

Better Lives for Older People  
**Residential Care for Older People**

Consultation Report June 2016

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## **Section One – Purpose of the report and background**

### **Purpose**

The purpose of this report is to inform Executive Board of the outcome of a process of consultation in relation to the future of older people's residential care homes. It is also to give Executive Board sufficient information to enable it to make an informed decision about the proposed future options for these services.

This consultation report takes the opportunity to formally recognise and acknowledge the great deal of time and effort that has been put into the responses by contributors to the consultation.

All respondents offered very helpful and detailed comments which have provided a valuable insight into their opinions and wishes and helped to refine recommendations. The findings from the consultation, and the strength of feeling expressed by respondents, have enabled officers to consider the proposals whilst fully taking into account the key themes and issues regarding potential positive and negative impacts on those directly affected; and mitigations against these.

### **Background**

A review of the council owned care homes has been completed and proposals developed that revise the current service model. This report follows the decision of the Executive Board in September 2015 to begin a period of statutory consultation on these proposals.

## Section Two – Methodology and Process

### How we got here – Step by Step

#### **Step One: Consultation approval process**

An extensive and inclusive consultation process undertaken as part of the 'Future Options for Long Term Residential and Day Care for Older People' review in 2011 was informed and endorsed by a Scrutiny Inquiry and aimed to seek the views of all key stakeholders and specifically of those people currently living in residential care homes, their carers and the staff who provide care and support. The wider consultation involved discussions and engagement at a more general level with stakeholder and interest groups and the wider general public who may have expectations about the future of older people's care services.

Through a series of planned events, consultation was undertaken with a wide range of stakeholders including current users of adult social care services, carers, voluntary, community and faith organisations, and independent sector providers of adult social services, members of staff and equality and diversity groups and organisations.

The outcomes of the wider consultation described above, together with feedback from a range of stakeholders and the detailed consultation with those directly affected, provided the Council's Executive Board in September 2011 with a mandate to approve and proceed with the Better Lives Programme. This was aimed at reshaping local authority residential care home provision for older people in Leeds.

The overarching themes arising in the consultation in 2011 have been evidenced throughout phase 2 and phase 3 consultations. The ongoing work undertaken by Adult Social Care to address these issues is as follows and is directly relevant to this third phase of the Better Lives Programme:

- There is some distrust of the services provided by the Independent Sector. Concerns relate to the standard of care provided and quantity of provision available.
- *The Council has a Residential Quality Governance Framework and associated fee structure in place for residential and nursing home care. This provides the council with far greater contractual influence over the quality of independent sector care within a long term, affordable structure. Further details of the Framework are provided in direct response to consultation queries later in this document.*
- It was generally agreed that maintaining people's independence is a priority; however, in the view of stakeholders, this requires the provision of preventative services allied with specialist services to support those with more advanced levels of need (eg nursing care, specialist dementia, respite support).
- *Leeds is already amongst the highest investors in preventative direct access social care services in the country. Neighbourhood Networks are working to develop new services that will help to prevent older people going into hospital unnecessarily, and supporting them by providing a greater range of activities using new funding available through direct payments. The Council is aware that those with more advanced care needs may not feel comfortable being supported in a community setting. This is why we continue to work with the market to ensure provision of specialist accommodation for older people is developed, especially in areas of high demand for these types of services.*
- There needs to be a strategic approach to change and setting priorities within the council and across the partnerships.

- *Although the demand for long term care homes may be decreasing there is continuing demand and a potential continuing role for the local authority for the provision of specialist care. This can be delivered in a number of forms. Harry Booth House closed in 2012 (Phase 1 review) and has been re-commissioned as a 40 bed short stay community intermediate care bed unit managed in partnership by the NHS and LCC. The facility, which is now known as the South Leeds Independence Centre, opened its doors to the public in April 2013. It is a pioneering new service, integrating health and social care services to deliver short term, patient-centred rehabilitation, recovery and reablement. Opportunities for other short stay and preventative services are being explored as the Council looks to reshape the services it provides directly and commissions from the independent sector to better meet the needs of the citizens of Leeds.*
- Leeds has a growing number of older people and a need for new specialist accommodation to be delivered in the context of reduced public resources.
- *To address this key challenge a co-ordinated programme of activity is being developed by Adult Social Care, City Development, and Environments and Neighbourhoods. The Housing and Care Futures Project aims to support the delivery of investment in specialist housing and care for older people in Leeds. The Council will work with its partners, taking a strategic lead on services for older people utilising existing assets, specialist knowledge and influence within the sector to meet the changing needs of older people who wish to remain independent for longer. The Housing and Care Futures Project has overseen successful bids for funding from the Department of Health which has supported the development of the LCC owned and operated Wharfedale Court Extra Care scheme (Yeadon) due to open in November 2016. The project has also identified sites for potential further developments for specialist housing, based on the projected demand in the area.*
- A number of issues arose relating to the management of change for the people affected by the proposed changes, with specific reference to the support available for older people transferring between services.
- *Following the Executive Board decision in September 2011 an extensive programme was undertaken to implement the agreed proposals. A team was recruited, from existing resources, to work with the residents, day centre service users and the families of those people affected by the decommissioning of residential care homes and day centres. This work involved re-assessing residents' and day centre service users' needs and ensuring that their transfer to alternative accommodation was done safely and in accordance with their choice. A Leeds specific 'Care Guarantee' and an Assessment and Transfer Protocol were developed and the transfer process was quality assured to minimise risk and address any issues of concern. This process was replicated in phase 2 and will be implemented in any future change to services to ensure the residents and service users and their families and carers are supported in making decisions regarding their care and treated with dignity and respect.*
- Carers emphasised the need for ensuring that the council maintain specialist services for people with dementia.
- *In phase 1 of the Better Lives Programme all the Council-run dementia care homes were retained to continue the provision of residential based dementia services. During Phase 2, Musgrave Court and Fairview were closed and the residents and their families and carers supported to make moves to alternative provision in the independent sector. This was again carried out by the specialist social work team in accordance with the*

*Care Guarantee and Assessment and Transfer Protocol. The outcome of these closures demonstrated that people with dementia could be supported to choose appropriate alternative services in the independent sector which met with their care needs.*

*Regarding phase 3, a decision was taken that there were sufficient alternative services within the independent sector to meet the needs of the residents at the remaining local authority dementia homes. This resulted in the consultation on the future of the homes, which is covered in detail later in this report. Opportunities to develop and modernise dementia services will continue to be explored through the Leeds dementia strategy, which looks to develop a city-wide, multi-agency approach to dementia care with the potential for partnership working and development of services with the independent sector to increase the quality and range of services available.*

The lessons learned from the consultation and decommissioning process conducted in during phase 1 and 2 have been used by the phase 3 team to help shape the third phase of the review and in November 2014, Executive Board gave approval to consider the future of other directly provided services, to identify how they could be delivered more effectively and efficiently, meeting the needs of the people of Leeds and representing value for money.

Following an extensive review of the remaining residential homes, on 23<sup>rd</sup> September 2015 the Executive Board approved the commencement of formal statutory consultation on the proposed options outlined in this report which ran from 1<sup>st</sup> October to 23<sup>rd</sup> December 2015.

## **Step 2: Consultation – methodology and process**

As in Phase 1 & 2, the aim of the detailed consultation on the proposals was to consult with those directly affected and as a priority the existing residents of care homes and their families and carers. Detailed consultation also took place with affected staff and Trade Unions, with related stakeholders within the locality, including elected members and partner organisations.

### Establishing clear lines of communication

Letters were sent to residents and their families and carers on 30<sup>th</sup> September 2015 advising them of the Executive Board's decision to commence consultation on the future of residential and day services.

A telephone helpline, staffed by experienced officers in the Programme Team was made available to provide residents, their relatives and carers with the appropriate level of information from the beginning of the process.

