



Aged & Health Care

 Podcast Series eBook





The industry podcast that continues to grow in leaps and bounds

The Talking Architecture & Design podcast has now reached Season 5, a period that has seen not only marked growth in its scope and subject matter, but also in the industry recognition of its true value.

We launched the podcast at the end of 2017 without an understanding of just how big it would become. But here we are, at the end of 2021, celebrating a podcast series that is firmly established as essential listening for members from all corners of the architecture, design, and construction industries.

The podcast's strength is its ability to delve into the issues that are shaping the industry now, and will be key drivers of innovation and growth in coming years. We've categorised topics into four themes, each of which has been supported by one of our incredible customers and industry stalwarts.

The Aged/Healthcare series is sponsored by Caroma. It deals with dementia - an issue close to the hearts of half a million Australian sufferers and 1.6 million more people involved in their care. As Australia's population continues to age, designing for dementia - and aged care more broadly - is incredibly important. In this space, design literally has the power to change lives - by enabling greater autonomy for residents and carers, reducing disease through infection control, and improving overall wellbeing through thoughtful biophilic design.

As the founder, editor, and host of Talking Architecture & Design, I can say (without bias, of course!) that if you haven't listened to our podcast, you should make a point to do so. If you'd like more information about our increasingly popular sponsorship programme, please visit podcast.architectureanddesign.com.au

Enjoy the listen and the read!
Branko Miletic

The importance of designing for dignity in aged care, with sustainability in mind

For almost 80 years, the name Caroma has been synonymous with innovative bathroom design. With a number of firsts to their name (including the first plastic cistern and the first dual flush mechanism), Caroma's designs have always been future-focused, bringing to life a vision of creating sustainable luxury, while never compromising on sleek aesthetics.

Their Opal range brings this two-tiered design and future focus to independent living bathrooms, providing an easy-to-operate set of fixtures specifically designed to enhance the wellbeing of those requiring a little extra assistance, while creating a sleek aesthetic that can work just as well in a commercial bathroom as in a home.

"Designing for the dignity of someone using a toilet is important," says Dr. Steve Cummings, Director of innovation at Caroma. "If you can provide them with the dignity of not needing assistance when using the toilet, that's one of our aims. We're constantly working to make our products better for people that use these sorts of products and try to move away from being institutional to looking like normal products. There are a lot of areas for innovation in this space to make lives better. And that's what we're trying to do."

Caroma's Smart Command system is the beginning of the company's forays into the world of analytics-led bathrooms. "I see Smart Command having a big impact on bathroom usage for access. We're able to provide touch-free control of the toilet, the tap is touch free, we've got a shower system that is quite unique. It's all electronic - that can make their lives better." Smart Command is able to submit data about facility usage back to a central hub, allowing building managers - or carers - to track usage. But Dr Cummings is already looking towards the next development, "We're looking at AI that gets to know the person using it, and can make decisions for that person - this is a great help, particularly for care."

While maintaining a powerful drive towards creating innovative products that support the lives of our ageing and ability-restricted populations, Caroma

has never lost sight of its imperative to improve product sustainability at every turn. "We're saving 70% of the water we would use to flush back in back in the 80s," says Dr Cummings. "That's 70 percent saving without any impact on the actual performance of the products. But the future is in hybrid technologies that we use to get better savings in water usage - from bathroom products particularly.

"Water reuse is a big thing. We've developed a system that diverts water away from the shower while it's warming up. So you can set your temperature, and it'll divert that water away into a tank, rather than just going down into the drainage. And that's fresh water by the time it gets into the tank. So that can save around 6 litres of water per shower."

The Opal collection is a stunning and versatile collection of independent living products which provide considered discrete design features such as raised height toilet pans and integrated shelf space on basins to reduce challenges and promote independence in the home for longer. The newest addition to the Opal collection is the Opal Tapware and Opal Support grab rail range. All are designed with beautiful aesthetics, ergonomics and support. Available in a variety of colours and quality finishes, these contemporary rails look beautiful, while providing the trusted luxury experience during everyday routines that the Opal collection is renowned for.

Caroma continues to refine the Opal collection - as well as its other accessible and aged care ranges - and push towards the greater integration of technology, functionality, and design to benefit our ageing population.



