Negotiating and valuing spaces: the discourse of space and 'home' in care homes

Abstract

This paper examines how space in care homes is experienced and negotiated by people who live and work in them. The analysis of qualitative data of five in-depth case studies of care homes in England revealed three key ways in which space is negotiated: a) the way in which values affect interactions inside versus outside the care home environment, b) the negotiation of boundaries and domains within the homes, and c) the sense of being at 'home'. The paper illuminates how the design of the buildings and organizational factors can reinforce or bridge dichotomies between inside and outside spaces. Residents' abilities to re-negotiate boundaries, domains and communal spaces within homes are shown to be affected by organisational factors such as staffing priorities. Despite 'home' being a common discourse, the spaces within care homes were often organised, ordered and experienced as two distinct, co-present worlds: the dwelling place of residents and the workplace of staff.

Highlights:

- Organizational dynamics affect how residents and staff value spaces in care homes.
- The design of care homes can bridge or reinforce divisions between inside and outside.
- Residents' abilities to negotiate spaces were affected by priorities placed on staff.
- Care homes could often be seen as two separate worlds for residents and staff.

1. Introduction

Over 400,000 older people aged 65 and over live in care homes in the UK (Laing and Buisson, 2014).Care homes offer older people care and a place of residence and they offer staff places of employment. An older person will be allocated their own room, will have access to communal spaces shared with other residents (lounge, dining rooms, activity rooms, gardens, and so on) but also tend to be prohibited from entering staff-only spaces (such as kitchen, laundry, staff room, staff toilets and offices). The complex and often contradictory characteristics of care homes – their private and public spaces, individual care and communal existence, a dwelling for residents and a work place for staff –necessitates negotiation as to how physical space is used and how its meaning defined.

Place and space is not neutral. As the philosopher Edward Casey (2004, p, 23) argues, "the power a place such as a mere room possesses determines not only

where I am in the limited sense of cartographic location but *how* I am together with others (i.e. how I commingle and communicate with them) and even *who* we shall become together". In other words, space shapes our being. Whereas Casey, who writes in the tradition of Heidegger, is interested in philosophical notions of being, in this paper we apply the idea to well- and ill-being, outcomes that are of central concern to care settings, such as care homes.

Space can segregate, separate, or bring people together in subtle and unexpected ways and thus can affect psychosocial well-being and health. Power relations can also be reinforced spatially (Foucault, 1967, 1977), e.g. central spaces might be appropriated by powerful groups. The way space is organised facilitates surveillance and control mechanisms and ownership of spaces may be denied or enforced. Thus negotiations of space can empower or marginalise people.

In this paper we identify the negotiations of space within care homes as being shaped by three factors, a) the architecture and design of the care home, b) the organizational culture within a care home and c) individual resident and staff responses to both a) and b). Our focus concerns the dynamics through which space is negotiated and how discourse operates in this negotiation of space. In so doing we bring together literatures on the design of the built environment and notions of person-environmental fit within the institutional-sociological literature, to examine how spaces in care homes are negotiated.

Scholars of design of the built environment tend to focus on how care home design can affect residents living in such settings. Duffy (1986) sought to determine users' preferences regarding design features. Regulations for designing care home buildings and the spaces within them have attempted to ensure that the full range of needs of staff and residents can be met. Recommendations for care home design have centred on the ageing body and how to structure physical space and physical material to support, accommodate and compensate for the ageing body (Torrington 1996). More recently, however, Parker et al. (2004) developed a Care Environment Assessment Matrix to investigate how care-home design is linked to quality of life. Parker et al.(2004) usefully mapped 11 domains of person and environment interaction which they grouped into four categories: 1) residents universal: privacy, personalisation, choice and control, community, 2) residents physical: safety and health, support for physical frailty, comfort, 3) residents cognitive: support for cognitive frailty, awareness of the outside world, normalness and authenticity and 4) staff: provision for staff. The findings of their study indicate that residents' choice and control was positively linked to residents' well-being. A dominant concern for health and safety was found to reduce residents' enjoyment of activities, their control of the environment and their consequent quality of life. More recently tools have been developed to incorporate 'care domains' into research on personal and environmental interaction. For instance, Orrell et al. (2013) included dignity and personal care of residents as a domain, allowing a more focused examination of the role of care needs. Their findings identify the problems and difficulties in designing

built environments that are able to support all residents with their different physical and cognitive needs. Knight et al. (2010) add that control over aspects of design can not only have a positive impact on well-being but also on identity. Other studies have focused on the impact of building design on people with dementia (see for example, Innes et al., 2011).

Changes in care home design have responded to a changing regulatory regime in conjunction with changes in the care needs of the elderly population requiring residential care. The needs of people offered care home places are more complex than in previous decades. Over 59% of residents living in UK care homes are now over 85 (Office for National Statistics, 2011), and as the average length of stay in care homes is less than three years (Forder and Fernandez, 2011), residents enter care homes nearer to the end of life and with more complex cognitive and physical disabilities than in the past. The diversity and complexity of needs, on the one hand provides challenges for those designing care homes, and, on the other hand, also suggests that a more detailed analysis of spatial negotiations is necessary as multiple factors contribute. Complex needs often make it difficult for residents to negotiate spaces independently and orient themselves in relation to others effectively.

