



SCRUTINY BOARD (ADULT SOCIAL CARE)

**Meeting to be held in Civic Hall, Leeds on
Wednesday, 6th October, 2010 at 10.00 a.m.**

(A pre-meeting will take place for ALL Members of the Board at 9.30 a.m.)

MEMBERSHIP

Councillors

- J Chapman - Weetwood;
- B Cleasby - Horsforth;
- P Davey - City and Hunslet;
- S Hamilton - Moortown;
- T Hanley (Chair) - Bramley and Stanningley;
- A Hussain - Gipton and Harehills;
- V Kendall - Roundhay;
- M Lyons - Temple Newsam;
- R Pryke - Burmantofts and Richmond Hill;
- K Renshaw - Ardsley and Robin Hood;
- D Schofield - Temple Newsam;
- S Varley - Morley South;

CO-OPTees

Ms Joy Fisher – Alliance Service Users and Carers
Sally Morgan – Equality Issues

Please note: Certain or all items on this agenda may be recorded.

**Agenda compiled by:
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A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			<p>APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS</p> <p>To consider any appeals in accordance with Procedure Rule 25* of the Access to Information Procedure Rules (in the event of an Appeal the press and public will be excluded.)</p> <p>(* In accordance with Procedure Rule 25, notice of an appeal must be received in writing by the Chief Democratic Services Officer at least 24 hours before the meeting.)</p>	
2			<p>EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC</p> <p>1 To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report.</p> <p>2 To consider whether or not to accept the officers recommendation in respect of the above information.</p> <p>3 If so, to formally pass the following resolution:-</p> <p>RESOLVED – That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows:-</p> <p>Agenda Item 7, Inquiry into The Future of Residential Care Provision for Older People in Leeds.</p>	

Item No	Ward/Equal Opportunities	Item Not Open		Page No
3			<p>LATE ITEMS</p> <p>To identify items which have been admitted to the agenda by the Chair for consideration.</p> <p>(The special circumstances shall be specified in the minutes.)</p>	
4			<p>DECLARATIONS OF INTEREST</p> <p>To declare any personal / prejudicial interests for the purpose of Section 81 (3) of the Local Government Act 2000 and paragraphs 8 to 12 of the Members Code of Conduct.</p>	
5			<p>APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTES</p> <p>To receive any apologies for absence and notification of substitutes.</p>	
6			<p>MINUTES -</p> <p>To confirm as a correct record the minutes of the meeting held on 22 September 2010. – Minutes to follow</p>	
7		10.4(3)	<p>INQUIRY INTO THE FUTURE OF RESIDENTIAL CARE PROVISION FOR OLDER PEOPLE IN LEEDS.</p> <p>To receive and consider the reports of the Head of Scrutiny and Member Development and the Director of Adult Social Services to facilitate the Adult Social Care Scrutiny Board Inquiry into the Future of Residential Care Provision for Older People in Leeds</p>	1 - 76
8			<p>DATE AND TIME OF NEXT MEETING</p> <p>To note that the next meeting of the Board will be held on Wednesday, 10 November at 10.00 am with a pre meeting for Board Members at 9.30 am.</p>	

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Originator: Sandra Newbould

Tel: 247 4792

Report of the Head of Scrutiny and Member Development

Adult Social Care Scrutiny Board

Date: 6th October 2010

Subject: Inquiry into The Future of Residential Care Provision for Older People in Leeds.

Electoral Wards Affected:

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

1.0 INTRODUCTION

1.1 At the June 2010 Adult Social Care Scrutiny Board meeting members expressed their desire to conduct an inquiry into the future provision of Residential Care Services in Leeds. The long term provision for residential care services is due to be reviewed during 2010/11 and beyond as part of the overall modernisation of Adult Social Care Services. It is appropriate for the Scrutiny Board (Adult Social Care) to conduct an inquiry at this juncture in order to influence decision making and assist with policy development which will ensure effective service delivery and value for money.

1.2 The terms of reference for the inquiry were agreed by the Adult Social Care Scrutiny Board on the 22nd of September 2010.

1.3 The report of the Director of Adult Social Services and associated appendices are presented with the agenda. This will be supplemented with a verbal presentation to the Scrutiny Board on the 6th of October 2010.

2.0 SCOPE OF THE INQUIRY

2.1 It is recommended that the inquiry focuses on the current provision of Residential Care and the requirement for modernisation to meet customer demand whilst providing a quality service and value for money. The Board should pay particular attention to to:

- Current Residential Care Service provision across the City and aspirations for the future.
- Anticipated customer demand (both long and short term)
- Council provided Residential Care, Commissioned Private Sector Care, Quality, Sustainability and Value for Money
- Working with Partners and Future Commissioning/De-commissioning.

3.0 TIMETABLE FOR THE INQUIRY AND SUBMISSION OF EVIDENCE

Session 1 – 6th October 2010

Background, Demand and Value for Money

- Definition of Residential Care
- Overview of the situation in Leeds and the influences for change long and short term, including demand. Evidence to support the need for change. Implications of no change.
- Cost of service provision and Value for Money – To include comparative cost information for the provision of council services compared to the private sector and the reason for these differences plus details of current inefficiencies in the system which need to be resolved.
- Comparative service/benchmarking data with other large authorities.
- Future Commissioning/Decommissioning outcomes
- Current State of Council Owned Buildings. Capital/Revenue expenditure requirement for renovation and maintenance and to compete with the private sector.
- Influence of Supported Independent Living (Extra Care Housing, Homecare and Reablement)

Session 2 –10th November 2010

- Residential Care Strategy for Older People – Scheduled for Executive Board Meeting December 2010.
- Potential impact of Government Spending Review 20th October 2010.
- Change management process - Residents and Families, Staff, Timescales and Consultation.
- Health Service - Direct discharge into residential care without a further period of recovery of assessment. Budget impact and proposals to restore good practice. (With reference to period 3 budget report Exec Board July 2010.)

3.0 POST INQUIRY REPORT MONITORING ARRANGEMENTS

3.1 Following the completion of the Scrutiny inquiry and the publication of the final inquiry report and recommendations, the implementation of the agreed recommendations will be monitored by the Adult Social Care Scrutiny Board (or its successor) or a specific working group as stipulated by the board.

3.2 The final inquiry report will include information on the detailed arrangements for how the implementation of recommendations will be monitored.

4.0 RECOMMENDATIONS

The Adult Social Care Scrutiny Board is recommended to:

4.1 Note the information contained within this report for the purposes of the inquiry.

5.0 BACKGROUND PAPERS

None



Not for Publication : Appendices 4 and 5 only Exempt under Access to Information Procedure Rule 10.4 (3)

Report of the Director of Adult Social Services

Scrutiny Board – Adult Social Care

Date: 6 October 2010

Subject: Inquiry into the Future of Residential Care Provision for Older People in Leeds

Electoral Wards Affected:



Ward Members consulted
(referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

Executive Summary

Expectations around the choice, quality and control of the provision of care for older people have increased significantly in recent years. Whilst there have been increasing expectations around supporting more people for longer within their own homes, there has also been an increasing expectation in relation to the standard and quality of provision of long term residential care for those people who can no longer be supported in their own homes.

During 2008/09, following the Independence, Wellbeing & Choice Inspection of Adult Social Services, work was commissioned to analyse population trends in relation to the potential numbers and needs of older people in the City in the coming twenty years. The final report also analysed the state of the market for residential care and associated housing options in the City and concluded by presenting outline options which could be pursued based on the overall analysis with specific reference to the Council's own directly provided facilities. Copies of the executive report produced by the Cordis organisation are attached at Appendix 1 and forms background reading to this report.

The Cordis work has been used as a platform on which more detailed analysis has taken place within Adult Social Services with regard to the relative need and future options for all types of accommodation for older people in the City and an overall assessment of the prospective capital and revenue requirements associated with the Local Authority provided units.. This includes a value for money assessment of the current Local Authority offer. A profile of each Local Authority establishment is provided at Appendix 2, information in relation to the location of these facilities is provided at Appendix 3.

Information is offered within this report dealing with the formal definition of residential care and an overview of the current range of provision in the city. The report offers comparative provision data in relation to other core Cities.

Appendices 4 and 5 are confidential and exempt under Access to Information Procedure Rule 10.4 (3) as they contain financial information in relation to local authority facilities which is commercially sensitive. It is felt that it is in the public interest to maintain the exemption as, if the information is disclosed, this would, or would be likely to, prejudice the commercial interest of the Council.

The information contained in Appendices 4 and 5 are commercially sensitive in that the Council will consider a number of different options in relation to its current in-house residential care provision. To release the information contained in these appendices may well prejudice the Local Authority's ability to develop those options at a future point.

1.0 Purpose Of This Report

1.1 To provide Members with information being used by Officers to develop a strategy designed to anticipate and plan for the future accommodation needs for older people in the City. In particular, the report specifically considers long-term residential care options for older people what will be required in the future, taking into account demographic and utilization trends and including the current and prospective levels of provision required. In particular, the report presents information which is being used by Officers to generate a strategy which will deliver the future options for the 19 residential care establishments operated by the Local Authority and which will form the basis of a report to Executive Board later in the year, this will include:

- Detailed financial plan for each of the 19 units
- Designed to secure sufficient supply of high quality residential care for older people in the City as part of a comprehensive range of housing options which meet the rising expectations of older people in the City
- Voids – intention to conduct a census to determine the precise level of capacity within the market – intelligence from the front line suggests significant void levels in the Independent Sector which the census would seek to validate.

2.0 Background Information

2.1 During 2008/09, following the Independence, Wellbeing & Choice Inspection of Adult Social Services, work was commissioned to analyse population trends in relation to the potential numbers and needs of older people in the City in the coming twenty years. The final report also analysed the state of the market for residential care and associated housing options in the City and concluded by presenting outline options which could be pursued based on the overall analysis with specific reference to the Council's own directly provided facilities. The summary report is appended as Appendix 1 to this report to provide Members with more background information, the data contained in the summary report in relation to costs and capital requirements for individual units has now been updated and the report information should be regarded as an estimate pertinent at the time. The most recent data is contained in the confidential appendices 4 & 5.

2.2 In the intervening months the report has been used by officers in the ongoing development of a strategy designed to ensure the continuing availability of high quality long term residential care as part of an increasingly broad range of long term accommodation based care and support options for older people. The report was used extensively in developing the business case designed to secure an additional 300 units of extra care housing for the City.

2.3 However, the outcome of the analysis also confirmed the existence of significant amounts of over-capacity in the current stock of residential care. While the quality of care offered within current residential care facilities is overwhelmingly rated as good or better by the Care Quality Commission, the material quality of facilities is extremely variable. This is particularly true of facilities provided by the Local Authority.

2.4 In the early months of this year it has become increasingly apparent that the strategic review of residential care should also pay close attention to the emerging resource issues

that will face adult social services as a consequence of the economic downturn and the response to that by central government. The overall strategy, with particular reference to directly provided residential care is therefore being subject to detailed financial analysis to ensure that the proposed ways forward are affordable.

3.0 Main Issues

3.1 Definition of Residential Care

3.1.1 Apart from in Northern Ireland where it is still used, *residential care homes* are now generally referred to simply as *care homes*. And what used to be called *nursing homes* are now called *care homes with nursing*.

3.1.2 A care home is a residential setting where a number of older people live, usually in single rooms, and have access to on-site care services. A home registered simply as a carehome will provide personal care only - help with washing, dressing and giving medication. Some care homes are registered to meet a specific care need, for example dementia or terminal illness. Homes registered for nursing care (not covered in this report) may accept people who just have personal care needs but who may need nursing care in the future.

3.1.3 Leeds City Council principally provides general residential care, however, some specialist care for people with dementia is also provided along with a small amount of care provided in close association with NHS Leeds (Intermediate Care) and an element of respite care. The different quantities of care provided in each home are contained in Appendix 2 and the differential costs associated with providing these types of care in exempt Appendix 4.

3.2 Demography

In relation to the demography of the City, the population of people over the age of 65 is projected to grow from it's current base of 110500 by 8% in 2015 and by 33% in 2029, the increase in the population of people over the age of 85 is expected to be more rapid, by 11% in 2014 and by 70% in 2029. Our analysis estimates that about 5% of the population of people over the age of 65 will have social care needs which need to be assessed and which may lead to the provision of a statutory social care service – including long term residential care.

3.3 Other Housing Options

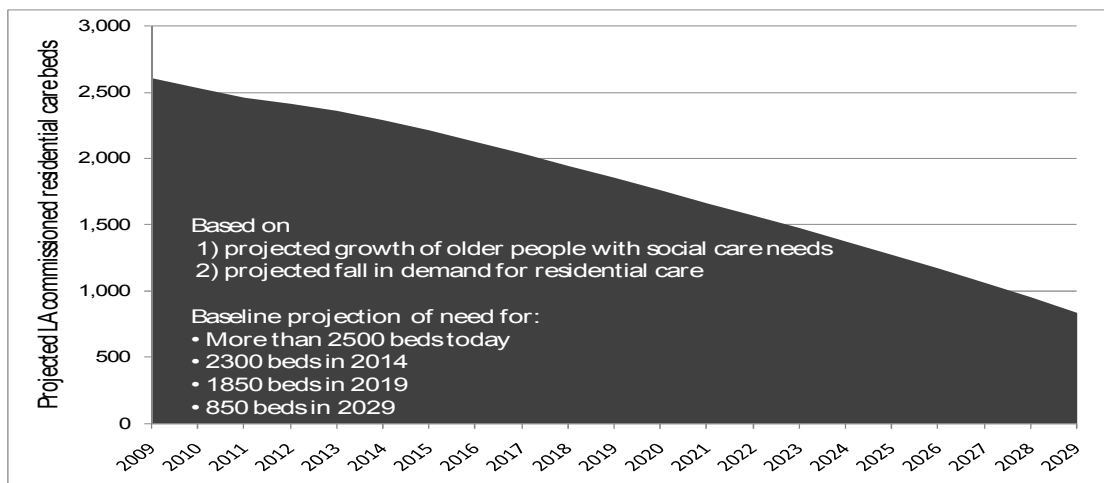
3.3.1 Over the past number of years the variety and choice of accommodation with care options for older people has increased significantly. The availability of affordable extra care housing as well as that available for private purchase has never been greater. At the same time, providers of independent sector care and support have made significant investments in additional, purpose built, long term residential care units. Alongside these developments older people are exercising far greater choice and control over options which maintain them safely and for longer in their own homes.

3.3.2 Work produced by the Cordis organization for Adult Social Services highlights the significant trend of falls in demand (19% reduction 2002 – 2008) for this type of care that have been experienced over recent years (Graph 1). The report notes the specific impact of the increased availability of Extra Care Housing which has accelerated the fall in demand for residential care and observes that each future additional unit of extra care housing will serve to further accelerate reductions in demand for traditional forms of residential care. Since 120 additional units will become available by the end of this calendar year and a further 300 are proposed as part of the bid for PFI funding submitted earlier this month it is likely that the projected requirement for residential care beds will fall into sharper decline than that depicted in the graph.

3.3.3 In 2007/08 Leeds publicly funded 24 people over the age of 65 for every 1000 people within that age group, our analysis and projection forecasts that, if present trends continue (driven

by the further development of alternative housing options and more intensive forms of health and social care in the home) this rate could fall to as low as 5 per 1000 in 2029. This projection suggests that as little as 1/3rd of the total current residential care bed base used or provided by Adult Social Services would be needed in 20 years time.

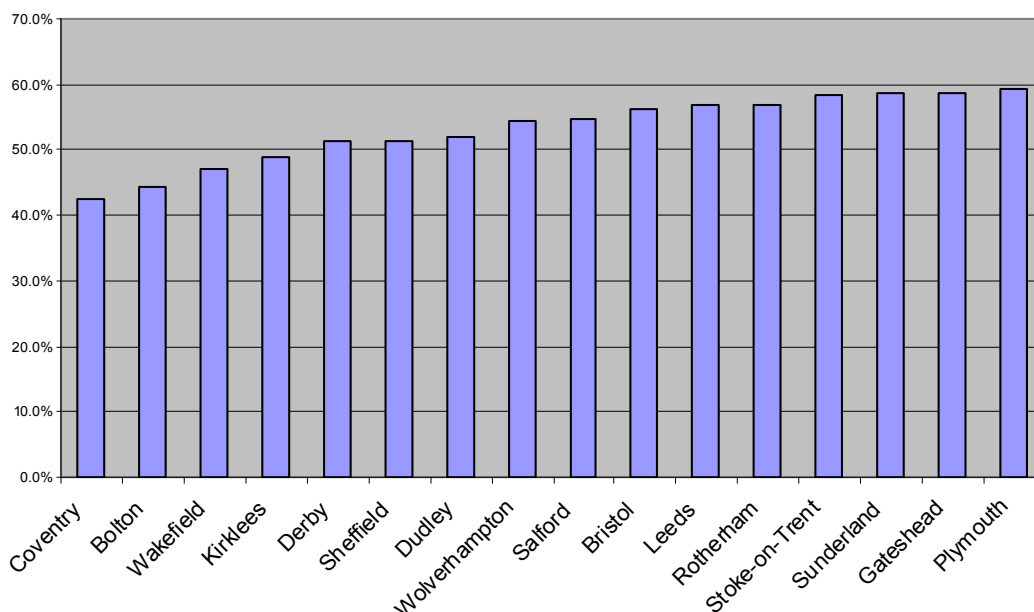
Graph 1



3.3.4 The Cordis analysis shows how this reducing pattern of demand increases the number of empty beds in homes which, allied to the need to continue to invest capital to maintain homes to both minimum standards and increasing public expectations, diminish the viability of sections of this market, including that operated by the Council.

3.3.5 National benchmarking produced by the Department of Health, indicates that Local Authority Adult Social Services should aim to spend no more than 40% of their available budget on residential care for older people and should aim to reduce this year on year. The diagram below (Graph 2) shows the position in Leeds relative to comparator Authorities, this confirms that despite falling numbers of supported residents, long-term residential care is still overprovided in Leeds and that, at approximately 55% of committed expenditure on older peoples services, resources are over-committed to this form of care.

Graph 2



3.3.6 The Local Authority currently provides 628 residential care beds in 19 units. The majority of units provide a combination of standard residential care and residential respite care. A

smaller number of units offer specialist care which includes dementia care and intermediate care provided under contract to NHS Leeds. Seven units operate day care facilities on the same site. This roughly equates to 27% of all the long term residential care beds in the City.

- 3.3.7 Although direct comparisons are problematic (due chiefly to the allocation of overheads), the assessed unit cost of directly provided residential care is more expensive, by between approximately £50 and £150 per week, than that which can be purchased in the independent sector and in relation to the Care Quality Commission assessment of the quality of care afforded, no material difference in quality can be discerned, a detailed analysis of the costs of different types of provision is provided at exempt Appendix 4.
- 3.3.8 Maintaining large numbers of people in these establishments is not cost effective and becomes less cost effective when beds are empty (void) through lack of demand, both unit costs and voids are likely to increase in the future beyond the current relatively high levels.
- 3.3.9 Voids within the directly provided residential care establishments over the past number of weeks have varied between 52 and 56 beds per week, almost 9%, which not only represents an upward pressure on the unit price per bed but is indicative of the choices prospective residents and their families are increasingly choosing to make. Void rates are not consistent. The greatest void rates occurring in general care beds and the lowest void rates occurring in specialist intermediate and dementia care facilities.
- 3.3.10 Furthermore, unit costs are currently being driven up by the requirement to make capital investments in all the units, at this stage to ensure compliance with fire regulations. In year one, (2010) this additional investment is anticipated to be £1.32M, the cumulative cost will be approx £3.9M over 5 years and £6M over 10. Against a background of diminishing public sector funding, raising capital on this scale to invest in these facilities is likely to be extremely difficult and as has been previously indicated Local Authority investment in long term care facilities runs contrary to central government policy. Private financing for such a capital programme would almost certainly be unavailable. A more detailed breakdown of the overall Capital requirements is contained in exempt Appendix 5.
- 3.3.11 The capital investment referred to above is only one element of what would be required to bring many of the Council operated units to the material standard of the best newly built homes. The expectations of people entering long term residential care are that their physical surroundings at least match those they have enjoyed previously. The regulatory requirements for new facilities is that they all have an en-suite toilet and wash basin, although the majority are now built with bathrooms which include showers. To bring Council-owned facilities up to this standard would require considerable additional investment given the relatively small scale of most of the units. Any form of modernization within the current structures would reduce the number of rooms overall thereby increasing unit costs still further.
- 3.3.12 Going forward, people will be less likely to choose to live in facilities which cannot offer what most would regard as modern amenities. The cost to the Council of such modernization proposals to its existing stock would therefore be prohibitive in both capital and revenue funding terms. Exempt Appendix 5 provides a more detailed breakdown of the overall cost implications.
- 3.3.13 Table 4, below provides, for comparative purposes, an overall summary of the process paid (gross of income) for independent sector residential care.

Type	Lowest Fee Paid	Highest Fee Paid
Residential	£385.77	£448.63
Residential Respite	**	
Residential Dementia	£414.42	£488.36
Residential Dementia Respite	**	

Table 1

** Since the end of the block contracts, we do not have a separate fee agreed for respite. We would expect the fee to be the same as permanent residential.

3.3.14 The difference in cost between the directly provided service and independent sector providers to provide the same kinds of care is due to a combination of features, many independent sector homes are larger and are able to generate more economies of scale, salary differentials between the directly provided service and independent sector providers are greater as are other terms and conditions of employment.

3.4 Benchmarking

The Use of Internal Residential Care in Core Cities (2008/09)

Number of weeks supported residents spent in residential and nursing care (both permanent and temporary):				
	Residents aged 65 and over in nursing placements	Residents aged 65 and over in own provision residential placements	Residents aged 65 and over in residential placements provided by others	Over 65 population
Birmingham	71,230	34,700	77,440	136446
Leeds	53,910	26,175	60,305	110553
Liverpool	32,155	2,945	62,065	63643
Manchester	23,875	365	54,225	51069
Newcastle upon Tyne	22,455	3,110	41,475	41096
Sheffield	40,330	2,550	75,150	83893
Bristol UA	33,205	21,295	25,045	54855
Nottingham UA	13,715	7,520	37,995	34924

Residents aged 65 and over in own provision residential placements as a proportion of the older peoples population				
	Residential	Over 65 Population	Places per 100,000 population over 65	% of over 65 population
Birmingham	34,700	136446	0.254	25.40%
Leeds	26,175	110553	0.236	23.60%
Liverpool	2,945	63643	0.046	4.60%
Manchester	365	51069	0.007	0.70%
Newcastle upon Tyne	3,110	41096	0.075	7.50%
Sheffield	2,550	83893	0.03	3%
Bristol UA	21,295	54855	0.388	38.80%
Nottingham UA	7,520	34924	0.215	21.50%

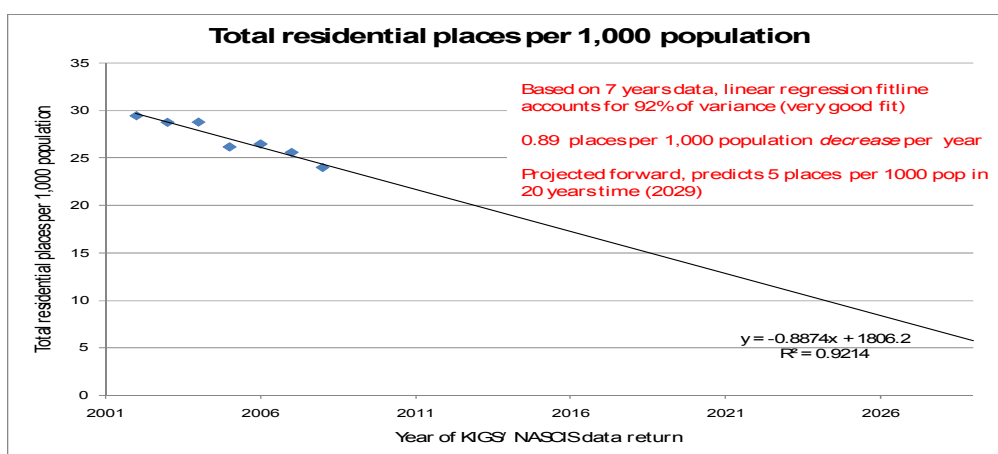
Table 2

As can be seen from the above, Leeds, along with Birmingham and Bristol continues to be a significant provider in both absolute and relative terms, of residential care with approximately 43% of the overall placement activity. In the case of Birmingham, a significant transformation programme has been initiated aimed at re-providing the entire directly provided estate of 29 homes with four 'supercentres' designed to provide shorter term rehabilitative and recuperative (rather than long term) care.

