Housing Learning & Improvement Network

The Health and Social Care Change Agent Team (CAT) was created by the DoH to improve discharge from hospital and associated arrangements. The Housing LIN, a section of the CAT, is devoted to housing-based models of care.

Home Care Service for People with Dementia in Poole

An example of a pioneering, specialist home care service for people with dementia living in their own homes within the Borough of Poole in Dorset.

STRATEGIC PLANNING IN PARTNERSHIP FOR EXTRA CARE HOUSING

Local Authority: Poole Borough Council

Key Partners: Poole Borough Council Social services Commissioning Unit; Community Mental health Team, Alderney Hospital

Lead contact: Jeff Russell, Principal Officer, 4th Floor, Civic Centre, Poole, Dorset BH15 2RU

Domiciliary Care Manager: Lisa Hovey and Carole Fairlie, Poole BC

Aim

To provide appropriate home care services for people with dementia and their families, through the deployment of a specially trained staff team and additional, flexible support to meet individual needs.

Key Strategic Issues

- Increase in the number of people with dementia, often combined with general frailty or specific physical disabilities or mental health issues;
- Policy objective to help older people to stay in their own homes as long as they want and are able to manage;
- Government target for local authorities to provide intensive support at home to a growing proportion of older people receiving services;
- Recognition of the advantages of a dedicated service with well-trained staff and the capacity to respond to a wide range pf presenting needs;
- Acknowledgement of the heavy responsibilities of informal carers and the need to offer respite care and other forms of assistance to enable them to continue in a caring role.

How it works:

The specialist home care service was originally set up by the local authority in 1997. This followed a complaint by a carer, who said that the general home care service was inadequate and the staff insufficiently trained to do the job. Her husband had also had 22 carers in a single week. The development of specialist dementia services within the Borough was included in the Best Value Review carried out in 2000. It was very much a local authority initiative and not part of any wider joint strategic plan between Social Services and Health.

In 2005, the management and operation of the home care service has been tendered out, together with the day service for people with dementia and the specialist unit within one of the local authority residential homes. This cluster of services will in future be run by an independent care agency, Care UK. The move is intended to preserve the specialist nature of the provision and build on its distinctive identity and style of working. It is also hoped that an independently-run service will be able to attract more resources. It was felt that these objectives could not be achieved by keeping the dementia service within the corporate structure of the local authority, where it faces competing priorities.

The bringing together of specialist services for people with dementia in this way is unusual within local authorities. In Poole, it is seen as a measure of the success of the home care service, in particular. The frontline staff in the combined service will have a generic job description and will be expected to work across all the service settings (home care, residential care and day care). The general local authority home care service is to stay in-house.

Service design:

The specialist home care team for people with dementia is separate from the generic home care service and has its own management structure. There are two Domiciliary Care Managers and 35 Home Care Assistants, split into two teams. There is a key worker system and efforts are made to minimise the number of Care Assistants working with each individual or family: most have two or three main workers. The amount of assistance provided ranges from half an hour to 28 hours per week, with most care packages starting off small and building up over time as the dementia progresses, along with increasing physical frailty.

In its early days, the specialist home care service focused on personal care and respite for family carers. It now offers a wider range of support, including: accompanying people for shopping, appointments, day activities etc; help with correspondence and paperwork; assistance in preparing meals; advocacy and liaison with other agencies and services; and taking people out for a drive. The approach is facilitative, with the aim of helping people to maintain or regain skills and confidence. Attention is also paid to ways of minimising risk in people's homes, for example through disconnecting cookers when necessary. Examples of assistive technology include key locators and pressure pads in doorways. A small number of the clients are also connected to the local community alarm service.

The Care Assistants have different job descriptions to those for the generic home care staff and the specialist service is considerably more flexible. They also receive extra training, including an initial five day, person-centred dementia training course.