### Fact Sheet

A fact sheet providing background information to the proposed changes, details of the proposals, the consultation process and where to seek further help and information was sent to all those directly affected.

### Detailed questionnaire

As part of the consultation with residents and their families a detailed questionnaire has been used in one to one interviews as a tool to capture responses to the proposed option for each individual care home.

The purpose of using a questionnaire was to ensure consistency throughout this process.

Each individual meeting has been logged and interpreted using a quantitative and qualitative approach.

The questionnaire has 3 rating-style questions and 5 open comment boxes to capture concerns, impact, comments and other ideas or options. The methodology for the collection and analysis of the data is outlined below.

### **Approach to the evaluation**

The evaluation draws upon the following data sources:

**Quantitative data** All quantitative data have been collated and analysed in spread sheets from which charts and tables have been produced and are included in this report in section 4.

**Qualitative data** To capture the views, thoughts and feelings of respondents, a qualitative methodology has been chosen. This data has been gathered from the open 'comment' boxes. Comments have been analysed for recurring themes and general trends and categorised under the following headings, used in section 3 of this report:

- Methodology
- Strategic
- People
- Financial
- Quality
- Locality

Further detailed comments are summarised and documented in section 4.

### **Step 3: Detailed consultation**

Detailed consultation on the proposals took place between 1 October and 23 December 2015 with those directly affected as follows:

Total questionnaire responses	92
Residents	4
Respite user	2
Relative	80
Representative	4
Carer	3

The consultation, undertaken in a 'person centred' way, involved talking directly to residents, their families and carers about why the changes are being proposed and to ensure that the rationale behind the proposals is clearly understood.

As the homes affected by proposals in phase 3 (Siegen Manor, The Green and Middlecross) are all dementia homes, some residents did not have the capacity to complete a questionnaire by themselves and were either assisted to complete the questionnaire, or represented by relatives or carers in their response, hence the high proportion of questionnaires completed by relatives, representatives and carers.

Staff working in the care homes assisted the coordination of the consultation, using their expertise and experience to help support to those affected.

The manager in each care home arranged a suitable date and time for one-to-one interviews to take place. Relatives, carers and representatives were invited to attend. The questionnaire, available in a range of formats has been used. The aim was to:

- Capture people's responses to the proposed changes

- Determine the impact on individuals and how this might be reduced as plans are developed.

Care and consideration was given to any communication issues for each individual resident. The programme team worked with each home prior to the engagement with residents to identify individual communication needs.

Capacity to participate in the consultation was determined by the home managers. Guidance notes were issued to prompt and guide managers in obtaining the views of residents with dementia.

For people who were not able to make decisions for themselves, or had no relatives or friends to be present, steps were taken to ensure an independent advocate was present to enable them to be appropriately consulted and their views recorded.

**Feedback from this consultation is summarised in sections 3 and 4 of this report**

### **Step 4: Consultation – Elected Members and Members of Parliament**

#### Elected Members

Steps were taken to ensure that all elected members were kept fully informed on the proposed options a briefing note provided to all Elected Members on 20 October 2015. The aim was to;

- provide Members with background information to the proposed changes and outline details of the consultation
- outline details of the proposed options for each facility
- provide information on where they can direct people for further help and information.

#### Members of Parliament

A briefing note provided to all 8 Leeds MPs on 20 October 2015.

### **Step 5: Consultation and Engagement with staff**

Keeping our staff informed and involved is expected as a good employer. However it is also integral in helping to provide a greater sense of security on the part of residents. If staff who are affected by change feel confident and involved then not only is this consistent with their employment rights but also makes the management of change easier. It also removes a potential source of anxiety on the part of residents and relatives who will be concerned to know what will happen to the people who look after them. Staff also contribute a wealth of experience and expertise to draw upon as the change programme moves forward.

Staff were engaged in the review of services throughout 2015 and in the week following Executive Board on 23 September 2015, meetings took place between the Head of Service with all directly affected staff to advise of Executive Board decision to commence with consultation. Letters were sent to staff on 1/10/15 confirming the consultation approach and providing them with details of next steps.

Staff briefings and drop-in sessions took place each month during the consultation period and a questionnaire was approved by the Trade Unions and made available to all staff for completion.

Separate briefings on employee matters took place concurrently with managers from adult social care. The programme worked closely with trade unions to ensure employee matters were given high priority and regular meetings with trade unions have and will continue to take place.

Across the residential homes and day centres subject to the proposals, 96 staff questionnaires have been received, which represents a response rate of 69%.

*Details of these responses are outlined in section 3 of this report.*

### **Step 6: Consultation – Trade Unions**

Trade union representatives play a key role in supporting employees through organisational change. Consultation has taken place with Trade Unions throughout the initial review of services and during the consultation period. Monthly consultation meetings have taken place to ensure that arising employee matters are addressed. The Trade Unions have been kept apprised of all developments in this process and will be consulted further on workforce issues, depending on the options selected.

### **Step 7: Consultation with other stakeholders**

#### NHS Leeds

Stakeholders within the NHS were engaged through communications and existing groups. They were also consulted during viability review stage prior to consultation as part of the review of the community beds strategy meeting where they declined the offer of taking on one or all 3 dementia homes as intermediate care units.

#### Town and Parish Councils

Letters were sent to Town and Parish Councils informing them of the consultation process and providing them with contact details if they required further information.

#### Media relations

The programme team have liaised closely with Corporate Communications and the Press Office to ensure continuing contact with various media for the purpose of informing the public of progress on the review in a positive, consistent and credible manner and to ensure timely and widespread media coverage.

One article was produced by the Yorkshire Evening Post specifically regarding the petition set-up to oppose the proposed closure of The Green residential home.

In addition, a briefing on the proposals was provided by the Programme Team to Cllr Lewis to allow him to respond to a Radio Leeds interview in which he was to be asked questions from members of the public.

#### Petitions

During the consultation period, two petitions have been received from the following:

- The Green (3863 signatures opposing closure of the home).
- Siegen Manor (154 signatures opposing closure of both the home and day centre)

In addition, after the consultation period had ended, a petition to keep Siegen Manor care home and day centre open was submitted by Andrea Jenkins MP on 29<sup>th</sup> January 2016 to the Director of Adult Social Services – this petition was signed by 1,360 signatories.

#### Scrutiny Board

As a result of these petitions the Scrutiny Board received and accepted a request for scrutiny around the proposed closure of The Green, which was formally considered at the meeting on 27<sup>th</sup> January 2016. At that meeting, the Scrutiny Board agreed to consider the issues raised and examine the matter in more detail through a working group of the Scrutiny Board.

The Scrutiny Board working group considered a wide range of issues including: the high quality of the care provided by the staff at The Green; cost comparisons with the independent sector; the quality



of alternative care in the locality; and the impact on the care market if the Council withdrew directly provided care services. The working group findings included:

- The Green serves a local population and caters for local residents
- The Green has a clear local focus and could take more residents
- Families and residents are happy and feel safe at the home
- Care is good – it has been judged so independently by the CQC
- The quality of alternative nearby provision in the independent sector is 'variable'.

Following the working group's findings, the Scrutiny Board made the following draft recommendations: That any decision regarding the long-term future of The Green be deferred for a minimum of 2 years, in order to:

- a) Re-consider the comparative costs of provision as the impact of a national living wage and the requirements of the Care Act 2014 take effect locally.
- b) Assess the occupancy levels achieved through positive promotion of The Green to local residents and beyond.
- c) Re-assess the overall 'quality landscape' across the care sector in Leeds and specifically the quality of alternative nearby provision in the independent sector.

Additional deputation requests have been made to Scrutiny Board to look at the proposals to close both Siegen Manor and Middlecross care homes and day centres. These proposals will be considered at their meeting on 28<sup>th</sup> June 2016.

