



Red & Yellow
Specialist Extra Care
Melliss Avenue – Kew

Operator Statement
October 2018



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1. INTRODUCTION

Red & Yellow is the first truly integrated care provider in the UK working to create a purpose-built specialist Extra Care development for the elderly living with a long-term health and/or social care condition. The level of medical, nursing and personal care provided on site means that residents can live and age in situ, eliminating the need to move into institutional care facilities in all but the most extreme cases. This will be a home with care, not a care home. For our residents, this will also be a home for life.

To achieve this, an operational team of up to 31 staff comprised of 20 different staff types will be present on site 24 hours a day, 7 days a week to care for our residents. The team, registered with and operating under the strict supervision of the Care Quality Commission (CQC), includes specialist consultants, clinical therapy specialists (occupational therapists, psychologists, speech and language therapists, etc.), mental and physical health nurses and health care assistants, as well as hospitality, facilities management and administrative staff, who will ensure our residents' needs are catered to. All staff, regardless of their role, will receive training in how to interact with the elderly with long-term conditions by for instance attending the Alzheimer's Society's Dementia Friend training sessions. All our staff are expected to interact with residents, so they're all in effect care staff.

This document is intended to introduce Red & Yellow, set out what Extra Care is, how and why it has come about, and how our proposal meets or exceeds the requirements that define Extra Care. We also provide additional details on operations (including an outline of staffing and management arrangements needed to deliver the proposed services) and design (including key design principles underlying our proposed development).

2. RED & YELLOW

Who we are

Red & Yellow is an independent healthcare company which aims to provide innovative, world-class housing and care for older persons. Specialising in the management of long-term health and social care conditions, Red & Yellow intend to become the first truly integrated specialist Extra Care housing provider and operator, proposing to create purpose-built specialist Extra Care facilities set in vibrant communities, where integrated care is available on site for people with high care needs.

The Red & Yellow vision is not to create care homes, but homes with care, where our residents can live their lives independently, safe in the knowledge that their changing care needs will be catered for.

Our vision is based on 2 fundamental principles that contribute to health and wellbeing:



Quality Environment

Specialist housing stock in the UK is low, particularly when compared to other mature western markets such as the US, Australia and New Zealand. In New Zealand, 5.1% of over 65s live in Extra Care facilities. In the UK it's 0.6%. This means more people stay in their own homes, which are not adapted to their needs (too big, multi-level, sometimes hazardous), and end up retreating to 2 or 3 rooms on the ground floor.

Things are changing in the UK. The Baby Boomer generation has different expectations from their predecessors; keen on maintaining their pre-retirement lifestyle in a high-quality environment. At Red & Yellow, we are at the forefront of this evolving market. We believe quality and suitable accommodation has a positive effect on health and wellbeing. We believe form and function go hand-in-hand. That's why we are developing purpose-built accommodation which is also homely and aspirational.

Smart and cleverly designed buildings have the potential to make a much larger impact in this market than in general housing. Our residents run a much higher risk of letting taps overflow, burning themselves in the kitchen, or getting lost when going to the loo in the middle of the night for instance, than younger people.

A few examples of this are:

- Wheelchair access throughout (level thresholds, sufficient space for turning)
- Reinforced bathroom walls for grab rails and a seat to be installed in the future, sympathetically engineered so as to avoid an institutional feel despite the institutional level of care
- Appliances positioned at an easily accessible height
- Ergonomically designed door handles
- Infrastructure for assistive technologies
- Elderly-specific bathtub designed by Red & Yellow with Ideal Standard
- Toilets with sensors to detect urinary tract infections
- Bed and floor sensors to detect falls



Quality Care

There are a number of issues why care delivery, particularly for the elderly, is sub-optimal. Health and social care operate independently of one another. And within healthcare, there are structural barriers between mental and physical care. Research has shown that the best care for the elderly with long-term conditions, particularly those with cognitive issues, involves an integrated approach which covers an individual's holistic (i.e. mental, physical and social) health needs.

That's why we have developed a resident-centric care model which looks at the whole person and tailors the care to their needs. Our care model involves a multidisciplinary team made up of 20 different specialists with expertise across the full spectrum of need, from medical and nursing (mental and physical) to personal and social care. And with regular assessments, care can be increased or decreased along with an individual's evolving care needs. This provides a comprehensive and stable care pathway which enables our residents to maintain their independence for as long as possible, safe in the knowledge that their changing care needs will be catered for.

The Red & Yellow concept is firmly based upon quality, depth and breadth of care; to deal with conditions that develop in later life while supporting residents to live their lives to the fullest.

Health and Wellbeing

In addition to quality environments and quality care, a third principle underpins our approach to health and wellbeing: active lifestyles integrated within the community. Inactivity, social isolation and loneliness are some of the main ills affecting the elderly, and research shows the effects these have on one's mental and physical health, and quality of life. Sadly, residences for the elderly all too often become ghettos residents rarely leave, and neighbours rarely visit. "You have to see Dad this weekend" needs to change to "Can't wait to see Dad and the children love spending time with their grandparents as there are lots of things to do".

That's why a key feature of our approach is to promote activity and interaction with the local community. We do this in a number of ways:

- Providing extensive communal facilities (restaurant, café, lounge, cinema/activity room, hydro-therapy and exercise pool, treatment rooms, etc.)
- Opening up access to some of these facilities to the local community
- Providing numerous opportunities for activity both within the facility and outside (including the provision of a minibuss service)
- Partnerships with local groups to create opportunities for further social interaction

At Red & Yellow, great design, integrated care, activity and a strong sense of purpose and community are key principles underpinning our ambition of enabling people to age in place leading happier, healthier lives with appropriate care delivered to them in an efficient, discrete manner allowing them to focus on living rather than simply being cared for.

Background

Over the past few years, we have developed our knowledge and expertise in both construction and care for the elderly.

Property

60% of all care home residents have dementia yet only 17% of care homes are dementia specific. We quickly came to the conclusion that many of our elderly residents would have or would develop dementia at some point, so the design would need to reflect this. In 2012, as part of its research process, Red & Yellow commissioned ESRO, an ethnographic research agency, to reflect on the architectural and design challenges posed by the vision of building a revolutionary care facility. The research is focused on the elderly with long-term health conditions such as dementia as one of the most prevalent long-term health conditions experienced by older persons. In total, this research has considered the experiences of 57 individuals with long-term health conditions, 23 carers and 21 members of staff working in different clinical, care or support roles within a dementia setting.

