

**A REPORT ON THE EVALUATION
OF MOOR ALLERTON CARE CENTRE**

**Caroline Cantley and Margaret Cook
Dementia North
Northumbria University**

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EXECUTIVE SUMMARY

The Moor Allerton Care Centre was established by MHA Care Group in December 2004. The Centre, which MHA describes as a purpose built housing with care and day care facility for older people including those with dementia, is part of its commitment to develop and extend high quality, person-centred, care and support for people with dementia.

THE EVALUATION

This summary outlines the findings of an evaluation of the Centre funded by MHA Care Group (MHA) and undertaken by Dementia North, the regional dementia services development centre. The evaluation aimed to describe and assess the first year of operation of the new Centre; to make recommendations to MHA in relation to any areas for improvement and development; and, to inform future evaluation and research in this field. Throughout this report we use the term extra care housing, rather than housing with care, as this is the term most frequently used in policy and research to describe housing units of the type provided by the Centre.

The evaluation is based on a short period of data collection undertaken around the end of the first year of the operation of the Centre. Data collection was mainly qualitative using face-to-face and telephone interviews and some group discussions. Respondents, selected to ensure the inclusion of a wide range of views and experiences of the Centre, included: staff and managers of the Centre; service users and their relatives; practitioners in related services; and, local authority and NHS service commissioners.

It is important to note that an evaluation of this kind, particularly of a new organisation with a strong commitment to ongoing, and user responsive, service development, necessarily presents 'a snapshot' of a moving subject. Indeed some issues that were highlighted in our data had already changed, or were being addressed, by the time of writing the report.

THE CENTRE

The Care Centre comprises:

- Yew Tree Court providing 45 units of housing with care, 28 of which are two-bedroom flats and 17 of which are one-bedroom flats; plus five flats commissioned by the local Primary Care Trust (PCT) to provide Intermediate Care.
- Rosewood Court providing 20 one-bedroom units of housing with dementia care, which can be occupied by a single person, or a couple.
- Bay Tree Resource Centre offering day care for up to 20 people per day.

Initially after the Centre opened, a small number of flats were occupied, but the majority of tenancies were taken up from February 2005. The Bay Tree Resource Centre opened in August 2005.

The Centre provides for a wide range of needs. Some service users need limited social support, while most tenants in Rosewood, and about one third of tenants in Yew Tree, have high care needs i.e. for at least eight hours per week, with some receiving over 30 hours of care per week.

THE SERVICE MODEL AND PHILOSOPHY

Underpinning all of the Centre's services is a commitment to providing:

- Alternative care options that enable people to remain as independent as possible for as long as possible.
- High quality care that ensures wellbeing by meeting the physical, emotional, social and spiritual needs of service users.
- A range of provision, adapted as required to meet service users' individual and changing needs, from simple social support to high levels of care.
- Specialised support for people with dementia.
- Choice for individuals and opportunities to be involved in influencing the operation and development of the services.
- Enjoyable and meaningful activities.
- A supportive social community and good links with the wider community.
- A good physical environment that is designed specifically to meet the needs of older people, and particularly the needs of people with dementia.

- Well-trained, well-supported staff.
- Effective working relationships with other agencies in the local service system.

All of the Centre's services are available to people on the basis of assessed need and regardless of gender, race, financial status or religious faith.

STRENGTHS

The evaluation identified the following as strengths of the Centre and its services.

High quality of care

- The philosophy and culture of the Centre with its emphasis on community, individualised care, choice, and empowerment of service users is highly valued.
- The Centre is widely regarded as providing high quality care that is flexible, responsive and promotes independence.
- Some tenants, particularly in Rosewood, receive high levels of care input, comparable with the levels provided in care homes.
- The approach to dementia care emphasises individuality, personhood and 'normalising' the lives of people with dementia.
- Spiritual care is an important feature of the services.
- Families of day centre users and of tenants feel very well supported by the Centre, and links between families and staff are generally very good.
- Service users and their families gain a welcome sense of security from the services, particularly from the staff cover and assistive technology provided in the extra care housing.
- The extensive opening hours, including weekend and public holiday opening, of Bay Tree are important for families.
- The indications from users of the Intermediate Care flats that they are happy with their experience of living in the Centre.

A good range of activities and social interaction

- Community life in the Centre is strong and generally socially inclusive.
- Links with the wider community are developing well.

- Service users of Bay Tree and tenants are provided with a wide range of activities in response to their ideas and preferences. The needs of people with dementia are taken into account in the planning and provision of activities.
- Not everyone wants to, or is able to, participate in all activities and alternative options are available for people who do not want structured activity.
- Families are involved in fund raising activities and the Centre is building its own volunteer group.
- Tenants are able to maintain pre-existing social relationships and activities.

A high quality environment and facilities

- There is consensus that all three units in the Centre are well designed, comfortable, clean and homely.
- The dementia-friendly design features of Bay Tree and Rosewood are a positive feature.
- Tenants are generally very positive about the quality and facilities of their flats.
- Assistive technology has been used to enhance care and is being further developed.
- The communal lounges are for the most part well used and appreciated.
- The café is well used and appreciated despite some expressed concerns about prices, about choice for latecomers, and about busy periods when Rosewood tenants come in together.
- The gardens are a source of enjoyment and most early suggestions for improvements from tenants have been addressed.
- Service users and families were generally happy with the transport arrangements for attendance at Bay Tree.

Well developed staff

- Staff are universally highly regarded.
- The Centre has set up its own 'bank staff' to ensure high quality temporary staff are available as required.
- Staff development and training is provided for all levels of staff and management.
- Introductory dementia care training is provided for all staff and more advanced training has been developed and introduced.

Effective staff support and management

- The Centre's management style, team working and staff supervision arrangements ensure a staff group that is happy and feels well supported.
- Senior staff and managers feel well supported, as well as encouraged and empowered to develop the services that they manage.
- Managers are clearly responsive in resolving any problems, and responding to any suggestions raised by staff, service users or their relatives.

Good inter-agency working

- GPs, community nurse and social workers were all very positive about the services provided and about their working relationships with staff.

A positive contribution in the local service system

- MHA is well regarded by service commissioners.
- The Moor Allerton Centre fits well within broader local service strategies. The extra care housing and specialist dementia day care are both widely valued as extensions to the range of care options available locally.

OUTCOMES

This evaluation did not aim to measure care outcomes. However, it is clear that:

- Relatives identify a number of benefits of the services for service users' health and wellbeing.
- Some relatives suggest that Bay Tree attendance helps to reduce their stress levels and enable them to continue caring for longer.
- The turnover of tenants in the extra care housing units was not high in the first year. The Centre was not able to provide a home for life in all circumstances during this period, in particular for a small number of people who required 24 hour nursing care to be available. It is too early to predict the Centre's future achievements in providing a 'home for life' and this will in part depend on the level of community nursing input available to tenants.
- Although service commissioners report that the Intermediate Care service leads to improved recovery times, further work is required to more rigorously assess the outcomes of this service.

AREAS FOR POTENTIAL DEVELOPMENT

Overall there were very few complaints about the Centre. Any suggestions we identified for improvements were matters of detail rather than any fundamental aspects of the Centre's approach or operation. Many of the suggestions we identified for service improvements or developments had, by the time of writing this report, already been addressed or were being considered by the Centre.

Bay Tree

- Relatives of people attending Bay Tree would welcome some additional information about the day-to-day details of time spent at the centre.
- Consideration should be given to setting up a carers group.
- Alternative uses of the upstairs space in Bay Tree should be considered.

Rosewood and Yew Tree

- An additional, or perhaps bigger lift in Yew Tree, would be beneficial.
- Improvements in the design of the entrance and related operation of the door entry system would be beneficial as there is a problem in poor weather and visitors experience some problems with the door entry system.
- The practical problems with the en-suite showers need to be resolved.
- Further consideration should be given to innovative ways of ameliorating the potential disadvantages for people with dementia of the design compromises that resulted from site specific constraints, notably the rather long corridors with 'dead' ends and limited visual access to communal areas.
- Some consideration should be given to options to improve ventilation in the lounges.
- Communal cooking facilities would be beneficial for tenants in Rosewood.
- A conservatory would be a welcome addition for tenants.
- Suggested additional facilities to improve tenants' abilities to maintain external contacts were a public payphone nearby the lounges, and Internet access.
- Provision of transport for outings would be welcome by staff and tenants.
- Access to additional funding for activities would be welcome.

Intermediate care

- There should be discussions with the PCT about it reviewing the operation of Intermediate Care in relation to ensuring that the flats are used to optimum

capacity and that users' needs and expectations are well matched with the services provided.

General design

In future extra care building developments, MHA should consider:

- The possibility of offering the option of a bath as well as a shower in some flats, for the minority of tenants who are not happy to have only a shower.
- More generous provision of lift facilities.
- Reconfiguring lounges to provide some bigger, but flexible, spaces.
- Provision of two-bedroom flats for couples in specialist dementia care housing units (we understand that this is already being addressed in other MHA developments).
- Developing innovative approaches to building layouts that can meet site-specific requirements and the requirements of dementia-friendly design. This would include: avoiding long corridors; ensuring easy, preferably visual, access to communal areas; and, providing some communal kitchens with cooking facilities for people with dementia.

Our overall conclusion is that the Centre performs well in relation to the model and philosophy set out above. Underpinning its high standards are a strong value base, good management, a strong commitment to staff support and development, and a high quality environment.

INTRODUCTION

The Moor Allerton Care Centre was established by MHA Care Group, a leading national charity that works to improve the quality of life and independence of older people through the provision of care homes, and a range housing and support services. The Centre, which MHA describes as a purpose built housing with care and day care facility for older people including those with dementia, is part of its commitment to develop and extend high quality, person-centred, care and support for people with dementia. This report describes the findings of an evaluation of the Centre. Throughout this report we use the term extra care housing, rather than housing with care, as this is the term most frequently used in policy and research to describe housing units of the type provided by the Centre.

The evaluation was funded by MHA Care Group (MHA) and undertaken by Dementia North, the regional dementia services development centre. A Steering Group, which included representation from the evaluation team, MHA Care Group, the Centre's management and staff, Social Services, and tenants, was set up to oversee the evaluation.

The evaluation is based on short period of data collection undertaken around the end of the first year of the operation of the Centre. It is important to note that an evaluation of this kind, particularly of a new organisation with a strong commitment to ongoing, and user responsive, service development, necessarily presents 'a snapshot' of a moving subject. Indeed some issues that were highlighted in our data had already changed, or were being addressed, by the time of writing this report.

SECTION ONE: THE MOOR ALLERTON CARE CENTRE SERVICES IN CONTEXT

INTRODUCTION

The Care Centre, located in Moor Allerton in Leeds, comprises:

- Yew Tree Court providing 45 units of housing with care, 28 of which are two-bedroom flats for couples (including where one partner has dementia) and 17 one-bedroom flats, plus five Primary Care Trust units offering Intermediate Care;
- Rosewood Court providing 20 one-bedroom units of housing with dementia care, which can be occupied by a single person or a couple.
- Bay Tree Resource Centre offering day care for up to 20 people per day.

The Centre became operational, in part, in December 2004. Initially, a small number of flats were occupied, but the majority of tenancies were taken up from February 2005. The Bay Tree Resource Centre opened in August 2005.

This section describes the main features of the Moor Allerton Centre: the service model and philosophy, the management structure, and the services provided by the extra care housing units, the Intermediate Care units and the day care unit. It ends with a brief summary of the literature in relation to these three service areas.

THE SERVICE MODEL AND PHILOSOPHY

Underpinning all of the Centre's services, which are described in more detail below, is a commitment to providing:

- Alternative care options that enable people to remain as independent as possible for as long as possible.
- High quality care that ensures wellbeing by meeting the physical, emotional, social and spiritual needs of service users.
- A range of provision, adapted as required to meet service users' individual and changing needs, from simple social support to high levels of care.
- Specialised support for people with dementia.
- Choice for individuals and opportunities to be involved in influencing the operation and development of the services.

