
Meeting: Social Care Health and Housing Overview and Scrutiny Committee
Date: 16th December 2013
Subject: The Closure of Meppershall Care Home (MCH)
Report of: Cllr Hegley , Executive Member for Social Care, Health and Housing
Summary: The report sets out the background to the closure of Meppershall Care Home, provides a summary of the work that took place and outlines the role of the Council and other Agencies involved.

Advising Officer: Julie Ogley, Director of Social Care, Health and Housing
Contact Officers: David Jones & Elizabeth Saunders
Public/Exempt: Public
Wards Affected: All
Function of: Council

CORPORATE IMPLICATIONS

Council Priorities:

1.
 - Promote health and well being and protect vulnerable people
 - Value for money – freezing council tax

Financial:

2. The cost of monitoring standards within care homes is funded through a number of different budgets including contract management.

In relation to the closure of Meppershall Care Home (MCH), costs were incurred across the Service and by other agencies including SEPT and BCCG. The net cost of the placement changes which were incurred when residents were moved to alternative placements as of the 1st October 2013 were: £47,860 and this is a part year effect as all placements commenced sometime from w/c 8th July thorough to the 19th July 2013. Other costs which were incurred included: additional payment to staff to work longer hours to facilitate moves, removal costs, and management consultancy and agency staff to keep the home functional during the closure process; these amounted to £26,521. The total cost incurred so far is £74,381.

Legal:

3. The duty to provide care and monitor standards is covered by a number of Acts. The Regional Standard is a common set of processes and documents that have been approved by the Association of Directors of Adult Social Services (ADASS) – Eastern Branch and adopted by the Council.

Risk Management:

4. The report illustrates the risks involved in procuring quality care and the complications associated with this requirement. Within the limitations of the legislation and agency responsibilities, the report describes ways of mitigating these risks.

Staffing (including Trades Unions):

5. Not Applicable.

Equalities/Human Rights:

6. The Council has a statutory duty to promote equality of opportunity, eliminate unlawful discrimination, harassment and victimisation and foster good relations in respect of nine protected characteristics

These are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation

Public Health

7. Care homes provide care to some of the most vulnerable people within our community who, because of their frailty or ill-health, are unable to remain living safely within their own homes

Community Safety:

8. Not Applicable.

Sustainability:

9. Not Applicable.

Procurement:

10. Not applicable.

RECOMMENDATION(S):**The Committee is asked to:-**

1. **Consider and Comment on the report**

11. Background

- 11.1 Meppershall Care Home was an 84 bedded home in Meppershall providing nursing and residential care for older people and included 28 beds for people with dementia. It was located in the part of Central Bedfordshire where there is a particular lack of this type of provision. The registered owner was GA Projects Limited and it was closed on 19th July 2013.

11.2 Concerns had been raised about the standard of care over a number of years and a series of actions were taken including numerous visits, meetings, action plans, training and some embargoes of new placements. A number of Safeguarding alerts relating to institutionalised and undignified practice have been raised over the last couple of years. The regulations are such that a home is required to meet minimum standards to operate. Meppershall Care Home consistently improved its care and met these requirements. Standards improved then fell back on a number of occasions. The chronology over this period can be summarised as follows:

11.3 The Chronology

- In April 2009 the commissioning responsibility for Meppershall Care Home transferred from Bedfordshire County Council to Central Bedfordshire Council and was at that time on a partial embargo of new placements. The service through 2009, 2010 and 2011 spent much of the time under serious concerns with either a full or partial embargo of placements. The Central Bedfordshire Council Serious Concerns Process is part of the Bedford Borough and Central Bedfordshire Adult Safeguarding Board procedures. Central Bedfordshire Council would instigate a Serious Concerns Process under delegated responsibility from the Safeguarding Adult Board..
- The pattern that emerged was of a service that through intensive support from Contracts and other professional agencies would show improvements but as soon as the support reduced the service would not be able to sustain the improvement. The key areas of concern were always staff competencies, quality of management, a lack of investment in quality training and equipment and a culture in the home that resisted maintaining a high quality of care at all times.
- Following a full compliance visit in February 2012, carried out by contract officers from CBC, an action plan was agreed with Meppershall Care Home and over the course of the year improvements steadily were being made. In addition, working with the Bedfordshire Clinical Commissioning Group, the Manager and staff were supported with HR processes, including producing new job descriptions and assessment of nursing competencies which led to identified training for nurses being offered by Bedfordshire University. A Serious Concerns review meeting was held in January 2013 and all agencies involved offered their agencies' views of the quality of the care at the home at that time.
- This multi-agency feedback was positive with clear signs of improvements. However, a change of Home Manager late in 2012 subsequently had an impact on the stability of the service, and it became apparent in April 2013 that the Service was again becoming unable to sustain the consistency in the quality of care provided.

