



EVALUATING PORTLAND HOUSE

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PORTLAND HOUSE

Portland House is an extra care unit for eight older people with dementia which was opened in Feb 2003. During 2004 an evaluation was commissioned by St Helens Social Services from an external evaluator working with older people from the St Helens Senior Voice group. The evaluation sought to consider the service offered by Portland House to older people with mild/moderate dementia and to consider the wider issue of the place of such care settings within the general provision of care for this client group.

BACKGROUND INFORMATION

The care of people with dementia has changed over the last 20 years. Previously the illness was often seen as indicating a long slow decline of functioning which nothing could change – no cure, no help, and no hope. As a result of this thinking in the beginning little work was done in looking at the social care factors and rehabilitation issues for older people with dementia –it was believed that people with this illness needed physical care and management, and the study of the illness itself, its possible causes and medication issues took precedence.

However, work by Tom Kitwood and the Bradford Dementia Group has gradually brought care issues more to the forefront. It was already recognised that dementia had several different causes and differed widely in how it manifested itself in the person, even for people with the same type of illness, and in addition research had shown that often the persons functioning and sense of self did not seem to be directly related to the amount of actual damage to the brain found at post mortem. It was also becoming clear that the brain seemed to be able to learn new ways of adapting to the world even in old age, and for people with dementia .It was known that people's general physical health often affected their mental state to a significant degree and that people with dementia were often also depressed and some people who suffered only from depression were mis-diagnosed as having dementia. One of Kitwood's major insights was that different styles of social care also greatly affected how people functioned and how their sense of well-being was manifested.

This ensured the fatalistic view of 'nothing can be done' was changed and new models of 'person-centred care' were developed.

Kitwood suggested that good social care involved five key aspects in addition to the obvious responsibilities for general health and safety. These were:

- Attachment
- Inclusion
- Occupation
- Identity
- Comfort

Attachment

Without the reassurance that sustaining relationships provide it is difficult for any person to function well. The loss of such relationships undermines the sense of security and if several bonds are broken together the effect can be devastating. People with dementia may be experiencing new uncertainties and anxieties and their need for attachment and relationships may be stronger than ever.

Inclusion

Human beings have evolved as part of social groups and most people display the need to be part of a social network throughout their lives. Very often the social life of people with dementia has dwindled over the years and although large groups in day-care or residential care may seem to provide this, people can be left feeling very alone in such groups, often as lonely as they were at home. If this social need is met however the person may again resume a distinct place in the shared life of a group.

Occupation

People need to be involved in activities, which they enjoy, and value and which compliment their abilities. Without such occupation people may become first bored, then apathetic and may lose self-esteem. This need for occupation is still shown in people with dementia but requires skill and imagination to find activities which are meaningful to the person themselves and reflect their past interests and pleasures

Identity

This reflects a person's need for a sense of self and a connection with their past. Two things seem to be essential in maintaining the identity of people with dementia: - knowing the person's life history and an empathy with their present position

Comfort

The offering of closeness, support, the soothing of distress and the feeling of security in being cared for – in other words to provide warmth and strength and to give heart to people at times of difficulty. This is a common human need, likely to be even more strongly felt as the problems and losses of dementia mount.

It was against this background that the Portland House model of care was developed and the challenge it has set itself is to make care as person-centred as possible

THE PORTLAND HOUSE PARTNERSHIP MODEL

Portland house was developed as a result of several key partnerships

- St Helens Social Services Department worked with Villages Community Housing
- Association on the design and development of a unique building which would meet the needs of this client group

The building provides:

- A tenancy for each resident with a good sized room, ensuite bathroom and a lockable door
- A communal lounge, two communal kitchens and a dining room to promote a sense of community but with space to allow for different activities or privacy within the home
- A safe space outdoors with interesting plants and features
- Later in terms of the building, a further partnership was developed with Tunstall Telecom to provide safety sensors and communication systems in each room.
- Social Services and Villages Housing in partnership with Methodist Homes developed a model of care which reflected Kitwood's principles of person centred care within an extra care housing complex. Staff are trained and supported in offering such care.
- A partnership between Portland House and the psychiatric service for older people with dementia in St. Helens such that all tenancies would be as a result of appropriate joint assessment
- A partnership with relatives and carers to continue to support the person with dementia by tailoring joint care to their specific needs and ensuring carers to remain involved but not overwhelmed.
- A partnership with the Welfare Benefits service to ensure financial issues are dealt with effectively and efficiently.
- A partnership with the local community to ensure the Portland House community is part of the greater whole and that inclusion is widely defined.
- The outcomes of such partnerships formed the basis of the evaluation.