Studies into the effects of care environment designs have drawn draw not only on architectural studies, but also on psychological and sociological literature (Barnes and the Design in Caring Environments Study Group, 2002). Sociological-institutional literature has examined staff and resident segregation in care institutions (Goffman, 1961, Townsend, 1962, Willcocks et al., 1987). A Foucauldian approach suggests that if we are always embodied in space, this requires repeated decisions about how we orient and position ourselves in relation to others, the power relations thus entailed can therefore be reinforced spatially (Foucault, 1967, 1977). For example in care homes; central and 'public' spaces might be appropriated by powerful groups, space may be organised to facilitate surveillance and control mechanisms or ownership of spaces may be denied or enforced. As Willcocks et al. (1987) point out care homes vary considerably in design and range from simple single block buildings to more complex designs. Spatial allocation of communal spaces, offices and private rooms within these designs contribute to the dynamic of negotiation and the mobilisation of spatial discourses which relate to residents' control over privacy, autonomy, and rights of access, orientation, ease of mobility and safety. Whereas Willcocks et al. (1987) have emphasised the connection between functional and symbolic aspects of space, there has been little analysis of how spatially-relevant value labels emerge within the dynamics of the organisation of care home communities. Features may be attributed to material aspects of the structure of homes without also taking into account how they reflect staff priorities in engaging with spaces as workplaces, as places where efficiency is required and where daily work is not simply functional but also contributes to the emotional and aesthetic experiences of staff and residents. The potentially negative relationship

between a risk-averse culture and individual freedom has been echoed more recently in Torrington's work on buildings design using the Sheffield Care Environment Assessment Matrix (SCEAM) (Torrington et al., 2004; Torrington, 2007). This underlined the need to appreciate the interrelation of spatial with other factors to specify negative as well as positive effects of building design when the interests and experience of only some user groups are prioritised. Design can be seen to address physical frailty and interaction with the community to increase residents' control and higher levels of physical activities experienced as pleasurable and, interestingly increased staff satisfaction and retention. Hujula and Rissanen (2011) have highlighted the constructed nature of taken for granted features of work organisation in homes.

Scholars have further recognized the importance of location and links to the community for care homes (Townsend, 1962, Cheng et al., 2011, Reed-Danahay, 2001). Care homes are, like private homes, embedded in communities and the local environment with its facilities has potential to shape the identity of the home. Peace et al. (2006) define a 'home' as a secure base in and from which people organize their daily activities and socialise with others. Home and attachment to it can be a layered phenomenon, interacting with personal identity, from the dwelling itself, outwards to the neighbourhood and then the country (Peace, 2015). Heywood et al. (2002) discuss the enactment of 'home' as a 'statement of self-image and identity'. Cristoforetti et al (2011), in their discussion of widowhood, argue that our arrangement of the space around us becomes a 'showcase of the self'. The experience of home and the personal meaning attached to it can perhaps be seen most vividly through a life course perspective, with the home a central location of intergenerational contact (Peace, 2015). With this longitudinal perspective the experience of transitions between homes, in particular agency and timing, (Benson et al, 2005, Hyde et al., 2014) will be relevant to the outcomes of such transitions and the extent to which a dwelling can become home. The notion of 'home' suggests a sense of ownership and control over space and in the context of care homes, residents' rooms rather than the care home as a whole tend to be seen as 'home'; a place where they can invite co-residents and others (Falk et al., 2012). Peace (2015) argues that the relations to people and place which are likely to give meaning to 'home' may be particularly hard for those who are very frail to recreate following a move. Willcocks et al (1987) raise an important question about the extent to which privacy and communal living conflict with each other in care homes and note that care homes inevitably have an institutional rather than a domestic 'feel' to them. Peace and Holland (2001) draw our attention to the possibilities that even very small residential homes for up to four residents which look much more like domestic homes than institutional organisations will have daily routines that have much more in common with larger residential institutions than domestic households. Therefore, our study both builds on and elaborates debates that examine the ways in which care homes may or may not be home-like.

In this paper we focus on the spatial negotiations on a micro-level to illustrate how residents and staff use and experience space in their daily activities. Detailed examinations of how care home spaces are negotiated and experienced have been relatively rare in recent research on care homes, with exceptions tending to focus on specialist dementia care facilities (Reimer et al., 2004, O'Malley et al., 2015) or hospices (Moore et al., 2013, Rasmussen and Edvardsson, 2007).

Our assessment of the data identifies three elements of spatial discourse as central to the organisational dynamics of care: a) the way in which values affect interactions inside versus outside the care home environment; b) the negotiation of boundaries and domains within the homes; and c) the sense of being at 'home'. These negotiations offer important insights about how space is experienced by residents and staff and inform debates not only about how care homes are designed but also about how care might be delivered.

2. Methods

Study design

The research is a secondary analysis of data collected as part of a larger research project undertaken to examine the organisational features associated with good care and mistreatment (see Killett et al., 2012). The research project involved a comparative case study design of eight care homes in England 2009-2011 involving a total of 147 semi-structured interviews with residents, family members, staff and 294 hours of observation of interactions and activities in communal areas. Ethical approval was granted by the National Research Ethics Service, Cambridgeshire 3 Research Ethics committee (09/H0306/63).The care homes were selected through purposive sampling to reflect the size, ownership model and type of care registration, inspection report rating, socio-economic features of location and resident population. Participant observations and semi-structured interviews were conducted with residents, staff, relatives and visiting professionals over a 4-6 week period at each care home, including observations during weekdays, weekends and at night. The observations were recorded in extensive field notes and audio-recorded interviews were transcribed verbatim and anonymised.

