

# Summary and Evaluation



## ENVIRONMENTAL EVALUATION

Building occupancy and use should not be viewed as the termination of the facility development process; rather these represent a beginning, as people move in and patterns of behavior within the facility are established. At this stage, users may begin to recognize problems or incongruencies between desired programs or goals, architectural features and characteristics, and the resultant performance of the facility. This is an appropriate time to initiate a more formal evaluation of the facility to identify problems, derive lessons, and initiate design responses through either renovation or redesign.

In this final chapter, "evaluation" may be utilized in three different ways: (1) for the systematic "post-occupancy evaluation" of a specific facility; (2) as a tool to facilitate "design reviews" by architects and clients during the planning and design of new or renovated facilities; and (3) as a stimulus to the thinking of facility administrators, care providers, and designers regarding the untapped therapeutic potential within their own facilities.

The organization of the following set of evaluation questions corresponds to that of the principles for planning and design presented in Parts 3 and 4. The intent of this section is to enable all those engaged in the planning, design, and operation of facilities for people with dementia to evaluate this and other facilities in terms of general attributes of the environment, issues of building organization, and qualities of activity spaces.

## CONTINUUM OF CARE

- Does the facility provide for people at different stages of dementia, with differing levels of capability?  
If so, do both organizational policy and the designed environment respond to these differences?
- Is there a range of services for residents of varying functional capabilities?
- Does the facility encourage grouping of residents on the basis of functional level or stage of the disease? How?
- Could the facility offer additional options along the continuum of environments, ranging from day care to long-term care?

## ORGANIZATIONAL GOALS AND LOCAL RESOURCES

- What services are potentially available in the community that might be incorporated into the activities of the facility?  
To what extent is this currently done? For example, does the local community provide opportunities for resident activities such as visits to beauty salons, restaurants, shows, etc.? Which of these opportunities are currently being utilized?

## SMALL GROUPS OF RESIDENTS

- Is the resident population subdivided on the basis of a specific strategy? Which one(s)?
- Do different types of groupings reinforce each other (e.g., do residents grouped into spatial clusters also share daily activities)? How is

this achieved?

- How are spatial and social group development expressed in the facility? What are the architectural design characteristics used to reinforce this grouping?
- If the facility does not currently structure activities and spaces for small groups of residents, how could this strategy be developed?

### **NONINSTITUTIONAL IMAGE**

- Where would you place the facility along the continuum from noninstitutional to institutional character? Which particular characteristics lead to this decision?
- Can you identify any institutional elements within the facility? What are these?
- Are there noninstitutional furnishings and/or finishes that might be appropriate substitutions? How might these be substituted?

### **ELIMINATING ENVIRONMENTAL BARRIERS**

- What features and characteristics of the facility are difficult for the resident population to negotiate? Why?
- Which special features of the facility make it more negotiable by people with dementia? How is this achieved?
- Where is redundant cueing used in the facility? How is this done? Is it successful?
- What environmental changes would make the facility easier for residents to negotiate? Specifically, when might redundant cueing be introduced? Where could contrast be used to make the environment easier to negotiate? What steps must be taken to facilitate these modifications?

### **THINGS FROM THE PAST**

- Does the facility capitalize on reminiscence as a therapeutic resource in the care of people with dementia? How is this achieved (which specific activities, environmental characteristics, and policies encourage reminiscing among residents?)
- Are residents allowed and encouraged to personalize their environment? How?
- How can reminiscing and the use of things from the past be incorporated into the environment? For example, how could familiar activities be incorporated into the facility's daily schedule? What changes must be made in order to introduce artifacts from residents' pasts into the facility? For example, would this require a change in organizational policy, a change in the furnishing of residents' rooms to allow space for personal artifacts from home, etc.?

### **SENSORY STIMULATION WITHOUT STRESS**

- Does the facility offer an appropriate balance between over- and understimulation for people with dementia? What specific characteristics of the environment lead to this assessment?
- Does the facility also offer varying levels of stimulation for residents? How is this achieved?
- Does the facility attempt to reduce extraneous environmental stimuli (e.g., loudspeakers, door alarms, televisions or radios)? How?
- In what ways might a more appropriate level of sensory stimulation be provided? What modifications could be undertaken to reduce sensory overload and/or alleviate underload? How can variety in environmental stimulation also be ensured?
- In what ways could extraneous stimuli in the environment be reduced in order to amplify various environmental messages (e.g., through the use of sound absorbing material)?

## OPPORTUNITIES FOR MEANINGFUL WANDERING

- Does the facility provide a clearly defined and safe place for wandering? Where (or what) is this place? How is it defined?
- Can this path(es) be easily and unobtrusively surveyed by staff members or caregivers? How?
- How much of residents' wandering activity could be due to disorientation or confusion? How could this be evaluated?
- Does the wandering path allow visual access to interesting activities and spaces? How is this achieved?
- Is the wandering path adjacent to activity areas that might spark client curiosity and invite participation? Is this successful? Why or why not?
- If the facility does not currently provide an appropriate area for wandering, how might such a place be created?
- How could the environment be modified to better support *meaningful* wandering behavior, and to decrease incidences of wandering due to disorientation or confusion?

## PUBLIC TO PRIVATE REALM

- Is there a center of activity in the facility? What is it? How are the public areas in the facility related to each other?
- Is the space small-scale, and oriented towards small groups of residents? What characteristics of the space(s) lead to this evaluation?
- Are activity spaces normally available and equally accessible to all residents?
- Is there variety in the types of spaces provided? How is this achieved?
- How could social spaces at the scale of small households be developed or enhanced?

