

## The Future of Caddington Hall Older Persons Home

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### This report relates to a Key Decision

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#### Purpose of this report

1. To consider the outcome of the consultation on the future of Caddington Hall Older Persons Home
2. To decide on the future of the home.

#### RECOMMENDATIONS

The Executive is asked to:

1. Note the outcome of the consultation
2. Approve the closure of Caddington Hall Older Persons Home
3. Authorise the Director of Social Care Health and Housing to determine the date of closure, taking into consideration the assessed eligible care needs of residents of the home and relevant operational matters.
4. Approve the commencement of the processes set out in paragraphs 63 to 64 in relation to the staff employed at Caddington Hall Older Persons Home.

#### Overview and Scrutiny Comments/Recommendations

3. This report will be considered by Social Care Health and Housing Overview and Scrutiny Committee on 22<sup>nd</sup> June 2015. The views of the committee will be incorporated into this report.

## Background

4. At its meeting on 10<sup>th</sup> February 2015 the Executive considered a report on the challenges facing Central Bedfordshire in the provision of good quality accommodation for older people and the approach being taken to meet these challenges. (Members of the Executive who are not familiar with this report are recommended to read it).
5. The challenges were set out in detail in the report and can be summarised as follows:
  - a. In common with other council areas and the nation as a whole, Central Bedfordshire's population of older people is set to grow much more rapidly than the overall population. This is particularly true of the group of people aged 85 and over.
  - b. When asked older people consistently say that their preference is to remain living independently in their own home for as long as possible and the Council aims to support this as much as it can.
  - c. The vast majority of people will continue to live in ordinary housing throughout their lives, supported by informal carers (such as relatives and friends) and 'paid for' carers sourced privately or commissioned by the Council. Additionally, in recent years the Council has developed extra care housing schemes that are able to deliver a high level of flexible care options to support residents as and when they need it.
  - d. However, even with the provision of extra care housing, for a small proportion of older people the best place in which their needs can be met is in a care home setting. In recent years increased expectations of the facilities in care homes have led to changes in the physical and environmental standards which new care homes need to meet.
  - e. The Council owns and operates seven care homes for older people across Central Bedfordshire. These were built in the period between the late 1960's and the early 1980's. None of them meet the modern physical and environmental standards that new care homes achieve.
6. The Council's response to these challenges of an increase in population of older people and rising expectations is necessarily set within the financial constraints within which the public sector operates. The approach being taken to address these challenges was also set out in detail in the report to the Executive on 10<sup>th</sup> February 2015 and can be summarised as follows:
  - a. Increase the availability of home care services in response to increasing demand and the desire by older people to remain in their own homes for as long as possible.
  - b. Develop both domiciliary and residential reablement services that assist older people to regain independent living skills which allow them to remain living at home, even after a spell in hospital.

- c. Commence the development of extra care housing schemes for independent living in Dunstable (Priory View) and Leighton Buzzard (Greenfields) and plan to deliver a further four schemes of this type over the next six years.
  - d. Reconfigure care home provision for older people to deliver higher physical and environmental standards. This is the most challenging as such changes inevitably mean a degree of disruption to the lives of residents in the homes affected.
7. The specific issues in relation to Caddington Hall are:
- a. The home does not meet the modern expectations as it has relatively small rooms and no en-suite facilities.
  - b. The home's location is far from ideal for the population it serves, being well outside the Dunstable/Houghton Regis conurbation and with poor public transport links from there.
  - c. The constraints on the site (due to it being in the Green Belt) limit the options for its development.
8. During 2013 inspections of the home by the Council and CQC the quality of care at Caddington Hall was found to have deficiencies and the home became subject to the 'serious concerns' process<sup>1</sup>. During this time the home was not able to admit new residents and its occupancy fell considerably. The quality of care was addressed and has improved to a good standard but the home's occupancy did not recover and it has been at around 50% for the past 18 months with only around 20-24 of its 42 places occupied at any one time.
9. Quantum Care opened a new care home – Dukeminster Court, Dunstable – in April 2015 and has stated that it would be prepared to make 26 of its places available to the Council within the rates and terms of the Council's standard agreement with care homes. This would allow all of the residents at Caddington Hall to move together as a group, if they so wished.
10. With these factors in mind the Executive authorised the commencement of a consultation on the future of Caddington Hall Older Persons Home and requested that a report on the outcome of this process was brought to a future meeting along with recommendations about the future of the home in order to make an informed decision.