We examined how residents and staff negotiated the use of space and how meanings for different spaces were constructed through day-to-day activity. Observations and interviews with residents included discussions about their rooms, their use of communal spaces and the home as a whole. Interviews with staff members included discussion about their work routines (including how different parts of the home were used and managed) and the ways in which the care home had links with the wider community outside the home. To that end we analysed data collected in five of the eight homes (Three homes providing specialised dementia care were excluded because very few residents living in these settings were able to vocalise their views and experiences).The buildings of these five care homes ranged

from semi-complex to complex rectangular shaped (see Willcocks et al., 1987 for classifications of building types, pp, 80/81and see Table 1 for details), none of which included centrifugal or open architecture.

A participatory approach was achieved through a) consultation with care home residents and staff of non-case study homes who acted as expert advisors collaborating in the planning of the study and development of the findings, and b) through the inclusion of peer researchers; older people from the local community, who did not live in care homes but had an interest in them (see Killett et al., 2012, Burns et al., 2014). Six peer researchers received training in interview and observation data collection techniques and thematic analysis and conducted interviews and observations alongside the academic researchers.

In these five homes a total of 204 hours observation were undertaken. Interviews with residents (n=37) and staff (n=68) lasted 40 minutes on average. All audio-recorded interviews were transcribed verbatim and the remainder were documented by extensive handwritten notes. All data was anonymised.

Data analysis
Data analysis involved initial within-case analysis of codes and themes by hand, followed by a cross case comparison using the method described by Eisenhart and Graebner (2007). Primary analysis focused on identifying organisational features associated with good care as experienced by residents and staff. Themes such as, 'a sense of home' (often including the sense of ownership over spaces), 'communal versus individual living' (including the negotiation of private and public spaces), 'the career of the resident' (i.e. their pathway into a home and changes to their location), 'human relationships', 'choice and decision making', 'diversity and community', and 'the interface with community services' were identified.

The secondary analysis of spatial features discussed here draws upon a subsequent analysis of all data with spatially-related codes and focuses on spatial discourses. The following themes were identified: 1. The way in which values affect interactions inside versus outside the care home environment; 2. Boundaries and domains; and 3. Discourses of home. The first theme explores how residents and staff defined spaces as external or internal and how they value these different but related types of space. The second theme focuses on how residents and staff negotiate spaces within the care home and reveals how spaces are managed at a micro-level. The third theme examines how residents and staff value and perceive their care homes as 'home' environment.

Table 1: Characteristics of care homes, residents and staff

	Type of care home	Building design and facilities	Location	Garden facilities	Communal spaces	Resident characteristics	Staff characteristics	Interviews and observations
Daisy Court	Private, corporate chain, 60 bedded, dual registered to provide residential and nursing care.	Purpose-built (1990s), semi-complex L-shaped design, over two floors (30 beds on each floor), residents' rooms are small with ensuite facilities, long corridors	Urban, Located on a busy road, good local facilities (bus stop, shops).	Small garden at the rear	One small dining room and lounge on each floor. Small activities room on ground floor.	Physical needs: high Cognitive needs: Low-medium Interviewed residents aged between 70 and 90 years.	Manager not hands-on involved, Standard hierarchies Spatial organisation of staff, Use of agency staff	6 residents 12 staff 48 hours observation
Crocus Row	Local authority, 19 bedded, residential	Purpose-built (1970s), complex+-shaped design, over two floors, separate dementia unit attached to it, restaurant, residents' rooms are small, communal toilets and bathrooms.	Urban, in residential area,	accessible garden area via ground floor	A small lounge and kitchen facility in each of the three resident unit areas. A large lounge, 2 large activity rooms and a reading area.	Physical needs: medium Cognitive needs: Low-high Interviewed residents aged between 82 and 89 years.	Involved and hands-on manager, Complex hierarchies, Use of agency staff, Staff divisions between old and new staff	4 residents 11 staff 31 hours observation
Sunny Rose	Private, individual owner, 30	Converted building old building, two floors, very complex design as	Market town, located in	Large garden, with direct	Two large lounges, two dining rooms and small dining	Physical needs: low-high	Involved and hands-on	7 residents

