



## The Site

The site is a Victorian villa located in Muirend in South Glasgow, which has had various functions over the years, including a residential home, hotel and care home. It is currently being converted into apartments. It can be found at 83 Langside Drive, GLASGOW G43ZSX, and is a 5 minute walk from Muirend Station on the Cathcart Circle Line.



## Design For Care

Designing for people with dementia is a vital aspect of creating inclusive, supportive environments that enhance quality of life and preserve dignity. As dementia affects memory, perception, and orientation, well-considered design can significantly reduce confusion, anxiety, and isolation. By incorporating clear wayfinding, familiar cues, appropriate lighting, and safe, accessible layouts, design becomes a powerful tool to promote independence and wellbeing. This submission explores how thoughtful design solutions that are shaped by research, expert input, and collaborative feedback, can meet the complex needs of individuals living with dementia in a residential setting.

### Collaborative & Interdisciplinary Process

This project was developed in two phases: a group collaboration and an individual continuation. During the group stage, I led the spatial planning and zoning of the café floorplans, laying the foundation for the digital model and further visualisation. We worked closely with dementia design expert Lynsey from the DSDC, who provided critical feedback via an initial lecture, an interim review, and a final critique. Regular tutor-led sessions allowed us to reflect collaboratively and refine our approach. In the solo stage, I continued to develop my areas of the project, still incorporating feedback from Lynsey and tutors. This iterative, feedback-rich process shaped a design rooted in lived experience, expert insight, and multidisciplinary thinking.

### 83 Langside Drive Ground Floorplan

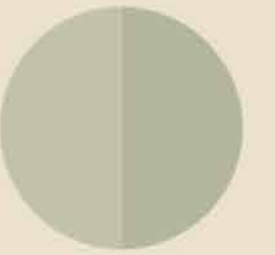


## Project Description

This project explores dementia-friendly design through two key spaces: a private bedroom with en-suite and a shared community café. Developed in collaboration with peers, lecturers, and dementia design experts, the work responds to the diverse and evolving needs of people living with dementia, recognising that it can affect anyone, at any stage of life. The bedroom prioritises safety, independence, and personal comfort, while the café fosters social connection and inclusivity in a supportive, welcoming environment. Throughout the process, collaborative feedback and research shaped each design decision, ensuring that the outcomes are not only functional but deeply empathetic. This submission aligns with the awards category by demonstrating a human-centred, research-informed approach to inclusive and socially impactful design.



1 in 2

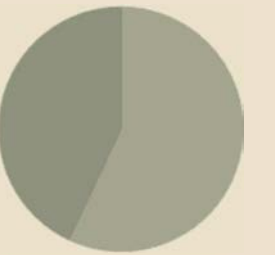


One in two of us will be affected by dementia in our lifetime.

Either by caring for someone with the condition, developing it ourselves, or both.

1 in 14

people over the age of 65 have dementia in the UK.



Approximately 57% of the 982,000 people living with dementia in the UK are women.

982,000

people are estimated to be living with dementia in the UK.



The number of people living with dementia will reach 1.4 million by 2040.

55 million

people are living with dementia worldwide.



