Alzheimer's Respite Centre

by Níall McLaughlin Architects

Project Details

Practice:	Níall McLaughlin Architects
Designer:	Níall McLaughlin Níall McLaughlin realised this project through his practice Níall McLaughlin Architects.
Title:	Alzheimer's Respite Centre
Output type:	Building
Function:	Healthcare centre
Location:	Dublin, Ireland
Client:	The Alzheimer Society of Ireland
Practical completion:	August 2009
Budget:	€5 million
Area:	1,500m^2
Structural engineer:	Buro Happold Consultants Ltd
Services engineer:	Buro Happold Consultants Ltd
Quantity surveyor:	Tom D'Arcy and Co
Fire safety engineer:	Greaney Fire Safety Ltd
Landscape architect:	Desmond Fitzgerald Architects

Statement about the Research Content and Process

Description

The day care and respite centre was commissioned by the Alzheimer Society of Ireland to provide flexible short-term care for people suffering from Alzheimer's disease and offer a means of support for affected families. In the context of our ageing population, the commission gave the practice an opportunity to engage with the challenges of designing appropriate spaces for those with dementia.

Questions

1. **To conduct research into current thinking about environmental care for dementia.**
2. **To investigate how the mind acquires the capacity to experience space and how it loses this capacity as part of the pathology of Alzheimer's disease.**
3. **To explore the limits of intersubjectivity in the client/architect relationship when dealing with people with different stages of dementia.**

1 ***(previous page)***
View of the quiet room over the brick wall

Methods

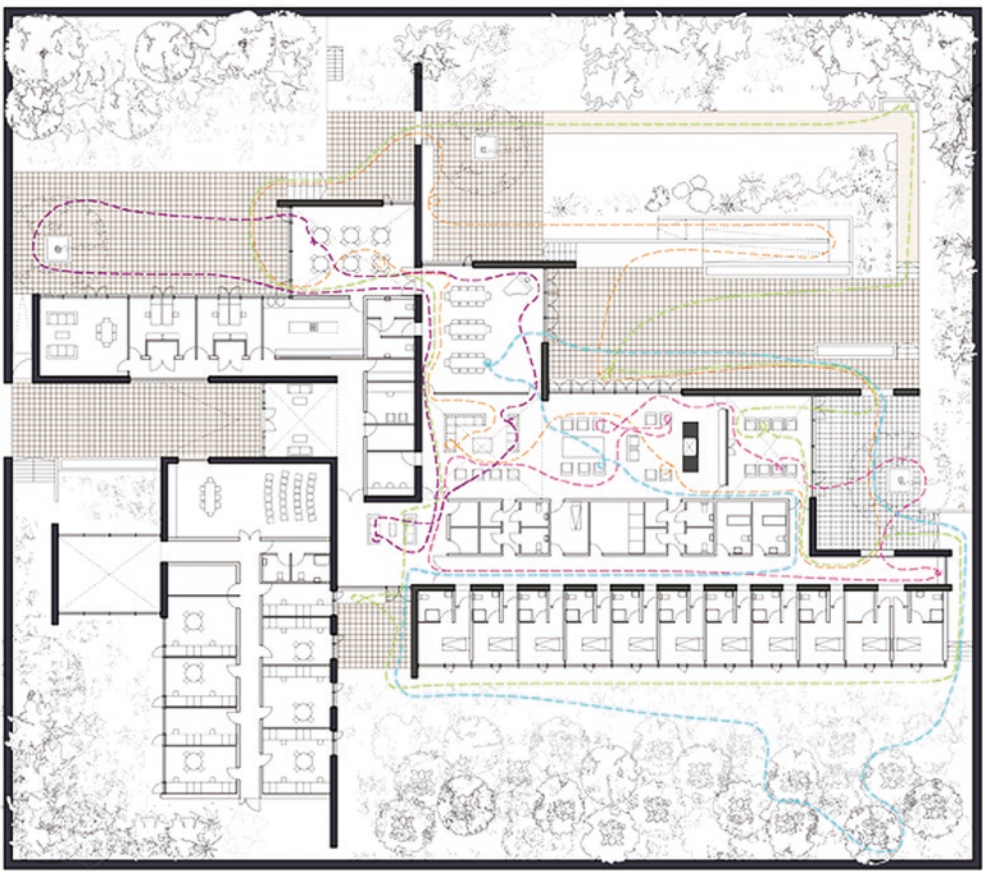
1. **Visiting respite and residential care homes across the UK.**
2. **Consulting with care home staff and care home residents.**
3. **Collecting information on contemporary practice on dementia.**
4. **Furthering interdisciplinary discussion and knowledge sharing through informal discussion, seminars and interviews within UCL.**
5. **A range of design-led research methods through drawing and making.**

