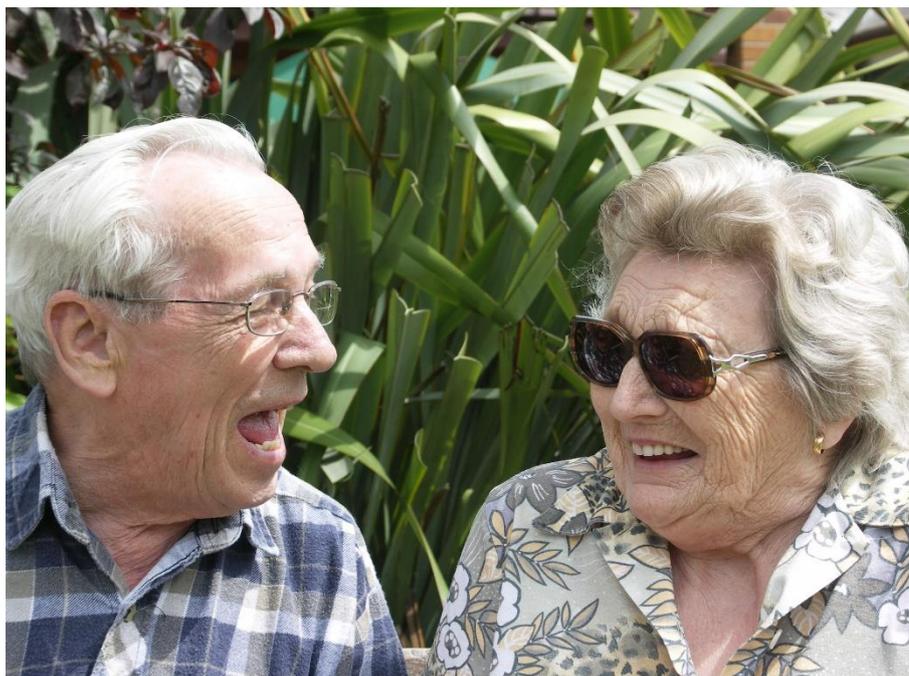


Extra Care Housing in North Yorkshire

The facts for people considering a move to
extra care housing



“Perhaps I could have stuck it out alone in my terraced house a bit longer....it all felt a bit of a rush moving here straight after my accident in town.....but I’m content now and I feel secure”

“Losing my home after my heart attack wasn’t good but I was very lonely and couldn’t cope with the garden and housework. Here I get the help I need – my flat is cleaned and the washing done. I feel on top of things now.”

For more information please visit the extra care website or email:

www.northyorks.gov.uk/extracare
extracareenquiries@northyorks.gov.uk

Extra Care Housing: What is it?

Extra care is a housing solution to a care and support need. Extra care housing is different because:-

- you are living at home, not in a home
- you have your own front door – you decide who comes in
- couples can stay together
- there is a mix of able and less able people
- 24 hour care and support services are available, with a choice of local care and support providers
- you are supported to maintain your independence
- you can join in activities or you can be private
- you have control over your own finances
- you have security of tenure

Extra care simply seeks to offer you the choice of having and maintaining your own home in specially designed accommodation suited to your needs and with the added value of having accessible care and support at hand 24 hours a day, 365 days a year.

The County Council does not own and manage the extra care schemes in North Yorkshire. The County Council works in partnership to make sure that there is extra care housing provision in North Yorkshire.

There is no formal Government definition of extra care housing which may also be referred to as 'very sheltered housing' or 'assisted living' but, in essence, all extra care housing schemes incorporate the following:-

- accommodation for rent or sale or in some instances shared ownership
- each apartment has its own front door with letterbox and doorbell
- each extra care housing scheme may have a range of facilities on site such as shop, hair and beauty salon, café/restaurant, lounge, hobbies room, library etc.
- you will have access to care and support 24 hours a day, 7 days a week and with housing management staff available during normal office hours
- care and support will be delivered to you according to your assessed needs and in line with a written care and support plan that has been agreed with you
- promotes the ethos of enabling independent living and giving people, who live in the scheme, choice and control over how they live their lives

You may be thinking of moving or having to leave your current home because of life changes or health problems. If you value your independence and privacy and want control and choices in your life, think about extra care housing.

Let's break down the key elements to extra care housing to understand the benefits they could bring to you:-

Accommodation

The accommodation will have one or two bedrooms, a fully fitted kitchen, a lounge and a bathroom with a level access shower. Modern heating and insulation standards are high and you can control the temperature levels in each room in your own property.