Project Brief & Team Formation

Introductory Lecture by DSDC Expert

Individual Concepts: Floorplans & Moodboards

Concept Proposals Shared & Discussed

Collaborative Vision & Role Allocation

User-Centred Research Informed by Group Review

Design Revisions Presented to DSDC

Co-Design: Garden Plan & 3D Model with Carrie

Group FF&E Review with Focus on Dementia Suitability

Ongoing Feedback: Peers & DSDC Expert

Submission Prep: Group Journal Compilation

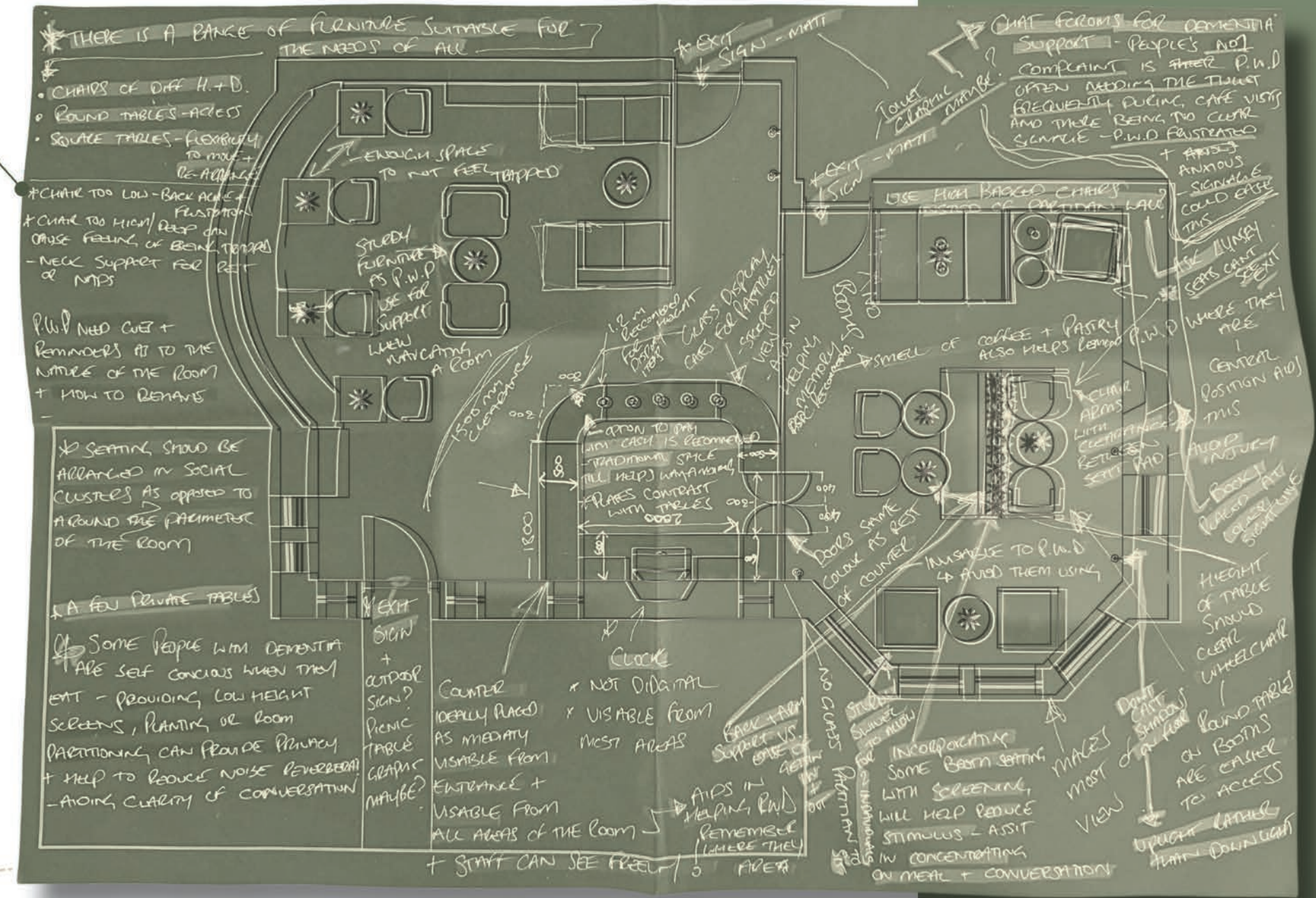
Final Presentation to DSDC Panel

Elements like glass partitions and booth seating can offer privacy but may cause confusion or limit accessibility for people with dementia. Similarly, wall paneling and downlights can create shadows that may be misinterpreted. These details were reassessed to prioritise safety and clarity.

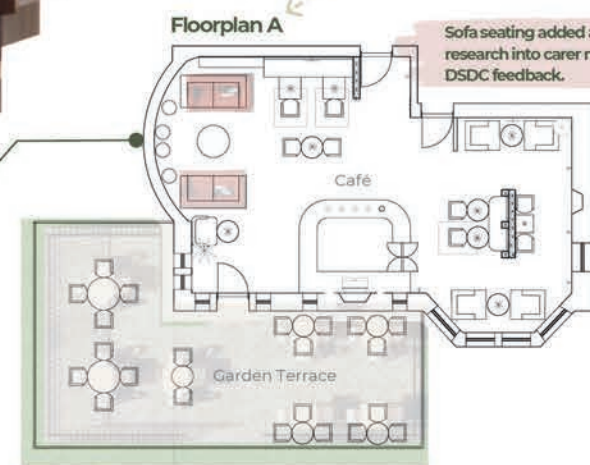
Given the diverse makeup of our group (with members joining from different academic backgrounds, countries, and levels of experience) we adopted a collaborative strategy that allowed each person to contribute independently at first. Each member developed and presented initial floorplan ideas and mood boards, which we then evaluated together. This approach enabled us to identify and combine the strongest elements from each proposal into a cohesive, shared design. Working this way helped us navigate unfamiliar team dynamics and played to individual strengths that weren't yet known to the group. It created a respectful, inclusive process that valued contribution over confidence, and ensured that our final concept was truly collaborative in origin.

My proposed floorplan was selected as the foundation for the group scheme due to its thoughtful spatial zoning and considered response to dementia-specific needs. While my floorplan was chosen as the starting point, the final proposal was enriched by peer feedback. Some stylistic choices I initially included, though sympathetic to the architecture of the building, did not align with best practice for dementia-inclusive design and were adapted before presenting ideas to our DSDC expert. This iterative and responsive process allowed us to move from individual ideas to a collaboratively refined and research-driven outcome.

This annotated plan documents a detailed evaluation of my initial café floorplan using dementia-specific design principles. Drawing on guidance from the Dementia Services Development Centre (DSDC), and independent research I analysed the environment in terms of spatial legibility, sensory comfort, and safety. Key considerations included ensuring clear sightlines to the service counter, locating toilets in visible and accessible positions, and creating distinct zones to reduce overstimulation, with quieter areas set apart from high-traffic zones. Notes also address furniture safety (e.g., sturdy, non-slip seating), the value of familiar sensory cues like the smell of coffee and baked goods, and intuitive wayfinding through signage and layout. This process helped translate abstract guidelines into a real, user-responsive spatial strategy.