Dissemination

Presented in lectures for Age UK, the Design Council and UCL. Reviewed in the architectural press, including *RIBA Journal* and *Architects' Journal*. It has also been part of an ongoing conversation on spatial thinking and dementia with the UCL Department of Neuroscience. This research has led to further work for Touchstone health care provider, to develop a 'pattern book' for the design of 60 primary care centres across Ireland, and a collaboration with Maccreanor Lavington for the property developer Argent, to design extra care facilities for the R5 Building within the King's Cross Central development.

Statement of Significance

Won a RIBA European Award (2009), the Royal Institute of the Irish Architects Award for the Best Health and Leisure Project (2010) and the Architectural Association of Ireland Special Award (2010).



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Ground plan showing wandering routes

Introduction

> 'To be lost is to be truly present.'
> Rebecca Solnit, *A Field Guide to Getting Lost* (2006)

Our ability to place ourselves is at the core of all architecture. The research for the Alzheimer's Respite Centre considered the consequences of losing one's ability to situate oneself. We explored architecture as something we experience with body and memory, rather than as something we look at. In particular we were interested in addressing how our identity is bound up in the way we position ourselves in space, how dementia destroys our ability to orientate ourselves and how buildings might help those with dementia.

The Centre is situated within the existing walled garden of the adjacent convent. Arranged within this protected space is a series of interconnected pavilions incorporating social spaces, serene gardens and courtyards, through which patients may wander. A number of pathways naturally loop back on themselves, always bringing a person back home again. [fig. 2]

Aims and Objectives

The knowledge base accumulated from this research project aimed to realise the particular building as well as a prototype for the building of other residential care homes for dementia in Ireland. We embraced the opportunity to engage with the challenges of designing appropriate spaces for those with dementia and responded as architects with a research-led approach. The main challenge in designing a care environment for those with Alzheimer's is to produce calm, coherent spaces that reduce enervating distraction, aid orientation and encourage mobility. Our aim was to respond to this challenge by reconstructing from first principles an architecture that places you back into the world, one that assumes every moment that you are lost.

The research for the project stemmed from a wider interest in the nature of space. Architects think of space as something central to their subject. Many would say that a refined understanding of space is what makes an architect. However, while the word has a self-evident quality, the term has a different meaning in a number of contexts. We hear of space as mental, philosophical, geographical, gendered, scientific, empathetic, bounded, cosmic, multi-dimensional, capitalist, Cartesian and so on. For the purposes of this research we put forward a working conception of space. It was space as the realm of action. The research questions all stemmed from this central premise.

Questions

To conduct research into current thinking about environmental care for dementia.

In our research we explored the progressive care model for dementia. The approach is centred on upholding the person for as long as possible. It suggests that by accepting a person's unique identity at each stage in the process of the disease, a dignified and occasionally joyful condition can be reached. Tim Kitwood's book *Dementia Reconsidered* (1997) puts forward this model of care. He uses 12 words to characterise care: *recognition, negotiation, collaboration, play, timilation, celebration, relaxation, validation, holding, facilitation, creation and giving.* We understood that these together constitute a comprehensive recognition of the social identity of the person, an identity where they are recognised, not just as care receivers, but as caregivers too. This reciprocation is essential to our social being and, in performing it, we constitute an action that creates its own space.

