National Assembly for Wales

Health and Social Care Committee

Inquiry into Residential Care for Older People

Date: 30th March 2012

Response from: Linc Care

CONTENTS

Organisation background

Since 2003, Linc has had a dedicated team that specialise in meeting the housing, care and support needs of primarily older people and other service user groups. More recently, we have been able to significantly advance the services we provide and have received national recognition for the progressive community housing and care options we offer older people.

Within the legal entity of Linc-Cymru Housing Association, Linc Care now has its own strong customer base and a reputation for quality and innovation. With a rapidly ageing population, there is great demand for high quality accommodation, care and support and we are in a strong position to meet the opportunities and challenges this will present.

Independent Living Schemes

With Independent Living Schemes (sometimes known as extraCare) across Newport, Cardiff and Blaenau Gwent and over 330 apartments in management, Linc Care is the largest provider of this type of service in Wales. Our seven schemes enable older people to live safely and independently in their own homes while benefiting from packages of onsite personal care/support that can be adjusted according to our service users' changing needs. We acknowledge that this model is very much the product of the successful joint working relationships we have with Local Authority Commissioning Partners.

Mixed Communities

Our most recently built communities, such as Llys Enfys in Llanishen, Cardiff, offer a much greater mix of services including sheltered housing, specialist support for older people and accommodation and support for people with dementia and young disabled adults. The strength of integrated housing, care and support options such as these ensure that a change in a service user's care or support needs does not necessarily have to mean a change in lifestyle or community.

Day Care Services

Building on the firm belief that Linc Care services should act as a community hub, our schemes are increasingly being utilised to meet the needs of the wider community with the provision of day services and other activities.

Two of our Independent Living Schemes already offer a day care service in partnership with Newport City Council for older people in the local area who are able to enjoy a wide range of social activities, interact with the live-in tenants and benefit from the catering and assisted bathing provision at each scheme.

Nursing Care
Linc welcomed its first residents to Capel Grange Community Nursing Home in July 2009. This is the first in a series of not-for-profit, purpose-built nursing homes that we plan to develop in South Wales.

Capel Grange also forms one half of Capel Crescent Community, a complex offering mixed care provision in the form of an Independent Living Scheme and nursing home on the same site. The positive links within this care community allows the transition where needed from supported living to direct nursing care to be made as smoothly as possible. We are currently planning for additional nursing homes in Cardiff, Newport and Blaenau Gwent.

Sheltered Housing and Tenancy Support
We strongly believe that good Sheltered Housing still has an important role to play in meeting the needs of older people. We provide Sheltered Housing across six local authority areas. These services are still in popular demand in these local communities. The feedback received from a recent survey we conducted from our tenants in Sheltered Housing was very positive. They felt that on the whole the accommodation and support provided was of good quality.

However, we are having dialogues with local authorities to remodel our Sheltered Housing Schemes to ensure that support is more targeted to older people who need it irrespective of tenure. We have been successful in changing our services in Blaenau Gwent where we have retained the important service provided by scheme managers as well employing support workers who provide targeted support to people in Sheltered Schemes and the local community.

Dementia Awareness
Beyond those service users in nursing care with a diagnosis of dementia we are beginning to see an increase in people developing dementia who are living in our Sheltered Housing Schemes and Independent Living Schemes as well as an increase in service users presenting already with a diagnosis of dementia. Given that the average age of Linc Care service users is in the mid eighties, this is hardly a surprise.

We are working closely with our colleagues in the Alzheimer's Society to skill up our workforce more with a view to providing better services and assisting people with dementia to live as independently and have a meaningful life for as long as possible .

We have four Alzheimer's Society accredited trainers in the organisation and we also have 12 accredited dementia champions across our Sheltered Housing, Independent Living services and Nursing Home.

1. The process by which older people enter residential care and the availability and accessibility of alternative community-based services, including reablement services and domiciliary care.

