



# **Central Bedfordshire Council Caddington Hall Consultation**

**Response to Formal Consultation**

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## 1. INTRODUCTION

- 1.1 Central Bedfordshire Council wants the best possible quality of life for all its residents and is committed to developing and improving accommodation with care for older people. The Council owns and operates seven care homes which were built several decades ago and which currently no longer meet the expectations of customers and regulators in terms of facilities and accommodation.
- 1.2 Therefore when better options become available elsewhere, the Council will, where appropriate, consult with residents and relatives about the future.
- 1.3 The Council has undertaken a consultation on the future of Caddington Hall. Having reviewed a number of options for the future of the home, the Council's preferred option is to offer and arrange accommodation for the existing residents in good alternative care homes and then to close Caddington Hall.
- 1.4 The Council has considered the following options in relation to the future of Caddington Hall including:
  - Doing nothing - continue to run Caddington Hall in its present form.
  - Relocating existing residents to better homes and closing Caddington Hall.
  - Selling Caddington Hall to another organisation to run as a going concern.
  - 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.
  - 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.
  - 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.
  - Refurbishing the home so that it meets modern standards.
- 1.5 The Council's preferred option is to offer and arrange accommodation for the existing residents in good alternative care homes and then to close Caddington Hall.
- 1.6 This was explained to residents and relatives at a meeting prior to the start of the consultation. Notes of the meeting are set out in Appendix 3.
- 1.7 The formal consultation began on 18<sup>th</sup> February and ran for 12 weeks, ending on 13<sup>th</sup> May 2015

- 1.8 Informal consultation meetings took place on a face-to-face basis with residents and/or their family members/next of kin and members of staff. At these meetings officers answered questions and encouraged people to complete the consultation
- 1.9 The formal consultation was managed via a formal consultation document. This was available in paper format; downloadable from the CBC website, or was obtainable by telephoning or writing to the contact details provided in the letters to stakeholders.
- 1.10 CBC staff and elected members were informed about the formal consultation and press releases were issued to the media to raise awareness of the consultation with Central Bedfordshire residents.
- 1.11 This report includes an overview of the feedback received via the consultation questionnaires to date.
- 1.12 Further feedback has been received from stakeholders in addition to the formal consultation document. Please see appendix 4.

## **2. RESPONSE RECEIVED**

- 2.1 The formal consultation was designed to capture both quantitative and qualitative data from respondents, with results summarised as follows (percentages are rounded up or down as appropriate).
- 2.2 In total 28 people responded to the formal consultation.
- 2.3 32.1% (9) of respondents are residents, 28.6% (8) are members of the public and 28.6% (8) are family members of residents of Caddington Hall, 3.6% (1) Older Peoples Reference Group and 7.1% (2) are 'other' people.
- 2.4 32.1% (9) of respondents were male, 57.1% (16) were female and 10.7% (3) preferred not to say or did not answer.
- 2.5 Respondents in age groups
 

20-29	1	3.6%
45-59	8	28.6%
60-64	3	10.7%
65-74	5	17.9%
75+	8	28.6%
Preferred not to say or did not answer	3	10.7%
- 2.6 32.1% (9) of respondents stated that they had a disability, 50% (14) of respondents stated they did not have a disability and 17.8% (5) preferred not to say or did not answer.

2.7 75% (21) of respondents were White: British, 14.3% (4) of Respondents stated "Other" and 10.7% (3) of respondents preferred not to state or did not answer.

2.8 Appendix 1 provides a full demographic statistical profile of respondents

### **3. Assistance and support to residents**

Central Bedfordshire Council were very aware from the outset that the residents were elderly and would probably need support to participate as fully as possible in the consultation process and so the following good practice steps were taken to ensure levels of engagement and participation were maximised.

All 16 residents met with an appropriately trained and qualified social worker, Mental Capacity Assessments were deemed appropriate to be undertaken on 13 residents. Of these 13, 7 were assessed as lacking capacity to understand and contribute to the consultation. The remaining 9 were assisted by social workers, where required, to complete the questionnaire and signed by the resident

Preparation for the assessment:

Two social workers with appropriate levels of experience were selected to undertake the assessments. A written brief on the requirement was developed by the Lead Officer for DoLS (Deprivation of Liberty Safeguards) and MCA (Mental Capacity Act) in conjunction with the consultation team. The Lead Officer met with the two social workers to go through the brief and answer any questions. He also satisfied himself that the social workers were fully aware of the requirements and able to undertake the work. The Lead Officer was available to advise and support the two social workers during the period when they were carrying out the assessments.

Also included in the preparation for the assessment was information about communication and health needs from staff and family to avoid distressing/causing anxiety to the person. A copy of "A short guide to Mental Capacity Act" (see appendix 5) was given to the individual and their relative or friend.

The interviews where possible were carried out in the residents own room, unless they stated another preferred location, this was arranged with the individual/relative/friend/staff at Caddington Hall. If a number of relatives attended the meeting the interview were carried out in a confidential way in the communal sitting room.

Independent advocacy was available from PoHWER. This was not required during the consultation period as those residents who lacked capacity were deemed to have a relative who could act on their behalf and in their best interests.

## 4. RESULTS OF CONSULTATION: QUESTION RESPONSES

### 4.1 Q1 What are your views on our preferred option?

Some residents and family members state the preferred option has been well thought through and will provide good quality accommodation. They also stated that although they agree with the preferred option, they have been happy with the quality of care provided at Caddington Hall.

*It is good to get this response. We would echo the comments about the quality of care provided in Caddington Hall which is of a high standard and is a tribute to the manager and her team.*

### 4.2 Q2 Are there any options we have considered that you think we have not correctly evaluated?

Yes	5	17.9%
No	17	60.7%
Don't know	6	21.4%

61% of respondents agreed that options had been evaluated correctly.

### 4.3 Q3 If yes, please state which options and why you think they should be evaluated differently.

Options from the respondents included:-

- Consideration of views of neighbouring Hertfordshire villages should be sought, particularly Markyate.
- Future demand within Caddington and the surrounding area
- The view of the people who live and work at Caddington Hall

*As a result of this feedback we have approached the councils mentioned to get their views. We await their response but think it unlikely that they will be supportive of a proposal to retain the home. Hertfordshire County Council has not owned or operated care homes for older people for many years and is therefore unlikely they would want to invest. In addition the location of the home is by no means ideal for the centres of population in this area of Hertfordshire.*

*The demand forecasts take into account people from Caddington and Slip End as part of the locality. The vast majority of residents in Caddington Hall at the start of the consultation were from the Dunstable/Houghton Regis area and only two were from Caddington itself.*

*Residents and staff were able to take part in the consultation and were encouraged to do so.*

**4.4 Q4 Are there any options listed that you think the Council should investigate in more detail?**

Yes	6	21.4%
No	13	46.4%
Don't know	9	32.1%

46.4% of respondents felt the Council had investigated all options fully.

