

DECISION MAKING REPORT FORMAT

Report for: Cabinet 12th December

Item number:

Title: Corporate Plan Priority 2 – Outcome of Consultation and decision on proposal to close Osborne Grove Nursing Home

Report authorised by: Tracie Evans, Interim Deputy Chief Executive

Lead Officer: Beverley Tarka, Director of Adult Social Services

Ward(s) affected: All

**Report for Key/
Non Key Decision:** Key Decision

1. Describe the issue under consideration

- 1.1 On 20th June Cabinet approved a consultation with residents, carers and other stakeholders on the proposal to close Osborne Grove Nursing Home (the Home) due to significant concerns about the quality and safety of care being provided to the residents of the Home. These concerns had been raised both through internal quality assurance processes and a Care Quality Commission Inspection of the Home which found it to be Inadequate. This report sets out the findings of the consultation.
- 1.2 The public consultation commenced on Monday 17th July and was due to end on 15th October (twelve weeks). In July the Care Quality Commission (the CQC) inspected the Home again, and identified that sufficient improvements had been made to take the Home out of special measures and to be rated Requires Improvement. As a result, the period of consultation was extended to 12th November (a further 4 weeks) to enable all interested parties to consider the Inspection findings in their response to the consultation proposal.
- 1.3 As the consultation has now concluded, Cabinet is asked to make the decision whether Osborne Grove Nursing Home should close or remain open, taking into consideration the feedback from the consultation set out in Appendix 1, the Equalities Impact Assessment in Appendix 2, the analysis of the issues contained in this report and the legal duties set out in section 8.

2. Cabinet Member Introduction

- 2.1 We expect residents in our care settings to be treated with utmost professionalism and dignity at all times, and we are very sorry that standards at Osborne Grove have fallen below the high benchmark that we demand.

Following the recent CQC inspection, OGNH was rated overall as “Requires Improvement’ and despite concerted efforts to improve the quality of care we are still falling short of the standards we set ourselves for residents at the home with the highest needs for both health and personal care.

I therefore support the recommendation that OGNH be closed on quality of care and safety grounds and on the lack of sustainability of current arrangements to ensure continued quality of care and safety for residents.

The Council will continue to provide access to suitable nursing care for the residents of Haringey and recognises the need for ensuring a range of provision to meet local need. The Council would not place residents in a Home that had a CQC rating below Good and is consistent in applying the same standards to its own service provision as it is to its providers.

3. Recommendations

- 3.1 To consider and take into account the detailed feedback from the consultation undertaken and at Appendix 1.
- 3.2 To consider and take into account the Equalities Impact Assessment undertaken which includes actions proposed to mitigate the impact of the proposed closure on protected groups and at Appendix 2.
- 3.3 In light of the information in 3.1 and 3.2, and the mitigation responses in section 6 to close Osborne Grove Nursing Home on the grounds of sustainability of quality and safe care of residents.
- 3.4 To agree that the closure be subject to an implementation plan that includes:
 - a) engagement with all stakeholders including service users and carers:
 - b) the re-assessment or review of the care and support needs of service users with a view to identifying suitable alternative provision to meet assessed needs; and
 - c) individual transition plan that is sensitive to the needs of service users, mitigates the impact of the closure, ensures the process of change is safely handled and the care and support needs of the service user continue to be met.
- 3.5 To ensure that the closure be managed in accordance with the Managing Care Home Closures Good Practice Guide and Management Checklist approved by the CQC.
- 3.6 To agree that the options appraisal for the future use of Osborne Grove Nursing Home for nursing care provision be completed and brought to the Cabinet at the earliest opportunity.

4. Reasons for decision

- 4.1.1 Osborne Grove Nursing Home is run by the Council and provides nursing and residential provision for up to 32 older people with complex needs. The Council has a responsibility to ensure that safe and effective care is provided at all times.
- 4.1.2 The Home has been subject to a local authority led “Establishment Concerns” process to manage through a number of essential improvements to service user safety and the quality of care. Since August 2016, an embargo was put in place on new placements whilst an improvement plan was implemented aimed at improving the safety and the quality of care delivered at the Home.
- 4.1.3 There has been a comprehensive improvement plan in place as well as a thorough inspection and auditing regime which includes 3 CQC inspections, an audit by Mazars (Council’s internal auditors), a number of Care Commissioning Group (CCG) inspections and one joint CCG and Commissioning Inspection. In addition, an extensive new auditing arrangement was put in place to monitor practice on a daily basis. All activity has been overseen by the Director Adult Social Services and the Joint Improvement Steering Group which has responded to the findings of each audit and inspection to improve practice and care. Despite this, and the associated significant investment in resources, improvements have not been made at the pace or to the level required.
- 4.1.4 The latest CQC inspection in July 2017 found there to be sufficient improvement to take the Home out of Special Measures and to be awarded an overall rating of “Requires Improvement”. Whilst 3 of the 4 warning notices were assessed as being complied with, one remained outstanding. The rating of Requires Improvement continues to fail to meet our own placement standards requirements which set the standard at Good or Outstanding.
- 4.1.5 There have been extensive additional resources deployed and spent in the Home, this has included specialist improvement resources as well as additional operational staff (Nurses, HCA’s and Domestic) and new equipment.
- 4.1.6 Due to the embargo, and its own significant concerns, the CCG can no longer make the 8 continuing health care placements in the Home which it has done for some years. From a financial perspective, this has meant a drop in income to the Home which is now operating at well below capacity.
- 4.1.7 The embargo also means that there are 15 empty beds at the Home in total and that 15 additional nursing care places have had to be purchased outside the Home to accommodate those in need of nursing care.
- 4.1.8 The impact of the additional investment required to improve the quality of care being provided at the Home, combined with the loss of income as the Home is operating below capacity and the fact that additional beds have had to be purchased externally for a considerable period, is a projected overspend of £1m. This is not sustainable given the Council’s financial position and is not affordable given the overall spend on 17 people is now standing at a figure in excess of £2m.