Dr. Steve Cummings | Director Innovation at GWA Group



Listen to episode here
bit.ly/TAD_E062



Keep it clean: Talking infection control at aged care facilities with associate professor Philip Russo

Infection control is undoubtedly one of the most important facets of providing a diligent level of care within aged care facilities. There are many ways to reduce the spread of infection - among them ensuring that environments are clean, wearing correct Personal Protective Equipment, properly ventilating spaces, and keeping residents at safe distances from each other during times of heightened risk. The onset of COVID-19 has turned a sharp focus onto the standards that are maintained at aged care facilities, with the findings not always being positive. So what are the factors that contribute to creating a safer environment for aged care residents, and how can the built environment help?

“There are a number of factors that contribute to infection risk in these facilities,” says Philip Russo, Director of Nursing Research, Cabrini Health and Associate Professor, Faculty of Medicine, Nursing and Health Sciences, at Monash University. “We’re talking generally about older people, which means their immune systems are likely not working as well as they used to, so they can’t fight off infections. They may also have other medical conditions which make them more susceptible. In addition, a lot of infection control research and interventions and guidelines are specific to healthcare services and, in particular, hospitals. And we know a lot about those areas, but aged care facilities aren’t typically classified as health care facilities.”

Philip Russo | Director of Nursing Research at Cabrini Health | Associate Professor at Faculty of Medicine, Nursing and Health Sciences, Monash University.



The fact that aged care facilities are classified as residential rather than health care facilities has significant implications for the spread of infection - notably, a lack of trained nurses and the knowledge they bring with them. “Over the past couple of decades, there’s been a number of changes in the workforce. We’re seeing qualified registered nurses in these areas being replaced by a less expensive labour source, I guess,” explains Philip. “And that has consequences, which I think have really been brought to light within the past 14 months with COVID. What we’ve found is that infection control practices were poor, and education wasn’t fantastic.”

The revelations around dubious care levels at our aged care facilities recently sparked a Royal Commission, which returned a recommendation around infection control. “The recommendation was that each aged care facility needs to have a registered nurse employed as an infection control lead. Now that has never been required before, which sounds unbelievable, but that’s the truth,” says Philip. “Many nurses who work in other facilities, infection control is something that they have to do, and practice every day. So we’re hoping that knowledge and experience will translate into these aged care facilities.”

Apart from mandated registered nurses, and a general increase in the level of education and training around infection control for staff, there are other practical ways to ensure our aged care residents are given safe environments. “Things like no shared rooms,” says Philip. “So every resident or every patient has their own single room. That’s a

big start. The second one would be that the actual environment and the surfaces need to be able to be cleaned easily and thoroughly. There’s a lot of carpet in aged care facilities, there’s a lot of materials, there’s lounges, there’s cushions, there’s furniture that you don’t see in a hospital. They make the environment more homely, but they’re actually really hard to clean and keep clean.”

This need for easily cleanable, yet functional and stylish fixtures is something Caroma has been designing for, for many years. Their Opal collection offers a range of toilets, basins, and shower fixtures that are designed with the elderly in mind. The Opal mixer taps also have an antibacterial aerator which reduces mold and mildew buildup within the spout. Nonporous enamel and rimless pan designs make the Opal collection easy to clean, enhancing anti-microbial properties and contributing towards infection control.

Specifying Caroma’s Opal collection is one step towards improving the safety of our aged care facilities, and the safety of our elderly residents.



Listen to episode here
bit.ly/TAD_E070



Professor Catherine Bridge on designing better for disability

It is, in many ways, quizzical that when it comes to architecture and design we don't give more thought to designing for disability or aged care - considering that many of us are likely to encounter disability in our lives, and we will all grow old. Emeritus Professor Catherine Bridge is one of Australia's eminent experts on housing solutions for older people, whose housing research portfolio includes research on housing and care; housing and health; older people and sustainability; accessibility of the built environment and extensive research on home modification interventions.

"Disability in Australia can be hard to quantify because it's a relational concept, and a social construct," says Catherine. "So when we're talking about the national census, we're talking about 4.4 million Australians, or one in five, who self-identified as disabled. But if we're talking about the National Disability Insurance Scheme, we're only talking about people with a profound or severe disability - a good deal fewer people."

Australia has recently had a difficult conversation with itself over how we provide for the more vulnerable members of our society - with results that were, at times, confronting. "As we've seen with the Royal Commission, there are a number of shortcomings in our current approaches, and I guess one of the problems is discrimination has been evident in our built infrastructure and in services. And that's been compounded, by people with disabilities experiencing not just problems with access in the built environment, but also poverty as a result of being unable to be employed or access facilities like health facilities and doctors appropriately."