- 11.4 From January 2013 to May 2013 there was intensive support by contract monitoring, care management and safeguarding activity which sought to tackle the poor standards of care and avoid the need for closure.
- 11.5 On the 13 May 2013 The Care Quality Commission (CQC) carried out an inspection on the home to ensure residents were being appropriately cared for. The report from this inspection was published on 20 June 2013. This report identified actions, including enforcement action against all 11 standards. The owner was required to send CQC a report by 27 June 2013 setting out the actions they would take to meet the standards. As this requirement was not met, further inspections were undertaken. However, the owner failed to respond adequately and the regulator (CQC) concluded that enforcement action was required.

It is important to note that the CQC do not always inspect all 16 core standards and use their judgement to target particular areas of concern. The inspectors in this case used their intelligence to target where the focus on inspection activity needed to be.

- 11.6 Initially the first floor of Lavender Dementia Unit (12 residents) – was the subject of a closure notice then the downstairs was decommissioned (14 residents), by the Council and the Bedfordshire Clinical Commissioning Group. At this point, the Council, as Lead Agency for the Serious Concerns Process, organised a number of meetings with all families and relatives to inform everyone of the current position. During the families' and residents' meeting, the Council went to great lengths to communicate the situation for the residents at Meppershall Care Home. However, a couple of days later, standards deteriorated further and on 14th July, CQC withdrew the registration so the company could no longer provide a service within the home.
- 11.7 Whilst the closure decision was made by the regulator, CQC, the Council fully understood the reasons for enforcement action. The decision was distressing especially for residents and relatives but by this stage there was no real alternative. It is important to fully recognise the responsibilities of the owner. In this situation, it is a clearly the responsibility of the owner to meet the quality of care delivered in the home.

11.8 **Media Interest**

From early in July, CBC and partner agencies started to prepare statements setting out the Councils position regarding the drop in standards of care at MCH. CBC made clear its priority to protect the residents at MCH. These statements also made clear distinctions between the role of CQC as the regulator, with the power to close homes and the Councils role in monitoring standards of care and protecting vulnerable adults.

The local press started to pick up the story quickly referring “to shocking/dreadful standards in Bedfordshire Care Home” (Bedfordshire on Sunday, 7th July 2013). By the 13th July the Council press statement aimed to reassure families and relatives that “our absolute priority has been to ensure the wellbeing of the residents in the home and to reassure their relatives that they are safe and well cared for “ Julie Ogly, Director of Social Care, Health and Housing.

However, information from families and relatives articulated at 2 separate public meetings highlighted a different view and perspective. At that point families and relatives were very angry with the Council and CQC and did not accept, initially, that the quality of care within MCH was poor. It was only later on reflection and when residents were resettled and showed signs of improvements did families and relatives exchange views and opinions on just how bad things had got at MCH.

12. The Closure of the Home

- 12.1 Once the closure was announced by CQC the Council, as the host authority, had 5 days to arrange assessments and the transfer of all the residents to other homes. Only 32 of the residents were funded by this Council, 9 were funded by the NHS (Continuing Health Care), a small number were funded by other local authorities and 18 paid for their own care.
- 12.2 The Council took over the responsibility for running the home, assisted by a partner (another registered care home owner). This was challenging as some of the staff did not inform anybody they would not be reporting for work and it was necessary to take on the responsibility for GA Projects staff without having the formal employment responsibility and supplement them with Council, SEPT, BCCG nurses and additional agency staff.
- 12.3 It was understandably distressing for residents and relatives that everybody had to move within 5 days. However, it became very apparent that care standards were even worse than expected and it would not have been possible to have provided a safe and acceptable service for a longer period.
- 12.4 Residents were moved to new locations as follows:

Central Bedfordshire	18 residents
Bedford	7 residents
Luton	10 residents
North Hertfordshire	24 residents
Other areas	9 residents
(Cambridgeshire, Milton Keynes, Peterborough)	

- 12.5 Whilst it was this Council's responsibility to ensure that residents were appropriately placed, this does not mean that the Council took on financial responsibilities. The following indicates where financial responsibility lies:

Central Bedfordshire	32 residents
NHS (Continuing Health Care)	13 residents
Self	18 residents
Bedford	3 residents
Luton	1 resident
Hertfordshire	1 resident

12.6 **Reviews of Placements**

The Council agreed to review the care arrangements of all residents. Reviews were undertaken at 4 and 8 weeks after the move for all previous residents of Meppershall Care Home. Seven criteria were used to ascertain the impact of the move on the individuals' health and wellbeing and feedback was also sought from their families and the social workers.