### **Consultation Process and Outcome**

11. The consultation process lasted for 12 weeks (from 18<sup>th</sup> February to 13<sup>th</sup> May 2015). Consultees were asked for their views on seven options. These were:
- a. Doing nothing – continue to run Caddington Hall in its present form.

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<sup>1</sup> This process involves CQC and the Council where there are concerns about the quality of care being offered by a home. It seeks to address those concerns and restore the quality of care to an acceptable level.

- b. Relocating existing residents to better homes and closing Caddington Hall – the Council’s preferred option.
  - c. Selling Caddington Hall to another organisation to run as a going concern.
  - d. Rebuilding on a phased basis - building a new care home on the site whilst the current home remains open then transferring existing residents to the new home and demolishing the old one.
  - e. Rebuilding the home on a non-phased basis – moving residents to alternative homes, demolishing the old home and building a new one on the site.
  - f. Running the home down – stopping new admissions to the home but keeping it open for an agreed period of time or until it had no residents.
  - g. Refurbishing the home so that it meets modern standards.
12. Consultees were also given the opportunity to identify other options and put forward proposals.
13. Being mindful that the preferred option in the consultation was closure, it was important to set out in the consultation the offer to residents of alternative accommodation should the home close. This is:
- a. Residents would be accommodated in a home that offers a good quality of care.
  - b. Residents would be offered alternative accommodation in a home that meets modern physical and environmental standards and customer expectations.
  - c. Residents would be accommodated in a home that can meet their assessed care needs.
  - d. Residents would be accommodated in a home at fee rates within the range paid by the Local Authority whose area the home is in.
  - e. Residents would be accommodated in a home that is a reasonable distance from their current home.
  - f. Residents who expressed the wish to move as a group would be accommodated where possible.
  - g. Residents would not be required to move more than once.
14. In conjunction with the core offer set out above, resident’s individual wishes and circumstances would be further taken into account where at all possible. Examples of this would include:
- a. Where a resident wished to moved to a different location to be close to a relative.
  - b. Where a resident wished to move to another type of accommodation.
15. In order to be able to honour the undertakings set out in the consultation the Council needs to be able to secure sufficient places in

alternative homes and in the case of Caddington Hall it was offered 26 places at Dukeminster Court, a newly-built home in Dunstable operated by Quantum Care. Given the occupancy of Caddington Hall this was sufficient places to give an undertaking to all of the residents of a place there (subject to the home being able to meet their care needs).

16. The consultation documents are set out in Appendices 1, 2 and 3.
17. At the start of the consultation process there were 18 permanent residents in the home and 6 short term residents. During the course of the consultation two of the short term residents became permanent and three of the permanent residents died.
18. In order to ensure that the people most affected by any changes were involved in the consultation process the following activities were undertaken during the consultation period:
  - a. Before it commenced, meetings were held for residents, relatives and staff advising them of the proposals and explaining about the consultation period.
  - b. An initial assessment was undertaken of the care needs and capacities of each resident to understand and take part in the consultation process.
  - c. Relatives were offered 'one-to-one' meetings with members of the consultation team to discuss the options.
  - d. Staff were offered 'one-to-one' meetings with a representative from Human Resources (HR) and members of the consultation team to discuss the options.
  - e. Residents, relatives and other stakeholders were provided with regular updates about the progress of the consultation and what was planned to take place.
19. All residents had one or more relatives or friends interested and involved in their welfare and they were offered an individual meeting with staff from the consultation team. All but one took up this offer.
20. During the consultation period a document was published that set out the most common questions asked during the process so far with answers. This document appears as Appendix 4.
21. Particular attention was given to enabling residents to be involved in the consultation process even though some lack mental capacity. The initial assumption was that all residents would be able to take part in the consultation, although some may need assistance to do this. Views were obtained from staff in the home and residents' relatives about the capacity of individual residents to be involved and whether or not the process may distress them. These views were recorded and where there was some question over the residents' ability then a social worker met with them and both assessed their capacity and, where appropriate, facilitated their participation in the consultation.
22. Professional assessment undertaken during the course of the consultation period showed that nine residents had capacity to take

part in the consultation and were assisted to do so. A further seven residents were assessed not to have capacity to participate meaningfully in the consultation but all of those people had a relative or friend who was able to represent their best interests. No resident required an advocate.

