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Housing Learning & Improvement Network

An Introduction into Workforce Issues in Extra Care Housing

This factsheet provides an introduction into workforce development and staffing issues within an Extra Care setting.

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

DH Department of Health

Other Housing LIN publications available in this format:

Factsheet no.1: **Extra Care Housing - What is it?** *This factsheet gives essential basic information, explains the various forms extra care housing takes, and describes key ingredients and central principles (28.07.2003 updated August 2004)*

Factsheet no.2: **Commissioning and Funding Extra Care Housing** *Summary of essential facts about commissioning extra care and other housing based solutions for care. Most important facts about funding, what is involved, who is involved, who has to be involved and how long projects can take.(28.07.2003 updated August 2004)*

Factsheet no.3: **New Provisions for Older People with Learning Disabilities** *An introduction to the characteristics and needs of an emerging group to be provided for in developing new housing and services for older people. This includes extra care (23.12.2003 updated August 2004)*

Factsheet no.4: **Models of Extra Care Housing and Retirement Communities** *An explanation of the different types or retirement community and examples of how key decisions about the choice of model are made (04.01.2004 updated August 2004)*

Factsheet no.5: **Assistive Technology in Extra Care Housing** *AT can play a part in supporting people in extra care housing. Summary of the most common applications, with examples and where to get more details (20.02.2004 updated August 2004)*

Factsheet no.6: **Design Principles for Extra Care** *Basic information about key design principles and issues to consider when designing and developing a brief for a new Extra Care Scheme. Variety of models and ways of developing a range of different sites (26.07.2004)*

Factsheet no.7: **Private Sector Provision of Extra Care Housing** *The private sector has had an involvement in the provision of extra care housing for at leas 20 years. This factsheet is intended to help statutory authorities commissioning extra care housing and private developers work together with a better understanding (21.07.2004)*

Factsheet no.8: **User Involvement in Extra Care Housing** *The role of the users in the development and management of extra care schemes, linked to concepts of independence, self determination, control and choice, key themes in national policy (24.08.2004)*

Case Study Report: **Achieving Success in the Development of Extra Care Schemes for Older People** *A practical guide to assist developers of Extra Care Housing (July 2004)*

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AN INTRODUCTION INTO WORKFORCE ISSUES IN EXTRA CARE HOUSING

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1. Introduction

One of the most important issues in an Extra Care Housing scheme is the quality of the local management, staff and the provision of care and support direct to the tenant.

Existing schemes offer a wide range of approaches to staffing and managing schemes. They range from simply adding a domiciliary care service to a sheltered housing scheme through to a unique set of functions designed to provide for a new and different kind of housing service. Extra Care Housing is different from both Sheltered Housing and Residential Care and therefore requires some new thinking in terms of ethos, culture and objectives.

Many Extra Care schemes will be formed by the modernisation of existing sheltered schemes; others will be brand new buildings. However the physical facility is provided, the success of the new service will depend upon the quality of input by local, on-site staff more than any other factor.

The local workforce is made up of a management function and a care and support delivery function, working together with tenants themselves, to promote independence and overall well being. Inherent within these objectives is the ability to vary services based on the needs and wishes of tenants and a certain amount of considered risk taking as a part of reablement and relearning of personal life skills, where possible.

2. Models of organising housing care and support services

The principle alternatives are:
a)The separation of scheme management and care/support provision.
b) The integration of scheme management and care/support provision

Both models have been shown to be successful and sustainable and are explored in depth below.

a) The separation of scheme management and care provision

In this model the owner of the property has a landlord / tenant relationship and is responsible for rent collection, repairs, the services provided on site and all other building management responsibilities. The care provider is a separate organization, specialising in homecare. The two separate bodies need to work very closely together and to share a set of objectives built upon an agreed strategy.

Extra Care housing providers often place a non residential manager to work on the site to ensure the delivery of the stated objectives of the scheme. This role can be misunderstood as a sheltered scheme manager function i.e. simply there to deal with emergencies, to order repairs as needed and to coordinate services for tenants.

Whereas these roles continue to be important in Extra Care there is another very important dimension. With a group of tenants, a proportion of whom have been selected because of their levels of frailty, the overall level of care required is much higher and the needs of tenants more complex. Rather than simply initiating care provision these managers have an ongoing role in measuring the impact of care inputs and the changing situation of tenants and liasing with the care provider and/or commissioner e.g. social services to bring about appropriate adjustments. They also act as the tenants' voice in some situations and offer support and encouragement and a listening ear.