- Enjoyable and meaningful activities.
- A supportive social community and good links with the wider community.
- A good physical environment that is designed specifically to meet the needs of older people, and particularly the needs of people with dementia.
- Well-trained, well-supported staff.
- Effective working relationships with other agencies in the local service system.

All of the Centre's services, described in more detail below, are available to people on the basis of assessed need and regardless of gender, race, financial status or religious faith.

MANAGEMENT STRUCTURE

The overall responsibility for operational management, service development and business management lies with a Care Centre Manager. The manager, who has a background in mental health services and extensive knowledge in specialist residential care, was appointed in time to oversee the setting up of the services, including the recruitment of staff at all levels, and the initial establishment of the Centre's niche within the local health and social care system.

Reporting to the Care Centre Manager, there is a Day Centre Manager for the Bay Tree unit and a Care Manager for the two extra care housing units. Their roles are described in more detail below. There is also a Support Services Manager, who is responsible for housekeeping, laundry, maintenance and catering across all of the units, as well as for the development of support plans for those tenants who do not have care needs.

In addition, and working on a Centre-wide basis, is a Chaplain whose role is to further MHA's commitment to addressing each service user's own spiritual needs. The Chaplain's role also incorporates providing pastoral and spiritual support for staff.

There are over 30 people employed in the Centre including support/ancillary staff. The Centre's management structure is summarised in Figure 1.

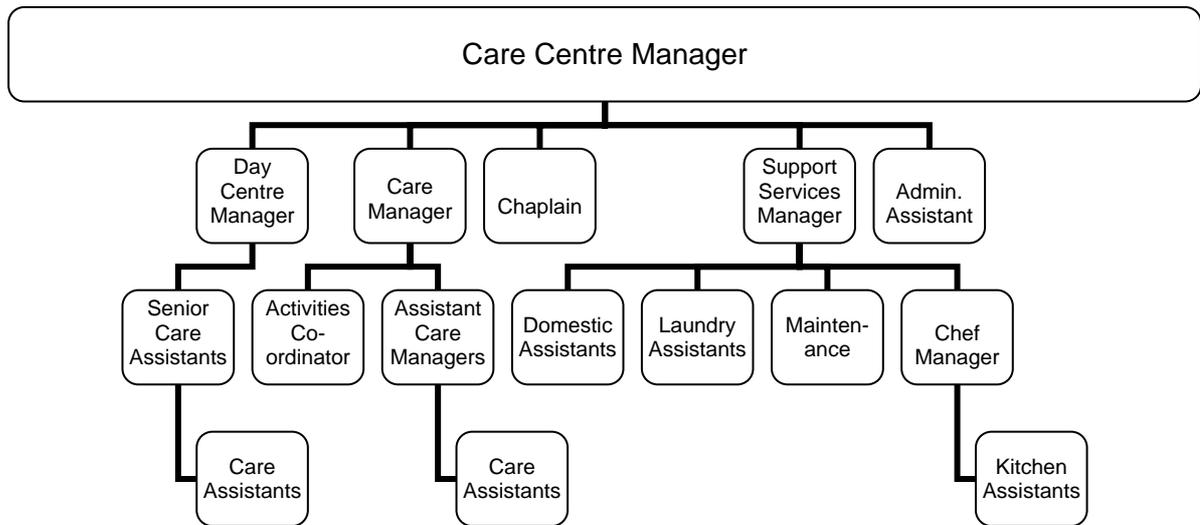


Figure 1: Moor Allerton Centre Management Structure

YEW TREE AND ROSEWOOD COURTS EXTRA CARE HOUSING

Purpose

The purpose of the extra care housing units is described by MHA as follows:

‘...to provide personal, domestic, social and emotional care with a rehabilitative focus to enable service users to continue to live in their own home and maintain as far as possible their independence and usual lifestyle.

It offers an alternative to residential care for frail older people, which combine the advantages of high quality; self-contained accommodation and the provision of flexible care services based in the Centre. The service enables the service users to retain control over their own lives while receiving the support they need in a secure environment.’

(taken from the Centre’s Eligibility and Allocations Criteria document)

Assistive Technology

The use of assistive technology is highlighted by MHA as an important aspect of the services provided. Assistive technology is a term used to describe any item or piece of equipment that is used to increase, maintain or improve the functional capabilities of individuals with cognitive, physical or communication disabilities. This equipment may range from simple low technology items such as automatic clock calendars, to sophisticated computers.

Alongside the usual door entry, fire alarm and pull cord alarm systems, the Moor Allerton Centre has motion-sensor lighting in corridors and is fitted throughout for the use of pendant alarms and PIR (passive infra-red) motion detection equipment if required.

Management and Staffing

The Care Manager with responsibility for the two extra care housing units, oversees new tenant applications and the setting up of individual tenant's care packages. The Care Manager also reviews care needs and plans for tenants, and for people using the Intermediate Care flats. Reporting to the Care Manager are six Assistant Care Managers who oversee the duty shifts and provide direct line management of the care assistants. Care staff work across the two housing courts, as does an Activities Co-ordinator.

Access to tenancies

To be eligible for a tenancy in Yew Tree Court, the Centre requires people to fit a number of the following criteria:

- Be aged 55 or over.
- Have a requirement for sheltered housing.
- Be frail or physically disabled.
- Exhibit some cognitive dysfunction, possibly with short term memory loss and some disorientation, provided they will be able to cope with the independent living aspects of extra care housing and be likely to derive psychological benefit from living in this setting in preference to, for example, residential care.
- Suffer from depression or some other mental illness, which is managed through appropriate treatment and support, and be likely to derive psychological benefit from living in this setting rather than a more specialist one.

- Have a degree of learning disability; again provided they will be able to cope with the independent living aspects of extra care housing.
- Have or be willing to have a Social Services assessment completed for required care needs.

For allocation of a flat in Rosewood Court, as well as some of the above criteria, people must meet the following requirements:

- Dementia is the primary care need.
- A potential service user will have a diagnosis of dementia from an appropriate source - for example: Consultant Psychiatrist.

In addition, for tenancies in Rosewood Court, the Social Services assessment must be supplemented by an assessment of needs and eligibility by the Care Manager and one other individual.

Tenancies are allocated through a city-wide, multi-agency process with decisions being made by a panel that meets monthly. The panel considers needs assessments and decides on the suitability of individuals for extra care and their priority for a place when, as is often the case, demand exceeds supply.

There are a variety of ways in which people came to apply for a tenancy. Some were aware of the service having watched the Centre being built. Others had heard of it through their local branch of the Alzheimer's Society, through their contacts with Social Services or the Joint Care Management Team (JCMT), or in one case through the Internet.

For most people who moved into Rosewood or Yew Tree, there was little or no choice of alternative housing-based care facilities in the locality with places available.

All decisions regarding allocation of tenancies at the Moor Allerton Centre take into account the needs and circumstances of other service users at that time.

Tenants

Tables 1 below presents a snapshot of the tenants at the end of 2005, when all 45 Yew Tree and 20 Rosewood flats were occupied. Tenants are drawn from a catchment area with a predominantly white British population. All of the Rosewood

flats were occupied by people with dementia and there were also four people with dementia living in Yew Tree flats. Tenants' care and support needs are described in Section Three.

Occupancy	Number of tenants in Yew Tree	Number of tenants in Rosewood	Total number of tenants
Single female	28	18	46
Single male	8	2	10
Couple	18	0	18
Total number of tenants	54	20	74

Table 1: Tenants of Rosewood and Yew Tree Courts

INTERMEDIATE CARE SERVICE

The local Primary Care Trust funds five of the flats in Yew Tree Court as Intermediate Care places. The local Intermediate Care Team (ICT) controls access to the flats. The Intermediate Care flats are used to provide an alternative to hospital admission, or to facilitate earlier hospital discharges, for people who require short-term support to remain in their own homes. The flats are also used as a means of keeping older couples together during periods of rehabilitation.

The Care Centre is funded by the PCT to provide 70 hours per week of care for people using the Intermediate Care flats. If needs cannot be met within this allocation, then either the Centre can refuse to accept the admissions or the PCT can provide additional staff input from the Intermediate Care Team. The complexities of the care needed by the people in the Intermediate Care flats has meant that care from the Centre is generally either provided by the Assistant Care Managers or senior care staff.

There were approximately 33 patients in PCT flats in the first year, including 6 couples. Aggregate data about the circumstances and needs of users of this service were not available to us.

BAY TREE RESOURCE CENTRE

The Bay Tree Resource Centre offers 20 places per day, potentially on a 24 hour and seven day per week basis, to people with dementia who live within a defined catchment area. At the time of the study the Resource Centre, in response to service user requirements, was operating seven days a week for 12 hours each day. In its first year the only day on which Bay Tree was closed was Christmas Day, and this closure only happened because there was no one wanting to attend.

Bay Tree provides a range of activities, therapies and opportunities for social interaction. The range of activities and therapies provided is discussed further in Section Three. The initial operation of the day centre, particularly the activities provided in the early months, was significantly influenced by staff concerns to provide as much continuity of routines and experiences as possible for 20 service users who were transferred from another day care facility.

Staff and management

A dedicated Day Centre Manager, who has a background in mental health nursing with experience in both acute and long-term care units, manages the service including supervision of staff and links with other services. Bay Tree's staff consists of two senior care assistants who supervise the work of seven care assistants (5 full time and 2 part time).

Access to Bay Tree

All referrals for the day centre must be made by social workers on the basis of assessed need. New service users initially attend on one day per week, but this is reviewed regularly and revised depending upon need.

When Bay Tree opened, the first 20 service users were transferred from a Social Services day centre. There are no other dementia specialist day care facilities for people in the locality.

Service users and their needs

Individuals' attendance can range from one to seven days per week. Initial attendance patterns were to a large extent shaped by the continuation of previous agreed attendance for the 20 people transferred from another day centre. The majority of users attend between two to four days per week. In February 2006 there were 27 service users with a broad range of needs attending Bay Tree. Due to differences in catchment areas, the population of service users attending Bay Tree is much more ethnically and culturally mixed than that of the extra care housing tenants.

Aggregate data about the circumstances and needs of users of this service were not available to us. The following 'snapshot' of service users during one day in February 2006 provides an indication of typical service use.

- 18 service users attended.
- Men and women attended in equal numbers, with one couple attending together.
- Most users (17) had moderate or severe dementia; seven had impaired mobility, with two being wheelchair users.
- 12 service users lived with family; of those who lived alone about half had very regular contact with their family and half had limited or no contact.
- Only one service user lived out of the catchment area (admitted through a specific arrangement by Social Services).
- 11 service users travelled to the centre by the minibus; two lived close enough to walk; three travelled by taxi; and, two came by family car. Travelling times for service users varied substantially, with a maximum of forty-five minutes for some of those coming by minibus.

POLICY AND SERVICE CONTEXT

Extra care housing

For many years sheltered housing has been an important strand of government policy for supporting older people. Extra care housing, sometimes known as very sheltered housing, has been developing since the early 1990s in response to the growing population of older people who need more care and support than is usually provided in sheltered housing schemes.

There is a wide range of service models for extra care housing (Oldman 2000), and no single accepted agreement about its essential features and what distinguishes it from other types of provision (DH 2004), for example sheltered housing or independent supported living houses.

Extra care housing is widely advocated as supporting independent living and offering an alternative to other forms of institutional care (DH 2004). Oldman (2000) concludes that housing with care schemes accommodate people with similar levels of frailty to residential care. However, there can be tensions between the aims of providing a 'home for life' and alternative to residential care, and other typical aims of such schemes, for example, of enabling people to live in an active and 'balanced' community in which people have a range of abilities.

A wide range of innovative housing with care schemes has been developing for people with dementia (Cox 1998; Cox 2006). Given the nature of dementia, it can be argued that it is less appropriate to emphasise extra care housing for people with dementia as promoting independence and more appropriate to emphasise its benefits in offering choice, self-determination and quality of life (Garwood 2005).

MHA was involved in one of the first studies to look at sheltered housing for people with dementia (Kitwood et al. 1995). This work argued that sheltered housing has the potential to maintain people with dementia well in their own homes and that success depends upon a complex interaction of factors related to the environment, personalities, social dynamics, staff training, and the service support available.