23. A total of 28 responses were received to the consultation. These are set out in full in Appendix 5 and the key issues raised are discussed in the next section. Whilst there were a number of issues raised it would be fair to say that the majority of respondents understood the Council's preferred option and were broadly supportive of it.
24. During the consultation period a number of residents and/or their relatives expressed a desire to leave the home ahead of any decision on its future. Whilst this was not actively encouraged, where such a desire was expressed then the normal processes were followed when a care home resident wishes to relocate. At the time of writing the situation is as follows:
  - a. Six permanent residents have already moved to alternative accommodation.
  - b. Two have planned move dates during June 2015.
  - c. Ten permanent residents have no plans to move prior to a decision about the future of the home.
25. Concerns were also expressed at the start of the consultation that staff would leave the home prior to any decision about its future. Staff have been supported and encouraged to stay. At the time of writing four of the 45 staff at the home had left since the commencement of the consultation and a further three had transferred to another Council home for operational reasons.

### **Key issues**

26. The key issues can be categorised into two areas - those that are significant in determining the future of Caddington Hall and those that are important to be considered should the decision be to close the home.

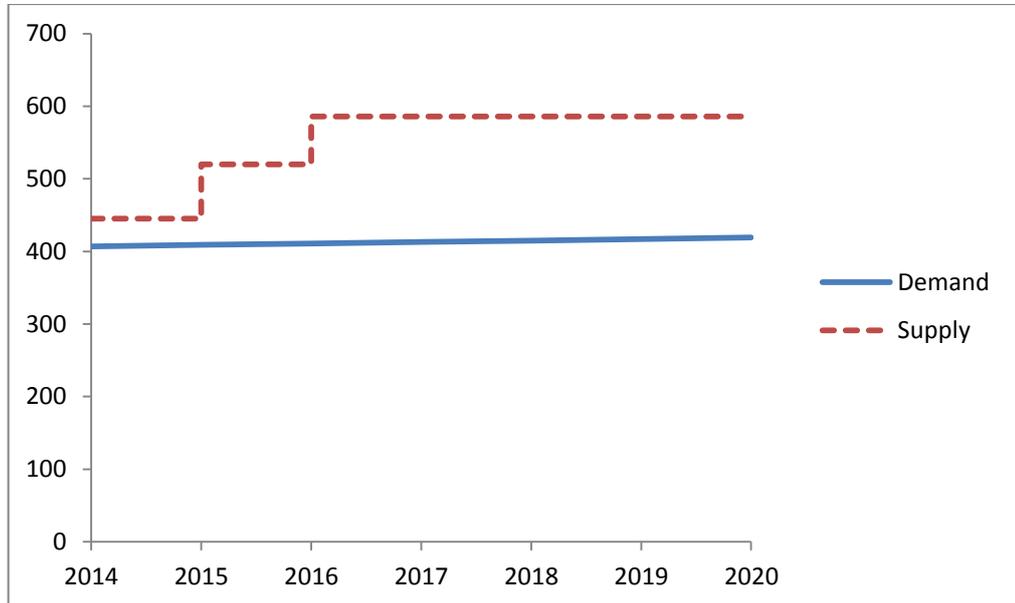
### **Issues important in determining the future of the home**

27. Those which are significant when coming to a decision about determining the future of the home are:
  - a. The supply of and demand for residential care for older people in the area.
  - b. The degree to which the home currently meets the care needs of current and future customers.
  - c. The availability of alternative homes for existing residents.
  - d. The views of existing residents.
  - e. The potential impact of a move on existing residents.

