

**APPENDIX 4  
CONSULTATION ON THE FUTURE OF LEICESTER CITY COUNCIL'S  
RESIDENTIAL CARE HOMES FOR OLDER PEOPLE**

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## PART 1 - INTRODUCTION

Statutory consultation was carried out between 14 March and 14 June 2011 on proposals affecting the eight city council-run residential care homes for older people.

The proposals involved closing six of the homes and redeveloping the remaining two to provide short-stay support to help older people stay in their homes longer. The clear message given to the council as a result of the consultation was that we should consider different proposals for the homes and involve people more in the ideas for change.

A second period of consultation was therefore undertaken from 4 July to 26 September 2011. We consulted on the three main proposals below, and said that we wanted to hear detailed and wide-ranging views. This was because any final decisions from the consultation might well result in a combination of the proposals or have different results for individual homes.

Proposal 1 - Re-invest in intermediate care by closing some or all of the homes. This proposal would mean working with residents and their families to find homes in the independent or voluntary sector. This includes Extra Care type housing. This option allows the homes to close.

‘Intermediate care’ is the name given to a range of health and social care services that may be available to promote faster recovery from illness, avoid unnecessary admission to hospital, support timely discharge from hospital and avoid premature long-term admission to a care home.

Proposal 2 - Sell or lease all or some of the homes as going concerns to voluntary, independent or social enterprise providers. One or more organisation would take over the care of residents, the employment of staff and the maintenance of the buildings. Residents would be able to choose to stay in the homes, but the plan would be for the new organisation(s) to develop and modernise the homes in the future.

Proposal 3 - Reduce the number of homes by closing those with (or when they have) low occupancy, and not having any new admissions to the homes. This proposal recognises the fact that homes with low occupancy are less cost-effective and can have an impact on the morale of residents and the workforce. It allows a phased approach to closure over time. This proposal would mean working with residents and relatives in homes with low occupancy to help them find a place in another home.

The consultation was led by a small in-house consultation team within adult social care.

## PART 2 - METHODOLOGY

The following methods were used to consult on the proposals:

### **a. Letters**

Two letters were sent to all residents living in the eight care homes and their relatives, to let them know that a second phase of consultation on the future of the homes was being carried out.

The first letter explained that the views and comments received during the consultation period would be included in a report to inform decision-making by Cabinet on the future of the homes.

A follow-up letter sent out a week later included various documents:

- A leaflet explaining why we need to change the way we manage the residential care homes, and the proposals we are looking at;
- A questionnaire for people to complete and return in a stamped addressed envelope;
- Answers to frequently asked questions (FAQs);
- Details of meetings that the residents and their relatives could attend to talk through the proposals.

Home managers were briefed on their responsibilities to help residents and their families to understand the letters and information sent to them. They were instrumental in ensuring that residents were not unduly stressed or upset by the various documents sent out.

Letters and information about the consultation were also sent to organisations representing the interests of older people. The organisations were asked to send us their views and to use their networks to ensure that as many people as possible had an opportunity to comment on the proposals.

City councillors and local MPs were sent information about the consultation. So too were staff at the residential care homes and the trades unions. Staff were informed that we were not in a statutory consultation with them about their employment. However, as people working in Leicester they could send in their views in the same way as any other member of the public.

### **b. One-to-one interviews**

Individual one-to-one interviews were offered to all 149 residents in the homes and their relatives. The purpose of the interviews was to discuss, in a private setting, individual concerns and issues about the ideas for change. Only one person declined an interview, and that was because the resident was in hospital.

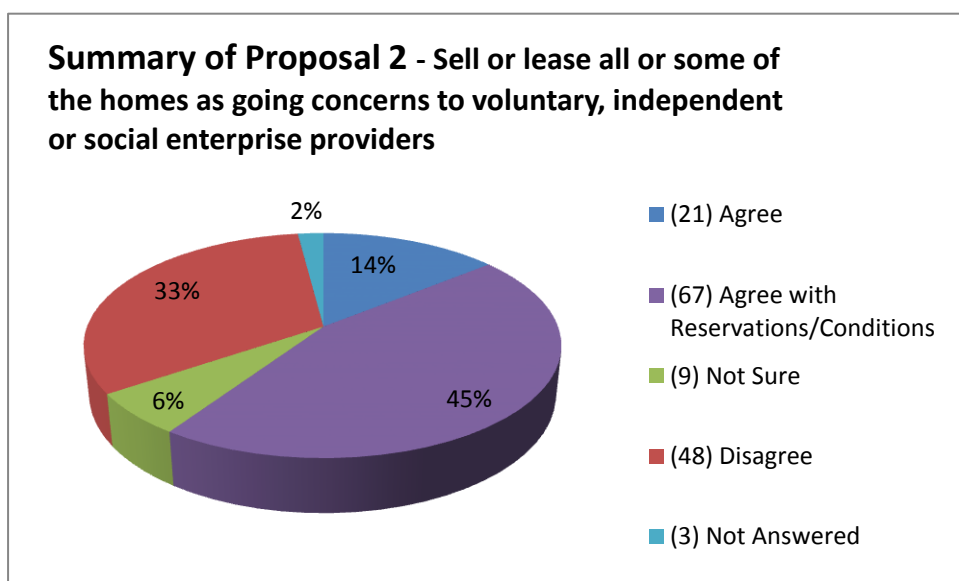
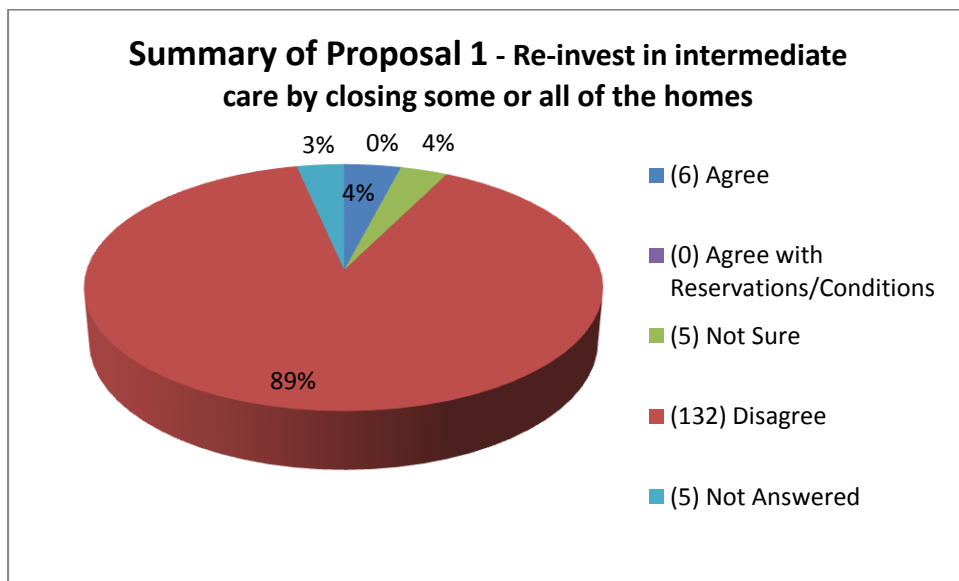
Before carrying out the one-to-one meetings, pen pictures (brief written descriptions of the residents) were completed for each resident. They highlighted the best way of involving each resident in the consultation. Each pen picture was confidential, and was used only by social care workers in the in-house consultation team.

## PART 2 - METHODOLOGY

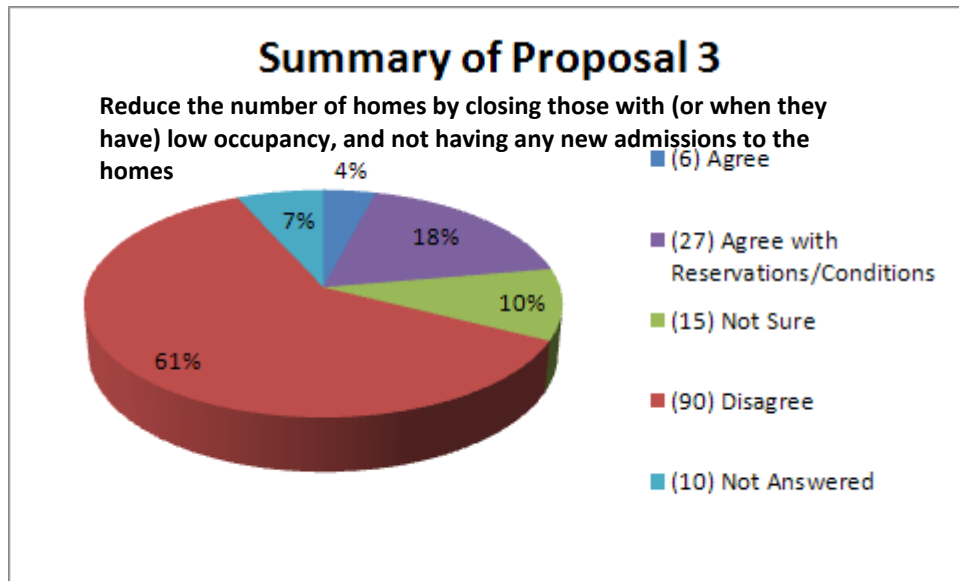
The Alzheimer's Society provided support for residents who needed it due to lack of capacity and because they were without a family member or friend to represent them. Staff members were also available to provide support if this was preferred by individual residents.

The draft record of each meeting was read out at the end of each interview, and a final record was subsequently sent to the resident/relative.

An overall analysis of views on the three proposals is provided below. A more detailed analysis of the one-to-one interviews for each of the individual homes can be seen in parts 4 to 11 of this document.



## PART 2 - METHODOLOGY



### c. Residents' (and relatives) consultation meetings

Meetings were set up by the in-house consultation team to visit each of the residential care homes and meet with residents and their relatives. The meetings included an explanation of why the council needs to change the way it delivers services to older people in the city and the different ideas being consulted on.

There was also an opportunity for people to ask questions about the proposals. At each meeting, people worked in small groups to record their thoughts and ideas about the proposals.

A copy of the documentation from the consultation meetings can be seen in parts 4 to 11 of this document. The names of residents and relatives are not included.

### d. Questionnaire

A questionnaire was developed to find out people's views about the proposals affecting the residential care homes. A paper copy of the questionnaire was sent to residents and their relatives with the letter referred to in paragraph a. above. Other recipients of letters were advised about the availability of the questionnaire in paper form or electronically on the council's website.

In total, 142 questionnaires were completed. There is some inevitable duplication with the residents' answers in the questionnaires and the answers they have given in the one-to-one interviews referred to above.

## PART 2 - METHODOLOGY

### **Breakdown of questionnaires received by residential home**

<b>Home</b>	<b>Others</b>	<b>Relative/friend</b>	<b>Resident</b>	<b>Grand Total</b>
Abbey House		11	4	15
Arbor House		13	2	15
Cooper House		8	2	10
Elizabeth House		7	1	8
Nuffield House		5	9	14
Preston Lodge		9	8	17
Thurn Court		5	5	10
Home not specified	41	9	3	53
<b>Grand Total</b>	<b>41</b>	<b>67</b>	<b>34</b>	<b>142</b>

### **Breakdown of questionnaires received by ethnic background**

<b>Ethnic background</b>	<b>No.</b>
Asian or British	2
Black or Black British	2
Other	3
Prefer not to say	4
White	104
Not answered	27
<b>TOTAL</b>	<b>142</b>

Part 12 of this document provides an analysis of questionnaire answers.

#### **e. Written comments and meetings**

Part 13 of this document analyses some 30 letters and notes received from organisations and MPs and from individuals commenting on the proposals.

## PART 3 - SUMMARY

Leicester City Council has been told by older people that they want to live as independently as possible for as long as possible. People's desire to live independently is a common one nationally, as evidenced in 'Putting People First 2007'. Local research undertaken over the last twenty years also supports this. 'A qualitative assessment of the Housing Needs and Aspirations of Older People in Leicester', University of Salford) is the most recent example. In order to develop new and different types of services to support people to stay at home, we must look at the services we are currently providing and make some difficult decisions about what we need to change.

Consultation carried out between March and June 2011 on the future of our residential care homes for older people suggested that we should look at more options for change. This has been the main aim of our second round of consultation, which was carried out from 4 July to 26 September 2011.

We consulted on three proposals which are explained in full in part 1 of this document. We have used different channels and methods for communicating information and have invited wide-ranging comments and views.

Proposal 1 - Reinvest in intermediate care by closing some or all of the homes.

A frequently raised point about proposal 1 was that it is not relevant to existing residents, as living independently is not an option for them. Investing in intermediate care is seen as being a good thing, but it does not benefit people who are currently in residential care homes. Aside from leading to the closure of homes, proposal 1 is seen by some people to be taking money away from the residential care sector where it is still needed. These points may, in part, explain the high level of dissatisfaction expressed through feedback on proposal 1.

Proposal 2 - Sell or lease all or some of the homes as going concerns to voluntary, independent or social enterprise providers

This proposal was generally seen as the most acceptable because it would mean that the homes will not close and may eventually be refurbished. There were concerns, however, that the standard and quality of care provided by the council is better than that provided elsewhere in the residential care sector. There were also concerns about how much residential care would cost if homes were sold or leased as going concerns to voluntary, independent or social enterprise providers.

Proposal 3 - Reduce the number of homes by closing those with (or when they have) low occupancy, and not having any new admissions to the homes

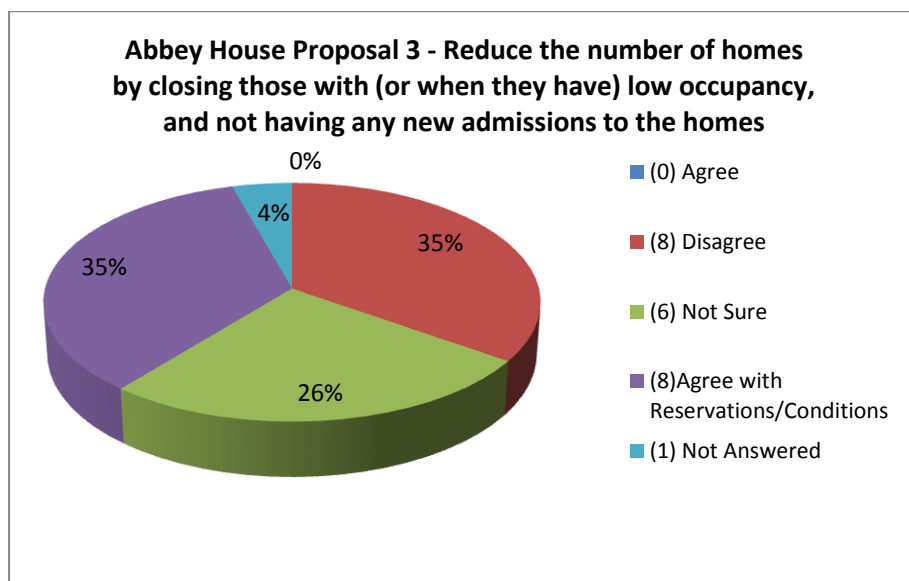
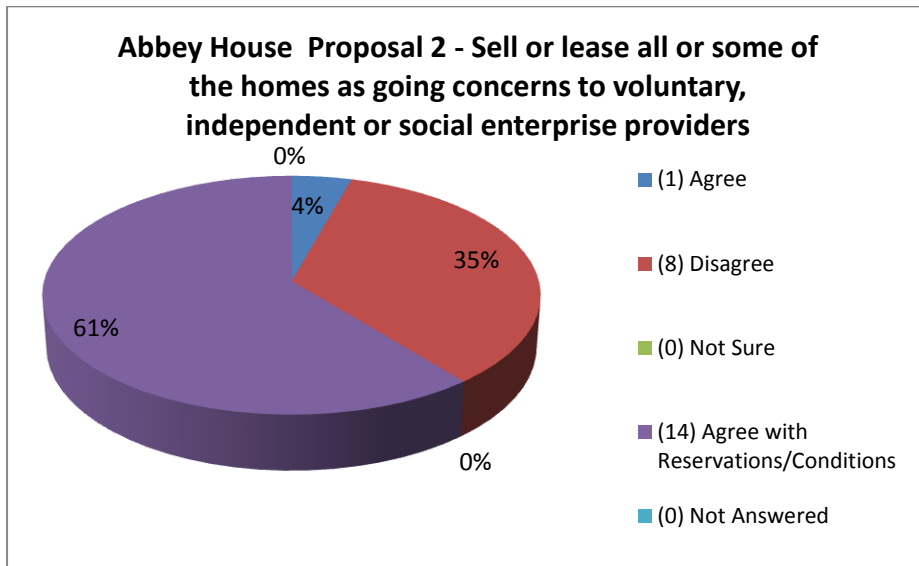
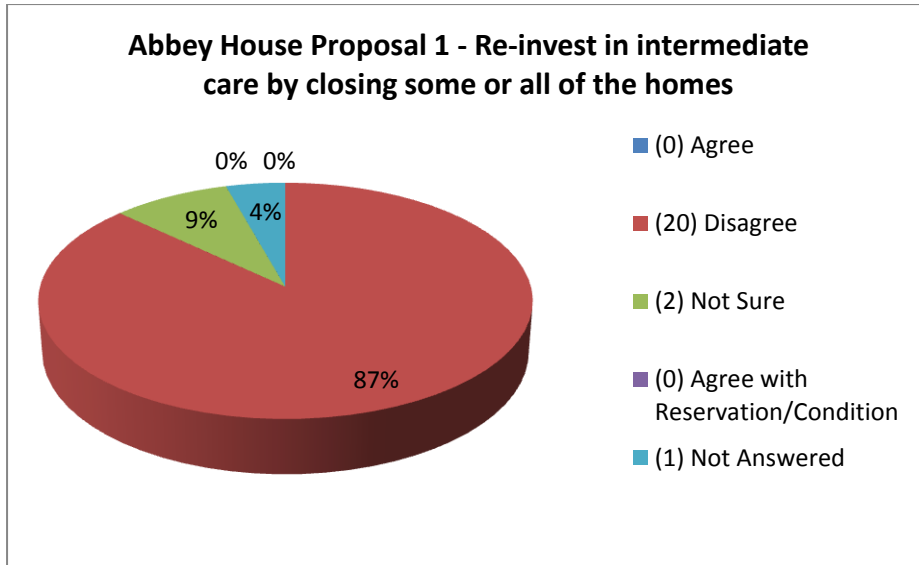
Overall, proposal 3 was identified as the second most acceptable option. However, a key factor here is that residents who live in homes which are fully occupied are more likely to be positive about this proposal. This is because it might be some time before their home eventually closes.

## PART 3 - SUMMARY

The overriding message that came out of this latest consultation is that residents and their relatives do not want the homes to close. There was a general view that residents want to stay in the homes where they are happy and comfortable, and that a move to another home could have a negative impact on the health and well-being of some individuals. Friendships with other residents/staff and the closeness to relatives were key factors in the feedback.



## PART 4 ABBEY HOUSE, ONE-TO-ONE MEETINGS



## PART 4 ABBHEY HOUSE, ONE-TO-ONE MEETINGS

One-to-one meetings were carried out for all of the 23 residents, with the residents supported by their relatives, friends, or a member of staff with an advocate. In some cases decisions were taken to carry out the meetings without the residents present, as it was felt by relatives that they were either unwell, confused due to dementia/ Alzheimer's, or that the meeting would upset them.

Below is a summary of the worries people raised and comments they made (when we say people, we mean the resident and/or their relative/representative):

- Everyone said they didn't want to move, wanted to keep things as they are, or wanted to stay in their home.
- The majority of these mentioned needing continuity, or no change.
- Nine of these disagreed with the home closures, as they felt that Abbey House is their home, that the residents had human rights, and that they needed to feel secure and cared for in their home.
- These nine also felt that the closure to re-invest in intermediate care was not relevant to them so they shouldn't have to suffer to make life better for others.
- Three people mentioned having intermediate care facilities at Abbey House whilst allowing the current residents to continue to live there.
- Seventeen people said they like the current home for some, or all, of the following reasons:
  - the staff
  - food
  - the home is clean, bright, airy and cheerful
  - the rooms are decorated nicely
  - people are treated with respect
  - standards are good
  - people are looked after well
  - it is purpose built.
- One person said it was 'perfection'.
- Four people said Abbey House may need modernising, should have en suite facilities, or that the council should improve on what they have.
- Two people said people don't need en suite facilities, but better care.
- Sixteen people said they had concerns over the standards of care in private and independent sector provider homes. They were concerned that these providers lack trained staff and have lower care standards. They were worried that staff might not be happy or might leave, which would have an impact on the residents, or that these homes would not be as safe as local authority homes. Some of these also referred to media reports.

## PART 4 ABBHEY HOUSE, ONE-TO-ONE MEETINGS

- Six people wanted reassurance from the council on how private homes are monitored and regulated, or an assurance that the council would monitor them. One felt there would still be no guarantee of this in practice.
- Fifteen people mentioned that moving (or any change) would have a detrimental effect on their health, mental health, or that they might die, become upset or become confused. They said it would be a big upheaval to their lives.
- Thirteen people reported that the consultations were causing them to worry, that the process was traumatic, that it was causing confusion, or had resulted in a change in atmosphere at Abbey House, amongst both staff and residents.
- At least three people said proposal 3 (no new admissions, people moving from homes with low occupancy to another council home or another type of home) would have an impact on staff morale as well as on the residents themselves, that it would feel like people were waiting for them to die, or that they were concerned this would mean they might have to move a few times.
- Fifteen people mentioned that relatives lived close by/within walking distance, and that they shouldn't be moved out of Leicester, or to the other side of Leicester.
- Seven people were worried about where they would be moved to, that there wouldn't be enough residential places for them, or said they would have to see the new home first, before they were moved.
- Seven people mentioned having moved from one home already, having only just settled at Abbey House, and that it had taken a long time to settle and get used to the change from moving.
- Five people talked about their friends and were concerned that residents couldn't possibly move together. They said that they should be able to move with their friends or that all the residents should move to one home.
- Eleven people were worried about the cost implication of moving to another home and/or having a private provider take over. They were worried about whether they could afford another home, about the standards of the other homes that they could afford, that homes in their price range (banding) would not be suitable, or that they might be penalised by private providers because they can't afford to pay any more.
- One person, who is a self-funder (pays the full cost of their care package themselves), said they were very concerned about being able to afford a private provider, and whether they would have to move again if their savings ran out.