Elements of assessments carried at the 8 week reviews looked at areas of improvement and changes to; appetite, weight changes, mood, social activity, mobility, personal hygiene and appearance and skin integrity.

The vast majority of residents showed signs of improvements in many of the areas stated above. For example:

Mrs JB, gained weight and was much more settled

Mr HB much improvement in appetite

MR BD More relaxed, more weight gain and more comfortable

Ms JC Improvements in mood, more social interest and more engaged in social activities.

However, a small number reported a decline in a couple of areas assessed, but they were in fact a very small minority. It is interesting to note that responses from family and social workers about improvements and changes were very similar.

Subsequently, one resident, who was already very ill, has died and two residents, at their request, have moved to other homes.

Summary

It is very clear that very few people were adversely affected by the move and the majority of responses confirmed that in fact there had either been no change or real improvements in the ex Meppershall residents health and wellbeing. One of the comments often made by families was that they realised the care at Meppershall Care Home was not good only when they were able to compare it with the standard of care being provided by the new home.

13. The Review by Officers Closing the Home

13.1 On 1st August a session was held for staff from the Council, BCCG and SEPT (Community Health) who had been involved in the closure work. An analyse of the outcomes for residents was presented in order to learn lessons on which aspects were especially successful and areas that could have been more effective. The learning from this home closure will inform practice in the future.

13.2 Staffing

Overwhelmingly positive; team work, sharing of knowledge and person-centred approach was very evident. At times there was over 40 staff from the different agencies working together within the home. This necessitated providing an emergency only service across Adult Social Care and some parts of local Community Health Services during the 'closure week'. Advice was provided to Meppershall Care Home staff on housing and employment. Some additional administrative support would have been useful with designated officers for equipment, supplies and transport. Familiarity with manual handling techniques and sufficient support needed targeted support. Regular briefings of all staff were essential. (Generally 3 were held at set times each day).

13.3 Multi-Agency Working

Again overwhelmingly positive; comments included 'joint working at its best', 'great co-ordination and great work experience'. Some staff gained greater knowledge of working with professionals from other agencies which should help to develop a more integrated customer centred approach in the future.

13.4 Leadership

Very positive feedback was received on co-ordination, support, planning and communications. This included managing the home as well as the assessment and transfer work. SEPT and BCCG senior management gave full support. However, an earlier engagement with GPs would have helped. The on-site leadership was a significant success factor.

13.5 Placements

There are few care homes in the northern part of Central Bedfordshire so it was necessary for 24 residents to move to North Hertfordshire. It was difficult at the time to compile a list of vacancies in homes to find placements. However, we have recently reviewed our practice on having a more up to date system of where vacancies exist on a day to day basis. During the period of finding placements, homes were visited promptly to undertake assessments. The availability of real time on-line placement information for staff and residents/relatives is an area that is being further developed.

13.6 Interface with Home

As detailed earlier, the Council took over the responsibility for providing care, assisted by a partner (another registered care home owner). This arrangement worked really well as it was challenging to ensure there was sufficient staff available at all times during the week. It was necessary to work in a 'grey area' by taking on the responsibility for GA Projects workers without having the formal employment responsibility and supplement them with Council, SEPT nurses and additional agency staff. The continuation of administrative support by a long standing staff member was particularly helpful.

13.7 Equipment

This theme was the subject of the most negative feedback initially. ICT support was late until the escalation of this issue to the Director of Improvement and Corporate Services, who moved this issue as a top priority to assist with the smoothness of the home closure. At first, the absence of community equipment over the weekend delayed the completion of assessments. This was rectified and it was very helpful that the home had a large training room and adjacent facilities for storage of equipment and providing a base for the co-ordination of the closure. The availability of a large enough base and ample food and refreshments is an essential requirement for such an intensive complex operation.

13.8 Transport

There was a more mixed response to the provision of transport. Until assessments had been completed, it was often difficult to determine the balance between passenger, tail lift and ambulance transport. Support from individual staff members within this service area was however, outstanding.

13.9 Communications

This proved to be a very diverse set of requirements from media and political/corporate/other agency briefings – with excellent support from Corporate Communications – to regular staff updates and the effective use of flipcharts to monitor progress in relation to every resident. The feedback was largely very positive.

- 13.10 Although there were some features probably unique to Meppershall Care Home, such as the employment contracts and accommodation arrangements, there are some more general learning points and good practice issues which have been drawn from the experience. These have been included in a more detailed report. Obviously, the approach would be different in some respects if there is a longer period of notice rather than a deadline of 5 days.

