HARINGEY COUNCIL

Agenda item: **[No.]**

The Executive **On 31st January 2006**

Report Title: The Community Care Strategy for Older People:
The Future of Trentfield Older People's Residential Home

Report of: Director of Social Services

Wards(s) affected: None	Report for: **Key decision**

1. Purpose

1.1 To seek Members' views on the possible disposal of Trentfield with vacant possession.

2. Introduction by Executive Member for Social Services and Health

2.1 Our Community Care for older people strategy posits valuing older people at its core. It can be all too easy to depend on rhetoric and in reality deliver something which is at odds of the values which we maintain guide us in our decision making role.

2.2 Following a feasibility study and soft market testing selling Trentfield as a going concern was not a viable option.

2.3 In order to recommend the closure of Trentfield I, like other Members, need to be reassured that this will be undertaken in a sensitive and professional manner. This includes medical and social work assessments of the remaining residents.

2.4 These assessments have now been undertaken. Members should ensure they have read the summary reports before agreeing with the recommendations.

2.5 Members should note that 11 out of the 15 remaining residents require specialist dementia care and regardless of the decision regarding Trentfield would need to be moved to a more appropriate residence.

2.6 I recommend to Members that they follow the officers' recommendations as set out in Section 3.

3. Recommendations

3.1 That Members note the outcomes of the residents' assessments (including medical risk assessments).

3.2 That Members agree that officers proceed with the disposal of Trentfield with vacant possession, with due concern for the care and future placements of the remaining 13 residents and future arrangements for staff, as described in Section 9.

Report Authorised by: Anne Bristow, Director of Social Services

Contact Officer: Mary Hennigan, Assistant Director, Older People's Services
020 8489 2326

4. Executive Summary

4.1 Members have asked that as part of their consideration of the possible closure of Trentfield, every resident is assessed in terms of their health, social welfare and risks involved in moving out of Trentfield. This is so that Members can come to an informed decision on whether to move to implementation of the in-principle decision to dispose of the home with vacant possession, made by the Executive on 5th October 2004.

4.2 In April 2005, soft market testing indicated that potential purchasers were not interested in buying a relatively small home in a residential area, as a going concern. Therefore the original in-principle decision of the Executive on 5th October 2004, to dispose of Trentfield with vacant possession, still stands.

4.3 On the Exempt Agenda is an anonymised summary of the risk assessments and state of health of 15 permanent residents in November 2005.

5. Reasons for any change in policy or for new policy development (if applicable)

5.1 N/A

6. Local Government (Access to Information) Act 1985

6.1 Community Care Strategy for Older People, October 2004

6.2 [Also list reasons for *exemption or confidentiality (if applicable)]

7. Background

7.1 As part of the Older People's Community Care Strategy which, in essence, moves resources from residential beds to community support, Members decided at the Executive on 4th October 2004, that the feasibility of disposing of Trentfield with vacant possession should be explored. A subsequent soft market testing exercise in April 2005 indicated that potential purchasers were not interested in buying a relatively small home in a residential area, as a going concern. Elsewhere on the agenda is another paper on the disposal of Cooperscroft.

7.2 The report to that meeting of the Executive set out in detail the overarching policy and resource considerations which members must now take into account in making their decision.

7.3 When considering the closure of any care home, it is best practice to undertake both medical and social care assessments of need. In addition it is clear from recent case law that an assessment of the risks of moving from the home must also be undertaken, so that an informed decision to close or not can be taken.

7.4 The process and overview outcomes of the assessments are described below in paragraph 10 and 11.

8. Possible closure of Trentfield

8.1 In considering a possible closure of Trentfield, Members would wish to be reassured, were the Home to close, that Officers fully understand and have the capability to implement, a sensitive and professional closure programme. Hence, section 9 outlines the principles of such a closure, section 10 describes how certain issues have been dealt with so far, and section 11 described the critical assessment process and the eventual proposed assessment outcomes, for each resident.

9. Principles of managed closure

9.1 Some principles which have been built up from best social work practice and caselaw in relation to the disposal of residential care homes are summarised below.