## PART 4 ABBHEY HOUSE, ONE-TO-ONE MEETINGS

- Three people said that the Government should cover the cost if there was any extra charge by the new provider.
- Six people mentioned there is an ageing population and that people are living longer, so they thought there would be an increase in demand for residential care, or they thought that more people should be placed into residential care.
- Some of these mentioned people born after World War 2 and the number of people in the future being able to afford to pay for care, as fewer people can afford to buy their own homes.
- Four people suspected that there was low occupancy in the homes either because the council was running them down already, because of the standard in (other) council homes, or because the decision may have already been made by the council. They believed that Abbey House had always had a waiting list.
- Two people felt the consultations were due to politicians/were political in motivation and wouldn't have happened if it was still a Labour Government.
- Four people said that older people were being treated terribly and that the council needed to look after the most vulnerable people in society. They also said that the council hadn't thought how their plans would affect older people.
- Three people felt that they had worked hard all their lives/paid their taxes/had a hard life with the war, and that the Government had broken its promise to them.
- Three people acknowledged the current financial climate, and the position the council is in, but questioned how the council can afford to pay for Leicester Market, or 'throw money' at other places.
- Two people said they were grateful for the opportunity to have the one-to-one meetings and have their say.
- One person specifically said if her mum had to move she wouldn't want it to be to Elizabeth House.

PART 4  
ABBHEY HOUSE, RESIDENTS' & RELATIVES' MEETING

Thursday 21 July 2011, 6.30pm

**Present**

**Residents:** 8

**Relatives/friends:** 21

**DS** – Deborah Swann (Alzheimer's Society)

**HC** - Helen Coombes (consultation team)

**AS** – Angela Sutaria (consultation team)

**KC** – Kerry Clare (Assistant home manager)

**What people said**

**Relatives:** Has anything actually changed since the last meeting, is the council still intending to close the home?

**HC:** We have extended the original period of consultation. No decisions have been made. We have a broader range of consultation proposals this time round.

**Relatives:** We don't want this home to close. We don't need this meeting and flip chart paper to tell you that.

**HC:** I understand it is really anxiety-provoking to be talking about possible changes, but I would really like the chance to talk you through the consultation proposals, and to make sure we capture your views exactly as you have expressed them on the flip chart paper. Your views are important and will be fed into the decision-making process.

**Relative:** People have sold their homes to come here, it is wrong to move them when they consider that Abbey House is now their home.

**Relative:** It is not fair that these residents pay the price for the changes the council wants to make. Some of these people fought in the war for this country.

**HC:** I hear what you are saying and these are important points. Perhaps I could talk you through the new consultation proposals.

**More questions and comments**

**Relative:** All this talk of change is fine but our plight is the residents here now. We want to focus on them.

**HC:** That is totally understandable.

**Relative:** Can you tell us a bit more about intermediate care?

**HC:** Intermediate care is where intensive support is provided for six to eight weeks, for example after someone has been in hospital, or to work with someone who may be vulnerable to prevent a problem like a fall.

**Relative:** You talk about the private sector being an alternative but what are the costs? Won't it be much more expensive?

**HC:** Not necessarily, for some people care can be free, for example those in receipt of nursing care.

**DS:** That's not right; I have to say I disagree with that.

**HC:** I'll come back on nursing care. If a home is contracted with us, and we have assessed someone as eligible to receive services, two things can happen. If the council is paying for all or some of that care after a financial assessment, then the person is placed at the negotiated rate for that band. We negotiate this rate every year with the providers and they cannot go above this for people we are placing.

## PART 4

### ABBEY HOUSE, RESIDENTS' & RELATIVES' MEETING

**HC:** People who are self-funders, and not placed by the council into a residential care home, are in a different position as homes are free to negotiate individually with those people.

**HC:** You should not have to pay any more if you choose a home which provides accommodation at the banded rate, appropriate to a person's needs. However, what can happen sometimes is that if a person chooses a particular room which is above the banded rate, providers can try to charge extra for this. This is known as a third party payment and if people want accommodation that is additional to their needs then relatives can be asked to pay the difference.

**DS:** In my experience, a lot of families are asked to pay top up-payments to cover a lot of the costs the provider is charging.

**HC:** That should not be happening generally.

**DS:** That is certainly my experience.

For the purposes of accuracy the following represents the position on nursing care and was put in after the meeting:-

*If someone has nursing needs and Leicester City Council funds the placement in the residential or nursing home, then the need for nursing care will have been established by a nurse in conjunction with adult social care.*

*The accommodation and personal care element of the package is £369.00 per week, which Leicester City Council pays to the nursing home, and the resident is financially assessed, as usual, for their contribution to this part of the package. The additional nursing element is £108.70 per week, which the home needs to claim back from the NHS themselves. This contribution is not means-tested.*

*This does not apply if someone is assessed through Continuing Health Care as having significant health needs so that their package is 100% health funded. In these cases the NHS will pay for their whole package in the nursing homes.*

#### **Residents'/relatives' comments**

- Don't close the home because it will affect residents' health.
- Leave the home as it is or you will have trouble with the residents.
- We want everything to stay as it is, we would not want the homes to be sold.
- The council wants to put the old people first before moving them out of the homes.
- My mother-in-law moving will make her son unwell as well.
  
- Increased cost of private care. Many homes charging up to £600 weekly.
- No confidence in care provided by private sector.
- Only 24-hour care at home would enable people to stay at home longer.
- There is an impact on family and carers when relatives remain at home.
- There are safety issues, for example moving people with dementia has a substantial impact on their health and well-being.
- Why are there more staff around now?
- No tea trolley due to Health and Safety.

## PART 4

### ABBHEY HOUSE, RESIDENTS' & RELATIVES' MEETING

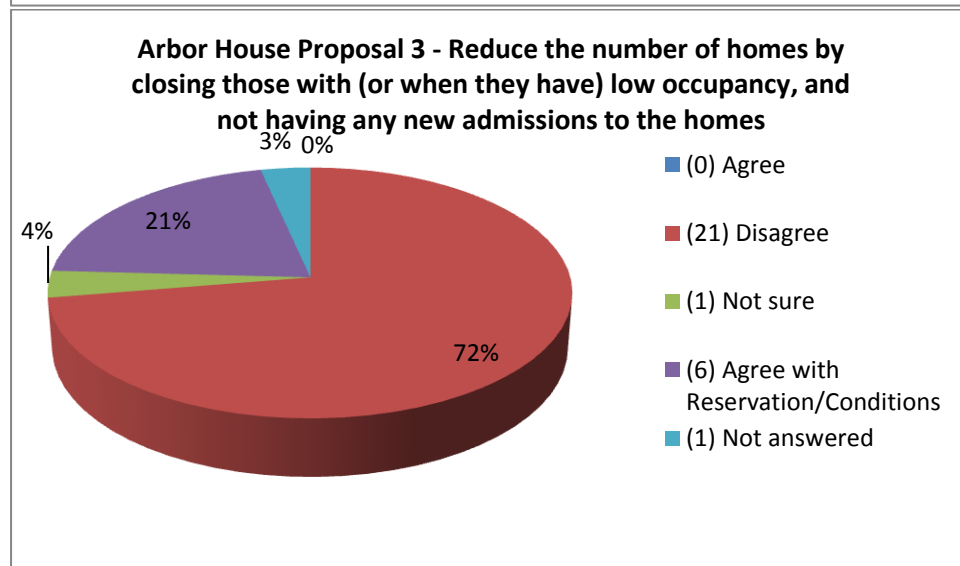
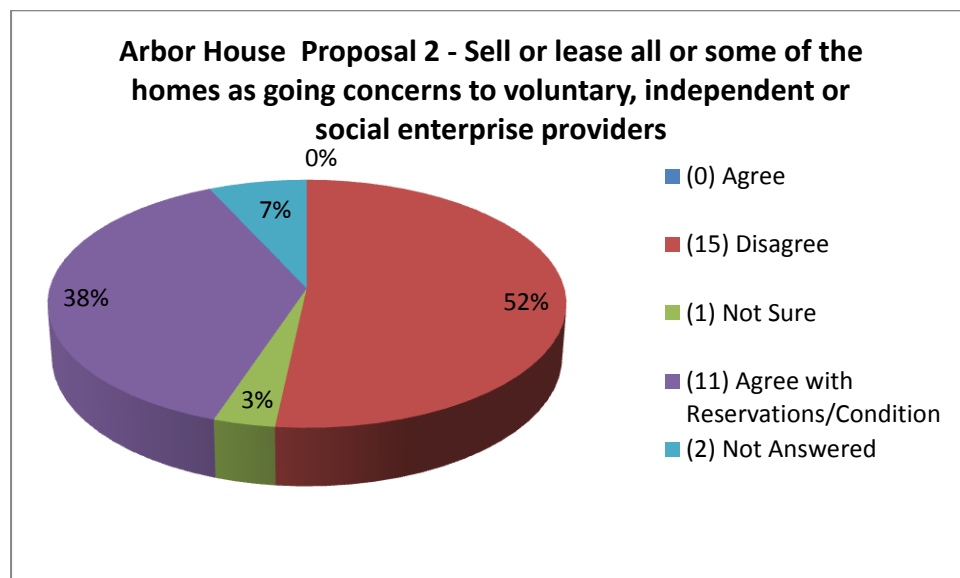
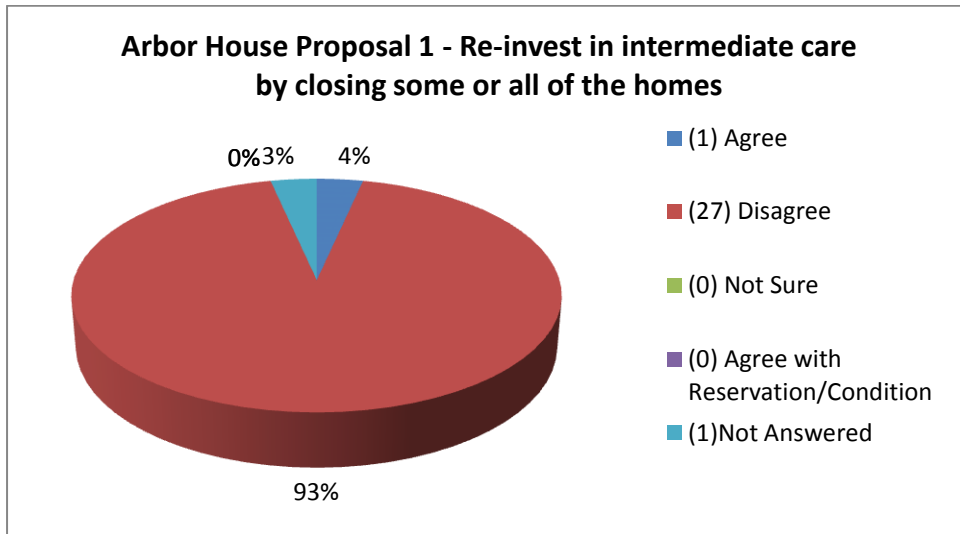
- Concerns about lack of hygiene for residents if a move took place.
  - Major concerns about what will happen to relatives.
  - Is the council putting the elderly at the top of the agenda when considering what they are spending their money on, i.e.: park and ride £5m, Belgrave Gate £1m, Curve?
  - Whilst we appreciate the council's needs for the future we must live in the present. Would the council evict a family from their council house? No! So our families cannot be evicted from their homes!
  - We want Abbey House to remain as a residential home for its present residents. With regard to renovation, we believe this could be done in parts, thus allowing present residents to remain.
  - Can they have the tea trolley back please – they were not consulted on this.
  - None of the proposals are acceptable to relatives here.
- 
- Concerns that residents would be moved from a home identified as suitable for intermediate care to another local authority home which needs updating and there is no money to do so.
  - Additional costs – who will meet costs for private care?
  - Will residents be able to stay in their current home, whichever proposal is adopted?
  - How will needs be met for people remaining at home?
  - Moving into care is last resort.
  - 24-hour care at home is only way for residents here to have remained at home or at the least more care than they previously experienced.
- 
- Residents are the most important priority. Their homes have been sold, so Abbey House is their home! (To remove them would be eviction).
  - If the home became a private enterprise, would there be a guaranteed place for them to remain as residents?
  - Concerns over poor quality of private care.
  - Inadequate care provision at home. Impact on carers.
  - Concerns about decreasing quality of care, given recent staff cuts – one shower a week is not enough!
  - All the people in Abbey House have all received care at home and respite care. Residential care was their only option.
  - Intermediate care proposals are not relevant to whether this residential home should close.
  - Day care centres are vital to carers. They also prevent social isolation.
  - You constantly hear about people's human rights, but when you require residential care, your rights are disregarded.
- 
- Concerns over staffing levels in the morning (early) and evening. Staffing levels (generally) have an impact on activities.
  - Worries over tea trolley as this service has been removed.
  - Feel like we are saying the same thing lots of the time.

PART 4  
ABBHEY HOUSE, RESIDENTS' & RELATIVES' MEETING

- Some people should not be cared for at home because it's not always dignified.
- We would rather nothing changed, but if it has to and Abbey House could be sold to another provider - and this was a good provider - that would be better than people moving out.
- Concern about residents' health, stress and anxiety about their future.
- Many private care homes looked at are not up to standard and in very old buildings, also staffing issues (e.g. night staff).
- Residents' health improved since living in Abbey House - if they'd been living in their own homes, their health would deteriorate and they would probably need hospital treatment again.
- It would be a good idea if homes were sold or leased by the independent sector and staff stayed on.
  
- Would choose to stay at home if I could – but I would need help with meals, cleaning and to do things like go to the pub.



## PART 5 ARBOR HOUSE, ONE-TO-ONE MEETINGS



## PART 5 ARBOR HOUSE, ONE-TO-ONE MEETINGS

One-to-one meetings were carried out for all of the residents at Arbor House. Meetings took place for 29 people. Of these, two have since passed away.

During the meetings the residents were supported by their relatives, friends, a member of staff if they wished, or an advocate. In some cases decisions were taken to carry out the meetings without the residents present, as it was felt by relatives that they were either unwell, confused due to dementia/Alzheimer's, or that the meeting would upset them.

Below is a summary of the worries people raised and comments they made (when we say people, we mean the resident and/or their relative/representative).

- All except two people said they didn't want to move or change anything. They said they were all right as they were, they didn't want people interfering and that the home shouldn't close. They said it would be difficult for them to start all over again, settling in another home.
- Nineteen people also said they were settled at Arbor House (even if they did not choose to live there initially) and that they had adapted to living there. They said they considered Arbor House to be their home, they had fond memories of it as a home, and others would feel the same if they moved there.
- Eleven people said Arbor House is their home, and a couple mentioned how other people (or members of the local authority) would feel if people took their home away.
- One person said they would be okay about having people from other homes moving to Arbor House.
- Three people said they had made friends with other residents, and three said they hoped the home stays open as they have no family or children, or no home to go to.
- Two people said closing the homes was a bad idea/not a good idea.
- Seven people said they would fight to keep it open, or strongly disagreed with the closure.
- One person said they didn't have long to live but did not choose residential care so thought moving might be a good idea.
- Another said that rather than being institutionalised, they would rather move back home and be supported by intermediate care. This person also said when they were placed at Arbor House they weren't given any alternative.
- Twenty-one people said, or gave the impression that, the proposals were causing them to worry and making them upset, angry and anxious. They said that it was a big ordeal, or was unsettling, for residents and relatives.

## PART 5

### ARBOR HOUSE, ONE-TO-ONE MEETINGS

- One relative said they were so worried about their family member that it had become a 'nightmare' and was having an impact on their relationships.
- Another person referred to the recent publicity that within three years, six homes were closing and only two would stay open.
- Eight people felt the decision was either a 'done deal', or were certain/worried that Arbor House was going to close, and said that their relatives and everyone else feels the same way.
- One person said they felt they could not fight physically with the local authority and so did not want to be consulted. Two people mentioned concerns about being sent to 'work houses'.
- Nineteen people said any changes or moves would be detrimental to their mental and/or physical health or would be disastrous and devastating to their health and happiness. They added that people would die, it would destroy lives (of both residents and relatives), that they would be heartbroken, they wouldn't be able to settle in a new home, and it would affect the relationships they have developed with others at Arbor House.
- Five said the location of Arbor House helped them to have continued regular contact with friends and family, or they had lived in the local area all their life.
- Seventeen people mentioned liking Arbor House in particular for the following reasons:
  - it has a good rating
  - social aspects
  - it is organised as if it is their own home
  - the building is homely
  - it has a nice atmosphere
  - they are treated as individual friends by staff
  - staff are accommodating and caring
  - staff are nice and good people
  - they cannot fault the staff
  - staff are familiar with the care needs of the residents
  - they are particularly impressed by Lisa Hall (manager)
  - the food is good
  - the residents are safe and have peace of mind.
- One person also said they enjoyed being able to choose to take part in activities such as cleaning, at a time to suit them.
- One person said that that staff at Arbor House understood a specific resident's history and had known the resident before their health deteriorated, so remembered their personality. This was felt to be important in providing continued care for that person.

## PART 5 ARBOR HOUSE, ONE-TO-ONE MEETINGS

- One person thanked the authority and all the staff at Arbor House for caring for his relative so tirelessly.
- Nineteen people were concerned about the private sector buying Arbor House, for the following reasons:
  - private providers are concerned with making money and profits - they can't meet the current level of care provision
  - they would compromise on the quality of care which would deteriorate
  - they would compromise on staff contracts, terms of employment and salaries, so staff would leave and this would have an impact on the care and support of the residents
  - private organisations do not give as much choice in meals, or care about the quality of food, and have more agency staff (some said this was based on experience)
  - in these homes, people don't know what goes on 'behind closed doors', you get a poor reception and atmosphere, people are far from happy
  - worries about how private providers would manage the homes.
- One resident said they would want to know what changes the new owners were planning to make before they could give an opinion. There are questions they would want to ask of any prospective buyer before the deal is done to be reassured that they would be happy with the new owners.
- Eight people said they would rather a voluntary provider took over (one said for as long as the cost stays the same, and another said as long as they were monitored).
- One person criticised a voluntary provider, another said they were driven by the need to make money to fund their organisation, and another said they were worried about them as they were still dependant on funding.
- One person felt that they would be happy for a social enterprise to takeover, as long as the cost and the quality of care would stay the same.
- Eight people said they would need reassurance and guarantees that the care from another provider would be as good as it is now, that they would like the quality to continue unchanged, and that they would like the same staff. They wanted to know how the local authority would monitor another provider.
- Fifteen people said that Arbor House should remain the responsibility of the local authority for the following reasons:
  - it is an invaluable asset to the local authority
  - selling would be the easy option, it would result in short term gain, but is a short-sighted plan
  - it seems the council wants people to 'pop off'
  - the funding resources for the council should be managed better, there is enough money to fund residential care
  - the local authority can source funds for its homes

## PART 5

### ARBOR HOUSE, ONE-TO-ONE MEETINGS

- local authority homes are run more efficiently
  - selling the homes won't fund intermediate care indefinitely
  - they also questioned how the saving would be used and mentioned that there wouldn't be a reduction in council tax.
- 
- One person said the local authority should advertise and publicise that there are vacancies in the homes, to encourage interest.
  - Two people felt the local authority should consider upgrading the facilities at Arbor House and one person said the council should consider PFI (private finance initiatives) like the schools.
  - Two people said there were more important things than refurbishment or developing en suite facilities, such as care. They felt were not recognising the needs of the physically frail, or the elderly.
  - Twenty people said that we have an ageing population, people are living longer and there is a greater need for residential care, so the council should be investing more money into residential care rather than closing down homes or passing the responsibility on to others.
  - They also questioned why the private sector is interested in buying residential care homes if there is low demand, and said that the council should be investing in residential care for the frail, elderly and vulnerable.
  - They added that there should be more specialist dementia care and more funding should be secured for specialist dementia care.
  - Four people recognised that the council may be short of money, but said that this is a sign of the times and that the local authority should be looking at other ways of making savings. They said that the local authority should not be abandoning the vulnerable and elderly, and that it is not fair on these people.
  - Twenty-four people felt that although intermediate care is good, it is not relevant to their needs. They said they need a residential setting so they didn't agree with proposal 1.
  - They also said that older people/people in the local authority's homes should not be targeted, they are more important and the council should consider their needs. They said that the council should fund intermediate care, but not at the cost of closing their homes.
  - One person voiced concern over the quality of care provision within the community.
  - One person suggested that people in the community should pay for intermediate care.