**4.5 Q5 If yes, please state which options and say what further information or investigation is needed.**

Options that respondents stated they would like to see further information or investigation on:

- Upgrading the current site
- Consideration for joint running with neighbouring authorities.
- The views and opinions of the current residents and their families should be sought.

*Upgrading of the current site is one of the options in the consultation document.*

*As a result of this feedback we have approached the councils mentioned to get their views. We await their response but think it unlikely that they will be supportive of a proposal to retain the home. Hertfordshire County Council has not owned or operated care homes for older people for many years and is therefore unlikely they would want to invest. In addition the location of the home is by no means ideal for the centres of population in this area of Hertfordshire.*

*Residents and staff were able to take part in the consultation and were encouraged to do so.*

**4.6 Q6 Are there any other option(s) that you think we should consider that are not in the document?**

Yes	2	7.1%
No	16	57.1%
Don't know	10	35.7%

57.1% of respondents felt all options had been considered

**4.7 Q7 If yes, please explain what these options are.**

The Council to consider a joint refurbishment with Hertfordshire - offering a pleasant

and healthy environment to older persons who would enjoy the outdoors, not to mention the views, which are not provided next to major roads in town centres.

*As a result of this feedback we have approached the councils mentioned to get their views. We await their response but think it unlikely that they will be supportive of a proposal to retain the home. Hertfordshire County Council has not owned or operated care homes for older people for many years and is therefore unlikely they would want to invest. In addition the location of the home is by no means ideal for the centres of population in this area of Hertfordshire.*

*If the decision is for closure of the home and there are residents who would want to transfer to a home in a rural setting then we will try to arrange this.*

#### **4.8 Q8 Do you have any further comments about the future of the home?**

Comments included:

- Historic nature of the Hertfordshire site should be considered in any future planning.
- Family members expressed concern by the increasing traffic issues getting in/out of Dunstable.
- It has run its course - The homes need to be in an area easy access to shops and main services for customers and families
- Clarification over re-development and sale of the site.
- Quality care and decreasing staffing levels.
- Some respondents feel what they say will not make a difference to the outcome.
- Preference for Caddington Hall to remain a care home.

*The decision on the future of the home is a separate one from what would happen to the site in the event that the home closes. Any changes on the site would require planning permission and the local planning authority (Dacorum Borough Council) would take into account issues about the history of a site when making any decisions. The site is designated as Green Belt and therefore large scale development there would not normally be permitted.*

*The consultation document set out that the Council would consider seriously any approaches from an organisation that wished to take on the running of the home. No approaches have been received.*

#### **4.9 Welfare of residents at Caddington Hall**

**Q9 Throughout the process we will be conducting individual meetings with residents and their relatives, and providing advocates where necessary. Are there any other actions you think we should be taking to minimise the impact of the proposals on the residents at Caddington Hall?**

- Residents and family members asked that they are kept fully informed and updated at regular intervals, that action plan is drawn up and stuck to. To record and report the outcomes of the meetings accurately, and act on them.
- Respondents queried impact to residents who request to remain in the home and how this is being assessed outside the care home environment.
- Reassurance that residents are not put under any undue pressure from Council officers throughout this process.
- Consultations should have taken place before the council's preferred choice was published.
- Request to view alternative accommodation in advance of closure.
- As I understand it a consultation is a discussion between two parties to come to an amicable solution. These questions are biased with the view that the decision has been made to close Caddington Hall.
- Respondents wish to seek reassurance that their independence is maintained in any future accommodation.
- We are grateful that we have the opportunity to transfer our mother to a location that is closer to family homes in Dunstable. Having one link person from the start of the process to help manage the amount of information that is generated by the Council will be helpful.
- The CBC consultation has been a positive experience. I think the Council has shown care for the people it looks after

*The consultation process followed accepted good practice and the Council's own standards. In addition we have tried to keep residents, relatives and staff updated and informed throughout the process. We have tried to be as open and transparent as possible.*

*If the decision is made to close the home all residents would have their needs assessed and the risk associated with a move assessed and managed. We would try to give people a choice of homes which meet their needs.*

*An important aspect of the quality of care in a home is the degree to which people are enabled to retain their independence. We would not plan to place people in homes that do not encourage this.*

*Thank you for the positive comments. We do understand that this is a difficult process, especially for residents and relatives and want to do what we can to make this as stress-free as possible.*

#### **4.10 Other comments**

##### **Q10 Please write any other comments here:**

Comments from respondents reiterated suggestions and statements made in the questions above i.e. Caddington Hall remaining a Care Home. Reassurance of the wellbeing and independence of residents being maintained and the possibility of running Caddington Hall in conjunction with neighbouring authorities



## **5. SUMMARY**

- 5.1 In summary, the majority of the 28 respondents support the preferred option to close the Home and re-locate current residents, however other feedback includes investigation of working with other Local Authorities to redevelop and improve the Caddington Hall.
- 5.2 Other comments received included the request for ongoing communication between the Council and effected stakeholders as well as clarification and reassurance over possible cost implications.

## **6. NOTES**

- 6.1 All of the responses to the consultation have been reported in this document and set out in Appendix 2. Original responses are retained on file and are available for scrutiny if required (subject to any constraints of confidentiality and data protection).
- 6.2 Not all respondents provided feedback in all sections of the consultation response hence not all of the headings in Appendix 2 have 28 responses in them.

## Appendix 1:

### Results of Consultation: Demographic Profile of Respondents

	No.	Percentage
<b>Q11: Are you a: (please select one option)</b>		
Resident	9	32.1%
Relative of a Resident	8	28.6%
Member of the Public	8	28.6%
Charity or Organisation	1	3.6
No Response	1	3.6
Other:	1	3.6
<b>Q12: Are you male or female? (please select one option)</b>		
Male	17	60.7%
Female	8	28.6%
No response	3	10.7%
<b>Q13: What is your age? (please select one option)</b>		
20-29	1	3.6%
45-59	8	28.6%
60-64	3	10.7%
65-74	5	17.6%
75+	8	28.6%
Preferred not to say or did not answer	3	10.7%
<b>Q14: Do you consider yourself to be disabled?</b>		
Under the Equality Act 2010 a person is considered to have a disability if he/she has a physical or mental impairment which has a sustained and long-term adverse effect on his/her ability to carry out normal day to day activities.		
Yes	15	53.6%
No	8	28.6%
Preferred not to say or did not answer	5	17.6%
<b>Q15: Please tell us your ethnicity</b>		
White: British	21	75%
White: Irish		00.0%
White: Gypsy or traveller		00.0%
White: other		00.0%
Mixed: White and Black Caribbean		00.0%
Mixed: White and Black African		00.0%

