

residential healthcare - housing for seniors - autumn 2017 - AUT164 teodor losman nädele

## 1. Siteplan

The building is situated close to the existing road, Gårdstensvägen. When approaching the building you park your car on a distance from the entrance. The idea is to leave time and space for contemplation for the visitor. As you walk towards the entrance among the trees you put your everyday problems aside and gather yourself for the situation at hand.

So, the aim is that the building should appear to be placed in the middle of the forest and that views from the inside should be dominated by nature and not traffic solutions. Still, various logistics need to be taken care of, such as delivery of goods to the kitchen, garbage collection and the possibility to drive a car all the way to the main entrance. My answer to this is a curved one-way road with different functions along the diameter. In plan it looks pretty pronounced, but when standing on the ground or looking out from the building it's clear that the road is subordinated from the forest views (page 11).

The site doesn't have any designed places for hanging out outside of the building. My theory is that the best views of the forest should be from the patient rooms. If the patients want to enjoy the weather they use the gardens inside the building. I also think that this solution is more functional for the staff than having different spots around the building for recreation.

# 2. Landscape section

The building levels with the topography from the entrance and slowly start to hover above ground. This results a elevated view of the trees from the patient rooms and garden.

# 3. 4. & 5. Plan and sections

As you enter the building the first thing you see is the slightly elevated view of the forest which gives a feeling of distinction from the world you just left when entering the building. You are directly standing in the corridor space that access all the buildings functions. Parts of the corridor space are used as hangout spaces and are meant to be furnished with flexible stools and tables. This furniture is fitted to be used both in and outdoors. The whole corridor is filled with natural light from the two gardens (page 12).

One garden has a circular opening with trees standing in it. These trees are also experienced from a slightly elevated level than normal. The opening has a bench around it and this space is easy accessible both with wheelchairs and hospital beds. The other garden has a volume instead of a opening in the same place. This room can be used for different ceremonies or any other function. Around this building-in-building stand a couple of small trees.

The patient rooms are situated at the west side, making them private. Along the other side more public functions are placed. The staff has their own entrance through the dressing rooms. A small resting room can also be used for overnight stays for patients' relatives. The office has a place for breaks, coffee and meetings. Among other functions there's a small meeting room for private conversations, public toilets and a dining / kitchen area. The kitchen is situated between the patient and staff dining rooms. I see it possible that the kitchen could serve the staff as well to some extent. However, the kitchen's main focus is the patients and it's open towards the patient dining room making them able to take part in the cooking.

All along the outer wall there's a 600 mm deep "function zone" mainly with the function of storage and sitting.

### 6. & 7. Segment of plan and section

The plan is designed to fit two different patient room modules. One that is straight and one that is curved. The shape difference isn't supposed to make the two modules unequal in any way. In every room there are a bed, a small table and a couch where relatives can spend the night. Along the outer wall there's a 600 mm deep and 720 mm tall bench. This bench is mostly for storage of personal and relatives' belongings but also works as a desk. The bench top can also be used to sit on (page 13).

The bathrooms are very spacious, and share the beautiful view of the rooms. The bench here works both as a table for different care products but also as a sitting furniture for assisting staff when a patient showers or takes a bath. In the corridor each room has a storage unit. The idea is that this is only used by the staff. The storage is for bed linen, towels, extra pillows, drugs etc. Basically things that belongs to the room and patient but that can be accessed and restocked without having to entrance the room itself. Many times very sensitive situations and conversations will occur in the patient rooms and in this way the logistics of the hospice can go on without disturbing them. This also decrease the need for storage rooms that would take up precious facade contact.

# 9. & 10. Facades

The facades are a result from the plan. The windows are placed with their function and views in mind, and all are in the same level and height. The facade is clad in a larch panel. The curved surface is poorly represented in the drawings but would create a nice play between light and shadow in reality.

