Mid Devon District Council – Response to Scrutiny Questions 23rd October 2014

1. Devon County Council (DCC) have maintained that residents will always be treated with dignity and respect throughout the process. In the light of this why did DCC arrange staff meetings and press releases on 16th June to announce their decision? Why were relatives not contacted to arrange for them to be there for support when the decision was announced?

Residents are always treated with utmost dignity and respect and this has continued throughout this process. The method of communicating the decision was very carefully considered. Care home managers were informed at a meeting early on the morning of the decision so that they could be given the information together and take letters for their residents and staff back to their homes. They were tasked with returning to their homes and speaking to staff on duty in order that they could support residents, while managers contacted resident's next of kin. It was important that residents heard the information on the day of the decision and as soon as possible. Managers and staff were very careful to ensure they put their own thoughts or concerns aside, and provided the very best support to their residents on this difficult day and afterwards.

2. Why was the closure so aggressive in terms of timings? The Birmingham University report "Achieving Closure" suggests a minimum of two – three months' notice from the date of the announcement.

Closure of homes has not been aggressive, the Association of Directors of Adult Social Services (ADASS) are the definitive best practice guidelines, they were informed by the Birmingham report and are being successfully followed. Many residents have already achieved their preferred new home. A specialist team of staff has worked with residents and their families to support their moves. This support is at the pace the resident and their family wish to proceed through an assessment of need, provision of support, information and choice about available options.

There are a growing number of successful moves which have improved the outcome for those involved. Moves have been made to a number of areas of the country including Scotland and Wales where individuals chose to move closer to their families. People have moved into larger en-suite rooms as a result of choice. People wanting to move together have been able to. The transition teams are very experienced and know how to ensure people are properly supported. Many residents and their families have been finding their own new home ahead of the advertised phasing, often closer to their relatives. At the date of the decision there were 257 residents in our homes, the current figure is under 138.

3. Why was the budget for Fairlea not appropriately amended after the operational beds were amended between 2012-13 and 2013-14 from 33 beds to 10 beds? This meant that Fairlea came in over £115,000 under budget for 2013-14 yet the budget figures were used to feed the £906 figure for bed costs.

The underspend was factored into the calculation for the actual average unit cost within the consultation document. The number of operational beds was reduced at Fairlea following an adverse CQC inspection. The high level of dependency of remaining residents alongside the layout and size of rooms within Fairlea meant that operational bed numbers remained static into the following year. The underspend for 2013/14 was forecast at £62k because of reduced staffing (staff leaving). The cost per room has consistently been stated to be the average cost.

4. Why are the budget versus actual figures for some homes so inaccurate? For examples Alphin House came in £100k under budget in the financial year.

The figures are not inaccurate, DCC budgets are for the whole service and allocated by dividing the budget by the total number of usable beds. This figure is then allocated to each home on the basis of the number of rooms in each home.

In year budget savings were made at Alphin during 2013-14 because the Manager worked across 2 residential homes. In addition, individual dependency levels lowered and meant that fewer staff were required by redesigning shift patterns. The staffing budget was reduced by £58k during the 2014-15 budget preparation process to reflect the savings.

5. Why were spare beds not used by self-funding residents to off-set costs?

There are few spare beds. It is wrong to assume that there has been under use of DCC beds. The bed numbers in the consultation only represent the residential use and most spare beds are taken up by respite and short stay cases which have actually delivered an occupancy close to the private sector average occupancy. DCC have also closed rooms because they are not suitable for increased dependency. The higher costs of DCC rooms mean the cost of care for self funders in a Devon County Council care home is higher than most people pay a private sector home for their residential care,

6. Why did DCC not look at the CQC reports when it was looking at availability of spaces? For example, it references Margaret Allen House as a potential but this had failed a CQC inspection at the time of the sample and has failed another since.

DCC does not place residents in homes that have adverse CQC inspection outcomes. DCC monitors CQC inspection reports and works closely with independent sector providers to improve their performance and also works with the CQC to support provider improvement. DCC meets its commissioning requirements with 90%+ of funded residents currently in private sector homes. There has been no safeguarding issue raised at Margaret Allen House.

7. Why is there so much variety between homes in terms of agency staffing? What are the guidelines given to homes? 19% of staff costs at Harewood were on agency as opposed to, for example 3% at Charlton Lodge.