3.5 Demand for Long Term Residential Care for Older People in Leeds

3.5.1 Whilst there are periodic fluctuations, in terms of the overall year on year trends Adult Social Care has placed fewer people in this type of accommodation. As previously reported, Leeds City Council is itself a significant provider of this type of care with 628 beds out of a total residential care bed-base of 2214. In the last three years 1000 new bedspaces have been opened in the City offering this type of care, each of the new homes has been built to a specification which includes en-suite rooms and enhanced care technology. The rooms offered in these newly purpose built facilities clearly influence the choice of home being exercised by potential residents and their families generally at the expense of less well specified establishments and generally at no greater cost.

3.5.2 The Local Authority used (at 30 September 2009) 1320 (60%) of all the residential care beds in the City (including Council provided). The remainder of the beds (894) either being used by people not requiring public funds to support their stay ('self funders') or being unused ('void').

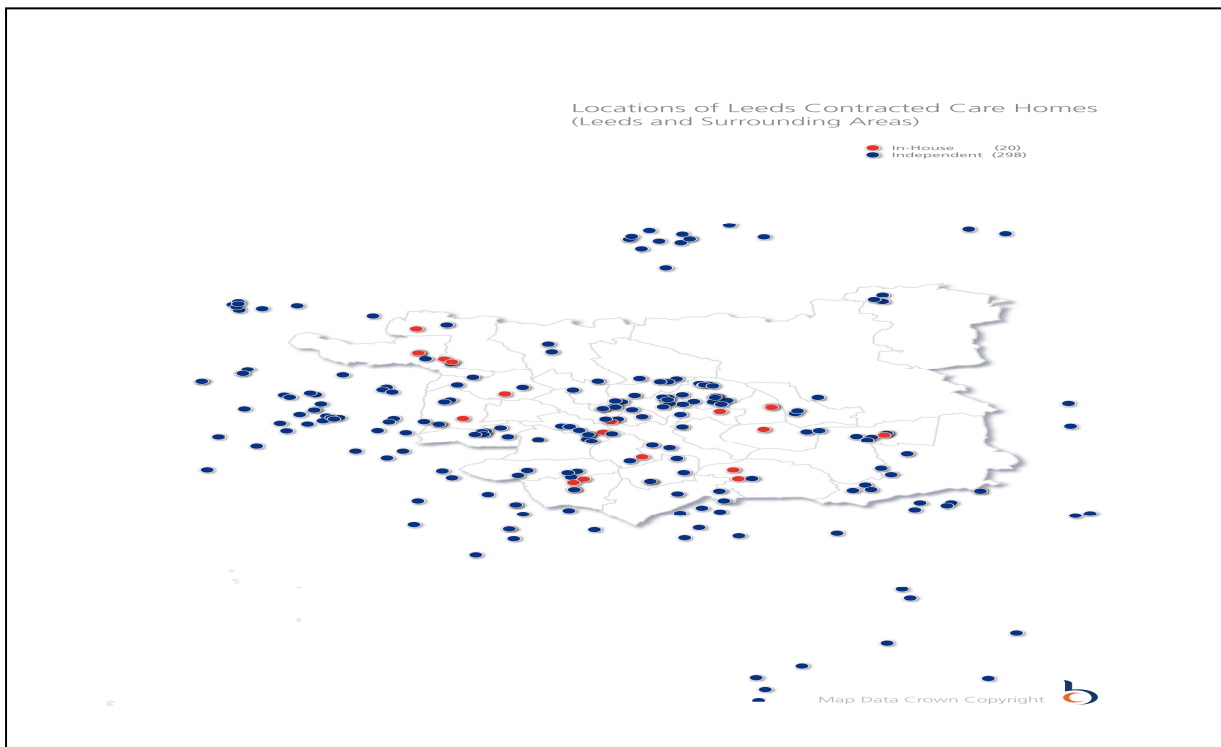


Graph 3

3.6 Location Of Units in the City

3.6.1 The Map presented overleaf illustrates the location of alternative care facilities in the City operated by independent sector providers and the Local Authority. It can be seen that in virtually every part of the city long term care facilities of all descriptions are available. This resource is matched by the widespread availability of affordable sheltered housing and increasing availability of extra care facilities. Appendix 3 provides a much more detailed view of provision in the City broken into Wards

Map 1



- 3.6.2 This analysis, falling demand against a backdrop of over-provision, provides significant impetus to assess the reasons behind such a pattern particularly in relation to what is commonly assumed about the demographic profile.
- 3.6.3 Our analysis concludes that although the numbers of older people are growing, the success of initiatives like intermediate care and intensive home care and the availability of alternatives to residential care (Extra Care Housing for example) are succeeding in supporting greater numbers of older people to live independently in their homes for longer.
- 3.6.4 The reducing need for Adult Social Services to pay for placements would be matched by a need to invest in greater quantities and a greater range of more innovative forms of care and support in the home. The development of the proposed 300 additional extra care housing units also directly impacts on the supply of available alternatives for this cohort of older people. In overall terms, reducing the numbers of older people using long term residential care placements by increasing the availability of Extra-care Housing and investing in more home support will not incur any additional funding responsibility on Adult Social Services.

4.0 Implications For Council Policy And Governance

- 4.1 Contingent on the options developed for the existing Local Authority provided facilities, a comprehensive programme of consultation and engagement can be anticipated with all stakeholders, particularly residents and their relatives and staff.
- 4.2 Colleagues in NHS Leeds who commission 30 of the current bedbase are also key stakeholders and in the development of shared plans for the development of more integrated health and care services in the City it is clear that they will wish to identify what scope exists within the emerging strategic plan for further joint work within these facilities.
- 4.3 Discussions so far have indicated a positive desire for more extensive partnership reflecting the good work that has been undertaken in recent years within these facilities and recognising potential economic benefits for both parties which are currently being examined in much greater detail.

5.0 Legal And Resource Implications

- 5.1 The projected reduced need for long term residential care facilities impacts on those 19 units currently provided by the Council. Our analysis has highlighted that there are three resource elements to that impact.
- 5.2 Firstly, although direct comparisons are difficult, the assessed unit cost of directly provided residential care is more expensive, by between approximately £50 and £100 per week, than that which can be purchased in the independent sector and in relation to the Care Quality Commission assessment of the quality of care afforded, no material difference in quality can be discerned. Maintaining large numbers of people in these establishments is not cost effective and becomes less cost effective when beds are empty through lack of demand, both unit costs and voids are likely to increase in the future beyond the current relatively high levels.
- 5.3 Secondly, unit costs are currently being driven up by the requirement to make capital investments in all the units, at this stage to ensure compliance with fire regulations, in year one, (2010) this additional investment is anticipated to be £2.9M, the cumulative cost from this source alone will be £3.9M over 5 years and £6M over 10. Against a background of diminishing public sector funding, raising capital on this scale to invest in these facilities is likely to be extremely difficult and, since Local Authority investment in long term care facilities runs contrary to central government policy, private financing for such a capital programme would almost certainly be unavailable.
- 5.4 Thirdly, the capital investment referred to above is only one element of what would be required to bring many of the Council operated units to the material standard of the best newly built homes. The expectations of people entering long term residential care are that their physical surroundings at least match those they have enjoyed previously; most new facilities are built with features like en-suite bathrooms for example. To bring Council owned facilities up to this standard would require considerable additional investment, given the relatively small scale of most of the units any form of modernization within the current structures would reduce the number of rooms overall thereby increasing unit costs still further. Going forward, people will be less likely to choose to live in facilities which cannot offer what most would regard as modern amenities. Information in relation to the prospective costs of capital improvement is contained at exempt Appendix 5, this indicates that the cost to the Council of such modernization proposals to its existing stock would be prohibitive in both capital and revenue funding terms.

5.5 Implications of Maintaining the Current Arrangements

- 5.5.1 The 'do nothing' option has been the default position over the preceding 10 years during which the Council stock of residential care facilities for older people has been reduced through the opportunistic development of extra care housing facilities utilizing sites vacated by former residential units and recycling staffing into other units or into the community support service.
- 5.5.2 This program has taken 5 establishments out of commission over the decade concluding most recently with the redevelopment of Hemingway House. However, savings which may have accrued by downsizing the stock of directly provided units has been more than offset by the additional investment that has been (and continues to be) required to maintain the remaining stock to CQC/ Fire Authority minimum standards . Similarly staffing costs in relation to the units have accelerated well beyond that which might have been anticipated prior to the implementation of single status settlements.
- 5.5.3 The 'doing nothing' option is not, therefore, a true option. In the truest sense, doing nothing would lead to the closure by regulatory bodies of units year on year as a consequence of no consequent investment programme to at least maintain the current facilities.

6.0 Conclusions

- 6.1 For all the reasons set out above, and particularly with regard to the financial circumstances of Adult Social Services and of the Council overall, we are required estimate how best to maximize the opportunities for the future use of these buildings which seeks to minimize disruption to current residents, confronting the risks inherent in maintaining this level of provision whilst delivering the manifest efficiencies associated with these resources. In light of all available evidence and particularly in light of the future resourcing requirements of adult social services, officers have concluded that doing nothing is not a viable option.
- 6.2 Work to develop the future strategic options is nearing completion and takes into account the growing range of improving housing options for older people which exist in the City, significant improvements that have occurred in relation to improving standards of care and care environments particularly within the independent sector and, as has already been suggested, against the diminishing demand for generic long term residential care in both the independent and Local Authority provided market.

7.0 Recommendations

- 7.1 In developing the potential options for Local Authority residential care going forward and in preparation of the report to Executive Board, Members are invited to consider the evidence contained in this report and determine what further evidence they would wish to consider under the terms of the enquiry.

Background Documents referred to in this report

- *Cordis Executive Report – February 2010 attached as Appendix 1*
- *Independence Wellbeing and Choice Inspection 2008*
- *Use of Internal Residential Care in Core Cities 2008/09 – Department of Health*

Appendices

Appendix 1 Cordis Executive Report

Appendix 2 Profile of individual homes

Appendix 3 Locality Profiles of each home showing proximity to other similar facilities

Appendix 4 Confidential Cost summary

Appendix 5 Confidential Capital summary.

Strictly Confidential

Leeds City Council

Long Term Residential Care & Associated Day Care Services for Older People (Summary)

February 2010

v6 Final 05/02/10

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Introduction

Leeds City Council Adult Services Directorate has embarked on an ambitious improvement programme which will embrace and implement the spirit and vision of 'Putting People First'. To do this the Council has recognised that many elements of the current provider profile (both in house and services commissioned from independent sector providers) need to change in order to provide people with better outcomes more cost effectively. This in turn will include less reliance on "Traditional" care and support options such as residential care and a greater emphasis on care and support being provided at or close to home.

The ambitions of the change programme developed by Leeds City Council were reinforced by the outcome and recommendations of the 2008 Independence Wellbeing and Choice Inspection of Adult social care services which, among a range of recommendations, highlighted the need to "extend the range and choice of services by reconfiguring and modernising traditional buildings based services"

Through this process Leeds City Council Adult Social Care had identified a number of driving forces for change in the provision of residential services for older people supported by the Council. These include:-

- The increasing expectations and aspirations of older people.
- The expected increase in numbers of older people, in particular older people with long-term conditions, including dementia.
- The need to support people to maintain independence and prevent long-term admissions to care homes.
- The need to offer individuals greater choice and control over how the resources for care and support are used..

The overall picture of residential provision in Leeds is complex. In September 2009 the city council directly provided a significant proportion (14%) and commissioned more than half (54%) of the total capacity of residential care places. However, in order to meet policy objectives as above the “Shape” of services delivered by care homes is changing, with increasing delivery of specialist care at the cusp of residential and nursing provision, the development of short-stay, intermediate care, re-ablement, and respite care and at the same time there is active planning to expand extra care housing as a direct, more personalised, alternative to long term residential care options.

In this context, Cordis Bright and Planning4Care were commissioned to produce the following three Outputs:

- A Needs Analysis based within an analysis of current and future demography utilising recognised predictive modelling tools and techniques;
- A map of the current whole market for residential care used by older people in the City taking into account usage and utilisation rates.
- Based on the preceding steps, generation of strategic options for the current directly provided services which provide a coherent vision for the future provision of long term care for older people across the City.

Overview

Projected Need and Demand¹

Planning4Care have produced a detailed report² in relation to likely social care needs and service requirements for older people over the next 20 years. The needs analysis is focused on factors linked to likely requirements for long-term care beds for older people and is framed around three questions:

- What are the current and projected social care needs for older people in Leeds?
- What are current service levels across Leeds, and how do service levels compare to needs levels?
- Which groups are more likely to need access to residential³ or other social care services?

A very brief summary of key points from that report is given below.

- The population of people 65+ in Leeds is currently estimated at 110,500 and is projected to grow significantly over the next 20 years. Although the rate of growth is lower than regional and all England averages, the increase is expected to be 8% of all 65+ to 2014 and 33% to 2029. The rate of increase in the 85+ population is expected to be faster – 11% and 70% respectively.
- At present, 39,500 people (35% of the 65+ population) in Leeds are estimated to have a social care need, 6,600 of whom have moderate to high social care needs that are supported by the local authority.
- To help meet this demand, care in residential settings is currently provided (at September 2009) to 2,305 people including 602 in long term care

1 Summary Taken from Planning4Care report

2 Projected need for Long-Term Residential Care & Associated Day Care Services for Older People in Leeds, October 2009.

3 The term 'residential care' refers throughout the report to personal and/or nursing care in a registered care home.

beds directly provided by the council in its 19 care homes.

- Support to those not in residential care is delivered to people in their own homes, supported housing settings (it is estimated that 42,800 hours of home care a week, including 17,200 hours to people with very high care needs) and / or with short term residential options.
- The growth in numbers of older people – in particular the numbers of people 85+ - is likely to increase demand for social care in the city.
- Based on current patterns of care, a “base scenario” that projects need and demand levels forward suggests that Leeds would need to fund an additional 240 residential care places by 2014, rising to an additional 1,000 places by 2029. This is neither likely to be sustainable financially (based on a current placement cost of £57.5m per year, this suggests an increase to £63.4m by 2014 and to £82.3m by 2029⁴) nor does it meet national or local policy objectives to deliver support that is choice based and “Close to home”. Improvements in Healthy Life Expectancy (HLE) and in early intervention and preventive initiatives have the potential to significantly reduce future social care needs, though are not likely to match projected demand and so increases in local authority funded residential care places would still be required, albeit at a lower rate than above.
- Additionally, reflecting the policy direction to support more people in their own homes, promote user choice and the planned introduction of short term intermediate and rehabilitative care the numbers of people supported by the local authority in residential settings has been falling over recent years - a reduction of 19% of the total numbers of people supported between 2001/02 and 2007/08.

4 Current and future placement costs are derived by using the Leeds average gross weekly expenditure on residential and nursing care at £479 p/w as reported in KIGS (Unit cost data 2007/08) and multiplying by number of placements at 2,305 in September 2009; projected 2,545 placements in 2014 and projected 3,305 placements in 2029.

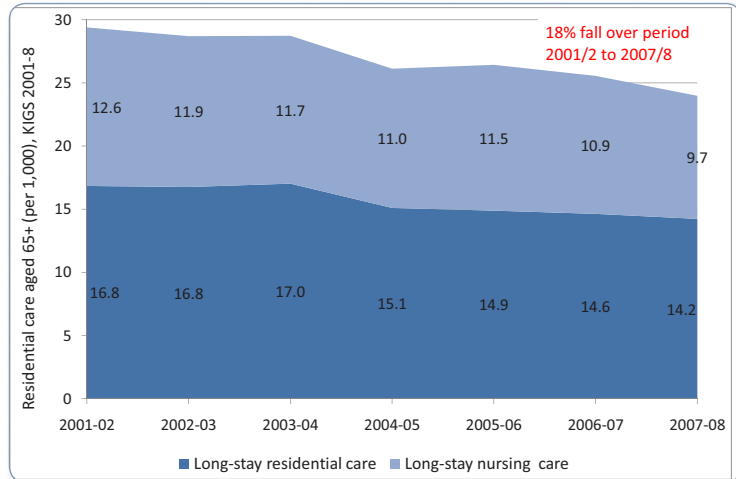


Figure 1 Provision of Leeds supported care home places 2001-02 to 2007-08

- Based on projecting this trend to 2029 (an annual fall of one place per 1,000 publicly funded residential care places) take up would be around 5 places per 1,000 aged 65+ as compared with just under 24 in 2007/08. However, as it is likely that there will be a continuing need for a “Core” residential provision for the most vulnerable older people, a higher threshold of 10 places per 1,000. The potential impact of this is indicated in the figure below:

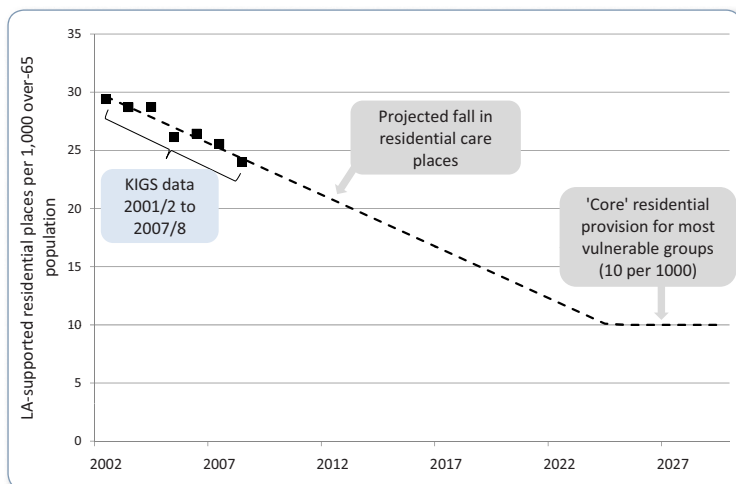


Figure 2 Projected provision of Leeds supported long-stay care home places to 2029

Taken together, the projected growth in demand and current service patterns indicate a likely and substantial shortfall in provision. In order to meet

this gap there are three potential options:-

- Significant increased investment in residential options to increase the rates per 1,000 of people supported in residential care to meet demand.
- Tightened eligibility and access criteria – that is, reducing the numbers of people supported.
- Accelerate the shift in investment to the alternative support and care services that are being put in place – including intermediate care and re-ablement as above, as well as development of extra care housing, assistive technology and other services to support independent living.

Based on (and, in order to meet national and local policy objectives) an assumed continuation of current service trends as above, it is estimated that alternative provision to meet projected residential shortfall will need to support an additional 600 people by 2014 and 1,300 by 2019.

This need for alternative provision could be significantly affected by future Leeds actions - for example if changes to the balance of provision are implemented, such as the planned increased investment into extra care housing of 300 units by 2014.

The planned development of 300 extra care housing units, in addition to the 800 units estimated in the owner occupied sector, **directly reduces** the requirement for additional residential care places by 2019. **The development of an additional 100 units** in the RSL / ALMO sector would take the overall provision of alternative forms of support to 1,200 to meet the estimated 1,300 people requiring support. Without the development of extra care housing, there would be a need for an additional 1,300 residential care places by 2019 as indicated in the diagram below.

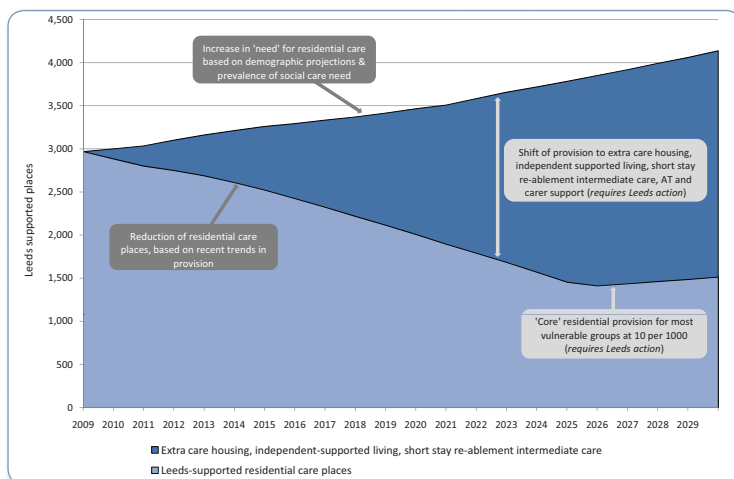


Figure 3 Future demand scenarios

Summary of Output 2: Market mapping and analysis

Market Capacity

At 30 September 2009 there were 2,214 residential care places and 2,138 nursing care places available in Leeds, of which 60% (1,320) and 46% (985) respectively were commissioned by the City Council.

8% of residential care placements and 25% of nursing placements are commissioned out of area.

Leeds city council owned stock comprises 19 care homes providing 602 long term care beds for older people, representing 14% of all available beds within the City (as on 31/03/09) and 35% of commissioned beds.

The vast majority (73%) of independent sector homes in Leeds are owned by limited companies, charities or housing association. However, over a quarter of care homes are owned by individuals⁵.

Occupancy of in-house beds

The average occupancy (including intermediate

5 Individual owners – determined by homes with no limited company name and single home ownership.

care & respite beds) across the 19 in-house care homes in July 2009 was 91%

Occupancy of individual units over time appears to relate to incremental changes in commissioning patterns – and so use of beds (for example the development of short term care options and corresponding reduction in numbers of long term beds) and, inevitably, work that has been required on the buildings. .

These changes over time mean that with the exception of Primrose Hill (which only has permanent beds) all of the care homes are mixed use – though Richmond House is effectively a short stay unit (only has one permanent resident)

Seven Care homes have between one and two residents in short stay beds.

Quality ratings

The quality ratings profiles of total and commissioned places within Leeds are similar – Data from CRILL⁶ shows that 81% of all residential care places good or excellent, compared to 79% of commissioned placements; with a similar pattern for nursing care placements. This indicates that quality ratings do not affect within-council commissioning patterns⁷ with the general quality standard of nursing placements being significantly lower than that of residential care placements

Data from CQC as at October 2009 suggests that 40 of the 48 care homes with nursing in Leeds (84%) are rated as good or excellent.

For residential care, the Leeds quality rating profile is similar to the overall national picture (79% of places rated good or excellent). For nursing care the Leeds profile, with a 84% of places rated by CQC as good or excellent, is slightly above the

6 Leeds Quality of Purchasing (CRILL) data 2008-09. Nursing home data from CQC, October 2009

7 Actual placement patterns follow the personal choice of residents and the Council therefore only has limited control over this.

national norm (75% good or excellent).

