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University of Worcester
Association for Dementia Studies

assura

Full 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.

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 of the building but it is important to recognise that it is often the way staff interact with patients that is key to their experience. However, the research work that underpins the Designing for Everyone assessment tools 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 full assessment tool should be used in conjunction with the Designing for Everyone guide. It has been designed for use in any primary care, medical or health centre buildings or GP premises and is 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. A summary tool is also available for Assura's teams as part of routine premises inspections and visits at www.dimensions-uk.org/designing-for-everyone

Nothing in either of the tools or the guide supersedes organisational, statutory or regulatory requirements including building regulations, health and safety or control of infection requirements.

The Full Environmental Assessment Tool

The tool includes a section on first impressions, as these are key to patient experience, as well as sections that cover core design features which apply internally and externally (where appropriate) across buildings together with specific design features which apply to particular areas of the premises. A separate section has been provided for the additional requirements that may be required during a pandemic.

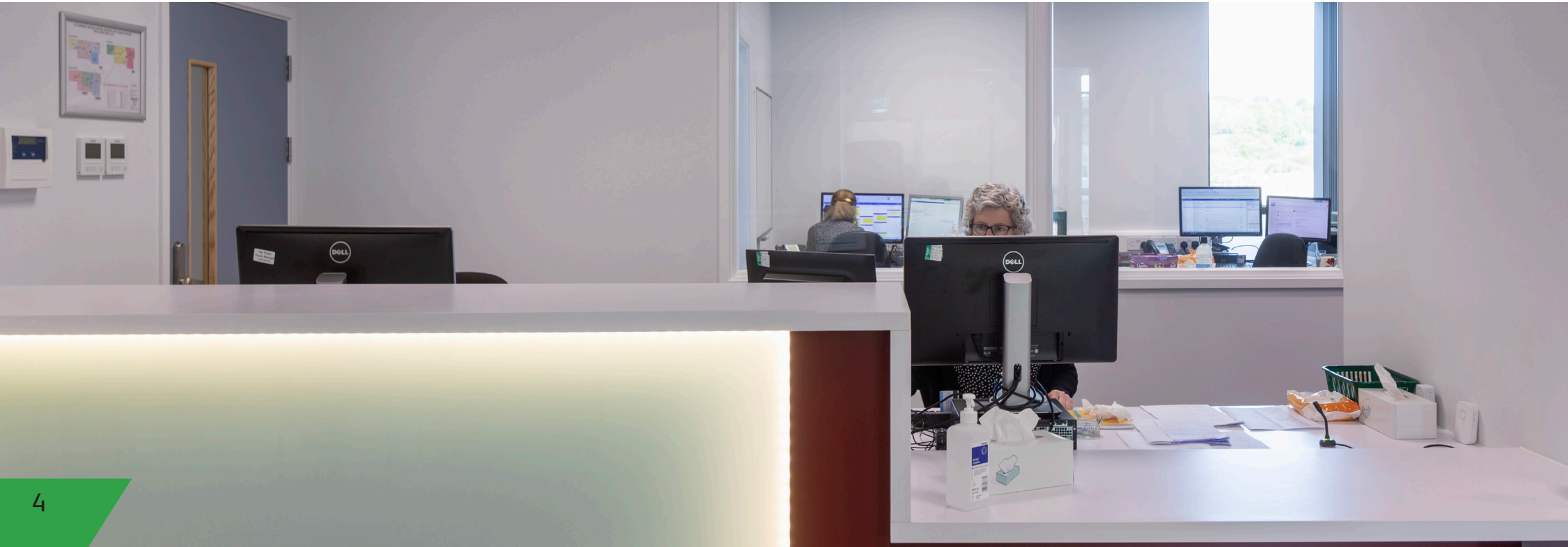
The assessment can be undertaken by an individual but ideally it should be used with others including patients, practice managers or maintenance staff as this can offer valuable opportunities for gaining different perspectives on the environment and prompt constructive discussion on ways in which it can be improved.

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 for effecting change in primary care settings for people with cognitive impairments and neurodiversity which recognises that many people will also have co-morbidities and sensory impairments. A comments section has been provided for each section so that any issues that have arisen during the assessment can be noted e.g., if it was not possible to score a particular question. A summary sheet can be found at the end of the tool.