The clients are referred to the home care service through the two inter-disciplinary Community Mental Health Teams (CMHTs), which are managed jointly by Social Services and Health. Each person goes through the normal care assessment process and is directed towards the dementia service if this appears to be the most appropriate option. The CMHTs refer people at the stage when they are struggling to maintain their independence in their own homes and may be showing specific dementia related behaviour, such as wandering or aggression. They also refer a minority of people who have other mental health issues, including depression and schizophrenia. The CMHT managers see the service as playing a large role in supporting informal carers and providing respite for the families.

The service currently has 124 clients, most of whom are in their 80s. Almost 90% (110 people) live on their own, while the others live with partners or family members. Twenty clients are living in sheltered housing (there is no specialist sheltered housing provision in the area for people with dementia). In addition to the dementia service, there are fourteen independently-run home care services and some people with dementia are purchasing their care directly from these other agencies. It is thought that there are around fifty people in Poole who are not using the service at present but may be in need of it.

Resources:

The service is directly funded from the local authority adult care budget held by Social Services. The cost for the home care service is between £700,000 and £800,000, within a budget for all three specialist dementia services of around £1.8 million (2004/05 figures). Those using the service are means-tested in the same way as other social services clients using care provision. There is no financial contribution towards the core costs from the health service or from the Supporting People budget within the local authority. The Community Mental Health Teams provide care management and ongoing support, but there is relatively little involvement from Community Psychiatric Nurses (CPNs), who tend to focus on other clients.

Examples:

Mary

Mary is 92 and has lived with her daughter Jo and her daughter's husband for the past six years. The house, which they own, has a downstairs bedroom and bathroom for Mary. It has been adapted through the installation of hoists and re-shaping of the bathroom. Mary's dementia is now quite advanced and she is also physically disabled, so she needs a lot of personal care, including feeding. The dementia affects her mood and she takes medication for depression. Although she cannot hold a conversation, Mary does have some memory for people and places.

Jo, her daughter, says that Mary lost some of her independence and skills by moving in with them, although this was a necessary step at the time. She went into an assessment ward at the local Alderney Hospital and was discharged with a care package managed by the specialist home care service. Her current care plan involves three visits per day plus two visits each night, with two Care Assistants each time. The team is kept small and two or three staff come in regularly. Mary goes to a day centre twice a week, which is now mainly to provide respite for Jo. She also has a residential respite stay once every three months in the specialist dementia unit, with the family paying a proportion of the cost.

Jo is happy with the service and finds it flexible and sensitive to her mother's needs. She appreciates the fact that the care staff have expertise in dementia, that they all have a positive attitude and that they are willing to carry out a wide range of tasks.

Alice

Alice moved to Poole from London when her husband retired in the early 1980s. She still lives in the same house with her son George. It is a three bedroom bungalow, which they own and which is very suitable for their needs.

Alice started receiving the home care service five years ago and her basic care plan has changed little since then. The service is formally reviewed once a year. Alice has help for between three-quarters of an hour and an hour and a half each weekday, with a regular weekly pattern of personal care, being accompanied to the shops and house cleaning. Alice herself does light cooking and general meal preparation

The amount of care was increased after she had major surgery a year ago, but there has recently been a slight decrease in the time allocated. Both Alice and George like having the break from people coming in at weekends but think that weekend visits may become necessary.

They are very satisfied with the care service they currently receive and with the stability of the visiting staff team. However, they are concerned about the recent slight drop in the time allotted to them and worried that certain tasks, such as cleaning, will not be included in the contract for the new service provider. They are decidedly against the service reducing to a concentration on personal care, which they fear may happen as part of the change of management. George would also like to see more services provided to carers, especially those like him who feel isolated and want to extend their social contacts and activities.

Benefits of service:

There has been no formal evaluation of the home care service, in terms of the outcomes for individual clients or the impact on public services across the local health and social care economy. The view of the commissioners and partners is that it has been very effective in keeping people in their homes and delaying or preventing admission to long term residential care. Hospital admissions have also been rare and have usually been due to physical ailments.

