered along a hallway to promote privacy for the residents.

- This is an example of a “cat and mouse” door, with wood panelling.



In this facility staff highlighted the lack of privacy for residents with the ensuite being opposite the doorway.

Residents may forget to close the ensuite door.



This type of entrance can affect privacy and dignity for the resident.

- This type of “barn” door may impede resident movement to and from their room.
- The location of the bed opposite the door means when the door is opened either fully or partially the bed is viewable.
- The position of the armchair is facing the hallway where the action is – but when the door is half closed it limits this hallway view.
- (NB: the door when divided into two must continue to meet fire regulations for egress.)

Recommendation 110 – door opening (refer to Rec.70, 166 photo)

Recommendation 112 – door contrast (refer Rec.42 photo)

The resident room doors are recessed in the hallway side by side.

- They are painted the same colour (as are all the doors in this hallway) and have no further means of identification on them.
- There is a small number for identification on the hallway wall.
- Residents, staff and visitors get lost and wander into the wrong rooms.
- The doors stand out against the walls but the architraves and walls blend together.



Recommendation 113 – shared bed room

The resident situated closest to the window has the access and the view. The other bed is positioned in such a way that it is difficult for the resident to see past the bed curtains.



In this 2-bed room each resident has their own window access and therefore their own space. Note – one prefers the blind partially down, while the other resident prefers full light.



Recommendation 114 – windows (relevant to Rec. 44, 76)

This bedroom window can be accessed by someone either sitting or standing.

- However for someone with dexterity issues it is difficult to grip and then slide across to open.
- Residents need to wait and ask for staff help.



The window winders are located in positions too high for users (staff and residents) to reach.

Recommendation 118 – floor finish (refer Rec. 80 photos)

Recommendation 120 – floor colour (refer Rec. 50, 82 photos)

Recommendation 121 – floor surface changes (refer Rec. 19, 51, 83 photos)

Recommendation 122 – joining strips (refer Rec. 52, 84 photos)

Recommendation 123 – wall contrast (refer Rec. 53 photos)

Recommendation 124 – lighting (refer Rec. 54 photos)

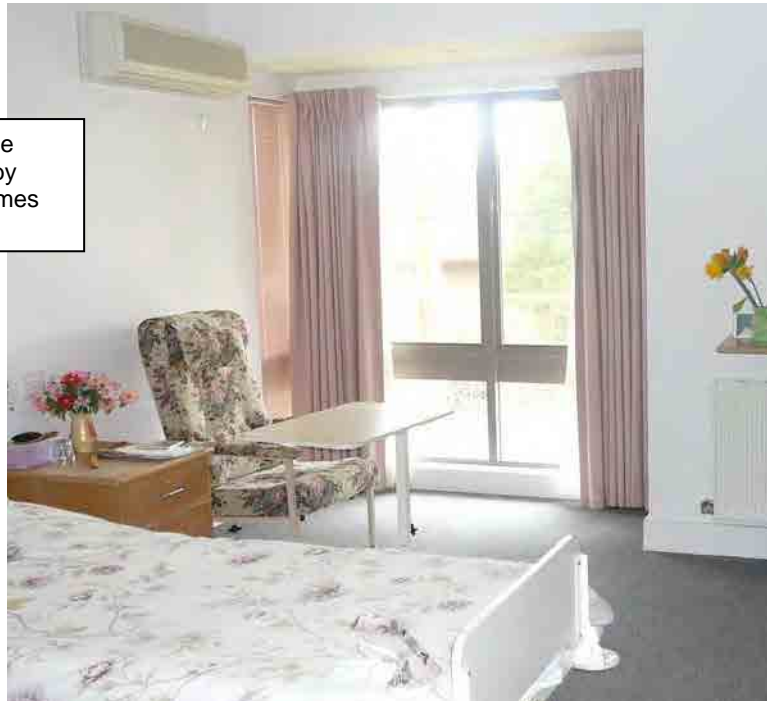
Recommendation 125 – glare (refer Rec. 55, 87 photos)



This external light shines directly into a resident's room at night.
It took a long time for the RACS to work out why the resident was not sleeping and so agitated at night.