Whilst individuals (particularly carers) may recognise the increasing need for more appropriate accommodation, the challenge for Red & Yellow is to find ways to make the idea of moving to a new house appealing and as easy as possible. Opportunities to maximise appeal vary at different points of the 'dementia journey', ranging from ensuring that housing meets (and even exceeds) the aspirations of the retired population in general, to helping people understand how much easier (and happier) their lives could be in surroundings designed for their needs. One key finding was that whilst families think the best room to choose in a care home is the one at the back overlooking the countryside, evidence shows that residents actually prefer rooms beside the reception or overlooking the carpark as this allows them to see what's happening and stay close to the action.



Another challenge is in designing a care facility that embraces characteristics of “home” (warm, welcoming, private, safe, etc) and takes into account the changing household dynamics for both the elderly resident and their carer(s).

- The appointment of Marchese as architects on this project, with their experience of designing schemes in the mature Australian Extra Care market, and the design of our scheme have been fundamentally influenced by the insights gained through the research carried out by ESRO, for example:
- The importance of ‘happenings’: creating activity and interest for residents to participate in and spectate

- Clear lines of visibility through the Extra Care units
- Space for individuals
- Private space and space for guests
- Daylight in, views out
- Sufficient storage and visibility of belongings

Care

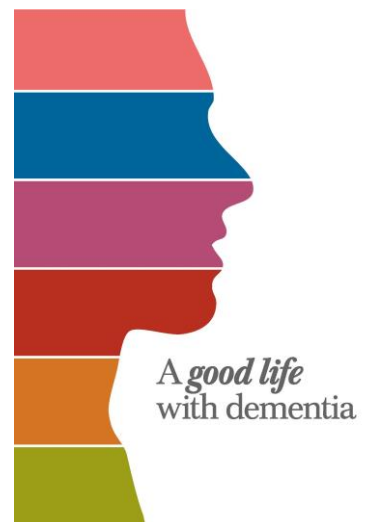
In parallel, we also started to develop our care model. Gathering a team of leading experts in the field of elderly care with particular expertise in cognitive issues, we set out to design and develop a care offering which would break new ground and offer our residents a truly holistic care pathway covering their care needs, existing and future, enabling them to maintain their independence and live their lives to the fullest, safe in the knowledge that their changing care needs will be catered for.

The team involved individuals such as the:

- Former National Chairman of Alzheimer's Society and Chairman of Alzheimer's Disease International
- Department of Health's senior professional advisor on older people's mental health and lead author of the National Dementia Strategy
- National Nurse Advisor at the Department of Health's Social Care, Local Government & Care Partnerships Directorate and co-author of the National Dementia Strategy
- Chair of the Faculty of Old Age Psychiatry at the Royal College of Psychiatrists

In 2014, Red & Yellow, in association with Alzheimer's Society, commissioned another report from ESRO 'A good life with dementia' which explores how to enjoy life with the condition beyond diagnosis. This thought-provoking report identifies 6 themes – rooted in universal notions of identity, happiness and fulfilment – that are key to living well with dementia. The report findings further shaped our vision of how care ought to be provided.

A pilot programme registered with the Care Quality Commission and involving the provision of care in the community was then launched in the House of Lords under the patronage of Baroness Greengross, Vice Chair of the All-Party Parliamentary Group on Dementia and Ageing and Older People. This pilot achieved great clinical success, demonstrating significant and tangible outcomes for our patients and validating our approach to care.



The concept, approach and processes developed during this time are fundamental to the care we intend to provide on the site in Kew.

3. EXTRA CARE – the product

Definition

A number of terms have been used alongside Extra Care housing, including sheltered accommodation, assisted living, and retirement villages. The Care Quality Commission defines Extra Care as purpose-built accommodation in which varying amounts of care and support can be offered and where some services are shared.

The following characteristics are typically associated with Extra Care:

- Facilities are purpose-built
- Cater for over 55s
- Units are self-contained
- Support is available on-site 24 hours a day, 7 days a week
- Residents can choose their care provider
- Care is provided to residents depending on their varying needs
- Communal facilities are available

Background

Specialist elderly housing in the UK has evolved over the last 30 years providing an alternative between general housing (which begins to fail older people) and care homes. It has grown to meet the changing care needs of older people as they live longer and their care needs increase. It targets those older people requiring specialist-housing and support but who also wish to maintain their independence, whilst being part of an active community.

Advances in medicine and treatment such as Telecare means many care issues are now more manageable in non-institutional settings. This, combined with a growing market, has created opportunity for growth in specialist elderly housing.

The key characteristic of specialist elderly housing is that occupiers own or rent their own independent property and have access to communal facilities. Occupiers of care and nursing homes can only rent their accommodation, which is not self-contained (typically no kitchens, sometimes shared WC facilities).

Extra Care is a more recent variant of specialist elderly housing. It is an accommodation response to this increase in manageable care needs and desires of older people to remain at home for as long as possible, avoiding institutional care. It provides housing that can be adapted to their needs with care and support services available on-site in a flexible way, tailored to residents' particular and evolving care needs. Staff are available 24 hours a day and there are a variety of facilities that help facilitate an active and independent lifestyle. Extra Care accommodation can therefore provide both independence and care provision.

Extra Care developments provide a number of benefits that are only now starting to be noticed. These benefits are for the residents and society in general. A recent study¹ by Aston University on residents of ExtraCare Charitable Trust Villages showed that combining housing, health and social care services can have a dramatic impact on the quality of life of older people while cutting costs at the same time. Key findings of the report included:

- NHS costs for the residents were cut by 38% over 12 months compared with their costs when they first moved in
- The residents experienced a significant reduction in the duration of unplanned hospital stays, from 8-14 days to 1-2 days
- Routine GP appointments for these residents fell 46% after a year
- Numbers of people with clinical levels of depression fell by 64.3% over 18 months
- Of the residents who moved in a 'pre-frail' condition, 19% had returned to a 'resilient' state 18 months later
- After 18 months, residents experienced a 10% improvement in their autobiographical memory – the ability to recall events, objects and people

¹ Aston Research Centre for Healthy Ageing (ARCHA), 2015

4. Extra Care – the need

There are a number of key demographic changes that are driving the need for specialist elderly housing, and Extra Care housing in particular, which will only accelerate over the coming decade. The two most important are: an ageing population and rising care needs.

Ageing Population²

Growth in the retirement housing sector is being driven by the ageing Baby Boomer generation. The number of over 65s is forecast to rise over the next 9 years, from the current 11.8 million people, to 14.3 million by 2025, a 21% rise (Figure 1). This translates into one in five of the total population being over 65 in 10 years' time, which will become one in four by 2050. In addition, they are forecast to live longer (Figure 2).