- 4.1.9 There are many aspects to providing good care and whilst the definition of caring in the CQC Inspection Framework is *Caring*: staff involve and treat you with compassion, kindness, dignity and respect, there is a more fundamental requirement of caring to ensure that individuals are having all their needs identified and to take appropriate action to ensure that this happens on a daily basis. This includes, but is not limited to: appropriate nutrition so that people are well fed with food they enjoy; personal care delivered in a timely and appropriate way; ensuring that turning and regular checks are in place to prevent pressure sores; maintaining people's dignity by enabling them to undertake tasks such as using the bathroom; offering a range of activities that they enjoy. Critical to all of this is ensuring that any potential issues are identified in a timely manner and appropriate action is taken and recorded accordingly.
- 4.1.10 In order to ensure that residents are receiving this appropriate care on a day to day basis the Home's management team undertakes an extensive range of audits, the frequency of which vary from daily, weekly to monthly depending on the area of inspection. The main one is the Clinical Audit, which involves two key charts being checked daily by management and a full audit on alternate days of all charts.
- 4.1.11 The Home's own auditing arrangements, which are far in excess of normal practice, continue to identify and raise practice issues with the quality and safety of care provision. These additional issues also require management intervention and extensive management oversight, due to significant continuing concerns that they may result in further safeguarding issues because of ongoing failures by the staff team proactively to identify issues and take appropriate and timely action.
- 4.1.12 The recent consultation, which is set out in more detail in section 6 of this report, raised a number of issues for consideration in relation to closure of the Home. The consultation report is attached as Appendix 1. Following in-depth analysis of these issues, mitigating actions have been identified for each of the issues raised and it is believed that they do not provide sufficient grounds to keep the Home open as currently managed and delivered.
- 4.1.13 A best practice guide on Care Home Closures has been developed through work with a significant number of stakeholders including the Association of Directors of Adult Social Services, Local Government Association, NHS England, the Care Quality Commission, provider and commissioning organisations and representative bodies for people using services and their carers. The Managing Care Home Closures Guidance aims to ensure that, where temporary or permanent care home closure situations arise, there is a joined-up and effective response from all partners involved to minimise as much as possible the impact on people using services, their families, carers and advocates and to keep them as fully informed and involved as possible throughout the change. Moves to higher quality settings are also associated with improved outcomes. Thorough assessments of both needs and risks, on an individual basis and for individual plans would be developed accordingly. This means that no timescale for closure can be given until the completion of

the assessments and understanding of the care and support planning requirements.

- 4.1.14 The Council will continue to provide access to suitable nursing care for the residents of Haringey and recognises the need for ensuring a range of provision to meet local need. An options appraisal on the future of the Home, previously underway, was paused pending the quality concerns about the service provision at the Home. The work on the options appraisal will be resumed once a decision on the Home has been taken and recommendations for consideration will be brought to a future Cabinet.
- 4.1.15 Staff have been consulted on the closure of the Home. If the decision to close is made a further consultation with staff will be required in accordance with the Councils HR policies and procedures.
- 4.1.16 Any decision to close a residential or nursing care home is a significant one and has implications for the current residents, future provision in the area and for staff within the Home. However, in light of the above, including the protracted practice and staffing issues, that are impacting adversely on the standards required to ensure compliance, the recommendation is that OGNH be closed on quality of care and safety grounds and on the lack of sustainability of current arrangements to ensure continued quality of care and safety for the full capacity of 32 residents. There has been a period of consultation with residents, family members and other stakeholders on the proposal. The service will continue to work to meet full compliance with the required standards of care and ensure that residents care and support needs are met.

5. Alternative options considered

- 5.1 The consultation focused on whether the Home should close as a result of significant care quality concerns and of the sustainability of arrangements to maintain high quality standards in the Home. As well as the option of closure, the option of keeping the Home open the “as – is” option was also considered.

As – Is

- 5.1.1 Due to ongoing concerns about the current service provision at the Home. it would be necessary to retain the level of resourcing and associated management oversight that is currently in place. In light of these on-going concerns the embargo would also be required to remain in place. This would have significant financial costs associated with it, particularly as a result of the reduced income. However more significantly the risks to residents care and safeguarding remain the significant concerns.

