

# Alzheimer's Respite Centre

**REF 2014 submission  
by Níall McLaughlin**

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Project Details

Author:	Níall McLaughlin
	Níall McLaughlin realized 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:	1,500 m <sup>2</sup>
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**

**General 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 the 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.

**Methodology**

- 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.

**Means of dissemination**

The Alzheimer’s Respite Centre has been the subject of lectures for Age UK, the Design Council and University College London; an invited contribution to the interdisciplinary Spatial Thinking Symposium at UCL; and an element of an ongoing conversation on the subject of spatial thinking and dementia with professors in the department of Neuroscience at UCL. The project has been reviewed in the architectural press, including the *RIBA Journal* and the *Architects’ Journal*.

This research project has also led to further work for Touchstone health care provider, to develop a ‘pattern book’ for the design of sixty primary care centres across Ireland, and a collaboration with Maccreeanor 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**

The Alzheimer’s Respite Centre won an RIBA European Award in 2009, and in 2010 the Royal Institute of the Irish Architects Award for the Best Health and Leisure Project and the Architectural Association of Ireland Special Award.

## 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.

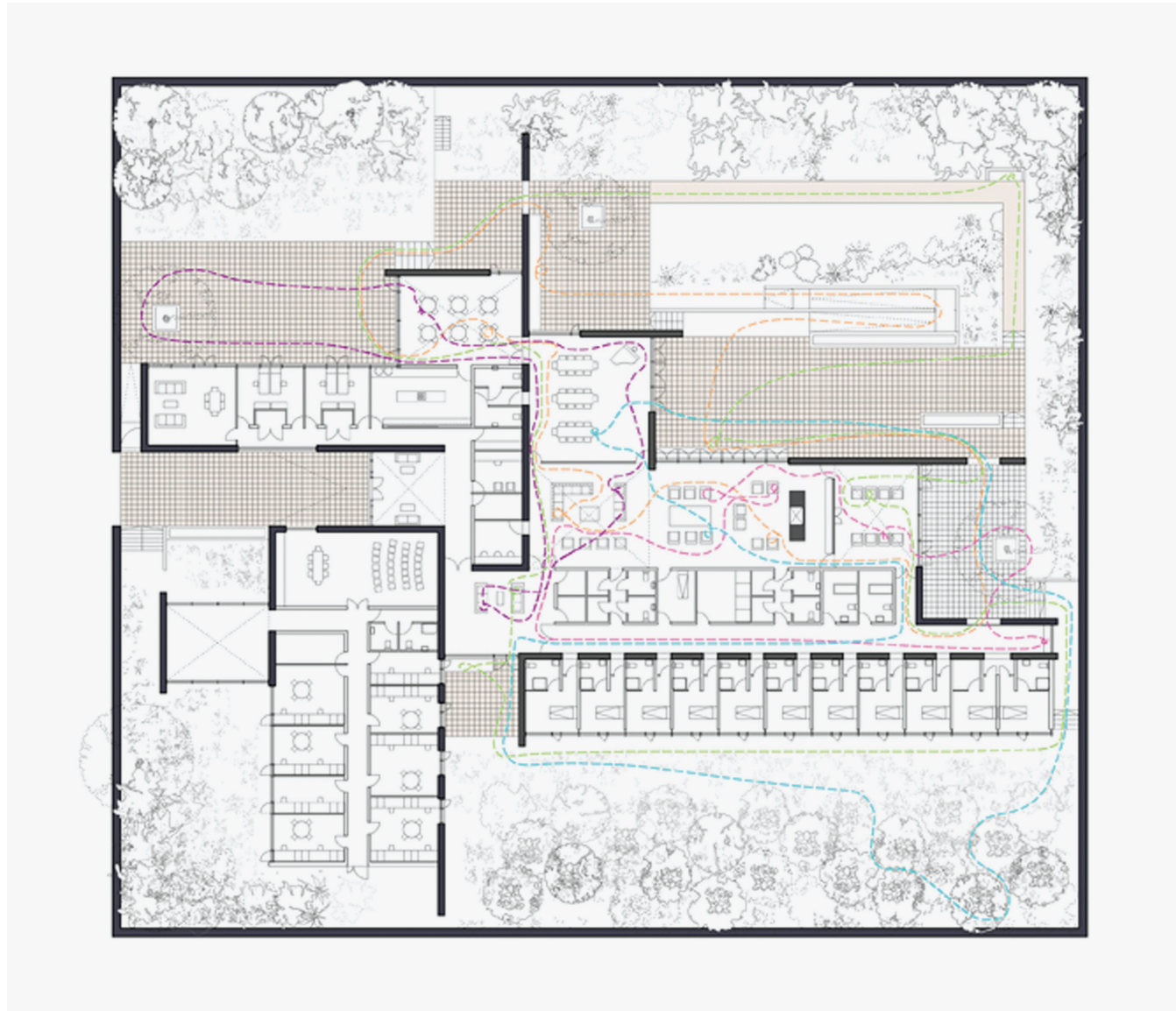
The Centre is situated within the existing walled garden of the adjacent convent. Arranged within this protected space is a series of interconnected pavilions incorporating social spaces, serene gardens and courtyards, through which patients may wander. A number of pathways naturally loop back on themselves, always bringing a person back home again. [fig.1]

## Aims and Objectives

The knowledge base accumulated from this research project aimed to realize 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. [fig. 2 & 3]

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



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'To be lost is to be fully present' Walter Benjamin

3

an architect. However, whilst 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 twelve words to characterise care: *recognition, negotiation, collaboration, play, stimulation, 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. [fig. 4]

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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3  
The Alzheimer's Respite Centre as a cultivated garden.

4  
Paul Klee, *I have plenty of pictures but I no longer look at them* (1911).



'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. [fig. 5 & 6]

As a child we learn space before language. A child is spatialised when comes out of womb. An infant feels their way out into space, from their mother's body and then out into 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, then 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. [fig. 7]



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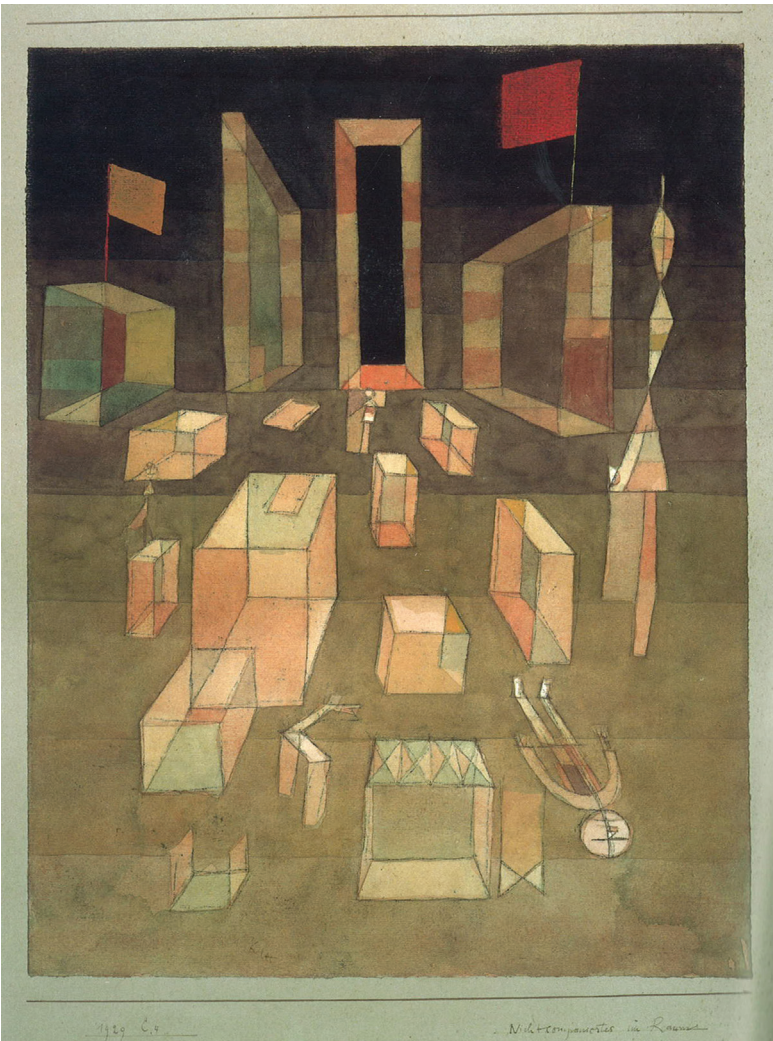
5  
Gerhard Richter, *S. with Child* (1995).

6  
Paul Klee, *The Pathos of Fertility* (1921).





7



12

7  
Gerhard Richter, *Table* (1962).  
  
12  
Paul Klee, *Uncomposed in Space* (1929).

**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 architects' role. But how, in the context of dementia, can we know what it is to be truly lost? [fig. 8 & 9]

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. [fig. 10]

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.

8 (overleaf)  
View of the crossing brick walls.













24

9 (previous page)  
View of the garden pathways.

24  
View of the quiet room over  
the brick wall.



25

25  
Lanterns over the 18th century  
perimeter wall.

26 (overleaf)  
External courtyard.