## PART 5 ARBOR HOUSE, ONE-TO-ONE MEETINGS

- Nine people were concerned over the cost of their placement if another company took over, and said they needed agreement that the cost would stay the same and not be increased.
- Two people said they were paying for their placement from savings that they had accumulated from working hard all their lives.
- Five people said that older people had contributed to the country by paying taxes, above and beyond the call of duty, and need the respect and recognition they deserve.
- Seven people felt that proposal 3 (not taking new admissions and allowing people in homes with low occupancy to move to other council homes, or other homes if they wished) was too vague a proposal. They said that this would be disruptive to the residents left in the homes and that residents may have to move from home to home. They said they would be under a daily threat and would be worried all the time. They also questioned the number of people that the council would consider 'low occupancy.'
- Some people said they understood the logic, but would not want to move if Arbor House had low occupancy.
- Seven people felt that the local authority was in fact aiming for low occupancy, and that this situation had been created for quite some months to 'make up statistics'. They said that the council is deliberately running down their homes by stopping admissions, and that Arbor House had always had a waiting list.
- A couple of people felt that low occupancy leads to isolation and has an impact on the health and well-being of people, and questioned how these homes had ended up in these situations.
- One person said the one-to-one meeting was a fairer way of obtaining people's views on the proposals.

PART 5  
ARBOR HOUSE, RESIDENTS' AND RELATIVES' MEETING

Tuesday 2 August 2011, 6.30 pm

**Present**

**Residents** 17

**Relatives and friends** 15

**HC** - Helen Coombes (Consultation team)

**AS** - Angela Sutaria (Consultation team)

**AO** - Ashraf Osman (Head of service, contact & prevention)

**NN** - Naadira Nurgat (Consultation team)

**LH** - Lisa Hall (Home manager)

**JM** - June Matera (Home staff)

**DS** – Deborah Swann (Alzheimer's Society)

**What people said**

**Relative:** Excuse me, but if we took a percentage of residents here tonight, most would say Arbor House is my home and I am happy here. You will get people in a right muddle talking about change.

**HC:** Our job tonight is to record your views and opinions about the proposals and if I may I would like to outline some of the reasons we are consulting on the proposals. It is important you have your say.

**Relative:** We have heard this all before when Ruth Lake came. Why don't you just report that we want Arbor House to stay open? Let's not waste our time.

**Relative:** Yes, why do we need to go all around the houses? Just keep Arbor House open.

**HC:** I hear what you are saying but things are different from the first consultation and I would like an opportunity to spend just a few minutes talking to you, as there are some new consultation proposals. Following this I would like us to have a short break and then split into groups. I will come round each group and talk to you all. I must stress that although you feel that you have been here before, the proposals are new, and your views will be taken into account and submitted as part of the Cabinet report.

**HC:** There are three consultation options and it might be that ultimately there is a different solution for each home.

**Relative:** Let's get to the point, is there any money to keep these homes going?

**HC:** We do have financial pressures and need to serve a growing number of older people.

**Relative:** Southern Cross has gone bust.

**Relative:** How can policy-makers even consider the private sector with what happened with Southern Cross?

**HC:** We do have financial pressures like all councils, but it's not just about that, it is about re-directing the money. We do have to develop future services for older people. We need to develop more intermediate care, for example. In relation to the private sector, we buy well over 90% of placements from the private and voluntary sector. All are regulated by the Care Quality Commission.

**Relative:** What do you mean you buy placements?

**HC:** The council arranges care for most people. Not very many people fund their own care in Leicester. The council therefore purchases placements in residential care with providers it contracts with.

## PART 5

### ARBOR HOUSE, RESIDENTS' AND RELATIVES' MEETING

**Relative:** What you really mean is closing this place down. People will have to do the place up and they can't afford it.

**Relative:** Standards won't be the same. I don't want my mother to be a money-making machine for the private sector.

**HC:** Some voluntary sector providers are also interested in working with us. One is interested in developing specialist dementia services. Some of these providers are able to invest capital to modernise homes.

**Relative:** These organisations don't have a bottomless pit of capital, some of them are charities and that seems risky, if they are reliant on donations.

**HC:** The council would still pay for people's care where a person is eligible to receive this, so they would have a guaranteed income stream.

**Relative:** The council has engineered low occupancy levels because you are not allowing admissions.

**HC:** That is not the case. There are vacancies in residential care for older people across all sectors. This is because there are now alternatives to residential care, and because people are tending to need care later in life and often nursing care, which the local authority does not provide. People are choosing alternatives to traditional residential care.

**Relative:** Older people will always say they prefer to live at home even though that may not be possible.

**HC:** People are fully assessed by professional social workers in determining their needs and where they want to live, their family and representatives are fully involved. If they do not have relatives or people to represent them there is a legal framework to cover this situation. The reality is we have seen a drop in referral rates over time. We have only made about 29 placements across all sectors in the last four months.

**LH:** She is right. We have not had any referrals for about four months.

**HC:** People are aware of this consultation and understandably those who are looking for a care home may be choosing other homes just now.

**Relative:** It's all very well saying people can manage at home instead of residential care but it's really not the same. In Arbor House people get love and genuine care.

**HC:** People have to weigh up a lot of issues in deciding whether to go into residential care. People's assets are taken into account for residential care, in community-based services we only assess income. Many people prefer to live at home and protect their capital, in the hope of leaving their homes to their children.

**Relative:** Who wants care at home? The reality is people get 15 minutes in the morning, same again at bedtime. They have a dozen different people dealing with them at home, which is not very personalised.

**HC:** It is true that people choose different options and will have different views about services. We need to continuously improve services, and community-based services do require investment. I do acknowledge that they are not for everybody. There will always be a need for some kind of residential care, particularly nursing care.

**Relative:** I can't believe you are thinking of closing this home. These people built this country.

**Relative:** Is there a way of making Arbor House more sustainable?

**HC:** The homes need capital investment. Works are needed to improve fire safety. Asbestos removal is also required as well as general modernisation. In some homes rooms need to be larger to accommodate hoisting equipment for personal care.

**Relative:** We don't need to write down our views you know what we want. We want Arbor House to stay open. Why don't you just do the logical thing and move the residents from homes with low occupancy here?



## PART 5

### ARBOR HOUSE, RESIDENTS' AND RELATIVES' MEETING

**HC:** I can see that that does appear logical from your point of view, however people living in all of the homes find their home equally important. I know that talking about this is difficult and you feel like you have been here before. This consultation is different, there are more options to debate and consider.

**HC:** Let's have a break and then please do record your views on your flip chart paper so this can be fed into the decision-making process.

#### Residents'/relatives' comments

- Residents very much like Arbor House. There are plenty of people to get along with. Good company.
- Staff are caring and loving, nothing is too much trouble.
- The wide age range of staff is good.
- Mum is vulnerable and cannot make this kind of decision. She is 97 years old and finds it hard to communicate.
- If you surveyed the residents in this room tonight 99% would say keep it open. This is our home.
- Plenty of people to laugh with.
- Our preference is that the home stays exactly the same and does not close.
- If a good provider bought it and residents and staff could stay, and the price was right, this would be better than closure, but these conditions must apply.
- The staff here love us and treat us like family.
- Staff are always present. It is much better than our experience of the private sector (comment from relatives).
- Want residents to stay here.
- If it were to be taken over it should be run in the same way with the same staff.
- Partnerships between voluntary sector and council a possibility?
- This is a fantastic home. Clean, well-staffed. Always someone to talk to when needed.
- Lots of activities.
- Intermediate care would not help.
- Home care was not adequate.
- Only 24- hour care at home would have enabled relatives to stay at home.
- Huge strain on family and carers caring for relatives at home – they are expected to 'fill gaps'.

## PART 5

### ARBOR HOUSE, RESIDENTS' AND RELATIVES' MEETING

- Possibly close the homes with low residency and invest in the ones with full capacity.
- Why can resources not be diverted from other areas and put into care of the elderly (housing, for example)?
- When will homes close?
  
- Keep Arbor House open and under local authority care.
- Arbor House is the residents' home. If they have to move – then it will be detrimental to their health and put their lives in jeopardy.
- Residents not able to care for themselves in their own homes. Their doctors have stated this.
- Arbor House should be seen as a trailblazer in terms of authentic care – the quality of residents' lives is heightened.
- There's room to transfer residents from low occupancy homes to Arbor House.
- Do not sell Arbor House to other providers – they don't care, even Age Concern and Age UK.
- Arbor House is the jewel in the crown – could be used as a template of good practice to other homes.
- It is not a good idea to move dementia patients because routine and familiarity is paramount. If the same staff and management could stay that would be okay.
  
- Move residents from the home with six people in it to Arbor House, close that home and move the carers to Arbor House.
- Unfairness of those who have to pay who have income/savings compared to those who have no income – and get it fully funded.
- No other homes this side of Leicester. I live in Oadby and am 87 so wouldn't be able to visit (my sister in law) as often if she had to move.
  
- If the home goes to independent sector – we feel the standard will go down (having experienced the private sector).

## PART 5

### ARBOR HOUSE, RESIDENTS' AND RELATIVES' MEETING

- Do not close Arbor House. Residents are familiar with surroundings, are happy here, know the majority of the staff. We live in the village and do not drive and can visit our Mum daily.

#### **Proposal 1: Reinvesting in intermediate care by closing some or all of the homes**

- Shock could shorten residents' lives.
- If Arbor House closes, many residents will be completely disorientated – it would set them back! Small changes, e.g. changing seats, completely disorientate them.
- Residents in residential care cannot return to independent living.
- Relationships have been formed with staff and other residents. These will be destroyed.

#### **Proposal 2: Selling or leasing all or some of the homes as going concerns to voluntary, independent or social enterprise providers.**

- Financial implications – who will top up?
- Non-profit organisation would be best option.
- A programme of close monitoring to maintain care standards.
- Refurbishment should be a rolling programme.
- Must have strict contractual conditions:
  - no selling of homes for housing
  - all residents to stay
  - all staff to stay on same wage.

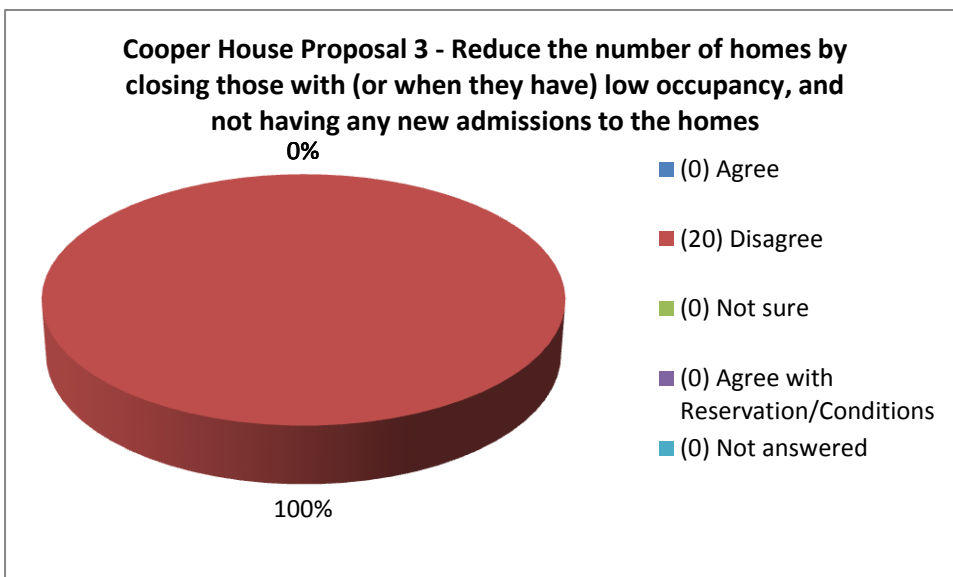
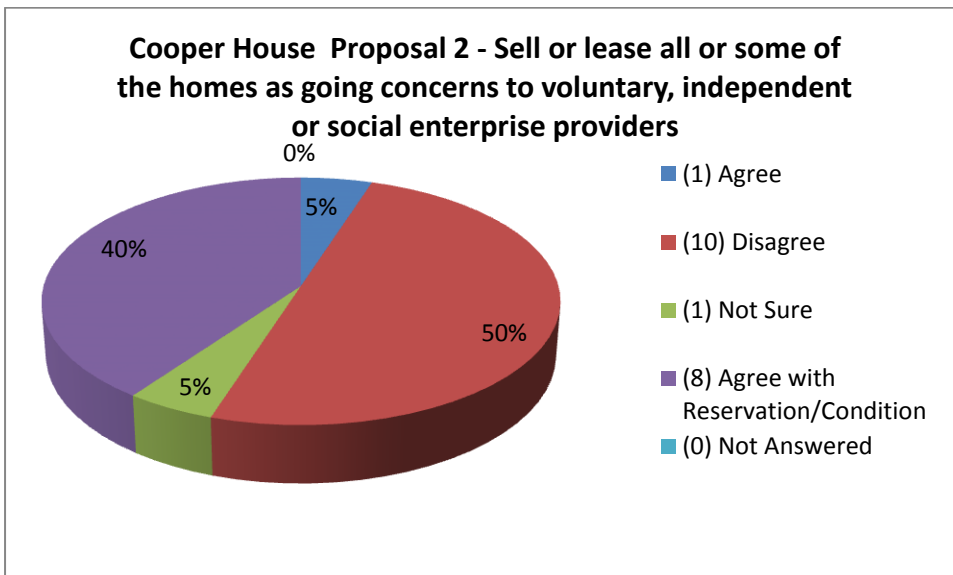
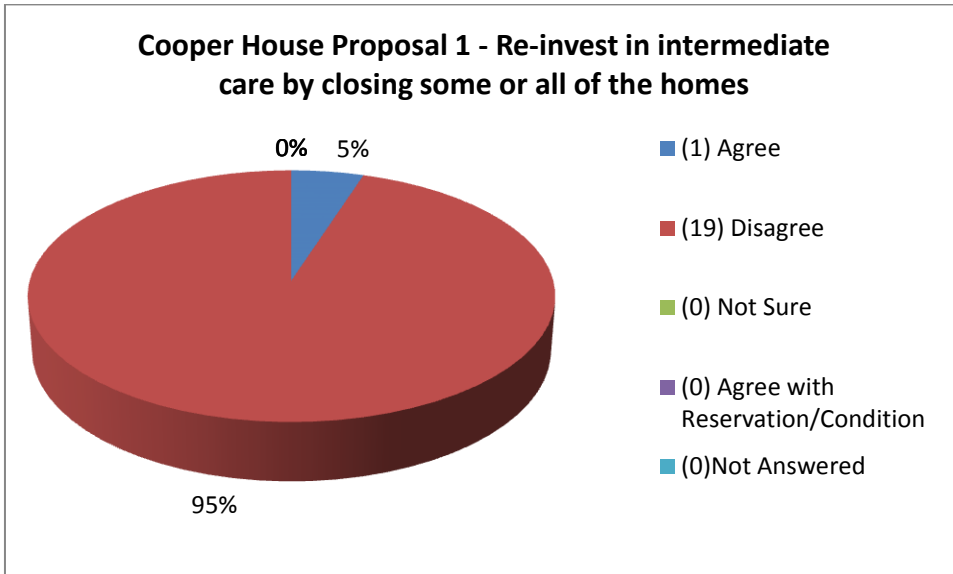
Proposal 2 is the best option, only if residents (and staff) are able to stay in the home.

#### **Proposal 3: Reduce the number of homes by closing low occupancy ones and not having any more new admissions to the homes.**

- Reducing admissions causes increased isolation of the residents left.
- Not cost effective.
- What happens when there is one resident?

**Proposal 4: A new idea: Work in partnership with a private provider.**

## PART 6 COOPER HOUSE, ONE-TO-ONE MEETINGS



## PART 6 COOPER HOUSE, ONE-TO-ONE MEETINGS

One-to-one meetings were carried out for all of the residents at Cooper House. Meetings took place for 20 people, and of these, one has since passed away.

During the meetings, the majority of residents were supported by their relatives, friends, or a member of staff if they wished. One person did not wish for anyone to support them. In a few cases decisions were taken to carry out the meetings without the residents present, as it was felt by relatives that they were either unwell, confused due to dementia/Alzheimer's, or that the meeting would upset them.

Below is a summary of the worries people raised and comments they made (when we say people, we mean the resident and/or their relative/representative).

- All except two people said they didn't want things to change, or they didn't want to move. They said they were safe, happy, didn't have anywhere else to go, got on with the other residents and staff, had friends at Cooper House, and were settled.
- Four people referred to Cooper House as home, and three people said their physical and mental health had improved since moving to Cooper House. They said they had a new lease of life and their relatives were much happier. Two people specifically mentioned needing continuity or familiar surroundings.
- Eight people said they were very anxious about the current uncertainty of the future at Cooper House. They were worrying (one person said they were worrying all day) about the prospect of having to move, or about what's going to happen. They said they felt let down.
- Seven people said that if they had to move (or if things changed) they would become more confused and it would not be good for their physical or mental health. They said it would cause worry, that the upheaval would finish them off and cause unimaginable stress, or would likely have a disastrous outcome.
- One person said it was difficult enough getting used to living in residential care and it took a long time to settle, moving them again would be like leaving their old home all over again. One person said the changes would have negative implications for the residents and their families, staff and their families and the wider local community.
- Two people said that they either didn't like residential care and wanted to live in warden assisted/sheltered accommodation or they were already exploring the possibility of moving to Extra Care type accommodation.
- Fifteen people said they did not want Cooper House to close; that they think it's wrong to consider closure, that they want to continue to be looked after, or that they want Cooper House to remain in the ownership of the local authority.
- One of these said she wanted to move to Cooper House and now doesn't want it to close.

## PART 6 COOPER HOUSE, ONE-TO-ONE MEETINGS

- Eight people said that the location of Cooper House was important to them for the following reasons:
  - their relatives lived close by so could continue to visit them regularly
  - they like the local shops and the local area is familiar to them
  - it is an extension of the community/ a community home,
  - the community is involved with the home, the families all know each other, and support each other and the home.
  
- One person said the council estate (Eyres Monsell) should have a council-run home in its midst.
  
- Seven people said the council should think of other ways to save money, it should not need to close its residential homes to keep people in the community safe, and it should stop wasting money on things that are not needed.
  
- Two people said it is not necessary to develop en suite bathrooms.
  
- Three people felt that if the local authority homes were privatised then there would be less choice of services (one specifically said for 'poorer' people).
  
- Nine people said that there is an ageing population, a larger number of people will require residential care in the future, especially those with dementia, the local authority was being naïve, and should be investing in residential homes for the future, spending more in their homes, making them better and building more. One person said she would fight to keep her relative at Cooper House.
  
- Everyone said that proposal 1 (re-investing in intermediate care by closing all or some of the homes) was not relevant to their needs so they don't agree with it, or that it did not apply to them. They said that it would not allow for the same kind of care in the community. They felt the homes were an easy target, and couldn't accept taking money away from their needs to provide for others.
  
- Thirteen people praised the local authority provision for the following reasons:
  - they felt it was superior to the private sector
  - the relatives are free to come and go
  - there is a family atmosphere
  - the relatives, residents and staff come from the estate
  - the staff are good and look after the residents well
  - their needs are met perfectly
  - they get on with staff
  - the accountability is greater
  - care is 'excellent', pay better, staffing ratio better, as well as having better training and holidays
  - the first priority is looking after residents and not making money.
  - One said Cooper House doesn't smell of urine.
  
- Thirteen people said they had concerns over the private sector, for the following reasons:

## PART 6

### COOPER HOUSE, ONE-TO-ONE MEETINGS

- the condition of the homes
  - the general atmosphere
  - minimal training and low wages
  - low standard of care/believe that standards will fall
  - commitment from staff in lower-paid jobs is poor
  - the staff group will change, it will be run as a business and concerned with making money
  - they won't look after people properly, there are shared rooms, you 'get what you pay for', and there were references to recent media reports/coverage about private homes
  - One person felt that a charitable or non-profit making organisation would be preferable.
- 
- Eight people felt they could accept proposal 2 (selling or leasing to another provider) as long as the day-to-day running of the home would stay the same, there would be no change at all, certain safeguards were in place, and one person felt that residents and relatives should have information on prospective buyers, with the authority to veto any provider they felt to be unsuitable.
  - Five people were worried about the cost of their placement if the home was owned by a private provider, or if they had to move. They wanted to know if the new owner would accept the present financial arrangements, or they needed reassurance of this. They wanted to know who would pay the top-up fee for a private home in order to give them a true choice of home to move to. Two self-funders were worried about the cost of paying for a private home.
  - Six people felt that proposal 3 (not taking new admissions and moving people out of homes with low occupancy to other council homes or other homes) was either cruel, wicked, or would cause constant worry, uncertainty or upset. They said it could potentially mean that elderly and vulnerable people could watch their friends die and be moved around different homes as they closed. They would have a lack of security.
  - Three people felt that the local authority was running down the homes, and that there had been a ban on placements at Cooper House which was then lifted, so the home was full again. They also said there had always been a waiting list at Cooper House. One resident said he wants his wife to be moved to Cooper House.
  - One person said that that the residents had fought for this country, and their needs were now neglected, we should be looking after them, not throwing them out on to the street.
  - Two people appreciated the individual interviews/felt they had been kept informed and their views had been listened to.

PART 6  
COOPER HOUSE, RESIDENTS' AND RELATIVES' MEETING  
Monday 8 August 2011, 6.30 pm

**Present**

**Residents** 13

**Relatives and friends** 8

**CllrC** - Councillor Virginia Cleaver, ward councillor for Eyres Monsell

**KK** - Karina Kennell (Alzheimer's Society)

**HC** - Helen Coombes (Consultation team)

**BP** - Bindu Parmar (Head of services, localities)

**AS** - Angela Sutaria (Consultation team)

**RS** - Ranjan Samani (Consultation team)

**What people said:**

**Relative:** The first consultation was off-putting. It really came across as a done deal.

**HC:** We have changed our consultation approach completely and are really drilling down to what individuals think and feel. In terms of the consultation proposals we have gone back to the drawing board.