The percentage of Key National Minimum Standards met by in house and independent sector homes is comparable. IN both in-house and independent sector homes, most met over 75% of KNMS. One in-house home – Amberton Court – met less than 25% of KNMS.

Unit cost comparisons – care homes

Overall there is very little difference between the agreed price paid by Leeds for independent care home beds and the lowest published price by the Care Quality Commission

The 2009/10 projected average unit cost for in-house residential care homes is £489.18 (ranging from £398 at Harry Booth House to £659 at Richmond House) compared to an independent sector average of £427.57 (£391 - £472)⁸.

The 2009/10 projected average unit cost for in-house Residential EMI homes compared to the independent average is £577.36 (ranging from £509 at Fairview to £668 at Siegen Manor) , compared to an independent average for residential EMI homes of £447.82

A “Backward look” at actual costs of delivery of in house service as compared with independent sector provision indicates significant variation. As quality across the sectors is comparable, it is difficult – without more detailed analysis – to establish value for money comparisons.

Intermediate Care

A review of Community Intermediate Care bed (CIC beds) provision by NHS Leeds⁹ showed that:

8 Unit cost tables are included at **Appendix 1** (p.111) of the full report

9 NHS Leeds, Leeds Community Intermediate Care (CIC) bed service: Activity and usage report. 1st of April 2008 - ³¹st March 2009

- Average bed usage varied throughout the year, and as might be expected peaked in the winter months
- CIC bed provision during the winter months is insufficient to meet short- term fluctuations in demand resulting in 29 spot purchases. These were Nursing home beds and 45% were purchased in the North West, suggesting an under-supply in this area.

NHS Leeds provided Cordis Bright with information about the breakdown of Community Intermediate care beds (CIC beds) commissioned within Leeds shows that:

- The cost of the POPPS beds are unavailable
- The cost of CIC beds in residential in-house costs are over two and a half times less than the most expensive placements with independent care providers (Contract price given as £236.80 in house as compared with a range of £561 - £636.77 in the independent sector)¹⁰.
- Benefits to the council that account for the difference between the contract price and running costs (i.e. unit cost of in house care in the relevant units is £487 - £659 per week) is not described.
- CIC bed places in independent Nursing homes are currently costing over £600 per bed per week in Corinthian House, Green Acres, Pennington Court and Sunnyside.
- All of the CIC beds commissioned with private homes are held within Nursing homes and the cost of these beds has increased over the contract period.

Local Authority homes have been commissioned to provide:

- CIC beds contracted with NHS Leeds in residential care homes
- CIC beds contracted through POPP funding in residential EMI care homes

¹⁰ For detail see [Figure 35](#) (p. 54) and [Figure 36](#) (p. 55) in body of the full report

Maintenance and fire regulation compliance costs for the in-house homes¹¹

The total cost maintenance cost of the 19 in-house care homes, including alterations to comply with fire regulations (itself estimated at £2,513,000) will be £2,903,497 (Year 1 costs)

Name of Home	Year 1 costs to comply with fire regulations
Amberton Court	£60,000
Burley Willows	£32,425
Dolphin Manor	£0
Fairview (EMI)	£278,475
Grange Court	£257,197
Harry Booth House	£292,750
Home Lea House	£32,626
Kirkland House	£367,300
Knowle Manor	£18,900
Manorfield House	£17,820
Middlecross (EMI)	£0
Musgrave Court (EMI)	£264,240
Primrose Hill	£236,509
Richmond House	£30,790
Siegen Manor (EMI)	£0
Spring Gardens	£202,505
Suffolk Court	£222,530
The Green Home for Older People (EMI)	£0
Westholme	£199,450
Total	£2,513,517

Figure 4 Summary Costs to comply with fire regulations

The cumulative cost of the 19 in-house care homes for maintenance and fire regulations in the next 5 years will be £3,944,847

The cumulative cost of the 19 in-house care homes for maintenance and fire regulations in the next 10 years will be £6,020,897

¹¹ Tables relating to compliance costs are included in Section 1.1.8 (p.56) in the body of the full report. A Table detailing costs by unit is given at Appendix 2 (p.114) of the full report

Day Centres

A report setting out the strategy in relation to day centres was presented to the Executive board in July 2009 and indicates a more specialised role for LA provision. Planning for day centres which share the same sites as Leeds residential care homes is outlined below:

- Specialist dementia care at The Green, Middlecross and Siegen Manor. It is intended that these will become Dementia resource centres.
- Burley Willows will become the main centre in the West & North West pending completion of the Wellbeing Centre.

Issues relating to day services are considered in so far as four of the day centres provide specialist dementia services and three on the same sites as residential care homes. Detail is given in **Appendix 4** (p.125) of the full report.

Comparison of residential care provision against need

Leeds Provides supports slightly fewer people 65+ per 1,000 population when compared to national averages in both residential and nursing care (at 85% and 90% of national rates respectively) and these equate to the Planning4Care estimates of the total numbers of older people with differing levels of need for support (at 85%).

In each case, the total number of residential and nursing care places is around 50% of the estimated number of people with very high needs.

Sheltered and Extra Care Sheltered Housing

The recommended norm for specialist housing is 10 places per 1,000 people over 75. At national level this would equate to around 60 per 1,000 people with very high social care needs

Total levels of current provision are around just 10% short of the recommended norm, though existing provision is predominantly rented accommodation in conventional 'sheltered housing'. (8,490 units of sheltered housing as compared with 403 units of Extra Care Housing.)

If the provision of extra care housing in Leeds is developed in line with the suggested norms, then around 1,200 units of the projected shortfall in total high-care provision could be provided through the increased availability of extra care housing.

Of these, based on demographic projections of wealth, a further 400 units (100 units in addition to the 300 currently being planned) would be in the RSL/ALMO sector and 800 in the owner occupied sector. Current provision is unevenly distributed with available units ranging from less than 30 to more than 60 people per 1,000 with very high social care needs.

Stakeholder Consultation

Cordis Bright consultants undertook interviews in Leeds with a range of key internal stakeholders and decision makers between the 2nd and 4th of September with follow-up visits to three of the homes and associated day centre facilities arranged for 14 September.

Key Issues Identified included:-

- A general consensus that the condition and

facilities (i.e. lack of en-suite rooms, shared bathrooms) of the homes did not align well with the vision for transforming care and support.

- That changes to the pattern of delivery should be made incrementally, rather than taking a “Big bang” approach. However, it was noted that decisions about strategic direction need to be taken early to ensure fit with other corporate developments – for example, PFI 6 and the development of extra care housing.
- Although quality standards across direct provision / independent sector are comparable, costs associated with the direct service render them uncompetitive on a straightforward value-for-money comparison.
- There was a general consensus that future delivery should include retained direct provision of residential care in two main categories:-

- 1 **Market leading**—that is mainstreaming new models of care. Particular models cited included resource centres to support EMI and delivery of specialist short term care options.
- 2 **Provider of Last resort**—in particular regarding very specialist support or support for challenging behaviours. A specific cited was older men with drug/ alcohol difficulties.

- The need to agree and progress commissioning intentions with NHS Leeds.
- The need to secure better engagement with independent sector providers in order to better understand and agree strategic direction.

Further detail is given in the full report

Care Home Visits

Cordis Bright consultants also visited three of the in-house care homes on 14 September and conducted interviews with members of staff.

The homes visited were:

- Home Leigh House
- Grange Court
- Dolphin Manor

A detailed note of these visits is given at [Appendix 5](#) (p.131) of the full report.

Summary of Output 3 – Options .

There are a number of broad options which, clearly, might be developed in different permutations.

- **Do nothing**—This option effectively follows the “Base scenario” set out in the Planning4Care report. It will not be cost free –there would be a continuing issue in relation to buildings maintenance, cost differentials and pressures from an increasing need to secure residential care beds.
- **Commission new residential services**—Not likely to be a good fit with user choice / control, nor to be cost effective. It would run contrary to the transformation agenda.
- **Upgrade existing provision**—Further progress the outcome of the internal appraisal with a view to accelerating service change with a strong commissioning steer..
- **Market Testing**—in order to establish what the both the in house service and independent sector might deliver from existing sites..
- **Maintain a phased reduction in the current levels of residential care**—and accelerate developments to provide alternative care and support, in particular through specialist housing options.

Options for development of alternate care options need to include other stock / sites open to the council – in particular sheltered housing – on a case by case basis in order to determine investment requirements.



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Cordis Bright is a consultancy working for social care organisations, children's services and allied partnerships, across both statutory and independent sectors. Our work is grounded in quality research, robust technical skills and a deep knowledge and understanding of the sectors we work in.

Amberton Court Residential Profile



Thorn Mount
Gipton
LS8 3LR

Community Involvement

Gospel Group Visits every 2 weeks
Visits by Local Schools
Monthly Visits by Salvation Army

What did the CQC say we did well?

* Assessment of people's needs are undertaken and included details of risks, to ensure people's needs are met
* Care is received in a way that respects dignity and privacy
* A statement was taken from a relative who praised both staff home and environment
* Staff enjoyed their work and had a good understanding of principles of care
* Menus were nutritional and appetising
* In addition our inspector showed ten areas of improvement since the previous year

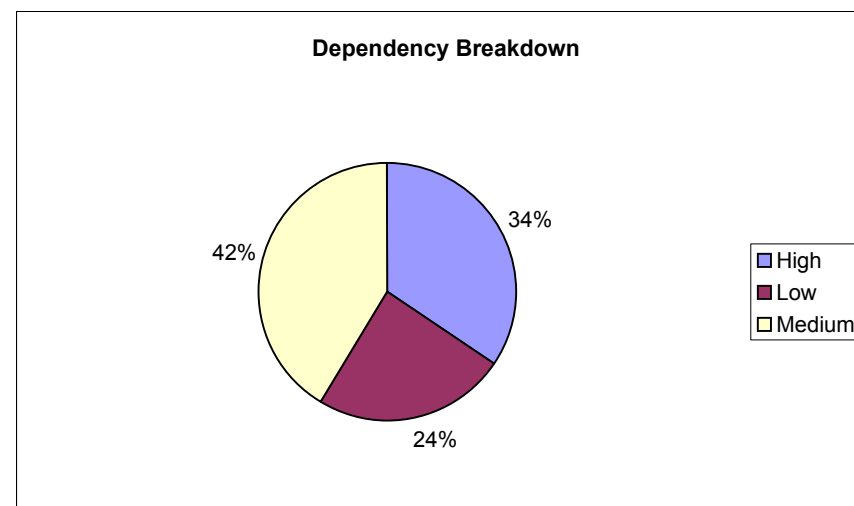
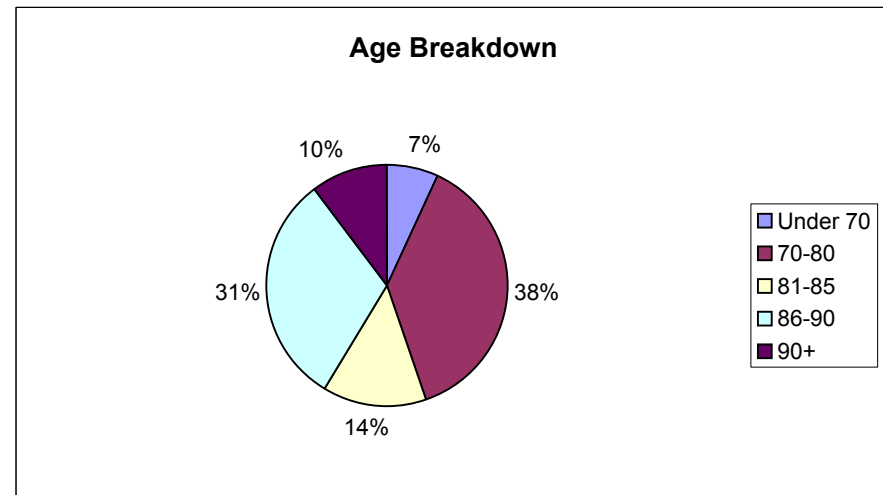
What did the CQC say could be improved on?

* Staffing levels
* Care Plans
* Replacement of double glazed units that have condensation

Residential Profile

No of Places	Permenant	34
	Short Stay	1
	Intermediate Care	0
	Total	35
Average Occupancy 09/10		95%

Resident Profile



Burley Willows Residential Profile



Willow Garth
Burley
Leeds
LS4 2HL

What did the CQC say we did well?

- * Customers are able to make contact with family and friends and they are encouraged to be part of the decision making process.
- * A good varied and nutritious diet that takes into account individual choice is served.
- * There is a complaints procedure and people feel that any concerns will be taken seriously.
- * People feel safe at the home. Within a comfortable and well maintained environment.
- * Trained and competent staff look after the people, they are protected by robust recruitment procedures.
- * The home is well managed and the managers are well able to discharge their responsibilities.
- * Excellent leadership to the staff and ensure that people living at the home are protected and cared for appropriately.

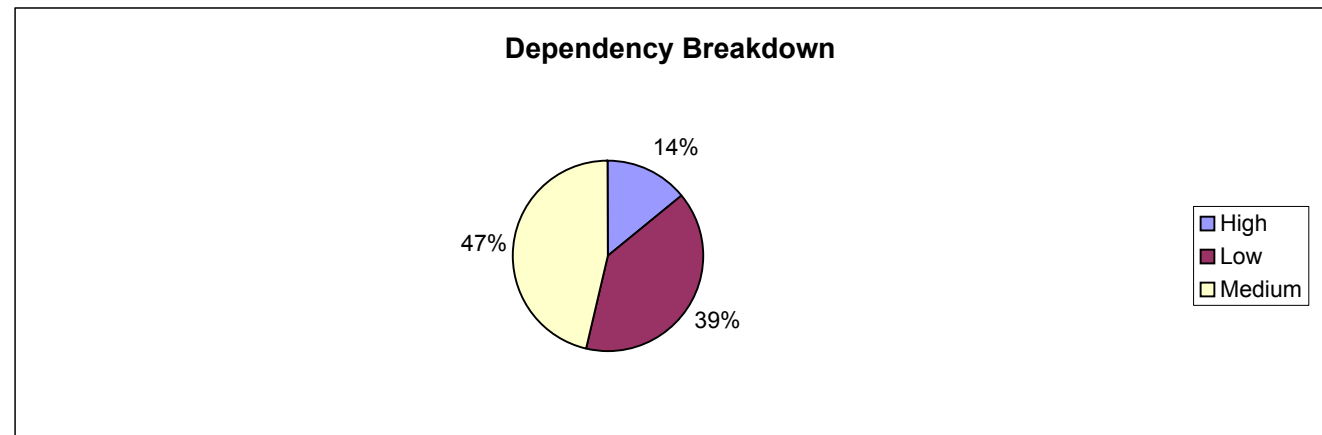
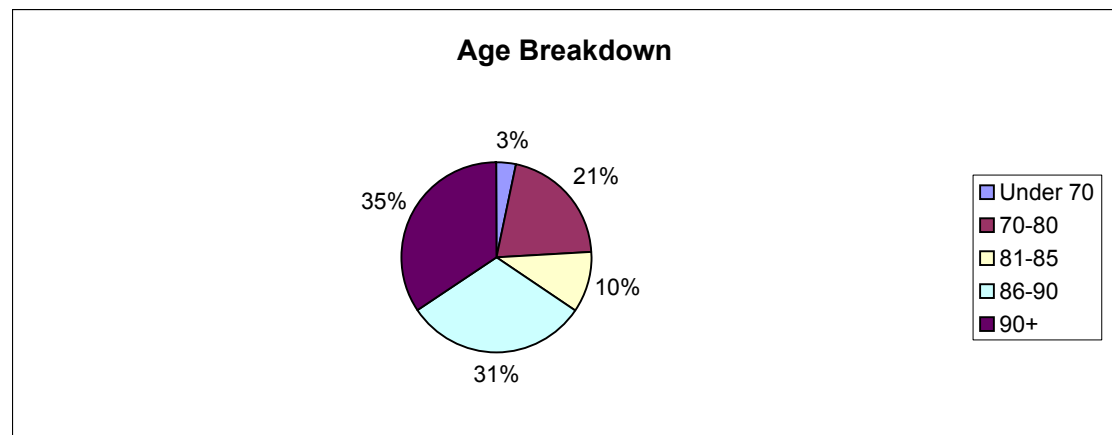
What did the CQC say could be improved on?

- * More in – house training, equality and diversity, cultural awareness already booked.
- * Continue to improve the activities for clients and to raise more funds for trips etc.
- * Continually improve the environment
- * To continue developing care records to ensure that staff have enough information so that they can look after people in the way they want.

Residential Profile

No of Places	Permenant	28
	Short Stay	5
	Intermediate Care	2
	Total	35
Average Occupancy 09/10		80%

Resident Profile



Dolphin Manor Residential Profile



Stonebrigg Lane
Rothwell
LS26 0UD

Community Involvement

	Awaiting

What did the CQC say we did well?

- * People spoken to said that they are very well looked after at the home and that the staff are "great."
- * People are encouraged to maintain their independence and to do as much as possible for themselves.
- * The home is very clean and offers a safe and comfortable place for the people who live there. People are fully included in decision making at the home.
- * The home recognised that visitors are an important part of people's lives.
- * All visitors are made welcome and are offered refreshments to enjoy with their relative or friend. One relative said, "It is just like a family home."

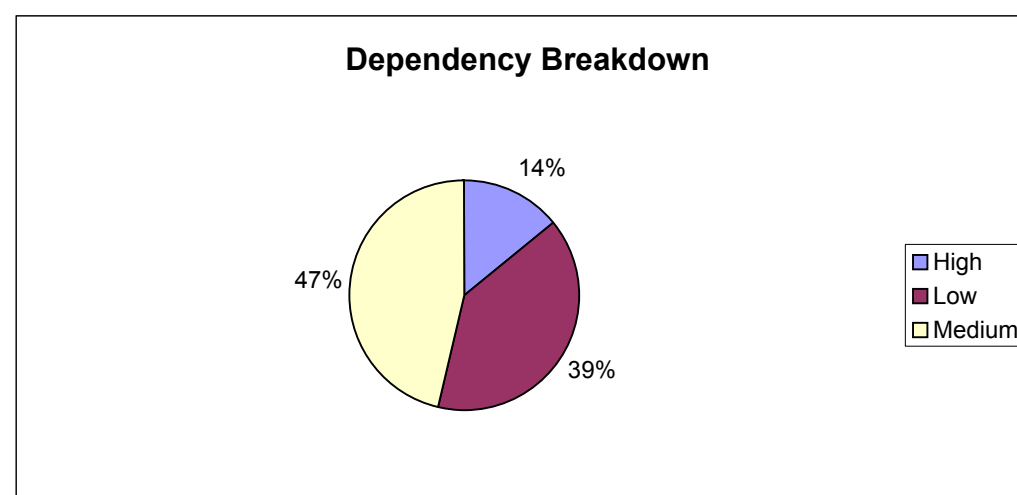
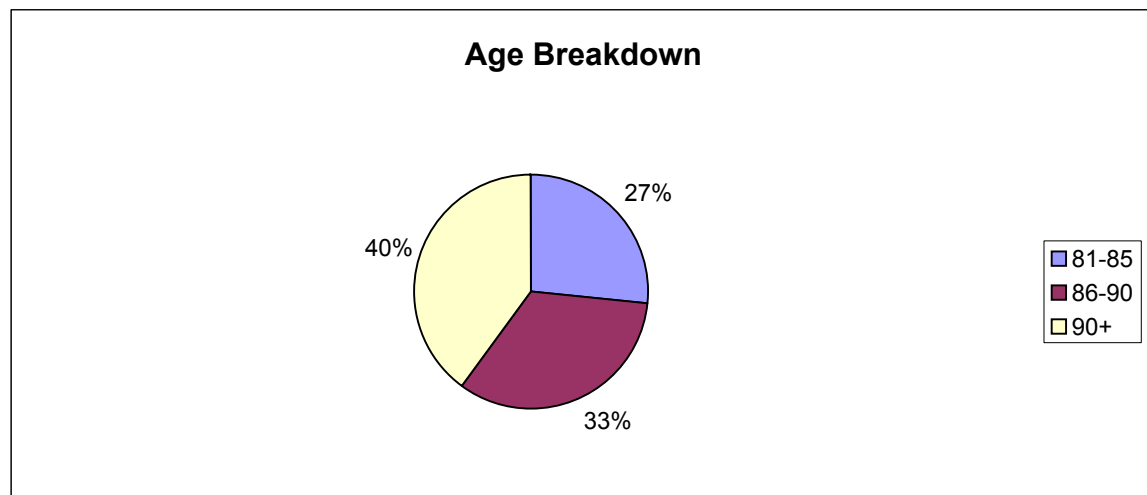
What did the CQC say could be improved on?

* The numbers of care staff on night duty should be reviewed taking in to account the dependency of the people living at the home and the layout of the home. This is to make sure that the safety and well being of staff and the people at the home is not compromised.

Residential Profile

No of Places	Permanent	30
	Short Stay	5
	Intermediate Care	0
	Total	35
Average Occupancy		
09/10		84%

Resident Profile



Fairview Residential Profile



Brooklands Avenue
Seacroft
LS14 6NW

Community Involvement

Local churches - Our Lady of Good Council
St James Church

What did the CQC say we did well?

- * Pre-admissions assessments
- * Falls monitoring
- * Professional Visitor gave excellent report
- * Good feeling of wellbeing
- * Good diversion practice
- * Staff had good knowledge of people being cared for
- * Food and nutrition and choice at mealtimes was very good
- * Staff responding to clients without delay

What did the CQC say could be improved on?

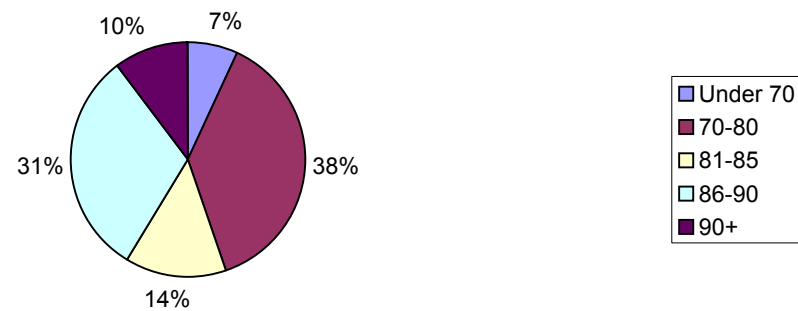
- * More explanation in lifestyle review sheets
- * Staff to have support on recording on service user daily reports - more indepth and relevant
- * Activity programme - update/revise
- * Sensory room equipment in need of repair/renre
- * Signposting
- * Keypads on doors to be made less obvious if possible - to minimise feelings of restricted freedom

Residential Profile

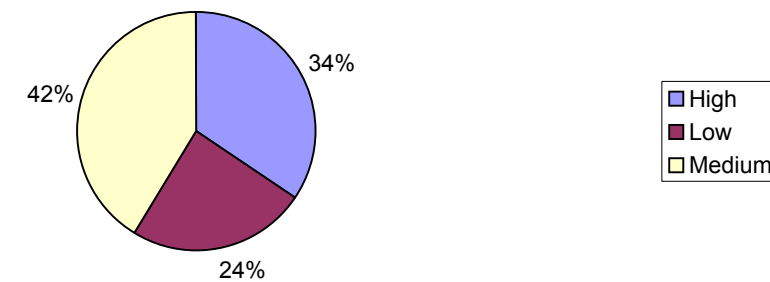
No of Places	Permenant	34
	Short Stay	3
	Intermediate Care	
	Total	37
Average Occupancy 09/10		84%

Resident Profile

Age Breakdown



Dependency Breakdown



Grange Court - Residential Profile



Chruch Gardens
Garforth
LS25 1HG

Community Involvement

	Awaiting

What did the CQC say we did well?

