



**Designing
for Everyone**

Summary Environmental Assessment Tool

Introduction

The aim of Designing for Everyone is to create primary care centres that are welcoming, comfortable and calming, creating spaces where all patients regardless of any physical disability, cognitive impairment or neurodiverse condition can feel safe and secure. This can help them to experience the best possible care in an environment that supports them and the staff who look after them.

The focus of the development of Designing for Everyone has been on the physical environment but it is important to recognise that it is often the way staff interact with patients that is key to their experience. However, this work has confirmed that the general ambience of the primary care centre and its environs are critical to the wellbeing of patients enabling them to feel safe and secure, and to the delivery of person centred, high quality primary care services.

This summary version of the assessment tools is designed for use by Assura's teams as part of routine premises inspections and

visits. It is drawn from the [Designing for Everyone full environmental assessment tool and accompanying guide](#) which have been developed based on current research evidence and good practice in design for people with cognitive impairments, including dementia, and neurodiversity by the University of Worcester and Assura.

Nothing in the full assessment tool or this summary version and the guide supersedes organisational, statutory or regulatory requirements including building regulations, health and safety or control of infection requirements.

Undertaking the assessment

The summary tool has two elements: core design features which apply internally and externally (where appropriate) across our buildings, and additional specific design features which also apply to particular areas of the health centre premises.

The assessment can be undertaken by a an individual but ideally it should be undertaken with others including patients, practice managers or maintenance staff as this can offer opportunities for different perspectives and prompt constructive discussion about improvements.

Each section contains a number of questions which should each be scored 1-5 where 1=barely met and 5=totally met together with a rationale and a comments section where any issues that have arisen during the assessment can be noted e.g., you were unable to score a particular question. A summary sheet for each score can be found at the end of the tool.

The assessment should be undertaken during normal working conditions. However, if this is not possible, please mark any appropriate questions as not-applicable and note the reason under the comments section. Section 4 of the full environmental assessment tool should be used in addition to this summary version to cover specific requirements during a pandemic.

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

CORE DESIGN FEATURES THAT APPLY ACROSS THE BUILDING (Internally and where relevant externally)

Section 1 - First impressions

Rationale

- Patients may not recall previous visits to our buildings and once inside the busyness and noise of the building can be overwhelming, leading to disorientation and increased anxiety.
- Poorly maintained, dirty or uncared for buildings, furniture and decoration together with cluttered spaces can cause anxiety and give rise to direct/indirect concern about the standards of care for patients and relatives, leading to less effective interventions.
- People who are anxious about their continence are likely to want to immediately identify toilets when they enter a building so it is important that they are easy to find.

	Score 1-5
a. On entering the building, are there good internal sightlines that allow patients to see staff and for staff to observe patients and visitors unobtrusively?	
b. Is the building clean, and odour free?	
c. Is the overall interior decoration scheme non-institutional, calm and uncluttered?	
d. Are the colours calming and the surfaces non-reflective and free from glare?	
e. Are all spaces, including corridors, free from obstructions including equipment?	
f. Is it easy to locate the toilets as soon as you enter the building?	
g. Have intuitive wayfinding cues, e.g., accent colours or artworks, been used to help people find their way around the building?	
h. Have artworks been provided to offer interest and distraction?	
i. Are clocks visible in all patient areas, are they silent, accurate and is it easy to tell the time?	
j. Are views of nature and outside spaces maximised throughout the building?	
k. Are all fire and other exits clearly visible, well signed, accessible and unlocked during practice hours?	

Comments

Section 2 - Ambience/sensory environment

Rationale

- The sensory elements of the building are particularly important for patients with cognitive impairments and neurodiversity who may be hypersensitive or hyposensitive to certain stimuli including light, glare and reflections, noise, temperature, smell and touch. Likewise, proximity to other visitors and standing/seating positions that create unnecessary eye contact can often cause heightened levels of personal discomfort and anxiety.
- Noise absorbent surfaces and materials should be used throughout the building. Background and multiple sources of noise including echo and reverberation should be minimised.
- Natural light should be maximised throughout the building and be even, without shadows and not too bright.
- Walking into dark areas or being plunged into darkness can be a frightening experience and florescent lighting can flicker or hum causing distress.