Undertaking the assessment

The assessment should be undertaken during normal working conditions. However, if this is not possible due to exceptional circumstances, for example specific control of infection requirements, please mark any appropriate questions as not applicable and note the reason under the comments section.

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.



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applies to public areas of the primary care centre building

1. First impressions

This section provides an initial checklist and each of these elements is expanded further in the tool.

Rationale

- The general ambience of the building and its environs are critical to the wellbeing of patients and to the delivery of person centred, high quality primary care services. People need to feel that they are safe and secure.
- Poorly maintained, dirty or uncared for buildings can cause anxiety and give rise to direct/indirect concern about the standards of care.
- 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, noise, smell and touch.
- 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.

Questions	Score 1-5
a. Externally is the entrance easy to find and does the building look to be in good condition?	
b. Internally; is the building clean, free from clutter and distractions, without odours, quiet and calm?	
c. Has the use of reflective materials including cladding or large areas of glazing that could cause glare been avoided both externally and internally?	
d. Is it possible to see a member of staff on entering the building?	
e. Is there a good level of natural light/lighting that is not too bright?	
f. Are the furniture and fittings clean and in good condition?	
g. Is there enough space to move around easily for those with mobility aids?	
h. Are the exits clearly visible and well signed?	
i. Is it easy to locate the toilets as soon as you enter the building?	
j. Are views of nature and outside spaces maximised throughout the building?	

Comments

2. Core design features

Acoustics

Rationale

- Acoustic management is a key determinant of creating a welcoming and comfortable environment.
- Some people with cognitive impairments and neurodiversity can be hypersensitive to noise, and are unable to filter out background sounds. Many may also have hearing impairments.
- Noise (unwanted sound) can make concentration difficult and can increase anxiety, particularly when there are multiple sources of noise from both inside and from outside the building.
- Noise absorbent surfaces and materials should be used throughout the building. Background and multiple sources of noise including echo and reverberation should be minimised.

Questions	Score 1-5
a. Have sound absorbent materials been used on floors, walls and ceilings?	
b. Have steps been taken to minimise any external noise?	
c. Has background noise or hum from fixtures, fittings and equipment e.g., telephones, hand dryers, extractor fans been avoided?	
d. Can sound from call systems, digital screens, TVs and music systems be adjusted or turned off to suit the needs of patients?	
e. Is the reception area kept as calm and quiet as possible?	
f. Is an audio induction loop available in all patient areas?	
g. Is fire alarm testing undertaken outside practice hours or is clear information available regarding routine scheduling?	

Comments

2. Core design features

Decoration, fixtures and fittings – lighting

Rationale

- People living with cognitive impairments and neurodiversity can be extremely sensitive to light and lighting, glare and reflections, and may see colours differently.
- They may also have visual impairments and problems with depth perception, seeing dark areas or shadows, e.g., threshold strips on floors, as cracks or holes to step over.
- Natural light should be maximised throughout the building and not blocked by screens or equipment.
- Natural light and lighting should be even with no sudden changes in light levels.
- Lighting levels should be adjustable in waiting areas and consulting rooms to suit the needs of patients.
- Walking into dark areas or being plunged into darkness can be a frightening experience.
- Fluorescent lighting should be avoided as it can flicker or hum, causing distress.

Questions	Score 1-5
a. Has natural light been maximised in all areas?	
b. Is the lighting even with no dark areas, light pooling or shadows?	
c. Is the lighting level appropriate for the activities being undertaken in the space?	
d. Does any sensor lighting come on before people enter the area and stay on long enough for them to leave?	
e. Has the installation or use of fluorescent lighting been avoided in all patient areas?	

Comments

2. Core design features

Decoration, fixtures and fittings – colour and contrast

Rationale

- Visual impairments are common in people with dementia and other cognitive impairments and neurodiversity. They may have difficulty seeing at low contrast levels and reduced ability to perceive colour saturation so that colours with similar tonal contrast can often blend together.
- Older people have a reduced ability to see contrast so that some colours become hard to see and they may see colours differently with increasing yellowing shades.
- Colour contrast is measured by Light Reflectance Value (LRV). A high level of contrast (30 % +) between colours is needed for people with cognitive impairments and neurodiversity to help them define and differentiate between different colours, spaces and objects but too much contrast can also be difficult to manage.
- Colours should be chosen with regard to hue, saturation and tone and should be used consistently throughout the building. Bright, vivid and over stimulating colours or colour coding may be difficult to manage due to hypersensitivity to stimuli.
- Colours should be low stimulus with calming tones and matt (non-reflective) surfaces.

