

LEEDS CITY COUNCIL
ADULT SOCIAL CARE



DEPUTATION ON BEHALF OF
MANORFIELD HOUSE CARE HOME
TO
NORTH WEST OUTER AREA COMMITTEE

RESPONSE

July 2013

INTRODUCTION

Item 9 on the agenda of the North-West Outer Area Committee meeting of the 17 June 2013 was a discussion in response to the Council's consultation over a proposal to close Manorfield House (and five other homes and two day centres). Adult Social Care was represented at the meeting by Kim Maslyn (Head of Service) and Anna Clifford (Programme Manager).

The consultation began on 11 March 2013, following approval for the consultation given by Executive Board on 15 February 2013. The consultation ended on 3 June 2013.

Background

Following a period of review and consultation, the Council's Executive Board took the decision in September 2011 to decommission three homes for older people, to decommission a further three homes at a later date when alternative provision is secured in the locality, to develop (in partnership with Health) Harry Booth House as an intermediate care facility, and to decommission four day centres.

This followed a review by the Adult Social Care Scrutiny Board which received evidence including the changing demographic profile of older people in Leeds; people's wish to remain at home for as long as possible; new services that are being developed as alternatives to residential and day care; new services aimed at preventing premature entry into residential care; new services being developed in the independent sector; the increasing number of surplus places in the Council's residential homes and day centres; and the current and future economic climate.

A further decision of the September 2011 Executive Board was to keep a number of other facilities in the Council's residential and day care stock under review.

This review has taken place and a statutory 12-week consultation over proposals to close a further seven homes (including Manorfield House) and four day centres, and to develop Suffolk Court as an intermediate care centre was given approval by Executive Board in February this year.

The consultation period is now complete and the information gained is being evaluated and recommendations prepared for consideration by the Council's Executive Board on 4 September 2013. The recommendations and accompanying report will be published on the Council's website, www.leeds.gov.uk on 27 August 2013.

THE MANORFIELD HOUSE DEPUTATION

The North West Outer Area Committee discussion item on Manorfield House took the form of a deputation to the Area Committee and began with some general comments about consultation, then going on to list eight distinct questions, to which a written response was requested by the Committee.

The Council's Adult Social Care Directorate submits the following responses:

QUESTION 1

Clause 5.3 of the report presented to the Committee today refers to 'transfer [of] residents to other services of their choice already available 'in the area''.

The Committee should be aware that there are no alternative premises already in the area. None of the families of Manorfield's residents consider accommodation in Bradford (which has been suggested to a number of us) to meet that definition.

Where is this accommodation for residents to move to in the event that Manorfield closes?

We take the point that some people would not wish to move to another city and that people's perceptions of what is meant by 'in the area' might differ. However, the following independent care facilities, including extra care housing (ECH) might be considered in the event that Manorfield House is closed:

Alexandra Court (Kirkstall), 24 non-nursing care beds - 2.3m
Cookridge Court & Grange (Weetwood), 96 non-nursing care beds - 2.7m
Aire View (Armley), 84 non-nursing care beds - 3.1m
Adel Grange (Adel & Wharfedale) - 30 non-nursing care beds - 3.3m
Brooklands (Otley & Yeadon), 27 non-nursing care beds - 3.3m
The Laureates Anchor (Guiseley & Rawdon), 62 ECH - 4.0m
Headingley Hall (Headingley), 57 non-nursing care beds - 4.1m
Headingley Hall (Headingley), 22 ECH - 4.1m
The Spinney Residential Home (Armley), 30 non-nursing care beds - 4.2m
Victoria Court (Headingley), 50 ECH - 4.2m
Airedale Residential Home (Pudsey), 36 non-nursing care beds - 4.3m
Bramley Rossefield Manor (Bramley & Stanningley), 41 ECH - 4.3m
Hornbeam Court (Guiseley & Rawdon), 39 ECH - 4.4m
Hartisca House (Hyde Park & Woodhouse), 24 non-nursing care beds - 4.5m
Hopton Court (Armley) - 45 non-nursing care beds, 4.5m
Primrose Court (Guiseley and Rawdon) - 32 non-nursing care beds, 4.6m
Red Court Care Home (Pudsey) - 40 non-nursing care beds, 4.6m
Yew Tree Court & Rosewood Court (Alwoodley), 70 ECH - 4.6m
Hillcrest Residential Home (Armley), 19 non-nursing care beds - 4.7m
Skyte House (Moortown), 40 ECH - 4.7m
Ashcroft House (Adel & Wharfedale), 19 non-nursing care beds - 4.8m
Ashville Care Home (Bradford), 29 non-nursing care beds - 4.8m
Queenshill Court (Moortown), 62 ECH - 4.8m
Queenshill Lawn (Moortown), 28 ECH - 4.8m
Carr Croft Care Home (Moortown), 35 non-nursing care beds - 4.9m

QUESTION 2

Planned maintenance costs for Manorfield over the next 1 to 5 years include £384,000 described as 'electrical services'. Enquiries have eventually extracted the information that this figure is apparently based on 'NPS's non-disruptive visual survey' making assumptions

about what works were undertaken when Manorfield was extensively refurbished less than 10 years ago. Cllr Dawn Collins has been told that this cost estimate is for a new nurse call system, a replacement lift and completion of the partial re-wire that was undertaken when Manorfield was extensively refurbished in 2004. She was also told that none of this work was urgent or required within the 1 to 5 year timeframe stated, 6 to 10 years being much more likely.

