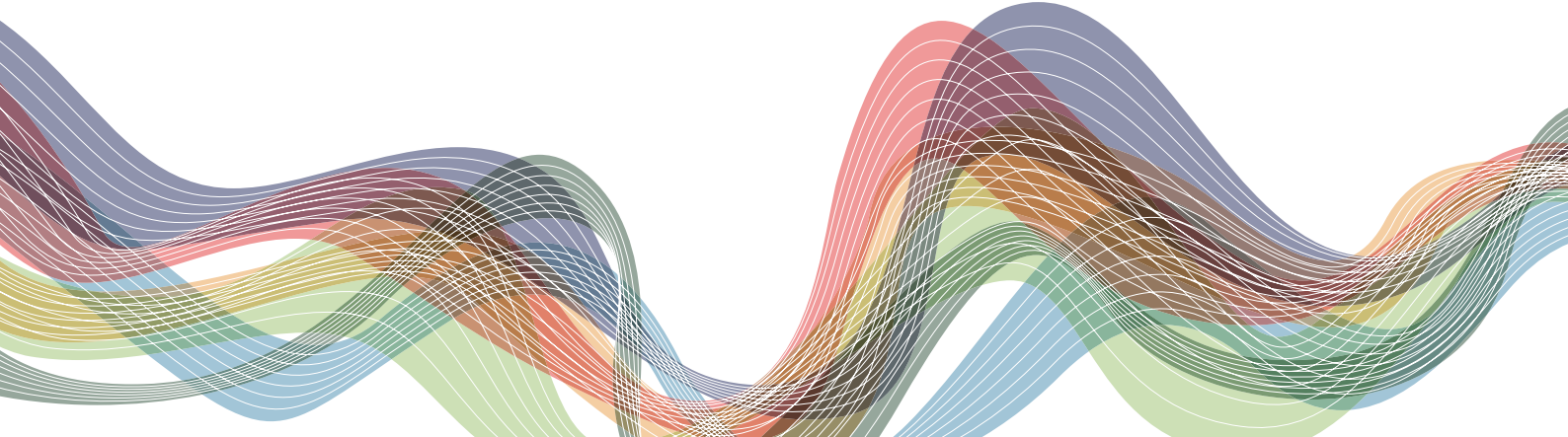


**Housing Learning and
Improvement
Network**



**Very Sheltered Housing in Suffolk:
A Design and Management Guide**



This Guide was written by a multi-agency group at Suffolk County Council. It has been reviewed and revised by Judith Hawkshaw and Martin Bedwell with support from the Housing Learning & Improvement Network at the Care Services Improvement Partnership, Department of Health.

HOUSING LEARNING & IMPROVEMENT NETWORK

The Housing Learning and Improvement Network (LIN) brings together groups of senior staff within local authorities, Primary Care Trusts, Registered Social Landlords and the private sector interested in forging closer partnerships in delivering housing with extra care solutions for older people and vulnerable adults. For more details visit:

www.icn.csip.org.uk/housing

ABOUT THE AUTHORS

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Judith Hawkshaw - Judith works in Social Care and has experience in working with Health, (providers and commissioners), Housing, has been self employed and has worked with a voluntary organisation. Her abiding passion, and the constant thread throughout is partnership working in Housing, with people who do not have their own place and seeing the difference that having your own home makes to them. It is what reminds her of why she does the job! She was awarded an MBE in the last honours list of John Major's government for services to housing.

NB: In Suffolk, VSH is a service geared to the needs of older people. The accommodation is of wheelchair standard throughout and there is care and support available in-house on a 24 hour basis. Sometimes this service is known as "Extra Care".

Very Sheltered Housing in Suffolk: A Design and Management Guide

April 2008

ACKNOWLEDGEMENTS

Thank you to the following people for the help, expertise and enthusiasm that make this guide a living document. It benefits from the inclusion of new learning, a willingness to confront old ways of working and to take the risks necessary to really push back boundaries to enable older people to live in their own homes. Over the years many people and organisations have been involved. In this edition we would like to offer thanks to ...

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VERY SHELTERED HOUSING IN SUFFOLK: A DESIGN & MANAGEMENT GUIDE

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SECTION ONE: INTRODUCTION



1 INTRODUCTION

In order to deliver quality services there must be the ability to flex budgets against residents changing needs. This requires a respectful and trusting relationship between purchases and providers.

1.1 The purpose of this Housing Design and Management Guide is to offer advice and pass on experience about Very Sheltered Housing. It is hoped that other agencies developing Very Sheltered Housing schemes for frail older people will benefit from these experiences. There are 'Bolt-ons' to this main Guide, on Extra Care Housing. Extra Care in this context is a specialist service **within** a VSH scheme that is geared to the needs of, for example, older people with dementia or functional mental health problems. These are for:

- Older People with Dementia
- Extra Care Housing for Older People Functional Mental Ill-health
- Leasehold Extra Care (draft)
- Supported Housing for Younger People With Dementia. These can be reached on SCC website or via the links at <http://www.suffolk.gov.uk/CareAndHealth/Accommodation/VeryShelteredHousing.htm>

1.2 Before any new development or the refurbishment of an existing scheme is carried out the need for such accommodation must be identified. It is not the intention of this Guide to consider how this is undertaken. Nor does it indicate how funding for the construction work or the associated revenue to run the scheme can be obtained and from whom. Supporting People funding, Social Care and Health funding should combine with the residents own monies and those from benefit and statutory sources.

1.3 The Guide takes as its starting point the beginning of the design and development process. It assumes that such matters as the identification of need and the provision of adequate capital and revenue funding have already been fully investigated and resolved.

1.4 The Guide has been produced by a multi-agency group from Suffolk's Joint Planning Housing Network and specifically from the Housing Working Group for Older People. The contribution of each is acknowledged.

1.5 In producing this Guide, the group recognises the growing complexity of management and

funding arrangements and does not seek to specify prescriptive solutions but instead outlines a range of options, considerations and areas of good practice. Many of the areas cross relate to each other.

1.6 Additional guidance on contracting is available in the Suffolk Service Specification for Very Sheltered Housing and Very Sheltered Housing - A Guide for Team Managers and Named Assessors (currently in revision) and also the Service Specification for Domiciliary Care.

1.7 Very Sheltered Housing offers choice for older people. Consideration should be given when strategically planning to the development of services in each locality. This will provide local services for local people.

1.8 Strategic review of Sheltered Housing may lead to opportunities to create new VSH services. Further information concerning the strategic review of sheltered housing can be found here: <http://www.supportingpeoplesuffolk.org/sheltered.asp>

Definition

- Very Sheltered Housing is a new way of enabling older people to live in their own homes.
- Flats within these supported housing services are sometimes for sale and sometimes for rent.
- All of the flats are self-contained but there are also some shared spaces for the residents and staff to use.
- All of the scheme is friendly to people with mobility problems as it is built to wheelchair standard throughout.
- The scheme has 24 hour care and support every day of the year to meet the needs of its residents.
- The care and support is always respectful and is geared **to helping people to achieve themselves** whenever possible and **not to doing things for people**.

2 WORKING IN PARTNERSHIP

Experience indicates that the most stress free, cost effective and innovative schemes are those developed by a multidisciplinary Project Management process.

2.1 Successful project management requires a group of people to be identified as soon as capital and revenue are agreed to form a project team. The team comprises of representatives of all agencies, service users and carers. It includes local personnel who bring local knowledge to the development of the scheme.

2.2 Representation from the PCT is important. Architects, Quantity Surveyors, Mechanical & Electrical Consultants and other associated professionals are also part of the Team. Some team members will attend on an 'as and when' basis whilst others will remain lead individuals for their agencies throughout the development process to ensure continuity and coherence.

2.3 Consultation with current VSH residents and potential residents is undertaken through the development process.

2.4 It cannot be over emphasised that the Care and Support provider(s) must be involved in the development process at the earliest point possible. The care and support arrangements will need specific time set aside by the team.



2.5 Prior to letting a new scheme, and in time to influence the selection process, operational workers from Housing, Social Care purchasers and providers create an Allocation Panel. This encourages a smooth transition from the development to operational working of the new service and assists in the development of a balanced community within the scheme. Occupational Therapists, the Welfare Rights and Supporting People Teams are to be consulted throughout the development process.

2.6 The most important partners are the future residents and their families. Provision of a show flat for new schemes is the only way to enable and assist their difficult decision about moving house. This flat must be available a **minimum** of six months prior to new residents moving in (and preferably 12 months before).

Role and Responsibilities of Project Teams

- 2.7 The Partners involved in the Project Team will:
- (a) Establish a shared philosophy for both the scheme and support services;
 - (b) Agree terminology to ensure common understanding;
 - (c) Agree a design that reflects the criteria outlined in the Design Guide;
 - (d) Establish and monitor capital and revenue funding arrangements, including Supporting People monies.
 - (e) Establish, record and monitor lead responsibilities and timetables;
 - (f) Agree which legal documents are required, when and by whom;
 - (g) Agree service specification;
 - (h) Agree operational policy in line with the guidance in Appendix 6.
 - (i) Agree and facilitate an information and public relations strategy for applicants, the community, purchasers and other relevant agencies and people;
 - (j) Agree membership of the operational review and monitoring group which will include representatives from all interested parties. The Terms of Reference of the Joint Advisory Group are shown at Appendix 7.
- 2.8 Any changes made to the design by the contractor / developer must be referred to and agreed by the Project Team.
- 2.9 Practically it is the responsibility of this group to ensure that:
- (a) the scheme developed meets the identified needs for that which it was funded;
 - (b) it meets and develops current best practice;
 - (c) it delivers on time and within both capital and revenue budgets, (albeit that both may change during the development process, changes to be agreed by all the funders);

- (d) consultation takes place as and when required during the development with all agencies who have a stake, (e.g. Fire Officer, CSCI for Domiciliary Care Registration, Environmental Health etc);
- (e) decisions required during the development process are made swiftly and with the authority of partner agencies;
- (f) representatives of partners act as a conduit between the Team and their respective agency;
- (g) timetables are agreed and work actioned to meet those timetables, (e.g. legal documents, allocation process, the purchase of furniture and equipment)
- (h) the local community, prospective residents and operational staff are informed of scheme progress, consulted and engaged throughout,
- (i) a review of the scheme takes place at 3, 6 and 12 months post letting which informs future development.

Appendix 1 provides a framework of the tasks.

2.10 As the Project Team is key to the development of schemes in which there are many interested parties it is particularly important that the membership of the team:

- (a) is of sufficient seniority to make decisions, (or get decisions made quickly);
- (b) is conversant with the many and varied elements of supported housing development and service delivery;
- (c) recognises the challenges of working in partnership and has the skill set and commitment to overcome them;
- (d) in the case of residents representatives are enabled to attend and participate in meetings;
- (e) has a sense of humour!!!!

2.11 Within the development process different elements of the work will require agency representatives to take the lead to complete a discreet part of the whole, (e.g. the capital agreement requires the funder and recipient to draft a document / amend a standard document to make it scheme specific). These pieces of work will then be agreed by the Project Team and hence gain ownership from all parties.

2.12 It is important that the spirit of this work feeds into the Joint Advisory Group (JAG) – See Appendix 7.

SECTION TWO: DESIGN GUIDE



3 POLICY CRITERIA

Good quality housing with care is a key component in enabling older people to live as independently as possible in their own homes.

- 3.1 The aim of Very Sheltered Housing (VSH) is:
- To maximise the independence of older people by providing self contained accommodation and 24-hour care and support which is tailored to the needs of each individual;
 - to add to the spectrum of choice for older people; and
 - to enable housing and care agencies to respond flexibly and with the maximum value for money to meet peoples' needs;
 - to match and exceed the level of care and support available in residential care;
 - to create a housing culture which requires a different service delivery to that which is delivered by registered care
- 3.2 VSH enables older people to retain an independent lifestyle in their own home whilst receiving the care and support services that they need and choose. VSH schemes provide services for people in their own locality and community wherever possible.
- 3.3 In VSH schemes, security and peace of mind is offered to residents and their carers by the availability of staffing 24 hours a day, every day.
- 3.4 As residents in a VSH scheme become increasingly frail, services and support are increased to meet their needs.
- 3.5 Normally residents are able to find the support and care they will need in a VSH scheme to enable them to stay put.
- 3.6 There will be situations in which residents' needs cannot be met in VSH. These will be where there exists:
- (a) Long term health problems, where access to on-going 24 hour nursing care/treatment is required and can only be delivered in specialist provision, and/or the community nurses can no longer meet the residents needs.
 - (b) People whose behaviour challenges the service to the extent that their or other residents' quality of life is substantially and significantly reduced, and where this behaviour cannot be mitigated by reasonable management actions.
- 3.7 In such cases each individual's needs and wishes should be considered and a re-assessment of risk made. Where the level of risk is acceptable, or can be reduced to an acceptable level, the individual should be enabled to remain in their own home, if they choose to do so. A template for risk assessment is included at Appendix 8.
- 3.8 In some instances there may be complex care packages that are funded by more than one agency. In these cases it is the responsibility of the Social Care to liaise closely with Health colleagues throughout the allocation process, and on an ongoing basis.
- 3.9 It would be naïve to assume that other professionals understand the benefits of, or the possibilities offered by VSH. What will be the case is that some will think that the service is an "interim placement" on the way to residential registered care, whilst others are equally sure that it is residential care in upmarket surroundings. Given that this is neither of these, training will be necessary to ensure that social workers, primary health care staff, medical staff including GP's and Consultants and housing staff are all familiar with the eligibility criteria for the service the scope of provision within it and any move on policies that have been agreed by the stakeholders, (primarily acknowledging the need for and planning a move to Nursing care when that, for a few people will be necessary).
- 3.10 From the application for Planning Permission; through the development period and once the scheme is populated, information about the service being positively promoted to the local community will be very influential on the degree of success the scheme enjoys. It is beyond doubt that people will gain more from the service if it looks out towards its local community and the local community comes into the scheme. This will require positive action to be taken at development and operational stages to raise awareness and to create opportunities to promote social integration and inter-relationship between the scheme and other local people.

3.11 Direct Payments and Individual Budgets

There may on occasion be individuals who choose to have their care and support delivered by a third party.

This may be available by the mechanisms of Direct Payments or Individualised Budgets, (further information on this should be accessed via the named assessor and/or the Scheme Manager). Currently consideration is being given to the possibility of older people receiving direct payment to enhance the quality of their lives through additional daily activities, either individually or by grouping their funding. For further information on Direct Payments <http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/FinanceAndPlanning/DirectPayments/fs/en>

For further information on Individual Budgets http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/SocialCare/SocialCareArticle/fs/en?CONTENT_ID=4125774&chk=Ubh1q

Careful arrangements need to be in place to ensure that the older person is not at risk and that arrangements for, in particular night cover, meet peoples needs; that the security of the building is not compromised and that the main provider is getting paid for the care and support they deliver. These decisions and agreements must be made before the third party provider begins to work in the scheme.

3.12 Resident Information and Budget Arrangements

A scheme-by-scheme leaflet should be available which explains the different elements of the financial charges and arrangements within each specific service. The 'e' version of the leaflet is held by the local housing and social care teams. It is updated annually using information provided by the landlords and Supporting People. A draft for this leaflet is shown at Appendix 3. See also p.41.

All VSH schemes in Suffolk operate on a core and flexi budget basis for care costs. The core budget is fixed annually and funded in advance quarterly by Social Care. Self funders are then recharged. It funds: -

- The care hours linked to the VSH eligibility criteria
- The care commissioners share of central management and scheme management costs
- The care commissioners share of the waking night service.

The flexi budget pays for any additional assessed

care hours above the hours funded in the core budget. Flexi hours available are increased or decreased to reflect the current and changing needs of each resident.

Supporting People funding is available to fund housing related support costs. The proportional splits between rent/eligible service charges/ Supporting People/and Care have to be agreed and our example is on the Splits Template at Appendix 14.

Many VSH services also offer low level support, (for domestic cleaning shopping and laundry for example) this is billed direct to the resident at a published rate to an agreed level. These charges are shown in 'menu' form.

Where there is a café or meals service, charges are made directly to the resident. Sometimes community meals funding is offset against the food provided by this alternative route.

Enduring Power of Attorney

It is considered good practice for older people moving into VSH to have considered and made arrangements for enduring power of attorney. **NB** The process will not be activated until it is required. For further information <http://www.lbwf.gov.uk/index/community/life-events/attorney.htm> or <http://www.ageconcern.org.uk/>

Court of Protection

This service is available for people who need support, (particularly in matters financial), to ensure that they gain the best outcome for themselves as individuals. This may be in circumstances where there is no enduring power of attorney or when third parties are not putting the best interests of the individual first and enduring power of attorney needs to be overturned. For further information http://www.hmcourts-service.gov.uk/infoabout/cfo/cop_more.htm

Mental Capacity Act 2005

The Mental Capacity Act 2005 provides a statutory framework to empower and protect vulnerable people who are not able to make their own decisions. It makes it clear who can take decisions, in which situations, and how they should go about this. It also enables people to plan ahead for a time when they may lose capacity. For further information http://www.dh.gov.uk/PublicationsAndStatistics/Bulletins/ChiefExecutiveBulletin/ChiefExecutiveBulletinArticle/fs/en?CONTENT_ID=4108436&chk=z0Ds8/

Advance Directives.

sometimes known as 'Living Wills'

This is a way that people can indicate how they wish their care and support to be provided should they become incapacitated. It is good practice for matters like this to be discussed so that the resident families and staff all understand the residents' wishes. For further information

http://www.alzheimers.org.uk/After_diagnosis/Planning_for_the_future/info_livingwills.htm

3.13 **CSCI: Regulation**

VSH is regulated as Domiciliary Care by CSCI. Whilst we recognise that older people in Intermediate and Respite care services are not residents, we feel very strongly that these services should also be regulated through Domiciliary Care arrangements. For further information - <http://www.csci.org.uk/>



Working in partnership

4 DESIGN CRITERIA

Moving home, especially in the later stages of life is very stressful. Having said this, many people thrive in a new environment if it better suits their needs.

All new schemes must meet the criteria set out below.

The criteria in this section set minimum standards that provide a starting point for designs and specifications. Before start on site details must be agreed by the Project Team for each individual scheme. This should be prior to the commencement of the tendering/contractual procedures.

An overriding commitment through the design of VSH is to maximise people's mental health and well being. This will affect the design which must include flooding the building with natural light. This is critical for residents and staff alike.

Consideration should be given to incorporating other housing needs within the scheme, for example general needs or other supported housing services. Other community services may also be developed on the same site, (for example a gym, library or shops). Offices may also be available for not for profit agencies whose objectives will enhance the service for older people.

4.1 The Site

Ideally the site should:

- easily accessible avoiding steep gradients;
- integrated and relating to the community;
- as near to public transport links as possible;
- near services (shops, church, GP, pub etc)
- able to attract sufficient staff;
- be aware of the effect on ecological value;
- consider flood risk zone rating.

The Scheme will reflect both local need and location. The size and height of the building should reflect:

- the ability of residents to move around the scheme
- the number of units built should reflect the viability and sustainability of the service with regard to the local needs and revenue funding required

- the location and surrounding buildings

In terms of land take a guide would be that if the property is to be of 50 flats over three storeys the site area will probably be between 1.25 - 1.5 acres.



Emily Bray House, Ipswich

All flats will have a minimum of 2 bedrooms.

Our experience indicates that schemes below 30 units give higher revenue costs which must be taken into consideration when specifying new services.

The site must include space sufficient to accommodate a generous, enclosed garden.

4.2 External

Parking should be adequate to meet the needs of residents, staff and visitors and meet the requirements of the Planning Authority. As a rule of thumb the total number of car parking spaces is usually calculated by assuming 1 space per 3 bedrooms (not flats) + 1 space per member of staff on duty at any given time, (difficult to state but approx 8 people per shift is a reasonable guide for a 32 unit scheme) Disabled parking is usually provided at a ratio of 1 per 6 to 8 general spaces, (i.e. a scheme with 24 spaces for parking will include 3 or 4 disabled spaces)

Give consideration to the need for additional spaces if day care or other services are being provided on the site. It is recommended that individual spaces are clearly marked out.

A covered space of at least 3.6 sq.m. should, if possible, be provided for independent wheelchair transfer.

Some parking spaces should be within 10 metres of the main entrance.

Cycle Racks should be provided, ideally with a roof to comply with EcoHomes

Good lighting is required to all parking areas.

A turning area for service vehicles is required by Planning Authority. The requirement is that a 500mm service strip be provided to the perimeter of turning heads / parking areas. This should be clearly denoted with contrasting hard landscaping.

A secure refuse storage area capable of meeting local authority recycling requirements, (to include an external tap point and gully which is connected to the foul drainage system.) It must include recycling facilities linked to the local authority services. This area must be accessible from within and from outside the building.

NB Experience tells us that bin stores are never big enough!

The Bin store must be accessible and there must be an adequate hard surfaced route on which to move wheeled bins from the store to the collection point for refuse vehicles, without going over garden areas etc.

Maximum access gradient 1: 20.

There must be level access to all thresholds into and throughout the building.



Flush threshold, main entrance and entrance matting.

The Project Team must consider CCTV to front door and car park, linked to the flats (See 4.6 also).

4.3 Garden

Landscaping must be seasonal, safe, thoughtful, imaginative and reflecting resident's needs and aspirations.

The garden must be level or have a gently



1200mm wide footpath

sloping pathway with a maximum gradient of 1:20. It must be as accessible as possible.

Footpaths should be direct and anticipate short cuts. Ideally footpaths should provide continuous loops.

Any water features provided must be of safe design; e.g. pebble pools.

Lighting, sitting areas and non-slip level finishes must be provided to pathways.

Resident involvement with gardening, including garden maintenance must be planned in.

It is recommended that every ground floor flat is provided with French windows and a small patio area big enough to be useful to wheelchair users. Juliette balconies with space for pots or balconies for sufficient space to accommodate a small table and chairs should be considered for first floor flats.

Raised planters will be needed.

A store for garden equipment with power will be needed.

Outside taps will be needed with a gully under for washing down bins, garden equipment, etc. Sufficient watering points should be provided to enable a hose to get to all parts of the garden and site.

An enclosed area for outside clothes drying will be needed.

Sympathetic, attractive and discreet fencing will be needed to enclose the garden.

Water Butts complete with an overflow facility will be needed.



The Scheme

must comply with

“Secure by Design”. For further information:

<http://www.securedbydesign.com/>

4.4 Space Standards

The following minimum areas must be achieved:

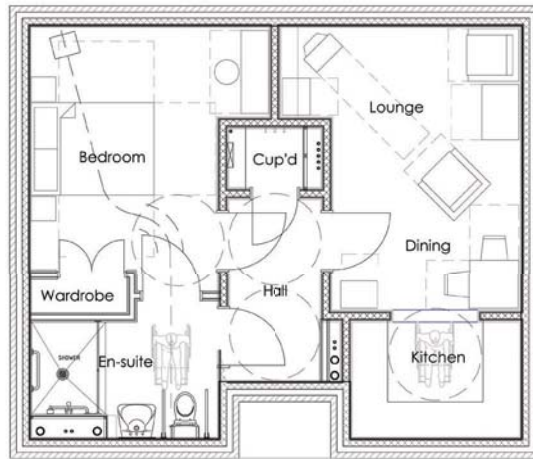
- Two bedroom flats (two or three person) 60 – 70 sq. metres

In addition, all main bedrooms must be a minimum of 13 sq. m. useful floor area. The second bedroom can be reduced to 10 sq. metres.

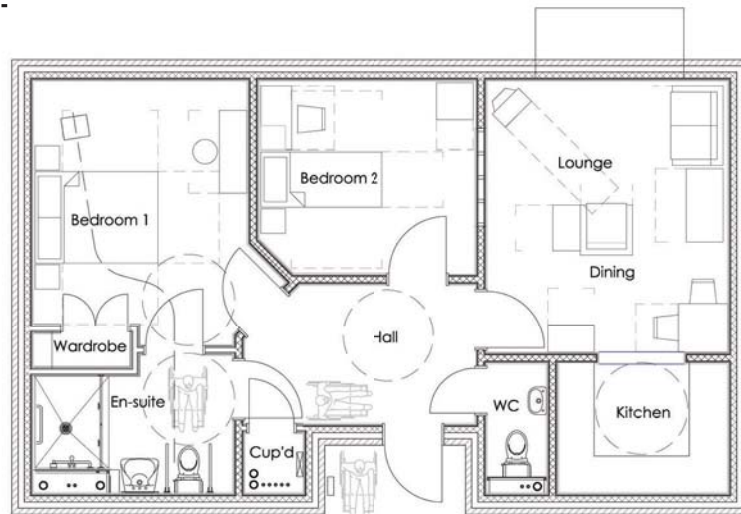
Ideally flats will be grouped together to encourage neighbourliness.

All new build schemes must be built to full wheelchair accessible standards throughout.