	bedded, residential	extended over time,used as a care home for at least 30 years residents' rooms vary in size and facilities	centre of town, good facilities	access from some rooms.	tables at various places around the home, activities room and two conservatories	Cognitive needs: Low-medium Interviewed residents aged between 86 and 91.	manager, Minimal hierarchies,	10 staff 40 hours observation
Iris House	Local Authority 40 bedded, residential	Purpose-built (1970s)complex, + shaped design over two floors Residents' rooms tend to be small, communal toilets and bathrooms. Four rooms are larger with en-suite.	Urban,	Accessible garden.	A small lounge and kitchen facility in each of the six resident unit areas. A large lounge one to each floor, 2 large activity rooms and a reading area.	Physical needs: medium-high Cognitive needs: Low-medium Ages of interviewed residents not known except for one interviewee who was at 64 much younger than the majority of residents.	Some hand-on involvement of manager Complex hierarchies	8 residents 9 staff 45 hours observation
Poppy Fields	Charity 40 bedded, residential	Modern purpose-built (2000s), semi complex design with internal court yard, over two floors in its own grounds, ,residents' rooms are large and airy with modern unsuited, internet connection, telephone lines, lockable door, and letter box and a glass external wall giving views of the countryside	Market town, ,	Accessible enclosed garden to three sides of the building.	A large lounge, courtyard area with café, chapel, hairdressers, small shop and post box, multiple sitting areas on each floor, reading area, designated restaurant and dining area.	Physical needs: medium Cognitive needs: Low-medium Age range of interviewed residents up to 95 years.	Manager not hands-on involved, Frequent use of regular agency staff	12 residents 16 staff 40 hours observation

3. Negotiations of space: three themes

Table 2 provides a brief overview of findings from the individual case studies. We then consider these themes comparatively across the whole set of care homes studied.

Table 2: Overview of Findings

Care home	Outside versus inside	Boundary and domains	Discourses of 'home'
Daisy Court	High value placed on external spaces, i.e. getting outside of the building. Comparatively lower value placed on spaces internal to the building. Residents have limited movement between spaces inside the home and from inside to the outside of the home.	Staff and residents with cognitive difficulties violate private spheres such as rooms, residents want to maintain privacy of room and draw boundaries to people less able, few communal spaces where residents can draw own boundaries, staff control spatial organization.	Manager refers to rooms as being the resident's home, but residents do not refer to their rooms in this way. Residents appear to have little expectations of the care home being or becoming 'their home'.
Crocus Row	Restaurant on separate floor and managing movement between floors difficult for residents and staff, possibly perceived as external place by residents.	Abundance of communal spaces. Residents actively draw their own boundaries around and within these spaces. Violent claims over chairs in communal spaces observed on one occasion.	Residents draw on a discourse of 'their home' when speaking about their experiences of living in the care home. Shared activities have contributed to communal identity for some residents.
Sunny Rose	Fluid movement of (more able) residents between outside and inside, the home is seen as part of the local community, staff and residents share in activities in town, e.g. going to church, shops. A high value placed on external spaces outside of the home	Segregation of more and less able residents, desire of more able residents for more rigid boundaries, staff supports segregation, conflict avoided by staff organising residents to use different spaces.	Residents refer to their individual rooms as 'their home', but not the care home as a whole. Elaborate discourse of 'home and family' utilised by staff and staff commonly associate order and cleanliness with 'homeliness.'
Iris House	Easy transition between inside and outside, residents identify with being part of a community within the	Claims can be made over communal spaces as an abundance available (e.g. to entertain), this can lead to conflict over communal	Elaborate resident discourse of 'their home' that goes beyond their individual room to encompass the whole of the care home. The use of

	care home.	spaces (this is my chair), residents report peer pressure in how spaces are used.	the home discourse in this way is not shared by staff members.
Poppy Fields	Village design brings aspects of the outside world into the care home, easy transitions by residents between different spaces, residents report feeling part of the local rural community	Residents can draw boundaries in communal spaces, segregation of able and less able residents by residents and staff, respect for private boundaries, habits of using spaces define usage, but also staff behaviour and placement of furniture shown to influence usage.	Residents commonly reference the care home as being like a 'hotel' because of its facilities. Combination of en masse living spaces and residents' rooms as being like a bedsit, i.e. where one can live in a self-contained way.

Outside versus inside

Care homes have different designs, which affect how residents use and value internal and external spaces and the transitions between them. Although two of the case studies had modern purpose-built designs, rectangular enclosed spaces were predominant. The courtyard model of Poppyfields with communal facilities, such as a hairdresser and a shop at the centre, encouraged interaction between residents and staff. In common with all other case study sites, these facilities were not shared with the local community. Perceptions about transitions between the outside and the inside varied, however, across case study sites.

The five homes offered very different availability of accessible communal spaces. Iris House and Crocus Row were both purpose-built, medium-sized residential homes which had a variety of lounges of different sizes, as rooms were grouped into units of seven and each unit had its own lounge and kitchen area as well as central lounges. In the two privately-run homes Sunny Rose and Daisy Court communal spaces were slightly more limited. The garden room in Sunny Rose was converted into a bedroom, perhaps indicating how financial pressures may have a negative impact on the availability of communal spaces, although an extension with an additional communal space was being planned at the time. In Daisy Court some of the lounges were very small and were at times crowded.

In Crocus Row, Iris House and Sunny Rose accessible gardens provided liminal spaces that at times acted as dual zones; these in between spaces, although effectively part of the care home, were often treated and experienced as external spaces. A walk in the village or town, for example, might be replaced by a walk in the garden. By providing an accessible garden for residents, the boundaries between inside and outside were opened up and these concepts became less rigid for residents, thus providing a certain sense of freedom.

> Well, I go out in the garden when I feel like it or I go for a walk. I'm not... I just live, I don't... I'm not enclosed, you can't go. I go when I like, I can just put my jacket on and walk out of the door. (Robert, resident, Iris House)

Elsewhere, Kelly et al (2011) have confirmed the importance of access to or the sense of having access to outside spaces for residents' physical and mental well-being and their sense of identity (Peace et al., 2006).