Based on the description of the works required a quote of £384,000 suggests that LCC is being taken for a ride. No response has been given to questions about what work has been done to minimise the costs of any maintenance works required.

We have consistently responded to enquiries about the estimated cost of electrical works needed at Manorfield House. The figure of £384,000 is indicative and was produced by NPS, the Council's supplier of design and construction-related services. They did indeed conduct a non-disruptive, visual survey but it was sufficient to suggest that except for the refurbishments to the lighting and fire alarm system carried out in 2003, much of the wiring may be original and in need of replacement in the short to medium term.

The deputation does not disclose the source of the information provided to Cllr Collins but NPS has a proven track record and is well respected within the Council for its expertise and professionalism and we are confident that the sum quoted by them is realistic. With respect to the comment about work done to minimise the cost of maintenance work required, we would confirm that routine maintenance by our in-house services has been carried out, but the undeniable fact remains of the age of the building and much of its electrical system.

QUESTION 3

At the meeting at Leeds Civic Hall on 1 May arranged by the GMB, Dennis Holmes stated that Leeds City Council has identified a private care home with an unacceptable financial model. This would obviously not be a place that any families would want their loved one to be moved to in the event that Manorfield closed.

Despite numerous requests for the name of this care home, the question remains unanswered.

Mr Holmes's comment at the 1 May meeting referred to one home having been in administration in the past financial year. This was Radcliffe Gardens Nursing Home in Pudsey, then operated by a company called Fezdene, which went into administration. It was subsequently sold to Mosaic Community Care and is still operating. We currently have no concerns over the financial viability of the home. In general, it is rare for a home to close following administration; most often they are taken over as a going concern and a change of provider takes place.

QUESTION 4

We have been told that the standard of Manorfield accommodation is unacceptable, specifically that the room sizes are too small and corridor widths not wide enough to accommodate hoists and specialised beds. Answers to questions about CQC standards remain unanswered and impenetrable as to whether LCC consider Manorfield to meet the

standards for residential homes. The Committee should be aware that none of the residents at Manorfield require the use of hoists – which would be more relevant to nursing homes than residential homes.

The Health and Social Care Act of 2002 called for 12m² per person (16m² per couple or per wheelchair user) of usable floor space (ie space not occupied by immovable objects such as beds, wardrobes etc). At that time, the national regulatory body was the Commission for Social Care Inspectorate (CSCI). In 2010, responsibility for inspection and regulation passed to the Care Quality Commission, which relaxed the minimum standard set in 2002, so that today, no minimum is specified. However, In Leeds, we believe that best practice would be to continue to comply with the standard set in 2002.

However, to interpret even this too rigidly would be to miss the point of the amount of space needed in a bedroom in a residential home for older people. With people in non-nursing care living longer and becoming more frail, the use of hoists for safe moving and handling is becoming more and more common. In order for this to be used safely for staff and residents alike, sufficient room to move and use large pieces of equipment is a necessity in a modern care setting. This applies to residential care homes, including Manorfield, as much as to nursing homes. It may be that no Manorfield resident needs the assistance of a hoist at present, but it is our duty to plan for the comfort and safety of current and future residents and to also ensure safe working practices for staff.

QUESTION 5

Confusion remains about information provided by the GMB in respect of the last round of care home closures. Dennis Holmes assured residents' families on 31 May 2013 that LCC did not issue an eviction notice to the last remaining resident at one of the homes being closed. However, Sandie Keene advised (letter dated 6 June 2013) that LCC made a court application to terminate the tenancy.

Which statement is correct?

And, if LCC did secure an eviction notice, do Committee members consider that to be acceptable treatment of elderly and vulnerable members of our society?

With reference to the 'eviction notice', Mr Holmes apologises, as there was one person whose tenancy we terminated through application to the courts. He is sorry that in the middle of a sometimes heated meeting he did not give a completely accurate reply to the question. This was not intentional and the Director has since set the record straight.

