

Part I

Australian Schemes

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Chapter 1

A Study of Sir Montefiore Home Randwick



REASONS FOR INCLUSION OF THIS SCHEME

- Sir Moses Montefiore is committed to the respect of elders within a distinctly Jewish cultural tradition.
- This scheme is one of the largest and most expensive residential aged care services in Australia.
- The multistoried building was designed on a strict grid system.
- The scheme is a very large residential aged care building that has minimal overtones of institutionalism.
- The facility boasts more than 500 volunteers who provide community engagement.

Building Description

Name of Scheme: Sir Montefiore Home Randwick

Owner: Sir Moses Montefiore Jewish Homes

Address:

Sir Moses Montefiore Home
36 Dangar Street
Randwick, New South Wales
Australia

Occupied since: 2007

FIGURE 1-1 Sir Moses Montefiore Home is a large service for 276 residents on five levels. *Brett Boardman Photography; Courtesy of Calder Flower Architects*



FIGURE 1-2 Scheme location. *Courtesy of Pozzoni LLP*

Sir Montefiore Home Randwick: Australia

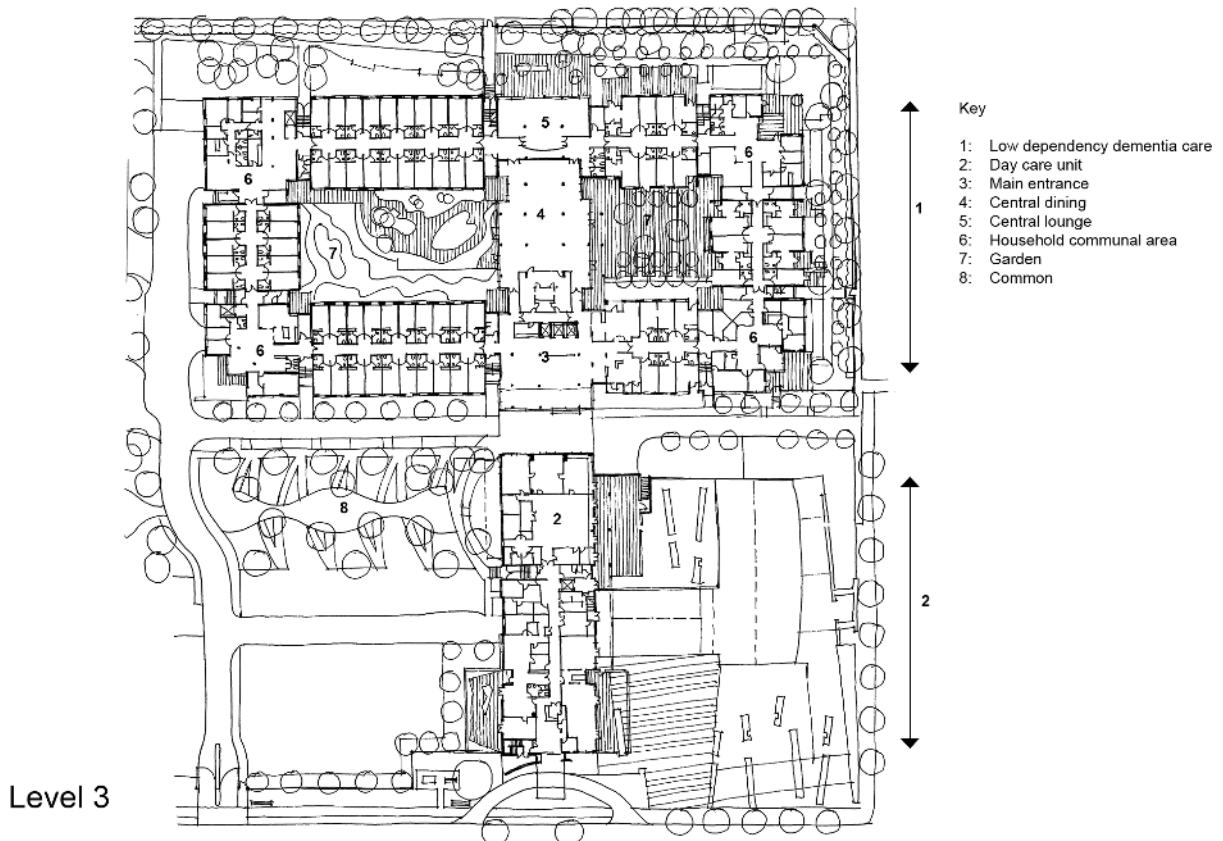


FIGURE 1-3 Third-level floor plan. *Courtesy of Pozzoni LLP*

Description of the Type of Community, Including Number of Residents

Sir Moses Montefiore Home Randwick is situated in eastern suburban Sydney. The multistory scheme is home to 276 frail, aged residents and older people with dementia. The operator, Sir Moses Montefiore Homes, has a long history of serving Sydney's Jewish community. The construction of this aged care scheme extends that service and reflects the cultural heritage and, importantly, the expectations of the Jewish residents and their families.

THE SCHEME IS DIVIDED AS FOLLOWS:

- Dementia-specific resident apartments:
 - 30 dementia-specific nursing residents
 - 30 dementia-specific assisted living residents
- Standard resident apartments:
 - 107 nursing apartments
 - 42 assisted living apartments
- Deluxe resident apartments:
 - 2 nursing apartments
 - 34 assisted living apartments
- Suite resident apartments:
 - 28 assisted living
- Respite apartments:
 - 3 assisted living apartments

The site development was planned as a two-stage phased development. Stage one has been completed with the construction of the residential aged care facility, a frail, aged and dementia-specific day center, hydrotherapy pool, and café. This first stage is the subject of this discussion. Stage two will see construction of additional dementia-specific apartments, a community plaza area, and a synagogue for the community.

The scheme is spread over five stories, the lowest is below ground and is the service area that includes a hotel-inspired kosher kitchen, a large industrial-scaled laundry, and the building's mechanical systems. In addition, there is under-building parking that is accessed at this level. The main entrance is located on the ground floor, as is the assisted living dementia-specific unit. The third level is made up of frail, aged assisted living places and a dementia-specific high care unit. The fourth floor is dedicated to frail, aged skilled nursing and the fifth floor to frail, aged assisted care. Each floor houses 15 residents, making up what is referred to as a "neighborhood." Twenty common room spaces are distributed across the four residential floors, usually located at the ends of the buildings to capture sunlight.