Having your own front door is seen as a key benefit to people who live in extra care housing as it gives you control over who you allow into your home and when you allow them in. It also continues the normality of post, parcels, milk and newspapers being delivered directly to your home.

Where only one person in a married couple has a care need, both can move in and, should the spouse with the care need die, the remaining spouse will not have to move out unless it is their wish to do so. This enables couples to stay together rather than having to be split up as is usually the case in the eligibility for residential care.

Most providers of extra care housing have a pet-friendly policy as it is widely acknowledged that many older people would not consider a move into a supported environment if they could not bring their companion with them.

The whole building will be hard-wired for the use of Assistive Technology and, subject to individual assessment and utilisation of a range of equipment such as falls monitors, flood monitors, medication reminder/dispenser, epilepsy sensor and property exit sensor etc. you can retain your independence for as long as possible. Assistive technology equipment is not a replacement for a care or support worker, but is used as a tool to support residents' safety and independence along with the care and support worker.

Security of Tenure

You would either have a Tenancy Agreement if you rent, or a lease if you purchase your accommodation. This gives you a strong element of control over your own future. You would have the legal right to occupy as a tenant or owner. The level of care provided can be increased to match your needs as they change. You may prefer to use your Direct Payment (your allocated budget for your care) or your own resources to increase the support available to you to enable you to remain in your home despite your support need increasing.

Scheme Facilities

Each scheme may have a range of additional facilities such as those listed above. This is to ensure that residents, especially those with mobility problems or those living with dementia can easily take part in social activities and continue to be involved in normal day to day activities such as shopping, visiting the hairdresser etc.

So that the scheme doesn't become isolated within the community, local people will be actively encouraged to come in and make use of the facilities and services available and this enhances social interaction for residents as well as becoming a valuable resource for the local community.

The café/restaurant is a service that will be available to all residents, sometimes on a choice basis, or in some schemes one hot meal a day is provided as a condition of tenancy. You can however, choose to cook and eat in your own accommodation if you wish (some residents may need support to do this as part of an assessed need). The specification for the chosen caterer ensures that seasonal, freshly-prepared, nutritionally balanced meals that suit all ethnicities and all medical/health needs can be provided at a reasonable cost. Families and friends are encouraged to eat with residents when they visit. Menu prices are reasonable and you will be supported to visit and use the restaurant if assessed as needing help to do so.

The staff will support you to participate in a range of social activities and lifelong learning opportunities, both within the scheme and in the local community. Activities in the scheme will be available to people in the local community as well as residents living in the scheme.

There will be staff on site to make sure the gardens are looked after although residents are encouraged to take part in some gardening activities if you wish to do so. The gardens will be pleasantly landscaped and will generally be designed to be secure.

The communal areas of the scheme will be cleaned regularly and you will be offered a service to clean your accommodation too, however, there would be a charge for this service.

You will be able to decorate your home however you like. The lounge and other communal rooms will be very tastefully decorated and furnished and these areas will be looked after and maintained by the housing association.

Staffing

You will have access to care and support 24hrs a day, 365 days a year by a partnership of housing management and care and support staff. This may be via a range of providers and, to provide a seamless service to you, other residents and visitors, a scheme-based protocol is put in place so that all parties understand the ethos of the service delivery and are each aware of their responsibilities. This means that you can report a problem or concern or ask a question of any member of staff and, even if it is not their job to do so, they will take responsibility for responding accordingly or passing the query to the right person and making sure you know what is happening.

You will have the reassurance of knowing that, outside of your usual care and support plan delivery, staff can be with you promptly if you have an urgent need for assistance.

Care and Support to Enable Independent Living

You will have an individual care assessment that will lead to the completion of your care and support plan. The assessment team member will sit with you to discuss and plan how your care and support will be provided. On-site support staff, who are based in the building will get to know you and other residents well and will be able to monitor your day to day wellbeing, being aware of any changes to your circumstances or needs. Often, flexibility can be built into the care and support delivery, for instance, if you are temporarily unwell, care and support can be increased and then gradually reduced again as you recover or you may have come

home from hospital after a period of ill health and need more support whilst you recover. The care and support team can provide this additional help until you feel better and then your usual care plan would apply again. Our aim is to make sure the best care and support is provided for everyone depending upon their particular need at any time.

The ethos for extra care housing is one of independent living with an enabling focus. This means that you would be encouraged and assisted to retain the skills you have for as long as possible and, for people moving in from residential care, to regain lost skills where possible. This will be different for each person and it's important that staff agree with you what you wish for yourself and to assist you to achieve your own personal goals.