There is currently a move towards the creation of more accessible spaces, but progress is slow. And while architects and designers are receptive to making more accessible designs the norm, the reality is still a way off.

"Architects currently think about accessibility mostly in regard to compliance with minimum standards, as set out by the Building Code of Australia, or the Australian Access and Inclusion standards. But you know, those standards are part of about 7200 standards, which makes it a very complex activity. So unless the client wants a really bespoke design, then it requires, you know, a very committed designer to want to deliver something that goes above and beyond," says Catherine.

"But I think the biggest misconception is that compliance with the minimum standards accommodates people with disabilities. People are usually horrified when I tell them that we haven't ever collected any Australian data about older people to inform Australian standards, and that the data we do have is now quite old and was collected from people in an institution," she adds.

One of the parts of building design in which lack of accessibility is felt the most is bathroom design. "Bathroom design hasn't changed very much since the widespread adoption of innovations in home plumbing, around the late 18th century," explains Catherine. "And because of the need for water containment and sanitation, innovations since then have mostly been about materials that are waterproof and easy to keep clean. But those materials are also generally cold, which makes them a risk for hypothermia. And of course, risk of death or injury, from slips, trips and falls."

Catherine is unequivocal about the fact that the solution to this issue is better design, and the earlier consideration of accessibility in the design process. "Smarter design, which is designed to conduct to people rather than people adapting to the design, is going to make a big difference." says Catherine. "And we need to think about design, not just as a set of isolated objects, but as a whole composition. It needs to be thought of as the core of the process, not an add on. And I think it's about understanding humans as variable, variable in shape and height and size, and variable in abilities over time."

Catherine has conducted and published significant research in this space, including "Bathrooms and Older People" in partnership with Caroma. But she sees there is still a long way to go before accessible design is truly normalised within our built

environments. "I think that this is something that, you know, many people can contribute to, and which I would like to see being much more explored and better funded," she says.

But despite the ongoing journey, Catherine is positive about the road ahead. "I think it takes a commitment by society, not to leave people behind. And I think it's a mark of a civilised society that we allow people to be the best that they can be. I don't think anyone aspires to be less than, and all people with disabilities aspire to be recognised for what they can do, not for what they can't do - and I look forward to seeing that reflected across our society."



Listen to episode here
bit.ly/TAD_E076



Catherine Bridge | Professor – University of NSW



Where technology meets design: better buildings for aged care

Designing for aged care is an increasingly important area of architecture and design for many reasons. First, our ability to provide the requisite levels of care and safety to aging people has been brought into sharp focus by the COVID-19 pandemic. Second, concerns around parts of Australia's aged care system were enough to warrant a royal commission, which has subsequently returned 148 recommendations for reform. Third, as our population continues to age, greater capacity - and greater compassion - needs to be built into our aged care system to ensure a high standard of care and dignity for all elderly Australians.



Sadie Burling | Health & Ageing Business
Development Manager at Paynter Dixon

Sadie Burling is the Health & Ageing Business Development Manager at Australian-owned construction services company Paynter Dixon. She's also a registered nurse, a non-practising midwife and holds a Child and Family Health Certificate, Bachelor of Health Science and a Master's in Management. She has significant practical and academic expertise in the field of aged care construction, honed over a long career.

The design of aged care facilities has changed over the years," says Sadie. "We had our roots historically in poorhouses and asylums. And over the years, thankfully, we've changed the way we house and accommodate our seniors. Now, we're much more focused on the design of the building, and how it can work smarter to alleviate some of the workload for the staff. This can increase capital costs upfront, but the return on investment will be realised in staffing costs and utility costs.

"The pandemic has shown that even the newest of buildings doesn't always accommodate some of the infection control processes that are required during a pandemic," she continues. "So that's an opportunity going forward to work more closely with clients on the infection control aspect of the building." One of the recommendations emerging from the Royal Commission is to get rid of the large vertical buildings that are common these days, and go back to the small house model. "The question is, can small house models be built into a vertical building?" asks Sadie. "And yes, they can. We've built a facility that has a 12 bed small house model within a seven storey building. So those people have their own social spaces and quiet spaces, kitchen and dining and lounge areas. But we've built a back spine into the building so areas such as the nurse's station, medication room, and the dirty utility room are behind the scenes. So it's not part of the house, but still easily accessible to the staff."