- * Pre-admission practice
- * Staff knowledgeable about people's care needs
- * Lively and welcoming atmosphere

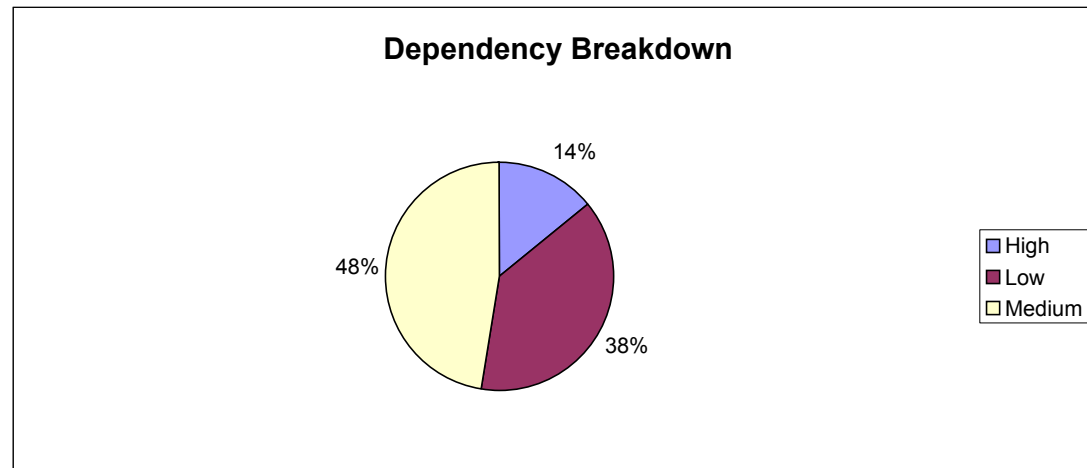
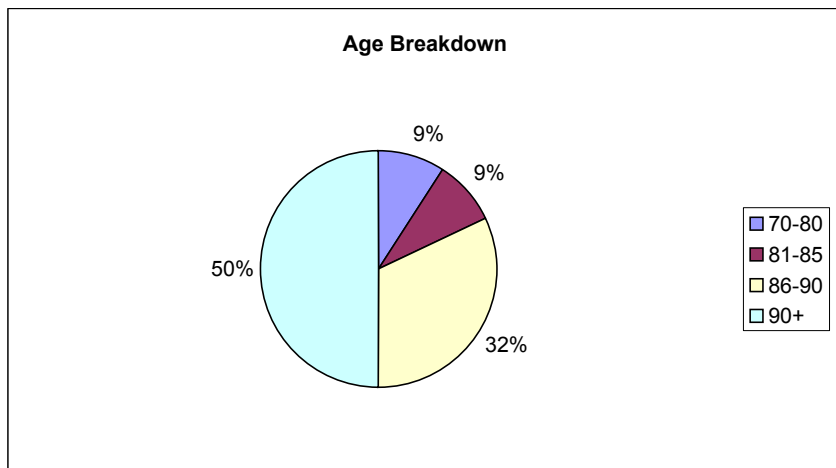
What did the CQC say could be improved on?

- * Some people at the home felt bored and needed more stimulation
- * Care records should be improved to provide good written evidence of care needs and the care provided

Residential Profile

No of Places	Permenant	26
	Short Stay	1
	Intermediate Care	5
	Total	32
Average Occupancy 09/10		95%

Resident Profile



The Green Residential Profile



Seacroft Green
Seacroft
LS14 6JL

Community Involvement

Seacroft Village Green Residents Association Group
Attend Local Police Meetings
Involved with North Seacroft Neighbourhood Scheme

What did the CQC say we did well?

- * Staff understand the role and why they are doing it
- * Staff are patient, sensitive and discreet
- * Staff have a good understanding of the importance of people remaining in control of their lives and being as independent as possible

What did the CQC say could be improved on?

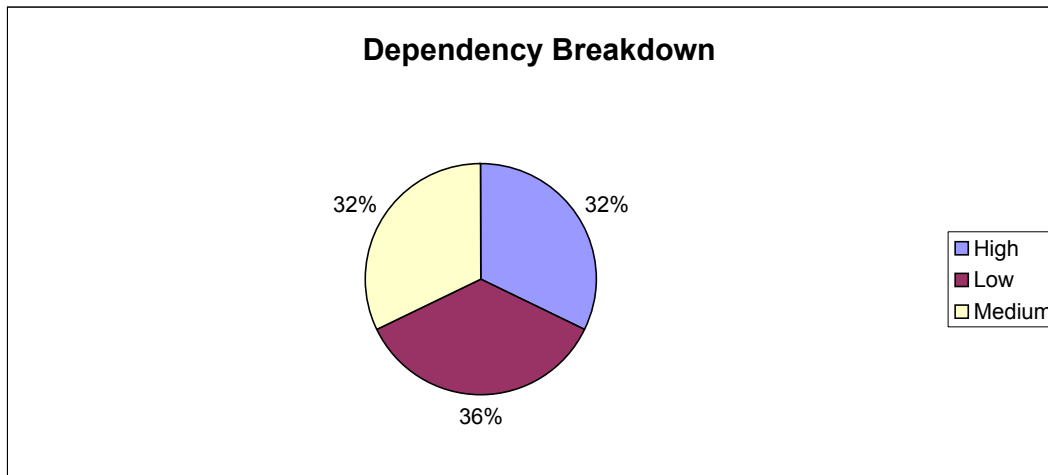
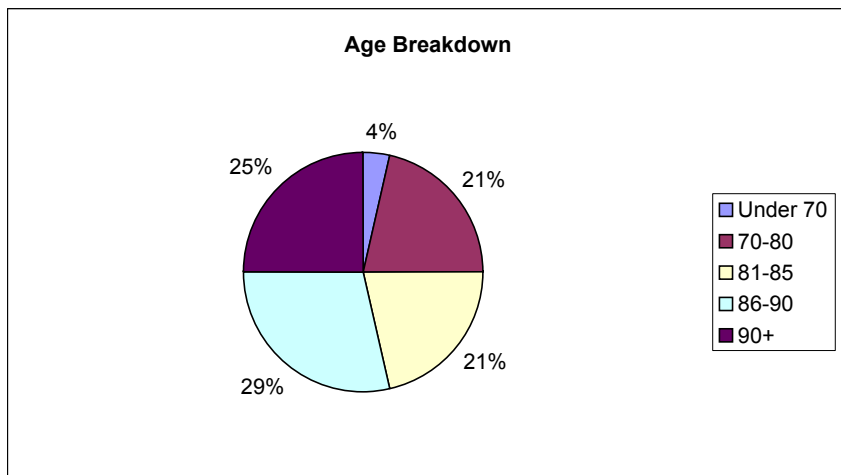
are not overlooked

- * People admitted for regular respite should have their care needs re-assessed at each admission so that staff have up to date information about their care and the home is sure that it can still meet the person's needs
- * When people are admitted staff should carry out nutritional and falls assessments - ensuring risks are properly identified
- * Staff whose job includes giving out medication should have proper training
- * Staff should have training updates in areas such as moving and handling, food hygiene and first aid
- * To prevent the risk of cross infection water soluble bags must be provided and be available at all times

Residential Profile

No of Places	Permenant	29
	Short Stay	3
	Intermediate Care	5
	Total	37
Average Occupancy		
09/10		97%

Resident Profile



Harry Booth House Residential Profile



Atha Crescent
Beeston
LS11 0PH

What did the CQC say we did well?

* Care Plans.
* Risk assessments.
* Activities/ reviews.

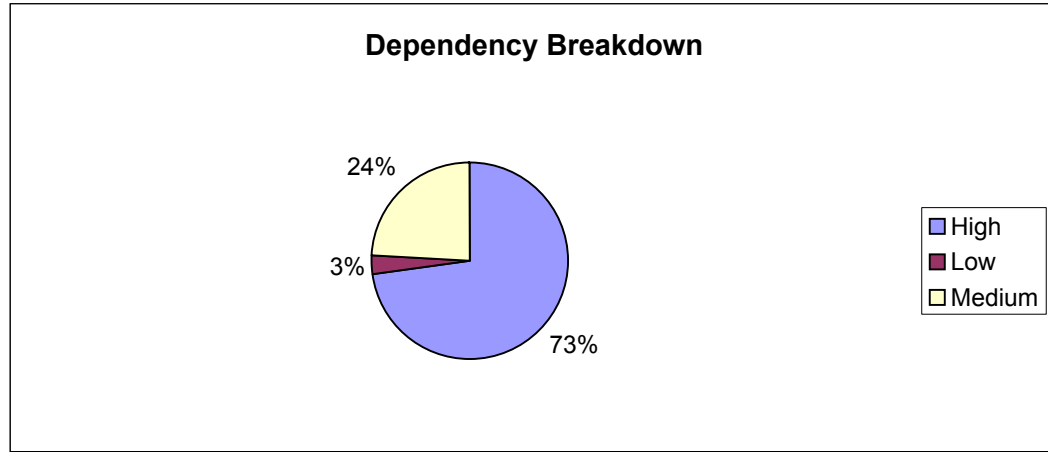
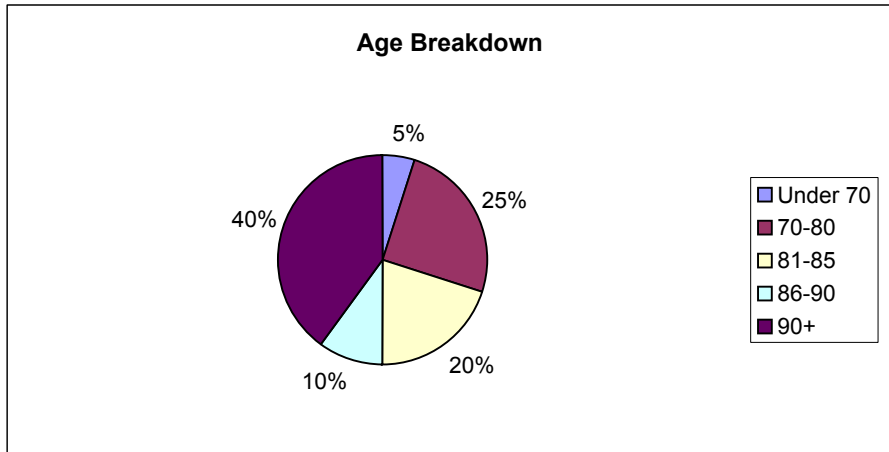
What did the CQC say could be improved on?

* Consideration to be given when medication is administered so as not to interrupt on the meal times.
* One to One activities.

Residential Profile

No of Places	Permenant	38
	Short Stay	2
	Intermediate Care	
	Total	40
Average Occupancy		
09/10		92%

Resident Profile



Home Lea House Residential Profile



137 Wood Lane
Rothwell
LS26 0PH

Community Involvement

	Awaiting
--	----------

What did the CQC say we did well?

* The home has a warm and welcoming atmosphere. The people who live there appear comfortable and content in their surroundings and encouraged to make choices about their day to day lives.
 * The assessment and admission process is good and people can be confident that their needs can be met at the home.
 * People are encouraged to spend time at the home before making up their mind about moving in.
 * Staff know the people they care for well and have the training they need to help them understand how to look after people properly.
 * The home provides a high level of care for the people who live at the home.

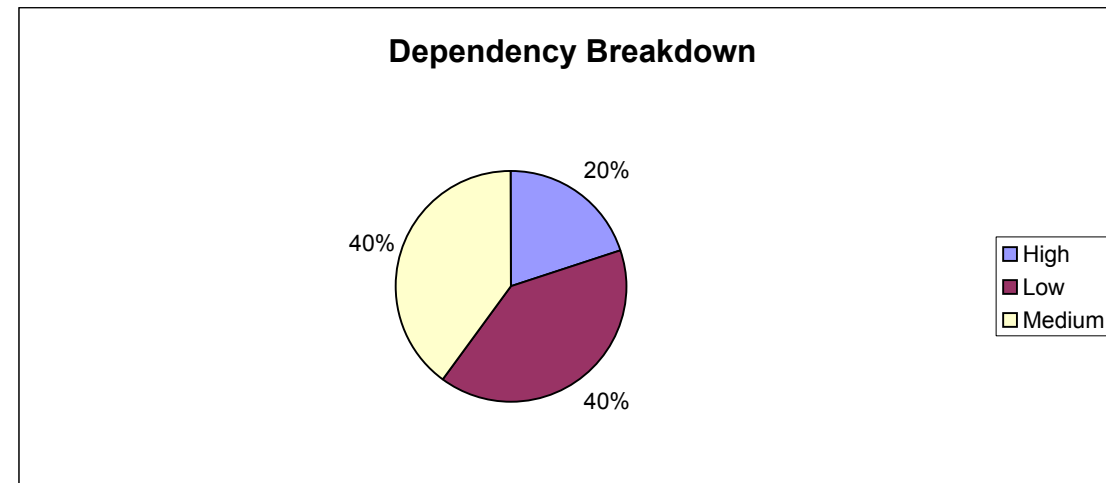
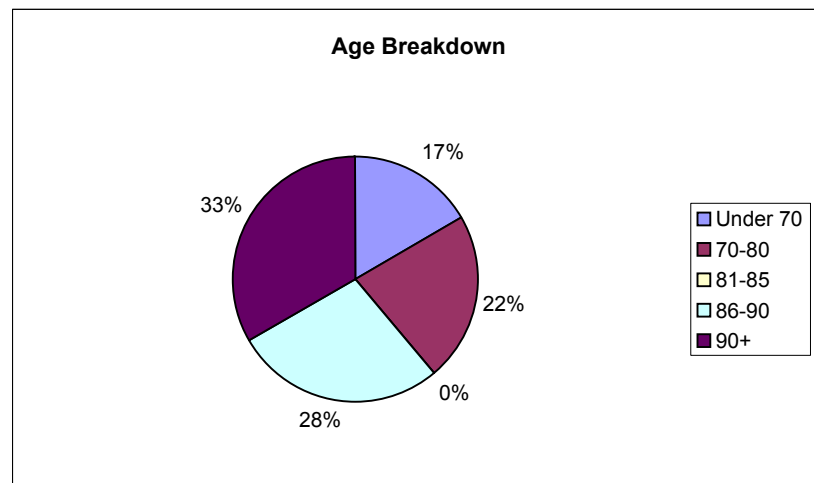
What did the CQC say could be improved on?

* They need to develop the information held within care records to ensure they reflect the care given. This is also so that staff have the information they need to look after people in a way they want.

Residential Profile

No of Places	Permenant	29
	Short Stay	
	Intermediate Care	
	Total	29
Average Occupancy 09/10		85%

Resident Profile



Kirkland House Residential Profile



Kirkland House
Queensway
Yeadon
LS19 7RD

Community Involvement

Monthly Visits from a local church
Involvement from Guiseley Lions
Involvement from AVSED - a local voluntary agency

What did the CQC say we did well?

* Assessments before the person moves into the home to assess the needs
* Choice and Control offered
* Discreet and kind support offered
* People are encouraged to maintain and develop relationships and to maintain links with the community
* The home is well managed and organised

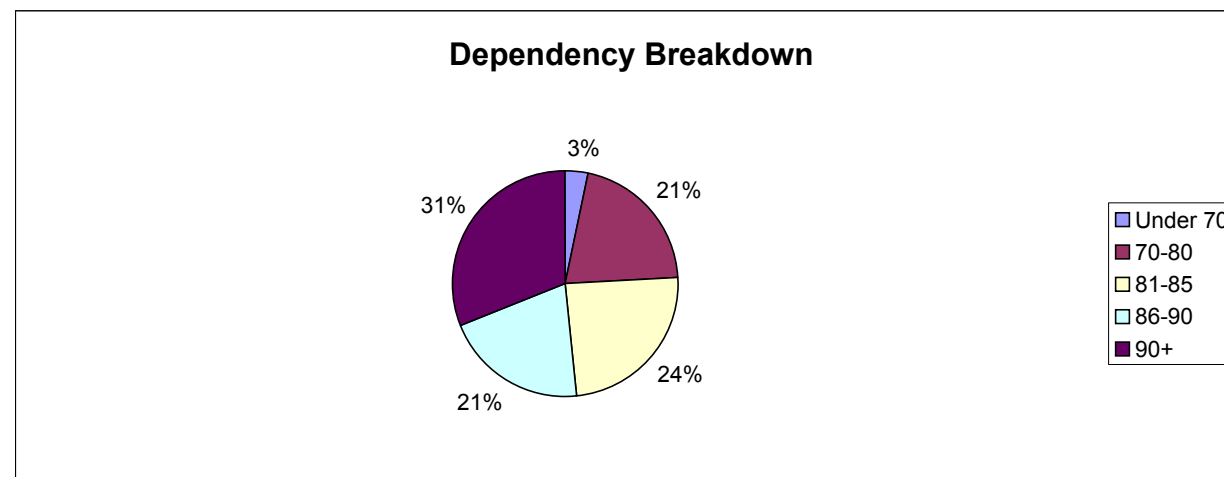
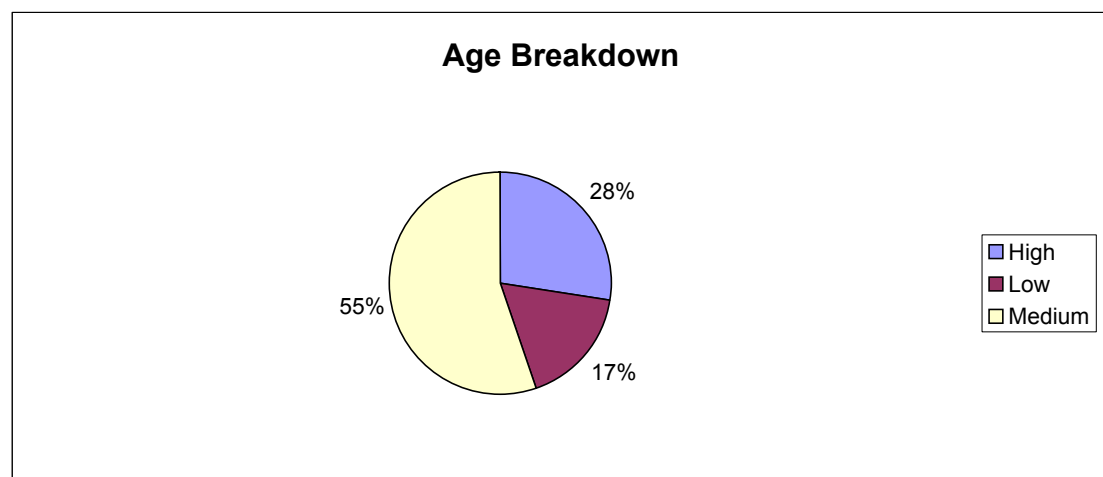
What did the CQC say could be improved on?

* Staffing levels must be reviewed and where necessary increased to make sure that there are sufficient staff on duty at all times

Residential Profile

No of Places	Permenant	29
	Short Stay	2
	Intermediate Care	
	Total	31
Average Occupancy 09/10		

Resident Profile



Knowle Manor Residential Profile



Tennyson Terrace
Morley
LS27 8QP

Community Involvement

Awaiting

What did the CQC say we did well?

- * Very good relationships with our residents and relatives
- * A strong ethos for involving our residents in all aspects of their lives
- * Excellent activities package
- * An open and transparent management style

What did the CQC say could be improved on?

- * Review the amount of night staff we have on duty

Residential Profile

No of Places	Permenant	27
	Short Stay	2
	Intermediate Care	
	Total	29
Average Occupancy 09/10		

Manorfield House Residential Profile



Manor Road
Horsforth
LS18 4DX

Community Involvement

Local visits from schools and groups bi-annually

What did the CQC say we did well?

- * The interests of the people living in the home are seen as very important to the manager and staff and are safeguarded at all times.
- * The number and skill mix of staff is said to be sufficient and staff are well trained.
- * Service Users live in a well maintained and safe environment which maintains independence with the provision of specialist equipment.
- * A robust adult protection policy and procedure ensures residents are listened to and protected from abuse.
- * Residents are able to exercise choice in daily routines and their social expectations are met.
- * Residents They are provided with a varied and nutritious diet
- * Care needs are met and medication practices are safe with health care needs being met.

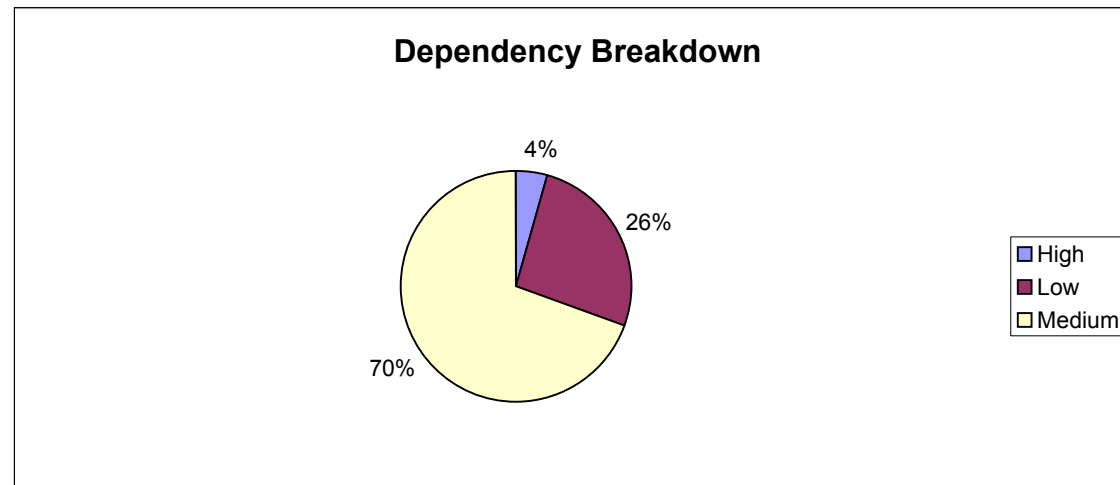
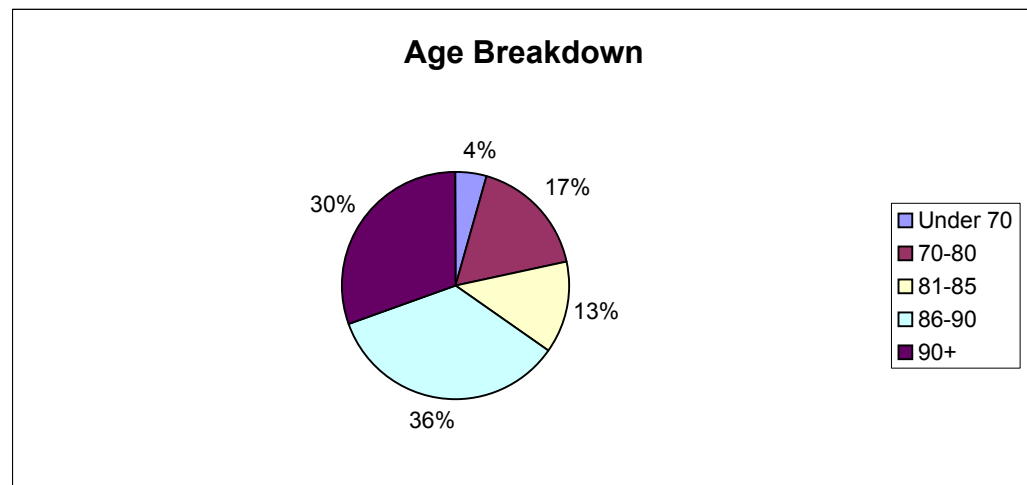
What did the CQC say could be improved on?

