Schedule of Proposed Improvement Works At Shoreham Dental Centre, 29 East Street, Shoreham-by-Sea

AMENDMENT

Revision B

ADUR & WORTHING PLANNING SERVICES
PLAN AWDM/ 1537/16
DATE ~~VALID~~ Rec'd: 14/2/17

Ref:
16-117

Client:
Mr R Sethi

Statement Compiled By:
Sussex Architectural Services
Wicket View
Cuckfield Lane
Warninglid
West Sussex



Date:
October 2016

Revision: A - Expanded for Planning – 28.10.16
B - Revised for Planning – 14.2.17

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INTODUCTION:
29 East Street houses a functioning Dental Practice spread over 4 floors and is a Grade 2 listed Building.

USE:
It is proposed to sympathetically update the interior of the building to be more conducive to the requirements of a modern dental practice. Externally some alterations are proposed to the rear along with signage alterations to the front.

AMOUNT:
The proposal is for alterations to the interior to remove many of the non original later additions. A small dilapidated single storey rear extension is to be rebuilt in cavity blockwork and externally finished to match existing. To the front elevation the existing signage is to be replaced, all designed to provide useful information to clients whilst being of a design and fixing that can easily be removed in future without damage to the building fabric.

LAYOUT:
It is proposed to partly remove a wall between the GF Hallway and Reception in order to create a larger open plan Reception area more conducive to a busy Dental Practice with multiple treatment rooms

SCALE:
Impact on the fabric of the listed Building would be kept to a minimum.

LANDSCAPING:
As the application relates only to the interior and exterior of the superstructure no Landscaping proposal is included.

APPEARANCE:
The appearance of the front elevation will remain as existing except for the addition of the proposed easy to read signage

ARCHITECTURAL
The rear of the building has been subject to a number of multi storey flat roofed extensions. I t considered that the proposal to rebuild one of these ingle storey flat roofed extensions , when read in the context of the rear extension as existing, would not significantly harm the rear elevation.

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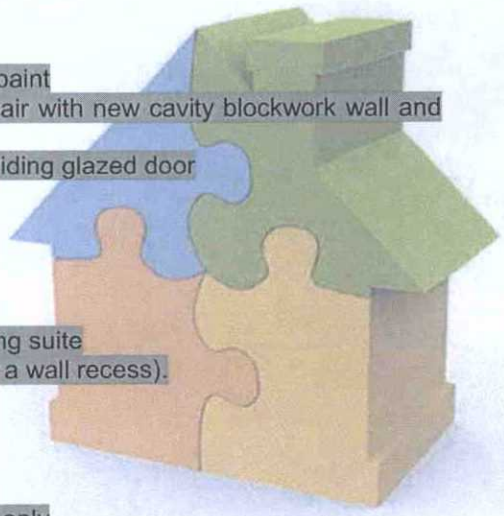
THE PROPOSALS:
The proposal are identified here with a numeric reference which can be referenced back to drawings sheets no.'s 4, 5 & 6

Ground Floor and Basement:
1. Insert LED downlighters to Main reception ceiling
2. Remove existing non original textured wallpaper, add lining paper and paint
3. Replace the existing rear bay which is currently in a poor state of repair with new cavity blockwork wall and new white PVCu DG windows forming bay.
4. Form an open plan reception room at GF with fixed glass screen and sliding glazed door
5. Enlarge the existing GF WC.
6. THIS ITEM HAS BEEN OMITTED
7. Reconfigure the Basement to form Staff Room.



First Floor:
8. Reconfigure 1st floor waiting area to form Waiting Room & private waiting suite
9. Form a feature display cabinet at 1st floor landing level (this is currently a wall recess).
10. Remove redundant pipework and conceal cabling where practical

Exterior:
11. Replace the existing guttering and downpipes with black plastic to rear only

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Room Data Sheets

Treatment 1:

Floors
Replace floor finish with clinical grade flooring (remove skirting)

Walls
Remove textured wall paper and replace with smooth wall covering

Ceiling

Joinery

Dado/Architrave/skirting
Remove Dado
Remove architrave around windows

Other
These proposed alterations will allow my client to meet their obligations under the relevant legislation and guidance covering dental practices. Please refer to the final page of this statement for a summary of that information.