There is evidence that good social networks are important for good quality of life (Bond and Corner 2004) and some of benefits of sheltered housing are the opportunities for social interaction, companionship and mutual support that tenants experience (Croucher et al. 2006; Vallelly 2006). However, it is clear that, in sheltered housing settings, community participation and social relationships are complex and involve people in striking a fine balance of belonging and maintaining some social distance (Zaff and Devlin 1998; Percival 2000; Vallelly 2006).

Field et al. (2002) point out that group participation in sheltered housing does not suit everyone and that it is important for schemes to consider how to address the social

needs of people who do not join group activities. It is also clear that people who are very frail, have sensory impairments, or have dementia, are often socially marginalised in sheltered housing settings (Croucher et al. 2006). However, Kitwood et al. (1995) argued that tolerance of people with dementia by other tenants can be encouraged; and, Vallelly et al. (2006) found that, alongside a few negative reports, there was evidence of positive relationships developing between people with dementia and other tenants.

A recent study (Vallelly et al. 2006) supports the view that good quality extra care housing provides a valuable service option that can enable people with dementia to live independently in their own home for as long as people without memory problems. It highlights the following as being important features for effective provision:

- good arrangements for tenants to be provided with community health services;
- facilities for communal dining and preferably opportunities for people to be involved in the planning, purchasing and preparing of meals;
- a well designed 'dementia-friendly' environment;
- good opportunities for social interaction and activities;
- provision of information and awareness raising about dementia amongst tenants who are not cognitively impaired;
- links with the wider community;
- involvement and support of families;
- flexible care and support;
- continuity of care staff;
- staff with specialist dementia training;
- use of assistive technology to maximise security without detriment to the tenant's autonomy;
- an interdisciplinary approach to assessment, care planning and provision, and review;
- being part of an integrated older people's services strategy involving health, housing and social care.

This study also highlights some questions that need further consideration, including:

- Should extra care housing schemes aim to maintain a balance of people with different levels of need and dependency?
- Is it better to have specialised units for people with dementia, or for people with dementia to be integrated in non-specialist units?

Research on the effectiveness and outcomes of sheltered housing services in general is limited (Croucher et al. 2006). A recent review of the literature (Croucher et al. 2006) found that:

“... housing with care can have a positive impact on the health and well-being of residents, and...it is beneficial to their quality of life. However, studies relied heavily on expressions of resident satisfaction/contentment in arriving at their assessments; more robust quality of life measures were lacking in the evidence base” (p.1)

In relation to extra care housing for people with dementia, there are examples of case study evaluations (Scott 2005), but there is limited evidence of what works and for whom (O'Malley and Croucher 2005). One recent longitudinal study (Vallelly et al. 2006) makes a valuable contribution to our knowledge. This study, in line with the more general findings about quality of life noted above, supports the view that people with dementia in extra care housing have a good quality of life. It also provides some evidence about the success of extra care housing in supporting people with dementia. This study found that most people with dementia in the extra care housing facilities studied were aged 84 plus and had a high dependency level (defined as requiring care of over 10 hours per week). People with dementia on average were able to live independently in the extra care housing for just over 2 years, which was nearly as long as people without dementia. In addition, it found that extra care housing was able to provide a 'home for life' for about 50% of tenants with dementia, although some people did move on to other long-term care settings.

The evidence about cost effectiveness of extra care housing is limited. From their review of the literature, Croucher et al. (2006) conclude that while the evidence on cost effectiveness is sometimes contradictory, there are some indications. First, they suggest that housing with care may be more expensive than residential care. However, they also suggest that supporting people in housing with care may be cheaper than supporting them in ordinary housing.

There is a need for more rigorous evidence about outcomes. However, it has also been argued that there is a need for more qualitative research, including research that places less emphasis on 'satisfaction measures' and more on developing ways to engage with tenants to hear their voices and the issues that concern them (Foord et al 2004). In relation to tenants with dementia, there are additional challenges to be met in developing effective techniques for involving them in such studies (Evans 2005).

A wide range of guidance on establishing and providing extra care housing is available from the Housing Learning and Improvement Network: <http://www.changeagentteam.org.uk/index.cfm?pid=160> Topics covered include: user involvement, developing extra care, workforce competencies and issues, challenges of providing for people with dementia, supporting people with dementia, extra care housing and Intermediate Care.

Intermediate care

In the past ten years or so, Intermediate Care services have been developing to provide short-term rehabilitation and support for older people, generally following a period in acute hospital care. More recently Intermediate Care services have begun to be used to avoid unnecessary hospital admissions. Also, there has been a move towards the services being provided at home or in more homely environments such as sheltered housing, rather than in hospital or care home settings (Stevenson 2005). Few services have been established to meet the needs of older people with dementia or other mental health needs, but it is increasingly being recognised that older people with mental health needs, including people with dementia, can benefit from Intermediate Care services.

Some of the features of successful Intermediate Care, particularly for people with mental health needs, include:

- a homely environment with familiar care staff;
- rigorous assessment of an individual's needs;
- care and support services that are flexible and responsive to individuals' changing needs;
- attention to the role of carers and their needs;
- well trained and supported staff;

- being part of a whole system approach to supporting older people.

Guidance on Intermediate Care generally and for people with dementia is available from: <http://www.cat.csip.org.uk/index.cfm?pid=11> and <http://www.cat.csip.org.uk/index.cfm?pid=266>

Day care for people with dementia

Social day care has for long been one of the cornerstones of support services for people with dementia and their families. There is vast literature on this topic including many case studies (see Journal of Dementia Care for examples), studies of specific interventions and therapies, and studies of the impact of day care as respite provision for family carers. The research evidence for respite day care benefiting people with dementia or their carers is limited (Lee and Cameron 2004), although there is no doubt that carers themselves generally value the services. In the context of this evaluation, suffice it to say that the following are particularly notable features of the Moor Allerton service:

- the emphasis on the provision of a dementia-friendly environment;
- the range of facilities available in the building;
- the range of activities and therapies available;
- the extensive opening hours of the service.

Moore and Sheard (2003) provide guidance on the provision of dementia day care services.

SECTION TWO: THE EVALUATION

INTRODUCTION

This section outlines the aims of the evaluation, and the overall approach to the study and data collection, as well as commenting briefly on how ethical issues were handled.

AIMS

The evaluation aimed: to describe and assess the first year of operation of the new Centre; to make recommendations to MHA in relation to any areas for improvement and development; and, to inform future evaluation and research in this field.

APPROACH

Throughout the data collection, the evaluation sought to explore questions related to:

- perceptions of the quality of life experienced by tenants and service users;
- perceptions of the culture and philosophy of care;
- the experience of care provision;
- the experience of the physical environment;
- involvement of tenants and other service users in the community of the Centre (paying particular attention to the inclusion of people with dementia);
- involvement of tenants and other service users in the wider local community;
- reasons why people chose the Centre as compared with other facilities;
- the interaction of the services provided by the Centre with those provided by other organisations;
- views about strengths of the services;
- views about areas for improvement and future development.

The data collection was structured to ensure that the views and experiences of the following groups are represented:

- tenants and other users of the services, including people with dementia;

- family supporters of tenants and other users of the services, including people with dementia;
- care staff working in the Centre's various services;
- managers of the Centre's services;
- key service commissioners (i.e. health and Social Services personnel who are responsible for specifying and funding services);
- service providers from other organisations who work with the Centre.

DATA COLLECTION

Data collection was mainly qualitative using face-to-face and telephone interviews and some group discussions. This approach enabled us to involve a substantial number of respondents across the different services provided by the Centre. Interviews and group discussions were generally guided by a topic list to allow for an informal and conversational approach. However, telephone interviews with service commissioners and service providers in other agencies were semi-structured.

In order to ensure inclusion of a broad range of tenant and family perspectives, we selected tenants as respondents using explicit criteria about gender, marital status and level of disability, and we supplemented this by discussion of suitability with the Centre manager.

Interviews were generally tape-recorded and detailed notes, including verbatim extracts, made from the recordings. Where consent for tape recording was not given, a written record was made at the time or immediately afterwards. The data were analysed thematically in relation to the broad questions identified above.

A summary of the total number of people involved in individual or group interviews is shown in Figure 2 below.

The original evaluation plan noted the need for flexibility in the study design to allow data collection to be tailored to the requirements of the service as the evaluation progressed. There were several significant changes to the original plan:

(1) Data collection, undertaken between November 2005 and May 2006, took rather longer than originally anticipated. Contributing factors included: the effect of holiday periods; a period when the centre was inaccessible to the researchers due to a viral

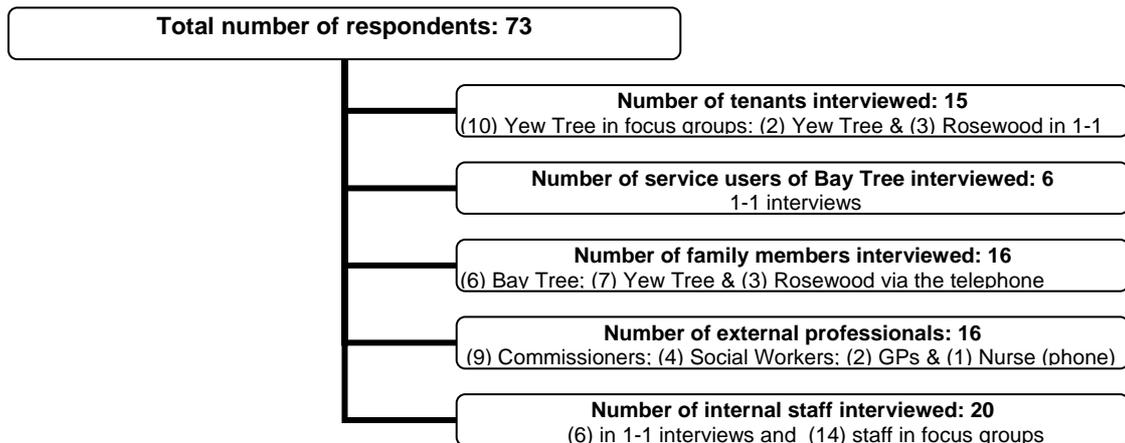


Figure 2: Total number of people involved as respondents in the evaluation

infection in the tenant population; the process of identifying a sample taking longer than anticipated; and, difficulties experienced in recruiting relatives of tenants for telephone interviews.

(2) The study's examination of the use of assistive technology planned to include use of Wristcare assistive technology, which the Centre was to be piloting. However due to delays in the introduction of the Wristcare technology within the Centre, the extent to which the use of assistive technology was examined was more limited than anticipated.

(3) As the evaluation progressed, it became clear that there was considerable variation in the use of the PCT flats and that users' perspectives in this context would be complex and practically difficult to obtain. It was also understood that the PCT was undertaking its own service review. It was therefore decided with the Steering Group that the evaluation would not pursue a user perspective on this service.

(4) The study used more individual, rather than group, interviewing than originally planned. This change was due to two factors:

- (a) It became evident that it was not practical to organise discussion groups with family members, so telephone interviews were conducted instead.

(b) We anticipated a poor response rate to a postal questionnaire from service commissioners and providers in other agencies, so, again, telephone interviews conducted instead.

(5) The extent of our review of Centre documentation and records was more limited than anticipated, mainly because of restrictions related to client confidentiality. This resulted in us having access to more limited aggregate data about the operation of the service than expected.

ETHICAL ISSUES

The evaluation was approved through Northumbria University's research ethics procedures. The evaluation involved particular ethical issues in relation to the inclusion of people with dementia and their ability to consent. We addressed this in two main ways. First, initial contact with service users was always made through a gatekeeper, who knew the individual well, generally the Centre managers. These procedures meant that: there was an emphasis on safeguarding the person's identity prior to consent; people were guided through participation, independently from the researcher; and there was a continuous relationship with the participant post-interview to ensure follow-up support if required. Second, the interviews were conducted informally allowing the researcher to engage in an ongoing process of constantly checking and renegotiating consent (cf. Dewing 2002).