# 11. 12. & 13. Views

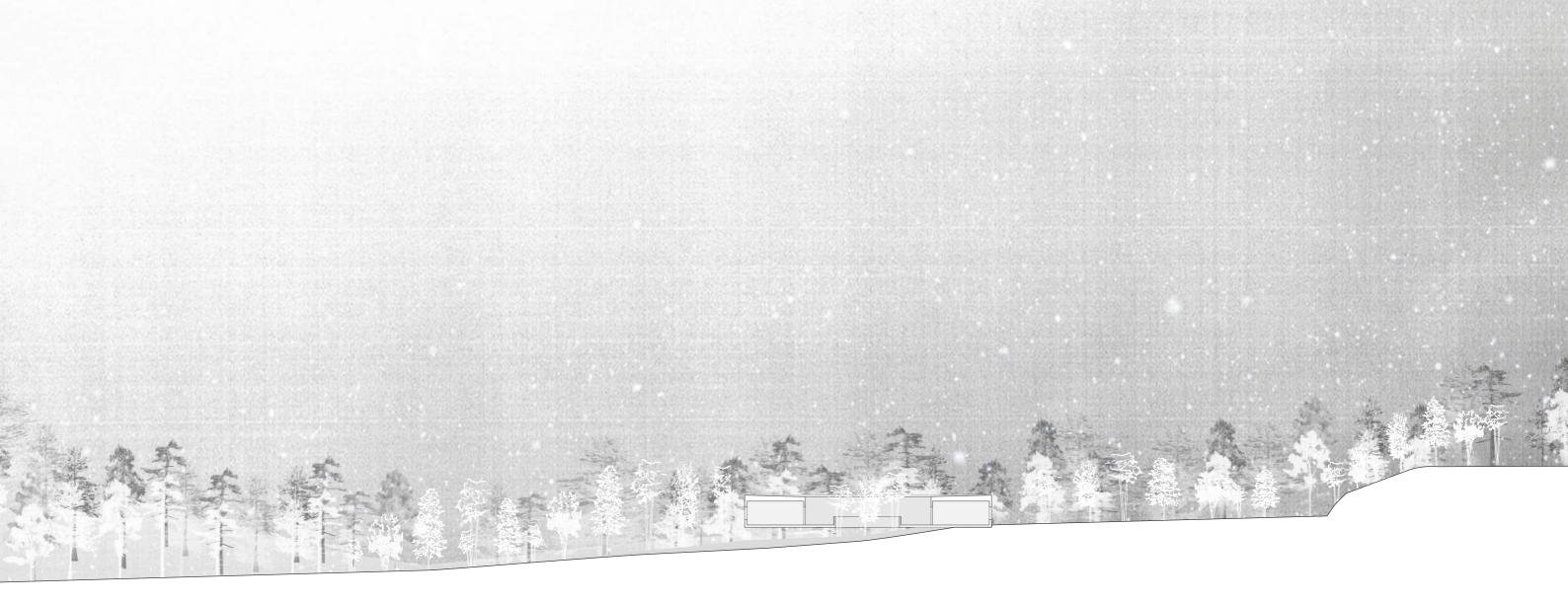
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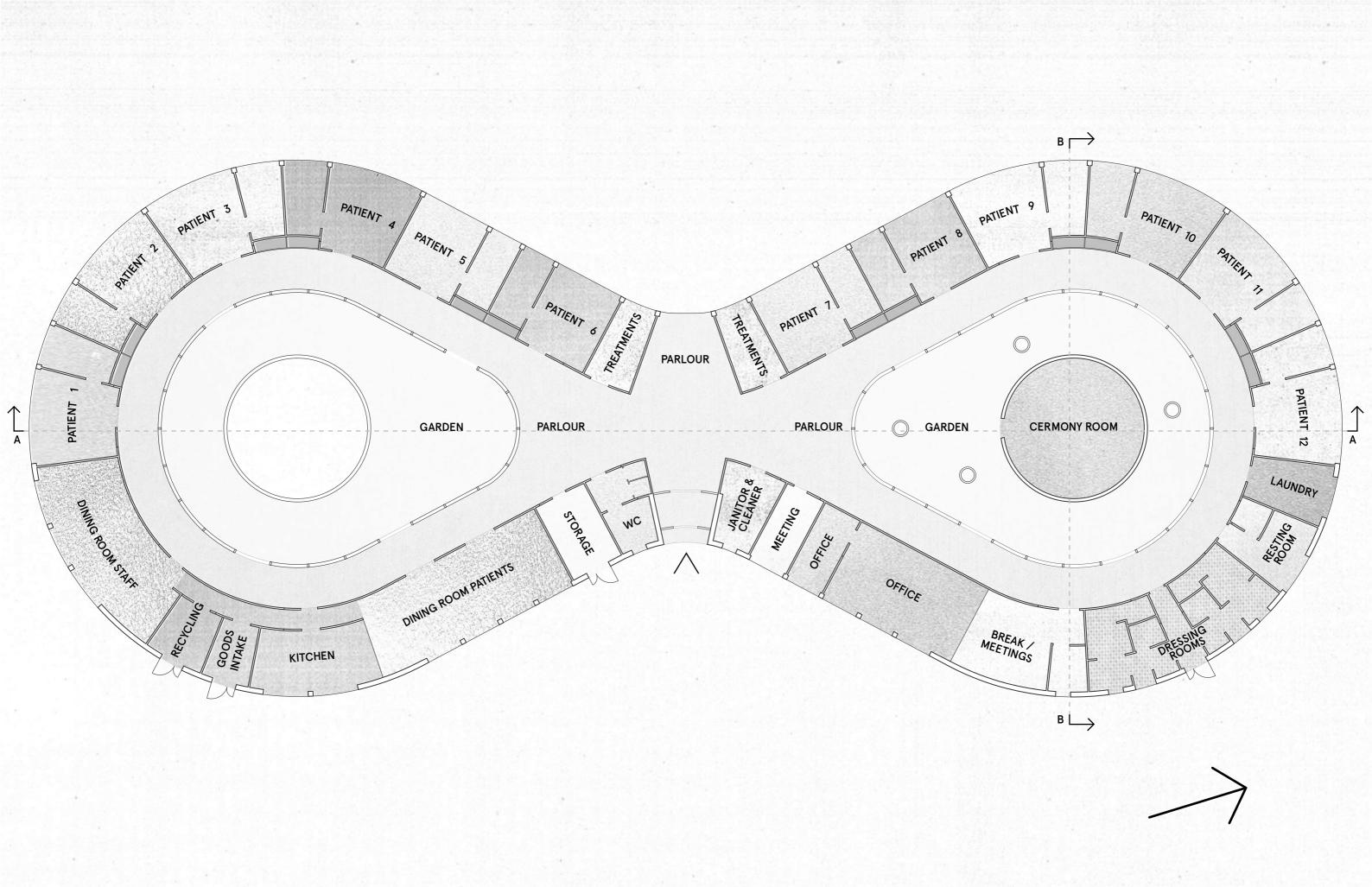