Mixed: White and Asian		00.0%
Mixed: other		00.0%
Asian or Asian British: Indian		00.0%
Asian or Asian British: Pakistani		00.0%
Asian or Asian British: Bangladeshi		00.0%
Asian or Asian British: Chinese		00.0%
Asian or Asian British: other		00.0%
Black or Black British: Caribbean		00.0%
Black or Black British: African		00.0%
Black or Black British: other		00.0%
Other	4	
14.2% Preferred not to say or no response		3
10.7%		

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## Appendix 2 - Results of Consultation: Qualitative Feedback

### 3.1 Q1 What are your views on our preferred option?

- You will not be able to please everyone; if there is a majority of residents who want to stay at Caddington, I think you should let them stay and refurbish the building to a suitable standard. If most are happy to leave, then go with your preferred option.
- I do not think it is good to relocate people from what they have come to regard as their home. It can be precipitate death. I think the home should be kept open, and further options considered. These should take into account the fact that the Home is in Hertfordshire and has if not does take tenants from Hertfordshire and employ residents from Markyate.
- Time scale too fast & rushed
- You say you wish to build to standards and for the future. Quantum is offering only 26 rooms which is for no of residents at Caddington i.e. current. How will an increase in numbers in the future be served? Is the other home being built offering more? What if Quantum takes away this no?
- The main advantage would be easier access, my father could use a bus instead of having to drive, my mother does not interact with other residents much and so would probably not be affected by a move to a new site.
- I think it is unnecessary to close Caddington Hall. Just bring the facility up to date. Many of the residents are from Caddington itself.
- It makes sense however the residents are the key and how you manage them will dictate whether or not it is successful. Key to make it as stress-free as possible for them and that staff stay the same
- It appears to be reasonable
- Agree
- Caddington hall is old and an expensive home to run because of this, it isn't easy to get to via public transport
- I agree with your preferred option up to a point, but I do feel very strongly that it would be wrong to force residents to move out of Caddington Hall against their will or against the wishes of their immediate family. There should be no sense of coercion to get them to move if they are already reasonably happy where they are.
- Its old and below a 'Best standard', so close it and relocate ALL the resident together, but do it soon...and don't wait months going thro committee, old people will worry about their future, be brave make the decision and ACT NOW
- Agree
- I agree that Central Beds council have looked at all possible options and gave valid explanations for each. I would be in favour of the councils preferred option as for my mother it would be the most beneficial option for her future care.
- I am very disappointed that this is the preferred option. I do not want Caddington Hall to change
- I have no particular views
- I have lived at Caddington Hall for a long time. I do not like the preferred option. Caddington Hall is in a location that is suited to the care of frail people.
- I have no strong views about the closing of Caddington Hall. My family tell me that the new care home is good. I trust my family to look after me.

- “J” is concerned about the impact leaving Caddington Hall will have on all the residents. She also expressed concern for the welfare of the staff
- These responses are provided by residents’ daughters. The preferred option has obviously been well thought out as it makes clear the convenience and advantages for all. There is nothing that we think can be added that will influence the plan
- The responses are provided by family. The resident in question has cognition and verbal skills are diminished by severe dementia. As a family our opinion is that the implications of the move have been subject to formal advisement. The opinions now sought will not alter the process that has been initiated by CBC, which is to close Caddington Hall. Our preference is - refurbishing the home so that it meets modern standards.
- Phased rebuild, it’s near for me, I know this land. I used to "rabbit here" I caught rabbits. I know this place. If the council will rebuild I will come back. – He does not mind if it was Council or Private.
- Response from daughter. I understand and appreciate the prospect for better quality accommodation because although my mother and I are happy with the care that Caddington Hall has given my father the standard of the environment clearly needs to improve
- Move to a better facility (home) The people have been kind to me here
- The Older People's Reference Group have carefully considered the Options Document at our recent meeting. We discussed this in detail with great empathy for the residents and staff affected by these proposals. We agree that the preferred option of relocating existing residents to alternative accommodation that meets current standards and then closing Caddington Hall is the most sensible way forward that will improve many aspects of their lives.
- Relocate to be a better home
- Fully in favour of the preferred option. I am having coffee with a chap who lives in Dunstable. It opens up social avenues being closer to - football, coffee, lions, town facilities

**Q3 If yes, please state which options and why you think they should be evaluated differently.**

- In looking at future needs, the neighbouring Hertfordshire villages, particularly Markyate should be counted in. The Hall has only recently been purchased by Mid Beds; the closure would appear to have been planned at that time. More convenient locations, say in Dunstable, are in at least one case, so convenient to local transport that the noise and exhaust fumes from the local transport will make it an unpleasant location with the ability to sit outside on sunny days prohibited by the environment. Caddington Hall is in or adjacent to green belt land and in a peaceful environment that can be enjoyed in good weather and seen from indoors too.
- Renovating part of Caddington Hall now and more in the future if demand grows. Negating the future possibility of building new on costly land.
- Bring the home up to modern standards
- The view of the people who live and work at Caddington Hall
- The way the information about CBC's preferred options was presented to the residents and staff of Caddington Hall was too corporate. It would have been

kinder to have had a pre-meeting - 1:1

**Q5 If yes, please state which options and say what further information or investigation is needed.**

- I do not know how difficult it would be to upgrade the Hall - it is not so old. I would like to see an approach to Hertfordshire (or Dacorum Borough Council) to run the Hall jointly. The Hall is in the Parish of Markyate which is an expanding village. Dacorum have identified a need for further Care Home provision, but the site developers have chosen is not available and is located adjacent to the A5 by the Hicks Road junction. This is NOT a suitable site for the health and wellbeing of any people, let alone the elderly. For Hertfordshire to share in an upgrade of Caddington Hall with more than adequate space and pleasant peaceful surroundings would offer Markyate residents who need to move to a Care Home a local option probably staffed by people from the village they know as well as offering a good environment to Mid Beds residents with similar needs.
- As above
- Bring Caddington Hall up to modern standards.
- The views and opinions of the current residents and their families should be sought.
- Buzzer buses and dial a ride the cost of dial a ride is £3.00 a journey - £16.00 to Slip End - cost of taxi, could charge £40.00. Transport details should have been more informative as some residents would [have used it.]

**Q7 If yes, please explain what these options are.**

- I have already said - consider a joint refurbishment with Hertfordshire - offering a pleasant and healthy environment to older persons who would enjoy the outdoors, not to mention the views, which are not provided next to major roads in town centres.
- As above

**Q8 Do you have any further comments about the future of the home?**

- No
- Caddington Hall is in Hertfordshire on the site of an historic Hall of the same name destroyed when the current building was built. It was the home of John Collings-Wells VC and his family. In 2018 there will be local events to commemorate his VC awarded in 1918 in connection with the Governments commemoration of 100 years since World War I. These days the original Hall would doubtless have been listed and saved. To have a Hall caring for the elderly is at least a worthy replacement. It would be tragic to see the current residents ousted and some new development - probably planned when the Hall was taken over from BUPA - the location is ideal for pleasant and peaceful last days, and should be kept for this use.
- Is Dunstable going to serve the community better by increasing traffic issues getting to/from Quantum? This means Caddington, Markyate, Slip End,

Kensworth, Studham etc. relatives will all be going to Dunstable and mean a longer, not shorter journey as you are suggesting.