#### Full Council

A deputation is also being presented at the Full Council meeting on 29<sup>th</sup> June 2016 regarding The Green HOP and Day Centre.

#### Public meetings

Held at Seacroft Village Hall 28<sup>th</sup> October 2015.

Introduction with a statement from Richard Burgon MP supporting the campaign to keep The Green open. Main comments were:

- All the speakers commented on the high quality care provided by The Green.
- Concerns were expressed about the detrimental impact on residents health and well-being if the home shut.
- Staff in the private sector have poor training, pay and conditions
- LCC was wasting money on non- essential areas (Cycle super highway, new fire station, Senior Executive posts and Leeds Grand Theatre)
- There are few NHS services to support people with dementia available to carers.
- LCC was proposing to close a centre of excellence
- Leeds wants to be a dementia friendly city yet it is closing dementia residential homes.
- The Green is the only home in the area with a good CQC rating.
- Other housing options (sheltered housing /living with carers) are not suitable for people with advanced dementia.
- The private sector will have a monopoly if ASC closes all its homes.
- Why can't ASC force people who they are placing in private homes live at The Green?
- ASC claims to be in financial difficulties yet it is taking a long time to carry out financial assessments (one person said they had been told they would have to wait six months for a financial assessment. Other people in the audience said they had had a similar experience).
- The Green provides emergency care how will this be provided in future if the home closes.

- The responsibility for finding alternative accommodation will fall on relatives if the home closes.
- Is there a will to keep the services open?
- Is it a real consultation?

Cath Roff responded to the comments made:

- Acknowledged the positive feedback on The Green from relatives
- Put the proposals in the context of the financial cuts that ASC was facing
- Acknowledged the joint work undertaken with the unions and staff to see if the services could be made more financially viable
- It was unlikely that the Private sector would be able to develop a cartel as there are currently 700 more residential beds than required in the city. She did acknowledge however that there was a shortage of nursing beds.
- The quality of Private sector homes is being monitored closely via LCC Quality Framework and joint working with CQC. CQC has upped their game.
- Cath acknowledged that The Green was the closest home to financial viability of any of the homes proposed for closure. Cath agreed to check the comparative costings of The Green & private sector provision to ensure that we are comparing like for like in relation to enhanced care.
- New dementia post has been created in each Neighbourhood Team to support people with dementia access services.
- Proposed to keep a dementia day service in each wedge of the city, including the proposed development of Wykebeck as a 7 day specialist dementia service.

#### Equality and Diversity

The proposals are the subject of Equality Impact Assessments (EIAs) which have been completed as a parallel process to the consultation. The EIA is submitted with this consultation report to be considered through the Council's decision making process. It is proposed that should agreement be given to progress with the proposed options, that an implementation plan is developed in line with the Assessment and Closure Protocol which is appended to the Executive Board report. This would show how any closures would be managed over the agreed timescales and how residents, relatives, carers and staff will be supported to safeguard human rights and equal rights, minimise distress and maximise benefits to individuals.

### Section Three – overall summary

This section of the report provides detail on each of the consultation elements broken down by stakeholder group. Further and more detailed information from the feedback and responses from consultation undertaken with those people currently living in the care homes and their relatives and carers is contained in section 4.

Below is a table which outlines the key submissions we have received from stakeholders throughout the consultation process (1<sup>st</sup> October to 23<sup>rd</sup> December 2015).

Stakeholders	Consultation responses included within the analysis
Residents, relatives, next of kin & carers	92 questionnaires completed  57 contacts by Email, telephone and letter 3 comments were also received via comment boxes placed in care homes. (total of 61 contacts when including general public enquiries)
General public	1 enquiry by Email.
Residents, relatives, next of kin & carers meetings	21 meetings were held, 10 relating to Siegen Manor, 8 relating to The Green and 3 relating to Middlecross
Public meetings	Public meeting to discuss the proposal to close The Green residential home & day centre. Seacroft Village Hall on 28/10/15. Attended by residents, families and carer, union representative, ward members and ASC representatives. Around 25 people attended.
Petitions	2 petitions with a total of 4,017 signatures were received during the petition: The Green – 3,863 e-petition signatures Siegen Manor – 154 e-petition signatures
Care home staff	58 residential staff questionnaires returned. 10 Chief Officer/ head of service meetings with staff across homes and day centres. 2 Ward Councillor meetings with staff across homes and day centres.
Voluntary, Community & Faith Groups	One contact was made by Leeds City Wide Older People's Forum enquiring about the consultation proposal. Further detail can be found below this table.
NHS Leeds	No formal contact received
CCGs	No formal contact received
Trade Unions	Strategic meetings chaired by Chief Officer, Access and Care Delivery and to which all Trade Unions are invited (where the review of LCC residential and day services are a standing item): 05/10/15 and 11/11/15.  Routine Business meetings chaired by Head of Service and to which all Trade Unions are invited (where the review of LCC residential and day services are a standing item): 09/11/15.
Elected Members	In total 17 responses have been made to enquiries for further information received from Elected Members. In addition two requests for meetings from Councillors were fulfilled by the Director of Adult Social Care to discuss the proposals.

MPs	Eight MPs were provided with letters with details of the proposals for consultation and proposals for the future of social care. Three meetings were held between Head of Service/ Chief Officers with MPs to discuss further.
Full Council	No meetings requested / took place within the consultation period.
Scrutiny Board	No meetings requested / took place within the consultation period.
Community Committee	Deputation presented by relative on 10/12/15 regarding the proposals to close The Green HOP at the Inner East Area Committee
Parish and Town Councils Attended by Officers	No meetings requested / took place within the consultation period.

### **Voluntary, Community and Faith Sector (VCFS)**

The following submission was made by Leeds Hospital Alert to Leeds City Council Adult Social Care proposals to close Siegen Manor, The Green and Middlecross Care Homes:

*We understand and are sympathetic to the huge financial pressures which Leeds Adult Social Care is facing. All decisions in the present climate, which in many ways is hostile to the needs of the most vulnerable in our population, and to proper funding of the staff who care for them, are very difficult. However we have grave reservations about these decisions to effect closures, based on our knowledge and understanding of the needs of older people in Leeds and the likely consequences of these closures on NHS services in the city.*

*1. The movement of very vulnerable older people with dementia from these Care Homes, which are their homes, will inevitably be extremely distressing to them and could even be dangerous for some individuals.*

*2. We are not convinced that the private sector is in a position to find suitable accommodation for people moved from these Homes, or people who might need a place in the future. As we all know, the private Care Home sector is in a period of great uncertainty and volatility, and these people will need specialist care. There are reports of shortages of beds across the city at present, before these closures take effect.*

*3. There are regular reports of the problems caused by older people occupying hospital beds long after they no longer require hospital care- because of the lack of suitable Care Home vacancies in the city, as well as community-based Social Care. This is one of the huge pressures on the NHS around the country. Closing Homes and Day Centres in this situation seems completely counter-productive.*

*4. Day Care and Respite: we are pleased to see that two Care Homes (Richmond House and Suffolk Court) and three "complex needs" Day Care hubs are to be retained for support and respite, but remain very concerned for adequate provision to meet the needs of Carers of people with dementia for respite breaks and regular support if these closures go ahead.*

A detailed response was provided to the issues raised.

### **Consultation with staff**

Out of a workforce of 139 staff in the homes and day centres subject to consultation, 96 questionnaires were completed and returned (58 residential home staff). In addition to the questionnaires, monthly staff briefings and drop-in sessions were held throughout the consultation period, 10 meetings took place between Chief Officers/ Heads of Service and staff and two meetings took place between staff and Ward Councillors.