**CllrC:** I am really pleased someone from Alzheimer's Society is here. Please clear up a query I have on whether we are taking in emergency respite?

**HC:** Yes, we are taking people for emergency respite at Cooper House. In the last few weeks we have had some problems with fire safety. Some homes have not been able to take in non-ambulant people upstairs but Cooper House has not been affected by this.

**Resident:** The council does not seem to be filling permanent placements.

**HC:** It's true there has been a fall in demand across all sectors. We have only placed 29 people in residential care during the first few months of the year. We have made a small number of admissions to council homes but some people are not choosing them. The consultation process could be a factor.

**Relative:** Was there a waiting list for Cooper House?

**HC:** I am not sure what the pattern has been historically for waiting lists into Cooper House but we are not turning people away who are eligible for services. We do, however, have to make sure services meet individual needs and we do inform people that the homes are under consultation.

**Relative:** Are the social workers trying to put people off?

**BP:** The social workers give people the Directory of Care Services which lists all homes, including our own. It is potential residents and families who choose homes that meet their needs. This is not the social workers' role.

**Relative:** Dad came to Cooper House on respite after struggling for a long time at home with a full care package. He loved it here and felt confident for me to go and have a break. He needed to be admitted as a resident on medical advice. People like my Dad cannot live at home any more.

**HC:** You are absolutely right, we will always need residential care. The council will still have to make sure residential care services are here for those who need them whatever the outcome of the consultation.

**Resident:** At night time it is terrible if you are on your own at home.

**HC:** Please don't worry, we are not talking about people going back to live at home again if they have been assessed as requiring support over a 24-hour period within a residential setting.



## PART 6

### COOPER HOUSE, RESIDENTS' AND RELATIVES' MEETING

**Relative:** Transferring home people to other homes might save money but where is the staff continuity?

**HC:** One of the proposals is about selling or leasing homes to another provider. If this option was agreed people would not have to move and staff would transfer to a new organisation. In this proposal continuity of care would still be possible.

**Relative:** It is down to families about whether they want private care. This home has quality care, not landscape and posh decor. It's the care that counts.

**Relative:** My father-in-law was in a private home. It's not a patch on this. The rooms here are beautiful. I have been told by a nurse and a doctor that other places are not a patch on here.

**Relative:** I am so proud of my dad. He has taken the time to write a letter to the city mayor, thanking him for the visit of Jon Ashworth MP to Cooper House. He wrote his own letter and he set out his feelings. Please read this letter.

**HC:** I will be sure to, and it will be taken into account as part of the consultation.

**Relative:** People have friends here and it's like a family. You should be so proud of your staff. My relatives feel it is like a hotel.

**Relative:** It does not matter about modernisation, care is what is important. It is always full here, it is light and airy.

#### Residents'/relatives' comments

- There is a demand for residential care, a private home for 60 residents is being built on Monsell Drive.
- Could a nursing annexe be built on the side of Cooper House? Or supported living flats for older people?
- Number one priority, Cooper House should remain a council run home, for now and in the future.
- Really important for local community that Cooper House stays, many local people have petitioned. Friends drop in from the estate and support the home.
- It's a home from home.
- Would not want to see Cooper House as intermediate care.
- Continue living here. When/if sold to independent care providers or social enterprises.
- Looking at alternative options – like keeping ownership of the home and arms-length management.
- Isolation as family would not be able to visit as often as they would like to if residents are moved away.
- Family feeling anxious of any change.

## PART 6

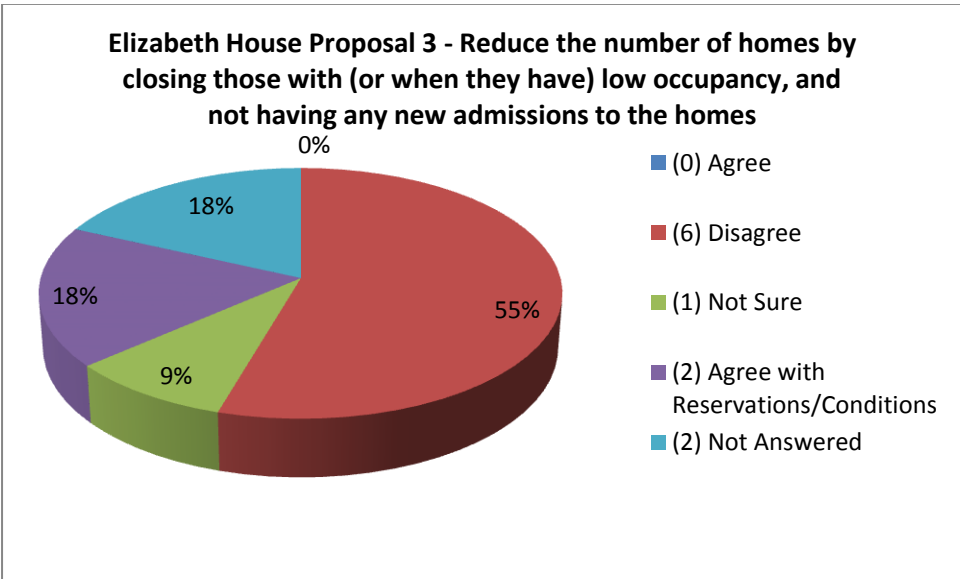
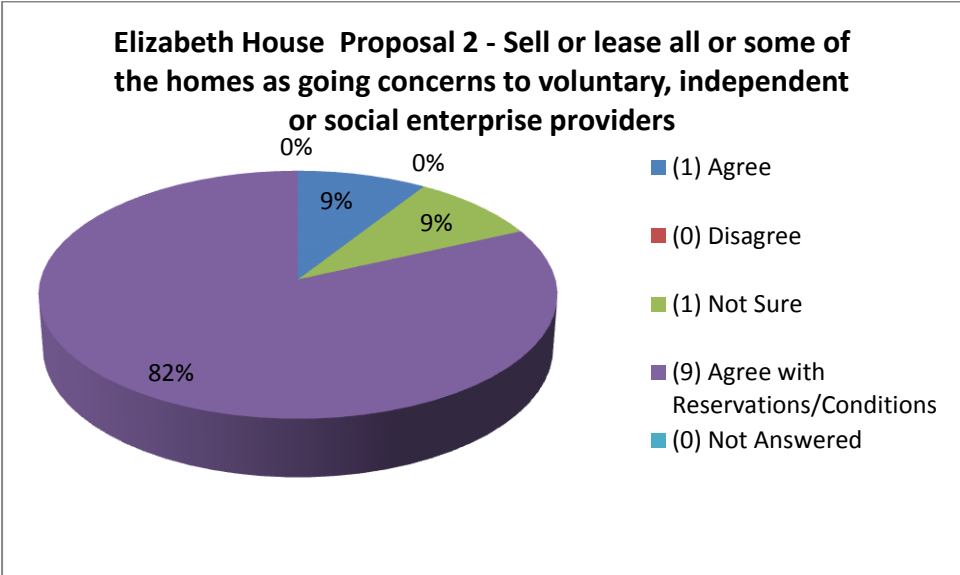
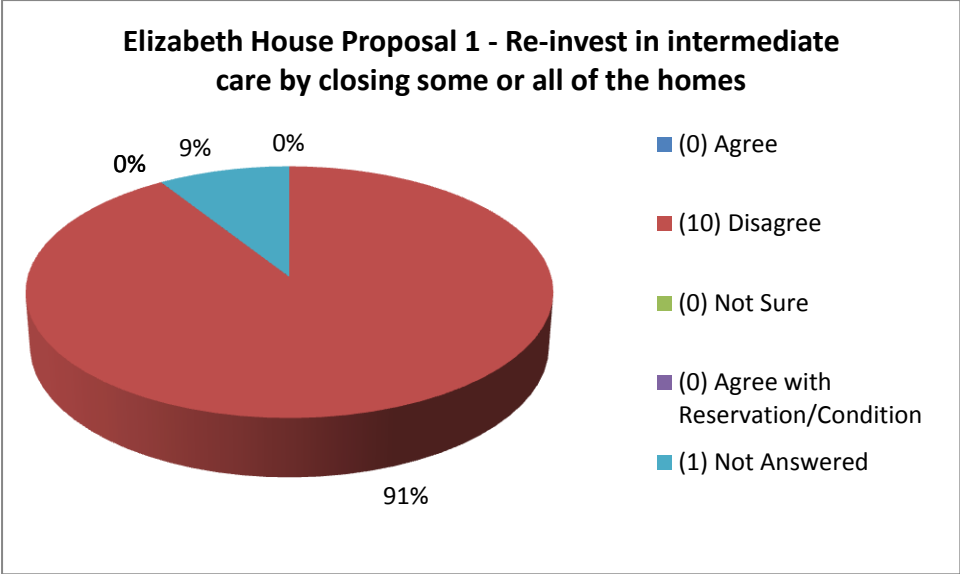
### COOPER HOUSE, RESIDENTS' AND RELATIVES' MEETING

- Do not push them out, they did not choose to come here. These people have assessed care and support needs.
- Residents in council-run homes are being swayed to meet council's other care needs, like to fund intermediate care.
- Things I want to know more about:
  - What happens if the home closes and they wish to move in with their relative?
  - If another home is chosen will we be able to afford the fees?
  - Why are there so many rules – which stop families supporting their relatives in care homes, e.g. decorating room (H&S, procurement etc.)?
  - Why is there some upgrading commenced at Arbor /Abbey Houses?
  - Please send information by post.
- People to talk to here, I'm not on my own
- Area is very important, I grew up here.
- My preferred option: Someone to take over instead of closure.
- Very upsetting when I think about where I will go.
- Making me feel very tearful and sad – stress could be detrimental.
- Not so many people tonight as they think it's already decided – that's the general view.
- Do not want to move.
- Do not want change - believe that there is no better place than this home.
- Independent concerns may cost more.
- Fear of not having the same staff.
- Fear of losing friends and being separated.
- Moving frail, elderly, vulnerable residents would be a traumatising experience, and consequences would be very sad – death.
- Would be happy if the services and staff are transferred with the residents.

PART 6  
COOPER HOUSE, RESIDENTS' AND RELATIVES' MEETING

- We do not want Cooper House closing!
- Residents are treated well and looked after.
- This is their local community with friends and relatives close by.
- First proposal is not acceptable for Cooper House – leave it as it is.
- Residents' families can support the council or independent/voluntary sector to run the home. Establish a family committee.
- We prefer the second proposal as an option.
- Cooper House has been part of this ward/community over the last 60 years.
- Cooper House does not encounter any anti-social behaviour as it is well respected by all members, especially youth.
- Third proposal does not apply to Cooper House as it does not have low occupancy – but could take from another home.
- We support the council to close the homes with low occupancy.
- Residents feel that this is their home and would not want to leave.

**PART 7**  
**ELIZABETH HOUSE, ONE-TO-ONE MEETINGS**



## PART 7 ELIZABETH HOUSE, ONE-TO-ONE MEETINGS

One-to-one meetings were carried out for all 11 of the residents at Elizabeth House. During the meetings the residents were supported by their relatives, friends, a member of staff if they wished, or an advocate. In some cases decisions were taken to carry out the meetings without the residents present, as it was felt by relatives that they were either unwell, confused due to dementia/Alzheimer's, or that the meeting would upset them.

Below is a summary of the worries people raised and comments they made (when we say people, we mean the resident and/or their relative/representative).

- All the residents were unhappy with the thought of moving, anything changing, or the home closing. The majority of them also said that they were settled at Elizabeth House, that they were not happy with moving at their age, that they had been in the home a long time, considered it their home, or had friends in the home.
- One said that they are like a 'big happy family', another said they had not lived in another residential home, and another said they don't have much family in this country.
- Four people said they were worried and concerned at the thought of moving and three people referred to needing consistency.
- Ten people felt that any moves would have a negative impact on them – that it would be devastating, detrimental, unsettling, disturbing, an upheaval; that it would make them anxious, or that they might die.
- One person said they 'will be in a mess', and another that it would be a step back and they would have to start all over again.
- Two people said they would like to move with their friends
- Three people said that if they had to move, they should all move together to the same home, with the same staff
- Two said they were happy for other people to move to Elizabeth House.
- Five people said that if they had to move it would have to be somewhere local, as their family live nearby, so that they can visit regularly/more often. They said they had lived in the area all their lives so didn't want to lose touch with the area at such a critical stage in their life. Some said they were visually impaired so going to familiar shops, cafes and parks was better for them.
- Eight people said that intermediate care (may be a good thing) but does not affect them, or will not benefit them.
- One person said they didn't want to comment on this (intermediate care), as they would need to know what was happening to comment, one said that both intermediate care and residential care is needed, but neither idea can be

## PART 7 ELIZABETH HOUSE, ONE-TO-ONE MEETINGS

sacrificed at the cost of the other, and one felt that selling residential homes would not cover the cost needed for intermediate care.

- Four people discussed funding and resources. They said that that money should be saved from other resources, that the local authority had not been monitoring its budgets or saving as it should have been, or they felt there needed to be evidence of other savings in the council to show that the council is making efforts to save money elsewhere.
- Six people felt that residential homes are needed, that closing all or some of the homes is not a good idea, and that people need support over 24 hours. They said there is a greater demand for residential care as people are living longer, and one person said it was good to look ahead, but no-one was looking at the care of elderly, frail and vulnerable residents now.
- Four people felt that the local authority was putting its hands up and saying it does not care for vulnerable people, and that it was targeting residents who were taking the 'brunt' of the proposals. They said they were being picked on, and that they were the victims of the authority's money-saving exercise.
- Seven people said that they were happy for another provider to take over the home, provided it would be run in the same way as it is now, with the same staff, same health care and same GP etc. They said the benefits of this would be that they would not have to move, the residents would stay together, the staff would remain, and they would all live in the same environment.
- One person said they would prefer a charitable organisation to take over, another said they would prefer a social enterprise, and one said either a charity or social enterprise.
- Four people said they liked Elizabeth House because the staff are supportive and friendly, they know the residents and their day-to-day needs well, and they support the residents appropriately. They also said they like the food, they feel secure, and the home is fit for purpose. (One mentioned they are concerned with the home's ongoing use of agency staff).
- Seven people expressed their concerns about private providers for the following reasons:
  - their concern with making a profit
  - recent media coverage (issues of neglect)
  - standards of care and quality
  - 'appalling' facilities
  - the fact that equipment (e.g. hoists, shower rooms etc.) are shared
  - rooms are small
  - standard of cleaning
  - lack of provision of appropriate meals
  - the quality of staff, quality of service and training.

PART 7  
ELIZABETH HOUSE, ONE-TO-ONE MEETINGS

- One person was worried about the financial uncertainty of private companies, and another said that it adds another layer of distance from the local authority.
- Two people mentioned the need for the monitoring of care services by the local authority, and said that there should be a clause that the home should remain for a number of years to prevent asset-stripping.
- Three people were worried about the cost of moving/another provider taking over, or of not being able to afford the top-up costs. One person did say they knew some independent homes are excellent.
- Six people felt that the decision had already been made by the council, that the local Authority will close all its homes eventually to save money, and said there was cynical manoeuvring taking place.
- Four people said that admissions to Elizabeth House had been stopped, thus creating a self-fulfilling prophecy of a reduction in need of residential care and that this decision had been pre-determined.
- Two people felt that it is a political issue and that the city mayor should attend at least one meeting.
- One person said that the residents had supplied these facilities through their contributions to taxes and charges over many years.

PART 7  
ELIZABETH HOUSE, RESIDENTS' AND RELATIVES' MEETING

Wednesday 10 August 2011, 6.30 pm

**Present:**

**Residents** 7

**Relatives and friends** 4

**HW** – Helen Whittington (Alzheimer's Society)

**HC** – Helen Coombes (Consultation team)

**BP** – Bindu Parmar (Head of services, localities)

**LE** – Leonie Emery (Home manager)

**VB** – Veronica Baynham (Assistant home manager)

**AS** – Angela Sutaria (Consultation team)

**What people said:**

**Resident:** What is 'social enterprise'?

**HC:** A social enterprise is a not-for-profit organisation. These are quite often run by staff, but private individuals can also form these bodies. Support and advice is available for anyone who might wish to set up a social enterprise to run one of the homes. Whatever the sector, you have to have a financially stable plan, you have to pay wages, and you have to modernise the homes to meet future standards.

You also have to be registered by the Care Quality Commission.

**Resident:** Why are other sectors viable and the council not?

**HC:** The private sector has greater flexibility. They can employ staff on less generous terms and conditions. Our staff receive sick pay and are eligible to join a final salary scheme pension. This, in particular, contributes to greater operating costs.

**HC:** Private homes can register so that they can provide both nursing care and residential care. This means they can attract other funding sources, such as money from NHS primary care trusts, to support those with health needs. They can also charge self-funders - those who pay for their own care - different rates, whereas the city council can only charge its published banded rates.

**Relative:** You were hinting about closing homes with low occupancy. Might that possibly include Elizabeth House?

**HC:** Let me explain. Closing homes with low occupancy rates is a proposal. There are three homes with low occupancy and Elizabeth House is one of them.

**Relative:** This home was full 18 months ago then they stopped taking people in. Because of this there is now a lack of numbers.

**HC:** People are choosing residential care homes less and less across all sectors. We have only placed 29 people in the last four months. Also, people are tending to stay at home longer and going into residential care with more complex nursing needs.

**HC:** All decisions regarding residential placements are made on an individual basis after a community care assessment. Whilst there has been no running down of our homes, there have only been a small number of permanent admissions for some time. As well as the general fall in numbers, fire risk issues have prevented admissions in some homes due to safety concerns. It is also possible that the homes being under consultation may be influencing people's choices.

**Relative:** Upstairs there is intermediate care, could it be combined?

**HC:** As there is no fire compartmentalisation in the roof, the building has some constraints. For example, we cannot safely manage people with limited mobility in the event of fire upstairs. For this reason people with mobility issues cannot stay upstairs.



## PART 7

### ELIZABETH HOUSE, RESIDENTS' AND RELATIVES' MEETING

**HC:** We cannot run long-stay and intermediate care effectively. Short-stay work is very different. Sometimes a mix of clients can cause problems with safety. We are looking at each home to see which could be best to convert for intermediate care.

**Relative:** Respite care is another source of income.

**LE:** The home does already care for people on respite stays.

**Relative:** I would have thought respite care should be developed more. That should be expanded. Private providers offer this at enormous cost. Can we chase this sort of income?

**HC:** We do need to look carefully at respite but, as mentioned previously, there are constraints with the upper floor here. Respite can also be comparatively expensive in-house when compared with the private sector. Again, we are not able to benefit from the wide range of clients who can access dual-registered homes – homes that are registered for both nursing and residential care.

**Relative:** Could we attract self-funders?

**HC:** We don't have many self-funders due to the profile of our city. There tend to be more self-funders in the wider county. If we take a self-funder into one of our homes we can only charge our banded rates.

**Relative:** You would not be making a loss if you took more self-funders.

**HC:** We do not include overhead costs and therefore our services are subsidised. So even if there were more self-funders there would still be a cost difference compared to private sector.

**Resident:** When they were first thinking of closing Elizabeth House, I suggested why not combine two homes? In that way people would keep together, and it would not feel so strange if some homes did have to close.

**HC:** Yes that saves money and enables us to release money. This is a suggestion that could be put forward as an alternative proposal.

**Relative:** Mum is very happy here. She doesn't want the home to close. She has been here for 12 years. She took ages to settle. I'm concerned about any move as I am happy with the care here. Mum can't walk and couldn't be cared for at home. Staff and managers are good, they are friendly. I am not sure why there are so few people here now.

#### Residents'/relatives' comments

- Ideal world no change, look for other income, e.g. respite care.
- Keep groups of residents in homes together by closing one home with low occupancy and combining residents from two homes into one.
- Sell, if viable and good provider.
- If people have to move, what additional support will be provided to settle into new home and the surrounding area?
- Continuity of supervision by local authority including GP, community health services and other community services - common history.
- Staff (permanent) to be moved with residents if looking to combine.