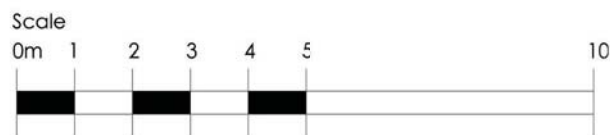
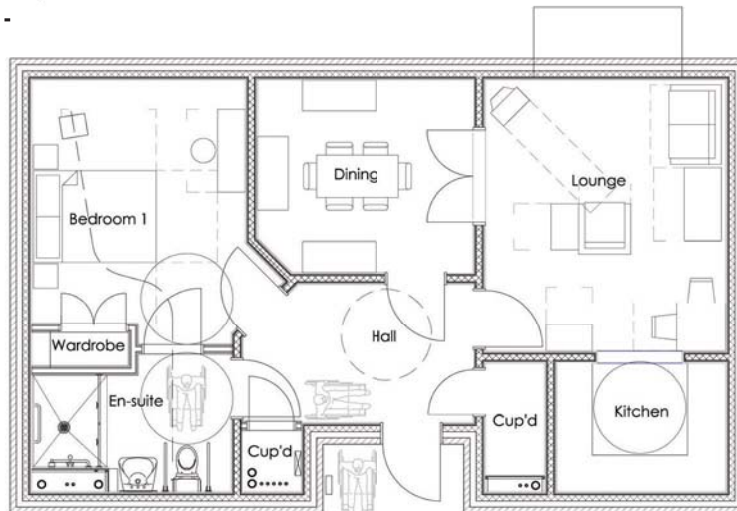
1 BEDROOM FLAT LAYOUT



2 BEDROOM FLAT LAYOUT - OPTION 1

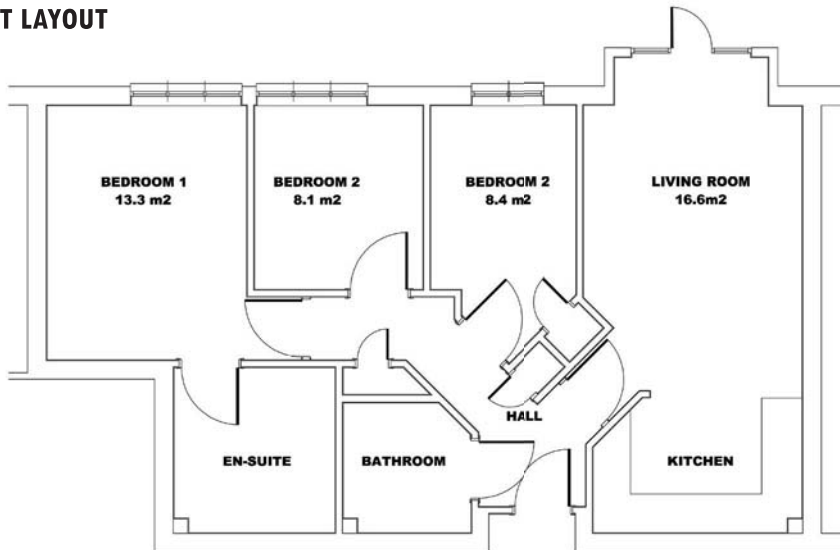


2 BEDROOM FLAT LAYOUT - OPTION 2



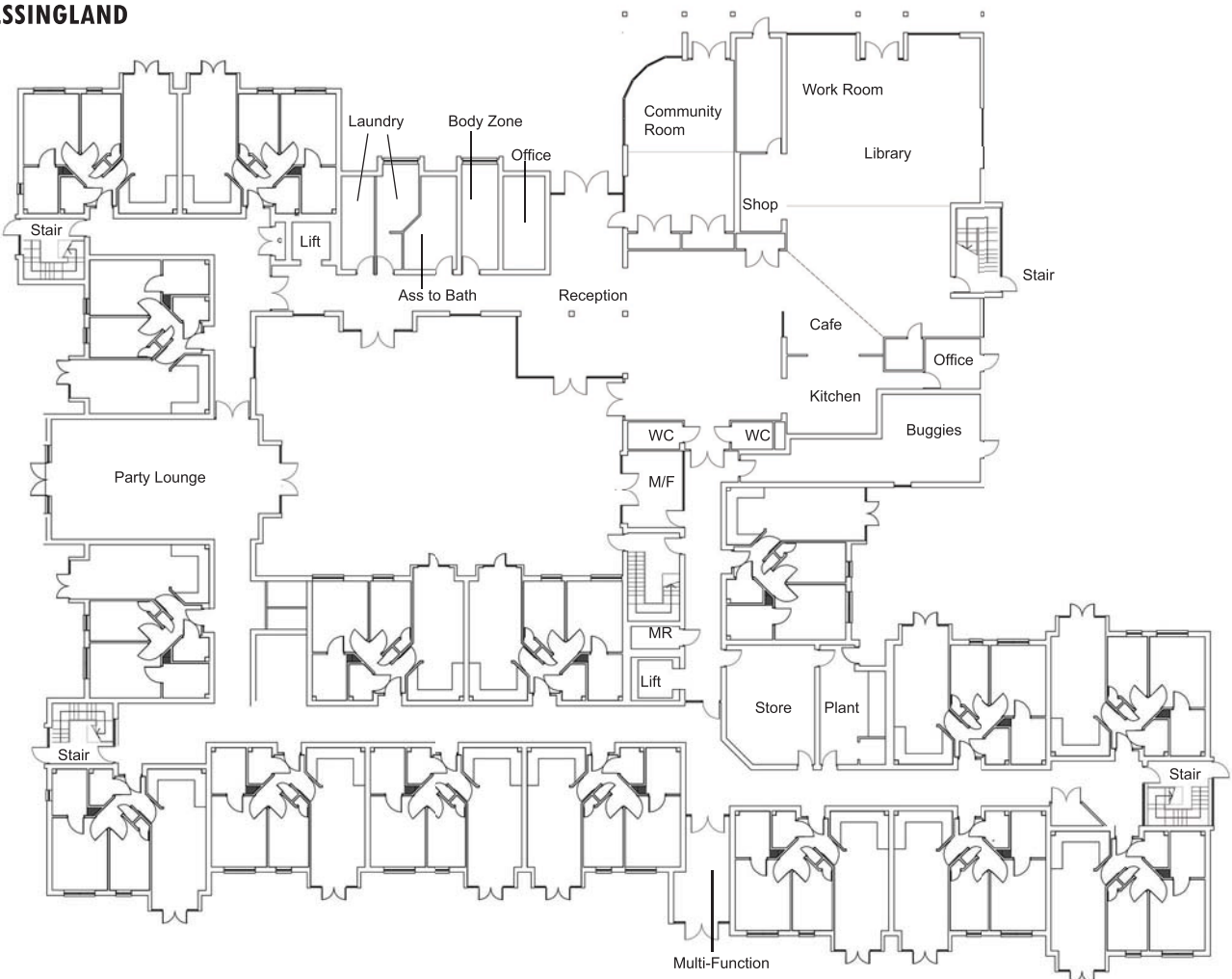
THE JOHNS PRACTICE : CHARTERED ARCHITECTS

3 BEDROOM FLAT LAYOUT



VERY SHELTERED HOUSING SCHEME HALL ROAD KESSINGLAND

GROUND FLOOR



Robert Allerton RIBA
Chartered Architect

32 Ranelagh Road, Felixstowe IP11 7HA
tel: 01394 671257 fax: 01394 273053



Space standards in individual flats

4.5 Circulation

The width of all hallways and doorways must meet ACE standards. Circulation spaces should be light, airy and spacious with interesting changes of aspect. There must not be any long featureless corridors.

Staircases should be straight flights with 180° turns not curves.

Power points close to the top and bottom of every staircase will be needed to enable power appliances, (e.g. vacuum cleaners etc), to be used without the need for long extension leads.



Naturally lit, adequately wide corridors

There must be provision within all rooms for a 1.5m turning circle.

Careful design of signs is important to make them visible for the partially sighted and tactile for the blind. They must also be non-institutional.

Protection to common wall surfaces from damage by wheelchairs will be necessary at both skirting and handrail (midpoint) levels. This

can be achieved by deep skirtings and an extended handrail detail.

Handrails must have signalling arrangements to indicate that they are changing or ending.

Handrails must be non-institutional, designed to look like dado rails.

All levels above ground floor should incorporate at least one wheelchair accessible, 8-person lift.



Two is preferred. Direct access to the lifts from specialist areas of the building (for people with dementia) should be avoided.

Swing free magnetic self-closing fire doors must be used in all corridors.

Contract quality carpets (impervious backed) will be needed throughout the building (including residents flats but excluding wet areas).

Communal buggy/scooter storage space with power points will be needed.

4.6 Shared Facilities

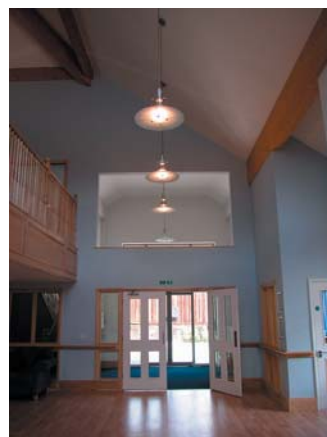
The design should include a 'core' to the building which is accessible to residents and the community alike. All shared facilities should be within this core area. Small lounges within the accommodation are more private, accessible to the community only by permission or invitation.

The covered porch is accessible to the public. To enhance the residents security an entry phone system connected to each flat and to the staff handsets, (linked to the alarm system), will be needed.

Consideration should be given to a CCTV link between the entrance door and its entry system, and each resident's own TV.

In designing the entrance consideration must be given to:

Accessibility to the building – the needs of the able and the disabled must be balanced e.g. speed of opening and opening direction of doors. Sliding entrance doors are preferable to hinged, with an automatic opening detection system for exiting the building.



Welcoming and dramatic main entrance

Key fobs are preferred for assisted opening systems for residents' use.

Any entrance hallway must be a friendly informal space; it may be monitored from one of the office spaces. This space is often used by residents as an informal gathering space which its' size should reflect.

The door exit button should be discretely located.

Mat wells should be provided at each entry point to the building from the garden or the wider environment.

Scheme Manager's office is a room of about 12 sq. m. This should not be in the entrance hall.

Working office – a space of about 12 sq. m for two people, located adjacent to the entrance but accessed from within the building. Any office should be of a size that can accommodate desks, computers and filing space. Installation of a kitchen type worktop is often the best way of using space rather than filling it with desks, it also reduces the likelihood of the 'my desk' syndrome.

Community lounge – a spacious area of about 75 – 80 sq. m with interesting views, close to the main entrance, but not box like. A focal point



such as a fireplace should be provided. A large (min 42inches) wall mounted flat screen TV enables film viewing and football

matches to become a social event. Other leisure pursuits and training can be undertaken here, (in the absence of a training room).

It is important that communal areas must be designed away from the residential accommodation using a system of progressive privacy.

A health and fitness room including gym equipment will be required its size and the equipment provided will be dependant upon what is available locally.

WCs designed for wheelchair users are required adjacent to all lounges.

An IT room will be provided complete with computers, printers and access to the Internet



Hairdressing area

Hairdressing/Hobbies room of about 20 sq.m. close to the entrance in line with the progressive

privacy system.

A Guest Room of about 15 sq.m. together with an en-suite shower room should be considered. This room must be made comfortable and welcoming with tea and coffee making facilities.

All communal areas should be serviced by self-closing doors.

4.7 Café: Meals Service



The Project Team must determine the type of meal provision at an early stage, taking into consideration the needs of the local residents and community.

This will influence the overall design as the café needs to be near to the centre / public areas of the building.

If a fully equipped, commercial kitchen is to be provided, it should include all necessary food preparation facilities including washing-up area, separate storage, plenty of freezer space, office and staff WC. Early consultation with the local Environmental Health Officers is necessary.

Alternatively, the Project Team may consider providing an up market "Luncheon Club" facility where meals are prepared elsewhere. If so, a kitchen of about 18 sq.m. for reheating, serving light meals and snack preparation is required.

4.8 Laundry

A space of about 20 sq.m. is required to accommodate a minimum of 2 commercial sluice facility washing machines and 1 drying machine.

The norm is to provide a washer/dryer machine in each flat. If this is not the case they should be provided in the laundry plinthed at 300mm to assist people in wheelchairs' usage.



Space and facilities for ironing will be needed in the main laundry.

A drying rack should be included within the laundry.

4.9 Storage

Never underestimate the need for storage.

A wheelchair and scooter store must be provided, ideally situated adjacent to the entrance(s). Access to the space needs to be given careful consideration. The size must accommodate suitable space for motorized wheelchairs estimated at a (ratio 1:3 flats). The space must be well laid and marked out, have charging facilities and be accessible from both inside and outside the building. The doors to such storage areas are to open automatically and be linked to the Staff Call system.

Provide a minimum 2.7 cu. m. per flat for communal storage which must be located throughout the building.

In addition, 2.8 cu.m. minimum personal storage is required within individual flats, and 4 cu.m in two bedroom flats.

Consideration must be given for storage space for hoists.

It is helpful to have a cleaning cupboard on each floor of sufficient height to store vacuums, ironing boards etc.

4.10 Staff Facilities

Separate staff facilities are required as follows:

- Staff room of about 25 sq.m.
- Shower and WC's for staff
- Space for lockers.
- There must be a training/meeting room. The space could be used as the cinema.

4.11 Communal Rooms

Throughout the scheme there will be some communal (or shared) rooms on a ratio of 1: 16 flats. These will be multipurpose but will provide for IT; games; 'wet activities' (e.g. painting/planting); music; Health and Fitness and meeting places.



In lounges consideration should be given for the provision of a small "kitchen" area with sink, refrigerator and facilities for making

drinks and snacks. These facilities should be incorporated into a single piece of furniture.

A lounge should be provided on other than the ground floor to provide space for activities.

Specialist services for people with dementia will always have a second lounge and consideration should be given to a further space for activities/ dining.

Adjacent to each communal room there must be a fully wheelchair accessible WC and a small store, which may be accessed from the room.

Assisted bathrooms are as much about providing a pleasurable experience as they are about getting clean. At least one bathroom must have a Jacuzzi bath, good sound system and a particularly welcoming ambience. Care should be taken to ensure that this space does not feel too large or overwhelming.

Particular attention should be paid to the acoustics of assisted bathrooms. The ratio should be 1:32. Ideally, if there is more than one, bathrooms will have a different type of assisted bath to enable choice and be as domestic in appearance as possible. These facilities should be carefully sited to take account of the progressive privacy system. An assisted bathroom is preferred on each floor.



Assisted bathroom

A room within a room effect should be provided for the WC in the assisted bathing area. Separate access to the WC may also be available from the corridor. Hooks for clothes should be provided in the bathing areas.

4.12 Individual Flats

Hall

Ideally, the front door will be recessed from the external corridor, clearly numbered and well lit. All door furniture (letterbox, lock, bell, door handle) set at 1m. above floor level. A letter collection basket big enough to receive an A4 envelope should be fixed to the inside of the door. A recess / shelf for delivery of milk/ provisions should be located adjacent to the front door, also at 1m above floor level.



Front door showing post basket



Newspaper & milk bottle shelf

A link will be needed from the flat to the main entrance door entry system. This could be via video phone or TV with portable units compatible with current technology.

The shape of hall will need to be suitable for wheelchair or Zimmer frame users. This will require a turning circle of 1.5m diameter for wheelchair users. All corners should be chamfered.

Include a second WC and wash hand basin with storage space and shelving at appropriate height for wheelchair users. Also this space could be plumbed and wired to allow for retro fitting of a second shower should the resident wish.

Consideration should be given to the hall area being large enough to accommodate a charging wheelchair; alternatively space may be provided within the recess outside of the front door

2 door viewers should be allowed for – 1 at standard height the other at wheelchair user height. Alternatively there is available on the market a large “spyhole” which has proved to be very popular with residents.



Flat entrance door showing twin-spyholes and free swing close

For more information: http://www.dande.info/catalog_products2.aspx?fsub_id=36&fsec_id=5

Shower Room

The shower room needs to be sufficiently large to accommodate flush floor shower, WC, wash hand basin, storage and 1.5 m wheelchair turning circle.

The position of the WC relative to the entrance to the room needs to be carefully considered to avoid occasional embarrassment for visitors and resident alike.



Ensuite showing flush floor shower and knee space below wash hand basin

The shower room will be en suite with main bedroom; it does not need a second door to the hall which would reduce the amount of storage / wall space available.

The shower room needs to be capable of further adaptation to meet individuals' needs. This could include possible dual access - i.e. straight joint block work to enable the creation of a door between hall and shower

room as required. This is especially important for 2 bedroomed flats.

Walls capable to take handrails/wall fittings.

Emergency lighting facilities must be provided.

Attractive wall tiling and non-slip flooring with coved skirting and welded joints. It should be as domestic in appearance as possible. Vinyl with “bubbles” to be avoided as it requires cleaning with a toothbrush.

Extract ventilation to be 30 litres per second.

The shower room doors must open outwards.

Shower to be formed in vinyl flooring discharging to a trapped floor drain.

The shower curtain must be fixed to reach the floor.

Coat hooks and towel rail clear of water delivery.

Space for shower seat if applicable – experience indicates residents prefer plastic garden chairs. The ability to control the water pressure from the shower must be in place as too strong / high pressure delivery can cause older people some difficulty.

Temperature controls at point of water delivery to be soft touch where possible and user friendly.

Mid height cistern to WC.

Pedal/spatulate handle, dual toilet flush accessible from wheelchair.

WC to be accessible from both sides. Position of soil stack needs be considered in this arrangement as this often compromises assistance.

Standard height WC pans (minimum 400mm) - but compatible with use of commode chair.

Include mirror that can meet the needs of wheelchair and vain residents.

Short lever taps.

Separate electric shaver point at 1.2m height with a separate over mirror light.

Design hand basin to allow for vanity space adjoining.

Select wash hand basin wide enough for 'put down' space

Small lockable wall unit for storage.

Exposed pipework to be boxed in.

Bedroom

Space of minimum of 13 sq.m. (which is adequate for two people in single beds to share).

Where a second bedroom is provided this should be of a minimum of 10 sq.m.

Able to achieve en-suite with bathroom.

Shape suitable to enable island bed position and one alternative position.

Space for wardrobe, dressing table, bedside table, TV, telephone point.

Four double sockets minimum.

Sitting Room

To be 15 sq.m. with direct access from hall and kitchen.

Include a focal point such as a fireplace or bay window.

Provide French doors (which should be certified as Secured by Design) to garden for ground floor flats with either one wheelchair accessible door or preferably two doors with a wheelchair user accessible locking system. Provide Juliet balconies to first floor flats with a door access.



Lounge showing Juliet balcony

French doors at ground floor level must be alarmed. (The alarm only to be used as a

consequence of an assessed need).

Adequate space for two easy chairs, table, TV and two other pieces of furniture.

Include small area for dining table and two chairs.

TV socket/VHF radio/cable. Landlord to provide satellite / digital TV system.

Telephone point

Eight double sockets minimum.

Spare Room

Minimum 10m²

4 double sockets

Telephone point

Kitchen

Base units fixed at mid point (850mm) which is between wheelchair and standard height, (usually 900mm). Consideration should be given to providing one run of units at wheelchair accessible height. This height decision relates to meeting the needs of both wheelchair users and others.



Kitchen base unit on wheels



Exposed pipework within **all** rooms needs to be boxed in for aesthetic and safety reasons, access however must be maintained for all values etc for maintenance purposes.

Consider the provision of height adjustable sink units All kitchens to be able to accommodate wheelchair users, and "keyhole" sink units fitted.

Selection of equipment to take into account the needs of residents. This should include **as a minimum** a fridge/freezer, washing machine, slot in cooker with second oven with integral grill and a microwave. Project teams should check the latest type of appliances available on the market before final decisions on appliances are made. All appliances must have doors capable of being "handed".

Wherever the cooker is situated in the kitchen it must have put down space to both sides for hot dishes etc.

There must also be an isolation switch hidden in the nearest cupboard to the cooker.

Consider including plinth (to 300mm) to refrigerator and cooker to improve access.

Allow space for small dining table and two chairs if not available in sitting room.

Minimum 1.2 cu.m. kitchen storage of which 50% accessible by wheelchair user.

Consideration given to half depth storage units to allow greater space & accessibility.

Short lever taps.

Non-slip flooring. NB the style of flooring must be easily cleanable.

Adaptable lighting, e.g. consider under-unit lights, non-fluorescent (if fluorescent then high frequency).

6 double sockets. Minimum and further sockets to be provided behind appliances.

Extraction ventilation at rate of 60 litres per second (NB can be reduced to 30 litres per second if cooker hood provided).

All controls must be at low level accessible for wheelchair user, excluding the isolating switch for the flat's cooker.

The entrance door to the kitchen to be capable of being easily removed/lifted off its hinges, in case of an emergency.

30 litre tri-compartment recycling bins should be included within the design brief.

4.13 Heating and Hot Water

Consider provision of a central boiler room serving all flats and staff accommodation with heating and hot water.

Include two condensing type boilers plus calorifier(s).

Pipe work from central boiler room to be enclosed in accessible ductwork.

All pipe work in flats to be accessible for maintenance. All stopcocks to be at a wheelchair accessible height and thoughtfully located.

Consideration should also be given to the provision of suitable water softener(s).

Consideration should be given to under floor heating but a wet system is preferred to ensure fastest response to changes in external temperature.

Include low-surface temperature radiators throughout.

Include radiator thermostats with pre-defined gap on temperature control located at the top of radiators.

There must be temperature controls on all hot water taps throughout the building.

Proper attention must be paid to the risk of legionella in the water storage system.

Heating scheme to be designed to achieve a minimum temperature of 21 °C when outside temperature is -1 °C.

4.14 Electrics

Include separate electrics room.

Consider providing each flat with its own meter.

Meters can be located either in centralised meter room or adjacent to each flat. Fuse boxes must be at a wheelchair accessible height. There must also be an isolation switch hidden in the nearest cupboard to the cooker.

Provide fire alarm installation including fire escape signs, fire fighting equipment and emergency lighting as required by Building Control and Fire Authority. Consideration to be given to whether or not the system should also be linked to the ABC Fire Brigade call system. It is recommended that negotiations begin early with these Authorities.

All signage to be as non-institutional as possible.

Level of audible alarm system should be in accordance with British Standard. It is necessary to use visual alarms for those with visual impairments. NB Sounders should be "painted in" to match surrounding decorations.

Fire extinguishers to be wall mounted maximum 750mm from top of fitting to floor and recessed.



All flats to be provided with TV sockets and telephone outlets in sitting rooms and bedrooms. The TV should be linked to the CCTV service.

Ensure power supply near to every window for automatic curtain closing if required.

The call system must be compatible with telecare accessories, and be provided in each flat for easy communication by the resident(s) with the staff. This should be accessed by cord bracelet or pendant. The positioning of the pull cords must be very carefully considered and relate to the



Integrated entry panel with key-fob reader, CCTV and speech

needs and activities of the resident.

A budget must be set aside for the purchase of “add on” telecare and assistive technology products.

The speed of change in telecare currently makes a clear comment in this guide impossible. Reference should be made to the Department of Health Housing and Learning Improvement Network for the latest information.

Further information :

<http://www.icn.csip.org.uk/housing>

We are currently piloting locator (‘tagging’), technology for people with dementia. The outcome to date of the pilot will be included in the next revision of this Guide. Feedback from residents and staff to date is very positive.

All electric light switches and power sockets to be 1m above floor level and should reflect the needs of the resident and current technology. Glowing switches should be provided in bedrooms, and lights capable of dimming.

A loop system should be provided in all communal areas and consideration should be given to the provision of a loop system in other resident areas as and when required. The loop system should be capable of taking a microphone.



Large, legible and tactile buttons to lift panel

A satellite TV system linked to all flats must be provided. Ensure that the receiving system is capable of taking the full range of digital TV signals.

Be aware that some cordless phone systems for staff may need boosters around schemes with a large footprint or that are in a dip in the landscape or whose performance may be influenced by metal in the roof space or elsewhere in the building fabric: plan accordingly. Boosters added subsequently are ugly.

Thoughtful placing of wall/ceiling lights to facilitate picture hanging is essential

4.15 General

All works must comply with current relevant statutory regulations. It may be necessary to advocate on behalf of residents to ensure non-institutional interpretations are achieved.

Create a programme that will enable residents to be involved with the choice of furnishings and finishes to both flats and shared areas.

All fixtures and fittings such as taps, door and window ironmongery should be designed to reflect the needs of residents. In particular all doors must have user- friendly handles.



Suited key system for staff.

Windowsills should be 750 mm or less from floor level. Windows should be easy to open/operate (e.g. push shut locks), and with handles that are accessible to wheelchair users.

Window restrainers should be fitted to all windows and checked with Building Control.

Thermal insulation – given the frailty of the residents, thermal performance should be in excess of current building regulations and Housing Corporation Level 3 if possible. Heat loss through air leakage must be minimised and pressure tested after completion of the heating system.

Windows

– Ironmongery should be at a height no greater than 1200mm from finished floor level to assist wheelchair



Fully reversible windows

users. Trickle vents should be operable by wheelchair users or passive vents used.

Sustainable Homes (formerly EcoHomes) – All RSL's who fund schemes through public funding need to comply from June 2007 with the Code for Sustainable Homes, which is scored on a six star system, 1 being the entry level and 6 exemplar. RSL's are required to achieve at least 3 stars (+25%) as a minimum, but should be working towards 4 stars (44% improvement)

Grab Rails – Provision must be made in the budget for the purchase and installation of grab rails. Currently there is debate about if grab rails should be fitted prior to letting / sale or fitted to individual requirements when the resident is known. Either way local OT input will be needed.

The provision of mobile hoists and slings, one to each floor will be required, suitable training for staff (often available free from the manufactures) will be necessary. Other lifting aids such as 'Mangar' lifting cushions are also useful in promoting a quick response to residents needs.

Consideration should be given to overhead hoist transfer from bed to en-suite facilities. Ideally a linear route to the toilet is preferred. A knock out panel above the door between the bedroom and ensuite is required for ease of installation of hoist. This will require a strengthened ceiling.

Consider supplying battens and curtain rails/tracks.

Carpets in the bedrooms should be a light colour to assist in the monitoring of cleaning. The carpets in the rest of the flat should be of the same colour and design, which will make the flat seem more spacious.

Building analysis

'Passive' strategies:

These must be considered and optimised prior to 'active' strategies/systems. These strategies which are made at the very beginning of the design process are critical and fundamental to achieving a sustainable, green building. These decisions can make or break a scheme's sustainability on day-one and often require little or no additional construction costs.

Consideration should be given to:

- Orientation towards:
 - sun
 - prevailing wind
 - pollution / noise sources
- Construction methods
 - modern methods of construction
i.e. - use local off-site
pre-fabrication

- Envelope:
 - thermal mass -heavyweight or lightweight?
 - single or double skin envelope?
 - insulation materials
 - use of structural insulated panels
 - use of green roofs
- Materials:
 - use of recycled materials
 - use of local materials
 - use of natural materials (ideally that 'lock-in' carbon)
- Heating:
 - solar heating (direct, indirect and isolated gains). However, don't forget appropriate shading devices to prevent over-heating!
- Cooling:
 - natural ventilation (cross, stack and cooling towers)
- Lighting:

The controlled distribution of daylighting in buildings is a cornerstone of green design:

 - daylight (toplight, sidelight and internal reflectances)



Ample daylight through use of roof-lighting

- Energy producing system:
 - use of Combined Heat and Power (CHP)
 - use of alternative non-fossil fuel energy providers i.e. biomass boilers
- Flexibility / adaptability:
 - The building should be as free as possible to evolve over time to meet changing and / or new usage - i.e. common facilities to be designed with a view to being planned within the footprint of a one or two bedroom flat.

- appliances, and sanitary ware, i.e. washing machines / tumble driers, dishwashers, toilets, showers, taps etc.
- water re-use / recycling
- rainwater catchment systems / rainwater harvesting
- pervious surfaces (ground covers that allow rainwater to infiltrate and flow through subsurface layers)
- composting toilets
- bio-swales (to attenuate and treat stormwater run-off)
- retention ponds (to control stormwater run-off)

‘Active’ strategies:

There is a danger if the following list is considered prior to passive strategies. However, if ‘passive’ strategies are not optimised very early in the projects life any of the following active strategies have the potential of being the equivalent of rearranging the deckchairs on the Titanic!

If planned within the correct passive framework however, ‘active’ strategies can significantly enhance a buildings’ sustainability.