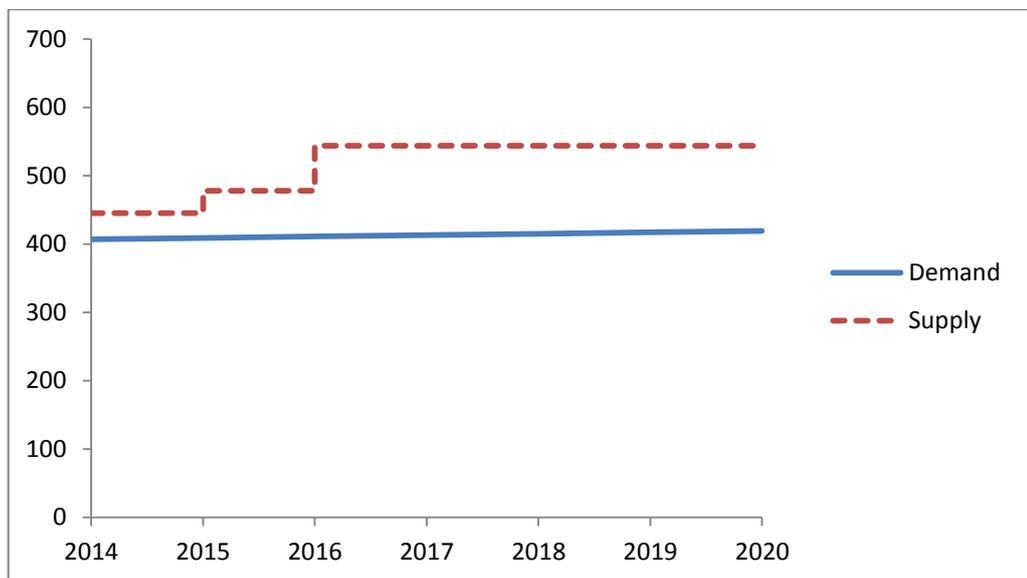
## Supply and Demand for Care Home Places

28. Under Section 5 of The Care Act 2014, the Council has a duty to commission services and shape the market for social care services. The principles set out in the Act which should underpin this activity are:
  - a. A focus on outcomes and wellbeing;
  - b. Promotion of quality services, including through workforce development and remuneration and ensuring appropriately resourced care and support;
  - c. Supporting sustainability;
  - d. Ensuring choice;
  - e. Co-production with partners.
  - f. The promotion of diversity and quality of provision in care services.
29. The approach set out in the 10<sup>th</sup> February 2015 report to the Executive is to maintain the total number of care home places in the period to 2020 across the Central Bedfordshire area whilst re-providing the capacity in the seven Council-owned homes with places in homes that meet modern standards. The expectation is that the market will deliver these replacement places on a commercial basis. This 'market-led' approach delivers the outcomes the Council is seeking without capital investment by the Council but has the consequence that the Council cannot dictate when a new home will be built and must react to developments in the market.
30. People entering care homes tend to look for ones that are in their local area and as a result most care home residents enter homes within five miles of their previous home. This is the case with Caddington Hall. Although it is physically located in Hertfordshire it is very close to the border and has always been managed primarily as a resource for the people of Central Bedfordshire.
31. The Council maintains data of care home capacity and usage in Central Bedfordshire based on publicly-available registration information and its own contractual information. It calculates demand based on population data and population forecasts.
32. Looking at the locality of Chiltern Vale one new 75-place care home (Dukeminster Court, Dunstable) opened in April 2015 and another (Rosewood Court, Dunstable) is under construction and scheduled to open early in 2016.
33. On that basis projected supply and demand for care home places indicates that supply will run well ahead of demand in the period to 2020 and therefore this is the opportunity to consider the future of homes in this locality. The data also indicates that it is unlikely that further new care homes will be developed in the same period.
34. This data is shown in the graphs below. The first graph shows supply and demand assuming that Caddington Hall remains open and the second shows this impact of its closure.

35. In addition, the introduction of new care home places into the market may have a destabilising effect on other care homes (by taking customers and staff away from them) and using the opportunity to reprovide Council-owned capacity will have the effect of moderating this.



**Figure 1: Forecast Care Home Supply and Demand in Chiltern Vale (Caddington Hall remaining open)**



**Figure 2: Forecast Care Home Supply and Demand in Chiltern Vale (Caddington Hall closing)**

36. Therefore on the basis of supply and demand this is a good opportunity to pursue the replacement of the places at Caddington Hall and would not lead to a shortage of placements for those that require one.