SECTION THREE: CARE AND SUPPORT SERVICES

INTRODUCTION

This section describes service users' care and support needs. It then considers the Centre's performance: in providing high quality care, particularly specialised dementia care; in promoting independence; in providing flexible and responsive care; in ensuring personal security; and, facilitating choice and involvement. It goes on to examine the Centre's role in providing family support, before briefly discussing the Intermediate Care service. This section ends with a discussion of care outcomes

CARE AND SUPPORT NEEDS

Some service users do not have care needs but do have support needs. 'Support need' refers to any need, other than the need for practical care, to enable people to live independently, for example, assistance with completing forms or contacting other agencies, with managing medication, or with shopping. The Centre provides support services to meet tenants' needs as set out in a support plan that is developed with tenants by the Support Services Manager.

Some service users require practical care services. When the Centre was first set up, care provision was based on Individual Service Agreement (ISA) drawn up by Social Services. Service users also had a personalised care plan developed by the Centre, which incorporated the ISA, but also more detail about care provision based on service users' involvement and choice. These plans were reviewed and adjusted every eight weeks. However, ISAs have since been replaced by a summary of care needs, which is compiled by a social worker, and from which a care plan is drawn up by Centre staff in discussion with the tenants, usually three months after moving in. This care plan is reviewed six monthly or sooner as required.

Care packages vary in the type and intensity of assistance provided and the Centre based these on the following levels of need:

- Low – 0 to 4 hours per week, e.g. assistance with bathing, prompting with medicines.
- Medium – 4 to 8 hours per week, e.g. bathing plus a daily visit to assist with whatever is needed.
- High – 8 or more hours per week, providing up to a full care service.

For service users with both care and support needs, a combined care and support plan is used.

Table 2 summarises the care and support needs of tenants at the end of 2005. In Rosewood, 80% (16) tenants, who all had dementia, had high care needs. The hours of direct care provided for them ranged from eight hours for two tenants to over 30 hours per week for three tenants. (These figures do not include time spent in communal areas with staff and other tenants). The pattern of care needs in Yew Tree was much more varied than Rosewood. Around one third of tenants had high care needs, just over one third had low or medium care needs, and just under one third had no care needs (this in part being due to tenants living with a partner who had care needs). Some tenants, particularly in Rosewood, thus received care inputs that are comparable with those provided in care homes.

Tenants	Number of tenants in Yew Tree	Number of tenants in Rosewood	Total number of tenants
People with no care needs/support needs only	16*	0	16*
People with low care needs	10	1	11
People with medium care needs	10	3	13
People with high care needs	18	16	34
Total number of tenants	54	20	74

* (5 living with a partner with care needs)

Table 2: The care and support needs of tenants

QUALITY OF CARE

MHA is strongly committed to high quality services and Centre staff generally expressed pride in the high quality of the care and support that they provided. Several staff commented on this by saying that they themselves would be happy to use the Centre's services, or have their parents use the services.

Specialised dementia care

In line with MHA's commitment to person-centred dementia care, staff more specifically described how they endeavour to respond to, and support, the individuality of each person with dementia and to sustain their personhood (cf. Kitwood 1997), for example:

...You have got to have a bit of a sense of humour, got to get to know your service users, then you can judge their mood when they come in and you get to know their traits and find you work with them.

...[we] don't see them in any different way than anyone else, but we know they have memory loss but we treat them like everyone else, they do things like everyone else does...

As would be expected in a facility caring for people with dementia, there are occasions when staff encounter behaviour that is challenging for them, including incontinence, anger and distress. The following comment from one senior member of staff illustrates how the Centre endeavours to ensure that in providing dementia care, new staff develop responses that are based on understanding the experience of the service user:

...I have had to explain to the staff how it must feel for the other person to feel like – to be in the situation they are in, where the staff were [saying] 'Well you have to see it from our point of view'. 'No, actually we have to see it from their point of view', and I think that has shifted as well.

Service commissioners and service providers in related agencies were, without exception, agreed that the Centre provides high quality services, for example:

...brilliant, I have no reason to say any different. The staff go out of their way to help anyone in any way they can.

(a service commissioner)

...The quality within Moor Allerton is good and the complaints minimal

(a service commissioner)

... it is a wonderful institution. I have got three service users there, one with the biggest care package in Leeds, and I am very satisfied with the care given there.

(a service provider)

Family and tenants' comments also confirmed a general perception of high quality care. For example:

...there is no better than the best. (a tenant)

... there is nothing I could complain about. It is a grand place for anyone who needs it. (a tenant)

...it is absolutely brilliant. (a relative)

... An excellent place, they've just about thought of everything... (a tenant)

Independence

An important aspect of the Centre's quality of care is the commitment to enabling people to be as independent as possible for as long as possible. The Centre was generally considered to perform well on this count, for example:

... I think it is very good, the staff are very dedicated to providing that ethos of independence and rehabilitation...not creating an environment which creates dependency and that institutionalises people and I think that ideology in extra care is crucial so I know from talking to staff that they promote that.

(a service commissioner)

... So the strength is that people still have a feeling of independence but the help is there if it is needed. It is a half way house to going into care. People have their own little unit.

(a social worker)

For many tenants and their families, the combination of services available through the Centre's extra care housing provided a positive, more independent, alternative to moving to a care home. For example, one tenant commented:

...I'm quite happy here, you couldn't be in a better place, could you'? 'Oh no I think we're very, very lucky to be here. I wouldn't want to be in an old peoples' home because you're just sat around, aren't you, just looking at one another whereas [here] you can go downstairs and I'm able to do that now. I did have a wheelchair but I'm trying not to use it if I can, be a little bit more independent Everybody thinks it's lovely. You can't fault it really.

Flexibility and responsiveness

Also central to the Centre's high quality care is its ability to offer care flexibly and responsively. This was again widely noted:

... Moor Allerton will take anybody on board and will do their best to make it work. They are very calm and if they think they can cope then they will try.

(a social worker)

...Very flexible and if people are only getting one [care] visit a week and suddenly needed three visits a day, then they would make sure they got them...they will, as much as they can, meet a person's needs minute to minute if necessary. I think that is such a strength.

(a social worker)

... but the insight that [mum] would need hydrating and that if I wasn't there [because of illness] she wouldn't do that automatically, so they kept her there the whole day, they had that complete understanding that she needed to be supported, I thought that was fantastic.

(a relative)

MHA attaches great importance to addressing each service users' own spiritual needs, as well as their physical and social needs. The Centre's Chaplain provides personal support and holds regular Sunday services for tenants, which have growing attendance. There are also services conducted in Bay Tree. The Chaplain also

arranges worship for people of different faiths and tries to help service users to maintain links with their faith communities.

Security

One of the benefits of extra care housing that was widely identified by families and tenants was the feeling of security it provided. This security was in part related to having staff on site 24 hours a day to deal with any problems and to provide regular 'checks' to see that tenants are all right. It was also in part related to the assistive technology provided in the flats, particularly the pull cord alarm system and the door entry system.

For example tenants explained:

...you've got the cords you see but I'm just unfortunate now and again, I fall but you see they come..., they come straight away to you and you feel safe...

... since I have been poorly with that pneumonia, they ring me every morning about 9, 'Are you all right?'

And one family member, for example, explained:

It's a great weight off my mind knowing she is secure and warm. It is just a pleasant place to live.

By the time of writing this report, MHA had begun to explore the extension of assistive technology through piloting the use of Wristcare within the Centre. There are two elements to Wristcare. Through a wristband worn by the tenant, information and alarms are transmitted passively by radio signal to a base unit, which in turn transmits messages and alarms to staff handsets. Second, there is a facility for active operation by the wearer to push a button to activate the alarm.

For people with dementia attending Bay Tree, there can also be benefits of feeling secure. Here, in addition to the evident benefits of being safe while attending the centre, there were also benefits identified in relation to the way in which the centre provides people with a routine, as one relative explained:

...she is so secure now within her routine that she doesn't have to worry about what day it is because she knows whatever day it is she is going there. Because she has no memory of what she did two minutes ago she is not bored and does not think I would rather do something different today, it is the security that she wants.

Choice and involvement

For care to be high quality, it is important that service users have opportunities to exercise choice and to be involved in influencing the services that they receive. Choice and involvement are in many ways integral to the whole model of extra care housing since the status of people as tenants gives them rights and potentially a level of control over their own lives that would often be lacking in other service settings. It is clear that throughout the operation of its housing and day care provision, the Centre was strongly committed to, and widely regarded as performing well, in enabling service users to exercise choice and to be involved in shaping the development of the services. For example one tenant commented:

...They are very fair, they offer quite a lot of activities and if you don't want to go you don't have to...Most of us really feel that we belong. They do keep us pretty well informed about what is going on. They take into consideration our needs, I find it very fair. They are trying to find out what we need and we are trying to give them some ideas of what we like doing..

The Centre tries in various ways to involve tenants in influencing the operation and development of the services. Service users' views are obtained through questionnaires and more informally by managers taking time to 'chat' to tenants about their experiences of the services. There are also tenants meetings, and it was clear that these are valued by relatives and by the tenants themselves. Some tenants explained how they are encouraged to speak up:

...[staff say] 'please tell us if you want something different and we will see what we can do about it', they don't promise they will be able to, but at least if they know the problem, it gives them an opportunity.

... we do get the opportunity to air any difficulties or questions and [the staff] are very amenable.

SUPPORT FOR FAMILIES

Families who have a relative attending Bay Tree generally feel well supported. It is important for families that the centre is open 7 days per week and on bank holidays. Family members variously commented on how the Bay Tree service allowed them to work, to have some time out from caring, to have opportunities for social activities, and to have a family holiday.

...for me, my mum going there I can't even begin to...it is still hard, because my mum is on her own, lives on her own, so she is on her own at evenings and weekends, but for 5 days per week I know she is ok, I know she is getting her meals. She used to ring us up 30 to 40 times a day, we had 'phone bills for £250 for a month, that was a lot of strain on me. That's all stopped...

...They bath her there, which is one job less for me, the hairdresser, another job less for me, chiropodist, all these jobs which seem nothing but I used to have to take a day off work, a days holiday to take her to get these done.

Relatives also appreciated that, when they visit the centre, the staff make them feel welcome and are available to discuss any problems they are having. As one relative commented:

... they [the staff] don't mind you going, you can call in and they make you welcome, make you a drink of tea, they are lovely, I don't know what I would do without them, to tell you the truth. Because it goes further than my mum going to the day centre for the day, if I have a problem I can ring [staff member] and if she doesn't know she will find out. That means I have support, which is what I need.

Families felt that they generally had very good communication with staff. However, due to the nature of their relative's dementia, it could be difficult on a day-to day basis for them to know about, and to be able to relate to, what the service user had

been doing at the centre. Relatives suggested that it would be useful to find ways for staff to pass on a bit more information about their relatives' day to help them at home in caring, and in engaging their relative in conversation.

The important part that families play in the centre was recognised in staff comments about how there is a sense of mutual support between the centre staff and relatives.

Families of tenants, particularly of those with dementia, appreciated how staff keep them involved and up to date with their relative's care plan, and invite them to make comments or suggestions they feel would benefit their relative and maintain their independence. They also commented how pleased they were with the staff for keeping them informed of emergencies or problems relating to their relatives. As one relative put it:

...it's been a godsend for me; I would hate it if she had to go back where she was.

Relatives who travel from a distance to visit the Centre have the option of using the guest room if they wish to stay overnight.

One suggested development in supporting families was the establishment of a carers support group for the families of people attending Bay Tree. Another suggestion was for the Centre to provide overnight respite care. Centre staff have considered the provision of respite care. However, staff have concluded that it would be difficult to cater for the very different needs of respite service users alongside tenants, and also that the community life of the tenants could be adversely affected by having a throughput of people staying on a temporary basis. There are therefore no plans to pursue this type of development.

INTERMEDIATE CARE SERVICE

The Intermediate Care flats are intended to be used for rehabilitation and enabling service users to return to independent living at home. The expected length of stay for service users within these flats is a maximum of six weeks. Staff reported that the flats often surprise service users, as they expect no more than a room. Users of the Intermediate Care flats have access to all the facilities within the Centre whilst they

are there. Staff find that service users sometimes settle in so well that they are reluctant to return home.