Staff raised issues related to the following key themes:

- Do not want the home to close
- Concern about the health and wellbeing of residents who they consider as 'friends, not clients'
- Concern about their own future (employment, pensions, personal finances)
- Expressed a need for Dementia services as there didn't seem to be many alternatives in Leeds and this is an increasing area of demand
- Voiced concern over the lack of alternative options for respite
- Perceived lack of alternative services in the area

- Felt that money should be saved elsewhere, not older peoples services
- Perceived poor standards of care in the private sector care homes in comparison to the Council provided care.

Staff have been involved throughout the consultation process and will continue to be supported throughout the implementation of any proposals agreed by Executive Board.

*A full summary of the staff questionnaire responses can be found in section 4.*

### **Consultation with Trade Unions**

Regular meetings took place with Trade Unions during the consultation process.

### **Consultation with other stakeholders**

Stakeholder Contacts – Meetings, letters, telephone calls, e-mails and comment boxes

61 contacts have been received from all stakeholders affected by the proposed changes.

Individual responses have been provided to everyone who has made contact regarding the proposals.

The following is a summary of comments and issues raised:

- Don't close the home
- Positive comments on the care home and the quality of care provided
- Impact on the health and well-being of vulnerable older people
- What will happen to people if the home closes?
- Critical that a decision has already been made
- Praise for the staff
- Concern for the needs of carers and respite needs
- Loss of a skilled workforce
- The need for specialist dementia homes
- Concern about the availability and quality and price of alternative homes
- The council should make savings elsewhere
- Older citizens need the support they deserve
- Loss of a familiar environment and routine
- How will LCC provide for the future requirement of an ageing population?
- No other council home in the area
- Consider a gradual phased shutdown; do not take on any further permanent admissions
- Concerns that proposals based on money and not quality of services
- What will happen to this building?
- Keep informed /involved as to what happens next
- Take my comments on board

### One-to-ones and completion of questionnaires

The responses to the questionnaires were detailed and diverse. The free-form boxes lend themselves to allowing people to express their views on the proposals and as such emotive responses were gathered. Residential care is described by many as 'their home' and the staff are seen as 'their family'. There is clearly a feeling of anger, sadness, and distress by the proposals to decommission the homes. Many people have said the proposals are unfair and that the council does not have the interests of older people at heart, suggesting that the prevalence of dementia diagnosis is increasing and that this should be matched by an increase rather than decrease in services provided.

Key themes have emerged from the responses to the questionnaire. The key issues and messages are captured in the following sections below. A response from Adult Social Care is also included.

### *People*

Respondents to the questionnaire described what the current service means to them:

- Generally the satisfaction with the current service appeared to be high. It was stated that the council provides a 'first class' service and that the homes should not close.
- It was felt that the private sector could not match the quality of service provided by the council and that the council had a duty to provide services for people with dementia.
- The staff were viewed as being highly trained, skilled, caring and professional.
- Respite was seen as crucial to help carers continue in their caring role and keep people living at home rather than in permanent care.

Residents, service users, relatives and carers were asked what impact the proposals will have on them if they are implemented:

### *Comment*

Responses focussed on the detriment to the health of the residents, with concern that those with dementia would find change to their care provision very difficult and may not survive the implementation of the proposals to close the home. The homes were viewed as being a safe and secure environment with familiar and friendly staff who had helped to maintain and in some cases improve the well-being of the residents. Family and carers felt that they had peace of mind due to the high quality of the service, which they felt would not be matched in the private sector.

### *Our response*

If a decision is made to close any of the Council's care facilities the transfer of residents will be carefully planned and carried out professionally, sensitively and safely. This will be done within a timescale which will minimise the disruption and discomfort for those affected. Other Council care homes have closed in recent years and in order to facilitate those closures a specialist team was established. The Team would be engaged in any further service closures and Team members are experienced, knowledgeable and sensitive in carrying out the assessment and transfer of residents in line with the resident's needs. They follow an "assessment and transfer policy" which ensures they are fully conversant with the needs of residents, including people with dementia. The assessment and transfer process is also monitored by a quality assurance group that offers support to the specialist team and ensures the correct protocols are followed. Family members would be involved in the transfer process including the choice of an alternative care home. Where a resident could not make an informed choice or has no family an independent advocate would be made available. No resident would transfer if, in the opinion of their doctor or specialist, they were considered too ill to be moved. Service users will also be supplied with a Care Guarantee clearly stating the service user's and carer's rights. Alternative services were identified for care home residents at phases 1 and 2, including the safe assessment and transfer of residents from two dementia homes (Fairview and Musgrave Court in phase 2. Service users and their families were supported to exercise choice of alternative provision. The continued wellbeing of people who had moved into new services at both phases 1 and 2 was monitored by reviews after three, six and 12 months following transfer.

### *Comment*

Residents are keen to maintain links with staff who in some cases are described as 'my family'. Relatives and carers also expressed the need to ensure any alternative is local to the area they live in so they can continue to visit.

*Our response*

Should the proposals be agreed, current staff will support residents in the assessment and transfer process. Any move to a new service will be supported by the assessment and transfer team, who will continue this support before, during and after the move to ensure the resident settles into their new service and becomes familiar with their new surroundings and the staff team. Supply and demand analysis indicates that there are alternative homes in the three areas in which the homes are based.

Finance

*Comment*

Residents and their families expressed concerns that they may suffer financially from any change to their care and that alternative care in the independent sector is not affordable.

*Our response*

The Council is committed to ensure that no individual is disadvantaged as a consequence of the recommendations contained in this report. As in previous phases the Care Guarantee will be used to give assurance that where the Council is currently contributing towards a resident's care home fee there will be no financial detriment to the resident or carer/family in choosing a new care home from the Council's quality framework list. Any proposed transfer to a care home not on the Council's quality framework list will be considered on an individual basis and may incur a top-up fee. The Council will not pay any non-care supplement relating to enhancements that a care home may offer (such as a larger room).

*Comment*

People suggest that the council should invest in the services and make savings elsewhere.

*Our response*

The council has faced difficult decisions regarding the continued provision of older people's services. The decrease in demand for residential and day centre services has been evidenced through detailed supply and demand analysis. The proposals made relating to the homes took into account that alternative provision was available in the independent sector at a lower cost than the council could provide. The council continues to realign services to meet areas of increasing need and is working with the wider market to develop specialist housing types (e.g. Extra Care Housing and nursing care).

Locality

*Comment*

Families and carers felt that any alternative service would need to be in the same area to allow them to visit and to allow links to the community to be maintained.

*Our response*

Subject to a decision on the future of the homes, the needs of relatives and carers will form part of the assessment process in identifying suitable alternative provision for each resident.

Strategic

*Comment*

Comments were made that the buildings didn't have anything wrong with them, or that money should be found to maintain them up to standards. Some relatives and carers felt that residents didn't need en-suite facilities.

*Our response*

The three residential home buildings have essential maintenance requirements which must be carried out. In addition, the three homes were built prior to 2000. Any homes built since 2000 are likely to be developed in accordance with the 2000 Care Standards. These

standards outline the aspirational building requirements for any new residential home and as such newer homes are likely to have en-suite facilities, larger rooms and wider corridors than those built earlier. While en-suite facilities may not be deemed essential, they can aid carers in providing dignified support to residents, rather than residents having to use communal facilities.

*Comment*

People have asked why the homes are closing given the growing ageing population and the increase in people with a dementia diagnosis.

*Our response*

While there is a growing ageing population, demand for residential care is declining. This is in part due to the aspirations of the older population including how their care needs are met and the desire to choice and control over care and support, remaining independent for longer. As stated earlier in this report, a decision was taken that there were sufficient alternative services within the independent sector to meet the needs of the residents at the remaining local authority dementia homes. The council will continue to work with providers on its quality framework to ensure any emerging dementia needs are met across the city.

