

Leveraging legislation to enhance bathroom dignity, safety and compliance

Kate Sheehan explains how thoughtful application of legislation and regulation can enhance care home bathroom dignity, safety, independence and compliance for residents and staff.

Bathrooms occupy a unique place in care homes; they are intimate, high-risk and tightly regulated. Their design directly affects the quality of care delivered to a resident and the safety of those who provide it. They must serve several functions at once, for residents, they need to be inviting, private and supportive of autonomy, while for carers they must provide a working environment that promotes safety, efficiency and confidence when carrying out required tasks.

However, bathroom design is often overlooked. During construction or refurbishment, bathrooms are frequently squeezed into limited footprints, with regulatory specifications treated as the maximum standard rather than the minimum. Yet compliance alone rarely creates environments that meet the complex physical, cognitive and sensory needs of people living in modern care homes.

From an occupational therapy perspective, poor bathroom design is a recurring factor in incident reviews, moving and handling assessments and discussions arising from Care Quality Commission (CQC) inspections. These issues reinforce that bathroom design is not merely an architectural consideration but a key determinant of safe, effective and person-centred care, and they also show why the legislation and regulation that follow are so relevant.

Regulators increasingly recognise that the physical spaces where people live and work are a core component of person-centred care. This is especially true in bathrooms, where some of the most intimate personal care tasks and activities take place - and where people living in care homes often need support for the first time since early childhood. A bathroom that enables safe access, supports independence and feels comfortable is not a luxury. When properly understood and applied, legislation and regulation are not barriers to good design but catalysts for it, they provide a practical framework for creating bathrooms that protect residents and support staff, enabling genuinely person-centred care.

Bathroom regulations

Care home bathroom design is not just a matter of preference or aesthetics. It is shaped by a network of legal duties and regulatory expectations that define what safe and dignified care looks like in practice. These frameworks are often discussed separately, yet they overlap and reinforce one another, collectively shaping how

bathrooms function as both personal spaces and safe workplaces. Understanding these duties is essential, as bathroom design must support and protect carers and residents alike while also withstanding regulatory scrutiny.



Health and Safety at Work Act 1974: Bathrooms as workplaces

The Health and Safety at Work Act (HSWA) places clear duties on employers to protect the health, safety and welfare of anyone affected by their work and employees also have responsibilities to protect their own safety and that of others, a point often overlooked. The implication for bathroom design is straightforward. The environment must be designed to prevent foreseeable harm. Bathrooms are high-risk spaces for slips, trips, falls and musculoskeletal injuries, so the HSWA requires providers to eliminate or reduce these risks through thoughtful design and safe systems of work.

This duty extends beyond simply installing grab rails or slip-resistant flooring. It includes ensuring adequate space to move safely, layouts that avoid awkward postures, and room for equipment such as shower chairs, specialist baths or hoists to be used without obstruction. Cramped, cluttered or poorly laid-out bathrooms can fail to meet the employer's duty to provide a safe workplace and make it harder for employees to meet their own legal obligations.

In practice, design must support safe access, safe transfers and safe equipment use, not just for one resident but for all who may need support.

Manual handling operations regulations 1992: Designing out hazardous handling

The Manual Handling Operations Regulations (MHOR) are highly relevant to bathroom design, requiring employers to avoid hazardous manual handling wherever possible, yet personal care tasks often involve awkward postures or sustained positions. In a poorly designed bathroom, avoiding these movements can be extremely difficult.

One of the most effective ways to comply with MHOR is through environmental design, because bathrooms that provide sufficient space and are laid out to allow the safe use of equipment reduce the need for carers to lift, stoop, bend, or twist when supporting the resident being assisted.

The regulation also requires employers to assess and reduce risks when manual handling is unavoidable. In bathrooms, this means providing turning circles, clear transfer routes and unobstructed access to baths, toilets, showers and basins. Poorly laid-out bathrooms can force carers into unsafe postures, increasing the risk of musculoskeletal injuries and creating avoidable hazards for residents. By contrast, a thoughtfully designed bathroom serves as a primary control measure, reducing strain, improving workflow and supporting safer, more dignified care.

CQC fundamental standards: Dignity, safety and suitability of premises

The Health and Social Care Act 2008 (Regulated Activities) regulations 2014 set out clear expectations for the environments in which care is delivered. Bathroom design is assessed against several standards, particularly regulation 15 (premises and equipment), which requires bathrooms to be clean, suitable, properly maintained and fit for purpose. Inspectors increasingly regard well-designed and well-maintained bathrooms as evidence of a provider's commitment to dignity and safety.