Questions	Score 1-5
a. Is there good colour contrast between surfaces, e.g., between walls and floors, skirting and floors, chairs, furniture and floors?	
b. Are the colours calming and the surfaces non-reflective?	
c. Have colours been used purposefully to help distinguish between the different areas of the building?	
d. Do the handrails contrast with the walls?	
e. Has colour been used to identify any structural obstructions, e.g., pillars?	
f. Do door frames and any side panels contrast with the walls and floor?	
g. Is the door furniture, e.g., handles, and signage in a contrasting colour to the door?	
h. Is there good colour contrast between any objects attached to the wall, e.g., pictures or clocks, and the wall surface?	

Comments

2. Core design features

Decoration, fixtures and fittings – flooring

Rationale

- Changes in flooring colour, including stripes, patterns, shadows, dark areas, threshold strips or mats can be misinterpreted by people with cognitive impairments and neurodiversity and look like holes to step over. The flooring can then be perceived as uneven or dangerous and act as a barrier to movement as well as causing slips, trips and falls.
- Shiny floors can look wet or slippery and speckles can look like litter.
- Flooring materials should be non-reflective, non-slip and of a consistent colour throughout the building.
- Contrasting skirting can help to delineate walls from floors.

Questions	Score 1-5
a. Is the flooring matt and of the same tone and colour throughout the building?	
b. Is the flooring in good condition, free from defects and temporary repairs?	
c. Are all thresholds even and threshold strips the same colour and tone as the flooring?	
d. Has the use of highly contrasting coloured strips and strongly patterned flooring that could appear uneven, e.g., with faux steps, been avoided?	
e. Is all flooring non-slip throughout the building?	
f. Does any skirting offer good colour contrast between both the floor and the wall?	
g. Are any mats safely secured onto the floor and in a similar colour as the flooring?	

Comments

2. Core design features

Decoration, fixtures and fittings – decor, furniture and furnishings

Rationale

- People with cognitive impairments and neurodiversity can misinterpret or not recognise patterns which can create visual distractions and look as though they are moving. They can also be sensitive to touch and can experience positive or negative reactions when touching certain materials or textures, e.g., furnishing fabrics or furniture.
- Fabrics and other furnishings should therefore be plain, even surfaced and non-reflective.
- Furniture that is in poor condition may cause people to question the standard of care.
- The way furniture is arranged can help people with cognitive impairments and neurodiversity to understand the function of the space.
- Getting into and out of chairs can present a challenge for older people, those with physical or cognitive impairments and neurodiversity
- Seating should be non-institutional, comfortable and kept in good order.

Questions	Score 1-5
a. Is the overall interior decoration scheme non-institutional and uncluttered?	
b. Are the decor and furnishings, including the chairs, clean and in good condition?	
c. Has the use of patterns or stripes for furnishing fabrics and wall coverings been avoided?	
d. Has the use of shiny or textured surfaces been avoided?	
e. Is there a choice of seating including chairs of different heights and some with arms?	
f. Are there chairs available for people of different sizes?	

Comments

2. Core design features

Space, spatial awareness and mobility

Rationale

- Navigation and fine motor skills can be impaired in people with cognitive impairments and neurodiversity. This can be exacerbated in unfamiliar and cluttered environments.
- People may have difficulties with body awareness, position sense and balance. For example, they can unconsciously bump into furniture or people or exhibit unusual body movements.
- Proximity to other visitors and standing/seating positions that create unnecessary eye contact can often cause heightened levels of personal discomfort and anxiety.
- Touching something or somebody may offer reassurance or can be misinterpreted and lead to a negative reaction.
- Many patients may have problems with their mobility and require aids, e.g., sticks or walking frames, to move about.