Score 1-5

a. Is there a quiet and neutral room/space where people can wait if they wish, from where they can be called for their appointment?

b. If required is drinking water available?

Acoustics

c. Have sound absorbent materials been used on floors, walls and ceilings?

d. Has background noise and noise from equipment e.g., telephones, clocks, call systems and any ventilation or heating/cooling systems been minimised?

e. Is there an audio induction loop available?

Lighting

f. Is there an adequate level of natural light/lighting for the purpose of the space?

g. Is the lighting even with no dark areas or shadows?

h. Does any sensor lighting come on before people enter the area and stay on long enough for them to leave?

i. Has the installation or use of fluorescent lighting been avoided in all patient areas?

Personal space

j. Is there sufficient room between any chairs or other furniture for people, including those with mobility aids, to move about freely?

Temperature control

k. Can adjustments be made to the ambient temperature to reflect external weather conditions?

Comments

Section 3 - Decoration, fixtures and fittings

Rationale

- Older people and those with dementia, other cognitive impairments and neurodiversity may have difficulty seeing at low contrast levels and a reduced ability to perceive colour saturation, so that colours with similar tonal contrast can often blend together.
- Colours should be chosen with regard to Light Reflectance Value (LRV), hue, saturation and tone. They should be low stimulus with calming tones and matt (non-reflective) surfaces.
- Patterns and floor-to-ceiling images e.g., murals can be misinterpreted and create visual distractions, while certain materials or textures can cause negative reactions.

	Score 1-5
a. Are the decor and furnishings, including the chairs, clean and in good condition?	
b. Is there a choice of seating including chairs of different heights, sizes and some with arms?	
c. Has the use of shiny or textured surfaces, and patterns or stripes for furnishing fabrics and wall coverings been avoided?	
Colour and contrast	
d. Have colours been used purposefully to help distinguish between the different areas of the building and identify structural obstructions e.g., pillars?	
e. Is there good colour contrast between surfaces, e.g., between walls, handrails, skirting and floors, doors, door handles and furniture?	
Flooring	
f. Is the flooring matt and of the same tone and colour throughout the building?	
g. Is the flooring in good condition, free from defects and temporary repairs?	
h. Are all thresholds even and threshold strips the same colour and tone as the flooring?	
i. Has the use of highly contrasting coloured strips and strongly patterned flooring that could appear uneven been avoided?	
Artworks and clocks	
j. Are all artworks and clocks large enough to see them clearly, framed in a contrasting colour to the walls with non-reflective glass or Perspex surfaces?	
k. Has the use of abstract works, murals or trompe l'oeil and floor to ceiling images been avoided?	
l. Have artworks been chosen to offer links to the local community and landscape?	

Comments

Section 4 - Navigation/wayfinding/mobility

Rationale

- Navigation and fine motor skills can be impaired in people with cognitive impairments and neurodiversity who may have difficulties with body awareness, position sense and balance. Many patients may have problems with their mobility and require aids, e.g., sticks or walking frames, to move about.
- Clear sightlines, accessible and easy to read signage and simple prompts support wayfinding and one-way systems should be considered if practical.
- Directional and functional signage should be of a consistent design, placed at key decision points and use literal meanings with both images and text.

	Score 1-5
a. Are directional and functional signs placed at key decision points in the building both for forward and reverse journeys?	
b. Are signs for patients, e.g., the consulting room number, placed on the door to the room not beside it?	
c. Are all signs of a good size, readable and hung at a height where they can be easily seen (approximately 4 foot/1.2 metres)?	
d. Are all signs colour coded with clear fonts, images and text and is there good colour contrast between the sign and the surface on which it is placed?	
e. Are any lifts well signed, with easy-to-use buttons that include braille and even thresholds?	
f. If the building contains other services, e.g. a pharmacy, are these well signed?	
g. Are there handrails that are easy to grip?	
h. Are there small seating areas in any long corridors to allow people to rest if needed?	

Comments

Section 5 - Safety

Rationale

- Safety is of paramount importance in all healthcare buildings and feeling safe and secure is an important part of any healthcare appointment.
- People with cognitive impairments and neurodiversity may become anxious and distressed while in the health centre and may wish to leave an area quickly, so fire and other exits need to be accessible and clearly visible. They may also have little awareness of danger.
- Any security measures should be discrete, although fire alarms must be audible throughout the building.