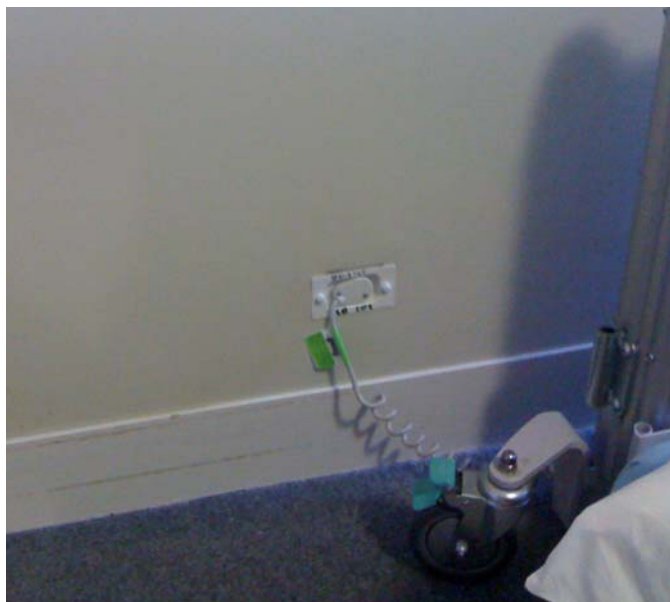
- If you look closely you will see the block out paper that has been placed behind the curtains because they were not sufficient in blocking the light.
- Noted under Rec. 4

The position of the chair is affected by glare at certain times during the day.



Recommendation 130 – power points

An example where the resident prefers their bed by the window, but unfortunately the 2 sets of power points are available in the middle of the room only.



In this facility power points are located close to the floor in resident rooms.

It was found when the bed was automatically lowered, it edged closer to the wall on descent and clipped the power point either turning it on or knocking the plug from the socket

- The power points have been recessed into the wall to avoid a recurrence.

Recommendation 134 – bed appearance



This resident's room originally had a high- low bed which was replaced with a low low bed. The new bed created issues for the resident:

- When the bed was lowered the resident could not view the television in the alcove.
- The new bed was longer and therefore reduced the space between the bed and the wall making it difficult for the resident to navigate a wheelchair through the gap.

Recommendation 135 – bed protection



The picture on the left is from a bed that has to be moved forward each time to a position where the ceiling hoist can be used, but has no protection when moving back against the wall. The picture on the right shows a bed with built in protection.

Recommendation 139 – wardrobe doors and drawers

Examples of wardrobes where there is ample storage for the resident and the wardrobe provides an attractive piece of furniture in the room.



The television is in a poor position for viewing by the resident from the bed and the chair (not visible) is located on the other side of the bed.

Mementoes on shelves provide a wayfinding cue which is visible from the hallway.

Note the wardrobe is large enough, but one door is hindered by the position of the bedside drawers.



Recommendation 143 – personal belongings



Examples of resident rooms where personal belongings are encouraged.

Refer: <www.health.vic.gov.au/dementia/changes/bedrooms.htm>

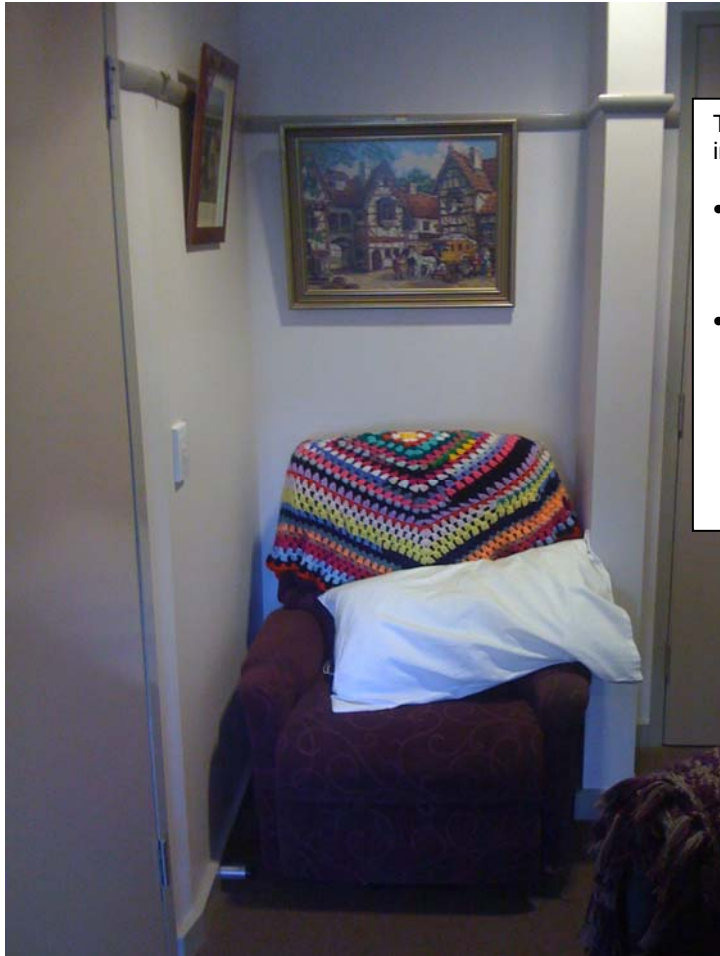


Note the picture rails: an attractive feature and useful for hanging photos etc



Recommendation 144 – furniture comfortable (refer Rec.96 photo)

Recommendation 147 – room storage



This recess is located inside the resident's room.

