Improving Care Home Provision for Older People in Central Bedfordshire

Report of Cllr Carole Hegley, Executive Member for Social Care and Housing (carole.hegley@centralbedfordshire.gov.uk)

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This report relates to a Key Decision

Purpose of this report

1. For the Executive to consider the new opportunity in Ivel Valley to further improve care home provision and to authorise the commencement of consultation on the proposals contained within this report.

RECOMMENDATIONS

The Executive is asked to:

1. recognise and respond to the opportunities to improve care home provision for older people in Ivel Valley by authorising the commencement of formal consultation on proposals for the future of The Birches Older Persons’ Home (OPH) as set out in paragraphs 38 to 48 of this report; and

2. request that a report is submitted to a future meeting of the Executive advising of the outcome of the consultation and making recommendations about the future of the home.

Overview and Scrutiny Comments/Recommendations

2. It is proposed that the outcome of the consultation process set out in this report will be reported to a future meeting of the Social Care Health and Housing Overview and Scrutiny Committee prior to a decision being made by the Executive on the future of The Birches OPH.
Background

3. 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.

4. 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.

5. 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 for independent living that are able to deliver a high level of flexible care options to support residents as and when they need it.

6. 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 lead to changes in the physical and environmental standards which new care homes need to meet.

7. The Council’s response to these twin 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.

8. In response to the challenges set out above the Council has undertaken the following:

   a. Increased 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. Developed 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. Commenced the development of extra care housing schemes for independent living in Dunstable (Priory View) and Leighton Buzzard (Greenfields) and is planning to deliver a further four schemes of this type over the next four years.

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1 In this report the term ‘care home’ is used to describe all types of regulated care home for older people. These homes can be divided into those which provide nursing care – which are referred to as ‘nursing homes’ and those which do not which are referred to as ‘residential homes’. 
9. The final challenge in this programme is the reconfiguration of care home provision for older people to deliver higher standards. This is the most challenging as such changes inevitably mean a degree of disruption to the lives of residents of the homes affected.

10. At the start of this programme the Council owned seven care homes for older people that were constructed by the former Bedfordshire County Council between 1968 and 1982. These homes did not meet physical and environmental standards that modern homes do.

11. In November 2012 the Executive considered a report and approved an overall approach in relation to these homes as part of a wider strategy for managing and contracting with the care home market. This set out the principles of a phased transition away from the homes whilst maintaining existing capacity in the market as a whole. It also set out the approach to stimulate the independent sector market to provide this capacity rather than the Council delivering it directly.

12. Following this the Director of Social Care, Health and Housing held meetings with residents, relatives and staff at the homes setting out the overall approach and indicating the possibility that the homes could be reprovided. This intention was reiterated to residents, relatives and staff when a further round of meetings was held prior to the ending of the contract with BUPA in 2014.

13. Further information underlying the approach is set out in Appendix A.

14. In February 2015 the Executive was advised of the construction of a new care home, Dukeminster Court, Dunstable and approved a consultation on the future of Caddington Hall in Markyate. The outcome of this consultation was reported to the Executive in July 2015 where it approved the closure of the home and transfer of residents to alternative homes. When this process was completed the home closed in November 2015 and was subsequently decommissioned.

15. Similarly, in October 2015 the Executive was advised of the construction of another new care home, Rosewood Court, Dunstable and approved a consultation on the future of Greenacre in Dunstable. The outcome of this consultation was reported to the Executive in February 2016 where it approved the closure of the home and transfer of residents to alternative homes. When this process was completed the home closed in October 2016 and was subsequently decommissioned.
Older Persons Care Home Provision in Ivel Valley

16. The Ivel Valley locality encompasses the towns of Biggleswade, Sandy Shefford, and the smaller settlements of Arlesey, Potton and Stotfold and the surrounding villages. This is shown in Diagram 1.

![Diagram 1 Ivel Valley Locality and Principal Settlements]

17. There are ten older person’s homes in Ivel Valley providing 341 places in total. Three of these homes owned and operated by Central Bedfordshire Council, the remainder being operated by independent organisations.