Questions	Score 1-5
a. Are all spaces including corridors free from obstructions including equipment?	
b. Are stairs and slopes clearly marked using contrasting colours, e.g., on stair treads?	
c. Are there handrails that are easy to grip?	
d. Is there sufficient room between any chairs or other furniture for people, including those with mobility aids, to move about freely?	
e. Have sharp corners been avoided on chairs, tables and any other furniture?	
f. Are there small seating areas in any long corridors to allow people to rest if needed?	

Comments

2. Core design features

Wayfinding and orientation

Rationale

- Finding your way around a building without asking for help increases self-confidence and maintains personal dignity and control. Wayfinding cues are therefore critical in helping people with cognitive impairments and neurodiversity to navigate the health centre as they may not recall any previous visits.
- Clear sight lines, accessible and easy to read signage and simple prompts, for example the use of accent colours or artworks, can all support wayfinding and one-way systems should be considered if practical.
- Directional and functional signage should be of a consistent design and use literal meanings with both images and text. It should only be placed at decision key points in the building and hung at a height where it can be easily seen.

Questions	Score 1-5
a. Have intuitive wayfinding cues, e.g., accent colours or artworks, been used to help people find their way around the building?	
b. Are directional and functional signs placed at key decision points in the building both for forward and reverse journeys?	
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 signs for patients, e.g., the consulting room number, placed on the door to the room not beside it?	
f. Are any lifts well signed, with easy-to-use buttons that include braille and even thresholds?	
g. Are signs to fire exits and the way out of the building clearly visible from all areas?	
h. If the building contains other services, e.g., a pharmacy, community space or café, are these well signed?	

Comments

2. Core design features

Artworks

Rationale

- Artworks can make an enormous difference to a building making it feel welcoming and enabling connections to the local community as well as supporting wayfinding and providing distraction.
- Artworks should be chosen with care and with consideration of any cultural or religious sensitivities in the community that uses the centre.
- Clearly identifiable images should be chosen, e.g., of nature or local landmarks.
- Abstract works, murals, trompe I'oeil, and floor to ceiling images can be misinterpreted by people with cognitive impairments and neurodiversity and should not be used.
- Artworks should be framed, the frames offering good colour contrast from the surface on which they are hung.
- To avoid unwanted glare and reflections non reflective glass or Perspex should be used for framing.

Questions	Score 1-5
a. Have artworks been hung to provide interest and distraction?	
b. Are artworks of a sufficient size and hung at a height to be seen easily?	
c. Has the use of abstract works, murals or trompe l'oeil and floor to ceiling images been avoided?	
d. Have artworks been chosen to offer links to the local community and landscape?	
e. Are all artworks framed in a contrasting colour to the walls and has non-reflective glass or Perspex been used?	

Comments

2. Core design features

Clocks

Rationale

- People with cognitive impairments and neurodiversity can have a distorted sense of time and this may cause anxiety while waiting for an appointment or for somebody to pick them up.
- Clocks can sometimes be difficult to read, too small or hung too high for people to see properly or they can be showing the wrong time which can cause confusion and anxiety.
- A clock with a loud ticking sound can be very distracting and make concentration difficult.

Questions	Score 1-5
a. Is there a large clock (approximately 18”/45cm diameter) clearly visible in all patient areas?	
b. Are the clocks accurate and is it easy to tell the time?	
c. Do the clocks have a clear contrasting frame between the face and the wall?	
d. Are the clocks silent without any ticking or chiming?	
e. Have any broken clocks been removed?	

Comments

2. Core design features

Environmental management

Rationale

- Good indoor air quality is important to wellbeing. Natural ventilation and efficient, noiseless, heating and cooling systems are key to maintaining a comfortable ambient temperature.
- People who are unwell and those with cognitive impairments and neurodiversity can have difficulties in maintaining their body temperature so being in a room that is too hot or too cold can be distressing.
- People with cognitive impairments and neurodiversity can be hypersensitive to smell and become distressed and unable to tolerate certain perfumes, smells from toilets, cleaning materials or wet paint.
- Good general hygiene and ventilation together with cleaning regimes using odourless products and air fresheners can help to create and maintain an odour free environment.

Questions	Score 1-5
a. Can adjustments be made to the ambient temperature to reflect external weather conditions?	
b. Are any ventilation, heating or cooling systems noiseless?	
c. Is the building clean and odour free?	
d. If required is drinking water available?	