Well-being of tenants will not be achieved by simply managing the care inputs. The management role extends to promoting hobbies, entertainment, linking up with families and other external agencies such as day centres and providing encouragement and recognition. Through record keeping and daily contact the manager will hold a clear picture of the tenants' wishes and needs which need transmitting into practical care.

By liaising with the care provider the manager will promote the interests of the tenant, which may change from day to day, based on changing health and what else is happening. For instance on a bad day the carers may need to spend more time with a tenant whereas there may be times when care really is something to get over with as quickly as possible, perhaps a family member is visiting or there is an important social event.

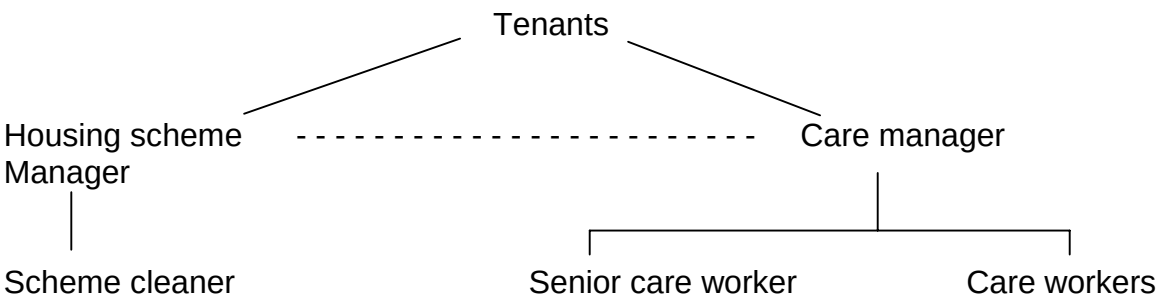
This close relationship with tenants can also detect changing circumstances. If a tenant is finding increased difficulty in carrying out personal tasks, an increase in care input may be required. Conversely tenants may want to be left to try a task on their own or in the company of a carer rather than having it done for them as usual. For some tenants this process of encouragement to try things out has lead to very significant reductions in care inputs. The role of the manager is to constantly reassess real care needs to make sure the tenant is happy with the level of support being provided and to make sure that encouragement does not

turn into neglect, especially where overall health is deteriorating. This is a task shared with the individual carer.

The care provider role in this separated service model is usually commissioned for the majority of residents by social services. In some predominantly leasehold Extra Care Housing schemes the organiser, or purchaser is the building manager/freeholder. Care can be provided by the councils, in house homecare team or through a block contract with a private or charitable care provider. As a key stakeholder social services or an independent care provider would have been fully engaged in the production of both the strategy for Extra Care Housing in the area and in decisions about any specific development.

Sample staff structure – scheme level

Separation of scheme management and care/support provision



The key elements of the care service component should be clearly set out in joint objectives agreed with the building owner. Extra Care has been shown to be less successful where the care element is simply another task for the council's homecare purchasing function using existing approaches to care delivery at home. At its worse this approach leads to a lack of continuity of personnel, the number of carers being greater than necessary and inflexibility about the way care tasks are carried out.

A dedicated team based on site with its own management function has been shown to work best. Flexibility in the use of the agreed total care resource is needed so that managers can increase or decrease the care input at short notice and without recourse to a needs assessment. The overall size of the care resource needed for the total scheme should be the point of measurement rather than the individual care needs.

Helen Ogilvey 1999 in her research at Fairfield Court for Anchor Trust said,

" A major contributor to the degree of flexibility of the onsite care service is the attitude of the staff themselves. There was clear evidence in my direct discussions with them, and my informal observations of them, that they do take a flexible approach to their work. It was also clear that they informally review tenants needs almost on a daily basis and having immediate access to their supervisor helps in this ongoing process. I believe that the relaxed working atmosphere and flexible management style contributes much to the flexible approach of the care team "

It will be seen that this is a different approach to the way home care is procured generally.

b) The integration of scheme management and care provision

The principle alternative to separation is for both building management and care provision to be carried out by the same organization and managed by the same individual on site.