You may wish to use your Direct Payment (the budget allocated to pay for your care and support) to employ your own carer or to appoint a different care and support provider other than the one based in the scheme. Staff can give further advice on this.

Finances

You will pay rent for your accommodation if you have a Tenancy Agreement or you may be in a position to buy your home. Another option is to part-buy and part-rent (this is called 'shared ownership').

Depending upon your income, you may qualify for housing benefit which can cover all or part of your rent and service charge. Following a financial assessment you may also be eligible for help with your care and support costs.

There are several elements to the cost of extra care housing:

1. the cost of buying or renting your new home;
2. the service charge associated with your home;
3. the care and support costs; a separate financial assessment is completed to determine the amount you would have to pay. Advice will also be given during the assessment, on claiming welfare benefits to which you may be entitled;
4. day to day living costs which will include the cost of electricity, council tax, telephone and groceries;
5. Some schemes operate a background support service. Your ability to contribute towards this service will be included in your financial assessment

For current prices related to specific schemes, you can contact the scheme manager for further information. The contact details for scheme managers is available through www.northyorks.gov.uk/extracare/

Who can live at the scheme?

In order to protect the services provided in extra care housing schemes, each scheme will have an agreed eligibility criteria to ensure that people with a housing or care and support need can live there. The accommodation cannot be used as a second home or holiday home. An Allocation Panel has been set up with representatives from the housing association, the County Council and the District/Borough Council and everyone who wants to live in the scheme will need to fill in an application form and be willing to have their care and support needs

assessed. Information gathered from the application form and assessment will be presented to the Allocations Panel and a decision will then be made on who will be offered accommodation.

Broadly speaking, to be eligible, you will usually be 55 or over (or younger with a disability) with a housing, care or support need and meet the eligibility criteria in order of priority below:

- i) already living in the town in which the scheme is built or nearby villages
- ii) already living in the District/Borough Council area
- iii) already living in the County Council area
- iv) living outside of the County but with a local connection for instance a move to be nearer to family
- v) living outside of the County with no local connection

Everyone will have some level of care and or support need or an anticipation of this for instance a long-term condition that will worsen or high levels of anxiety.

We have couples living in extra care housing schemes where only one of them has care and support needs. The community of people living in an extra care housing scheme is one of mixed abilities and care and support needs.

There is a lot more information about what happens if you choose to purchase your extra care accommodation so please ask us if you need more information about this.

Some questions you may be asking yourself

“I am managing on my own, but my health is not good and I want to move. Would extra care housing be suitable for me?”

Yes. Most extra care housing schemes have a mix of more independent and able residents together with those who are very frail. Some will be getting a lot of care and support, others will be living more independently. The accommodation will be designed in a way that supports you whatever your level of need is and it should be easy for you to manage.

“I own my own home, but my friend is a council tenant. Could we both move into extra care housing?”

Yes. Some schemes offer homes to buy as well as to rent. Everyone has the same level of service irrespective of whether they rent or own.

“I already live in ordinary sheltered housing, how would extra care be different?”

The main difference is that you have access to care and support staff 24 hours a day, every day of the year. There is also a restaurant on site, social activities and other facilities. Different types of accommodation are available and there will be a mix of residents with different support needs. The whole building is designed to make life easier for people.

“My husband is very unwell and we get a lot of help from family and friends. Could we move into extra care housing?”

Yes. You and your husband could stay together and your family and friends can continue to help as before if they want to, with the added support of the extra care staff.

“My doctor has said I should go into a home. What are the advantages of extra care housing over a residential home?”

Extra care housing doesn't look or feel like a care home. You will have your own home, control over your finances and privacy and choice over how you live your life including how much you mix with the other residents. The care staff will support you in looking after yourself for as long as possible and you can keep up your usual routines and activities in the local area. In extra care housing you will have security of tenure.

“What happens if my health gets worse while I am living in extra care housing?”

It is expected that your needs will change over time – and not always for the worse! There may be times when you need a lot of care and support, times when you need no support or a mixture of the two. The care staff will be flexible and sensitive in asking you about what you need and when you need it. Staff cannot provide nursing care; however, they will work in partnership with health colleagues such as District Nurses to support you to stay in extra care housing for as long as possible.

“My mother has early signs of dementia; can she move into extra care housing?”