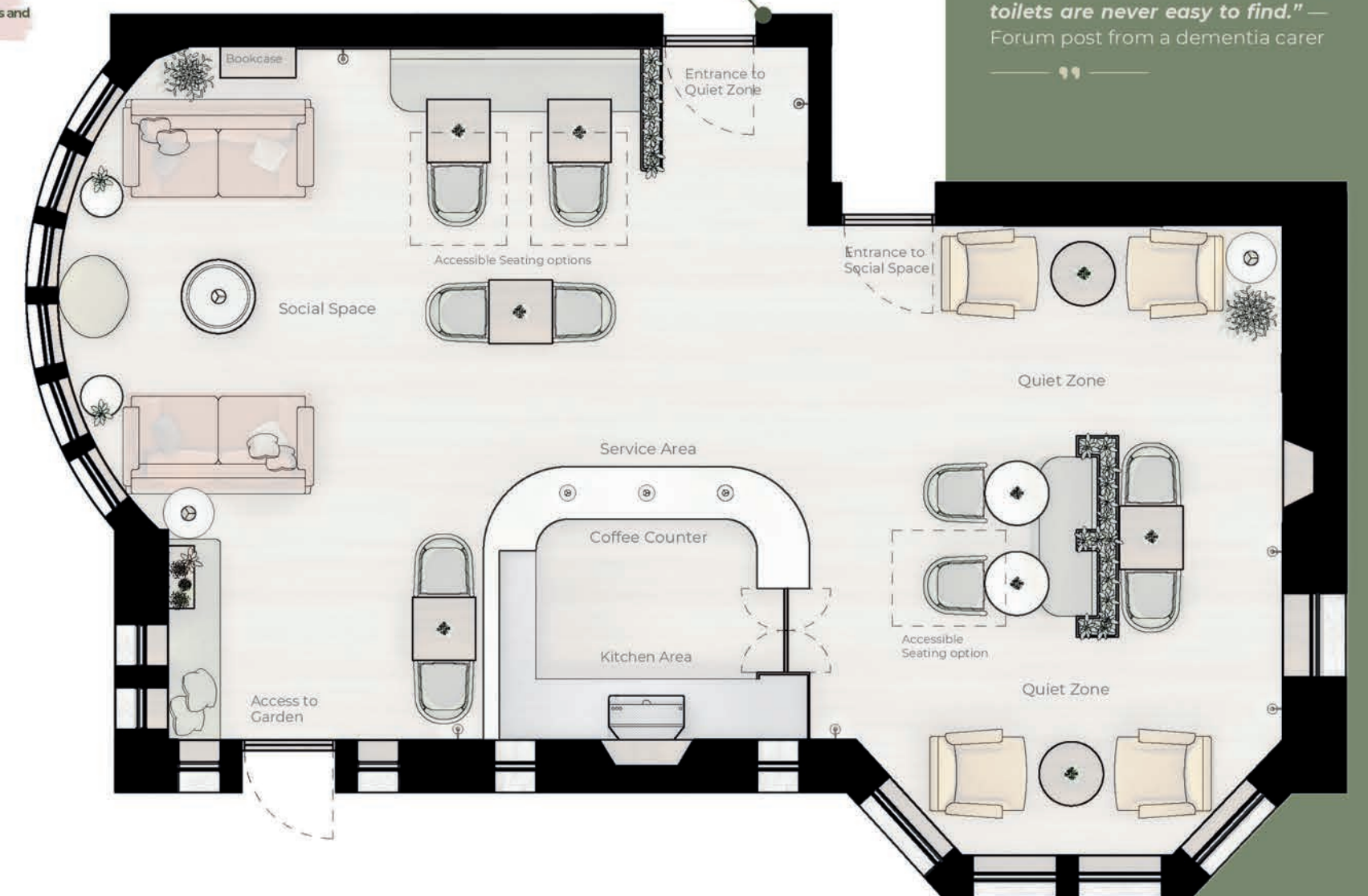
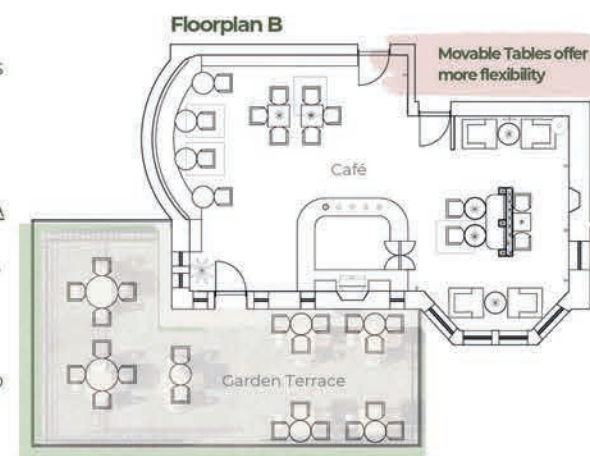
These plans formed the spatial framework used for further development across the group.



Presented to Lynsey  
from DSDC

I interviewed Jacqueline Tomlinson – a carer for her father with dementia. She highlighted a deeply personal challenge: being physically unable to sit closely and hold his hand during visits due to furniture layout. In response, I proposed the inclusion of sofa seating in the café to support closeness and comfort. [Design A](#) shown here reflects that consideration. I later refined this idea through research into the practicalities of sofa seating in dementia care cafés before presenting two tested layouts to the DSDC.

I proposed incorporating an outdoor terrace alongside the café due to its direct access and the goal of encouraging public engagement with the space. Lyse from the DSDC responded positively to this idea and requested visualisations for her next visit. While I had developed a basic concept, my group member Carrie had some strong ideas for this area and took the lead in its design. I then rendered the final floorplans in Photoshop to support and present the shared vision.