The total role is a unique blending of the skills of scheme management with those of managing a care team and this may affect salary levels. However there are benefits as follows,

- A shorter line of communication with the scheme manager role able to immediately direct care resources.
- No time spent in passing information and maintaining relationships.
- A single individual accountable for achieving the stated objectives.
- The manager may more often deliver on tenants wishes

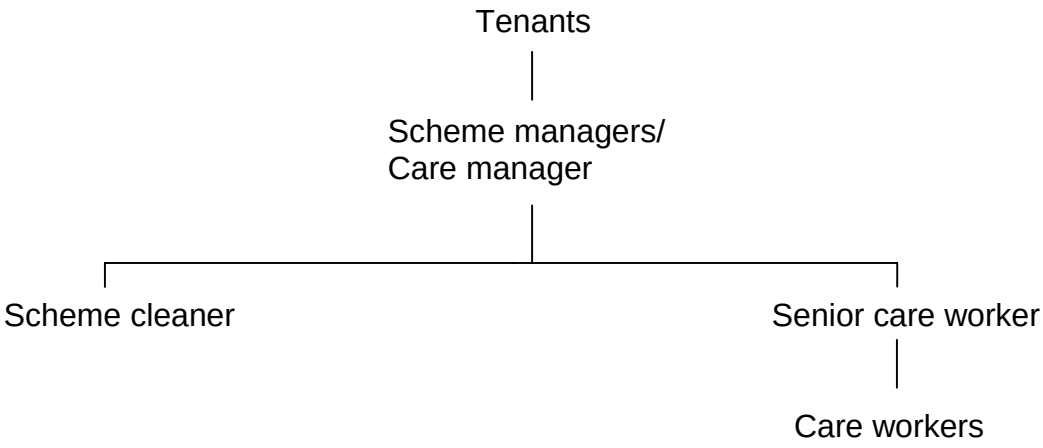
Against integration,

- Social services may wish to retain the ability to replace the care provider and to re-tender on price, periodically. This could lead to forced separation of the roles and redundancy of the incumbent.
- Failure of the manager to meet the objectives may be harder to detect.
- Vulnerability to abuse or fraud would increase with just one manager on site.
- Tenants may feel vulnerable if they do not get on well with the manager.

A modified form of integration of scheme management and care can embody separation principles where separate line management and organizational structures exists within an organization. Some of the larger providers undertake both functions but separate the housing from care/support functions through an internal organisational separation. This may simply be by creating different departments or directorates or more elaborately by creating different legal entities that are both part of a wider group structure.

Sample staff structure – scheme level

Integration of scheme management and care/support provision

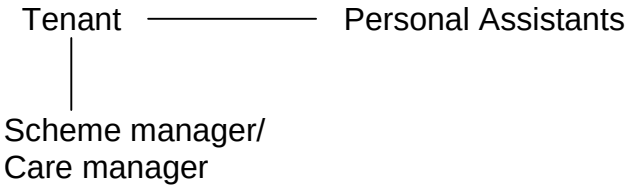


- Regular staff team meetings would be held to ensure coordination and sharing of knowledge.
- New letting would be by a joint "shared pathways" group and would involve both the housing scheme manager and the care manager
- The total budget for care costs will need to reflect letting policies and should be reviewed annually by the Care Commissioner, the Housing Provider and the care provider.

c) Direct payments to residents

Older people are now able to receive a direct payment to arrange their own package of care rather than simply receive services contracted on their behalf by social services. This could be part of either model above. People receiving direct payments may employ their own carers or have some of their care provided by personal carers and some contracted for by social services.

The relationships might therefore be:



It is possible that direct payments could also prompt a further variant, which already exists although unusual where there is one housing provider but multiple care providers.

3. Supervision, Accountability and Performance Monitoring

Reference has been made to an Extra Care Housing Strategy setting out detailed plans for not only where to build schemes but also for whom they are provided and how they will be allocated and managed. It is vital that such a document is agreed by housing, health and social services at both a management and political level. This will allow the necessary resources to be applied but can also set down the objectives of all participating bodies. This clarity can be transmitted into management objectives for building owners and care providers as part of an Extra Care Delivery Plan.

- If the building owner is a Housing Association or Local Authority landlord it is subject to monitoring by the Audit Commission/Housing Inspectorate for the successful operation of its function as a housing provider. For private sector providers there is a voluntary code developed by the Association of Retirement Housing Managers.

- The care provider role is subject to registration (see Section 5 below)

- Any support provided through Supporting People funding is monitored and reviewed by the Supporting People Administering Authority.

The combination of effort needed for successful Extra Care Housing requires a supervisory role, which transcends these different supervisory structures, without in any sense replacing them. A Joint Management Review Board can be established to oversee the achievement of the objectives contained in the Strategy. The membership of this Board would reflect the organizations participating in the area. Leadership can fall to either housing or social services. Perhaps most commonly this is a role of the social services department.

Lastly, in association with a number of stakeholders, the Housing LIN is looking at the plethora of standards relating to public and private sector Extra Care Housing in an attempt to “streamlijne” existing standards and codes of practices. This work is expected to be report in late 2005.