### **The availability of alternative care home places for existing residents**

37. As has already been stated the offer of 26 places at Dukeminster Court means that if they wish residents can move as a group. However residents will have a choice of alternatives.
38. There are 10 other independently provided care homes in the Chiltern Vale locality. At the time of drafting all of these homes had at least one vacancy and across the 10 homes there were a total of 47 vacancies. This would indicate that there is capacity in local homes to provide a good range of choice for residents.

### **The degree to which Caddington Hall meets the needs of older people.**

39. The most recent inspection of Caddington Hall by the Care Quality Commission (CQC) rated the care provided in the home as 'Good'. This feedback is echoed by relatives of residents who report a significant improvement in the quality of care over the last two years.
40. The building has no immediate major maintenance issues. However the mechanical and electrical systems are over thirty years old and would require significant investment to extend the useful life of the building by more than a couple of years.
41. The building was designed and constructed before the modern requirements were introduced and as a result it does not have the room sizes and en-suite facilities that homes constructed more recently do.
42. The issue of room sizes is significant not just in terms of the resident having enough space but it can also be an issue which affects delivery of care. The care needs of older people in care homes have increased since Caddington Hall was designed and constructed. Many residents now need help with transfers, often needing two carers and suitable hoisting equipment, and this can be difficult to deliver in a small space.
43. The provision of en-suite bathrooms greatly enhances the dignity of the residents who are able to use the facilities, either independently or with assistance. There will always be a proportion of residents who are not able to make full use of this type of facility but even in those situations the en-suite can make the delivery of care to residents more dignified for the residents and staff and removes the need for rooms to have commodes.
44. The location of the home makes it physically isolated. Whilst this has the advantage of making it a very quiet location it also confers several disadvantages:
  - a. Its distance from centres of population makes it difficult to access without a car. Although there is a bus service this runs to and from Luton rather than Dunstable.
  - b. This inaccessibility means that it can be difficult to fill places at the home when there are alternatives that are easier to get to.

- c. As a consequence it is likely that those residents who are there get fewer visits from friends and relatives than would otherwise be the case and also that it would be more difficult to achieve and maintain a high level of community involvement with the life of the home.

**The views of existing residents.**

- 45. The views of existing residents and their relatives are set out in full in Appendix 5 - Response to Consultation - The Future of Caddington Hall. The views most commonly expressed in their responses were:
  - a. An understanding of what is being proposed and the reasoning behind it.
  - b. Preference by a small number of the option of bringing the facilities at Caddington Hall up to date.
  - c. The risks to residents if they are asked to move home.
  - d. Reluctance by some residents to move away from the home.
  - e. Concerns for the future of the staff should the home close.
- 46. Whilst it is understandable that some residents and their relatives would prefer the facilities in the home to be brought up to date this would not address the fundamental issue of the unsuitable location of the home. Further a number of other issues would also be relevant:
  - a. Major building work would be disruptive for the existing residents or would require the home to close whilst it was being carried out.
  - b. Given the site constraints upgrading the home would be likely to reduce the number of places in the home and affect its viability.
  - c. Significant capital investment would be needed.
- 47. These issues in paragraph 45 c), d) & e) are addressed in more detail in the next section which sets out the processes that would be followed should a decision be made to close the home.
- 48. One respondent suggested that it may be possible to work jointly with Hertfordshire County Council and/or Dacorum Borough Council to improve and operate the home jointly, as a resource for the people in the Markyate area as well as for the Caddington area. This option was not one of those in the consultation document. In order to explore this option further contact was made with relevant officers from Hertfordshire County Council and Dacorum Borough Council. The correspondence sent to each council is set out in Appendices 6 and 7.
- 49. At the time of drafting a response has been received from Dacorum Borough Council indicating that they are supportive of the Council's preferred option.
- 50. No response has yet been received from Hertfordshire County Council and officers are continuing to request this. However it should be noted that Hertfordshire County Council has not directly managed care

homes for older people in its area for many years so it seems unlikely that they will be keen to pursue the proposal in paragraph 48.