Figure 1

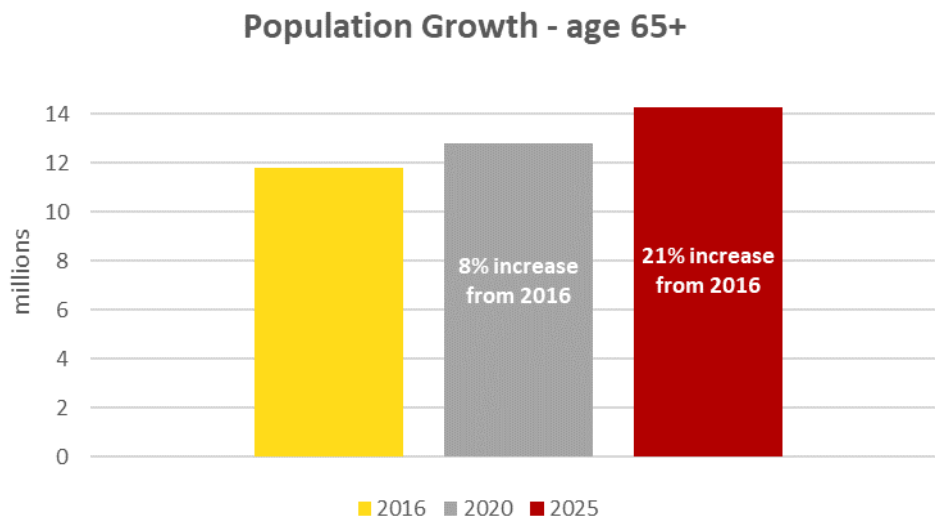
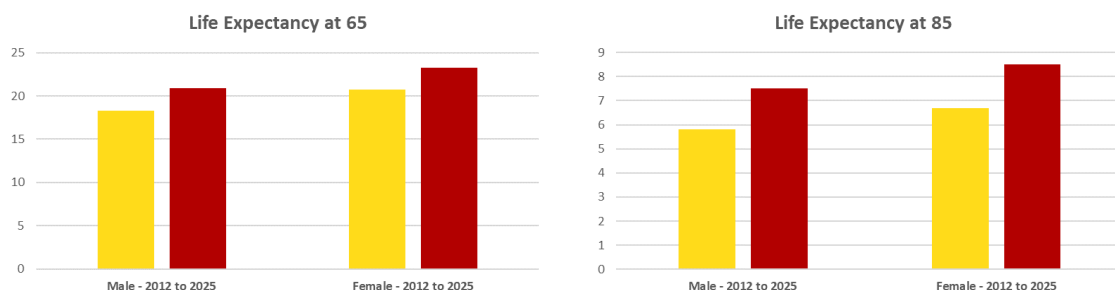


Figure 2



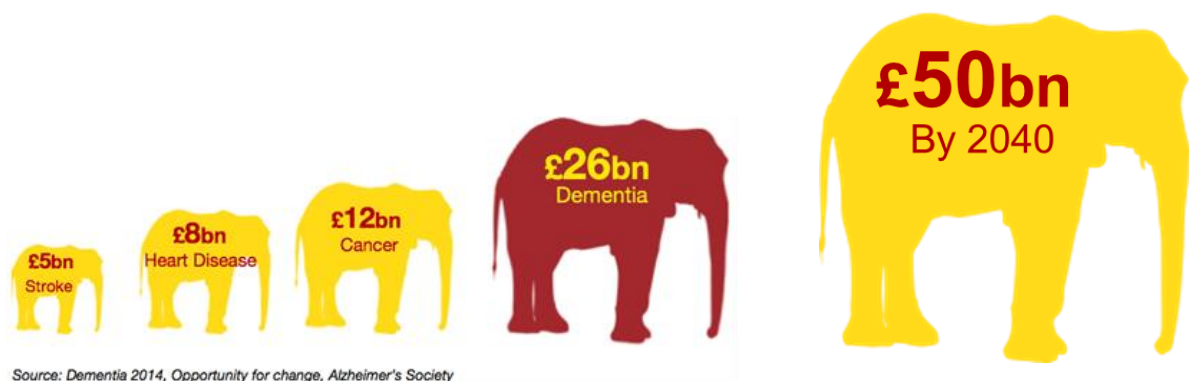
² Source: ONS

Rising Care Needs³

Whilst people are living longer and the number of older people is rising, advances in healthy life expectancy are not keeping track. Healthy or disability-free life expectancy for over 65s averages roughly 10.5 years, whilst for over 85s it falls to less than three years.

The number of older people that have some form of care need is significant, with almost half of today's over 65s living with a Limiting Long-Term Illness (LLTI) or disability. It is forecast the number of over 65s with an LLTI whose day-to-day activities are significantly limited will hit three million by 2025, a rise of almost 30%.

As another example, the cost of dementia, which is greater than cancer, heart disease and strokes combined, is expected to nearly double by 2040.



Need in London Borough of Richmond upon Thames (LBRuT)

The Council's adult social care strategy Market Position Statement 2018–2019 sets out the current and potential future demand and supply for adult social care services and outlines the investment that the Council and its partners have made in local services, to inform evidence-based commissioning. The document states that:

- 28,900 people are aged 65+ in Richmond (15% of total population)
- This is predicted to increase by 55% to 46,800 people by 2035 (19% of total predicted population). This is the major area of demographic change.
- Richmond has a high proportion of older people within its population (15% aged over 65), compared to London as a whole (12% aged over 65)

Comparing the planned supply of Extra Care units and the identified need, Carterwood's analysis indicates an exceptional unmet need of 1,210 private Extra Care units in the market catchment area and 322 in the local authority area. This shortage is predicted to rise substantially over the next six years to 2025.

³Projecting Older People Population Information – Department of Health

5. MELLISS AVENUE – the proposal

The development on Melliss Avenue will be a flagship site for Red & Yellow which aims to offer the first, truly integrated 'own home' care system in the UK. We have partnered with Marchese Partners, a leading architectural practice in the field of housing for the elderly, to design the specialist Extra Care scheme to include apartments as well as a host of communal facilities. Working with Wilder Associates, award-winning landscape architects, we will create an environment with outside space that connects and benefits our residents and the wider community, and responds to local demand, with the provision of a children's play area and public open spaces.

This state-of-the-art scheme will also provide fully integrated health and social care for residents, including specialist dementia care for people at all levels of need, offering exceptional levels of service from a multi-disciplinary team registered with and operating under the strict supervision of the Care Quality Commission. Red & Yellow are attuned to the UK National Dementia Strategy objectives and deliverables. In fact, our care model was developed by the authors of the National Dementia Strategy acting as Non-Executive Directors of Red and Yellow.

Purpose-built facilities

Our scheme is purpose-built for the needs of an elderly population with varying, and typically increasing health and social care needs. We are also adamant that the design be aspirational and be as far removed from institutional as possible. This will be home for our residents, and so should look as such. Please see section 7 for a detailed description.

