



# Culture Change Household



# Design Guidelines

by Vernon Feather, AIA

Since its inception, the culture change movement has focused on bringing individuality, community, dignity and respect to elders living in skilled nursing facilities. The large impersonal institution is being traded in for smaller homes where elders can directly influence how they live.

Every day organizations and individuals are working together to bring to fruition the ultimate expression of these values with the implementation of the Household Model developed by Action Pact, Inc. Many of the successes of this model are achieved through transformations in organizational and personal cultures. While some improvements can be made within traditional facilities using culture change principles, SFCS Inc. believes that really great outcomes and truly deep culture change are achieved when these transformations occur within environments that are designed to support and enhance these principles.

Today, SFCS has built (or is building) nursing home designs for more than 700 elders using these principles. The first two projects that Action Pact and SFCS were jointly involved with are Garden Spot in New Holland, PA and Pennybyrn in High Point, NC. The Deupree Small Houses in Ohio, Normandie Ridge in Pennsylvania, White Oak Manor in South Carolina, Indian River Estates in Florida and Riverside Health Services in Virginia, are in the design process at press time.

When we started our first household design, we realized that to be successful, we needed to throw out most of what we knew about nursing facilities. Instead, we needed to think about what it is that makes a home comfortable, supportive and unique to its inhabitants. We found through adaptive design approaches we are able to bring the vital pieces of a successful home design to nursing homes with the Household Model.

## Shared Family Spaces

Family spaces such as the living room and dining room have always been important in homes. Family members share a meal, conversation, a game or favorite TV show or just sit in each other's company while they engage in individual activities. In a household, this should be no different. Nursing homes must combine the shared spaces of a home with the functional demands of nursing care, and using creative design we are able to accomplish this without the nursing function taking unnecessary control of the environment. The dining room and living room are connected to the kitchen. Ideally, these spaces should not be separated by a corridor. We don't have eight feet wide corridors in our homes and the separation can reduce the socialization and ease of movement between these rooms, which we want to promote. This proximity also provides a very important function: the worker who is in the kitchen can and should have direct visibility of the dining and living area. Residents can be observed and interacted with without feeling that they are being controlled.



## Kitchen

In many homes today, the kitchen is the most utilized social space of the house. It has evolved from just a functional but isolated work space to the hub of family activity, often front and center in the home. It provides not only for meal preparation, but a place for family socialization in the morning while everyone is getting their individual breakfasts as well as a place to talk with friends over a cup of coffee. The more recent, open plan kitchens, often overlooking the living room, allow whoever is cooking to be connected with rest of the family and maybe even inspire them to pitch in. The ability to interact with the cook, see what is going on and smell the aromas of the food as it is being prepared enhances appetites and the family atmosphere.

With households, we strive to create this same environment. The household kitchens should be as residential as the local codes will allow. All or part of the food should be prepared in sight of the residents and when a reasonable understanding can be reached with the Department of Health, residents should be able to take part if they are able and interested. The refrigerator and cupboards should be stocked and accessible to residents so that they can help themselves to their favorite foods.

## Pantry

The pantry is not necessarily the same in all household designs. Since some models are supported by a central kitchen, the three day back-up food storage can be away from the household in a central supply area. The household pantry still needs to have enough food supplies to allow the cook flexibility in preparing meals and to provide for individual choice and for the occasional special event. It will sometimes include some commercial equipment that might be required by the local authorities, such as pan-washing sinks or a commercial refrigerator.

## Scale

Scale is a very important consideration. There is often a tendency to think that bigger is better, and in the name of flexibility architects have designed many large, impersonal spaces. But in changing the culture of a nursing home, smaller is truly better. Unless you grew up in a palace, you are used to smaller scale spaces than the traditional nursing home provides. The larger rooms become, the less residential they are. Still, a household needs to accommodate more people than the average residential abode. So the design focus needs to divide the spaces into smaller areas. Since few of us have dining rooms sized to hold 22 people, larger households do better with two dining spaces rather than one large one. Living areas can be broken down into smaller seating areas and other specialized rooms can be created from these spaces.



## Distances

Unless you are Bill Gates, it is likely that the distance from your bedroom to the living room is a relatively short walk.

In nursing homes, this distance is critical for a number of reasons. First, the worst thing we can do for an elder is to give her a wheelchair. Studies show that once an elder starts using a wheel-chair, her chances of getting from one place to another without it diminish very quickly. If we can keep the distance from bedrooms to the family space short, most elders will opt to walk it. The more they walk, the healthier they stay and the more independent they feel. This improves both their physical and mental health.

Short distances also reduce the work demands of the staff, allowing them to focus on other duties. If residents can move from their rooms to the family room, staff won't need to transport them. The distance that staff have to walk for any of their tasks is greatly reduced by the smaller household environment, adding to operational efficiency.

## Private Spaces

In most homes, the bedrooms and bathrooms are separated from the family room/kitchen zone. This is practical for a number of reasons. Some members of the family can be entertaining guests while others are sleeping or bathing. It allows a place for each member of the family to retreat from the group. We all need some private time now and then, whether to rest, read, write or just watch a favorite TV show that no one else in the family likes.

In households, when residents feel the need, they should be able to retreat from the hustle and bustle and rest quietly. Their bedrooms should never open onto public corridors. In a recent visit to a typical nursing home, I entered the facility and walked past 30 resident bedrooms to get to the nurses' station. That kind of environment is far from private and it suggests a lot about the consideration given to residents' dignity.

## Private vs Shared Bedrooms

Ideally in the Household Model all residents have private bedrooms. Some culture-change household designs are still using a mix of private and shared rooms. The driver, of course, is cost related to reimbursement. Many states will not provide any additional reimbursement for private rooms over shared rooms.