	Score 1-5
a. Is the health centre well-lit to enhance safety during hours of operation?	
b. Is all flooring non-slip throughout the building?	
c. Are any mats safely secured onto the floor and in a similar colour to the flooring?	
d. Are stairs and slopes clearly marked using contrasting colours, e.g., on stair treads?	
e. Have sharp corners been avoided on chairs, tables and any other furniture?	
f. Are doors to staff-only areas disguised, e.g., by painting the doors in the same colours as the walls?	
g. Are safety and security measures as discreet as possible?	
h. Are medicines and any hazardous substances, e.g., cleaning materials, locked away?	

Comments

SPECIFIC DESIGN FEATURES

Section 6 - Access to the building

Rationale

- Patients who use mobility aids including wheelchairs may require larger parking spaces.
- Handrails should be provided if patients need to walk up steps or slopes to reach the main entrance.
- Clutter and distractions around the entrance e.g., discarded wheelchairs or multiple notices, can raise anxiety and create hazards.
- Patients may prefer to wait for their appointment or transport outside in a sheltered space.

Score 1-5

First impressions

a. Externally is the entrance easy to find and does the building look in good condition?

b. Is any intercom system for entry of a sufficient size and placed at a height that is easy for people to use?

c. Is the health centre well-lit externally to enhance safety during hours of operation?

d. Is there a covered outside area with seating with arms for people to wait?

Ambience/sensory environment

e. Have any notices and clutter by the entrance been kept to a minimum?

Decoration, fixtures and fittings

f. Is the entrance threshold even without changes in level or colour?

Navigation/wayfinding/mobility

g. Are there clear sightlines and signage to the main entrance from the road, bus stops and the car park?

h. Have the parking and increased space requirements of people with mobility aids been taken into account?

Safety

i. Are pathways level, and any ramps or stairs even and well-marked, with handrails provided?

j. Is the main entrance door easy to operate and wide enough for those in wheelchairs and any accompanying carers?

Comments

Section 7 - General layout and corridors

Rationale

- A logical order will help people find their way. e.g., entrance, reception, waiting area, consulting/treatment rooms and the exit.
- A one-way circulation route can assist wayfinding and avoid people having to retrace their steps.
- Corridors act as transition spaces and can help people with cognitive impairments and neurodiversity to 'recalibrate' between spaces but can be anxiety provoking if it is unclear where they are leading to or have tight corners.

First impressions

a. Is the layout of the building easy to understand?

Score 1-5

b. Is the name of the practice/health centre clearly visible?

Ambience/sensory environment

c. Are there clear views or curved walls so that people can see what is ahead?

d. Have long corridors or dead ends where people might get lost been avoided?

Navigation/wayfinding/mobility

e. Are corridors sufficiently wide for those with mobility aids and an accompanying carer?

f. Are there vision panels in communal doors so that patients can see where they are going or who is coming towards them?

Safety

g. Is it possible to see a member of staff on entering the building?

h. Are the fire and other exits clearly visible and well signed?

Comments

Section 8 - Reception

Rationale

- If there are multiple practices or services in the same building it can be difficult for people to find the right reception desk.
- Speaking to the receptionist can be undignified, particularly for those in wheelchairs, if the reception desk is too high for them to be able to make eye contact with staff.
- People can become very concerned about confidentiality if there is no private space for them to speak to staff or to drop off specimens.

First impressions

a. Is the reception desk for the practice easily identifiable and well signed from the main entrance?

Score 1-5

b. Has the reception desk been designed so that patients including those in wheelchairs are able to make eye contact with the reception staff?

Ambience/sensory environment

c. Is there an easily accessible space adjoining the desk area where people can speak to the receptionist or drop specimens off privately?

d. Is the reception area kept as calm and quiet as possible?

e. Can sound from call systems, digital screens, TVs and music systems be adjusted or turned off to suit the needs of patients?

Decoration, fixtures and fittings

f. Is there a private space for initial screening e.g. height and weight?

g. Are weighing scales and other diagnostic equipment suitable for use by those with visual or mobility impairments easily accessible?

