



A Fresh Approach to Palliative Care – Sustainable Design

Earlier this year the government published the independent choices review on End of Life Care, *'What's important to me. A Review of Choice in End of Life Care'*. This was commissioned to provide advice to Government on improving the quality and experience of care for adults at the end of life. On place of care and death, it recognized specialist housing as important choice options but they were clear that these settings depend on, and too often do not offer, highly trained staff and support from specialists, hospices and community services.

This case study looks at the development of St Michael's Hospice in Bartestree, Herefordshire, and how through sensitive and sustainable design a new vision of palliative care has been realised that strikes the balance between a professional healthcare environment and a high-end domestic space that supports people affected by life-limiting conditions to live in a comfortable, healthy environment.



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Introduction

It is always a momentous occasion when a project which has been 5 years in the making reaches handover; but never more so than when that project serves to be a legacy for the county, making a meaningful difference to individuals and families requiring palliative care for generations. An expectation and challenge that has been successfully met by local architects, Architype, in what has been their first major healthcare project and hospice building.

Eagerly anticipated by residents and staff, the Phase One completion of St. Michael's gives the hospice real reason to celebrate. Revolutionising palliative care for those facing a life-limiting illness, the new development provides state-of-the-art facilities for the dedicated and committed staff team, who have led a fund-raising campaign of mass proportions to accrue the necessary £9.6 million required for this groundbreaking project.

About St Michael's Hospice

St. Michael's Hospice is an independent charity and has existed since the 1980's on a rural site, in Bartestree, a few miles east of Hereford and has provided free palliative care for the county for 30 years.



The old St Michael's Hospice buildings

Having outgrown their facilities, which were outdated for modern care methods, the Hospice set about appointing an architectural team for the redevelopment of the site, which comprises of a new inpatient wing for up to 20 live-in patients in need of end of life care, as well as a complete refurbishment of the existing building, which will now house the hospice day-care unit.

As Ruth Denison, Head of Fundraising at St Michael's Hospice says:

"Building a new hospice is not a vision in itself. What is visionary is what our new premises will mean for patient care and support."

The Design Concept – a caring environment

St Michael's provides 20 single bedrooms that offer privacy and dignity without isolation. Five sets of four en-suite bedrooms are arranged around central lounge areas to provide opportunities for privacy or social interaction.

Being new to hospice care design really helped Architype to form an open-minded and unassuming approach to this special project. Reassessing the requirements and questioning current practice in palliative care design to deliver honed solutions, underpinned by mindful collaboration with this complex and sensitive client (St Michael's Hospice staff) and those facing a life-limiting illness and their loved ones.

The final outcome is a highly ambitious, bespoke arrangement, which is the result of in-depth consultation with patients, staff and infection control teams. This knowledge, confirmed by intensive research has culminated in a unique layout, that offers a variety of internal spaces, which are flexible to suit a spectrum of needs.

Key design characteristics

The floor plan is optimized to aid nurses in providing care effectively and efficiently. The nurse stations are positioned strategically to improve visibility to all rooms, whilst being in close proximity to necessary resources and information.



Ground Floor Plan

In line with Architype's sustainable portfolio, for which the practice is known, the building has a simple and robust environmental strategy that focuses on passive principles such as rigorous insulation, exemplary airtightness, mechanical ventilation and heat recovery, breathing wall technology, optimized daylighting and solar gain. These integral sustainable features help to deliver an efficient low-energy building that will require substantially less heating and artificial light; requirements of the upmost importance to the charitable client, who fundraise approximately £4 million per annum to cover their running costs.

Furthermore, the sustainable credentials deliver more than just financial benefits, providing a comfortable and healthy building for users, especially for those with terminal illnesses, with a fresh supply of clean air, eliminating the stuffiness created by artificial heat and light that can contribute to fatigue, headaches and of course, the spread of bacteria.

Architecturally, the building has been designed to maximise the connection to external spaces and uses a natural material palette where appropriate to create a variety of supportive, calming and uplifting environments.

Developing a scheme that would deliver a non-clinical atmosphere whilst abiding by healthcare regulations, infection control and best practice guidance challenged the design team to deliver a truly alternative response.

One of the most interesting aspects that really characterises this project and the contemporary response to the brief, is that this building is as much about 'life-care' as 'end-of-life care'. Staff were passionate that this building would enable users to become more independent. This is apparent in the integrated facilities such as physiotherapy suites that help regain strength with support; assessment kitchens and bathrooms where patients can practice daily activities, and even details such as the bespoke balustrades that aid orientation by indicating one's location within the building.

On entering the building, a light and welcoming reception area immediately engages the building user with the beautiful Herefordshire countryside through a fully glazed wall. Beyond the reception area are integrated services such as therapy suites and guest accommodation with the inpatient wing beyond.



Countryside surrounding the site

A central focus of the inpatient wing is the multifunctional 'street' - a central double height circulation space, flooded by light from the continuous roof glazing. It offers a variety of spaces from discreet seating areas, break-out areas and conveniently positioned nurse stations.