6. Background information

- 6.1 OGNH is a nursing home for older people with complex health needs. The Home is run by Haringey Council as the Provider. The Clinical Commissioning Group (CCG) provide an inspection and advisory role to the Council. The service has capacity for 32 beds spread across 4 units. Since August 2016, there have been no new admissions in the Home and currently there are 17

occupants at the Home due to a Council led Establishment Concerns embargo. On 6th and 7th December 2016, the Care Quality Commission (CQC) inspected the Home and found that: the overall rating for the services was “Requires Improvement”. “Is the service safe: Inadequate” “Is the service effective: Requires Improvement” “Is the service caring: Good” “Is the service responsive: Requires Improvement” “Is the service well-led: Requires Improvement”. Four enforcement warning notices were issued in relation to; Safe care and treatment under Regulation 12, (1)(2)(a)(b)(e)(g)(h) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; meeting nutritional and hydration needs, under Regulation 14, (1)(4)(a)(b)(c), of the Regulations; Person-centred care under Regulation 9, (1)(a)(b)(c), of the Regulations and good governance, under Regulation 17, (1)(2) (a)(b)(c)(d) of the Regulations.

- 6.2 Following the receipt of warning notices, a clear action plan was developed to address the areas of concern highlighted within the stated timescales. This was added to the Improvement Action Plan that was already in place. There was a further CQC inspection on 22nd and 30th March 2017 and which found that: the overall rating for the service was “Inadequate” “Is the service safe: Inadequate” “Is the service effective: Requires Improvement” “Is the service responsive: Requires Improvement” “Is the service well-led: Inadequate”.
- 6.3 In addition to the concerns following the CQC inspections, OGNH was also the subject of a referral to and action by the Safeguarding Adults Board (SAB). There were a number of actions and improvement plans instituted by the Council.
- 6.4 At a meeting held on Tuesday 20th June 2017, Cabinet agreed permission to undertake consultation on a proposal to close the Home following the two CQC inspections that highlighted serious concerns about the quality of care and support delivered there. A number of actions were put in place to meet the expected standard of performance. On 17th July consultation on the closure of the Home commenced. Throughout the consultation, the Council continued to press ahead with and monitor the response to the CQC inspection report and the wider improvements that had been identified.
- 6.5 On 26th and 27th July 2017, the CQC conducted an unannounced inspection at Home. They found that some improvements had been made since the last visit in March 2017. The nursing home has complied with three of the four warning notices served. These are: safe care and treatment; meeting nutritional and hydration needs and good governance. The Home was rated overall as “Requires Improvement and rated ‘Requires Improvement’ in three of five areas covered by the inspection, namely safe, responsive and well-led. The current rating is still below the high benchmark that the Council demand, in particular, for residents at the home with the highest needs for both health and personal care.
- 6.6 In light of the new information available following the latest CQC inspection, it was agreed to extend the consultation period by one month until 12th November. This was to ensure that all interested parties had sufficient time to consider this new information when responding to the consultation proposals.

Consultation on Closure

- 6.7 The consultation sought the views of residents, families and carers and the general public on the closure of Osborne Grove nursing Home. An independent advocate was appointed to work with residents and their families and carers to ensure they were represented.
- 6.8 The public consultation launched on Monday 17th July and closed on Sunday 12th November.

Methodology and Approaches

- 6.9 The following consultation method was followed:
- **Letter:** All current residents of the nursing home, their carers and families received a letter detailing the reasons for the proposed closure of the nursing home and how they could express their views on the proposed closure. This included a questionnaire with a pre-paid envelope - included within the letter along with supporting documentation.
 - **Online:** The consultation questionnaire was published online via a dedicated web page which gave an outline of the proposals and provided supporting documentation including the cabinet report, CQC inspection and comprehensive Q&As.
 - **Paper copies:** Stakeholders were able to request paper copies of the questionnaire via a dedicated email address or by writing to the council.
 - **Drop-in sessions:** eight drop-in sessions were organised at the nursing home to assist residents, carers and their families to discuss the implications of the consultation and to express their views and ask questions. Independent advocacy was made available in case residents preferred to give their views to someone else. Throughout the duration of the consultation, supporting documentation including a copy of the cabinet paper, CQC report and comprehensive Q&As was placed in the home for ease of access. Sessions were attended by councillors.
 - **Staff consultation meeting:** all Osborne Grove Nursing Home staff were invited to two consultation meetings on 27 October and 7th November to discuss the implications of the consultation and how they could express their views.
 - **Partner letters:** Statutory Agencies (including GP surgeries) and the voluntary sector were sent a letter informing them of the proposals along with details about how they could have their say and signposting them to further information either via Haringey's website; the Service Manager's telephone number or via an email address.

- **Partner newsletters:** Information was sent out in partner publications signposting people to the consultation.
- **Press releases:** A mixture of proactive and reactive press statements was sent to the media during the period of consultation.

6.10 All drop-in sessions and meetings were minuted for key comments and questions.

6.11 The level of response to the consultation

6.11.1 Attached as Appendix 1 is the feedback from the consultation. There was widespread opposition to the proposal to close the Home. The level of responses to the consultation can be categorised as follows:

Completed online questionnaires	17
Completed emailed questionnaires	7
Number attending staff meetings	42
Number attending drop-in sessions	43
Number receiving one to one advocacy	9
Telephone calls, letters or emailed comments	4

Responses Themes

In reviewing the comments that were received from all sources there were a number of themes that were identified:

- Impact on Residents and Carers
- Capacity and Demand of suitable nursing care
- Resources
- Finances
- The Haringey Development Vehicle (HDV)
- Quality of care
- Client Commissioning Group

6.12 Impact on residents and carers

6.12.1 Respondents commented that they thought closure would be to the detriment of the residents and moving would be stressful and disruptive.