The courtyard design of Poppyfields, which integrated structures associated with the outside and public world into the home, provided a mediating space between the internal and external world. Olivia, a resident, refers to this as 'the Village Square' where she likes sitting 'because you see people coming and going and you see the staff and different ones to talk to'. Traffic was higher in central spaces, central lounges and the courtyard, making such communal spaces possibly 'more public' than other communal internal spaces. Thus, there are layers of private/communal spaces: the private room, communal spaces inside that have a domestic character,

communal spaces inside that have a public character, communal spaces external to the home such as gardens that are still within the boundaries of the care home, and external public spaces such as the street.

In homes with dual zones such as gardens, care home boundaries could feel more permeable and be experienced as less of a restriction for residents. Tinker et al. (2013) argue for a more creative use of care home spaces, as for example by enabling people outside the care home to use the home's laundry facilities, thus creating new dual spaces within the home. The most radical undermining of inside-outside dichotomies is the 'village' model (Scharlach et al, 2012) gaining popularity in the United States and the Netherlands, where members of the local community regularly use care home facilities and vice versa.

In Daisy Court where no such dual zones existed, the dichotomy between inside and outside was most pronounced. Fieldwork was undertaken in winter so it was not clear how the garden was used. However, no interviewee made reference to it while they commented frequently on other external spaces. They valued access to spaces external to the home very highly. David, a resident, comments on how the hospital where he has frequent treatment is 'only two bus stops down'. The proximity is important to him. Although he usually takes a taxi rather than a bus, the existence and potential usefulness of public transport connections still offer potential for independence.

For Sally, also a resident at Daisy Court, it is the proximity to the school, which her grandchildren attend, which is important to her. She describes how her daughter-in-law drops the children off after school, she, thus becomes the child minder on some afternoons, a task that she appears to cherish. This is also a task valued by her family, as it enables the mother to work. Despite her physical disabilities, the home's location allows Sally to participate in family life in a meaningful way and such intergenerational activity and relatedness is a key aspect of the experience of home (Peace, 2015).

Lily, a resident at Daisy Court, who used to live nearby, appreciates the close relations to her local church who 'come on Sunday [...to] bring me Holy Communion and then they come during the week as well sometimes which is very nice'. She also values the continued proximity to the botanical gardens.

Flora, the activities coordinator at Daisy Court, consciously tries to bring the community into the home and describes how she encourages school choirs to come and sing and how she organizes other community-linked activities. Some windows give views onto a busy main street. Clifford, a resident, talks about how he enjoys watching the traffic. Some windows have a more scenic view over hills. Townsend (1962) and Johnson et al. (2010) also found residents gathering at thresholds to different domains, in particular the entrance hall.

As residents' comments from Daisy Court suggest the inside is perceived by some residents as a prison-like space they would like to escape from, but which also meets basic needs such as the provision of food and shelter. Clifford and David both point out that the transition into the outside world is, at times, regulated and difficult.

> I were not allowed out, well, I've tried twice to get out. We went... you know when I first came in here I would get out and get.... it was a good walk. I was walking somewhere you know, anyway I were not going to come to no harm and they were alright, but now I don't bother because it's here I mean my son comes practically every day. (Clifford, resident, Daisy Court)

> For me I feel like I'm in prison, but there again if I go outside I'm going to fall over and I know by just standing up in here. (David, resident, Daisy Court)

Daisy Court was registered to provide nursing care and residents' had greater physical needs than at other case study sites. Independent journeys were often difficult as David's comment indicates. In such an environment the connections to the outside world are highly valued.

The sample is too small to make claims on differences between genders, but it is noticeable that men place a particular high value on outside domains and connections with them. A reason for this could be that their past lives had less domestic focus than some of the female residents. Thus, spatial discourse is also shaped by residents' personal life histories.

The availability of dual zones appears as less significant to staff, who perceive the inside space as their place of work which exists separately from their life outside. They rarely mention the outside and in those instances where they do, represent it as placing pressure on their work and activity within the inside spaces. For instance, Sheila and Pam, nurses at Daisy Court, identify the pressures of answering the phone and responding to questions from doctors and family members which take their attention away from their work routines. This may suggest that whereas residents desire and value links between outside and inside, staff in some homes may seek to separate the outside world from their work in the home given its potential to interfere and disrupt the inside world of care home-specific rules and procedures. Such inside-outside links may therefore have a more negative value for staff experiences within the home.

Negotiating boundaries and domains

In all care homes residents were seen negotiating the use of different spaces. Throughout the day residents entered and used a variety of locations, gave instructions and consent to be physically moved by staff, or at times resisted such requests. They would draw boundaries and establish private domains. Such negotiations took place along diverse and specific lines.

Some of the more able residents of Sunny Rose, Poppyfields and Daisy Court were keen to separate themselves from other, more dependent, residents. Clifford, resident at Daisy Court, talks about the 'stupid woman' who walks along the corridor and who invades his space by walking into his room. In a similar way Frances, also a resident at Daisy Court, refuses to go to the dining-room, because in the dining room she had to sit with 'these poor people', 'people who can't help themselves' and whose arguments and visible dependency 'put [her] off'.