## PART 7

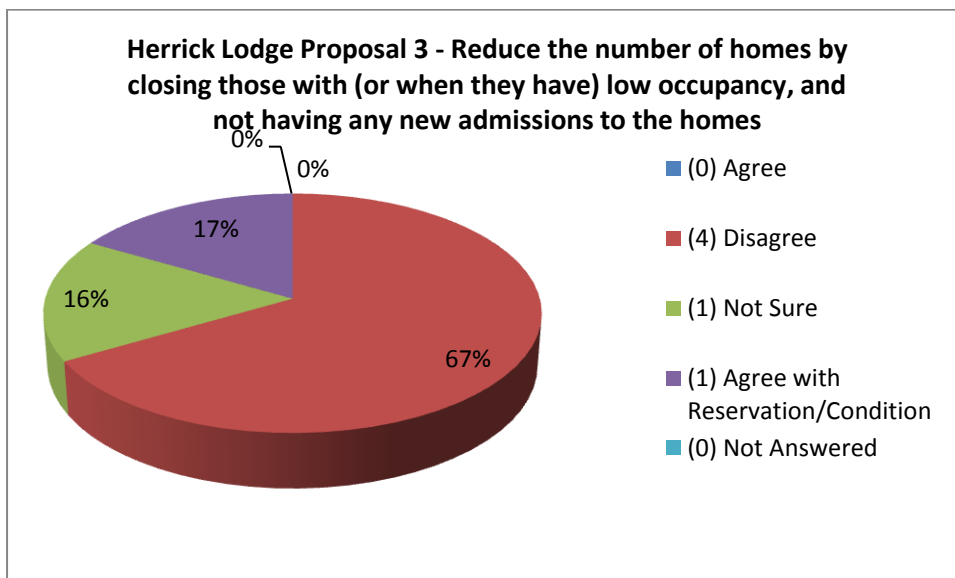
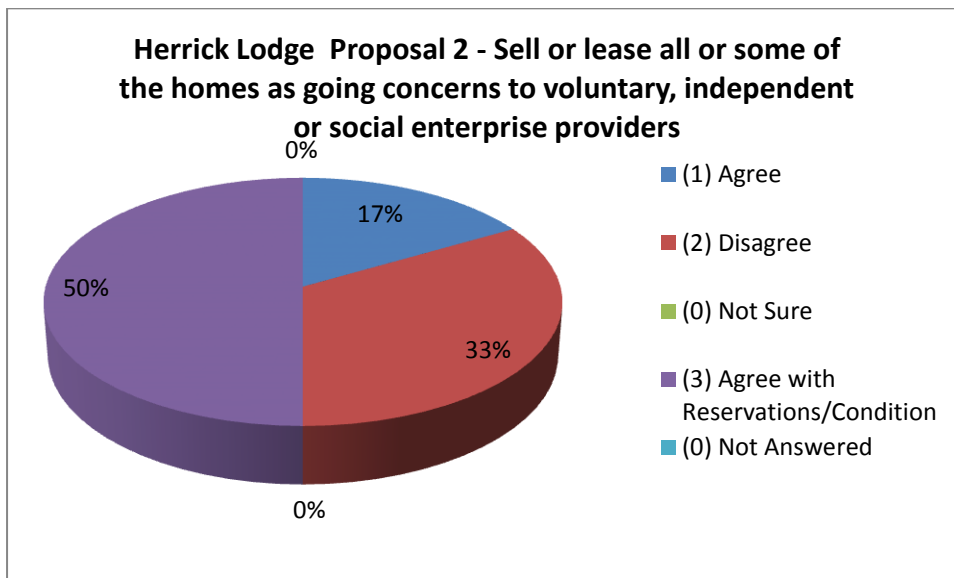
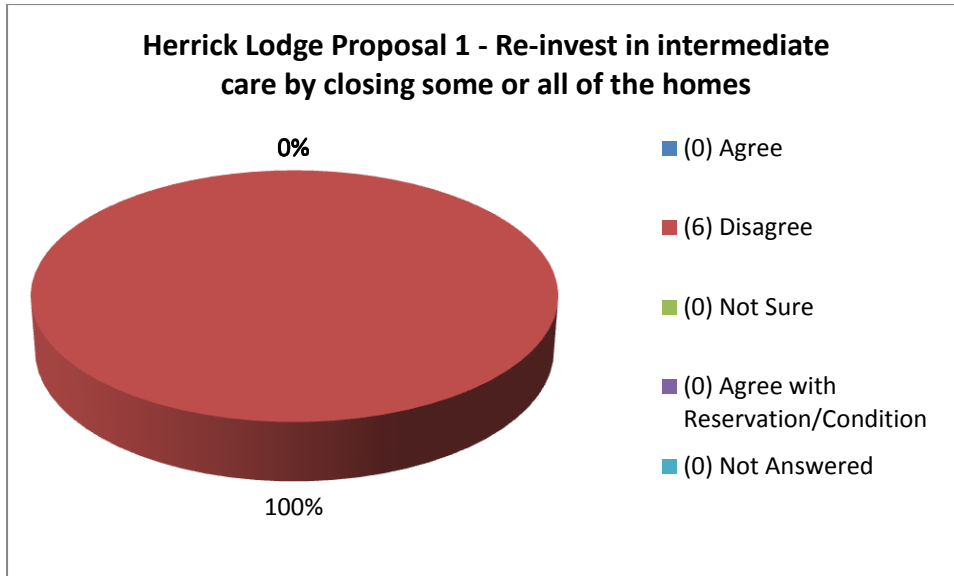
### ELIZABETH HOUSE, RESIDENTS' AND RELATIVES' MEETING

- Could the homes also provide convalescent care as a way of generating extra income?
  
- I don't want my home to close; we are well looked after.
  
- From a relative: I would prefer people to stay together whatever the outcome, but feel it's a done deal.
  
- In an ideal world no change. Friends are here.
  
- (It would be good if) somebody offered to buy.
  
- Resident: (It would) not be good if someone bought it. Discussed how this would be if staff and residents could stay – resident said it might be okay.
  
- Relative: If it was bought then it would need careful monitoring, particularly if private sector took over.
  
- Relative: If the homes were sold as a going concern the council should ensure that asset-stripping was prevented, in the long-term interests of the residents.
  
- Continuity of care is vital.
  
- You can talk to staff here any time.
  
- I have not been at all impressed with the private sector.
  
- Combining homes? Not sure this would meet the council's needs, but if it could be done we would not rule it out.
  
- Old people of this generation are being sacrificed for future generations of older people.
  
- Concerns about vulnerable people who don't have capacity or relatives.
  
- I still feel it is a done deal.
  
- We are not doing enough to support older people as a society. Evidence of this in NHS.
  
- Older people are seen as a drain on society.
  
- Sir Peter Soulsby needs to visit the homes.
  
- Need to consider running the specialist respite.

PART 7  
ELIZABETH HOUSE, RESIDENTS' AND RELATIVES' MEETING

- Mum is waiting for nursing care, she would feel angry about the consultation.
- Hasn't had a one-to-one meeting.
- Familiarity/continuity of care really important.
- Close bonds with keyworkers.
- Groups of residents remaining together with the staff, even if they need to move accommodation.

**PART 8**  
**HERRICK LODGE, ONE-TO-ONE MEETING**



## PART 8 HERRICK LODGE, ONE-TO-ONE MEETING

All six of the residents at Herrick Lodge participated in their one-to-one meetings (with support from friends or relatives). Below is a summary of the worries they raised and comments they made (when we say people, we mean the resident and/or their relative).

- All six people said they didn't want to move, they disagreed with the changes, or they wanted things to remain the same.
- Three people said they were either happy with the current management of the home, the home had a lot to offer, or the home caters for their needs.
- Five people said that the consultations have made them (and their families) anxious, worried or confused.
- Two people said that that they felt being moved out of their home would have a devastating impact on them, or will have an impact on their health.
- One person said that they are affected by people moving out, as it feels as though they have died and this is upsetting.
- Two people said there is a growing demand for residential care for older people, and that more money should be invested in local authority residential care, so they can be used as an example of good practice for private homes.
- Two people referred to the reputation of private homes (or media coverage)
- Five people were worried that private providers are profit-making organisations; that they compromise on the quality of care, have poor staffing levels, or provide inadequate care for the elderly/people with dementia.
- Three people said they felt there was a gap in service provision for people from ethnic minority communities.
- One person said Herrick Lodge is the only home that can meet their needs, and another person said Herrick Lodge meets all their needs, and gave examples, such as visits to temples etc.
- One person said her relative can only be moved to another residential home if it is able to meet her care and support needs, and if the home is culturally appropriate. One person said if she had to move she would like to go back home to her own house.

PART 8  
HERRICK LODGE, ONE-TO-ONE MEETING

- Two people said that the home is within walking distance from their family, and if they were moved it would have an impact on whether they could visit.
- One person said if she had to move she would miss the other residents as she considers them family.
- One person felt that the decision had already been made on what will happen to the homes
- Two people suspected (or said they had been informed by social care staff) that the homes are being run down to create low occupancy.
- Two people said that elderly and vulnerable people were being made scapegoats, or targets, to save money.
- One person said the residents were being kicked out of their own homes, and one person said she would go to any lengths to stop the home being closed, including commencing legal proceedings.

PART 8  
HERRICK LODGE, RESIDENTS' AND RELATIVES' MEETING  
Monday 1<sup>st</sup> August 2011

**Present:**

**Residents 6**

**Relatives and friends 2**

**HC** – Helen Coombes (Consultation team)

**AS** – Angela Sutaria (Consultation team)

**RP** – Rajesh Parekh (Home manager)

**AO** – Ashraf Osman (Head of contact and prevention)

**RS** – Ranjan Samani (Staff)

**KK** – Kashmeer Kaur (Staff)

**CP** – Chandan Patel (Staff)

**NA** – Nazneen Arab (Staff)

**MP** – Minaxi Patel (Staff)

**KN** – Karishma Nakeshri (Staff)

**SG** – Simavjeet Gill (Staff)

**DS** – Deborah Swann (Alzheimer's Society)

**What people said:**

**Relative:** We don't want Herrick to close down.

**Relative:** I agree.

**HC:** It is understandable that you do not want the homes to close, I quite understand.

**HC:** Do you want to ask other questions?

**Relative:** The residents feel helpless, they don't know what to ask.

**Relative:** Have you decided it has to be closed? Are you taking people in? The decision is already made. When my dad wanted to come here he could not.

**HC:** No decision has been made.

**Relative:** It feels like it has. My dad was refused a place here.

**HC:** We have fewer people coming into residential care. Only 29 people have been admitted across all sectors in the last four months. We have had two admissions into local authority homes recently but not into this home.

**Relative:** The council needs to listen to what people want. They don't want the homes to close. Listen to the emotional side too.

**Residents'/relatives' comments**

- Assurance is needed that there is adequate support for everyone, should Herrick Lodge close.
  - Resident prefers to stay here but realises that things might change.
  - If there was change, then all residents need to get the excellent support they get here.
  - I am afraid that we won't get proper support to go to hospital or to go on trips to the Temple and the Peepul centre.
  - Our needs are important but so is the way we live our daily lives.
- 
- Friendships are important.
  - Our cultural needs are met.

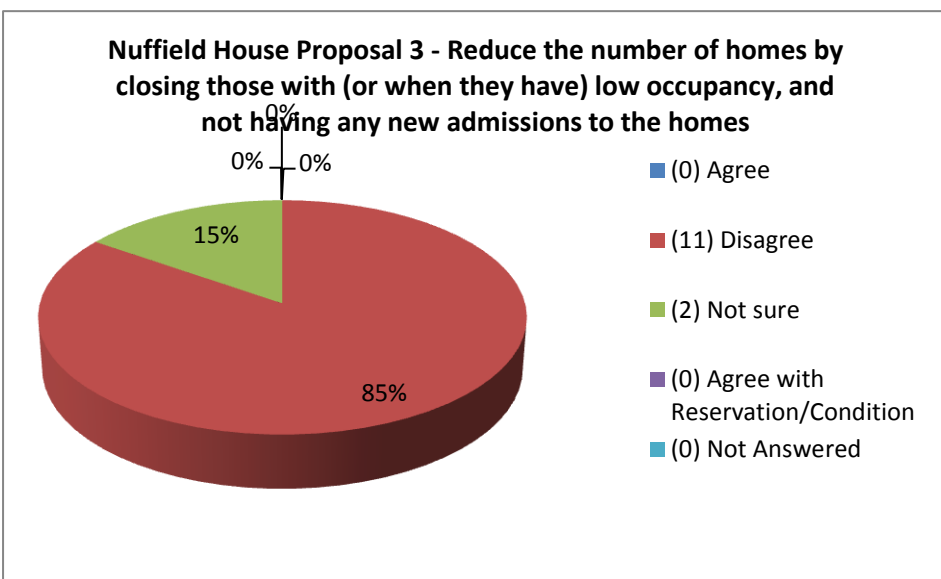
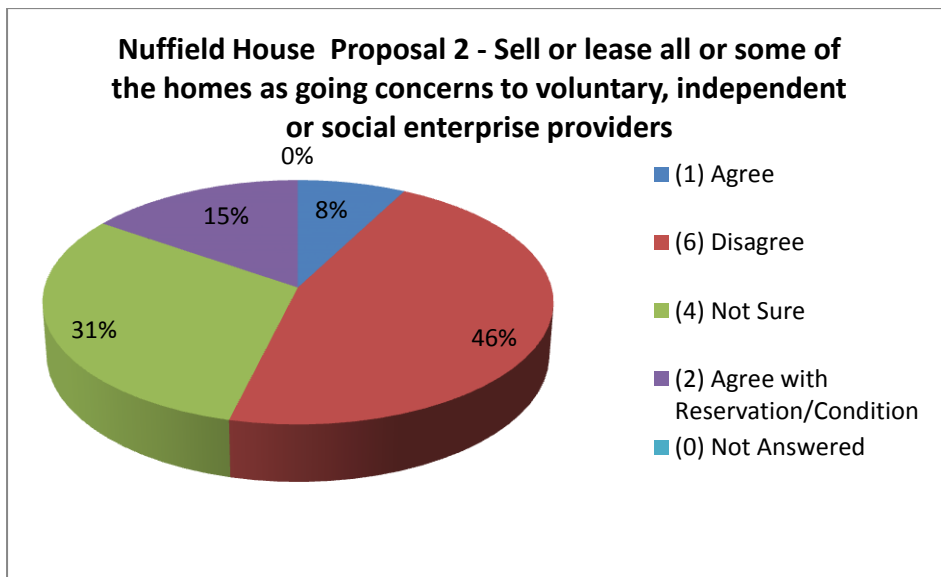
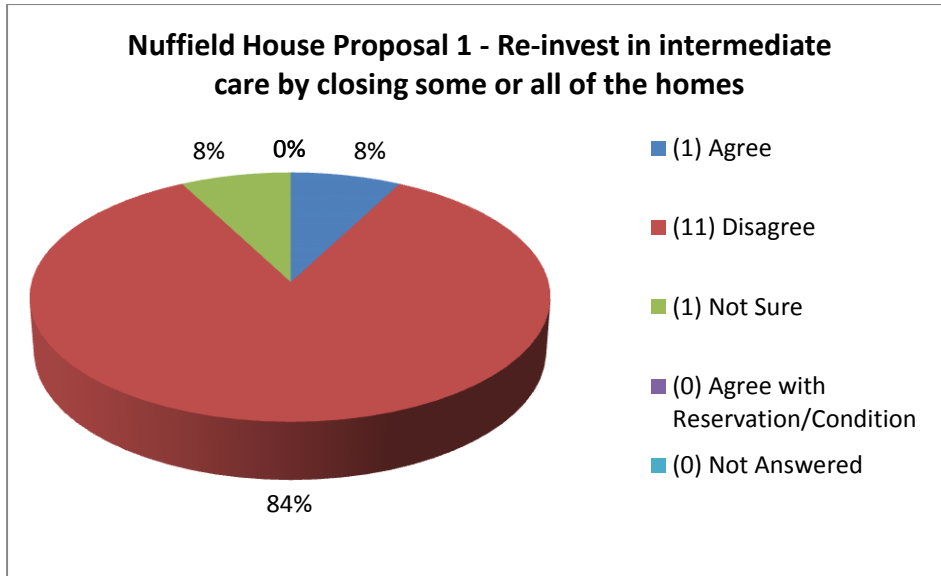
## PART 8

### HERRICK LODGE, RESIDENTS' AND RELATIVES' MEETING

- It wouldn't matter which home or where we were asked to move to, we want to stay at Herrick Lodge.
  - Would be much happier if we could stay in the home. If someone could take it over.
  - Consistency of care if managed by independent care provider.
  - Getting used to the new environment would be stressful and difficult.
  - Intermediate care is not a good idea.
  - Family comment: I don't want this consultation to be a political football.
- 
- Requesting not to close this home.
  - Took a long time to settle into a residential home setting.
  - The thought of moving or closure of homes is very upsetting.
  - Has been a resident for the past 12 years.
  - It has been the best decision made at the time (more than 12 years ago) and still happy at Herrick Lodge.
  - Moving to any other home would be very upsetting for her.
  - Current placement at Herrick Lodge is convenient for family.
  - This home is culturally appropriate.
  - Family happy with the services received by the resident.
  - Staff and managers are very good and very friendly.
  - Happy with current provision of care.
  - Not happy with consultation.
  - Family feeling anxious about moving elsewhere.
  - More important to continue staying here.
- 
- Resident does not want this home to close.
  - Resident would like to stay near her daughters.
  - Resident wants to stay at Herrick Lodge.
  - Resident does not want to consider any other options, but wants to stay at Herrick Lodge.
  - Resident said the reason why he does not want to move is because the temples are close by and the local shops, with the staff's support.
  - Resident feels all his needs are met at Herrick Lodge - staff, food is all excellent.
  - Resident said the staff's support is very good, they take him out when he wants to go.



**PART 9**  
**NUFFIELD HOUSE, ONE-TO-ONE MEETINGS**



## PART 9

### NUFFIELD HOUSE, ONE-TO-ONE MEETINGS

One-to-one meetings were carried out for all 13 residents at Nuffield House. During the meetings the residents were supported by their relatives, friends, a member of staff if they wished, or an advocate. In some cases decisions were taken to carry out the meetings without the residents present, as it was felt by relatives that they were either unwell, confused due to dementia/Alzheimer's, or the meeting would upset them.

Below is a summary of the worries people raised and comments they made (when we say people, we mean the resident and/or their relative/representative):

- Twelve people either didn't support the need for a change, gave negative feedback against the possibility of change or people having to move, or specifically said they didn't want to move.
- Most of these people said they enjoyed living at Nuffield House, they were settled there, the home offered them security; they couldn't move due to their age or their frail condition, or they had no relatives.
- One person said that they had given up their own home already and did not want to have to give up Nuffield House as well.
- Three people said the moves would either finish them off, lead to catastrophic results, or would affect them physically and emotionally.
- One person was afraid of having to move into a private home, as they had some very bad experiences in private homes before moving to Nuffield House.
- Four people said the proposals/consultations were causing them to worry and become anxious, that it was upsetting for them, and that they needed to feel secure that Nuffield House has a future.
- One person was worried that if she went into hospital she wouldn't be able to return to Nuffield House and one relative said the proposals doesn't leave them feeling comfortable or confident that their relative at Nuffield House was going to be okay.
- Two people mentioned familiarity, routine and consistency as being important.
- Two people mentioned the location as being important to allow them to continue to visit as often as they do.
- One person expressed the wish to live in a bungalow, but they also expressed their feelings against Leicester City Council for placing them in residential care in the first place. Their advocate thought that residential care is in their best interest. They have never been happy with Leicester City Council for placing them in residential care, anyway.

## PART 9 NUFFIELD HOUSE, ONE-TO-ONE MEETINGS

(This same resident also felt the home would be managed better by private or voluntary organisations).

- Eleven people said that intermediate care, although a good thing, was not relevant to them as they need residential care. Or they said that for people with dementia, residential care sometimes becomes the only option. They felt that proposal 1 is not in their best interest, or should not be implemented at the expense of people who need residential care.
- One person described in detail their concerns over care in the community / domiciliary care.
- Two people said there are other ways for the council to save money - that “elderly folk have paid their dues” and the council is now “treating them like a nuisance”. They said that at this time in their lives, they were “subjected to decisions based on financial consideration, in that their care and support could be compromised”.
- One person said it was a quick fix, and it would be more productive for the local authority to review its homes and see whether they are or could be made more viable. One person expressed the view that moving residents to another home will have an impact on accessibility and cut down on choice.
- Feedback from eight people about selling or leasing to another provider (particularly private organisations) raised the following concerns:
  - they are run as businesses, so the standards of care diminish relative to profit margins and only the very expensive providers will meet the criteria set out by the local authority
  - they offer low or minimum wages leading to a high turnover of staff and reduced continuity of care
  - staff are either unqualified, inadequately trained or there are reduced standards of training, particularly dementia care training, which is detrimental to the quality of care.
- One person said they would prefer it if it was a non-profit making organisation and another said they would be happy with this proposal 2 if there was no change.
- Six people said they like Nuffield House because:
  - they had had dealings with the private sector and the council was far superior
  - council homes have better equipment and the council is not driven by the need to make a profit.

They said Nuffield House is sociable and helps keep them active, is perfect for their needs, that they are well looked after and their families are happy. They also said they are happy with the care and support from the staff, who are friendly, helpful, work hard doing difficult jobs and have long standing commitments.

## PART 9

### NUFFIELD HOUSE, ONE-TO-ONE MEETINGS

- One person said they appreciate the care they receive and when they want something they only have to ask. One person said it would grieve them if staff had to move, as the staff couldn't do more for them.
- Two people said Nuffield House could do with refurbishment but an upgrade is not essential, or needed. They said en suite facilities sound good but are not always practical for health and safety reasons, and the needs of the residents are increasing.
- One person also said they felt that the care should be professionalised, and staff should wear uniforms, to bring the standards of the home to a high and accountable level.
- Five people said the homes should stay under the council's jurisdiction, it would be a travesty to close 'a good product' and the council was being naive. One said the council should hold off making its decision until we know what the Government proposals are. Four people said we need more, not fewer, (council-run) good quality residential homes, we have an ageing population and a greater need for residential care. They said that the council should be investing in residential care.
- Three people were concerned with the price of a private provider taking over or moving to a private home, or questioned who will pay the top-up fee.
- Three people mentioned the difference in the banding rate and the cost of a good private home. One said there will be double standards in private homes for those who are self-funders and those funded by the local authority, and another said that private homes will be reluctant to take on local authority-funded residents.
- Five people felt proposal 3 (not taking any more admissions and people in homes with low occupancy could choose to move to another council home or another home) would be traumatic for the ones that are left, and said they don't want to move from home to home. They said they would have ongoing uncertainty about what was going to happen, they would have empty rooms and residents and relatives would live under constant threat and there would be depleted levels of staff so morale would suffer, affecting security and the level of care.
- One person, though, felt this was more person-centred, and the residents left through natural depletion would presumably be more able and capable and therefore be less stressed in coping with a move to another local authority home.
- Six people mentioned waiting lists and questioned why the home is being run down unless there is a policy. They said that numbers have been dropping, there has been a stop in new admissions which has led to a self-fulfilling prophecy. One person also asked what the definition of low occupancy is.

