

Extract from the Minutes of Cabinet, 12 December 2018

The Cabinet Member for Adults and Social Care introduced the report, which proposed the closure of the Osborne Grove Nursing Home due to significant concerns about the quality and safety of the care being provided to the residents at the Home.

In response to questions from Cllr Arthur, Connor, and Brabazon, the following information was noted:

- There was concern across North Central London on the availability of Nursing Care beds and this continues to be an issue.
- Since CQC [Care Quality Commission] rated Pricilla Wakefield House as “require improvements”, the Council had only placed one resident there. This was due to very exceptional circumstances to do with the family themselves wanting this place.
- In relation to the consideration of the options appraisal, the Council were following the required process in firstly dealing with the outcome of the consultation before considering the options appraisal.
- The higher order issue, concerned the quality of care at home. The Director for Adult Social care reminded the meeting of her statutory duty of care for the residents at Osborne Grove Nursing Home. The Director was directly accountable for the Nursing Home and regularly considered the detail around the standard of care provided to residents by staff. It was important to note, that staff performance could not be judged on demeanour and first impressions of their interaction with clients. There was a need to consider how the nutritional needs and assessed clinical needs of the clients were being addressed on a daily basis and if identified issues/concerns by staff were progressed upwards through the management line. The embargo on admissions, which had been in place for over a year, reflected the position in relation to staff as this could not be lifted because of concern about care and safety of patients.
- The Director provided assurance that independent advocates would be employed to support and provide a voice for the clients in the closure process. The director understood the concerns of a move being traumatic for clients but evidence showed that moving to a better standard of care would mean their health improves. Therefore, there was a need to balance considerations.
- The £1m overspend on Osborne Grove Nursing Home had arisen due to a number of reasons: the loss of contributions from CCG who have not made block contracts with the home due to the Embargo on placements put in place through the Establishment concerns process , the loss of direct contribution from clients that would have funded their care at the Home, and the additional cost of specialist staff employed because of poor staff practices. There had been significant effort to improve staffing practices. However, despite management oversight, there was still evidence of poor staff practice.
- The interim Chief Financial Officer confirmed that the Nursing Home incurred revenue cost which could not be capitalised. The equipment at Osborne Grove was unlikely to suit capitalisation as it was small in size. Therefore, capitalisation would not make an impact on the budget overspend.

- The Assistant Director for Commissioning emphasised that that the Council were working with the 5 boroughs in North Central London and CCG to keep provision of “good” and “outstanding” nursing care and also working on new models of care. This was an active piece of work in the area. There was support to providing quality and there was an awareness of the other two nursing homes, mentioned by Cllr Connor, which required improvement. The Council were proactively working to improve their level of care. There was an ongoing tally kept of vacancies for good nursing homes next to the borough. The Assistant Director for Commissioning assured Members, that there were more than enough, “good” or “outstanding” homes in immediate neighbouring borough for Osborne Grove clients to move to. This was of course, further to there being a complex and detailed process to assess the move.
- The Assistant Head of Legal Services advised that, in relation to the legal issue raised on closure, this was set out in the Cabinet report from section 8 onwards. The legal aspects of the move were dealt with in the recommendations at section 3.4, bullet points (a) to (c), of the Cabinet report. In terms of the move of clients from the Nursing Home, this would be subject to capacity assessment completions and also the best interest decision making process would be applied which required engagement with family members and carers as well.
- Where a resident, residing at Osborne Grove, was under a court protection order, an application would need to be made to the court to vary this.

RESOLVED

1. To consider and take into account the detailed feedback from the consultation undertaken and at Appendix 1.
2. To consider and take into account the qualities Impact Assessment undertaken which includes actions proposed to mitigate the impact of the proposed closure on protected groups and at Appendix 2.
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.
4. To agree that the closure be subject to an implementation plan that includes:
 - Engagement with all stakeholders including service users and carers:
 - 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
 - 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.
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.
6. To agree that the options appraisal for the future use of Osborne Grove Nursing Home for nursing care provision can be completed and brought to the Cabinet at the earliest opportunity.

Reason for decision

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

Alternative options considered

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

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.