When we imagined a caring environment, we conceived of a group of people reminiscing or dancing together, a woman having a hairdo or someone cutting the toenails of an elderly man as examples of activity. The most important factor in environmental care for dementia is the reciprocal bond created within the community of cared-for and caring. The building, designed as a bespoke enclosure, exists as a frame for the space constituted by the caring community. It endures this space but the construction has no meaning as such. It becomes meaningful only in the context of the space created by social action. An architect seeks to understand how the occupants have already learnt to be in space from their earliest conditioning, through a lifetime of social practices, so that he or she can know what they are losing through dementia and how the remnants can retain cohesion for as long as possible.

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Paul Klee, *I have plenty of pictures but I no longer look at them* (1911)
Image in the public domain

> 'The past leaves its traces; time has its own script. Yet space is always, now and formerly, a present space, given as an immediate whole complete with its associations and connotations in their actuality.' Henri Lefebvre, *The Production of Space* (1991)

To investigate how the mind acquires the capacity to experience space and how it loses this capacity as part of the pathology of Alzheimer's disease.

To a large extent what we are capable of imagining is an accumulation and reorganisation of all of the spatial arrangements or sequences we have stored up inside us as experiences. James Joyce said imagination is memory. We can remember the intricate sequence of decisions and operations that placed us here and now, and we can plan any number of ways of removing ourselves from where we are. We can even project ourselves into other possible or improbable spaces without stirring. This ability to plan, remember and imagine forms a key part of the essence of our spatial identity.

As children we learn space before language. A child is spatialised when it comes out of the womb. An infant feels its way out into space, from its mother's body and then out into the room and beyond. These spatial extensions are discovered through action, but an infant is not imbibing this space neutrally; it comes with permissions, prohibitions, associations and taboos. They learn that there are things you can and cannot touch, places you can wander and places that are forbidden. The world is the revelation of action. Since our relation to things is learnt through action, our possessions, families, communities and buildings cannot be known except through our spatial perception. And so as we learn about space, we learn about social conditions and how to be social creatures.

As we grow older, from say 40 onwards, our individual spatial realm begins to change. Gradually our ability to see, experience peripheral vision, hear and move about starts to deteriorate. The full tide of our spatial realm begins to shrink back as our ability to perceive and move diminishes. For most of us, this is something we adapt to as we draw into ourselves in our later years. We make a compact realm of objects, associations, communities and memories that sustains us against our retreating world. Dementia is another matter. Alzheimer's disease causes a gradual, unstoppable, irreversible decay of cognitive ability. This is caused by a general loss of neurones, hence of synaptic connections and an overall atrophy of the brain. The erosion of cognitive ability affects memory, language, communication of emotion, social skills and motor function. While Alzheimer's disease has its own particular pathology, we experience it as the dissolution of everything we think is required to be who we are.

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Gerard Richter,
***S. with a Child* (1995)**

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Paul Klee,
***The Pathos of Fertility* (1921)**

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Gerhard Richter,
***Table* (1962)**
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7
Paul Klee,
***Uncomposed in Space* (1929)**
Image in the public domain

To explore the limits of intersubjectivity in the client/ architect relationship when dealing with people with different stages of dementia.

One difficulty in the understanding of dementia is the limitation of intersubjectivity. It is a one-way journey and no one can report on the passage. We can depend on reports from early-stage dementia sufferers, we can infer connections to other recoverable diseases such as severe depression and meningitis, we can read metaphorically the narratives of people suffering from Alzheimer's disease, we can observe carefully how their actions change over time and make inferences from that. However, none of these insights bring us close to the standard of intersubjectivity we consider normal for architectural practice. An architect must strive to imagine what it is to be someone else experiencing a place. This intuition is the cornerstone of an architect's role. But how, in the context of dementia, can we know what it is to be truly lost?