PART 9  
NUFFIELD HOUSE, RESIDENTS' AND RELATIVES' MEETING  
Tuesday 5 August 2011, 6.30 pm

**Present:**

**Residents** 2

**Relatives and friends** 3

**HC** – Helen Coombes (Consultation team)

**AS** – Angela Sutaria (Consultation team)

**HW** – Helen Whittington (Alzheimer's Society)

**CIrB** – Councillor Sue Barton, ward councillor for Western Park

**BP** – Bindu Parmar (Head of services, localities)

**SW** – Sandra Webster (Staff)

**What people said:**

**Relative:** Option one is not important to us. My mum needs residential care not intermediate care. As for option 2, you only have to look at companies like Southern Cross and Four Seasons. They are in it for a profit and then there's the issue of how you can guarantee their financial viability. It would be naïve to think we will get excellent care from the private sector.

**HC:** We will always need residential care for some people, you are quite right. I know people are worried about the private sector, but we do place the majority of people in that sector and as a council we are responsible for monitoring their quality as well as quality in the council-run homes. Quality is measured independently through Care Quality Commission ratings. There is good quality in the private sector: 16.4% of private sector homes in Leicester, Leicestershire and Rutland are rated as excellent compared to only 7.4% of local authority homes.

**Relative:** Choosing to close homes with low occupancy is a self-fulfilling prophecy. We will start losing well-trained council staff. Also, what will happen to people?

**HC:** We will work very carefully and sensitively with individuals and their families if, after the end of the consultation period, any proposal is agreed which might mean people having to move to another home. If this happened, we would also need to undertake a formal consultation with staff and their trade unions.

**Relative:** Not everyone covers Band 3 care, who will pay a top-up?

**HC:** If we place people into homes we are contracted with, a person on Band 3 should be supported on this negotiated rate.

**Relative:** When my mother-in-law needed a residential care place after falling several times and being in hospital, they tried to charge us more than Band 3.

**HC:** If a home is contracted with us, and we have assessed someone as eligible to receive services, two things can happen. If the council is paying for all or some of that care after a financial assessment, then the person is placed at the negotiated rate for that band. We negotiate this rate every year with the providers and they cannot go above this for people we are placing.

**HC:** People who are self-funders, and not placed by the council into a residential care home, are in a different position as homes are free to negotiate individually with those people.

**Relative:** So you can guarantee us that if the homes close we won't have to pay any more?

**HC:** You should not have to pay any more if you choose a home which provides accommodation at the banded rate, appropriate to a person's needs. However, what can happen sometimes is that if a person chooses a particular room which is above the banded rate, providers can try to charge extra for this. This is known as a third

## PART 9

### NUFFIELD HOUSE, RESIDENTS' AND RELATIVES' MEETING

party payment and if people want accommodation that is additional to their needs then relatives can be asked to pay the difference.

**Relatives:** My desperate worry is that Mum could lose her home here and won't get the same care elsewhere. This is Mum we are talking about. It's emotional, you only get one mum.

**HC:** It is emotional. I would feel the same if it was my mum. It is important that we hear your views and concerns tonight.

**Relative:** Look, most people realise that public money is very tight and this is not the local authority's fault. What would happen, though, if this home closed? The rapport and bond of trust residents have with staff is so important. There would be awful problems.

**HC:** We often have to help people to move to another home. For example, we cannot cater for people with nursing needs and so we already have experience of having to work with individuals and families in very difficult and sensitive situations. One option is to sell the homes as a going concern and in this option, the staff would transfer to the new provider under TUPE legislation. In this way there would be continuity of care for residents.

**Relatives:** I had an awful experience with my mum in the private sector. She went for respite in a converted old house. She had a shared bedroom with just a curtain for privacy when she used the commode. She contracted scabies whilst there.

**CIrB:** Scabies should not happen; it is caused by cross-infection.

**Resident:** We don't want change, we like it here. We keep thinking, why?

**Relative:** I used to be a visitor for \*\*\*\*\* Homes in the independent sector. I had access to information. Two thirds of the total expenses were related to staff expenses. What concerns me with the private sector is their sole aim is to make money. How would the council make sure that the private sector invests in modernising the homes?

**HC:** We would have to build this requirement into the contract as part of the specification if the consultation option to sell or lease homes to another sector was agreed. The kind of modernisation needed would be work to make rooms bigger, so that specialist equipment could be accommodated.

**Relative:** En suite bathrooms are not always a good idea. Staff assist people to go to the bathroom here. People could have accidents going into their own en suites. People with dementia can lose their inhibitions and this could lead to problems.

**HC:** I hear what you are saying about bathrooms. If en suites were put in this would be risk-assessed in relation to each resident.

**Relative:** People should be able to have excellent 24-hour care. Any alternative to this home must be equally as good. Mum has tried the private sector and her experience was not good at all.

**Relative:** The staff here have a tremendous rapport with residents, and an amazing level of commitment. Mum is no longer mobile, but the staff did their utmost to keep her mobile for the longest possible time. The physiotherapists told us they had never seen such dedication. Closing it would be a tragedy.

**Relative:** Can the private sector really match the motivation of the staff here?

**HC:** I am really pleased to see you have had such positive experiences with this home. There are some very good homes in the private sector too, unfortunately we only hear about bad examples in the media.

**Relative:** Unfortunately my father did not have a good experience at Brookside Court. He was in both the rehab and nursing services. He had a really bad experience and contracted MRSA.

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NUFFIELD HOUSE, RESIDENTS' AND RELATIVES' MEETING

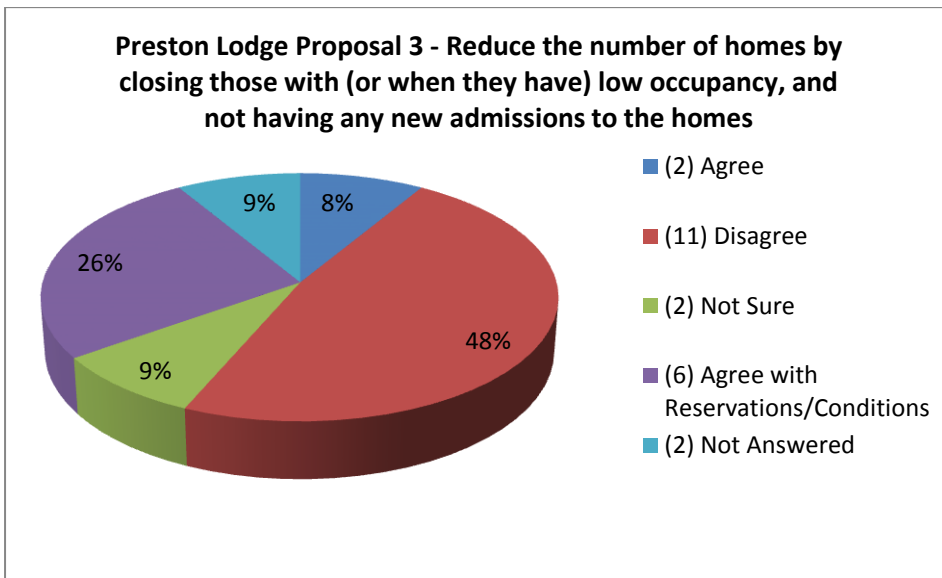
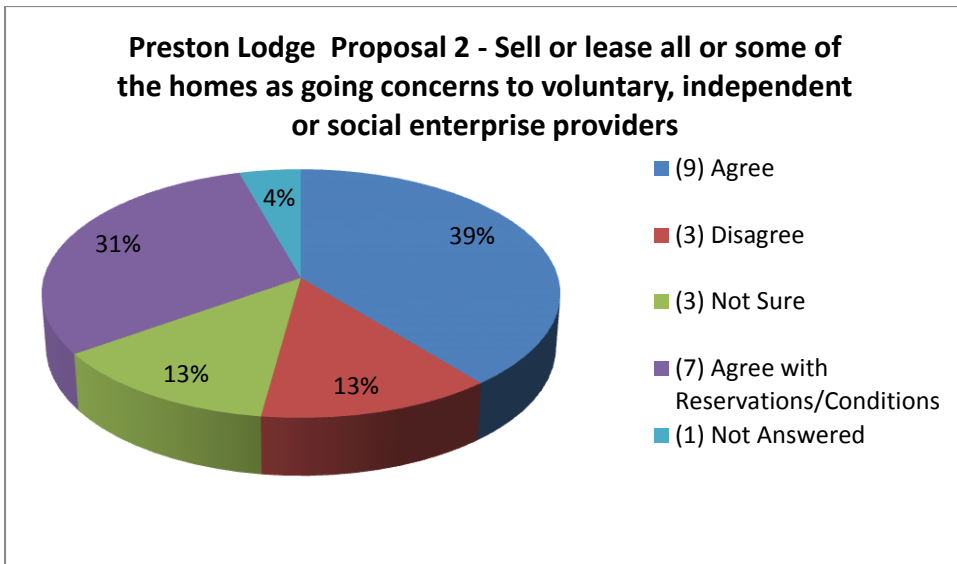
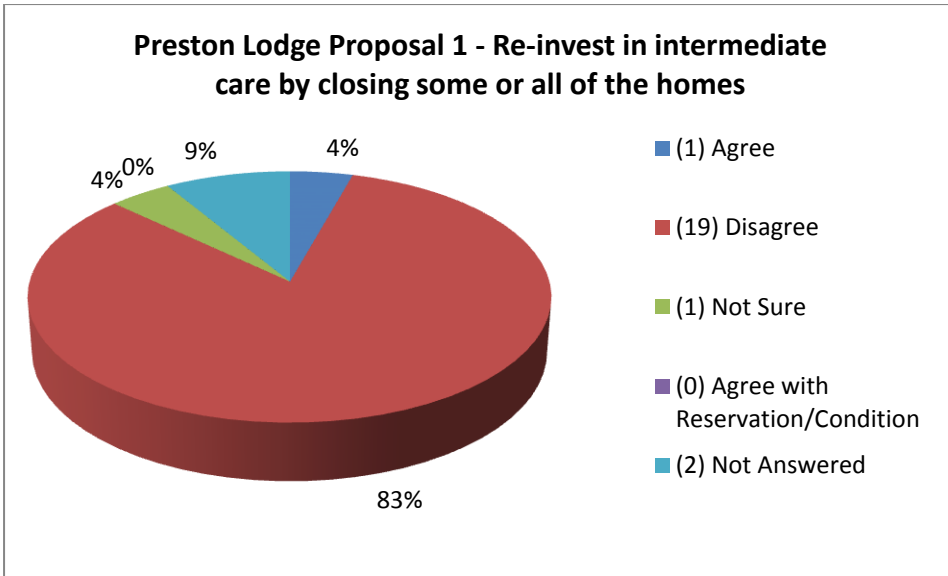
**HC:** I'm so sorry to hear that. If you want to talk to me about this separately please do so.

**Residents'/relatives' comments**

The group did not want to put their views on flipchart paper but wanted the following key messages to be recorded on their behalf.

- 1) Keep this home open.
- 2) If there is any change, we want people to remain in situ, so that standards and continuity of care are the same.
- 3) I love it here, I still go to the chapel. There are outings like going to the Red Cow pub. Everyone says I do look well. Keep the home open.

**PART 10**  
**PRESTON LODGE, ONE-TO-ONE MEETINGS**





## PART 10 PRESTON LODGE, ONE-TO-ONE MEETINGS

One-to-one meetings were carried out for 23 residents at Preston Lodge and one of these people has now been assessed as needing nursing care. For one resident, who was in hospital for most of the duration of the consultation period, a one-to-one meeting was scheduled with the relative and then cancelled, and the offer to re-schedule was declined.

During the meetings the residents were supported by their relatives, friends, a member of staff if they wished, or an advocate. One person declined the offer of having someone to support them, and in some cases decisions were taken to carry out the meetings without the residents present, as it was felt by relatives that they were either unwell or in hospital, confused due to dementia/Alzheimer's, or the meeting would upset them.

Below is a summary of the worries people raised and comments they made (when we say people, we mean the resident and/or their relative/representative).

- All except three people said they didn't want any changes or to have to move out. Their reasons were:
  - it is the only suitable home
  - there are no other options for them
  - they have lived at Preston Lodge a long time
  - they felt happier since moving there
  - they felt living at Preston Lodge has increased their life span
  - they need trained staff
  - they don't want to live on their own again
  - it is their home, it offers them security and is their comfort zone
  - they feel independent and they have friends at Preston Lodge.
- Eight people also said they wouldn't be able to handle the change, that they need familiarity and consistency and need to be able to recognise familiar staff and key workers; that they need routine, are used to the routine, and they need staff who are familiar with their complex needs.
- The three people whose views differed were for the following reasons:
  1. One person had already made an application to an Extra Care scheme as they wanted to live in more independent accommodation anyway.
  2. One person had lived at Preston Lodge for four years but had never taken to it, and had requested in the past, and still requests, to be moved to Nuffield House (another council elderly persons' home).
  3. One person, who had been very unwell recently, didn't realise she lived in a residential home, and thought she already had a home (in the community). This person did also say they were as happy as they can be anywhere and had no complaints.
- Seven people said that the consultation was making them worried or anxious. One said: "When we first heard of this consultation, we were devastated for

## PART 10 PRESTON LODGE, ONE-TO-ONE MEETINGS

(our relative). The situation is so perfect, and the possibility of it coming unstuck is worrying.”

- Twelve people said that moving would affect them in the following ways:
  - it would cause them stress
  - they would fret
  - they would lose trust in staff
  - it wouldn't work,
  - they would be extremely upset
  - it would kill them
  - they would go through a grieving process
  - it would have a massive impact
  - they wouldn't be able to deal with it
  - it takes a lot of time to build up trust
  - they would be socially isolated
  - it would affect them dramatically
  - it would be detrimental to their health and wellbeing
  - it would lower their self-esteem and morale, leading to fatality sooner.
  
- One relative said they were concerned for residents with dementia or Alzheimer's, and felt they had to speak on their behalf.
  
- Two people wanted reassurance that they will have somewhere to live and will not be put out on the street, one wanted reassurance that they would be moved to a home that would meet their needs, and another said they needed caring people to look after them.
  
- One person said that if they had to move, they would like to consider using the Shared Lives adult placement service. Two people said they would need support to move/ to move their relatives and to find alternative accommodation.
  
- Feedback from eight people on closing the homes was:
  - it would be a waste
  - it would be a terrible sin
  - it would not be a good idea.
  - they felt the homes shouldn't be closed and referred to the proposals as terrible cuts.
  
- One person said they would refuse to move.
  
- One relative said if the resident had to move, then died six months later, it would be on the council's head and they would sue the council. This person also questioned whether the council had considered the impact of moving people around the city (in terms of changing GPs etc.) and that the council should minimise the impact on those residents who will have to move.
  
- Five people felt they lacked any control on the outcome of the decisions, saying:

## PART 10

### PRESTON LODGE, ONE-TO-ONE MEETINGS

- whatever's going to happen, can't be helped
  - the consultation is lip service
  - the council will do what it has already decided to do
  - they would have to get used to it and put up with it as they felt there was no alternative.
- Nine people's responses to closing the home to re-invest in intermediate care was:
    - intermediate care is not relevant to their needs
    - it blindly denies the need for residential care
    - it won't personally affect them because they need residential care
  - One person said that the council will take their home away from them and use the money generated to spend on projects which they could not use or benefit from.
  - Of these nine people, some of them did say they considered intermediate care to be a good idea in principle.
  - Two people suggested the council uses Preston Lodge for both permanent residential care and intermediate care (by using Eastern Lodge).
  - One person said the home should remain the responsibility of the local authority, and one said that both intermediate care and residential care should be the council's responsibility.
  - One person referred to the ageing population and said there was therefore a need for more residential care, and another said the council should develop specialist dementia provision.
  - Five people said they could understand closing homes with only a few people in them, but suggested other residents move to Preston Lodge, (one said if anyone moved to Preston Lodge they had to be easygoing and prepared to get on with others).
  - Two people said there were other ways to save money and the council should close half the homes/merge the homes, and have other residents moved into Preston Lodge. They said they should sell the assets of those homes and re-invest in other buildings.
  - One person said the council should be building more homes and staffing them with people like the carers at Preston Lodge.
  - Three people mentioned the money spent on Preston Lodge, two people asked why building work was being carried out outside if the building could potentially close, and one said that the council wastes money on things not essential, such as the garden, which they believed cost a fortune to landscape and then the council says it can't afford to keep the homes open. One said the

## PART 10

### PRESTON LODGE, ONE-TO-ONE MEETINGS

council needs to stop paying 'the bigwigs' £175,000 and should pay the staff at Preston Lodge more instead.

- Ten people mentioned the location of Preston Lodge - some said it meant that their family and friends could continue to visit them. Others said the location was fantastic, that they consider it to be central, in the heart of the community, accessible for buses and trains, and accessible for people from other homes to move to.
- One person said that a lot of the residents were from the local community and it was important for the local community to keep the home open, while another said their relative had lived locally (prior to moving to Preston Lodge), was familiar with the area and bumped into neighbours when they went out, and with their health needs going out into familiar surroundings helped them to remember. This resident also attended the local church which was very important to them and their faith.
- Fourteen people agreed to another provider buying or leasing the home (for some as long as they had the same level of care) as it would mean they wouldn't have to move. They said they would be happy that they could stay at Preston Lodge, and it would be good that the residents and staff would stay together because the staff knew them well and had experience of caring for them.
- Seven people expressed concerns over private providers because:
  - they can't cope with people with dementia and complex needs
  - recent media coverage has not been favourable
  - they don't have confidence in them as their standards are poor
  - there is no control over them like council homes
  - standards will inevitably fall, they depend on profit so there will be less investment
  - staff will have low wages, there will be minimum staffing and less training
  - they are cramped, people suffer from neglect and they smell of urine.
- One person said that private homes provide better care because they are more rigorously monitored, but they had wider concerns about the impact on the workforce, which could have an impact on the care delivery.
- Two people felt they would prefer a voluntary organisation to buy/lease Preston Lodge, but another person said a voluntary organisation wouldn't be able to afford it.
- Two people expressed concerns over the cost. One wondered whether their relative could move to a private home as their placement was funded by the local authority and they contributed to the placement from their pension, while the other asked if fees would be increased, and if so, would the council pay for it?

## PART 10

### PRESTON LODGE, ONE-TO-ONE MEETINGS

- Nine people said they preferred Preston Lodge as it is because:
  - it has a high level of care
  - it does not smell of urine
  - they didn't think other homes could offer the same level of care
  - the toilets as well as other areas of the house are immaculately clean and this reflects the ethos of Preston Lodge
  - the care in the home is outstanding
  - the one-to-one care is priceless
  - the home offers personalised care which nurtures and encourages the people who live there
  - there is more space
  - they have a hairdresser
  - they have their own room
  - there is a smoker's room
  - the food is good
  - it caters well for people with dementia
  - one person said: "Council-run homes are needed as flagships and examples of how care should be provided and a benchmark of what standards should be achieved."
  - one person said they chose Preston Lodge because they thought it wouldn't go out of business.
- Praise for the staff was as follows:
  - they know and care for the residents
  - they are patient - the term altruism was used to describe them
  - excellent staff and management - "the carers are great and so are the bosses"
  - they know what they're doing
  - they do a great job
  - they're always offering drinks
  - the staff know their history and can talk to them about things they get upset about
  - they promote independence.
- One person said they want to keep the care staff and another said they were very confident in the staff because they accommodated people's cultural needs and made all the residents feel respected for their individual cultural needs.
- Six people felt that vulnerable people were having changes thrust upon them, rather than the local authority making changes elsewhere in the council. They said they felt they were easy targets, the elders in Leicester deserved the best care possible, they had worked hard all their lives and they need looking after now. One said: "The residents here are among of the most vulnerable in our society. We feel the decision-making seems to be account driven, but it feels as though they have lost the plot. There doesn't seem to be a caring society feel to it."
- One person said they had experienced this before, as they had lived in another home for seven years prior to moving to Preston Lodge 13 years ago,

PART 10  
PRESTON LODGE, ONE-TO-ONE MEETINGS

but the council had wanted to close that home, and at the time they had had two choices and chose Preston Lodge.

- Five people felt, or said they knew or had been told, that the council had stopped taking residents into Preston Lodge and was creating vacancies and running the homes down. Most of these also referred to there always being a waiting list for Preston Lodge.
- Three people felt that the proposal not take any new admissions and closing homes with low occupancy (and moving residents to other council-run homes or other homes) would mean watching their numbers dwindling and the time would come when their anxieties would be high with the daily worry of what was going to happen to them and when. One likened this experience to being pushed from pillar to post.
- One person, in response to this proposal, said over the years they had seen a few residents die or go away, and they would be unhappy if they were one of the residents left in the home.
- Two people mentioned that there was a family history as other relatives had also lived at Preston Lodge.