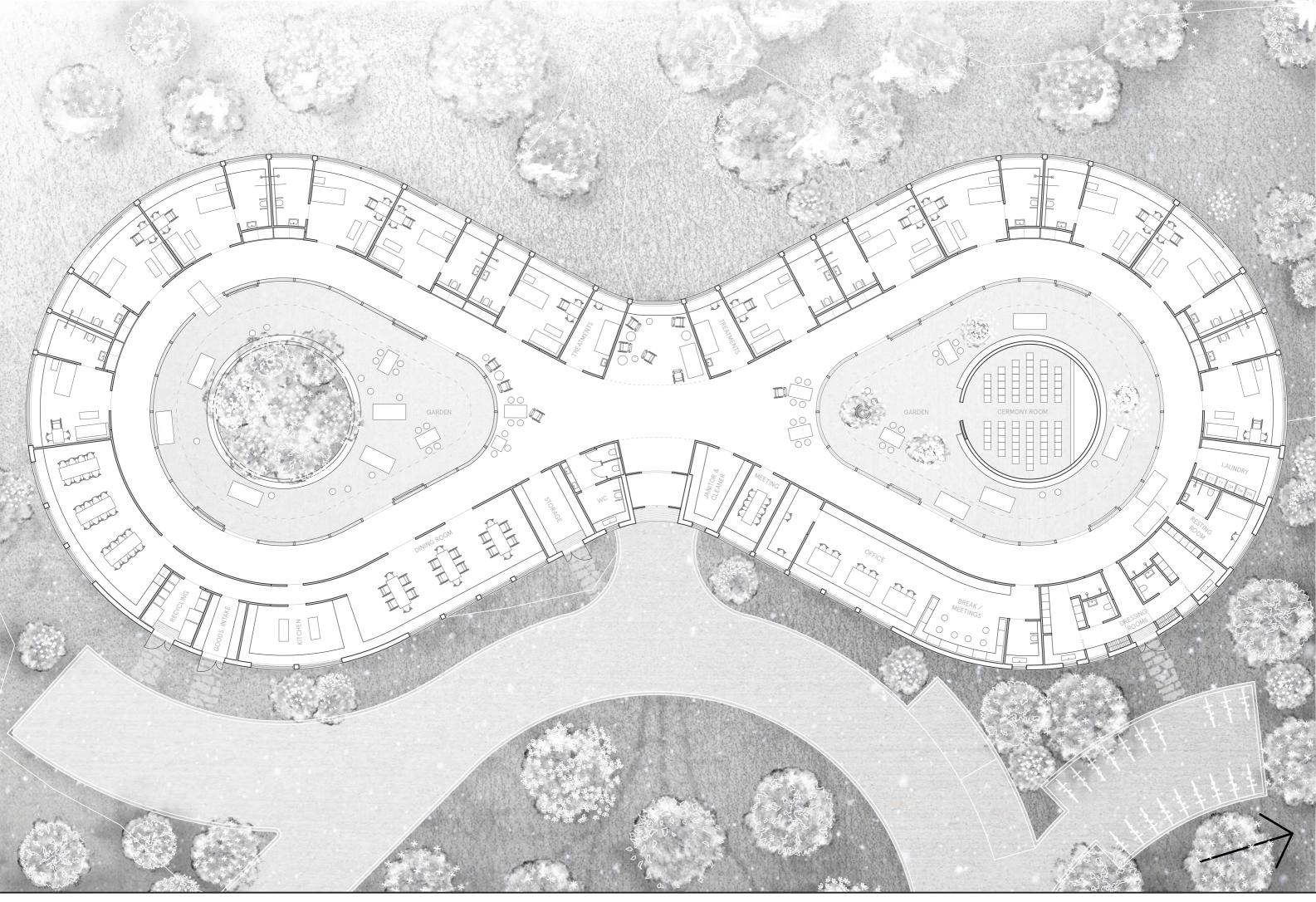
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