Design and Access Statement
And
Schedule of Proposed
Works
At
Church House, Shoreham Dental Centre,
29 East Street,
Shoreham-by-Sea

AMENDMENT

ADUR & WORTHING PLANNING SERVICES	
PLAN	AWDM/ 949/17
~~DATE~~ VALID	Rec: 8/9/17

Ref:
16-117.1

Client:
Mr R Sethi

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



Date:
June 2017

Revision: A – 08.09.2017 Revised for Planning

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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.

AMOUNT:
The proposal is for alterations to the interior to remove many of the non original later additions which by inspection are believed to have been installed after listing took place.

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 with better natural daylight 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.

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:

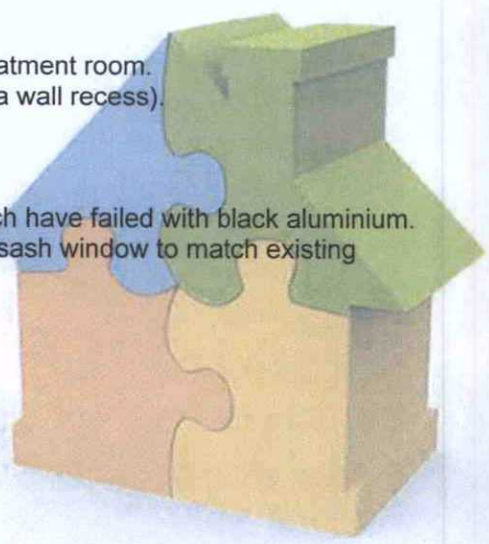
1. Insert LED downlighters to Main reception ceiling
2. ~~Replace the existing rear bay~~ – item omitted
3. Form an open plan reception room at GF with fixed glass screen.
4. Enlarge the existing GF WC.
5. Reconfigure the Basement to form Staff Room.

First Floor:

6. Reconfigure 1st floor waiting area to form Waiting Room & additional treatment room.
7. Form a feature display cabinet at 1st floor landing level (this is currently a wall recess).
8. Remove redundant pipework and conceal cabling where practical

Exterior:

9. Replace the existing guttering and downpipes to the rear extension which have failed with black aluminium.
10. Replace existing white PVCu window to Treatment Room 4 with timber sash window to match existing



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Schedule of Proposed Works

Basement:
Reconfigure the Basement to form Staff Room.

Floors
No action



Walls
No action

Ceiling
No action

Joinery
No action

Dado/Architrave/skirting
No action

Other



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Ground Floor Entrance Hall and circulation spaces:

Floors
Replace floor finish with timber effect vinyl clinical grade flooring.