- Heating:
 - solar thermal collectors for water heating
 - ground source heat pumps
 - deep bore holes
- Cooling:
 - night ventilation of thermal mass
 - earth cooling tubes
 - earth sheltering
- Lighting: Electric lighting systems are one of the most energy-intensive components of modern buildings with many systems giving off more heat than light!
 - use energy efficient lamps, luminaires and lighting controls
- Energy producing system:
 - specification of ‘A’ rated appliances
 - use of photovoltaic panels for electricity production
 - use of heat exchangers (air-to-air and air-to-water)
 - use of wind turbines
 - mircohydro turbines
- Waste and water:
 - low consumption white goods,

4.16 Handover

The end of the build period the project team must ensure that sufficient time is available for the components within the building to be tested, (e.g. lifts, fire alarm, call system). The handover from the contractor to the operational service providers is a critical time. Careful planning to ensure that staff are familiar with the space, its technology, health and safety matters and functionality are important parts of the Induction Program. Without this the staff team and the building will not be ready for habitation.

The contractor must provide a Plain English set of information about all the facilities built into the scheme, and practically be part of the induction program to rehearse with the staff how the building works, what to do if anything stops working and how to respond to emergency.

4.17 And finally:

The scheme must be imaginative and uplifting!



SECTION THREE: MANAGEMENT GUIDE



5 ELIGIBILITY AND ALLOCATION PROCEDURE

Allocation policies and procedures for very sheltered housing schemes will be fair and equitable. Access to schemes will be open to all older people whose needs for the service can be demonstrated. High quality liaison between the stakeholders is critical

Eligibility Criteria

The processes and principles below have recently been applied to the sale of the first leasehold scheme. Outcomes from that process will be captured in a bolt on to this guide shortly.

General Principles:

- 5.1 Eligibility for Very Sheltered Housing schemes will be established by the completion of a Housing Needs Assessment, a Community Care Assessment, (that will identify both support and care needs), and a Risk Assessment. In addition some prospective residents will need a specialist health assessment
- 5.2 Applicants must be in housing need. Individuals' present accommodation may no longer be suitable because care and / or other facilities cannot readily, practicably or economically be provided there.
- 5.3 The term 'older people' refers to individuals of 60 years of age or more. In exceptional circumstances people below this age should be considered for very sheltered housing.
- 5.4 A person will usually require assistance with daily living tasks and/or personal care. This means that a person has an assessed need for an agreed number of personal care hours which stakeholders will fix when agreeing the eligibility criteria.

In Suffolk the eligibility criteria is a minimum of four hours personal care plus support per week. There are additional criteria to be met for a place in any Extra Care facility. This low level of assessed need allows for a mixed community to be retained within a scheme.

- 5.5 Care and support delivery plans will be compiled with all residents to reflect the ways that their needs will be met in the scheme. These will be geared to provide maximum independence, autonomy, dignity and choice for the individual.
- 5.6 Applicants will usually be living in the district council area of the Very Sheltered Housing scheme or be able to demonstrate a local connection to the area. Alternatively, they must

be a resident of the housing provider elsewhere. The term 'local connections' is defined in Section 199 Housing Act 1996. This states that

"A person has a local connection with the district of a local housing authority if s/he has a connection with it-

- (a) because s/he is, or in the past was, normally resident there, and that residence is or was of his/her own choice,
- (b) because s/he is employed there,
- (c) because of family associations, or
- (d) because of special circumstances."

In simple terms, it means that the person lives in the district or lived there for a period in the immediate past or has immediate family in the area.

- 5.7 The needs of carers will be considered in assessment for Very Sheltered Housing.

Allocations Criteria

- 5.8 Residents living in Very Sheltered Housing schemes will have care and support needs because of a range of difficulties, disabilities or problems including dementia, mental health problems and physical disability. The four hour personal care and support criteria (a minimum with no maximum) enables a mixed community to be formed. The principle of maintaining a mixed community must be considered at every let by the Allocation Panel.
- 5.9 Applicants to Very Sheltered Housing may be suffering from depression and/or the effects of isolation or may have previously suffered from mental health problems.

It should be noted that "personal care" is not necessarily physical care, but could, as an example, be assistance with mental health difficulties. It is also the case that a high level of care and support does not necessarily equate to complex care; nor a small number of hours mean that someone does not have critical needs.
- 5.10 Allocations panels will endeavour to ensure that whenever possible residents enter Very

Sheltered Housing at an optimum time for them, which may be in the early stages of dementia, during recovery from an episode of depression or when coming out of hospital after a long-term illness.

5.18 It is recognised that residents will need flexibility in the provision of care services and that this and support needs will change over time.

5.11 Applicants for Very Sheltered Housing may currently be living in a range of housing, including residential / nursing care or sheltered housing, rented accommodation or owner occupation. For each resident, Very Sheltered Housing will provide a service or support not available in his or her current accommodation. A more independent lifestyle may be facilitated for some, whereas the provision of regular night care or a continually supportive community will be key factors for others.

5.12 Applicants may have restricted mobility but will be able to cope in a supportive environment. Some people may need a variety of aids and equipment to enable them to function positively.

5.13 Applicants will not need to move from Very Sheltered Housing unless their health deteriorates to the point where long term nursing care is required. See Appendix 18 "Residents moving to Residential / Nursing care over a 12 month period" Sept 2005 – Sept 2006. As an exemplar this identifies the number of movements on a scheme by scheme basis.

5.14 It should be noted that with high quality care and support a higher than average number of people are able to die at home if they wish. See Appendix 17 which shows the number and location of deaths of residents in schemes.

5.15 Applicants for Very Sheltered Housing will not currently be suffering from mental health problems that lead to violent or severely challenging behaviour. Such people may be considered for an Extra Care service in a scheme where a full risk assessment indicates suitability.

5.16 Applicants for "ordinary" Very Sheltered Housing may be in the early stages of dementia, but will still be able to make relationships, function within a daily routine, have some knowledge of their surroundings and/or be in a supportive relationship within the scheme.

5.17 Existing residents whose dementia worsens and those who develop symptoms of dementia will be supported within the scheme. If behaviour is severely challenging or anti-social and/or people become a danger to themselves or others, then a further joint risk assessment will be undertaken.

6 ALLOCATION PROCESS

The County Council, District Councils, Supporting People Health, Housing Associations and other providers operating in the County have agreed a County Allocation policy for use in all supported housing services. It is used in all Very Sheltered Housing schemes, whatever the tenure.

Purpose of the Policy

- 6.1 The purpose of the policy is to ensure that all partners in the scheme are involved in the allocation process and that the necessary housing and support assessments have taken place. The policy will also ensure that both initial lettings and voids are handled efficiently and effectively.

Background

- 6.2 As the number of housing opportunities for people with disabilities increases it is necessary to ensure that all potential residents have access to the allocation process and that service users and workers are aware of the routes to acquiring the housing.
- 6.3 This policy has been designed to engage support and care management agencies, housing providers; Borough / District Councils, Health and Social Care so that all partners are involved in the letting process. Contact with service users will, in the first instance, be limited to their social worker.

The Process

- 6.4 For new build schemes, during the latter stages of construction, the Project Team sets up an Allocations Panel. Named representatives of the Panel will consist (as a minimum):

1 representative from Borough / District Council's Housing Department, (or in the case of stock transfer locations the RSL holding the Housing Register may attend at the discretion of the DC / BC.)

1 representative from the housing provider.

1 representative from Social Care.

1 representative from the Care Provider Agency.

1 representative from Supporting People.

The Scheme Manager

- 6.5 The Panel invites nominations for vacancies in a scheme. The nominations/referrals can come from a variety of sources, e.g. Housing Authority, Social Care, relatives, carers, self-referral, GP or Health professional.

- 6.6 An individual from the Panel will be chosen to chair the meetings and co-ordinate the process. All potential nominations from whatever source will be sent to the Application Manager of the Borough/District Council or the Chair of Allocation Panel. If possible, prior to the initial nominations meeting it should be established whether the applicant is registered on the Borough/District Council Housing Register and is accessed as needing support from, or arranged by, Social Care.

- 6.7 Once the Panel has established eligible referrals, simultaneously a housing needs assessment, (including where appropriate a homeless assessment), by the District Council and a Community Care assessment, by Social Care is undertaken. It may also be necessary for the care management agency to assess whether or not the individuals needs can be met in the scheme.

- 6.8 The Panel will then go through the nominations and identify ineligible nominees who have been inappropriately referred. These are likely to be people whose housing and/or support needs could not be met by the vacancy. Ideally this part of the process takes the form of complementary working, including joint assessment. Information should be given on alternative housing opportunities and policies.

- 6.9 When ineligible referrals are identified, the referrer and applicant will receive written notification of the reasons for the decision from the Chair of Panel. Advice will be given on how to re-apply if their circumstances alter.

- 6.10 When a vacancy occurs in a scheme, an Allocation Panel meeting will be called. This may need to be at short notice. However in VSH a regular monthly meeting should suffice. The care management agency must be part of the process and included on the Panel.

- 6.11 The Panel will take into consideration three main criteria: -

- (a) the housing care and support needs of nominees,
- (b) the nominees local connection to the area,

- (c) any other factors which might influence the allocation process, (for example carers needs)

On the basis of the available information the Panel will decide which nominee/s will be offered the vacancy/vacancies and which nominees should remain in the allocation pool, with agreed priority, should offers be refused or further voids occur.

- 6.12 By agreeing priority need of people within the pool it is possible to maintain voids at a very low level within the schemes. The Scheme Manager will always know to whom the next offer is to be made with the agreement of other stakeholders. A typical twelve month period over twenty three schemes produced a void rate of 3.42% over more than 800 residents.



- 6.13 A pre-tenancy letter will be sent following the decision of the Allocation Panel. This will be followed by an offer of the tenancy.

- 6.14 As the accommodation is self-contained and there are communal services, introductions to other residents will be necessary unless the new resident does not wish this.

- 6.15 The experience of existing schemes is that the Panel meetings should meet on a four weekly basis. Sometimes they may respond to more than one scheme. On occasions the meetings may be linked to other meetings. It will be a requirement of the Panel to ensure that there are always assessed individuals waiting for a vacancy in the scheme. The Chair of the Allocation Panel will call the meetings.

- 6.16 It will be the responsibility of Social Care (through the Community Care Assessor), to notify the Panel of any changes to a nominee's circumstances. All other agencies should pass information to Social Care to assist with this task.

- 6.17 The individuals will then be nominated by Borough/District Council to the Housing Association/care management agency.

- 6.18 It is important to remember that the process is

that of nomination. Ultimately the Landlord has the final decision about the let.

- NB After letting a new scheme it is necessary for continuing close liaison between all partners. This ensures that when further vacancies arise the void periods are kept to a minimum.

In some instances there may be joint purchasing with the NHS to the scheme. In these cases it is the responsibility of Social Care to liaise closely with health colleagues throughout the allocation process.

- 6.19 There must be an appeal process through which an individual can challenge why they have not been allowed into the allocation pool or, why once in the pool, they have not been offered a tenancy.

- 6.20 It is helpful when an older person is considering moving to VSH that a discussion is undertaken and recorded about the roles and responsibilities of residents and tenancy. Should the person subsequently become demented this record will establish that the older person understood their roles and responsibilities and made choices about being a resident.

- 6.21 Use of Current One Bed Flats For Two People One-bed flats can and should be used for two people if that arrangement meets their needs.

Principles

1. Staff must be able to meet the residents care needs within the existing flat.
2. There should be a clear acceptance of the potential for changing the way the flat is used should that be needed for the safe delivery of care. E.g.: using the lounge as a second bedroom to facilitate the use of hoists or other mobility aids.
3. The core budget will be based on the number of residents at the scheme. This is to enable the use of a one bed flat for two people who both have care.
4. There must be acceptance that double occupancy of a one bed flat is not necessarily linked to the next two bed flat.
5. Rent and service charge levels may be set at a rate, which recognises that the flat occupied by two people.

7 INFORMATION TO RESIDENTS AND PROSPECTIVE RESIDENTS

All Partners are committed to enabling informed choices to be made in a timely fashion

- 7.1 A leaflet should be produced describing the scheme and the services it provides (See suggested content example at Appendix 2).
- 7.2 Pre-tenancy information prepared to include:
- housing rights
 - housing responsibilities
 - eligibility and allocation criteria and process
 - charges
 - roles and responsibilities of staff
 - how support and care will be delivered
 - agencies involved
 - benefits advice
 - opportunities for social and shared activities
- 7.3 **A Residents' Handbook and Service User Guide**
- It is considered good practice to provide a Residents' Handbook and Service Users Guide that is scheme specific. It should contain the following items: -
- an explanation of the philosophy of the service;
 - the eligibility criteria and allocation process;
 - how care and support needs are assessed and provided;
 - the services that are provided (and often, equally important, those that are not provided);
 - the role of the Scheme Manager;
 - role of the carers and support workers;
 - the charges that will be levied: rents, service charges, Supporting People charges and Fairer Charging arrangements. It is also preferable if this is either weekly or monthly information to avoid confusion;
 - an explanatory paragraph about Supporting People services provided within the scheme;
- the local facilities available both in the scheme and in the wider community;
 - the social activities are provided;
 - floor plans of the individual flats together with measurements;
 - useful community addresses such as the GP, the chemist, the Community Psychiatric Nurse etc.
 - the arrears policy covering both rent and Social Care charges and also information on how to access welfare advice and debt counselling;
 - the complaints procedure;
 - the participation policy which outlines how residents will be involved in decision making; (NB some of the provider partners will have different procedures)
 - Equality and Diversity policies;
 - nuisance and eviction policies;
 - the procedure if a resident is absent, e.g. goes into hospital.
- 7.4 New resident information to include:
- tenancy handbook including the tenancy agreement, benefits advice, repair and maintenance obligations, and the consultation process.
 - a map of the scheme and one of the local area
 - services provided;
 - information about their flat;
 - policies about the scheme including visitors, pets etc.
 - any additional information required by the Statement of Purpose from the domiciliary care provider.
- 7.5 All of these documents should be checked and agreed by the Project Team during the development process. They will be completed and agreed so that the leaflet is available not less than 10 weeks prior to letting.

8 INDUCTION AND TRAINING

A service is only as good as its staff and its staff are only as good as the leadership, culture and vision sharing that is offered to them

- 8.1 It is not within the remit of this guide to identify and recommend training arrangements. There are many other sources of information available. Overall it must be recognised that these services are a fusion of professional cultures and that this must be reflected in any training programmes undertaken or offered to people.
- 8.2 In order to deliver effective training it is important to ensure that sufficient time and funding is available. This will enable the induction training and subsequent updating and good practice training to be delivered to the highest quality. It will therefore recognise the mix of professional cultures necessary and acknowledge both the complex needs of each individual resident and the overall service within the scheme.
- 8.3 What it is critical to convey is the importance of and commitment to a new culture which is a fusion of housing, health, care and support. Inevitably most members of a new staff team will come from one of the above “worlds”. As housing with care and support is a new profession / trade it is unlikely that there will be many people who have already worked in that environment. Time must be committed to ensuring that staff understand and are signed up to the concept of supporting people to do things rather than doing things for them; they must also recognise that they are domiciliary care providers invited in to the residents homes, not residential care workers who have people coming to live in their home.
- 8.4 All staff need to be grounded in housing management as well as care and support. It is an integral part of a VSH service.
- 8.5 To ensure that there is a creative and challenging dynamic within the staff team, serious consideration should be given to appointing people who come from non care backgrounds. Their questioning about how the service works and why things are done in a particular way will ensure that everybody continues to pursue all angles of working rather than fall into familiar and “comfortable” ways.
- 8.6 The availability of both information and training for families carers and “important others” will be

critical to the creation of the partnership between the resident staff and families. Consideration therefore must be given to their inclusion in some training events and to whether or not specific sessions should be arranged for them (e.g. risk management).



9 DOCUMENTATION

Partnership is hard work!
Documentation will support this process and ensure that all partners are clear about their roles and responsibilities.

9.1 Partnering Agreement

A Partnering Agreement will be required. It will explain the relationship between the different partners. It is a standard document agreed by the partners.

9.2 Contract/s

There will be a contract/s explaining the different relationships between the stakeholders and their financial and legal roles and responsibilities. Each purchasing Authority will be responsible for ensuring their part of the contracting arrangements. The operational policy, (a joint document), will be a major part of the contractual arrangements between stakeholders. A service specification, detailing the requirements of Social Care and the invoicing arrangements.

For further information -

<http://changeagentteam.org.uk/index.cfm?pid=251>

9.3 Management Agreements

These need only be used where the care provider and landlord are different bodies. Some of these items may be duplicated in the care contract.

Each housing organisation will have its own policies and procedures. A formal contract will be required that sets the parameters and responsibilities for both purchasers and providers.

Within the context of this agreement the following should be considered:

- 9.3.1 Minimum contract term and whether it would be a rolling contract.
- 9.3.2 Notice required to end the contract.
- 9.3.3 Clear definitions of roles / responsibilities of all the parties.
- 9.3.4 Details of monitoring arrangements and performance standards requirements.
- 9.3.5 Arbitration arrangements.
- 9.3.6 List of appendices should include policies on: -
 - allocations
 - arrears

- charges
- repairs
- care
- eligibility criteria
- equality and diversity
- management arrangements
- tenancy agreement
- eviction process

- 9.3.7 An agreed annual budget process.

9.4 Operational Policy

This should be provided as a working document for all staff and should give clear directions on a scheme-by-scheme basis.

It should be produced by the housing provider for the Project Team in consultation with the purchasers, working partner agencies and scheme staff. It should be a guide to consistency and good practice in the every day running of the service and should be subsequently amended and updated regularly.

The operational policy must include:

- Aims and objectives of the service.
- Philosophy of care.
- Promotion of and integration with the local community
- Allocation policy
 - Eligibility
 - Process
- Tenancy Agreement
- Support Arrangements
- Welfare rights advice.
- Medical arrangements for residents (each resident must be registered with their own GP).
- Medication
- Hospital admission.
- Notification of resident's absence procedure (as a safety measure).
- Staffing arrangements

- Hours
- Reporting in
- Clear statement of roles and responsibilities of different staff posts, including the limitation of the roles
- Rota
- Use of Agency staff
- Sickness
- Annual Leave
- Disciplinary Arrangements
- Training
- Sleep-in
- Deputising
- Administration
- Record keeping
- Scheme log
- Use of passkey
- Accidents

Standards

Security

Health and Safety

Resident participation

Operation of laundry service/s

Meals service

Social activities

- Use of space in scheme by outside individuals or organisations
- Residents Committee
- Social fund

Life long learning

Cleaning arrangements for both flats and communal areas

Reporting repairs

Gardener / handy person

- Hours
- Job Description

Activities Organiser

Administrative support

10 QUALITY ASSURANCE, MONITORING & REVIEW

10.1 Introduction

Chapter 2 advises that experience has shown that the most stress free, cost effective and “owned” schemes and services are those developed by the Project Management process.

As such, the formation of a Project Team to oversee the development and letting of a new service is a crucial part of the Quality Assurance process.

Once the scheme has been designed, constructed and let the Project Team still has a number of specific tasks to undertake to ensure that the Quality Assurance process is fulfilled.

10.2 Review of Scheme and the Development Process

The purpose of these reviews is to loop new learning about the building and the service; resolve problems relating to the development/oversee the lettings processes.

Reviews will be held;

At 3 months

To identify and resolve urgent, incorrect assumptions and decisions made during the development process about support arrangements and levels of care; to ensure action is taken to remedy any problems relating to the building. The review will also be informed by the outcome of the New Residents survey.

At 6 and 12 months

To rigorously and robustly review all elements of the development process and the scheme. It is essential that the review ensures that lessons are learnt and passported to existing or subsequent schemes. This twelve-month review will be influenced by the annual residents’ survey which will then be made available to the Joint Advisory Group.

Firm action must be taken at all three reviews to ensure problems are managed and errors are corrected wherever possible.

This review process will feed into:

10.3 The Joint Advisory Group (JAG)

A Joint Advisory Group (JAG) should be established and meet a minimum of four times

a year. Terms of reference are available, (see Appendix 7). The JAG should include all partners and must include the following group members:

- Scheme Manager (and the Housing and Support Manager if different)
- Scheme Manager’s Line Manager
- District/Borough Council representative
- Care Provider Manager (if not included above)
- Social Care Community Team Manager
- Supporting People
- Health
 - Finance Representative (where Health are providing funding)
 - Clinical Representative (where residents need a health input)
 - Primary Care Trust representative
- Resident representative
- Carer representative

It will be the responsibility of the members of the JAG to ensure that they have a working knowledge of the scheme and its services through visits and resident information.

The Group has responsibility for ensuring the following tasks:

- (a) That allocations to the scheme are in accordance with the County Allocation Policy, (see Appendix 10) and it will address any issues that arise during the allocation process.
- (b) Agreeing quality assurance information acquired from residents surveys, the Associations own QA monitoring; by the Suffolk Housing Standards review process (see Appendix 19), Quality Assessment Framework from Supporting People and Commission for Social Care Inspection Domiciliary Care Standards.
- (c) Agreeing Quality Assurance methods with providers.
- (d) Receiving and considering budget information to facilitate timely adjustments when required.

- (e) Ensuring that timely and appropriate responses are made to difficulties identified by either purchaser or provider. This will include identifying lead responsibility.
- (f) Annual Review of Operational Policy.

This in turn leads to;

10.4 The Annual Budget Review

This meeting, which will include all commissioners, receives and considers available information from all sources and makes any necessary service and budget adjustments

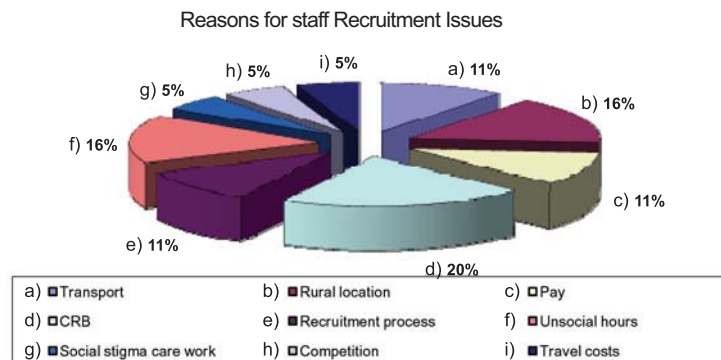
10.5 Care and Support Quality Monitoring

Social Care monitor and review the quality of all services purchased on behalf of individual service users. This includes the care element for those residents in Very Sheltered Housing supported by a Social Care Contract. If the scheme is approaching a Supporting People review then the opportunity should be taken to include the more strategic questions from the Suffolk Housing Standards document (see Appendix 19) at the same time. This should be aligned with Commission for Social Care Inspection visits. However, it should be noted that some diplomatic negotiation may be necessary to create a shared service vision.

Monitoring of the service against the Social Care Service Specification and Contract is undertaken by the Procurement, Contracting and Monitoring Department. The Service Specification contains explicit standards relating to aspects of the environment, care practice and the management of the scheme.

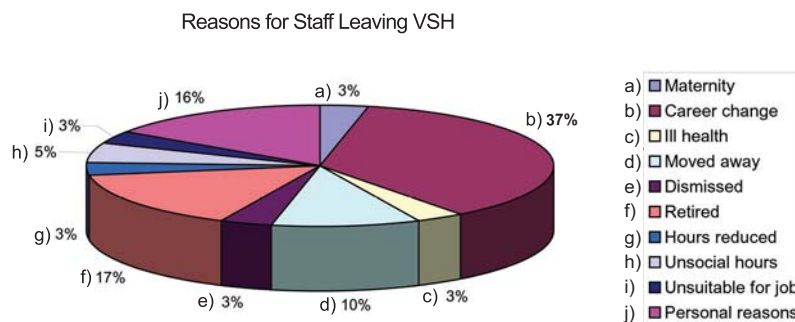
10.6 Staff Recruitment

The following information was gained through a survey completed by Scheme Managers asking them to identify the challenges of staff recruitment. These relate to the urban and rural areas in a shire county.



10.7 Staff retention

In the same survey we analysed the reasons that staff and scheme managers gave when identifying why staff were leaving the service.



11 STAFFING

The staffing structure of Very Sheltered Housing services differs from provider to provider. All staffing arrangements need to be flexible and capable of change as people's needs and/or the scheme changes and develops. The essential element is that all partners work to the same vision so that success will be achieved.

The success of any service depends on robust and honest debate between all partners. This ensures common understanding and a shared vision underpinned by sound and practical day-to-day working arrangements. This will include dispute procedures between purchasers and service providers. Lines of responsibility and accountability must be clear and unambiguous.

The issues raised by the various models below should be thought through prior to the development of new schemes. Key success criteria include:

- clear and professional on-site management
- the ability to work co-operatively and to network
- the ability to create formal and informal relationships between stakeholders
- flexibility to facilitate an integrated and workable system of management and service delivery
- the availability and use of a range of skills and experience
- the involvement and participation of service users/residents
- systems of monitoring and review
- time for reflection

11.1 Scheme Manager

It is vital to be very clear about the range of duties and responsibilities of the Scheme Manager and that all parties share this understanding.

It is important that the recruitment process and the salary of the Scheme Manager should reflect the complex nature of the role; and its' range of responsibilities that include housing management, support, care and a range of ancillary services, (e.g. café, day services).

Experience has shown that providing a salary that acknowledges the market place is critical. Care experience is vital in managing effective services; housing skills can be learnt more easily.

All stakeholders must be included in the appointment of new Scheme Managers

In order for Scheme Managers to be innovative they must be supported in the decision making process by commitment from their managers.

11.2 Line management and supervision

Consideration must be given to line management within organisations. The Scheme Manager's line manager must have authority within their organisation, knowledge of Community Care issues and be given time for regular meetings to provide supervision and support. There should also be a 24-hour management support on call service available.

11.3 Supervisory staff

There is a requirement (except in very small schemes) for a tier between Scheme Manager and Support Worker. These posts hold responsibility for day-to-day management of staff, leading on specific pieces of work within the scheme and responsibility for the service in the absence of the Scheme Manager.

11.4 Support Workers

Workers within the scheme should have generic responsibility that includes housing management, personal care, support and social well being of residents. It may also include domestic cleaning in order to provide a holistic approach to supporting residents in their homes. A team of workers from a variety of backgrounds adds to the vibrancy of a scheme.

As this is a key post a job description and person specification is shown at Appendix 11.

11.5 Cleaning

Housekeeping

Housekeepers are an integral part of the Staff Team. The cleaning of communal areas is funded through the service charge. Should residents wish to fund additional cleaning in their own flats this will be provided / arranged for by the landlord.

Residents may wish to employ their own cleaner to provide services within their flat.

Hygiene Cleaning

Health and hygiene cleaning will be identified as

part of an individual care and support plan.

Cleaning of communal areas is provided through the service charge.

11.6 **Gardener/Handyperson**

This role is both helpful to individual residents and cost effective for minor repairs, maintenance and the upkeep of the gardens.

A gardener/handyperson attached to the scheme provides additional assistance and adds to the feel of a supported community within a wider community.

11.7 **Activities Organiser**

From experience we have learnt the importance of this post. The worker leads the staff team in activity organisation as opposed to undertaking all the activities themselves. They assess and co-ordinate both group activities and individuals' events depending on the needs of the residents. They also assist residents in creating events for their peers.

11.8 **Administrative Support**

Dedicated administrative support is necessary to ensure the smooth running of the service and to enable other staff to pursue their core duties.