In an article titled *Exploring the Cost and Value of Private Versus Shared Bedrooms in Nursing Homes*, published in *The Gerontologist* in 2007, Margaret Calkins, Ph.D., and Christine Cassella made the case that private rooms may be less expensive than shared rooms. While we think the construction numbers they used are optimistic, our own study of the cost substantially agrees with their premise. We estimate that the cost difference between a shared bedroom and two private rooms to be \$24,000 to \$36,000 or \$12,000 to \$18,000 per resident bed. \$18,000 at 6 percent for 20 years would cost an additional \$4.25 per day per bed. When you factor in improved resident satisfaction, reduced aggravation and improved staff efficiency, not to mention that it is much more in line with the Pioneer Network principles, Calkins and Cassella make a compelling argument for all private rooms. We also think that looking into the future all but the lowest income markets will demand private rooms and be willing to pay the extra cost. Facilities that don't have private rooms will have trouble filling the shared rooms or will be forced to leave the second bed empty.



## Bathing

The second biggest selling feature of homes today after the kitchen is a great bathroom complete with whirlpool tub, smooth stone tiles, beautiful vanities and natural light. We all want that luxurious resort spa experience right in our own homes. With the inclusion of accessible and assistance-designed showers in each resident room, most of the general bathing can take place in the privacy of each residents bathroom. In a well-designed household, the frightful trip to the tub room is replaced with a relaxing bath at the spa, maybe followed with a manicure, hair styling and even a massage. The spas we design for households can be as elaborate as desired, but they should never look clinical. No more white glossy ceramic tile covering the floor and walls, with institutional separation curtains providing the only privacy you have from an opened hallway door or another resident in the adjacent shower or tub. In households, the spa should be designed for use by one resident at a time. The materials and colors should be warm and relaxing. If at all possible, there should be natural light, just as you would expect in any well- designed home.

## Service Entrance

As in any home, there is the need in the household to carry in groceries and take out the trash. The only difference in a household is the volume of groceries and trash - and in most cases, there will also be laundry pick up and delivery. These things should be brought in and out through a back door or garage, not the front door where they have to be taken through the living room and dining room. In larger households, food deliveries mean several large carts a day, and the same for laundry and trash. These activities should be treated as a back-of-the-house function and as practically as possible kept out of sight.



## Front Door

The sense of entry to every house is important. Starting at the street, the architecture must set up a sequence of arrival cues that are hospitable, yet reinforce normal social boundaries.

Visitors to a nursing home should have that same sense of respect that we all have when we enter someone's home. Certainly that sense changes depending on our familiarity and relationship with the people who live there. As in any well-designed home, we don't enter into the bedroom zone or some utility zone. The best house designs enter into a foyer that provides an introduction space where visitors can take off their coats and then proceed naturally into a parlor or living room. We believe that the "front door" is the only way that visitors should enter a nursing household. The front door is what sets the tone of the home.

## Outdoor Spaces

The best home designs have a visual as well as easy physical connection to quality outside space. The nursing home household should be no different. A covered patio directly accessible from the dining room and/or living room works best. We've learned that if shaded areas are not provided, these spaces will not get used. The covered roof allows the design to have a larger area of glass between the family space and the outdoors, while not creating excess glare and heat. This is beneficial because it offers a connection to nature even when you are inside. It should be configured so that the kitchen worker can also see this area. The increased glass allows for this familiar observation without the feeling



of control. If the outside space is not visible, staff may resist allowing access because of concern for the resident. When that happens, outside access is limited to programmed events when staff is able to go out as well. This sets up that control system that we so desperately want to avoid.

Gardens are wonderful, and should be provided whenever and wherever possible. The most important thing is that residents can get outside of their own free will to enjoy the fresh air, hear the outdoor sounds, absorb some sun and just enjoy the weather. On upper-level households, gardens may not be practical, but raised planters and bird feeders can still be used to provide greenery, a place where residents can garden and ways of attracting birds and butterflies.

### Collaborative Design

The Household Model works best when the organizational and personal culture changes support the physical changes and vice versa. Therefore, the most important part of the design process is to get input from those who will live and work in the households. In their book, *In Pursuit of the Sunbeam*, LaVrene Norton and Steve Shields discuss at length the importance of getting everyone involved. They say, "When people from different service areas hear about each other's ideas, they are better able to place their own priorities in perspective. The big picture becomes clear."

At SFCS Inc., our Collaborative Design Process utilizes design charettes and interactive tools to achieve individualized solutions. The design charettes are interactive input and design meetings, where the emphasis is on gathering and testing ideas together. This process promotes input from everyone involved and allows the decision process to be interactive so that at the end, the design belongs to the group.

As the design progresses, ideas need to be further tested using computer modeling and full-scale mock-ups of spaces such as bedrooms, bathrooms and kitchens to allow staff and elders to make practical evaluations and suggest improvements.

In the end, we must remember that our goal as designers is to help the elders create their own homes. ■

## About the Author:



Vernon Feather, AIA, is a Vice President at SFCS Inc. with more than 18 years of experience, most in the design of senior environments. Mr. Feather is now working on the leading edge of Culture Change Design, and he is increasingly invited to speak on the architectural and design issues that are critical for successful culture change. SFCS is a full service architecture, engineering, planning, and interiors firm specializing in the design of all levels of care and housing for elders across the country.

The firm is proud to be a 2005 Bronze AAHSA Business Firm Member, and winner of the Spectrum Best Practices Award for its approach to culture change renovation.

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