FIGURE 1-4 The façade is "patchworked" using brick, glass, and steel to reflect the surrounding streetscape and reduce the building's scale. *Brett Boardman Photography; Courtesy of Calder Flower Architects*

Geographics

Vernacular Design

How does the scheme/environment respond to the locality?

Although the Montefiore scheme is very large, the design team has attempted to deinstitutionalize its aesthetic. For example, a mixture of materials has been used on the building's façade and includes understated signage.

Because the majority of the garden areas are inwardly focused, created by the building itself, there is no street view of resident activity. This provides a quiet setting for the community, but at the risk of the Home seemingly trying to protect itself from the surrounding world. This feeling is exacerbated by both the size of the building and by a surrounding fence and heavy landscaping creating an almost fortress-like feeling. So large is Montefiore that the operator and design team refer to it as an "urban precinct" rather than a building.

FIGURE 1-5 In the “Deluxe Room” residents have a separate lounge and access to a balcony. *Brett Boardman Photography; Courtesy of Calder Flower Architects*



Three distinctly different urban areas surround the Home's site. To the north is a low-scale historically protected residential area separated from the site by a narrow street. Medium-density housing of varying scales occupies the east and south. The western boundary of the site adjoins a precinct for large-scale development including low-rise housing and university workshops. The site's natural topography has been used to lessen the impact of the five-story structure. A two- or three-story building is presented to the residential flanks on the east depending on where the residential neighbor is located, south and north, while the five stories look over the university workshops. The scheme successfully negotiates between the changing contexts, and in this way respects the surrounding streetscape, but maximizes the development potential of the site.

The grid design used by the designers is the driving force behind the building's layout. This fairly rigid design has limited variety with a repetitive pattern of windows due to the module room design. The façade would have been relentlessly institutional if not for the clever mixed use of a variety of materials to reflect the streetscape and reduce the exterior scale of the façade. Brickwork and painted panels mirror the residential housing and the building corners relate in a more formal manner to the nearby university buildings using glass and metal mullions. A mark of its success is that a residential development adjacent to the site, which was designed after the Home, has clearly integrated the vernacular design of the Home into its own architecture.