Communal facilities

A Red & Yellow facility is designed to be a 'home' setting with the most advanced care and services provision built-in. As part of that care provision, we will provide a number of leisure and communal facilities which will enhance residents' sense of community and aid treatment, be it rehabilitation or stimulation.

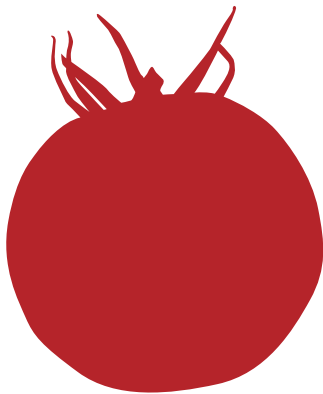
The scheme will include an extensive array of communal facilities which make up a significant proportion of the total built area, which is much greater than standard residential developments, and we believe most other Extra Care developments. The entire ground floor is dedicated to communal facilities and back of house facilities. The ratio of NSA to GIA of the facility is 63% which is significantly different to the typical 80% on residential schemes. The facilities at Kew will include:

- Food & Beverage (restaurant, café and 'meals to order')

- Health & Therapy Centre (medical centre, therapy and treatment rooms, hydro-therapy and exercise pool, rehabilitation and exercise room, hair salon)
- Activity Room
- Lounge & Library

Food & Beverage

Our restaurant and café will be the heart of the scheme where every resident will congregate to eat a good and healthy meal, but also to socialise among themselves and with local residents, all factors which are integral to our concept of care provision.



We believe that the availability of high-quality food and beverages for our residents and visitors is one of the key elements of the Red & Yellow vision. Not only is a balanced, nutritional diet of utmost importance in the prevention and treatment of later life illnesses and dementia but we also believe that food and the sense of community that it creates is central to our aim of providing a sense of home and happiness to our residents.

The facilities will include a restaurant serving meals three times daily, open 7 days a week, as well as a Café opening onto the MoL and accessible to the public, further integrating our development into the community.

Health & Therapy Centre

A key part of our wellbeing strategy is creating a sense of community. We expect the wellness and therapy centre to be particularly popular with residents and the local community. This will further improve social interaction between residents and local neighbours.

Medical Centre

One of our key provisions for the wider community is the Medical Centre. A range of specialist professionals who are leaders in the field of later-life and dementia care will be visiting the site. By making this service available to our residents and local neighbours, we believe that we can increase and strengthen care provision in the borough and help our residents integrate with the local community.

Therapy and Treatment Rooms

The development includes two therapy and treatment rooms. This will be for residents and members of the community to receive treatment from the range of Red & Yellow specialists. We expect this to be an appointment-based service.

Hydro-Therapy and Exercise Pool

The pool will be accessible for disabled users and suitable for use as a treatment pool. The pool will be open to residents all day. It will be available for external user groups use at set hours of the day. We are particularly keen to encourage community groups that need, and will benefit from, the disability-focused nature of the pool. Several local groups have already expressed interest in this.

Rehabilitation and Exercise Room

Fitted out with equipment suited for the elderly, this room will allow residents to exercise either individually or as part of a group, including yoga and other types of classes suited to their needs.



Hair Salon

As part of our aim to provide a sense of community as well as specialist social care, we believe the capacity to offer a hair and beauty service is a key part of our wellbeing strategy. The salon will also be available to the community on an appointment basis.

Activity Room

This will run events and features throughout the day such as arts and craft, music, etc. We will explore the option to open it regularly to the wider community for events.

Lounge and Library

With a prominent position overlooking the gardens, this will create additional space for residents to socialise, read, play cards, board games or just watch the activity around them which is in itself one of the most important aspects of preventing isolation.

Service offerings included

Initial and ongoing assessments

As part of welcoming new residents, a Care Manager (registered nurse) will conduct an in-depth assessment of their health and social care needs. This will determine what level and type of care the resident will need to procure. This assessment will then be reviewed at least on a quarterly basis, with the care provision adjusted accordingly.

24/7 emergency response care

Included in the basic offering available to all residents is a provision for 24/7 on-site emergency response care. Trained health-care assistants will be on site at all times. Senior nurses will also be on site during the daytime (7am to 9pm).

Hospitality and Facilities management

A team of front office staff will make sure the residents' needs are fully catered to. This will include manning the reception as well as coordinating the services available to residents (porter, transportation, and bookings at the restaurant and wellness and therapy centre). Activity coordinators will also ensure our residents have access to a range of activities, from exercise to movie viewings, lectures, arts and crafts, to outdoor activities and excursions. Finally, a team of housekeeping and maintenance employees will not only look after the building maintenance but also provide domestic services to residents on a pay as you go basis.

Food and Beverage

A kitchen team will ensure residents have access to a healthy and varied food and beverage offering, including 3 meals a day for those that wish to eat out as well as offering home cooked meals for those wishing or only able to take meals in their own home.

Security

Security of our residents is a high priority for Red & Yellow. We understand that engagement with the public involves risks on both sides. To that end we will work to make sure that residents, guests and the public can enjoy our facilities to the full in a safe and pleasant environment. We are also investing in technology that will further enhance our security management.

Transportation

Residents will be able to use a dedicated mini bus service available 7am to 9pm seven days a week, and also request private transportation as required.

Administration

An on-site general manager and his team will oversee all activity at the development and will manage all administrative issues involving residents including welcoming new residents, billing for services used, and general coordination.

Care services

In addition to the assessments and emergency response care included as part of the basic care package subscribed to by all, residents will also have access to a full-scale health and social care offering covering all levels of care needs. This ranges from domestic, personal and social care (general housekeeping, assistance with eating and drinking, toileting, dressing, and companionship) to clinical healthcare (mental and physical health) for long term conditions such as Parkinsons, dementia, recovery from strokes, etc.

Red & Yellow will be the preferred care provider on site and will be responsible for the delivery of care services. However, residents will be allowed to use other care providers if they so wish. This is a key characteristic that distinguishes Extra Care from care homes although in practice it is very rare that people chose to do so.



We pride ourselves on offering fully integrated health and social care which is not only person-centric and flexible but varies according to the resident's needs. We achieve this through a multi-disciplinary team of experts. We will employ a team comprising 20 different staff types, ranging from geriatricians and old age psychiatrists to occupational therapists, physiotherapists, chiropodists and mental and physical health nurses. The individual team members work together under the guidance of a clinical governance committee, registered and operating under the strict supervision of the Care Quality Commission.

Our pilot scheme has proved that once people are correctly supported on a truly case by case basis we know that care needs can actually go down, which not only increases quality of life but can also reduce the financial burden that is often associated with long-term conditions such as dementia.