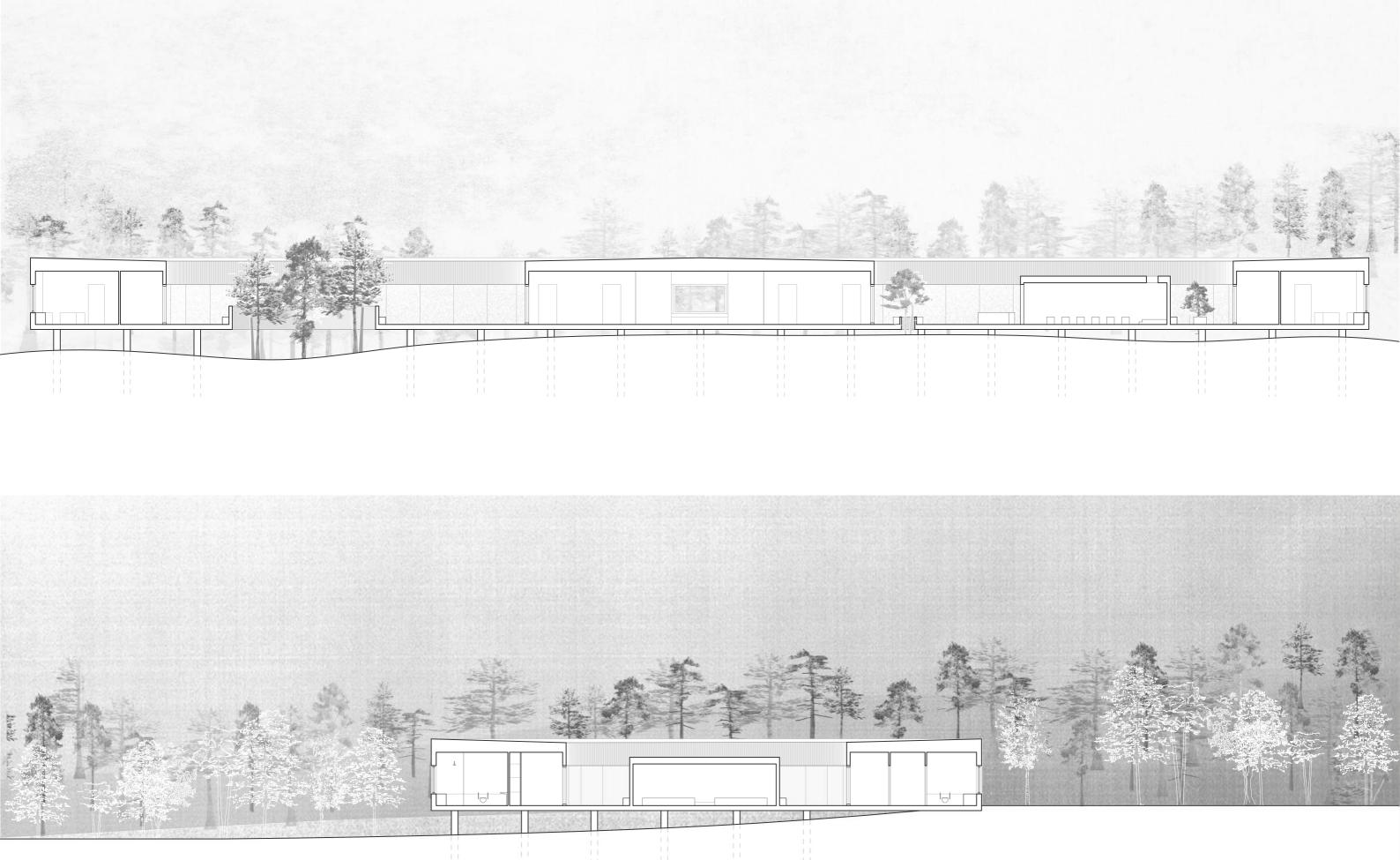