*"It's always so stressful trying to take Mum out for coffee — the noise, the awkward seating, the toilets are never easy to find."* — Forum post from a dementia carer

## Proposed to group

The placement of the coffee bar counter was a key strength. Positioned centrally, the counter created a natural division between a quiet zone and a social zone, with the more active space located near the garden access to encourage movement and engagement. Importantly, the counter remained visible from both entry points in the main hallway, supporting intuitive wayfinding for people with dementia. This placement also allowed staff to observe all customers and residents from a single point, while residents could always see the counter – serving as a familiar anchor and subtle reminder of place. This spatial logic emerged from a deep evaluation of behavioural and sensory needs rather than following a typical or expected layout.







## Collaborative Development of Café & Garden

Following early feedback from Lynsey (DSDC), I proposed the idea of developing an outdoor terrace alongside the café to encourage community engagement and take advantage of the site's direct access. While I had created an initial concept, my group member Carrie brought strong ideas to the table and took the lead in developing the garden design. Working closely together, we shaped a space that supports sensory stimulation, social connection, and mental well-being. The final proposal maintains a mindful transition from the café interior through a consistent colour palette and accessible, flat-paved surfaces. Inclusive features such as circular seating, raised planters, and clear pathways promote interaction and ease of movement. A retractable awning provides comfort in various weather conditions, and a central water fountain offers a calming focal point, enhancing sensory experience and cognitive support. I rendered the final floorplans in Photoshop, and with input from the rest of the team on materials and FF&E, we created a shared vision rooted in inclusive, therapeutic design.

Final floorplan: Café and Terrace



Café & Terrace

## Café & Terrace: Isometric and Visuals

Finalised café layout showing spatial zoning and seating arrangements

### Quiet Zone

A softly lit, calm space designed to reduce overstimulation. Features domestic-scale furniture, muted tones, and minimal activity — ideal for residents who need moments of rest or privacy.

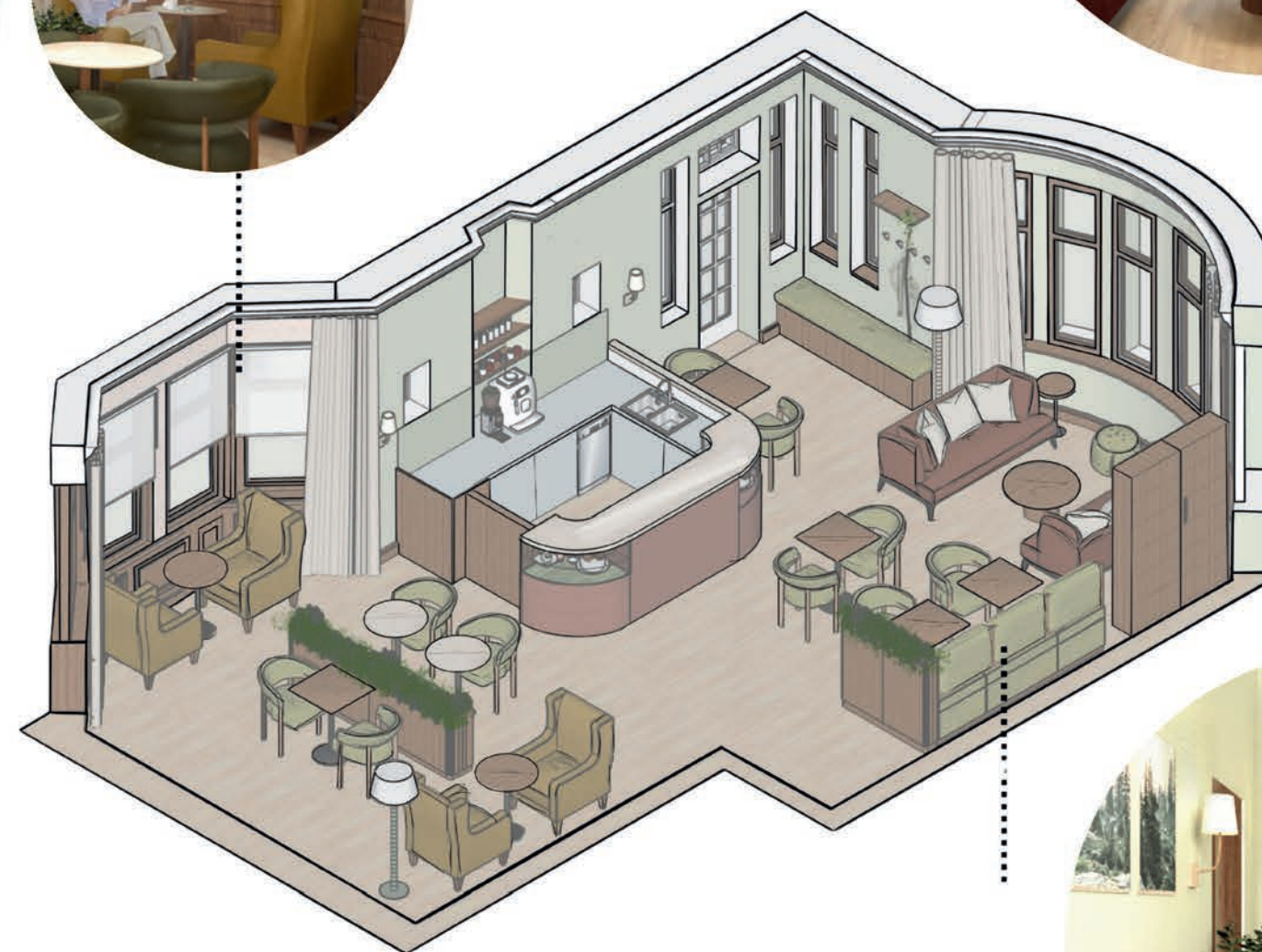


### Quiet Zone

Positioned away from the main circulation areas, this zone supports one-to-one interaction and quieter socialising. Familiar furniture layouts and warm materials create a sense of safety and comfort.