Comments

2. Core design features

Safety

Rationale

- Safety is of paramount importance in all healthcare buildings.
- 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.
- Strong sunlight can cause metal surfaces e.g., door handles or furniture to become very hot
- Any security measures should be discrete although fire alarms must be audible throughout the building.

Questions	Score 1-5
a. Is the health centre well-lit both internally and externally to enhance safety during hours of operation?	
b. Is there a quiet and neutral space where people can wait if they wish, from where they can be called for their appointment?	
c. Are there good internal sight lines that allow patients to see staff and for staff to observe unobtrusively?	
d. Are all exits from patient areas clearly visible, well signed, accessible and unlocked during practice hours?	
e. Are doors to staff only areas disguised, e.g., by painting the doors in the same colours as the walls?	
f. Are safety and security measures as discreet as possible?	
g. Has the use of metal surfaces in areas of strong sunlight been avoided?	
h. Are medicines and any hazardous substances, e.g., cleaning materials, locked away?	

Comments

3. Specific design features

Access to the building

Rationale

- People with cognitive impairments and neurodiversity may forget that they have previously visited the health centre and could be confused about how to enter the building which can increase their anxiety about their appointment.
- Patients who use mobility aids including wheelchairs may require larger parking spaces to enable them to transfer as easily as possible from their vehicle.
- Handrails should be provided if patients need to walk up steps or slopes to reach the main entrance.
- Clutter and distractions around the entrance, including discarded wheelchairs or multiple notices/instructions, can raise anxiety for those entering the building.

Questions	Score 1-5
a. Are there clear sightlines and signage to the main entrance from the road, bus stops and the car park?	
b. Have the parking and space requirements of people with mobility aids been taken into account?	
c. Are pathways level, and any ramps or stairs even and well-marked, with handrails provided?	
d. Is the approach to the building welcoming and the main entrance easy to find?	
e. Have any notices by the entrance been kept to a minimum?	
f. Is the entrance threshold even without changes in level?	
g. Is the main entrance door easy to operate and wide enough for those in wheelchairs and any accompanying carers?	
h. Is any intercom system for entry of a sufficient size and placed at a height that is easy for people to use?	

Comments

3. Specific design features

General layout and corridors

Rationale

- For people with cognitive impairments and neurodiversity the busyness and noise of the health centre can be overwhelming and the building may seem unfamiliar even if they have visited before.
- The building therefore needs to be arranged in a logical order from the entrance, reception, waiting area to the consulting or treatment rooms and then to the exit.
- A one-way circulation route can assist wayfinding and mean that people do not need to retrace their steps.
- Corridors act as transition spaces between the different functions of the health centre and can help people with cognitive impairments to 'recalibrate' between spaces. However, they can be anxiety promoting if people are uncertain about where they are leading to or have tight corners.

Questions	Score 1-5
a. Upon entering the building is it possible to see a member of staff?	
b. Are there good internal sight lines that allow patients to see staff and for staff to observe patients and visitors unobtrusively?	
c. Is the layout of the building easy to understand?	
d. Is there a one-way system in operation so that people do not have to repeatedly retrace their steps?	
e. Have long corridors or dead ends where people might get lost been avoided?	
f. Are corridors sufficiently wide for those with mobility aids and an accompanying carer?	
g. Are there vision panels in communal doors so that patients can see where they are going or who is coming?	
h. Are there clear views or curved walls so that people can see what is ahead?	
i. Is the name of the practice/primary care centre clearly visible?	

Comments

3. Specific design features

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.
- 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.

Questions	Score 1-5
a. Is the reception desk for the practice easily identifiable and well signed from the main entrance?	
b. Is it easy to get to the reception desk?	
c. Is there sufficient space by the reception desk for those with mobility aids or wheelchairs?	
d. Has the reception desk been designed so that patients including those in wheelchairs are able to make eye contact with the reception staff?	
e. Is there an easily accessible space adjoining the desk area where people can speak to the receptionist in privacy?	
f. Is there a designated more private area for people to drop off specimens?	
g. Is there a private space for initial screening, e.g., height and weight?	
h. Are weighing scales and other diagnostic equipment suitable for use by those with visual or mobility impairments easily accessible?	

Comments

3. Specific design features

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. This can lead to heightened anxiety and stress while they are waiting as they do not know when they will be called.
- Reassurance can be given if people know that a member of staff will let them know when it is time for their appointment.