6.12.2 It was also felt that the ability of residents to maintain established friendships and relationships with other residents and staff as well as links with local faith groups and organisation would be impeded by the move to a different care home, in particular for those without family.

6.12.3 Concerns were expressed about the potential impact on carers and families who would have the added stress of looking for a new home for their cared for person and also possibly have to think about transport to any other place.

6.13 Capacity and Demand

6.13.1 Respondents were apprehensive about the impact closure would have on both choices for the local elderly population in the future together with the financial impact of loss of local employment and resources.

6.13.2 It was felt that at a time when people are living longer, we need to retain resources and ensure supply can meet demand. Closure would result in both the quality and diversity of care available in Haringey being substantially diminished and the implications of the cumulative impact of the loss of this specialist function have not been fully considered.

6.13.3 Attendees also argued that it was immoral to lose the beds and the building; which in any eventuality, should retain its use as a care facility. And that Osborne Grove represents an opportunity to more closely integrate health and social care services.

6.14 Resources

6.14.1 Respondents believed changes could be made to improve the environment for people and capital resources could bring all facilities on the site to the standard required.

6.14.2 It was felt that the Home was a good resource, particularly where there is a chance for closer relationship between residential and preventive or intermediate services.

6.14.3 Respondents believed that the issues laid out in the CQC report were not insurmountable and that it would be in the best interest of all involved to keep the home open.

6.15 Finances

6.15.1 There was concern amongst respondents that the cost of private care is prohibitive and the Council should be working in partnership with public sector bodies to provide an improved offer.

6.15.2 The view was expressed that following heavy investment in Osborne Grove, it seemed immoral that the cost of maintaining the home to meet the needs of residents and the cost of running the current service, were now being overlooked in favour of closure. This would impact negatively on the finances of residents due to the cost of private nursing care.

6.15.3 Respondents felt that the private sector would not provide the right level of care as the industry is all about profit and not about the quality of care for those they are looking after.

6.16 The Haringey Development vehicle (HDV)

- 6.16.1 There was a belief that the consultation appeared to be a foregone conclusion. Concerns were raised that the proposal was based on financial reasons and that the nursing home and the land it stands on had already been earmarked for sale as part of the Haringey Development Vehicle programme.
- 6.16.2 It was argued that this was one of the reasons options other than closure had been too quickly dismissed and closure would impact on an already diminished supply of appropriate alternative accommodation in Haringey for frail and vulnerable elderly residents.

6.17 Quality of care

- 6.17.1 There was a strong feeling that Osborne Grove Nursing Home is fit for purpose due to the outcome of the Care Quality Commission (CQC) inspection in July 2017 and subsequent report noting improvement.
- 6.17.2 Respondents called into question the suggestion that failings in the home were largely due to the quality of care provided by staff. This was at odds with the experience of residents and carers who valued the quality and dedication of the staff employed at Osborne Grove - particularly since improvement measures were introduced.

6.18 Clinical Commissioning Group

- 6.18.1 Respondents questioned why the Council was not liaising with the Clinical Commissioning Group to address the issues laid out in the CQC report as and when they were identified.

Analysis / responses to the issues raised during Consultation

6.19 Impact on residents and carers

- 6.19.1 It is recognised that Care homes are people's homes and that wherever practicable and safe, people should be supported to live there as long as possible. Unfortunately, this may not be achievable for a number of reasons and as a result a best practice guide along with a checklist has been developed nationally to help support potential closures.
- 6.19.2 This guidance has been developed through work with, and input from, a significant number of stakeholders including the Association of Directors of Adult Social Services, Local Government Association, NHS England, the Care Quality Commission, provider and commissioning organisations and representative bodies for people using services and their carers.
- 6.19.3 The Managing Care Home Closures Guidance aims to ensure that, where temporary or permanent care home closure situations arise, there is a joined-up and effective response from all partners involved to minimise as much as

possible the impact on people using services, their families, carers and advocates and to keep them as fully informed and involved as possible throughout the change.

6.19.4 There are a number of essential principles that apply in care home closure situations, endorsed by stakeholders. These are:

- Communication and Engagement. We will inform service users and their families/carers of Cabinet's decision and the steps to be taken to implement the decision. We will work with service users, their families/carers and advocates to develop an implementation plan which would include necessary safeguards and a personalised transition plan.
- As part of the implementation plan, there will be a review or re-assessment of the care and support needs of service users and with a view to identifying an alternative provision that meets their assessed needs.
- Commissioning Service to work with service users and carers to access alternative provision.
- Engage with providers and other stakeholders to ensure a joined up approach to meeting the needs of service users affected by the proposal.

6.19.5 The guide sets out key issues that need to be addressed, underpinned by a detailed checklist of actions to ensure people are at the heart of the process. It is proposed that this best practice guide and checklist would be used in managing any closure. A copy of the proposed checklist can be found at Appendix 3.

6.19.6 Whilst it is recognised that any closure will have significant impacts there is evidence also that carefully planned and managed closures are linked to better outcomes than disorderly relocations. Moves to higher quality settings are also associated with improved outcomes.