### Social Zone

Located near the garden entrance, this zone encourages interaction and activity. Natural light and outward views promote orientation, while circular seating supports inclusive group conversation.



### Coffee Bar

Positioned centrally for visibility and intuitive wayfinding, the coffee bar acts as a familiar anchor point. Staff oversight is maximised, and residents benefit from a consistent sensory cue — the smell of coffee and baked goods.



### Social Zone

Flexible seating and small tables accommodate varying group sizes and visitor arrangements. The design supports social engagement and allows carers and loved ones to sit side by side.

## Group Credits

- Café Floorplans & Zoning: Kimberley Coyne
- Floorplan Rendering: Kimberley Coyne
- Garden Planning: Kimberley Coyne & Carrie Matossian
- Garden Design Concept: Carrie Matossian
- Digital Model Development: Kimberley Coyne & Carrie Matossian
- Visualisations: Carrie Matossian
- Sketch Model: Anzhi Ge
- Material Palette: Rongrong Luo & Maleen Blank
- FF&E Selections: Maleen Blank & Yifan Xiang
- Group Journal: Rongrong Luo
- Design Concept: Kimberley Coyne, Anzhi Ge, Rongrong Luo, Carrie-Louise Matossian, Yifan Xiang, Maleen Blank
- Research Specific to Design for Care: Kimberley Coyne, Anzhi Ge, Rongrong Luo, Carrie-Louise Matossian, Yifan Xiang, Maleen Blank

This collaborative proposal was shaped through shared research, regular feedback, and mutual respect for each team member's strengths.

## Materials & Sketch Model

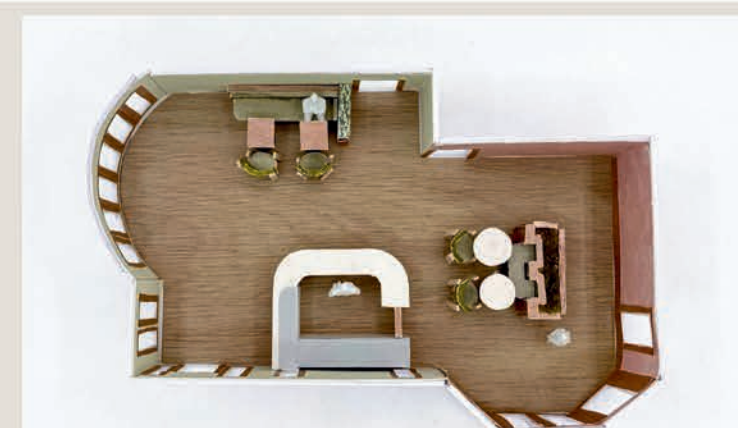


### Material Palette

All materials selected for appropriate LRV contrast values, supporting dementia-friendly navigation and visual clarity.

### Sketch Model

Model features bespoke furniture and material applications based on final floorplan and FF&E specifications.



## Presentation Documentation



### Peer Review

Group design proposals were shared with peers ahead of the interim review, allowing us to gather feedback and strengthen our presentation to the DSDC expert.



### Interim Review Presentation

Proposals were presented to tutors and DSDC expert Lynsey, including spatial layouts, mood boards, and material explorations, for informed critique.



### Presenting to Lynsey (DSDC) & Lecturers at Interim Review

I presented the revised café floorplan and zoning strategy, receiving highly positive feedback from both Lynsey and my lecturer. The design's clarity, dementia-informed layout, and thoughtful placement of key features such as the café counter were particularly praised.



### Final Review Presentation to Lynsey (DSDC) & Lecturers

The developed café and garden design was presented as a cohesive group proposal, reflecting continued refinement from DSDC and tutor feedback.



### Final Review Presentation

The final submission included printed visuals, floorplans, sketch models and FF&E documentation.