4. Other workforce Issues

a) Assistive Technology/Telecare to support staff and tenants

Schemes will be linked to a central control facility either on site in a large development or village community (off-site) in smaller schemes. It is useful for

care staff to understand how control centres work and be able to explain how calls are processed.

It is also helpful for staff to have a basic knowledge of the range of assistive technology available that can be linked to alarm systems. Similarly, for one member of staff (or an external resource) to be available to provide expert advice in assistive technology. (See fact sheet 5, Assistive Technology in Extra Care Housing).

b) Links with hospital discharge and intermediate care

Residents may go from extra care to hospital and then return or be discharged to extra care for the first time. Some extra care schemes incorporate an intermediate care flat or bungalow where residents spend up to 6 weeks recuperating and receiving therapies outside a hospital context.

Workforce issues include liaison arrangements with the hospital and the key staff who arrange the discharge. Also agreeing who provides additional care and support after discharge or in an intermediate care dwelling. If it is not the extra care projects own staff protocols will be required setting out working arrangements, communication, and practical matters such as physical access to the building. (See fact sheet xx, An introduction to Extra Care Housing and Intermediate Care).

c) Social interaction and support

Flexibility in the use of care staff has been referred to in connection with regular reappraisal of individual care needs. Staff also need to be free to spend time watching and supporting whilst tenants try to carryout tasks for themselves even where this may take much longer than directly performing the task. This ability to recreate the confidence to achieve personal objectives is a key aspect of promoting independence and will in the longer run reduce care needs. All the experience of successful Extra Care schemes points this way.

If there is a significant risk in living in Extra Care Housing it is that of social isolation, created by living in a self contained flat with its own front door. Unless care staff have time to go to tenants every day and to organise social events this could be the result. This is an argument for supplementing any agreed level of care hours with additional flexible time to promote well being. This could be a friendly chat over a cup of tea. The important issue is to manage this time proactively for the benefit of the individual tenant and whist it may look like an easy option for staff if monitored and evaluated by the care manager it can provide an excellent pay back over time.

5. Registration Issues

Care providers are regulated by the Commission for Social Care Inspection (previously National Care Standards Commission) and there is a growing understanding of good practice in an Extra Care setting. To date Extra Care housing has not been seen as registerable under The Care Standards Act 2000. If it were, all semblance of independent living in a housing environment would be submerged as the management style would be forced into the more institutional model of residential care. There is a major point of principle here necessary to protect the identity and purpose not only of Extra Care but also of Residential Care. Care provided in Extra Care is care provided at home and is regulated as domiciliary care. This is because occupancy is by way of a Tenancy (or ownership) rather than a Licence as in residential care.

6. Staff Levels Skill Mix, Remuneration and Training

The levels of staffing will vary as a result of the letting policy and the level of frailty at any given time. New occupiers should carry with them a care needs assessment, which will influence the number of care hours allocated to the scheme. Extra Care Housing tenants will present a mixture of levels of frailty and it is vital that allocated care hours keep pace with the care needs of residents as a whole at all times. We have already argued that flexible short term investment of care hours will pay dividends in terms of increased independence and lower care needs. For some tenants the opposite will be true with deterioration in health as a result of a medical condition and for these people having the extra time available is essential. Thus there has to be some slack in the number of care hours allocated and therefore the number of carers employed to even out the overall requirements.

A care team in an Extra Care scheme will normally consist of at least a manager and a senior carer and a number of care workers. All members of care staff are expected to provide hands on care. All should be dedicated to the care needs of the tenants and regularly employed at the scheme. This aids communication and avoids the distress to tenants caused by changing personnel. Some schemes with a wide range of facilities may employ a wider range of skills and professions on a full time, part time or sessional basis such as, chefs, therapists or gym instructors/trainers.

Working in an Extra Care scheme will be relatively attractive to care workers because they will get time to forge a positive relationship with their clients and there is less travel involved compared to working in the community. Commonly buildings will be new or newly re-furbished, the necessary equipment will be available and proper facilities for staff provided. Once at the place of work it is usually not necessary to drive as it is in most homecare roles. Thus recruitment should be easier and pay rates can be set at local market levels for care workers.

The Senior Care Worker will deputise for the Care Manager for holidays and sickness. Terms and conditions should be aimed at the retention of a well trained and stable workforce. Workers should receive training on the objectives of the scheme and share in the success of the project overall. This calls for excellent team building techniques and regular communication within the team and with the scheme manager.

In order to fulfil their maximum potential schemes should maintain waking night care staff with access to management support.

Care workers should be trained to NVQ level 2 and will also require training in lifting and handling, first aid and confidentiality. Managers are likely to require NVQ level 4.