*Comment*

Family and carers expressed the need for respite to help them continue their caring role and prevent their cared for going into permanent care.

*Our response*

The Better Lives Programme has overseen the strategic withdrawal from long-term care and support services that can be delivered with the same quality but at a lower cost by the independent sector, and a refocussing of ASC services on short-term outcome focused initiatives. The Council remain dedicated to ensuring that a wide range of short-stay, reablement, respite and day opportunities are available in building based and community settings. This includes partnerships with the NHS (South Leeds Independence Centre), discussions around how services can be effectively commissioned from the independent sector (including having the ability to pre-book respite), continued work of community teams to support people in their own homes and investigation into the potential for further building based services. The Council will strive to meet the needs of service users, carers and their families and is aware of the need for whole-day support, transport requirements and the need for carers to have a break.

Quality

*Comment*

There was concern over the quality of provision in the independent sector and a view that this would not match the high standards at the council-run homes.

*Our response*

In addition to Care Quality Commission monitoring, the Council manages the quality of provision in the independent sector through its Quality Framework. In December 2012 the five year "Quality Framework Arrangement" was introduced with regard to independent sector care homes for older people in Leeds. This was the result of a comprehensive exercise to; establish the true cost of care in the city, introduce quality standards linked to fees, set a fee level that was acceptable and sustainable over a number of years and support stability of the market. An agreed fee is paid at a core or enhanced level depending on the level of quality they have demonstrated. The Quality Framework standards are divided into three main areas: Quality Standards and Outcomes; Environment and Resources; and Financial Security and Development. Within these three main areas, there are 11 standards overall, on which the quality of the provider is assessed. The introduction



of a quality standards framework linked to two fee rates, one core and one enhanced, is intended to incentivise the market place to strive to achieve the best performing level of quality in order to be able to claim the higher enhanced fee rate.

*Methodology*

*Comment*

Respondents felt that decisions have already been made and that the consultation exercise was futile. It was also expressed that residents/ families/ carers should have been provided with more detail on the alternative services in the area.

*Our response*

In previous phases of the programme, consultation has changed the original proposal and has seen services retained or developed under a different operating model. Consultation is a vital part of the process of shaping the future of services and allows the council to understand the issues people would like to raise.

*Comment*

What will happen to the buildings?

*Our response*

Should the proposals be agreed, and on completion of the transfer of residents and service users to alternative provision, the buildings will be handed over to Corporate Property Management who will ensure the continued safety and security of the building. Discussions around the future use of the building will take place with local elected members and key partners.

## Section Four – detailed consultation findings relating to the proposal for each care home

The following information represents feedback and responses from consultation undertaken with those people currently living in the care homes and their relatives and carers as well as staff working in the homes. The questions highlighted are taken directly from the questionnaire.

As an 'open comments' section was used in the questionnaire, some respondents made multiple comments in these sections which is why the number of comments is generally greater than the number of people responding to the questionnaire.

Proposal	Residential Homes	Type of Resident			Total registered residents at the time of the questionnaire	Responses Received
		Permanent	Respite	Temporary		
Decommission	Middlecross	15	8	2	25	20
	The Green	44	2	0	44	46
	Siegen Manor	20	4	2	26	26
		<b>79</b>	<b>14</b>	<b>4</b>	<b>97</b>	<b>92</b>

In some circumstances there were a greater number of responses than number of residents. This is due to responses coming from a combination of residents, carers and families and the use of the facilities for respite care.

There were also some people who did not complete the questionnaire, with a variety of reasons for non-completion (e.g. service user in hospital, declined or relative completed questionnaire on their behalf).

Measures were taken to ensure that people with dementia who may not be able to complete a questionnaire by themselves were supported to do so.

## **Middlecross**

### **20 people responded to the proposal to decommission the home**

#### **How much do you agree or disagree with the proposal?**

- 95% strongly disagree
- 5% disagree

#### **Reason for your answer?**

##### **Key themes**

- The service is first class.
- Staff are familiar and friendly. They treat people with dignity and as a result people feel safe.
- Concern over the quality of service and staff in the private sector unsuitability for my relative and lack of effective regulation.
- The building is fine and has a good layout.
- Current home location convenient/accessible for relatives
- Moving vulnerable older people will have an adverse impact on their physical/mental health with concerns over longevity of life if people are moved.
- The decision is just about money, with no concern for the individual and their carers.

##### **Respite**

- Other providers can't cope with people with dementia.

#### **If the proposal to close the home goes ahead what might the impact be on your family and carers?**

##### **Key themes**

- The location, quality and availability of alternative accommodation including respite care.
- Physical and mental strain on the family if respite care is not available elsewhere, or is of a lesser standard.
- Family are close and can visit daily. This may not be possible if the home closes.
- Financial concerns, potential for an increase in fees and not being able to afford 'top ups'
- Anxiety- worrying about relative and stress of finding a new home.

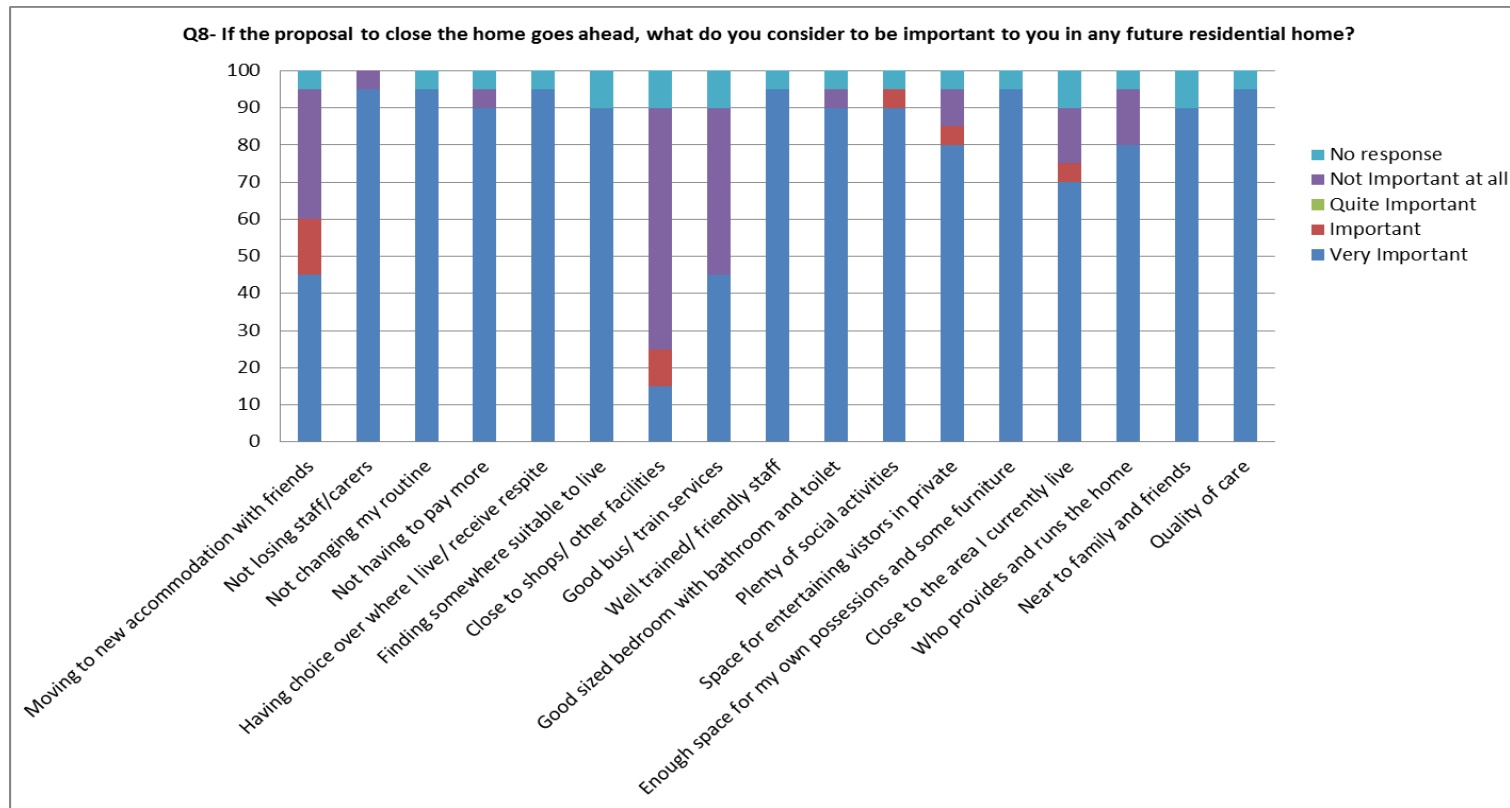
#### **What could the council do to reduce the impact?**

##### **Key issues**

- Keep Middlecross and make the savings elsewhere in the Council.