DCC has a below average rating for the use of agency staff and has reduced the numbers of agency staff used each year. It isn't correct to compare different areas in the way indicated because the supply and availability of people varies from area to area and it is necessary to meet assessed needs. DCC is not legally able to provide the specialist 1:1 support required for small number of residents who have NHS Continuing Healthcare eligibility so this is commissioned through agencies and recharged to the NHS

8. What is the status of the twelve expressions of interest in the homes and are any moving forward?

The Council did not request expressions of interest in its residential homes, however some 12 initial enquiries have been received which range from simple questions about what is to happen to the building, to when the site may become available for other purposes and to interest in continuing to use the home for residential services. No action is being taken regarding any of these contacts at this point. Following the decision that DCC will cease to be a provider of residential care it is not appropriate to open discussions whilst there are still residents in the homes. Until there was a confirmed decision it wasn't possible to respond to expressions of interest. Responses are being considered. It should be noted that new owners of care homes would have to capable of achieving a new registration with CQC and ensure buildings meet current standards for size of rooms etc. Registration transfer is not possible.

9. When will Well UK, the independent body overseeing the process, be publishing its findings to the public?

Well UK is not overseeing the process. Transitions are managed by very experienced DCC staff. Well UK is evaluating how the process was received by sampling residents, day service users and their families who have moved to new homes or day services. It is expected that an interim report will be presented to the DCC scrutiny committee when there are sufficient numbers sampled.

10. In Cllr Barkers statement he says that the need for residential care is reducing each year. Was the decision to close the homes partly based on this assumption. Is the need reducing and can this be validated?

The decision report details the issues that led to the decision that was taken. The number of residential placements purchased by DCC is currently reducing around 9% per year. The figures are contained in regular performance reports submitted to the DCC scrutiny committee. The expectation of DCC and government is that more people will be cared for at home as this is the preference people express.

11. Has Council has considered the effect on the NHS o f bed blocking? The acute sector had been failing to discharge people.

Recent government reports clearly indicate that social care is not the main cause of delayed discharges, this rests with the NHS. DCC has a responsibility to work with Health Partners to reduce incidents of delayed discharges from hospital. Devon has a good history of close joint working as evidenced by the effective Complex Care Teams in place across the county. Health and social care teams work in partnership to prevent unnecessary admissions into hospital and facilitate discharge. The NHS has lead responsibility for intermediate care, there are very successful jointly provided schemes in Devon where people are discharged straight home with intensive support from their GP and teams of health and social care professionals.

12. If there are no DCC homes and the authority has a statutory obligation to provide care for anybody, what happens if they cannot find anyone to take the client at the stated rate of £459.00? Is there a limit to what they will pay and has that been built into the budget?

DCC commissions the overwhelming number of beds it needs from the private sector, currently this is in excess of 90%. The private sector also reports a reduction in bed use and representatives of the private sector report average occupancies now of 85%, so supply is not anticipated to be an issue. The Care Act will use the care costs determined by the Local Authority as the cost of care used to build the care account individuals in care will need to have. DCC has met the local care costs of people with an assessed need which is why the decision report indicated both the cost of care and the average amount paid. The latter accounted for the average including where premiums have been paid over the year.

13. How can you be sure that the private sector has the capacity to meet the need for social care? If there is insufficient capacity how do the Council to propose to deal with this?

There is sufficient capacity. DCC has had a statutory responsibility to develop market sufficiency for some time and does this with grants and training support. The private sector has been seeing the number of unused rooms increase. The CQC website details the bed numbers available at all homes in Devon. The amount of available capacity varies from day to day.

14. Would it have been cheaper and more humane to allow other providers to come in and take over the service so that the residents didn't have to move?

DCC has previously made two attempts to have other organisations take over its homes. The same decision was made by a previous administration in 2006 which led to a potential new owner. This failed when they could not meet the cost of modernising the homes. A further attempt failed in 2011 when a tender was published allowing each home to be acquired individually with no cost expectation. There were no bids made for any home. The costs of taking over a DCC home would need to include TUPE and pension costs so taking such action would not reduce costs. A new owner would also need to meet the costs of a new registration with CQC which would need to meet the current standard for room sizes.

15. Do DCC intend to sell the land off for housing when they have closed the homes?

DCC have a current policy to create and support additional capacity of Extra Care Housing similar to a scheme proposed in Tiverton. This enables people to live independently but still benefit from the availability of onsite 24/7 care.

16. Will Cllr Barker and Mrs Stephens be willing to come to a meeting once the outcome of the judicial review is known?

There is currently no Judicial Review. A challenge has been made but it requires the Court's permission to take the challenge forward to a Judicial Review. This will not be determined until late November. If permission is granted it is not anticipated that it will be heard until sometime next year.