11.9 **Catering**

This service may be provided in house or could be provided by a third party. Catering staff will build up knowledge about individuals as well as nutritional advice and healthy eating.

11.10 **General considerations of the appointment of the Staff Team**

Central Control services (call centres) can provide back up in Very Sheltered Housing schemes if multiple emergencies happen, or as an extra backup to night staff. It is not deemed to be good practice for them to be used in other circumstances, **only in emergencies**.

As 24-hour care and support is provided, 24-hour management arrangements are required. A reliable and effective communication system is therefore essential for emergencies.

Staff should be clear about deputising arrangements for both psychological and practical reasons

Where a single Manager manages the care, support and housing there is scope for economy and flexibility in the care/support provision and also in providing a management structure more appropriate to team building and teamwork.

12 MODELS OF SUPPORT & PERSONAL CARE

It is critical that the following paragraphs do not remain as rhetoric but are translated into reality. This MUST be working practice!

While this section focuses on care and support, it should be remembered that housing underpins the culture in Very Sheltered Services.

Services must be provided in ways that maximise dignity, choice, independence, respect for, and autonomy of, residents. Residents have a right to confidentiality and their privacy must be safeguarded. Services should enhance the quality of life of individuals; supporting people in doing the things they find difficult, whilst preserving and developing abilities and skills.

The following range of care and support services will be available:

- assistance with personal care
- assistance with self-administration of prescribed medicine (See Appendix 9)
- assistance with daily living
- help with pension collection and shopping
- assistance to arrange laundry and domestic cleaning
- leisure activities and outings

This is not an exhaustive list and care and support packages will be individually tailored.

Needs and risk assessments are provided by Social Care and determine the care and support services needed by individual residents.

Assessments must take place prior to an applicant being nominated to the scheme and must be reviewed at regular intervals (see section 6 - Allocation Process). Minimum eligibility criteria must be agreed by all stakeholders prior to the first let of the scheme.

The personal care element could be a response to the resident's mental health difficulties and is not necessarily physical care.

Single Assessment would be best practice but currently most areas still have to co-ordinate assessments from Health, Social Care and Housing. From this information providers then create a complementary care and support plan. A plan is required for each resident, which is updated against changing needs. The plans are stored in each resident's flat.

As residents move into schemes their abilities

may improve because of regained confidence and skills, and/or a building that works with them. With time, however, they are likely to become less able and need an increasing level of services. For the majority of residents Very Sheltered Housing is their permanent home.

If residents need 24 hour nursing care or one to one support on a 24-hour basis for a protracted period then it will be necessary to reassess the ability of the service to meet their needs.

Arrangements must be in place for negotiating care re-assessments. They should cover:

- regular reviews of care plans, risk assessments and service delivery plans (please refer to the VSH Guide to Team Managers and Named Assessors available on Suffolk County Council website currently being reviewed)
- requests for changes in assessed hours
- frequent requirement for emergency provision of increased service

Existing Models:

There are 4 main models:

- a) Housing Association provides housing management, support and care.
- b) Housing Association provides housing services including support and Social Care provide personal care.
- c) Housing Association provides housing services and Social Care contract a third party to provide personal care. Support could be provided by either.
- d) Housing Association manages the building. The support and care are delivered by a provider who also has responsibility for housing management.

Advantages & Disadvantages:

- a) All care, support and housing management provided by a single, (usually the housing provider).

Advantages

- Responsibility and accountability clearly defined under one Scheme Manager.

- Scheme being operated primarily by a housing provider means it will remain a housing scheme and not move towards (or return to) a service delivery more like residential care.
- Easier for all parties to understand and operate policies, practices and contracts.
- Speed and clarity of decision-making process.
- Cohesive one-stop service.

Disadvantages

- May limit the field of potential providers who have both housing and care experience.
- Possible steep learning curve for the inexperienced housing provider moving into the provision of care and support.

- b) Scheme Manager employed by housing provider in consultation with other partners: care and support provided by social care.

Advantages

- Focus of provision retained as a Housing Service.
- Model draws on skills, expertise and track records of participatory organisations.
- Assessment, modification of care and support plans and changes to resources may be rendered more quickly easily.

Disadvantages

- Bureaucratic.
- Co-ordination or assessment of housing and care will be more difficult to achieve.
- Scheme Manager may not have line management responsibility for carers.
- More difficult for carers to feel they have 'ownership' of service
- Can lead to potential conflict arising from different cultural approaches between the organisations involved.
- Likely to be more revenue expensive.

- c) Housing provider appoints Scheme Manager. care and support is purchased by social care from another provider.

Advantages

- Will bring housing knowledge and culture to the service.

Disadvantages

- There are many points where liaison and management can break down, leaving the service without direction. This may impact on the quality of care and support to residents and their quality of life.

- d) The scheme is built and maintained by the housing provider. Care, support and housing management by a third party care provider.

Advantages

- Relatively simple to administer and easily understood demarcation of roles.

Disadvantages

- The separation of day-to-day management from the repair and maintenance function is a potential source of conflict and difficulty.
- May become too care focussed

Providers and residents over the years have consistently preferred model (a).

Where a multi-agency approach is pursued, (models b,c,and d) a jointly funded, appointed and managed post is advised for the Scheme Manager. This may require negotiation with an existing Scheme Manager where services are being upgraded This particularly applies where the Scheme Manager has historically lived on site.

The Suffolk experience has been that when care, support and housing are provided by separate agencies there is considerable difficulty in ensuring a coherent approach. Residents also identify that they prefer one provider agency for all services within a scheme.

13 HOUSING MANAGEMENT ISSUES

This section identifies the main housing management tasks that need to be addressed. It should be noted that these are suggestions and that this list is neither comprehensive nor exhaustive.

13.1 Since April 2003 support costs are paid by Supporting People grant, via the Supporting People Teams. The assessed care costs are paid for by Social Care. There is an increasing role for Primary Care Trusts for commissioning and paying for the costs related to peoples health care needs.

13.2 Service Charges and Supporting People charges

The template shown at Appendix 12 identifies the apportionment of costs between rent and service charges, support costs, and care costs.

Items generally funded from the accommodation related service charge include:

- Scheme Manager's costs – the proportion of time spent on housing management
- On-site office costs
- Provision for the renewal of furniture and equipment
- Provision for the servicing of equipment, e.g. fire alarm
- Communal heating / lighting / water supply/cleaning
- Gardening and handy person service
- Cleaning external windows
- Annual gas and portable electrical appliance checks

Advice is available from the Housing Benefit Team to ensure best practice is followed.

13.3 The following items are generally included in the support costs:

- Scheme Manager's costs – the proportion of time spent on support.

Works generally funded from the support charge are to enable the resident to do things for themselves or to assist them with a task and include:

Examples of support, to enable the resident to do things for themselves or to assist them to undertake that task, include:

- Help in securing the flat

- Help with individual safety within the flat
- Auditing and enabling the resident to maintain their flat and organise the servicing of their own equipment.
- Arranging social and educational events
- Enabling and supporting the resident to promote their independence

Advice is available from the Supporting People Team to ensure best practice is followed

It is important to discuss proposed new budgets or changes to the charges with the Purchasers at the earliest opportunity. The level of detail and also the interpretation of personal costs and communal costs are likely to vary from area to area and from scheme to scheme.

The Scheme leaflet (See draft at Appendix 2) must be amended annually to reflect the most up to date latest charges.

13.4 Tenancy Agreements

Standard assured tenancies for housing association residents and secure tenancies for local authority residents will be issued in order to provide security of tenure. Licences are never appropriate as they give individuals fewer housing rights.

In the case of Housing Association residents, it is worth noting that an individual may transfer with existing fair rent rights and this will necessarily impact on the rental income and the service charge, from that letting.

13.5 Pet Policy

A clearly defined pet policy must be agreed and made available to all incoming residents. There is no doubt that pets can enhance the quality of life for many people, therefore a presumption in favour of them keeping pets is recommended. (see Appendix 4)

13.6 Resident Participation

In all housing schemes, resident participation is actively encouraged. Opportunities for resident involvement should take account the individual and scheme needs.

Residents should have the opportunity to be involved in the day-to-day management of the scheme. This could be facilitated in a number of ways: -

- residents groups or a forum
- residents' representatives on the JAG.
- all quality assurance reviews.
- suggestion boxes.
- personnel interviews
- event planning

Residents hold their own Service Delivery Plan. (Providers will also have a copy of the Plans). When reviewing their plan, residents should have the opportunity to discuss any matters relating to their plan and the service.

Residents should be kept fully informed and be consulted about any changes that affect them as individuals, or the scheme as a whole. This will include staff appointments.

Any communication with or involvement of residents should be in a form that is accessible to all. Residents must not be excluded from participation due to their cultural, mental, physical or social needs.

The scheme and service must have robust quality assurance systems that involve residents and/or their representatives or advocates. These systems may include: -

- Annual reviews which include individual interviews or surveys of residents.
- Quality circles or similar which include residents representatives and their relatives.
- Resident forums.
- Information networked from other providers and services

Quality Assurance reviews will cover all aspects of the scheme, for example: -

- the environment
- management arrangements
- access to information
- social activities
- support activities
- personal care (Commission for Social Care Inspection, Domiciliary Care Standards)
- other services like domestic assistance, café, laundry

Shown at Appendix 5 is a template for surveying new residents about their experience of moving

and their initial thoughts about the scheme.

Shown at Appendix 5 is a template for surveying existing residents to be used on an annual basis to enable residents to reflect and inform about the ongoing service.

Reference should also be made to the Suffolk Housing Standards document shown in Appendix 19

13.7 Arrears Management

It is acknowledged that the role of care and support provider does not sit easily with an individual that also has to manage arrears. This is a major reason why there must be clarity about stakeholder responsibilities and on who will lead on arrears collection and how the resident will move through the process.

It is important that residents, relatives, carers and staff all understand the arrears policy and which staff will be responsible for implementing it. It is necessary to ensure the involvement of an individual's social worker (subject to resident agreement) in resolving arrears. This should be prior to letters being sent to the resident.

In the case of arrears, agreement must be reached as to the most appropriate method of collection.

The role and responsibilities of the Scheme Manager in arrears management will depend on the housing management model adopted. If the housing provider employs the Scheme Manager, their role is to advise residents who have arrears. Where the care provider employs the manager, the responsibility for arrears advice rests with the housing provider. All parties must be kept informed of any arrears action.

Social Care have arrangements for managing care cost arrears.

13.8 Neighbour Disputes

Attempts must be made to resolve neighbour disputes at the earliest opportunity.

The roles of the Scheme Manager and scheme staff are vital in providing evidence and in resolving any neighbour problems that may arise. Clear policy guidelines for all to follow are required.

In creating a solution to neighbour disputes it may be beneficial to involve other agencies e.g. Primary Care workers.

13.9 Anti-Social Behaviour

It is anticipated that the landlords Anti Social Behaviour policy is relevant and sufficient in managing ASB within *all* schemes.

14 CARE BUDGET ARRANGEMENTS

In order to deliver quality services there must be the ability to flex budgets against residents changing needs. This requires a respectful and trusting relationship between purchasers and providers.

For small schemes it may be necessary to apply a fixed budget banding arrangement for needs.

In larger schemes there is the ability to flex services against peoples changing needs. In order to ensure that a mixed community of ability and disability is achieved within the scheme, a low core hour eligibility is recommended. This does not mean that only people with low needs are offered a tenancy / lease, but that the allocation panel on the advice of the Scheme Manager are able to balance the needs of individuals in the allocation pool against the needs of the overall community living within the scheme.

As previously stated in this model financial resources for the provision of care are provided by means of core and flexible budgets. The core budget reflects the needs of all residents in the scheme on a fixed ongoing basis. It funds an agreed level of support to meet those needs and is in effect block purchasing.

Over and above the core budget, flexible budgets give providers the temporarily ability to cope with changes to an individual's needs whilst purchases only fund assessed needs and (on occasions where necessary) emergencies.

In effect the core and flexy mechanism ensures that providers are not "dumped on" and have the ability to negotiate changes for individuals whilst purchases are reassured that they retain control over budgets which respond to assessed need only.

A budget template is required to identify the funding split between Social Care (for care) and Supporting People (for support). Also included in the template are rent & service charge responsibilities. This helps to ensure that the link between personal care, support and housing management is clearly evidenced and seamless. A model is shown at Appendix 12.

On new schemes the budget should be reviewed after three months and six months and thereafter annually. Reviews of care and support plans will be linked into the annual budget review.

Care and support is available twenty-four hours a day to meet the needs of the residents. The number of staff on duty at any given time will reflect the assessed needs of the residents. From first letting a waking night service is required.

In providing a twenty-four hour care and support service, it may be necessary to provide more than the aggregated hours indicated by individual assessments. This requires close liaison and trust between purchasers and providers. Care and support staff must be managed on site. In order to achieve a rapid response to residents' changing needs, flexible on-site arrangements for the allocation of care hours are crucial.

- The management of care and support staff should be integrated with the housing management of the scheme.
- The scheme staff team must have available back up and advice from local health, community care and housing specialists.

Whichever management model is selected, there must be absolute clarity between partners about where responsibility rests for different parts of the service.

15 SERVICES TO THE WIDER COMMUNITY

It is important when developing schemes to recognise their potential to be a resource to the whole community and particularly for older people.

The value in creating a dynamic and stimulating environment must be maximised. In terms of the building this necessitates thinking about progressive privacy, e.g. the separation between the areas that are private to and exclusively for the residents and the communal areas that are accessible to all.

15.1 Very Sheltered Housing should be used for the benefit of the wider community by providing services that to the local community want and need.

15.2 Where there are specific day activities/events, Social Care bought places may be procured on the basis of assessed need and aspiration. Other people may access the service by paying for them independently.

There must be some activities that residents can access regardless of need. This could include part sessions or the sharing of a meal.

15.3 Residents must be fully informed before they sign their tenancy agreement that some areas of the scheme are likely to be used for community activities.

Meals

15.4 Wherever possible a café serving residents and the local community will be provided in the public area of the scheme.

15.5 There are many different options of main meal provision for residents currently operating in Very Sheltered Housing schemes; for example:



- a) Community frozen meals service.
- b) Lunch club open to the community and the residents alike.
- c) Some residents prepare their own meals, (with assistance from a support worker where identified in care and support plan, for specific resources).
- d) Locally produced fresh cooked meals delivered to the scheme.
- e) On site fresh cooked food.

15.6 The meal service should be flexible, so that residents can cook whenever possible, but

access alternatives when they wish. There must also be a choice of menu.

Respite / Intermediate Care

15.7 There are now respite care and intermediate care services within some Very Sheltered Housing schemes.

15.8 This requires the identification of a separate funding stream to resource the building of specific flats for this purpose.

15.9 It is recommended that respite care and rehabilitation services are located in the core of the building, not the pod areas. Primary Care Trust and Local Health Trust colleagues must work cooperatively in this provision.

15.10 Consideration will be required as to whether or not "short stay" flats will be block purchased.

15.11 NB – Where Housing Corporation funding has been used, flats so funded can only be used for housing. This is currently under consideration by the Housing Corporation.

Assisted Bathing

15.12 As flush floor showers are provided in each flat, assisted bathing areas can be available for community use. The assisted bathing area should be near the public areas of the building. The bath should include a Jacuzzi system and a sound system for therapeutic use and for fun!

Laundry

15.13 A laundry service could be available should community needs so indicate. The types of laundry that need to be catered for are:

- personal clothing
- heavy loads (linen, towels etc.)
- laundry that requires sluice washing.

15.14 The laundry will have commercial, heavy-duty equipment with sluice facility. Separate entrances/exits should be considered to access the laundry.

Social Activities

15.15 These are especially important to encourage integration, reduce loneliness and increase social contact. Services must have a range of activities on offer from which people can choose, individually or collectively. These must reflect the user's preferences and choice.

15.16 Users are encouraged to organise their own social activities and to make use of voluntary help to supplement activities organised for them.

15.17 The role of an Activities Organiser is a requirement to a scheme and a valuable addition to the Staff Team. This person provides a focus for the co-ordination of activities. Where there are day service facilities on site there should be a pooling of resources to make more activities available to a wider range of people.

Older people living locally in the community, in registered care and residents of sheltered schemes should be included in activities and events taking place at the scheme or organised by the scheme

Consideration should be given to identifying unmet needs for services for older people living locally. Using space in the Very Sheltered Housing service to meet those needs is to be encouraged. This might include for example; Gentle Exercise classes, Introduction to the Internet classes, Improving your Health & Well Being sessions etc.



Entertainment in the communal lounge

16 HEALTH PRIORITIES

Very Sheltered Housing offers a real opportunity to Health and Social Care to promote health and well-being and care in the community in its widest sense. In order to achieve this it is essential that Primary Care Trusts, Acute and Specialist Health Trusts are integrated into the planning, development and management of schemes.

- 16.1 A Very Sheltered Housing Scheme will place demands upon Primary Health Care Teams. Best results have been achieved where liaisons and partnerships with Health staff have been actively pursued. It is inevitable that the Care and Support Provider will need to take a lead on this matter in conjunction with community based social care and health colleagues
- 16.2 The following services should be negotiated or developed in liaison with the Primary Care and Provider Trusts: -
- Fast track access to Health Assessments including Psychiatry of Old Age services, District nurses, Community Mental Health Teams, MacMillan nurses and Community Psychiatric Nurses. There must be these links, particularly in Extra Care services for people with dementia or functional mental problems.
 - Access to Therapy Services to promote and maintain independence. This will include Occupational Therapists, Physiotherapists, Speech Therapists and other Specialist Nursing Services.
 - Access to other Health Services including a Dentist, Podiatrist, Optician and Dietician.
 - Access to palliative care services.
 - Access to health skills and expertise to assist the staff team to promote and sustain both physical and mental well-being.
 - Access to Prevention opportunities.
- 16.3 Clear protocols need to be in place to underpin the use of respite care, intermediate care and slow stream care and rehabilitation services in a scheme where these are offered.
- 16.4 Residents should be encouraged to choose whether they wish to retain the services of their existing GP practice if possible or to move to a service nearer to the Scheme.
- 16.5 All services must be geared to enable residents to die in their own home if that is their wish. A palliative care protocol needs to be developed for very sheltered housing.
- 16.6 Staff must have knowledge of the NHS Criteria for Continuing Care.
- 16.7 Encouragement should be given to Health professionals who may be interested in using space within a scheme to offer services which give healthy outcomes for older people. For example; Ulcer Clinics, Nutritional Advice sessions, Slips and Trips and Home Safety
- 16.8 The role of health personnel in supporting very sheltered housing service delivery for older people who have mental health needs includes:
- Meeting the needs of people with mental health problems in Very Sheltered Housing schemes, (not just the Extra Care Services). A joint approach is essential. Clearly an important constituent of this support will be the Health input.
 - Access to professional health services for all residents living in Very Sheltered Housing scheme to enable early assessment of mental health needs. This will help to prevent unnecessary input from other health personnel and inappropriate or early admission to hospital.
- VSH Requirements from the Health Team**
- Prompt assessment by a qualified specialist health professional in order to identify key problems and to propose ways with the resident/family/advocate to resolve identified mental health problems.
- Prompt support from Community Mental Health Teams (C.M.H.T). This will include assessment, re-assessment, care and support planning. Also the provision of regular specialist input to support particular treatments and therapeutic programmes to individual residents, and to assist the staff group.
- This ongoing support will assist the management, stabilisation and/or recovery from the resident's identified mental health problem.
- Access will be required to a health worker who will give support to, and work with, individual residents and carers on specific programmes of care. The frequency and approach of these, having been previously agreed via assessment

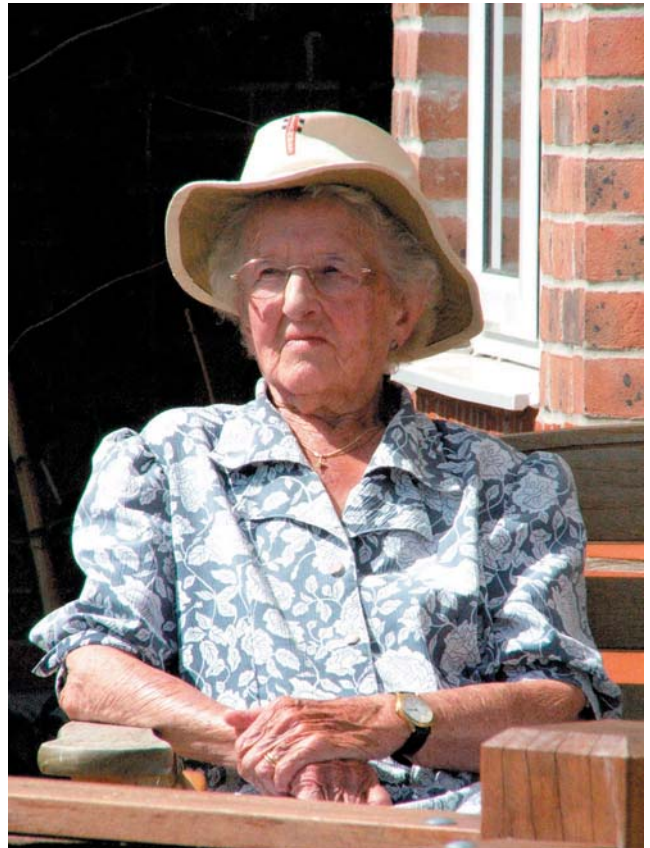
and Care Support Planning

Consistent liaison between C.M.H.T care co-ordinators, (as the care co-ordinator may not be a nurse) named assessor, therapists, and other involved professionals is necessary.

Health Service personnel need to respond within 24 hours during the working week to an urgent request for assistance to an existing client managed under Care Programme Approach, (C.P.A.)

It is expected that there will be a nominated link person from the Community Psychiatric Nursing Team who provides regular support and advice to the allocation panel. This commitment to provide a nominated link person will need to be matched by a similar facility from Social Care.

The same liaison person will offer “consultancy” services to the staff team or to individuals or to meet identified training needs.



SECTION FOUR: APPENDICES



APPENDIX 1

PROJECT DEVELOPMENT TASKS.

PARTNERS

- Housing Purchaser
- Housing Provider
- Care Purchaser
- Care Provider
- Support Purchaser
- Support Provider
- Other

SCHEME INFORMATION

- Scheme Name
- Client Group
- Type of Property
 - New Build
 - Rehab
 - No. of Residents

SPECIALIST SERVICES

- Intermediate Care
- Respite
- Day Service
- Community Use
- Address

- Telephone Number
- Fax Number
- E mail address

FUNDING ARRANGEMENTS

SOURCE

CAPITAL

AMOUNT

Land/Property Purchase Cost
Build Cost
Development Cost
Furniture and Equipment Cost
Time limitations on funding. Y/N
Other
Total Scheme Cost

£_____.

REVENUE

Housing Benefit (HB)
Supporting People Grant
Care - Core Budget
 - Flexi-costs (per hour)
Health
Rents
Service Charge
Unit cost per person per week
Other

LEGALS

DRAFT

COMPLETED

TENANCY AGREEMENT
(To be agreed by Project Team,
produced by Housing Provider)

MANAGEMENT AGREEMENT
(To be agreed by Project Team,
produced by Housing Provider and Care
Provider)

CARE CONTRACT
(To be agreed by Project Team,
produced by Care Purchaser)

SUPPORTING PEOPLE CONTRACT
(Standard document customised to scheme)

OPERATIONAL POLICY
(Produced by Care and Housing Provider and agreed by Project Team)

PARTNERSHIP CONTRACT
(Produced by Supporting People and agreed by all stakeholders)

ALLOCATIONS POLICY
(Standard document customised to scheme)

Timescales

PROJECT TEAM INFORMATION - (Names, Addresses, Telephone, Mobile, Fax Numbers, E-Mail Address)

List of:

Key Stakeholders

Housing Purchaser / Commissioner

(LA/HA)

Housing Provider

Care and Support Purchaser/s

Care and Support Provider

Technical

Architect

Quantity Surveyors

Structural Engineers

Mechanical & Electrical Engineers

Building Contractor

Other

Site

Resident Representatives

Carers / Advocates

Operational Manager / Representative

Housing Provider / Management Representative

Community Health

Occupational Therapist

Interpreters/s

User / Representatives

Family Carer / Representatives

Other

Copies:

Service Managers
Housing Association Regional/Divisional Office
Care Provider Regional/Divisional Office

Outline Programme

Land/property purchase date: Planning :	
Start on site :	
Completion date:	
Letting date:	

DEVELOPMENT PROCESS	Lead Responsibility
1. ESTABLISHING NEED	
(Managed by Commissioners & Provider Development Staff)	
Identification of need	All parties
In agreed development programme	All parties
Agreement of Priorities	All parties
Bid to Social Care	Lead Commissioner Older People
Select Housing Association	District Council in liaison with other stakeholders
Bid to Housing Corporation	Housing Association/L.A. to approve
Bid to Supporting People	Housing Provider
Funding Agreed	Housing Corporation Supporting People and Care purchasers.
2. PROJECT TEAM	
(Usually once capital is confirmed)	
Project Team convened	District Council / County Council
Agree Location of site and meeting venue!	Project Team
Local consultation	Project Team
Tender for Care and Support Provider	Supporting People/Care Purchaser / Project Team
Check accreditation and registration status of Provider	Care and Support/Supporting People Purchaser
Agree Architect / QS / Other Consultants	Housing Association / Project Team
3. BRIEFING	
Project brief/preliminary specification/outline brief	Project Team in consultation with Service User Representatives, Carers.
Outline Proposals	Architect in consultation with
Scheme design	Environmental Health, Building Control, Fire Officer, registration if appropriate
Outline of Care, Support and Housing Management arrangements & Service Delivery	Project Team

	Draft development costings	QS
	Consult Planners	Architect
	Adjustments update	Project Team
	Costing	QS
	Check room layouts	Project Team
	Design frozen	Project Team
4.	PLANNING	
	Planning application	Housing Association
	Contact Members	District Council / County Council
	Consult with neighbours / local community	Project Team
	Detail Specification	Architect, M & E etc
5.	DETAIL DESIGN & TENDERING	
	Design and Build or Traditional route	
	Agree specification/detailed layouts of kitchens, bathrooms etc	Project Team/Architect/O.T.
	Agree electrical design	Project Team/Architect/H & E
	Agree landscaping design	Project Team/Architect
	Agree Building Regulation Application	Architect
	Prepare Tender Documentation for contractor	Architect/QS/M&E/Housing Association
	Tender Process	Housing Association/Architect/QS/M&E
	Selection of Contractor	Housing Association with Project Team
6.	DEVELOPMENT PROCESS	
	THE BUILDING and care management arrangements	
	Start on site	
	Dates for Project Team and Site meetings to monitor progress	All Parties
	Inspection of building operation throughout build programme	Architect
	Invite nominations of prospective Residents	Housing purchaser / Commissioner

	Care and Support Purchasers
Arrange sod turning ceremony	Project Team
Agreement on circulation of site meeting notes	HA & Project Team
Begin detailed assessment of Nominees needs	Care and Support Purchasers and Providers
Dates for site visits	Project Team/H.A.
Request timetables for finishes including all client choice items	Architect Project Team and OT
Production of newsletters for the local community & information leaflets and pre-tenancy information for potential residents	Housing Provider
Agree care tender documentation	Project Team
Agree rents, and service charges	Housing Provider
Agree draft budgets and start up costs	Care and Support Purchaser & Provider
Create long list of nominees	Allocation Panel
Work with Families and Carers	Care and Support Purchasers
Agree Resident Handbook	Care and Support Providers
Further assessment if necessary including risk assessment	Allocation Panel
Create short list and select residents	Allocation Panel
Operational Policy for scheme agreed	Care and Support Providers and Project Team
Agree job descriptions	Care and Support & Housing providers and purchasers
Start staff recruitment, (Scheme Manager) remainder of staff subsequently.	Housing/Care and Support provider
Select colours for floor and wall coverings, kitchen units, tiles, sanitary ware etc.	Residents and Project Team
Work with Residents on their choices	Project Team
Select and order furniture and equipment	Project Team

Agree Start Up Arrangements	Care and Support Purchasers and Providers
Agree ongoing Care and Support Arrangements	Care and Support Purchasers and Providers
Agreed Care and Support Contract and Year 1 budget	Care and Support Purchasers and Providers
Agree QA and monitoring arrangements for care and support	Care and Support Purchasers and Providers
Arrange opening ceremony	Project Team
Agree scheme reviews	Project Team
Agree Operational Policy	Project Team
Agree Legals	Project Team
Decide detail of aids required	OT and Residents
Arrange commissioning of building/staff induction, heating systems, etc	Project Staff and F & E Supplier
Staff Team induction	Care and Support Providers
Building Completed	Architect & Consultants
Construction works checked	Architect & Consultants
Building handed over to client	Architect & Consultants
Commission building	Housing provider
Undertake induction of staff	Support and Care providers
Residents move in	Housing, Care and Support Providers and Purchasers
3, 6 and 12 months reviews	Project Team
Prepare 12 month snagging list	Residents and Scheme staff

APPENDIX 2

SCHEME LEAFLET TEMPLATE

(Front Page)

Attractive photograph or Elevational drawing of scheme

Title of scheme e.g.