Walls
No action

Ceiling
No action

Joinery
No action

Dado/Architrave/skirting
No action





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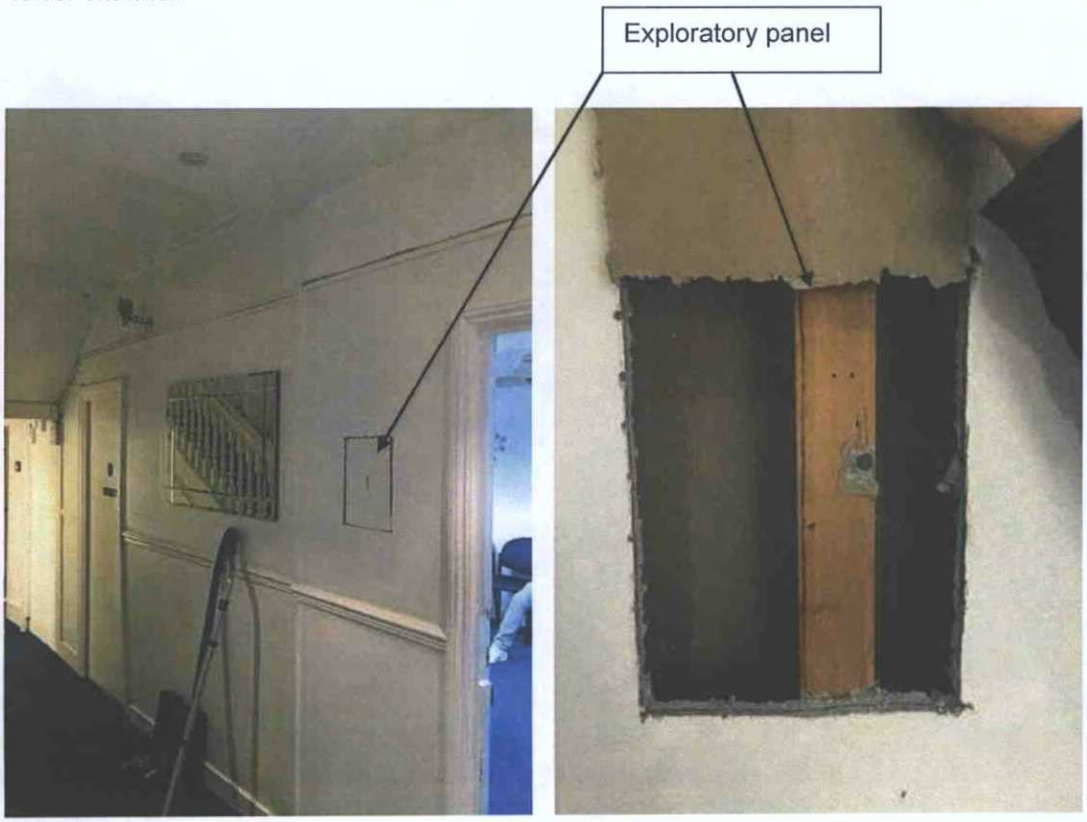
Main Reception Room:
Reconfigure to form open plan Reception Room

Floors
Replace floor finish with timber effect vinyl clinical grade flooring.

Walls
Exploratory access panel clearly shows a later stud wall consisting of an MDF outer skin on plasterboard fixed to stud inner all with a skim finish. It is proposed to completely remove this non original wall to form an open plan reception room with fixed glass screen. The fixed glazed screen will be retained at floor level, edges and top with a channel. This channel is a retainer only and is not a structural element. The fixed glass screen is not hung from this channel or hung from the Building Fabric but instead sits on the existing floor within the lower channel.





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Ceiling

Remove modern surface mounted strip lights. To existing ceiling which is believed to be a later addition formed of plasterboard install recessed LED downlighters to Main reception ceiling, refer to GF plan



Joinery

No action

Dado/Architrave/skirting

No action but remove portion of dado rail and skirting where dividing wall is to be removed (see wall image page 5).

Other



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Ground Floor WC:
Enlarge the existing GF WC

Floors
Replace floor finish with timber effect vinyl clinical grade flooring.



Walls
Remove wall shown below and erect new non loadbearing studwork wall in new location as indicated on floor plans to enlarge the WC floor area slightly. New stud partition formed with plasterboard and skim finish. Designed so as to be easily removable in future if required. Re-use existing timber door





Ceiling

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No action

Joinery
No action

Dado/Architrave/skirting
No action

Other



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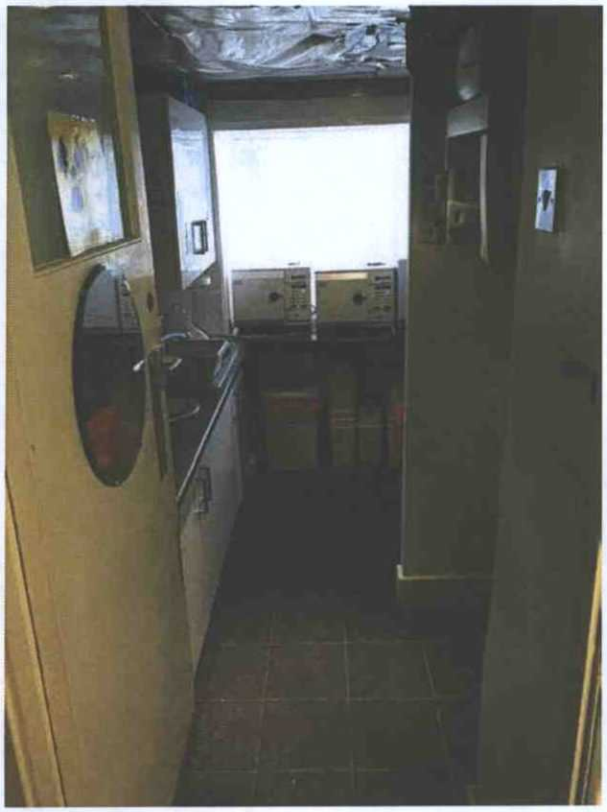
Decon. Room - Existing single storey Bay to Rear:



Floors
Replace floor finish with timber effect vinyl clinical grade flooring.