- No
- No mention in the document about future plans for existing site
- It has run its course there homes need to be in an area easy access to shops and main services for customers and families
- I have heard through the grapevine a rumour that Central Bedfordshire Council want to demolish Caddington Hall so that the site can be redeveloped and that they could make quite a lot of money out of it. I would be interested to read your comments in response to this.
- To do any major re building will depend on obtaining Planning permission from Decorum Council, that will take ages and you have NO CONTROL, nobody understand and certainly No cooperation, leave and make and maintain a better CBC standard and maintain it....don't try and go back to the Old days...
- The home is dated and level of care has gone downhill as the staff are leaving.
- It should remain a home
- I do not think what I say will make a difference
- I prefer Caddington Hall remain a care home. I have been very happy here. I don't know how long I have lived here; it has been a long time.
- I would like it to remain a care home and want to stay for as long as I can
- We prefer that Caddington Hall has not been selected for closure. We looked at other care homes for our mother before selecting Caddington Hall. We are grateful to Cheryl the manager and the staff for their excellent care given to our mother over the last 2 years.
- We prefer that Caddington Hall remains a care home. We are grateful to and praise Cheryl Edwards and her team for the excellent care given to our relative.
- Only if they are going to sell or re-build. I would like to come back as I am a Markyate person
- No not really
- We feel that if the home is closed and the buildings and surrounding land are sold the Council should use their best endeavours to obtain the best possible price for the benefit of Central Bedfordshire residents and older people in particular in some demonstrable way.
- I wouldn't like to say much about it
- Hopefully it will be done tastefully retaining the character of the building. Try to incorporate the local environment e.g. trees etc. Mr P used to restore historic buildings - he believes in character e.g. place to be returned.

## **Welfare of residents at Caddington Hall**

**Q9 Throughout the process we will be conducting individual meetings with residents and their relatives, and providing advocates where necessary. Are there any other actions you think we should be taking to minimise the impact of the proposals on the residents at Caddington Hall?**

- Record and report the outcomes of the meetings accurately, and act on them.
- You are planning to sell your option to the residents and their families. What difference will it make if they all say that they want to stay at Caddington Hall, warts and all? They have made it their home and the other residents and staff

are now their family too. Anyone from outside the community there will not be able to assess fairly how strong the community is; sometimes private facilities, so much the requirement these days, are divisive and isolating of the individuals. Those living at Caddington Hall now should have their voices listened to AND acted on. Old people do not need treating like children and told what is best for them - they know what they want. Family will willingly travel to visit if they know their 'olds' are happy and well cared for.

- Consultations should have taken place before the council's preferred choice was published.
- Give the relatives a chance to show their loved ones where they might move to. Personally it was bad enough deciding to put my mum in a home and she has only been settled 8 months - now at 98 I have to uproot her again. Unbearable - I cannot even tell her. You never consider the human element.
- Not sure if any other actions are necessary
- As I understand it. A consultation is a discussion between two parties to come to an amicable solution. These questions are biased with the view that the decision has been made to close Caddington Hall.
- Fine as long as this plan is maintained
- No
- Keep everyone informed with every detail along the way especially the families it is a big step for residents to be moved and perhaps keeping the staff there in the new homes!!
- You need to take action to ensure that absolutely no pressure whatsoever is put on residents or their families to move. Councils can be very subtle with how they try to persuade residents to move elsewhere and it's as if residents' wishes are sometimes no longer respected and that the council always knows best! Sorry to grumble but I do hope my views will be taken in to account.
- Speed up the process, now you have announced the Move / Closure ...JUST DO IT Now and don't keep 20+ old folks on tender hooks or it will be CHRISTMAS and nothing is done..
- Explain it to them, (even though some wont comprehend what is happening)
- People should not have been told to go to another home so soon
- Don't know
- Don't know but CBC should make sure the place we move to is clean, decent and that we are helped to look after ourselves as much as possible because it is not good to have everything done for you whilst you can still do it for yourself.
- I prefer not to be disturbed but I know that the Council will carry out its plan
- No, you are talking to family and friends; they tell me what is happening.
- We are grateful that we have the opportunity to transfer our mother to a location that is closer to family homes in Dunstable. Having one link person from the start of the process to help manage the amount of information that is generated by the Council will be helpful.
- We would like advice about whether a nursing or residential home is required to prevent another move and additional in the near future. Each person's needs/individual plans should be development for discussion with the family when such proposals are made. Regardless of whether or not a decision has been made, it is unlikely that once proposed closure will not follow.
- It's up to the Council; I went to the meeting where they said they wanted to close it. There has not been a lot of people coming.



- The CBC consultation has been a positive experience. I think the Council has shown care for the people it looks after
- have always felt comfortable
- In conversations with residents and their relatives we believe it would be reassuring if the Council were to emphasise they have the resident's best interests at heart including their safety and wellbeing. A single point of contact would be helpful. With regard to advocacy being available the criteria for eligibility for this should be as generous as possible and residents could say at any point that they wished to have the support of an advocate not just at the beginning of the process.
- Mrs M doesn't feel the impact. She feels she hasn't been here long enough. Her friend has already moved.
- I don't think there is any thing they could have done, better the information has been passed to us and when required

### **Other comments**

#### **Q10 Please write any other comments here:**

- If you have taken note of my earlier comments and looked seriously at keeping Caddington Hall open - run in conjunction with Hertfordshire I will be pleased. Likewise if you listen to the residents and do what they want not what you think they should want, it will be a miracle!
- As discussed with Tim Hoyle & Mel Alderton in our face to face consultation, it was agreed that the Committee/Councillors should be made aware the residents at the home within the council framework agreement will not be expected to meet any additional costs or top-up charges as mentioned in the "NATIONAL ASSISTANCE ACT 1948 (CHOICE OF ACCOMMODATION) DIRECTIONS 1992 NATIONAL ASSISTANCE (RESIDENTIAL ACCOMMODATION) (ADDITIONAL PAYMENTS AND ASSESSMENT OF RESOURCES) (AMENDMENT) (ENGLAND) REGULATIONS 2001" 2.5.5 Individual residents should not be asked to pay more towards their accommodation because of market inadequacies or commissioning failures. Where an individual has not expressed a preference for more expensive accommodation, but there are not, for whatever reason, sufficient places available at a given time at the council's usual costs to meet the assessed care needs of supported residents, the council should make a placement in more expensive accommodation. In these circumstances, neither the resident nor a third party should be asked to contribute more than the resident would normally be expected to contribute and councils should make up the cost difference between the resident's assessed contribution and the accommodation's fees. 3.4 Councils should not seek resident or third party contributions in cases where the council itself decides to offer someone a place in more expensive accommodation in order to meet assessed needs, or for other reasons. Where there are no placements at the council's usual rate, councils should not leave individuals to make their own arrangements having determined that they need to enter residential accommodation and do not have care and attention otherwise available to them. In these instances, councils should make suitable alternative arrangements and seek no contribution from the individual other than their contribution as assessed under the National Assistance (Assessment of Resources) Regulations 1992. Councils must

never encourage or otherwise imply that care home providers can or should seek further contributions from individuals in order to meet assessed needs. COUNCILLORS SHOULD BE MADE AWARE OF THESE ADDITIONAL COSTS TO THE COUNCIL This should be included in the final consultation paper for this and all future consultation reports on Care home closures as agreed.