The development of specialist skills among the frontline staff is seen by managers, commissioners and the referring CMHTs as crucial to the quality of care and the ability of the service to go well beyond what is normally offered by a home care service. The second key factor is the emphasis on encouraging and enabling people to maintain their skills, rather than on getting specified tasks done within a given time. Thirdly, there are strong relationships between the various parties, both at frontline and management level, which reinforces good joint planning at the individual level and helps in pre-empting or dealing with problems.

Person Centred Dementia: Course outline (Poole Borough Council)

Day 1
Aim of service
Team working
Nature of dementia
Signs of wellbeing

Day 2
Values underpinning the service
Anti-discriminatory practice
Dementia as a disability
Basic rights and ethics
Holistic risk assessment

Day 3
Interdependence
Relationships
Personhood
Roles of extended multi-disciplinary team

Day 4
Diet and dementia
Building trust
Working with behaviours that challenge us
Improving communication
Responding to strong feelings

Day 5
Working alongside carers
Person centred activities
Reporting and recording
Supporting each other
Evaluation and close

Challenges and learning points:

- While the service is designed to work with people who have dementia, it also has clients with other mental health issues or learning difficulties. These individuals require extra support which is not available through the generic home care service, but the dementia team is not trained in these areas and this can lead to difficulties in ensuring an appropriate care package. In order to take on these issues, training is needed in areas such as: cognitive behaviour approaches; and management of anxiety.

- The service has operated with considerable flexibility, in terms of the kinds of support and assistance which can be provided. This is valued both by those using the service and by the staff and service managers. There is concern that the boundaries of the service are now narrowing and that, under the new provider, some tasks will be excluded from the contract. The areas seen to be at risk include: escorting clients (e.g. to a day centre or out to the shops); and house cleaning.

- The service benefits greatly from having a committed, stable team and low staff turnover. This is attributed by managers, commissioners and partners to a number of factors: the high degree of autonomy given to individual Care Assistants in their daily work with clients; a 'can do' style which is responsive to individual needs and immediate concerns of clients; and management recognition of the need for work/ life balance in allocating staff time.

- The service is person-centred and there is effective joint planning at the individual level. There is also good communication between managers and commissioners. However, strong inter-agency planning is less evident at a wider strategic level. While this does not seem to have had a negative effect on the operation of the home care service to date, the transfer to an independent provider makes it particularly important that it is properly positioned within the whole system of health, social care and housing for older people living in Poole.

Case study prepared by **Lynn Watson**, Pathways Research, 2005

Other Housing LIN publications available in this format:

Case study no.1: **Extra Care Strategic Developments in North Yorkshire** (01.09.03)

Case study no.2: **Extra Care Strategic Developments in East Sussex** (01.09.03)

Case study no.3: **'Least-use' Assistive Technology in Dementia Extra Care** (02.02.04)

Case study no.4: **Tenancy Issues - Surviving Partners in Extra Care Housing** (01.06.04)

Case study no.5: **Village People: A Mixed Tenure Retirement Community** (15.10.04)

Case study no.6: **How to get an Extra Care Programme in Practice** (15.10.04)

Case study no.7: **Sonali Gardens - An Extra Care Scheme for Bangladeshi and Asian Elders** (11.01.05)

Case study no.8: **The Kent Health & Affordable Warmth Strategy** (26.04.05)

Case study no.9: **Supporting People with Dementia in Sheltered Housing** (26.04.05)

Case study no.10: **Direct Payments for Personal Assistance in Hampshire** (26.04.05)

Case study no.11: **Housing forOlderPeople from the Chinese Community in Middlesbrough** (26.04.05)

Case study no.12: **Shared ownership for People with Disabilities** (26.04.05)

The Housing LIN welcomes contributions on a range of issues pertinent to Extra Care housing. If there is a subject that you feel should be addressed, please contact us.

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