Care

Philosophy of Care

What is the operators' philosophy and how does the building match this philosophy?

The philosophy of Sir Moses Montefiore Homes is “to enhance the Quality of Life of the Jewish Aged Community by providing an exceptional standard of service and care, and embracing the richness of Jewish Culture and Tradition.” Quite simply, Montefiore Home is committed to respecting their elders and providing the very best for them within a Jewish cultural tradition. Therefore, the design brief included the charge to the architects to build a flagship for high-quality residential aged care in Australia. There was a strong focus on excellence and quality with costs being a tertiary consideration. The design process was lengthy, beginning in 2000, and saw a remarkable attention to detail by the design team. Design solutions and interior design approaches were explored in depth, including the construction of mock-up resident rooms in the basement of another of the operator's facilities in order to test sizing and finishes. Chief Executive Officer Robert Orie stated: “We wanted to get it right. We were building for 50 years, so we were asking ourselves, ‘What would we want when we reach this stage of life?’” The result is perhaps the most expensive building of this type in Australia. Resident rooms are nearly double the required size as a way to preempt any future regulatory changes; interior design selections, finishes, and furnishings are “upscale” and of high quality; food services are comparable to any fine restaurant dining and there is a comprehensive social program.

The executive team was inspired by a research study¹ that significantly influenced the development of the philosophy of care, and, in its turn, the design of the building. The study found that there are 11 critical elements of quality of life: comfort, privacy, dignity, individuality, autonomy, spiritual well-being, security, relationships, functional competence, meaningful activity, and

¹ Kane et al., “Quality of Life Measures for Nursing Home Residents,” *Journal of the Gerontological Society of America*, 2002.



FIGURE 1-6 Memory boxes inset beside residents' bedroom doors assist with wayfinding. *John Ambler Photography; Courtesy of Calder Flower Architects*

enjoyment. These quality of life elements were translated into a variety of design decisions. “Autonomy,” for example, is expressed through the inclusion of lit memory boxes for display of photographs and mementoes outside resident rooms, affirming the unique history of each resident and assisting with wayfinding. “Meaningful activity” is realized through the location of residential scale therapy and activity kitchens in the neighborhoods for use by residents. “Dignity” is accomplished by the inclusion of private occupancy rooms with en-suite baths, as the design team firmly believed shared bathrooms compromise privacy.

There is perhaps a deeper, understated philosophy at work within the design of this scheme. It is a symbol showing honor for elders; a challenge to the wider Australian community to value older citizens by providing high standards of care and accommodation. For this reason alone, it should be viewed by Australians as exemplifying the culmination of good design and quality care provision.

Community and Belonging

How does the scheme design and operation support this ideal?

There are numerous case studies that point to a domestic style of architecture that serves to promote community and a sense of resident belonging. There is little that can be called “domestic” about the architectural design of the Montefiore scheme. Rather, it lies aesthetically somewhere between a contemporary hotel and a modern retirement complex. Wayfinding in the building is difficult, and even for a visitor with full cognition it is easy to lose your way. One would be forgiven for thinking that this, combined with 276 residents across five huge floors, is antithetical to the concept of belonging. Yet without a doubt, many of the residents feel they belong because, in the end, it is designed to be, or at least has become, so very Jewish. The Kosher kitchens, the elegant silver service, the Jewish symbols such as the mezuzah on bedroom doors, the celebrations of Jewish festivals, and the collaborations with Jewish schools and foundations all appeal to Sydney's Jewish community, but also fully integrates that culture into the Home.