Collaboration Timeline



Project Brief  
& Team  
Formation



Introductory  
Lecture by  
DSDC Expert



Opportunity to  
Discuss Individual  
Ideas with Group



Scheduled One-to-  
One Tutorials with  
Lecturer Feedback



Initial Design  
Concepts Presented  
to DSDC Expert



Group Sharing of  
Individual Project  
Development



Collaborative Exchange  
of LRV and Dementia-  
Specific Research



Ongoing Feedback  
from Peers, Lecturers  
& DSDC Expert



Final Presentation  
to DSDC Panel,  
Tutors & Peers

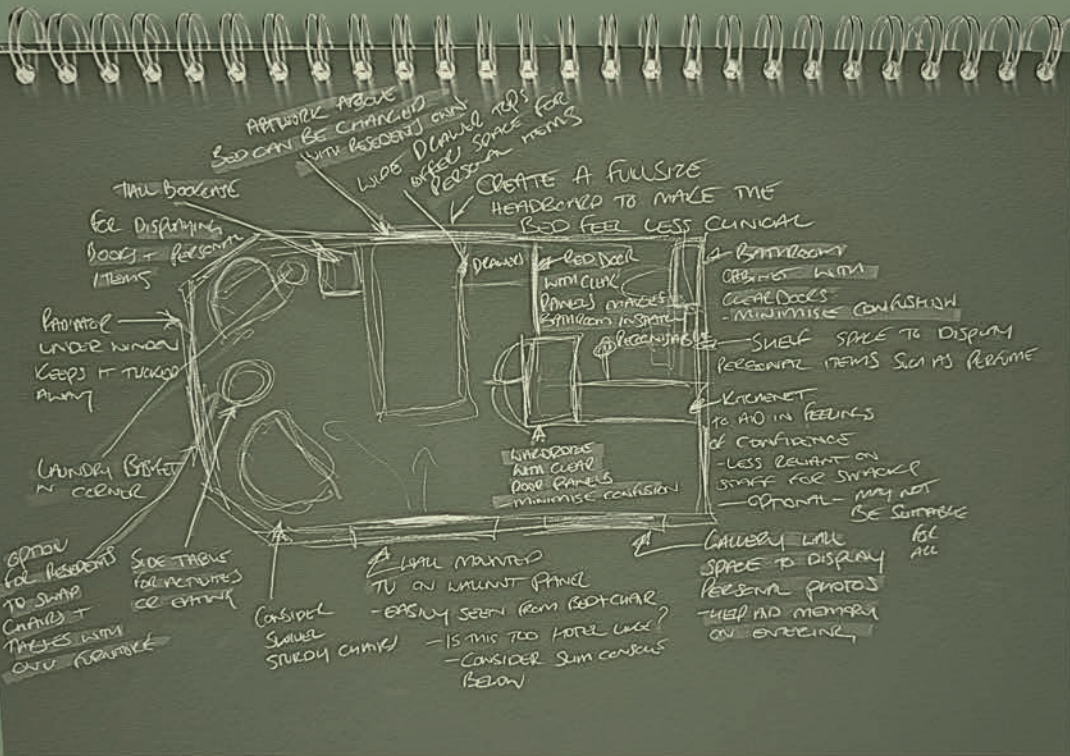


Final Revisions Prior to  
Journal Submission Based  
on Feedback

Bedroom &  
En-Suite

Design Development

Design Ideas. Following Introductory Lecture by DSDC Expert Lynsey



Floorplan and Zoning Development



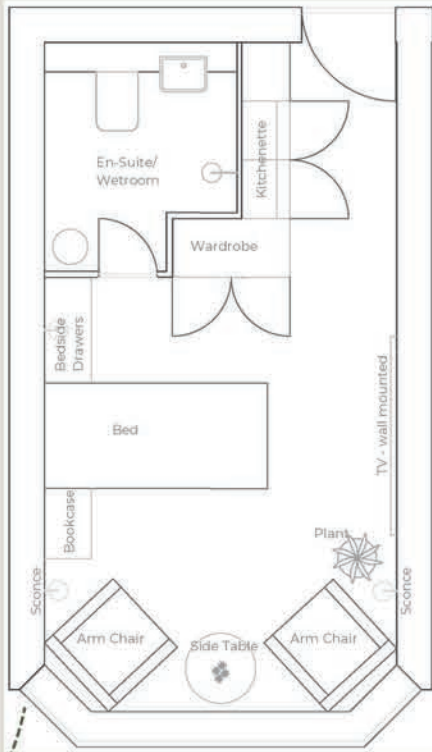
Plan A : Bespoke Bedroom Furniture Example



Floor Plan A : Bedroom with Ensuite & Kitchenette

Interim review

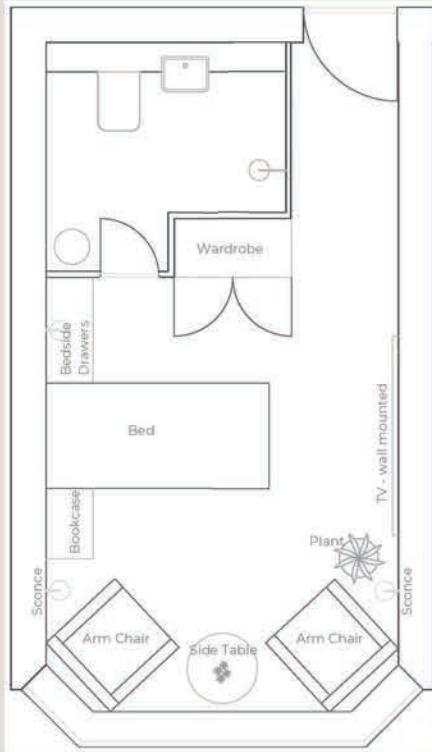
Summary of ideas presented to the DSDC expert at Interim Review



Floor Plan A

Bedroom with Ensuite & Kitchenette

After the talk from Lynsey at the DSDC I wanted to create an option for more able bodies residents - in the same sense that some rooms cater to people with disabilities, I wanted to propose an option for those who are more capable, in order to maintain a sense of independence. As such, I proposed a plan which included a small kitchenette.