6.19.7 A key element of the plan requires thorough assessments, both needs and risks, on an individual basis and for individual plans to be developed accordingly. This means that no timescale for closure can be given until the completion of the assessments and understanding of the care and support planning requirements.

6.19.8 It should be noted that the Council will continue to meet the care and support needs of the service users and transition will be handled sensitively. The Council will ensure that alternative provision is provided before current provision is withdrawn or ceases. The Council will ensure there is no gap in provision.

6.20 Capacity and Demand

- 6.20.1 It is recognised that there is a growing requirement for good quality nursing care to meet the needs of residents of the borough as the older population continues to live longer and therefore to increase overall. A recent review of activity and demand in Haringey has confirmed the need for access to increased nursing bed capacity. There are currently 168 over 65-year-old Haringey service users in receipt of nursing care and this figure is projected to grow to 253 by 2021/22. In a piece of work to support the social care element of the Sustainability and Transformation Plan for North Central London, this demand picture is replicated across the five boroughs in the sub-region (Camden, Islington, Haringey, Barnet and Enfield) with each noting increasing demand for nursing care beds, particularly for older people with dementia and to a lesser extent for older people with frailty.
- 6.20.2 The Council is working collaboratively with the five authorities across North Central London to ensure that the model of nursing care across the sub-region is fit for purpose and benefits from consistent clinical input and expertise and also to ensure that there is sufficient sub-regional capacity to meet the identified need. This involves working across sectors to develop the workforce, to ensure consistency of model and to increase capacity.
- 6.20.3 80% of nursing care is currently commissioned externally. OGNH is a 32 bed facility, with only 17 residents, and we have 156 residents placed in nursing care in total currently. The Council remains committed to sourcing good quality nursing care for its residents and in recognition of this need had commenced the development of an options appraisal, all of which looked at maintaining nursing provision on the site. This was paused pending the quality concerns at OGNH.
- 6.20.4 Given both the demand for nursing care in the borough, and across the wider North Central London area, and a lack of appropriate sites for delivery of nursing care, a completed appraisal of options for the future delivery of cost effective and sustainable nursing care on the site will now be brought to Cabinet for consideration at the earliest opportunity.

6.21 Resources and Finances

- 6.21.1 Safeguarding of the residents always has been and continues to be the primary concern for the Council. Significant resources have been and continues to be spent in the Home. This has predominantly been staff but also has included considerable spend on equipment and the building. The expenditure in the Home has also been affected by the loss of income as a result of the Embargo that was put in place by Establishment Concerns Joint Group (this includes CCG Head of Safeguarding, LA Head of quality assurance and LA Head of Safeguarding representatives). This was as a result of the significant safeguarding issues in the Home that had been identified.
- 6.21.2 The level of resourcing that has been required to achieve the improvements to date has been considerable. The operational establishment has been added to despite the occupancy of the Home being below 60% during the period and currently just over 50%. This has included Nurses, Health Care Assistants, Domestic and administrative support. In addition, a new management team

that includes roles above establishment has been in place. Furthermore, resources from the Corporate Centre have been working with the management team to ensure that the improvement plan was delivered.

- 6.21.3 As a result of this and the loss of income through the embargo means that there is a forecasted overspend of £1m.
- 6.21.4 The risk associated with reducing the resources currently deployed would be significant given competency/skills gap identified and that to remove the embargo and place further residents in the Home at this time would also significantly increase the risk to residents.
- 6.21.5 The Council would not place residents in a Home that had a CQC rating below Good and is consistent in applying the same standards to its own service provision as it is to its providers. Safeguarding of residents is the primary concern.

6.22 The Haringey Development Vehicle (HDV)

- 6.22.1 The site of the Osborne Grove Nursing Home is not included in the list of assets to be transferred to the HDV.
- 6.22.2 It is noted that in Appendix 2 to the paper presented to Cabinet on November 10th 2015 setting out a list of commercial properties for potential transfer to the HDV, a property "Osborne Grove" was listed. This in fact referred to a commercial property, also known as Stroud Green Health Centre, which is located on Osborne Grove and not to Osborne Grove Nursing Home.

6.23 Quality of Care

- 6.23.1 It is appreciated that a number of residents and carers feel that the staff at the Home provide caring responses to their needs. Whilst there have been many positive comments about staff and their caring role, there have also been significant issues raised by residents, families and clinical professionals about failings in the standards of care including concerns about personal care, facilities, nutrition, bed sores, medication administration, case records, appropriate use of hoists and the visibility and availability of staff on each shift.
- 6.23.2 Whilst progress has been made, demonstrated by the latest inspection report, it is clear that this has not been at the pace, nor embedded in daily practice in the way, we would have expected. There remain significant concerns in regards to providing safe care without extensive management oversight on a daily and detailed basis.
- 6.23.3 It is important to note that there are a number of aspects to providing safe and effective care, this includes ensuring that all residents needs are met on a personal basis and that these are recorded appropriately. To this end there is a suite of audits that are undertaken by the management team to ensure that these are being met and so that any issues can be identified in a timely manner and appropriate action taken accordingly.