As a guide, care requirements can be categorised as follows:

1. Low (up to 5 hours of care per week);
2. Medium (between 5 and 20 hours of care per week);
3. High (over 20 hours of care per week).

Red & Yellow's aim is to achieve a mixed community in terms of acuity while recognising that this will be led by the market and that nursing and care needs change over time. However, every new resident will have minimum care requirements and will, as part of their service charge, subscribe to our basic care package which includes 5 hours of care per week.



Residents needing additional care will be offered care packages which they will take up separately. Given the level of services and facilities available on site, we anticipate our residents will on average have relatively high care needs which we estimate will translate into an average of 20 hours of care per week, including high-impact care provided by a range of specialist consultants, clinical therapists and nurses.

Community integration

We believe that our scheme will only be a success if the local community embraces it and actually makes use of it. Isolation and loneliness are some of the worse plights facing our residents. Elderly housing facilities all too often become ghettos where residents and neighbors from the local community live side-by-side but don't mix.

We believe both parties can benefit from interacting: the local community can benefit from the facilities available to them, and residents benefit from the social interaction that an active, buzzing environment can engender. For this to happen, we propose to create and make accessible to the local community facilities which they consider equal and hopefully better than what is available elsewhere. Our objective for each of these facilities is that they compare favorably to what's available on the high street and that local residents choose to use them instead of going further afield.

As such, we intend to create and make the following accessible to the local community:

- Children's play area and open land between the building and the towpath
- Restaurant/Café
- Health & Therapy Centre
- Activity room
- Care outreach services

The site is currently fenced off and inaccessible. Once built the site will be completely open, and in particular, the whole area within the Metropolitan Open Land will be available to visitors coming in from the towpath. We will also build a children's play area which we know is currently being requested by residents of the Kew Riverside scheme. A high-street style café opening onto the MOL and the play area will also be open to the public.

The medical centre, therapy and treatment rooms, hydro-therapy pool, cinema/activity room, and hair salon will also be available for use by the local community on a scheduled or appointment basis, while retaining residents' priority rights.

Finally, we propose to make the same health and social care services delivered on-site available to residents of the local community in their own homes.

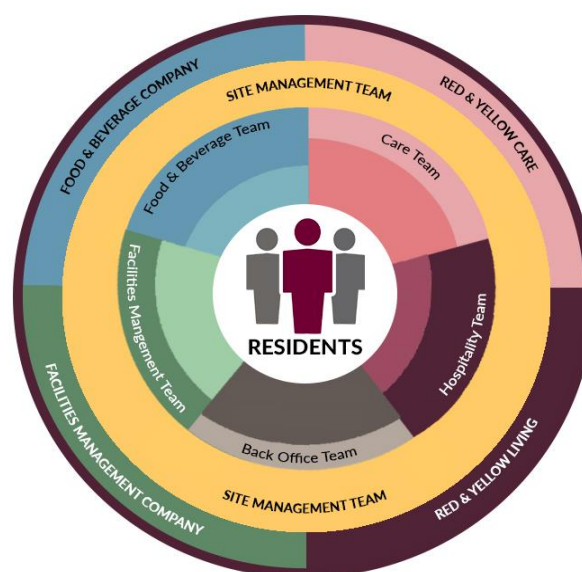
6. OPERATIONAL FRAMEWORK

Operational structure

The specialist Extra Care development will be operated by Red & Yellow. The facility at Melliss Avenue will be managed according to the following resident-centric model:

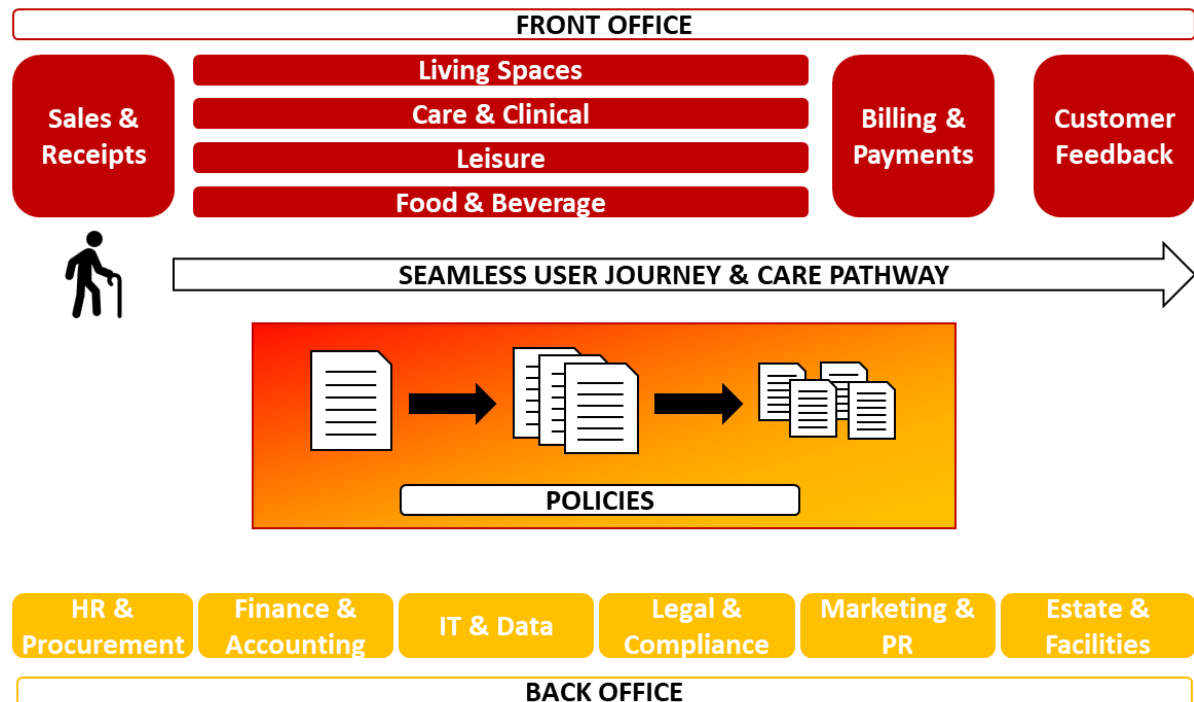
The on-site operations will consist of care, hospitality, food and beverage, facilities management and back-office teams which will be coordinated by a Management Team as follows:

- The on-site Care Team, registered with the Care Quality Commission, will provide 24/7 medical, nursing and social care catered to the specific and individual needs of residents. A Care Manager, in conjunction with a Consultant Geriatrician and a Consultant Psychiatrist, will provide leadership and direction on all health and social care matters. Together, they will draw up care plans for each resident, which will be implemented by a multi-disciplinary care team.
- The Hospitality Team will make sure residents' non-care needs are met, and their schedule includes a full range of activities, including exercise, movie viewing, lectures, arts and crafts, as well as outdoor activities and excursions.
- The Food & Beverage Team will look after the culinary and nutritional needs of residents, with services including home cooked meals and assisted cooking.
- The Facilities Management Team will not only look after the building maintenance but also provide domestic services to residents when needed.
- The Management Team will be led by a General Manager overseeing all operational, HR and finance functions.