Regulation 10 (dignity and respect) also applies. Bathrooms must support privacy, independence and emotional comfort. A bathroom that feels clinical, cluttered or unsafe undermines person-centred care making people less willing to use the space and more dependent on staff than necessary, increasing workloads and contributing to poor inspection outcomes.

Bringing the frameworks together

Although each regulation has its own focus, they collectively reinforce the same message: bathroom design is a core component of safe, dignified and compliant care. HSWA requires safe workplaces, MHOR requires environments that minimise hazardous handling and CQC requires premises that support dignity, safety and person-centred care. Taken together, these requirements make bathroom design a direct driver of better care rather than a bureaucratic burden.

Designing for person-centred care

Legislation sets minimum standards for safety and quality, but its purpose extends

Key expectations

Key expectations include:

- Safe, hygienic materials that support infection control, such as seamless wall cladding and slipresistant flooring.
- Anti-scald protection, typically achieved through thermostatic mixing valves, ensures water temperatures remain within safe limits.
- Emergency access and call systems that allow staff to respond quickly and safely.
- Accessible, cognitive-friendly design, including clear visual contrast, familiar controls, and avoidance of confusing patterns or highly reflective surfaces.
- Equipment that is suitable, clean and properly maintained, including baths, hoists, shower chairs and grab rails.

beyond mere compliance. Together, legislative and regulatory frameworks create the conditions in which person-centred care can be delivered safely and the design of the physical environment is essential to achieving this outcome. A bathroom that enables safe movement, supports independence and accommodates different care methods gives staff the flexibility to respond to individual needs rather than forcing care to fit the environment's limits. This is why design must be considered alongside regulation.

This becomes particularly important as residents' needs change over time: a bathroom that works well for someone using a walking aid today may need to accommodate a shower chair in the future. Designing with this in mind allows residents to remain in familiar surroundings for longer, reduces the need for disruptive environmental changes, and supports continuity of care while maintaining regulatory compliance.

Translating regulation into practice

Legislation and regulations set the minimum standards for dignified care; however, they do not explain how to design a bathroom that supports it in everyday use. Section five of Volume two of Document M (2010 Building Regulations) outlines requirements for toilets and bathrooms in non-domestic buildings. These requirements form the baseline, yet they are often treated as the benchmark for good design. In reality, they should be the starting point. Designers should go beyond them to create better bathroom design.

Further guidance, including BS 8300:2018 and Health Building Note 00-02, offers more detailed support for designing bathrooms that are accessible, safe and a better working environment. When a bathroom is designed around the tasks carried out by staff and residents, it does more than meet minimum standards, it improves workflow, reduces risk and enhances the resident's experience of care.

The following principles are intended to help translate regulatory requirements into practical design decisions, whether you're working on a new build or a refurbishment to an existing care home.

Space, layout and movement

Bathroom space is often limited but crucial for safety. Small bathrooms restrict movement, cause awkward postures for carers, and make equipment use unsafe or difficult. Sufficient space lets residents move freely, use necessary equipment, and helps carers work safely without risking musculoskeletal issues.

Important factors to consider are:

- Clear transfer routes between the toilet, basin and shower or bath areas.
- Manoeuvring space that accommodates shower chairs, wheelchairs, walking aids and manual handling equipment, reducing the risk of injury.
- Practical, predictable layouts that reduce cognitive load for people living with dementia or sensory impairments.
- Doorways wide enough to support safe entry and exit during everyday use and in emergencies.

Materials, surfaces and infection control

Bathrooms in care homes are used by multiple people and must be designed to support effective cleaning and good hygiene. They must also be durable enough to withstand the demands of a high-use environment. Regulation 15 of the CQC, Fundamentals of Care requires premises to be clean and suitable, and inspectors increasingly expect materials that minimise infection risk and withstand heavy use.

Design choices that support these





requirements include:

- Seamless wall cladding that eliminates grout lines, where moisture and bacteria can accumulate.
- Heat-welded, slip-resistant vinyl flooring that provides a continuous, watertight surface.
- Matte finishes that reduce glare and visual distortion for people with sensory impairments.
- Rounded edges that facilitate thorough cleaning and reduce dirt traps.
- These choices not only improve infection control but also create a more inviting space with aesthetic appeal.

Water safety and thermal comfort

Bathrooms are high-risk environments, particularly because hot water is used frequently. Poorly controlled temperatures can cause avoidable scalding injuries for both residents and staff.