Questions	Score 1-5
a. Is there a touch screen check in system that is accessible to people in wheelchairs?	
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 who find it difficult to use an automated system?	
d. Is the call system/display easily visible from all areas where patients are waiting?	
e. Is the call system independent of other screens and suitable for those with sensory impairments?	
f. Is there an alternative non-automated call system available, e.g., a staff member collecting them for their appointment?	

Comments

3. Specific design features

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.
- Furniture and seating in poor repair make the area look unprofessional.
- 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 with inadequate space for people to sit together or for buggies, mobility aids or wheelchairs.
- Seating can be regimented allowing little room for movement and chairs that are too close together or with rows facing each other can increase anxiety.

Questions	Score 1-5
a. Are there more private or quiet spaces where people can wait and still see the staff?	
b. Can the staff discretely observe people in the waiting area without intrusion?	
c. Is there sufficient space between chairs for mobility aids and for people to get up easily and walk around?	
d. 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)?	
e. Has the use of handwritten signs or notices on walls been avoided and are notice boards and information leaflets tidy and up to date?	
f. Are the consulting/treatment rooms well signed from the waiting area?	
g. Is the way out clearly signed in case people want to leave the area?	

Comments

3. Specific design features

Toilets

Rationale

- Not being able to find or use the toilet can be very distressing and may mean that people are uncomfortable or miss their appointment.
- Poorly cleaned, smelly or perfumed and badly maintained toilets can discourage people from using them and increase agitation and distress.
- Modern fixtures and fittings 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 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.

Questions	Score 1-5
a. Are all toilet doors painted in a single distinctive colour and do they all have the same clear signage both for entry and exit?	
b. Is there a Changing Places toilet or at least one toilet large enough for different types of wheelchair and an accompanying carer or staff member to assist the person with the door closed?	
c. Are the toilets clean with no odours?	
d. Are the toilet seats, flush handles and rails in a colour that contrasts with the toilet walls and floors?	
e. Are the taps clearly marked hot and cold and the basins, taps, soap dispensers, toilet flushes and towels/towel dispensers of familiar design and in good repair?	
f. Are the toilet roll holders of familiar design and can they be easily reached from the toilet?	
g. Are any automatic hand dryers as quiet as possible?	
h. Does any sensor lighting allow sufficient time for people who may take longer to use the facility?	
i. Have mirrors been placed to avoid disorientation or confusion?	
j. Is there a hoist available if required?	

Comments

3. Specific design features

Consulting and treatment rooms

Rationale

- Consulting or treatment rooms can be noisy, with harsh lighting and poor ventilation.
- They can be small and cramped, particularly when patients have mobility aids and are accompanied by a carer.
- 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.
- There can be a multiplicity of clinical instruments or equipment on display which can be anxiety provoking or frightening to people with cognitive impairments and neurodiversity.
- Some patients may need help to move from a wheelchair to the examination or treatment couch and there should be a screen/curtain to aid patients' privacy.

Questions	Score 1-5
a. 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?	
b. On entering the room is it obvious where the patient should sit and are the desk and chairs positioned to encourage conversation?	
c. Are lighting levels adjustable to suit clinical and patient needs, e.g., by the use of dimmer switches or blinds?	
d. Is there good colour contrast between the examination couch, walls and flooring?	
e. Is it possible to adjust the heating and ventilation so that the room is kept at a comfortable temperature?	
f. Can the examination couch be moved away from the walls to facilitate access?	
g. Is there a curtain or screen to aid patients' privacy if they need to undress?	
h. Is there a hoist available if required?	
i. Has sufficient cupboard space been made available so that equipment can be kept out of view when not in use?	

Comments

3. Specific design features

Outdoor spaces and gardens

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.
- Patients may prefer to wait for their appointment or transport outside in a sheltered space and will be reassured if the nearest toilet is well signed.