For Sadie, the future of aged care sits at the intersection of design and technology. "We need to look at how we can make the aged care environment look homely, but also meet the care needs of the residents," she says. "Technology plays a huge part in aged care these days. For example, dementia is on the increase, so we need technology to be able to let the resident be themselves - to walk around and be safe, but also for the staff to be able to have a mechanism by which they can keep an eye on the residents. So real time locator service technology is very beneficial, and often helps alleviate the need for securing units to contain people, which is not really very humane. So what we're trying to do is to build environments that allow people the freedom and

the liberty to move around as they wish. And having some technology in place often helps the staff ensure that the safety of the resident is maintained."

As it is across all construction, sustainability is also a concern in designing for aged care - one which Sadie, in her role at Paynter Dixon, keeps front of mind. "We review the land suitability and optimise the site to minimise the impact of construction to the local ecosystems. We look at energy optimisation wherever possible and determine the best outcome for the client in terms of energy consumption and costs, bearing in mind the impact to the environment. We look at indoor environmental quality, sustainable building, maximising daylight, appropriate ventilation and moisture control to make sure that we don't get high VOC emissions, temperature and lighting controls are also important aspects of sustainable quality environments. So there's lots of things that we look at in creating a building."

Lots of things, indeed. There's no doubt that designing and building for aged care presents a vast number of considerations above and beyond what might ordinarily be required for a building. But - as Sadie has said - through careful planning for the needs of residents and significant commitment to sound design principles, we can produce better buildings for our ageing population.



Listen to episode here
bit.ly/TAD_E081



Focus on wellbeing, not disease: Designing for dementia with Karen Cmiel from Dementia Australia.

As Australia's population continues to age, designing for aged and health care has become a significant priority. And as a disease (or umbrella term for a group of diseases) that more commonly affects older people, designing for dementia is becoming a growing consideration in the way we craft spaces for care.

"We're the peak body for dementia in Australia," says Karen Cmiel, Learning Designer and Facilitator at Dementia Australia. "We've been representing people with dementia and their carers for a long time. So we represent the needs of more than 472,000 people living with dementia at the moment in Australia. But we also support 1.6 million people who are involved in the care of people living with dementia, and that's paid and unpaid carers as well."

Karen has been working in the Aged Care sector for over 20 years. She has qualifications in Community Leisure and Health, Community Services Management, Dementia care and Education and Training. In her current role with Dementia Australia, she advises and educates architects and builders in dementia-friendly design, and what constitutes meaningful design for people living with dementia.

"People in this space should be asking three really important questions," she says. "The first one is, who is the space for? So who are you designing the space for? The second question is, what is the function or the purpose of the space, and is it going to be obvious as to its functionality? And the third question, then is, does the design fulfil the purpose and the needs of who you're designing the space for?"

Karen notes that in the past, the sterile, hospitalised environments of dementia care have not contributed as positively to the wellbeing of those in care, than they perhaps could have. Similarly, those that look too modern or design-ified may also be confusing for someone who is suffering from memory loss or other cognitive impairment.

"A lot of modern builds are not necessarily designed best for the person who's going to be living there, but are geared more to the family who will

admit their relative to live there. So if it looks nice, or fancy, or pretty, then perhaps they're more likely to actually look at admitting their loved one there," says Karen. "But I was recently at a facility and overheard an elderly lady in the dining room asking people who she had to pay for her meal, and getting quite upset as the staff were telling her she didn't have to pay. But the dining room didn't look like a house, it looked more like a restaurant or a hotel - and what do you do at a restaurant? You pay for your food. So we're designing to actually cause confusion rather than setting up a space that's really familiar."

But the picture is far from bleak - Karen is seeing growing numbers of well thought-out, considerably-designed spaces. "At Dementia Australia, we recommend the small house model of no more than 15 people with dementia in a space so it's more intimate, and easier to find things," she says. "And some geriatric wards have been rebuilt - so they've been gutted and then they've looked at the whole design, and included some single rooms, they've divided the bigger wards into smaller spaces."

"We're also seeing facilities using another approach called salutogenesis, which is about creating an environment that fosters wellbeing rather than disease. A great example is the Royal Melbourne Hospital for Children where they have these big fish tanks, they have meerkats on display. And a lot of places that I have done reviews for have actually taken on that approach and have looked at ways of bringing in certain artwork or different features that actually promote health rather than concentrating on disease."

Karen elaborates at length upon numerous other methods and design frameworks - including Dementia Australia's 10 Dementia Enabling

Environment Principles, and reiterates just how positive the outlook is within the space, for creating built environments that support sufferers of dementia and ageing people.

This article is written from a snippet of a longer podcast.



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Karen Cmiel | Dementia Australia



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