APPROACHES TO EVALUATION

There were three aspects to evaluation: –

Acceptability – ‘how does it feel for the customers?’

Utility – ‘does the model produce good outcomes?’ and

Feasibility – ‘is this the most efficient way to produce the desired outcomes?’

This posed 3 main questions for the evaluation:

1. Has Portland House met its stated objectives, which flow from the philosophy of person-centred care?
2. Does Portland House provide a good model for the care of older people with mild to moderate dementia?
3. Is Portland House an alternative to residential care for this client group?

To answer these, consideration was given to both the process – the way care is offered, and the outcome – how the tenants enjoyed and benefited from that care and the evaluators used both factual and qualitative information.

It was agreed that there would be a joint evaluation using volunteers from Senior Voice (the older people’s National Service Framework reference group in St. Helens) working with the external consultant –Judy Scott. In the event five older people participated in the evaluation.

PART ONE - EVALUATION AGAINST OBJECTIVES

The underlying drivers for the development of the Portland House model came from three areas: - firstly the commitment to person centred care by Social Services Commissioning Managers and Methodist Homes staff; secondly the Joint Investment Plan objectives of optimising independence, avoiding unnecessary admission to residential care, reducing social exclusion and maximising choice for older people and thirdly the Older People's Commissioning strategy which had been written after extensive consultation with older people in St. Helens and identified as priorities the need for independence with security, choice of services including housing options and high quality dignified support when needed.

This had translated into 14 individual objectives for Portland House and evaluation took place against these.

OBJECTIVES

1. TO IMPROVE TENANTS SKILLS FOLLOWING ADMISSION

An assessment of capabilities is carried out by Methodist Homes staff for each tenant on admission. It covers physical and mental abilities and social/emotional needs and is repeated in full at six monthly periods.

For some tenants this has illustrated some improvement in abilities over time, for the majority a holding of existing skills for long periods, and after two years only

Two tenants have needed to move to alternative accommodation

. To quote staff members:

“It's so different here, we don't take anything away from people, they can be as independent as possible – it's great”

“I wasn't into enabling (in the last job) – now I am”.

2 TO REDUCE UNNECESSARY ADMISSION TO HOSPITAL OR LONG STAY RESIDENTIAL/NURSING HOME CARE

During the first twelve months of operation no tenant was admitted to hospital or other residential care. In the second year two residents have moved to alternative accommodation- one to a specialist nursing home and one into hospital.

3 TO ENCOURAGE INTERACTION BETWEEN TENANTS AND STAFF

All evaluators were unanimous in seeing this as one of the major strengths of Portland House.

Relationships between tenants could on occasions be less than positive as with any group of people brought together in this way. It was reassuring to see that there was no overreaction by staff, just a straightforward dealing with the event. Staff were seen to treat people as adults, without patronising, and relationships with staff were extremely positively reported by all evaluators. Staff were seen to know people well and clearly enjoy their company and value their contributions

To quote from one Senior Voice evaluator *“it was like a nice family”* - and from a member of staff *“You make real relationships here – its 100% better (than working in traditional residential care)”*

4 TO PROMOTE ACTIVITY AND STIMULATION IN THE HOUSE.

This was achieved in many ways. On a practical level menus were agreed at a weekly tenants meeting and residents shopped themselves for the ingredients. All residents helped with cooking and setting tables within their capabilities.

Staff may also work with tenants to launder their personal clothing and bedding if relatives cannot assist. Many other activities are provided on a weekly basis and tenants are encouraged to participate, but not pushed. The overall impression is of things going on, but at a leisurely pace.