10



31

**10**  
The quiet room with views  
to the garden.

**31**  
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.

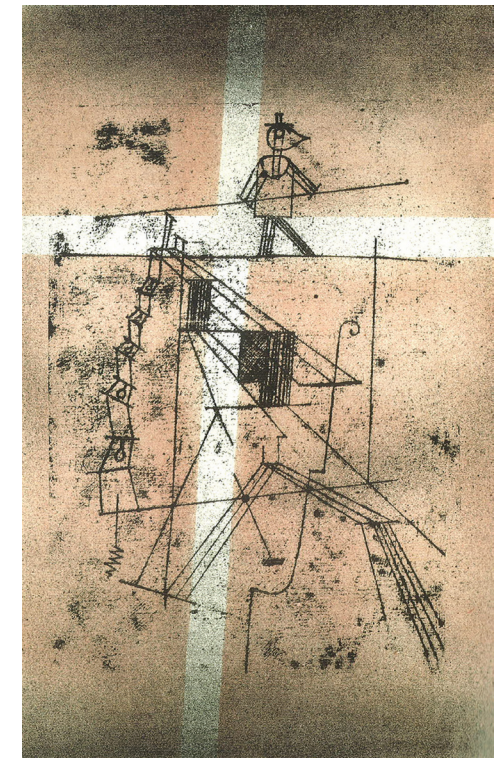
This led to an investigation of theories originating in Germany in the late nineteenth century that prioritised a synesthetic and empathetic understanding of form and space. The writings of Vischer, Schmarzow and Hildebrand put forward a model of spatial perception based on a constant ferrying between 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 fowls 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. [fig. 11 – 13]



11



13

**11**  
Paul Klee, cover of *Pedagogical Sketchbook*, published 1956.

**13**  
Paul Klee, *Tightrope Walker*  
(1923).





27  
Bench at the end of the bedroom  
wing corridor.

28  
Bedroom wing corridor.













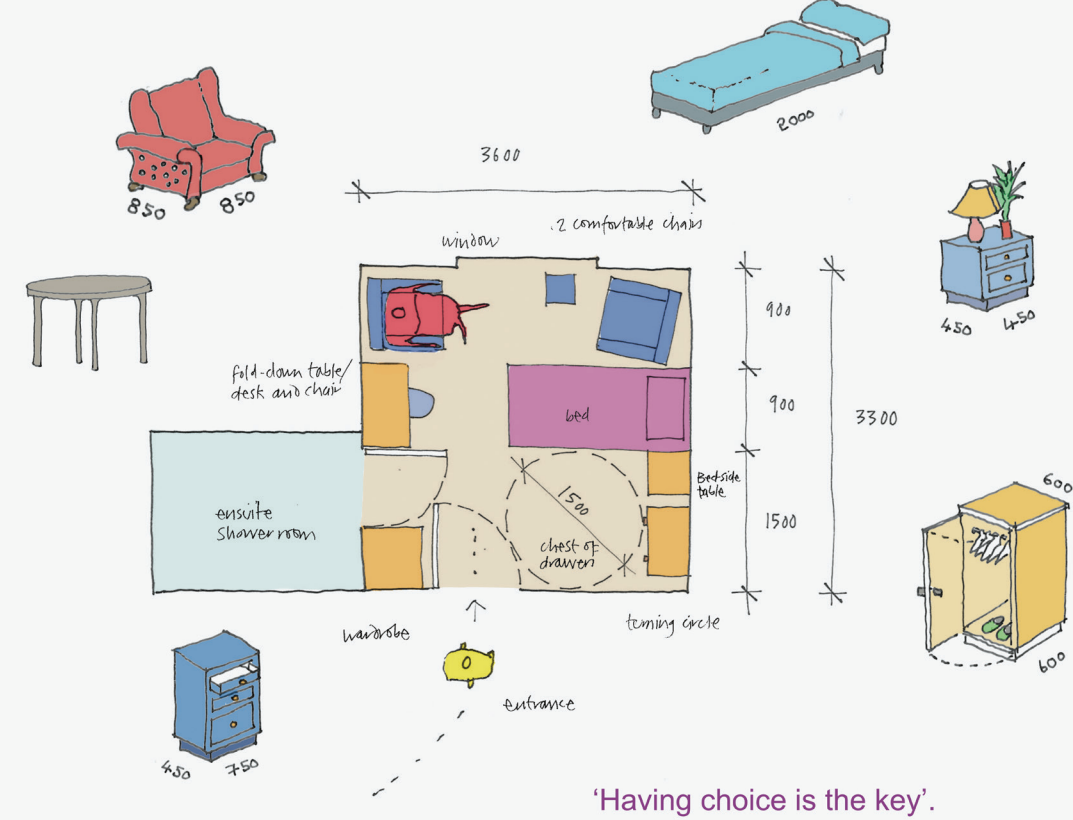








Internal Private Room



Statutory minimum room size 12m² (not including en suite)

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Methods

The research processes developed for the project included:

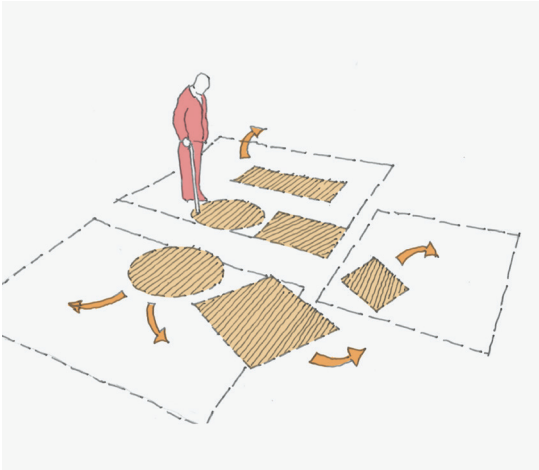
1. Visiting respite and residential care homes across the UK.
2. Consulting with care home staff and care home residents.
3. Collecting information on contemporary practice on dementia.
4. Furthering interdisciplinary discussion and knowledge sharing through informal discussion, seminars and interviews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

Whilst 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. [fig. 14 & 15]

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, probably thirty 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

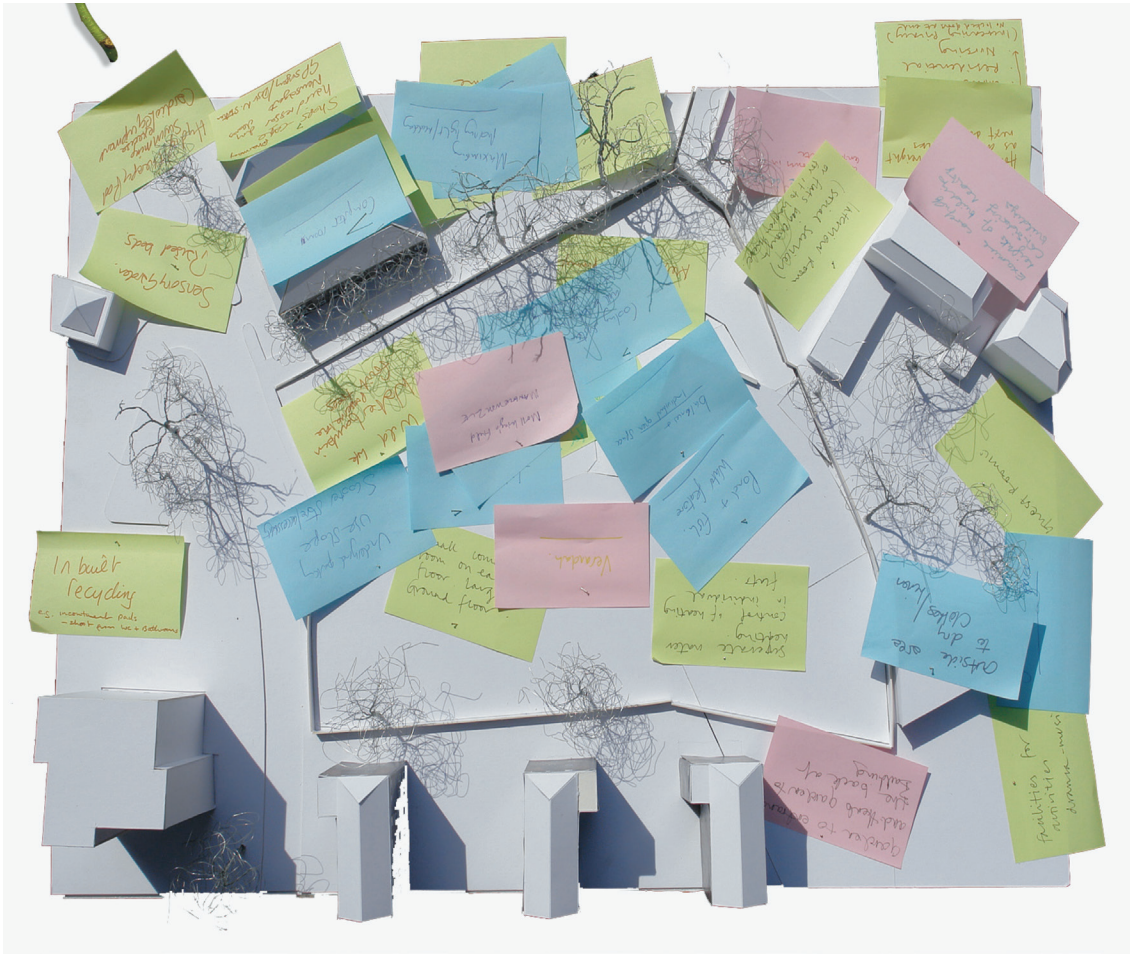


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19



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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. 16a & 16b]

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. 17 – 20]

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 the 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. 21 & 22]