The physical distancing from others, perhaps those perceived as 'less able', offers a vital form of independence where one's own abilities can still be asserted. Residents in Poppyfields and Sunny Rose make very similar observations. Harry, a resident at Poppyfields sees the lounge space as 'spoiled' by residents who are more limited in their abilities to engage. Elizabeth, resident at Sunny Rose explains why she avoids the lounge, as follows:

> And actually there is no point, because they are not talking people, they don't do anything, they just drop off. I think it is very off-putting, but can't be helped seeing it, because you have got to get to the front door.

Her comments suggest that Elizabeth would prefer more solid boundaries separating her from some of the other residents who are unable to communicate, where she may expect to be able to socialise and wish to find others there who are able and willing to socialise. She seems to want to dissociate herself from residents who were visibly more inactive and less interactive. In each case Sunny Rose, Poppyfields and Daisy Court, the more physically and cognitively able and self-reliant residents tended to exercise their choice by avoiding communal spaces and certain dining areas/tables and use their own private rooms for leisure time. The desire of more able residents to separate themselves from those who are perceived as less able was also noted by Johnson et al. (2010). The organisational dynamics in care homes at the time supported such segregations. For instance, in Sunny Rose the staff encouraged the more able residents to dine together and in Daisy Court less able residents who required assistance with feeding were seated together at a table for the convenience of staff. The point at which more assistance is needed, however, may for some be exactly the point at which more privacy would be valued.

> When it comes to it, I don't want to be publically fed. I don't want to sit in the dining room like some of the residents sit now and be publicly fed by the staff. (Ella, resident, Poppyfields)

Privacy and ownership also make negotiations necessary. Doors are in some instances deliberately left open to invite conversation with those who pass by.

> Yea you know because some people they can't walk, so you just look in their door and then if they say come in then I'll go in, if they don't, they don't and err I've got two ladies that they're not good, but I kind of keep me eye on them [laughs] somebody keeps an eye on me. (Mabel, resident, Daisy Court)

In other cases doors to residents' rooms are closed to keep 'undesirable' residents from entering. Whereas in most homes such private domains are respected and staff knock before entering private rooms, night staff at Daisy Court were asked to return washing to residents' rooms even though residents might be asleep. In this way private domains of residents could be violated. Some staff felt uncomfortable with such violations of privacy, but they had to do what they were told.

The smooth and efficient running of the care home is the key factor shaping negotiation of care home spaces by staff. In the largest home, Daisy Court, many aspects of such work were spatially-organised. Specific staff members had greater control over particular areas of the home, grouping residents in terms of disability levels and enacting policies about when residents would be moved from their bedrooms to the dining room. Such ordering could sometimes be met with resistance and frustration from residents and other staff and some renegotiation was possible. In Crocus Row and Iris House, the wide array of communal spaces enabled residents to negotiate communal spaces more independently. This could, however, lead to fights over chairs, which then prompted staff intervention.

The design of the building could also affect the way in which spaces could be used and negotiated. In Crocus Row, the dining room was on a different floor from the other communal areas and leading to frequent queues to enter the lift, which caused widespread concern, in particular after dinner when residents wanted to use the toilet. Those who relied on staff to move them were disadvantaged and could wait for a considerable time to be moved. Thus Crocus Row limited residents' ability to negotiate spaces independently at mealtimes, but supported residents' negotiations at other times of the day.

The resident-focused staff negotiations of spaces in Iris Court, Crocus Row and Poppyfields also meant that domains were not used in fixed ways. Common practice or peer pressure can determine where residents gather and how spaces are used.

> Well, it seems to be the normal thing with all the ladies congregating in the sitting room over there (Sarah, resident, Poppyfields)

But domains can also be defined by the type of furniture that is placed into these spaces.

They all used to go and sit in the big one and then they put that snooker billiard table is it and moved them all down here and to this one but now [the table has gone] they're gradually going back to the big one what there is.
(Amy, resident, Iris House)

Residents appreciated being able to use communal spaces in ways which reflected their differing and occasional needs, for example, to entertain visitors in one of the communal lounges rather than in their own room. .A variety of communal spaces can enable residents to create private spaces within the public domain.

And if you wish to entertain people you have got these rooms [smaller lounges]. There are several like this and you can use anyone you like.
(Marion, resident, Iris House)

When all residents are simply placed together in a lounge such a creation of more private domains is impossible, as demonstrated in one analysis of a nursing home lounge (Hauge and Heggen, 2008).

The discourse of home
In line with most care homes research, Peace et al (1997) and Peace and Holland (2001) have argued that such homes, even when smaller, are rarely perceived in a similar way to the domestic home. Echoing this, resident Elizabeth from Sunny Rose pointedly remarks on how specialist equipment and people 'slumped in the lounge' provide frequent reminders to her of a care home being different from a home. In homes where communal spaces were more organised, residents were more likely to refer to their rooms as 'home', but not to the home as a whole. Some of the staff in the more organised homes echoed that the rooms were residents 'homes' rather than the whole care home.