Resident User Journey and Care Pathway

Red & Yellow will provide clear structures, processes and systems supported by leading technology and infrastructure across front and back office. The illustration below sets out a high-level overview of the operational model.



The function of both front and back offices will be to execute the core processes of the business. A series of sub-processes and procedures will provide a step-by-step guide, and together they will form a blueprint for efficient operational delivery.

Front Office

We consider all staff working at the site to be front office as they will all be responsible for customer interaction and will focus on delivering a seamless and high-quality customer experience. This goes from the receptionist to the health care assistants, but also includes management and staff providing facilities management services, as they will be encouraged to interact with residents. The gardener for instance is likely to be popular with residents. As such, all staff will be trained in dealing with the elderly and will attend the Alzheimer's Society's Dementia Friend training sessions.

Back Office

The supporting functions that will facilitate the workings of the Management Team will be operated through a combination of on and off-site staff.

- i. **Finance.** Finance will be managed by a team who will make sure that the billing process is simple and understandable, and that staff and suppliers are paid on time. Residents will be presented with a single itemised invoice for all services.
- ii. **Human Resources.** Centrally organised under the direction of the on-site General Manager and Care Manager, the HR team will support all staff. Relevant policies will ensure fair recruitment processes, quality appraisals, learning and development opportunities and a safe and rewarding working environment.
- iii. **IT.** The campus will be technology and IT reliant and IT services will be outsourced to specialist firms.

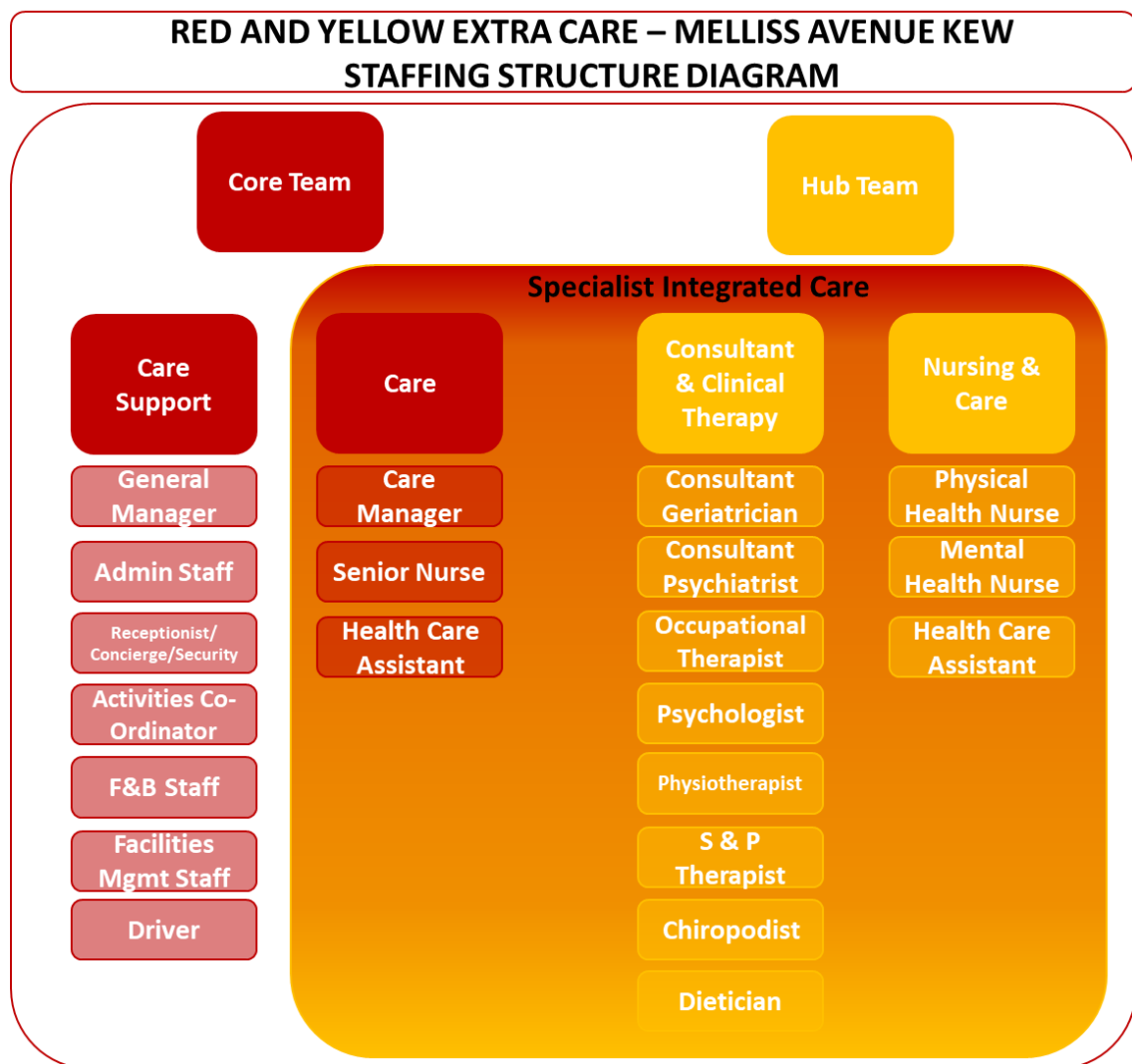
Staffing arrangements

We distinguish staffing arrangements according to a core and hub model. The Core Team provides all the essential services needed to operate the facilities (management, administration, hospitality and facilities management, food and beverage, etc.) and provide the care included as part of our basic care package provided to all residents and included in their service charge.

Our Hub Team is made-up of a multi-disciplinary team of physical and mental healthcare professionals who specialise in care for the elderly. This ranges from geriatricians and old age psychiatrists to occupational therapists, physiotherapists, chiropodists and mental and physical health nurses. They provide care over and above the minimum care levels reflected in the basic care package and can essentially cater for all but the most acute and complicated care needs of our residents. They make our vision of a home for life a reality.

It is this specialist integrated care, with the input of specialist consultants and clinical therapists, that distinguishes us from other operators employing a qualified nurse at most. Our pilot programme has demonstrated our approach's success at delivering better quality care more cost-effectively, frequently reducing care requirements in the process whilst increasing quality of life for both the person in need of care, and their spouse and family.