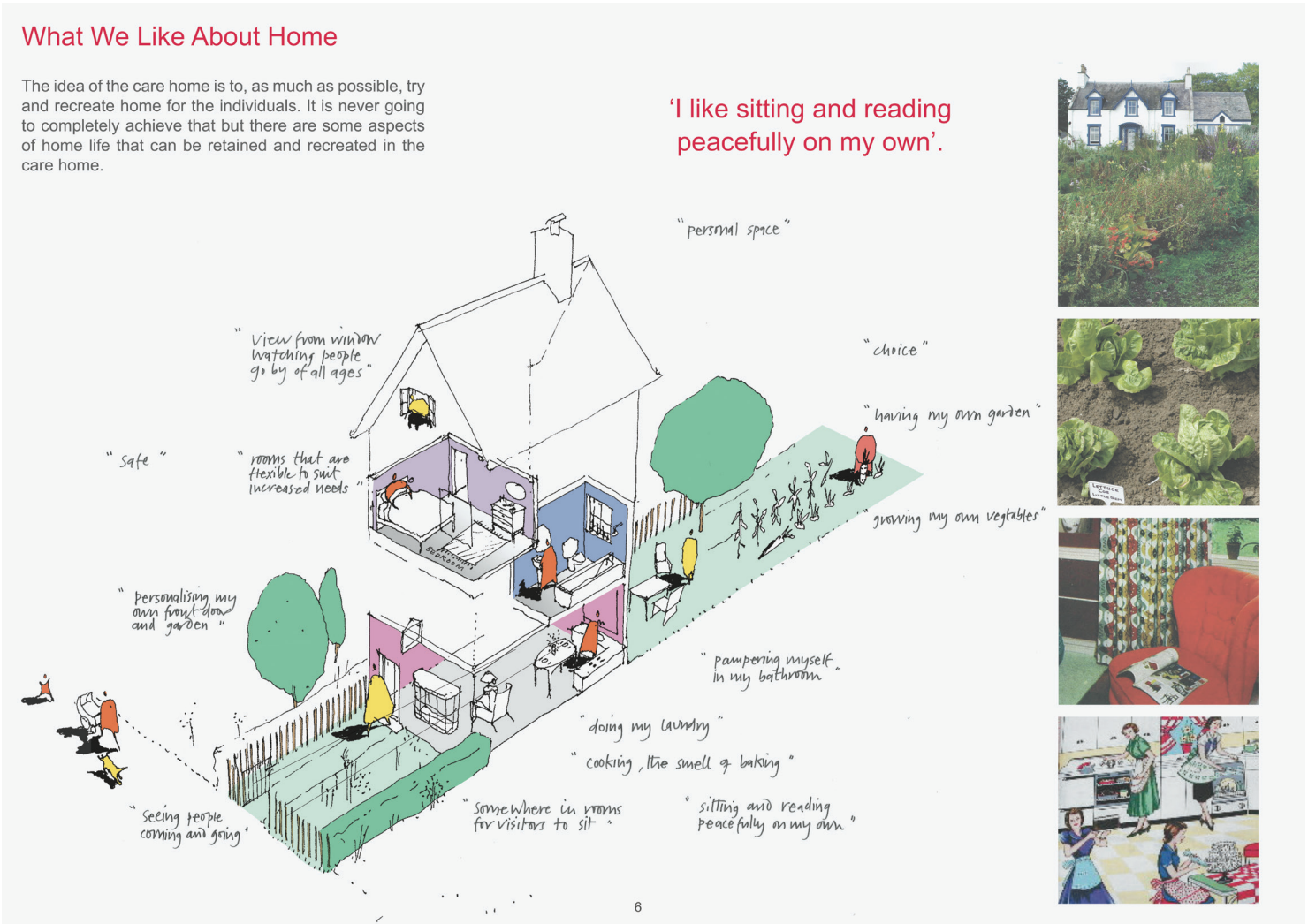
19  
Consulting with care home staff and residents.

20  
Comments from participants in the site visit, stuck on the site model.



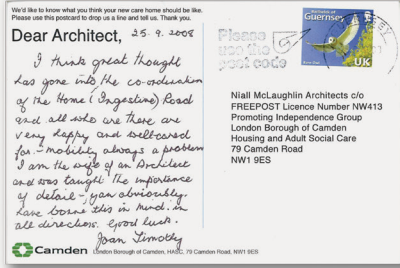
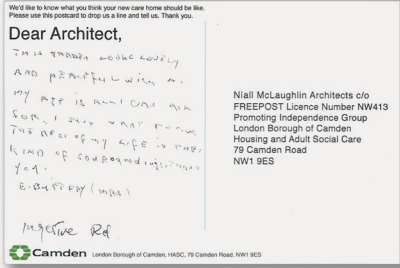
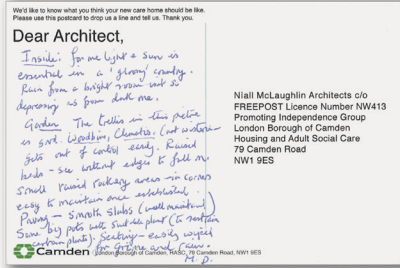
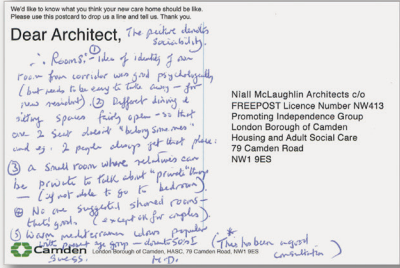
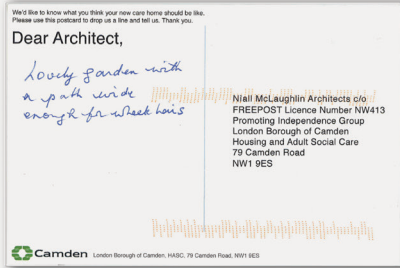
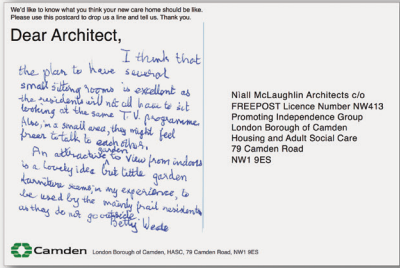
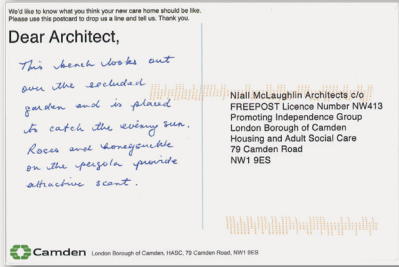
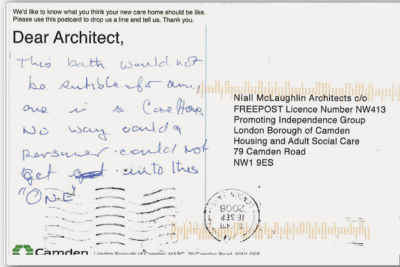
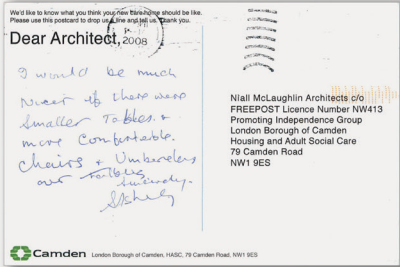


21  
Consultation document sketch  
'What we like about our garden'.



22  
Consultation document sketch  
'What we like about our home'.





16a & 16b  
Postcards from Camden Care  
Homes workshop.



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 sixty primary care centres across Ireland, and a collaboration with Maccreeanor 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. 23]

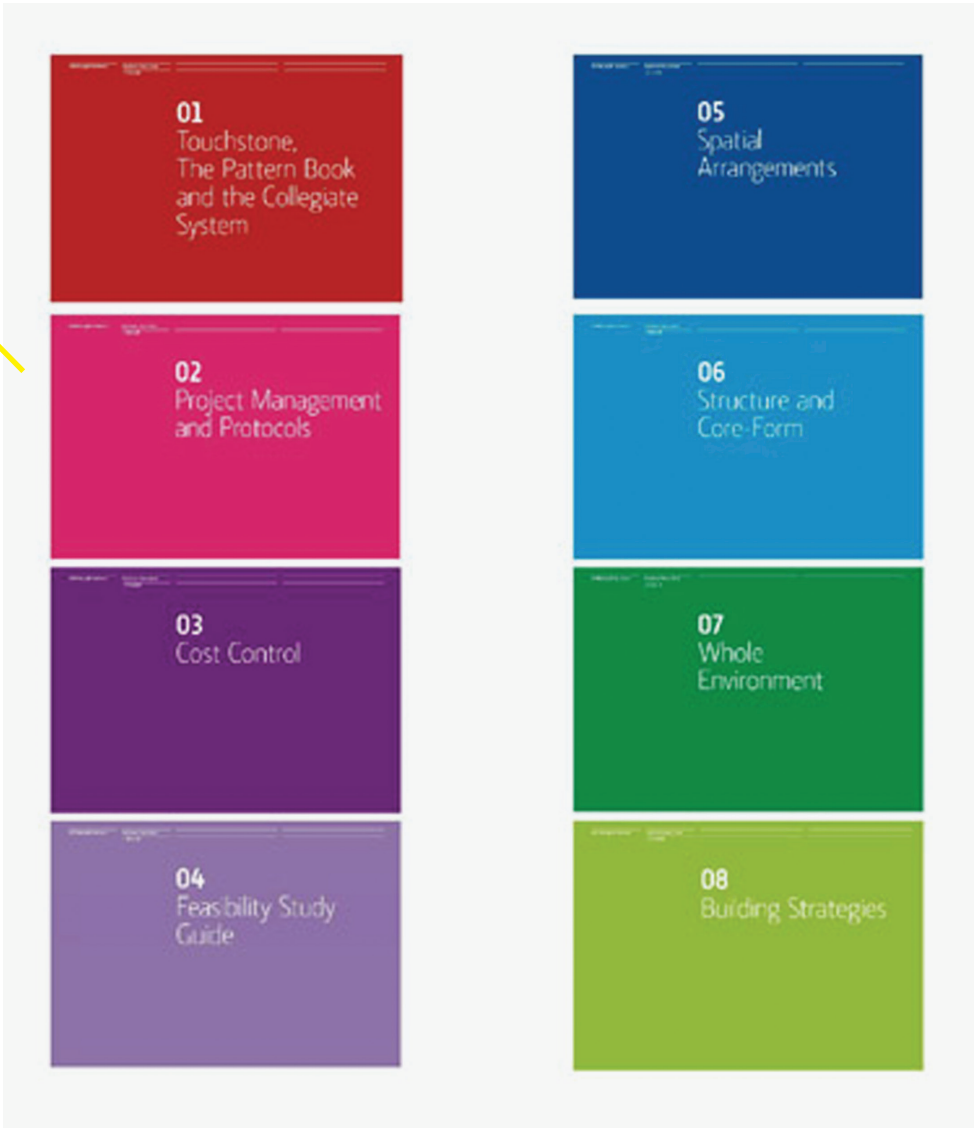
The project has formed a catalyst for cross-faculty knowledge sharing and discussion within University College London. An informal dialogue with researchers in the Department of Neuroscience has developed, to further explore how the brain understands space and to form a bridge between neuroscience and 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 (April 2013)
- Níall McLaughlin, 'Losing Myself', Ageing Better by Design seminar, Design Council, London (February 2013)
- Níall McLaughlin, 'Figures', University College London (February 2011)
- Níall McLaughlin, 'Situations', University College London (February 2011)
- Níall McLaughlin, 'Losing Myself', Spatial Thinking Symposium, University College London (February 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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33  
A place to sit outside  
a bedroom window.