## POSITIVE OUTDOOR SPACES

- Is an outdoor activity area(s) available at the facility that is safe and accessible for resident use?
- Are interesting and familiar activities incorporated into this space? How?
- Where in the facility are outdoor views provided for residents? Are these views interesting and varied?
- What are the most significant improvements that could be made in order to utilize the outdoor space to its fullest potential?

## ENTRY AND TRANSITION

- Is the entry to the facility direct and accessible for both visitors and residents? Is it sheltered from inclement weather, and convenient for drop-off (if this is a critical activity)? How?
- Are the entries into individual households direct and accessible? Are they easily identifiable to residents, visitors, and staff members? How is this achieved?
- Do entries help or hinder residents' and visitors' sense of orientation? How?
- Are entry and transition areas friendly and familiar in nature? Why or why not?
- How can entry areas be improved? Can entering and wayfinding in the facility be made more direct and easier to understand? How can the entry area become more reassuring?
- How can entering and leaving become less of an intrusion into ongoing activities? Which changes would make the exit from the facility less of a temptation to wandering residents?

## COMMON AREAS FOR EACH FAMILY

- What are the common social spaces available to people with dementia in the facility?
- Are these spaces domestic and familiar in

scale and ambience? What characteristics of the environment influence this evaluation?

- How are the common spaces in the facility arranged?
- Is there variety in the types of spaces available to residents (e.g., in size, function, and character)? How is this variety provided? Are there provisions for social spaces for the entire facility, as well as for small “family” groups? Which spaces are these?
- How could small-scale social spaces be created? How could existing and new social spaces be more clearly linked to each other?
- How might variety in social spaces be enhanced (e.g., through changes in furnishings and finishes or in function of spaces)?

## **DOMESTIC KITCHENS**

- Does the facility currently have a kitchen area that can be used by people with dementia? Is it safe and accessible? Can it be used independently by residents?
- Is this kitchen domestic in nature? What features or characteristics contribute to this evaluation?
- What types of activities occur in this area? Are these familiar and meaningful activities for residents?
- What changes in furnishings, finishes, or activities might make this kitchen area more familiar, and easier for residents to use and enjoy?
- If there is not presently such a kitchen area in the facility, how could one be created?

## **INTIMATE DINING AREAS**

- How is dining structured in the facility? Do all residents eat at the same time in the same place?
- Are residents allowed choice and autonomy

in dining (e.g., time or place of dining, decision about what to eat)? How?

- Is dining a pleasant and meaningful activity for residents? Why or why not?
- How could more intimate dining be provided (e.g., smaller places or smaller groups for dining)? What changes might be made to offer residents greater flexibility in seating, or in what or when to eat?

## **ACTIVITY ALCOVES**

- Other than resident rooms and large common areas, does the facility have clearly defined small social spaces for resident use? What are these?
- Are these spaces adjacent to circulation paths or activity areas to encourage resident observation of ongoing activities? Are they successful in this?
- Do these activity alcove spaces also provide opportunities for quiet reminiscence and retreat? How?
- Do these spaces function as “landmarks”, facilitating orientation and wayfinding? How?
- How could such activity alcoves be introduced or improved in the facility?

## **RESIDENT ROOMS**

- Are residents’ rooms in the facility treated as essentially private spaces in both function and ambience? How is this achieved?
- How are residents’ rooms furnished? Are they domestic and familiar in appearance and ambience? What characteristics contribute to this quality?
- Do residents’ rooms also function as the sole small-scale social spaces? If so, how could this function be transferred elsewhere in the facility?
- Can residents’ rooms have stronger associa-

tions to domestic appearance and functions? In what ways can the privacy of residents' rooms be enhanced?

## **DIGNIFIED BATHING**

- Does the facility provide bathing and/or showering facilities for use by people with dementia?
- What type of equipment and furnishings do residents presently use for bathing and/or showering? Are bathing facilities domestic in nature and familiar to residents?
- What portion of the people with dementia in the facility presently shower or bath independently, or with minimal staff assistance? Do bathing equipment and policies encourage independent bathing by people with dementia? How (e.g., are they accessible for use without assistance?)
- What types of familiar and accessible bathing furnishings might replace frightening institutional contraptions in the facility?
- What environmental modifications and policy changes might increase the percentage of residents who are able to bathe independently?

## **INDEDEPENT TOILETING**

- Are toileting areas in the facility accessible and independently usable to people with dementia?
- Are they easy to locate and to identify?
- Do toileting areas ensure privacy for residents? How? Are resident rooms associated with private toileting areas for the residents of each room?
- What modifications would make toileting areas easier for residents to use independently?
- Where group toileting areas (restrooms for more than one person) are already in place,

what design changes (e.g., the addition of doors to toilet stalls) would increase privacy for residents?

- How can toileting areas be modified to be easier for residents to locate and identify as such? What changes would make these areas easier for residents to use correctly?

## **PLACES FOR VISITING**

- Where in the facility do residents currently visit with family members or friends ?
- Do these spaces encourage conversation and meaningful interaction with residents? How?
- Are these spaces domestic and familiar in nature to reassure family members and friends, and to encourage them to visit and to participate in the care of the resident? What characteristics create this feeling?
- How could new spaces be developed, or existing spaces enhanced, to allow for greater privacy during visiting? How can visiting areas become more friendly and residential in character?

## **STAFF RETREAT**

- Do staff in the facility currently have a designated place for retreat?
- Is there a place where staff members can complete required work tasks, have a cup of coffee, and hold private conversations, free from distraction from residents or family members? How does this space meet these staff needs?
- If such a space does not exist, how could a staff retreat area be developed or enhanced to address these needs?