An important problem for architect and caregiver alike is that the space created is not one fully acceded to the person receiving care. It is unlikely that a person with Alzheimer's disease, being cared for in an institutional setting, has fully consented to the arrangement. In our everyday lives we are hedged in by instrumental order: we take the Tube, submit to health scans, pay tax and fly Ryanair. We depend on this kind of order but we are also capable of pushing against it in our actions. So, our individual spatial model both reproduces and resists an instrumental order. A person with dementia, whose spatial model has collapsed, becomes increasingly transparent to the instrumental orders that surround him or her.

The community of people with dementia in its different stages, their families, their personal and professional carers and those who are contemplating or planning for the challenge of ageing should have the opportunity to do what they can to constitute the caring space for themselves in a way that sometimes questions the financial, medical and legislative context of healthcare institutions. In our contemporary society, the competing pressures of cost, risk, legislation and procurement rules lead to a bureaucratic framework that exists to provide the space for care on behalf of the community. It is a formidable abstract instrument. One key question for an architect is how, in this context, with limited resources, to develop a caring environment that recognises the special sensitivities of people with dementia and how to contribute useful spatial understandings to the development of this medical field.

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8 ***(page 16)***
View of the crossing brick walls

9 ***(previous page)***
View of the garden pathways

10
The Alzheimer's Respite Centre as a cultivated garden

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Lanterns over the 18th-century perimeter wall

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12 ***(previous page)***
External courtyard

13
The quiet room with views to the garden

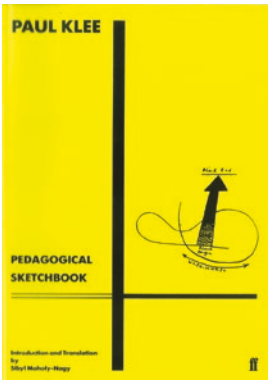
14
Routes leading off the reception area

Context

During the design development of the Respite Centre in Dublin, we began to collect a group of drawings and paintings by Paul Klee. What they had in common was a description of the spatialised body negotiating space. The depiction of the body's cavities, the immediate environment and the systems of signs within these environments were suggestive of how we orientate ourselves, in our inwardness and our actions, as creatures wholly immersed in and sustained by space. For us, they showed how space is actively apprehended through movement.

This led to an investigation of theories originating in Germany in the late 19th century that prioritised a synesthetic and empathetic understanding of form and space. The writings of Vischer, Schmarzow and Hildebrand put forward a model of spatial perception based on a constant ferrying between what we know of our own bodies and how we measure them against other things. The movement of the hand and the eyes over an object allows us to understand and store its three-dimensional properties so that, even when we see it in the distance, we experience, through recall, its spatial properties. Vischer even suggests that we imaginatively occupy things for an instant in order to know them: 'We thus have the ability to project and incorporate our own physical form into an objective form, in much the same way as wild fowlers gain access to their quarry by concealing themselves in a blind' (quoted in Mallgrave 2010). This constant discourse between the body and the world beyond it is highly reliant on our ability to store experience.

McLaughlin is currently investigating whether there are any links between the development of Paul Klee's paintings and the ideas of this group of philosophers. In his diaries Klee speaks of Hildebrand and, in particular, his theories of relief. McLaughlin is interested in the underlying idea of Klee's Pedagogical Sketchbook; how it is like a visual theorem setting out the fundamental principles of human orientation in space. The research aims to uncover to what extent Klee is attempting to embody these synesthetic and empathetic speculations in his own writings and drawings, and how his works might have further significance for architectural thought and practice today.



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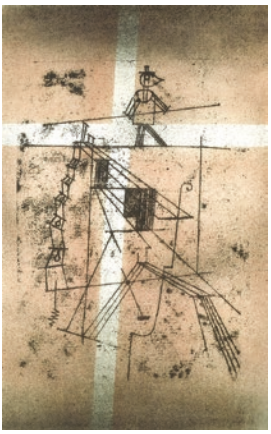

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Paul Klee, cover of the *Pedagogical Sketchbook*, published 1956
Image in the public domain

16
Paul Klee, *Tightrope Walker* (1923)
Image in the public domain

17
Bench at the end of the bedroom wing corridor

18
Bedroom wing corridor

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19 ***(page 28)***
External courtyard