# Appendix 1

Related publications by the researcher(s)

pp. 48–49  
Niall McLaughlin, ‘Why Not Ask the Old Folks?’ *RIBA Journal* (July/Aug 2011): 46–47.



# WHY NOT ASK THE

Why is it that as we get older our opinion is sought less often? Like children, other people know what's best for the elderly and money is usually a prime consideration when it comes to communal residential accommodation. But as growing numbers of baby-boomers approach old age, Niall McLaughlin suggests there's a better way

## OLD FOLKS?

**GROWING OLD INVOLVES** a gradual erosion of physical and cognitive range. None of us will have an identical experience but the trend will be the same. As the result of a slow diminution in our ability to function at optimum capacity we tend to aim to retire from work sometime between 60 and 70. Depending on wealth, health and lifespan, the time after retirement can be divided into two distinct phases; one where we are able to independently explore leisure interests and another, later phase where we grow increasingly incapable of functioning completely without some form of help.

The requirement for the provision of assistance is a watershed in our life story. We are no longer fully self-determined individuals and we move into another class. We become 'older people' (once 'the elderly') and depend on family or public assistance to get through the day. Those who have the money or close family support can continue to live in their own homes and nurture an increasingly fragile independence. But many will not have this support, and public or private organisations will take responsibility for their accommodation, safety and wellbeing. While architects sometimes design private houses for older individuals, homes for older people refers to more common collective provision. Along with schools, the building type belongs in that category where people are brought together as a community defined by age.

The idea of the old folks home, often associated with loss of choice, oppressive seclusion and the erosion of dignity, haunts the popular imagination. It belongs to that group of 20th century institutions where care once provided within the tight bounds of family and community is exported to abstract organisations. I saw a picture in a Sunday

Dear Architect,  
I think that the plan to have a school small sitting room is excellent as the residents will all have to sit looking at the same T.V. programme from 11 till 12 each day.  
A lovely idea but little garden committee means in my experience, to be used by the minority of residents who do not garden.

Camden London Borough of Camden, N1 9ES

Dear Architect,  
Lovely garden with a path wide enough for wheelchairs

Camden London Borough of Camden, N1 9ES

ABOVE: McLaughlin's picture postcards invited responses from care home residents in Camden.

RIGHT: McLaughlin's Alzheimer's Respite Centre in Dublin.

supplement recently; a loose straggle of older people sitting in a circle, most gazing at the ceiling. A large sign on the wall read 'This is Eastbourne. It is Tuesday. It is raining'. While such dystopian examples may not be the norm, they point to an anxiety we all hold about being subjected to a managed instrumental order as we grow increasingly helpless. I know few older people who look forward to or celebrate their transition to organised residential care.

It is undisputed that the provision of care for older people will become an increasingly large task for society. People born during the post-war baby boom are now ageing. We are living longer and the informal networks that support communities have eroded. Countries like Sweden have developed sophisticated ways of providing publicly funded care at home for all but the most fragile and the UK may follow suit. But at the moment, there is a large requirement for collective residential care provided by local authorities, housing associations and private providers. My own experience of dealing with public consultation in the aging population suggests that the



NICK KANE

WWW.RIBAJOURNAL.COM : JULY/AUGUST 2011

BELOW: Design study for homes for older people in Camden.



NIALL MCLAUGHLIN

for through regulation, guidelines and minimum space standards. Local authorities subcontract their responsibilities to private organisations. In doing this, they manage the relationship between the individual and the provider through highly complex systems of procurement. When advising local authorities, I have attended design reviews on homes for older people where 80% of the consultants were accountants, solicitors or management consultants. The challenge for the designer here is the absence of the interpersonal relationship between the true community of building users and its architect. Older people requiring care in a communal residential setting have a greater need to communicate their individual desires than most other building users. The architect needs to understand how the caring community constitutes itself and how the space it makes can be framed by the built form.

Our practice does this through consultations with residents in extra care, residential and respite care buildings. Our designers get immersed in the care homes, even staying overnight sometimes. We set up individual

and communal discussions with the design team, residents and carers. This includes discussions with people at various stages of dementia. For example, in our work with older people in Camden, we gave stamped postcards to residents that they sent back addressed to 'Dear Architect'. Their responses were demanding, challenging and often moving. This process helped us understand the fragility of the setting and our responsibility for each client and carer, both individually and as a group.

For us the quality of the idea is manifest in the design. After some soul searching, we chose to avoid any forced homeliness in our proposals for the Alzheimer's Respite Centre. The architectural ideas owed much to Mies van der Rohe, Barragan and Schindler. Our clients – the residents and carers – wanted light, space, free circulation and gardens. They liked the building's airiness and its difference from their familiar homes. Dementia sufferers often wander compulsively. Our design incorporated looping routes to accommodate this. In fact, our clients wandered far less in the new building, perhaps because they were less agitated by their surroundings.

General national indicators, like the RIBA Awards for example, suggest a low level of design quality in homes for older people (only Richard Murphy's out of 93 this year). This may be related to the overextended relationship between the designer and the user brought about by abstract commissioning processes motivated by low cost and low risk. The emerging generation of older people will want high standards and, as confident consumers, they will expect interesting designs. This articulate group should demand to see the whites of their architect's eyes. I would like to see new collaborative projects set up between innovative designers and older people, who bring the wisdom of lived experience. Given the expanding need, it would be wonderful if good architects took up the challenge. ■



'I have attended design reviews on homes for older people where 80% of the consultants were accountants, solicitors or management consultants'

Niall McLaughlin is principal of Niall McLaughlin Architects. Its Alzheimer's Respite Centre in Dublin won an RIBA European Award, The AAI Special Award as runner up for Building of the Year, and the RIAI Award for Best Health and Leisure Building. The practice worked on an extensive public consultation with Camden Council on

RIBA JOURNAL : JULY/AUGUST 2011



# Appendix 2

## 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.

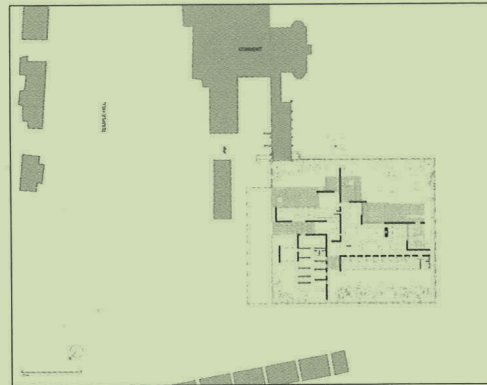
pp. 68–75  
William JR Curtis, 'Building for a Longer Lifetime'. *Architects Journal* (10 Feb 2011): 20-27.





## THE ALZHEIMER'S RESPITE CENTRE

NÍALL McLAUGHLIN ARCHITECTS



Alzheimer's disease affects memory and cognition. This, in turn, affects people's ability to place themselves in the world. A building designed for people with Alzheimer's must renew the sense of presence that allows them to place themselves in a situation. At any moment, they might find themselves lost and look for signs that will return them to the familiar. They benefit from a social hub, but at the same time feel a deep need to wander. These needs – centripetal and centrifugal – need to be reconciled, and this is achieved in this project by using wandering loops:– journeys that will take the wanderer outbound but will gently and directly bring them back to the sociable core. These journeys, where possible, are through gardens and rooms, and avoid corridors. No route ends in a cul-de-sac, which might induce disorientation and panic in the person.

The Respite Centre is built in an 18th-century walled kitchen garden, with granite forming the north and east walls, and warm stock brick forming the sunward walls. The new building is deliberately sited to frame views of the garden spaces created between the new construction and the old enclosure. Each garden is orientated in a different direction, intended to be experienced at different times of the day. Users can move around the rooms like a clock, experiencing change throughout their daily journey. Each garden is planted to generate character appropriate to its orientation, and includes courtyards, orchards, allotments and lawns.

The organisation recalls the experience of Schindler's Kings Road house [in West Hollywood, 1922] and Barragán's own house [at Tacubaya, Mexico, 1947] – a memory of constant unfolding within the limits of a fixed container. For someone with Alzheimer's the world is immediate and foreground. We hope that this little world will unravel continuously when experienced in the moment.