Navigation/wayfinding/mobility

h. Is it easy to get to the reception desk?

i. Is there sufficient space by the reception desk for those with mobility aids or wheelchairs?

Comments

Section 9 - Check in and call systems

Rationale

- People with cognitive impairments and neurodiversity may find it very difficult to operate self-service check in systems and may find it embarrassing to ask for help.
- Call systems and displays can be difficult for people with communication difficulties to see, hear and understand, possibly leading to heightened anxiety and stress. Reassurance can be given if people know that a member of staff will let them know when it is time for their appointment.
- Weighing scales need to be large enough and offer good colour contrast from the flooring for people with cognitive impairments and neurodiversity to see and use.

First impressions

a. Is there a touch screen check in system that is accessible to patients in wheelchairs?

Score 1-5

b. Are patients able to check in via an app or by using a QR code?

c. Is there an alternative system easily available for those that find it difficult to use an automated system?

d. Is there an alternative non-automated call system available, e.g., a staff member collecting them for their appointment?

Ambience/sensory environment

e. Is the call system/display easily visible from all areas where patients are waiting?

f. Is the call system independent of other screens and suitable for those with sensory impairments?

Comments

Section 10 - Waiting areas

Rationale

- Waiting areas can be busy and confusing spaces particularly for people with cognitive impairments and neurodiversity. Confusion and anxiety can be increased when there is a large amount of notices, handwritten instructions, information leaflets and magazines.
- Although people with cognitive impairments and neurodiversity may wish to sit in a quiet area away from other people, they still require the reassurance that staff can see them so that, for example, they do not miss being called for their appointment.
- Areas can be cramped and uncomfortable if there is inadequate space for people to sit together or for buggies, mobility aids or wheelchairs. Seating that is regimented with little room for movement and chairs that are too close together or with rows facing each other can increase anxiety.

First impressions

a. Can the staff observe people in the waiting area and any quiet space/room without intrusion?

Score 1-5

b. Has the use of handwritten signs or notices on walls been avoided and are noticeboards and information leaflets tidy and up to date?

Ambience/sensory environment

c. Can people sit with their back to a wall and have chairs been positioned so that they do not face each other (except if they are in small groupings)?

Navigation/wayfinding/mobility

d. Are the consulting/treatment rooms well signed from the waiting area?

e. Is the way out clearly signed in case people want to leave the area?

Comments

Section 11 - Toilets

Rationale

- Not being able to find or use the toilet can be very distressing and dirty, smelly and badly maintained toilets can discourage use and increase agitation and distress.
- Modern fixtures and fittings including automatic taps and flushes may not be recognised.
- People with cognitive impairments and neurodiversity may need help to use the toilet so there needs to be sufficient space for them to be accompanied by a family member or carer, for any mobility aids including wheelchairs or hoists, and for the door to be closed.
- People with cognitive impairments and neurodiversity may not recognise themselves in a mirror and think there is somebody else in the toilet, which can cause distress.

First impressions

Score 1-5

a. Is there a Changing Places toilet or at least one toilet large enough for different size wheelchairs and an accompanying carer or staff member to assist the person with the door closed?

b. Are the toilet floor, walls and fixtures/fittings in good repair and do they offer good colour contrast with the surrounding surfaces?

c. Are the toilets clean with no odours?

Ambience/sensory environment

d. Does any sensor lighting allow sufficient time for people who may take longer to use the facility?

e. Are all surfaces plain and non-reflective?

f. Have mirrors been placed to avoid disorientation or confusion?

Decoration, fixtures and fittings

g. Are the taps clearly marked hot and cold and the basins, taps, soap dispensers, toilet flushes and towels/towel dispensers of familiar design?

h. Are the toilet roll holders of familiar design and can they be easily reached from the toilet?

Navigation/wayfinding/mobility

i. Are all toilet doors painted in a single distinctive colour and do they all have the same clear signage both for entry and exit?

j. Is it easy to locate the toilets from all areas of the building?

Safety

k. Is there a hoist available if required?

l. Are any hazardous substances, e.g., cleaning materials, locked away?