- Residents should not have to move, at the very least the home should stay open until all the residents have passed away or moved on.
- The staff should be considered. They are well trained with lots of experience and are excellent.
- The Council would have to ensure that the staff team would have to go where my relative goes.
- Have an open and honest relationship with the team at Middlecross and would expect the same quality and degree of skill in the private sector.

### What do you consider to be important for you in your new home?



### **Summary of other comments**

- We need the same level of care and staff that we have at Middlecross. Communication is very important.
- Would prefer relative to move closer to where I live.
- It is essential that any new service has staff that are trained to care for people with dementia.
- The place must be secure. My relative is not safe outside alone.
- It is vital that the process is not rushed and that appropriate assessments are made to determine future care provisions and that needs can be fulfilled.
- Essential that I have opportunity to find somewhere suitable for my relative where they feel comfortable and safe.

### **Is there anything else you would like to tell us?**

#### **Key themes**

- It must be a consistent place for respite not different every time.
- Secure garden area.
- Enjoys being around familiar members of staff and other customers who make her respite visits a comfortable experience.
- The quality of care is more important than area.
- Needs to be homely.
- We feel the decision has already been made.
- I think money could be saved in other ways rather than moving vulnerable elderly people with dementia.
- The staff at Middlecross have installed 100% trust and confidence in the level of care, skills and knowledge that they demonstrate at all times. Leeds City Council have invested greatly into the training development of the team and this would be a great loss to the vulnerable people who depend on this service.
- If more people are getting dementia how are the Council going to meet the demand when services are closing?

## **The Green**

**46 people responded to the proposal to decommission the home**

**How much do you agree or disagree with the proposal?**

- 96% strongly disagree
- 2% disagree
- 2% no response

**Reason for your answer?**

**Key themes**

- Quality of care is not as good in private homes.
- I think it's a bad idea getting rid of home which you will need in the future.
- People with Dementia need to live in a Dementia home when they are unable to cope at home.
- You have a responsibility to provide homes for older people alongside the private sector.
- Moving could kill some of them.
- Look elsewhere for savings- I do not believe the cuts should come from older people with dementia living in Council homes.
- This is my home
- Staff and service great

**Respite**

- My main concern, I need to place mum in a Local Authority home to ensure I get 6 weeks a year.
- More people with dementia. We need more not less respite homes.
- As a carer I need a break. My dad will only agree to go to The Green.

**If the proposal to close the home goes ahead what might the impact be on your family and carers?**

**Key themes**

- We would be worried about her care anywhere else. The quality of care at The Green is excellent.
- I would be upset because my mum's health would be at risk.
- I cannot afford to pay extra.
- For us as a family it is upsetting and stressful. Do we move her now? Do we wait?
- We would have to find her alternative accommodation. We have had experience in private homes and it was not successful.
- Due to her Dementia, change will be traumatic for all of us including mum. I dread the thought, we think it will kill her.
- It will be devastating for the whole family.

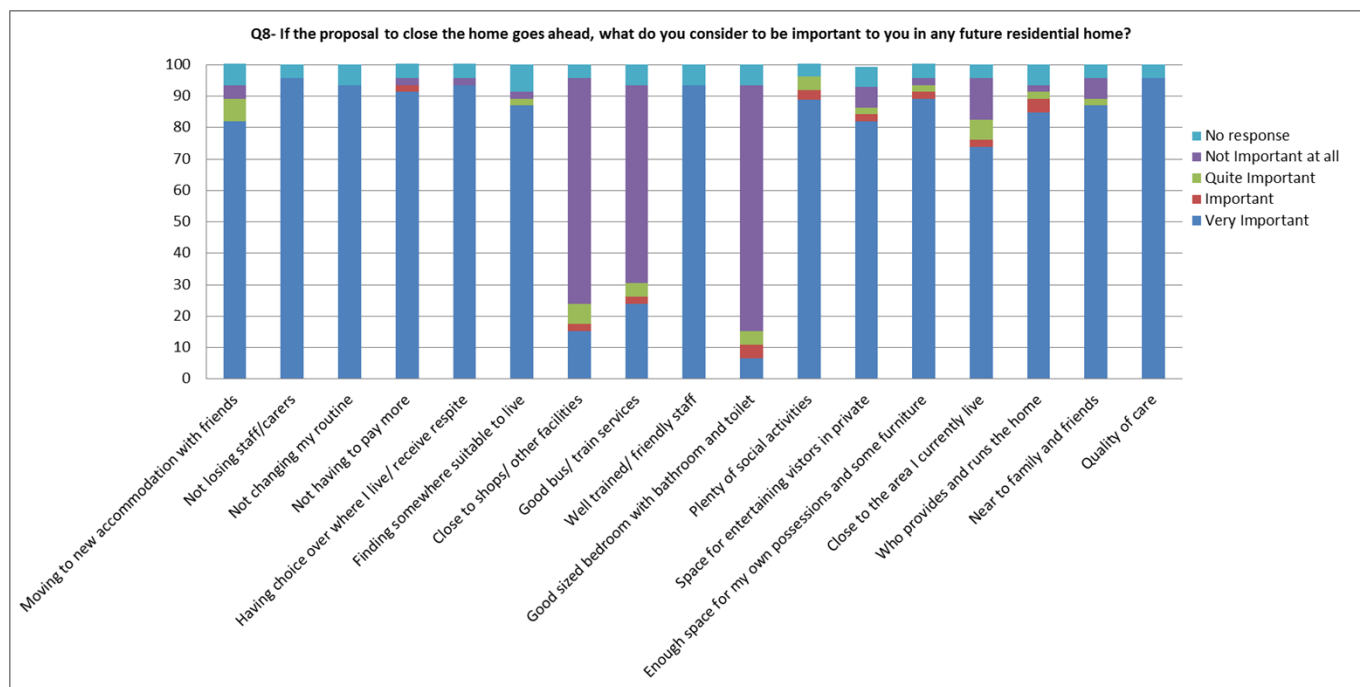
**Respite**

- He will end up in a home permanently quicker.
- I need to be able to book in advance 6 months. I have never been able to book in a private home.
- I need the break. It will cause stress, guilt.
- I come because my wife needs the rest, so we can live together like man and wife should.
- I would have to give up work and let her move in with me.
- I need respite at The Green to give me a break. If it closed he would have to go in a home.

**What could the council do to reduce the impact?****Key issues**

- Keep it open
- Make the cuts elsewhere in the Council
- Make sure my keyworker goes with me. Make sure that my routine is the same. I would like a bigger room.

**What do you consider to be important for you in your new home?**



### Summary of other comments

- This feels like a safe place and I want to be somewhere safe.
- I would hope the staff (in other homes) have the same training.
- Quality of care is paramount.
- It's not who it is run by (Council or private sector), but how well they run the home.