The availability and range of alternative options to residential care is, in many cases, dependent on where people live, the strategy of the local authority and the demographics of the area. The extent to which alternative options are explored at the time a decision is made to use residential care also depends on the urgency of the situation. A reactive approach and the prioritisation of people with substantive and critical need, highlights the deficiency in planning and resource allocation to alternative options and preventative care.

There is an inconsistent approach by Local authorities across Wales towards a strategy for the provision of care for older people. Some local authorities continue to commission new residential care services whilst others seek alternative provision through extra care and supported living.

Evidence suggests that referral to residential or nursing homes is the default position for many Social Care workers, General Practitioners, Health professionals and families. This is regardless of whether there are other more viable options. This is one indication that those who work within the care system do not themselves fully understand the choices and options available. Decisions are often made at a point of crisis and the opportunity for families to review and research options is often lost by the need to act quickly. Clear and easily accessible information and advice, should be readily available from all points of contact throughout the care and health systems. There should be greater emphasis on introducing this information in advance.

Service users and their families have shared their experiences with us, and our observation is the decision to move to residential or nursing care can be a result of pressure on families as opposed to the person's care needs changing dramatically. By supporting the family more we may be able to address a service user's holistic needs. The use of proactive and appropriate respite care and encouraging families to plan for a care model outside the service user's or family home, can reduce feelings of guilt and failure that families experience.

There has been an increase in the commissioning of domiciliary care. However, eligibility for these services is increasingly difficult and has led to service users to cross higher need thresholds to secure a service. This is being addressed in the Social Care (Wales) Bill. We believe that raising thresholds for accessing services, as a means of managing demand, may be counterproductive in terms of reducing the likelihood for people to need residential care in the future. The current commissioning practice in relation to domiciliary care has led the service to be extremely task orientated. This is arguably a consequence of Local authorities

experiencing financial pressures. The social and psychological needs of some of the more isolated individuals in the community are not being met as a result.

The tenants in our Supported Living and Extra Care schemes have shared with us their views on being labelled either a carer or a cared for person. An elderly couple living together are co-dependent both emotionally and physically. The current system makes it necessary for one to be the designated carer and the other the one who is being cared for. Pride and dignity are at risk when one is described as the dependent partner when the experience of that couple is that neither one could be fully functioning without the other. This can delay their decision to seek help and support. There is a distinct difference between this and other caring arrangements and consideration needs to be given to an alternative approach for couples.

Support and care package options should receive earlier consideration in respect of people with diagnosed dementia. In our nursing home we see people who have been able to live at home successfully with the support of a package of care. They then experience a crisis which results in entry to a nursing home. In respect of our **Extra Care** and **Sheltered Housing** schemes we have some anecdotal evidence that where people have moved in at a much earlier stage in their dementia journey they have retained their independence and gained an improvement in their quality of life.

Case Studies:

Mrs Z

Mrs Z has dementia and lived alone in the community and had become quite isolated. She was very anxious and paranoid about specific issues. For example she believed her neighbours were going to steal from her and take her home away.

*Mrs Z was referred to **Extra Care** where she now lives. Since Mrs Z's move her family say they have noticed a big difference in her anxiety levels and are not constantly worrying about her being alone. She is more settled and happier with the support available on site. Even though Mrs Z's anxiety levels and dementia affect her differently from day to day, the service has helped her become part of a supportive social group again.*

Mrs Y

*Mrs Y has been living in our **Extra Care** scheme since 2006 and was diagnosed with dementia approx 2 years ago. She continues to live independently and addresses the symptoms of dementia through use of appropriate medication and support. She actively engages with other tenants and staff.*

Reablement

Reablement and respite services if commissioned, designed and funded appropriately can assist in avoiding a pathway to long-term residential care. The most successful models include an intensive 'aftercare/resettlement' service which tapers off gradually. A seamless pathway and good partnerships are essential to delivering an effective service. Social Services Improvement Agency (SSIA) noted that initial work across the Welsh Authorities suggests that there are significant differences and often complex and vulnerable funding sources for reablement services. They advise that when setting up a reablement programme, special attention should be paid to ensuring there is a robust forward plan for sustaining the service.