17. Have staff been offered the opportunity to run the homes under the Localism Act or advised on the options that are available such as social enterprise?

There is no requirement in the Localism Act to make such an offer and there are restrictions on the support that can be provided. There is legislation which allows bids to run Council services but there are conditions on this in terms of when bids have to be made. It is not likely that a social enterprise will be able to reduce costs if an existing service is taken over as TUPE regulations and pension transfers will apply and transfers will require a new CQC registration which meets current standards.

18. When did the Council decide to reduce occupancy numbers or restrict admissions?

No such decision was made and the occupancy during the year ended March 2014 was not reduced from the previous year so there is no evidence of restricted admissions. Occupancy does not just include residential care beds. The proposal was to cease being a provider of residential care so the beds used for respite and short stays were not included in the bed numbers, when including the additional bed uses the overall occupancy the beds used for respite care and short stay have to be included. When they are occupancy for the year ended March 2014 was around the same average of private sector homes.

The launch of the review of residential services in December 2013 meant that anyone considering a DCC Residential Care Home was advised of the review and potential outcome; it was the personal choice of individuals to decide where they were placed. There were long stay admissions during the process.

19. Has consideration been given to adapt premises so that they come up to CQC standards?

Yes it would have been a capital cost which is not affordable when the care beds needed by DCC can be purchased from the private sector at a significantly lower cost to the revenue budget.

20. Would Cllr Barker like to comment on the story of a patient aged 96 who had been discharged from hospital but was in need of respite care? There had been no spaces locally so he had been sent out of the county and away from family and friends. The care he had received was poor so he had discharged himself.

I do not comment on anecdotal information. Respite care is not used to facilitate hospital discharges; it is extensively used to provide breaks and holidays for carers. The answer to question 11 covers hospital discharges. We would be happy to investigate any such complaint, to investigate an issue the permission of the individual is needed alongside their name, address, the hospital and the dates.

21. A question was asked about the location of the two specialist dementia homes, where are they and if they are not in Mid Devon, where would people who live in Mid Devon access this specialist provision?

One is in Torrington and the other is in Newton Abbot. There is private sector dementia provision available across all areas of Devon. DCC has a statutory responsibility to ensure market sufficiency so it has been working with private sector homes for some time to increase the number of residential placements available for people with dementia. The CQC website indicates where specialist homes exist in Mid Devon.

22. How is respite care going to be provided and how are carers going to be supported by being able to book in advance regular respite care?

The majority of respite beds are currently purchased from the private sector and the current arrangements will continue to apply. Devon has commenced a tender to this market to block contract for bookable respite rooms. These contracts are due to be let before the end of November 2014.

23. How much time is to be allocated to individuals that are receiving care in the community?

People with an assessed care need who are eligible for DCC support receive a personal care plan which describes how their assessed need will be met; there is no specific time, the care plan allocates time according to assessed need. To maintain current eligibility criteria DCC needs to reduce costs.

24. Is the need for human interaction and company to be provided for when assessing and allocating carer's time?

Care workers provide practical support and personal care in a way which involves sensitive interaction and company. The relationship between a carer and the person they support with intimate personal care tasks is extremely important. Additionally, in order to provide a more universal approach DCC is starting to engage communities to create local volunteer befriending schemes. This extends and complements the dementia friendly communities we have already supported.

25. Concerning the risk assessments undertaken the score appeared to be too low given the high level of risk associated with an unwanted move.

Risk assessments at a home by home level are continually monitored and refreshed to provide a guide, the comment is a personal one which doesn't appear qualified by any evidence. In terms of residents each individual has a personal risk assessment as part of the broader assessment process completed by qualified professionals and this is extended to transfers.

26. If the homes are sold what does DCC intended to do with the capital receipts if DCC decided to sell the buildings. Would this money be ring-fenced for care services?

DCC has a strategy to support provision of extra care housing to provide independent living with 24/7 on site care. Mid Devon council has been aware of this for sometime and has indicated support for a local scheme. Sites will be considered for social care needs first. If there is subsequently no take up then the site will be declared surplus and will be the responsibility of the corporate property department. Capital receipts are not ring fenced and cannot be used to support revenue costs.

27. When will a Strategy for the Elderly be written?

Policies and Strategies which support older people have been in existence for sometime and are regularly reviewed in the light of changes to legislation, government direction and funding. DCC has a Strategic Plan which indicates support for vulnerable people. Examples of legislation which change strategies are The Better Care Fund, The Care Act and Transforming Community Services, just some recent ones.