

Care homes: the developing ideology of a homelike place to live.

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1.0 Introduction

Care of the 'elderly' and/or 'infirm' has been a challenge for society over the ages. Over the years long term institutional care and the standards of care that have been created have served to change the institutional warehouse style of care into a 'homelike' environment for physically and/or mentally frail older people. Peace, Kellaher and Willocks [1] provide a comprehensive account of the establishment and evolution of the care home from the Victorian era until the late 20th century. Their work charted the changes in service provision for the old, which transformed the notion of institutional care into one of residential or nursing care. Such transformations included both the provision of services and the environment these services are housed in with the view to creating a homely environment. Seminal work by Rybczynski [2] *Home: A short history of an idea* described how the ideal of the domestic interior changed radically over the five centuries detailed, and how this transformed the expectations of the general population as to what 'home' should look and feel like. Clearly, these expectations inform the development of what constitutes a homely care home. However, in a review of homelike residential care models [3] it would appear that these models are complex and poorly evaluated, meaning that the concept of homelike remains poorly defined. This finding is supported by [4, 5, 6, 7, 8, 9] who suggest the need for more robust styles of care homes that would engender a homelike environment suitable for its client group. This applies to all care home providers, including those in developing countries or where there has been rapid growth of the care home sector.

2.0 Methods

This review involved a search of the electronic databases Cumulative Index to Nursing and Allied Health Literature (CINAHL), PsycInfo, SocIndex, and Medline, and www.architecture.com and www.artandarchitecture.com complete via EBSCOhost. Key words used were home*, residential care, design, and environment* with domestic* being substituted for home* in the latter two databases to better reflect the language used in the architectural literature. The search included literature between January 1997 and October, 2016. Of the 280 papers sourced, 151 were excluded on initial screening and a further 53 excluded on full text reading. A summary of the results is included in Table 1.

3.0 Findings:

Throughout the literature there was a great deal of complexity and uncertainty surrounding how to achieve a homelike environment. The default position appeared to be that a place was 'homely' if it was not institutional and was small in scale [10, 11, 12]. Eight themes were derived from the literature and these are briefly described below:

3.1 Home as Space:

Garcia-Mira et al [13] described the living environment as critical to human well-being because individuals spend much time in buildings. The spaces within provide for different functions and the spaces between these buildings are important for feelings of belonging, security and well-being. However much depends on individual preferences. For example,

Sinha and Nayyar [14] found that people living in high density environments expressed feelings of discomfort and a dislike of noise, which led in some cases to social withdrawal. They further suggested that as older adults spent more time in the home environment the impact of high density was felt more acutely. However, in contrast Van Haitsma, Curyto, Calkins et al [15] described higher social density as having a positive impact on social activity.

Miles [16] differentiated between the use of public space and domestic space in urban planning. Public space, he wrote, was historically a male domain, which implied that private space was a female domain. This concurs with the work of Rybczynski [2] who suggested that the development of a home commenced with the separation of public and private spaces, marking out intimate spaces and in turn, to the concepts of domesticity and comfort - seen as a female domain. These gender differences were reflected by attitudes towards the home in old age [17, 18]; where some men felt displaced by spending more time in the home and women felt more empowered by maintaining previous roles in the private spaces. However Miles [16] stated that the privacy of the home may be negative; locked doors might keep out danger, but be threatening to those subject to domestic violence and/or suppression. He also advised the careful use of terminology; the street is a domestic environment for the homeless, though it cannot be said to be either private or safe.

De Witt, Ploeg and Black [19] carried out a qualitative study into the meaning of living alone for older women with dementia. Their study is relevant to the care home environment, as it provides greater understanding of older people's conflicts between their fears surrounding remaining at home alone and their fears of having to move into care. Within the care home, Danes [20] stated that in order for social functioning to be sustained for people with dementia, the layout of the public and private spaces plus the room adjacencies must be carefully designed. She suggested that public spaces for programmed activities should be varied and have visibility and familiarity but it was the public spaces for non-programmed activity that were considered most important. These were often situated on circulation routes, which should be well-travelled, pleasant and open to other spaces. Joseph and Zimring [21] reiterated Danes [20] findings in their study of active retirement community residents, where circulation routes that were aesthetically pleasing and had more movement along them were viewed more positively than isolated routes.