Service commissioners highlight strengths of the service in improving recovery times for service users and in supporting family relationships during the rehabilitation period, for example:

... [Service users are] not on a ward on their own where they're lonely, isolated or whatever. They're in a homely environment where they've got their loved ones with them and they seem to improve quicker than what they would normally.

...[the service is] allowing people to have the treatment in an alternative way, with the comfort of knowing that their loved ones are beside them and it has worked, absolutely.

Service personnel involved in the provision of the Intermediate Care service had some doubts about the extent to which the aims of the service were being fully achieved. The Centre staff in particular pointed out that, on occasion, they experienced difficulties because the service users who were admitted needed more care than the Intermediate Care Team had planned for in arranging the admission. Also, on occasion service users arrived without a proper understanding of the nature of the Centre and the type and extent of services to be provided. Some users arrived mistakenly expecting Centre staff to provide nursing care and this could be difficult for Centre staff to handle. These mismatches and misunderstandings suggest that there is a need for some improvements to the assessment and care planning process prior to users arriving at the Centre for an Intermediate Care stay.

OUTCOMES

It was beyond the scope of this evaluation to measure the impact of the care provided on services users' health and functioning or the impact of the Centre in preventing or delaying admissions to hospital or care homes. However, we can make some observations.

First, it is clear that for some people the Centre provided substantial health and wellbeing benefits. Several relatives commented on this benefit, for example:

... she was about size 8 to 10, I have bought her some new trousers and she is size 14 and that is in a year, it is with having regular meals, they are keeping her alive actually...she is more at ease with herself.

(relative of a Bay Tree service user)

Second, some relatives clearly felt that the Bay Tree service had reduced the stress they experienced and had allowed them to continue to care for longer than might otherwise be the case, for example:

... Without [the Bay Tree service] I don't know what I would do, I might be locked up; I am not so stressed out as I used to be... I am 100% happy with it, without them I don't know how I would cope, it saves me from having to put my dad in a home, which he doesn't want and I would feel guilty about...

Third, one issue in extra care housing, particularly but not means exclusively affecting people with dementia, is the question of how long people can be maintained in this type of environment. The experience of the first year of the Centre's operation was that throughput of tenants was not high (one tenant died and two transferred to nursing homes). The circumstances in which it was beyond the Centre's capacity to provide a 'home for life' were related to tenants' needs for 24 hour nursing care to be available. Overall, however, it is too early in the Centre's operation to reach any conclusions about the extent to which it can generally provide a 'home for life' and this will in part depend on the level of community nursing services that will be available to tenants.

Fourth, we noted above that some service commissioners suggested that the Intermediate Care service had improved recovery times. As far as we are aware these views are based on practice experience and more rigorous data collection would be required before firm conclusions about impact can be reached.

KEY POINTS

- There is consensus that the quality of care is high.
- The majority of tenants in Rosewood, and about one third of tenants in Yew Tree, have high care needs i.e. for eight or more hours of care per week.

- Some tenants received high levels of care input, comparable to the levels provided in care homes.
- The Centre's approach to dementia care emphasises individuality, personhood and 'normalising' the lives of people with dementia.
- The services are experienced by users as being effective in promoting independence.
- Flexibility and responsiveness are important features of the quality of care.
- Spiritual care is an important feature of the services.
- Users and their families appreciate the sense of security they gain from the services.
- Assistive technology has been used to enhance care and is being further developed.
- The Centre enables users to exercise choice and to be involved in shaping the development of the services.
- Families feel supported by the Centre's services:
 - The extensive opening hours of Bay Tree are important for families.
 - Communication between families and staff is generally very good, and families appreciate the support they receive from staff. Some relatives of Bay Tree service users would welcome some additional information about the details of the day spent at the centre.
- In relation to the Intermediate Care service, staff noted that sometimes the needs and expectations of users arriving at the Centre were not well matched with the services available.
- Some users of the Intermediate Care service settle so well in the Centre that they are reluctant to move on. This provides an indication that they are happy with their experience of living in the Centre.
- Relatives identify a number of benefits for service users' health and wellbeing.
- Some relatives suggest that Bay Tree attendance helped to reduce their stress levels and enabled them to continue caring for longer.
- The turnover of tenants in the extra care housing units was not high in the first year. The Centre was not able to provide a home for life in all circumstances, particularly for a small number of people who required 24-hour nursing care to be available. It is too early to reach conclusions about its overall success in

generally providing a 'home for life' and this will in part depend on the level of community nursing services available to tenants.

- Although service commissioners report that the Intermediate Care service leads to improved recovery times, further work is required to more rigorously assess the outcomes of this service.

SECTION FOUR: SOCIAL AND COMMUNITY LIFE

INTRODUCTION

This section discusses the Centre's aims to ensure service users experience a supportive social community, meaningful activities and good links with the wider community.

COMMUNITY LIFE IN THE CENTRE

Staff in Bay Tree attached a great deal of importance to the quality of their social interaction with service users and to encouraging social interaction within the group. Engaging people with dementia in social interaction can be difficult and Bay Tree staff make efforts to tailor interaction to the needs of each service user. One relative noted how the centre catered for the varied needs and preferences of service users:

...Bay Tree, it is grouped, in social groupings, and there is the opportunity for people who don't want to socialise to sit back. Because I noticed that the group of people who were playing dominos with the carer involved had a sort of sub-group sitting behind, almost like an extra circle around with people who clearly didn't want to play but were kind of involved by association, they were there observing and felt part of the group.

In Rosewood and Yew Tree, staff and tenants described how the Centre feels like a community, for example, in the words of one staff member:

...this is a community...I believe people have a sense of community and they look out for each other, that is what we have seen happen.

Tenants spoke of the support they give each other and others explained how some tenants who have telephones use them as a means of providing mutual support, for example:

...we have a system, most of us have each others' numbers so if anything is needed, for example if someone is stuck in and they wanted shopping, they have our numbers so we can bring something if they want. You see once you get to know people, if you are missing [from social activities]

they come up to see if you are alright. It is more or less us that stick together.

Certainly, from the point of view of service users and their families, social contact is one of the main benefits of both attending the day centre and being a tenant in extra care housing. The following comments illustrate these views:

... we just sit and talk. It is quite pleasant to sit down and drink and enjoy a meal, I am quite happy to come here, it makes a change from being at home.

(a Bay Tree service user)

...[she] was newly widowed.. and has benefited through the community, the company, the fact that she steps outside her front door and she can speak to someone. And I know if she had stayed in her house she would have been much lonelier...

(a relative of a tenant)

And families themselves gain reassurance from knowing that their relative is part of a caring community. One relative expressed this as follows:

...it is peace of mind because we know there are people around her to keep an eye on her whereas before there was nobody. The people who are there are all very nice and very kind.

Inclusion in community life

Service users and families appreciated how the community within the Centre is generally accepting of people with differing disabilities and support needs, and people from different ethnic or cultural backgrounds. For example, a relative of a Bay Tree service user commented:

... the multi cultural element within the centre is good, the carers are multi cultural, Asians, West Indians, Africans, as well as Europeans, as with the service users, I think the multi cultural aspect of it is excellent...

And one tenant who used a wheelchair remarked:

... there is no way that any of them [talking about the other tenants] has discriminated against me, they always make way for me, they just accept me for what I am, I am so grateful, it is so nice, all the staff do the same, they are very kind and caring.

While tenants in Yew Tree were generally accepting of people with dementia, and join with them in some activities, there were some who had reservations, as the following extract shows:

...we mix [with Rosewood tenants] for the service on a Sunday, but there is no sort of interaction between us. My instinct says I should be kind and thoughtful to them, because you might be in that position. But from a selfish point of view I think no. I don't really want to mix because it could foreshadow what you might end up as. It might not, but it could. I don't know, I can see it from both sides...Well they bring them over at meal times but a lot of them are unaware of where they are, sometimes it is upsetting, you know what I mean.

One way in which the Centre tries to promote social inclusion of people with dementia is through the work of the Chaplain. Tenants from both of the courts attend Sunday worship and the Chaplain commented:

...there has been a few times when people...have been a bit cruel about people with dementia. So I kind of like, kept putting that in as part of the message on a Sunday. And what started to happen was more people with dementia [being involved] and more recognition of each others humanity, so that bit is going along.

Although involvement in the social community is important for most people, tenants and families also acknowledged that not everyone wants to join in. It is well accepted that participation is a matter of personal choice and that, for example, couples tend to choose to be less involved. However, for some tenants limited participation is a result more of ill health than choice, and for a few it is a result of difficulties they experience in 'breaking into' the community. One tenant explained:

...people don't talk to you, if you are not in the clique then you are not in, not in the conversation at all. I went in there one day and sat and no one said anything to me. I sat in there then came out. No one spoke to me, so it's rather off-putting.

And a relative noted:

...the people who were there before her had established friendships so whilst she is friendly with one lady, if she is not around, then she is on her own. She does go and plays bingo at times and enjoys it, but not on a regular basis.

ACTIVITIES

The activities that take place in both the day centre and the extra care housing are important in providing occupation, physical and mental stimulation, and social interaction.

Bay Tree

In Bay Tree, the activities provided include a relaxation room with aromatherapy, bingo, quizzes, card games, board games, jig saw puzzles, dominos, dancing, and light exercises. Since the time of our data collection, the range of activities has continued to develop, with for example, more opportunities being provided for ordinary, day-to-day activities such as gardening and baking.

There is no routine activity programme; staff promote client choice and participation by encouraging them to decide on what they want to do and when they want to do it. If anyone does not wish to join in, then they are given the opportunity to choose something else to do, for example, sitting and listening to music. Staff are conscious that people with dementia sometimes need some quiet time and use the relaxation room to provide such 'time-out'.

Some relatives noted the centre's approach with appreciation:

... it encourages people to interact if they want to, they are presenting them with lots of variety and choice to do or not to do. They have avoided

the telly I think because they don't want them just sitting looking at it, and I think that is a great idea.

And the service users attending Bay Tree clearly appreciated the range of activities on offer and their ability to pick and choose, for example:

... we do all different things; we play games together, cards games, whatever is going, I am willing to try. I have a go at everything and if I don't like it, I stop doing it and move on to another group.

And for some users, for various reasons, more general social interaction was clearly preferable to structured activities, for example:

...I am not that sort of person really, it is not that I don't want to do anything with people, it is just I can't be bothered to participate, I prefer a good chat that's all.

... with my eyesight being bad there isn't much I can take part in, I can't see to play dominos, but I enjoy being amongst people, that's enough for me, I can chat to them.

Rosewood and Yew Tree

In Rosewood and Yew Tree, an activities newsletter is sent to all tenants and is displayed on the notice board to advertise forthcoming events. Staff emphasise that they develop activities with the community in mind and in ways that allow tenants to influence the what, when and how of what takes place; they are always open to suggestions while bearing in mind that activities need to take into account the wide range of tenants' abilities. The activities provided have changed and developed over time, not least in response to seasonal variations in tenants' preferences.

A wide range of activities is organised including: carpet bowls, basketballs, giant crossword, hand massage, manicures, sing-a-longs, film days, flower arranging, wine tasting, talks from community services such as the fire brigade, quizzes and bingo. Bingo and quizzes are the most popular with tenants and there are sessions every week with the quiz often leading on to broader discussions, which staff believe are stimulating for the tenants.

The tenants do not usually pay for activities except for coffee mornings, which are popular, when tenants are asked to contribute one pound, which is pooled and used to fund other activities.

Staff initially provided combined activities for both Yew Tree and Rosewood tenants, but they found that some Yew Tree tenants were rather intolerant and that this was adversely affecting the experience for the Rosewood tenants. They also found that it was better to adopt a rather more proactive approach in encouraging participation amongst Rosewood tenants than is needed with Yew Tree tenants. Following the appointment of the Activities Co-ordinator, the activity sessions for the two units have been run separately, often with the same activities but on different days. Staff have found that Rosewood tenants appear to enjoy the sessions more and are more relaxed.