TV and radio are available to watch but don't dominate. People are encouraged to continue activities they have enjoyed in the past and natural opportunities are taken whenever possible – for example, the Rugby World Cup party, birthday celebrations or the weekly church service.

But perhaps most importantly of all staff clearly see talking to people individually or in small groups as an important activity and find time to do this on a regular basis – a real difference from many other forms of care.

5 TO PROVIDE FLEXIBLE, EMPOWERING, PERSON CENTRED CARE.

Again a great strength of Portland House. Care programmes are individually agreed with all stakeholders on admission, monitored on a weekly basis, and adjusted accordingly. Extra personal care can be bought in if required

Risk is assessed jointly with tenants, relatives, staff and psychiatric services.

As Senior Voice member said “***-the personal touch was there***”. People were clearly known and valued by all staff.

6 TO PROMOTE THE SOCIAL INCLUSION OF TENANTS

Portland House enjoys good relationships with people in the local community, who have visited and supported it since first opening. In addition tenants are encouraged to use local facilities whenever possible – shops, local markets, pubs, hairdressers and the local G.P. practice. Tenants have their own mail and newspapers delivered and social events with outside visitors are arranged approximately every two months.

Villages housing also visit tenants on a weekly basis and local churches have contact with tenants as requested. The Kershaw day centre for older people is next door to Portland House and tenants who have been assessed as likely to benefit from attendance are offered places there also.

The average number of outings per month in winter is 20 with a range of 14 – 26. If the weather in summer is good this average increases. This is a significant difference from other forms of residential care

There is a particular issue for male tenants who are always in a minority, sometimes a minority of one. Trips to the local pub are included to ensure some male company each week.

7 TO OFFER THE LEAST INTRUSIVE CARE POSSIBLE WITHIN THE CONSTRAINTS OF THE PERSON'S CONDITION AND NEEDS.

An investment in sensor technology in each flat has allowed staff to minimise the intrusion of 'checking that things are OK'.

Bed sensors, fall and flood detectors and communication systems allows problems to be responded to quickly, but only when needed. This increases independence by reassuring tenants and relatives that major risks can be avoided, but that staff can offer comfort and reassurance when needed.

In addition as covered previously, all tenants are encouraged to be as independent as possible within agreed safety limits.

8 RELATIVES' AVERAGE MONTHLY CONTACT WITH TENANTS IS 17 HOURS PER MONTH. THIS RANGES FROM 1 HOUR PER MONTH TO 52 HOURS PER MONTH.

Relatives are encouraged to visit both on an individual basis to offer company and care, and to attend communal events. They assist with cleaning and laundry and accompanying tenants on visits to GP, hospital or shops. In addition some tenants visit, and on occasions, stay with relatives in their own homes or are taken out for family events.

Portland House prides itself on making relatives feel a welcome part of the care provision, and their information desk also provides a useful selection of information.

Relatives spoken to by Senior Voice members spoke highly of staff and the efforts they made to include them in activities and care.

There is also a relatives' flat for those visiting from further a field.

9 TO PROVIDE A CHOICE OF PERSONAL AND COMMUNAL SPACE

Although the individual rooms have no kitchen area, they have enough space for personal possessions and easy movement and are en-suite. All tenants have their own TV and can have telephones in their rooms if they wish. Communal dining and lounge areas are on a homely scale and there is a quiet space for private conversations. The whole building feels human scale with pleasant, unobtrusive décor and a pleasant garden, which is sufficiently large to walk in, and is secure but doesn't look it.

10 TO PROVIDE STAFF TRAINING AND SUPERVISION

This is again a strong point of Portland House and the Methodist Homes Organization. In the course of the first year of operation staff received 507 hours of training in total, covering induction, food hygiene, medication first aid, fire equipment and dementia training. Although this has reduced slightly in the second year training is still given a high priority. All staff are included and this is backed up by a model of regular personal supervision and coaching. Staff themselves are very positive about the training they receive. To quote - "even as a domestic I get offered training with the care staff and it's good. We all enjoy it".