3.2 Home as Place:

Having a place is akin to belonging. Rowles [22] stated that the spaces in an individual's life are given meaning as they become the places of that life and at the same time meaning becomes embedded in that place. He asserts that where each person is in 'the here and now', is understood in terms of where each person has been and of where each person is going. It is important to note here that Rowles [22] viewed shared residence as becoming:

'A comfortable social space embracing a negotiated lifestyle and norms of behaviour in relationship with whom our lives are linked.' p129

If this definition is accepted, however, it provides several indicators as to why the care home, as another in a series of settings, may not provide a sense of meaning or being in place. Residents may not have chosen to be there; they may have little common purpose, may view the power balance between themselves and paid carers and relatives as unequal and

may be reluctant to enter into negotiations over preferred routines. Edwards, Courtney and Spenser [23] highlighted this reluctance in their review of twenty papers examining the expectations of older people in residential care. Cook [24] portrayed a more positive image of older people residing in care homes, in a series of narrative interviews. However she also highlighted the need for staff to be aware of residents' attempts to take control of their lives and not to undermine these. Reed, Cook, Sullivan et al [25] challenged common misconceptions about older people's participation in decision-making regarding relocation to and between care homes. They classified their findings as preference relocations, strategic relocations, reluctant relocations and passive relocations, although indicated that each classification was not necessarily exclusive of the others. These authors imply agreement with Nolan, Walker and Nolan et al [26] in concluding that relocations should not be imposed on the older person; that older people should be better supported to be actively involved in decision-making, leading to a greater satisfaction with both the relocation and the care home. Despite being published seven years apart, these latter two studies both criticised the lack of clear information and guidance on selecting a care home for older people and their relatives/carers. Edwards, Courtney and Spenser [23] and Leith [27] also found that the more involved the older person contemplating care the more successful the outcome was likely to be. Leith [27] found three main stages emerged prior to making the final decision to make this new place home; individuals had to justify to themselves the reason(s) for moving; they owned the decision - it was not enforced upon them, and finding the right place.

3.3 Design Features:

Parker, Barnes, McKee et al [28] stressed the importance of good design for care home environments in their study and discussed the difficulties of researching this topic. These included a lack of input to research from building users and a lack of post-occupancy evaluation of buildings, resulting in a lack of feedback to architects, planners and designers. They also reported that diversity of building design and organisational structures made it difficult to establish a true relationship between the individual and their environment because findings are often highly individual in nature, resulting in conflicting outcomes.

Van Haitsma, Curyto, Calkins et al [15] used building configuration to examine well-being and activity. Their classification of 'hallway-based', 'open-plan' or 'mixed design' is arguably more useful when comparing studies, than letter configurations (such as T shaped, H shaped) or terminology (unit, pod, household and neighbourhood) as suggested by Calkins [11] particularly when considered alongside size. Calkins [11] reviewed three design studies.

There was agreement that signage or landmarks are the most useful wayfinding features providing that they are suitably positioned; however there was a lack of agreement over the use of pattern and other 'homely' décor. Whilst patterns were seen as helpful in differentiating areas, there was evidence that some patterns could be viewed as barriers and therefore must be used with caution. The review of studies of lighting and its effect on sleep, agitation and engagement in activity also revealed a lack of consensus. This may be due to differences in study objectives and design, or to individual needs and preferences. Where agreement has been reached is in the benefits of having higher lighting levels to prevent falls. Two studies were found relating to carpet as a floor covering; one examined pattern and pile [29] and the other the effect of selected residential carpet and pad (underlay) on balance [30]. Carpets are often recorded as a source of falls, although this frequently appears to be due to maintenance issues, and while they can contribute to the homelike quality of a care space, add to noise reduction, and provide a softer surface for falling on, they can also

cause drag resistance for those residents using mobility equipment. Another potential benefit of carpeting is the low reflectivity value, thereby preventing pools of light or glare on the floor surface that may be misinterpreted as wet or slip hazards. Many of the outcomes of the above studies placed more emphasis on safety, rather than homeliness: few domestic properties use signage, or concern themselves consciously with carpet and lighting levels beyond the owner's personal taste. This highlights the design compromises in institutional care; the tensions between health and safety, group living and individual preferences.