20 ***(page 30)***
View from garden

21 ***(previous page)***
A place to sit and chat in the sunshine

22
Light pours into the sitting room

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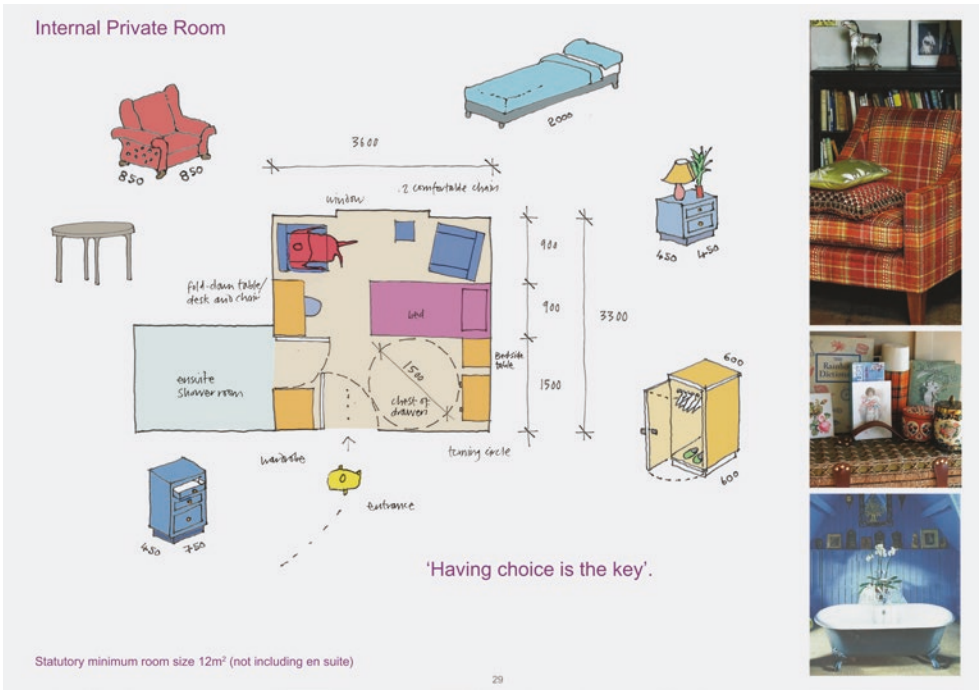

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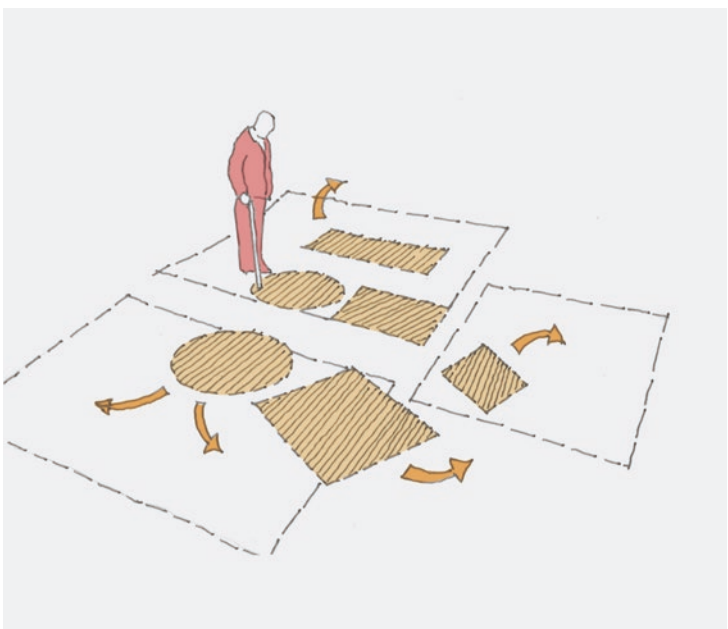

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Arranging the bedroom space, feedback from consultation

24
Arranging the bedroom space, sketch from consultation document

Methods

The research processes developed for the project included:

1. Visiting respite and residential care homes across the UK.
2. Consulting with care home staff and care home residents.
3. Collecting information on contemporary practice on dementia.
4. Furthering interdisciplinary discussion and knowledge sharing through informal discussion, seminars and interviews within UCL.
5. A range of design-led research methods through drawing and making.

