Sheltered and retirement housing is a huge resource. More older people (two thirds of a million) in the UK currently live in sheltered and retirement housing than in residential and nursing care put together. Sheltered and retirement housing was originally intended for fit, active older people. However, demographic trends and community care have led to an older and frail population living, or wishing to live, in sheltered and retirement housing. The service has therefore evolved in response to these changing needs and new models of extra care sheltered housing are being developed. Residents can live independent and fulfilled lives in specially designed accommodation that aims to offer a “home for life”. This leaflet, one of a series of five*, has been produced by a consortium of sheltered and retirement housing providers.

Domiciliary Care - a good practice guide for sheltered and retirement housing staff

Phone 01249 654 249 for:
- more leaflets
- further information on this consortium or obtain information from www.shelteredhousing.org

* Five different leaflets are available for:
- Hospital and primary care staff
- Social services
- Sheltered and retirement housing providers
- General enquiries, older people, friends and relatives - 8 Key Questions and Answers about sheltered and retirement housing in different languages
- Domiciliary care - a good practice guide for sheltered and retirement housing staff.
Domiciliary Care - a good practice guide for sheltered and retirement housing staff

In some sheltered housing schemes, as many as 60% of sheltered and retirement housing residents receive domiciliary care. This service is often funded by the social services department but provided by a private or voluntary domiciliary care agency or, less often these days, by an in-house social services led team. There are now regulations and systems in place to ensure quality domiciliary care and to protect residents.

ERoSH believes that sheltered and retirement housing staff have a vital role to play as advocates for residents regarding domiciliary care and other services. This leaflet is intended to help sheltered and retirement staff with this advocacy role.

1 What national and local standards and procedures govern domiciliary care?

- the National Minimum Standards for Domiciliary Care - regulated by the Commission for Social Care Inspection
- the General Social Care Council’s Code of Practice
- social services contract with the domiciliary care agency
- the complaints procedure of the local authority social services department and of the domiciliary care agency.

A thorough working knowledge of these regulations and standards will enable sheltered and retirement housing staff to raise concerns, to drive quality improvements and to identify gaps and weaknesses.

2 What should sheltered and retirement housing staff look for under these national standards and procedures?

- Do residents have written contracts?
- Do residents have a written copy of the care plan?
- Are domiciliary care staff reliable, dependable, flexible?
- Do domiciliary care staff treat the resident with dignity?
- Do the staff maintain appropriate confidentiality?
- Do staff arrive within the time band specified and stay for the full amount of time allocated?
- Is the plan drawn up with the involvement of the resident and other professionals as appropriate?
- Is the plan reviewed annually (or sooner if circumstances change)?
- Are residents, relatives and representatives kept fully informed about the service?
- Have residents been given a copy of the charging and the complaints procedures?
- Does the complaints procedure provide information about the process, timescales and what to do if dissatisfied with first responses? How is it logged, who sees the complaints, does it produce change?
- Do the domiciliary care provider and the commissioner of care ensure that sheltered and retirement housing staff can pass on residents’ views on the service?

3 What should sheltered and retirement housing staff look for in care plans?

Sheltered and retirement housing staff should ensure that the resident has a care plan which states:
- when the domiciliary care worker is due to visit
- what the domiciliary care worker is expected to do
- what the resident can do if the domiciliary care worker does not turn up
- whether sheltered and retirement housing staff have been recorded as an advocate or contact
- the risk assessment and the moving and handling assessment.

4 What do the measures to protect vulnerable adults mean?

- All domiciliary care staff must undergo a criminal records bureau check
- Domiciliary care agencies also have a duty to refer to the Protection of Vulnerable Adults (POVA) list. Through referrals to and checks against this list any care worker found causing a resident harm or placing a resident at risk of harm will be banned from working in a care position.

5 What else can be done to ensure that sheltered and retirement housing staff can help maximise the benefit and quality of domiciliary care?

- When acting as an advocate for residents, sheltered and retirement housing staff need to ensure that the domiciliary care provider is aware their advocacy role
- Do support plans state the wishes of the resident about sheltered and retirement housing staff’s role in holding home care accountable?
- Does the sheltered or retirement housing provider have a policy explaining the role of sheltered housing staff in the monitoring of care?
- Do effective liaison mechanisms exist?
- Does the sheltered/retirement support provider attend stakeholder meetings?
- Does the care plan recognise the role of the support provider as a stakeholder?

6 What if the resident doesn’t want sheltered and retirement housing staff to be involved?

Privacy, confidentiality and choice may mean that the resident does not wish to engage with the sheltered and retirement housing staff to monitor or liaise with the domiciliary care provider. Sheltered and retirement housing staff should respect this choice and record it in the Supporting People support plan.