Tenants' comments confirmed that they were involved in deciding about the activities and that their preferences are taken seriously:

...the staff ask, they do not decide, they are very good, they ask us what we would like to do, or they ask would you like to do so and so. If we say no, they don't push us.

... well they split us in to groups... there may be two or three groups, them that want to do it and them that don't will do something else.

As with Bay Tree service users, tenants did not all want, or were not all able, to participate in the full range of organised activities, for example:

...I don't like bingo or the quiz, but I go to mix, the main thing is the company. I am limited physically.

(a Yew Tree tenant)

... I've no need to go out. I do a lot of reading, books and stuff, I like reading, I read anything, just something to occupy me ... [and later] ...they do ask me if there is anything going on [in the centre] but normally I don't go far, I am a bit of a loner really.

(a Rosewood tenant)

Across all of the Centre's units, one of the issues for staff in developing activities is finding the funding to cover costs. Even with low cost activities, this was becoming an issue. For example, in response to tenants' pressure to have prizes for bingo, staff have introduced a modest charge for players.

LINKS WITH THE WIDER COMMUNITY

The Centre, in line with the approach of MHA more generally, endeavours to enable tenants, and day centre users, to maintain their existing community links. It also takes steps to establish new links between the users of its services and related community groups.

Staff, in a variety of ways, encourage and welcome people from the wider community into the Centre. Through the part-time Chaplain, the Centre has links with local faith communities to help tenants maintain their spiritual connections. The local school has had input into the Centre, providing carol singers at Christmas. There is a voluntary organisation next door that runs groups in the community which link in with the Centre. Families get involved with fund-raising at different levels and the Centre is currently developing its own volunteer group, mainly of people from the local Methodist church. Staff hope to extend this involvement and to develop befriending services for those tenants who have limited visitors.

Families welcomed the opportunity the Centre provides for tenants to maintain pre-existing social relationships after they move in. Thus, for example, families described how tenants variously were able to maintain:

- relationships with neighbours who also moved into the Centre;
- attendance at their local church;
- visits to friends, as well as friends visiting the tenant;
- going into town on the local bus to meet with friends; and,
- doing voluntary work.

There were two suggestions for additional facilities to improve tenants' abilities to maintain their social networks and community links. First, some tenants thought it would still be useful to have a public payphone downstairs to save having to go upstairs each time they need to phone someone, especially when they have planned

a long stay downstairs. Second, one relative suggested providing Internet access for the tenants through the Centre's wireless network. Such access has been tried in other settings (Sourbati 2004), and by the time of writing this report, the possibility of providing Internet access was under discussion in the Centre.

KEY POINTS

- Social interaction is an important benefit for people attending Bay Tree.
- There is a strong sense of community in the extra care housing and tenants provide mutual support.
- Participation in social activities is a matter of choice.
- Some people for practical and social reasons have difficulty participating.
- The community is generally socially inclusive although not everyone fully accepts the involvement of people with dementia.
- A wide range of activities is organised for each of the units.
- Service users influence the type of activities provided and they are encouraged to exercise choice in what they do.
- The needs of people with dementia are taken into account in the planning and provision of activities.
- Not everyone wants to, or is able to, participate in all activities. Alternative options are available for people who do not want to take part in structured activity.
- Staff identify that there is a need for additional funding to be available to support the provision and development of activities.
- People from the wider community are welcomed into the Centre.
- There are good links with local faith communities.
- Families are involved in fund raising activities and the Centre is building its own volunteer group.
- Tenants are able to maintain pre-existing social relationships and activities.
- Suggested additional facilities to improve tenants' abilities to maintain external contacts were a public payphone nearby the lounges, and Internet access.

SECTION FIVE: THE ENVIRONMENT AND FACILITIES

INTRODUCTION

This section begins with a brief description of the building and its facilities. Following a brief discussion of dementia-friendly design, this section comments in turn on the Bay Tree centre, the Rosewood and Yew Tree apartments, the communal areas, and the location and gardens. This section ends by discussing the transport facilities provided by the Centre.

THE BUILDING

The Care Centre is a large rectangular purpose built three-storey building subdivided into the three units of Yew Tree Court, Rosewood Court and Bay Tree Resource Centre. Each unit has its own entrance and the units are separated internally by adjoining doors, which are operated by staff using swipe cards. The main visitor access to the two housing units is through the entrance to Yew Tree Court, alongside of which is the administrative office for the Centre.

The Bay Tree day centre is located at one end of the building. The centre has two floors but services are mainly provided on the ground floor. Meals are provided for service users within the main lounge area. There are a number of additional rooms including aromatherapy and relaxation, laundry, clinical treatment, rehabilitation kitchen, as well as an office. Upstairs there are four rooms, two of which are used as staff rooms. The remaining two are used for meetings and other purposes.

Yew Tree Court has 45 housing with care flats, 28 of which have two bedrooms which can be occupied by couples including those where one partner has dementia. There are also five Intermediate Care flats. The majority of the flats, including the guest accommodation, are on the upper floors. Within Yew Tree there are two lounges on the ground floor (one large and one small). Also located on the ground floor of Yew Tree Court, but for the use of all tenants, are a café, hairdressing salon, and communal laundry.

Rosewood Court has 20 one-bedroom flats with dementia care situated on the ground and first floors. These flats are suitable for occupancy by couples and MHA found that they were easy to let. It has two lounges, one on each floor, which have dining and kitchen areas, although most tenants enjoy dining in the restaurant within

Yew Tree Court. Within Rosewood Court attention has been paid to creating a dementia-friendly environment, particularly through the use of colour schemes and signage to assist tenants with direction finding.

Individual flats are accessed from central corridors that have integrated motion-sensor lighting.

Overall, there was consensus amongst Centre staff, Centre managers, service commissioners and services providers that the building is well designed and very pleasant. Tenants and their families were similarly very positive and variously mentioned that the building is:

- well designed;
- warm and comfortable;
- offers pleasant surroundings;
- well signposted;
- always clean.

As one tenant commented:

...I think they've thought of everything, really, they have, haven't they? Have you ever been in such a place? Everybody that comes in, even strangers, they all say 'nice place this'.

DESIGN FOR DEMENTIA

Since much dementia-friendly design is by its nature unobtrusive, it is not surprising that few comments related specifically to this. However, the importance of such design features was highlighted by one service commissioner:

...[the] environment is set up for people who are in those early stages [of dementia] and I know the environment is quite conducive to that, in that the doors are different colours and the carpets aren't patterned and those type of things... so structurally the environment is excellent.

Some staff commented that tenants in Rosewood make little use of their individual kitchens. Although the lounges have a kitchen area, they have no cooking facilities

and staff suggested that it might have been good to have had a larger kitchen on each floor, where tenants and staff could cook meals together, having taken it in turns to do the shopping. Staff also noted that the availability of the café can make it difficult for them to encourage tenants to prepare meals for themselves, and they expressed some concern about the potential effect this could have on tenants' skills and abilities. By the time of writing this report, the Centre was considering the possibility of installing cookers in the kitchen areas in the lounges so that staff could encourage tenants, for example, to do some baking.

BAY TREE CENTRE

Attention to dementia-friendly design features in colour schemes, signage, visual access, and homeliness of interior design is an important feature of Bay Tree. Similarly the garden has been designed to be easily accessible and includes planting that can provide a variety of sensory experiences.

Tenants and families are very appreciative of the building design and facilities, commenting particularly on the good use of light and the homely ambiance, for example:

...the thing that really struck me on my first visit was the living fire, the fireplace, because there was an old lady just sitting as if they were at home, which is the way my dad is at home. We have a living fire, and the living fire made it so homely and not just a clinical kind of bare wall situation, so that really stood out to me, the design is absolutely marvellous.

The only criticism regarding the layout of Bay Tree was from staff. They commented on under use of the upstairs rooms because of problems with accessibility. They also pointed to some under use of the aromatherapy room, because it is '*hidden around the corner*' and therefore not visually accessible to service users. Suggestions for using the space upstairs in Bay Tree included: a library, perhaps involving the library service in providing an outreach service; an outreach memory service; and, space for carers to meet and have a coffee.

YEW TREE AND ROSEWOOD APARTMENTS

All apartments have been specifically designed for older people, and include: good access throughout; an open plan fully fitted kitchen with provision for wheelchair users; dining and living area; and, bedroom with en suite, walk-in shower room with non-slip flooring. All flats are centrally heated and have their own television aerial and telephone sockets. Tenants can decorate and furnish the flats to their own personal requirements.

Tenants and their families were generally very positive about the flats. One tenant who used a wheelchair particularly appreciated the kitchen:

...I can cope around here, I am very pleased and lucky to have such a big kitchen.

Although there were some areas where tenants had different expectations and views, for example about the adequacy of bedroom sizes and wardrobe space, the only aspect of the flats about which tenants had significant complaints was the showers. Tenants reported various problems concerning the functioning of the showerhead bracket, the shower seats and inadequately draining floors. Although the Centre had endeavoured to address the problems promptly, the floor drainage difficulties in particular were proving difficult to resolve.

For some tenants a more general design limitation with their flat was the lack of a bath. Tenants acknowledged that there are bathrooms that they can use, and while some are happy with this facility, others find it unsatisfactory. As one tenant explained:

...you have got to take all your stuff with you, your towels and everything, which is a bit of a bind.... I know we can use them but I miss a bath.

One suggested design improvement was to have more flats with balconies:

... one of the things I couldn't understand is why they didn't put a balcony here [indicating the French door type openings which serve as windows] where you could put a couple of chairs to sit in the summer, a couple of flats have balconies.

Maintenance support

Tenants and families reported that there had been some minor problems with maintenance, for example, some windows being missed by the contract cleaners. However, their main concern was a perceived difficulty in getting emergency repairs for plumbing problems and problems with the heating system. The Centre does have procedures for dealing with out of hours maintenance problems and has since taken additional steps to ensure that tenants are aware of the arrangements.

COMMUNAL AREAS

General

Staff commented that while the design for upstairs areas is good, the downstairs areas would benefit from being more open and having more windows, particularly around the ground floor lounge in Rosewood.

The entrance

Several families and other service providers commented on the poor design of the entrance, which offers little shelter in bad weather, for example:

... when it is pouring with rain [the entrance] may as well not have a canopy on, if you have to wait to get into a taxi you are drowned and then anyone visiting after dark, you can't see the numbers [on the keypad].

The door entry system was widely regarded as something of a problem. Although people welcomed having a security system, they reported a range of difficulties:

- It can be difficult for families to gain access if the tenant is in the lounge rather than their own flat (one family resolved this by their relative having a mobile phone which the family ring when they arrive outside the building).
- It can be difficult for service providers, such as GPs, to gain access especially out of hours and when they are visiting tenants who have dementia and are unable to operate the door entry system.

- Visitors sometimes gain entry along with other visitors without the knowledge of the tenant whom they are visiting.
- Some families were anxious that tenants do not always lock their flats, because they feel secure within the building.

Some families suggested that visitors should be able to gain access through an external door to a reception window where staff could monitor callers and where relatives and other visitors could seek assistance.

Corridors

Some tenants commented on the long length of the corridors. From a management perspective this was acknowledged to be a design compromise that had arisen due to the shape of the only available site and planning requirements about orientation of the building. Although such corridors are not without advantages, one gentleman pointed out that they encourage tenants 'to stretch their legs a bit without the need to go out in the cold and wet', they do present some problems. In particular tenants commented that, for those with mobility problems, the walk from the lift to their flat could be difficult. One family thought the distance from their relative's flat to the lounge was enough to adversely affect the extent to which they used this facility.

There was generally consensus amongst staff and service users that having shorter corridors, and ideally having corridors converging on a central communal space would have improved the design. One tenant commented:

...perhaps if the sitting room was in the middle of it all, with the flats surrounding it, that would be nice.

Certainly the layout of Rosewood Court could have been improved, in line with the principles of dementia-friendly design, by avoiding long corridors with 'dead ends' and by increasing visual access to communal areas in order to assist people in way finding and in social participation.

