

1. INTRODUCTION

- 1.1. The proposal, to develop an innovative care home that specialises in dementia care (long-term and short-term care) and rehabilitation will provide an exciting opportunity to deliver best practice in design and outcomes for people receiving council run services and support. It will deliver a sustainable solution that enables the council to remain part of the residential provider market in supporting complex needs including dementia. In addition the services will extend to the community to support people to stay living well in their own homes through outreach and a focus on ‘true’ community integration and preventative services.
- 1.2. The proposal looks to integrate wellbeing, care and support provision for older people with complex needs and long-term conditions including dementia. The proposal incorporates a bespoke environmental design based upon best practice standards for people with dementia, a relationship centred model of care, being “with” people not doing “to” or “for” people and an innovative staffing model across service areas.

2. BACKGROUND [current provision]

- 2.1. The proposed home at Crick Road will replace Severn View Resource Centre (SVRC). Sited in Chepstow, SVRC is a local authority owned and run building.
- 2.2. The current home comprises 26 long term beds for people living with dementia, 4 short term beds (respite) for people living with dementia. The home also supports 2 step up step / down beds to support discharge and prevent admission from hospital. The home has reconfigured over recent years to support mainly people with dementia in response to an under provision in the independent sector. The home has a consistently good reputation and maintains near 100% occupancy.
- 2.3. The current home at Severn View in Chepstow was built c1979 and although the layout is good, it has a number of significant weaknesses:
 - 2.3.1. Bedrooms are not en-suite. This is becoming increasingly untenable. The new Regulation and Inspection of Social Care Act Wales [2016] now places a requirement on newly registered homes to have en-suite facilities. There is a risk that we may be non-compliant in the long-term as a result.
 - 2.3.2. The layout is one of long corridors which is seen as poor practice in care home design; particularly in respect of people living with dementia due to difficulties in orientation and feelings of restriction.
 - 2.3.3. The home is on two floors, and this prevents ease of access to outdoor spaces.
- 2.4. Severn View Residential Home is the only council run provision supporting long-term care for people living with dementia. Whilst the home has a role in supporting stability and resilience in the market we wish to retain our current provision to work alongside independent sector colleagues to grow practice and create an environment of reciprocal learning.
- 2.5. Over the last three years there have been significant developments in care practice. Working alongside and being with people based on close relationships is the model of care. The current environment and staffing model places restrictions on the extent to which the team are able to promote this approach.

2.6. Critical in the design of any home is that the form supports the approach and practice. Below are the outcomes for our residential services. Practice is based solely on relationship centred care; that we are 'with' people and not doing 'to' or 'for' people. That our approach supports the identity of the person. All our teams have very comprehensive training and at the heart of this training is the philosophy of Prof. Tom Kitwood. The flower shown is an illustration of the key ingredients to well-being identified by Kitwood. For someone to live well, these elements must be consistently present. This is true of everyone, whether they have dementia or not. An additional ingredient of 'autonomy' needs to be considered and any home design must support spontaneity and choice – where to be, what to do, when to eat etc.. Overall, we know that you can live well with dementia and the design of any care home has to actively support these ingredients to be present.



SERVICE OUTCOMES

- We promote a relationship based experience of receiving care and support that enables a natural life, promotes choice, control, independence and meets the social and emotional needs of the people we support.
- Improved listening and assessment. We understand 'what matters' and we know the person 'ordinarily'. In this context person centred support is only ever about the individual and founded on the persons individual needs for autonomy, inclusion, identity, attachment and comfort.
- Making it home. We recognise that "home" is different to us all and our homes reflect who we are as an individual. For those that live and stay at the home we will support the person to create a home and be at home; what comfort, security and individuality is to you. Shared areas will reflect the people who live in the home and their preferences.
- Services support the spirit of the person. We will place equal importance on the social and emotional well-being of the person as well as their physical well-being.
- Services support families, friends and other important people to remain involved they will feel involved and listened to and encouraged to actively advocate for their loved ones.
- The home looks, sounds and feels like a place for individuals to express themselves, have fun, make noise, be involved, be busy, find retreat and privacy and is at its heart whatever it needs to be to respond to how any person feels at any given moment.
- We recognise the importance of food and drink to a person's well-being. Meal times should be an occasion and be about so much more than just the food we eat.
- Maintaining connections with their local communities - to support people to maintain a sense of personal identity and inclusion in the local community. Communities will become more inclusive and awareness of dementia will increase. We will actively seek opportunities to engage in the local community both through accessing the community and inviting community groups to visit regularly.