Following the home closure, CQC has made a number of very complementary public comments about the approach taken by Central Bedfordshire Council and its partners. It has taken a positive view of the practice evident from the transfer of residents and the final closure work.

In summary, the key requirements to successfully manage a home closure include:

- Contingency planning
- Relationship and partnership working
- Open and accessible communication
- Real time decision making
- Knowing what to expect
- Coordination and activation of resources
- Engagement and communication.

14. The role of the Council and other organisations in the Closure of Care Homes

- 14.1 The common assumption, very evident from meetings with relatives of the residents who were living at Meppershall Care Home, is that the Council is solely responsible for the standards of care in homes within the Central Bedfordshire area.
- 14.2 16 years ago, the regulation and inspection of care homes was transferred from Councils and Health Authorities, to a predecessor of the Care Quality Commission.
- 14.3 There are now three agencies that have some responsibilities:

The Care Quality Commission (CQC)

The CQC are the current regulator which carries out inspections and issues reports on care homes. Judgements on quality through star ratings were discontinued in 2010. Now inspection reports measure against 16 standards. Those relevant to Meppershall Care Home were: respecting and involving people who use services; consent to care and treatment; care and welfare of people who use services; safeguarding people who use services from abuse; cleanliness and infection control; management of medicines; safety and suitability of premises; safety, availability and suitability of equipment; staffing; supporting workers; assessing and monitoring the quality of service provision.

CQC give a judgement and reasons against each domain as well as a summary of the inspection.

Specific actions which the Care Quality Commission instigated in relation to Meppershall Care Home were:

1. Compliance actions – failed to secure improvement
2. Warning notices – failed to achieve compliance
3. Urgent action to prevent admission
4. Urgent action to remove people from 1st floor of dementia unit
5. Assessment of risk factors across whole home
6. Urgent action to remove location from owners conditions

CQC has recently redefined its role and responsibilities and the fresh approach has been declared in the following way:-

- **“Our Purpose** – We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.
- **Our Role** – We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find. In the future this will include performance ratings to help people choose care.
- **Our Judgements** – will be independent of the health and social care systems.
- **We will** – always be on the side of the people who use services”.

14.4 **The service provider**

In the case of Meppershall this was a private company, GA Projects Limited. All homes have to have a registered manager and the organisation has to be registered to provide care. Registration for the quality of care, health and safety, appropriately qualified staff, are all the responsibility of the service provider.

14.5 **The Council**

The Council has a number of roles relating to:

- Individual placement reviews;
Councils have the legal responsibility of making appropriate care arrangements for those people who meet the criteria for accessing care and support. Councils also have duties to provide information and advice relating to care arrangements for those people who fund their own care. Once councils arrange care and support for their service users, they have a duty to review care packages (wherever the setting: either in a residential or in domiciliary care), at least on annual basis or when there is a need to review more frequently.

- Adult safeguarding;
Councils have duties and responsibilities regarding safeguarding vulnerable adults. These duties are discharged under delegated authority from the Safeguarding Adult Board.
- Contractual management;
The contractual role within Council's Adult Social Care relates to monitoring quality of care provided within commissioned services. The contractual role within care homes is targeted at raising standards and delivering high quality care for vulnerable people

Councils cannot close independent sector homes but can stop placing publically funded people in poor homes, although self funders may still choose to live there.

- 14.6 It should be noted that the Council had funding responsibility for just under half of the residents; in these cases, reviews were undertaken by social workers soon after placement, following significant changes and annually. However, the Council did not know most of the other elderly people where this requirement did not apply, and this proved to be challenging.

The issues raised by the home closure:

- Confusion over roles of CQC/Councils.
- Need to engage with relatives as soon and as frequently as possible;
- The public to be aware of what good care is.
- The need for everyone to be vigilant about the quality of care, not just the professionals involved, but families and relatives as well.
- Importance of monitoring contracts through the comprehensive assessment using the ADASS (Association of Directors of Adult Social Services) workbook.

15. Reflections and Questions Summary

- 15.1 The sharp decline in standards of care at MCH and inability of the provider to sustain improvements led to its closure. The Council and its partners were responsible for ensuring the residents were cared for until they could move to other placements.
- 15.2 All staff worked very hard to achieve a smooth transition to placements, especially when residents' care needs were not known to the Council and its partners.
- 15.3 The need to "close" Meppershall Care Home resulted in social care staff being re-directed to work at the home. This meant we then needed to move to a "duty emergency cover" for the rest of Central Bedfordshire, to deal with everyday business.
- 15.4 The Council and its partners will continue to monitor and review the care of the former residents. It may be possible when the home is reopened, for former residents to return to Central Bedfordshire.