Supported Flats in Anytown
For frail elderly people

Logos of the Partner agencies e.g.

Social Care Services, Local Authority & Housing Provider (PCT if they are involved)

Page 2

This project is the result of a close working partnership between XXXX Housing Association, Anytown District Council and Anywhere County Council's Social Care Services Department.

The aims of the Scheme

- To enable older people from Anytown and the surrounding area to stay in a home of their own.
- To extend the choice of housing available to people, so delaying or avoiding people moving into residential care.
- To offer an environment that helps people to make choices, to retain their independence and control over their lives.
- To give each person all the usual rights of being a resident and to provide care and support so that they retain their independence. [This section should also include the responsibilities of the resident.]

ACCOMMODATION

Flats

- All self contained (one and) two bedroomed flats
- Each flat has its own front door, bedroom(s), lounge, kitchen and shower room (including WC)
- Emergency intercom alarm system with pull cords in each room (Pendant triggers worn on wrist or around neck also available).
- Kitchens include fridge freezers, cookers and microwave.
- Telecare

Central facilities

- Special bathroom/s for assisted bathing.
- A large centrally located lounge.
- Smaller lounges for informal gatherings of residents.
- A guest bedroom which may be booked for visiting relatives/friends.
- A laundry room containing washing machines and tumble driers for personal use of residents and/or their carers.
- A 24-hour entrance door entry phone system to give additional home security.
- Other services...
- A lift to give easy access to first floor accommodation.

Service facilities

- An emergency call system giving 24-hour on site response.
- A Scheme Manager whose primary functions are to ensure the well being of residents through the supervision of care and support staff and overall management of the scheme.
- A team of care and support staff to provide personal care and support on an individual assessed basis.
- Economic provision of all heating, electricity and water rates to each flat through a weekly service charge.
- Social and learning opportunities.

Eligibility

The scheme is aimed at assisting people who: -

- Need a minimum of 4 hours personal care and support a week, as assessed by the Social Care Services, which cannot be easily given in their existing home but would enable them, with help, to live independently.
- Are normally above retirement age.
- Are resident in the Anytown District Council area; preference being given to people residing in and around Anytown.
- Live elsewhere but have a strong social reason for needing to move to the area.

(The scheme is not suitable for people who require regular nursing care).

How to apply

- An application form and further information is available from the addresses detailed below.
- A community care assessment by Social Care Services staff will also be arranged to assess whether you are eligible to live at the development.

XXXX Housing Association
Spendid Offices
The Street
ANYTOWN
XX1 2AA
Tel 01234 567890

Anytown District Council
Housing Department
Council Offices
High Street
ANYTOWN XX1 3BB
Tel: 01234 111111

Floor Plans of the dwellings

APPENDIX 3

EXAMPLE NEW SERVICE FLYER

You can contact us at :

Provider Address

Housing Authority Address

Your Flat plans

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

This service is the result of a close working partnership between xxxxx Housing Association, xxxxx District Council, xxxxx Council's Social Care Department, Supporting People (and xxxxx Care Agency if different to the Housing Association).

What is Very Sheltered Housing ?

- ◆ A service that enables older people from xxxxx and the surrounding area to stay in a home of their own.
- ◆ A service that provides access to 24 hour care and support to people according to their agreed needs.
- ◆ This service extends the choice of housing available for people who have care and support needs and provides an alternative to a residential care home.
- ◆ The service offers an environment that helps people to make choices and retain independence and control over their lives.

- ◆ This service gives each person all the usual rights of being a resident. After an assessment to which you agree care and support will be provided to help you live in your home.

How much does it cost ?

Estimate of Rent	£xx
Housing Service Charge	£xx
Ineligible Service Charge	£xx
Support Charge	£xx
Personal Service Charge, (e.g. for laundry)	£xx

There may also be a charge for care which decided by means testing. This means that some residents will pay for all of their care while others will make a contribution or may not be charged at all. Social workers will be in the best position to give advice about all these charges.

Many people will be able to get help with these different charges and should initially talk to their Social Worker or Citizens Advice Bureau.

The address is :

xxxxx

How to apply for a flat

- ◆ An application form and further information is available from the addresses overleaf.
- ◆ A community care assessment will also be arranged to determine your care and support needs. You can contact them on xxxxx.

Cost

The total weekly rent is made up of the basic rent and the service charges, which vary according to the type and size of the flats.

The costs are split into

- Rent Housing Service Charge, (sometimes known as Eligible Service Charge),
- Support Charge,
- Personal Charges,
- Ineligible Service Charge.

The **Rent** pays for any outstanding mortgage and repairs and maintenance to the property

The **Housing Service Charge** covers the cost of maintaining and replacing all the facilities and services. It also includes replacement of the carpets and equipment supplied to the flats. This also covers the cost of covers heating, lighting, water rates and Communal TV Licence

The **Support Charge** covers the cost of helping you to live in your new flat. It provides a service that will be agreed between you and the staff that may include shopping and help with activities.

The **Personal Service Charge** is the cost for services that you chose to be provided. This may include cleaning of your flat and laundry.

Ineligible Service Charges, some things are not included in any of these charges. These are shared equally among all residents and are not covered by benefit entitlement. An example is heat and light in your flat.

How to get into the Service :

The scheme aims to assist people who: -

- ◆ Need a minimum of xxxxx hours personal care a week, as assessed by a social worker and which will enable them to live independently.
- ◆ Are above retirement age.
- ◆ Are resident in the local Council area; (preference is given to people living in and around xxxxxxx).
- ◆ Live elsewhere but have a strong social reason for needing to move to the area like a close family member living nearby.
- ◆ may have additional services. In some schemes for example there is a special service for people who have mental health needs who can not, or no longer wish, to live in their current home.
- ◆ The service is not suitable for some people who require regular long term nursing care.

Accommodation

There are :

Flats

- ◆ xx one and two bed roomed self-contained flats.
- ◆ Each flat has its own front door, bedroom(s), lounge, kitchen and shower room (including WC).
- ◆ Emergency intercom alarm system with pull cords in each room. (Pendant triggers to wear on your wrist or neck are also available).
- ◆ Kitchens which include fridge freezers, cookers and a microwave. Some also have washing machines.
- ◆ Fitted carpets.

Central facilities

- ◆ Special bathroom/s for people with mobility problems who enjoy a soak.
- ◆ A large residents' lounge where you can make a cup of tea.
- ◆ Smaller lounge(s) for informal gatherings.
- ◆ A guest bedroom which may be booked for your visiting relatives and friends.
- ◆ A laundry room containing ordinary washing machines and tumble dryers for you to use and big machines which the staff use.
- ◆ A 24 hour door entry phone system to give additional home security.
- ◆ A lift to give easy access to the flats upstairs.

Services provided

- ◆ An emergency call system giving 24 hour response from staff in the building.
- ◆ A Scheme Manager whose primary functions are to ensure the well being of residents through the supervision of staff and the running of the service.
- ◆ A team of staff to provide personal care and support on an individually assessed basis
- ◆ Economic provision of all heating, electricity, gas and water rates to each flat through a weekly service charge.

APPENDIX 4

PET POLICY

A clearly defined pet policy must be agreed and made available to all incoming residents. There is no doubt that pets can enhance the quality of life for many people, therefore a presumption in favour of them keeping pets is recommended. In formulating policy it is worth considering the following issues:

- many elderly people have a pet and would not want to be parted from it in order to take up the offer of accommodation. The offer could be made conditional on enabling them to keep the animal but not replacing it when it dies;
- the existence of a few well-behaved animals could be beneficial to the community atmosphere;
- if animals are not well-behaved or not well looked after by their owners it could cause distress to others and problems for the staff;
- factors such as hygiene and individual allergies may also need to be addressed;
- the resident must retain responsibility for the care and the cost of the pet including when they are not able to care for the pet themselves;
- the final decision is at the discretion of the Landlord, who will need to be consistent.

APPENDIX 5

NEW RESIDENT QUESTIONNAIRE

Would you like some help to complete this questionnaire?

Please tick

YES	<input type="checkbox"/>
------------	--------------------------

NO	<input type="checkbox"/>
-----------	--------------------------

1. The first few questions relate to moving into your new home . . .

[1] How did you find out about _____?

Please tick

Friend or Family

Social Services

Housing Department

Other e.g. doctor, hospital, newspaper ***Please write in:***

[2] Did you receive information about the scheme and what form did it take?

Please tick

Leaflet	<input type="checkbox"/>
---------	--------------------------

Booklet	<input type="checkbox"/>
---------	--------------------------

Video	<input type="checkbox"/>
-------	--------------------------

Conversation with:

Housing Worker	<input type="checkbox"/>
Social Services	<input type="checkbox"/>
Friend / Family	<input type="checkbox"/>

[3] Did anyone suggest a visit to the scheme?

YES	<input type="checkbox"/>
------------	--------------------------

NO	<input type="checkbox"/>
-----------	--------------------------

[4] Did you visit the scheme before moving in?

YES	<input type="checkbox"/>
------------	--------------------------

NO	<input type="checkbox"/>
-----------	--------------------------

[5] How can we improve the way we tell you about moving in to very sheltered housing? ***Please write in:***

[6] Did somebody explain to you how people are chosen to live here?

Please tick

YES	
------------	--

NO	
-----------	--

[7] Did you understand the process?

YES	
------------	--

NO	
-----------	--

[8] Did you feel you were fully involved in the process?

YES	
------------	--

NO	
-----------	--

[9] Is there anything we could do better about how we choose people to live here? **Please write in:**

[10] When you moved in to your flat did you/your family have the following things fully explained to you?

Please tick

	YOU		FAMILY	
	YES	NO	YES	NO
• Your tenancy agreement?				
• Arrangements for paying rent?				
• What is included in your rent?				
• Your entitlement to welfare benefit?				
• The way the building works e.g. fire alarms, lounges, and lifts?				
• How your care is paid for?				
• How to ask for more or less care?				
• How to make a comment or complaint?				
• How your rent is to be paid?				
• How to pay your bills?				

2. The next few questions are about your own flat . . .

[1] Please tick the box which best describes how you feel about the **size, shape and design** of rooms in your flat:

<u>Room</u>	Meets my needs well	Meets needs	Does not meet my needs	Is not useful
KITCHEN				
LIVING ROOM				
HALL & FRONT DOOR				
BEDROOM BEDROOM 2				
SHOWER ROOM				

[2] Please write in any comments you have on the **size, shape and design** of your:

KITCHEN :

LIVING ROOM :

HALL & FRONT DOOR :

BEDROOM :

SHOWER ROOM :

[3] Thinking about your flat, is there any way the overall design could be improved or it could work better for you? ***Please write in:***

[4] The next questions are about the shared areas in your building:

Please tick

<u>Area</u>	Meets my needs well	Meets needs	Does not meet my needs	Is not useful
ASSISTED BATHROOM/S				
SMALL LOUNGES				
LARGE LOUNGE/ CONSERVATORY				
GARDEN				

[5] Please write in any comments you have on the:

ASSISTED BATHROOM/S :

SMALL LOUNGES :

LARGE LOUNGE/CONSERVATORY :

GARDEN :

[6] Thinking about the whole building, is there anything you would like to change, add or make more useful? ***Please write in:***

3. The next questions relate to living in your flat and the quality of the care and support you receive. . .

First some questions about the carers:

[1] Are you or have you ever been involved in interviews when carers come for jobs?

Please tick

YES

NO

[2] Would you like to be?

YES

NO

[3] Do you feel you can have a say in who provides your personal care?

YES

NO

Now, some questions about the care you receive:

[4] Are you involved in deciding how the care you receive here is planned?

Please tick

YES

NO

[5] Are you satisfied with the following: ***Please tick***

	Meets my needs well	Meets needs	Does not meet my needs	Is not helpful
Amount of care?				
Timing of care?				
Help with your medicines?				
Arrangements for your meals?				
Response in emergency?				
Alarm and intercom services?				
The complaints process?				
Access to managers?				

[6] Are there any other comments you would like to make on any of the above? **Please write in:**

[7] If your care needs change do you know who to talk to about this?
Please tick

YES		NO	
------------	--	-----------	--

[8] Do the staff? **Please tick**

	YES	NO
• Treat you with respect and courtesy?		
• Treat you as an individual?		
• Ask you how you would like things done?		
• Help you to make choices?		
• Remember things about you?		
• Suggest things you might like to do?		
• Understand your difficulties?		
• Support you to do things for yourself?		
• Arrive when you are expecting them?		

[9] Are there any other comments you would like to make about the care services?

4. We now want to ask you some general questions about living here?

[1] What do you like best about being here?

Tick the ones that apply to you:

Feel safe and secure in your home		Peace of mind for your family	
Staff on duty 24 hours a day		Social contact with other residents	
Having care needs met			

Other *please write in:*

[2] Do you understand the following?

Please tick

	YES	NO
• Do you and your visitors know how to get into the front door of the scheme?		
• What to do when the fire alarm goes?		
• How to get repairs done to your flat?		
• What to do if the lift breaks down when you are in it?		
• How to call for help?		
• How to call for the doctor?		
• How to book the guestroom (if applicable)?		
• How to use shared TV(s) and other equipment?		
• How to arrange a taxi or transport when you want to go out?		
• How to get your laundry done, if you are unable to do it?		
• How to collect your pension?		
• How to get your shopping done?		

5. Now some questions about your social life in here. . .

[1] Events and activities:

	YES	NO
• Do you know about the special events arranged?		
• Do you attend?		
• Do you feel able to influence the choice of special events?		
• Do you want regular activities organised e.g. Dominoes, Coffee Mornings?		

[2] Making your views known about social activities:

- Is there or should there be a suggestion box?

Please tick

Is Would like one
 Is not Would not like one

- Is there or should there be a residents' group/committee?

Is Would like one
 Is not Would not like one

[3] Have you any ideas or suggestions about services, special events or activities you would like to see here? **Please write in:**

6. Is there anything else you would like to tell us?

Please write in:

7. Did you have any help in completing this form?

Please tick

YES
 NO

8. We would like to ask a member of your family, or friend, for their comments about the services we provide here. If you are happy for us to do this, please complete the boxes below:

Name :

Address :

Telephone No:

Signed : **Flat No :**

Date :

Thank you for completing the questionnaire.

APPENDIX 6

SUPPORTED HOUSING – TEMPLATE FOR THE OPERATIONAL POLICY

Each Scheme must have an Operational Policy. The Operational Policy is a key document and part of the contracting arrangements for supported housing services. It stands alongside the Contract and Management Agreements. Such a policy must inform all interested parties (including prospective residents) as to the nature of the service and how it will be managed and so everyone knows what they can expect from the service. It is the responsibility of the Project Team developing a new Supported Housing service to ensure that an operational policy is agreed and in place prior to the scheme letting. It is reviewed on an annual basis by the Scheme's Joint Advisory Group (JAG).

The policy must be "owned" by the Joint Advisory Group and all partners to the service.

An Operational Policy should be divided into sections. As a minimum it must cover the following areas:

- Introduction
- Service Purpose
- Objectives of Service Delivery
- Physical Environment
- Management Arrangements (support and care and housing)
- Nomination/referral and Allocation arrangements including the County Allocation Policy
- Staffing Arrangements
- Quality Assurance and Monitoring

In addition, the Policy must include the following key attachments.

- Tenancy/Occupancy agreements
- Arrears and Evictions Policies
- Move on Policies
- Equal Opportunities Statement/Policies
- Complaints Procedure
- Confidentiality Policy
- Joint Advisory Group Terms of Reference
- Supported Housing Standards
- Domiciliary Care Standards
- County Allocation Policy
- Residents Handbook in an accessible format

SECTION 1 INTRODUCTION

This section should explain what the scheme provides and how it came into being. It should outline how many people the service is designed for, in what type of housing, and the nature of their support and care needs.

All stakeholder partners should be identified along with their roles and relationships.

SECTION 2 SERVICE PURPOSE

This outlines who the service is for, what level of care and support residents can expect and principles of the service. It should make clear that this is a **housing service**.

It should also identify the core values that underpin the service, outlining the rights that residents have. These should include information on, for example, access to information, security of tenure/lease arrangements and resident participation.

SECTION 3 OBJECTIVES OF SERVICE DELIVERY

This section is the focus of the Operational Policy. It identifies in more detail the aims and objectives of the scheme. This should be agreed between stakeholders in the development process.

The section gives more detail on:

- Care and support practices, their relationship with Community Care Assessments, and Care Delivery Plans;
- The arrangements to deliver person centred care;
- Resident involvement process;
- Recording and monitoring arrangements including residents access;
- Some information to be included on processes for assessing the ongoing suitability of the scheme to meet individual residents' needs, their legal rights of continued occupation, how move-on arrangements will be made and "resettlement support" where this is needed.
- Charging arrangements

SECTION 4 PHYSICAL ENVIRONMENT

Information should be given as to the type of housing – in terms of whether it is newbuild or rehab, number of places, and to what standard it has been built.

There should be included information on shared facilities and which areas residents exclusively occupy. There should also be information on how staff will work in the building and the nature and use of any gardens.

The section should also cover the scheme's location, the surrounding area and local services.

SECTION 5 MANAGEMENT, SUPPORT AND CARE MANAGEMENT ARRANGEMENTS

This should identify to whom the property belongs, the landlords/freeholders relationship with the Care and Support providers and their relative responsibilities. This will include such things as rent collection and property maintenance and other housing management functions.

Some information on rents and service charges should be given, as should an outline of what services are being “bought” by Social Care and/or the Primary Care Trusts.

SECTION 6 NOMINATION/REFERRAL AND ALLOCATION ARRANGEMENTS

This should reflect the County Allocations policy (shown at Appendix 9). It should also spell out in more detail for whom the scheme is targeted. This can then be taken as a guide for referrers and for the Allocations Panel. It must include information on the eligibility criteria for the scheme.

SECTION 7 STAFFING ARRANGEMENTS

This section should include information on staffing levels, skill mixes, lines of authority and accountability. It should also be clear how the need for changes to staffing arrangements would be assessed. Some information on cover arrangements and training arrangements must be included. The document must identify how statutory requirements will be met. The links between residents needs, budget and staffing arrangements must be explicit.

SECTION 8 QUALITY ASSURANCE AND MONITORING

This section will identify how the Service will be monitored. There should be recognition that evidence of this will be required from a number of bodies including the Housing Corporation, the local District/Borough/County Council and Supporting People.

Scheme providers will be required to have QA systems in place. The JAG will oversee the outcomes.

There is a requirement that each scheme will have a Joint Advisory Group (JAG). The terms of reference of the JAG should be included as an attachment to the Operational Policy.

In addition, the scheme will be expected to meet the (Suffolk) Supported Housing Standards for which a system of review has been developed. Again the Operational Policy must recognise this and include the Standards document as an attachment. This Review will deliver a strategic view of the quality of the existing scheme and set strategic objectives.

SECTION 9 COMPLAINTS

This section will identify the different rules by which complaints can be made and resolved.

APPENDIX 7

.....
TERMS OF REFERENCE
JOINT ADVISORY GROUP

1 OBJECTIVES OF THE JOINT ADVISORY COMMITTEE (JAG)

- 1.1 The JAG will meet regularly to create a link between agencies and individuals concerned with the Project.
- 1.2 The JAG will proactively work with (Care Management Agency) and the project staff team to achieve the objectives laid down in the Operational Policy and Service Agreement of the project.

2 MEMBERSHIP

- 2.1 The membership will be made up of representatives from each of the following:
 - The residents of the project
 - Housing Association
 - Social Services Division
 - Care Management Agency
 - The project staff team
 - NHS Trust
- 2.2 The JAG will have powers of co-option.
- 2.3 The JAG will meet minimum 4 times per year. The Group will elect its own Chair and be serviced by (Care Management Agency). For decisions to be influential, not less than two thirds of the membership of the JAG must be present. Co-opted members will not constitute part of the quorum.
- 2.4 At the Chairperson's discretion some parts of the meeting may be private.

3. DUTIES

- 3.1 The JAG will act as an advisory group to (Care Management Agency) as managers of the project.
- 3.2 The JAG will foster links between the project and the local community and will promote access to community facilities.
- 3.3 The JAG will provide an opportunity for information exchange of issues relating to the project.
- 3.4 It will be responsible for the Annual Review of the Operational Policy of the Project to be produced by the Joint Advisory Group.

- 3.5 The JAG will raise issues of concern with statutory and other agencies.
- 3.6 The Joint Advisory Group will receive the outcome reports of any external monitoring and, where necessary, agree on action plan.
- 3.7 The JAG will examine areas of shortfall and make recommendations in writing to the Funder and thus influence the purchasing process.
- 3.8 The JAG will also assist the project in the process of developing business plans.
- 3.9 The JAG will receive occupancy reports.
- 3.10 The JAG will provide an initial forum for the discussion and resolution of differences between agencies and to receive reports of incidents. However, the JAG is not an appropriate forum for the discussion of individual service users or complaints about the service which should be dealt with under the (Care Management Agency) complaints procedure.
- 3.11 It is not the duty or responsibility of the JAG to arbitrate or negotiate on personnel matters

APPENDIX 8

RISK ASSESSMENT AND TEMPLATE

Risk:

'A chance or possibility of danger, loss or injury or other adverse consequences' (*concise Oxford Dictionary*)

The purpose of this appendix is to help identify and assess the presenting risks to those individuals who are considering a move into Very Sheltered Housing, (VSH) It can also be used to assess people's risk who are currently living in a VSH.

There is no reason why VSH cannot be a viable option for adults with dementia, confusion or service users with a whole range of physical **and/or** mental health problems, given a good assessment and risk management.

It is important that the scope of supported housing opportunities and choice are understood, offered, and that these advantages are used to meet peoples needs.

When considering a move with older people to VSH, (or specialist services sometimes known as Extra Care), it is critical that an accurate assessment of the individual's strengths and needs is undertaken. An **up to date** evaluation of risk is an intrinsic part of this assessment. The outcome of the risk assessment must be owned by family, informal carers and stakeholder organisations.

Assessment of risk is an on-going and multi-disciplinary shared responsibility. When working towards a move to VSH the named assessor takes the lead role in collating information from all sources connected to the individual. This is in order to build up an accurate reflection of their circumstances. The Scheme Manager undertakes a scheme specific assessment when the person has been offered a tenancy.

Different professionals view the issue of risk in different ways. Practically weighing up risk-taking in terms of comparing and balancing the risks/harms with likely benefits is the most pragmatic way forward. Predicting what will happen in the future, as peoples strengths and needs change, is challenging to assessors. A thorough risk assessment will highlight such aspects of behaviour that could potentially cause harm to the individual, other residents, or staff. Good assessment will reduce the seriousness of the consequences, as well as providing suggestions for these risks to be avoided or reduced through risk management.

Recording Risk Assessments is integral to Community Care Assessment (or Review). This is not to replace domiciliary care safety checks or manual handling assessments that look at safety in the home environment, physical health and other safety issues. The risk assessment form below has been structured to the requirements of current legislation, including Community Care Plans, the Residents Charter, the Human Rights Act and the Vulnerable Adults procedures.

Customer's must be fully involved in the discussion of risk.

Some consequences of risk are:

Getting hurt	Getting ill	Hurting someone else
Losing money	Being abused	Abusing someone else
Being lonely	Being afraid	Being humiliated
Getting lost	Being used	Being embarrassed
Damage to property	Becoming distressed	Embarrassing other people

The following process is an example for practitioners of a risk assessment process.

1. Describe an activity or situation which may involve risk, using your care plan as a guide. Below are some activities for consideration. Please tick which you feel would present a risk to your customer or others

Accessing the flat	Climbing the stairs	Mobilising within the flat
Preparing a hot meal	Mobilising within the scheme	Being alone
Preparing a hot drink	Managing finances	Shopping
Getting up in the morning	Going to bed at night	Leaving the flat unsupervised
Getting up in the night	Using the toilet	Eating/Drinking
Managing personal care	Taking medication	Socialising/Interacting with others
Others (please specify)		

2. What kind of risk is identified? It is important to be clear about the kind of risks being taken, the form which the potential harm would take and to whom there is a risk. How serious are the consequences?

RISK	WHO TO?	POTENTIAL HARM
1		
2		
3		
4		
5		

3. How likely is the risk to happen? This may be difficult to answer but you do need to explore the likelihood of any harm resulting from risk taken.

Identified Risk 1:

How long ago did this happen?

Has it happened before?

How often has/does it happen?

Would it only happen in a particular set of circumstances?

What is the likelihood of it happening again?

Identified Risk 2:

How long ago did this happen?

Has it happened before?

How often has/does it happen?

Would it only happen in a particular set of circumstances?

What is the likelihood of it happening again?

4. What are the benefits and gains for the customer in taking the risks outlined above? (We need to ask here what would be the consequences for him/her of *not* doing the things which present risk?)