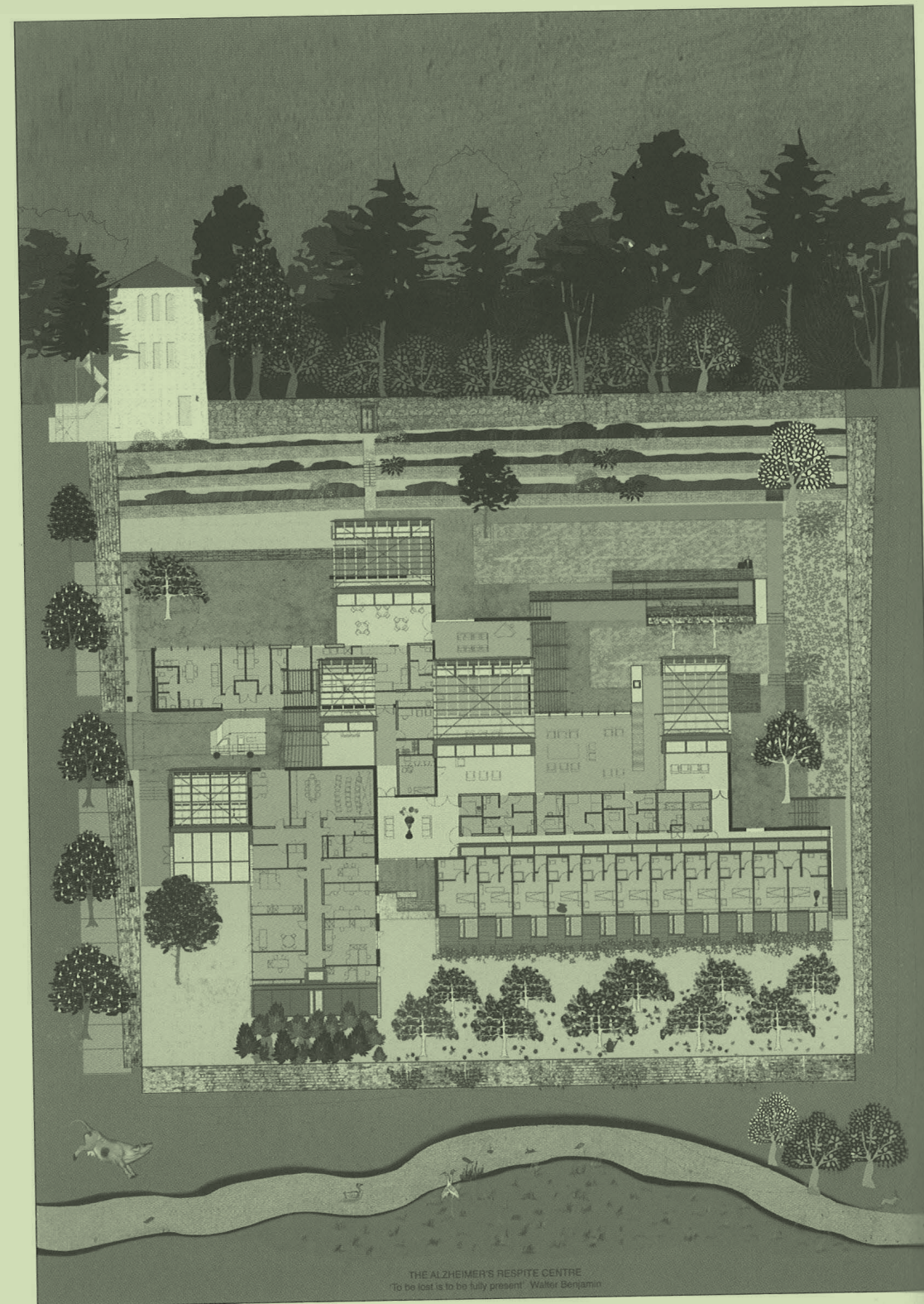
The construction is composed of radiating walls supporting square lanterns that bring light deep onto the plan, constantly providing glimpsed views of the gardens.

address – Temple Road, Blackrock, Co Dublin  
client – Alzheimer Society of Ireland  
photography – Nick Kane / Joanna Karatzas

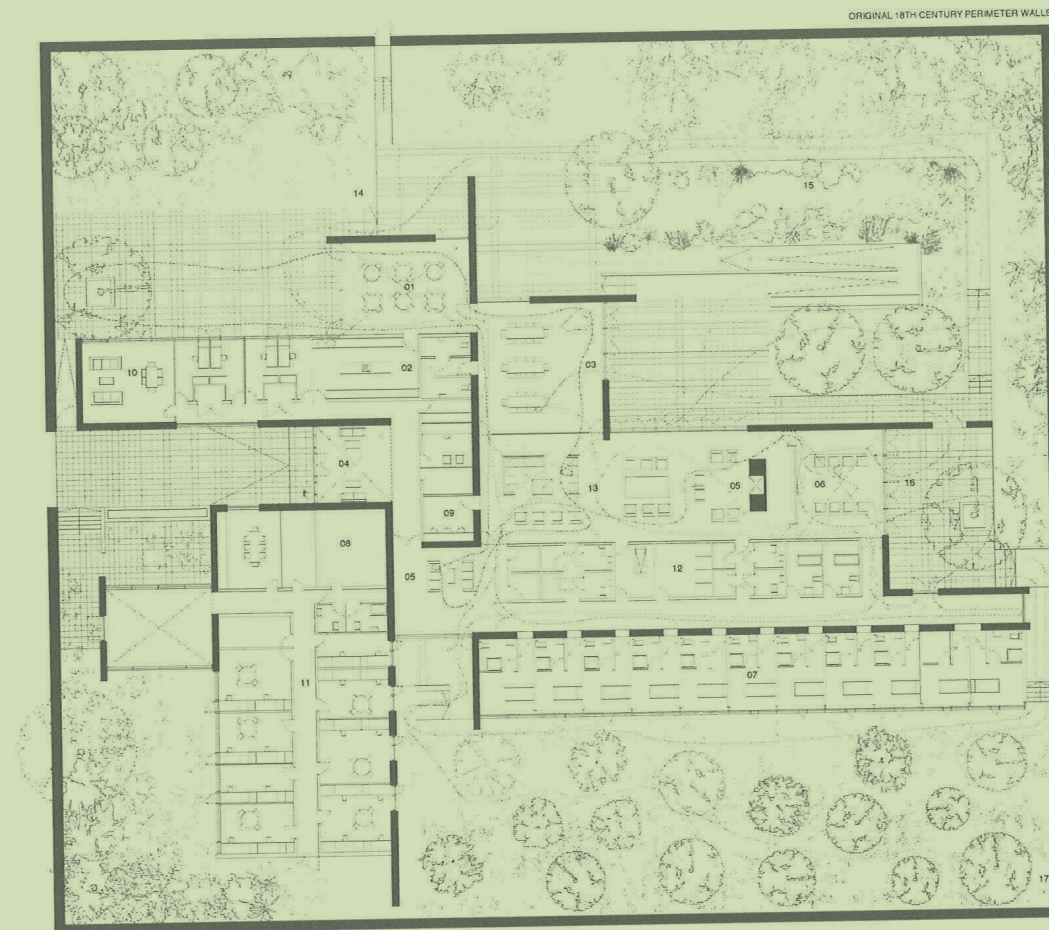
design to completion – 1999-2009  
area – 1,500m<sup>2</sup>











## ALZHEIMER'S RESPITE CENTRE

Plan

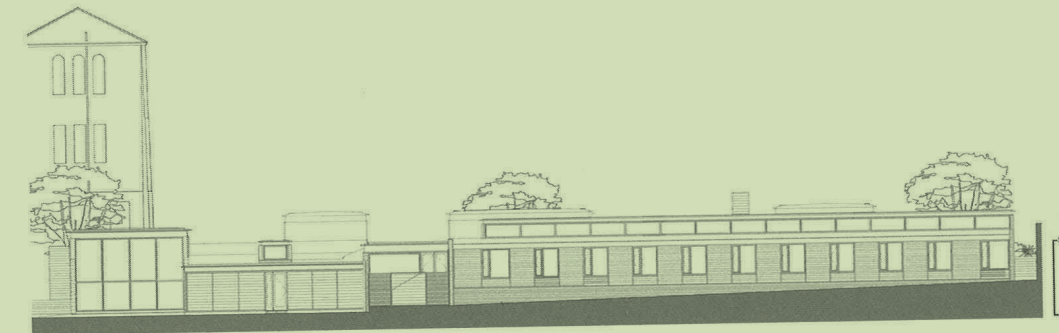
North-west elevation

previous pages – AAI Awards entry panels

page 65

View of quiet room lantern over brick walls

View of south patio



pages 70-71 – clockwise from top left

View of lanterns over 18th-century garden wall

View of building from afternoon garden

View of crossing brick walls with dining room

lantern in foreground

Main sitting room lantern over timber walls

DINING ROOM	01
KITCHEN	02
ACTIVITY ROOM	03
RECEPTION	04
SITTING ROOM	05
QUIET ROOM	06
BEDROOMS	07
MEETING ROOM	08
HAIIRDRESSING	09
THERAPEUTIC REMEDIES	10
STAFF ROOM	11
OFFICES	12
MEDICAL	13
CENTRAL SPACE	14
MORNING GARDEN	15
AFTERNOON HERB AND SCENT GARDEN	16
PRAYER COURTYARD	17
EVENING GARDEN/MORCHARD	18