Extra Care schemes are likely to employ a substantial number of part time, predominantly female staff. Personnel management resources have to be provided for because of the attendant on-going administration of a proportionately large, part time workforce and the on-going recruitment, selection, and training process.

While some of the training requirements are obvious and routinely available in relation to health and safety, first aid and similar needs some of the training needs may be less familiar or obvious to those unused to Extra Care. So for example if the organisation supports residents to make their own meals, where this is their choice, it cannot necessarily by assumed that all care staff are equipped with the cooking skills and knowledge to do this. They may themselves need and value training in how to make the kind of meals residents choose.

As a matter of good practice, to aid informal communication and mutual understanding and for economic reasons opportunities for joint training with other professionals, in particular Social Services should be explored or sought. Some training might usefully take place in the extra care scheme to help make other professionals more aware of facilities and how schemes operate.

As part of the work on standards, the Housing LIN is also reviewing the range of training courses available to support staff working in, developing and commissioning Extra Care Housing. The finding of this review is expected in late 2005. In the meantime, if there are courses/material you are aware of, do notify us at housinglin@e-a-c.demon.co.uk.

7. Culture

Extra Care Housing sets out to provide better overall service, not just cheaper service. As more schemes come into letting Extra Care is becoming the service of choice for residents, for local authorities and for the government. With the right positive leadership and branding a culture of tenant focussed care is well within

our grasp. Although this will create high expectations it will also promote high achievement from the individual staff engaged in it. The payback for staff will be high personal satisfaction for the achievement of tangible improvements in the quality of life for individual tenants. With the growth of Extra Care personal development opportunities will arise.

Extra care schemes are sometimes created by re-development of residential care homes.These are also characterised by high levels of staffing and issues of transfer of staff to a different role and possible redundancy for some may arise. The culture in a traditional residential care home is one of doing things for or to people which tends to create a culture of dependency. In “extra care” the emphasis is working with people providing sufficient support but with the intention that as far as possible residents will continue to do things for themselves or each other in a community setting; a culture of independence. As an example residents may more often be supported to make a meal or snack themselves – if they need help at all – rather than a blanket provision of meals for all as a matter of routine.

Extra care culture will usually put greater emphasis on continued personal development, learning, maintaining skills and interests, health and activity.

Those used to working in a more institutional setting also characterised by a culture of dependence may find adopting a new culture and different ways of working is not an automatic process. It may also continue to feel uncomfortable for some. Lessons and suggestions for the workforce where staff have transferred from a care home culture are:

- Make explicit what the “new” culture is – explain, write it down, teach it, demonstrate in practice
- Make clear expectations on how people are to work with residents. Make clear what is good practice
- Provide training in methods of supporting residents
- Design services around individuals and emphasise in training the individual is at the centre of what the organisation is doing
- Recognise that re-training will be required. Budget for this and allow sufficient time
- In a large-scale transfer of staff appoint at least a few senior staff/leaders who have experience of extra care and who can manage a process of culture and practice change.

In transfer of engagement cases, where for example a residential care home is owned by a local authority is passed over to a housing association to redevelop as Extra Care, TUPE may be an issue. Specialist legal advice will be required by both parties. The panoply of issues that will arise are beyond the scope of this fact sheet.

8 Useful contacts

Housing Corporation www.housingcorp.gov.uk, see *Regulatory Code*

Audit Commission www.audit-commission.gov.uk, see *Housing Key Lines of Enquiries (KLOEs)*

Supporting People – Policies, guidance and quality assessment framework for monitoring and review www.spkweb.org.uk

ARHM (Association of Retirement Housing Managers) www.arhm.org, see *Code of Practice* http://www.arhm.org/CodePractice.php

CSHS (Centre for Sheltered Housing Studies) www.cshs.co.uk, *see Code of Practice*

CSCI (Commission for Social Care Inspection) www.csci.org.uk see *Regulating care services* for homecare registration

TOPSS (workforce development strategy for social care) www.topss.org.uk

General Social Care Council www.gscc.org.uk

NWA (National Wardens Association), for details contact 01989 566699 or email nwa@assocmanagement.co.uk, see also http://www.cshs.co.uk/Education/Ed_NWA.html

Housing Quality Network www.hqnetwork.org.uk

SITRA - policy, training and consultancy for supported housing www.sitra.org.uk

NHF (Nationald Housing Federation) – Policy, publications and events, including on housing for older people www.housing.org.uk

CIH (Chartered Institute of Housing) – Policy, good practice briefings, publications, events, and training on supported housing www.cih.org