RISK	BENEFITS	CONSEQUENCES OF <i>NOT</i> TAKING THE RISK
1		
2		
3		
4		
5		

5. What can be set against the risk in order to minimise it? Things to take into consideration here are the customer's own experience; physical strength and motivation; level of insight/awareness; the ability of the staff at hand to respond; or assisting with a specific piece of ADL equipment. We need to list here all possible risks and actions to reduce them. This may include a multi-disciplinary meeting

RISK	ACTION TAKEN TO MINIMISE THE RISK
1	

2

3

4

5

- 6. Who needs to be informed or involved in the decision about the risk? Who else needs to know about these decisions & this assessment? Wherever possible, the person themselves must be central to this process & involved in any discussion & decision-making. You will need to make a judgement about how and (on occasion), when to involve carers and relatives.**

- 7. Action points agreed, by whom, and target dates**

ACTION	BY WHOM	TARGET DATE

- 8. Date of next meeting to review the situation**

Assessor..... Date

Scheme Manager (for existing residents) Date

.....

Customer/Representative Date

.....

The assessment must be signed off by the stakeholders – including the older person (or their representative) and the older persons family

APPENDIX 9

PRESCRIBED MEDICATION POLICY

This is a non-exhaustive list of suggestive ways of assisting individuals where difficulties with medication have arisen, (pertaining to prescribed and/or non-prescribed medication). In the case of non-prescribed medication, checks should be made in consultation with a GP and/or Pharmacist for compatibility.

This is a non-prioritised list of possible solutions. Use of any of them should be discussed with all involved and recorded on the Care and Support Delivery Plan.

1. The use of dosset boxes for either self or assisted medication. If assistance is given then the provider must sign a record. (See Medication Record Chart).
2. Each flat must have a locked medicine cupboard. If so indicated in the Care and Support Delivery Plan the key can be held by support staff (who do not need to be medically qualified). Staff will rigorously follow a set procedure for administration.
3. Ear and eye drops can be administered and signed for by staff. A District Nurse or Health professional should train staff before they undertake this task.
4. Consideration must be given to the safe keeping of controlled drugs. Staff will follow a set procedure for their administration.
5. When administering liquid and medication that is 'used when required,' (known as PRN), it must be from the original containers in accordance with instructions in writing from the GP and/or the Pharmacist.
6. Staff may remind/prompt residents to take their medication which is in their flat.
7. Medication can be placed out of sight and/or reach (with the resident's or their representative's permission).
8. Residents or their representative reorder medication as and when required **OR** staff are responsible for re-ordering and obtaining prescriptions/dossett boxes and ensuring that adequate medication is held for the resident. Responsibility needs to be clearly agreed to avoid confusion.
9. Extra training for staff to ensure that the task is undertaken within best practice will be necessary. This is always the case when a resident requires and will be offered assistance with invasive treatments/injections, (e.g. insulin).

Where staff are involved as a consequence of a risk assessment, daily records will be kept in the resident's's Care and Support Delivery Plan, (stored in the resident's's flat). See sample in this Appendix. Completed records must be held on the resident's's file. The Scheme Manager must be made aware of any difficulties in implementing the medication strategies in the care and support delivery plan and is responsible for overall monitoring.

In the case of any changes to the medication regime, the residents should be encouraged to return un-needed medication to the Pharmacist. Where workers have taken responsibility for administration of medication then the staff will take responsibility for this.

MEDICATION RECORD CHART

Name: Joe Bloggs

Flat 21

W/E: February 29th

Medication Details		<u>Time</u>	Initial when medicines given and accepted Enter A when resident is absent. Enter B when medicine refused.							
Medication Name Form	Strength and		Mon	Tue	Wed	Thur	Fri	Sat	Sun	Discontinue d
Dosage instructions		Other								
Date	Initial	Check								

Medication Details		<u>Time</u>	Initial when medicines given and accepted Enter A when resident is absent. Enter B when medicine refused.							
Medication Name Form	Strength and		Mon	Tue	Wed	Thur	Fri	Sat	Sun	Discontinue d
Dosage instructions		Other								
Date	Initial	Check								

Medication Details		<u>Time</u>	Initial when medicines given and accepted Enter A when resident is absent. Enter B when medicine refused.							
Medication Name Form	Strength and		Mon	Tue	Wed	Thur	Fri	Sat	Sun	Discontinue d
Dosage instructions		Other								
Date	Initial	Check								

Medication Details		<u>Time</u>	Initial when medicines given and accepted Enter A when resident is absent. Enter B when medicine refused.							
Medication Name Form	Strength and		Mon	Tue	Wed	Thur	Fri	Sat	Sun	Discontinue d
Dosage instructions		Other								
Date	Initial	Check								

Sample

APPENDIX 10

COUNTY ALLOCATION POLICY – SUPPORTED HOUSING SCHEMES

1. Purpose

The purpose of the policy is to ensure that all relevant partner agencies are jointly responsible for:

- Nominating applicants to supported housing vacancies;
- Ensuring that both initial lettings and voids are handled efficiently and effectively and
- Ensuring the necessary housing, care and support assessments have been carried out.

2. Background

With the increasing demand for supported housing, it is essential that the limited resources available are utilised in the most effective way, ensuring that places are allocated equitably to people in most need.

This policy is designed to ensure a consistent approach to the allocation of places in supported housing schemes. It gives guidance to care co-ordinators, care providers, housing providers and applicants alike on how to access supported housing and how decisions are made regarding suitability and subsequent nominations.

3. Process

For both new and existing housing projects a panel comprising one representative from each of the following agencies, must be set up:

- District/Borough Councils' Housing Department
- Social Care
- Health Care Service (may be provider, Trust or PCT). This only applies where funding is shared and/or residents have health care needs.
- Care Provider
- RSL if applicable.

Administratively, the panel may operate in any way which best meets the needs of its members, (i.e. frequency of meetings, election of Chair), but must adhere to the following procedures:

- Care provider to notify all relevant referring agencies of vacancies that arise, at the earliest opportunity
- Referring Agencies/Care Co-ordinators to ensure all applicants are on the local Council's Housing Register and that applicants have visited the project prior to applying
- Care Co-ordinators are to ensure that community care and housing (and if needed Health assessments) have been carried out prior to an application being made. Ideally, these should be complementary assessments.

- Allocations Panel to agree nomination(s) according to: -
 - ❖ The applicant's care and support needs and the ability of the service to meet those needs.
 - ❖ The applicant's housing need.
 - ❖ The applicant's willingness to accept the need for supported housing.
 - ❖ Carer's needs.
 - ❖ Any other factors, which may affect the supply and demand for supported housing generally e.g. hospital closure, other housing options, ability to move-on etc.
- Panel to forward nomination(s) to Care Provider Agency, who will make the final decision
- District/Borough Council to nominate to RSL (where relevant)
- Care or Housing Provider to formally offer place to successful applicant
- Chair of Panel to inform unsuccessful applicants of the outcome of the selection process when such information has been requested.

It is a requirement of the panel to keep a list of assessed individuals waiting for a vacancy in the scheme.

JOB DESCRIPTION : Scheme Manager

Responsible to:

Hours of Duty:

Purpose

To work in accordance with the general philosophy of care, policies and procedures of the Provider and in particular the objectives of the scheme and service;

The purpose of this role is to ensure effective partnership working and liaison. This is in relation to the service, the management agreement, the scheme operational policy and in conjunction with the residents, and all those working within the scheme and all the agencies involved in supporting residents.

To provide a professional housing management service on a day to day basis and to ensure residents receive support in order to maintain their independence and individuality.

To be responsible for ensuring the delivery of a quality support and care service to residents.

To be responsible for the provision of the necessary documentation and reports as required by the management agreement.

Duties

1.0 Housing Management

- 1.1 To manage, supervise and support all staff including those providing administrative, cleaning, gardener/handyperson and domestic services.
- 1.2 To have in place a system for monitoring and reporting on empty accommodation and waiting lists.
- 1.3 To ensure that a letting process is agreed by the accountable organisations and is in place. The process

may involve the Scheme Manager undertaking home visits.

- 1.4 To have in place a system for monitoring rents/service charges and advising residents of discrepancies as and when they arise. Ensuring that action is taken in relation to these.
- 1.5 To ensure housing and welfare benefits advice is provided to residents.
- 1.6 To provide advice on procedures for terminating leases/tenancies. Undertake empty accommodation inspections and ensure that repairs and re-decorations are undertaken in accordance with the providers policy/terms of tenure.
- 1.7 To ensure a system is in place and used for arranging day to day repairs and for monitoring the quality of work undertaken.
- 1.8 To identify emergency maintenance requirements and take action in accordance with the agreed procedures.
- 1.9 To be responsible for all Health and Safety requirements and procedures, ensuring a system is in place for day to day and monthly checks of the premises. This will help to maintain a risk free environment.
- 1.10 To ensure that there is a system in place to maintain an up to date inventory in accordance with the operations policy.
- 1.11 To liaise effectively with XXXX Council/s.

2.0 **Support and Care**

- 2.1 To manage, supervise and support all staff in line with the employers policies and procedures.
- 2.2 To take a leading role in the recruitment, selection and induction of care and non-care staff in accordance with the employers policies and procedures.
- 2.3 To deliver care and support services to residents in accordance with the service specification, the scheme's management agreement, its operational policy, the

Supported Housing Standards, Domicillary Care Standards and Supporting People Quality Assessment Framework.

- 2.4 To ensure the delivery, monitoring and review of residents' care and support plans.
- 2.5 To promote the professional development of staff and ensure that they are familiar with and work to agreed policies and procedures.
- 2.6 To ensure effective budget management systems are in place for monitoring and maintaining expenditure.
- 2.7 To ensure there is a range of leisure opportunities provided. Where Day Care Services form part of the operational policy, you will also be required to oversee the management this service.
- 2.8 To liaise and maintain contact with all relevant agencies to ensure accurate information is kept and maintained as part of promoting individual resident welfare.

3.0 Resident Participation

- 3.1 To promote good customer relations, by establishing systems which promote resident participation in all aspects of the scheme's activities, its working and development, including contributing to the development of a Residents Association.
- 3.2 To be familiar with XX Council's 'Resident Compact'.

4.0 Other Duties and Responsibilities

- 4.1 Any other duties relating to the role and grade.
- 4.2 Support to and liaison with families, informal carers and other significant people in the resident's life.
- 4.3 Responsibility for promoting equal opportunities.
- 4.4 On Call responsibilities out of hours in emergency situations.

PERSON SPECIFICATION Scheme Manager

E = Essential D = Desirable		METHOD OF ASSESSMENT
1. EDUCATION AND QUALIFICATIONS:		
E 1.1	Relevant Professional Qualification (e.g. DipSW/CSS or City & Guilds 325(3) or Member of the Chartered Institute of Housing or 1 st Level Nurse).	Certificates
E 1.2	Relevant Management Qualification (e.g. CMS/DMS/Higher DipMCS/ NVQ 4 or equivalent).	Certificates
E 1.3	Good standard of general education.	Certificates
2. EXPERIENCE OF:		
E 2.1	Managing staff teams.	Application form and interview
E 2.2	Working with older people.	Application form and interview
E 2.3	Monitoring budgets.	Application form and interview
D 2.4	Working in very sheltered housing.	Application form and interview
3. SKILLS/ABILITY:		
E 3.1	Team leadership.	Application form and interview
E 3.2	Staff supervision and support.	Report writing and interview
E 3.3	Ability to effectively manage a complex budget.	Application form
E 3.4	Basic computer skills.	Application form and interview
E 3.6	Ability to plan, manage and prioritise workload.	Application form and interview

E 4.1	Knowledge of Domiciliary Care Standards.	Application form and interview
D 4.2	Knowledge of Supported Housing Framework/Standards.	Interview
D 4.3	Knowledge of Supported People Quality Assessment Framework.	Interview
5. COMMITMENT TO:		
E 5.1	Equal opportunities.	Interview
E 5.2	Attendance at Residents Association meetings.	Interview
E 5.3	Commitment to provide a high level of customer care	Interview
E 5.4	Presenting a professional and positive image of the scheme and the Provider in all dealings with other organisations.	Interview
E 5.5	Effective partnership working.	Interview
E 5.6	The management and support of residents families and significant others.	Interview
E 5.7	Operation of a Key Worker system.	
6. PERSONAL QUALITIES:		
E 6.1	Manage time effectively and prioritise work.	Application form and interview
E 6.2	Reliable in attendance and conduct at work.	Application form and interview
E 6.3	Ability to work flexibly and think laterally, communicating this to all staff and people involved with the service.	Application form and interview
E 6.4	Good interpersonal and communication skills.	Application form and interview
E 6.5	Ability to be innovative and work on own initiative.	Interview
E 6.6	Recognition that it is necessary to work some evening/weekends to monitor residents needs and staff actions.	Application form and interview
E 6.7	Ability to work under pressure.	Application form and interview

JOB DESCRIPTION Senior Support Worker

Responsible to: Scheme Manager

Hours of duty:

Purpose

The purpose of this post is:

- Lead staff in terms of service delivery and improvement initiatives.
- Take lead responsibility for specific work as directed by the Scheme Manager.
- Deputize for the Manager when s/he is absent.

Objectives

To ensure the effective, efficient and smooth running of the scheme and service in accordance with the philosophy of XXXX Provider and the particular aims of the scheme;

1. To respect the individuality and dignity of each person and operate a key worker system.
2. To work in accordance with the general philosophy of care, policies and procedures of the Provider and in particular the objectives of the Scheme.
3. To communicate and co-operate as a team member.

More specifically, the duties can be summarised as follows:

1.0 Responsibilities

- 1.1 To adhere to the Care Standards Act 2000, National Minimum Standards and Supporting Peoples Quality Assessment Framework.
- 1.2 To be responsible for health and safety in accordance with the Health & Safety regulations.
- 1.3 To oversee the administration of drugs in accordance with the policies as laid down by the Provider.
- 1.4 To contact each resident every working day to establish that all is well, by visiting them at home.

- 1.5 To ensure the service delivers a person centred approach.
- 1.6 To encourage residents to take an interest and to become involved in the activities, both in the scheme and in the local community, (if they so choose).
- 1.7 To liaise with family, friends, significant others all stakeholders.
- 1.8 To work on a rostered shift system including on occasion night and weekend work. To sleep in at the scheme, if required.
- 1.9 To inform the Scheme Manager during duty hours of any defects in the premises each day. To follow the Provider's policy for emergency repairs.
- 1.10 To undertake or arrange cleaning and other domestic type tasks of the individual residents' flats within the scheme when this task is part of a care ad support plan.

2.0 Administration

- 2.1 To report immediately to the Scheme Manager incidents which occur at the scheme and record all relevant details.
- 2.2 To ensure that personal records are accurate and up-to-date.
- 2.3 To safely administer, (where identified in a care and support plan) and store drugs and medication in accordance with the policies laid down for the Scheme. Training will be provided for this purpose.
- 2.4 To ensure that the first aid box is always stocked with the required items.
- 2.5 To account for such items of the scheme's income and expenditure as requested by the Scheme Manager. To keep the financial records and documentation deemed necessary by the employer.

3.0 Staff

- 3.1 Line manager for Support Workers.
- 3.2 To ensure that all staff receive regular, good quality support and supervision.
- 3.3 To recruit and select staff and voluntary workers in conjunction with the Scheme Manager.
- 3.4 To ensure the Keyworker system is working effectively.
- 3.5 To ensure that the Provider's procedures are understood and implemented.

4.0 Training and development

- 4.1 To oversee the induction and training of new staff and volunteers.
- 4.2 To attend staff meetings, seminars and conferences under the direction of the Scheme Manager.

5.0 Conduct

- 5.1 To comply at all times with the National Housing Federation's Care and Support Code, a copy of which will be given on commencement of employment.
- 5.2 To comply with Code of Conduct for Social Care.
- 5.3 To promote the work of the service and the Provider in the community that you serve.

6.0 Other duties

- 6.1 To closely liaise with the Scheme Manager on any problems or difficulties which may be brought to your attention.
- 6.2 To attend staff meetings.
- 6.3 To keep up to date professional knowledge in all areas relating to the service and its residents.
- 6.4 Carry out other duties appropriate as required by the Scheme Manager

PERSON SPECIFICATION Senior Support Worker

E = Essential D = Desirable		METHOD OF ASSESSMENT
1. EDUCATION AND QUALIFICATIONS:		
D 1.1	National Warden's Certificate.	Application form and interview
D 1.2	NVQ Assessor or NVQ Management – Level 3.	Application form and interview
E 1.3	Willingness to undertake further ongoing relevant training through to completion of recognised qualification.	Application form and interview
2. EXPERIENCE OF:		
E 2.1	At least six months experience in a similar post.	Application form and interview
E 2.2	Familiarity with the care needs of older people.	Application form and interview
3. SKILLS/ABILITY TO:		
D 3.1	Be innovative.	Interview
D 3.2	Recruit members of staff.	Application Form and Interview
E 3.3	Manage time effectively.	Interview
E 3.4	Communicate effectively both orally and in writing.	Report writing and Interview
E 3.5	Delegate.	Interview.
E 3.6	Work on own initiative.	Interview.
E 3.7	Develop staff.	Interview.
4. KNOWLEDGE AND UNDERSTANDING OF:		
E 4.1	Care Standards Act 2000 and National Minimum Standards.	Interview
E 4.2	Other Voluntary Agencies, NHS and Social Services working with vulnerable adults and older people.	Interview
D 4.3	Supporting People Quality Assessment Framework.	Application Form and Interview
E 4.4	Person Centred Planning	Interview
5. PERSONAL QUALITIES:		
D 5.1	Flexibility in approach.	Interview
E 5.2	Reliability in attendance and conduct at work.	Interview
E 5.3	Commitment to provide a high level of customer care.	Interview
D 5.4	Full driving licence	Application form

JOB DESCRIPTION Support Worker

Responsible to: Scheme Manager

Hours of duty:

Purpose

1. To work in accordance with the general philosophy of care, policies and procedures of the Provider and in particular the objectives of the Scheme;
2. To support a person centred approach;
3. To respect the individuality and dignity of each resident and
4. To communicate and co-operate as a team member.

More specifically, the duties can be summarised as follows.

1.0 Responsibilities

- 1.1 To be responsible for health and safety in accordance with the Health & Safety regulations.
- 1.2 To ensure a high standard of personal care and support for each resident, including matters of hygiene and physical well-being.
- 1.3 To work on a rostered shift system which necessitates evening and week-end work. To work waking nights or "sleep in" when arranged, payment being made at the agreed rate.
- 1.4 To ensure that the service reflects a person centred approach.
- 1.5 To ensure the safety and well-being of all residents and take appropriate action in the event of an emergency.
- 1.6 To adhere to the Care Standards Act 2000 and National Minimum Standards for Domiciliary Care.
- 1.7 To ensure that the Provider's systems for monitoring and record keeping are followed.

- 1.8 To inform the Provider of any repairs needed to the building or equipment. To report emergency repairs.
- 1.9 To safely administer, (where identified in a care and support plan) and store drugs and medication in accordance with the policies laid down for the Scheme.

2.0 Training

- 2.1 To attend staff meetings and seminars and individual support and supervision with the Senior Support Worker.
- 2.2 To attend and participate in training courses.

3.0 Conduct

- 3.1 To comply at all times with the National Housing Federation Care & Support Code, a copy of which will be given on commencement of employment.
- 3.2 To comply with Code of Conduct for Social Care.

4.0 Other duties

- 4.1 To carry out all other duties required by the Scheme Manager.

APPENDIX 12

SCHEME FUNDING SCHEDULE

This Agreement sets out the funding organisations in respect of XXXXXX VSH service for older people, older people with learning disabilities and dementia, older people with dementia and younger people with dementia.

Service Provider	Funding Provider	Contact/Lead person	Level of funding approved
<u>Housing</u>	Capital: Public Sector: SHG LA Capital Contribution Private: Revenue/Rents: Residents or Housing Benefit Other (e.g. Trusts etc.)		
<u>Support</u>	Supporting People Grant (Block subsidy residents and self payers)		£ TBC
<u>Personal Care</u>	Adult and Community Services (Residents and self payers) *Core Budget ** Flexi Budget (hourly rate) (Both to be revised annually)		£ TBA £ TBA

<u>Health Care</u>	Primary Care Trust(s) Provider Trust(s): Specialist support, training and consultancy services		£ TBA/Resources £ TBA/Resources
<u>Day Care</u>	ACS PCT Voluntary sector		£ TBA/Resources
<u>Other services</u>	Meals Hair Dressers Laundry Services Handy Person Scheme Leisure Activities Chiropody		Resources

* **Core Budget** – The core service provided to all residents includes xxx hours of personal care and support per week. This also includes the cost of providing a waking night service and central management costs.

** **Flexi Budget** – Assessed additional care and hours. These can be purchased by the self funding Resident, ACS or by an Individualised Budget arrangement, including Direct Payments.

DRAFT SUPPORT PLANS FOR SHELTERED HOUSING

With thanks to North Yorkshire Supporting People Team



**North Yorkshire Supporting People
Draft Support Plans for Sheltered Housing**

- 1 Resident/Resident information sheet - probably already in use both at scheme and call centre.
- 2 Support Plan - Resident based i.e. "Do you.....?" rather than support worker based "Do they...?"
- 3 Supporting People summary - easy to read summary for access by staff team
- 4 Support plan Action plan - actions agreed with resident from Support Planning process
- 5 Support Plan consent by resident.
Covers
 - a For support plan process
 - b Information available to other team members
 - c Information available to other appropriate organisations
- 6 Support Plan Waiver form if resident does not want a formal support plan

Issue to resident

- Explanation of Support Planning
- Copy of consent/agreement
- Copy of summary
- Copy of agreed Action Plan

Support Staff Need

- Initial Support Plan information form Housing Officer
- Support Plan paperwork above plus copies
- EROSH Guidance Notes
- Support plan annual planner
- Review document

PRIVATE AND CONFIDENTIAL

RESIDENT INFORMATION

1. Resident Details

Name: Address: Phone Number: Date of birth: National Insurance No:	Religion / Ethnicity: Signed Equal Opportunities form attached - Yes/No	Scheme ID: Resident Reference Number: Tenancy Commenced: Housing Benefit Ref:
--	---	--

2. Next of Kin / close contact

Name: Relationship to Resident:	Address:	Home: Work: Mobile: E-mail:
--	----------	--------------------------------------

Name: Relationship to Resident:	Address:	Home: Work: Mobile: E-mail:
--	----------	--------------------------------------

Name: Relationship to Resident:	Address:	Home: Work: Mobile: E-mail:
--	----------	--------------------------------------

3. Doctor

Name:	Surgery:	Phone numbers Day: Evening:
-------	----------	-----------------------------------

4. Medical emergencies

Known medical conditions:	Essential medication:	Disabilities:
Pendant wearer: YES / NO	Housebound: YES / NO	Other Comments:

5. Support services

Social Worker:	Office location:	Phone number: E-mail:
Care Manager:	Office location:	Phone number: E-mail:
Support worker:	Office location:	Phone number: E-mail:
CPN:	Office location:	Phone number: E-mail:
Occupational Therapist:	Office location:	Phone number: E-mail:
Meals service: YES / NO <u>M T W T F S S</u>	Office location:	Phone number:
Home Care: YES / NO <u>M T W T F S S</u>	Office location:	Phone number: E-mail:

Day centre: YES / NO <u>M T W T F S S</u>	Name:	Phone number: E-mail:
Other		Phone number: E-mail:

Information last updated:

Date:	Signature:
--------------	-------------------

For office use

<u>NAME</u> ADDRESS TELEPHONE DATE OF BIRTH NINO	<u>SCHEME ID</u> RESIDENT REF NO TENANCY COMMENCED
--	--

1. AROUND THE SCHEME

Yes No

Do you understand how to use the following equipment?

Intercom System	<input type="checkbox"/>	<input type="checkbox"/>
Door Entry System	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Call System	<input type="checkbox"/>	<input type="checkbox"/>
Lift / Stair lift	<input type="checkbox"/>	<input type="checkbox"/>
Do you know what to do in the Event of a fire?	<input type="checkbox"/>	<input type="checkbox"/>

Do you need help with any of these?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Has the following equipment been checked?

Smoke Detectors	<input type="checkbox"/>	<input type="checkbox"/>
Intercom/Door Entry	<input type="checkbox"/>	<input type="checkbox"/>
Key Lock Changes	<input type="checkbox"/>	<input type="checkbox"/>

Are any repairs needed to the above?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Please write your comments in the box below

2. SOCIAL INVOLVEMENT

Yes **No**

Are you aware when events take place around the scheme?

Are you able to attend activities independently?

Can you think of any way that socialising could be made easier for you?

a) within the scheme

b) outside the scheme (eg joining a club, going to worship, help with correspondence)

Are there any activities that you would like to see run in this scheme?

Are there any activities that you would like to be involved in organising for this scheme?

Do you have any problems/disputes with anyone else in the scheme?

Are you happy with the amount of contact you have with other people including friends and family?

Please write your comments in the box below

3. DAILY LIVING SKILLS AND CARE SUPPORT

Please complete the following boxes to indicate the situation that most accurately describes you.

Cooking

	Please tick one or more boxes	Comments
Self sufficient		
Can make light food		
Unable to prepare any food		
Have Meals on Wheels/frozen meals		
Need extra equipment or help to assist with cooking		

Shopping

	Please tick one or more boxes	Comments
Self sufficient		
Shop for small items		
Assisted by family/friends		
Need extra equipment or help to assist with shopping		

Housework

	Please tick one or more boxes	Comments
Self sufficient		
Can carry out light tasks		
Assisted by family/friends		
Need extra equipment or help to assist with cleaning		

Laundry

	Please tick one or more boxes	Comments
Self sufficient		
Can handwash		
Assisted by family/friends		
Need extra equipment or help to assist with washing		

Personal Care

If you are receiving personal care (eg bathing, dressing etc) please indicate who provides the care and if you are happy with the care received.

	Please tick one or more boxes	Comments
Self sufficient		
Need some assistance/aids		
Require full assistance		
Use aids for assistance (eg grab rails, shower, bath/shower seat)		

Please write your comments in the box below

4. HEALTHCARE AND MOBILITY

Please complete the following boxes to indicate the situation that most accurately describes you.

Hearing

	Please tick one or more boxes	Comments
Hear well		
Hear well with aids		
Profoundly deaf		
Would like a hearing checkup		

Sight

	Please tick one or more boxes	Comments
See well		
Sight corrected with spectacles		
Poor sight/registered blind		
Would like a sight test		

Sleeping

	Please tick one or more boxes	Comments
Sleep well		
Sleep well with medication		
Have regularly disturbed nights		
Would like advice on ways to sleep better		

Mobility

	Please tick one or more boxes	Comments
Fully mobile		
Mobile with the use of aids (eg grab rails, walking frame or stick, wheelchair user) <i>Please specify aids used</i>		
Unable to leave the scheme		
Unable to leave my flat		
Would like help to increase my mobility (e.g. help to use the stairs, more aids) <i>Please specify</i>		

5. TENANCY AND FINANCE ISSUES

Yes No

Do you know how to make a complaint?