- * Lifestyle Plans to be made clear and detailed. To provide clear instructions for staff and evidence that care needs are met.
- * Training records should be updated.
- * All staff to receive first aid training
- * Records do not consistently provide evidence.

Residential Profile

No of Places	Permenant	25
	Short Stay	2
	Intermediate Care	
	Total	27
Average Occupancy 09/10		

Resident Profile



Middlecross Residential Profile



Simpson Grove
Armley
LS12 1QG

Community Involvement

Via Relatives and Friends

What did the CQC say we did well?

* Well trained & experienced staff team committed to providing high standards of person centred care.
* Residents treated with dignity.
* Good support for family members .
* Good information about the home.
* Good record keeping.

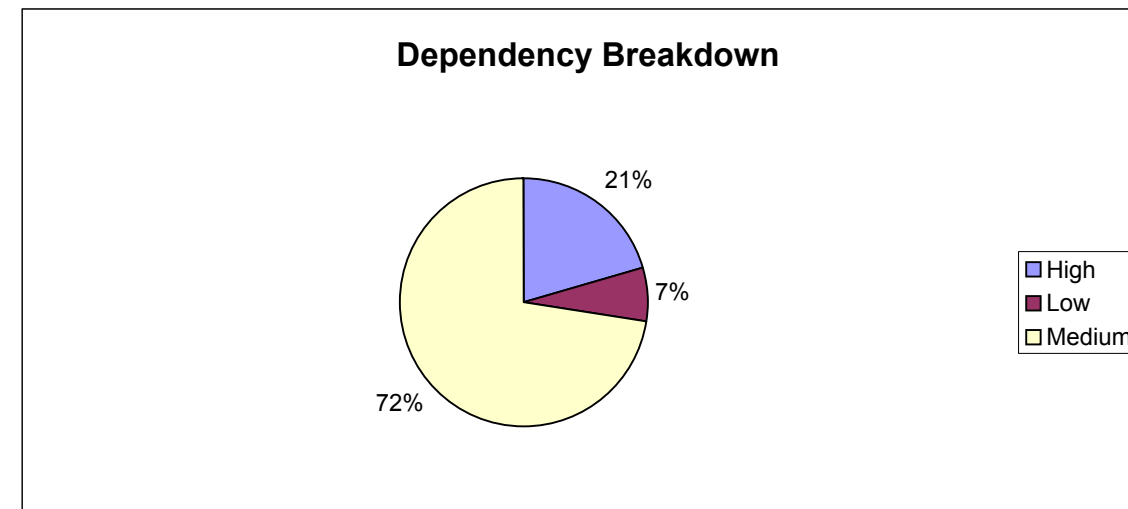
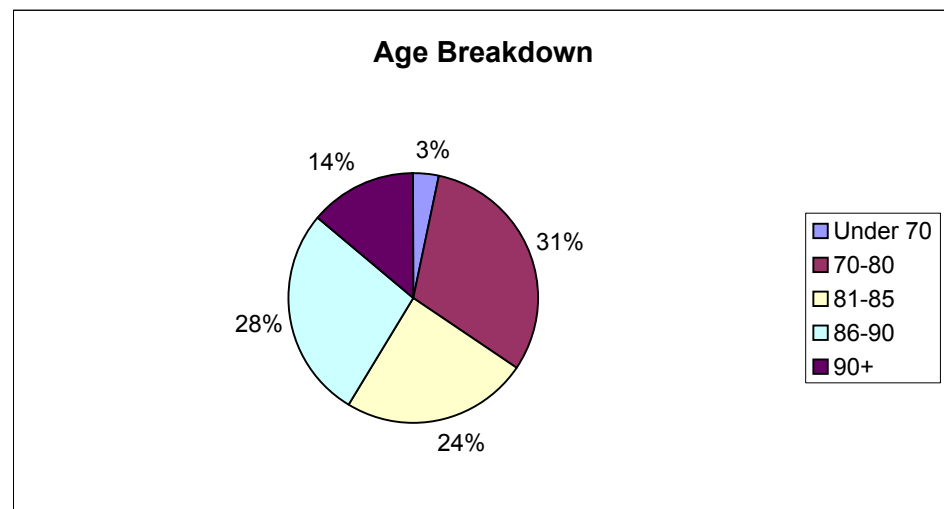
What did the CQC say could be improved on?

* Staff training managing aggression (this has been completed)
* 2 improvements to the building (these have been completed)
* Staff must have 6 supervisions per year (this has been addressed)

Residential Profile

No of Places	Permenant	25
	Short Stay	2
	Intermediate Care	5
	Total	32
Average Occupancy 09/10		98%

Resident Profile



Musgrave Court Residential Profile



Crawshaw Road
Pudsey
LS28 7UB

Community Involvement

Monthly Visits for the local church

What did the CQC say we did well?

* Well trained competent staff.
* Clear leadership and direction from the manager.
* Skilled at communicating with people who live at the home.
* Supporting people to make choices.

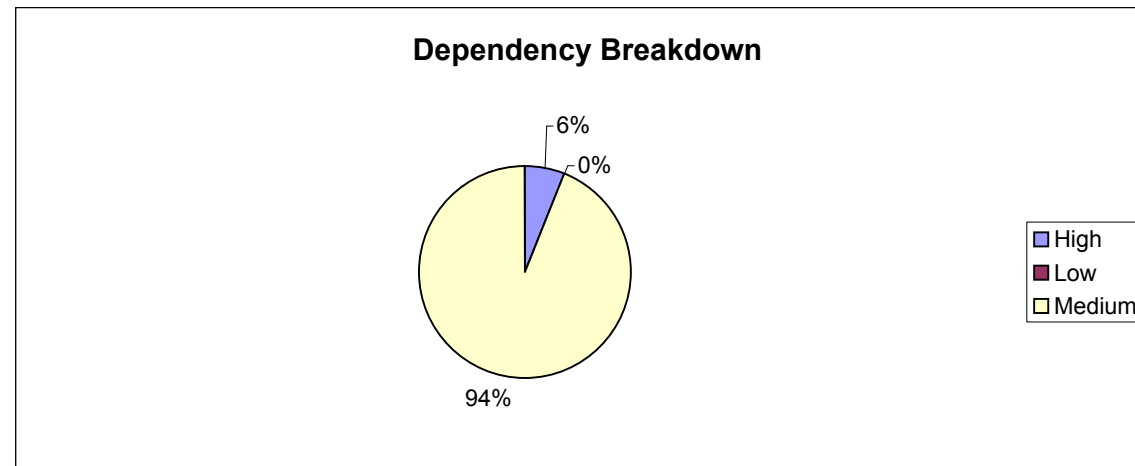
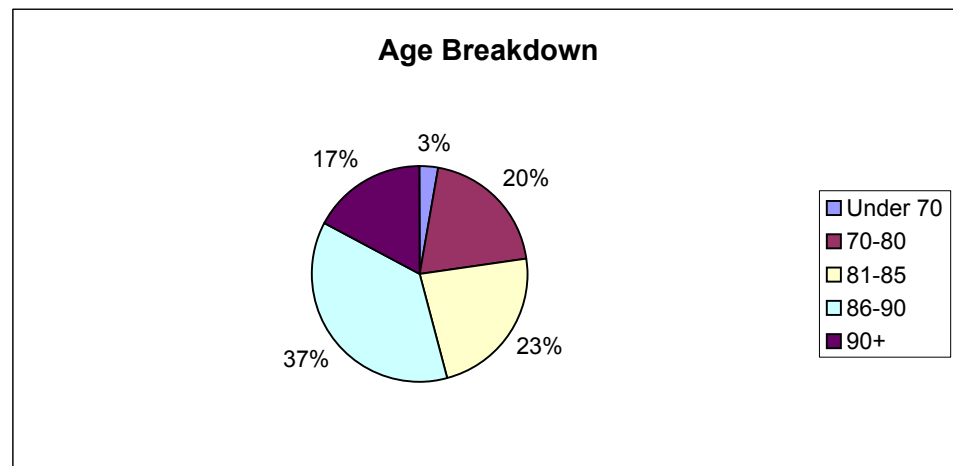
What did the CQC say could be improved on?

Person centred care plans to reflect abilities and limitations.

Residential Profile

No of Places	Permenant	33
	Short Stay	3
	Intermediate Care	
	Total	36
Average Occupancy 09/10	98%	

Resident Profile



Primrose Hill Residential Profile



Westwood Way
Boston Spa
LS26 6DX

Community Involvement

What did the CQC say we did well?

* People are provided with good information about the service.
 * Evidence was seen to show they are enabled to visit the home to look round and chat to staff prior to taking up a place. This helps prospective residents to make an informed choice about whether they want to take a place at the home.
 * People are provided with a good standard of care planning and risk assessment.
 * Staff communicate very well with all the people living in the home.
 * Staff have a good awareness about safeguarding vulnerable people and are aware of the procedures to follow if an incident is identified. This helps to minimise the risk of harm occurring to people living in the home.
 * Rolling programme of refurbishment and specific monies are set aside to assist the process.
 * Staff are recruited and trained to a good standard. This means people who use the service will receive a more consistent care package.

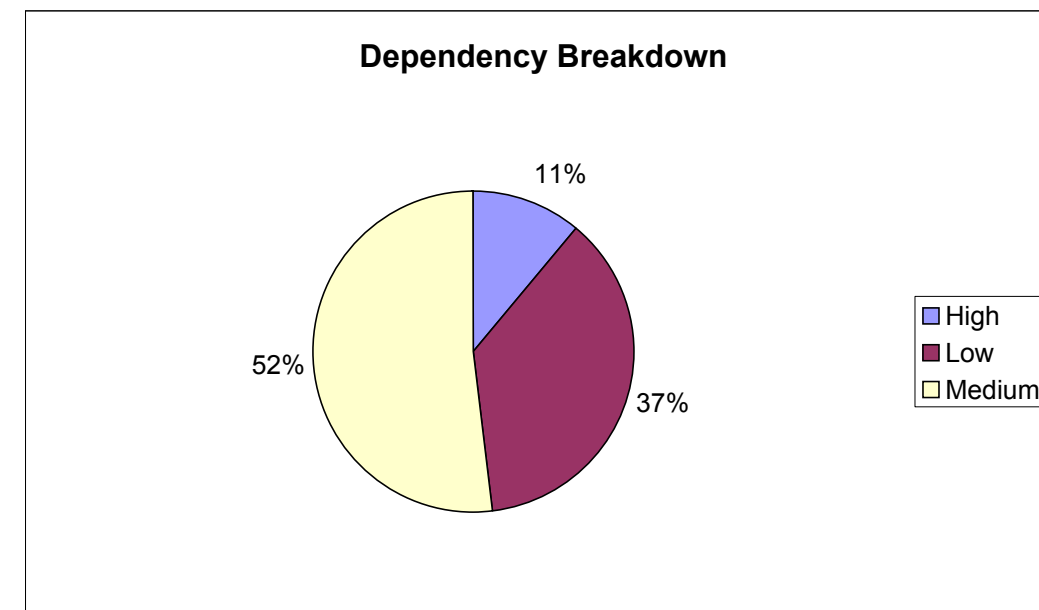
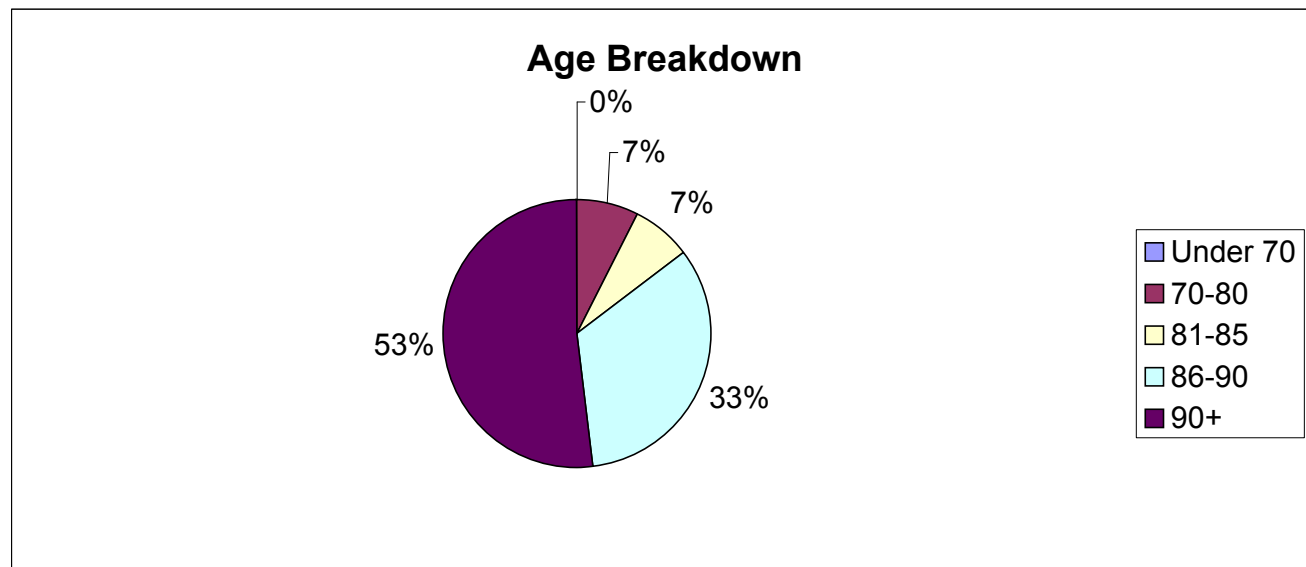
What did the CQC say could be improved on?

People living in the home should be better informed about the complaints process.
 New residents must be assessed prior to moving into the home.
 People must be risk assessed in area's such as falls and moving and handling.
 All incidents must be assessed using the internal safeguarding policy. All incidents that are Clearly safeguarding matters must be reported to the appropriate professionals.

Residential Profile

No of Places	Permenant	31
	Short Stay	2
	Intermediate Care	
	Total	33
Average Occupancy		
09/10		95%

Resident Profile



Richmond House Residential Profile



Richmond Road
Farsley
LS28 5ST

Community Involvement

Focus for community involvement from neighbours. Local schools and elected representative
Various faiths in the community visit the home

What did the CQC say we did well?

* Well managed and run in the best interests of the people who use the service.

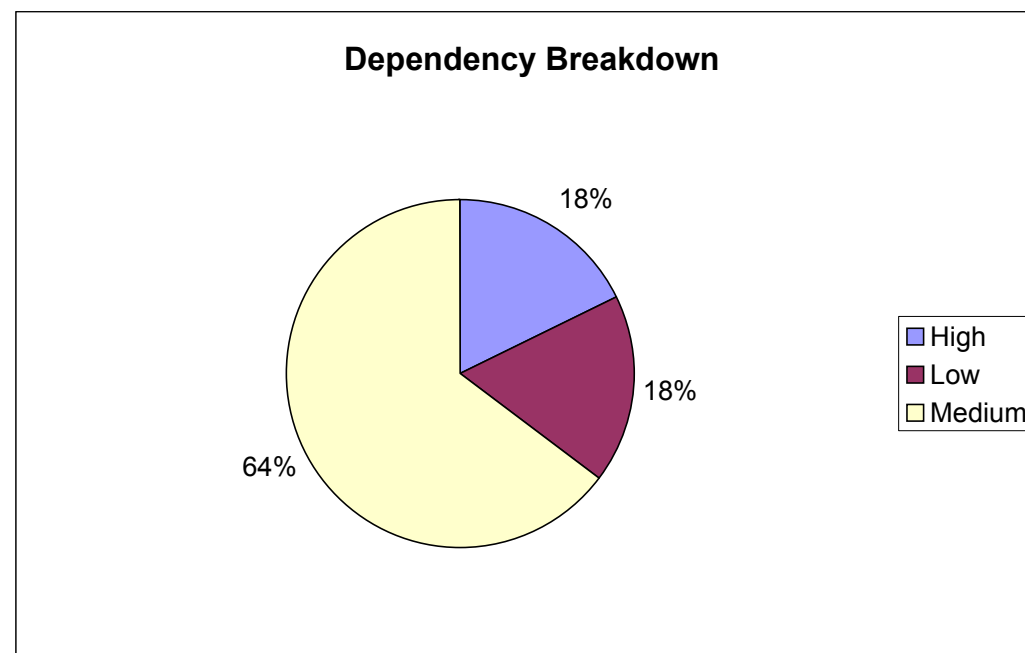
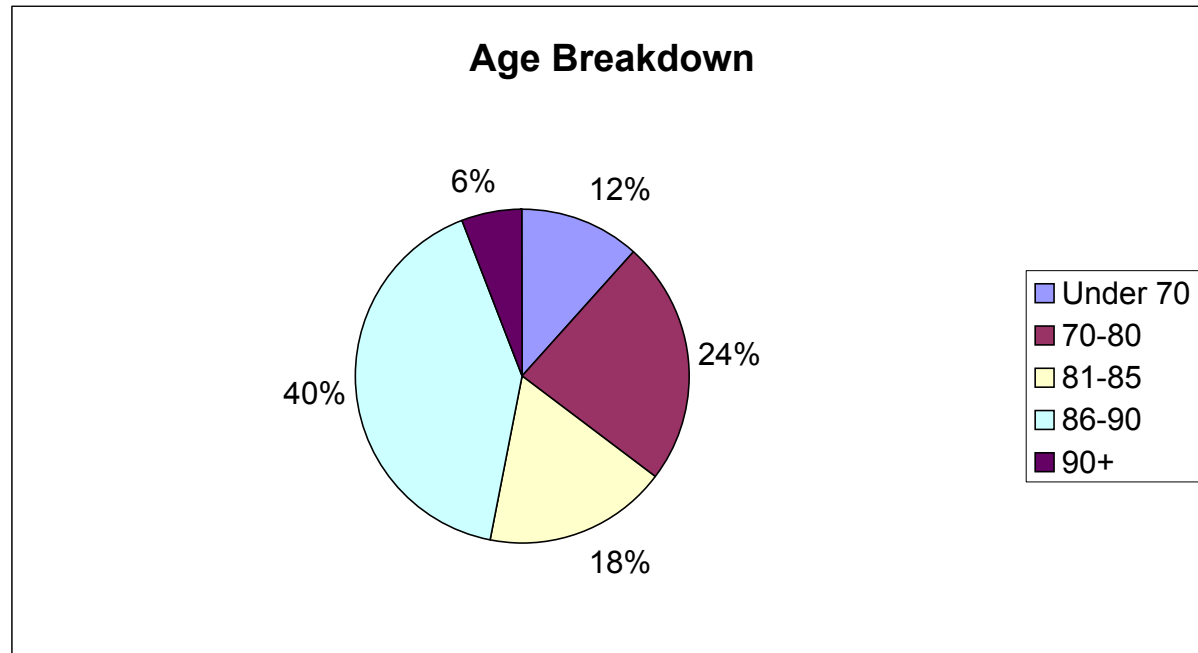
What did the CQC say could be improved on?

* Improvements to Medication.
* Additional administrative hours.

Residential Profile

No of Places	Permenant	0
	Short Stay	12
	Intermediate Care	8
	Total	20
Average Occupancy 09/10		78%

Resident Profile



Siegen Manor Residential Profile



Wesley Street
Morley
LS27 9EE

Community Involvement

Approaching a relative to chair a forum
Links with multifaith churches in the area
Occasional visits from schools

What did the CQC say we did well?

* Excellent ratings for meeting health and personal care needs.
* Feed back from professionals and customers was excellent.
* Relative feedback was excellent.
* Daily life and social activities were considered excellent.
* Person centred care was commended.

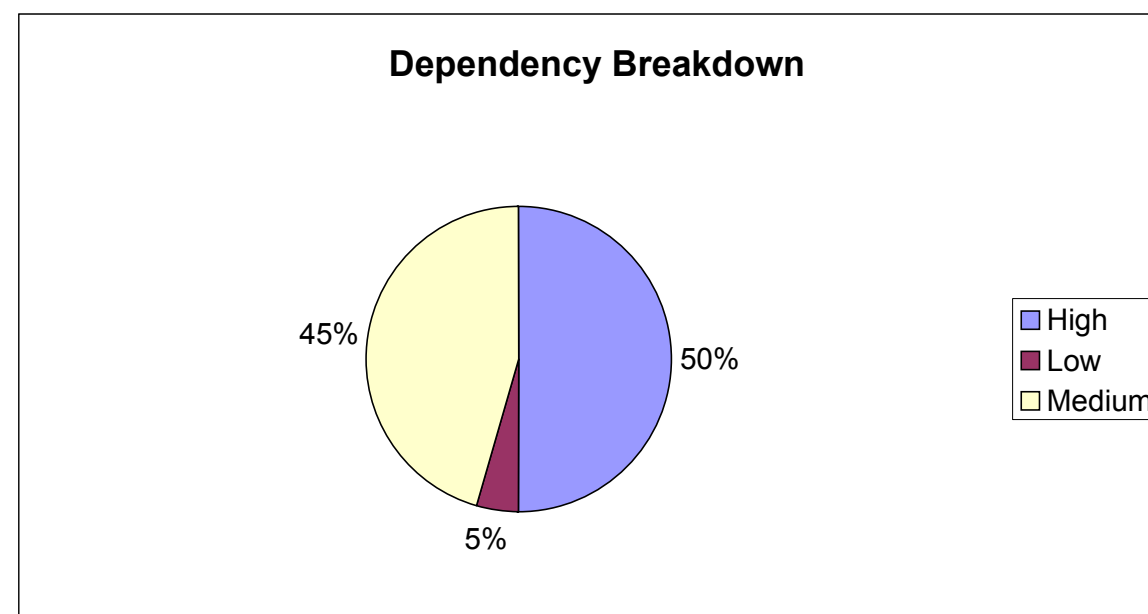
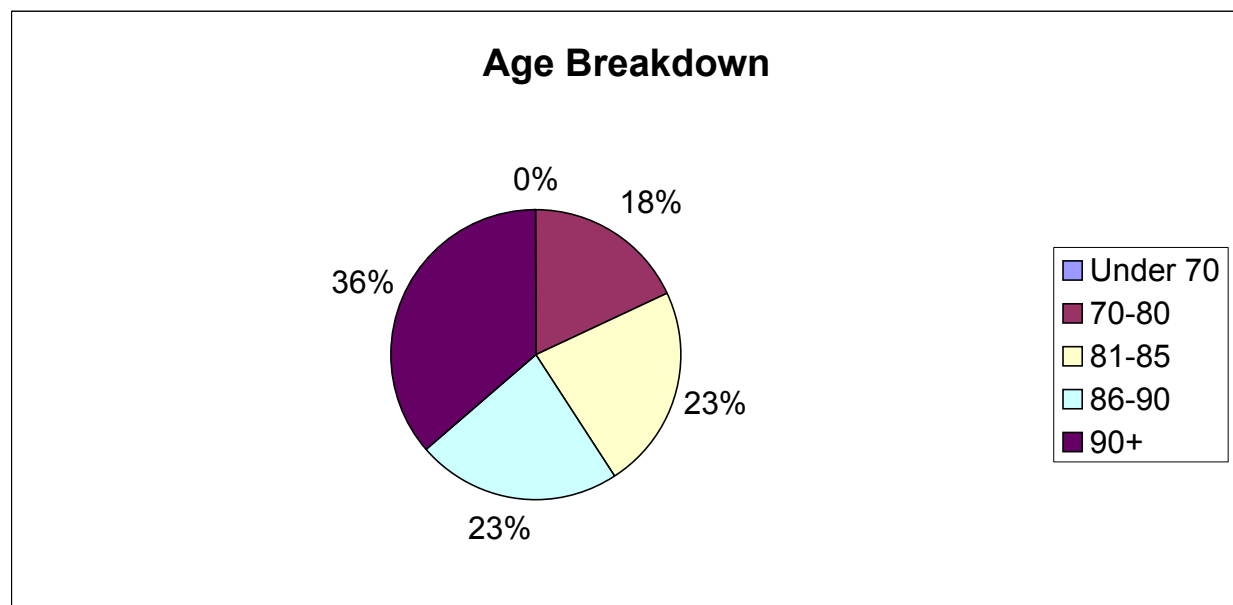
What did the CQC say could be improved on?