Yes. Some people will develop dementia when they already live in extra care housing and they can continue to be supported in their familiar home surroundings by staff and friends as before. The new extra care housing schemes in North Yorkshire are being developed to include special design features that mean that people already living with dementia can move into extra care housing very successfully. The right level of care and support needs to be in place and the involvement of family and friends is important.

North Yorkshire is currently supporting a substantial number of residents in extra care housing living with dementia. This figure is expected to rise over the next few years. Due to good design, the use of assistive technology and skilled staff, evidence shows that the people living with dementia can live very successfully in extra care housing.

“What facilities and services are available in extra care housing schemes?”

Facilities range from restaurants and lounges, to hobbies rooms, shops, hair and beauty salon, library, health rooms and other uses such as a care shop. People from the surrounding area may also come in to use the facilities and to speak to staff. There is also the option for people to access the assisted bathing facilities and a guest suite that is available for families.

“Why are you offering extra care housing instead of residential homes?”

Because it delivers what people tell us they want. When we have asked people, if they had a choice would they go into an elderly persons’ home, people said that they wanted, wherever possible, to live in their own home and maintain their independence for as long as possible. Extra care housing gives people their own front door and care and support is available, if and when they need it.

There are many reasons why people prefer extra care housing. Extra care housing offers freedom and gives people control over their own space. Residents have the opportunity to be tenants or owners. Residents don’t have to share their personal space with others – their toilet is their toilet and they don’t have to share it with lots of other people.

“Who is in charge of extra care housing?”

Extra care housing schemes are owned and managed by a variety of housing associations. These associations usually have charitable trust status and are not for profit organisations. The care and support services are the responsibility of the County Council and may be either provided by in-house County Council services or through independent care providers. The County Council will have a responsibility to monitor the level and quality of the care support service within the building along with the Care Quality Commission.

“Can I stay until I die?”

Extra care housing aims to provide you with a home for life, although this may not always be possible, for instance if you become a risk to yourself, others or if you require nursing care that cannot be met by Community District Nurses. Care and support staff will work in partnership with colleagues in the health service in order to support you to die in your own home, wherever possible, and if this is your wish.

“Why give people more rooms than they have in residential care? A kitchen they can’t use, a lounge, one or two bedrooms and a bathroom all to themselves – isn’t that over the top?”

Most people needing care and support live in their own homes either rented or owned. For many, this has become unmanageable and they also want the security of care at hand, which often leads to their decision to move. Some people are able to use their kitchen themselves or with support from staff. Having a personal bathroom is seen as a great benefit. Being able to have your own things around you and make the apartment your own personal space is vital. Everyone has certain expectations and minimum standards they would expect their accommodation and services to meet. People also like to have family visitors, grandchildren to stay. Additionally, people may also wish to have a live-in carer, or continue being a carer for another family member. Having your own home is important. The question to ask is what is the minimum you would expect for yourself? Would you be happy living in one room, having given up most of your furniture and belongings and to share a bathroom with a number of other people? As the facility will be around for many years, it aims to meet the needs of everyone, now and into the future.

“Will residents be left in their flat and become lonely?”

No. Staff will ensure that everyone is encouraged to take part in activities and events and support will be provided if people can’t get to events under their own steam. We are very aware of the risks associated with social isolation and additional time is allocated to support people more closely through the initial months following moving into extra care housing. Everyone living in extra care housing is encouraged to influence the daily activities in the scheme through the residents’ association and regular meetings so that people take ownership of their surroundings and very quickly settle, happy that they can access company when they want to but knowing they can also be private, by choice, when they want to, by closing their own front door.

“Are there any other advantages to having an extra care facility in a local community?”

Extra care provides local employment, through housing, care and support work as well as its facilities and amenities, which can help to sustain local communities. One should see the development of a local extra care facility as a housing complex into which can be added a variety of community facilities and services depending on the needs of that community. It might be the place to host the local village shop which otherwise struggles. It could have within it the local library, the post office, the hairdressers or even a pub! Some can have access points such as a local branch office of the district council or other community services. Some could have health suites and GP surgeries. The possibilities are endless and so extra care should be seen as the heart of the community and forms part of local regeneration plans.

“Is Extra Care only for those with capital and the financial means to afford it?”

No. Unlike some accommodation for older people now appearing in some towns which are only available to those with a certain degree of wealth, extra care is more often than not of mixed tenure, providing rented or leasehold affordable options for people on either very low

income or with capital they wish to invest. Those on housing benefit can equally have access to extra care, the same as those selling a family home. People with savings are often now selecting extra care housing as they like having the care and support element at hand from the outset unlike some of the more expensive alternatives where there can be less choice about the level or type of care and support offered.