I look at it as that, yes, it is our work place, but first and foremost it's the residents' home, each of these rooms is their individual flat, whatever you'd like to call it, house, and we come in here to look after them. It's this home is not ours its theirs. (Joyce, manager, Daisy Court)

Nonetheless the care homes in this study did not deploy a uniform notion of 'home'. In homes of complex design where residents could take ownership over differentiated communal spaces the discourse of 'home' amongst residents was most pronounced. The care home as a whole was referred to as 'home' where a sense of community existed in some places. Here Connie, a resident of Crocus Row, observes that their 'home' discourse came as a surprise to their families who may not have realised that it was possible to shift a sense of home from their previously-shared domestic home to a residential home:

and I said oh I'm home now and so my grandchildren say what do you mean nannie [laughing] you're home. Well, I say this is where I'm going to die [laughs they all laugh] my son says mum you shouldn't have said that to upset them, you're upsetting, but there is a truth [laughing] really, in't it? I mean I made so many friends here. (Connie, resident, Crocus Row)

George suggests that shared activities have affected the quality of the relationships within the home and helped build a strongly-shared sense of community:

> Well, I think we work very hard in here and we got on very well with this, we earned a lot, you know certificate and what not, the place look lovely and you've got the garden out there and [...] that lovely hot day, Sunday, do you remember, we had a barbeque (George, resident, Crocus Row)

At Iris House, where articulation of choices is encouraged in many aspects of the organisation of the home, residents do not only take ownership over their rooms but also use the communal spaces as ways of enacting their home lives. They went on not only to use the word 'home' to describe their individual rooms but also refer to the care home itself as 'their home'. Residents seem to appreciate control over their environment.

> I think it's a lovely room, it's my home. [...] Well I've got me things in it that I want. I can do as I want. I put my stuff in here where I want it and everything else. (Henry, resident, Iris House)

> This place it's like being at home (Tom, resident, Iris House)

Even though the rooms are furnished, residents are also encouraged to personalize their private spaces, reflected in Marion's assertion that 'rooms can be what you make of them'.

The standardisation of rooms and the living 'en-masse' as Sheila, resident at Poppyfields, calls it, also precluded a sense of home. The sense of home is however only partially shaped by the space provided and the uses made of it. Personal relationships are arguably at least as important a factor. However, an abundance of spatial options can help build and sustain relationships as residents have more choices with whom to sit and socialise compared to the limited options offered by more ordered environments. It was in Crocus Row and Iris Court both with their wide range of communal spaces that residents commented specifically on positive personal relationships to others that enable them to feel 'at home'.

Staff in the main, did not share the 'home' discourse. For staff the care home was a place to work, for which they frequently made comparisons of their working conditions with those in other care homes. In this context a 'good home' when judged from their perspective, was one providing good team relations and a generally friendly atmosphere. In the rural homes, Sunny Rose and Poppyfields,

care staff also described 'homely' aspects of these care homes. Angela, a care worker at Sunny Rose, a home where staff do not wear uniform, says: 'We try to run it more like a little home, one big family as such.' For staff 'home' means residents have more choices, e.g. when to get up and have breakfast, and talking through any problems that might arise. However, in both homes the 'home' discourse is closely coupled with a discourse of order and tidiness. Carer Eileen at Sunny Rose, for example, says: 'I want it to be nice for them and I want them to look the part for residents and visitors, so it looks good for us.' For carer Mia at Poppyfields part of the home-like quality is 'there is no smell when you walk in.'

Although in both homes many staff members display a pride in the 'home-like' character of the care home, while the residents value the service, they displayed a lesser sense of being 'at home' than residents of Iris House and Crocus Row. However, residents' sense of home did not seem to encompass their actively exploring with staff what working in the homes might mean for them, so that homes might almost be seen as two separate worlds for residents and staff. It is also interesting to note that the hands-on involvement of the manager or the lack of it has no apparent impact home 'home-like' the care home is perceived by residents and staff.

Limitations of the study
As the data was not specifically collected with questions of space in mind, some aspects of the spatial discourse are under-explored. We have for example no information on whether the moving of furniture in communal spaces was negotiated between residents and staff. It would be useful to map residents' transitions between the inside and outside systematically and explore ways in which different homes bring the outside into the care home. We did not examine maps of the case study sites, thus cannot offer precise evaluation of the building design.

Some of the data would have been strengthened by a more focused and in-depth discussion about the themes explored in this paper, for example many residents talked about liminal spaces, but their meanings were not actively explored in the interviews. Thus, the spatial discussions offered in this paper are by no means exhausted, however, the study raises questions about how space is managed at a micro-level within care homes. A larger sample might have given us better insights on how managers' hands-on involvement affect negotiations of space and discourses of home.

Discussion
Space in homes is not simply the product of neutral design but is experienced and lived-in and thus becomes actively imbued with value, meaning and potential for exercising power. These values and meanings are continuously re-negotiated on the one hand by residents, staff and visitors discussing spaces, but on the other hand also by their everyday use of space and spatial practices as underlined in the earlier

work of Willcocks et al. (1987). Boundaries are drawn and violated or respected, domains are created for certain purposes, sometimes negotiated, sometimes imposed or sometimes the result of common usage. Thus space becomes a resource that is actively used in negotiating privacy and autonomy. Whereas others have already pointed to the positive impact of control over space on identity and quality of life, our analysis presents a more fluid picture of constant negotiation to address some of the techniques of power deployed in such settings (Foucault, 1977).