9.2 Any decision to close a care home must be made with the utmost sensitivity for those living in the home. The decision must take into account the impact the closure will have on each resident individually - physically, emotionally and psychologically, and each individual should be at the centre of the decision-making process. This should involve an individual assessment of each resident being made prior to any decision being taken so that those responsible for taking such onerous decisions do so with the full facts before them.

9.3 It must be remembered too that the staff working in the home and the residents' relatives will all be affected by the closure. Those caught up in it may not be at their most receptive and thus there may be many blocks to effective communication.

9.4 However, if the following principles and guidelines are applied in the decision-making and implementation process, it is far more likely that those affected will be able to adjust to any change required of them, with the minimum of distress. The process of consultation and decision-making should be as open and transparent as possible without hidden agendas. Residents and relatives must be involved throughout the process.

9.4.1 Consultation. This should not be rushed and must be genuine with face-to-face contact, explaining the reasons for possible closure. Residents should be offered an advocacy service where appropriate and possible in addition to their key-worker, throughout the whole decision-making process.

9.4.2 Assessments. These should be made taking into account the individual's life history and all their needs. They should cover the physical, emotional, psychological, social and cultural needs and wishes of each individual and the risks involved for them in any move of residential home. Residents should have copies of their assessments and care plans. Along with the resident, the care staff and relatives should be central to the assessments and be included in discussion. A copy of a resident's 'life-story' to take with them to a new home could make a huge difference to aid a smooth transition.

9.4.3 Possible Groupings. Careful consideration should be given as to whether residents wish to move singly or in groups, explicitly thinking how much significance the group has for them.

9.4.4 Timescales. All residents, relatives and advocates should be given a simple project plan including timescales.

9.4.5 Involvement. As far as possible in the proposed closure process, the residents should be entitled to be part of the process of change so they see gains for themselves and others. They should be involved in any plans for alternative provision.

9.4.6 Residents with dementia should be assessed to see that capacity they have for being consulted and meaningfully involved. Those without capacity should have an advocate to act for them where possible. Those with a history of mental illness and those suffering from any form of dementia need to be assessed with particular attention given to the impact of a move on their total well-being.

9.5 If a decision is made to transfer a resident to another care home the local authority should consider if the care staff known to the resident should maintain contact with the resident in the new home to help with a smooth handover. In particular, details about individual preferences, subject to the resident's wishes for these to be communicated, can make a real difference to the resident's well being (as well as their written 'life-story').

9.6 The staff affected by a potential closure should be treated with special care. The way they are treated has a direct effect on the residents. They should also be genuinely consulted, have access to independent advice and the trade unions should be consulted. They must have a clear project plan and be kept well informed – not just for themselves, but so they can respond to concerns the residents and relatives may have.

10 Progress to date

10.1 Consultation. There has been full consultation with residents and their relatives over the past 14 months, since possible closure was first mooted. Members will remember that an independent advocacy service (the Social Care Association) was commissioned to hear the views of residents and relatives and these views were fed back to the Executive. If the decision is to close, some residents who do not have relatives will be offered advocates.

10.2 Assessments. These are dealt with fully in Section 11 and in Appendix 1. Should the decision be made to close Trentfield, great care will be taken in arranging any move including key staff accompanying the resident, more than one introductory visit being made if appropriate etc.

10.3 Possible groupings. As detailed in Section 11, already two groups of two residents have indicated a strong wish to move together should Trentfield close, and this will be arranged in that event. It is possible that other residents might express such a desire.

10.4 Timescales. All relatives and residents, as far as they are able, are aware that Members will consider a proposal to close Trentfield at this Executive. Should the decision be to close, not only will there be further meetings and written communication with relatives, residents and staff but specifically they will have a project plan which outlines the timescale for closure.

10.5 Involvement. Certainly where residents are willing and able to be involved in plans for their future, should the Home close, they will be. As described in Section 11, two residents have expressed a wish to join a friend in another Home.