3.4 Homeliness:

Bradshaw et al [31] carried out a review of quality of life (QoL) in care homes and 12 studies were sourced in which a homely care home environment was found to ensure a continuation of QoL in the transition from home to care home. The contributing features to this homely environment were described as having one's own bedroom and bathroom, adequate storage space and a quiet place; these facilities enabled residents to exercise some control and contributed to the maintenance of a meaningful daily life.

Hauge and Heggen [32] asked what characterised a 'homely' care home and whether the move to smaller units and private rooms made a difference to the daily routine of the residents. They considered 'what is a home?' and defined it as a private space, over which one has control, and the predominant space for personal relationships which has a strong symbolic meaning for each individual. Rather than see the home as a source of identity, they saw it symbolised an expression of independence. As the residents involved in this study all had their own rooms, and could bring in personal possessions (other than the bed), this study focused on the use of communal living rooms. The researchers found that the public space of the living room should become more public, i.e. used only for public activities that people choose to join or not.

Robertson and Fitzgerald [33, 34] described the creation of ambience within the care home as a complex interplay between the physical and social environments. These two papers highlighted the interplay between the physical building and the management approach which led to very clear expectations of how both staff and residents would behave in both the 'homely' and 'hotel style' care homes.

3.5 The Outdoors as part of the Home:

Cutler and Kane [35] reported the anecdotal benefits of accessing the outdoors but cited 14 articles which showed increased psychological well-being and vitamin D synthesis on exposure to sunlight. They studied 40 different sized care homes in rural and urban settings. Examples of good and poor design were given, such as the creation of a butterfly garden in an inner courtyard compared to unsightly high visibility fencing. While many of the facilities had well-tended and attractive grounds there was a lack of accessibility for residents and relatives. This may be due to the lack of importance placed by standards for care homes and/or a lack of policy on utilising outdoor spaces. Bengtsson and Carlsson [36] supported Cross [37] in her assertion that it is a designer's duty to make places attractive as this encourages both the use of, and attachment to, these places. They used focus groups with staff to explore the use of the outdoors by the residents of three nursing homes in Sweden. Two main themes and ten sub-themes were found relating to the design and content of the outdoor environment. The first theme 'Being comfortable in the outdoors' incorporated weather conditions, familiarity, security and calm. 'Access to surrounding life' was the

second theme to emerge; enjoying the sensory aspects of being outdoors, the effects of seasonal changes which stimulated both interaction and reminiscence and witnessing the wider activity in the neighbourhood. In addition visitors felt more at ease in the grounds as it provided more privacy than the communal living areas. This also highlighted the need for good maintenance, so that shrubbery did not prevent a view of the community or block natural light to the indoors. Stigsdotter and Grahn [38] explored the concept of healing gardens from the theoretical perspective of different disciplines, and from the perspective of those who use them. The garden, they reported, can be conceptualised as a room or rooms, surrounded by a perimeter, with walls, floor and ceiling. As with the indoor environment these aspects can be clearly defined, of different materials and add to a feeling of safety and security. The garden should be created from living materials which change seasonally, as opposed to hard landscaping, fostering an appreciation of life and of hope. Individuals have different requirements from a garden. Some may be seeking a quiet space for reflection and contemplation, while others may wish a space to be active and productive.

