

Appendix 3: Extra Care Housing Case Study – ‘Harry’

Harry is now 91 years old and currently lives in a LACE Extra Care Housing scheme. He moved in 5 years ago, having become seriously at risk living in the community in his own home. He was referred to LACE by Adult Social Care with the application supported by Harry' GP.

The risk in the community was mainly because of the onset of Dementia and the fact that he no longer had a partner, she having passed away, and no family living locally in the area.

Harry was unable to follow simple written instructions and was confused about items around him as part of daily life – e.g., often mistaking his TV remote control for a telephone and vice versa. He would never remember to take essential medications, although he was still driving (!) when referred to us....although, on occasion, he had forgotten where he lived and was reliant on the kindness of others to get back to his home. He was in the habit of ringing his son many times during the day and night asking the same questions over and over again and never having confidence that he had made the house secure at night, so constantly checking locks and worrying. Not without some difficulty, working with the police and Adult Social Care, LACE staff were able to manage separation from the vehicle, thereby removing all associated risks....and, of course, he now uses the internal communication system so if he rings anyone, which he does far less frequently now, his communication system goes through to a member of the LACE support team rather than him constantly disturbing his family.

Historically, the only provision for Harry would have been residential care – although he actually had no significant needs that would have been described as ‘personal care’. Other than risks around preparing hot meals, he was able to wash and dress himself, etc., etc.

However, Extra Care Housing proved to be the right answer for him. He found a place where he had his own front door but where he could be confident that he was safe and secure, where meals and snacks were available to him when required, where staff would help him to regain and maintain some aspects of independent living. To all intents and purposes, Harry remains living independently 5 years on. He has a very small care package, mainly around monitoring and reminders about medication. He has a very simple and easily understood emergency communication system to which staff will respond if he needs assurance or support. We also facilitate him having a shopping delivery on a weekly basis and for him to attend day care at a social outreach centre twice a week to ensure wide social integration and diversity of interest. He often forgets who is delivering to him or who might be coming to pick him up or where he is going but on-site staff are there to support him fully – assisting him to achieve what he wants to achieve rather than doing for him. Harry chooses to use the restaurant on a daily basis so risks around meal preparation in his own accommodation are avoided.

LACE staff have a unique relationship with every tenant and each resident has an individual support plan. One of the main reasons for the sustained independence for Harry is the presence of staff to monitor and respond, without interfering, on a seven day a week basis – and often many times each day. In spite of his medication, his agitation and frustration with himself can escalate very quickly (over what can seem to others as relatively small matters) if there is no prompt responsive input to help clarify or resolve matters – examples include frequent forgetfulness around the fact that his friend is in hospital and not present in the building, not being able to work his TV to his satisfaction, not remembering where he has put things, etc. LACE staff also provide a constant communication channel to professionals and family to ensure that all stakeholders are informed about his well-being and his needs, etc. In summary, Harry has been able to continue living for over five years with a reasonably good level of independence.

He feels safe and secure so anxiety there has gone and he recognises and enjoys a reasonable quality of life where the alternative would have been long-term institutional residential care. He has his own front door and still has and makes choices, but with support and assistance where necessary to allow him to achieve his chosen outcomes rather than someone doing everything for him and having his independence, dignity and self-respect totally eroded.