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Treatment 2:

Floors
Replace floor finish with clinical grade flooring

Walls
Replace wall covering

Ceiling

Joinery

Other
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Room Data Sheets

Treatment 3:

Floors
Replace floor finish with clinical grade flooring

Walls
Replace wall covering

Ceiling

Joinery

Other
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Room Data Sheets

Treatment 4:

Floors
Replace floor finish with clinical grade flooring

Walls
Repair damp wall area

Ceiling

Joinery
Change plastic window to timber window

Other
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Room Data Sheets

Treatment 5:

Floors
Replace floor finish with clinical grade flooring
Walls

Ceiling

Joinery

Other
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HTM 01-05 Legislation document here:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/170689/HTM_01-05_2013.pdf

Flooring: key design issues 6.47 on page 37.

Flooring in clinical care and decontamination areas should be impervious and easily cleanable. Carpets, even if washable, should not be used. Any joins should be welded or sealed. Flooring should be coved to the wall to prevent accumulation of dirt where the floor meets the wall.

HBN 00-09 Infection Control in the built environment here:
See section 3.00. Specifically 3.109 to 3.114.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/170705/HBN_00-09_infection_control.pdf

Flooring in clinical areas
3.109 Flooring should be seamless and smooth, slip-resistant, easily cleaned and appropriately wear-resistant.
3.110 There should be coving between the floor and the wall to prevent accumulation of dust and dirt in corners and crevices.
3.111 Any joints should be welded or sealed to prevent accumulation of dirt and damage due to water ingress.
3.112 Wood and flooring with unsealed joints are difficult to keep clean and should be avoided.
3.113 In areas where frequent wet cleaning methods are employed (for example, clinical areas and theatres), floors should be of a material that is unaffected by the agents likely to be used.
3.114 Floors that are particularly subject to traffic when wet (bathrooms, kitchens) should have a slip-resistant surface, but be easily cleaned.

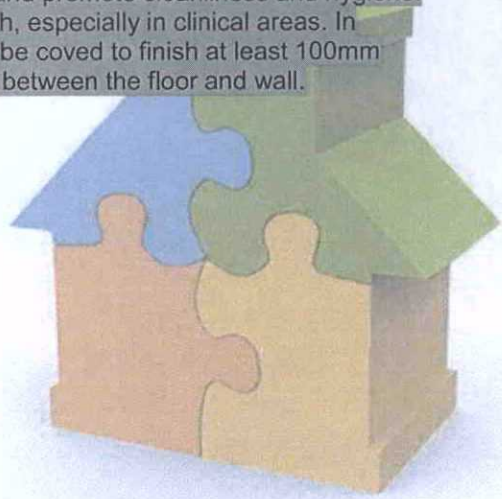
Specifications are noted in HBN 00-10 Part A (Link Below) in Section 2 / 2.9

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/148495/HBN_00-10_Part_A_Final.pdf

In clinical areas and associated corridors, there should be a continuous return between the floor and the wall. For example, coved skirtings with a minimum height of 100 mm allow for easy cleaning.

The governing Body that enforces these regulations, by method of inspections is the Care Quality Commission and NHS England.

It is stated with the CQC that inline with HBN00-10 Part A (formerly HTM61) compliant flooring as outlined in Outcome 8 of the CQC's 'Essential Standards of Quality and Safety' to control infection and promote cleanliness and hygiene. Vinyl flooring must be impermeable, durable and have a good wipe/ clean finish, especially in clinical areas. In accordance with HBN00-10 Part A (formerly HTM61), the vinyl flooring should be coved to finish at least 100mm (CQC recommend 150mm) up the wall and capped to ensure a jointless finish between the floor and wall.



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