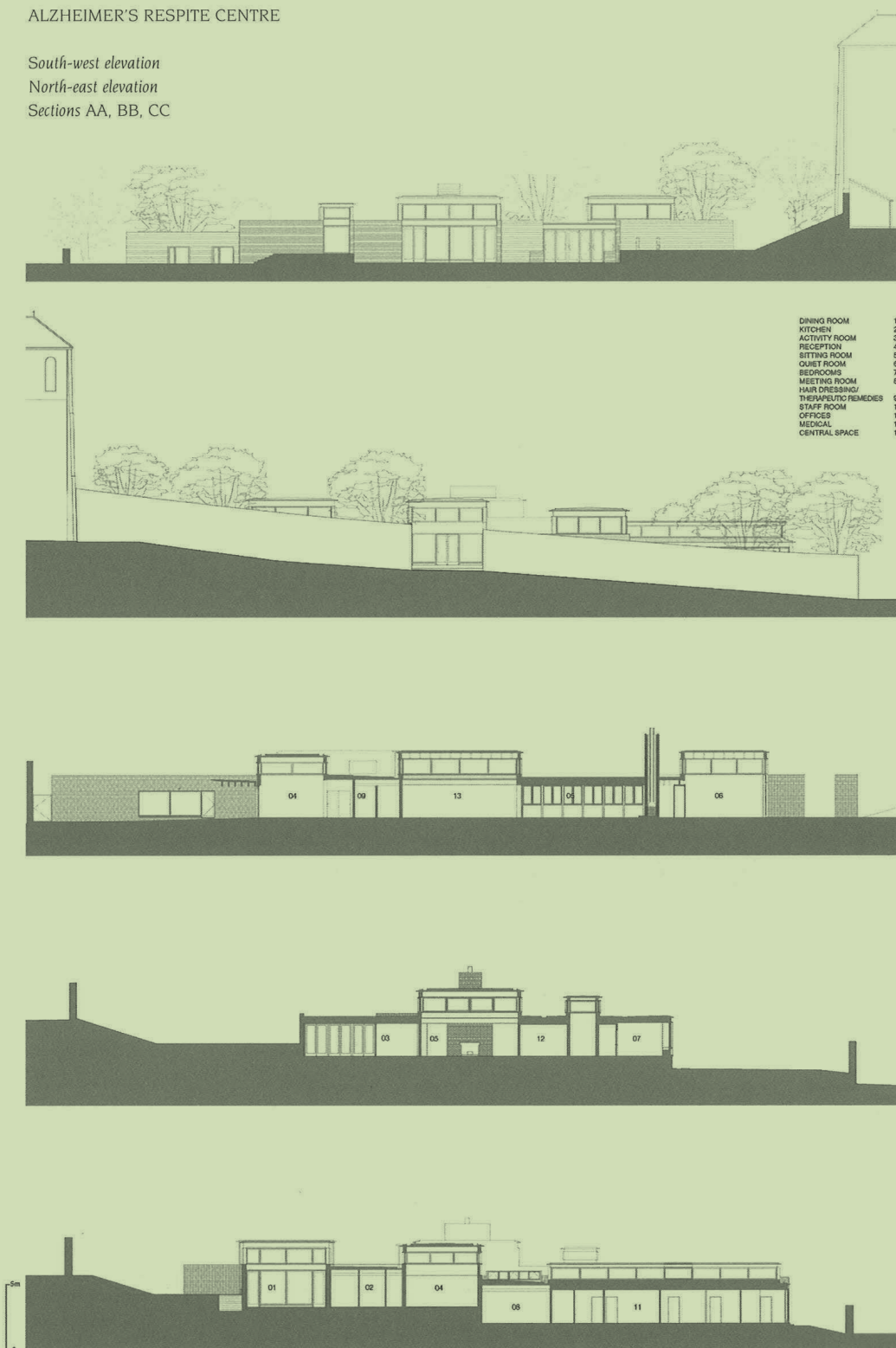
0m 10m

## ALZHEIMER'S RESPITE CENTRE

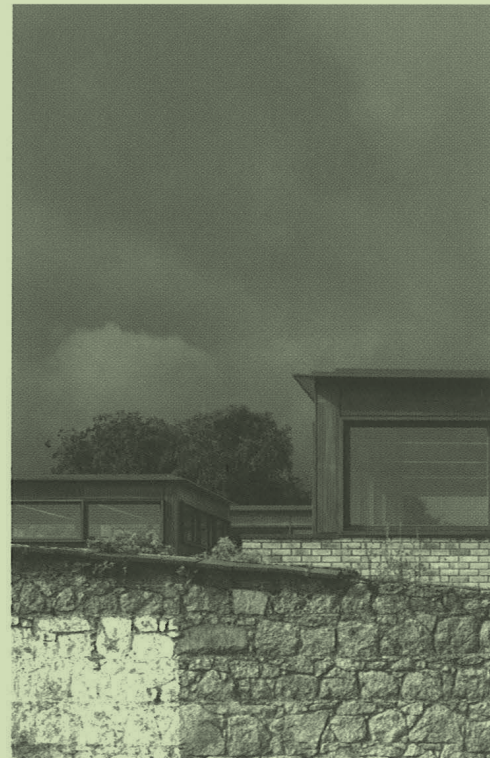
South-west elevation

North-east elevation

Sections AA, BB, CC











## ASSESSORS' COMMENTS

JENCKS – I think it's wonderful, this one. The poetic, the almost child-like sense of wonder achieved in that drawing. It's an up-axonometric, which means that the true dimensions are projected down in an orthogonal manner. The first Egyptian paintings of houses and gardens did it this way, and then, of course, medieval people also did it this way.

FARRELL – In 1983 I was in Cairo, and I went to see Hassan Fathy, and he did drawings like this one here. I like this building. It takes its cue from the patients' requirements – the kind of walls within the walls – so it's not just a garden for its own sake. I do think that it's a beautiful interpretation of a Garden of Eden for this quite difficult programme. I also like the kind of Hassan-esque yellow wall and the piece above. I have this down as an award. It's restrained, with a certain kind of poetry about it.

JENCKS – I would back-up what Yvonne said in every word. Beyond that, it refers in the text to being inspired by the Schindler House, which I once lived in Los Angeles. I love the way the wandering walk – which is, of course, the problem with Alzheimer's, the desire to wander is very strong in an Alzheimer patient – and I think to give them three different kinds of gardens is marvellous. Here, the poetry of interpretation of a kind of frailty has produced great architecture. For me, this one is *the* award.

FARRELL – Something that's very important about the section is that it's not a flat garden. You can be in positions where the actual container is tilted, so you are not just contained within a wall.

JENCKS – All the way through, it shows sensitivity. If you do have Alzheimer's you forget where you live, but here you would be safe. And it's low in scale, it's not intimidating. It's also its own kind of labyrinth. When you have Alzheimer's, you do want a garden, because you can, as it were, potter in it and go at your own slow speed while getting something back from the environment. So I think it's absolutely perfect.

KEAVENEY – I like this a lot. I like the use of materials and the arrangements. It's very good, especially relating it to the fact that it's for people with that particular disability. I live nearby, so I saw it under construction, but at the time I didn't appreciate its refinements.

DEPLAZES – It's very convincing. I hope the vegetation will grow like the picture intends, a forest of different trees.

McLAUGHLIN – I think it would be best if I don't comment on this project. [*The assessor is a brother of the architect.* – Editor]

LATER (*edited version – see pages 59-62 for full version*)

JENCKS – I personally think Timberyard, Gaeláras and Alzheimer's are the three best. I think Alzheimer's is great, but partly because it is so beautifully rendered. It wins the presentation award. Nowhere else is the intentionality as strong and committed as in these three projects.

View of quiet room lantern over brick walls / External view of quiet room





## ALZHEIMER'S RESPITE CENTRE

*Façade of bedroom wing looking onto young orchard  
Bedroom wing corridor*

*opposite  
View of reception room to office wing  
Detail of main sitting room façade  
Bench at the end of corridor in bedroom wing*





KEAVENEY – The concept and the range and the breadth that Alzheimer's takes in – the building, the function, the space, the surrounds, the environment – makes it a more complex, a more sympathetic realisation of a project.

DEPLAZES – Yes. There is a nice idea and a nice concept in the Alzheimer's garden, but somehow it is a story enclosed for itself, in a double sense...

JENCKS – I think it's a bit unfair to compare these three projects actually, because the cost of each is so different, and the context of each is so different. It's just really hard to compare apples and pears and pineapples.

FARRELL – What Andrea said is very important about where a piece of architecture stands relative not just to itself, but to others. I think they are beautiful projects, all three of them. They are all of a very, very high standard. I'm intrigued by the wall in the Alzheimer's project, because it's about layering and it's quiet and it's restrained ... Can I just ask Andrea to elaborate again on the public nature of architecture and then the more private?

DEPLAZES – To me, the Alzheimer's project is a really nice project, and this is a garden enclosed in walls. The concept is utterly focussed on that nice idea. It's a paradise garden, where you don't have to care what is outside. It would probably be tougher if it was not in the landscape but in the middle of a city to provoke another perception. To me, it looks really harmonious, without any breaks. It is fitting, and the idea of Alzheimer's patients living there with its orientation is wonderful. Everything fits and it's really nice. But somehow, for me, it's too nice to be true. I'm not sure if the poetry of these wonderful drawings is really fitted to what then happens when the whole thing is realised. One can hope that this is a hypothesis; one hopes that it really does become this kind of paradise.

NÍALL McLAUGHLIN – born in Geneva in 1962. Studied at UCD School of Architecture. Worked in Dublin with Scott Tallon Walker Architects (1984-89) and in London with Nicholas Hare (1989-90). Established his own practice in 1990. His work has been widely published and exhibited, including *Gritty Brits: New London Architecture*, Heinz Architecture Center, Pittsburgh (2007) and *Unfinished*, Photofusion, London (2007). He is a lecturer and visiting professor at the Bartlett School of Architecture, University College London.

DESIGN TEAM – Níall McLaughlin, Beverley Dockray, Sandra Coppin, Alis Fadzil, Greg Blee, Alex Mok, Joanna Karatzas, Abigail Giddings, Adam Pakryn, Emma Frater, Cian Deegan

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opposite – The quiet room / View of main sitting room with activity room in background





## An award-winning Alzheimer's centre in Dublin is a poetic mix of functionality and humanity, says Stephen Best

Sixty metres from a busy dual carriageway in south Co Dublin, its privacy protected by an old granite wall, stands a building that has the capacity to challenge our received notions about medical care facilities. Whereas the design of such facilities has long been driven by ideals of efficiency, the Orchard day-care and respite centre in Temple Road, Blackrock, designed by Niall McLaughlin Architects for the Alzheimer Society of Ireland, embraces notions of delight that eschew the fluorescent-lit corridors of traditional hospital settings.