Floor Plan B

Bedroom with Ensuite

With the removal of the kitchenette, plan B has a larger ensuite, the rest of the floorplan remains the same. The floorplan divides the living space into 4 zones, the entrance, a dressing area (close to the ensuite), a sleeping area and a living area. With two arm chairs, allowing space for both the resident and a guest to sit.



Mood Board

Bedroom with Ensuite & Kitchenette

Collaborative Design Process

The iterative process, including feedback loops with peers, lecturers, and DSDC experts, played a crucial role in shaping three distinct design stages:

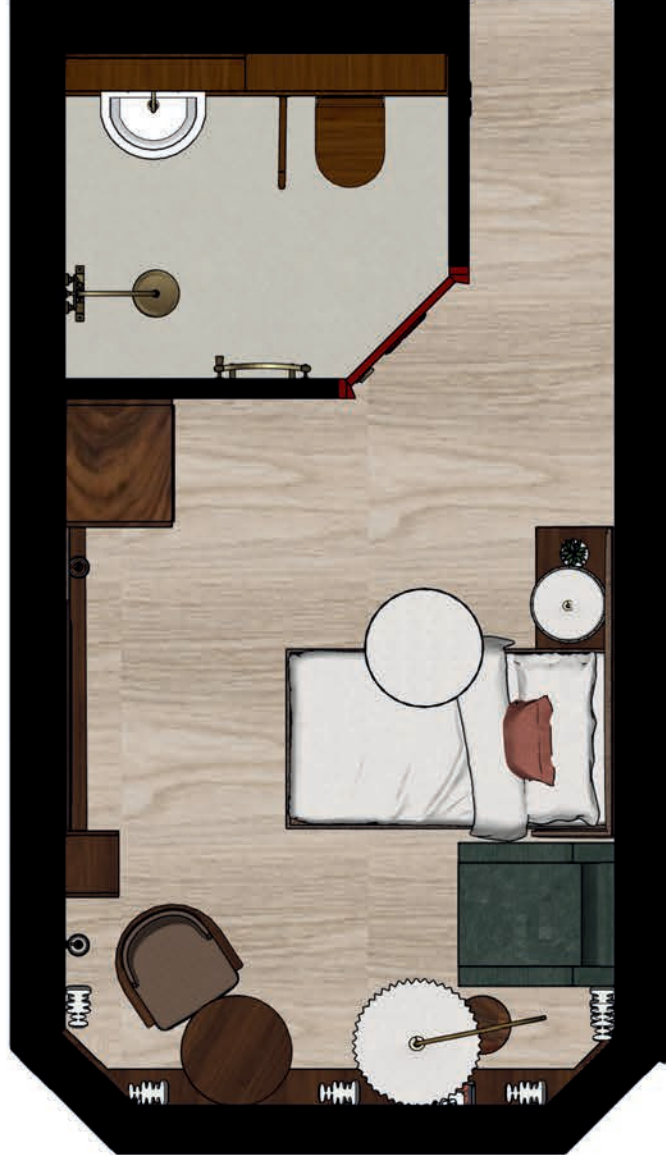
1. Interim Review Design: Represented early conceptual ideas shaped by initial feedback.
2. Final Review Design: Refined based on collaborative critiques and targeted research.
3. Journal Submission/ Final Design: The most developed version (page 5), integrating all feedback and revisions, and representing the graded outcome of the project.

Feedback/ Areas To Improve

- Moved bed and bedside table to opposite wall
- Reposition of wardrobes and bookcase
- Simplified design - Removed plant, waste basket and washing basket
- Reposition of bathroom door - For Staff to easily carry out night checks
- Reposition of sanitary wear (After a later tutorial the toilet was moved to be more visible from bed)
- Removal of one armchair
- Addition of window seat
- Addition of smaller chair and activity table
- Changed style of TV feature wall/ panel
- Addition of large floor lamp with built in side table (in the final review it was suggested to remove this item all-together)