Reablement and respite must be purchased via block arrangement. Currently some arrangements are commissioned via spot purchasing. This gives providers a perverse financial disincentive not to resettle people. Indeed one of the case studies highlighted later provides an example where this type of provision has not been commissioned properly and the result has been an inappropriate long-term residential placement.

The commissioning process must also reflect that there are higher costs in providing these services effectively. If they are commissioned and modelled correctly, the service will ultimately save money and extend the length of time that people retain their independence and are able to live at home.

The use of Telehealth and/or Telecare is not a model of care in itself. It can and should be used across various models of service provision. Telecare or Telehealth technology tends to be under-utilised. It has the potential to reduce hospital admissions and can be used to reduce the need for people to travel to out-patient appointments. Consideration should be given to the proactive use of Telecare where, for example, a person has risks associated with illness, memory problems or falls.

Here are some case examples of tenants who live in our Extra Care Schemes who previously lived in a residential care home.

Mrs X

Mrs X was referred to us by her social worker as she felt she was too young and able to be living in residential care. The reason for her living in residential care was primarily due to her having a history of falls.

*Moving into the **Extra Care** Scheme has changed her life completely. She has gone from living in one room to having her own home where she is able to have her son and grandchildren stay for weekends. We were able to install fall detectors in*

connection with the Telecare system and Mrs X has now a smaller and much less expensive package of care which enables her to maintain an independent life.

Mrs W

Mrs W was placed in a residential home initially for respite. However, she was still living there a year and eight months later.

Mrs W was living in one very small room and sharing a bathroom with another 6 ladies. Now she is enjoying having her own apartment where she can cook meals for herself and friends. Mrs W was physically and mentally well but required assistance with domestic duties. Since moving into the ***Extra Care*** *Scheme two years ago she developed a large social circle in and around the local area. She has new supportive friends and often represents tenants at formal Linc events.*

Mrs V

Mrs V was living in a residential home for 5 years as a result of a crisis in respect of her then care needs. She gradually became very dependent and depressed. Wanting more independence Mrs V looked into our ***Extra Care*** *service and applied for a tenancy with Linc Care. She is now a tenant in an* ***Extra Care*** *scheme. Her initial care & support package was cancelled three months after she moved in.*

2. The capacity of the residential care sector to meet the demand for services from older people in terms of staffing resources, including the skills mix of staff and their access to training, and the number of places and facilities, and resource levels.

Resource levels are a constant challenge in residential care and nursing homes. There appears at times to be a complete disconnect between the commissioning body's duty to commission responsibly and the level of fees that are paid. The Association of Directors of Adult Social Care discussed the need to understand the full costs of meeting needs and a sensible approach to fees in November 2011. In order to provide service that is robust, Care providers must able to fully recover their current and future costs.

Services are often commissioned on a market basis, with no reference to a mutually agreed rationale or recognised cost tool, such as, the Laing & Buisson tool. Unrealistic low fees can be destabilising to organisation's sustainability, one of the factors involved in the demise of Southern Cross. Good commissioning and quality care are inextricably linked.

Care organisations pay staff a little over minimum wage. It is very difficult for staff to feel valued if the fees provided by commissioners do not allow providers to pay a

living wage. If the standard of care is a priority, a well trained, skilled and motivated work force is essential. Wages structures should reflect the skill sets of staff.

Well trained, caring staff are absolutely vital to a good service. Back-filling absence to accommodate training is necessary to ensure that the day to day needs of service users continue to be met. The Welsh National Minimum Standards for Care Homes for Older Adults states that 5 days should be set aside for training for each staff member. This is welcomed. However, the commissioning levels do not reflect the cost of this backfill.

In respect of training and development, there needs to be a movement away from staff training pathways that are task based. A national training framework should focus on outcomes and go beyond that which is cited in the National Minimum Standards for Care Homes. This approach will help to professionalise the workforce.

3. The quality of residential care services and the experiences of service users and their families; the effectiveness of services at meeting the diversity of need amongst older people; and the management of care home closures.