- In this instance it is used as a cosy nook for an armchair.
- In other instances it stores equipment when not in use, freeing up storage space inside and outside the room.

Recommendation 149 – television position



- The resident needs to crane their neck to look up at this television.
- There is a chair to the left of the bed, but the television cannot be viewed completely from the chair because the wardrobe is in the way.

The television is not in the best position, but is also hampered by the glare from the window beside it.



Recommendation 153 – bed/toilet view

Research has proven that a view of the toilet from the bed will encourage residents to use it.

- The left picture shows an ensuite door, that when left open, impacts on the walkway from one side of the bed.
- The picture on the right shows an ensuite with a sliding door.

Refer: <www.health.vic.gov.au/dementia/changes/bathrooms.htm>



Part E: Bathrooms, ensuites and toilets

Recommendation 158 – bathroom privacy



This bathroom is situated in an alcove to the left of the main thoroughfare.

The bath and toilet are clearly visible from the walkway, reducing resident privacy when the door opened.

Consider adding a shower curtain close to the threshold to maintain privacy.

Recommendation 161 – floor finish (refer Rec. 80 photos)

Recommendation 163 – floor surface change (refer Rec. 19, 51, 83 photos)

Recommendation 164 – joining strips (refer Rec. 52, 824 photos)

Recommendation 162 – floor colour (refer Rec. 50, 82 photos)

Recommendation 166 – doors opening (refer Rec.70 photo)

Consider the circulation space for dependent and independent users to move around doors.

- (Below) 2 examples of the resident's room entry door clashing with the ensuite door when both are opened. Thus when entering, the room door needs to be closed before the ensuite door can be opened.

Refer: <www.health.vic.gov.au/dementia/changes/bedrooms.htm>



Recommendation 174 – walls contrast (refer Rec. 53 photo)

Recommendation 180 – toilet storage



- The basin stands out from the walls and floor.
- It provides an attractive fixture in the ensuite.
- It is well lit and has a large mirror above the basin.
- The mirror tilts forward so reduces glare from the overhead light.
- It also has sufficient storage space for toiletries as well as incidentals which may be used by staff.
- There is no need to bend to access items.

(Below) The basin contrasts clearly against the bench top and cupboard. However the only storage is underneath, which means bending for the resident – so notably, toiletries remain on top of the bench for easy access.

Refer:

www.health.vic.gov.au/dementia/changes/bathrooms.htm





2 residents share an ensuite and one cupboard with separate partitions.

- Their individual personal items are regularly mixed up by residents, staff and family.
- Colour coding the shelves each side may contribute to defining each area.

Recommendation 181 – shower fittings



- Residents have found these levers difficult to operate in some instances, as they are not readily recognisable.
- Both photos have fittings that contrast with the walls and floor.

Recommendation 190 – toilet contrast



A white toilet with white grab rails on a light background can be difficult to see.

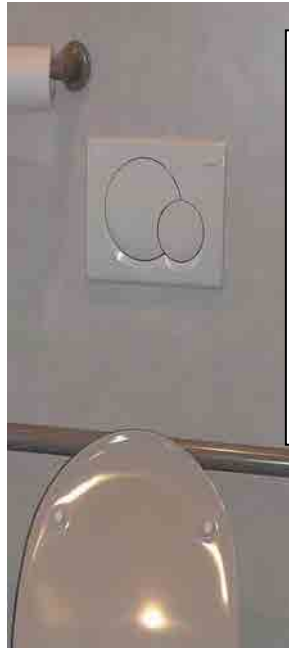
Refer:

www.health.vic.gov.au/dementia/changes/bathrooms.htm



Examples of toilets contrasting with the background,

Recommendation 191 – toilet flush buttons



Examples of buttons used across RACS. The buttons should be easily accessed by residents and other users.

- The bottom right picture shows the traditional cistern which residents would be more familiar with, rather than buttons in various positions on a wall.

Refer:

<www.health.vic.gov.au/dementia/changes/bathrooms.htm>