Final Review

Summary of ideas presented to the DSDC expert at Final Review



Floor Plan C

Bedroom with Ensuite



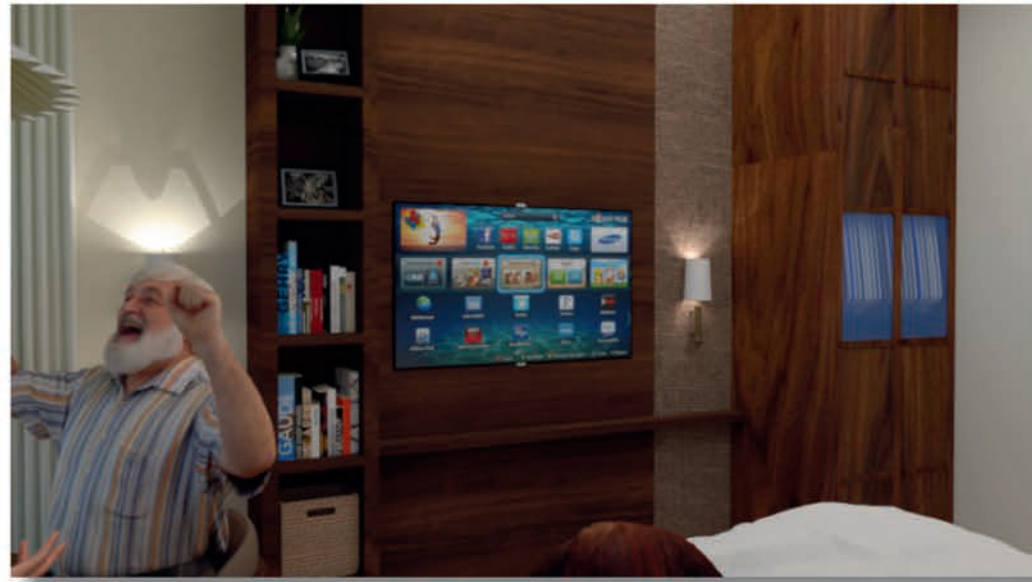
Mood Board and LRV Values

Bedroom with Ensuite & Kitchenette

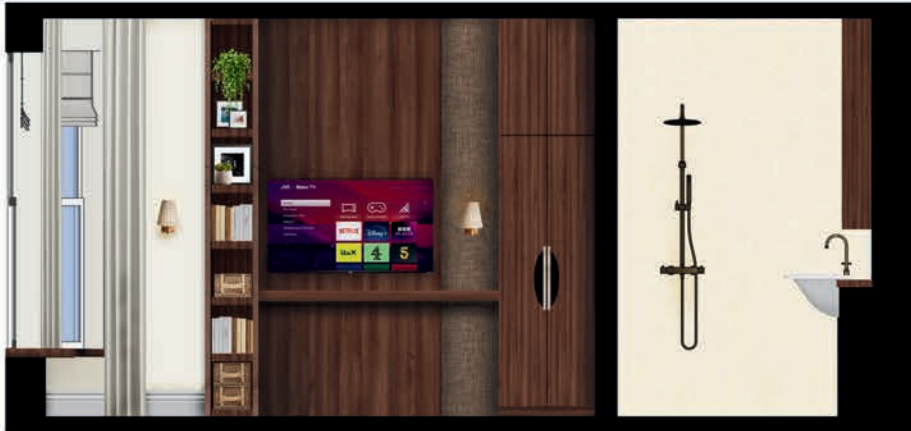
Handles/ Switches: LRV 30-40	Bathroom Door: LRV 3
Chair: LRV 6.6	Bedroom Floor: LRV 45
Headboard: LRV 12.6	Bedroom Walls: LRV 80
Cushion: LRV 13.4	Window frames/ cil: LRV 97
Blinds: LRV 61.4	Furniture & Storage: LRV 11

All LRV values checked and tested for appropriate contrast for people with Dementia

Interior Visuals Bedroom with Ensuite



Section B:B



Section A:A



Feedback/ Areas To Improve

- Lighten up the colour scheme to more clearly resemble the mood board
- limit use of dark wood colour
- Rethink the floor lamp/ Side table - Stability
- Position of chair is too tight/ close to the bed



Floorplan C  
With FF&E & Mood Board Codes



# Final Solution

This final design is the result of an iterative and collaborative process shaped by feedback from the DSDC expert, lecturers, peers, and group members. Developed across key milestones, including the initial lecture, interim review, and final presentation. The proposal reflects continued refinement guided by dementia-specific insights and multidisciplinary input.



**Floorplan**  
The layout promotes clear circulation and reduces visual clutter. Key functions (rest, storage, hygiene) are clearly defined and accessible, enhancing independence and confidence within the space.



## Design Adjustments



**Colour Change and Extra Storage**  
Bespoke shelving provides additional storage for personal belongs and a place to display mementos which could in in memory recollection. Exterior panels of shelving remain the same - no LRV values need to be adjusted

**Colour Change**  
Creates definition of the shower area - assisting confidence (LRV within range)

**Addition of Entryway Storage**  
Creates a sense of arrival and familiarity. Provides storage for coats, shoes, hats, bags. Seasonal items like large coats can be stored overhead and accessed by carers as needed.

# Design Details

**Wide Interior View**  
The room is divided into intuitive zones to support spatial understanding. Walnut cabinetry stores clothes, while soft green shelving offers space for personal items and memory cues, reinforcing personalisation and identity.

**Bedside Chair & Window Ledge**  
A restful zone for reading, watching TV, or napping. Positioned by the window, the chair and ledge provide easy access to personal items — enhancing legibility and comfort.

**Yellow Chair & Window Nook**  
A light-filled seating area facing the garden, ideal for eating, writing, or light activities. This space supports orientation and mental stimulation through natural views and task variety.

**Orthographic Perspective**  
The en-suite features colour zoning to aid wayfinding and reduce confusion. The entry area includes a small bench, shoe storage, and hanging space — promoting a smooth, supportive transition into the bedroom.



**A Warm Welcome**  
A familiar-style entryway with space to place personal belongings creates a homely, comforting first impression.



**A Place for Memories**  
Custom shelving maximises storage and provides a dedicated space to display personal items that spark memory and identity.



**Holding on to the familiar**  
A bespoke double-width headboard softens the clinical look of the bed and reinforces familiar domestic comfort.



**Maintaining Dignity**  
Multiple seating options allow residents to host visitors without needing to remain in bed, preserving dignity and choice.



**Avoiding Confusion**  
Red doors for all toilets across the building provide a strong, consistent visual cue to reduce confusion.



**Supporting Family**  
Extra seating accommodates partners and children, making it easier for families to spend meaningful time together.

## Bedroom & En-suite

Kimberley Coyne: Design For Care