Located in the former walled kitchen garden of a Georgian house, the centre points a way forward for a humanistic architecture focused not on efficiency but on people's needs and dignity.

A single-storey brick pavilion extending to 3,000 square metres and comprising offices, recreation rooms and 11 bedrooms, the Alzheimer's centre is the flagship development of an organisation established in 1982 to meet the needs of people with dementia and those who care for them. Its mission places people at its centre and, by implication, the architecture of the new building had to do the same. Announced four years ago, after the donation of an acre of land by the Daughters of Charity, the centre opened last July and has already won an award from the Architectural Association of Ireland for its poetic architectural response to a disabling condition.

The entrance to the centre is through a gap in the 4-metre-high garden wall, to a small courtyard that draws the visitor into the reception area, a generously proportioned cube of space, filled with light, that is welcoming — like the front hall of a house. It gives a feeling of domesticity, reinforced by the building proper, where each space revealed, whether room or garden, is on a human scale.

Arranged around a series of serene gardens and courtyards through which patients can wander, the centre forms a pinwheel of spreading arms, each of which embraces a different activity. The northeast wing houses the head

offices of the society. To the south-east, staff offices overlook the entrance courtyard. To the south-west are the main day-care facilities, which include the bright, open dining hall, a contemplation room and a busy Montessori craft room. To the quieter northwest, the wing of respite bedrooms faces onto a garden lawn.

Despite its scale, the building appears to take its cues from domestic architecture, with a plan reminiscent of the Rudolph Schindler's Kings Road House in West Hollywood, built in 1921-2 and considered the Big Bang moment of modernist architecture.

In the middle of the Alzheimer's centre is the main gathering space, a sitting room and library that form a metaphorical heart with which all of the other social spaces connect. Anchored by an open hearth, the room flows out in all directions, with views from inside out and from room to room, making the building easy to navigate. Furnished with tables, chairs, bookshelves and sofas, it is a building of small things, in which everything is close, with private views onto small, intimate gardens.

The windows, with thick, dark,

handmade timber frames sandwiched between the radiating brick walls, extend from floor to ceiling, without horizontal elements. In some places, they project inwards to form window seats; in others, they project up, drawing illumination deep into the building.

The fluidity and visual connection between the interlocking spaces of the entrance hall create a strong dialogue between interior and exterior that blurs the definition between them and makes the project as much about landscape as building.

Outside, the grey granite of the walled garden surrounds lawns, patios and barbecue space divided by tall walls built from soft, honeyed brick that project out from the building. Together, they provide shelter from the wind and a dampening of the roar of passing traffic, offering moments of calm.

Paths meander between the garden spaces, taking those who walk them on journeys of discovery: around each corner, there is a new perspective, a new plant or tree, a new connection to inside or outside but never a sense of being lost. This sense of orientation comes from the transparency and open-

ness of the building, which together make the complex an arrangement of rooms. It's a quality valued by the Alzheimer's carers, as those who live with the condition are often disoriented and have a restless need to wander.

"The centre has had a tremendous impact on the way we can respond to people with dementia," says Sarah O'Callaghan of the society. "There is more space and more light and this means that we can offer clients a choice of activities."


It is a building with a serious purpose, and it is therefore not surprising to see it has strongly functional elements, particularly the respite wing, with its long corridor flanked by overnight rooms on one side, and treatment rooms on the other. Yet it is in this most institutional part of the building that the architecture is the most unexpected.

The extra-wide corridors that allow wheeled beds to move around freely, the colour-coded doorways and the roof light used to bring daylight into the corridor conspire to make it feel homely rather than institutional. The counterintuitive way in which the corridor ends, however, provides the greatest surprise.

**Giving pause for thought: the Orchard centre in Blackrock, above**

Two windows flank a projecting window seat. The upper one, naturally, frames a view of the sky, the lower one, curiously, framing a view of the granite wall that is no more than a metre away, and which at first, from a distance, appears to be a painting or photograph, reminiscent of Sean Scully's Walls of Aran. As one draws near it, it turns out to be an optical illusion, but it is symbolic of a building that makes the most of the intangible.

To view the building as merely a functional collection of well-crafted domestic rooms intertwined with a landscaped garden would be to undervalue both its poetic qualities and the innovative shift in dementia care that it represents.

It has a larger significance too, however. If architecture can articulate what we value in society, perhaps buildings such as the Alzheimer's centre can begin a transformation of medical architecture and beyond, one focused not on iconography or efficiency but rather on delight and the human experience. 

## Architecture



# Built with tender loving care

Award: Best Health Project – 2010 Irish Architecture Awards  
Client: The Alzheimer Society of Ireland

## ALZHEIMER RESPITE CENTRE

Niall McLaughlin Architects

### The Architecture of Delight

Text by Stephen Best

In one century Irish medical institutions have the potential to initiate two paradigm shifts in the design of hospital architecture worldwide. A little over 100 years ago, Belfast's Royal Victoria Hospital tipped the balance in favour of technology in the design of medical care buildings. The institution and its architects turned their backs on Florence Nightingale's ideals of light and air as advocated in her *Notes on Hospitals* (1863) and instead embraced modern engineering and deep-plan building. Both in terms of medical treatments and building mechanics they combined advanced antiseptic treatment and surgery with battery style hospital wards that boasted the world's first air-conditioning system.

Niall McLaughlin Architects project for The Alzheimer Society of Ireland now has the capacity to challenge our perceptions of modern medical care facilities again. Whereas hospital design over the past century has been driven by the ideals of efficiency, the Orchard day-care and respite centre re-embraces Florence Nightingale's notions of free access to sun and air that eschew the endless, hermetically sealed corridors of traditional hospital settings.

Universalisation and utility now supplant delight in the architecture of medical institutions, which are almost all defined around the sophistication of their latest treatment regime rather than their architecture. The result is that most facilities in Ireland are little more than an eclectic jumble of add-ons and extensions, linked together by endless fluorescent-lit corridors. Valliant attempts by the architects to humanise them, with access to pleasant outdoor space, often lie abandoned.

A single-storey pavilion in the former walled kitchen garden of a Georgian house, the Orchard centre revives Nightingale's ideals and civilises the medical experience. Using a palette of warm golden bricks and dark timber, it rebalances the focus towards the healing potential of good architecture and well designed environments. Its plan, a pin-wheel arrangement of radiating arms, extends out from the main gathering space, a metaphorical heart that contains a sitting room and library. It has overtones of the unbuilt Brick House by Mies van der Rohe that gives the architecture a strong domestic feel, and which embraces the dynamic interplay between garden and room.

Inside, humane details, such as built-in seating below the windows, elevate the architecture. Such details make this a building of small things, finely detailed, in which everything is close, with private views onto small, intimate gardens. Carefully crafted architecture, easy navigation and fluidity of interweaving spaces are all found in the respite centre. They respond well to the physical and psychological needs of the patients with Alzheimer's disease, who often have a strong impulse to wander and regularly need reminding of where they are or where they have come from.

But it also has a larger significance. The Orchard centre has the potential to be carried further, to be a blueprint for the 21st century. Lessons learned here could transform other medical facilities, all too often abandoned by good design. If architecture can articulate what we value in society, perhaps the design of medical buildings should focus not on iconography or efficiency but rather on delight and the human experience. This project is a timely re-evaluation of the deep-plan and the reassertion of Nightingale's humane principles.



Location: Blackrock, County Dublin

Image

- 1 Using a warm palette of golden brick, the Alzheimer Respite Centre is a well-designed therapeutic environment
- 2 The design places courtyard gardens at its heart

Project Photography: Nick Kane

Section

- 1 Reception
- 2 Therapeutic remedies
- 3 Central space
- 4 Sitting room
- 5 Quiet room

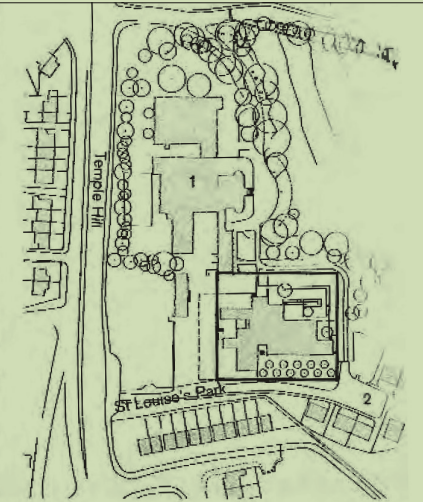




### Building study

Within a generation, one in six people in the UK might live to be 100 years old, according to a recent report from the Department of Work and Pensions. This is a projected statistic, but still a firm reminder that many more people are living into old age than ever before. This means that the problem of care for the elderly is only just dawning upon many families and, of course, upon the state. Precisely when the welfare state is being undermined on all sides by dubious ideological manipulation, the need for support for health and welfare is actually growing.

This situation may lead to the creation of new building types to provide specialist care for part time inmates while also giving them a sense of belonging to a community. Such flexible institutions may provide a sense of solidarity among afflicted individuals while alleviating relationships with their families, relatives and friends.