While undertaking the Respite Centre project, Níall McLaughlin Architects were approached by the London Borough of Camden to redevelop two of their existing residential care homes. Our research methods were combined for the two projects where we collaborated with residents (many with dementia), care workers, local government managers, families of residents and other interested parties. We began with a period of immersion in care home environments. We wanted to make direct contact with the residents so as to create the opportunity of a briefing free of third-party expertise. It is a moving experience to sit with an older person experiencing dementia. We found that, with fewer inhibitions, people with dementia could be very affectionate. Sometimes we would spend long periods just embracing. This intimacy between near strangers was something that helped us to understand the quiet load we needed to carry on behalf of our fragile clients.

In this element of our research we were hoping to look through any superficial hesitation, disjunction or confusion and allow our clients to describe the world they were actually experiencing. Rather than correcting or denying their descriptions, we would allow space and time to slip and we would accept what we were told at face value. It was apparent that as our larger spatial model shrinks and fragments with dementia, we try to remake it again and again out of the surviving fragments. This can produce fascinating juxtapositions. One woman described the room we were in, the garden near the window, then, over the wall, her childhood home filled with people from her past. When asked about the room next door to where we were in the centre, she explained that was where her husband was, with the boys, by the fire,

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Consulting with care home staff and residents

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Comments from participants in the site visit, stuck on the site model

probably 30 years ago. It does not require much to accept this synthesis in its own terms and to use it to develop an understanding of her world compounded out of here and elsewhere, now and then. On one level it did not seem that different from our own desires to see our present space infused with traces of other times or places. This sense of immanence became key to our understanding.

We discovered that it was not always possible to set up direct verbal dialogues with clients so we collaborated with care workers to work more indirectly. We sat in rooms with five or six clients and a care worker. People would be busy at their tasks. We would chat about matters relating to the inhabitation of space. This could last for half the afternoon. Not all the things that were said were comprehensible, but some of them helped to construct a better sense of the world we were being asked to make on behalf of our clients. [fig. 27 & 28]

We also held a series of structured workshops for residents, many with dementia; care workers, local government managers, families of residents, future residents and interested parties. For these we developed a method of using postcards, addressed to the practice, on which the residents could voice their ideas and comments. This gave the residents time to ruminate on their thoughts in their own quiet time. Those who attended the first workshop were given disposable cameras; the pictures they took appear on the postcards. We found that some comments were reactions to the spaces depicted on the postcards themselves, others opinions from personal experience.

At another workshop we asked the consultees to arrange 1:1 scale pieces of furniture, within the footprint of a statutory minimum standard bedroom and bathroom space that had been taped out on the floor. We recorded the comments and observations regarding the size of the space, the arrangement of the furniture and the location of windows. [fig. 23–26]

We compiled what we were told at these events into a document. Its aim was to be a scrapbook containing all the accumulated ideas from the consultations, which could then be used to inform the design of this care home and others. The presentation of the document was visual rather than literal in order to be fully accessible. As it was the result of active consultation, some of the comments were contradictory. We did not want the document to draw neat conclusions; we wanted it simply to illustrate the story so far. [fig. 29 & 30]











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27 & 28
Postcards from Camden Care Homes workshop


Dear Architect,
Niall McLaughlin Architects c/o
FREEPOST Licence Number NW413
Promoting Independence Group
London Borough of Camden
Housing and Adult Social Care
79 Camden Road
NW1 9ES
Camden