N/A

Residential Profile

No of Places	Permenant	23
	Short Stay	2
	Intermediate Care	5
	Total	30
Average Occupancy		
09/10		99%

Resident Profile



Spring Gardens Residential Profile



Westbourne Grove
Otley
LS21 3NN

Community Involvement

Monthly Visits from a local church
Involvement from Guiseley Lions
Involvement from AVSED - a local voluntary agency

What did the CQC say we did well?

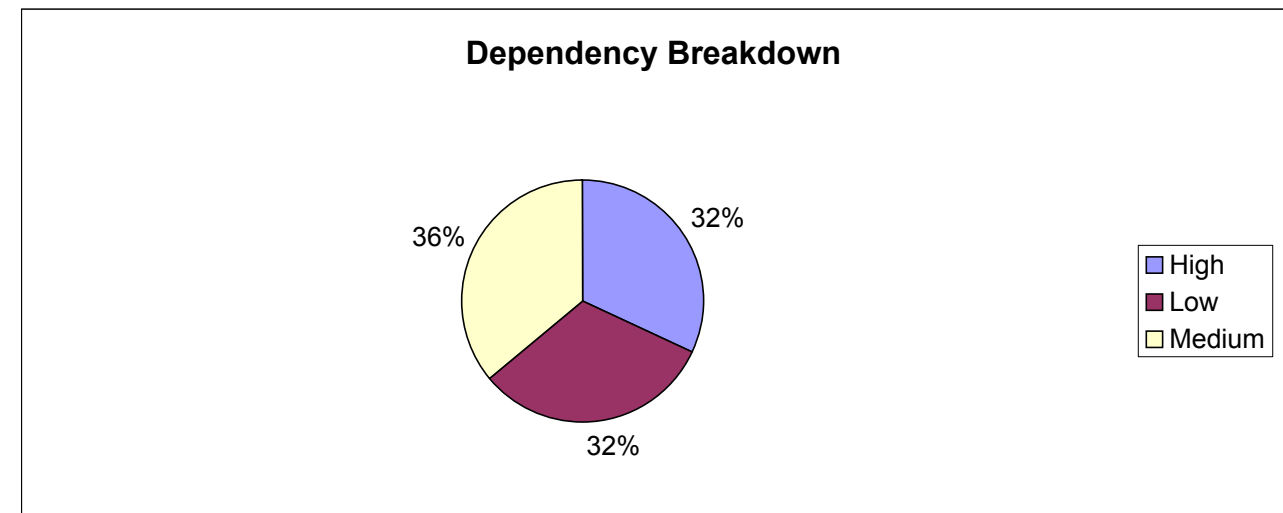
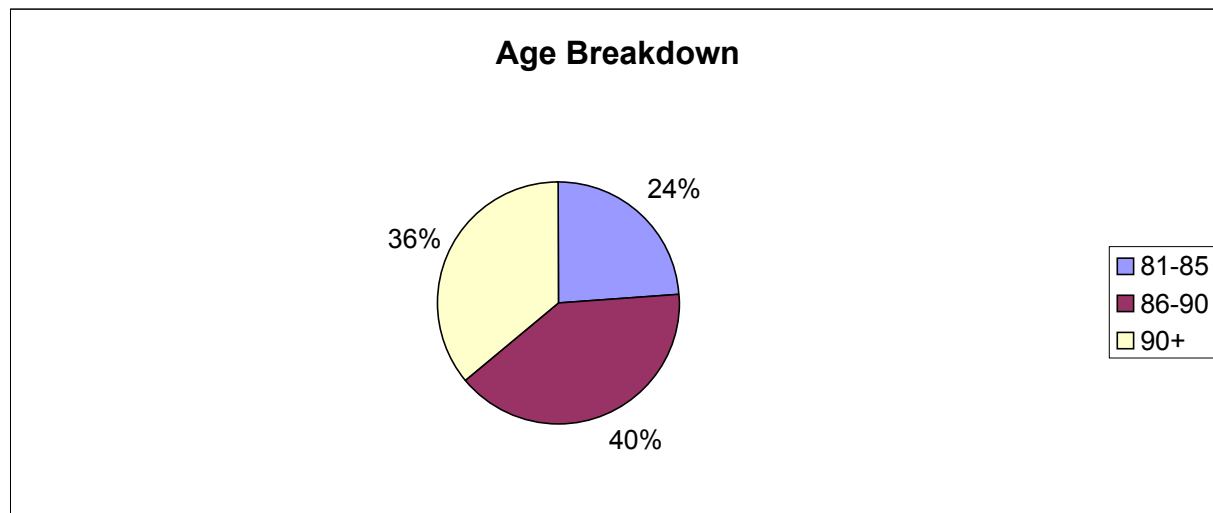
- * Staff are friendly and helpful
- * People who live at the home have their needs assessed before they come to stay
- * Staff are caring and respect people's privacy and dignity.
- * Routines in the home are flexible and people can exercise choice in their lives
- * Visitors are encouraged and made welcome
- * People who live in the home have regular meetings and are able to make changes.

What did the CQC say could be improved on?

- * The home could look at providing more social activities.
- * Staff must have access to plans of care that give clear action to follow to meet people's needs.
- * The manager should continually monitor the amount of staff working with the people to ensure there is enough staff to meet their needs during the night.
- * All people moving into the home must have a full assessment of care needs.

Residential Profile

No of Places	Permenant	28
	Short Stay	2
	Intermediate Care	
	Total	30
Average Occupancy 09/10		99%



Suffolk Court Residential Profile



Silver Lane
Yeadon
LS18 7JN

Community Involvement

Monthly Visits from a local church
Involvement from Guiseley Lions
Involvement from AVSED - a local voluntary agency

What did the CQC say we did well?

* People and their relatives spoke very well of the service and particularly the staff.
 * Visitors said that they could visit at any time and were made welcome.
 * The atmosphere in the home was warm and friendly. It was clear that there were good relationships between staff, people living in the home and their visitors.
 * Staff were good at encouraging and assisting people.
 * Policies are in place aimed to set out how the home protects people, and prevents harm or abuse and this includes a whistle blowing policy.

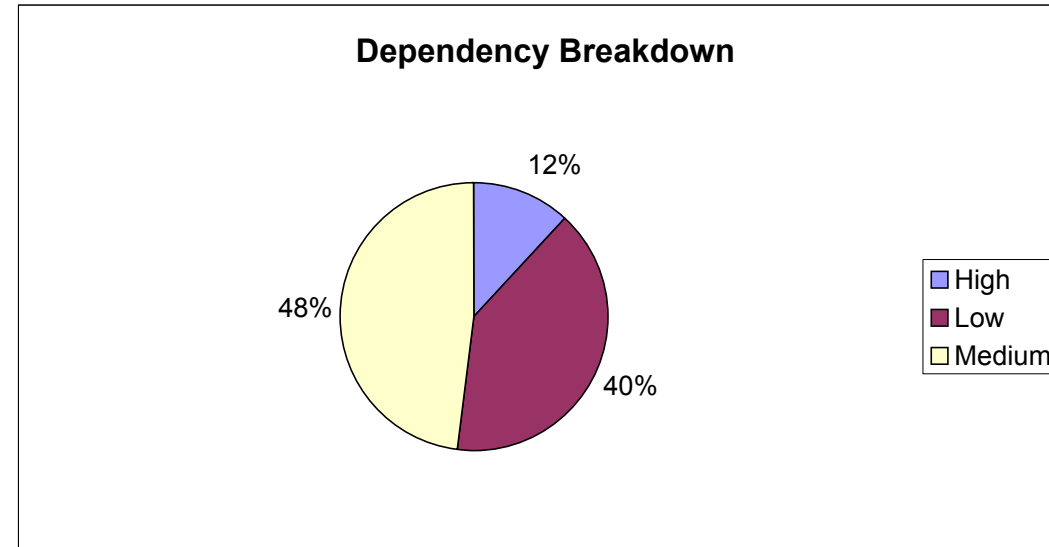
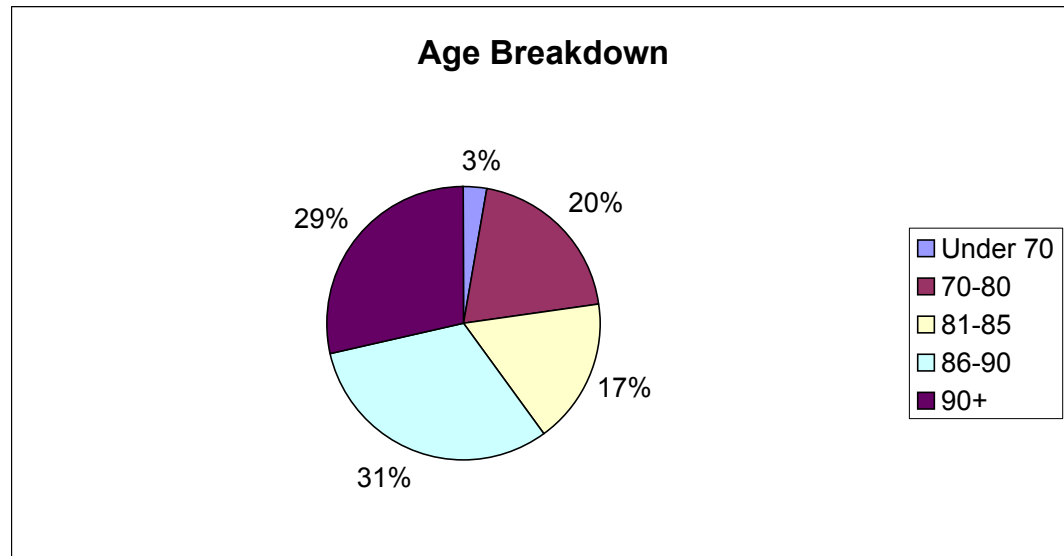
What did the CQC say could be improved on?

* Care plans and risk assessments must provide evidence to show, where possible, people living in the home or their representatives have been involved with developing the care plans and risk assessments. This will ensure agreement to provide the care package has been gained.
 * All care plans and risk assessments must be reviewed regularly and changed to reflect the care needs of the person receiving the care package. * People must be provided with social and recreational opportunities that help stimulate their well-being. All planned activities should be based around the needs and choices of the people living in the home.
 * The fire officer inspected the home 11/08/09 and some issues requiring attention were highlighted. These should be addressed to help to promote the safety and welfare of people.

Residential Profile

No of Places	Permenant	37
	Short Stay	3
	Intermediate Care	
	Total	40
Average Occupancy 09/10		

Resident Profile



Westholme Residential Profile



Thornhill Road
Wortley
LS12 4LL

Community Involvement

Working in Partnership with Armley Helping Hands
 * Locally recognised as a community based organisation supporting older people in Armley and Wortley district Leeds 12 (It has recently secured 5 years commissioning with an extension of three years enabling Westholme to have a continuing partnership agreement to 2018).
 The purpose of the partnership is to enable Westholme residents to engage in their local community maximising community involvement and ownership. Sharing skills and experience and resources.
 * Residents have choice and access into new community activities i.e. access to local lunch club, day trips local community events. The partnership coordinates a cinema project within the home which provides a stimulation and engagement of residents and members of the public.
 * Westholme has worked with the councillors and the Armley MP in making sure that Westholme is accommodating the needs of the local community.

What did the CQC say we did well?

* The Home is well managed, staff work hard to maintain peoples choices and respect.
 * People are encouraged to exercise choice about how and where to spend their time.
 * There are opportunities to take part in Social activities.

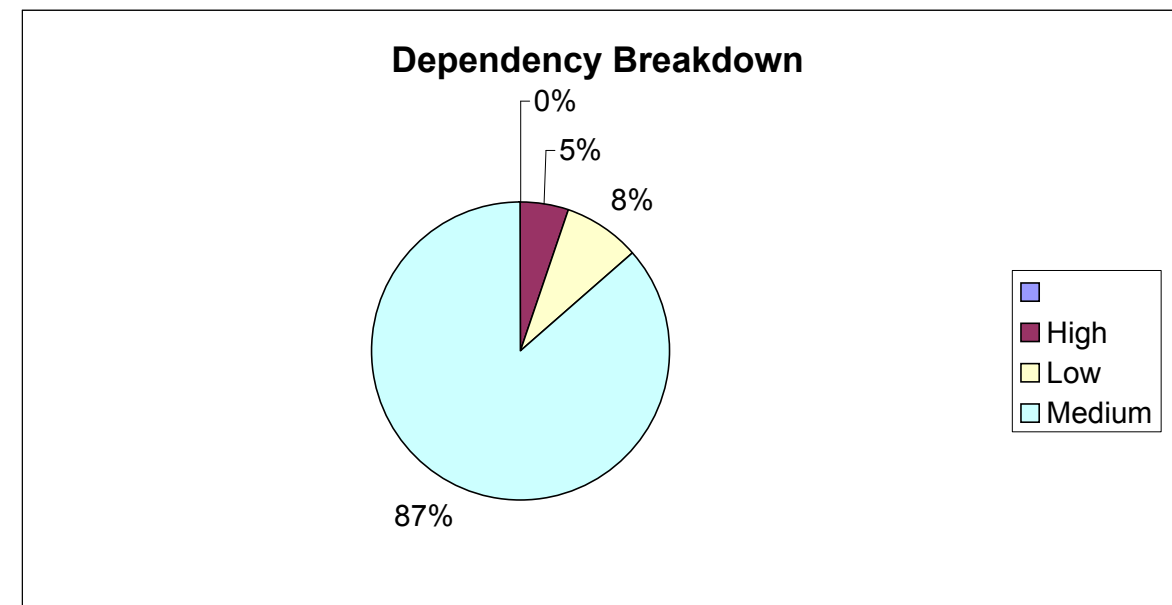
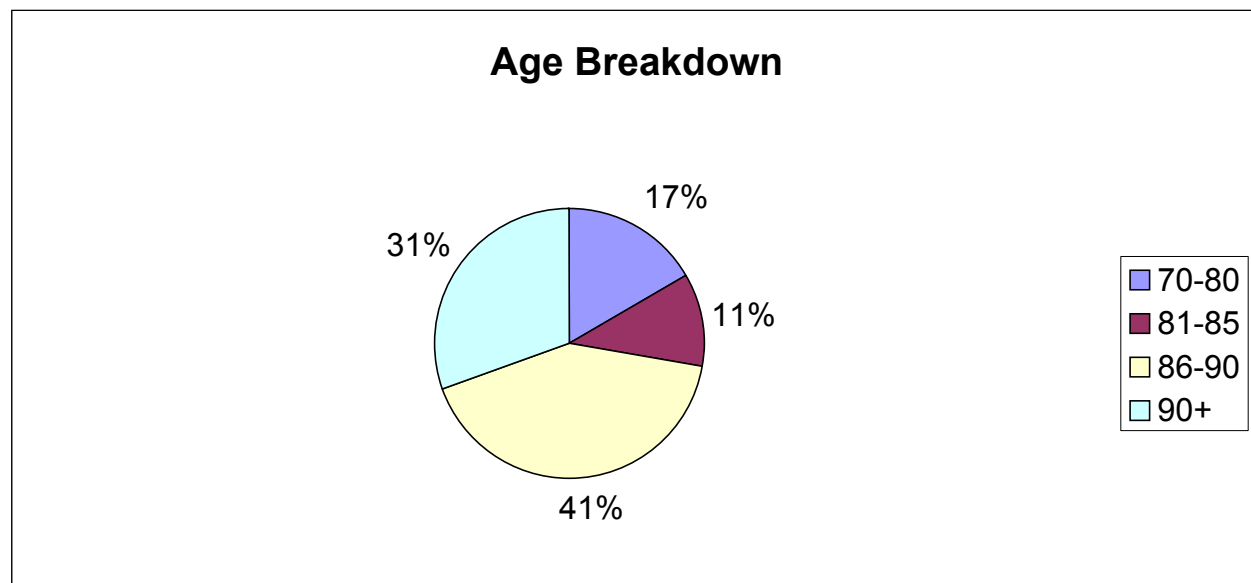
What did the CQC say could be improved on?

* Staff should complete Nutritional risk assessment when a person is admitted and later as necessary.

Residential Profile

No of Places	Permenant	39
	Short Stay	1
	Intermediate Care	
	Total	40
Average Occupancy		
09/10		

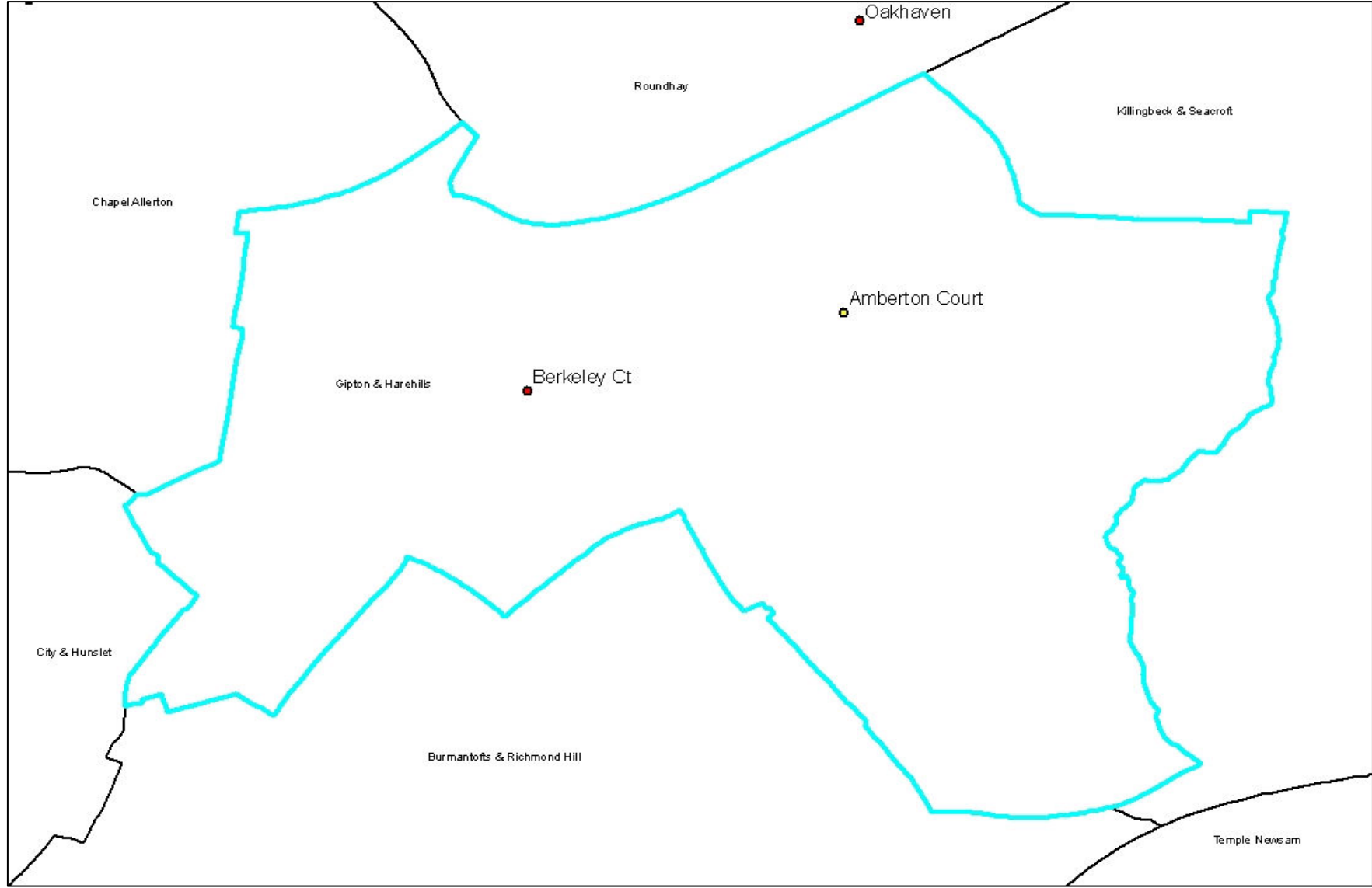
Resident Profile



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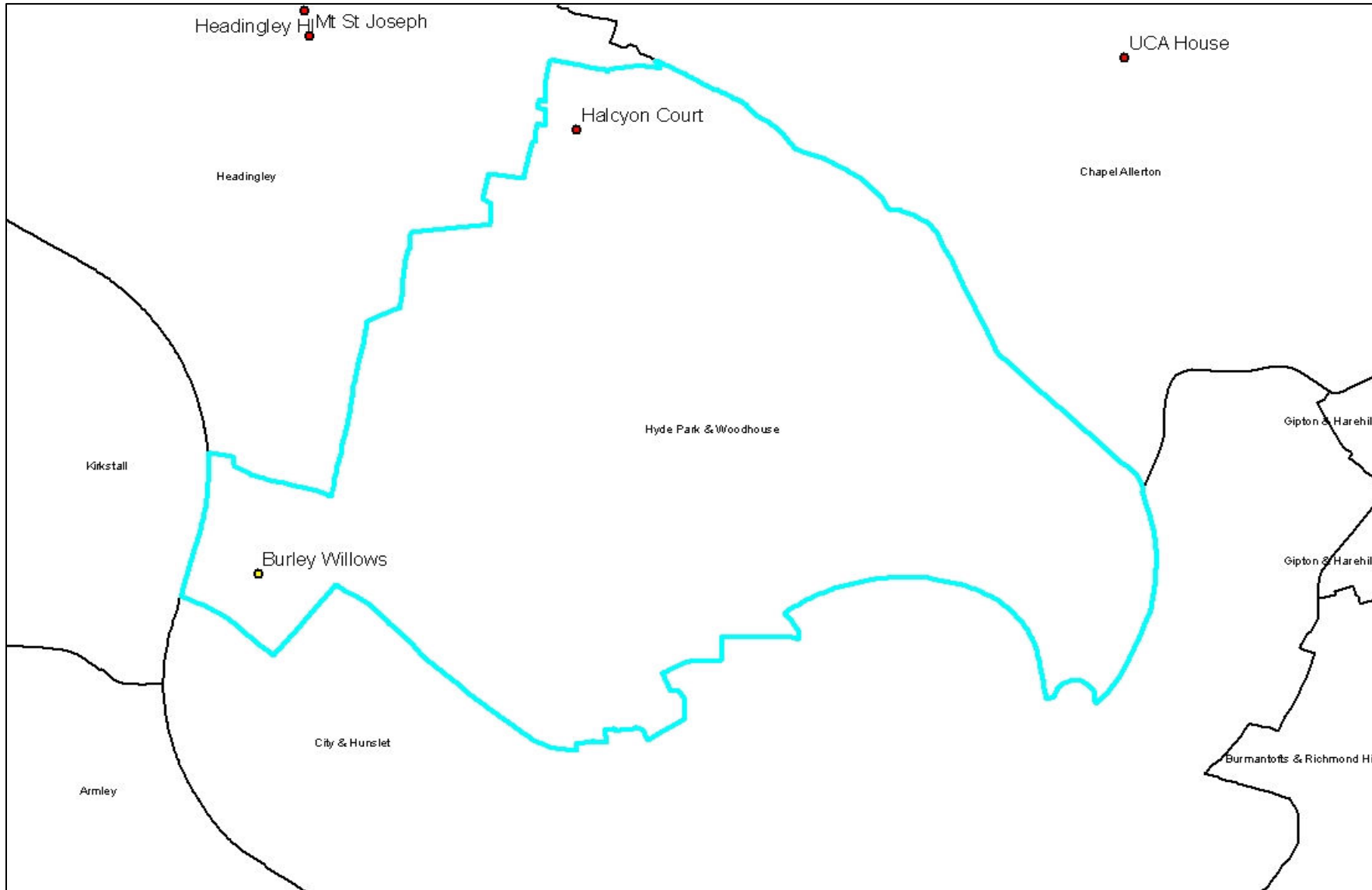
This map shows Amberton Court within the Gipton & Harehills ward boundary. Independent Homes are also shown.