10.6 Staffing issues. The welfare of our staff is second in importance only to the very frail residents for whom they care, in every sense of the word. Staff in Trentfield have been fully consulted on the proposals made to Members in relation to possible closure. Apart from attending residents / relatives meetings, where issues have been debated, staff have had their own meetings with the Assistant Director, Service Manager, Personnel and Unison representatives. Staff are clear that they retain their rights to a job in Haringey in residential or related care roles. They have also shown immense professionalism despite their own worries for the future, in being positive and reassuring towards the residents. There are currently 31 permanent staff in Trentfield. Given the levels of vacancies in day care, home care and residential care elsewhere, it will be possible to offer suitable alternative employment to all Trentfield staff if closure goes ahead. The full support of the Council's Personnel Service will be available to staff to facilitate their redeployment within the Council including training workshops where necessary.

11. The Assessment Process and Outcomes

11.1 Fifteen medical assessments of the residents in place in November 2005 were carried out by a Consultant Physician who is independent and experienced and who specialises in Medicine for the Elderly. For two of these residents, further psychiatric assessments were carried out by an independent Consultant Psychogeriatrician who specialises in the psychiatric care of older people. Further psychiatric assessments were already in hand and were carried out by other psychogeriatricians. These assessments were complemented by social work needs assessments carried out by two specialist social workers. Relatives were involved in the assessments where they so wished and advocates were also involved in certain situations.

11.2 Following these assessments, Members should note the following outcomes:

Table 1. As of January 2005

Residents needing residential care	4
Residents needing specialist dementia care	11
Residents requiring nursing care	0
Total	15

11.3 The 11 residents needing specialist dementia care have either already been moved on or plans are in hand to arrange a move. These are appropriate moves because Trentfield is not registered for dementia care.

11.4 Two of the above 15 residents have already moved to other residential care homes because they and their relatives have agreed that this is what they want to do.

11.5 Two women have expressed a wish to move together should Trentfield close and a possible future dementia Home is being explored; and two other women have said that they wish to join an ex-Trentfield resident in her dementia home. This is also being explored.

11.6 Members should note the high percentage of residents with dementia. This condition has either developed or worsened over time and there is a natural reluctance on the part of relatives and staff to move residents onto specialist homes. However, The Commission for Social Care Inspection (CSCI) require this, as a higher staff ratio is necessary for dementia care. Trentfield does not have this level of staffing and is consequently not registered for dementia care.

11.7 Anonymised summaries of the medical, psychiatric and social work assessments are included in the Exempt agenda for this meeting. Copies of the full assessments have been made available to the Executive Member for Social Services and Health.

12. Overall recommendations of the assessments

12.1 As can be seen from the attached 15 medical, 2 psychiatric and 15 social work summary assessments carried out on 15 residents, we are dealing with a mixed group of older people in terms of their levels of frailty. Their ages range from 70 years to 104 years. Both consultants summarise the main medical problems of the residents they have assessed, assess the risks of relocation and offer helpful advice on minimising these risks.

12.2 It is also important to note that although only two specialist psychiatric assessments are attached, as part of best practice within Trentfield, and unrelated to any possibility of closure, other local psychiatrists have been called in over previous months to assess certain residents' mental health needs. Consequently a further eleven older people have been designated as needing dementia care.

12.3 It is important to note that although high levels of frailty are described in some instances, **neither Consultant feels that there are any significant risks of excess morbidity or mortality from a move.**

12.4 Lastly, for any residents whose health is causing concern, should a move be imminent, the Medical Consultant will re-visit them to ensure they are medically stable for transfer. Also, if needed, the Consultant will visit residents in their new care homes.

13. Recommendations

13.1 That Members note that through choice, degree of dementia or physical deterioration, the number of residents has already dropped and will continue to drop.

13.2 That Members accept the risk assessments of the professionals involved i.e. that the risks of moving people can be minimised to normal levels.

13.3 That Members consequently agree to a planned closure of the home.

14. Comments of the Director of Finance

14.1 The Council's three year capital strategy for the financial years 2005-06 to 2007-08 included estimated capital receipts of £5m from the disposal of the two out of borough homes. Of this £2m were estimated receipts from the sale of Trentfield. The programme assumes realisation of these receipts in 2006/07 and this assumption remains unchanged in the current financial planning process.

14.2 The planned refurbishment work of the remaining residential homes also remains on schedule in accordance with the programme. The revenue and capital implications for the residential homes are being monitored through the budget management processes of the council.