The central, double-height 'street'

The private inpatient accommodation is accessed from the street in the form of 5 modular 'clusters', comprising of 4 en-suite bedrooms that all open directly onto a communal living room. Moving through the building to the more private accommodation, the ceiling height gradually descends, creating a feeling of comfort, security and the sense of a familiar, domestic environment. Every entrance and connective space has been fluidly designed providing easy access, with large glazed double doors that are fitted with integral blinds between the bedrooms and social space. This design feature allows for varying levels of social inclusion or total privacy. From the centre point of the lounge, each bed head is visible to a nurse allowing for better communication and transparency.

A strong connection to the surrounding landscape is proven to aid physical wellbeing and in response to this every room within the cluster offers every patient their own outdoor terrace. Each cluster is orientated to maximise on daylight, whilst a carefully chosen colour palette that distinguishes the cluster has been developed from the designers' research into healing colours.



Bedroom opening onto a communal area

The design of the bedrooms has also been carefully developed to provide a functional but non-clinical feel. Features such as hoists have been included so that patients can be moved with safety into the specially fitted bathrooms. Despite the necessity for potentially imposing equipment, a simple, high quality feel is maintained, with all aid stowed in the custom-made integral cupboards specified in every bedroom. Containing a drugs locker and preparation space, hoist storage and motor, wardrobe, fridge, clinical wash basin and ventilation, this cleverly designed unit is a piece of equipment in itself, providing a one-stop station for nurses and patients.

Providing a non-clinical feel to the building has been a challenge; tackling the usual specifications of clinical plastics in exchange for natural materials. Although not possible in every instance when complying with hygiene regulations, natural materials such as timbers and textiles have been specified with unusual generosity for a hospice building. Where the direct use of natural materials has not been appropriate for infection control and hygiene standards in key locations, they have at least been made visible, as seen in the timber slat ceilings, the terrace canopies or the timber skirting, producing a visually softer environment with vastly improved acoustics.



Top south and bottom north elevations of the buildings

Lessons learned

- The bedrooms are all of the same general building controls system and in the previous building patients were in shared wards so this wasn't raised as an issue through the consultation process. However, with individual bedrooms it would have been good to incorporate more individual controls with regards to the level of ventilation and temperature, certain medical conditions would benefit from setting bedrooms up in different ways to provide a warmer environment or a room with a higher number of air changes, for example.
- The building layout and services strategy were ultimately developed in response to the clients' needs and requirements although this did raise a few issues during construction with coordination through the complex building form. This was addressed in detail during the design stage by having the building modelled in Revit by all consultants but the introduction of the Main Contractor and M&E Subcontractors added an additional buildability dimension and the process would have benefitted from additional workshops at early stages to simplify the approach prior to working out on site.
- With a building type such as a hospice, there tend to be areas of the design that need to be considered in a sensitive manner to avoid unfortunate interpretations; for example, the possibility of having green roofs over patient bedrooms was ruled out at an early stage to avoid associations with being underground. Whilst nothing of this magnitude developed in the final design, there are small elements of the design that could have been more sensitively considered.
- Another element of the complexity of the M&E installations are that patients, at a difficult stage in their live, often take a while to get used to the controls. This has resulted in the comfort of some spaces being compromised in the short term and highlights the importance of a 'soft landing' process that is considered and developed from a very early stage in the project.

Conclusion

Staff at St Michael's Hospice and designers were ambitious to make this a building that was extremely functional but supportive, flexible and uplifting for the users, at times feeling more like a spa hotel than a hospice caring for patients with life-limiting conditions. Striking the right balance with a building that felt highly professional, whilst maintaining comfort and a sustainable living space has called upon skills from almost all of the staff at Architype over the five years. The relationship forged between the practice and the Hospice team has been one of shared vision, mutual respect and commitment, with both parties taking a responsible, sensitive and human approach to creating this new pioneering facility for Herefordshire.

Project architect Paul Neep described the experience: "St. Michael's Hospice has touched the lives of so many people in Herefordshire and it has been a privilege to deliver this fantastic new facility that will enable them to continue with the highest possible healthcare standards in an uplifting, comfortable and relaxing environment whilst benefiting from significantly reduced running costs."

As patients settle into the new building, work has started with immediate effect on Phase Two; the refurbishment of the existing building. The complete strip-out and refit will aim to offer more services and opportunities to day-care patients and their families, modernising, rationalising and improving the sustainable infrastructure of the 1980's building. Facilities will include respite care, holistic treatment, training facilities, community and recreational spaces in an improved environment. These will support the hospices activities and outreach, complementing the in-patient building and providing a sustainable future for the Hospice's inspirational and commendable work.

Acknowledgement

We are grateful to @DennisGilbert/VIEW for permission to reproduce the images used in this case study.

Note

The views expressed in this paper are those of the author and not necessarily those of the Housing LIN (Learning and Improvement Network).

About the Housing LIN

Previously responsible for managing the Department of Health's Extra Care Housing Fund, the Housing LIN is the leading 'learning lab' for a growing network of housing, health and social care professionals in England and Wales involved in planning, commissioning, designing, funding, building and managing housing, care and support services for older people and vulnerable adults with long term conditions.

Further information about the Housing LIN's comprehensive list of online resources on end of life care can be found at: www.housinglin.org.uk

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