The diagram below illustrates our staffing structure:



Core Team

The Core Team is made up of Care and Care Support teams.

The Care Team provides the care included as part of our basic care package provided to all residents (initial and on-going health assessments, 24/7 emergency response, basic care services). The team includes:

- Care Manager
- Senior Nurses
- Health Care Assistants

Given the size of the Care Team, all residents will receive a minimum of 5 hours of care per week delivered by senior nurses from 7am to 9pm, supported by trained Health Care Assistants (24 hours a day). This team will provide care on site 7 days a week. Just this represents a materially higher level of care (both in quantum and quality) than other Extra Care operators who provide at most 2 hours of care, which often is limited to the provision of domestic cleaning services.

The Care Support Team ensures the proper operation of the facilities, providing hospitality and leisure services, ensuring residents' needs are met and facilities are well maintained. The team includes:

- a. Management and Administration staff
- b. Receptionist / Security
- c. Activities Co-Ordinators
- d. Food and Beverage staff
- e. Facilities Management staff
- f. Transportation staff

The following table sets out the staff requirements for the Core Team:

Staff Type	Day shift (9h-17h)	AM shift (7h-14h)	PM shift (14h-21h)	Night shift (21h-7h)
General Manager	1			
Care Manager	1			
Senior nurse		1	1	
Health Care Assistant		2	2	2
Administration staff	2			
Receptionist/Security		2	2	1
Activities Co-Ordinator	2			
Food and Beverage staff		5	5	
Facilities management staff		2	2	1
Driver		1	1	
Total	6	13	13	4

Hub Team

In addition to the care included in the basic care package, residents will also have access to a full-scale health and social care offering covering all levels of care needs. The size and composition of the hub team will be dependent on the care needs of our residents, which will be assessed before moving in and regularly thereafter.

However, given the level of services and facilities available on site, we anticipate our residents will on average have relatively high care needs. We estimate this translates into an additional 15 hours of care needed on a weekly basis on average. This is on top of the 5 hours of care provided as part of the basic care package.

This reflects the fact that care is provided by an integrated team of specialists. How these 15 hours are broken down by staff type will again depend on the care needs of our residents, but based on our pilot programme and research into how care is coordinated and provided in care homes, memory clinics and other care settings, the hub team will be led by a Consultant Geriatrician and a Consultant Psychiatrist who will be employed and will each be on site half a day per week to see residents and supervise their care plans in conjunction with the Care Manager, the Clinical Therapy Team and the team of Nurses and Health Care Assistants.

The Consultant and Clinical Therapy Team will include:

Staff Type	On Site
Consultant Geriatrician	Half day per week
Consultant Psychiatrist	Half day per week
Occupational Therapist	4 days per week
Psychologist	2.5 days per week
Physiotherapist	2.5 days per week
Speech & Language Therapist	Half day per week
Chiropodist	1 day per week
Dietician	Half day per week

The Nurse and Health Care Assistants team will provide care to residents needing more care than what is included in the basic care package. They will provide cover 24 hours a day, 7 days a week, and will be split as follows:

Staff Type	AM shift (7h-14h)	PM shift (14h-21h)	Night shift (21h-7h)
Physical Health Nurse	1	1	2
Mental Health Nurse	1	1	
Health Care Assistant	7	7	4
Total	9	9	6

Total staffing figures

Overall, this represents a total workforce of, and new employment opportunities for, 88 individuals. This represents 80 full-time equivalents given the part-time nature of a few of the positions. At peak times (weekday, daytime), 31 staff will be present on site, operating in some of the dedicated communal spaces (medical centre, therapy and treatment rooms, hydro-therapy and exercise pool, rehabilitation and exercise room) and importantly, in residents' own flats.

Based on our pilot programme which delivered this care in peoples' own homes in the Greater London area, we anticipate staff will reach the facility by a combination of minibus service (operating between 7am to 9pm, 7 days a week), public transport, walking and cycling.

What this means for residents

With these staffing arrangements, residents will receive an average of 20 hours of care per week. Some residents will use less throughout their stay, while others will use more. Some will start using little care and their care needs will increase. We also expect others to move in with high care needs which will be managed down.

20 hours is greater than the number of hours of care provided in care homes (18 hours of carer time) and is comparable to nursing homes (20 hours - 2 hours of nurse time and 18 hours of carer time). However, given our design, assisted technology, and specialist integrated care with input from specialist consultants and clinical therapists, our residents will receive levels (in quality) of care which far exceed those of care homes and nursing homes.

The breakdown below illustrates the type of care that a resident can receive during a week:

- 15 hours of health care assistant per week
- 3.5 hours of nursing per week

- 30-minute appointments with a consultant every 6 weeks
- A mix of sessions with various Clinical Therapy Team members:
 - 1.5-hour session with the occupational therapist per month
 - 1-hour session with the psychologist per month
 - Half hour session with the physiotherapist twice per month
 - Half hour session with the speech and language therapist every 2 months
 - Half hour session with the chiropodist per month
 - Half hour session with the dietician every two months

This of course represents an average and we don't anticipate each resident to be treated by every single staff type on an ongoing basis. The more likely scenario is that each resident will be treated by a combination of consultant, nurse and health care assistant, and some will also be treated by one or more members of the Clinical Therapy Team. This reflects the fact that some residents will be in need of more care, and others less. It is also expected that care needs will fluctuate over time.

This does however provide a good overview of the level of care residents will receive. Based on the results achieved as part of our pilot programme, we are confident that this will improve their health and wellbeing, and will enable them to remain active and engaged, and maintain their independence for as long as possible, making the ambition of ageing gracefully in their own home a reality.

“Older people with long-term conditions want good primary care, community care and social care, joined up around them regardless of clinical categories or structural splits between healthcare on one hand and social care on the other. They want good out-of-hours services, so that their conditions can be managed in their own homes and prevented from deteriorating, and to make it possible to minimise upsetting, disruptive and expensive episodes in hospital. This is not the system we have.”

House of Lords Select Committee on Public Service and Demographic Change,
First Report, Ready for Ageing?

7. DESIGN PRINCIPLES

The following sets out how the design of the proposed specialist Extra Care facility accords with best practice principles and design guidance.

Specialist Extra Care design principles

The development will be designed with best practice principles in mind and have particular features that will ensure residents with existing or emerging physical, memory or sensory conditions, such as dementia are properly considered. The development follows the Royal Borough of Kensington and Chelsea's Older Persons Housing Design Guidance.