Lifts

There was wide agreement that it is not ideal to have a single lift in Yew Tree and also that the lift is rather small to cope with tenants who need a bit more space,

especially to manoeuvre wheelchairs, without feeling that they are likely to injure others. As one tenant explained:

...I do think that the people who design these buildings... think, 'Oh we can stand four people in there'. Yeah you may be able to stand four people, but when they have their zimmers, or walking frame, you will be at a pinch to get more than two in, and when you are talking wheelchairs it is one at a time. You have to remember to take everything you need with you because it is a heck of a way to come back...

Lounges

The majority of the tenants and their families felt that tenants make good use of the lounges, where meeting other tenants provides company, friendship and activities.

There are two lounges in Yew Tree, the larger lounge being used most by the tenants, particularly in the afternoons. The use of this lounge in the evenings depends on whether there is a planned activity. The smaller lounge is used less frequently, but at the request of tenants has recently had a television and DVD installed, so use is likely to change. There is also an activities room, and informal seating areas on the first and second floors.

Tenants suggested that the main lounge should be bigger, perhaps with a room divider arrangement to allow flexible use of the space. They also commented on problems with ventilation when it is crowded:

...our lounge isn't big enough really downstairs; when we all... most of us get in, it's rather crowded and it gets stuffy, because we've only got one of those windows and if you open it somebody complains of the draught and those at the other side are too hot. So you can't win... it gets very warm, there should be a fan or something to move the air.

Rosewood has two lounge/dining rooms, one upstairs and one downstairs, the latter being used more frequently. There is also an informal sitting area in the foyer and a sitting room on the first floor. As with Yew Tree, there were suggestions about the desirability of a bigger space and better ventilation. More than one family thought that the lounges would have been better located at the front of the building to allow

tenants to see who is coming and going. For Rosewood there were suggestions for better access from the lounge to the garden which, by the time of writing this report, had already been addressed by installation of an additional door.

One further suggestion from tenants about improving communal lounge areas was the addition of a conservatory, for summer and winter use.

The café

Many tenants, particularly Rosewood tenants, use the café regularly and they, and their relatives, generally appreciated the facility and the quality of the food. Although Rosewood tenants do not always remember their experience in detail, their families are generally pleased to know that they are eating regularly. The social benefits of the café are in many ways as important as the nutritional benefits. One relative, for example, commented that:

... [the tenants] all go and it is like going into a proper café and they sit there and they are served, and they tend to sit together in the same group and they have a chat and I think that is nice. It is a nice social thing and we sometimes go and have lunch with them.

Yew Tree tenants commented that the choice of meals could be limited for tenants who do not go early enough, as there is no pre-ordering system; and, that it can be busy when the Rosewood tenants all come in together.

Data collection for this evaluation took place shortly after prices in the café were increased slightly and, not surprisingly, some tenants and their relatives commented that meals had become a little bit expensive. People's perceptions of the 'value for money' provided by the café are dependent on the basis they use for comparison. Few will have information about costs in similar facilities, and in some cases, such as care homes, such costs are in any case not made explicit. Perceptions are also dependent on the frequency and type of meals consumed. For example, if a tenant with dementia eats most meals in the café, and their family knows that they leave much of the food, then the overall cost can seem high. Without a detailed cost evaluation it is not possible to reach any definitive assessment of the value for money provided; but our overall assessment based simply on consumer comments and uptake of the service, is that prices are not unreasonable.

LOCATION AND GARDENS

Some tenants were not very taken with the area around the Centre, for example:

...it's a bit grim, some of it is, those shops are terrible, they want knocking down, however there are plans to renovate them.

...they did clean up the garden opposite last summer, it was like a jungle, they had to bring a wagon to take all the rubbish away, it does look a lot better.

However, all the tenants and their families thought that the south-facing garden was a source of much enjoyment in the summer. Families praised the management of the Centre for their enthusiasm in developing the garden to encourage use by people with dementia. One family commented on the importance of the garden being visible from within the Centre. There were some suggestions for improvements that, with the exception of provision of a greenhouse, had already been addressed by the time of writing this report:

- the provision of some shade and protection from the sun;
- the provision of more comfortable seating arrangements;
- more planting to add interest through touch and scent.

TRANSPORT

The majority of the service users attending Bay Tree travel to the centre using a minibus hired by the Centre. They are generally happy with this arrangement, as a service user commented:

...There is always someone on [the bus], we chat on the way up, and we pick up other people as we go along and the driver is pleasant.

Some families commented that there is variation in pick up times that is not ideal for them, but they acknowledged that it would be difficult for the bus to operate to a more precise timetable and commented favourably on the overall reliability of the arrangement.

Staff identified a number of issues relating to the newly introduced minibus transport arrangements: first, concerns that the single carer escort would be inadequate in the event of an emergency arising; second, difficulties experienced by escorts in dealing with service users and/or their families and the need for clarity for both staff and families about the parameters of the escort's role; and, lack of clarity about the respective responsibilities of escorts and driver, for example, in assisting service users to get on or off the bus. Staff alerted the Day Care Manager to the problems, which were then addressed through the introduction of protocols to guide practice.

The other more general transport issue raised by staff was the need for transport to be available for outings for service users of Bay Tree and for tenants in both Yew Tree and Rosewood. They saw the benefits of such outings as providing stimulation and enhancing quality of life, particularly for service users who do not have families to take them out for the day.

Tenants in Yew Tree and Rosewood confirmed that they were keen to arrange days out and they also mentioned the possibility of MHA providing transport for outings. The tenants acknowledge that this would incur a cost and that there are practical issues to be considered, for example, in terms of escorting tenants who need assistance.

One of the local authority service commissioners who also commented that transport issues had been raised, was anticipating that the Centre Manager would be putting forward a case for additional funding for transport. Whatever system is developed there was agreement that it should be: flexible, reliable, integral to the service, adequately staffed, dignified and non-stigmatising for the service users, and capable of keeping journey times short for service users coming to the day centre.

KEY POINTS

- There is consensus that all three units in the Centre are well designed, comfortable, clean and homely.
- The dementia-friendly design features of Bay Tree and Rosewood are a positive feature.
- Communal cooking facilities would be beneficial for tenants in Rosewood.

- In Bay Tree access to the upstairs rooms and the positioning of the aromatherapy room are not ideal and have to some extent restricted their use.
- Tenants are generally very positive about the quality and facilities in their flats.
- There have been some practical problems with the en-suite shower design, and the provision of shared assisted bathrooms, rather than en-suite bathrooms, is a limitation for some people.
- The door entry and pull cord systems provide tenants and their families with a welcome sense of security.
- The design of the entrance is a problem in poor weather and visitors experience some problems with the door entry system.
- The length of the corridors, a design compromise related to site constraints, is a problem for some tenants. In dementia care facilities, the design ideally would include shorter corridors with no 'dead ends' and better visual access to communal areas.
- An additional, or perhaps bigger, lift in Yew Tree would be beneficial.
- The lounges are for the most part well used and appreciated. Improvements suggested for communal lounges include: better ventilation; having a larger and more flexible space available; and, the addition of a conservatory.
- The café is well used and appreciated, despite some expressed concerns about prices, about choice for latecomers, and about busy periods when Rosewood tenants come in together.
- The gardens are a source of enjoyment and early suggestions for improvements from tenants have been addressed. However, tenants are not overly impressed by the locality immediately surrounding the Centre.
- Service users and families were generally happy with Bay Tree's transport arrangements
- Staff experienced a number of practical issues with Bay Tree transport escort arrangements that were resolved in the early stages of the Centre's operation.
- The provision of transport for outings would be welcomed by staff and tenants.

SECTION SIX: MANAGEMENT ISSUES

INTRODUCTION

This section begins by discussing staff and management issues, including staff attributes, staff development and management support. It then comments on how the Centre is viewed by practitioners in other agencies. It ends by outlining service commissioners' views of how the Centre's services contribute to the local service system.

STAFF AND MANAGEMENT

MHA is strongly committed to ensuring that staff at all levels are well trained and well supported. The results of this commitment were evident throughout the operation of the Moor Allerton Centre.

Staff attributes

The Centre's management team invested a great deal of time and energy into staff recruitment and selection, particularly care staff selection, in order to ensure that the personnel appointed shared the values of the service and had a genuine concern to provide care in a responsive and individualised way.

Bay Tree service users, tenants of extra care and families, without exception, assessed staff very positively in terms of their manner and approach to providing care, for example:

The staff are very, very good. I don't think they could do any better. If you want anything doing they are always there to help, they are not a big staff but they are very pleasant.

(a Bay Tree service user)

... even the person over us, she dances, they are all right joyful you know, nothing is too much trouble...

(a Bay Tree service user)

...I think it is a very caring place they have built and I don't think there is another one like it and the staff are lovely and always helpful and cheerful, always nice, always...

(a tenant)

...What impressed me most was that the staff were very involved, clearly motivated and involved with people with dementia. They were not just containing them, but levelling with their service users and trying to get the best from them and clearly enjoying their company. Rather than standing back and observing, they were interacting with them. That was very clear and not put on as a show, because I deliberately rang and said 'can I pop in and see what you are doing?', and was there within a few minutes.

(a relative of a Bay Tree service user)

Tenants' only criticisms about staff concerned some agency staff, employed temporarily to provide additional staff cover, who were compared unfavourably with permanent staff in their approach and training. However, by the time of writing this report, the Centre had established its own 'bank staff', who are recruited and trained to the standards of permanent staff, to provide any temporary cover that might be required to ensure a full staff complement.

Staff development

At the beginning of their employment with MHA, all staff complete an induction course that covers the values and philosophy of MHA, health and safety issues pertaining to their role including back care, plus all aspects of basic care skills. Within six months all care staff commence a NVQ programme. They also receive in-depth training in moving and handling, first aid, medication management, dementia care, fire safety, food hygiene, abuse awareness and care planning. Other training sessions offered to staff include understanding diabetes, strokes, and continence management.

An introduction to dementia care is covered in the induction course. Staff commented on the need for further dementia care training. However, by the time of writing this report, the Centre had introduced additional training for staff to complement their NVQ programme. This training is provided using the Alzheimer's Society training

pack "Yesterday, Today & Tomorrow". Other exercises and sessions include topics such as:

- the experience of dementia and what it must feel like in the early stage;
- what dementia is and how it is diagnosed;
- how to communicate with those with dementia;
- care skills when working with dementia;
- person centred care;
- use of life history work;
- understanding behaviours we find difficult;
- teamwork in dementia care.

Each of the sessions involve staff reflecting on aspects of the experience of living with dementia. Through individual and group work, staff provide evidence of their understanding as well as their ideas for how they can work to improve the lived experience of the person with dementia. The Centre has also introduced the use of Alzheimer Society training books for each staff member and is looking at how other media might be incorporated into short refresher sessions.

For more senior staff, their training programmes include the above, plus NVQ 3 and a management training programme.

Staff support and leadership

Staff participate in regular team meetings and monthly supervision sessions. Junior staff felt they were given plenty of support from senior staff and from more experienced peers. Staff in the extra care housing units talked about how it tends to be more physically exhausting working in Yew Tree and more psychologically tiring in Rosewood. They thought that the Centre management was sensitive to the demands of their work and that their line managers were well attuned to moving them between Rosewood and Yew Tree when they were ready for a change. Senior staff also commented on the support and supervision that they receive and about the ways in which they were encouraged and empowered to develop the services that they manage.

The general response of staff was that they '*loved the job*' and felt that they enjoyed the work because of the team working and support they received. One staff member

commented on how different it is working in this environment compared with her experience in previous jobs. She said she had been used to doing her job and no more, whilst at the Centre everyone comes back to join in social events and celebrations.

Bay Tree staff talked how the Day Care Manager had a non-hierarchical management approach and how she endeavoured to develop good team working and mutual staff support in the centre. This led to a relaxed atmosphere which, as one member remarked:

...is like a big family, very relaxed and all happy.

One consequence of this working environment is that several staff stated that in working at the Centre they did not experience the stress that they had felt in previous employments.

The limited staff concerns that we identified were all related to the process of development in the early month's of the centre's operation:

- working with growing numbers of service users who present challenges for staff;
- managing workloads when there are growing numbers of people who need long periods of one-to-one attention;
- having occasional periods when, due to other demands on staff and managers, the staff to service user ratio in the centre is lower than normal.