3. DESIGN

- 3.1. The design of the proposed new home has been co-produced between the teams currently working at Severn View and Pentan Architects of Cardiff.
- 3.2. The designs for the proposed new home are detailed in Appendix 2. The designs are delivered against a detailed design brief prepared following a comprehensive literary review, visits to other providers nationally, discussions with experts and a review of design guidance from research centres.
- 3.3. The designs have been undertaken by John Carter (founding partner) of Pentan Architects; a specialist in care home design. The proposals aspire to best practice in care home design nationally and to be a market leader in the provision of person centred support to people with dementia. The home's design is based on 4 x households at ground floor level with the aim to reflect as closely as possible a domestic homelike feel.
Initial proposals detail 3 households of 8 to support 24 people with long term care and 1 household of 8 to support short term care.
- 3.4. The designs allows (and incorporates options) for building on two floors to enable the exploration of additional provision. Consultation reveals the increasing demand for an additional nursing care household on site to support transition and consistency. We need to avoid transferring people to other homes when their needs meet the threshold for nursing support.
- 3.5. The provision will focus on support to people with dementia although it will retain up to four step-up step-down beds as part of the household that provides short-term care for older people with dementia.
- 3.6. Overall the design aims to support familiarity for people living with dementia. Instead of developing a care home for 32 people we have created 4 inter-dependant households for 8 people. Scale is hugely important.
- 3.7. Critical is on first approaching each household is what does it look, sound, smell and feel like. We have aimed to reconcile the tension between group living and it being an individual home in all aspects of the design. Typically, new build care homes can have a sterile, corporate [hotel] feel upon entry with reception, offices etc. Whilst there are practicalities of safety and security to resolve, a fence and security gate should not be the first thing that greets the person upon arrival. The designs have home style entrances to each household that lead directly into the home and living areas. Coats and shoes would be more familiar as you enter a home, not a reception desk and adjacent offices. People living with dementia can be overwhelmed by large spaces, too many people and too much noise. Smaller households mean shorter walking distances and better orientation which will increase the independence of the person. Smaller households will support person centred care and allow for 'flatter' staffing structures.
- 3.8. The design explicitly promotes the involvement of the residents in all aspects of daily living. For example catering kitchens are replaced with domestic household kitchens that enable residents to be a part of and around all activities associated with planning, preparing and cooking meals.
- 3.9. The design incorporates community spaces that will be shared by the residents and members of the local community to further ensure the integration of the new home with its local community.

4. MODEL OF CARE

- 4.1. To support the flexibility and spontaneity that supports people to live well and a life that matters we must change the model of care that underpins our practice.
- 4.2. Each household will have a 'household support team' which will amalgamate all current roles. Care, Domestic & Kitchen teams will be replaced by Household Support Workers. This means we can increase staff ratios and target our resources at the right times. The household support model will promote the involvement of the residents in all aspects of daily living. The model also supports our ability to work with people individually and give the time that people need.
- 4.3. The current officer team will move to a Team Lead role based on the principal that leadership should be hands-on and working alongside the teams they are there to support.
- 4.4. As part of the development of the care home we aim to incorporate an outreach care team to support local people to remain in their home. Critical for older people living in the community is access to a 24 hour response as support with night time needs can be the difference between staying in your own home and moving into a residential home. During development there have been on-going discussions about housing across the wider site with agreement to incorporate specially adapted homes and 'homes for life' within the development.
- 4.5. Care of older people living with dementia is a partnership approach and should include families, friends and even the local community. Our approach does create a sense of expectation that all those involved in the care of their loved one prior to residential care should remain after placement. We need families to be an active part of the life of each household. In addition we will provide training to the local community to build confidence and awareness around supporting people with dementia to live well. Combined with the community spaces detailed above we really hope to deliver against the aspiration that moving into residential care does not mean isolation from people's communities.

5. CONTEXT

- 5.1. The development of the home sits within a complex picture demographically. In summary:
 - 5.1.1. There are 19,863 people over 65 years old in Monmouthshire, approximately 22% of the population, this part of our community is projected to grow by 56.9% to 31,157 between 2012 and 2033. In the South of the County 18% (7,138) of the population is 65+ according to the 2011 census. This shows a 30% increase in people who are 65+ between the 2001 and 2011 census (5484 to 7138).
 - 5.1.2. According to research conducted for Dementia UK in 2013 (Alzheimer's Society 2014) 95% of people with dementia in the UK are 65+.
 - 5.1.3. The over 85 age group is expected to increase in Monmouthshire by 153% from 2,714 in 2012 to 6,863 in 2033. Between 2001 and 2011, this age group increased by 61%, from 547 to 882, in the south of the county
 - 5.1.4. People are living longer with increased life expectancy as evidenced by the 57% increase in people over 90 in the South of the County between the 2001 and 2011 census (188 to 295).