●	LA Home for Older People
●	Independent Residential



This map shows Burley Willows within the Hyde Park & Woodhouse ward boundary. Independent Homes are also shown.

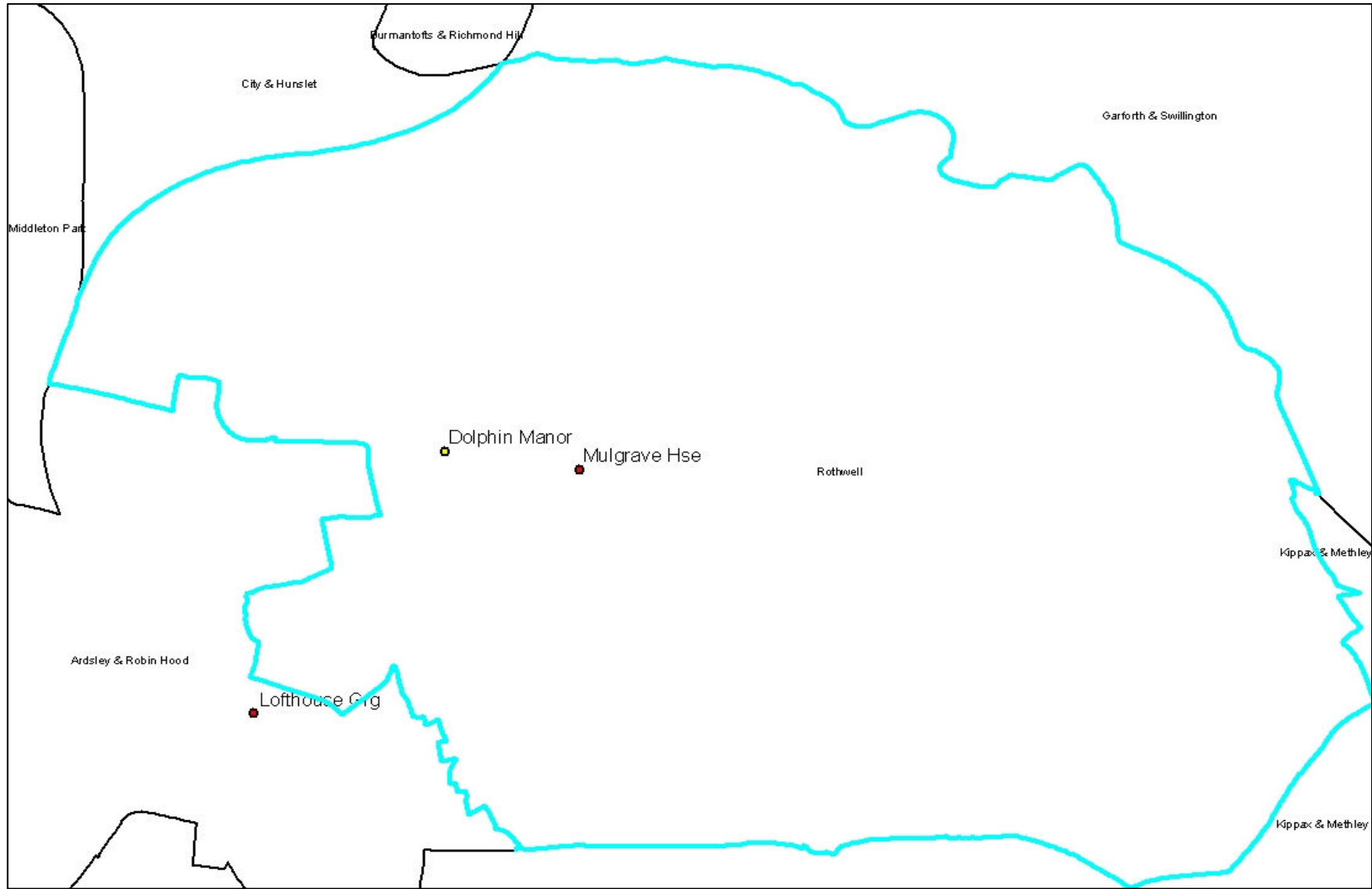
Key	●	LA Home for Older People
	●	Independent Residential



This map shows Dolphin Manor within the Rothwell ward boundary. Independent Homes are also shown.

Key

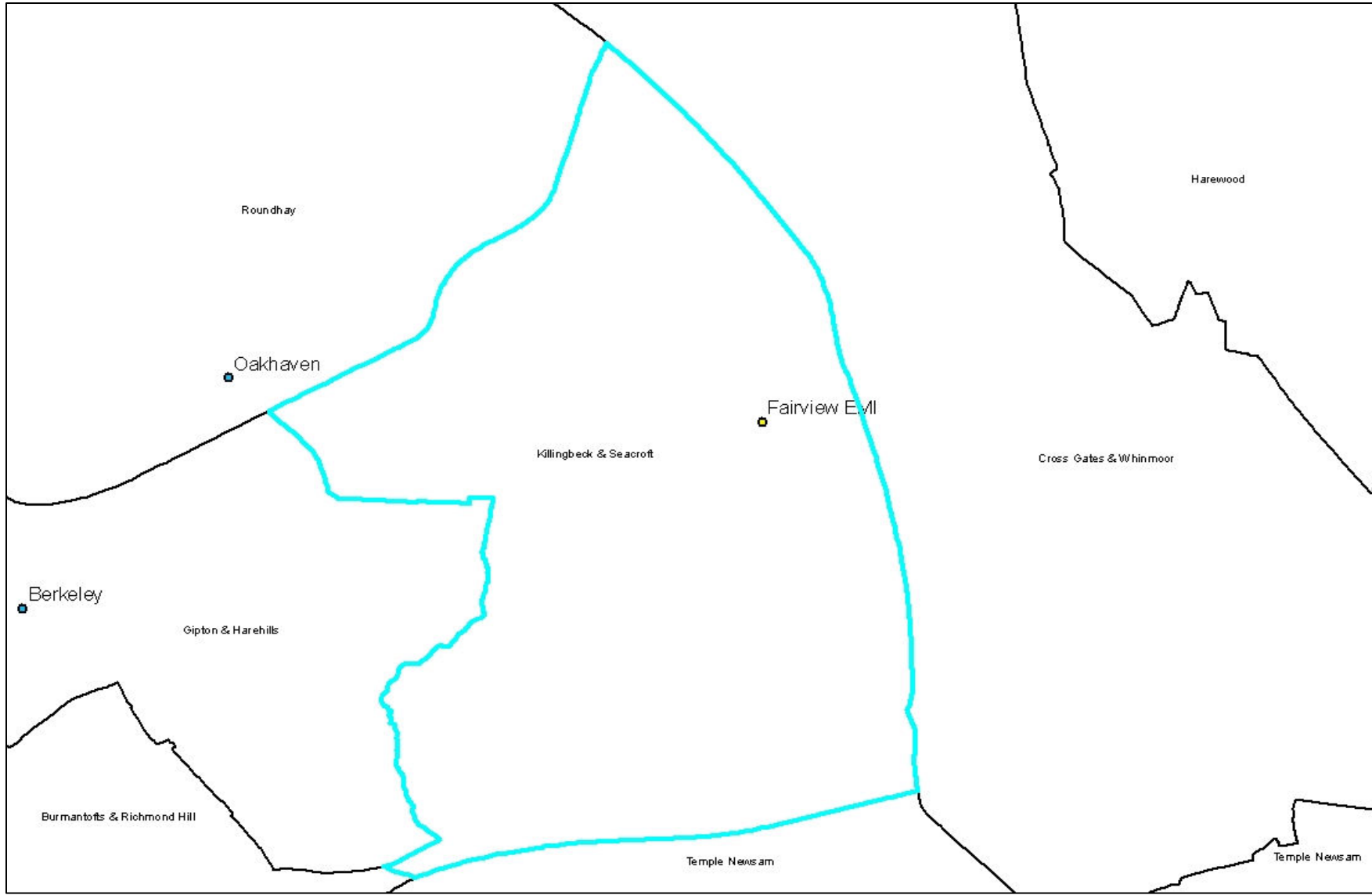
●	LA Home for Older People
●	Independent Residential



Note: Mulgrave House and Lofthouse Grange (Lodge) have provided respite more than once in 12 months to June 2010

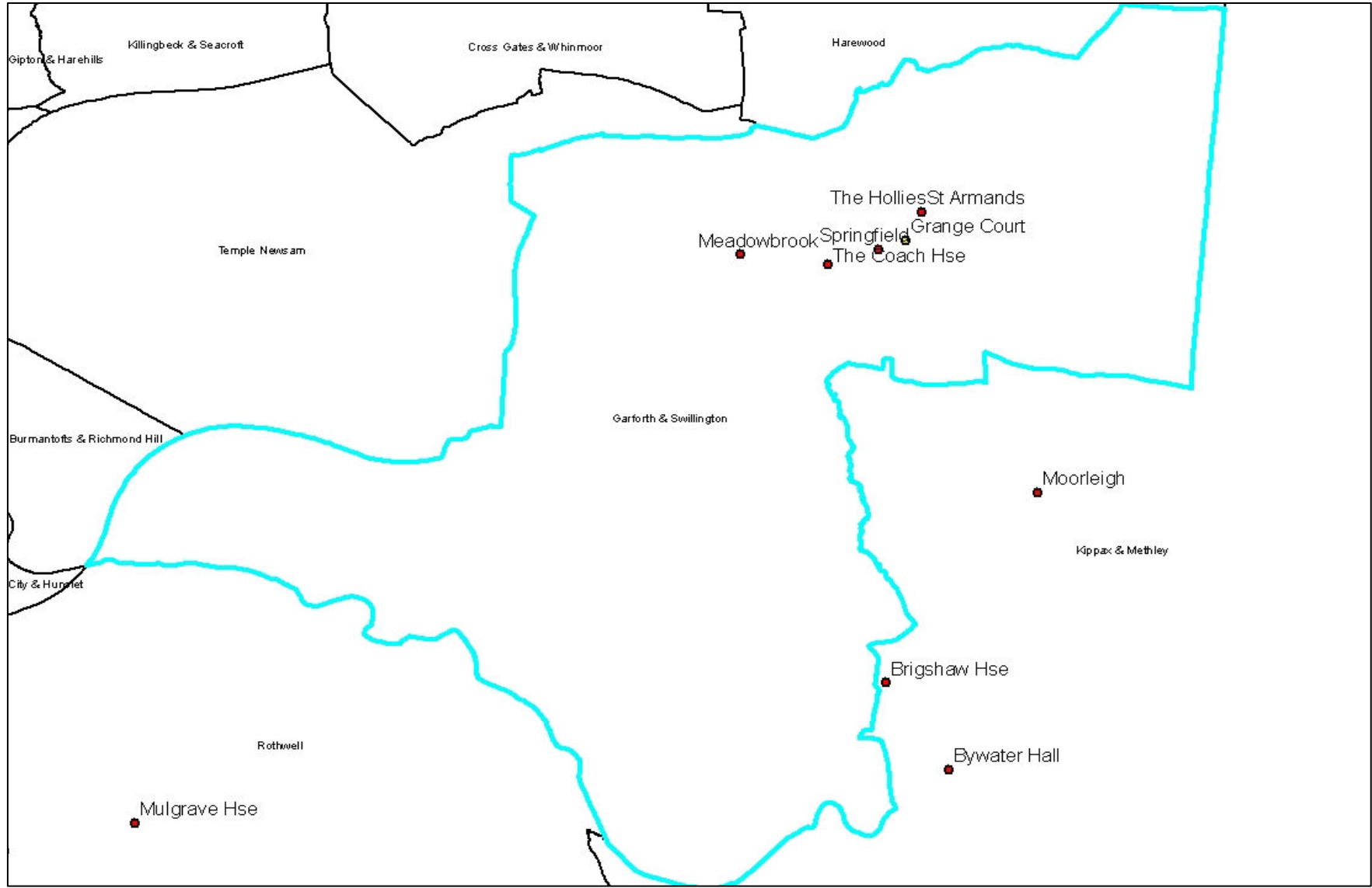
This map shows Fairview EMI Home within the Killingbeck & Seacroft ward boundary. Independent EMI Homes are also shown.

●	LA Home for Older People
●	Independent Residential EMI



This map shows Grange Court within the Garforth & Swillington ward boundary. Independent Homes are also shown.

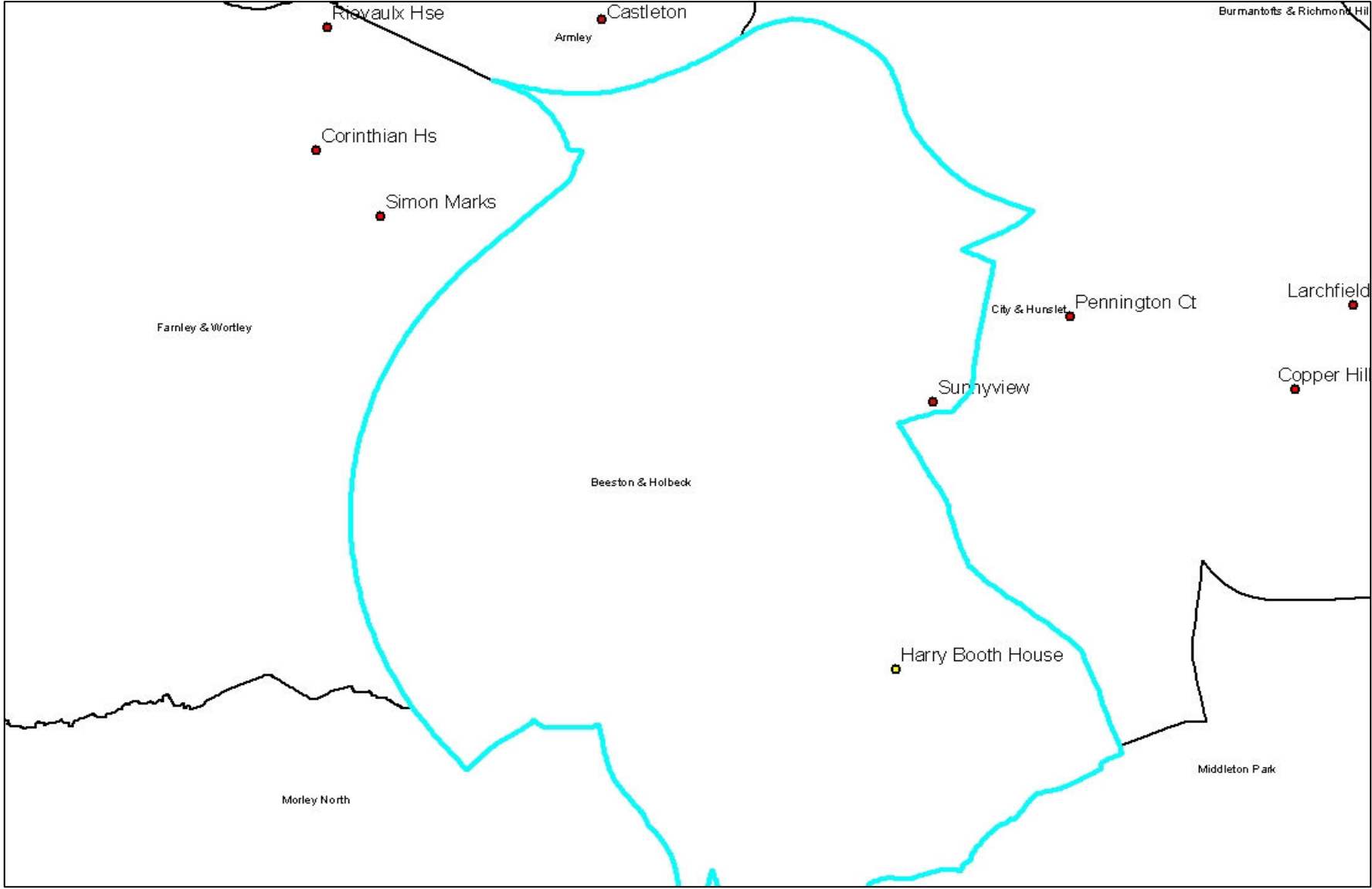
Key	●	LA Home for Older People
	●	Independent Residential



Note: Mulgrave House has provided respite more than once in 12 months to June 2010

This map shows Harry Booth House within the Beeston & Holbeck ward boundary. Independent Homes are also shown.

Key	●	LA Home for Older People
	●	Independent Residential



Note: Mulgrave House has provided respite more than once in 12 months to June 2010

This map shows Home Lea House within the Rothwell ward boundary. Independent Homes are also shown.

Key	●	LA Home for Older People
	●	Independent Residential

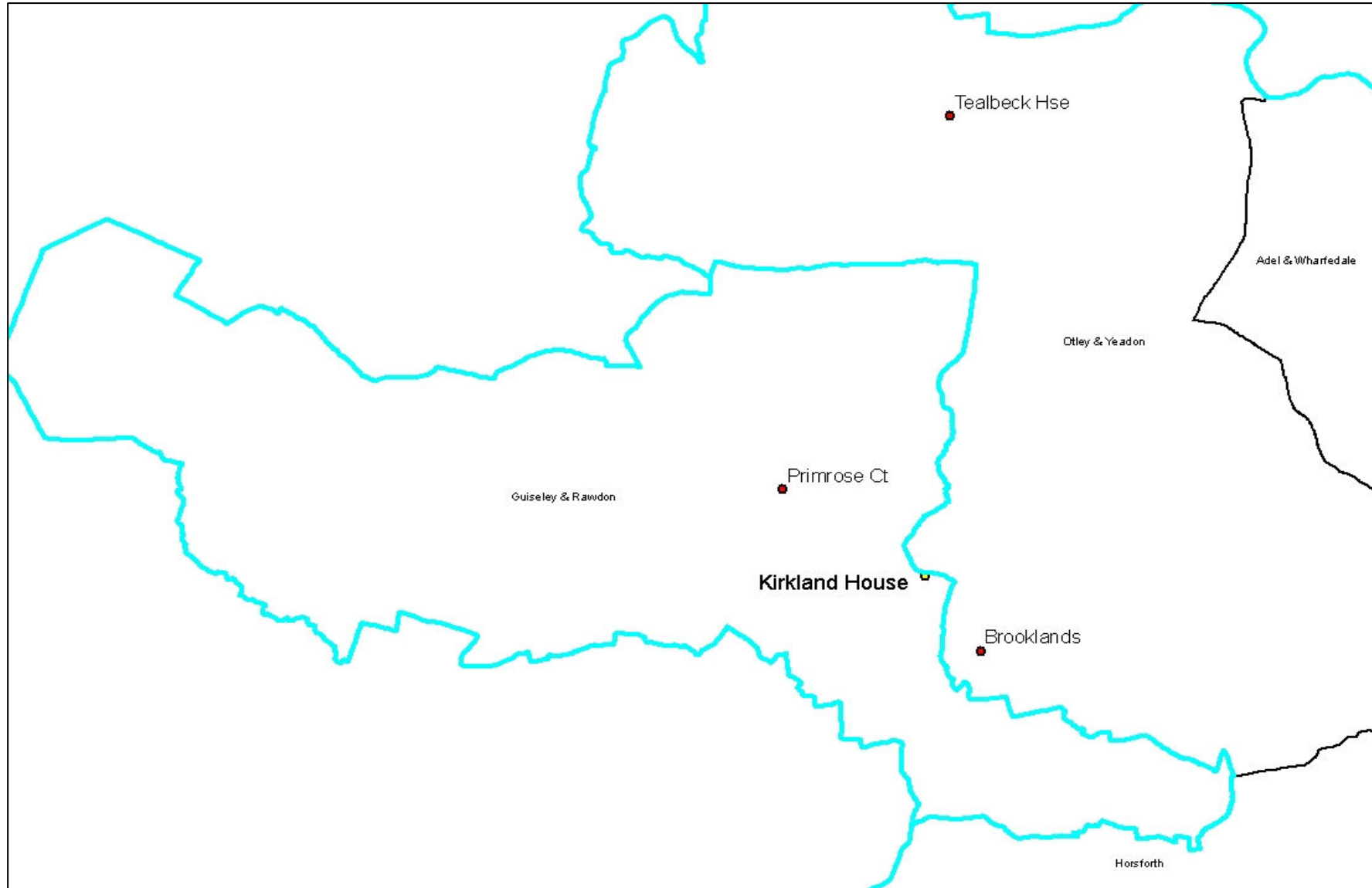


Note: Mulgrave House and Lofthouse Grange (Lodge) have provided respite more than once in 12 months to June 2010

This map shows Kirkland House within the Guiseley & Rawdon ward boundary. Independent Homes are also shown.

Key

●	LA Home for Older People
●	Independent Residential



This map shows Knowle Manor within the Morley South ward boundary. Independent Homes are also shown.