A “sense of home” is integral to creating an environment conducive to residents feeling like they belong. The Montefiore scheme has concentrated on expressing “home” through its interior design selections. Of all the included Australian case studies, this scheme has the most expensive finishes and furnishings. There is a sense of the “grand,” the color schemes are subtly modulated and the corridors have become galleries of original works by iconic Australian artists. In the entry foyer a large window valance suspended from the ceiling was painstakingly hand-covered with silver foil. The ceiling of the hydrotherapy center is pierced with fiber optic cables to give a very effective night sky effect. Timber woven into lattices is used extensively to screen off particular areas without closing them off. All of this reinforces and



FIGURE 1-7 The aesthetic detail in the grand entry foyer includes the valance suspended from the ceiling, hand-covered with silver foil as well as artworks from iconic Australian artists. *John Ambler Photography; Courtesy of Calder Flower Architects*



FIGURE 1-8 Montefiore's hydrotherapy center where the ceiling is pierced with fiber optic cables to give a "night sky" effect. *Brett Boardman Photography; Courtesy of Calder Flower Architects*

suggests the culture of honoring elders and the tremendous pride the community has in the Home.

To promote community, the design team attempted to break down the enormous scale and anonymity of the building using a neighborhood concept. Each neighborhood is made up of 15 single-occupancy resident rooms with a series of common areas located in the middle and at the corners of the building, connecting the neighborhoods. From the point of view of the built environment, the neighborhood concept is unconvincing: There is little to link the rooms other than their colocation in a corridor with themed signage and their convergence at the connecting common areas. However, the social program does much to make up for what the design fails to do to enhance the neighborhood concept. There is a separate social program for each neighborhood, guided by the interests and abilities of that particular resident group. There is even a friendly sense of competition between neighborhoods that serves to coalesce into a sense of community. The social program at the Home is strongly supported with 12 recreational activity officers on the floors, input from the Allied Health team and involvement of a very large volunteer group.

Innovation

If the operator pursues a policy of innovation and pursuit of excellence, how is this demonstrated?

The design approach underlying this scheme shows innovation. With such a large facility, the operator was determined that the design should have capacity for future flexibility. The design has communal spaces at its corners with residential blocks between. The residential blocks have been designed on a strict grid system that allows for three different types of modular residential

suites. The "Classic Room" is a single grid width, the "Deluxe Room" one and a half, and the "Suite Room" two widths. This gives a range of accommodation sizes and standards infinitely flexible in combination. During the design phase, and even the construction phase, the operator was able to reorganize the mix of suites to develop the ideal combination for the incoming resident requirements. As the building is a framed structure with non-load-bearing walls, these modules can be revisited and revised in the future to respond to emerging needs and resident market demands. For example, though never included in the master plan, the Home has introduced a dental clinic to address the challenge many aged care providers experience in accessing appropriate and convenient dental care for their residents. The dental clinic initiative came through a partnership with an international fraternity of Jewish dentists, and the Home was quickly able to provide an adequate clinic by converting a deluxe suite into the dental clinic.

The Home's design has also cleverly disguised the service areas. The scheme is actually made up of 16 separate buildings, each joined by narrow service links that can be accessed directly from the exterior. This reduces the presence of servicing activity in resident areas and, at least in a small way, promotes a more residential ambience.

The Home has also taken an innovative approach to the shared past of many of its residents. Australia is home to approximately 35,000 European survivors of the Holocaust, the largest number of survivors per capita of any country's population outside of Israel. About one-third of the residents at Montefiore are Holocaust survivors and there are, in addition, those who make up the "second generation," or children of survivors, who feel that the Holocaust is the single event that has had the



FIGURE 1-9 The "Classic" or entry-level room has an en-suite bathroom and kitchenette. *Brett Boardman Photography; Courtesy of Calder Flower Architects*

most critical effect on their lives. Some suffer from post-traumatic stress disorder, a factor that can have a compounding effect in the management and onset of dementia. A training program has been initiated that is designed to equip staff with an understanding of the Holocaust, its impact on individual residents, and potential care issues that might ensue. Six hundred staff from the Home have visited Sydney's Jewish museum to hear the Holocaust history directly from survivors. This training program assists staff in identifying possible triggers for distress and strategies to diffuse situations that may arise from these experiences of the residents. The architects were particularly aware of this history, and consciously tried to avoid materials or design decisions that would suggest feelings of imprisonment or institutionalization. The graceful, light-filled common rooms contribute considerably to negating these feelings.

Neighborhood Integration

Community Involvement

Is the scheme and service designed to integrate successfully with the local community?