### **The potential impact of a move on existing residents.**

51. Research on the effect of previous home closures in the UK and elsewhere has provided some evidence that the closure of a home can impact negatively on the health and wellbeing of residents. This is an area not without controversy but there is a general consensus that the risk of harm to individual residents can be reduced to an acceptable level by following a number of principles. These are:
  - a. The importance of clear, open and honest communication with residents, relatives and staff.
  - b. Communication should be regular and be both proactive and reactive as the situation demands.
  - c. Residents should be sensitively encouraged and facilitated to take part in the consultation process about the future of the home in ways that are compatible with their needs and abilities. Professional assessment of their ability to participate and the potential harmful effects of participation would be made.
  - d. Residents should have access to advocacy.
  - e. All residents should have comprehensive assessments undertaken by appropriate professional(s) and the recommendation of these assessments will be taken into account in the choice of accommodation offered and in planning their move.
  - f. Residents and their relatives should be offered the opportunity to visit other homes and given time to make an informed decision.
  - g. In planning moves particular attention should be paid to those residents identified as most vulnerable or at risk.
  - h. Residents should be given practical help and support to move.
  - i. Residents should not be moved if there is medical advice that to do so would put them at imminent risk. Moves would be postponed until this risk had been mitigated.
  - j. Appropriate methods should be put into place to monitor the people who have transferred.
52. These principles have been defined more fully and published in good practice guidance<sup>2</sup> including:
  - a. *'Making Choices Good Practice Guide' – Reconfiguration of Statutory Residential Homes – Health and Social Care Board for Northern Ireland.* This document was published in 2013 as guidance for practitioners and managers in Northern Ireland in relation to the closure of homes there. Although there are some

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<sup>2</sup> It should be noted that this guidance covers both 'planned' and 'unplanned' closures. The latter type of closure is where a home needs to close at short notice because of regulatory action, provider failure or catastrophic building issues.

historical, governance and legislative differences between the UK and NI the majority of the recommendations in the guide are useful and relevant.

- b. *'Achieving Closure – Good Practice in supporting older people during residential care closures'* – University of Birmingham / ADASS. This document was published in 2011 and draws on previously published studies and guidance as well as drawing on the experience of authorities that had undertaken care home closures.
53. The key points from these documents are incorporated into the Council's own guidance which explains to practitioners how to put these principles into practice. These documents are available as background papers. To date all of these good practice principles have been followed and this will continue should the decision be to close the home.
  54. Full assessment of the needs and options for residents will be undertaken should a decision be made to close the home but an initial professional assessment has been made of the needs of residents to ascertain those who may be most at risk should the home close and to identify what actions can be taken to mitigate those risks. A summary of these assessments is set out in an anonymised form in Appendix 5.
  55. Although, quite rightly, this approach focusses on managing the risks associated with a closure of the home, a number of residents and relatives see this proposal as one which has its positive aspects and which will lead to an improved quality of life for current and future residents.

**Next steps - issues which need to be considered should the decision be to close the home.**

56. There are a number of issues that will need to be considered should the decision be to close the home. These are:
  - a. The degree to which risks associated with a move can be managed and mitigated.
  - b. Managing moves and making practical arrangements.
  - c. Managing the employment options for staff and ensuring the Council meets its obligations to them.
57. Whilst there are a number of actions that cannot be undertaken ahead of a decision on the future of the home, it is important to explain what arrangements would be put in place to deal with these matters.
58. Plans are in place to have a professional team available to work with existing staff in the home, residents and their relatives to review care needs (alongside the resident's GP and any specialist medical advice), agree on the preferred options, plan moves and make the practical arrangements such as transportation.