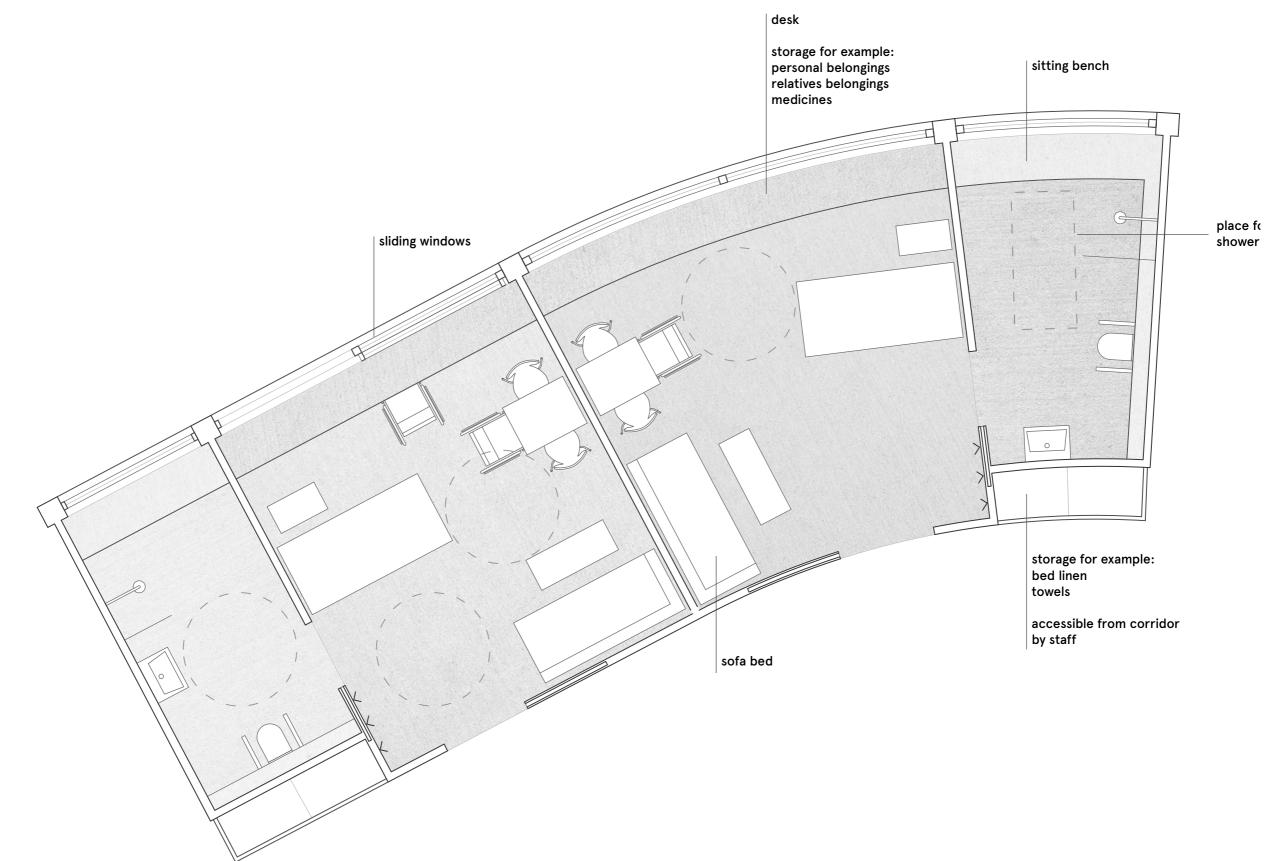


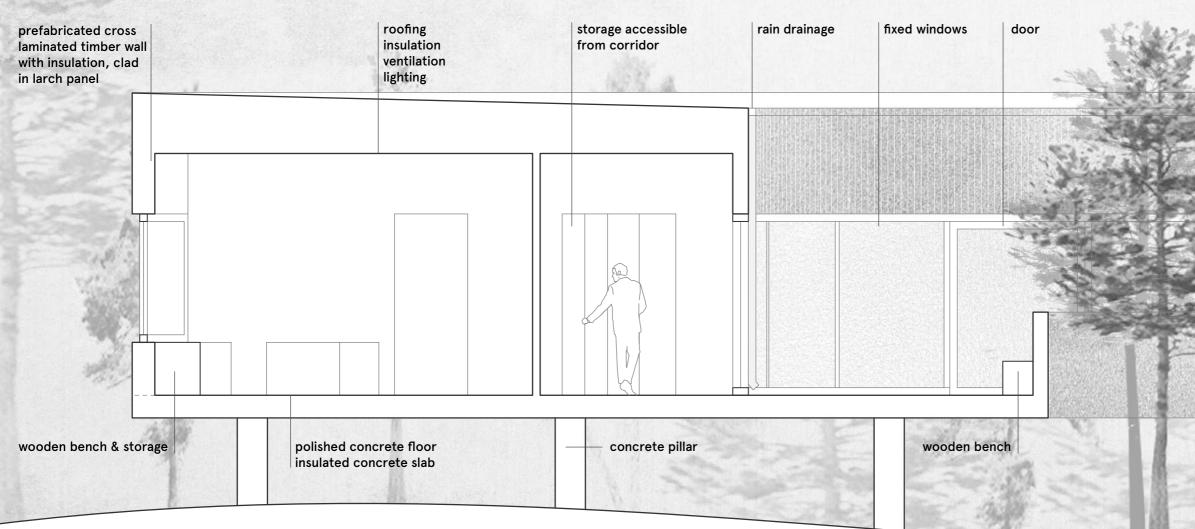


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