The development will:

1. Provide self-contained apartments comprising bedroom(s), bathroom(s), dining, living and kitchen facilities and private external balcony/ terrace. Being self-contained this will allow residents to maintain their independence and privacy, while also having flexibility to access a range of communal and wellbeing facilities. Apartments can be adapted to suit resident's needs.
2. Enable purchasers to own their own units, with secure, long leaseholds.
3. Offer a range of nursing, personal and domestic care services 24 hours a day, 7 days a week. An on-site team coordinated by Red & Yellow will provide medical, nursing and care services. Additional services including management, security and emergency support, activities co-ordination, and transport will also be available on site.
4. Be able to accommodate households with varying needs including low (5 hours of care per week), medium (between 5 and 20 hours of care per week) and high (over 20 hours of care per week).
5. Encourage active ageing with a range of communal areas and shared facilities including reception, library, lounge, restaurant and café, medical centre, therapy and treatment rooms, hydro-therapy and exercise room, rehabilitation and exercise room, hair salon, activity room, mobility scooter and cycle storage.
6. Residents will also have access to landscaped gardens and the adjacent public open space.

Communal space usage

A number of the communal areas and shared facilities can be used to hold social events and activities including the lounge, library, restaurant/café, and the activity room. The activities coordinator will manage all active and social programs, as well as lifestyle events.

A significant feature will be the communal open space (Metropolitan Open Land) which will incorporate a children's play area, lawns, sensory gardens and wheelchair friendly paths. Active engagement and connection with visitors and the community is a fundamental feature and benefit for residents, so the development must remain active and not become insular.

It is intended to encourage the surrounding community to visit the site to interact with residents and utilise certain facilities. The cafe located on the ground floor provides an opportunity for residents to meet and interact, with friends, family and neighbors from the locality.

Ancillary/ back of house

Service and staff facilities will also be provided within the ground floor facilities including:

- Kitchen, chef office and associated storage areas
- Staff offices
- Centralised nurse station
- Staff changing/WC facilities
- Plant and equipment rooms
- Refuse, recycling and storage
- Independent loading and delivery bay remote from car park
- Mobility scooter and cycle storage

The building has been designed to:

1. Facilitate the provision of care
2. Provide a safe and enabling environment for residents. The overall layout of the building achieves logically laid out space and cores, with wheelchair compliance and security measures
3. Allow for smart and assistive technology to be installed
4. Accommodate residents with dementia through the use of recognised design principles

Location and accessibility

The location is very suitable for continued social and community use, and in particular, a specialist Extra Care facility. Good public transport facilities are available including buses and trains within short travel distances. A dedicated private mini bus service will be provided for the benefit of residents and staff.

The site is generally flat with a bund / mound that will be retained adjacent to the towpath. The proposal has been designed to ensure level access is provided to and throughout the site.

Despite being located within an existing residential development there is a retail park in close proximity, providing a variety of brands and services. This will be a unique development with nothing comparable in the UK let alone the Borough.

Development design principles

The proposed specialist Extra Care facility will provide 89 self-contained Extra Care units, reflecting the following unit mix:

- 11 x 1-bedroom units (12%)
- 71 x 2-bedroom units (80%)
- 7 x 2-bedroom plus study units (8%)

The unit mix is geared towards 2-bedroom units which is a specific response to an elderly population in need of care. Elderly couples more often sleep separately, particularly where one partner is more ill, spare bedrooms are needed for visiting family and carers to stay over, and more generally, whilst people are downsizing, they still want to retain enough space to house their belongings and continue their hobbies.

Dwelling space standards

The proposed units generally exceed minimum space standards, this is in order to provide additional space to support the provision of nursing and personal care.

62% of the units have been designed to comply with Part M Category 2 standards and 38% of the units have been designed to comply with Part M Category 3 standards. This is a far greater standard compared to the C3 requirements (90% Part M Category 2 and 10% Part M Category 3) and reflects our user need.

Design requirements

General

- Simple plan form and layout to aid way finding
- Lift cores visible from the main entrance of the building
- Larger lift available for stretcher use
- Vehicle drop off area at main entrance to allow residents to alight safely and securely
- All units to be single story
- Entrances to the building are limited to maximise legibility and security
- Sliding doors are used in specific locations to improve accessibility
- Landscape design to be sensory and calming, and provide dedicated activity space
- Generous corridors
- Easily accessible storage

Extra Care apartments

- Master bedroom layout provides direct connection to the ensuite to allow a hoist to be used
- Shower rooms comprise level threshold wet rooms
- Provision of telecare systems, alarms, ability to install bed and floor sensors to reduce need for more invasive care whilst providing a discrete overwatch especially for night time movements which is when the majority of injuries occur
- Design to accommodate anti-scald/burn safety measures, fire detection and integrated hand rails
- Environmental control will include mechanical ventilation, underfloor heating and openable windows

Designing for the residents' needs

General

- Handrails and dado rail shelves to at least one side of circulation routes
- Easy to use ironmongery
- Electrical sockets and switches located at an appropriate height
- Colour schemes which use contrasting tones to highlight locations and features within the building

Bathrooms

- Red and Yellow collaborated with Ideal Standard to produce an entire range of bathroom equipment specially for the elderly, most notably the R&Y bath which all Extra Care units will be fitted with
- Walk-in shower/wet rooms which can accommodate a wheelchair and carer
- Bathrooms which include a bathing hoist and shower seats
- Anti-slip flooring with specially designed tiles that are less likely to cause a slip and if a slip does occur are less likely to lead to injury
- Basins/vanity units at 800 – 850 mm high, with the ability to accommodate a wheelchair and is safe to lean on
- Mixer taps with lever handles, as easier to use for people with arthritis
- Shower head rail which can double as a grab rail
- Safety plugs for the sink and bath to avoid flooding
- Reinforced walls to enable the retro-fitting of handrails and supports

Kitchens

- Corner base units with pull out carousel
- Glazed or open shelves for item identification
- Drawer and cupboard pulls that are easy to grab

- Tall fridge freezer rather than under counter
- Smaller high-level dishwasher with drawers
- Oven, hob and fridge freezer with sensors so avoid being left on or open

Comfort and security

- Carefully considered lighting e.g. colour options to replicate daylight, uplift mood or promote rest
- Low-level sensor lighting which can be turned on by carers when entering at night
- Mix of overhead and wall lighting
- All lighting to be dimmable

Specific user group requirements

Visual Impairment

- A colour scheme with good contrast between the floors, walls and ceilings
- Avoid glossy or shiny surfaces, particularly on floor coverings
- Avoid highly patterned floors and worktops since it is harder to pick out objects against them
- Ensure contrast between doors and their handles

Hard of Hearing

- Ensure large spaces have high acoustic absorbency to reduce echo
- Install an induction loop system in all communal areas
- Ensure door bells, smoke alarms and telephony provide flashing lights and/or vibrate

These design principles enable the vast majority of residents to live in their own home for the rest of their lives thereby reducing costs for LBRuT, the NHS and the residents, whilst also increasing their quality of life.

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