18. Whilst the prevalence of en-suite bathrooms is by no means a complete test of how up to date the facilities in a home are, it is a reasonably good indicator. This information is also easily measured and publicly available.

19. This information is set out in Table 1, below.

<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Provider Name</th>
<th>Nursing Care</th>
<th>No of Places</th>
<th>No of En Suite Places</th>
<th>% En Suite Places</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abbotsbury Residential Home</td>
<td>Biggleswade</td>
<td>Central Bedfordshire Council</td>
<td>No</td>
<td>32</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Allison House Residential Home</td>
<td>Sandy</td>
<td>Central Bedfordshire Council</td>
<td>No</td>
<td>42</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Name</td>
<td>Location</td>
<td>Developer / Provider Name</td>
<td>Nursing Care</td>
<td>No of Places</td>
<td>No of En Suite Places</td>
<td>% En Suite Places</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
<td>---------------</td>
<td>-----------------------------------------------------</td>
<td>--------------</td>
<td>--------------</td>
<td>-----------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Beaumont Park Nursing and Residential Home</td>
<td>Biggleswade</td>
<td>Healthcare Homes Group Limited</td>
<td>Yes</td>
<td>46</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Chase House</td>
<td>Arlesey</td>
<td>Chase House Limited</td>
<td>Yes</td>
<td>50</td>
<td>50</td>
<td>100%</td>
</tr>
<tr>
<td>New Meppershall Care Home</td>
<td>Meppershall</td>
<td>Pressbeau Limited</td>
<td>Yes</td>
<td>28</td>
<td>18</td>
<td>64%</td>
</tr>
<tr>
<td>Park House Nursing Care Centre</td>
<td>Sandy</td>
<td>Park House Care (Sandy) Limited</td>
<td>Yes</td>
<td>30</td>
<td>12</td>
<td>40%</td>
</tr>
<tr>
<td>Potton House</td>
<td>Biggleswade</td>
<td>Health &amp; Care Services (NW) Limited</td>
<td>Yes</td>
<td>24</td>
<td>24</td>
<td>100%</td>
</tr>
<tr>
<td>The Birches Residential Home</td>
<td>Shefford</td>
<td>Central Bedfordshire Council</td>
<td>No</td>
<td>30</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>The Limes</td>
<td>Henlow</td>
<td>The Limes Care Home Limited</td>
<td>No</td>
<td>27</td>
<td>25</td>
<td>93%</td>
</tr>
<tr>
<td>Wren Park Care Home</td>
<td>Shefford</td>
<td>Pressbeau Limited</td>
<td>Yes</td>
<td>31</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>340</td>
<td>129</td>
<td>38%</td>
</tr>
</tbody>
</table>

**Table 1 Older Persons Homes in Ivel Valley**

20. There are currently three new care homes planned or being developed in Ivel Valley. These are set out in the Table 2 below.

<table>
<thead>
<tr>
<th>Site</th>
<th>Location</th>
<th>Developer / Provider Name</th>
<th>Number of Places</th>
<th>Current Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oak Manor, Ivel Road</td>
<td>Shefford</td>
<td>Castleoak / MHA</td>
<td>64</td>
<td>Construction commenced</td>
</tr>
<tr>
<td>Kings Reach</td>
<td>Biggleswade</td>
<td>Octopus Healthcare / Magnum Care</td>
<td>60</td>
<td>Construction due to commence 1/17</td>
</tr>
<tr>
<td>Hitchin Road</td>
<td>Stotfold</td>
<td>Frontier Estates / No operator identified</td>
<td>70</td>
<td>Planning consent granted. Construction due to commence Spring 2017</td>
</tr>
</tbody>
</table>

**Table 2 Planned New Older Persons Homes in Ivel Valley**

21. The operators of the Kings Reach home have indicated that their intention is to only make a small number of places available to Council-placed customers and therefore it does not seem likely that the development of this home will allow the Council to consider the future of one of its homes.
22. The home being constructed in Ivel Road, Shefford is to be called Oak Manor and will be owned and operated by MHA².