“But extra care is only for the walking well, is it not?”

No. Extra care is for all levels of need. It is the same as living in any town or village. People are in their own home. Community care, including some nursing care, can come to one's front door. The advantage is others in the scheme may need similar support and it is easier to support people together in excellent quality facilities built to a standard to support complex needs including those living with dementia.

Under the new welfare reform act, will I have to pay bedroom tax if I am a single person in a two bedroom apartment?

The Welfare Reform Act states that people may be affected if they are below the age of retirement, which is currently 65 years, therefore people over 65 years are not currently affected. Support and advice can be given on an individual basis.

I use a lifeline in my home; will this type of equipment be available in extra care housing?

Yes. Extra care housing provides the infrastructure within the framework of the building to accommodate a large variety of assistive technology equipment. The use of this type of equipment in extra care housing frequently includes lifelines, fall monitors, bed sensors, flood detectors, medication dispensers and a lot more.

As part of your care assessment, your assessor will consider if telecare equipment would be appropriate and suitable to help support you in extra care housing.

What is the difference between extra care and residential care?

	Residential Home	Extra Care Housing
Accommodation	One bedroom, usually with minimal washing facilities – sometimes with telephone point and built in wardrobes.	Private one or two bedroomed property with hall, built in kitchen including oven and hob, living room and en suite bathroom, which includes level access shower, WC and basin. Included within the property is:- <ul style="list-style-type: none"> • Telephone point • Post box and security viewing outlet in front door • Storage cupboards. • Independent heating controls • Telecare pull cord emergency alarm system • CCTV access to view visitors at the front door through the TV. <p>Rented properties are occupied under a tenancy agreement with the relevant housing association.</p>
Access to accommodation	Not all bedroom doors have locks to limit access. Resource Workers can have access 24/7.	All residents have a key to their own front door and access is only with consent of the resident. Resource Workers/carers and estate managers are unable to enter the residents' accommodation unless requested to do so by the resident. <p>NYCC do operate a key holding policy, with consent of the residents/relatives.</p>
Occupancy of accommodation	Under Licence – no security.	Security of Tenure (Tenancy Agreement with relevant Housing Association). <p>Lease Hold (for shared ownership and outright sale).</p>

	Residential Home	Extra Care Housing
Facilities	<p>Typically includes-</p> <ul style="list-style-type: none"> • Communal lounge area • Dining room • Hair salon/ weekly visits by hairdresser • Communal Bathrooms • Communal Toilet facilities • Separate lounges • Medical room • Staff and Office facilities 	<p>Typically includes-</p> <ul style="list-style-type: none"> • Dining room • Conservatory • Multi-Function room • Bar • Communal Lounge • Hair Salon • Shop • Café bar/Seating area • Mobile Scooter store • Treatment room • Assisted Bathing room • IT/Activities room • Staff and Office facilities <p>Secure access (known as progressive privacy) to accommodation areas usually by key fob.</p> <p>Note - communal facilities are for the use of both residents and the local community i.e. café bar/ dining area.</p> <p>Note – IT facilities may not be available immediately upon opening.</p>
Finances	<p>Fee for residential placement is paid to Local Authority after financial contributions are assessed. (The fee includes meals, care, cleaning, accommodation etc.).</p> <p>Resident's monies are often kept in the office safe, with a register kept of the totals. Allowances are paid out on a weekly basis. Residents who can manage their own finances are encouraged to do so.</p>	<p>Rent and service charges are paid to the relevant housing association. The rent is for the cost of the accommodation.</p> <p>The service charge covers:</p> <ul style="list-style-type: none"> • Support • Maintenance • management • some schemes include meal costs and others operate a pay as you go service • Background Support (when applicable) <p>Residents have control of their own finances or with support from family.</p> <p>A cleaning service can be purchased through an on-site cleaning contractor (managed by the housing association, if available) or on an individual private basis.</p>