### Is there anything else you would like to tell us?

#### Key themes

- The impact on residents, relatives and staff will be far too great if The Green closes
- This is a place I call home
- Staff are wonderful, well trained and caring. Quality of service and residents life are good.
- If you are 'Dementia friendly' don't shut The Green.



- Concern whether private sector can provide the high quality of service provided at The Green. 'I trust The Green'
- If there is no option but to close, is there an opportunity for a co-operative/charity/funding to purchase and take over as it is.
- I don't understand why it will be cheaper, private sector are so expensive.
- I couldn't find another home that provides the care that she gets. It is not about the building, it is about the care that they get and the well trained staff.

**Respite**

- Enjoy coming for respite. Nowhere else can meet respite needs.

## **Siegen Manor**

### **26 people responded to the proposal to decommission the home**

#### **How much do you agree or disagree with the proposal?**

- 84% strongly disagree
- 8% agree
- 4% disagree
- 4% neither agree nor disagree

#### **Reason for your answer?**

##### **Key themes**

- Because of ageing population the Council should be looking at increasing the provision.
- Feel the private sector are focused on the profit, not delivery quality care.
- Should not be making cuts in older people's services.
- Family feel the home is in the heart of the community, accessible to everyone.
- Concerns that a larger home may not provide the care required.
- She has already been moved from Musgrave.
- May not cope with moving again
- Feel the Council should provide dementia care.
- The area of South Leeds only has this one Council run care home. Plus where in South Leeds can we find day care?
- If the home closes this will take away my mum's social network.
- It will cause too much upset.
- The staff are excellent
- It took a long time for her to settle here which was a difficult time for our family.
- We are concerned about the disruption it will cause to the residents and at the end of the day it is their home.
- We have had experience of private providers and we moved our mum to Siegen Manor due to the poor standards of care
- She is a person not a statistic. She is safe and comfortable here.
- Things have to change and get better so that is fine.

##### **Respite**

- Local to our home address/ that of the resident.

- This is an essential support because night-time is frequently disrupted and it impacts my well being. This service allows me to continue to support my partner at home.
- Mum has dementia. She uses respite care to allow me to have a break.
- Provides a vital respite for me in my role as carer and relieves the pressure.

**If the proposal to close the home goes ahead what might the impact be on your family and carers?**

**Key themes**

- We may struggle to visit as she lived local to this area and we also live locally.
- We will have concerns about the level of care she will receive and this will increase our anxiety levels.
- Concerns regarding financial implications involved in moving to the private sector.
- This is already having an impact on our health and welfare and causing extreme anxiety.
- Stressful- when we placed our mum at Siegen Manor we thought it would be a home for life. Very convenient on buses and we feel confident coming here at any times.
- The impact on the family would be monumental having to place my mum in care, once was hard enough.

**Respite**

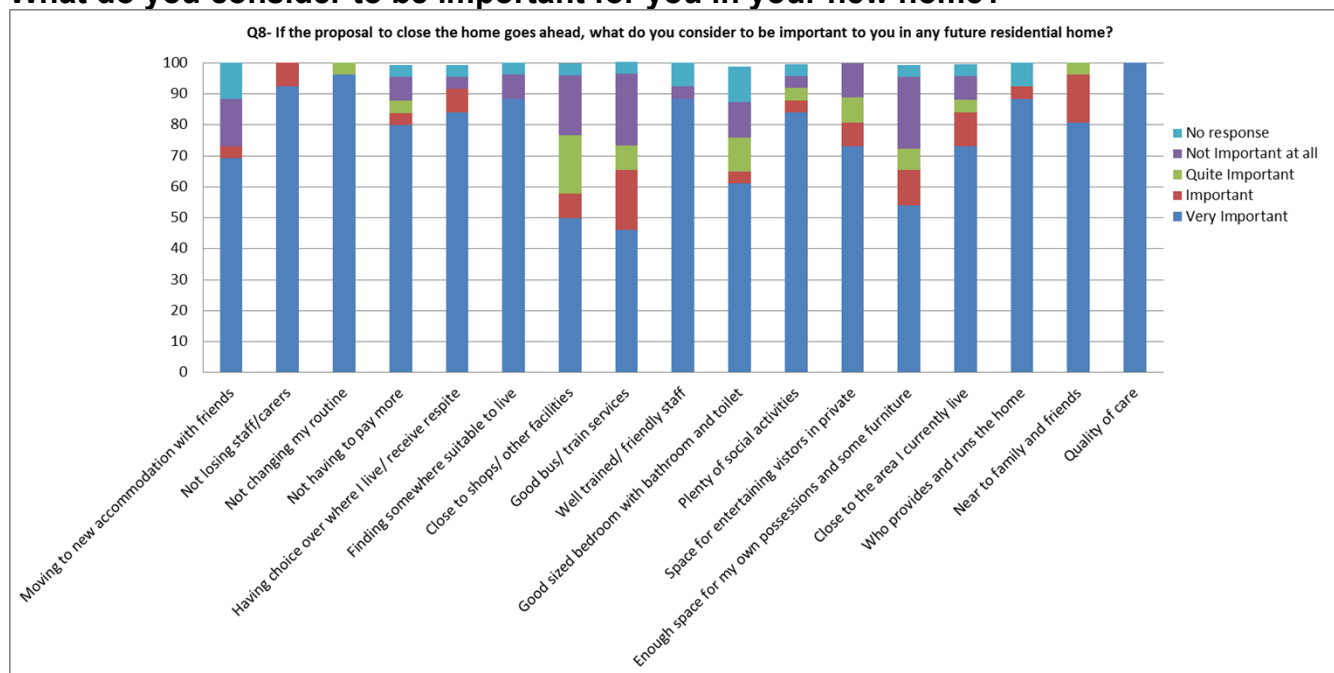
- We will be unable to take holidays together or have a break from regular frequent visits
- I wouldn't get a break. I am not getting any younger, work full-time and live a long way away.
- I would have to consider permanent residential care.
- I have been struggling to find respite care in private homes as they want permanent residents.
- If we lost the support from the respite provision, the level of stress would increase substantially.

**What could the council do to reduce the impact?**

**Key issues**

- Keep the home open and bring the building up to the required standard.
- Identify alternative provisions now to enable family to visit other facilities to gain knowledge of other facilities.
- Provide other specialist dementia respite.
- I would want to consider a similar provision locally.
- Would like to be reassured that any other provision has staff as skilled and caring as those at Siegen Manor.
- Assure us that alternative respite facilities would be available. Guarantee that we would receive the same level of care from well trained and friendly staff.
- There would be no impact upon me as I am adaptable. Not leaving the area and feeling safe is more important.

## What do you consider to be important for you in your new home?



### Summary of other comments

- We want it as close to central Morley as possible.
- It's the staff and care that's important.
- Relatives don't feel ensuite bathrooms are important to older people at all.
- I feel who provides and runs the home, also the quality of care is most important.
- Needs familiar faces around her to make her feel safe.
- He is with others who understand this background and culture. Near a church to meet religious needs.
- Important that the home has nice small friendly lounges, where people have a choice of where they choose to sit.
- We feel it is important that we are involved in fundraising and family events as we have at Siegen Manor.
- We require a small home and relaxed calm atmosphere

- A guarantee that they would not have to move again and that the new care provider is reputable and viable.
- Family would like to be kept informed at all stages.
- As a family we would want somewhere that doesn't have visiting hours. We feel comfort in the fact we can visit at any time.

