Housing Learning & Improvement Network

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



'Least-use' Assistive Technology in Dementia Extra Care

Rowan Court, Eastleigh, Hampshire

An example of provision of an extra care facility for older people with dementia, based on a philosophy of promoting and maximising independence.

'LEAST-USE' ASSISTIVE TECHNOLOGY IN DEMENTIA EXTRA CARE

Rowan Court, Eastleigh, Hampshire

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External partners: in defining and agreeing operational dimension of the scheme – Eastleigh over-65 Community Mental Health Team West Hampshire NHS Trust, Hampshire Social Services, Eastleigh and Test Valley South Primary Care Trust.

Aims and objectives: to provide an extra-care facility for older people with dementia based on a philosophy of promoting and maximising independence. Rowan Court is home to 21 people with dementia, each with their own flat. Conversion from a traditional 'bed-sit' format offered an opportunity to 'hard-wire' the building for a wide range of assistive technology. The central feature of the scheme is a philosophy geared to the lowest levels of intrusion into tenants' lives consistent with their safety. The system has the capacity to step up from low to hi-tech where necessary.

Key strategic issues: to increase the numbers of extra-care tenancies available to older people with dementia; to utilise assistive technology tailored to individual need as a supplement to staff care and support.

Local service context: Hampshire Social Services' policy is to support more older people to live in their own homes, decrease the numbers in residential care and provide more nursing home places. A Single Assessment Process agreed with the Strategic

Health Authority and the Primary Care Trusts was planned to be implemented in April 2004. Targets for 2003-4 were to meet the Intensive Home Care Performance Indicator standard of 10-12 people getting intensive care at home per 1000 population. The County's Public Service Agreement commits it to raising this to 18 people per 1000 by 2005.

In 2003-4 three pilot schemes were to be developed as part of the *Insight Active Care Environments* project whereby risks in the home are assessed and minimised by the sensitive use of interactive technology negotiated with the service-user. The Social Services department has also been working with district housing departments to develop extra-care housing in the County.

Specific outcomes of Rowan Court:

The replacement of 52 'bed-sit' units with 27 one-bedroom flats for frail older people and an extra-care facility of 21 flats for a mix of couples and single people with dementia. Completed and opened in 2003. Full costs per tenant in Rowan Court are £340 per week (2003).

Whole system approach: The focus of Fernhill Care Ltd is on provision of a home with extra-care for individual tenants as an alternative to residential care. Each tenant must have a diagnosis of dementia and needs to have arranged a power of attorney.

The need for refurbishment of a traditional bed-sitter type scheme (built 1985) offered Atlantic Housing the opportunity to develop Rowan Court for people with dementia as a separate wing of a larger extra-care facility for frail older people. Older people were consulted and help was sought from Dementia Voice in the design of Rowan Court, with careful attention to internal decoration and colour coding, doorless cupboards in kitchens etc. Flats are carpeted but unfurnished except for a wardrobe, offering tenants the scope for personalising their own environment. A local college project was funded to supply throughout the building a series of large, framed photographs of local scenes and objects reminiscent of tenants' lives. These photographs will be replaced by fresh pictures at regular intervals.

No cookers have been provided in individual kitchens, but there is space for this. A contractor provides a daily main meal cooked on the premises and staff support tenants in managing other meals in their own flats. Individual needs are the starting point of support and care and attention is paid to encouraging the continued involvement of family members. Eventually, some day centre activities will be shifted to Rowan Court.

Initial staff training was also provided by Dementia Voice. Technology is not a substitute for staff - the scheme manager is on call through 24 hours, there are five staff during the day, four in the evenings and one on awake-duty at nights. Additional support would be available from the extra-care facility next door if needed.

A double door entry system is controlled by staff to prevent wondering and one of the two large lounges opens onto an enclosed garden. Wireless Tunstall technology has been installed throughout the building and is linked to personal handsets carried by staff who can identify wherever a signal is coming from. One flat is a demonstration site for

Tunstall technology and the system throughout the building demonstrates the capacity to gear provision to individual needs. So far it covers individual call systems and heat detectors for each flat and flood detectors in bathrooms. In the case of one tenant with a propensity to wander during the night, a movement sensor is activated on the flat's front door at night. A step-up to such aids as tele-health monitors and fall detectors is perfectly possible.

Specification: all flats to have a heat sensor and a flood detector. Cabling is in place to add extra functions on an 'as required' basis, following individual assessment of need. The scheme is currently using a bed occupancy sensor (alarms when a tenant has been out of bed for more than a minute) and wondering sensors (alarms when doors to communal areas open, etc.) for identified tenants. Other sensors available are smoke detectors, carbon monoxide sensors and fall detectors.

Resources: the refurbishment of the existing building was financed internally within the Atlantic Housing Group which is the landlord for Rowan Court, of which Fernhill is part. It was carried out by another company in the Group.

Challenges: to make this a real tenant-focused alternative to residential care through attention to a combination of quality of design and service. Timing a tenant's entry to keep his or her family wanting to be involved.

Learning points:

The importance of not planning all the detail in advance in order to preserve flexibility.

It was also expected that tenants' support needs would be greater than care needs at the outset, but care needs have been greater than anticipated.

There is no respite flat included as part of the scheme – in retrospect, Fernhill Care would build in at least one.

CCTV has not been installed and still could be – it is possible that use of this could enlarge the scope for tenants to wander more freely within the building.

Further information:

Housing LIN <u>Factsheet no.5</u>: **Assistive Technology in Extra Care Housing**. This factsheet summarises the most common applications, give examples and tells you where to get more details.



Door to the bathroom



Special bath

Communal lounge





Dining room

Prepared for the Housing LIN by Maria Brenton

The Housing Learning & Improvement Network is interested to hear about other good practice projects and initiatives that can help our members share learning and information.

Other Housing LIN publications available in this format:

<u>Case study no.1</u>: Extra Care Strategic Developments in North Yorkshire A snapshot view of partner-ship-based strategic planning for extra care in North Yorkshire, highlighting the variety of issues that need consideration in a large and mostly rural area. One recent scheme and one in progress are described. (01.09.03)

<u>Case study no.2</u>: **Extra Care Strategic Developments in East Sussex** Some of the key issues involved in partnership-based strategic planning for extra care in East Sussex. A small conversion from sheltered housing and a larger new scheme catering for a range of use. Different management models are briefly discussed. (01.09.03)

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