Walls
No action

Ceiling
No action

Joinery
No action

Dado/Architrave/skirting
No action

Other



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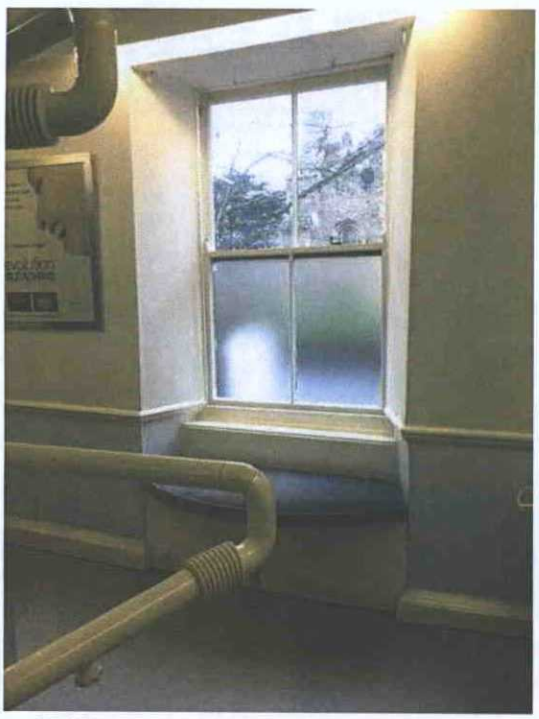
Treatment 1:

Floors
Existing timber painted skirting is of various styles and is to remain. Replace floor finish with timber effect vinyl clinical grade flooring.



Walls
Remove textured wall paper believed to date from the 1970's and replace with smooth wall covering (lining paper with painted finish). Should any paper or artwork under the paper being removed be discovered then work shall cease and an historic buildings architect or archaeologist will be appointed to analyse the findings



Ceiling
No action

Joinery
No action

Dado/Architrave/skirting
Dado rail and architrave around windows to remain

Other



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Treatment 2:

Floors
Existing timber painted skirting is of various styles and is to remain. Replace floor finish with timber effect vinyl clinical grade flooring. Current finish is a non original floor finish.



Walls
Remove wall panelling believed to date from the 1970's and replace with skim finish on plasterboard



Ceiling
No action

Joinery
No action

Dado/Architrave/skirting
Replace skirting with clinical grade flooring (remove existing skirting).

Other



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Treatment 3:

Floors

Existing timber painted skirting is of various styles and is to remain. Replace floor finish with timber effect vinyl clinical grade flooring. Current finish is a non original floor finish.



Walls

Remove textured wall paper believed to date from the 1970's and replace with smooth wall covering (lining paper with painted finish). Should any paper or artwork under the paper being removed be discovered then work shall cease and an historic buildings architect or archaeologist will be appointed to analyse the findings





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Ceiling
No action

Joinery
No action

Dado/Architrave/skirting
N/A



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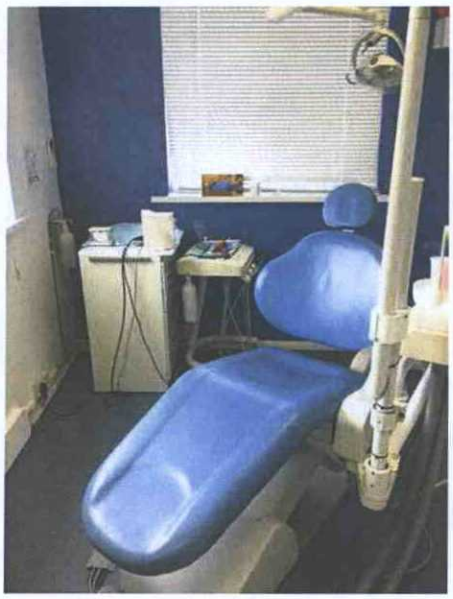
Treatment 4:

Floors

Existing timber painted skirting is of various styles and is to remain. Replace floor finish with timber effect vinyl clinical grade flooring. Current finish is a non original floor finish.