23. As this is a new-build home it will have modern standards of provision including en-suite bathroom facilities for each resident. This is significantly better than the standards of accommodation in the Council’s homes, which do not have these facilities.

24. Estimates of demand for care home places are based on a ‘capitation’ model using the number of people in the area over 75 years of age. This had proven to be a reasonably good indicator of demand.

25. Based on population forecasts and the information in paragraphs 19 to 21 care home demand and supply in the area over the period 2016-2022 is illustrated in the chart above.

26. This estimate assumes that all existing capacity is retained and the new homes in Ivel Rd, Shefford and Kings Reach, Biggleswade come on stream in 2017 and 2018 respectively. No assumptions have been made about the Hitchin Rd, Stotfold development.

27. In its role of managing the overall market for care home provision, the aim of the Council is to attempt to influence supply so that it is reasonably balanced against demand. An excess of supply can lead to care homes becoming unviable and potentially failing. Undersupply can lead to customers being placed a long way from their original home.

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² MHA is a group structure comprising the charity, Methodist Homes, Methodist Homes Housing Association and MHA Auchlochan.
28. Given the current and forecast supply and demand the delivery of a new care home during 2017 is a good opportunity to look to further pursue the Council's stated objectives and to replace the capacity in one of the homes that the Council operates in the locality.

Oak Manor, Shefford

29. Oak Manor is due to open in September or October 2017. It is being built by Castleoak, an organisation that specialises in this type of accommodation. Once completed it will be operated by MHA.

30. MHA was formed by the Methodist church in 1943 as a charitable organisation to provide homes for older people. As well as providing extra care and home care it has more than 5000 care home places across the UK.

31. MHA has stated that it is prepared to make half of the capacity in the home available to Council customers which would be sufficient to allow consideration of the future of one of the Council’s existing homes.

The Birches Older Persons Home

32. The home nearest to Oak Manor is The Birches in Hitchin Rd, Shefford.

33. The Birches has 28 permanent residents and 2 vacancies. The 30 places at Oak Manor offered by MHA would allow all of the residents at The Birches to have the choice of a place there.

34. In fact it is likely that not all of these places would be taken up by residents as some may choose to go to alternative homes (for example, to be nearer to relatives).

35. Whilst The Birches is not a nursing home, the experience with Caddington Hall and Greenacre was that when planning a move to a new home a small number of residents were assessed as having needs that would be most appropriately met in a nursing home as their condition had deteriorated or was likely to do so in the near future. This may also be the case with some of The Birches residents, in which case a place would be sought in an appropriately-located nursing home of which there are six in the area.

36. Therefore the summary of the proposed offer to residents of The Birches is:

   a. The Council is proposing to close the home and find suitable alternative accommodation for the existing residents.
b. Residents will be given a choice of homes to move to within a reasonable distance. These choices would be of homes which offer a good quality of care, modern physical and environmental standards and fee rates that are in line with the Council’s fee structure or the host Local Authority rates.

c. There will be places available at Oak Manor to facilitate residents wishing to stay in the immediate area and/or living as a group to do so.

d. Any resident who wished to move further away (for example to be closer to a relative) would be assisted to do so.

37. This is set out in more detail in Appendix B.

Consulting with residents, relatives, staff and other stakeholders

38. The proposals set out require a detailed programme of communication, engagement and consultation. The planned phases of this process and timescales are set out below.

39. An initial series of communications and meetings will be organised with residents, relatives and staff to explain the background to the consultation, the timescales and how they can be involved. It is planned to hold these meetings to coincide with the publication of this report.

40. Following this there will be a consultation period which is planned to commence on 17th February 2017 and end on 18th May 2017. This period is 12 weeks with an additional three working days added to take account of the Easter and May Day bank holidays. The consultation period can be extended if required.

41. During the consultation all those affected will be provided with written details of the proposals along with other options and asked their views. A series of events to do this will take place during the consultation period and will facilitate residents, day care customers and their relatives to input into the process in a way that best suits them. This could be through an individual consultation, as part of a small group, or as part of a larger group. Independent advocacy support will be available for all who need it. Consultation will take place in an atmosphere that aims to provide service-users, their representatives and/or their relatives with support and reassurance.