However, speaking generally, we do have a responsibility for running our homes safely and with health and wellbeing in mind, both for residents and staff. When looking to close a home, there may come a point when the number of residents becomes so low that it is impossible to do this well and is no longer in anyone's best interests for residents to continue living there. With this in mind, we would have to reserve the right to move a resident where we felt to do so would safeguard his or her wellbeing. This would of course be very much a last resort and we would do everything we can to avoid such a situation becoming necessary.

QUESTION 6

The original report into Manorfield's closure included statistics about demand for residential home beds now and in 2020 in the Horsforth ward, using a model which assumes 20 people per 1,000 of the population would require this provision.

This information has been presented to the Committee as if it is hard fact despite it bearing no comparison to the real position. Actual spaces available amount to 98 (Manorfield 27; Bedford Court 36; Sunningdale 35), whereas the model assumes demand for 38 beds now and 46 in 2020. With minimal vacancies at any of the 3 homes, the starting point is wrong, so the forecast position at 2020 cannot be treated with anything except massive scepticism.

Does the Committee think that decisions should be made on flawed assumptions?

Leeds has carried out extensive work into estimating current and future demand for older people's services. The methodologies used to calculate and forecast demand include national work on provision of older people's housing and care from the 'More Choice Greater Voice' toolkit, which was published by the Department of Health in February 2008. It was prepared specifically to accompany the government's new National Housing Strategy for an Ageing Society to offer guidance to commissioners and providers to enable them to forecast demand and produce accommodation and care strategies for older people.

Alongside this national methodology, local initiatives have been incorporated and brought up to date with 2011 census data, which was released on 30 January 2013. These include the work carried out for Leeds City Council in 2009 by Cordis Bright and their associates Planning4Care. The latter organisation, affiliated to Oxford University, produced the 'Planning4Care analysis toolkit' to help project demand for services in the future. The toolkit has been used across a number of Local authorities including Kirklees, Wigan and Cumbria to assist with their strategies for older peoples housing, including what type of accommodation and care to provide and to what level. This re-evaluates and re-defines the residential demand figures proposed by the More Choice Greater Voice methodology by considering the impact of additional factors such as preventative services and alternative accommodation to meet older peoples care needs.

Projected Population figures for Leeds have been estimated at ward level up until 2020. This data is taken from the Office for National Statistics (ONS) subnational population projections, published in 2012.

Although there is an increasing number of older people in the population nationally, the demand for residential care homes has fallen as people have chosen and been supported to remain as independent as possible in suitable housing. In Leeds, the length of time people spend in a care home has fallen, reflecting the choice to remain independent and living at home for as long as possible.

Leeds commissioned 138,996 bed weeks in care homes for older people in 2011/12. This is a reduction of 3.2% over the previous year. This is part of a long-term trend, which has seen a fall of 22.6% over the last 10 years.

QUESTION 7

Leeds City Council has advised that they need to find £54 million of budget savings. Questions about the contribution from the closure of Manorfield to this massive sum have been ignored as have requests for information about what funding LCC has received from central government specifically for Adult Social Care.

The closure of Manorfield House would deliver projected savings of between £0.2m and £0.3m in a full year, with the actual savings being dependent upon the number of people resident when any closure took place. In addition to these savings on the on-going running costs of Manorfield House, there would be savings on maintenance and refurbishment costs. Planned maintenance over the next five years is projected at £0.5m and upgrading the building to Care Quality Commission 2000 standards would cost an estimated £1.4m. The general funding received by Leeds City Council from central government is available to be allocated across services as determined by the Council. Some central government funding is provided specifically for Adult Social Care via the NHS and for Leeds in 2013/14 this amounts to £11.8m.

This additional funding and that recently announced for 2015/16, however, needs to be balanced against the significant reductions in central government funding councils have faced. This reduction will amount to a forecast £174 million of total central government funding to the Council between 2010/11 and 2016/17, a proportion of which falls to be met from within the Adult Social Care budget. The additional funding must be used to support adult social care services, which also has a health benefit and its use must be agreed between the Council and its health partners.

QUESTION 8

Assurances have been given that if a move is necessary due to a home closure, people will not have to pay more than they do now.

Conversations with private care homes in Leeds in the last few weeks indicate that they will not accept Council funded residents without top-ups (in excess of agreed Council rates) if private funded residents are available.

Given the crisis in elderly care identified by Sandie Keene in her role as president of Association of Directors Of Adult Social Services (*Daily Telegraph*, 8 May 2013) how will LCC guarantee that private care homes will not evict LCC funded residents in the future if top ups are not paid.

We have said all along that no one will have to pay more than they do now if they move to another home due to the closure of a Council-run home. This is a pledge that the Council will honour for the lifetime of the resident.

CONCLUSION

Adult Social Care respectfully offers this Response to the Manorfield House Deputation to the North West Area Outer Committee. We have attempted to provide constructive responses to the points made and questions asked in the Deputation. The consultation period is now closed and consideration of all that has been learned, including the valuable contribution of the Deputation, is under way.