Montefiore Home enjoys very strong support from Sydney's Jewish community, which is strongly present in Sydney's eastern suburbs. Nowhere is this more apparent than in the Volunteer Program, which boasts around 500 individuals of all ages devoting their time and resources to the Home. However, it is the colocation of services that really embed and anchor Montefiore in the community. During the early design stage of the building, a child care center, Moriah College Preschool, temporarily occupied land in a corner of the site. Since the opening of the Home, the benefits the preschool has brought have ensured that it became a permanent part of the master plan. The director of care services stated, "The preschool has provided so many wonderful opportunities for intergenerational interaction. We can't see it going anytime soon." A Sabbath program each Friday sees the children from the preschool visit the dementia-specific unit to light Sabbath day candles and join in a ritual blessing over bread and wine. Older children from the Moriah College Preschool participated in the Zikron V'Tikvah project, painting ceramic butterflies with residents in honor of the 1.5 million children who died in the Holocaust. Some of these preschool children have returned to the Home as volunteers. The Home saw this as a particularly important interaction as some residents are childless Holocaust survivors or have very small family networks. With the preschool, as well as other

outreach programs, the Home has affirmed the value of older people within Sydney's Jewish community.

An additional success of the Home is the onsite Burger Day Care Center. The Center operates programs for 180 frail, aged, dementia-specific and active healthy aging nonresidents each week. Operated in partnership with JewishCare, it provides opportunity for socialization for aged clients and respite for their caregivers. The colocation at the Home for this program provides a great synergy between community and residential care. There are occasional shared activities between Day Center clients and residents of the Home, which has increased the community's familiarity with residential care at Montefiore. The Day Center clients access the Home's Allied Health services and can make use of the Home's hydrotherapy pool. This in turn provides a strong early intervention program in order to monitor client well-being and prevent crisis admissions to residential care.

Another aspect of community involvement was the design team's approach to the local neighborhood consultation phase during the design phase and prior to construction. Extensive community consultations were held. Feedback from these meetings, such as increasing the setback from the perimeter by 15 meters (approximately 49 feet) to reduce its impact on the streetscape, was incorporated into the design. The future vision for the scheme is also very inclusive of the surrounding community. Stage two design will be centered around a public plaza, with cafés and retail outlets. Design architect John Flower views the plaza as both an interface for the residents and a gift to the neighboring community aimed at reinvigorating the local corner shops adjacent to the site and further anchoring the Home within the community.

Staff and Volunteers

Human Resources

Are policies and designs in place to attract good staff and volunteers?

Montefiore says it takes a multidisciplinary or universal staffing approach with on-the-floor staff, and particularly with those who work in the dementia-specific units. For example, recreational activity officers, whose primary role is to organize activities for residents, are also expected to assist with feeding at meal times. Conversely, assistants in nursing are involved in planning outings. This reduces the number of staff who interact with residents on a daily basis and helps to build a sense of community. The Home is also supported by a very large Allied Health team and assistants for therapeutic

activities such as hydrotherapy and music, art, and dance therapy.

Montefiore has a union collective agreement with its staff, allowing the organization to attract staff through increased rates of pay and to adapt classifications that reflect a multidisciplinary approach.

The 500-strong volunteer program is supported by a dedicated volunteer coordinator. Volunteers have a mandatory orientation program and regular ongoing training. They are encouraged to debrief with onsite social workers if needed. A Volunteers Recognition Day is held annually to thank them for their contribution.

- Direct care hours per day per client: Nursing = 2.82, Other (Admin/Hotel and Food Services) = 2.15

Environmental Sustainability

ALTERNATIVE ENERGY SOURCES

Australia has an abundance of natural light, and the challenge for designers is to capture and control solar energy. This scheme uses floor-to-ceiling glass panels and skylights to maximize light penetration, reducing the need for artificial illumination.

WATER CONSERVATION

Rainwater is harvested onsite in an underground retention tank and reused on the gardens to reduce demand on town water. Plumbing fittings that minimize water waste have been incorporated.