- 6.23.4 The Homes own auditing arrangements have been designed to assess all aspects of good care provision. These look at the infrastructure as well as the individual's care arrangements. To provide good quality care we need to ensure that we understand individual needs and personal preferences so that we can support them effectively at all times. As a provider of care, the Council also needs to ensure that all of the residents' personal needs are met and look for signs and take action if they are not. This includes checking how someone is feeling, but also importantly includes (but is not limited to) checking whether they have lost weight, what they have eaten and drunk and when, whether there are any signs of pressure sores and recording all this activity accurately.
- 6.23.5 In providing good care we need to ensure that we have the infrastructure and equipment in place and that this is in good working order and is clean. Taking action if issues are found.
- 6.23.6 The suite of audits include the following key areas, Clinical, Medicine, Infection Control, Equipment, Facilities and nutrition. The audits are scheduled to ensure that any issues can be identified in a timely manner based on current confidence levels that issues will be identified and action taken as appropriate. This is currently far in excess of normal expected levels of auditing and is reflective of the remaining significant concerns that management have in current performance.
- 6.23.7 Without management providing this level of oversight, residents in the Home would be put at unacceptable risk. In addition to the identified issues and risks being addressed, there is learning shared with staff and management action been taken as appropriate to address and reinforce the new working arrangements and the importance to these. However, improvements are not being made at the pace would anticipate as many of the same issues keep being identified such as failure to identify and act upon fluid and nutrition intake, bowel movements and moving and handling. Therefore there remain significant concerns about performance.
- 6.23.8 Whilst residents are now safe in the Home this is as a result of the extensive oversight by management and the auditing arrangements that are in place.

6.24 Clinical Commissioning Group

- 6.24.1 The CCG has two roles in relation to the Home.
- 6.24.2 First, it has a clinical leadership and quality assurance function in order to ensure clinical and safeguarding standards are met for all residents. In this role, the CCG works closely with the quality assurance function within the Council and with the CQC.
- 6.24.3 Second, it commissions places at the Home for those residents whose needs are complex enough to meet the thresholds for Continuing Health Care. Prior to the embargo being placed on the Home, the CCG commissioned 8 beds at the Home through a block contract arrangement with the Council.

- 6.24.4 The CCG have played an active role in identifying and addressing the issues at OGNH. They have regularly inspected the Home to assess the practice that is in place. Following concerns raised by the Council and CCG an Establishment Concerns Joint Group was set up and the decision made to stop placements at the Home. The CCG as a member of this Joint Group were part of the decision. They have also been part of the Joint Improvement Steering Group in overseeing the Improvement Plan delivery.
- 6.24.5 Further more Quality Assurance Nurses from the CCG have been working closely with the Management and staff of OGNH to review the practice in place and work directly with them to identify issues and recommend improvements.
- 6.24.6 The CCG have played and continue to play a significant role in addressing the issues at OGNH and working with the Council in the wider responsibility of addressing nursing needs in the borough, including as part of the options appraisal to be brought forward for approval.

7. Contribution to strategic outcomes

- 7.1 The Corporate Plan, Building a Stronger Haringey Together, sets out the vision and priorities for the Council. This includes the vision to enable all adults to live healthy long and fulfilling lives. The Director of Social services has a statutory duty to ensure that vulnerable adults are safeguarded and also has lead responsibility under the Care Act 2014 for managing provider failure.

8. Statutory Officers comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities)

- 8.1.1 The net revenue budget for Osborne Grove in 2017/2018 is £1m. This is made up of expenditure budgets relating to staffing and premises costs, plus income budgets including client contributions and NHS funding, relating to an 8-bed contract.
- 8.1.2 For the reasons set out in this report, the Home currently has an occupancy rate of 53% and income from client contributions is expected to be £0.31m lower than budgeted. Additionally, Haringey Clinical Commissioning Group (CCG) have withdrawn from the block contract arrangement, owing to concerns over the quality of care provided, with a resultant loss in budgeted income of £0.15m Total expected loss of income is therefore £0.46m.
- 8.1.3 Additional staffing has been appointed at a cost of £0.49m above the budgeted level to improve the quality of care and bring better leadership to the Home. Additional maintenance and new equipment costs have resulted in a further £0.06m being spent to improve the quality of care.
- 8.1.4 The combination of the additional costs and the loss of income means the budget will be overspent by £1.01m the end of March 2018.
- 8.1.5 The financial impact of closing the Home would be twofold, firstly the cost of re-providing service for the 17 clients who are currently at the Home and, secondly, the cost of closing the facility.

8.1.6 The cost of re-providing care services for the individuals currently in the home has been calculated to be £0.71m using existing Council resources to commission those services. This represents a saving of £1.29m on the current run rate which keeps the Home open.

8.1.7 The cost of closing the facility is a one-off cost and depends on what option is approved for the future of the facility, which will be considered by Cabinet at its January meeting.

8.2 Procurement – Head of Procurement

8.2.1 Strategic Procurement notes the contents of this report; however, there is no procurement input required at this stage, depending upon the outcome of the Cabinet decision, procurement will be engaged in relation to any consequential procurement activity.

8.3 Assistant Director of Corporate Governance

8.3.1 Cabinet is being asked to make a decision on whether to close Osbourne Grove Nursing Home, a residential care provision for adults with care and support needs.