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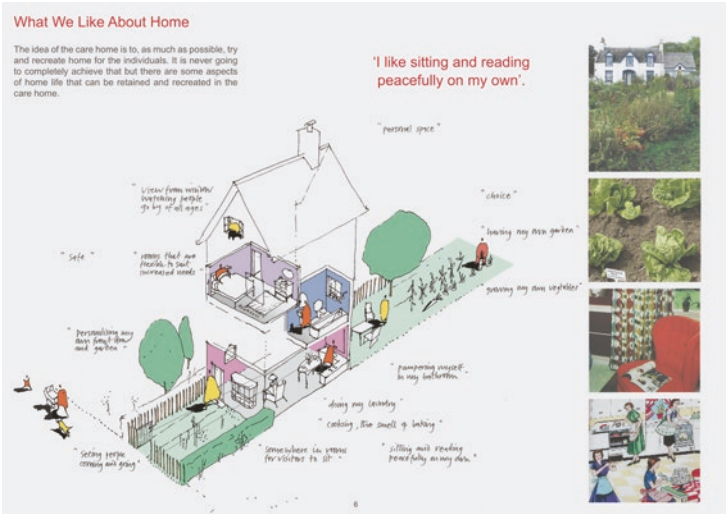

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Consultation document sketch 'What we like about our garden'

30
Consultation document sketch 'What we like about our home'

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31
Pattern book for Touchstone health care provider.

Dissemination

The intention for the Alzheimer's Respite Centre is that it forms a prototype for the building of other residential care homes for dementia in Ireland. The knowledge base accumulated from this research project has led to further healthcare commissions for the practice. This includes research work for Touchstone health care provider, to develop a 'pattern book' for the design of 60 primary care centres across Ireland, and a collaboration with Maccreanor Lavington for the property developer Argent, to design extra care facilities for the R5 Building within the King's Cross Central development. The research for the Alzheimer's Centre can therefore be seen as part of an ongoing and growing field of research for the practice, as care for the elderly becomes a critical issue in the context of our ageing population. [fig. 31]

The project has formed a catalyst for cross-faculty knowledge sharing and discussion within University College London. An informal dialogue with researchers in the Department of Neuroscience has developed, to further explore how the brain understands space and to form a bridge between neuroscience and the philosophical ideas in other disciplines.

McLaughlin has lectured on the subject at the following presentations and seminars:

Níall McLaughlin, 'Losing Myself, the Role of the Architect in Designing for Dementia', For Later Life conference, Age UK, London (Apr 2013)
Níall McLaughlin, 'Losing Myself', Ageing Better by Design seminar, Design Council, London (Feb 2013)
Níall McLaughlin, 'Figures', University College London (Feb 2011)
Níall McLaughlin, 'Situations', University College London (Feb 2011)
Níall McLaughlin, 'Losing Myself', Spatial Thinking Symposium, University College London (Feb 2010)

The research concerning the Alzheimer's Respite Centre forms the basis for one chapter of McLaughlin's forthcoming sole-authored book *Trial Pieces,* due for publication in 2014 by Ashgate.

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The research process relied on the following texts:

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Stephen H. Watson (2009). *Crescent Moon over the Rational, Philosophical Interpretations of Paul Klee.* Stanford: Stanford University Press.

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A place to sit outside a bedroom window

Related publications by the researcher

pp. 48–49
Níall McLaughlin, 'Why not ask the old folks?' *RIBA Journal* (Jul/Aug 2011): 46–47.

Related writings by others

Book chapter

pp. 51–65
'The Alzheimer's Respite Centre'. AAI Awards 2010: *New Irish Architecture 25*.
Ed. John O'Regan and Nicola Dearey. Cork: Gandon Editions, 2010: 64–77.

Newspaper article

p. 66
Stephen Best, 'Built with tender loving care'. *The Sunday Times Culture* (May 2010): 17.

Journal articles

p. 67
Stephen Best, 'The architecture of delight'. *RIAI Annual Review* (2011/2012): 74–77.

pp. 68–75
William JR Curtis, 'Building for a longer lifetime'. *Architects Journal* (10 Feb 2011): 20–27.

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101 Spinning Wardrobe
by Storp Weber Architects

Blind Spot House
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Green Belt Movement Teaching and Learning Pavilion
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