- CBC have an established a standard of care and a high standard of accommodation....Please maintain it...
- I am very well care for at Caddington Hall. The staff are very good. I don't think what I have to say will make a difference
- The Council will do what they want to. I only want to live in Dunstable, I was born there and never moved away
- I would like Caddington Hall to remain a care home and for the people who live here not to be unsettled. My family have looked at the new care home and like it. I may visit it before I move.
- I am looking forward to have a new room; I have been very well looked after by Caddington Hall staff. I feel sad at the change; it is a nice home with good staff.
- I like living at Caddington Hall, I know I will have to move. My family have said the new place is nice and will be less driving for my husband.
- Were it not for personal changes, our preference is for: refurbishing Caddington Hall so that it meets modern standards.
- We would like to move to Dukeminster (if this is deemed to be the appropriate care setting) to occur as soon as possible. We are reluctant to remove Philip from Caddington Hall. The ameliorating factor is that there are staff at Dukeminster who previously worked at Caddington Hall. It is reassuring for us that he will have former carers around him
- My mother and I want the move to Dukeminster at the earliest date to enable my father to be looked after by his long-term carers. Although he has severe dementia and rarely recognises his family, I am comforted by the fact that he is going to a care home where he is known to a few people, also that they knew him when his dementia was less advanced. I am happy with the proposed move to Dukeminster because the location is easier for my mother to access.
- "N" would like to have a look at Dukeminster and he assessed for a place ASAP.
- OPRG favour treating the residents as a community so no one would feel isolated. If some staff could move with them we would think this would aid this as well as staff from their new home getting to know them before they move over. Care should be taken with regard to any residents not moving with the majority of residents but going elsewhere so they are supported psychologically as we feel it could be more distressing for them even if the choice to move separately is theirs because they are not only leaving their home but all the people who are familiar to them.
- Socially, Mrs M would like more stimulation. Mrs M feels like she has been involved in the process.

## Appendix 3

### Notes of Residents and Relatives meeting held by Julie Ogley – Director of Social Care, Health and Housing

28<sup>th</sup> January 2015

Julie Ogley (JO), Tim Hoyle (TH), Lorna Walker (LW) and Cheryl-Ann Edwards (CAE) attended.

JO opened the meeting and introduced herself. She stated:

“Stuart Mitchelmore is here this evening in another room talking to the staff of the home. A report is going public on Friday so we wanted to come and talk to residents, relatives and staff in advance.

The council is thinking about the future of the home.

We recognise that this home delivers good quality care and I am expecting the recent CQC inspection will confirm that. What this doesn't do though is address the environmental and physical problems that the building has. Newer homes meet modern standards for communal areas, room sizes and en-suite bathrooms.

There is a new home being built in Dunstable, Dukeminster Court, that will offer a credible alternative for the people in Caddington Hall from the perspective of meeting care needs and being a good quality place to live.

There will be an Executive meeting on the 10<sup>th</sup> February at which they will consider a report that asks if we can start to consult about the future of the home. The consultation will start on the 18<sup>th</sup> February and last for a full 12 weeks. We will share with you our detailed proposals and you will see that there will be lots of opportunities for you to discuss it with us and contribute, including proposing alternative suggestions.

You can come to the Executive meeting in Chicksands. No decision will be made until after the 12 week consultation period and we will be talking to you about the options available.

I have to think about what good quality care is available and where might residents want to live. We want to spend time talking to you and the staff.

Dukeminster Court is due to open in February/ March and the Council has had an offer of 26 places there if everyone wanted to go there they can. You don't have to go there if you don't want to. There is a great deal of choice in this area. We are open minded about where people would like to go.

The Council runs another home in Dunstable and you may be asking yourselves why are we not considering that one, but at the moment this home is half full.”

*Comment by relative: "You made it half full"*

*Response from JO: "That is not the case. Apart from when the home was in serious concerns when as you know we had to stop admissions, since then we have not stopped people from coming here. One of the issues is transport, especially if you are not a car owner or driver as it is very difficult to get here from Dunstable and Houghton Regis.*

The report on Friday can be made available so that you can see what the council is saying."

JO then invited questions and responded as set out below:

*Is our place at the new home guaranteed?*

The council has been offered 26 places for the people that are living here so yes.

*What about the staff?*

We will go through our formal processes with staff. There will be a consultation specifically with staff if a decision is made. We do have vacancies at our other older peoples care homes and the council is a big employer so has other opportunities available to staff as well.

*Who runs the other care home?*

Quantum Care. They are a not for profit organisation.

*Who will manage the home?*

The person that used to be the manager here before Cheryl.

*When you came before you said the home would close in 7 years. We trusted you and Cheryl and Jakub trusted you and put a lot of work into this home which was pointless if you are going to close it down.*

I can see why you would be upset. We need to see what the alternatives are for the same reason that I discussed with you last time.

*Is quality of care not important to you? Big homes are soulless. They can't handle people with dementia and are not able to provide the care we need. They might be smart places but they can't provide the care and attention. Is the Quantum Care home the only one?*

There are currently 30 vacancies in homes in the Dunstable area and there are also vacancies in Luton and Hertfordshire.

If the Executive decides to close Caddington Hall then we need Dukeminster Court as an option if you all wanted to move together as a group. They have space for you but if you want to move elsewhere that is fine. We will talk to people about their needs and preferences.

*Do you realise the stress this will cause for people. To move and have staff that are not familiar?*

*Why promise 6 years and do it to us in 6 months?*

If you think there are alternatives to the proposal then you should let us know. The decision will be made by Councillors on the Executive Committee. As the Director of this service I have made this recommendation because the location of the home is poor, the building is old fashioned, we would struggle to refurbish or reprovide on site and now there are other options available.

*Why did you take it over if you were going to close it?*

We would have said the same then in 2012 when Bupa were still managing the home which is that we were looking for reprovision. We took the home back because Bupa didn't want to manage it anymore.

*What about when staff leave?*

That is down to Cheryl Ann to manage the home and its staff but we will support her to do this. It is the responsibility of my directorate. If we need to move staff from other homes to maintain the service then we will.