8.3.2 Section 1 of the Care Act 2014 (*Promoting individual well-being*) requires the Council when exercising its care and support functions in respect of an individual, to promote the individual's wellbeing. "Well-being", in relation to an individual, means that individual's (a) personal dignity (including treatment of the individual with respect); (b) physical and mental health and emotional well-being; (c) protection from abuse and neglect; (d) control by the individual over day-to-day life (including over care and support, or support, provided to the individual and the way in which it is provided); (e) participation in work, education, training or recreation; (f) social and economic well-being; (g) domestic, family and personal relationships; (h) suitability of living accommodation; and (i) the individual's contribution to society.

8.3.3 In exercising its care and support function in the case of an individual, the Council must have regard to, amongst others, a) the individual's views, wishes, feelings and beliefs; b) the importance of preventing or delaying the development of needs for care and support or needs for support and the importance of reducing needs of either kind that already exist; c) the importance of the individual participating as fully as possible in decisions relating to the care and support and being provided with the information and support necessary to enable the individual to participate; d) the need to protect people from abuse and neglect; and (h) the need to ensure that any restriction on the individual's rights or freedom of action is kept to the minimum necessary. The Department of Health has issued statutory guidance under the Care Act 2014 named Care and Support Statutory Guidance Updated February 2017 which the Council must have regard to in exercising its function under the Act.

- 8.3.4 Section 5 of the Act (*Promoting diversity and quality in provision of services*) requires the Council to promote an efficient and effective market in services for meeting care and support needs with a view to ensuring service users (a) has a variety of providers and services to choose from; (b) has a variety of high quality services to choose from; and (c) has sufficient information to make an informed decision about how to meet the needs in question. This is often referred to as the duty to facilitate and shape the market for care and support. The Statutory Guidance provides that “4.2. *The Care Act places new duties on local authorities to facilitate and shape their market for adult care and support as a whole, so that it meets the needs of all people in their area who need care and support, whether arranged or funded by the state, by the individual themselves, or in other ways. The ambition is for local authorities to influence and drive the pace of change for their whole market, leading to a sustainable and diverse range of care and support providers, continuously improving quality and choice, and delivering better, innovative and cost-effective outcomes that promote the wellbeing of people who need care and support.*”
- 8.3.5 The Council must ensure that there is sufficiency of provision “in terms of both capacity and capability – to meet anticipated needs for all people in their area needing care and support – regardless of how they are funded (Paragraph 4.43 of the Guidance).
- 8.3.6 When an adult is found to have care and support needs following a needs assessment under section 9 of the Act (or in the case of a carer, support needs following a carer’s assessment under section 10), the Council must determine whether those needs are at a level sufficient to meet the “eligibility criteria” under section 13 of the Act. Sections 18 and 20 of the Act set out the duty of Council to meet those adult’s needs for care and support and those carer’s needs for support which meet the eligibility criteria. For service users and carers at the Home or affected by the proposal, the Council must continue to meet their eligible needs.
- 8.3.7 Section 42 of the Act (*Enquiry by local authority*) places a duty on the Council to make enquiries, or to ask others to make enquiries, where they reasonably suspect that an adult in its area is at risk of neglect or abuse, including financial abuse. The purpose of the enquiry is to establish with the individual and/or their representatives, what, if any, action is required in relation to the situation; and to establish who should take such action. This safeguarding duty apply to an adult who: a) has needs for care and support; b) is experiencing, or at risk of, abuse or neglect; and c) as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect. This duty apply to residents at the Home.
- 8.3.8 There is a common law duty on the Council to consult with service users, carers, providers, employees and other stakeholders that are likely to be affected by the proposal for the closure of the Home. The consultation must take place at a time when the proposals are still at their formative stages. The Council must provide the consultees with sufficient information to enable them properly to understand the proposals being consulted upon and to express a view in relation to it. The information must be clear, concise, accurate and must not be misleading. The consultees must be given adequate time to consider

the proposals and to respond. The consultation feedback report at Appendix 1 sets out how the Council has discharged this common law duty.

- 8.3.9 The Council must give genuine and conscientious consideration to the responses received from the consultees during the consultation before making its final decision on the proposals. The report at section 6 and Appendix 1 sets out the responses from services users, carers, family members and other stakeholders.
- 8.3.10 As part of its decision making process, the Council must have “due regard” to its equalities duties. Under Section 149 Equality Act 2010, the Council in exercise of its adult care and support functions, must have “due regard” to the need to eliminate unlawful discrimination, advance equality of opportunity between persons who share a protected characteristic and those who do not, foster good relations between persons who share a relevant protected characteristic and persons who do not share it in order to tackle prejudice and promote understanding. The protected characteristics are age, gender reassignment, disability, pregnancy and maternity, race, religion or belief, sex and sexual orientation. The Council is required to give serious, substantive and advance consideration of the what (if any) the proposals would have on the protected group and what mitigating factors can be put in place. This exercise must be carried out with rigour and an open mind and should not be a mere form of box ticking. These are mandatory consideration. In line with its equalities duties, the Council have undertaken an Equality Impact Assessments (EQIA) of the proposals on the protected groups and are set out in Appendix 2 and at section 8.4 of the report together with the steps to mitigate the impact of the proposals.
- 8.3.11 The responses to the consultation on the proposals, the EQIA of the proposals and the steps being taken to mitigate the impact, the general duties of the Council under the Care Act and the Statutory Guidance referred to above, all must be considered before Cabinet makes its decision on the proposals. Cabinet members must ask themselves a) whether it is justifiable to close the Home in the way proposed or at all, having regard to the need to protect and promote the welfare of the service users and the risks inherent in the changes proposed; b) whether the mitigating steps proposed are sufficient or whether more needs to be done; c) whether the proposals ought to be adopted or discarded; and d) whether there is adequate provision for monitoring the proposed changes, so that changes can be made, if necessary.

