

ARHM GOOD PRACTICE NOTE

DEALING WITH PHYSICAL AND MENTAL FRAILITY

Handling Frailty

The purpose of private retirement housing is to promote the independence of older people. It is not a care home. Scheme managers and the emergency alarm service will cope with emergencies and the scheme manager can advise and liaise with providers of care that can assist older people to remain independent in their own homes.

Dementia and Mental Frailty

Dementia describes different brain disorders that trigger a loss of brain function. These conditions are all usually progressive and eventually severe.

Alzheimer's disease is the most common type of dementia, affecting 62 per cent of those diagnosed.

Symptoms of dementia include memory loss, confusion and problems with speech and understanding. Dementia is a terminal condition.

There are 850,000 people with dementia in the UK, with numbers set to rise to over 1 million by 2025. This will soar to 2 million by 2051.

1 in 6 people over the age of 80 have dementia.

Many people with mild-to-moderate dementia are able to stay in their own home and live well if they have adequate support. Being in familiar surroundings can help people cope better with their condition.

As the symptoms of dementia will get worse over time, many people eventually require support in a care home. Depending on their needs, this could be a residential care home or a nursing home that offers services for people with dementia.

Depression and anxiety can also affect older people who are much more vulnerable to factors that lead to this such as being widowed, being retired, physical disability or illness, loneliness and isolation.

Dealing with frailty

Most ARHM Members' developments will provide limited support by way of a resident or visiting manager. It should be recognised that Scheme Managers will be able to provide some assistance in cases of frailty, by way of signposting to appropriate agencies and liaising with family but they are not responsible for provide care and support directly.

Managers should ensure that all staff receive dementia awareness training, to understand the signs, how to work with residents with mild levels of dementia and how to flag issues with carers and relatives.

Managers should have a clear policy which sets out their approach and expectations of staff relating to any type of physical or mental frailty. The policy should include clear descriptions and boundaries of a scheme manager's role. The policy may include the requirement for an assessment. The link to obtaining an assessment is usually through a GP referral to a Community Psychiatric Nurse. Contact with friends and family should be made if the view is taken that the resident is not capable of making an informed decision.

However, it should be remembered that individuals are allowed to make poor decisions and staff should exercise caution when making an informal assessment of a resident's capacity – the resident may well be exercising poor judgement rather than suffering from a mental impairment.

Power of Attorney

Offering early advice to all residents about the use of a power of attorney procedure can help to reduce future problems. If there is no power of attorney and no family, application would have to be made to the Court of Protection to appoint someone to act for the resident.

Harassment

Where residents are living with dementia or mental frailty needs that are able to be met in their own home, it is important that Scheme Managers are able to identify any forms of harassment that may occur against these individuals.

There may be pressure from other leaseholders to take some form of action against residents with dementia or mental illness, and less so increasing physical frailty. Quite often this can put a strain on existing relationships within the scheme, or be reported as anti-social behaviour. A balance needs to be struck between identifying reasons for any change in behaviour, allowing time for needs to be assessed and met, whilst maintaining the privacy of the individual concerned.

Scheme Managers will need support in dealing with these cases. Clear policies and procedures can provide a framework to work from and support from Line Managers will also be required.

Anti-Social Behaviour

An Anti-Social Behaviour (ASB) Policy should have specific reference to dealing with any vulnerable people (whether they are the 'victim' or the alleged 'perpetrator'). Reports of ASB should be investigated as soon as possible, and should include the requirement to consider any vulnerability issues. If ASB is suspected to be as a result of dementia or mental illness, then action should be taken to provide support as outlined above.

In line with the Equality Act 2010 all policies should include an Equality Impact Assessment. Dementia and Mental Illness are defined as disabilities, and are protected characteristics within the Act and so care should be taken to ensure that policies do not directly or indirectly discriminate.

Where possible support should be provided to a resident's family in gaining an assessment and in determining future options for that individual, including the move to supported housing or care homes.

Sudden Changes in the Condition of a Resident

Sudden changes in behaviour may be an indicator of health problems. Encourage the resident to contact their GP before deciding on the need for a Social Services assessment.

Mental Health Act 'Sectioning' procedures are very rarely used by Social Services. It is better to make efforts to bring the resident's condition to the attention of the relevant persons by encouraging a case conference and assessment.

Obtaining an assessment

The Care Act 2014 sets out in one place, local authorities' duties in relation to assessing people's needs and their eligibility for publicly funded care and support.