Walls

Repair damp wall area. Hack off plaster to effected area back to sound plaster. Replaster with 'hardwall Plaster. This section of wall does not form part of the original listed building. It is therefore considered that a modern 'hardwall' plaster finish is appropriate rather than a breathable lime plaster.



Ceiling

No action



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Joinery

Change plastic window to timber window, style to match existing timber sash windows to rear elevation



Dado/Architrave/skirting

Replace skirting with clinical grade flooring (remove existing skirting believed to be a more recent addition).



Other



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Treatment 5:

Floors
Existing timber painted skirting is of various styles and is to remain. Replace floor finish with timber effect vinyl clinical grade flooring. Current finish is a non original floor finish.



Walls
No action

Ceiling
No action

Joinery
No action

Dado/Architrave/skirting
Replace skirting with clinical grade flooring (remove existing skirting).



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1st floor waiting:

This growing dentistry practice requires an additional treatment room in order to increase capacity.
In order to minimise the impact on the fabric of this Listed Building the proposed partitions that would form this subdivision have been located in positions where they can be removed in future.
The studwork partitioning can be cut around Skirtings and mouldings to ensure they remain intact.
The lightweight non loadbearing studwork partitions are demountable. Once removed there would be no visual evidence as to their existence. The proposed subdivision does not affect the existing doors and the resultant rooms are of a usable size.

Reconfigure 1st floor waiting area to form Waiting Room & additional Treatment Room. Refer to drawing /05.
New rooms formed with non loaedbearing timber stud partitions with frosted glazed doors.

Floors

Replace floor finish with timber effect vinyl clinical grade flooring.

Walls

Proposed non loadbearing timber stud with 1 layer 12.5mm plasterboard either side with skin finish. The timber top plate and bottom plate are to restrain the stud wall. This non loadbearing wall can easily be removed in future if required. and will not harm the fabric or character of the listed building.

Ceiling

No action



Joinery

No action

Dado/Architrave/skirting

Install skirting to proposed stud walls to match existing.



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1st floor landing and circulation spaces:

Form a feature display cabinet at 1st floor landing level (this is currently a wall recess).

Floors

Replace floor finishes with timber effect vinyl clinical grade flooring.

Walls

No action

Ceiling

No action

Joinery

No action

Dado/Architrave/skirting

Remove Dado to recess only and insert single fixed glazed panel forming display cabinet





Proposed glass panel outlined in black, timber elements to be removed shown in red

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Other

Remove redundant pipework and conceal cabling where practical





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Exterior:

Existing guttering and downpipes to rear are a mixture of metal and plastic. Replace existing guttering and downpipes which have failed with black aluminium. Remove existing PVCu window to Treatment 4 and replace with timbers sash window to match existing, refer to elevations drawing /06 items 9 & 10





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Summary

These proposed alterations will allow my client to meet their obligations under the relevant legislation and guidance covering dental practices. Please see below for a summary of that information.

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.

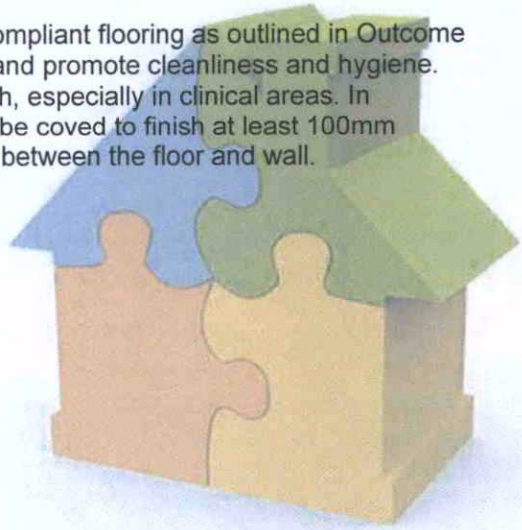
Specifications are noted in HBN 00-10 Part A (Link Below) in Section 2 / 2.9

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.



END

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