PART 10  
PRESTON LODGE, RESIDENTS' AND RELATIVES' MEETING  
Friday 22 July 2011, 6.30 pm

**Present:**

**Residents** 15

**Relatives and friends** 9

**HC** – Helen Coombes (Consultation team)

**DS** – Deborah Swann (Alzheimer's Society)

**AS** – Angela Sutaria (Consultation team)

**RS** – Ranjan Samani (Consultation team)

**JB** – Jane Boulton (Team manager, contact and prevention)

**What people said:**

**Relative:** The council has not been taking new admissions for a year and has contributed to low levels of occupancy.

**HC:** I am the interim director covering for Ruth Lake. I certainly have recently approved an admission although the consultation has naturally had an impact on choice for some. I will make sure that staff know admissions can still go ahead, if needs can be met in the home and potential residents and families are aware that homes are subject to consultation.

**Relative:** We have heard a lot in the media, but care home publicity at the moment is shocking. Preston Lodge provides outstanding care. (A resident said 'hear, hear'). The standard of care here is top. Private sector is glossy but behind another door is a different story. Here it is transparent – what you see is what you get.

I am totally distraught at thought of closure. Staff always interact. My aunt is here and sees it as home. I know the city council has expenses, but Preston Lodge should stay under the umbrella of the city council. (Round of applause).

**HC:** it is great that the staff are recognised for the job they do.

What I would say is that across sectors across Leicester, Leicestershire and Rutland 16.4% of private homes are excellent; in the local authority sector 7.4%.

Ratings are not the only measure, I know, but the reality is we purchase the majority of places from the independent sector and I can assure you that locally there are homes out there which offer comparable quality.

**Relative:** The building needs adaptation, if the offices next door were relocated it would be better. This is people's homes, they have chosen these homes. What about residents who cannot be integrated back into society?

**HC:** Whatever happens, whoever needs 24-hour care now will still be provided with it. We do not know the outcome of the consultation yet. In the event people do have to move, we would make sure that this is managed well and that people maintain their key links with relatives.

**Relative:** If we close homes, where do we relocate people? Why not close homes that need upgrading and move people here? This could be a hub in the city.

**HC:** That is an interesting idea which could be considered as part of the consultation. Of course people in homes with few people also feel very strongly about their home, so there are different views across the homes.

**Residents'/relatives' comments**

- Additional thought needed towards patients assessed with dementia/Alzheimer's.

## PART 10

### PRESTON LODGE, RESIDENTS' AND RELATIVES' MEETING

- Private homes such as Southern Cross shut down – people don't expect council homes to.
  - The city council is deliberately running down in-house provision/not taking in new residents.
  - Reinvestment in quality of care through Leicester City Council..
  - Leicester City Council – stability and security.
  - Central hub/location – Preston Lodge/Centre of excellence for dementia.
  - Accessibility to relatives.
  - Residents' stress and anxiety - moving sometimes causes death.
  - 'Done Deal'
  - People in homes are there because they need to be, it is not a choice.
  - Impact on families and residents - stress, worry.
  - Priorities – find the money from other budgets; don't take it from the elderly and vulnerable.
  - Not everyone wants to stay in their own home – they are frequently isolated and alone.
  - Home care – often poor quality/lack of continuity.
  - High cost of private homes.
- 
- Not going to move – lived here 10 years; 11 in December.
  - Need to live near relatives, no suitable homes in this area.
  - I want to stay here as long as I can. I don't mind if someone wants to take it over.
  - Transport for relatives really important.
  - Turn another home into intermediate care.
  - Preston Lodge is a palace.
- 
- Local authority homes are more flexible and welcoming to relatives - e.g. relatives are offered refreshments.
  - No worries or responsibilities in care, wouldn't want to be back at home.
  - People might be 'encouraged' to stay at home by relatives for financial reasons.
  - Relatives may live too far for hands-on support. They feel reassured that their relatives are safe and secure here.
  - Extra strain on carers/relatives when their relatives are at home, particularly with dementia.
  - Feel local authority provides better care as they are not there for financial gain.
  - Impact on people if they have to move would be substantial. They are humans.



## PART 10

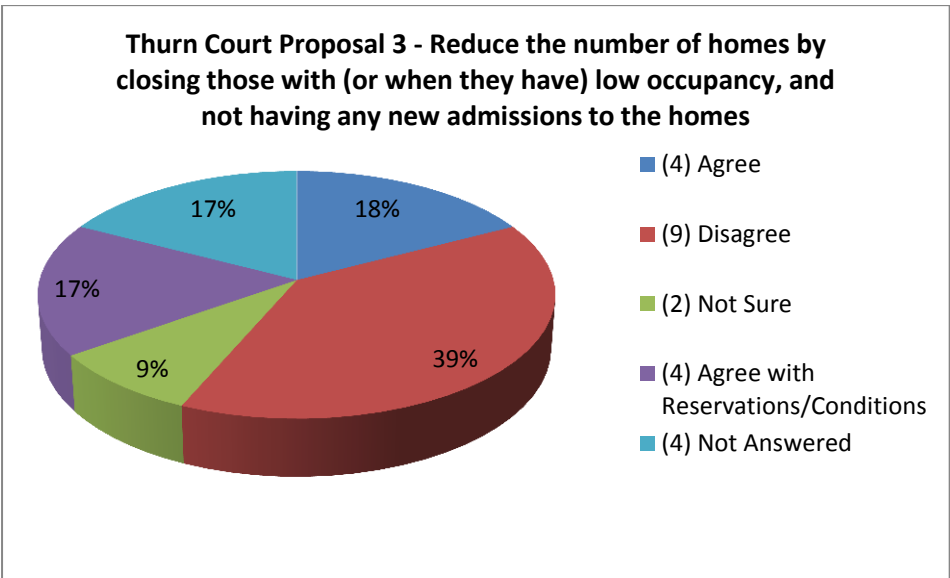
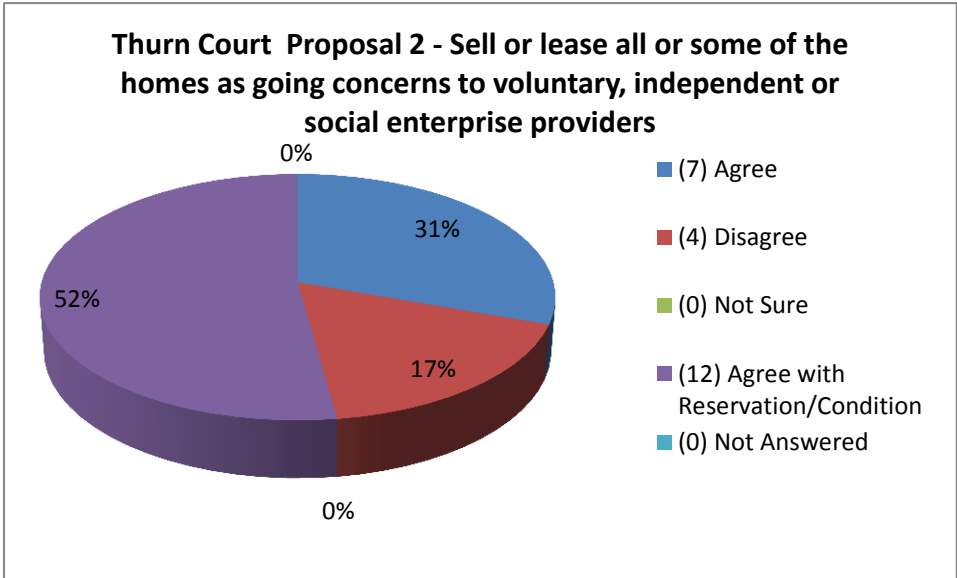
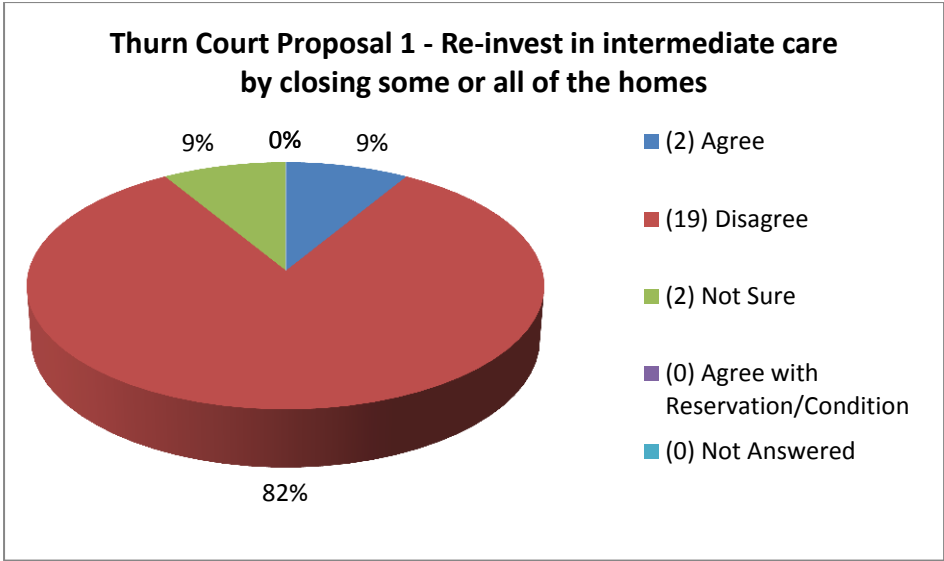
### PRESTON LODGE, RESIDENTS' AND RELATIVES' MEETING

- Staff at Preston Lodge are brilliant. Staff ratio usually adequate. They are sociable.
  - Prefer to keep Preston Lodge and if there is no choice other than to close some homes, move residents here.
  - More than happy with everything being said.
  - Home care should be properly supervised and monitored, e.g. by the Care Quality Commission. Not enough supervision. Things not done properly, particularly at night.
  - No choice with home care, e.g. bedtimes are tied to time of visit. Visits too short. Proper training of home carers would be essential.
  - Isolation a big problem living in the community.
  - Day care is required to prevent isolation and relieve burden on carers.
  - "Don't want anything to change or to move."
  - Standard of care in Preston Lodge is excellent and surroundings are very good.
  - Staff interact well with residents.
  - Concerns about standards of care in private sector. Whether in this home or homes already providing care.
  - Care Quality Commission monitors care but not always reliable.
  - Preston Lodge is a community-based home.
  - It's 'champion' living here. Have enough experience, being here 13 years. No complaints. Ideal here.
  - Very worried about home being taken over. Would not like to move at all.
  - Nice place to live.
  - Private care not as good.
  - Local authority care better – more freedom. Private care more strict.
- 
- Couldn't hear – microphone would have helped.
  - Better communication needed from council. Shouldn't have to read about things in the paper.
  - We want a regular newsletter regarding options.
- 
- Don't want Preston Lodge to close – staff take an interest, look after people well, good food.
  - Private purchase better than closing, but concerns about monitoring of care standards and who would buy it.
  - Concerns regarding losing good staff.
  - Home is clean.
  - Council should come out whenever there is something important to tell you about.

PART 10  
PRESTON LODGE, RESIDENTS' AND RELATIVES' MEETING

- (Comment from relatives): Concern regarding moving to another home for someone who is confused and is familiar with surroundings.
  
- Why are there no proposals to leave the homes as they are?
- Views of majority of residents' carers that the standard of care at Preston Lodge is excellent. This has been recorded many times in the past.
- Older people are vulnerable and have become an easy target.
- How much money is spent on other – diverse – communities? This has had an impact on people who have always lived here.
- Previous consultation inferred to families/carers that a decision has been made to close all homes (March 2011). This was a bit of a telling.
- We feel that there is a hidden agenda.
- This situation of uncertainty is having an impact on residents, families and carers on a daily basis.
- This is their home and the local authority is turning them away.
- Preston Lodge staff have kept my parents living longer.
- Low turnover of staff reflects on the care given to residents – maintaining consistency of care.
- Find money from other sources for intermediate care and developing services, rather than targeting residential homes.
- Moving elderly, frail residents to a new environment is not good.
  
- I'm worried about where I would move if I had to leave Preston Lodge and how I would find somewhere.
- I've lived here a long time; I'd really like to stay here.
- I'm worried about how I'd pay for a different home.
- I really like the other people who live at Preston Lodge.

PART 11  
THURN COURT, ONE -TO- ONE MEETINGS



## PART 11 THURN COURT, ONE -TO- ONE MEETINGS

One-to-one meetings were carried out for all 23 residents at Thurn Court.

During the meetings the residents were supported by their relatives, friends, a member of staff if they wished, or an advocate. One resident declined the offer of their family or a member of staff to support them during their interview. In some cases, decisions were taken to carry out the meetings without the residents present, as it was felt by relatives that they were either unwell, confused due to dementia/Alzheimer's, or that the meeting would upset them.

Below is a summary of the worries people raised and comments they made (when we say people, we mean the resident and/or their relative/representative).

- All except one person said they were happy at Thurn Court, did not want to move, or did not want anything to change. This was for the following reasons:
  - it is now their home
  - they love it here, they love the other residents/everybody here
  - the other residents are their family, they are settled, they have no family that visit them so the other residents and the staff are important to them
  - they are used to it
  - they don't have a home to go to
  - they like it, they are happy
  - they have managed to put on weight as they are fed well
  - it is registered as their home on all official registers/databases.
  
- Eight people either became upset, or said the consultation was causing them to be upset and to worry. They said it was causing concern, affected them, or was unsettling for them.
  
- Six people said they were concerned about finding somewhere suitable to live that would meet their needs. They said they were worried about being made homeless, whether there would be enough places for them all to move to, or said they had been moved around too much before and this is the only home that could meet their needs.
  
- One person was worried and asked if they would be the first to go, as they were less disabled than the other residents.
  
- Twelve people said that any moves would be detrimental for the following reasons:
  - they wouldn't last long without the staff
  - it would be detrimental to their well-being and health
  - they would deteriorate rapidly
  - it would be life-threatening
  - the care they receive has an impact on their survival
  - it would be stressful
  - they wouldn't trust the new staff.
  
- Two people said it would be disruptive to have strangers coming in, or they won't get settled if they keep having to move.

## PART 11 THURN COURT, ONE -TO- ONE MEETINGS

- Two people mentioned that because their relatives have dementia/Alzheimer's they are better at Thurn Court as they know where they are, who the residents are and where the toilets are. They said they need continuity, regularity and routine.
- Five other people said they like the routine at the home, or that it was familiar to them, and they wanted that consistency.
- One resident had been very worried since the first consultation, so had been applying for more independent, warden-assisted, Extra Care type schemes already. They said that although they like living at Thurn Court, they would like to explore these facilities further as they would like to keep their options open.
- One resident, who said she was over 100, said: "Moving anywhere will still be living within the four walls. I have nothing to live for and I have no friends or relations. The council can do what they like with the homes. As long as I am accommodated elsewhere I would be happy."
- Eleven people were worried about the cost of moving to a private home (or a private organisation buying the home), whether the cost would stay the same, or whether any extra cost would be covered by the council. Six of these people are self-funders so said any extra cost would be significant, or said they can't afford the private sector.
- Nine people mentioned the location of Thurn Court as being important because:
  - their family could continue to visit them often/daily and take them out
  - they liked the local amenities, and with their disability they can access them
  - that when their family member, who lives at the home, is unsettled, staff ring them and they can pop down
  - that it is part of the community and people in the area won't want it to close, as they have all had someone live there at some point
- Four people also said that other relatives in the past had lived at Thurn Court before they passed away (for one resident, two other members of their family had lived there), or that members of their family/neighbours had worked there, or work there now. One person said she had planned on moving there in the future.
- Three relatives were worried that they can't take on the responsibility of looking after their family members again, and talked about the effects on them or the risks when they did.

PART 11  
THURN COURT, ONE -TO- ONE MEETINGS

- Two other relatives said that with their family member at Thurn Court they were reassured they were safe or it gave them peace of mind.
- With regard to proposal 1 – to re-invest in intermediate care by closing some or all of the homes - 10 people said that although intermediate care is needed, it does not address their needs so they don't agree with it, or they need residential care, or had wanted this option but were assessed as needing residential care.
- One person said the council should mix the long-stay residents with the short-stay residents (or those needing intermediate care) and the time will come when the long-stay residents will no longer be there.
- One person said the information that fewer people are choosing residential care is misleading.
- One person said the council is trying to push people into private residential care or care in the community.
- Five people expressed their concerns/feelings and described negative experiences/faults with care in the community.
- Two people said it was a good idea/moving with the times.
- Nineteen people thought proposal 2 – to sell or lease all or some of the homes as going concerns to voluntary, independent or social enterprise providers - was a good idea. Most said this would be as long as Thurn Court was run as well as it is now with the same staff group, the same price, the standards were maintained, the staff salaries and pensions stayed the same, they could keep the same GP and as long as it wasn't Southern Cross.
- One person said they thought a charitable organisation was good for older people.
- Four people wanted reassurance that it would be run well, and wanted to know what monitoring facilities the council would put in place to ensure the new owners would be up to the present standards and these standards were upheld.
- One person also suggested that the monitoring of the homes should be carried out more randomly; that visits should be unannounced and spread over the year, rather than annual and with advance notice.
- Eleven people praised Thurn Court for the following reasons:
  - the high standards
  - the standard of care is exemplary
  - it is fantastic and the best place for the residents
  - it has always been run well
  - the home smells fresh and doesn't smell of urine

## PART 11

### THURN COURT, ONE -TO- ONE MEETINGS

- the residents are always looked after well; they are clean, smell nice and have their hair set
  - there is a smoker's lounge
  - because of Carol and her husband (responsible for taking the residents out and for maintenance)
  - they have lovely clean beds
  - they can spend Christmas there with their family member
  - it's wonderful, the home library service is excellent and it has nice gardens.
- Praise for the staff was as follows:
    - they are extended family
    - the staff group is excellent
    - the permanent staff look after them well, nothing is ever too much trouble
    - they show care and affection, they have a caring way
    - they don't seem to do it only for the money
    - they provide the personal touch
    - they always have a smile, they have a laugh
    - they help to cut up food/meat
    - they are dependent on the care staff continuously even at night and they don't complain
    - the staff treat them as if they are members of their own family even after the way some residents treat them
    - they only have to ring the bell and they come and they are wonderful and not appreciated by the officialdom.
- Two people mentioned that it isn't money that buys this care/they couldn't have better care if they paid more. One person said they would like to know that the staff are kept on.
- Eight people raised concerns about private providers because:
    - they are concerned over the standards of care
    - they are not up to scratch
    - they are there to make a profit so something's got to go that could affect the care of the residents
    - they cut corners
    - they are worried about whether the staff would be happy, or they referred to recent media coverage (abuse, neglect, beating people up and homes being shut down).
- On proposal 3 - to reduce the number of homes by closing those with (or when they have) low occupancy, and not having any new admissions to the homes - feedback included:
    - the last few people would have to move, taking us back to proposal 1, and this was controlled by the council
    - another person said that because their family member is reasonably young, they would be watching the group dwindle, and then the decision around keeping Thurn Court open or not would cause them distress.

## PART 11 THURN COURT, ONE -TO- ONE MEETINGS

- Eighteen people said something along the lines of:
  - Thurn Court was quite full, or had always been quite busy (or they questioned how full it was)
  - they couldn't (or wouldn't) comment on closing other homes but that Thurn Court should be kept open
  - that it would be unfortunate for other lower-occupied homes and the needs and health of those residents would have to be considered if they were moved
  - people from lower occupied homes should be moved there
  - keep the best ones open, that if others knew that Thurn Court was always run well then people from the smaller homes would feel better about moving to Thurn Court, other homes should be merged with Thurn Court.
  
- Nine people understood the need to close smaller homes, as you struggle to justify keeping them running.
  
- One person also said if this was a lower occupied home they would like a say in where they were moved. One other person said: "That seems a good idea, because they are wasting a lot of money, when it's not needed, and it must be lonely for them and for the staff. They could have a chance to move to a home that has more residents, because they must be very worried. It would give them (staff) a choice. If they were dependent on another person, they could move together and it wouldn't make it such a trauma."
  
- Seven people said that there had always been a waiting list at Thurn Court and questioned why there was low occupancy in the homes. They said they had been told that the council was only taking short-term residents, or that the council was running the homes down/not filling beds.
  
- General feedback on the consultation and the proposals included:
  - that no one cares about people of their age
  - that there have been too many consultations
  - that staff and residents' morale is low due to all the changes and consultations
  - that "really, they shouldn't move people when they're getting on."
  
- One person said she "put her trust" in the city council to look after her and if they change it in any way, "that trust will be broken." Another person said the council should continue to look after their older people now and in the future, and that they had gone through the wars and need looking after.
  
- On similar lines, one person said: "These people have served their country and should be allowed to live out their days in peace."



## PART 11 THURN COURT, ONE -TO- ONE MEETINGS

- Four people felt the decision was out of their control; they say no one will listen to them, so they don't care, that this is what happens in this country and you have to go along with whatever's decided.
- Three people gave positive feedback, one saying: "I am happy about the way this (consultation) has happened. These one-to-ones are very useful. You can't always speak up in a group." It was pointed out that speakers need a microphone in large groups. Another said the council had done well in the extended consultation.
- Five people said something along the lines of:
  - the council should be proud of Thurn Court
  - it should be developing more homes like it, not fewer
  - it should be kept open, or the council should continue to provide residential care as it is needed (one person mentioned the 'baby boom').
- Another seven said that:
  - there should be facilities for older people to be looked after
  - the council is being short-sighted/choosing a short-sighted 'fix'
  - the cost in the future of looking after older people will outweigh the benefits of the sale in the short term
  - or they referred to private providers making applications for building more private homes or developing retirement villages (which they feel people can't afford).
- A couple of people said they can understand the need for the money or the changes due to the Government cuts.
- One person said the money should be re-invested into older people's services and not placed in the council's 'coffers'. One person suggested the council learns from other local authorities that have kept their homes open on how to do it profitably.
- One person suggested that the land at the back of Thurn Court is used to build a larger home for more people to live there, Thurn Court is demolished and the money saved from selling the smaller homes is used and re-invested.
- One person acknowledged that the building needs modernising, that it would be nice if it was all on one floor, and another said that en suite facilities were not appropriate or needed as the residents needed special equipment and support, so this argument was negligible.
- Two people felt that the council was either spending money on "useless" ventures such as "paving stones and pedestrian areas" or referred to something they read about the city mayor wanting offices for his "entourage of six" and asked how these extras can be afforded if the council is so "hard up".