	Residential Home	Extra Care Housing
Benefits & Assessments	Dependent on their financial circumstances and care requirements, residents may be entitled to limited benefits to cover the cost of their residential care.	<p>Residents are entitled to a variety of benefits (depending on their financial circumstances and care requirements) to cover the majority of the costs including Attendance Allowance (AA) (or Disability Living Allowance (DLA) if under 65), Personal Independence Payment (PIP), Pension Credit, Housing Benefit and Council Tax Benefit.</p> <p>In some schemes, people who move into an Extra Care Housing scheme will be provided with access to background support should the need arise. Everyone who moves into such a scheme will be expected to contribute towards this additional service.</p> <p>The amount that a person will be expected to contribute towards the background care and support will be determined by completing a personal financial assessment which considers that persons' individual circumstances. PLUS the cost of assessed care hours which will have been identified and agreed as part of their personal support plan.</p> <p>The financial assessment will take account of income and expenditure and also a full welfare benefits check to ensure that weekly income is maximised.</p> <p>Income will include state pension, private pension, welfare benefits and a number of other income sources depending on the person's circumstances.</p> <p>Expenditure will include housing costs (e.g. rent) and certain other amounts, for example disability related expenditure.</p>
Care Support	<p>Included in fee for placement – individual hours not identified.</p> <p>Night care provided.</p>	<p>Care provided according to assessed needs and delivered on an individual basis, taking into account preferred providers and times of visits etc. for which there is a charge. A financial assessment is carried out to establish individuals' contributions.</p> <p>On site 24 hours emergency cover provided through emergency pull cord system.</p> <p>Night care provided according to assessed need.</p>

	Residential Home	Extra Care Housing
Housing Support	Not available.	Support for housing related issues i.e. benefits advice, buildings- repair and maintenance, provided by on site estate manager (usually normal working office hours).
Medication	<p>Kept in medical trolley and dispensed by the homes' management.</p> <p>Prescriptions are ordered on a monthly basis by residential home management. Residents who are able to, are encouraged to self-medicate.</p>	<p>Medication is kept in a lockable facility within the residents' accommodation. Residents can either self-medicate or, as part of an assessed need, under the North Yorkshire County Council Medication Policy, can be dispensed by trained Resource Workers.</p> <p>Prescriptions are ordered, either by the resident themselves, and delivery arranged with a local pharmacy or as part of an assessed need, under the North Yorkshire County Council Medication Policy, can be ordered and collected by trained Resource Workers.</p>
Telecare	24 hour emergency response -Telecare system provided which supports add on equipment i.e. bed/chair detectors/fall detector etc. – on site staff team respond to alarm calls.	<p>Telecare overlay system provided which supports add on equipment ie bed/chair detector/fall detector etc.</p> <p>Wanderguard or equivalent system fitted to front door which will identify people at risk, if leaving the building unattended (only as part of an assessed need).</p> <p>24 hour emergency response for pull cord/pendant and telecare add on equipment.</p> <p>Calls from all equipment diverted to a call centre if not picked up on site after 3 minutes.</p> <p>Progressive privacy access to accommodation areas, for enhanced security (access by key fob only).</p>

	Residential Home	Extra Care Housing
Social Activities/Events	Provided in house – usually by care staff or activity organiser either on an ad hoc or regular basis. May have local people attending arranged activities.	Communal facilities are for the use of the residents and the local community. Extra Care Housing supports the residents to engage and be involved in activities both within the scheme and the local community. The local community are encourage to use the facilities on a daily basis i.e. dining room/café bar and to use the facilities to develop social events and groups.
Pets Policy	Restricted pets policy i.e. budgies.	Pets are considered as per the individual housing association's policy.
Laundry Service	Resource Workers carry out washing for residents in communal laundry facilities.	Residents have the option of having their own washing machines in their accommodation and are encouraged to maintain their independence with laundry, if they are able to do so. Resource Workers/Carers will do laundry in the residents' property if assessed as a care need. Offers privacy with laundry rather than combined communal washing.
Visiting overnight	Not usually available.	Many properties within extra care schemes have 2 bedrooms to enable visitors to stay overnight if they wish to do so. Alternatively, there is usually a Guest Suite available for hire at a reasonable cost, typically £15 - £20 per night.
Meals	Breakfast, Lunch and Tea provided in communal dining room – limited choice available for midday meal. Special dietary requirements are catered for.	All Schemes offer a main meal in the dining room which residents are encouraged to attend and socialise with other residents. However meals can be prepared for individuals by resource workers if assessed as a care need. Residents are encouraged to maintain their independence and continue to prepare some of their own meals, if they are able to do so, or with support if required.

	Residential Home	Extra Care Housing
Health Care	Access to GP's and District Nurses and other health professionals through request of the Resource Workers or homes Managers.	Residents have the option of contacting their GP's/District Nurses at their own request. Visits are carried out in the privacy of their own flats.
Shopping	Through key worker support – no individual storage facilities available.	Residents are encouraged, with support from Resource Workers to compile their own shopping lists, giving greater control over personal food choices. Small on site shop offering every day goods enables residents to continue to shop for themselves.