Questions	Score 1-5
a. Are views of nature and outside spaces maximised throughout the building?	
b. Is there an entrance canopy or other covered area near the entrance with bench seating where people can wait for their appointment?	
c. Is there independent access to a pleasant and well-maintained outdoor space that is separate from any designated smoking area?	
d. Are the entrance and exit to the outdoor space clearly signed?	
e. Is there a choice of seating in the outdoor space with room for people with mobility aids?	
f. Has shelter from sun and rain been provided so that the space can be used throughout the year?	
g. Is there good colour contrast between surfaces, e.g., paths, paving, border edging, and furniture?	
h. Are any paths wheelchair accessible with even, non-slip and non-reflective surfaces?	
i. Is planting well maintained and chosen to be non-toxic and safe, without berries, spikes or thorns, and to offer colour, scent and variety throughout the year?	
j. If space allows, has the creation of a community garden or allotment been considered?	

Comments

4. Additional considerations during a pandemic

Rationale

- There may be times when additional measures need to be taken to control the possible spread of infection within the health centre, for example in a national pandemic or during local outbreaks of infectious diseases. This may mean that patients will experience a different environment in the centre which may heighten their concerns about their appointments. It is important to reassure patients as much as possible by creating and maintaining a professional environment within the restrictions.
- For patients with cognitive impairments and neurodiversity changes in the normal routine, for example having to wait outside or in their car before their appointment, together with physical changes once they enter the building, can be particularly challenging. They may also not be able to be accompanied by a carer to give them reassurance. Their needs in terms of a supportive environment of care will be more acute during these periods so efforts should be made to ensure that the health centre appears as recognisable as possible in order to reassure patients.
- Patients will be reassured if they know that staff are routinely and frequently disinfecting high-touch areas, e.g., surfaces, switches and controls, touch screens, furniture, including seating in waiting areas, furnishings and handrails.
- Excessive use of marking tape and notices, e.g., across chairs, can be disturbing, look hurried and unprofessional and create sensory overload. Where possible, chairs and other items of furniture that are not to be used in the waiting area should be removed and stored elsewhere or behind a screen.
- Specific pandemic guidance and accessible signage should not be handwritten and should, as other signage, offer good colour contrast from the surface to which it is affixed.

Questions	Score 1-5
a. Before their appointment are patients made aware of any changes in the operation of the centre including the availability, or otherwise, of toilets?	
b. Is there a sheltered seating area with seating with arms outside the building where people can wait if needed?	
c. Is sanitising hand-gel available and easily accessible before entering the building?	
d. Is there an intercom system to gain entry to the building?	
e. Are there automatic doors at the entrance?	
f. Is there a one-way system in place for patients?	
g. Are there clear instructions immediately inside the building about where patients should check in?	
h. Is there an alternative to a touch screen checking in system?	
i. Is there a Perspex or transparent screen at the reception desk?	
j. Are there reminders to sanitise hands, wear a face covering and observe social distancing throughout the building?	

4. Additional considerations during a pandemic (cont'd)	
Questions	Score 1-5
k. Are masks/face coverings available for patients if needed?	
l. Is pandemic guidance and directional and functional signage on walls, furniture and floors clear, easy to read and does it offer good colour contrast from the surface to which it is attached?	
m. Has the seating in the waiting area been reduced to facilitate social distancing?	
n. Are sightlines kept clear, especially to toilets, fire exits and the way out?	
o. Have distractions been minimised and any unnecessary signage, marking tapes or printed materials been removed?	
p. Can natural ventilation be improved in patient areas by opening windows?	
q. Are there multiple points throughout the centre, including at exits, where patients can easily see and access hand-sanitiser gel?	
Comments	

Summary

Questions	a	b	c	d	e	f	g	h	i	j	Total
1. First impressions											0 /50
2. Core Design Features											
Acoustics											0 /35
Decoration, fixtures & fittings											
Lighting											0 /25
Colour and contrast											0 /40
Flooring											0 /35
Decor and furnishings											0 /30
Space, spatial awareness & mobility											0 /30
Wayfinding & orientation											0 /40
Artworks											0 /25
Clocks											0 /25
Environmental management											0 /20
Safety											0 /40
3. Specific design features											
Access to the building											0 /40
General layout & corridors											0 /45
Reception											0 /40
Check in & call systems											0 /30
Waiting areas											0 /35
Toilets											0 /50
Consulting & treatment rooms											0 /45
Outside spaces											0 /50
4. Additional considerations during a pandemic											
	k	**l**	**m**	**n**	**o**	**p**	**q**				
											0 /85

To be used in conjunction with the Designing for Everyone Guide

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