Do you deal with your own correspondence?

Do you understand what you are paying for in your rent/service charge/support charge?

Are you able to get out to pay your bills/ collect your benefits?

Would you like any help with claiming benefits?

Please write your comments in the box below

6. STAYING INDEPENDENT

In order for any of us to do the things we want to do there can be risks involved, for example when cooking. We need to make sure that we keep ourselves as safe as possible.

Please detail below anything you do, which may be a risk to your health and safety.

Is there anything that would help you to reduce the risk to your safety?

Please write your comments in the box below

7. WHAT DO YOU WANT – HOW CAN WE HELP YOU

Yes No

Is there anything else that you feel you need help with that has not already been mentioned?

Is there anything that you would like to be able to do but can't because you need support, information, equipment or adaptations?

Do you have any cultural needs that have not already been discussed?

Is English your first language?

Is there anything else you would like to include in your support plan?

Please write your comments in the box below

For office use

<u>NAME</u> ADDRESS TELEPHONE DATE OF BIRTH NINO	<u>SCHEME ID</u> RESIDENT REF NO TENANCY COMMENCED
--	--

YOUR SUPPORT PLAN SUMMARY

This Support Plan details what I consider to be my main support needs at the present time. Summary of Support Plan: (referring to the 7 sections on the following pages)

1. AROUND THE SCHEME

2. SOCIAL INVOLVEMENT

3. DAILY LIVING SKILLS

4. MOBILITY

5. FINANCE

6. STAYING INDEPENDENT

7. WHAT DO YOU WANT? HOW CAN WE HELP YOU?

8. AGREED DATE OF REVIEW:

A COPY OF THIS SUPPORT PLAN SUMMARY SHOULD BE GIVEN TO THE RESIDENT

For office use

NAME ADDRESS TELEPHONE DATE OF BIRTH NINO	SCHEME ID RESIDENT REF NO TENANCY COMMENCED
---	---

Sheltered Housing Support Action Plan

	Action Required	By Who	By When	Outcome Date completed
Around The Scheme				
Social Involvement				
Daily Living Skills and care support				
Healthcare and Mobility				
Tenancy Issues and Finance				
Staying Independent				
What You Want				

A COPY OF THIS SUPPORT ACTION PLAN SHOULD BE GIVEN TO THE RESIDENT

For office use

<u>NAME</u> ADDRESS TELEPHONE DATE OF BIRTH NINO	<u>SCHEME ID</u> RESIDENT REF NO TENANCY COMMENCED
<u>DATE OF PLAN</u> DATE OF REVIEW SCHEME MANAGER	<u>HAS THE RESIDENT AGREED TO THE SUPPORT PLAN</u> YES <input type="checkbox"/> NO <input type="checkbox"/>

(Very) Sheltered Housing Support Plan

This is a confidential document. The only people who have access to it are you and authorised members of staff.

Please complete the section which refers to you

ALARM SERVICE

An emergency alarm, monitored 24 hours a day, maintained by a specialist contractor and tested every month by:

you by using the equipment to call the Control Centre

a Sheltered Housing Officer calling to test the equipment

CALLING SERVICE

A regular daily contact

Occasional contacts

Frequency

Preferred contact via:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Intercom call by staff, contacting staff member

Telephone call

you

Other (please specify)

No visits or calls

(Monthly only to check pull cords)

IN EMERGENCIES A member of the Sheltered Housing team will respond to emergency calls via the Emergency Alarm System 24 hours a day. Appropriate emergency services will be called. A contact will be made with next of kin or friends if this is your request.

In the event of an emergency, whereby you are unable to instruct us on that occasion, do you want us to contact your named next of kin automatically?

YES / NO

Is there anyone else whom you would want contacted who is not already named as one of your 3 contacts?

YES / NO

If YES, please give details:

Name:	Address:	Home:
		Work:
Relationship:		Mobile:
		E-mail:

The Support Plan details what I consider to be my main support needs. I am signing this to say that I agree with its content.

I also agree that staff can exchange confidential information about me (eg with doctors or hospital staff) on a need to know basis.

I understand that all information/data provided may be held on computer and/or manually processed and may be used or disclosed in accordance with the Data Protection Act.

Signature of Resident
(or Residents Advocate) : _____

Date: _____

In the case of Residents Advocate signing, please print name of advocate below:

Signature of
Interviewing Officer: _____ Date: _____

A COPY OF THIS DOCUMENT, THE SUPPORT PLAN SUMMARY AND ACTION PLAN SHOULD BE GIVEN TO THE RESIDENT

For office use

<u>NAME</u> ADDRESS TELEPHONE DATE OF BIRTH NINO	<u>SCHEME ID</u> RESIDENT REF NO TENANCY COMMENCED
--	--

Sheltered Housing Support Plan Waiver Form

I confirm that my Scheme Manager has discussed Support Planning with me.

At the present time I do not wish my Scheme Manager to develop a Support Plan for me.

I understand that if my needs or wishes change I can request a Support Plan in the future.

In the meantime I understand that my Scheme Manager will still be required to update my contact records and check the equipment in my home on a six-monthly basis.

Signed (Resident)

Signed (Scheme Manager)

Date

About your

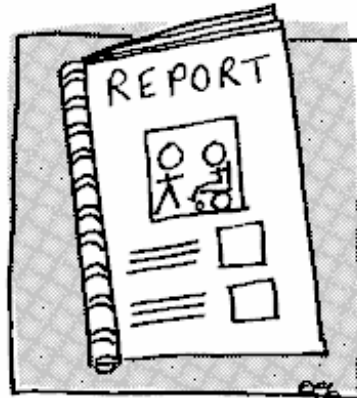
SHELTERED HOUSING

SUPPORT PLAN



Why do I need a Support Plan?

- It will help you to identify things that you need assistance with.
- It will help us to provide you with the most appropriate assistance to help you stay independent and look after your health.
- It will help us to assist in co-ordinating services and linking in with new ones.



How long does it last?

- Your Support Plan will be reviewed every six to twelve months. However if you have any major changes in

your circumstances it can be reviewed sooner.

- Any reviews will be at a time and place that is convenient to you.

How do I get one?

- A Staff member will ask you a series of questions about your health and circumstances. Your replies and any concerns that you have will form the basis of your support plan.
- You will be asked to sign to say that you agree with the support plan and any recommendations arising from it.

Who has access to my Support Plan?

- Your Support Plan is confidential. This means that the only people who can have access to the information in

it are YOU and members of staff on a "need to know" basis.

You have a right to see your records if you wish.

If you would like to see any information that is kept on files about you, please contact your Scheme Staff.

Space for individual agency info and Supporting People team info

We will only share information on your support plan with others where you agree that we can. You have the right to discuss matters with Scheme staff in confidence and the right to be treated fairly, equally and in the knowledge that your cultural beliefs will be respected.

EROSH GOOD PRACTICE GUIDELINES FOR SUPPORTING PEOPLE WITH CHANGING AND COMPLEX SUPPORT NEEDS.

1. Listen to the resident
 - What they are saying
 - Does their behaviour/body language match their words?
 - Are there any 'hidden' messages?
 - Is this conversation indicative of developing health problems or bizarre behaviour?
2. Let the resident know how you can support them. Referral: explain what might happen? How? When?
 - Practical support, e.g. equipment, organisation of flat
 - Telephone or letter communication
 - Other agencies e.g. voluntary network
 - Advocacy role
 - Liaison role
3. If you have an agreed Action Plan work with the family in a sensitive way if they are involved, but maintain resident confidence that you have heard them.
4. Keep resident and family informed of progress.
5. Communicate with external agencies.
 - Be clear of your expectations
 - Be realistic
 - Be confident of your own role and responsibilities
 - Agree ways of working together
 - Record and date all communication
6. Support the resident in the assessment/referral meeting if required by them
 - Advocate for the resident's's independence
 - Assist external general agencies with the monitoring of the care package: Home Care/ DN etc.
 - Relay any changes/concerns to home care manager/health care manager
 - Ensure the 'voice' of the resident is heard
7. Update the resident's's Support Plan with details of changes. Review the Support Plan at this stage and amend if necessary.

8. Ensure line management is kept informed of issues, your role and action being taken. Where possible, ensure line management assist in connecting to key services to back up the work of front line staff and to ensure a range of support mechanisms to the staff member are in place.

9. Whilst keeping confidentiality, if issues are affecting neighbours or the whole building, re-assure all concerned that matters are being dealt with. Listen to the range of concerns and experiences that others have of a person (it may help in understanding behaviour and the impact it has on the scheme).

10. Continue to maintain your professional profile with Social Services and Health services by
 - contacts through assessment, monitoring and review of care packages
 - taking opportunities to be part of multi-disciplinary work groups
 - taking opportunities to be part of new staff induction programmes in statutory services
 - agree ways of working together making sure social workers/ commissioners/ home care managers etc. are clear of the role of sheltered housing and sheltered scheme staff in resident support

For office use

<u>NAME</u>	<u>REVIEW DATE</u>	<u>SCHEME ID</u>
ADDRESS	DATE OF NEXT REVIEW	RESIDENT REF NO
TELEPHONE		TENANCY
DATE OF BIRTH		COMMENCED
NINO		

APPENDIX 14

VSH BUDGET SPLITS TEMPLATE GUIDANCE NOTES

These notes have been produced to explain the basis of the Budget Template & to clarify the purpose of the template:-

1. In the first instance all VSH services will be required to be reviewed by SP during 2005. It was felt to be desirable that at this stage both SP & Social Care should have a budget template by which to assess the value for money of a service & also to determine which proportion of the staffing costs should be met by each party.
2. Providers would be asked to complete a full breakdown of their service budget to include all expenditure & the income they receive from all parties including Social Care core & flexi budgets, where applicable. Working closely with Social Care the SP team would determine whether or not the service was providing "value for money". Once this had been established the next stage would be to look at the apportionment of costs between the respective funding streams that are relevant to VSH services.
3. The budget template shows the suggested percentage splits between each funding stream. Social Care & SP have looked carefully at the potential splits & have taken a view with regard to the rent/service charge items. We believe that some items are not always accurately reflected in this area as some tasks undertaken by staff are related to the management & maintenance of the building.
4. Once approved it is the intention of SP & Social Care to use this template to apportion costs for new VSH services with immediate effect & to assess the impact of moving existing VSH services to this model as part of the service reviews.

Very Sheltered Housing Provision Budgets

Budget Template

Budget Template

	Totals from Cost Spreadsheet	Supporting People	ACS	ACS (to be provided at year-end)	Rent (Note 1)	Service Charge (Note 1)	Personal Charge	Total	Notes
Staff Costs									
Scheme Manager	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0	
Supervisory Staff	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0	
Support Worker (day)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0	
Support Worker (night)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0	Note 2
Cleaning Staff (units)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0	Note 3
Cleaning Staff (Communal)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0	Note 4
Activities Organiser	100.00	0.00	0.00	0.00	0.00	0.00	0.00	100	Note 7
Gardener/Handyperson	0.00	0.00	0.00	0.00	0.00	0.00	100.00	0	
Catering	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100	
Total Direct Staff costs	0	100	0	0	0	0	100	200	
% of Direct Staff costs	100	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
Indirect staff costs									
Administration		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
National Insurance		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
Pensions		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
Other costs									
Agency staff	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0	Note 5
Training	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0	
Recruitment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0	
Office Costs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0	Note 6
Protective Clothing/Uniforms	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0	
Travel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0	
Pers Liability insurance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0	
Alarm Call system	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0	
Sundry Expenses Care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0	
Eligible/ineligible costs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0	
Catering	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0	
Repairs to Buildings	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0	
Other Insurances	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0	
Other costs (rent)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0	
Total other costs	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
% of Other costs	100	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
Total staff + other costs	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
% of Budget	100	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
Head Office Recharge	0	#DIV/0!	#DIV/0!	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
	Maximum allowable to be 12.5% of scheme budget-negotiation if required subject to evidence							(industry average 10-15%)	
Total All costs	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
% All costs	100	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
Sinking Fund	0	0.00	0.00	0.00	0.00	0.00	0.00	0	
Depreciation	0	0.00	0.00	0.00	0.00	0.00	0.00	0	

Notes
Note 1 - Self-financing if this service is normally required-On occasions from the Community Care Assessment, Social Care would have the ability to meet this charge
Note 2 - These percentages will vary in line with individual scheme information. The template will calculate these automatically.
Note 3 - To be considered between Supporting People and Social Care

APPENDIX 15

ADDITIONAL INFORMATION

List and Location of “Bolt on’s” as Described in the Guide

- 1) The Suffolk Design and Management Guide Supported Housing For Younger People with Dementia
- 2) The Suffolk Extra Care Guide to Older People Functional Mental Health Needs.
- 3) The Suffolk Extra Care Guide to Dementia Service within VSH

Work has begun on the bolt on for Leasehold VSH which, informed by the first 100% leasehold scheme, should be available towards the end of 2009.

There are also design guides on Supported Housing and Sensory Disability; Supported Housing for People with Learning Disabilities; Supported Housing for people with Mental health Problems; Design Guide for Wheelchair Standard Supported Housing, and Suffolk Supported Housing Standards

These documents can be found here –

<http://www.suffolk.gov.uk/NR/exeres/1FA5EE4F-0F66-491E-ADD5-B72EB99C6193.htm>

The video’s can be bought from Suffolk Films

<http://www.suffolkfilms.co.uk/>

The following leaflets and videos are aimed at informing workers, service users and their families.

My Own Front Door – a film about VSH

That’s My Home – a film about Extra Care for People with Dementia

Currently in preparation is a film about Extra Care for Older People with Mental Health Needs.

Thinking About a Move – an information leaflet about VSH aimed at people who may be considering a move into VSH.

APPENDIX 16

STRATEGY ON ASSISTIVE TECHNOLOGY

Introduction

(The provider) will make use of Assistive Technology (AT) which is beneficial to some of those people who use our services. We recognise the potential of AT to improve the quality of life for all people who need care and support, to help retain independence and extend choice as well as supporting carers.

We also appreciate that the deployment of AT must be considered carefully.

(The Provider) is committed to using technology, to meet the needs of the individual and to ensure that the role of AT in our services is to complement the ongoing care and support that *(the provider)* staff provide and to facilitate cost-effective care.

This Strategy sets out *(the provider's)* definition of AT, the ways in which *(the provider)* will use it, how we will seek to maintain the highest ethical practices and the design features that we will use at these premises.

The Strategy is applicable to all the accommodation.

What is Assistive Technology?

Assistive Technology is defined as a product or system that enables independence and meets the needs of people with cognitive, physical or communication difficulties.

AT is wide-ranging: it can include basic technology such as audio alerts in lifts; automated heating and lighting; as well as sensors that detect falls and alert carers of a potential problem. AT can also be highly sophisticated and include complex systems which monitor a person's condition, activity, state of health and take pre-determined action.

How *(the provider)* will use Assistive Technology

The needs of the persons using the services will always be central to any consideration or use of AT and their interests are of sole importance.

When deploying AT, *(the provider)* will work to the following principles:

- We will be sensitive to people's attitudes and perceptions of AT and uphold people's dignity.
- The needs of the person will remain central to any consideration or use of AT
- Any use of AT will benefit people using our services by improving the quality of life, helping retain independence and/or extending choice
- Any AT will be deployed in order to supplement and improve *(the provider)* care
- As part of each individual's Care Plan, any AT employed will be carefully considered to ensure wellbeing

- Any use of AT will be continually reviewed against the changing needs and requirements of the individual
- Automating some of the more routine aspects of care and support could give staff extra time to offer more services to people
- Systems and products need to be reliable, user-friendly and suitable to the needs of the person
- *(The provider)* recognises that all products and systems have potential failings. We will take these into account, seek to reduce them and devise backups and emergency plans in the event of any failure
- We will endeavour to install systems which can be adapted for different individuals, eg a 'menu' option. Choice will be offered to individuals who then have the flexibility to determine how the system should be set up for them
- We will endeavour to make systems 'future-proof' wherever possible to allow updating as technology develops
- We wish to be proactive in our use of AT whilst recognising limitations (detailed below)
- We will make systems as discreet as possible
- We will take into account and make provision for ongoing maintenance requirements and costs
- We will consult and communicate with involved individuals, including the people using our services and their representatives, regulatory bodies.
- Internally, we will ensure that systems and products are integrated with the Operational Policies and Health and Safety procedures, IT Strategy and other policies and procedures.

How *(the provider)* will not use Assistive Technology

When deploying AT, (the provider) will not:

- Use AT which impacts negatively on the core principles of support and care which we believe underpin the quality of life. These are:
 - privacy
 - dignity
 - independence
 - choice
 - rights
 - fulfilment
 - spirituality
- Use AT unless there is an agreed assessed need
- Use AT which is considered invasive
- Use AT to restrict or hinder the user in any way but to act as an alert to staff who can check and provide care, support and reassurance
- Use AT to replace human contact

- Use AT which results in over-dependence or limits social interaction or physical activity

Further principles:

(The provider) recognises that additional considerations are important for people in the use of AT.

Various issues are associated with dementia, including memory loss, confusion and behaviour which may initially appear unusual. *(The provider)* person-centred philosophy aims to develop understanding of the person and find the meaning in their behaviour. *(The provider)* recognises that the need for safety must be balanced with levels of risk allowing individuals to take as much control as they are able and to support people to remain as independent as possible.

To assist our care and support, when deploying AT for people living with dementia, *(the provider)* will work to the following principles:

- To reduce any confusion to people who are unlikely to use the systems themselves, systems should be embedded or blended into the background
- Alarms/bells ringing or other unusual noises disturb people and other means of notification should be used eg vibrating pagers
- AT should allow for people's remaining strengths and so compensate for disability. It will not require reasoning or re-learning.

Ethical Issues

(The provider) considers the use of AT as part of the overall care and support package provided to people using our services.

(The provider) will provide information to those who use our services, their families and representatives setting out clearly the use of AT for individuals in the service.

(The provider) will ensure that people and their families and representatives understand the use of AT, what *(the provider)* will use it for and how it will impact on them personally. This information will form part of Care and Support Plans and be agreed and signed by the users themselves or their representative.

As the care and support package is regularly reviewed, so too will the use of AT.

Extent of use of Assistive Technology

(The provider) could incorporate a variety of AT, for example, emergency call systems, smoke detectors, internet points, CCTV linked to door entry/view on TV, addressable fire system and remote diagnostic heating and lift management systems.

We will seek to offer AT to meet the needs of individuals whenever possible.

The use of AT will be compatible with and linked in to *(the provider)* IT Strategy.

Future Use of Assistive Technology

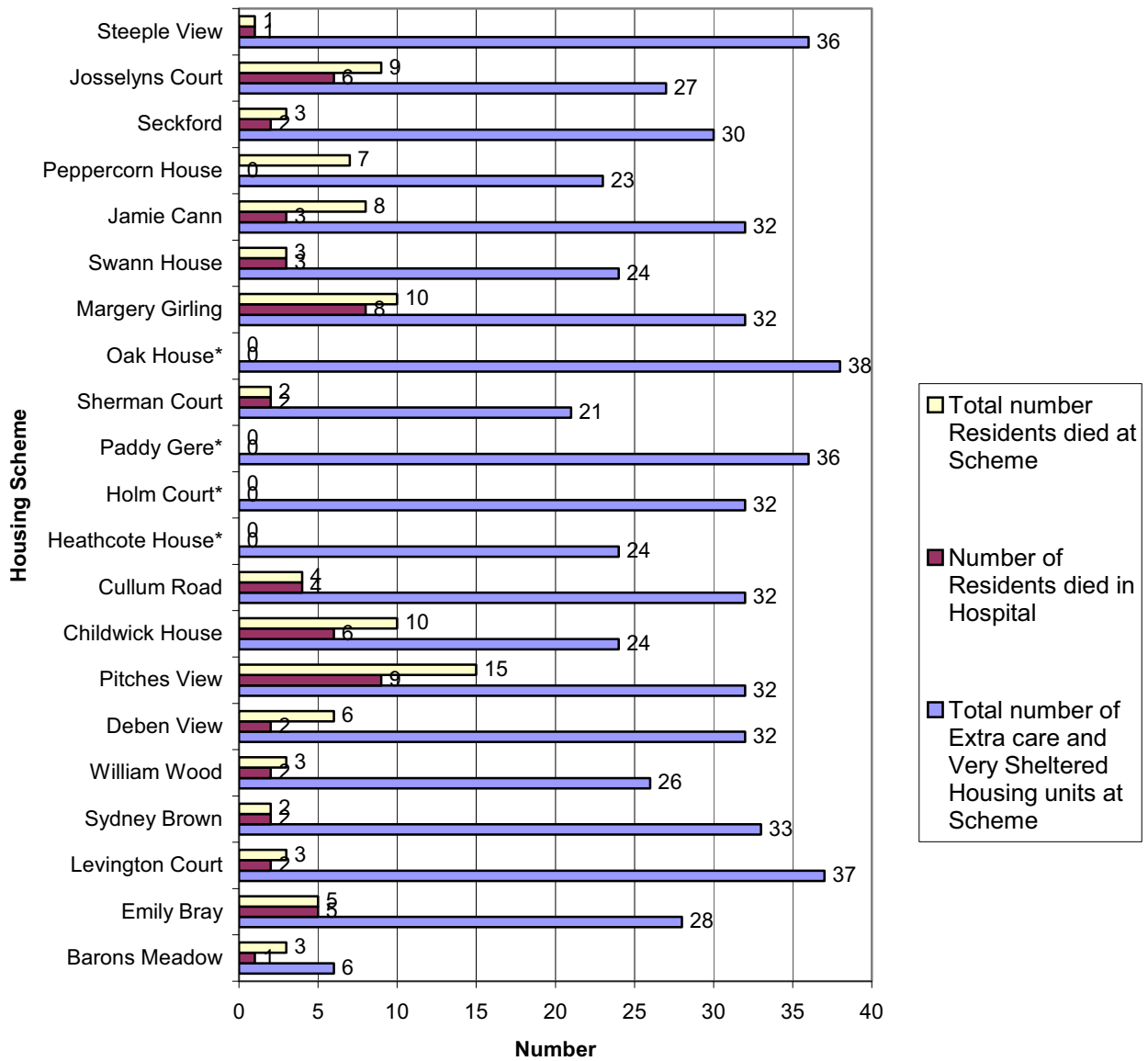
In line with the philosophy of person-centred care, the use of technology is assessed for each individual according to their needs and wishes and incorporated into their care plan as required.

Monitoring and Review

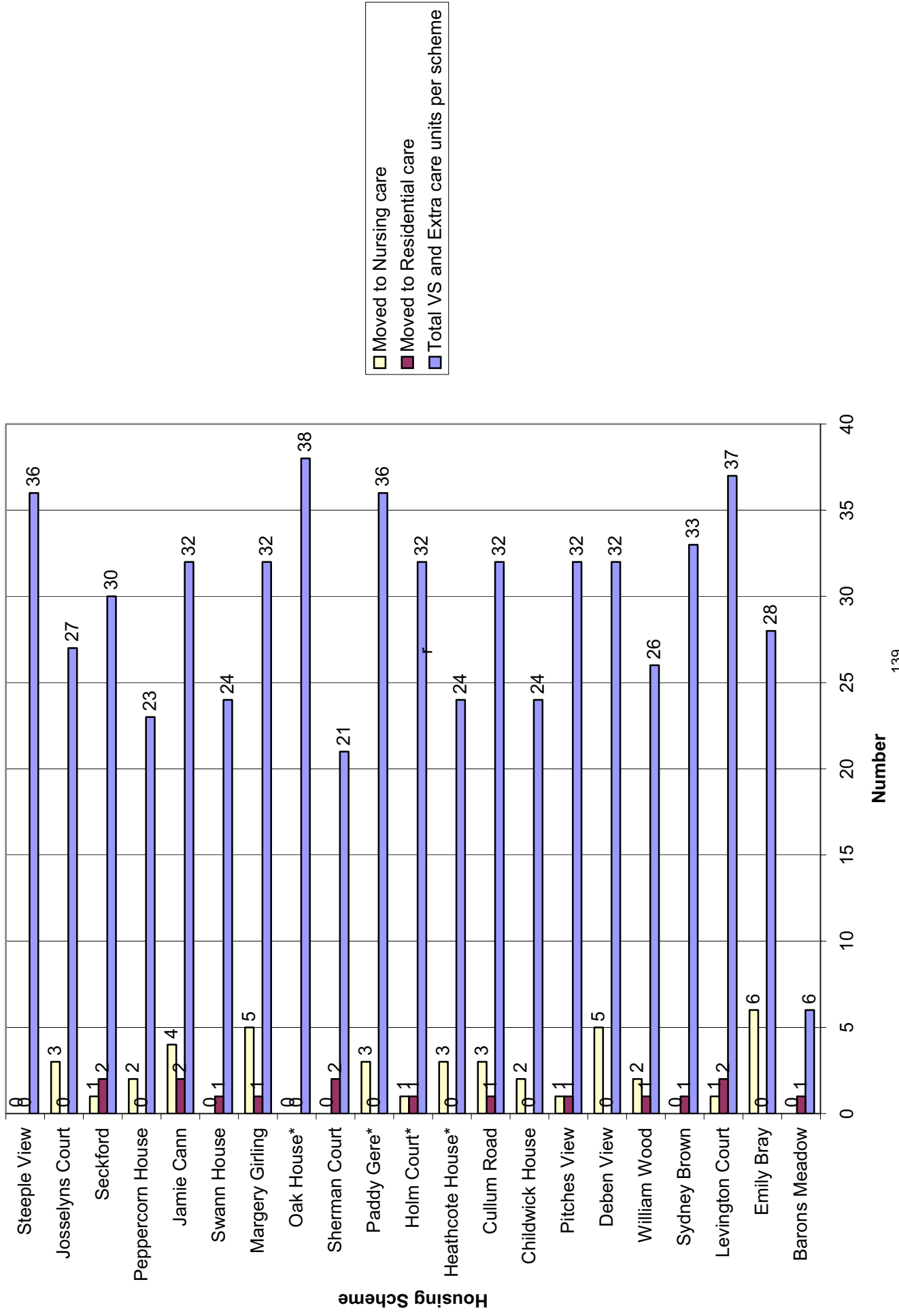
(The provider) will undertake an annual review with their partners of this Strategy to ensure that new developments in the fast-moving world of technology are incorporated. This is so that the Strategy continues to represent *(the provider's)* position on the use of AT to benefit people.

APPENDIX 17

Appendix 17 Place of Death Number per Housing Scheme 12 Month Period



Appendix 18 Residents Moving to Residential or Nursing Care in the last 12months



**SUFFOLK
SUPPORTED HOUSING
STANDARDS
DOCUMENT**

Last Review September 05
Next Review September 08

INTRODUCTION

This Standards Document has been drawn up, with the intention of monitoring and examining Quality issues in Supported Housing Schemes.

