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# Physical Environments in Long-term Care that Support Quality of Life

## How the Physical Environment Affects Safety and Comfort

The physical environment in which residents live, encompassing the building and design features, to a large extent shapes day-to-day life by supporting or undermining their capacities, functioning, social engagement and connection, and by either adding stress or mitigating it.

Residents, like all of us, must feel comfortable and safe in their environment before it feels like and can be called "home". Facility design features affect the comfort and familiarity of the environment, the ability to be as independent and competent as possible and to make choices about socializing and activities. These features are modifiable.

As well, décor in public facility spaces can contribute to a sense of familiarity through appropriate furniture style and placement, and pictures. A quiet place to sit with a friend or family member, and the ability to offer, share, or host a cup of tea, supports autonomy. Making one's room personal with furniture, pictures, soft goods, and other ornamentation supports individuality and continuity of self as does adequate space to carry out familiar activities or hobbies. Opportunities for independence (e.g., showering, making a snack), for exercise such as walking, and cues for wayfinding support residents' capacities and autonomy.

Noise levels, light levels and smells can influence residents' functioning. Again, all of these are modifiable. Increasing lighting levels (using a bright light box 2,500-10,000 lux) in private and public areas facilitates independence and reduces likelihood of falls. Task lighting can support activities of daily living (such as dressing), activities and hobbies. Noise in public areas (from call bells, telephones, televisions, and facility sound systems) which can be distracting and/or disturbing can be reduced.

Access to the outdoors and nature supports well-being. Design elements that create a calm and safe environment and way finding include open and safe access from inside (with signage), non-slip, non-shiny wide level walkways in a loop design, handrails, fencing and hidden gates, textures and materials for a tactile experience, continuity of surfaces, plants, seating areas, and shade.

## Design Guidelines

The following guidelines, based on best design practices, can help care home operators to modify the environment so it supports residents' optimal functioning while mitigating stressors as much as possible.

- Encourage social connections and meaningful engagement with family, friends and other residents
- Reinforce familiarity and personal identity
- Support meaningful activity
- Promote positive risk taking, autonomy and choice
- · Enhance self-esteem and confidence

### Assessing the Physical Environment and Design

Does the décor (e.g., furniture, lay out, pictures) in public areas of the facility reflect the life experience of residents? Is it inviting?

- Is furniture in public areas (e.g.: lounge, dining room) arranged to meet the social needs of different residents—small groupings, individual seating areas?
- · Are there quiet spaces where residents can meet privately with family and friends?
- Do residents and families have access to tea and coffee, a microwave and fridge so they can share food?
- · Are the hallways and other spaces well enough lit for aging eyes?
- · Are residents able to furnish their rooms with personal furniture, soft goods, etc.?
- Is the lighting in resident rooms bright enough and can it be controlled by a dimmer switch?
- Do residents have a choice about bathing (e.g.: shower or tub).
- · Are the hallways kept clear, including banisters, so residents can walk freely?
- · Are there way finding cues (words, pictures, signs) that support independence?

Optimizing the physical environment, which for most residents in LTC is their whole world, can have a profound effect on mental health, well-being and quality of life.

#### **Further Reading**

A. Joseph, X. Quan, and Y. Choi, "Impact of the Physical Environment of Residential Health, Care, and Support Facilities (RHCSF) on Staff and Residents: A Systematic Review of the Literature," Environment and Behavior, vol. 48, no. 10, 2016, https://doi.org/10.1177/0013916515597027.

T. Grey, M. Pierce, S. Cahill, and M. Dyer, "Universal Design Guidelines: Dementia Friendly Dwellings for People with Dementia, Their Families and Carers," 2015. [Online]. Available: <a href="https://universaldesign.ie/Web-Content-/UD-DFD-Guidelines-Intro-June-15.pdf">https://universaldesign.ie/Web-Content-/UD-DFD-Guidelines-Intro-June-15.pdf</a>

Department of Health and Human Services, Victoria, Australia, "Dementia Friendly Environments," [Online]. Available: <a href="https://www.health.vic.gov.au/ageing-and-aged-care/dementia-friendly-environments">https://www.health.vic.gov.au/ageing-and-aged-care/dementia-friendly-environments</a>