59. All residents will have the risks to them assessed as part of the activities set out in paragraph 58 and actions put into place to reduce those risks to a minimum.
60. The assessments and actions required will be recorded for each resident in an individual 'move plan'. This will include follow-up and monitoring for a period after they have moved.
61. Some of the residents of the home are very frail. It is important to be responsive to any changes of needs or deterioration of a resident's condition. Even if arrangements have been made to close the home, residents who are reaching the end of their life or for whom medical advice is that a move could cause a significant deterioration in their health would not be moved and the home would remain open for as long as is necessary. For this reason the recommendation in this report is set out to allow the decision on the actual date of closure to be made operationally by the Director of Social Care, Health and Housing taking any issues of this nature into account.
62. Although staff in the home have been kept informed of the proposals and invited to participate in the consultation process about the future of the home, no formal employment-related activity has commenced. Should the decision be to close the home then staff from the Social Care, Health and Housing Directorate, supported by Human Resources would follow the agreed process in the circumstances where a change of this nature is being proposed.
63. This process will involve the following activities:
  - a. Formally advising staff of the plan and that their posts are 'at risk'.
  - b. Advising staff of their options and rights.
  - c. Consulting staff on an individual and group basis on the options for their futures.
64. The Council's processes seek to avoid compulsory redundancy for staff in such circumstances and would explore other options with them such as transfer to another unit in a similar role or redeployment to another area of the Council. Some staff may wish to transfer to another care home outside of Central Bedfordshire Council. Whilst the Council cannot arrange this directly it would aim to support staff to do this and facilitate it where possible.

### **Corporate Implications**

65. The management of the Caddington Hall building and the site is a corporate responsibility. Should the decision be made to close the home then there will be a number of consequent actions that will need to be undertaken once the residents have moved out and the home closed. These include:
  - a. Decommissioning the building and making it secure.
  - b. Arranging for ongoing management of the site.
  - c. Examining options for the future use of the site.

66. In addition to the home there are two houses on the site. One is unoccupied and used for storage but the other has a secure tenant and three occupants. In determining the future of the site the rights and needs of the tenant will need to be taken into account.
67. Following closure the expectation is that a further report will be brought to the Executive setting out the options for the use of the site.

### **Legal Implications**

68. When a Council is contemplating the closure of a care home there are a number of legal aspects that need to be fully considered. There are three areas of law which are most significant in relation to this decision:
  - a. The duty to consult: there is a requirement that the Council conducts a consultation before making a decision.
  - b. Obligations under the Human Rights Act 1998 (HRA): the Council has obligations to ensure that any actions it takes do not infringe the human rights of residents in the home.
  - c. The Public Sector Equality Duty (PSED): in coming to a decision about the future of the home the Council must be aware of its duty to promote equality.
69. The obligations placed on the Council have been considered in the actions of officers and in the preparation of this report.
70. Case law sets out a number of principles for the conduct of consultation. These are:
  - a. consultation must take place when the proposal is still at a formative stage
  - b. sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response
  - c. adequate time must be given for consideration and response
  - d. the product of consultation must be conscientiously taken into account.
71. The consultation and decision-making process has been designed to ensure that these principles are honoured.
72. The HRA set out a number of rights that we all have. Most relevant in relation to the matter in question are:
  - a. Article 2 – the right to life.
  - b. Article 3 – the prohibition of torture or inhuman or degrading treatment.
  - c. Article 8 – the right to privacy.
73. A decision which potentially restricts a human right does not necessarily mean that it will be incompatible with the HRA. Public bodies also need to take into account other general interests of the community. Some rights can therefore be restricted where it is necessary and proportionate to do so in order to achieve a legitimate

aim. Provided a restriction of such a right has a legitimate aim and the restriction itself does not go any further than necessary to protect this aim, then it is likely that it will be compatible with the HRA. In this way the HRA recognises that there are certain situations where a public body is allowed to restrict individual rights in the best interests of the wider community.

74. In this situation the Council is proposing changes to service configuration that will result in an overall improvement of care home facilities for older people (which will ultimately benefit many hundreds of people) whilst acknowledging that in doing so there will be some unavoidable disruption to the lives of current residents. Providing that the Council does all that can reasonably be done to minimise the affect on existing residents then closing a home is not incompatible with the requirements of the HRA. The actions to date and proposed are set out in paragraphs 51 to 64.
75. Discussion of the Council's duties in relation to equalities is set out in paragraphs 84 to 86 along with the actions taken to ensure that it meets its obligations.