Not enough attention is given to the built environment in care services and the impact of poor quality buildings has on service users and staff. Linc ensures that all of its new buildings are designed with accessibility and navigation in mind. Attention is paid to colour contrast, the minimalising of confusing shadow patterns, good signage and adequate light lux levels. Linc Care has been awarded Platinum awards for three of its **Extra Care** Schemes by the RNIB. Linc is the first organisation to achieve simultaneous awards and this reflects Linc's commitment to establishing practices that are inclusive of the needs of people with sight loss. Linc's approach ensures that all tenants and residents, regardless of disability, maintain a high quality of living. We also believe that good design can enhance dignity. We have designed **Extra Care**, **Sheltered Housing** and **Nursing Homes** to deliver room sizes which exceed space standards with en-suites in all bedrooms, and suitable equipment which is functional but not institutional in appearance.

The true experience of service users can be difficult to obtain or hear. This can be as a result of communication issues or lack of confidence about sharing experiences. People who use services and their families are often unsure what they should expect and, therefore, will often tell those who enquire into their satisfaction that they are happy because they do not know they could be happier. In making their assessment, providers, commissioners or regulators may ask the wrong questions or measure the wrong things.

The 2010 Welsh Government's Commissioning Framework, Guidance and Good Practice, states that there is a strong consensus that we need to make progress towards a more outcomes based approach to commissioning. Commissioners and

providers and the people who use our services need to have a common understanding of these outcomes. There also needs to be a direct link between outcomes for individuals and strategic outcomes.

It is unfortunately sometimes the case that people living in residential establishments transform from people into disempowered residents. Care planning tends to concentrate on health and care needs of individuals and the things they can't do at the expense of wider quality of life issues. A strength-based outcome-focussed approach to care planning is required. Concentrating on quality of life requires an attitude from commissioners, families and services that risk is both healthy and necessary. An over concentration on risk prevention will compromise independence and quality of life. The important and achievable aspects of choice are not about the big issues but about every day decisions that are important to people. Care needs to value emotional wellbeing and focus on the person and the choices they make. None of us live a life free of risk.

Care home closures need to be managed with thoughtfulness, understanding and sensitivity. This process should not be rushed as evidence shows there is increased mortality when people are moved. This is not a reason never to make change. Effective consultation and planning can reduce the adverse impact of a move. Evidence based best practice guidance should be adopted and implemented.

4. The effectiveness of the regulation and inspection arrangements for residential care, including the scope for increased scrutiny of service providers' financial viability.

There is a significant gap in CSSIW's responsibilities in respect of responsible commissioning. As a not for profit provider, Linc Care doesn't believe that quality services are linked only to finances. We believe that culture, good leadership, support for staff and person-centred planning are important elements of a good service. If a service is not commissioned responsibly, with reasonable fees, then it is at more risk of providing a lesser service. An inspection cannot be truly rounded without an assessment of fee levels.

The regulation and inspection framework is currently too focussed on processes instead of outcomes. We welcome CSSIW's recent decision to undertake themed inspections in the future which concentrates on outcomes in the following areas:

Quality of life

Quality of staffing

Quality of leadership

Quality of environment

It is important that the quality of staff levels, effectiveness of leadership and the living environment are measured in relation to quality of life for service users as opposed to quality of life being looked at independently.

It is difficult to measure social and psychological wellbeing outcomes as opposed to physiological and safety needs. It is important that CSSIW do not revert to measuring processes and outputs as a result of the task being more difficult.

Registration categories need to be reviewed. They are not flexible enough where someone develops nursing needs in a residential home. They do not account for the fact that two thirds of all residents in care homes have a cognitive impairment or undiagnosed dementia. The emphasis in respect of appropriate placements should be based on the person's care and social and/or psychological needs and strengths. Suitability or registration categories should therefore not be based on a medical diagnosis alone.