Commissioners need to develop a system of Review. This document forms the basis of such reviews. The Standards will provide an opportunity for ensuring that schemes are meeting the aims and objectives for which they were established. They will also inform purchasers about the quality of the service being maintained in schemes and about their ongoing contribution to the spectrum of services provided.

As importantly, they will provide a forum for Commissioners, purchasers, providers and residents to stand back from day to day work/living and assess the Scheme's performance.

The standards have been drawn up to measure supported housing services. In part this is to emphasise the distinctiveness of housing schemes from institutional or residential care. It is about reviewing **all supported housing schemes**, (some of which may be registered).

By supported housing we mean any housing service which has been developed or with housing providers to meet local need.

Implicit in the development of housing services is the assumption that occupants have **rights of occupation**. Schemes will have a scheme specific revenue budget funded by residents and supported by Statutory Agencies to provide a 24 hour care and support.

Throughout the document, reference has been made to "residents/leaseholders" rather than "tenants", "occupants" or even "service users". It must be recognized that these are housing services where there is an expectation of maximising individual's housing rights.

There is also an expectation that wherever information is being made available to residents, that this information should be in a format that is appropriate and accessible to the individual's needs.

This Review needs constant development with a view to confirming and enhancing standards. Inevitably it will feel like hard work at times, as all "voyages of discovery" do, but it will be worthwhile! The process and then Standards will inevitably have to be refined as we develop our experience and learning.

A. STAFFING

A.1 Staffing Levels

Standard:

Staffing levels must reflect a workload to provide a safe service, meeting residents assessed and agreed needs. Staffing arrangements should have consistency of carers in mind.

Examples of Evidence:

1. Information about current staffing levels.
2. Cover and emergency arrangements.
3. Justification of allocation.
4. Examples of consultation with purchaser / other agency / staff and residents, about the appropriateness of current staffing patterns.
5. "Live" staff rotas.
6. Clearly defined roles for students on placement.

A.2 Staff Available in Emergencies

Standard:

There are clear processes for emergency access to senior staff on 24 hour basis.

Examples of Evidence:

1. Information about current arrangements for emergency access to support staff.
2. Staff should be aware of all policies / procedures to follow in an emergency.
3. Clear policies as to what constitutes an emergency.
4. Emergency planning is in place (ie. alternative temporary accommodation).

A.3 All Staff Understand Professional Boundaries and Duties

Standard:

Staff and volunteers understand their professional boundaries and duties according to agreed levels of service. There are clear processes of job definition/appraisal and supervision for all paid staff and voluntary workers. The role of any students should be clearly identified and appropriate to the scheme.

Examples of Evidence:

1. All paid workers and volunteers should be issued with job descriptions / personal specifications.
2. Information about current processes for job definition review, appraisal and supervision.

3. Evidence of review discussions about ways to improve the process.
4. Records of appraisals / supervision.
5. Review and evaluation of current job descriptions, including staff consultation, resident, and family input.
6. Evidence of staff understanding, skill levels and confidence.
7. Staff and volunteers operate within the integrity of responsibilities and limitations affecting the service.

A.4 Staff Training

Standard:

All staff and volunteers are trained for the work they will be, or are currently undertaking commensurate with their job.

Examples of Evidence:

1. Training including, equal opportunities, good care practice, housing management and the philosophy and values that underpin the scheme.
2. Current training/development that permanent and temporary staff undergo, including evidence of induction process.
3. Evaluation of training.
4. Competencies such as, NVQ validation, recognised qualifications and relevant experience.
5. Residents and family consultation about staff skills and how their views are used to plan future action.
6. Identification of any gaps - action planned to fill them.
7. Accredited awards such as 'Investors in People'.

A.5 Recruitment Practices

Standard:

All staff and volunteers are recruited with care to ensure their ability to meet residents' needs. All staff are recruited on the basis of equality of opportunity.

Examples of Evidence:

1. The recruitment process.
2. Staff and volunteers are recruited to meet the resident's needs with gender, ethnic mix and culture being considered.
3. Clear criteria for staff/volunteer selection including, job descriptions, person specification, evidence of rehabilitation of offenders act declarations, and appropriate interviews.
4. Resident's involvement in the recruitment selection.
5. Training for those involved in recruitment selection.
6. CRB checks, references and probationary periods.
7. Employment practices/terms and conditions designed to achieve effective service delivery.

A.6 Framework of Standards

Standard:

All staff and volunteers operate within a planned framework of standards, policies and procedures. Which is understandable. Staff will need to receive training and guidance; and updating with regard to standards, policies and procedures.

1. Examples of Evidence:
Current framework of standards, policies and procedures, including:
 - Operational policies
 - Written care and support practices
 - Housing management
 - Quality standards
 - Quality assurance system
 - Records system
 - Audit processes
2. Involvement of staff, residents, role of Board and external auditors / inspectors.
3. Examples / evidence of the review and discussion of the effectiveness of the current framework – monitoring arrangements, role of staff and residents. Indications of problems and associated plans for change.

B. RESIDENTS PERSPECTIVE

B.1 *Statement of Residents' Rights*

Standard:

Ensure that information about the service including the organisation's and residents' rights and responsibilities are presented. This must be in a plain written language or other suitable format appropriate to the particular needs of the resident. This must be available prior to them accepting a tenancy agreement/leasehold.

Examples of Evidence:

1. Information must be available to all people in a format suitable to their needs.
2. A statement of rights and Information about whether the statement is fully implemented. A record about how and when it was/is reviewed with residents, carers, families and staff.
3. Operational Policy
4. Occupancy agreement which conforms to National Housing Federation good practice model.
5. Residents handbook.
6. Extent to which policies and procedures have been developed with the residents, carers and staff.
7. Frequency of review – move-on if applicable.
8. Record of how information is communicated to resident.
9. Accessibility to all client groups (video, signing or other).
10. Provision of information to residents on any major changes in policy which will directly affect them.
11. Consultation on the general management of the service and any proposed changes, alterations to the dwelling, redecoration or replacement of furniture.
12. Have a publicised appeals and complaints process.

B.2 *Commitment to Values & Practices of Equal Opportunities*

Standard:

There is a commitment to the values and practices of equal opportunities.

Examples of Evidence:

1. Current policies / frequency of review.
2. Who was consulted / involved in this review.
3. Feedback from residents / staff about effectiveness.
4. Monitoring and review processes.
5. Service responsiveness to equality of opportunity issues.
6. The allocation process is open, fair and accessible.

B.3 Residents' Control Over Direction of their Lives

Standard:

There is commitment to maximising the extent to which residents are empowered and able to direct their own lives and to engage in the wider community.

Examples of Evidence:

1. Residents influence the decision making process.
2. Residents are involved in changes to policy and practice that affects their lives and comfort.
3. Information must be available in order for residents to be able to make informed choices.
4. Support to residents in playing a role within the immediate and local community.
5. Advocacy is encouraged and supported. Residents are aware of advocacy services and how to contact them.
6. Skill development for residents, allowing risks to be taken balanced with duty of care.
7. Access to telephone and transport.
8. Evidence that all efforts are being made to empower residents to control their own lives.

B.4 Right to Privacy, Confidentiality and 'Quiet Enjoyment'

Standard:

Residents have a right to privacy, confidentiality and 'quiet enjoyment'.

Examples of Evidence:

1. Staff understanding and respecting for the need for privacy.
2. Effective confidentiality policies
3. Residents have their own rooms/keys, but records must be kept about who has access to keys.
4. Resident-led service development
5. Management action and service that ensure that individual rights are not unreasonably infringed.

B.5 Awareness of Complaints Procedure

Standard:

Tenant and their formal and informal carers are given copies of the complaints procedure and understand how to use it.

Examples of Evidence:

1. Current written complaints procedure, including the roles of the providers and purchasers.
2. Processes to explain complaints procedure to new arrivals, advocates and other agencies.

3. Support for complainant
4. Access to independent advice / advocacy.
5. Central record of complaints and outcomes with action taken.
6. Feedback from residents about effectiveness of the procedure.
7. Training for staff, residents and carers.

B.6 *Dignity and Choice of Individual is Respected*

Standard:

The dignity and choice of the individual is respected.

Examples of Evidence:

1. Staff awareness and sensitivity, relating to every resident.
2. Residents can choose their own form of address.
3. Residents can, where possible, choose their own clothes, times for getting up, meal times, menu plan and shopping.
4. Residents have choice over how their rooms are decorated.
5. Information about areas of personal freedoms and choices (including restrictions such as, smoking, alcohol or ability to keep pets).
6. The basis for restrictions needs to be clear, legitimated and published.
7. Residents have access to information about themselves that is held by the service provider.
8. Respect and privacy within relationships/sexuality.

B.7 *Planning Services Including Judgement and Risk Assessment*

Standard:

Residents and their carers are involved in planning services to meet individual need. This process must be based upon self-assessment, Community Care Assessment by a named assessor, and a risk assessment must always be in place.

Examples of Evidence:

1. Description of the process of needs and risk assessments and the development of the individual care and support plan.
2. Description of how residents and their carers are involved in developing and agreeing an individual plan. (Including a requirement for move-on).
3. A record of feedback about the effectiveness of the review process.
4. Innovation to match individuals needs.
5. Resident's handbook.
6. Copies of Care and Support Plans being worked to.

B.8 Information as to What Services are Guaranteed

Standard:

Residents and purchasers are clear which services are available from the provider, and how often, and in what way they are provided.

Examples of Evidence:

1. A clear statement to resident/purchaser setting out the available services, making clear how the services are provided, and how often. If some services are only available as part of an independent contractual arrangement, this should be made clear. The statement must also reflect what is not available.
2. Resident consultation about the range of services provided the extent of choice and the extent to which services meet their needs.
3. Evidence of resulting action from the consultation process.

C. BUILDINGS AND EQUIPMENT

C.1 *Resident has a Clear Description of their Flat*

Standard:

Resident and purchaser have a clear written/visual or oral description of their flat and associated services they can expect.

Examples of Evidence:

Information given to residents about the following:

1. Number of rooms and sizes
2. Carpets and white goods provided
3. Facilities available
4. Shared facilities such as assisted bathroom (number of people sharing these facilities).
5. Availability of communal facilities, gardens and other.
6. Description of scope for adaptations for very frail people or people with visual or physical disabilities.
7. Clear description of circumstances when changing needs require re-housing.
8. Repair and response times.

C.2 *Physical Environment is Appropriate to Residents Needs*

Standard:

The physical environment meets residents needs (and, if possible this must include aspirations), including redecoration, refurbishment and renewals.

Examples of Evidence:

1. Resident consultation in design. Responsiveness of design briefs and implementation of user views and preferences.
2. Identification that the needs for equipment for daily living have been met.
3. Provision for renewals / replacement.
4. Both buildings and contents insurance.

C.3 *Living Environment*

Standard:

The environment is designed for independence, privacy and dignity. It must not be institutional.

Examples of Evidence:

1. Information given to resident about the scope for residents to add their own furniture and possessions, choose redecoration and colour schemes.
2. Sensitive use of notices and signs within the environment.

3. The quality of equipment should be of paramount importance and every effort should be made to ensure that they are of a standard that reinforces a tenant's self-esteem.
4. Proper procedures are followed if people need to move.

C.4 *The Property is Adequately Serviced and Maintained*

Standard:

The property must be adequately serviced and maintained.

Examples of Evidence:

1. Service agreements for equipment comply with relevant regulations.
2. Risk assessments relating to the property.
3. A cyclical inspection and maintenance programme.
4. Systems for identifying and arranging repairs.
5. Residents have information on how to initiate or pursue work to be done.

C.5 *Fire Safety is Given a High Priority*

Standard:

Fire safety is given a high priority. The Scheme must comply with all relevant legislation.

Examples of Evidence:

1. Fire Safety Regulations relevant to the building are identified and made known to the residents and staff.
2. Fire alarms are tested on a weekly basis. Records of such tests to be maintained.
3. Residents and staff comply with fire procedures. This may require training for both staff and residents. Records to be maintained of these drills.
4. Written procedures are given to residents and staff about fire safety.
5. Record of fire training.
6. Required fire fighting/prevention equipment is in place, and records show required maintenance has been undertaken.

D. FINANCIAL

D.1 *The Provider has Financial Security*

Standard:

The provider organisation must demonstrate clear accountability for financial management.

Examples of Evidence:

1. Criteria for developing unit costs
2. A framework for balancing cost with quality is in place.
3. A record of expenditure reflecting the changeable needs of individuals.
4. Annual financial reports.
5. Annual audited accounts.
6. A record of revenue income, and a billing process.

D.2 *Sound Financial Practice is Used*

Standard:

Sound financial practice and procedures are used.

Examples of Evidence:

1. A record of delegated financial responsibilities.
2. A record of rent setting and collection policies and practices.
3. A clear basis for annual budget setting.
4. A procedure for regular budget monitoring and review.

E. ORGANISATIONS

E.1 *Organisation is Properly Constituted*

Standard:

There must be a management committee or other body able to ensure effective governance and to oversee the management of the organisation.

Examples of Evidence:

1. Information about how often the Committee meets, attendance and how it records its actions.
2. To reflect good practice the organisation should have a written constitution with clear management structure.
3. The committee is kept well informed of overall performance.
4. The committee hears regularly from the views of the residents and carers.

E.2 *The Organisation must be run effectively with Clear Aims and Objectives*

Standard:

The committee must set clear strategy and monitor organisational effectiveness.

Examples of Evidence:

1. Current written strategy.
2. How the committee develops and reviews strategy.
3. Regular review processes to see if needs have been changed and the service consequently needs to change.
4. Establishment and maintenance of a multi-agency review group (Joint Advisory Group).

E.3 *Quality Management within the Organisation*

Standard:

There is detailed quality management within the organisation.

Examples of Evidence:

1. The management committee has a skill mix which reflects its business activity.

E.4 *The Organisation must reflect a Commitment to Equal Opportunities*

Standard:

Management committee should be structured in a way that reflects Equal Opportunity practices.

Examples of Evidence:

Does the committee:

1. Publicise how people can become members of the management committee.
2. Have a training programme for members.
3. Make arrangements for child care or other caring responsibilities so that people with young children and other carers can attend meetings and participate in activities.
4. Have a clear procedure to deal with cases of sexual harassment or discrimination.

E.5 *Decision Making and Delegation of Authority*

Standard:

There are clear delegated responsibilities and accountabilities in every scheme.

Examples of Evidence:

1. Clear statements of delegated duties on roles, and responsibilities are available and reviewed.
2. Regular management meetings are held which include residents or their advocates.
3. Policies which affect the quality of service delivery have been developed in consultation with residents.
4. There is a commitment from the service provider to ensure that people throughout the organization are aware of and respond to the challenge of delivering complex situations.

E.6 *The Organisation has a Risk Assessment / Management Programme*

Standard:

There is competent risk assessment (and management) programme for the whole organisation.

Examples of Evidence:

1. A record of risk assessment and review, including awareness of potential violence/aggression from residents and health and safety issues.
2. Examples of how the programme specifies and responds to identified risks, including prioritising action, emergency procedures, preventative approaches, risk management skills, training of staff and support from other agencies.
3. Records that show the documentation of incidents, action taken and the lessons learned to be incorporated into the risk management programme.
4. Clear identification of the staff responsible for risk assessment.

E.7 *Effective Practice and Quality Management*

Standard:

There is effective practice and quality management, abiding by and carrying out the legal requirements of an employing organisation.

Examples of Evidence:

1. Examples of clear and concise working procedures.
2. Staff skills, understanding and commitment to agreed procedures.
3. Standard setting and staff understanding of standards required.
4. Use of quality frameworks, (e.g. Charter Marks, Investors in People, ISO 9000).
5. Reports of current monitoring and evaluation arrangements. Including the involvement of staff and residents.
6. Clear policies of supervision for staff.

E.8 *Annual Report*

Standard:

There must be an Annual Report (specific to each scheme) produced reflecting the scheme's performance and future direction.

F. HEALTH AND SAFETY

F.1 *The Organisation will have a Health and Safety Policy*

Standard:

All staff will have a commitment to providing a safe environment for residents, staff and visitors. All organisations will have a written Health and Safety Policy that complies with legal requirements, covers all areas of their work and specifies peoples responsibilities for health and safety matters. The Management Committee will formally approve the policy. The Policy must require that Risk Assessments are carried out regularly.

Examples of Evidence:

1. A record of individual's responsibilities for Health and Safety and identification of which post holders are responsible for discharging them.
2. Records of monitoring Health and Safety requirements.
3. Job descriptions that inform people of their responsibilities for Health and Safety.
4. Records that Health and Safety representatives have received training.
5. Ensure regular reviews e.g.. due to changes in legislation.
6. A record of regular meetings between Health and Safety representatives and management.
7. Ensure Health and Safety awareness is promoted with residents.

F.2 *First Aid Arrangements are Clear*

Standard:

Organisations will ensure sufficient members of staff are trained in first aid treatment, as required by Health and Safety legislation.

Examples of Evidence:

1. Adequate first aid facilities and equipment exist with identified staff responsible for their maintenance.
2. Records that staff and residents are informed of the arrangements for first aid and procedures for safe management of medication.
3. Records kept of any first aid treatment.

F.3 *Accident / Incident Procedures*

Standard:

Organisations will have clear written procedures for reporting any accidents or incidents, investigating them and implementing action.

Examples of Evidence:

1. Records of all accidents / incidents.
2. That all accidents/incidents are investigated, and that the causes are identified.

3. Records of action taken to address the cause and to minimize the potential for recurrence in the future
4. Records of staff training in the requirements of accident/incident recording.
5. Records that accident/incident are regularly analysed to identify any trends.

G. ALLOCATIONS & MOVE ON

G.1 *The Allocation Policy*

Standard:

The organisation must be sure that it is housing the people for which the scheme was developed. The allocation process should be open, fair and accessible and in line with Equal Opportunities. Consideration should be given to creating an allocation panel that ensures equity of access across the “patch”.

Examples of Evidence:

1. Provision of information on the service to interested members of the public and referral agencies.
2. Publication of the scheme’s eligibility criteria, referral and allocation procedures.
3. The allocation processes are monitored and efficient in minimising voids.

G.2 *Compatibility of Allocations*

Standard:

Allocations will be consistent with the stakeholders agreed aims and objectives.

Examples of Evidence:

1. In line with Equal Opportunities the organisation ensures that:
2. The allocation of housing is made in a way which is compatible with the organisation’s aims and objectives and the requirements of the other stakeholders.

G.3 *Residents’ Rights at Time of Offer of Accommodation*

Standard:

The details of support services and the residents housing rights and responsibilities are clearly stated in a form understandable by the prospective resident at the time of offer of accommodation/purchase.

Examples of Evidence:

1. Information about services, including the organisations and residents rights and responsibilities are presented in plain written language or other suitable formats appropriate to the particular needs of the residents, prior to them accepting a tenancy/licence.
2. The tenancy or lease agreement complies with the National Housing Federation good practice model.

G.4 *Action When Accommodation is Refused*

Standard:

In line with Equal Opportunities the Chair of the Allocation Panel should ensure that reasons for not offering housing are given, along with advice on appeal and alternative options.

Examples of Evidence:

1. When referrals are not accepted, reasons are given and advice is offered on possible alternative solutions.
2. A publicised appeals process.
3. Records of appeals and allocation activities.

G.5 *Residents' Needs are Regularly Reviewed*

Standard:

Residents' needs for alternative accommodation will be regularly reviewed, with the Named Assessor and the housing provider. All attempts will be made to hold onto people for as long as possible.

Examples of Evidence:

1. Assessment of the residents need for move-on is included in regular reviews.
2. Description how residents and their carers are involved in planning services to meet their individual needs - based upon self-assessment, but also including the judgement of a skilled worker and a risk assessment.
3. Description of the process of needs assessment and the development of the individual support plan.
4. Description of how needs assessment works after arrival in the case of night shelters or direct access housing.
5. Feedback about the effectiveness of the process/review and evaluation.
6. Innovation to match individual needs.
7. Written records of review.

H. EVICTION

H.1 *Residents are Advised of Grounds for Possession before they move in.*

Standard:

There must be an Eviction Policy that has been approved by the Management Committee.

Residents must be advised in the appropriate format of the grounds for possession, the eviction process and their right of appeal, at the time they are offered accommodation. The consent of partner housing agencies must be obtained prior to eviction.

The Scheme must seek to arrange ongoing support for any tenant evicted. Eviction procedures should reflect the Code of Guidance on Debt Collection.

Examples of Evidence:

1. Eviction procedures comply with current legislation and are approved by authorised staff or committee before being implemented.
2. Copies of eviction policies and procedures included in the Residents handbook.
3. The policy states clearly who can authorise evictions.
4. Records of the appropriate consent of partner housing agencies is obtained before seeking to evict.
5. There is liaison with homelessness services and/or social care services.

**SUPPORTED HOUSING REVIEW GROUP
STANDARDS AND GOOD PRACTICE INDICATORS DOCUMENT**

1. *Scheme Values*

- Ethos of the scheme.
- Basic information about the scheme's aims and objectives.
- A commitment to maximising the potential of the individual.
- Clarity as to where the scheme fits in terms of the Community care objectives of the purchasing authority, and other stakeholders.

2. *Key Document Checklist*

- Operational Policy
- Allocation Policy
- Contract and monitoring arrangements
- Health and Safety Policies
- Risk Management Policy
- Evictions Policy
- Move on Policy
- Residents Handbook
- Training Plans
- Staff Profile – including salary costs and hours per grade
- Complaints Policy / Appeals Process
- Equal Opportunities Policy
- Annual Report

3. *Standards & Good Practice*

a) Staffing

- Levels to reflect resident's needs
- Processes for emergency access to senior staff
- Understanding of professional boundaries and duties
- Processes of job definition/supervision
- Training
- Recruitment Practices
- Staff operate in a planned framework of standards, policies and procedures

b) Residents' Perspective

- Information available about rights and responsibilities in plain written language or other suitable format appropriate to the particular needs of the individual.
- A commitment to meet the values and practices of equal opportunities.
- A commitment to maximising the extent to which residents have choice, are empowered and able to direct their own lives.
- Rights to privacy, confidentiality and “quiet enjoyment”.
- Knowledge and understanding of how to use the Complaints Policy.
- Respect for the dignity and choice of the individual.
- Residents and their carers involved in planning services to meet needs.
- Information about services are available.

c) Buildings and Equipment

- A clear description of the flat and associated services is available.
- Physical environment meets residents needs and choices.
- The environment is designed to promote independence and privacy.
- The property must be serviced and maintained.
- Fire Safety is given high priority.

d) Finance

- The organisation have clear accountability for financial management.
- Sound financial practice and procedures are used.

e) Organisations

- A management committee that ensures effective governance.
- The committee must set clear strategy and measure organisational effectiveness.
- There is sufficient quality management within the organisation.
- The Committee is structured in a way that reflects Equal Opportunities practices.
- There are clear delegated responsibilities and accountabilities for each scheme.
- There is a competent risk assessment and management programme.
- There is a systematic approach to quality assurance and management.
- An annual report is produced reflecting the scheme's performance and future direction.

- f) Health and Safety
- A commitment to providing a safe environment, including a Health and Safety Policy formally approved by the Committee.
 - Sufficient staff are trained on first aid treatment.
 - Accident / Incident report procedures are in place and used.
- g) Allocations and Move On
- Liaison with other agencies involved in providing care and support is actively sought and encouragement.
 - The allocation process must be open, fair and accessible with the agreed Allocation Policy being used.
 - Allocation must be compatible with the organisation's aims and objectives
 - The details of support services and residents rights and responsibilities are clearly stated at the time of offer.
 - Reasons for not offering housing are given, along with advice on appeal and alternative options.
 - Residents needs for move on should be regularly reviewed.
- h) Evictions
- There must be an eviction policy approved by the Management Committee.

FURTHER COPIES

If you would like additional copies of this guide, please contact Judith Hawkshaw or Martin Bedwell at Suffolk County Council:

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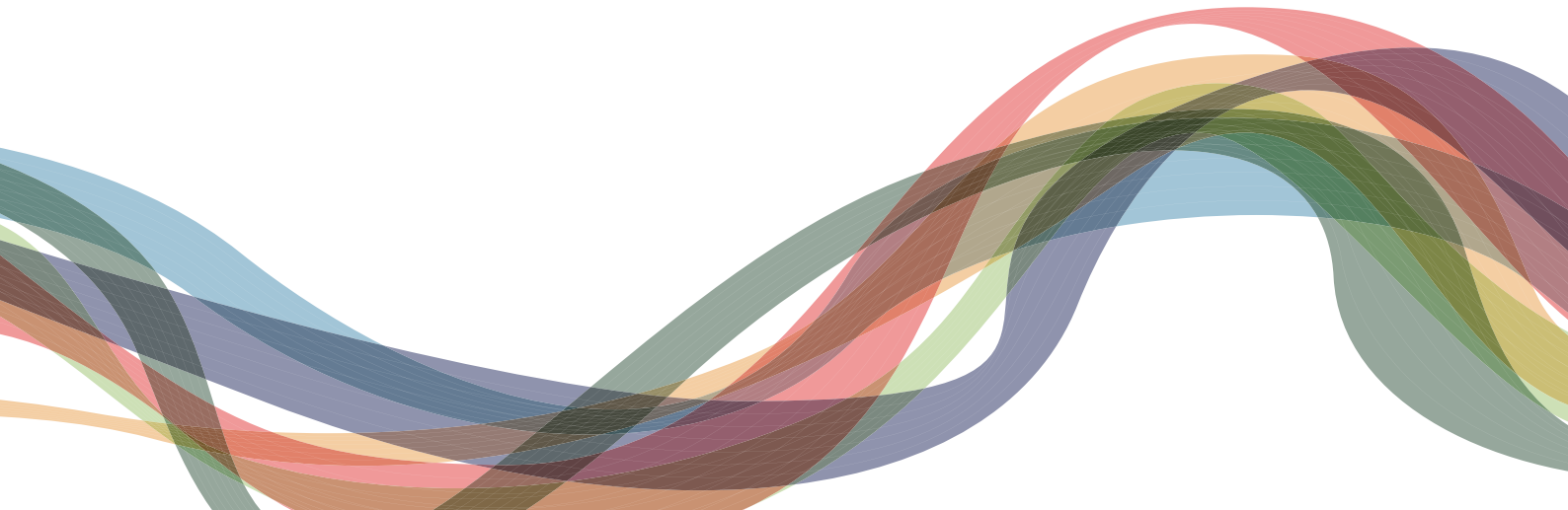
Some other useful materials on Very Sheltered or Extra Care Housing available from the Housing LIN:

The Extra Care Toolkit

A wide range of documents covering many different aspects of Very Sheltered or Extra Care Housing, including:

Reports, Factsheets, Technical Briefs, Case Studies, Policy Briefings, DVDs and CD-Roms

To download these and many other materials, visit www.icn.csip.org.uk/housing



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