ENERGY CONSERVATION

The designers have incorporated a clever natural ventilation solution into this scheme. At the corners of the buildings, communal areas or open office space have been located. All of these open onto patios, gardens, or balconies, letting in the natural breezes from Botany Bay to the North and allowing cross-ventilation through the building. This reduces reliance on air conditioning, reducing greenhouse gas emissions, and allows the building to “breathe.” Air conditioning is provided through a split decentralized system serving resident rooms, allowing individualization of temperature and comfort settings by residents. The approach to electricity use is also aimed at conservation with motion sensor-controlled lighting and low-energy light fittings. Screens over windows reduce solar glare and additional glazing reduces reliance on artificial means of cooling.

Outdoor Living

Garden

Does the garden support principles of care?

The Montefiore scheme has a mixture of courtyards and open communal gardens. The dementia-specific units have direct access to the gardens, and there are separate courtyards for the assisted living and nursing home units. Some suites for assisted living residents



FIGURE 1-10 Montefiore's Winter Courtyard is one of numerous courtyards and gardens across the site. *Brett Boardman Photography; Courtesy of Calder Flower Architects*

open directly onto a winter courtyard. However, like many multistoried schemes, the conundrum here is that there is no access to gardens for residents on the fourth and fifth floors without taking an elevator to reach them. To some extent this is alleviated by communal areas at most corners of the building that let the outside in with floor-to-ceiling windows and, at some locations, being open to the floor above.

The design team describes the courtyards as barrier free, that is, they allow free and safe movement and optimize the functional ability of residents regardless of impairment. To this end, garden paths are wide and flat, rails and seating are ergonomically designed, garden bed walls double as seats or rest stops, there are few dead ends, and the design is simple and easy to understand. All these support the philosophy of autonomy, security, functional competence, and enjoyment. However, one of the awkward aspects of the design is the five-meter-high (approximately 16 feet) steel wall that separates the assisted and skilled nursing dementia unit gardens. In some respects it is a clever solution as it gives the nursing care unit, which is actually a story above the assisted living unit, access to a garden. However, residents of the assisted living unit are

confronted by the overbearing wall. Although there is climbing planting that softens this wall, the height, combined with the four levels of building surrounding the courtyard, compromise the sense of freedom. The courtyards also offer little privacy from the overlooking stories and there is a sense as one walks through them that one is being spied upon from above. The planting selection and design are formal and even subtropical with appropriate plant materials, which, while making the garden beds vibrant, are more ornamental than inviting.

In the Australian context, the temperate weather and low population density has meant most older Australians have a strong affinity to “the backyard” as a relaxed garden space. The incorporation of the Home’s gardens really looks ahead to the next generation of older Australians, who have lived in higher-density housing with less access to the outdoors. The ultimate impact of this change is the loss of domesticity in outdoor areas. While other Australian schemes have defined their outdoor spaces as places of work with clothes lines and herb gardens, the Montefiore approach to the outside is more resort-like than utilitarian, for the use of residents as a place for relaxation, recreation, and contemplation.

Project Data

Design Team

ARCHITECT

Flower and Samios Pty Ltd
Level 1, 181A Glebe Point Road
Glebe NSW 2037
Australia
www.flowersandsamios.com.au

INTERIOR DESIGNER

Gilmore Interior Design
www.gilmoreid.com.au

LANDSCAPE ARCHITECT

Oculus
<http://oculuslandscape.tumblr.com>

SITE SIZE

- Site area: 29,350 square meters (315,921 square feet; 7.25 acres)
- Building footprint: 9,330 square meters (100,427 square feet)
- Total building area: 31,882 square meters (343,175 square feet)

- Total area per resident: 106.3 square meters (1,144.20 square feet)

PARKING

133 parking spaces

COSTS (NOVEMBER 2006)

- Total building cost: \$112,000,000 AUD (\$118,309,900 USD)
- Cost per square meter: \$3,513 AUD (\$3,766 USD)
- Cost per square foot: \$354 AUD (\$374 USD)
- Investment per resident: \$405,797 AUD (\$433,093 USD)

RESIDENT AGE

Average age at facility opening date: 85 years

RESIDENT PAYER MIX

All admissions are asset or means tested and it is expected that admissions into the lower levels of care will pay an accommodation bond. All high-care places are extra service. Ten percent of residents at the Home are financially disadvantaged.