11 TO ENCOURAGE STAFF CONTINUITY AS FAR AS POSSIBLE

During the first few months of opening there was some staff turnover, which has now settled. Initially this was a new role for all staff and some had practical issues of childcare and second jobs to deal with. Two were not confirmed in post after a trial period, and two had stress related illnesses. One staff member made a career move, but has remained available for relief work. Once this initial instability settled this small staff group have remained together and been able to provide a high level of continuity to tenants. To quote "we work together as a team".

12 TO PROVIDE AN ENJOYABLE AND STIMULATING WORKPLACE

All members of the evaluation team and the main social services placement worker were very impressed by the staff in Portland House. Enthusiastic, committed, good humoured, reliable, hardworking, flexible, informal were all words used in connection with both staff and manager by Senior Voice evaluators and tenants also spoke most warmly of all staff.

All staff were supervised regularly, overtime rotas were open, transparent and voluntary and staff said they much preferred their work in Portland House to residential care or home care (for the 3 staff who had experience of these services)

Last but not least it was impressive to see all staff engaged in dealing with complaints and taking responsibility for solving problems and reporting back to relatives and managers – a good indicator of team values and working.

13 TO PROVIDE CARE AT A SUSTAINABLE COST

The staffing ratio for Portland House is two support staff during the day and evening with one from 10:15pm onwards. This is in addition to the manager and assistant manager and any domestic staff on duty

Funding issues are complex and figures quoted are quickly out of date but some are used here to give a general picture. Tenants receive various benefits according to their individual circumstances – these are usually a combination of basic pension, attendance allowance, housing benefit and income support with disability allowance.

The cost to tenants £112 approx for rent, service charge, heating and refurbishment

They have on average a disposable income of £95 per week to cover food, outings, clothes and personal care costs.

The cost to Social Services is approx £90 per week for personal care but on average £40 of this may be recovered in charges. The Housing Benefit/Supporting People costs are £271 per week. The total cost for all care and support in Portland House is £360 per week.

The cost at present of general residential care is £327 per week and for specialist care is £358 per week. This would all be paid from Social Services Budget, but on average £120 per week would be recouped in charges and residents receive £18:10p as disposable income.

14. TO DEVELOP A MODEL FOR GOOD PARTNERSHIP WORKING

Some strong partnerships have developed and been maintained –and these have helped Portland House develop to its present state and provide a real model for the future. Others have proved to need revisiting and are subject to ongoing discussions.

Perhaps it is useful to end this section with some direct quotes from tenants and staff:-

·“Put my name down” - Senior Voice member

·“The staff called Portland House home “ -Senior Voice member

·“I’ve worked in residential and nursing homes – it was just physical care, no real relationships, -with older people in Portland House it’s 100% better”) -Staff Member

·“We’re part of the local community -Senior Staff Member

·“The personal touch was really there” -Senior Voice member

·“I’m happier since I came here” -Tenant

·“I think I’ll stay” -Tenant

·“I think it’s great – it’s everything I need - Tenant

·“The foods fine – what we like” - Tenant

·“It’s the company I came for – there’s always someone here to talk to” - Tenant

*·“Everything’s great, we just need more men” - **Only male tenant***

·“Staff help you” - Tenant

PART TWO – OTHER EVALUATION ASPECTS

The second aspect to the evaluation was to consider other issues relevant to achieving the objectives of the unit.

THE BUILDING

- The building has largely proved very fit for purpose, but here were some small adjustments suggested in any future versions of this facility
- , Comments have included the advantage of having 2 small dining areas attached to the two kitchens, each -
- serving four tenants rather than the present larger version for all 8 tenants, also that the design of the kitchens be improved by increasing worktop space with storage units having see-through doors to assist tenants to easily locate equipment.

In terms of technology it was suggested that only bed and light sensors should be fitted as standard with other systems only installed if a particular risk was identified.

It was also noted that the guest room has not been used and could easily be used as a dual function room– available for staff but able to be converted to a guest room if needed.

However, having made these suggestions, it would be wrong not to accentuate the general satisfaction with a building and décor which is considered pleasant, comfortable, generally functional and on a very human scale, with attractive, usable outdoor space.