Comments

Section 12 - Consulting and treatment areas

Rationale

- Consulting or treatment rooms can be uncomfortable, particularly if the patient is accompanied or has mobility aids, or if the space is noisy, with harsh lighting and poor ventilation.
- Direct face to face discussions can be intimidating but positioning chairs at an angle or side by side can encourage engagement between patients and staff.
- Seeing clinical instruments or equipment can provoke anxiety.
- Some patients may need help or a hoist to move from a wheelchair to the examination or treatment couch. There should be a screen/curtain to aid patients' privacy.

First impressions

- a. On entering the room is it obvious where the patient and an accompanying carer should sit and are the desk and chairs positioned to encourage conversation?

Score 1-5

Ambience/sensory environment

- b. Is there a dedicated quiet/soundproofed examination area for people with cognitive impairments and neurodiversity, with space for any mobility aids or wheelchairs and an accompanying carer to be present?

- c. Are lighting levels adjustable to suit clinical and patient needs e.g., by the use of dimmer switches or blinds?

- d. Is it possible to adjust the heating and ventilation so that the room is kept at a comfortable temperature?

Decoration, fixtures and fittings

- e. Is there good colour contrast between the examination couch, walls and flooring?

- f. Can the examination couch be moved away from the walls to facilitate access?

- g. Has sufficient cupboard space been made available so that equipment can be kept out of view when not in use?

Safety

- h. Is there a hoist available if required?

Comments

Section 13 - Outside spaces

Rationale

- Views and access to nature are essential to health and wellbeing. Positive steps should therefore be taken to offer opportunities for people to view and access the space around the health centre by creating views into gardens or courtyards and by providing small sheltered outdoor areas for patients and relatives to use
- Being in nature to recover from hearing bad news or just to escape from the main building to relax can be an important part of care.
- People may not understand that plants can be poisonous so all planting should be non-toxic as well as safe to touch.
- People will be reassured if the nearest toilet is signposted from the outdoor space.

First impressions

a. Is there independent access to a pleasant and well-maintained outdoor space that is separate from any designated smoking area?

Score 1-5

b. If space allows, has the creation of a community garden or allotment been considered?

Ambience/sensory environment

c. Has shelter from sun and rain been provided so that the outdoor space can be used throughout the year?

d. Does planting offer colour, scent and variety throughout the year?

Decoration, fixtures and fittings

e. Is there a choice of seating including some with arms with room for people with mobility aids?

f. Is there good colour contrast between all surfaces e.g., paths, paving, border edging, and furniture?

Navigation/wayfinding/mobility

g. Are the entrance and exit to the outdoor space and the nearest toilet clearly signed?

h. Are any paths wheelchair accessible with even, non-slip and non-reflective surfaces?

Safety

i. Is planting well maintained and chosen to be non-toxic and safe without berries, spikes or thorns?

Comments

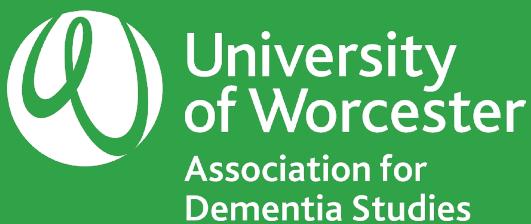
Summary

Questions	a	b	c	d	e	f	g	h	i	j	k	l
Section 1												
Section 2												
Section 3												
Section 4												
Section 5												
Section 6												
Section 7												
Section 8												
Section 9												
Section 10												
Section 11												
Section 12												
Section 13												

To be used in conjunction with the Designing for Everyone Guide

Available at:

www.dimensions-uk.org/designing-for-everyone



Website: www.worcester.ac.uk/dementia
Phone: 01905 542531
Email: dementia@worc.ac.uk

Twitter: @DementiaStudies
Facebook: adsuow



Website: www.assurapl.com
Phone: 01925 420660
Email: hello@assura.co.uk

Twitter: @Assurapl
Facebook: AssuraplCommunity

The Brew House, Greenalls Avenue,
Warrington WA4 6HL



Website: www.dimensions-uk.org
Phone: 0300 303 9001
Email: enquiries@dimensions-uk.org

Twitter: @DimensionsUK
#MyGPandMe
Facebook: DimensionsUK

Building 1430, Arlington Business Park,
Theale, Reading RG7 4SA