Key design features should include:

- Thermostatically controlled water supplies, such as thermostatic mixing valves or electric showers.
- Clear, intuitive controls that support independence and reduce confusion, for example by choosing standard lever taps over sensor-operated taps.
- Ensuring consistent water pressure and flow to avoid sudden temperature changes. In older properties, electric showers can help stabilise temperature by using only a cold-water supply.
- Thermal comfort also matters. Wet skin cools quickly, and older people are often more sensitive to cold, providing additional, independently controlled heating can make the bathroom warmer and more comfortable.

Supporting choice, control and independence

Bathrooms are the most personal spaces within a care home. They are also one of the few environments where many residents can

continue to participate actively in their own care, even when assistance is required. The way a bathroom is designed can therefore influence not only safety but also the degree of choice and control a person can retain.

Simple design decisions often make a significant difference. Adequate space allows residents to place walking aids where they are most useful, rather than where space permits. Clearly visible controls, accessible storage and appropriately positioned fittings enable many people to perform personal care tasks independently, reducing unnecessary dependence on staff. Where assistance is required, layouts that allow carers to work safely, without rushing or compromising privacy, help to preserve dignity throughout the personal care experience.

Maintaining choice is not simply about independence. Some residents may prefer a bath, while others feel more secure using a shower which is their choice and may maintain long-established comfortable routines. Providing environments that accommodate these preferences recognises that bathing is more than a hygiene task, it is part of everyday life and personal identity. Designing bathrooms that support these choices reflects the principles of person-centred care and helps residents retain control over an activity many regard as deeply private.

Accessibility and cognitive-friendly design

Bathrooms play a central role in supporting independence, for many residents, they are among the few remaining spaces where autonomy can be preserved and where most of us would want it preserved for as long as possible. Regulatory requirements emphasise dignity and respect and design is fundamental to achieving both.

Design features that improve accessibility could include:

- Contrasting-coloured fixtures, such as grab rails and toilet seats, which support visual recognition. Effective contrast relies on tonal difference rather than on simply using bright colours.
- Familiar, domestic style fittings rather than clinical or overly modern designs. For example, a traditional toilet with a visible cistern rather than a concealed system with flush buttons.
- Avoid patterned flooring that may appear uneven or hole-like to people living with dementia.
- Grab rails should be positioned to support natural movement, not merely installed to meet minimum standards.



Equipment integration and safe working practices

Equipment to support residents in the bathroom, such as shower chairs, wheelchairs, and other manual-handling devices is often essential, yet it is frequently treated as an afterthought in design. In practice, its use is almost inevitable and must be considered from the outset.

Key design principles include:

- Adequate space for using equipment without obstructing movement.
- Appropriate fixture heights, including height-adjustable basins, baths, shower seats and toilets, to meet diverse residents' needs.
- Thoughtful storage solutions that keep equipment accessible yet unobtrusive.
- Clear sightlines that allow carers to supervise safely without compromising residents' dignity.
- When equipment use is integrated into the design, bathrooms become safer workplaces and more comfortable personal spaces.

Lighting, acoustics and emotional comfort

Good bathroom design considers not only physical safety but also emotional wellbeing. Lighting and acoustics significantly affect how safe and comfortable a bathroom feels and effective design approaches include:

Warm, even lighting that avoids shadows and glare while highlighting key areas. Task lighting around the basin and mirror can support grooming and oral healthcare.

Acoustic dampening to reduce echoing, which can be distressing for people with dementia. This can be achieved through soft-close toilet seats, fabric shower curtains, plants and other soft furnishings.

Calm, familiar colour palettes that avoid clinical tones.

A bathroom that feels safe, encourages residents to use it more independently, reducing dependence and supporting dignity.

When applied consistently, these design principles create bathrooms that support safe practice, reduce risk and enhance the resident experience. They transform regulatory requirements from abstract obligations into practical, everyday realities. A well-designed bathroom is not merely compliant, it should enable better care.

For care home owners, investing in bathroom design can reduce staff injuries, improve manual handling practices and demonstrate compliance with regulatory expectations. For carers, it creates a safer, more efficient working environment. Most importantly, for residents, it supports dignity, privacy, comfort and independence during one of the most personal activities of daily living.

When legislation informs thoughtful design rather than merely achieving compliance, bathrooms become environments that support better outcomes for everyone who uses them. ■



Kate Sheehan

Kate Sheehan is a highly respected occupational therapist championing understanding the meaning of home for each individual and the impact of poorly designed environments on wellbeing. She was awarded a Fellowship by the Royal College of Occupational Therapists for this work, and she has co-authored and co-authored multiple inclusive design books and guides. She was given an Honorary Fellowship from the University of Worcester in 2023 for her significant contribution to the field of occupational therapy, and is a consultant for Gainsborough Specialist Bathrooms, part of the Gainsborough Healthcare Group.