*We don't want agency staff. Agency staff are no good*

*Why have you not moved staff onto your terms and condition?*

Staff are still on Bupa's terms and conditions. They have had a pay review which has improved their financial position. Bedford are moving staff onto their terms and conditions but they took their homes back before we took ours back. It has taken us much longer than we expected to make sense of what Bupa handed over. The staffing and rotas were very complex. There were pay differences between people working in the same roles. It has taken more time than we thought. But we are coming to the end of the process and are expecting to talk to staff shortly.

*When do you expect to close?*

The consultation process will start on the 18<sup>th</sup> February and last for 12 weeks. You will have the chance to look at what we have said as we will put it all into a proposal. In June/July we will go to Overview and Scrutiny Committee and in June /July we will go to Executive who will then make a decision. Following that we will start discussions with you about where you may want to go.

*How long are the staff's notice periods?*

It depends on the member of staff. Some will be one month and others will be less than one month.

*The main advantage of here is the care. There are no carers that have put a foot wrong. We need quality staff.*

*The carers know my father.*

We will work with the carers we have and there will be a handover period with the carers at the new homes. We would look at transferring the knowledge and experience the carers here have about how to approach your relatives, what they like and what they don't. You can move as a group or make alternative arrangements.

*This is going to be so disruptive. It took a long time for my relative to settle. This is cruel. We want continuity and routine.*

*CBC have 58 agency workers in children services and approximately 20 agency in adults services.*

Although it is not my area I know that recruitment and retention of social workers in Children's Services is a problem. It is similar in Adult Social Care. Previously 40% of staff in Adult Social Care were agency staff but this has now reduced to 19%. Unfortunately a problem for local authorities is that people would prefer to work where they are paid more. A recruitment advert is going out next week so this should help with staffing.

*What about staff pay? You don't pay them enough*

This is a wider conversation with the Council than with just me. The salaries we offer are competitive with other homes and exceed what some homes offer.

*How can staff trust you and the same with us? Why did you not close the home there and then when you took them over? You don't care about the staff.*

We couldn't close the homes before. Where would the people have lived? The quality of care provided here is what should be provided. You can judge for yourselves.

*We won't get the same care in a 70 bed home*

*Could you get an external person to purchase the home?*

If that comes up then we would look at it during the consultation.

*Yes but you need to make people aware, to put it out as an option.*

Although this is an option we do not think it is likely. Operators have said that they want homes that meet current standards, in central locations with good transport links. But we do have good contacts in the sector that we can contact about this option.

*Have you done a quantitative costing of whether the home could be bought up to modern standards*

A viable care home today needs around 50-60 beds. This home only takes 42.

*Could you construct another home on site?*

If you want to put this forward as an option we will consider it.

*I can't believe the location is why people don't want to come here. You should look at bringing it up to standard.*

*Although that's not what people care about. Its all about the care.*

*There is space in the grounds. Do you own the site?*

Yes we own the site. It is a very constrained site. The council is investing in building extra care in Dunstable and Houghton Regis.

*People need smaller units. Not places with large communal lounges.*

The design and build of new units do not include large lounges, they tend to be smaller unit living with more smaller communal rooms.

*Are they going to cater for all disabilities and can they cater for dementia?*  
Dukeminster Court has smaller units rather than long corridors with large communal lounges. There are 75 places in the development which are specifically for people with dementia but they are able to take people with a range of needs. We will make sure where we suggest is able to deliver the care you need. Currently we are not aware of any needs they will not be able to manage.

*Will it cost the same*  
For the vast majority of people yes.

*Who will assess the residents?*  
Social Workers in conjunction with staff here, the residents and you, their relatives.

Every resident's medical needs will be assessed by a medical practitioner which will help determine what options people can consider, whilst taking into account people's preferences.

*Do I have to go find it?*  
We want you to be involved but we do not expect you to find a place on your own. You can if you prefer but we will provide you with suitable options.

*How will you guarantee duty of care will be the same where we go?*  
*The move will finish them off. They are at a stage where they shouldn't be moved. How can you justify this?*  
We will carry out social work and medical assessments to understand what the needs and risks are in relation to residents moving to a new home. If a decision is made to close the home then we will work with individual residents and their relatives on planning the moves and doing them at the best time.

*Is the decision already made?*  
No it isn't.  
The Council is investing in independent living.

*But you are not taking into account the people*  
I have only met one or two people in these homes that would be able to live more independently. Independent living is not really for current residents but for other people that may be coming along in the future.

*Can't make decision for people here? Being forced to move is very different.*  
You will have every opportunity to have your say.

*We remember when there was a fire at Red House Court. The staff here did a great job and worked really hard. They did us proud.*  
Yes they did and that is what we would expect.

*What does the staff being on the Bupa contract mean?*

The staff are still employed under Bupa's terms and conditions but they are employed by the Council.

*Staff have been badly treated. The level of care not changed. The staff are committed. Why not consider building yourself. The land must be worth loads. Then we would move the staff and residents together.*

At a time when other organisations are building care homes it would not make financial sense for the Council to do this.

*All new build homes have to by law give a proportion of the beds to the council at council rates.*

TH - This is not the case. There are benefits of having residents from the Council in new care homes from a business perspective but the homes do not have to allocate any beds to the Council. I have asked planners if they could impose this but they said it would not be legal.

JO - That situation is true of housing supply. A proportion of new developments should be affordable housing.

*What are your plans for the land? Is it about the getting money for the land?*  
No, it is not about the money.

*You can sell it*

We have not had any discussions about that.

*Can they build homes here? Sell part of the land and use the money to rebuild Caddington Hall?*

*When we first came here it was full. It is the unrest not the location that has put people off.*

*Did you think this would be easy tonight?*

*What about respite care? It is hard to get if you are paying yourself.*

*We have struggled to get respite care and convince social workers that we need respite.*

The number of beds available in other homes is actually increasing although the Council is looking to reduce the number of places it directly manages. The Council's responsibility to people who fund their own care is going to change in April when the Care Act comes in.

*You send us a big book of homes and I am expected to trawl through. It doesn't tell me what I need to know.*

That is the care home directory. The availability of better information for everyone is one of the things that will change.

*The staff are very dedicated and supportive. We must support them by going to the papers and get organisations like Help The Aged involved.*

*This doesn't fit with what's been said before. Don't believe a word you say anymore, doesn't matter what you say.*

We are not making excuses. We wanted to see a smooth transfer from Bupa to the Council and we said that we would reprovide the homes within 7 years. I said that when we had options for the future of the home that I would come back to speak to you about it and I have.



*When did you begin drafting? Stuart Mitchelmore said that there has been an analysis for last 6 months*

That analysis was about staff, ascertaining their working hours and wages.

There has been an analysis going on in terms of supply and demand for care home places. We have a duty to shape and support the care home market. This supply report will be an appendix to the Executive Report so is available for you to see.

*Who can we go to?*

You can go to Age UK and local ward Councillors. We can provide you with the details of these.