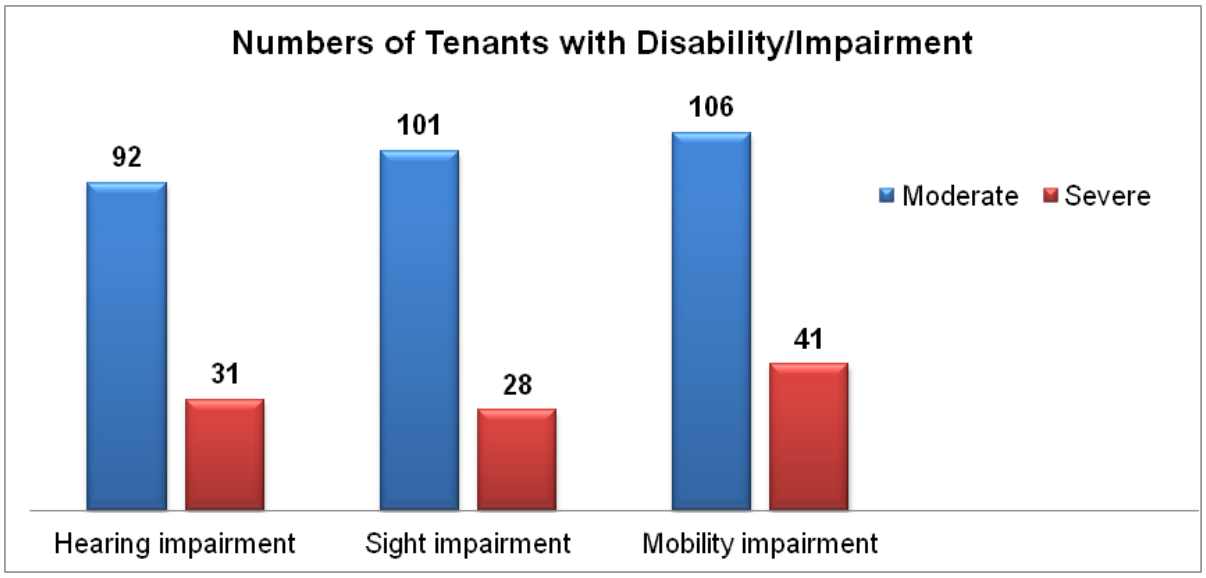
If registration and commissioning focus on diagnosis, it fails to reflect the needs of the individual and their family. People diagnosed with dementia can find that they are denied access to a service that could meet their needs because of their diagnosis rather than their care needs. Anecdotal evidence suggests that this leads to a delay by some people with dementia and their families in seeking help.

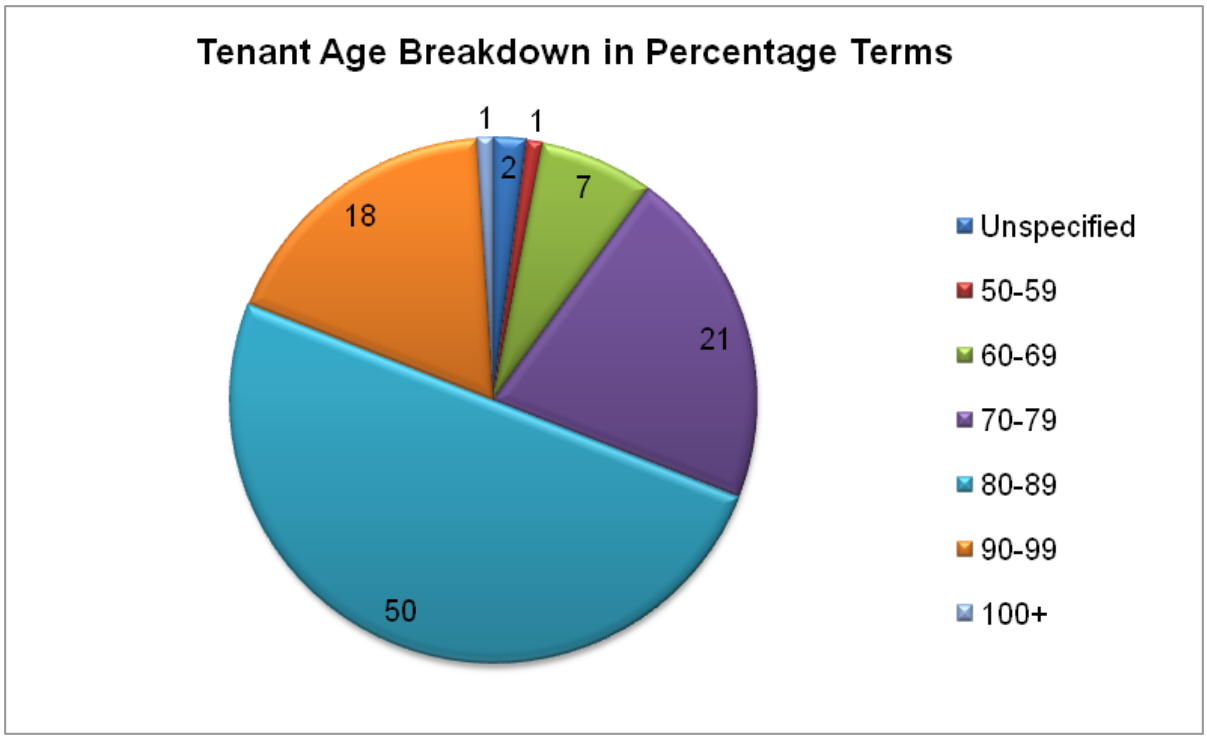
5. New and emerging models of care provision