3.6 Domesticity:

Lipsedge [39] reported on personal items used within a home and how they provided details of the emotions and identity of the user. Similarly, Januarius [40] studied photographs of miners houses in the 1950's in Belgium, to explore how the *house* was turned into a *home*. Of particular interest was the meaning of consumer goods, both in terms of how they added to the domestic nature of the house, and how they added to feelings of identity. Araujo [41] explored pattern and its relationship to the home. She asserted that the creation of patterns is inherent in human creativity whether applied to decor and furnishing or habits and routines. As pattern in decoration and furnishings can be used to stimulate or to soothe, so can the patterns of domestic activity. Familiar articles and familiar habits serve to create a comfortable atmosphere. Olesen [42] explored the use of ethnic articles in the creation of atmosphere. Atmosphere, she suggested is the relationship between space, material culture and social experience. It is how our senses are affected by these elements that create the atmosphere. Lees-Maffei [43] described the interior design of ambiguous places as perhaps the most challenging, for example where a room is both a public and a private space. This supports the literature relating to the ambiguous spaces of the care home setting, especially as some residents require clear messages to understand their surroundings. Murphy, O' Shea and Cooney [44] examined the QoL of residents in a sample of different sized care homes in Ireland. The findings highlighted that available space impacted on identity, choice and autonomy. While personalisation was mentioned in terms of appearance, clothes and possessions, no mention was made of a homelike environment, suggesting that the personalisation had more meaning in terms of identity, than in giving meaning to spaces. Rice [45] described the architectural features used in *Bear Cottage*, Australia to provide a facility appealing to children, while still providing the necessities required for hospice care. He detailed how the site was used to reduce the visible mass of the building, with an entrance scaled to domestic proportions. This illustrates a distinct move away from much of the inclusive design guidance for public buildings, for example British Standards Institute [46] which generally recommends prominent entrances that are clearly recognisable and afford shelter during access and egress.

3.7 Home and Identity:

Sparke [47] considered the growing interest in interior design of the family home as a result of media exposure and the opportunity to form and express one's own identity, hopes and

aspirations, in a world characterised by commercialisation and globalisation. She considered the term ‘modern home’ to be paradoxical, with its emphasis on technology and minimalism when the concept of home is commonly associated with tradition, family values and comfort. Several authors [39, 40, 41, 42, 43] concurred that the roles, routines, decoration and personal possessions used in the home contribute to a sense of identity and are used to express that sense of self to visitors to the public spaces of the home. Cipriani, Kreider, Sapaluk et al [48] recognised that the attachment and meaning objects had for individuals helped to understand their occupational being. They interviewed 14 older residents as to what objects they had on display, and the meaning these had for them. It was thought that these objects embodied a sense of identity, and were important in imbuing a sense of continuity and connectedness with the wider community. These objects and their attached meanings were particularly important at times of transition as their familiarity provided a sense of comfort while the residents settled into their new home, and served as a means of preserving the person’s identity and sense of control. One of the recommendations of the study was that staff should be taught to recognise the importance of these objects and use them in order to get to know the resident more quickly and in greater depth.

3.8 Specific Rooms:

Olin and Jansson [49] suggested that the private domains of group living have been considered so important in recent years that the value of common areas has become both undervalued and largely ignored. As a result they studied the use of common areas by residents with a learning disability, and the views of staff concerning this use. The authors noted that home life provides an arena for social activities as well as for privacy, and therefore these common areas must have impact on people’s feelings of connectedness and sense of security. They classified space into four categories: public, half-public, half private and private. These are defined by the control of access to, and freedom of movement within, these spaces. The common areas can therefore be described as half-public or half-private, as access is only available through membership of staff, tenancy or invitation. Data analysis led to the common rooms being classified as restrictive, familiar or neutral in character and use. These results are similar to the interplay between the physical building and management approaches highlighted by Robertson and Fitzgerald [33] in their study of homely and hotel-style care homes. Nagy [50] summarised design approaches and post-occupancy evaluations of kitchens in residential homes for people with Alzheimer’s disease. The kitchens are designed to support seven goals: the primary goal being to provide familiar and domestic features to promote comfortable home-like feelings and interactions between residents, staff, families, and visitors. Morgan-Brown, Newton and Ormerod [51] specifically focused on kitchen design in Irish nursing homes in their study which compared a traditional model unit (TMU) with a home model unit (HMU). The findings showed that residents were attracted to the activity of a homemaker becoming more interactively occupied, more independently occupied and more socially engaged with others after the implementation of the HMU. In an earlier study McDaniel, Hunt, Hackes et al [52] carried out a case study investigation into the design of the dining room for residents with Alzheimer’s disease. They compared two dining rooms in the same facility with particular regard to the effects of light and noise on nutritional intake. Over the course of the study nutritional intake was significantly higher in the smaller unit. This was surprising, given that the noise levels were higher, and the lighting levels lower in the smaller unit. Recommendations were made to improve the lighting and noise levels in both areas; however it appears that the size of the environment had the most impact.