We want to work through the process with you to show you why we came to the preference we did and look with you at the alternatives. There may not be an alternative that's cost effective. We would urge you to engage with the consultation.

*We appreciate you coming back and telling us about this.*

I wanted you to hear this news from me before it gets into the press and before the report is published. But I know this is not the message that you will want to hear.

*Are the staff being made redundant?*

It depends on the outcome of the consultation. They could be made redundant. I don't think any will transfer to the new home but I don't know.

*What is the consultation about?*

The consultation is about us explaining what the challenges are that we are faced with and our proposal. It will also explain the other options and why we don't prefer any of these. We will provide any information we have to you. If you have any ideas, tell us and we will consider them. All the information and the feedback will be made available to the Council's Executive Committee. The Executive is made up of elected Councillors who get recommendations and then vote on them.

*You are not on our side? Who is on our side?*

JO - This is not about sides. This is our way to plan for the future, for current and future residents. We can have different views and are presenting our current proposals to go to consultation. The consultation will last for 12 weeks to enable us to look at other options. There will be lots of opportunities for you to talk to us. Tim's role is to make sure the process is fair and open. That is the formal process but there are other avenues to make your views known. We will give you the information but we cannot advocate on your behalf.

TH - There will be a written document to explain how we got to our position. We will be asking specifically for feedback and providing a structure for you to do this. We will engage with people on the level that is relevant and suits them.

*You won't talk to the residents without us there will you?*

JO - No. We will include you. We will look for advocates if they are required. We want to try hard to get you to understand.

TH - One of the things you should think about regarding contacting the press is the potential effect on residents.

*No one in here is able to read the papers.*

JO - I need to focus on the residents.

TH - Some may read this in the press. It may create a more concerned and anxious atmosphere in the home. Staff will be important in supporting the residents, you as relatives and each other even though it may be a difficult time for them.

*What about when staff leave? Agency don't know how to care for our relatives*  
We do need to use agency at the moment. We will look at secondments as the Council is a big employer and has its own day centres, reablement and learning disabilities teams to look to.

*Why are you using agency now if you have these people available?*

We have been addressing the terms and conditions and the pay review. But we are out to advert now and that should steady things.

CAE - Jakub and I with all the staff are here for you.

*If staff choose to go to Dukeminster Court whose contracts will they be on?*  
Quantum Care's. We are not talking about a transfer of staff at the moment. We are not going to make a decision at this stage.

*TUPE means that the staff don't have to take your contract. Why do you think they will accept it?*

The staff are now paid better. Staff in the home will still be working for the Council regardless of which terms and conditions they are working under.

*This consultation paper, where will we see it? You don't understand you overwhelm us with surveys and literature that I don't have time to read. I won't have time to go through a 200 page document. My relative has dementia and that means that disruption should be avoided. We are stressed enough. I am the only carer.*

The consultation document will not be a long document. It will be easy to read but comprehensive. We will be there to lead you through the process. If you want more information that will be made available. We can come and meet with you. We will need to make sure that it is clear for every resident how we have engaged with them.

*Will you have a specialist dementia consultant? Dr Schoeman*

We would be happy to get a specialist involved.

*I think I would like to look at the papers then meet with you.*

We can meet with you as big or small groups or one to one. We'll facilitate that and will suit people's needs.

*Who is on the other side?*

There are no sides. The Executive Committee is like a judgement panel. I as the Director am making the proposal because I think that we need to consult on whether or not the home stays open. The Executive cannot have a view at this stage, they can only decide to go out to consult.

*We all want to stay here so why bother.*

You would need to end up with a situation where an alternative proposal is better than the option that the decision-makers will consider. There have been some ideas suggested this evening.

*Can the Council not keep Caddington Hall open because it is not purpose built?*

The standards now are different with regards to room sizes, en-suites and communal rooms. We are not saying that there are not some rooms that may meet the size standards but the main problem is en-suite bathrooms. Think of the people in 10, 20 and 30 years time. They will expect this standard.

*En suites are not suitable for some people here. They need large shared bathrooms where 2-3 carers and a hoist will fit in.*

*If we did nothing when would someone [CQC] knock on the door of this place and say we have to close.*

There are issues with the fabric of the building however we will not be forced to close by the regulator.

*So why close?*

I think that there are better options for people with good standards of environment and care. Your voice is important and you need to say what it is that you want.

*I think a phased closure would be better to let people pass on naturally. Don't admit any new residents. Or is that not really viable?*

There may be issues around safety but if you feel that is the best option then say so in the consultation.

*The carers here dress them with dignity, they can go for a walk as it is flat, it's small. Mum is happy here and is happy to return when she comes out. It's hard to keep staff in care because the pay is bad. Cheryl has sorted this out. We will all follow Cheryl to where ever she goes.*

CAE – Please don't go from here thinking that I won't care for your relatives. We have a good team of people and I want to keep them performing to a high level.

*The person running the Quantum Care home bought this place to its knees. You have not looked at the residents here or you would know that en-suites are not important. This will end their lives quicker. Familiarity is what they need. Here they know what the residents need. We can't take them out any more and we don't know what will happen to them. Decision is not about the 23 people. The people here are so old.*

We are fortunate we have you to represent the residents.

*Will this new manager be checked more regularly?*

I would not place people where they will be unsafe.

*Will you leave us to sort ourselves out?*

We are not saying we would leave you. You will be given a choice of home that meets your needs. Dukeminster Court has enough places but there are lots of other places available in the area. 30 here and others in Luton and Hertfordshire. We will do the work and provide people with a choice if that is what you want. We will do what we can to alleviate the stress of this.

*This consultation, is it closed doors?*

You can go to the Executive Committee meeting. The Executive meet at the Council's headquarters in Chicksands in the Council Chamber. We can provide you with assistance to get there. We will tell you when the meetings are. Normally they are held in Chicksands but they could be held elsewhere. We want your views to be heard.

*Who will run the new home, the council?*

No, Quantum Care.

*In your opening statement you said that there were not the right number of beds, don't meet sizes and location is bad but people have come here for years. Greenacre have the same. Are you going to close that?*

Greenacre is fuller and has other services running out of it which will need to be reprovided. The number of places offered by Quantum Care is enough for here.

Usually operators look for 50-60 places. This place does not meet registration standard. It has been popular in the past and we stopped admissions because of the serious concerns process but that was unblocked and the beds have not filled.

*Have you been recommending it [Caddington Hall] to people?*

Yes.

CAE – we have lots of beds here for frail older people but the aim is to keep these people at home for longer so less are coming to the homes. We have more demand for dementia care but we don't have enough dementia care beds.

*The Council should be encouraging people to go into care homes*

CAE - There are lots of people with dementia in the community. These people cannot be left at home. Hospitals are even saying that they are trying to get frail elderly back into the community. Care homes will be focusing more on people with dementia.

