Everybody’s Business

Integrated mental health services for older adults: a service development guide

• Improving people’s quality of life
• Meeting complex needs in a co-ordinated way
• Providing a person-centred approach
• Promoting age-equality

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6) Care in residential settings

Background
Care in residential settings offers support to people who are no longer able to live independently in the community. This may be because their mental health problems make them a risk to themselves and/or others and they need more intensive supervision. It may also be because it is not possible to deliver the intensity of personal care required in their own home.

Short stay breaks in care homes allow an introduction to a home and are also one way of providing respite for carers, often being a key component in maintaining their well-being. A move to residential care should enable an improved quality of life for the person with mental health problems and not just be facilitated for the benefit of family carers. The move should maintain dignity and the rights and ability of residents to make decisions about how they live their lives and the care they receive. Carers may also have particular needs at this time, and need support.

The type and standards of care offered are monitored by the Commission for Social Care Inspection (CSCI). This monitoring includes general care homes, specialist facilities and homes that provide different levels of nursing care.

Models of service
Care homes are managed by a variety of agencies: local authorities; voluntary organisations; and for-profit and not-for-profit organisations in the independent sector. Some care homes specialise in caring for older people with mental health problems and they will be registered by the CSCI to provide this care.

However, many people with mental health problems live in non-specialist care homes. Estimates of the proportion of people with dementia in care homes are often in excess of 60-70\%\textsuperscript{5,6,7,8}. It is estimated that about 40\% of people living in care homes have depression\textsuperscript{9}. Commissioners of care home places will need to take these figures into account when planning for the needs of the local population. There are significant training needs of care staff.

Moving people with dementia
Difficulties may arise if people’s needs change and there may be an expectation that they will move to a specialist care home. Any decision to move a resident should be made after a full assessment of their needs and in close consultation with the local inspectorate. Moving people with mental health problems carries risks and needs to be carried out with care.

A diagnosis of dementia does not necessarily mean that the person with dementia has to move to a specialist home, and CSCI recognises that people with dementia have a range of support needs, and that a move to specialist provision may not always be the best option.

Even though a care home may not be registered to care for people with dementia, this can be added as a variation to registration within a day or two
and should not by itself be a significant barrier to readmitting a person who
has received a diagnosis of dementia but whose needs have not changed.
The most important issue is for the person's needs to be met by the service
which cares for them and that staff are appropriately trained and skilled to
provide the necessary level of care required. The CSCI is currently reviewing
its policy in this area and is considering strengthening a reference to the issue
of care in non-specialist homes in their guidance.

Key elements
The overall purpose of residential care should be seen within the context of
housing in general. The aim should be to enable older people with mental
health problems to be as socially included and independent as possible: in
their own homes, in familiar environments, or moving to extra-care housing,
by providing support in the community.

Comprehensive assessment is a prerequisite to ensuring the appropriateness
of a placement to meet a person’s needs, and the most efficient use of
resources.

People should be encouraged to have their own possessions (including
furniture and possibly pets) with them, and the staff should seek to know more
about their biographies and previous lifestyles so that they can provide
personalised care and encourage the maintenance of interests and skills.
Activity programmes will help reduce depression. Relatives and former carers
should be encouraged to visit and maintain their relationships, and to
participate in their care if they wish to do so. Visitor schemes can reduce
social isolation. Homes should be able to cater for a wide range of cultural,
dietary and spiritual needs. Staff recruitment should reflect the local
population and links should be developed with the local faith communities.

The skills staff need
Given the very high occurrence of mental health problems in non-specialist
care, and the significant skills required to provide good quality person-centred
care, staff require training and support in what can be an emotionally
challenging area of work. This is a key area for workforce development and
for commissioning.

Communication skills training is particularly important for staff working with
people with dementia. Dementia care mapping can be a useful tool for
evaluating the impact of the care provided on the resident, and as a staff
development tool.

Homes should develop good links with local specialist services such as
community mental health teams for older people. They can offer advice and
support, coaching and training. Residents should have access to and
involvement of GPs and other mainstream services in the usual way.