4. Discussion:

Homeliness is a complex, dynamic and subjective concept and several authors have attempted to explore the concept of home from differing perspectives. Rybczynski [53] demonstrated how this concept evolved over time: Bachelard [54] stated that ‘all really inhabited space bears the essence of the notion of home’; Peace and Holland [55] described how traditionally the ‘home’ was seen as a woman’s place and that in the UK, the home developed into a space for the nuclear family rather than the extended family; Webster [56] discussed Bourdieu’s theories of the relationship between the home, community and culture: and, Heathcote [57] promoted the idea that *dwelling is both place and process*.

The primary aim of developed societies is to provide care in order to maintain people in their own home. When this can no longer be the case, alternative types of care and care settings have to be developed. Both standards and studies [18, 27, 32, 57] recommend that care homes should reproduce a ‘homely’ or ‘domestic’ environment via such methods as encouraging personal furnishings to accompany an individual on admission, however these recommendations are especially difficult to apply to communal areas. Even in private areas, such as one’s own room, this can be problematic, for example where personal furnishings do not meet current fire retardant legislation. As yet there seems to be little consensus regarding the environmental standards for care homes in the UK, or internationally. Scotland and England make different spatial recommendations despite being based on almost identical environmental reference and guidance material. Australia, in contrast to the UK, does not include spatial dimensions in its Accreditation Standards [58] nor does it refer to homely or homelike environments. The three Australian Standards are Living in the Home, Personal and Clinical Care, and Management of the Home. Sweden introduces the terms ‘own dwelling’ or ‘specific-dwelling’ in order to emphasise the concept of homelike space from an institutional space: every tenant has to have kitchen facilities as part of their accommodation as this is what one would normally expect to find in an ‘own dwelling’. This differs significantly from the UK standards where, with few exceptions, the provision of one’s own kitchen has been removed from the care environment at the design stage.

Several studies have suggested that physical characteristics of the building such as scale, size, configuration and location contribute to the perception of either a ‘homely’ or ‘institutional’ care home [11, 12, 59]. However, other studies [33, 34, 60] have suggested it is the relationship between staff and residents that has had most impact on the care home, and in these studies it was the resultant atmosphere that determined whether or not the care home was considered ‘homely’. Clearly staff have a large role to play in determining the overall ambience of the care home, their presence being a distinct indicator that this is not one’s own home (for most people). Peace and Holland [55] explored what features, if any, contributed to the creation of homeliness in the care home environment, and succinctly summarised the conflicts between homely and institutional facilities in their study of small residential care homes. They concluded that size and scale did not necessarily overcome the controlling environment created by health and safety requirements and regular inspections.

5. Conclusion

While the focus of the studies discussed varied from QoL to specific design features of the built environment, there was some consensus across the different disciplines as to which environmental features improved satisfaction and a sense of well-being for residents of care homes. Over and above the physical environment it is important that residents are able to maintain a sense of control and agency, and to maintain their preferred routines and activities as far as possible.

The authors suggest that creating a ‘homely’ environment may be a misnomer and indeed unachievable. What is clear from the studies reviewed is that the concept of ‘homely’ is highly individual. Coupled with this is the fact that the population of care home residents are becoming increasingly frail and have complex health and social care needs. Perhaps the goal should include maintaining an individual's sense of self within a safe, comfortable and familiar environment that comprises both the built and garden elements. Access to the wider community is also of significance. Finally, the role of the staff within a purpose built environment for the client group is integral to the individual's sense of purpose and more importantly sense of belonging.

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