JO – We are encouraging homes to take people with dementia. We have the dementia quality mark to encourage homes to cater for people with dementia.

*Assessments are just a tick box. It was so hard for me to get my relative into care home and they had dementia. We fought for ages with the social workers to get here.*

*We think you should consider this more seriously for dementia as this is a ground floor home. My father is blind and because it is one floor he can walk around. I don't understand where this proposal has come from. You don't know about dementia and living with dementia. You don't know what it is like for us.*

I said earlier that I have not been in this situation before, where a relative with dementia is in a home that there is a proposal to close, not that I have not had the experience of a relative with dementia.

CAE – I think that we all need to think about this now. We need to go home and sleep on it. We will carry on here as usual.

JO - We will send copies of the Executive Report to you and leave some copies here in the home.

Meeting closed.

DRAFT

14, Old Watling Street,  
Flamstead,  
Herts.  
AL3 8HL

12<sup>th</sup>. May 2015

Dear Sir / Madam,

**Caddington Hall Consultation**

I have been instructed by the Markyate Surgery Patients' Participation Group, of which I am Chairman, to formally object to your proposal to close or restrict entry to this Elderly Care facility.

Our reasons for opposition are :-

- The close proximity of the Hall to Markyate ensures that a good and valued level of care is accessible to villagers. Other facilities are available in St. Albans, Harpenden and Hemel Hempstead but their distance from Markyate can cause problems for families that do not have access to motor vehicles as Public Services are generally inconvenient and time consuming.
- Frail and vulnerable patients are likely to suffer significant trauma if transferred to another location.
- Patients benefit greatly from continuity of care and of G.P. Expertise and maintenance of the current level of care is considered to be essential.

We are convinced that, for the benefit of the locality, the present provision and standard of care at Caddington Hall should continue uninterrupted.

Signed: Julian Taunton  
Chairman – Markyate Surgery  
Patients Participation Group

## Response from Markyate Parish Council

**From:** The Clerk, Markyate Parish Council [<mailto:clerkmarkyatepc@gmail.com>] **On Behalf Of**  
Markyate Parish Clerk

**Sent:** 13 April 2015 13:03

**To:** Consultations

**Subject:** Caddington Hall, Consultation

Dear Sirs,

Markyate Parish Council thank you for giving us the opportunity to comment on the Caddington Hall Consultation.

The Parish Council noted their disappointment at the closure of Caddington hall, as this has worked very well for a long time and it will also involve loss of jobs. It is regretful.

Please can you acknowledge receipt of this response.

Many thanks  
Jennifer Bissmire  
Clerk to the Council

Jennifer Bissmire, Clerk/RFO  
Markyate Parish Council  
Parish Office, Y2K Hall,  
Cavendish Road,  
Markyate, AL3 8PS

Tel: 01582 840110 - Ex 01

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[www.markyateparishcouncil.com](http://www.markyateparishcouncil.com)



## A Short Guide to The Mental Capacity Act 2005

For full details visit:

[www.publicguardian.gov.uk/mca/code-of-practice.htm](http://www.publicguardian.gov.uk/mca/code-of-practice.htm)

The Mental Capacity Act 2005 provides a statutory framework for decisions to be made on behalf of those who are unable to do so alone.

Section 1 of the Act establishes statutory principles, which must be followed:

- A person must be assumed to have capacity unless it is established that they lack capacity
- A person must be treated as able to make a decision unless all practicable steps to help them do so have been taken without success
- A person must not be treated as unable to make a decision just because they appear to make an unwise choice
- A decision made under the MCA on behalf of a person who lacks capacity must be carried out, or made, in that person's best interests
- Before the decision is made, it is essential to consider why it is needed and whether it can be as effectively achieved in a way that is less restrictive.

The Mental Capacity Act 2005 only applies to decision-making on behalf of adults (those aged over 16 years) who lack the capacity to make their own decisions. Assessments of mental capacity and best interests decisions must be undertaken by most appropriate person relevant to the decision being made.

### 1. Inability to make decisions, Section 2 of the Mental Capacity Act 2005

- A person lacks capacity to make a decision for themselves because of an impairment of, or a disturbance in the functioning of, the mind or brain
- The impairment or disturbance can be either permanent or temporary
- A lack of capacity cannot be established by reference to the person's age or appearance, or an aspect of their behaviour that might lead others to make unjustified assumptions
- Any question about whether a person lacks capacity within the MCA must be decided on the balance of probabilities. This is the civil standard of proof, in contrast to the criminal standard of proof which is 'beyond reasonable doubt'.



## 2. Inability to make decisions, Section 3 of the Mental Capacity Act 2005

A person is unable to make a decision for her or himself if they are unable to:

- Understand the information relevant to the decision
- Retain that information
- Use or weigh that information as part of the process of making the decision, or
- Communicate their decision (whether by talking, using sign language or any other means)
- A person must be regarded as able to understand if they can understand information given to them in a way that is appropriate to their circumstances (eg. using simple language, visual aids or any other means)
- If a person is only able to retain the information relevant to a decision for a short period this does not prevent them from being regarded as able to make the decision
- The information relevant to a decision includes information about the reasonably foreseeable consequences of deciding, or failing to make the decision.

### Best interests

If a person lacks the mental capacity to make a decision, then action must be taken in their best interests. 'Best interests' is not defined in the Act but certain factors must be taken into account in order to decide what is in a person's best interests (Box 3).

## 3. Factors to determine 'Best interests', Section 4 of the Mental Capacity Act 2005

The person making the determination must consider all the known and relevant circumstances which the person is aware of and those that would be reasonable to regard as relevant and take the following steps:

1. She or he must consider whether it is likely that the person will at some time have capacity in relation to the matter in question and, if it appears likely that they will, when that is likely to be;
2. She or he must, so far as reasonably practicable, permit and encourage the person to participate, or to improve the person's ability to participate, as fully as possible in any care given or any decision affecting the person;
3. If life-sustaining treatment is considered she or he must not, in considering whether the treatment is in the best interests of the person concerned, be motivated by a desire to bring about the person's death;
4. She or he must try to ascertain and consider:
  - The person's past and present wishes and feelings (and, in particular, any relevant written statement made by the person when she or he had capacity)
  - The beliefs and values that would be likely to influence the person's decision if she or he had capacity,
  - The other factors that the person would be likely to consider if she or he were able to do so;

**5.** They must take into account, if it is practicable and appropriate to consult the person, the views of:

- Anyone named by the person as someone to be consulted on the matter in question or on matters of that kind,
- Anyone engaged in caring for the person or interested in her or his welfare,
- Any donee (that is, the person who has been named in the lasting powers of attorney (LPA) by the donor as the person who will make decisions on behalf of the donor) of a lasting power of attorney granted by the person,
- Any deputy appointed for the person by the court;

**6.** The duties imposed by sections 1–5 apply to the use of any powers under a LPA or by a person who reasonably believes that another person lacks capacity.

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