42. The proposals will also be publicised, published on the Council’s website and made available to stakeholders and relevant organisations for their feedback. These would include Older Person’s Network, Healthwatch Central Bedfordshire, local health services and Age UK. Individual members of the public and other interested parties would also be able to participate.
43. As well as setting out the detail of the Council’s preferred option the proposal document will identify other options considered in the development of the proposals and the reasons why they are not preferred. Consultees will also be able to propose alternatives and these will be considered.

44. Whilst there would be direct communication with the care home providers that could be in a position to offer places to the residents of The Birches, there would also be engagement with the wider group of care home providers to advise them of the proposals and seek their feedback.

45. Where possible, questions and options that arise during the consultation period will be responded to before the end of the consultation and made public. Where responses lead to additional options being considered then further feedback will be sought from consultees.

46. During the consultation period the Council will seek to obtain the views of residents (and their representatives and/or relatives) about the proposals and also their own preferences as this will help to focus in on preferred options. However it will be emphasised to service-users (and their representatives) that they are not being asked to make any personal decision about their future during the consultation.

47. All consultation feedback will be collated. Where questions are raised during the consultation period these will be responded to if possible in the time frame. The aim is to be as transparent and responsive as possible so feedback will be made public whilst preserving individual confidentiality.

48. The response to the consultation will be used to compile a report for the Executive with recommendations about the future of The Birches. This report will be considered by the Social Care Health and Housing Overview and Scrutiny Committee prior to consideration by the Executive. It is envisaged that these meetings would take place in July and August 2017.

49. By following this timetable then it is envisaged that a decision about the future of The Birches would have been made at around the same time as Oak Manor is opening. Should there be a delay in the decision-making process for any reason then the places available to the Council at Oak Manor would be reserved until a decision on the future of The Birches is known.

Coming to a decision about the future of The Birches

50. In coming to a decision about the future of The Birches, the Executive will need to weigh a number of factors. These include:
a. The benefits and risks to current residents of The Birches and the degree to which any risks can be mitigated.

b. The outcome of the consultation and any recommendations arising from it.

c. The Equality Impact Assessment (EIA) and any recommendations arising from it.

d. The benefits to future residents.

e. The overall impact on the care home market.

f. The degree to which any decision contributes to the Council’s priorities.

51. The report to Executive will therefore have the information required within it to weigh these matters.

52. As MHA does not have any care homes currently in operation in Central Bedfordshire then it will be appropriate for MHA to be aligned to the Council’s Framework Agreement for Accommodation Services in Care Homes and issued with the ADASS Contract for Accommodation Services in Care Homes. Officers will carry out due diligence checks on the operator in accordance with the Council’s policies and, if the outcome of the checks is satisfactory, will put in place the contractual arrangements ahead of the Executive coming to a determination about the future of The Birches. The addition of MHA to the Council’s contractual arrangements with care homes would not in any way oblige the Council to place residents in any of MHA’s homes.

53. Whilst the Council can make contractual arrangements with operators prior to a home opening, the home can only start to accept residents once it has satisfied the Care Quality Commission’s requirements and achieved registration. It is usual for a new home to receive registration immediately before it opens.

54. The six months prior to opening a new home and the first few months of operation are important and, in addition to the matters in paragraphs 50 to 52 above, drawing on lessons learned from previous home closures officers will make available to the Executive information about the operator’s preparations for opening. It is expected that the information provided will include the following:

a. The operator’s previous experience of opening a new home.

b. The operator’s plans for the recruitment, training and support of staff in the home.
c. A description of how the operator’s staff will manage the intake of new residents to ensure that not only are their care needs met but that they are also helped to settle in and get to know the building, staff and other residents.

d. The operator’s plans for moving from the opening day to being completely full including the planned rate of occupancy and how staffing levels will match this.

e. The operator’s plans for how they would respond to critical scenarios and issues if they occur prior to or after the home opens.

55. It is expected that this information will provide assurance for the Executive and allow officers to ensure as far as possible that the home is successful during the first few months of its operation.