### **Financial Implications**

76. Financial considerations have not been a fundamental driver for this proposal but the changes being considered do have financial implications compared to the current position.
77. Under the Framework Agreement the Council does not block purchase places at care homes – it pays fees for any places it takes up. The fee structure is set out in the Framework Agreement.
78. Residents pay an assessed contribution towards the cost of their care depending on their means. Once over a capital or income threshold residents reimburse the Council for the full cost of their care fees. These arrangements are not fundamentally affected by the proposals but the fees paid by full cost payers may increase to the level payable under the framework agreement. Other residents' contributions will be unaffected. For example, the full cost fee for a place at a care home rated as 'Good' under the Framework Agreement is £489.87 per week. The full cost fee for Caddington Hall is £431.26 per week.
79. Caddington Hall is operated as a directly-managed service and the majority of the operational costs relate to the employment of staff. In addition there are supplies and services costs and maintenance costs for the building.
80. If the decision is to close the home then the costs will shift from the directly-managed services to purchased services. In the long term this shift is likely to be cost-neutral but in the case of this home the fact that it has been operating well below its capacity means that there are likely to be in-year cost savings.
81. During the transitional period (when residents are in the process of moving out of the home) there are dual running costs because the home needs to remain operational as residents move out. When this

programme was originally envisaged the cost of dual running was estimated and incorporated into an earmarked reserve. This will be utilised as required and at this stage is deemed to be adequate to cover all anticipated costs.

82. Monitoring and management of costs in relation to these proposals will be undertaken using the Council's normal procedures and reported to members as part of the Council's normal budget monitoring activities.
83. Decisions around the future of the site have the potential to yield a capital receipt but this would be the subject of a further report should the decision be to close the home.

### **Equalities Implications**

84. Central Bedfordshire 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; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
85. An Equality Impact Assessment (EIA) has been completed as part of the development process, and it is available as a background document. Members should read and consider the EIA before coming to a decision on the recommendations in this report.
86. An important aspect referred to in the EIA is the potential for there to be adverse impacts on residents if a care home is closed and they need to move. In light of this the key recommendations of the EIA are:
  - a. There is a need to balance the potentially conflicting duties in relation to consultation with residents who may be distressed (or be at risk of harm for other reasons) by the consultation process itself.
  - b. There is a need to ensure that decision-makers are given accurate information about the risks to individual residents and the degree to which these can be mitigated when coming to a decision about the future of the home. This information is contained in Appendix 8.
  - c. There is a need to ensure that the requirements of the PSED are taken into account and reflected in the information presented to decision-makers.
  - d. A good understanding of the needs and preferences of each resident, along with detailed transition plans that reflect these needs are important in reducing the risk to residents.
  - e. A high level of communication and engagement with residents, relatives and staff is important in helping to deal with issues as they arise and manage people's anxieties.

### **Conclusion and Next Steps**

87. The low level of occupancy of Caddington Hall, the availability of alternative places in homes that meet modern standards, the specific offer of places in a newly-completed home close to Caddington Hall

and the plans to ensure the welfare of residents mean that this is an appropriate time to proceed with the closure of the home.

88. If the recommendations are accepted then the next steps will be to commence the process to close the home, relocate the residents and work with staff in the home on their futures as set out in paragraphs 56 to 64 of this report.

### **Appendices**

The following appendices are attached/provided through an electronic link:

1. Have Your Say on the Future of Caddington Hall
2. Options Considered for the Future of Caddington Hall
3. Caddington Hall Consultation Questionnaire
4. Update on the Future of Caddington Hall
5. Response to Consultation - The Future of Caddington Hall
6. Letter to Director of Community Services, Hertfordshire County Council
7. Letter to Director of Planning, Dacorum Borough Council
8. Anonymised needs and risk assessments of current residents of Caddington Hall <To Follow>

### **Background Papers**

89. The following background papers, not previously available to the public, were taken into account and are available on the Council's website:
- a. Equality Impact Assessment – The Future of Caddington Hall Older Person's Home
  - b. Closure of Care Home Relocation of Residents – Good Practice Guidance

### **Reports Considered Previously**

90. The following reports relating to this matter were previously considered and are available on the Council's website:
- a. Improving Care Homes For Older People In Central Bedfordshire – Report to Executive on 10th February 2015