STAFFING STRUCTURES

There was a need to consider an increase in care or administrative support hours to allow the assistant manager some time off rota

RELATIONSHIPS

There are issues connected with the protocols for liaison with psychiatric services and social services care managers , which have caused concern to both staff and evaluator. There has also been a need to clarify the role of staff in requesting home visits from the local G.P. practice. These are currently under discussion and hopefully moving towards resolution

STRATEGIC ISSUES

The issues concerning relationships mentioned above seem to point to a wider strategic issue. There has perhaps been a lack of clarity within assessment services about exactly who might benefit most from a place in Portland House. This is not surprising since there are few similar settings having the benefit of research studies to illuminate this question. However it provides the management of such provision with real issues to resolve in-situ as they learn who to accept and when it is appropriate to consider what type of alternative accommodation. One suggestion has been the appointment of a psychiatric nurse advisor placed across social work teams for older people to assist workers to identify appropriate placement and care package options and support them in dealing with all mental health assessments and issues. In addition this nurse advisor could also develop the liaison protocols for all psychiatric services for older people in acute hospitals and community settings.

PART THREE – PORTLAND HOUSE IN THE CONTINUUM OF CARE

In the last section of this evaluation the issue of where Portland house sits within services for people with dementia is explored, and whether this model can provide an alternative to the more traditional residential and nursing home services

In 2004 Stephen Ladyman said ***“over the next 20 years I expect to see a falling proportion of older people living in care homes and more living in extra care housing or their own homes”*** – but the vexed question remains – who is best suited to which type of provision. Research is beginning to look at these areas.

Recently Keele University published the results of their 3 year study of Berryhill Retirement Village– a large-scale provision using models of sheltered and extra care housing. (Set up by the Extra Care Charitable Trust) They found that despite people often entering the village with poor health, residents generally later felt healthier, happier and younger than they had on entry, and that these feelings were generally maintained over the study period. Keele noted their reservations about the wide age range of tenants (55 years plus) and mix of resident capabilities, and the location of the complex. There were also the issues common to the care sector in general of recruiting and retaining qualified staff.

Residents’ experiences of extra care housing are also the subjects of a study by Housing 21 –a Housing Association which specializes in services for older people, and is one of the largest independent sector providers of smaller units of sheltered and very sheltered housing. They have begun an extensive research project to find more about the priorities and experiences of residents in their schemes.

Portland House could also provide valuable learning in this arena.

THE FUTURE

There is a general belief that there should be a range of different housing and care options for older people which few would argue with, but this begs two important questions – which types of care suit which people, and will it continue to be necessary to move people between these different types of provision as their care needs increase?, Research could help to illuminate our thinking and assist care managers to work with older people and their carers to make the most informed choice possible about their future care setting – not only where will best meet their current needs, but where will offer the least danger of a further move.. Further work is also needed to inform the debate on how to make the care in any given setting as flexible as possible to minimise the need to move and the legitimate limits to this flexibility.

CONCLUDING REMARKS.

Portland House offers a very good service to its tenants and contributes some valuable learning in how to provide high quality care in this client area. It provides a fine example of person-centred care both in it's commitment to enabling tenants to be as independent as possible and also in offering sensitive and thoughtful care when needed .It offers an ideal setting for further research.

In terms of sustainability Portland House certainly seems cost-effective from the tenant and Social Services perspective, but may benefit from a more rigorous whole system cost evaluation at some point.

There are some issues of clarity about who is best suited to this type of care and how to provide appropriate external support that are the subjects of continued discussion. However evaluation demonstrates that for some people who would have previously been placed in general or specialist residential care or specialist nursing home care this is a real option and offers an exceptionally impressive and tailored care plan, whilst for others a more intensive care will continue to be needed, although it would be heartening to see the same level of individualised care offered in all settings..-

Perhaps the most potent comment comes from the tenants and Senior Voice evaluators who unanimously said they were or would be happy to be there, not a common phenomenon in the author's experience.

My thanks go to the tenants, staff and Senior Voice members who helped with this evaluation – especially Debbie Hughes and Chris Lamb, who were, and still are the driving forces behind this work.

Further information can be obtained from

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You also have the facility to enter the web page of each partnership by clicking on the corporate logo on the cover page.

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