If you would like more information about extra care housing, especially about schemes in your area, please contact the Accommodation Team on 01609 532600 or extracareenquiries@northyorks.gov.uk

Pen Pictures of People Living in Extra Care Housing

Following a diagnosis of Alzheimer's disease, Tenant A moved to be close to family. She secured accommodation in sheltered housing with district nursing and home care support. Due to deterioration in her condition, Tenant A was admitted to an elderly mentally infirm (EMI) nursing unit for a short period of time although it was soon clear to the nursing staff that she did not require that level of care.

It later became evident to the family that the sheltered accommodation was also no longer suitable, but they were adamant that they did not wish their mum to be admitted to residential care; *"The experience of her short stay in the EMI unit had confirmed our long held view that this is not the best setting in which to care for the majority of older people, whatever their disabilities"* (tenant's daughter).

Tenant A moved to an extra care scheme and shortly after lost her mobility and could no longer swallow medication. This led to disagreements between care providers regarding the best environment in which to provide her care.

Following the wishes of the family, Tenant A has remained at the extra care scheme and a specialist end of life nurse (from the care provider) assisted the team in developing an end of life care plan for this tenant. This was implemented successfully, in part, as a result of the close working relationships with Health and Adult Services, the district nurse and the GP.

Tenant A receives a total of 28 hours care per week, which translates into a morning, lunch time, dinner time and night call by two members of staff. A risk assessment is in place that ensures pain is managed and monitored on a daily basis. Tenant A's dignity is afforded by ensuring she has a clean nightdress each morning and her nails and hair are kept tidy.

The family wrote to the scheme Manager and Health and Adult Services to praise the care their mum is receiving; the following is an extract from their letter;

"At the extra care, not only is Mum able to retain the status of a tenant in modern spacious accommodation but she receives high quality care from enthusiastic carers who are specifically trained to respond to her particular needs and demonstrate genuine interest in her wellbeing. Directly and indirectly these same carers provide my brother, sister and me with peace of mind as well as the help and support that enables us to enjoy spending time with Mum. We are now able to undertake our responsibilities to the rest of our families and to our work in the reassuring knowledge that Mum is safe in a kind and caring environment".

The fact that Tenant A is receiving end of life care, over a period of time, is testament to the fact that the staff have worked well with local services and the family to provide appropriate and timely care. Although Tenant A could not complete a tenant survey to determine her level of satisfaction with the scheme, her face appeared bright and she was able to smile at those in the room.

It is evident that the end of life care plan has afforded the family and the tenant time to consider arrangements for her death. This may be helpful and comforting when the tenant does pass away, although currently she is surpassing all expectations of her life expectancy.

Tenant B lived alone and due to dementia, regularly forgot to pay her bills, managing without electricity, gas or food for long periods of time. She often came into contact with the local police as she would defend herself against the local children who would shout and taunt her.

A letter from Tenant B's sister describes how she was before moving to the extra care scheme;

"My sister was before moving to the extra care a reclusive bag lady. She walked the streets from 5am collecting rubbish from bins, shop doorways etc. and became the subject of ridicule from children and adults. She was filthy; living in a hovel and she would never let anyone into her home".

Tenant B moved to the extra care scheme following a Health and Adult Services assessment which deemed that she should move immediately for her own safety and wellbeing. Tenant B lives with moderate to advanced dementia.

Tenant B receives 9 hours 15 minutes of care per week. Staff pay particular attention to ensuring that she is helped to maintain her personal hygiene and the cleanliness of her flat. Staff observed that Tenant B has a balanced diet, socialises well with other tenants and is able to visit her sister or take trips to the shops independently. Tenant B wrote an account of how living at the extra care scheme has helped her;

"I am a very independent person and I love to go on long walks, I sometimes lose my bearings so the staff have devised a map for me which helps me find my way to my sister's house and back home. I have also been given a key chain to wear round my neck to keep my keys safe. I also have an 'I am me' booklet which staff helped me develop, which has important information and a photograph of myself which can be handed to police if I become lost. This makes me feel secure as I could not bear the thought of not being able to go out."

The letter from Tenant B's sister describes the transformation;

"It is lovely to see her now so clean and happy she sings and dances and really enjoys life".