- 5.1.5. The current trend show that there is an increase in older people moving to Monmouthshire.
- 5.1.6. There is an increase in people who are 65+ with conditions such as circulatory diseases, respiratory diseases and dementia (or long term health conditions as this is the census measure). The data from the census shows a 42% increase (2,858 to 4,053) in people with LTH problem or disability who are 65+ between 2001 and 2011.
- 5.1.7. 14.4% of older people in Monmouthshire live alone, in the south of the county this figure is 27.9%. In the south of the county 25% of households are single occupancy, of which 50% are single occupancy households who are 65+.
- 5.1.8. The number of Monmouthshire people aged 65 and over predicted to have dementia is expected to increase by 82% from 1377 in 2012, to 2,506 in 2030.
- 5.2. Social care services are developing to keep pace with increasing demand and complexity. Much of the detail around the development of adult social care services is available elsewhere and so is not repeated here but in summary:
- 5.2.1. Demand for residential placements has been maintained due to the development and associated training that supports people to continue to live at home for as long as possible. However, there are recent trends showing an increase in residential home placements.
- 5.3. Meeting the requirements of the **All Wales Dementia Plan**:
- 5.3.1. *Raising Awareness and Understanding* - Dementia Friendly Community Training will be run from the new build care home to extend awareness across the local community
- 5.3.2. *Recognition and identification* - relationships with primary care will develop through a pilot of the Compassionate Communities approach and through the roll out of Dementia Care Matters training for colleagues and partners
- 5.3.3. *Living as Well as Possible for as Long as Possible with Dementia* – as detailed the design and model of care specifically focuses on living well.
- 5.3.4. *Supporting Implementation of the Plan* - As the proposal includes a bespoke environmental design, an established best practice model of care, and an innovative staffing model across service areas, it will be well placed to inform training and research developments nationally, regionally and locally.
- 5.4. Meeting the priorities of the **Regional Partnership Board**.
- 5.4.1. Specifically the project sets out to be an integral part of the Integrated Well-Being Network – see Community Integration.
- 5.4.2. *The proposal will take forwards the co-development of a sustainable health and social care workforce*:
- 5.4.2.1. The new build care home will be a training site and will host apprentices across sectors to develop skills of the wellbeing, social and health care workforces. It will introduce an integrated staffing model across service areas and the model of care will be relationship based, supporting an individual's autonomy spontaneity and choice.
- 5.4.2.2. The new build care home will be a base for the developing Integrated Wellbeing Network - extending the reach of the workforce in the provision of preventative support, early intervention and community development.
- 5.4.3. *Identify and adopt a means of managing risk in the community* - The proposal

includes the provision of extra-enhanced community based services to support night-time needs, carer breakdown, anxiety, disorientation etc. As the care model is founded upon relationships, it is anticipatory in nature and able to support people to foresee and manage risk before crises arise.

- 5.4.4. *Ensure that full advantage is taken of technology and assistive technology where feasible* - In achieving person-centred care and support, the key elements of spontaneity, privacy and choice need to be fully considered. Assistive technologies will play a vital role in ensuring that residents have free and spontaneous access to outside spaces and enabling monitoring of the residents within the home when they need a place of retreat. Examples of technologies include location devices, tablets, mobile phones and falls sensors.

6. COMMUNITY INTEGRATION

- 6.1.1. The proposal will address the needs of our ageing population by providing preventative support and early intervention; it will incorporate a ‘place-based’ approach to supporting people by reconfiguring existing services to strengthen community resources.
- 6.1.2. The new build care home will provide a base for key elements of Monmouthshire’s Integrated Wellbeing Network (see image below) who will provide information and advice for local people so they may make the best informed decision for their particular circumstance(s) and will provide assistance, where needed, to enable access to preventative care and support.



- 6.1.3. The new build care home will be key to the promotion of social connectivity through use of shared spaces e.g. the village square and pavilion, the day activities service would utilise shared areas within the home, inviting local people in to use the tearoom, shop or library and further joint areas, particularly for intergenerational activities would be developed.
- 6.1.4. The new build care home will be pivotal for joint work with community development and partnerships colleagues in their work to increase community resilience at a local level.
- 6.1.5. The new build care home is designed to be embedded within the community. The wider site consists of homes for life and adapted bungalows. Outreach support will enable people to stay in their homes for longer and the residential provision allows people to stay rooted in their local community.
- 6.1.6. Step Up Step Down Beds will help to avoid admissions to hospital, expedite early discharge and prevent unnecessary placements from health settings