**Is there anything else you would like to tell us?**

**Key themes**

- Why close such a lovely care home that has just been refurbished.
- The length of time we have to wait for a decision is very concerning. Also I am worried that staff may leave and the residents may find out the home is closing which will upset and create more confusion and be very unsettling.
- People with dementia need more protection because they are vulnerable.
- Dementia is currently on the increase. What provision you are putting into place to accommodate in the future?
- Why is Siegen Manor up for consultation when another Council run home within a mile of Siegen has not closed because they cannot find alternative accommodation for the people who live there?

## Staff questionnaire responses

### Middlecross HOP

7 members of staff responded to the proposal to decommission the home.

### How much do you agree or disagree with our proposal for the service you work at?

Neither agree nor disagree 14%

Disagree 29%

Strongly disagree 57%

### Reason for your answer ?

#### Key Themes

- Services shouldn't be based on cost
- Middlecross provides an opportunity for customers to get good care
- You're taking a valuable and much needed service away at a time when it is much needed.
- Because provision for the elderly with dementia is sparse as it is and closing the last respite services left would put an immense strain on carers and families. It would also be a tragedy for emergency placements.
- There is an ultimate need for our service and would hope Leeds City Council recognises that there has to be services that support vulnerable adults and their carers.
- I feel that it is very unfair for both staff and elders in the home

### Is there anything you think we should be taking into account in considering the options?

- Impact on: vulnerable adults, families, staff, and staff families
- Impact on the surrounding area
- No respite care provision left in Leeds.
- Nobody left to work out of hours, weekends within the Council, to provide emergency placement assistance. It would be left for the private sector to provide emergency placements which is non-existent at present.
- Places are very hard to find especially in dementia care.

### How might the proposals impact on you as a member of staff?

- The proposal has caused great anxiety about my future career prospects and mostly concerns about our customers' wellbeing and the impact it would have on them having to be re-placed to other care establishments. It is difficult to remain positive with such grim prospects
- Loss of job, losing close colleagues and elders that live at Middlecross
- Redundancy, redeployment within a totally different area.

**Any other comments?**

- Elderly services are stretched at present – especially within dementia care
- We hear on the news of increasing “rushed of their feet” badly paid private care staff who try to fit in as many people as possible on their shift. I don't think you can beat a Council run home.
- Closing the last few homes would have a devastating effect on people trying to be maintained at home, as there would be no safety net if things go wrong
- I find my role greatly rewarding and I'm proud to be part of an incredible established team that practises care that is individually centred.

## **The Green HOP**

40 members of staff responded to the proposal to decommission the home.

### **How much do you agree or disagree with our proposal for the service you work at?**

Neither agree nor disagree	2%
Disagree	10%
Strongly disagree	88%

### **Reason for your answer ?**

#### **Key Themes**

- The Executive Board need to look at other budgets not older peoples' dementia care.
- Budget cuts should not affect residents in older peoples' homes
- The impact on service users and carers will be very distressing. Treat our elderly with dignity and not count the pennies.
- We need this home in the community there are not enough homes that could take our residents in the area
- This is home to people who are unable to do for themselves
- This is peoples' home and peoples' jobs and lives
- Staff are trained on a regular basis and provide good quality care for people with dementia.
- Closing Council run care homes will leave vulnerable elderly people with limited comprehension of what is happening to them at the mercy of private services.

### **Is there anything you think we should be taking into account in considering the options?**

- The Green is a family unit. Each member of staff and resident is treated like a family member. LCC has to take into account the effect it would have on the client if they had to move. Many have come to live here until the end of their life and they have put their trust in LCC in providing a warm friendly place until they die. To disrupt this would break that trust of most citizens and have a very negative effect.
- Consider residents who are settled here and call this their home and who have made friendships in the home with co-residents. Also consider residents' families who are happy with where their parents/grandparents are living.
- Residents will be affected by too much change. As we have seen in the past change often takes their lives.



- There are not enough homes for people with dementia in Leeds.

**How might the proposals impact on you as a member of staff?**

- Loss of job, loss of contact with residents and colleagues.
- The proposals impact each member of staff differently as some staff are at a certain age where they aren't capable of doing some jobs such as office work as not everyone is able to use technology well nowadays. There also aren't enough jobs out there and not everyone drives to be able to get to further locations. Not all jobs are shift work and some staff have children but can't afford childcare and prefer the shift work. Not everyone is qualified to do certain jobs.
- I could not work in the private sector as I believe they don't have the same high standards as LCC give to people of Leeds with dementia.

**Any other comments?**

- Don't shut our home!
- I feel sorry when a thing is so good why change it? Just improve The Green.
- In my opinion the care these people require and deserve should be priority not renovations.
- It's not the residents' fault that we are in debt. Why should they suffer?
- I know that closing The Green would cause untold misery and heartache to residents, family members and staff who consider The Green and its residents as extended family.

## **Siegen Manor HOP**

11 members of staff responded to the proposal to decommission the home.

### **How much do you agree or disagree with our proposal for the service you work at?**

Disagree 8%  
Strongly Disagree 92%

### **Reason for your answer ?**

#### **Key Themes**

- This is a much needed and valued service and it's an absolute disgrace that LCC is considering closing this much needed establishment down
- Most of the residents have been living at Siegen Manor for many years and it is their home – to close the home would be devastating for these people.
- If you close the home there will be an impact on residents, family and friends and staff losing their jobs.
- There would be a negative impact on residents' mental health - most especially those who have been here longer.
- This is their home and because of their health issues the upheaval and trauma caused by a move can result in deterioration in their health. Staff have seen this happen when new customers have arrived from other homes that have been closed.
- It is a vital service for both families and clients offering valuable respite care. These vulnerable adults rely heavily on the service.
- I believe that our home gives a very good service and there are not enough of these in the private sector. I know it needs a lot of improvement.
- Council homes are at a high standard but if they modernise them they are better than private homes.
- Private homes don't offer the same standards of care. They are putting the financial side before the level of care for the clients. I have worked in a lot and they are rubbish – poor care it's all about profits.
- When Council homes are all closed the private homes will then have the monopoly to increase their prices as there will be no competition.
- No other facilities in the area. No proposals for new facilities in the area

### **Is there anything you think we should be taking into account in considering the options?**

- The impact it will have on residents and their families visiting. No other respite facilities in this area.
- Our Council homes need money putting into them to keep up with the standards.
- Save on costs: agency staff cost more than Council staff and residents refuse to be assisted by most of them; maternity and sick pay should be looked at, don't use expensive contractors; food budget could be cheaper if alternative suppliers used, get rid of some of the Principal Unit Managers; ask for volunteers to help e.g. serving meals, routine tasks (not personal care).

### **How might the proposals impact on you as a member of staff?**

- It will impact on me and my family financially.
- Losing a job that we have been trained to do.
- Where's money coming from for retraining because you keep telling us there is none?
- I am 60 now and will find it hard to get another job if the Council cannot provide me with one.
- Would not like to work in private sector, as their standards are not as good as ours
- Loss of job, pension, not many vacancies for the hours I work.
- I have been through redeployment twice. This will be my third time going through consultations and it makes you feel like your work is not valued.
- I love my job here and would be sad to see the home close.
- Unable to plan for anything, just awaiting the next upheaval.
- More people going into a job pool with fewer positions each time
- They aren't just clients, the residents are friends. Staff build bonds and gain their trust. All that would be lost.

### **Any other comments?**

- There are no Dementia care facilities in our immediate area. These people they are making homeless will suffer immensely from being moved to other homes as will their families. People with Dementia do not adjust well to change and quite often die as a result of this.
- LCC should look to not spending so much money on events for the city to make them look good and start looking after the people who have done so much for this country.
- Government need to look again about the care homes, as the Council run are better and cheaper than private sector.

- I will be happy to lose my double pay for bank holiday and sick pay and freeze pay rises.
- We have agency workers here sometimes and they are of the opinion that Council homes are better than the private homes. Staff at Council homes are better trained, usually better looked after, shifts are shorter and standards are higher.