Key

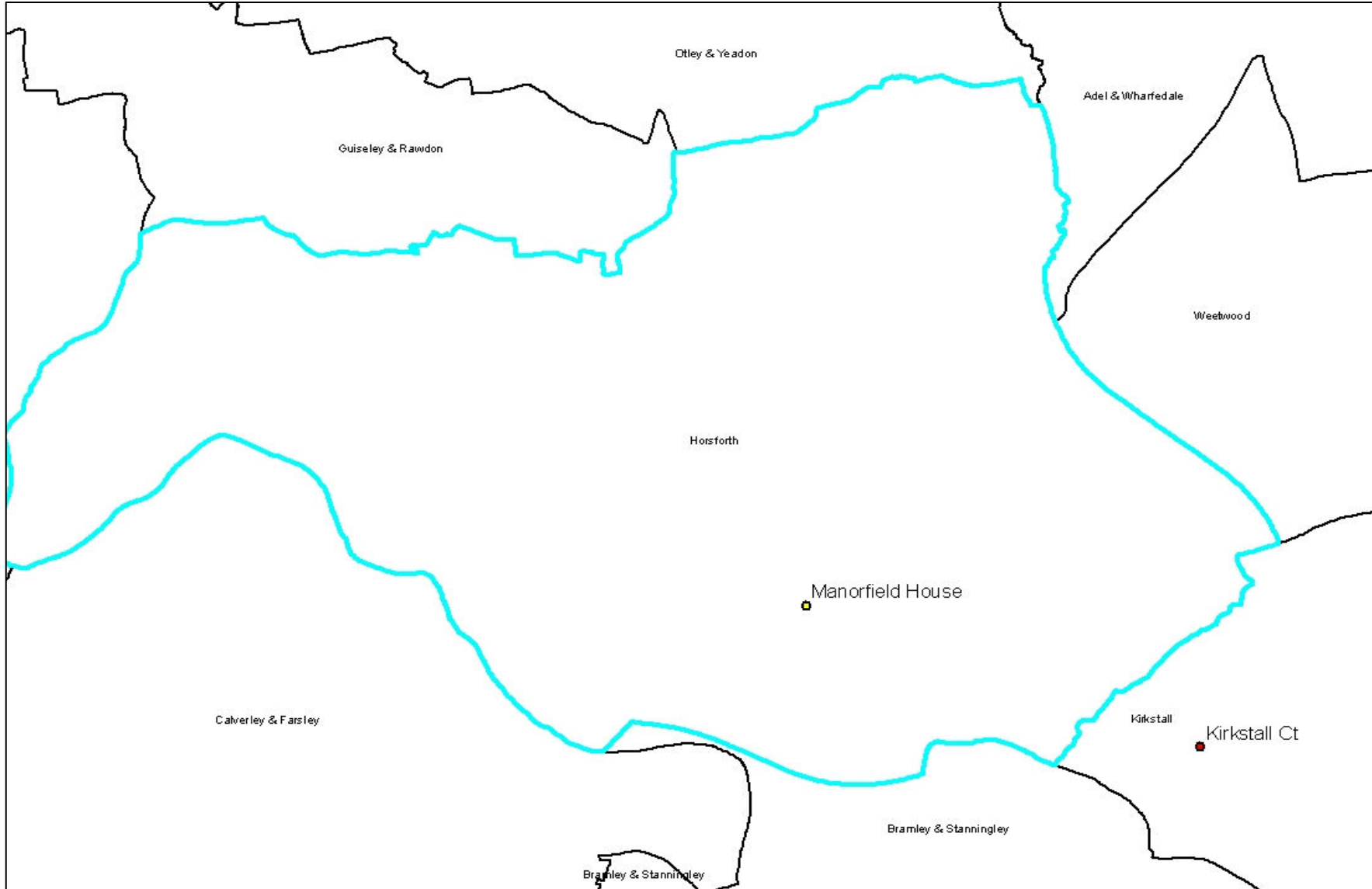
●	LA Home for Older People
●	Independent Residential



This map shows Manorfield House within the Horsforth ward boundary. Independent Homes are also shown.

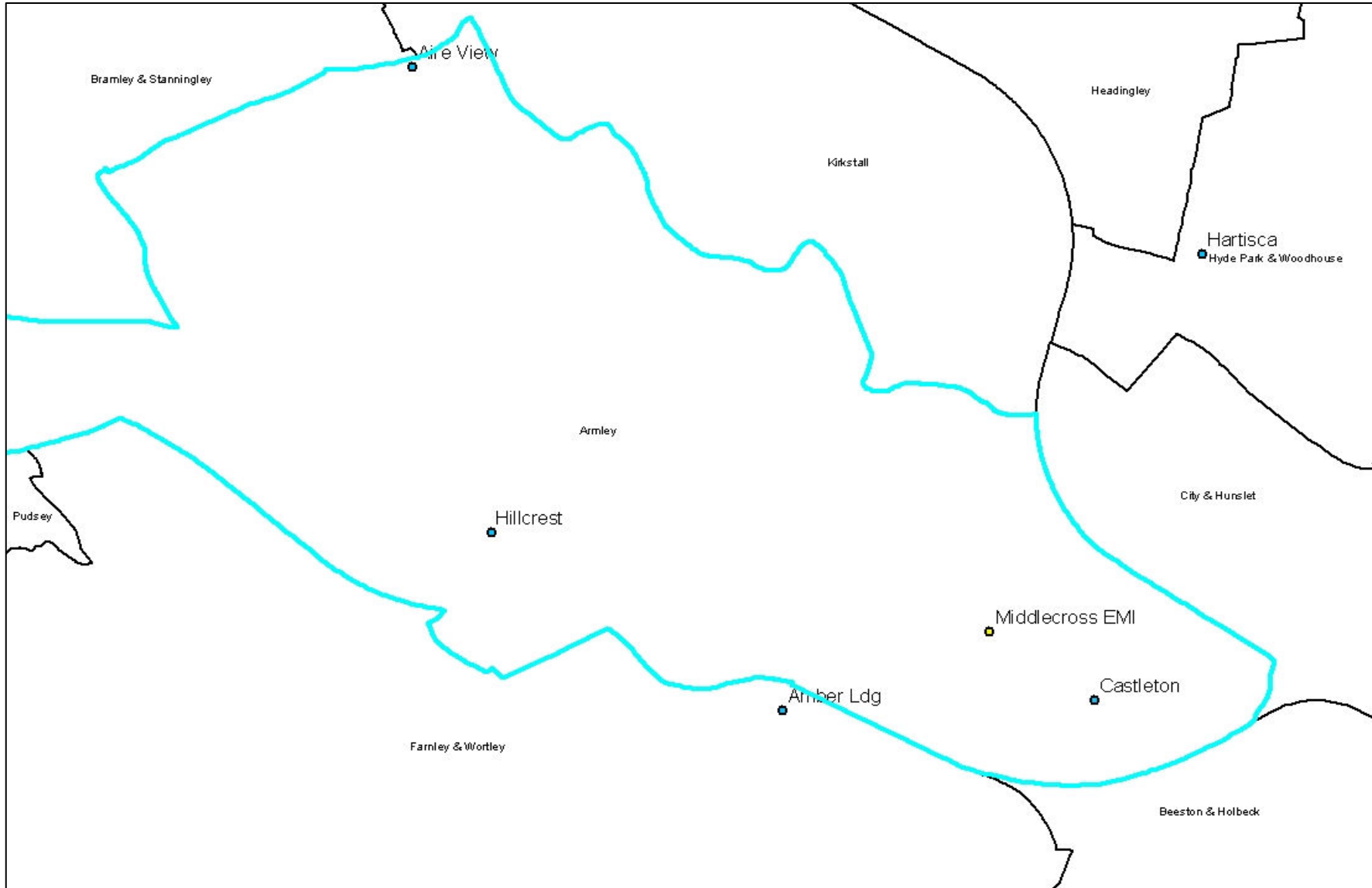
Key

●	LA Home for Older People
●	Independent Residential



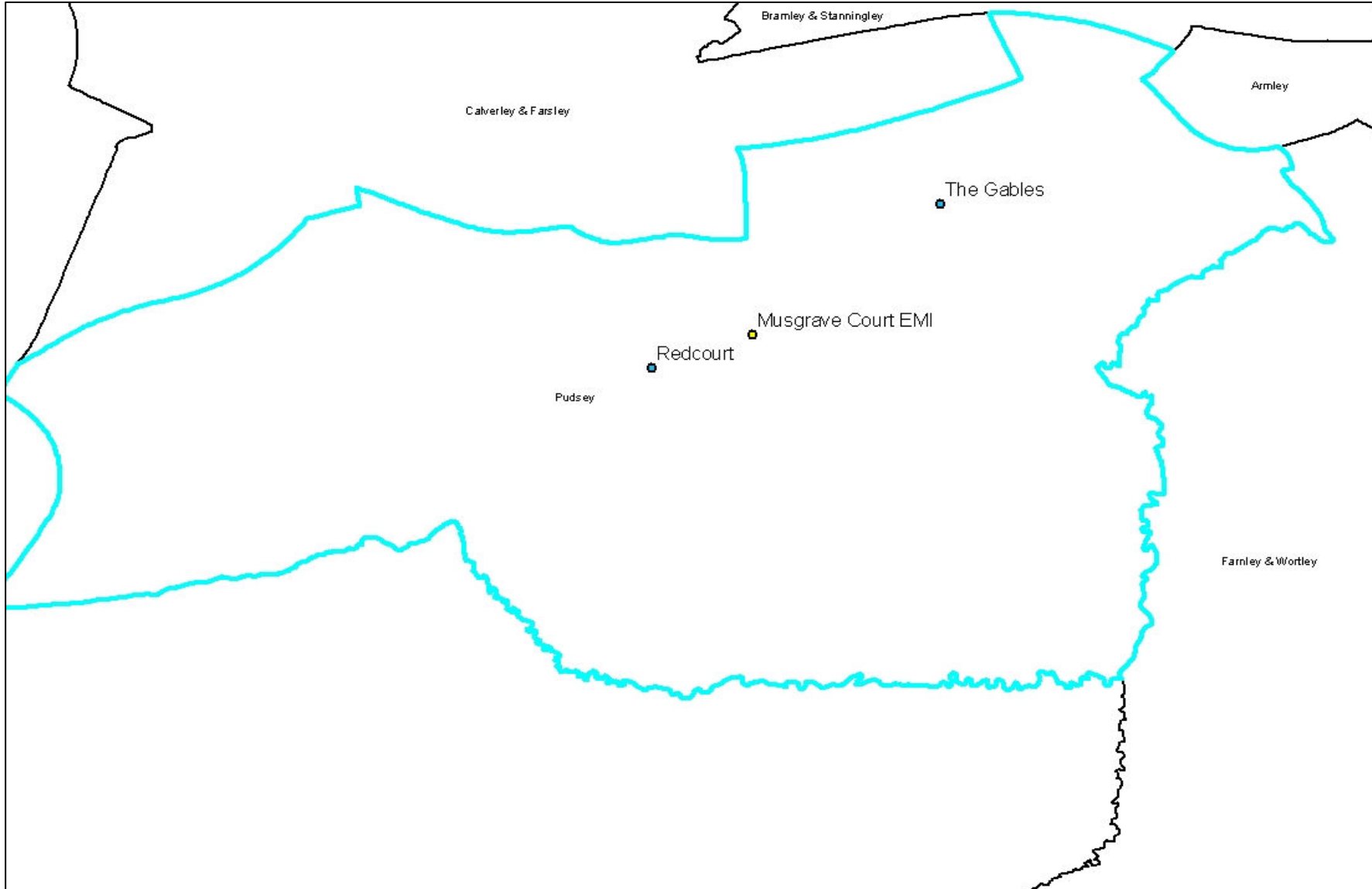
This map shows Middlecross EMI Home within the Armley ward boundary. Independent EMI Homes are also shown.

●	LA Home for Older People
●	Independent Residential EMI



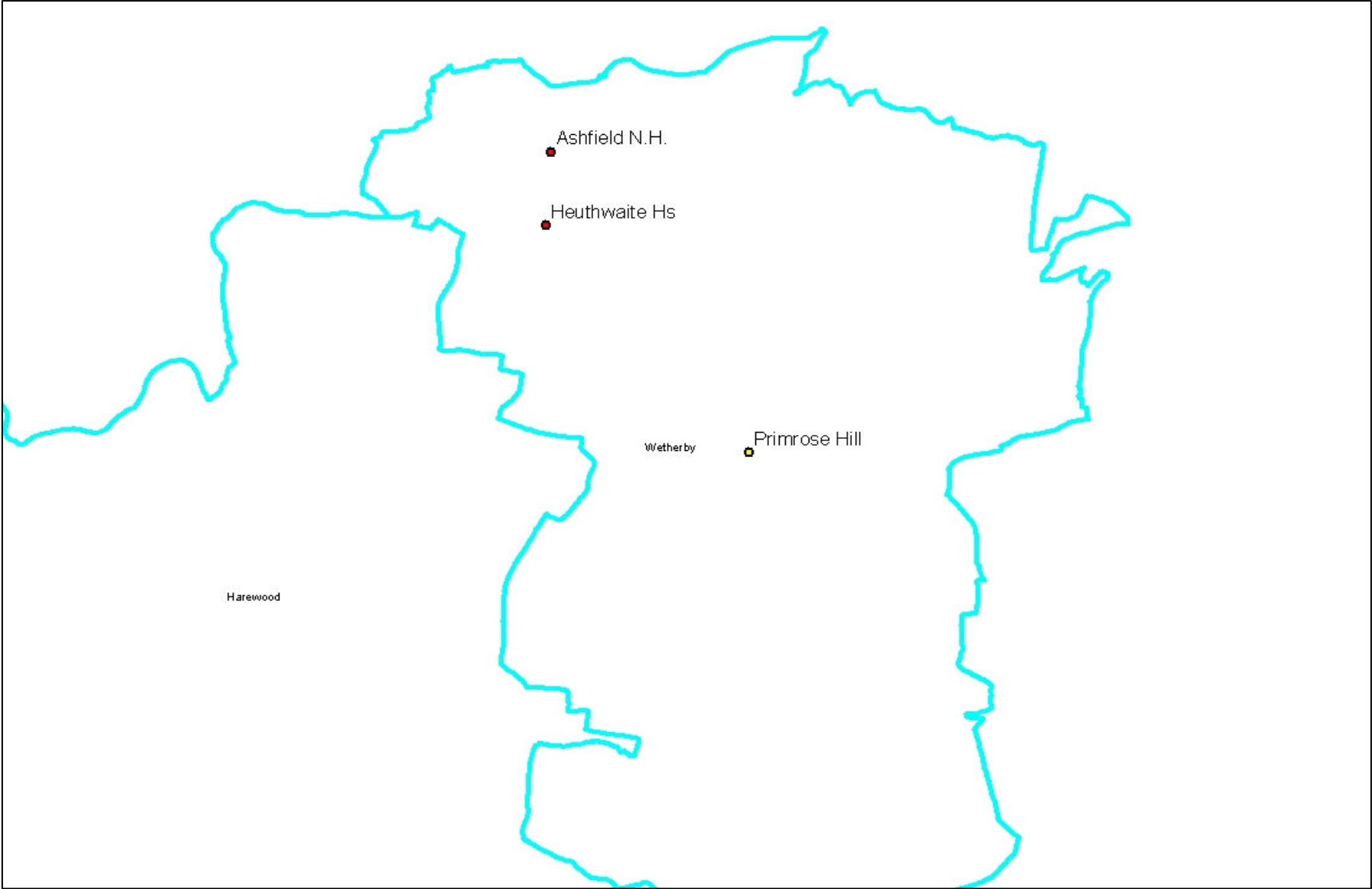
This map shows Musgrave Court EMI Home within the Pudsey ward boundary. Independent EMI Homes are also shown.

●	LA Home for Older People
●	Independent Residential EMI



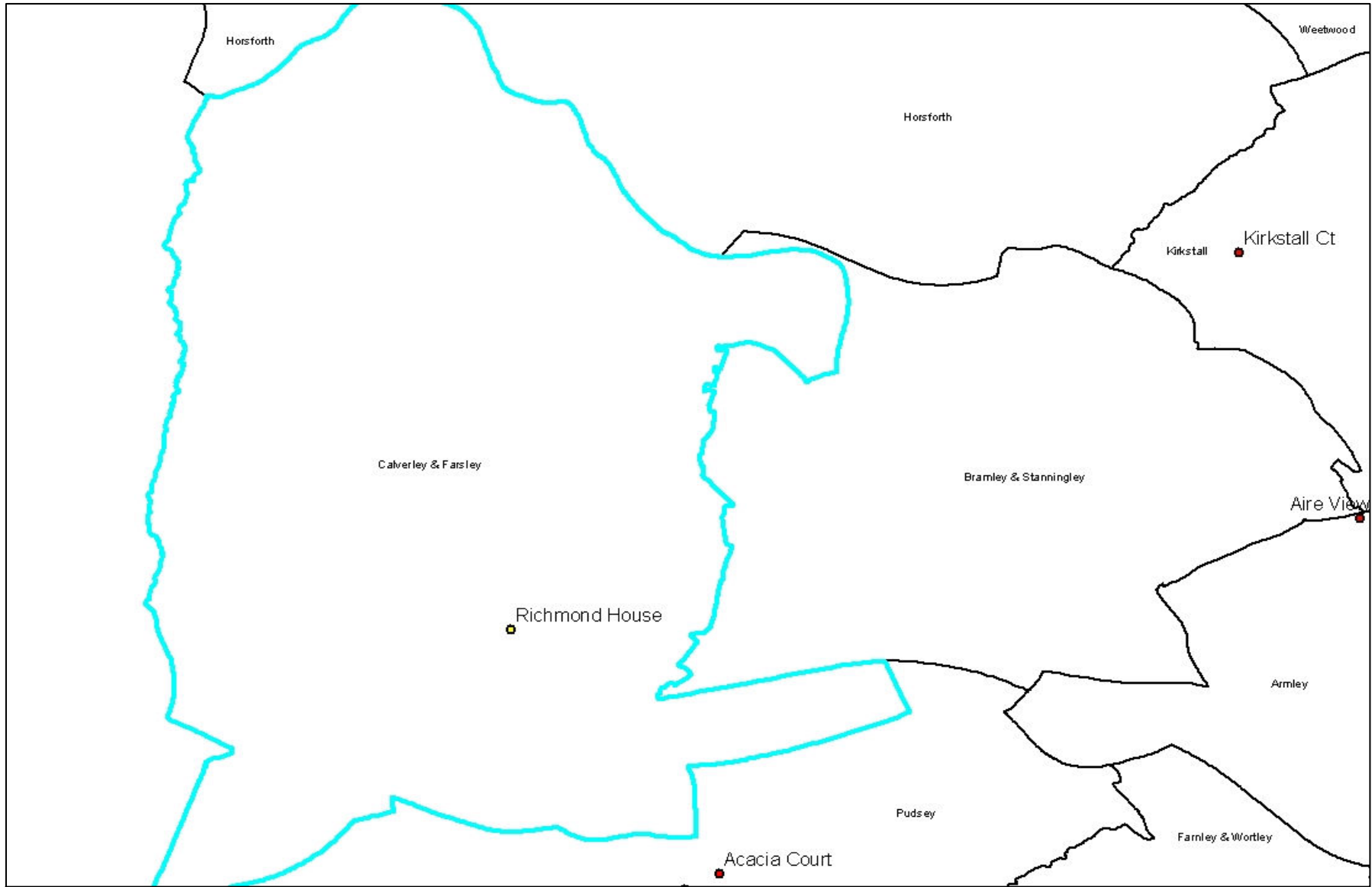
This map shows Primrose Hill within the Wetherby ward boundary. Independent Homes are also shown.

Key	●	LA Home for Older People
	●	Independent Residential



This map shows Richmond House within the Calverley & Farsley ward boundary. Independent Homes are also shown.

Key	●	LA Home for Older People
	●	Independent Residential



Note: Rievaulx House has provided respite more than once in 12 months to June 2010

This map shows Siegen Manor within the Morley South ward boundary. Independent Residential and Independent EMI Homes are also shown.

●	LA Home for Older People
●	Independent Residential
●	Independent Residential EMI



This map shows Spring Gardens within the Otley & Yeadon ward boundary. Independent Homes are also shown.

Key	●	LA Home for Older People
	●	Independent Residential



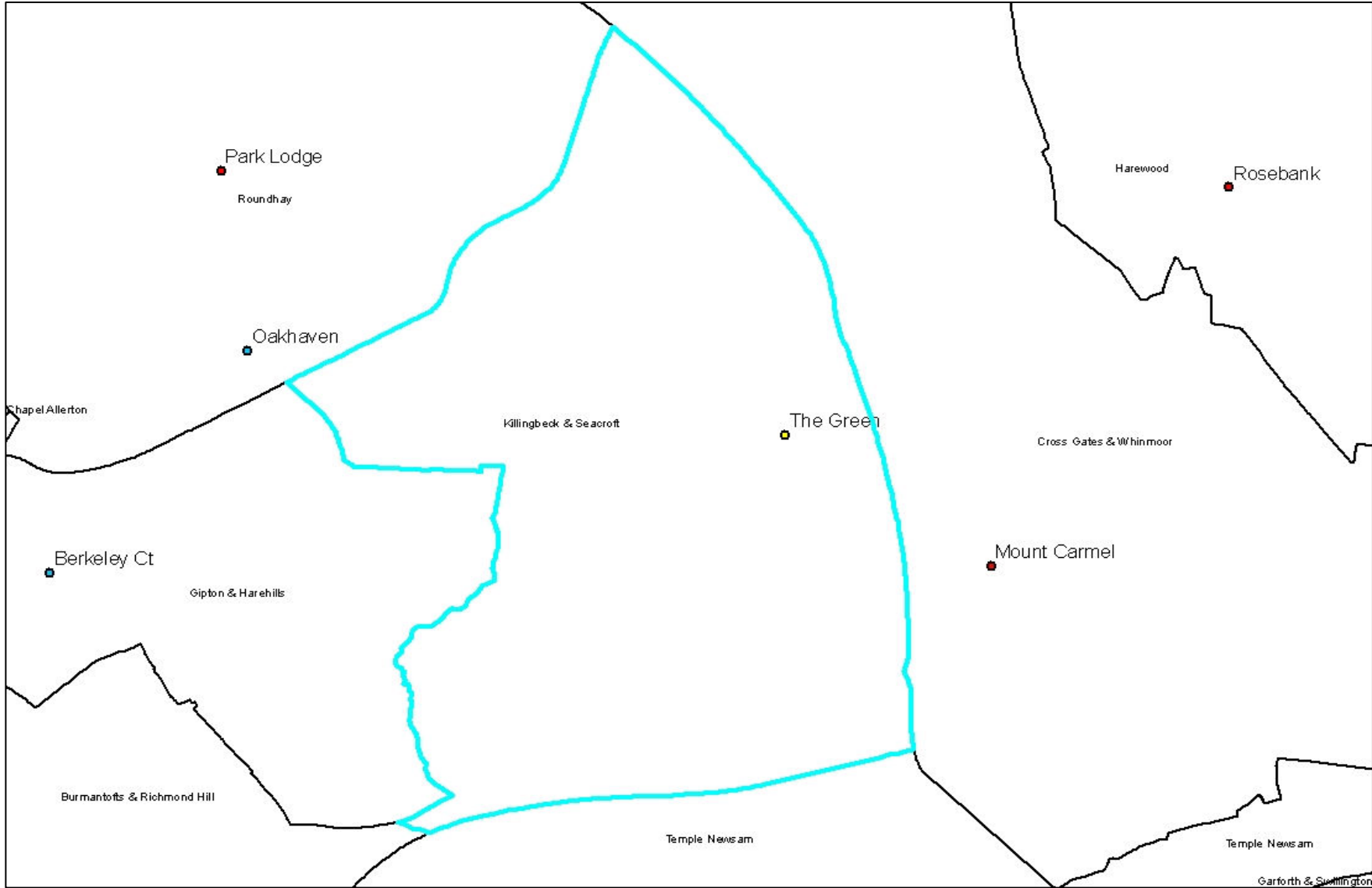
This map shows Suffolk Court within the Otley & Yeadon ward boundary. Independent Homes are also shown.

Key	●	LA Home for Older People
	●	Independent Residential



This map shows The Green within the Killingbeck & Seacroft ward boundary. Independent Residential and Independent EMI Homes are also shown.

Key	●	LA Home for Older People
	●	Independent Residential
	●	Independent Residential EMI



This map shows Westholme within the Farnley & Wortley ward boundary. Independent Homes are also shown.

Key	●	LA Home for Older People
	●	Independent Residential



Note: Rievaulx House has provided respite more than once in 12 months to June 2010

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