Under the Care Act 2014, local authorities must:

- carry out an assessment of anyone who appears to require care and support, regardless of their likely eligibility for state-funded care
- focus the assessment on the person's needs and how they impact on their wellbeing, and the outcomes they want to achieve
- involve the person in the assessment and, where appropriate, their carer or someone else they nominate
- provide access to an independent advocate to support the person's involvement in the assessment if required
- consider other things besides care services that can contribute to the desired outcomes (e.g. preventive services, community support)
- use the new national minimum threshold to judge eligibility for publicly funded care and support.

It is important to request that the scheme manager be involved in any assessment. In some areas, access to a Social Services assessment may be through the GP.

For those who prefer, similar assessments are available from commercial organisations, and the services proposed can be purchased privately.

Services Available to Residents in Retirement Housing

Each Social Services Department publishes criteria for their services. Services are available to people who meet the criteria whether living in their own homes or in retirement housing. Most also require a financial assessment (means test), as well as an assessment of need.

As an alternative, residents who do not wish to undergo a financial assessment and have the means to pay can purchase similar services from commercial organisations. Benefits may be available to help residents pay for services. Attendance Allowance is a key benefit for frailer older people and this is not means tested.

Some ARHM members assist and advise residents to claim benefits. In addition, Age UK has help lines and can make benefit checks for callers.

Handling Moves into Care

If help from the Social Services Department is required the resident will require a Social Services care assessment and, if the need for residential care is assessed, a financial assessment will be carried out. The financial assessment will consider both income and capital.

No financial help is available for anyone with more than a specified amount of capital including property. There is a sliding scale between lower and upper amounts. Latest figures are available from Social Services Departments.

Each local authority sets its own criteria for those who it will support in residential care.

The Elderly Accommodation Counsel has a comprehensive database of care and nursing homes and can help with advice on the process of finding and paying for the most suitable home.

What can be done if Social Services refuse access to Residential Care?

The situation may arise where a scheme manager and the resident/relatives believe care is appropriate but Social Services do not feel the resident meets their criteria for residential care. Ways of handling this situation can include the following.

- Obtain details of the Social Services Department's criteria for residential care.
- Ensure the Social Services Department has an accurate picture of a resident's needs and problems. Give continuous feedback to Social Services.
- A resident has a right to have a copy of the care plan which notes the assessed needs.
- The resident or their family can make use of the complaints procedure that all Social Services departments will have published.
- Another person can make a complaint for a resident. In some areas, Age UK runs advocacy schemes.
- Residents or their relatives may want to contact their local councillor.

Handling Frailty of Purchasers of Retirement Housing

Some leases require the consent of the landlord/manager before sale, or may require that buyers meet certain published criteria. In these circumstances managers can make a formal assessment of the circumstances of a buyer, for example requiring an interview at the scheme and encouraging family members to be present.

Other leases do not require the landlord's consent prior to sale and normally restrict only the age of the buyer or occupier. Most managers in this situation still encourage the buyer and family to have an interview or certainly a meeting with the scheme manager. The meeting should be used to give information on the role of the scheme manager and the services available.

Even if consent of the landlord is required for a sale, it is a doubtful legal point as to whether permission for a sale can be refused for care reasons only. Persuasion and good advice and information can help in most situations.

If a purchaser is disabled then the manager cannot refuse consent to purchase on the grounds of the disability. The manager should point out the limits on any facilities and services that affect the person.

Scheme managers may be put in difficult situations when handling resales. The seller, the buyer and other residents may put different pressures on a scheme manager who is making an informal 'assessment' of a buyer. Support by line managers at such times is often required.

Useful organisations

Age UK

Tel: 0800 055 6112

Website: www.ageuk.org.uk

A range of information, including a guide on caring for someone with dementia

Alzheimers Society

Tel: 0300 222 11 22

Website: www.alzheimers.org.uk Information on all forms of dementia and a range of factsheets

MIND

15–19 Broadway, London, E15 4BQ.

Tel: 0300 123 3393

Website: www.mind.org.uk

Mind is the leading charity in England and Wales, with expertise in all areas of mental health

Office of the Public Guardian

Tel: 0300 456 0300

Website: www.gov.uk/government/organisations/office-of-the-public-guardian

Registers and monitors all powers of attorney that are set up in England or Wales

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