Linc Care is Wales' largest provider of ***Extra Care***. We developed services with local authority partners with the principle aim to promote independence and wellbeing. Linc believes a model which includes tenancy rights and responsibilities along with personalised care and support plans is more conducive to promoting independence than traditional residential care services.

The charts demonstrate the range of conditions that tenants in Linc Care schemes live with, along with the age range. Linc Care ***Extra Care*** Tenants have an average age of 87 years.

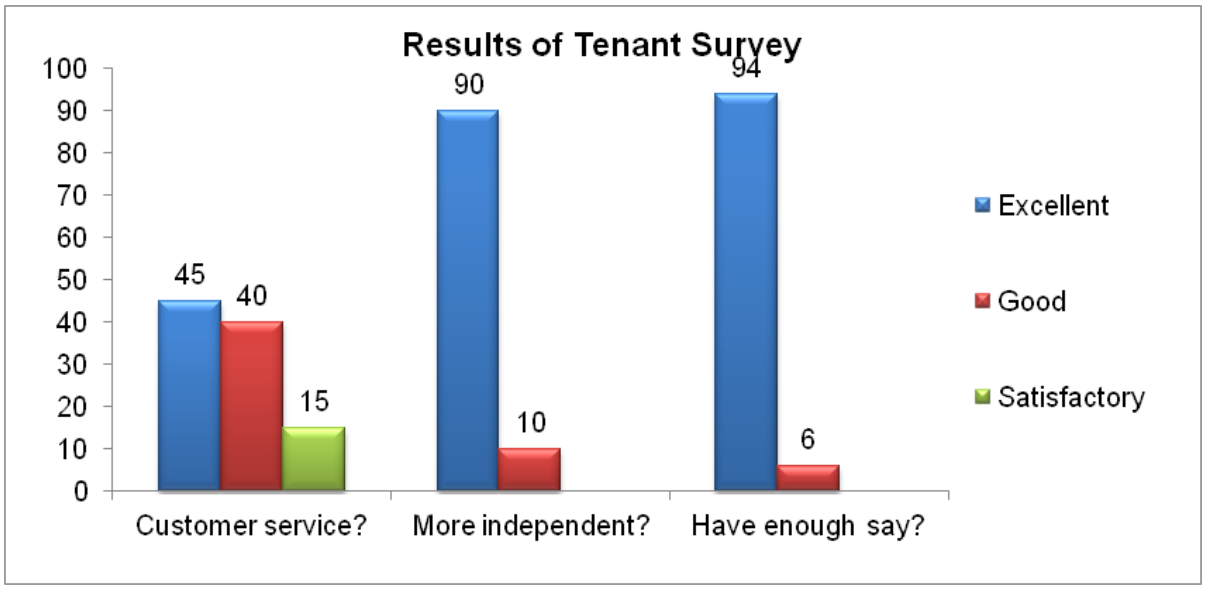
Range of conditions in Linc Care Extra Care Schemes					
Condition	**Number**	**Condition**	**Number**	**Condition**	**Number**
Arthritis	130	Allergies	36	Epilepsy	2
Heart conditions	106	Asthmatic	28	Substance misuse	2
Osteoporosis	49	Cancer	25		
Mental health	45	Liver or Kidney problems	17		
Other	41	Emphysema	12		
Diabetic	40	COPD	11		
Stroke	37	Parkinsons	11		