These issues were recognised and addressed by the Day Centre Manager.

The above example of staff concerns being addressed by managers is typical of the generally very open and responsive management style in the Centre. There were very few issues identified by staff, service users or families, in the course of this evaluation that had not already come to the attention of the Centre's management. And it has been clear throughout this evaluation that the Centre's management have been quick to address any problems, and respond to any suggestions, raised by staff, service users or their relatives.

WORKING WITH OTHER SERVICES

People attending Bay Tree are often also in receipt of home care or other community services in their own homes. While tenants in extra care housing receive support and care services from the Centre, they too continue to make use of some other community services. As well as general medical services, these community services can include social work, old age psychiatry, community psychiatric nursing, community nursing and continence advice. Links between Centre staff and other service providers can therefore be important in ensuring that service users experience co-ordinated care. The views and experiences of three groups of service providers who had most contact with the Centre are reported below: general practitioners, a specialist community nurse and social workers.

GPs who have regular contact with tenants of Rosewood and Yew Tree were generally very positive about the Centre. They commented that the staff are pleasant, treat people with respect and are available, when necessary, to accompany the GP during home visits. GPs find this particularly helpful when visiting people with dementia. One GP commented that care staff are not always fully conversant with what is going on with each tenant, but that they would not expect otherwise in this type of independent living facility, and indeed some patients call their GP without the care staff being involved.

Within the locality, there is a specialist older people's nurse, who works across three GP practices with which many of the tenants and service users are registered. This nurse, who visits the Centre once per month to see any tenants who require her services, reported that she had no problems in working with Centre staff and commented on the 'excellence' of the service.

Social workers are involved in assessing tenants' suitability for admission and in drawing up care plans. However, once the tenant has settled in, social workers generally have no further ongoing contact, unless reassessment of needs is required. One Social Services manager thought that the Centre had experienced some problems with having numerous social workers going in to re-assess service users and that it would be better to have one social worker (case manager) allocated to Moor Allerton to re-assess everyone. In addition to links with workers in individual

cases, a principal caseworker meets with the Centre managers every two weeks to look at new applications as well as any problems and how they might deal with them.

Social workers described very positive working relationships with staff and had positive views about the services provided, for example:

...I have got a lot of support from the staff there and all I can say are good things about the place. They are a very good and dedicated team. I have had no problems with the staff whatsoever. The staff are always helpful, There is a very flexible approach to care there and that is what is needed.

...[Staff are] always willing to help and do things if they can, so no problems with my relationship with the staff.

...the staff want to listen, will view other extra care establishments and want to learn all the time, want to learn from their own experiences as well. I don't think I have worked with people who are so open-minded, knowing what they are doing and being aware all the time.

THE CENTRE IN THE LOCAL SERVICE SYSTEM

Service commissioners were very positive about their working relationships with MHA. As one explained:

It is particularly good because they have shown more innovation, ideas and partnership than other partners and that is what we want.

Commissioners particularly valued the way in which MHA could bring a different perspective based on their national interest and knowledge about mental health and older people

Yew Tree and Rosewood

Local authority service commissioners welcomed the extra care housing development as complementing existing services and fitting in with their broader service strategies, and government requirements, to provide more choice and more appropriate long-term care options. The Moor Allerton extra care housing is one of

several such developments in the city. One commissioner commented on its importance as a facility for people with dementia:

...hopefully... Moor Allerton fits with part of that spectrum of care...It is providing services to people with low to high needs, and all the ranges in between...in an environment whereby people who are beginning to show early signs of dementia can be supported through their pathway. [These services] are part of the bigger plan to prevent older people from entering care prematurely and give them an extended period of time in a supported environment in the community.

From a service commissioner's perspective, it is important that Moor Allerton's extra care housing is allocated through the city-wide allocation panel to ensure best use of the places and particularly to ensure that the places are used to give people an alternative choice to a care home and to divert them from care homes.

One of the strengths of the Centre that commissioners identified is the provision of home care services by MHA staff rather than an outside agency. There had been some initial problems in how MHA and the local authority agreed and audited the care that is provided and paid for. However, commissioners thought that the resultant arrangement worked well in practice in allowing for adjustments to the care level, both up and down, as individuals' care needs change.

Bay Tree

One local authority service commissioner suggested that MHA had come with a vision of a new approach to providing a community Resource Centre that involved 'reaching out to the local community'. However, this vision had not been well supported by a service level agreement and the resultant service, while very good, had not turned out to be as radical a departure from 'traditional' day care provision as originally envisaged. Bay Tree was, none the less a significant addition to services for people with dementia in the locality, as one commissioner explained:

...This has filled a big void in the area's coverage of day care services for people with dementia... Instead of having to use the former local authority one, people can go to a more local centre which has all the benefits to

reduce travel time, and increase flexibility in terms of when people can get in and out, because it is more local.

From an MHA perspective, although it had not been possible to incorporate all of the ideas and suggestions for the service that had been made at consultation events organised for potential service users and their carers, they hoped that these could be addressed in future developments.

Intermediate care service

Service commissioners rated this service highly in terms of care and inter-agency working. However, some PCT service commissioners thought that the Intermediate Care flats were somewhat under used, with one remarking:

I don't think they are being used to their full potential, but that's not an issue for Yew Tree Court, that's our issue.

A stepped approach to care needs

Service commissioners had differing views about the relationship between the Centre's day care and housing services. One service commissioner thought that:

...[Bay Tree] allows people who are in the [extra care housing] scheme to go as well which is great for people, they don't have to get into buses and travel, that's a great strength.

Another service commissioner, however, thought that the day service was intended for people living in the locality, not within Rosewood or Yew Tree.

The Centre itself is clear that Bay Tree is not there to contribute to the care and support packages for tenants, although service users from Rosewood do sometimes join activities in Bay Tree. However, it does aim to provide a stepped approach to care, adapting services from low levels of support to high levels of care as tenants' needs change. The flexibility of care that we reported in Section Three suggests that this approach is operating well within the extra care housing service. However, it is too early to draw any conclusion about the extent to which users of the Bay Tree service will eventually 'step up' to the higher levels of care provision available in Rosewood.

KEY POINTS

- Tenants and Bay Tree service users and families rate the staff very highly.
- The Centre has set up its own 'bank staff' to ensure high quality temporary staff are available as required.
- Staff development and training is provided for all levels of staff and management.
- Introductory dementia care training is provided for all staff and more advanced training has been developed and introduced.
- Staff are happy at their work.
- Team working is good and important to staff.
- There are good staff support systems and junior staff feel well supported by senior colleagues as well as more experienced peers.
- Senior staff also feel well supported, as well as encouraged and empowered to develop the services that they manage.
- Staff report feeling less stress as compared with working in other care environments.
- The limited staff concerns that we identified were all related to the process of development that the Centre was going through in its first year and the issues raised were all recognised and addressed by managers.
- Managers are clearly responsive to resolving any problems, and responding to any suggestions, raised by staff, service users or their relatives.
- GPs, community nurse and social workers were all very positive about the services provided and their working relationships with staff.
- Service commissioners valued their good working relationship with MHA, which they regarded as bringing expertise and ideas for innovation.
- Service commissioners value Bay Tree as a significant addition to dementia services in the locality and the extra care housing as an important contribution, particularly for people with dementia, in providing alternatives to care homes.
- Service commissioners rated the Intermediate Care service highly although there is an issue for the PCT in ensuring that the Intermediate Care flats are used to optimum capacity.
- The Centre aims to provide a stepped approach to care but it is as yet too early to assess how this will operate in terms of service users moving from Bay Tree into the extra care housing provision.

CONCLUSION

The Moor Allerton Centre, a purpose built extra care housing and day care facility, was established as part of MHA's commitment to develop and extend high quality, person-centred, care and support for people with dementia.

In this report we have looked at how the Centre has performed in meeting its objectives from the perspectives of staff and managers, services users and their relatives, staff in related agencies and service commissioners. Our overall conclusion is that the Centre performs well in relation to the model and philosophy set out in Section One and in respect of the issues identified in the literature. Underpinning its high standards are a strong value base, good management, a strong commitment to staff support and development, and a high quality environment.

First the Centre provides high quality care that is flexible, responsive and promotes independence. It has an approach to dementia care that emphasises individuality, personhood and 'normalising' the lives of people with dementia. Spiritual care is an important feature of the services. Some tenants, particularly in Rosewood, receive high levels of personal care input, comparable with the levels provided in care homes. Families of day centre users and of tenants feel very well supported by the Centre, and links between families and staff are generally very good. Service users and their families gain a welcome sense of security from the services, particularly from the staff cover and assistive technology provided in the extra care housing. Families of Bay Tree service users particularly welcome the extensive opening hours of the service.

Second, the Centre provides all service users with opportunities to engage in a range of enjoyable and meaningful activities. The needs of people with dementia are taken into account in the planning and provision of activities, as are the needs of people who prefer less structured interaction and activity.

Third, the Centre, particularly in the extra care housing, functions as a supportive social community with good links being maintained and developed with the wider local community. The community in the extra care housing is generally socially inclusive although, as has often been found in other extra care housing

developments, the integration of people with dementia is not always easy and sometimes requires facilitation by staff.

Fourth, the Centre is designed specifically to meet the needs of older people, and particularly the needs of people with dementia. It is experienced as being well designed, comfortable, clean and homely. Tenants are generally very positive about the quality and facilities of their flats, and the café, communal lounges and gardens are all much appreciated. The Centre is developing further the assistive technology that has been used to enhance care.

Fifth, the Centre's staff are universally highly regarded. This can be attributed: to the care that managers have taken with staff recruitment and selection; to good staff training, both general and dementia specific; to having 'bank staff' available as required; and, to good staff support provided through team working and supervision.

Sixth, the Centre has a management approach that is clearly responsive in resolving any problems, and in responding to any suggestions or comments, raised by staff, service users or their relatives. It is also an approach that ensures a staff group that feels happy and well supported, and a senior managers group in which individuals feel not only supported but also empowered to develop the services for which they are responsible.

Overall, MHA is well regarded by service commissioners as a partner in developing new approaches to enabling people, especially people with dementia, to remain as independent as possible for as long as possible. The Centre's extra care housing and specialist dementia day care are both valued as extensions to the range of care options available locally. GPs, community nurse and social workers, who came into contact with the Centre, were all very positive about the services provided and about their good working relationships with staff.

This evaluation did not aim to measure care outcomes. However, it is clear that: service users and their families identify a range of health and wellbeing benefits and that some relatives think that Bay Tree attendance enables them to continue caring for longer. The turnover of tenants in the extra care housing units was not high in the first year. The Centre was not able to provide a 'home for life' in all circumstances, in particular for a small number of people who required 24-hour nursing care to be

available. It is too early to draw any general conclusions about the Centre's success in this respect in the longer term, and this will in part depend on the level of community nursing input available to tenants. It is also too early to comment on the impact of the Centre's day care, or housing provision more generally, in diverting admissions from care homes. Similarly, further work is required to more rigorously assess the impact of the Intermediate Care service on rehabilitation and on hospital inpatient care.

Areas for development

Overall there were very few complaints about the Centre. Any suggestions we identified for improvements were matters of detail rather than fundamental aspects of the Centre's approach or operation. Many of the suggestions we identified for service improvements or developments had, by the time of writing this report, already been addressed or were being considered by the Centre.

This evaluation was limited in the extent to which it assessed the Intermediate Care service. However, it was clear to us that there is a need for the PCT to review the operation of the service in relation to ensuring that the flats are used to optimum capacity and that users' needs and expectations are well matched with the service provided.

Our final observation is about potential design lessons that Moor Allerton provides for future extra care housing developments, especially those for people with dementia. MHA should consider: the possibility of offering the option of a bath as well as a shower in some flats for the minority of tenants who are not happy to have only a shower; more generous provision of lift facilities; re-configuring lounges to provide some bigger, but more flexible spaces; provision of two-bedroom flats for couples in specialist dementia care units; and, developing innovative approaches to building layouts that can meet site-specific requirements and the requirements of dementia-friendly design.

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