Although a building's design can support and hinder spatial negotiations, our findings suggest that design and organisational dynamics interact in complex ways as indicated by Torrington et al. (2004). Residents appeared particularly content in their being in the care home where choices of communal spaces went hand in hand with an organisational culture of promoting resident autonomy and choice.

The analysis of space in these five care homes also allows us to identify subtle and sometimes not-so-subtle control mechanisms as well as spatial and discursive resources for people to resist or re-negotiate them. The value of such an analysis is first of all to understand relationships between the building design, the micro-politics and spatial discourse of individual homes. However, these negotiations also offer important insights about how space is experienced by residents and staff and therefore offer useful contributions not only to debates about how care homes are designed, but also what care is delivered and how. As the case of Daisy Court showed, a rigorous spatial organisation of care work makes it more difficult for both residents and staff to negotiate spaces autonomously and can lead to resistance and frustration.

Further research in this area could help develop a reflective tool to enable care homes to look at and analyse their own spatial discourses and so improve care-related relationships within given buildings and shape the way the care delivery is organised in ways that enhance residents' wellbeing and quality of life.

Our comparative study also suggests that care homes that provide some 'dual zones' for bridging the outside and inside worlds appear to have less pronounced inside versus outside discourses. Gardens or layers of communal spaces are clearly appreciated as resonant with the beyond-home world by residents. As Peace (2015) discusses, the notion of home is layered with attachment of neighbourhood and country as well as dwelling. Some resident participants had been able to preserve attachment to locale through moving to a care home within the same area which they previously lived. When the local community is no longer easily accessible to residents, such dual zones may provide a sense of leaving the more 'institutional' base to make available a sense of 'normality'. Going out for a walk in the garden might be reminiscent of going for a walk in the town and dining in a separate dining-room might be like going to a restaurant. The data suggests that although bringing community activities into the home may be appreciated, it might not have the same

effect as 'going out'. An organisational culture that encourages autonomous use and negotiations of such zones seems to increase the positive impact on residents and their sense of being at home. Care home design should thus pay attention to such mediating spaces, where watching the traffic, passers-by or wildlife is made possible and maximise the autonomous use of them.

The range and variety of communal spaces do not only mitigate dichotomising divisions between inside versus outside but may also foster relationships between residents, in creating possibilities for residents to make their own choices as to where and, maybe more importantly, with whom, to sit and spend their time. However, without access to other means of co-organising, this can also lead to arguments between residents about 'their' communal spaces. We have seen, in the differing contexts of different homes, such disagreements may mark out a freedom for residents from imposed order. As seen here, homes which prioritise a more visibly orderly environment may not therefore be doing this in a way which supports' residents' sense of continuing to live in homes which they can call their own and experience as home-like. In this sense, communal spaces cannot simply be read as such unless there is a possibility of re-negotiating and so re-writing what communality may mean for different residents.

Contrasting experiences of 'home' may be possible even in care homes which display more obvious physical, institutional features. Whereas, in many cases, residents will treat their individual rooms as 'homes', they may also feel at 'home' in the care home as a whole. Our data suggests that multiple communal spaces and control over these might foster such responses. Our study illustrates how residents' notions of 'home' vary and challenges simple, uniform ideas about ways in which care homes may or may not be home-like. For example, while some people prefer the display of order and cleanliness, others may accept a certain amount of disorder as part of their 'home' life..

It is our hope that the current economic climate does not increasingly prevent those funding and designing care homes from recognizing the value of a variety of communal spaces. Increasing market pressures on homes might lead to reduction of shared spaces as chargeable space is maximised and also to prioritising the more visibly orderly, perhaps more marketable, environment, which may not suit all residents. The organisational culture of care homes need to allow for a creative use of spaces where meanings and usage are not fixed but are constantly re-negotiated in empowering ways that promote residents' sense of wellbeing. As the largest home in our sample was the one where the delivery of care services was most structured in spatial terms, there is also a fear that although larger homes could potentially offer a wide variety of spaces, they may require a more organised approach to care work in order to function effectively and thus limit the level of control that residents have to negotiate spaces. The increased focus of efficient delivery of care services might mean that paradoxically enhanced health and social care activities may go hand in

hand with a loss of more fluid and flexible negotiations of spaces that in return affect the psycho-social well-being of residents.

The residents' discourse of 'home' was almost entirely separated from the staff discourse. Staff generally regard care homes as work places. Order and cleanliness contributed to what some staff perceive as a 'homely' environment. A staff discourse of 'family home' and 'homely' seems to have little impact on residents themselves being more likely to say they feel at home. Visible remedial equipment and differences from other residents with different needs can provide constant readings of the care home as a potentially disempowering service organisation rather than as 'home'.

In summary, we have shown ways in which the design of care home buildings and the use and experience of the spaces and related spatial discourses can reinforce or can bridge dichotomies between people and practices located inside and outside. Moreover, residents' abilities to re-negotiate their boundaries, domains and communal spaces within homes either conflicted with or were supported by priorities placed on staff especially demands on staff to work efficiently. Homes themselves could often be seen and described as two separate worlds; on the one hand the dwelling space for residents and on the other a work space for the staff who used different and distinct discourses of 'home'. Understanding how such distinctions can arise and be moderated may help us redress the foundational concerns of Willcocks et al. (1987: p.170) with "the arbitrary nature of the institutional boundary" between communities and care homes.

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