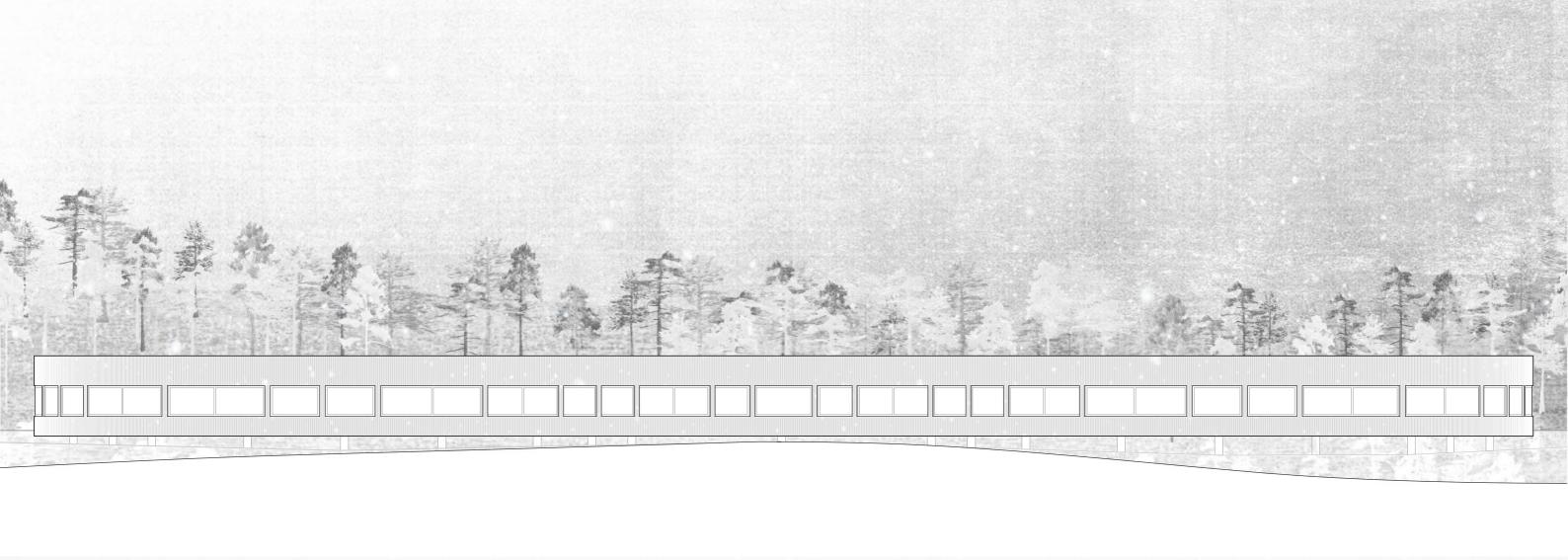
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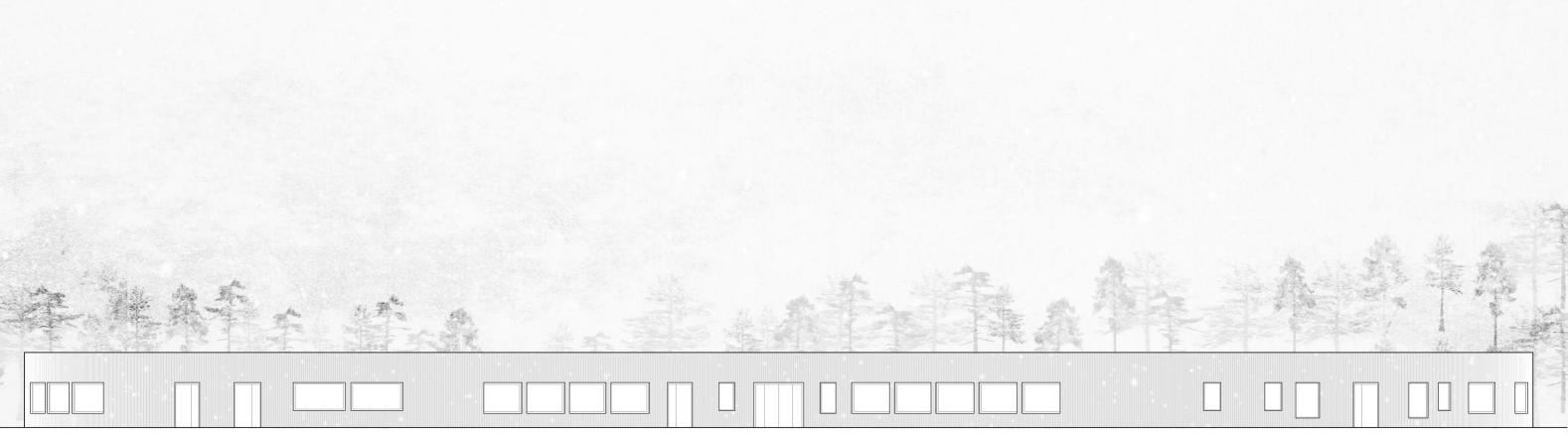