15. Comments of the Head of Legal Services

15.1 In making a decision which impacts on individual residents of this residential home Members will need to give consideration to its obligations as a public authority under S.6 of the Human Rights Act 1998 to ensure that it acts in a way which is compatible with their rights under the European Convention on Human Rights.

Members must therefore consider possible violations of the residents' human rights arising as a result of their removal from Trentfield and relocation elsewhere.

15.2 Under Article 8 of the Convention, everyone has the right to respect for his family life, his home and his correspondence. A decision to close Trentfield and therefore to move the residents elsewhere engages Article 8, as the residents have lived there for considerable periods of time (different for each individual resident), over that period of time they are likely to have formed social and emotional ties with other residents and staff, and they are likely to regard Trentfield as their "home" in the normal sense of the word.

15.3 The rights guaranteed by Article 8 are not absolute but can be defeated by wider public interest considerations including resource, economic and similar factors, but decisions within the framework of the Article must be objectively justified and proportionate. Members must also consider whether their objective could be achieved by means that are less intrusive of the residents' rights, for example, by sale of the home as a going concern. The report shows that this option has been explored but has not proved feasible. In making their decision Members must also identify the competing factors they have taken into consideration. The greater the potential violation of the Article (in terms of the strength of the existing social and emotional ties and the extent and degree to which each individual resident's private life and ties would be disrupted) the stronger in objective terms should be the countervailing public interest considerations before the overall balance can be said to fall in favour of any proposed closure. These overarching policy and resource considerations are set out in detail in the report to the Executive which met on 5th October 2004.

15.4 Article 2 provides that everyone's right to life should be protected by law and that no one should be intentionally deprived of his life. A public authority such as the Council has a positive duty to protect life in cases where its servants are or ought reasonably to be aware that a particular individual within its care is at risk of death or serious injury. The Council has carried out assessments of the likely impact of a move on the health and welfare of each resident, and of the measures which can be taken to ameliorate any such impact. All the assessments consider the risk of excess morbidity or mortality as a result of the proposed move and none of them reveal any significantly increased risk. If they did reveal such risk then the Council would have to balance that risk against the wider public interest in closing the home.

15.5 Under Article 3, no one shall be subject to torture or to inhuman or degrading treatment. Before Article 3 is engaged there must be positive conduct by public officials of a high degree of seriousness. There would have to be proof of treatment or conduct engendering real risk of actual bodily injury or intense physical or mental suffering. The assessments which have been carried out and the measures which are to be taken, on medical advice, in respect of each individual resident, to minimize any risks associated with relocation, demonstrate compliance with this Article, as well as with Articles 8 and 2.

15.6 It is understood that agreement has been reached with the trade unions and staff for the redeployment of all staff. Were this situation to change then any staff at risk of dismissal as a result of the closure of the establishment should be consulted and consideration should be given to the availability of alternative employment, within the terms of the Council's procedures concerning redundancy and redeployment. Trade union representatives should be consulted under the terms of Section 188 of the Trade Union and Labour Relations (Consolidation) Act 1992. Such consultation should commence before any decision is made to close the establishment and be completed before any notice of dismissal is issued.

16. Equalities Implications

16.1 As set out in paragraph 11.6, there is a high percentage of residents with dementia currently living at Trentfield. The home is no longer able to meet their specialised needs, therefore a move to specialist dementia care homes for this group is appropriate and their needs will be better met.

17. Comments of the Trade Union

17.1 We welcome the consideration shown for the welfare of residents in the planning of the closure of Trentfield. We also welcome the assurance that suitable alternative employment will be available for members of staff and that any training necessary to facilitate redeployment will be provided. We can foresee that redeployment might be very difficult for some members of staff, however, and would request that where there are personal circumstances such as age, increased travel or a change in working pattern that make redeployment undesirable, redundancy should be an available option.

18. Head of Procurement comments

18.1 The process undertaken to ensure the best outcome for the current residents of Trentfield has been thorough and follows all best practise in this field.

The work undertaken in the last year has succeeded in its objective of continuing quality care for the boroughs residents and also meeting the aims of the Older Peoples community care strategy and the Capital Strategy whilst complying with all relevant legislation.

The disposal of Trentfield can now proceed as originally outlined once all residents are relocated to other providers of appropriate care.

19. Use of Appendices

19.1 None.