7. OUTPUTS

- 7.1. The core project will deliver a bespoke specialist residential home for people living with dementia. This will include 24 x long-term beds, 4 x short-term respite beds and 4 x specialist therapy led rehabilitation beds to support discharge and prevent admission.
 - 7.2. A site for community integration and the development of preventative placed based support and services
 - 7.3. Community outreach services to enable people to stay in their own homes for longer.
 - 7.4. Bespoke household staffing model that targets resources and improves staff ratios.
 - 7.5. Training centre for apprenticeships to support the whole sector.
 - 7.6. This case is based on the construction of a 32 bed care home. Designs detail options for two ground floors blocks or alternatively 1 x 16 bed ground floor block and 1 x 2 storey 32 bed block. At this stage, we can only guarantee deliverability of the 32 bed care home as a result of revenue funding. However, an expression of interest has been submitted for further funding for the construction of the additional 16 beds pending further discussions with key partners across health, social care and 3rd sector organisations. Options for the additional 16 beds include:
 - 7.6.1. Specialist early onset dementia residential support.
 - 7.6.2. Nurse led long-term support for people living with dementia
 - 7.6.3. Specialist end of life care for people living with dementia
 - 7.6.4. Clinical led assessment.
- Over the next 6 months we will hold consultation meetings to explore the deliverability of this additional aspirational project

8. OUTCOMES

- 8.1. Improved quality of life for people living with dementia. This is linked to Professor Tom Kitwood's model of living well with dementia which defines personhood by the levels of attachment, inclusion, occupation and comfort a person has and the support of their identity and autonomy.
- 8.2. Integrated specialist care facility to support a wider dementia friendly community and

to enable people to live in their own homes for longer with improved health and well-being

- 8.3. Improved rehabilitation resources to expedite discharge and prevent admission reducing demand on acute resources.

9. OPTIONS & INNOVATION

- 9.1. An options appraisal has previously been prepared for Monmouthshire County Council's Cabinet committee, which explored the potential to do nothing or to commission an independent provider. On balance, the integrated approach and the development of person-centred care support for people living with dementia meant that the preferred option was that we remained a provider of services and looked to ourselves to re-provide based on best practice design. Demographics already outlined and commissioning data detail the absolute requirement that as part of a balanced range of provision we need to retain specialist residential facilities. The Integrated Care Fund funded a design feasibility study (17/18) to assess whether we could build an innovative home on this site that delivers against the outcomes detailed above. This piece of work was universally well received and these original designs were the basis for the detailed designs attached to this proposal.
- 9.2. Environmental design that underpins best practice care and support. The home will ensure that all residents have access to occupation, attachment, comfort and are included in all aspects of daily living. Whilst dementia is a dreadful disease, people can live well as long as our support focuses equally on the person's emotional and social needs, as well as their physical needs.
- 9.3. The design expressly focuses on creating a domestic feel to the households. Visits to and research into other new builds has highlighted many examples of good design but also illustrated the tensions in creating a home for individuals within a group living environment. The designs for Crick have specifically removed offices, receptions etc. to create this home like feel. Doors will be opened by residents and on entry; the visitor will see a home filled with people, coats and clutter; not a reception and offices.
- 9.4. The households wrap around a large garden with shared spaces throughout. Assistive technologies will support free and spontaneous access to outside spaces.
- 9.5. The grounds incorporate a pavilion and village square for use by the home and the wider community to support integration. Our organisation has 12 specialist in-house trainers in dementia care and we will provide specialist training to members of the local community to improve understanding of dementia to further support integration.
- 9.6. The designs have been produced by Pentan Architects who have stated that the designs represent the most innovative and progressive project that they have worked on. The Chief Architect at the University of Stirling specialist design centre commented on the 'beautiful' designs.
- 9.7. The home will be supported by a highly experienced and well-trained team working to a household support model which affords high staff ratios.
- 9.8. The home will provide outreach services to the local community to enable people to stay living in their own homes for longer.
- 9.9. The home is part of South Monmouthshire Integrated Services Team with access to

nursing and therapies. This multi-disciplinary approach support greater complexity and dependency as well as a seamless approach to service provision. For example, in-reach community reablement services into the rehab unit to support transition back home.

10. REFERENCES:

- 10.1. 'Excellence in Design: Optimal Living Space for People with Alzheimer's Disease and Related Dementias' - Chmielewski E, Eastman P. [2014]
- 10.2. Joseph Rowntree Foundation – Designing and Managing Care Homes for People with Dementia. <http://www.jrf.org.uk/sites/files/jrf/1861348118.pdf>
- 10.3. University of Stirling - <http://dementia.stir.ac.uk/design> [Good Practice in the design of homes for people living with dementia]
- 10.4. Dementia Care Matters – Butterfly Household Model of Care
- 10.5. Social Care Institute for Excellence – Dementia Friendly Environments