The chart overleaf shows that all of Linc's ***Extra Care*** Tenants stated in a recent survey that they feel more independent now than at the time of their referral to the ***Extra Care*** scheme.

The vast majority felt that they had enough say in the running of the service and could genuinely influence service provision.



Tenants have a choice regarding who provides their care although the majority choose the in-house service.

Extra Care also provides a real opportunity for couples to stay together when one or both of their care needs change. The model reflects and accommodates the holistic needs of a person which should include access to meaningful family life and relationships.

Case examples:

Mr and Mrs U

Mr and Mrs U were living in the community. Mr U had very complex health issues and Mrs U was his sole carer. The toll of caring for a partner quickly impacted on Mrs U's health; she was eventually admitted to hospital following a series of mini strokes and suffering from exhaustion.

*The couple are currently living together in **Extra Care**. Mr U's care and support package has had a significant positive impact on Mrs U's wellbeing.*

Mr and Mrs T

*Mr and Mrs T lived in the community together but due to Mr T's diagnosis of Parkinson's and the property they lived in, it was difficult for them to do everyday tasks as a couple. As the condition progressed, Mr T became more housebound. The initial plan would have meant the couple splitting and Mr T going into residential care. **Extra Care** helped them remain living as a couple independently until Mr T passed away last year.*

The following case example highlights how Extra Care can have a significant impact on the NHS preventative agenda.

Mr S

*Mr S had chronic respiratory disease and acute depression and, previous to living in **Extra Care,** had lived alone in the community in inappropriate accommodation. Prior to moving he had spent only 30 days out of 7 months in his own home. The rest of the time he was in hospital which, based on current tariff rates, would have cost the NHS a minimum of £45k.*

*When he moved to **Extra Care** his admissions to hospital ceased as his GP felt he was living in a safer environment where he could receive speedy access to the onsite care and support team.*

Mixed Communities/Close Care Concept

Some of our most recently built communities offer a much greater mix of services including sheltered housing and specialist support for older people, as well as accommodation and support for young disabled adults and people with dementia. The strength of integrated housing, care and support options such as these ensure that a change in a service user's care or support needs does not necessarily have to mean a change in lifestyle or having to leave a community.

We have other examples of mixed provision communities, including our housing and care communities. Linc provide a range of housing, support, personal and nursing care services to people with varying and changing needs. This wide range of support enables people to keep their independence, quality of life and dignity.

Sheltered Housing

Sheltered Housing is a valuable option for people who can no longer manage in their own home or who want to plan ahead. Linc Care provides units of accommodation suitable for people who want to live independently and maintain a tenancy.

Here are two case studies which demonstrate the value and effectiveness of sheltered housing

Sheltered Housing: A Permanent Home

*Mrs R moved into our **sheltered housing** scheme because she and her family felt that at the age of 81 she no longer able to live independently. Mrs R settled very well and has lived in there ever since. This was in 1986. She is now 105 and continues to live in the same top floor flat, refusing any offers to move to a more convenient ground floor flat because she is happy where she is.*

Positive Outcome from Support

*Mr Q is a tenant in **sheltered housing**; he is 68 years old, has worked all his life and saved his money for his retirement.*

He is a proud man and had never applied for any benefit. After living in sheltered accommodation and paying full for rent and health care needs his savings were decreasing rapidly and he had concerns that in future he would not be able to afford to live in his home. This situation was affecting the way he was able to live.