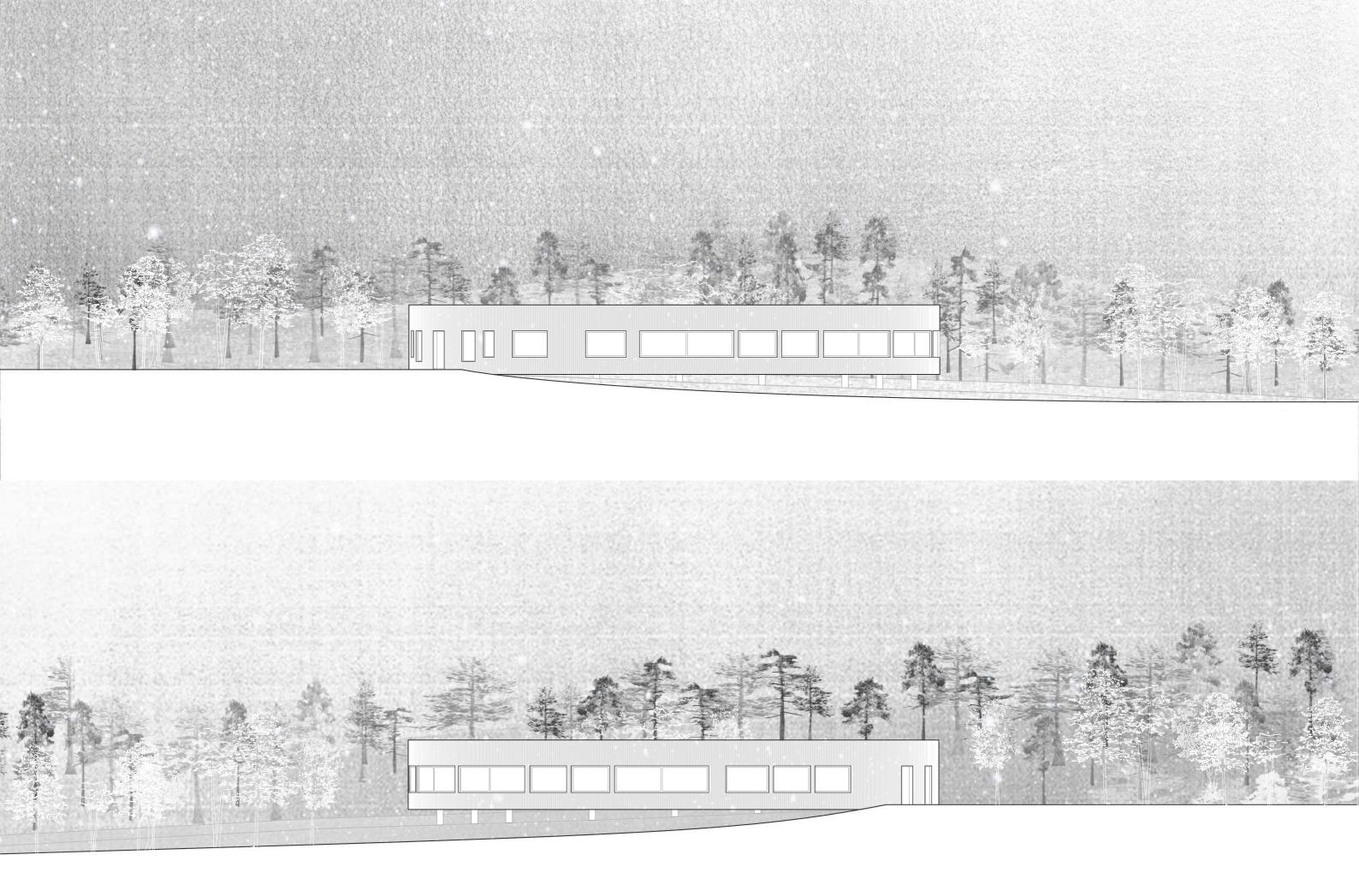


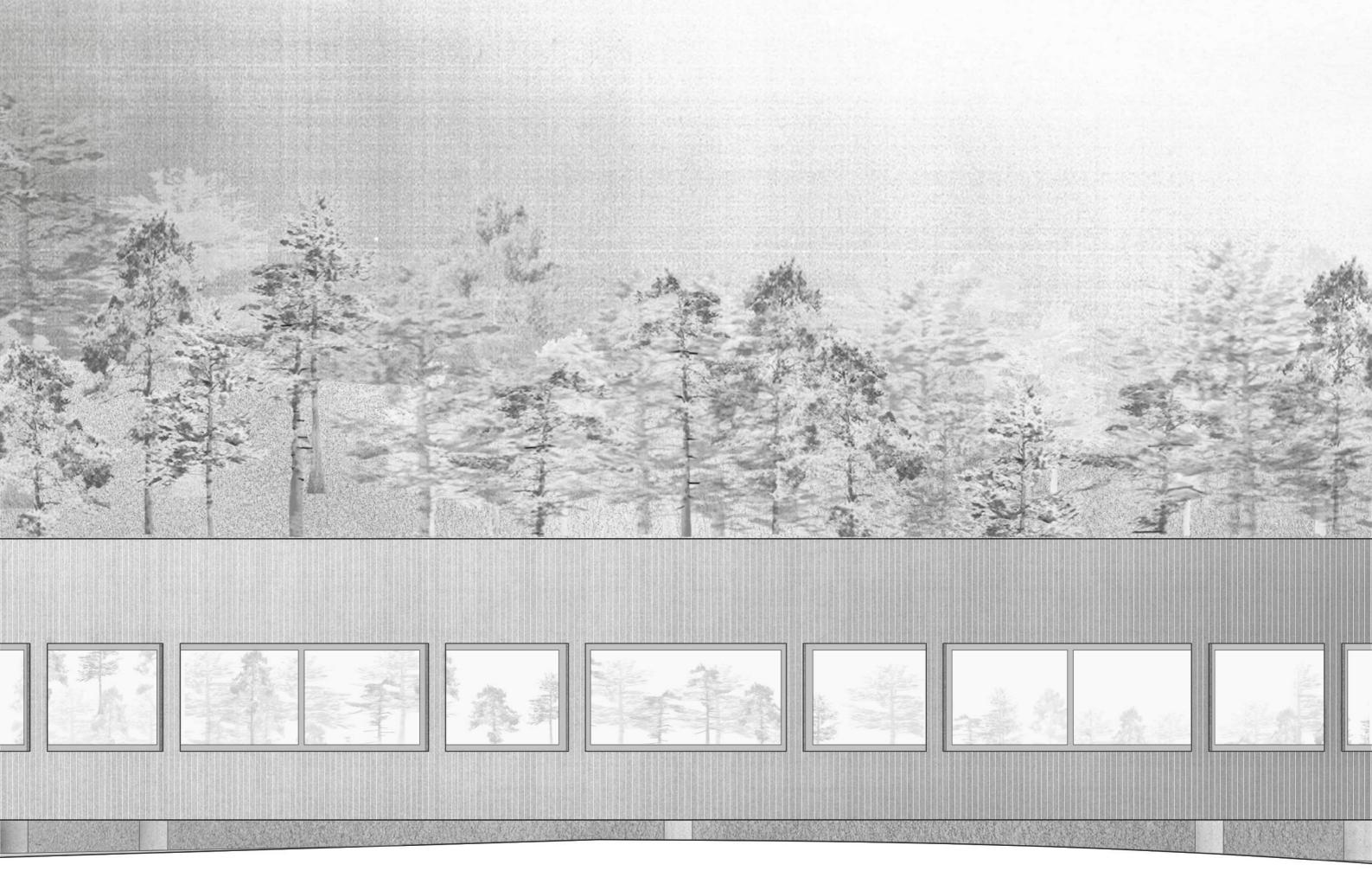