The staff at the scheme have been able to assist Tenant B in the areas of her life affected by her dementia whilst enabling her right to make choices and take risks. It is evident that Tenant B will continue to enjoy life at the scheme for the foreseeable future and when necessary the care plan and staff are flexible enough to meet her changing needs.

Mr D, a young man of 28 who moved into extra care housing (ECH) in January 2011 has a physical disability in that he suffers spina bifida, hydrocephalous, and scoliosis of the spine.

Until moving into ECH due to his care needs and the fact that he is wheelchair bound, Mr D had always lived at home with his mum and dad. His parents were getting older and so jointly they decided that while they were still able to offer support would be the best time for him to look for somewhere that would support his needs. While finding the transition initially quite difficult he settled in quite quickly and got over his homesickness and now makes a lot of positive contributions to the scheme including offering support to other residents in the use of the Internet Cafe as well as taking part in tenant feedback and participation events within the scheme and supporting the scheme to provide an internet access day, helping people both tenants and non-tenants to gain access and learn how to use the computer for e-mailing and Skype.

Overall he has gained in confidence and is taking on roles which he would not have attempted before and has asked to be considered for further education to enable him to further help people with difficulties.

Mr A moved to extra care from his farm in the community after his wife had died. Initially Mr A was reluctant to move into extra care as he had farmed all his life and was used to living on the farm.

Mr A settled into the extra care scheme very quickly and enjoyed mixing with other local farmers who had also moved into extra care. In addition he liked the company of people from the local community who came in to visit or use the scheme facilities such as the restaurant, shop and hairdressers.

The extra care scheme was developed and built in two phases and Mr A originally moved into the scheme following the first phase of the development.

When the second phase of the extra care scheme was built Mr A applied to move flats to one which overlooked the farm he had worked on all his life. Mr A was now able to look out of his upstairs window and keep watch over his farm as well as watch his son at work bringing the cows in for milking and watching him harvesting.

Initially Mr A did not receive a package of care, but after a while he was diagnosed with a degenerative disease and became unwell. As a result of his illness he began to require some help and support from the care team and as such a personalised care package was introduced to meet his needs. As his illness progressed and his health worsened and his care packaged increased.

Although Mr A was poorly he regularly thanked the Court Manager and care staff for their support saying *'how can I ever repay you for letting me have this lovely flat with views over my land'*

Mr A was familiar with the care staff and got on very well with them, so when Mr A's health needs became critical, it was important to him that he was able to remain living in his own home and that he did not have to move to another setting to get the care he needed and to have to face getting 'used to new faces and people.

Mr A had lots of support from a variety of people and organisations including his family, the care staff, the district nurses, as well as support from the McMillan nurse who came in every week to see him.

When Mr A became really poorly, because of the support he was receiving, he was able to remain in his home and died overlooking the Dale where he farmed and lived his whole life.

The Home Care Manager and the Court Manager met with family quite often to discuss the gentleman's care; the family were also very proactive and visited several times a day.

Due to the rural locality of the extra care housing scheme, the hospice who were originally going to provide some of the care, decided to hand this over to the on-site care team who were happy to do this as were the family.

The housing provider's domestic support workers, carers, Court Manager and the Home Care Manager would pop in regularly when they were passing the flat to make sure he was comfortable and for a chat. He enjoyed seeing familiar faces and it was important that there was some kind of normality in his life.

This rural extra care housing scheme has often provided end of life care because its location, however, this is only possible with the services provided by the district nurses who work very closely with the staff in the scheme.

In one of our extra care housing schemes there is a mother and son living together. The mother is elderly and is now requiring support with her personal care as she is struggling to manage. The lady moved with her son who has learning disabilities.

Initially the son was reluctant to change their accommodation but eventually agreed and moved in, bringing their pet cat with them. They have all settled well.

In the few weeks they have lived in the scheme, the son has started going out running and comes down to see friends from the Learning Disabilities Day Centre who come in for coffee.

He is very supportive of his mum whose health is not good although she manages to get about on her scooter. His mum has started to walk a little further as she comes to the lounge on her scooter and then walks to the dining room.

The availability of two bedroom accommodation in extra care housing has enabled this family to stay together and receive the individual support that they both need.

Although it is early days, the son is now in a secure environment and if anything was to happen to his mum, he does have support around him to help with emergencies and his mum is reassured that her son has security and is being looked after.

In summary, there are lots of examples of people with different needs being supported very successfully in extra care housing.

Whatever your needs are, whatever worries or concerns you have about your housing with care needs, please contact the Accommodation Team on 01609 532600 or extracareenquiries@northyorks.gov.uk