Over time as he got to know his support worker and agreed to apply for pension credit, he was supported to complete the form on line and a week later he received the good news that that he had been granted pension credit and it was to be backdated.

Mr Q was very pleased with this result and was amazed of how easy it had been. It was explained to him that this benefit was now a passport to others such as housing benefit and that he could now register with a dentist where his treatment would be free. This was important to Mr Q as he was suffering toothache but felt he could not afford to pay the costs.

After receiving his letter from the pension credit he agreed to complete the forms for housing benefit, this was completed with him and the relevant documents that he had to take to the housing benefit was checked with him. His application was successful.

By receiving the support to apply for these benefits Mr Q can now enjoy his retirement without too many financial worries.

Alternative Models

Care services in the UK and Wales are designed to react to illness and/or crisis rather than promoting wellbeing.

There are many examples in the USA and more recently in the UK where schemes have been developed with prevention and maintenance of wellbeing being the priority. The Joseph Rowntree Foundation has a scheme called, Hartrigg Oaks which is essentially an estate where there are a range of accommodation, care and support options.

The scheme is funded via rent and set care fees based on age as opposed to need. The fees are approximately £6k per annum for 60+, £7k per annum for 70+ and £8k per annum for 80+. These do not change irrespective of care needs. Residents

must complete a standardised medical and be relatively healthy to be accepted in the first place. The assumption being that with a proactive approach to wellbeing coupled with an initial good health baseline should avoid the need for more costly care provision in the future.

The Dillnot proposals are currently being considered in England. "The current system is confusing, unfair and unsustainable. Assessment processes are complex and opaque and eligibility varies depending on where you live." Dillnot proposes "a new model of shared responsibility which continues to provide free care for people who currently receive it and to protect those with savings from extreme care costs." It is believed that this change will bring greater peace of mind and reduced anxiety for both individuals and the people who care for them.

The Family

We can become preoccupied with different models without utilising resources much closer to home. We believe that the state has to look at how it can assist the extended family to plan ahead. The fact that we have an increasing elderly population should be viewed positively. Andrew Dilnot tells us we should be celebrating the fact that we are living longer and, by giving families the support they need, we can stop referring to 'burden' of ageing.

6. The balance of public and independent sector provision, and alternative funding, management, and ownership models, such as those offered by the cooperative, mutual sector and third sector, and Registered Social Landlords.

The Third sector has an important contribution to make to the provision of social care in Wales. The third Sector is much bigger in England, well supported and represented by the National Care Forum.

There is no voice for the not for profit care sector in Wales because the private sector is so large. We would very much welcome the Welsh Government's support to set up a formal Third Sector Care Group similar to what the National Care Forum provides in England.

Linc, a not for profit organisation, has a clear and robust governance structure. The Board of Management is accountable for the direction and actions of Linc-Cymru and ensures that the Association is managed efficiently, effectively and in line with the requirement of the law, the regulatory bodies and best practice. The board is supported by four Committees, Audit Committee, Human Resources Committee, Linc Care Committee and Linc Homes Committee. The Committee Chairs report to the board.

The Linc Care Committee's primary role is to:

- Guide strategic direction and investment in new care facilities and services that meet the changing face of the NHS in Wales.
- Ensure that Governance Risk and Regulation matters are maintained
- Oversee the quality of our customer care.

As we are a third sector organisation, Linc-Cymru has no shareholders to pay dividends to and the organisational values are driven by social objectives.

The National Care Forum is currently undertaking research to highlight the distinctive contribution of the not for profit sector in social care. There are three research projects which cover:

- People: not for profit organisations as good employers.
- Innovation: not for profit organisations as deliverers of innovative and creative new forms of care.
- Value: not for profit organisations as providers of added value and social capital.

Housing Associations who provide care services are regulated via Supporting People Regulatory Framework, the new Housing Regulatory Framework in Wales and Care Standards/Regulations. Governance is therefore high on the agenda and tends to be robust as a result. Housing Associations also bring to the table an expertise in respect of the built environment and its effect on well-being.

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