Site plan

1. Convent
2. Traveller's settlement

This is precisely the relevance of schemes such as the Alzheimer's Respite Centre at Blackrock just to the south of Dublin, designed by Niall McLaughlin Architects. Alzheimer's disease affects memory and the sense of belonging in the world: it causes confusion about the sense of time and the sense of place. A person with this condition has to be reminded all the time where he or she is, and where he or she comes from. There is a strong impulse to wander around by circuitous routes, but this is >>

# Building for a longer lifetime

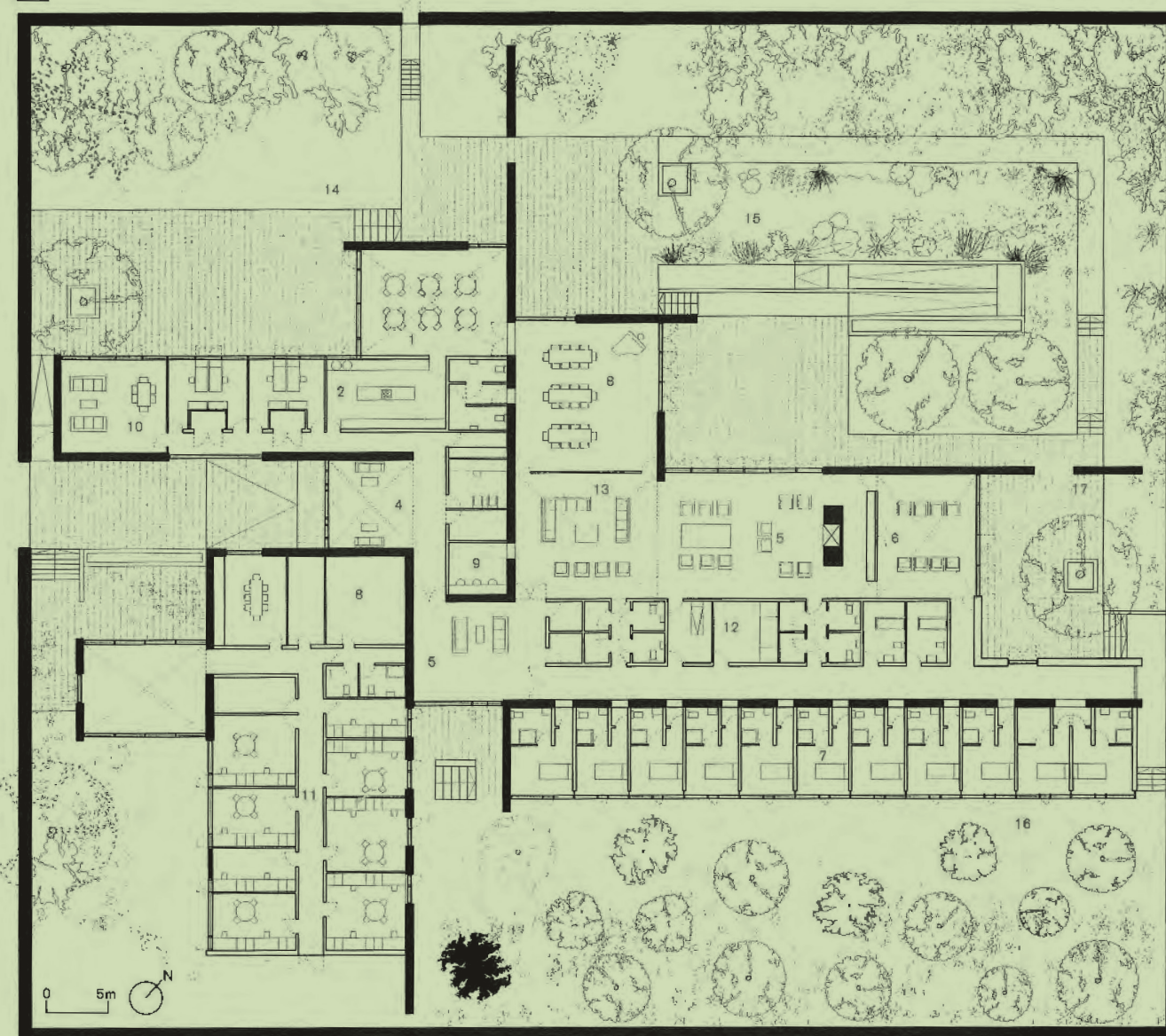
Niall McLaughlin's Alzheimer's Respite Centre is a new type of building for an ageing society, says *William JR Curtis*.  
Photography by *Nick Kane*



# Alzheimer's Respite Centre, Dublin, by Niall McLaughlin Architects



Ground-floor plan



1. Dining room
2. Kitchen
3. Activity room
4. Reception
5. Sitting room
6. Quiet room
7. Bedrooms
8. Meeting room
9. Hairdressing/therapeutic remedies
10. Staff room
11. Offices
12. Medical
13. Central space
14. Morning garden
15. Afternoon herb and scent garden
16. Evening garden
17. Prayer garden



**Top** Wooden lanterns float above a 'labyrinth' of brick

**Bottom, left to right A** 'Persian miniature' conceptual drawing; corridor with bedrooms to the right and medical facilities to the left; the interior connects visually with the perimeter wall

combined with the need to come back to a recognisable and safe base. The Alzheimer's Respite Centre responds to these psychological and physical requirements by establishing a protected precinct of courts, gardens, interconnected social spaces, and private individual rooms, all of which connect with the walled gardens outside. The social purpose of the building is beautifully translated into a plan that combines a safe perimeter by incorporating an existing orchard wall, an interlocking pattern of gardens and buildings, a series of high, well-lit

pavilions with sliding doors permitting a wandering route, and a private zone for lower individual rooms, a bit like the cells in a monastery or convent.

'To fix a plan is to have had ideas', said Le Corbusier, and the drawings of the Alzheimer's Respite Centre reveal a dynamic interplay between walls and planes of different length in a pinwheel arrangement that permits spaces to flow into each other as one moves around, guided in part by diagonal views, variable room heights, and changing intensities of light. The overall atmosphere established is >>





Alzheimer's Respite Centre, Dublin, by Níall McLaughlin Architects



one of great calm: it is a rest home in which groups can be found working together on projects, watching television, or just sitting quietly in armchairs. The Respite Centre takes the pressure off families in which a member suffers from Alzheimer's, by according the enfeebled individual a temporary home, but without the depressing features of much hospital and clinic architecture.

There is a sense of protective enclosure without one of being imprisoned; there are always alluring views of plants, lawns, allotments and, of course, the low walls, which are mostly made from a warm, pale yellow textured stock brick. The other main material is wood, which is used on the pavilion roofs and for windows, doors and panels. These materials are sympathetic in themselves but they are handled with great skill and conceptual elegance: the story of this work is told through the interaction of a brick labyrinth of extending planes and a timber system of pavilions conjugated with beams, panels, transoms and roofs, all adjusted to the human scale.

In other words, McLaughlin has succeeded in establishing an architectural language appropriate to the ethos behind his project. When I visited the Respite Centre, I was struck by the attention given to humane details such as low, built-in benches made of wood in individual rooms where family members could be expected to spend a lot of time. The zone set aside for staff and help was discreetly separated, while each person's room was signalled by a different bright colour at the entrance. The visitor proceeds through layers before coming to the patient's wing >>

There is a sense of protective enclosure without being imprisoned



Alzheimer's Respite Centre, Dublin, by Niall McLaughlin Architects



This page and facing page  
Bedrooms are surprisingly small, contrasted with the spaciousness applied to communal areas inside and out



## Credits

Start on site  
June 2006  
Contract duration  
September 2008  
Internal floor area  
1,392m<sup>2</sup>

Annual CO<sub>2</sub>  
emissions

294,000 kWhrs  
(estimate)

Form of contract Government Departments and Local Authorities Contract (GDA 02 with Quantities)/Traditional Procurement  
Cost per m<sup>2</sup> £1,050  
Total cost £3.7 million  
Client Alzheimer Society of Ireland  
Architect Niall McLaughlin Architects  
Structural engineer Duro Happold Consultants  
M&E consultant Duro Happold Consultants  
Quantity surveyor Tim O'Leary & Co.  
Landscaping Desmond Fitzgerald  
Building control officer Oliver Mole, Donaghmore, Rathfarnham County Council

which is sequestered and quiet. The only disappointment in all this was the failure of the long walls shown in plan to develop spatial continuity. The rooms are more compartmentalised than they appear in the drawings. The entrance zone is not really up to the same level as the rest of the building, having something of the air of a reception area in a modest hotel. The joy of this complex is in the garden spaces, which in and of themselves have a healing effect. In fact, the centre is installed in

the remains of an 18th-century walled kitchen garden with some solid granite walls. It is interesting how much of the best recent Irish work is slotted into intervals left over by old institutional buildings and their surrounding dependences.

The Respite Centre is well integrated into the fragmented context and stitches it back together in an intervention of architectural surgery. McLaughlin's evocative coloured conceptual drawings for the project (which recall Persian miniatures in the way they present plan and elevation simultaneously, and also remind one of some of Hassan Fathy's drawings or those of Balkrishna Doshi) present the Respite Centre as a sort of verdant paradise: truly a garden of healing. Behind these somewhat 'false naive' presentations there is a highly sophisticated understanding of the history of modern architecture.

The extending planes and centripetal spaces put one in mind of Mies van der Rohe's unbuilt 'Brick Pavilion' of 1922, while the wooden lanterns floating above a labyrinth recall Rudolf Schindler's own house in Hollywood of the same year. The abstraction of monastic prototypes has had a little help from Luis Barragán's secretive residence at Tacubaya, Mexico City, of 1947. Part of the art of architecture is to hide the art of architecture, and the Respite Centre has a commendable sense of modesty.

At a time of social fragmentation, excessive architectural gestures, and artistic narcissism, what a relief to find a building that is caring in its purpose, intelligent and cultivated in its form, and well-crafted in its construction. McLaughlin and the client, the Alzheimer Society of Ireland, deserve praise. In the future, this building may well serve as a prototype in dealing with the social, physical and emotional problems likely to emerge in an ageing population. ■

To read more about this project by the architect and for specification details, visit [www.architectsjournal.co.uk](http://www.architectsjournal.co.uk)



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**Typesetting:**  
Axel Feldmann  
Siaron Hughes

**Printing:**  
Shades of Colour  
Digital Print

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