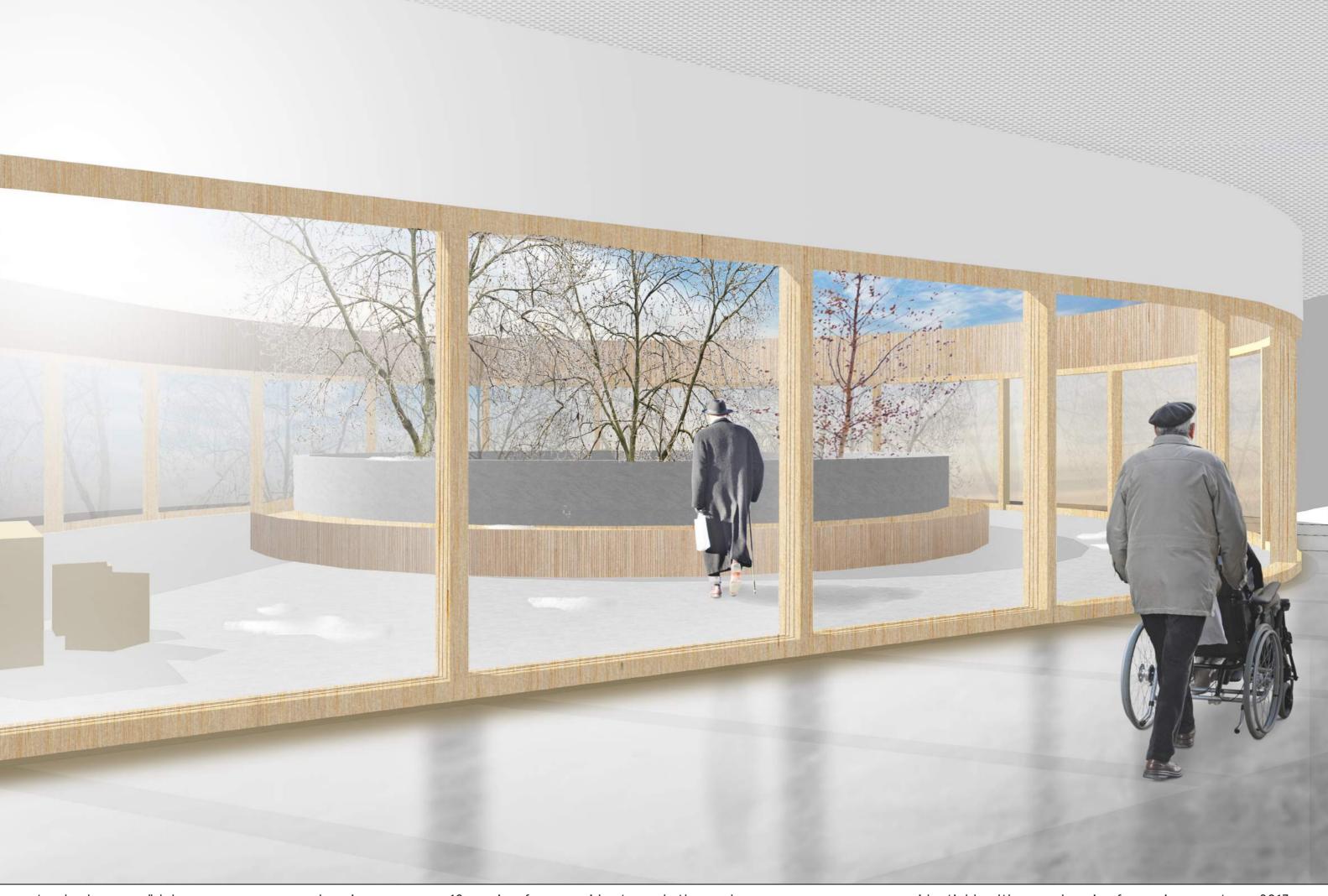












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