PART 11  
THURN COURT, ONE -TO- ONE MEETINGS

- One person was worried that staff will lose their jobs “when enough jobs are being lost as it is.”
- One person said if their relative had to move they didn’t want them to move to Herrick Lodge (another council elderly person’s home).
- One person said that the council should tell the local media that there are vacancies at Thurn Court, and the media are doing a lot of damage, and when they read about the closures in the local newspaper they sank into severe depression and considered suicide.
- Two other people also said the council’s intentions to close should never have been made public in the local media, the people in the homes should have been consulted but the damage had been done.
- One person would like the city mayor to come to the homes and see them before he makes his decision.

PART 11  
THURN COURT, RESIDENTS' AND RELATIVES' MEETINGS  
Wednesday 20<sup>th</sup> July 2011, 6.30 pm

**Present:**

**Residents** 15

**Relatives and friends** 9

**HC** – Helen Coombes (Consultation team)

**PO** - Philip Odell (Home manager)

**CR** - Chrissie Rhodes (Assistant home manager)

**AS** – Angela Sutaria (Consultation team)

**NN** - Naadira Nurgat (Consultation team)

**AB** - Alison Bartram (Senior)

**MD** - Michelle Duffy (Care)

**SS** - Sonal Sharma (Care)

**DK** - Dara Knowles (Care)

**DS** – Deborah Swann (Alzheimer's Society)

**What a resident said:**

One of the residents said she would like to make some points before everyone got started on the meeting.

- First of all she felt it was very good that the consultation team had been brought in. She liked the way Naadira Nurgat had come and had a chat to residents over coffee.
- She was disappointed that there were not many relatives here, at the last meeting on 11<sup>th</sup> May 2011 lots of the relatives came.
- She felt we should look closely at the first consultation report and she read out some of the key points from her point of view - 80% of people disagreed with the closure and felt independent living was not an option. Only one person would rather live at home.
- People in the homes don't want to move, they are settled. Moving would be particularly hard on disabled residents.
- The staff here are fantastic, they should have national honours. Nothing is too much trouble. They will help people with personal care as many times as they need it, day and night. Permanent staff are so important; they know residents so much better. They treat us like people and don't patronise us, which can sometimes happen with agency staff.
- I have contacted two secretaries of state. I strongly believe care homes should not be closed, if anything we need more. Is anyone thinking about how hard this is for people with dementia, where familiarity with staff is so important?
- Given the strength of feeling of people at Thurn Court, it was disappointing that there were only six lines in the last consultation report, about the petition.
- I want to stay here until I die. If I have to move and new staff take me to the dining room, I will go hungry. I want to pay tribute to the Thurn Court staff - this is my home, the staff are my family.

Everyone gave the resident a round of applause.

## PART 11

### THURN COURT, RESIDENTS' AND RELATIVES' MEETINGS

#### What people said:

- **Relative:** No one likes change - isn't this whole consultation a bit short-sighted?

**HC:** I fully accept it is really difficult to be talking about potential change and that this is an anxious time for people. As a council there are two things we need to do: look after the people who use our services now, but keep our eye on the development of future services. Things are changing, people are choosing less and less to go into residential care, because there are new services like Extra Care and Supported Housing, or assistive technology to help people stay in their own homes. We also need to develop more services such as intermediate care to help prevent hospital admissions or support someone after being ill.

**Relative:** I accept what you are saying about needing a range of services for older people, but some people need residential care homes. In my experience, private sector homes are expensive and they are not good, I had terrible trouble trying to find a home for my dad, one home tried to make me pay for it up front.

**HC:** I can see that you have had quite a bad experience when looking for a home. You are absolutely right, the council will still have to arrange for some people to have residential care whatever the outcome of the consultation. What we are consulting on is whether the council should still run homes itself. The council currently only provides approximately 6% of elderly persons' residential care homes in the city. The homes are broadly the same in terms of quality across council, private and voluntary sectors, according to Care Quality Commission ratings.

**Relative:** I have to disagree, when the county council was trying to arrange a private home for my dad I was disgusted. He was expected to share a room with another person who was dying. It was awful and the home was sold on three or four times.

**HC:** I am sorry to hear of that experience.

**Relative:** Where would people go if the homes closed?

**HC:** Whenever we work with someone who lives in residential care, we re-assess individual needs and talk with people about the best option for them. This could be another residential care home, nursing care if some needed it, or extra care. We would work very closely with the person and their family to make sure this was done in a person-centred way. Naadira Nurgat and her team would do this if there were any changes following Cabinet's decision. Perhaps it might be useful if I go through the reasons change is being proposed and talk through the consultation proposals.

**A resident** said this had been a good event and that it can't be easy for staff doing the consultation. However, she was still disappointed more relatives were not there. The resident said that she was at Thurn Court today and it should be Thurn Court forever. She led everyone in three cheers for Thurn Court.

PART 11  
THURN COURT, RESIDENTS' AND RELATIVES' MEETINGS

**Residents'/relatives' comments**

- I will stay in this home until the day I die.
  - Would want to be assured that if the home was sold, the staff were looked after (every single one)
  - Would like to compliment the staff
  - Could I be guaranteed that the same level of care will be provided if the home is taken over by another company or service provider?
  - Nobody can understand how I feel – because they are not me!
  - I will not leave Thurn Court until the day I die
  - I consider all the staff to be dedicated in their calling – doing work for me that many would not do.
  - Who will speak for residents who have no family – how do you know you are making the right choice for them, when they are happy and settled here, and the staff understand them?
  - No residents or staff want to leave Thurn Court.
  - Who will meet the costs if residents move to private care?
  - Private care is not as good, because private homes are only interested in profit.
  - Where's the person-centred care in all this? Is this a breach of regulations?
  - I have it in writing that Leicester City Council has a duty to provide care – I am not leaving Thurn Court.
  - What about our human rights?
- 
- Alzheimer's is our problem, our sister in law is a sufferer; she cannot under any circumstance look after herself in any normal way. She is a very difficult resident. The safety situation is very important - she cannot leave the home on her own. Showering is also a problem – she likes keeping her own clothes and shoes and getting her to change them is sometimes a problem. If it happens that Thurn Court stays open – great. If not, where or when will she go and how much will it cost? After all this tirade, it would be a great travesty if it were to close.
- 
- The council is shirking its responsibility.
  - Private sector – older people's villages are only for people who can afford to live there.
  - I want to stay, I don't want to move. I am worried about the cost.
  - Some residents would worry about the cost.
  - Staff in other places of the same calibre? Will residents get along?
  - Reference to Gerry Robinson programme about dementia care.
  - Council and local government need to invest in an awful lot of services for ageing population.
  - Training for staff.
  - It's their home, they want to stay, they don't want to move.
  - With an ageing population, you are going to get more people who are going to need residential care and there will be nowhere for them to go. This is short-sightedness. You are going to get an ageing population who cannot stay in the community with nowhere to go.
  - How are these homes going to be regulated? ('Panorama' – Homes)

## PART 11

### THURN COURT, RESIDENTS' AND RELATIVES' MEETINGS

- Council homes – staff – decent wage/annual leave/training
  - Private homes – ran as a business so residents won't get the care they need.
  - Agency staff are not affiliated to the home or staff and don't connect to the patients.
  - Dementia sufferers would struggle like mad with the move. Disorientated. Will affect physical and mental health.
  - The council has a problem and has to save money, but they're making it the residents' problem.
  - This is a residential home, not accommodation. It's not these people's problem to answer these questions... these people live here.
  - Proposal 3 – Reduce the number of homes by closing those with (or when they have) low occupancy - can appreciate that, don't replace the home if people move or die. But where will people (new batch) go, when they need somewhere to live? Government will say it's too expensive to build new homes. There is always going to be a need for somewhere for people to live (like closing the mines).
  - Looking long-term, but is this long term?
  - Older people's villages and flats, private sector filling these gaps, why isn't the council?
  - Cultural changes and diverse needs in ageing population.
  - Minimum wage – migrant workers taking on care roles, but don't have knowledge of cultural needs due to lack of training. Different levels in standard not acceptable to all.
  - Intermediate care – is intermediate and transient (How long is intermediate?) Quick fix, don't understand that term.
- 
- Private care levels stay same?
  - Funding goes up?
  - How would you ensure that if someone was moved from the home that they would be close to their relatives?
  - I've been here over 12 months. It's a nice home; they look after me. I can't stand on my own feet, I keep falling over - I had to give up my home to come and live here. That was very sad. I've been comfortable, they've looked after me. They're ever so kind.
  - Crap idea. End up with another Southern Cross!
  - How do you meet demand if needed?
  - Long-term expensive exercise.
  - In short term to raise money.
  - None of the proposals ideal – council should invest in the homes – for long-term benefit.
- 
- Do not close all homes – just really run-down ones. It's important, with health needs, to be able to trust staff, as we can at present.
  - Need to have good track record – some concerns re Southern Cross. If staff stayed, good, as people would trust them.
  - Can appreciate low numbers of residents means homes cost more to run, but at least one home needs to be kept open permanently.
  - If people move – would lose friends.

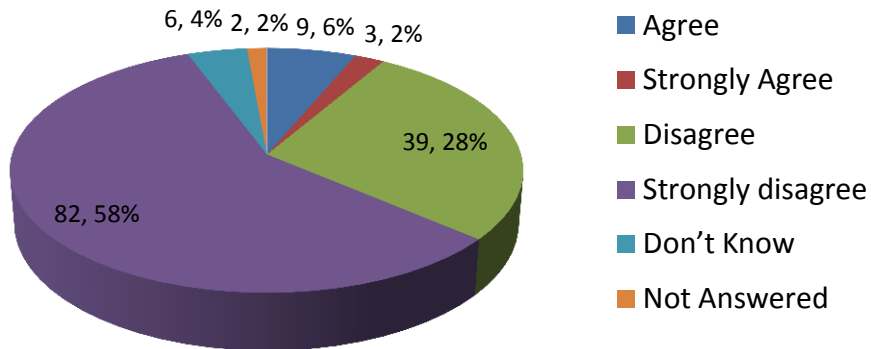
## PART 11

### THURN COURT, RESIDENTS' AND RELATIVES' MEETINGS

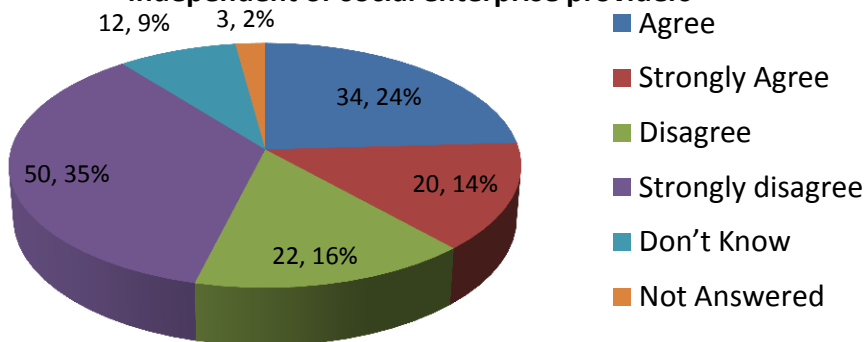
- People choose to stay in own homes until cannot do anything for themselves. No care package for 24/7 care – in own homes very isolated – no social interactivities – lonely.
- Not cost effective.
- Living in own home – big impact on families and carers. Very stressful – worrying – always on tenterhooks.
- Homes provide activities and constant chat – outings, visits etc.
- Staff at Thurn Court are brilliant.
  
- What does it all mean?
- Private sector is growing in its building of older persons homes, ie villages, warden-assisted homes and complexes. Government is not recognising same need.
- Have you any homes in mind for the future for the residents to move to?
- Do you know the cost if residents have to move into private care?
- What is intermediate care? Need to understand it better.

## PART 12 ANALYSIS OF QUESTIONNAIRES

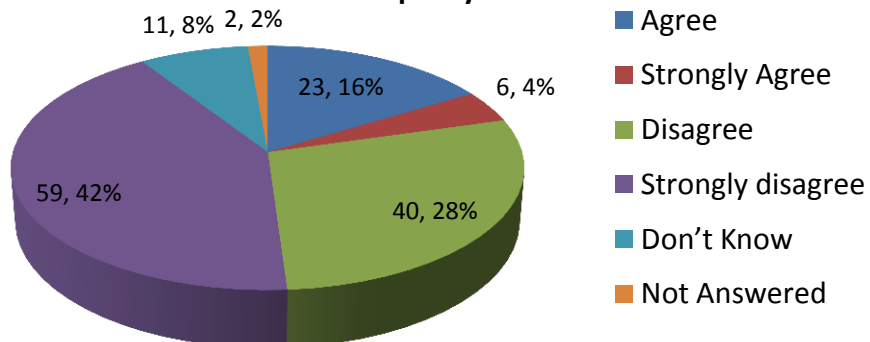
**PROPOSAL 1 Questionnaire Results - Re-invest in intermediate care by closing some or all of the homes**



**PROPOSAL 2 Questionnaire Results - Sell or lease all or some of the homes as going concerns to voluntary, independent or social enterprise providers**



**PROPOSAL 3 Questionnaire Results - Reduce the number of homes by closing those with (or when they have) low occupancy.**





## PART 12

### ANALYSIS OF QUESTIONNAIRES

Most people who completed the questionnaire indicated that they did not understand why the council wants to make changes to residential care homes for older people.

People were asked which of the following is more important if the council was to decide to close all or some of the homes:

- a. That the independent sector places are available in the same area;
- b. That the home could be developed to provide new facilities.

Most said that b. was most important.

A wide range of ideas were offered as realistic proposals for the homes. These ranged from rebuilding and modernising the homes to offering other services. Other ideas included seeking to reduce running costs for the homes and residents possibly paying more to keep the homes open.

Most people said that they were not happy with the homes closing and they did not want to leave them. Comments were made about the quality and cost of independent sector care, and the importance of being close to relatives. Some people commented about the stress and worry resulting from the consultation process and any consequent decision to close one or more of the homes.

## PART 13 WRITTEN COMMENTS AND MEETINGS

### **a. Alzheimer's Society**

The council commissioned the Alzheimer's Society in July 2011 to work intensively with 11 individuals identified as needing additional support to give a view during the consultation process.

As campaigners for people with dementia, the Alzheimer's Society's Leicestershire and Rutland Locality has played a key role in representing individuals with dementia in the consultation, both on a one-to-one basis and at residents' and relatives' meetings.

Three advocates worked on the consultation this summer and all three have sent in their views about the proposals. All three advocates feel that if at all possible, the local authority should continue to provide in-house residential care homes for older people. Their view is that the council homes appear to provide a better quality of life for residents with dementia than many of the private homes they have seen.

Although the condition of some of the local authority homes is noted as needing improvement, the advocates felt that staff in-house are generally well supported and provide a good service. The society stresses the importance of 24-hour care being available at an earlier stage for people with dementia and the toll on family members trying to support their loved ones at home whilst waiting for a suitable placement.

The society reports increasing difficulties in the last two years in finding suitable places for people with dementia in the city. It appears to them that since the beginning of this year, places in council-run homes were full to capacity and some had waiting lists. They also thought that many private homes were full and, where there were vacancies, these homes were asking for top-up payments that families could not afford.

One advocate said that social workers had told them that they cannot make referrals for placements in local authority homes and that a local authority panel has raised the eligibility criteria - both actions which affect the numbers of residents in care homes.

The advocates said that the consultation meetings were well-organised and it was felt that people were listened to and could have their say. The style of the meetings was appreciated, as was the fact that the points raised by people were recorded. There is still a worry with relatives that the council may already have made up its mind about what is going to happen. The society noted the raised anxieties of some residents during the consultation process.

## PART 13 WRITTEN COMMENTS AND MEETINGS

One advocate said that some information given out about the cost of nursing was incorrect. (This happened at the Abbey House meeting and was reflected and corrected in the notes).

### **b. Petition**

A petition with 1,188 signatures was received against the closure of Cooper House

### **c. Individuals**

This analysis is based on some 30 letters from individuals who commented in writing on the proposals. Nearly all of the letters, notes and e-mails expressed disagreement with the homes closing.

Ten comments were made about the worry and stress that the consultation and consequent decisions would have for residents and their relatives.

Eight comments were made that independence is not an option for everyone. A recurring comment, raised seven times, was that private care homes do not provide the same level of care and quality as the council's homes.

One note expressed the view that proposal 1 – to re-invest in intermediate care by closing some or all of the homes - is morally wrong, and that the consultation should only have been carried out on proposals 2 and 3. A qualified carer expressed frustration and anger that closure of the homes will lead to a loss of job opportunities.

Letters about Thurn Court emphasised the quality of care at the home, and opposed its closure.

An email from the daughter of a 96-year old resident at Abbey House praised the high standard of conditions, staff and care at the home.

A daughter-in-law of a resident at Arbor House mentioned it will not be possible to find another home that is as caring.

One of several letters from a relative of someone living at Cooper House mentioned that there are no other homes close to where he lives and he sees his mother most days.

A letter from a local MP welcomed the extension to the consultation, and referred to personal visits to Abbey House, Nuffield House and Elizabeth House. The letter explained that in the main residents are happy and settled, and the prospect of moving was a source of concern to them.

Many relatives feared that a move would hasten death. The council was urged to place the individual needs of each resident at the heart of decision-making

## PART 13 WRITTEN COMMENTS AND MEETINGS

and to ensure that each resident gets the level of support and assistance they require. On balance, and with the right safeguards, the MP favoured proposal 2 - to sell or lease all or some of the homes as going concerns to voluntary, independent or social enterprise providers - as this potentially offered the least disruption to residents and relatives.

Another MP's letter supported the shifting focus of adult social care towards prevention and early intervention. From the MP's meetings at Cooper House, it was clear that there will still be a need for residential accommodation for some older people. The need for residential care is further demonstrated by the fact that there was a waiting list at Cooper House until recently. In conclusion, the letter stressed that the city council had not truly listened to the residents and their families when they attended consultation meetings.

### **d. Meetings**

Staff from the in-house consultation team attended various meetings during the consultation period:

#### **a. Residential Care Forum – 12 August 2011**

A member of the in-house consultation team attended a meeting of the Residential Care Forum to update members on the consultation programme and answer any questions. Membership of the forum comprises residential care home owners/managers contracted to the council.

#### **b. Forum for Older People – 9 August 2011**

A member of the in-house consultation team attended this city council meeting to update members on the consultation programme and answer any questions. Membership of the forum comprises organisations representing older people and older individuals.

#### **c. LINK consultation event – 7 September 2011**

Senior council staff attended a LINK (Local Involvement Network) consultation event held at the Tudor Centre. This followed an earlier LINK event during the first round of consultation which took place between 14 March and 14 June 2011. The LINK statement on the event is as follows:

*“With the second event being a recognition from the council to re-examine their proposals for the elderly care homes, there was agreement from attendees that the council had engaged well with the community and those affected by the proposals. There was a real sense of the city council listening. A big criticism of the first stage of the consultation was that the changes were a done deal and whilst concerns still remained, it was*

## PART 13 WRITTEN COMMENTS AND MEETINGS

*commented that it was more up for discussion. There were still concerns about how those with dementia were engaged.*

*The discussion at the event showed support for the proposal which looks to keep the home open and looks for an external organisation/individual to take them over. Some of the concerns which were raised about this option were:*

- If taken over by a private care company, there is disparity over the care received by privately funded residents and state funded resident. Anecdotal evidence of state funded residents sharing rooms in a local care home.*
- Preference given to those organisations which are either charity or not-for-profit. This would ensure patient care is paramount over profit.*

*Strong quality checks from the council and public scrutiny*

*There were suggestions made that an option not explored was to look at what costs savings the homes could make. Possibly look at what the council could afford as a home budget and look with the home staff at if this was achievable.*

*A report will be going to the LINK board for discussion and if any further work needs to be done.*

*Attendees of the event were mostly family of residents but also attending were city councillors (x4), a rep from Liz Kendal's office and council officers."*

### d. 50+ Meeting on 26 September 2011

A member of the in-house consultation team attended this city council meeting to update members on the consultation programme and answer any questions. Approximately 33 members attended the 50+ meeting on 26 September. 30 members agreed that the care homes should be retained by the council and 3 members did not vote.

## PART 14 ACKNOWLEDGEMENTS AND THANKS

The consultation carried out on the future of our council-run residential care homes has involved contact with lots of different people and organisations in Leicester. This contact has been through a wide range of channels.

We would like to offer our thanks for the co-operation we have received and for people's openness in letting us have their comments and views on the proposals. In particular, we would like to offer special thanks to residents, relatives and carers who understandably are anxious about how possible changes might affect them. Please be assured that we will do all we can to continue to keep any anxiety to a minimum.