8.4 Equality

- 8.4.1 The Council has a Public Sector Equality Duty under the Equality Act 2010 (as amended) to have due regard to the need to:
- a. Eliminate discrimination and victimisation of persons that share the characteristics protected under S4 of the Act. These include the characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (formerly gender) and sexual orientation.

- b. Advance equality of opportunity between people who share those protected characteristics and people who do not.
- c. Foster good relations between people who share those characteristics and people who do not.

8.4.2 An Equalities Impact Assessment of the proposal to close Osbourne Grove Nursing Home has been undertaken and is attached as Appendix 2. A summary of the findings and actions to mitigate the impact of the proposals are set out below.

Residents

8.4.3 Osborne Grove Nursing Home provides nursing care for residents with complex care needs. Due to the nature of the service provided, as expected, older women are disproportionately represented because women are more likely to live longer than men. All residents have some form of disability or impairment, individuals with dementia and mental health issues being significantly represented. Individuals from Black/African/Caribbean communities are disproportionately represented amongst residents. Different denominations of Christianity make up the population of residents at Osborne Grove. The key equality issues identified for these protected groups are:

- a. Loss of maintained established friendships and relationships with other residents and staff. This could have an impact on fostering good relations with different groups.
- b. Concerns over having to find a new home and stress it would cause.
- c. Concerns over transport for carers to new locations.
- d. Cost of private nursing homes.

8.5 Mitigating action

8.5.1 It is recognised that Care homes are people's homes and that wherever practicable and safe, people should be supported to live there as long as possible and that the process of moving in itself can have significant impacts for individuals. However, safeguarding of the residents always has been and continues to be the primary concern for the Council.

8.5.2 Best practice guidance has been developed by key experts and partners to support and manage closures of care homes to manage the transition as effectively as possible. Moves to higher quality settings are also associated with improved outcomes but these need to be managed in an effective way.

8.5.3 The Managing Care Home Closures Guidance aims to ensure that, where temporary or permanent care home closure situations arise, there is a joined-up and effective response from all partners involved to minimise as much as possible the impact on people using services, their families, carers and advocates and to keep them as fully informed and involved as possible throughout the change.

- 8.5.4 A key element of the plan requires thorough assessments, both needs and risks, on an individual basis and for individual plans to be developed accordingly. All transition plans will be developed in conjunction with residents, family members, carers and the independent advocate as appropriate, to ensure that assessments take account of individuals personal ties and history, so that this can form part of the placement decision. The Commissioning Service will support the sourcing of new care provision.
- 8.5.5 As this is very much on an individual basis no timescale for closure can be given until the completion of the assessments and understanding of the care and support planning requirements.
- 8.5.6 It is recognised that there is a growing requirement for good quality nursing care to meet the needs of residents of the borough as the older population continues to live longer and therefore to increase overall. A recent review of activity and demand in Haringey has confirmed the need for access to increased nursing bed capacity.
- 8.5.7 The Council has been involved in key initiatives to understand the projected need and working collaborative to develop sustainable plans to meet these needs.
- 8.5.8 To this end Council has been working collaboratively with the five authorities across North Central London to ensure that the model of nursing care across the sub-region is fit for purpose and benefits from consistent clinical input and expertise and also to ensure that there is sufficient sub-regional capacity to meet the identified need. This involves working across sectors to develop the workforce, to ensure consistency of model and to increase capacity.
- 8.5.9 The Council remains committed to sourcing good quality nursing care for its residents and in recognition of this need had commenced the development of an options appraisal, all of which looked at maintaining nursing provision on the site. This was paused pending the quality concerns at OGNH.
- 8.5.10 A completed options appraisal will now be brought to Cabinet for consideration.

Staff

- 8.5.11 The staff group are predominantly female and/or from BAME communities. There are a significant proportion of the staff group who are covered by the disability protected characteristic as defined by the Equality Act and therefore the policy of reasonable adjustments will apply. This is not uncommon for a care home setting, as women more likely to choose a career in care.
- 8.5.12 There will need to be a further consultation with staff if the decision to close is taken. The Council Redeployment Policy will apply to all staff. All staff will be given access to support via My Career' that contains information and tools on subjects such as making applications and CV writing, as well as career coaching and interviews. They will also have access to the Employee Assistance Programme.

9. Use of Appendices

9.1 Appendix 1: Responses to the Osborne Grove Nursing Home Consultation

9.2 Appendix 2: Equality Impact Assessment

9.3 Appendix 3: Managing Care Home Closures Good Practice Guide and Management Checklist

9.4 Appendix 4: Consultation Papers (a) and (b)

10. Local Government (Access to Information) Act 1985

10.1 N/A