Following a decision about the future of The Birches

56. If the Executive determines that the alternative care offers should be pursued and that The Birches should close then work would commence with the existing residents, their relatives and advocates to make a decision about their future home. This activity would be supported and managed by the Council and would include the following:

   a. Social work, Mental Capacity Act 2005\(^3\) and medical assessments of each resident.

   b. Discussion with each resident, any representative they have, their relatives and any advocate about their preferences.

   c. Identification of suitable alternative homes, along with information about the homes and number of vacancies.

   d. Matching of resident’s needs and preferences with the choices available.

   e. Visits to potential alternative homes and/or ‘virtual visits’.

   f. Individual decisions about preferred home.

   g. Arranging and implementing transfers.

57. Research has shown the importance of conducting the activities above, sensitively and at a pace that the residents are comfortable with but without any undue delay.

\(^3\) Assessments under the Mental Capacity Act 2005 would include assessment of mental capacity in relation to the closure of the home and a ‘Best Interests’ decision where appropriate.
58. It is envisaged that staff in the home concerned would be available to go with residents to their new home and help them settle in over the course of their first few days there. It may be also possible to make reciprocal arrangements (where staff members from the new home(s) spend time getting to know the residents prior to them moving). This would be explored further depending on the outcome of the consultation and decisions made.

59. If the best practice approach set out above is followed in relation to the consultation, assessment and transfer of residents then it is possible to undertake such changes without detriment or undue distress for those concerned.

60. The officers who lead these processes are a multi-disciplinary team that has already undertaken successful transfers of residents from two previous homes.

Reason/s for decision

61. To ensure that prior to making a decision about the future of the home, the Executive will have as much information as possible about the options available and the views of interested parties.

Council Priorities

62. The actions proposed in this report support the Council’s priority to promote health and well being and protect the vulnerable.

Corporate Implications

63. Whilst the welfare of the residents of the home is the Council’s highest priority, it will also be important to have regard to the needs of the staff who will be affected by these proposals.

64. At the point where formal consultation commences with staff and their representatives, the Council will state its understanding of the position with regard to TUPE and the consequences for the staff affected.

Legal Implications

65. If the recommendations in this report are approved, it is important that the consultation complies with government guidance and case law otherwise the Council is at risk of successful challenge through the complaints procedure, by way of judicial review or other challenge.

66. The Council must ensure that the Care Act 2014 is considered (where appropriate) and adhered to when making decisions relating to the provision of care.
67. The Council will need to consider employment law issues, including TUPE, in respect of staff at The Birches.

68. If residents are to move, then the Council will need to ensure that it complies with the relevant law relating to the making of decisions in respect of individual residents and that the appropriate deprivation of liberty safeguards are in place.

**Financial Implications**

69. There are no financial implications arising from the decision to commence consultation. The costs associated with this process will be met from existing budgets. The financial issues arising from the outcome of the consultation and recommendation(s) will be addressed in a future report.

**Equalities Implications**

70. 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. The Equality Act 2010 requires public bodies to:

   a. Remove or minimise disadvantages suffered by people.

   b. Take steps to meet the needs of people from protected groups.

   c. Encourage people to participate in public life or other activities where participation is low.

71. Public bodies must be able to demonstrate that consideration of this legal duty has been engaged during all stages of the decision making process from beginning to end and that decision makers are aware of their legal obligations. Decision making must be exercised “in substance, with rigour and with an open mind.”

**Sustainability Implications**

72. The existing care home does not meet many of the latest Building Regulations or the environmental standards of the National Care Standards. Seeking to replace capacity as proposed provides an opportunity to meet the needs of the aging population in a way that is more environmentally sound in the longer term and which better provides for the needs of residents.
Risk Management

73. Current risks and issues associated with the proposals have been referred to in the body of this report, along with the mitigating action already taken or proposed. Risks associated with the proposals will be managed throughout the process through a project risk register.

Appendices

Appendix A: Background Information on Care Homes for Older People in Central Bedfordshire

Appendix B: The offer to existing care home residents when closure is proposed.

Background Papers

None