

Report for: Cabinet

Title: Osborne Grove Nursing Home consultation

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Ward(s) affected: ALL

Report for Key/

Non Key Decision: Reports to the Cabinet should be classified according to the definition of a key decision set out in the Council's Constitution (Part 4, Section D, Rule 12 Access to Information Rules).

1. Describe the issue under consideration

1.1. Osborne Grove Nursing Home (the Home) is a 32 bed nursing home, owned and managed by the Council. In June 2018 Cabinet decided that the Home should remain opened to the current residents pending the outcome of a feasibility study on the future options for nursing care provision on the site. A detailed Feasibility Study has been carried out with the engagement of stakeholders and partners and Cabinet considered this paper in July 2019. The preferred option adopted by Cabinet is to demolish the current building and build a new 70 bed nursing home to meet local need. The demolition and construction works requires the Home to be closed and residents moved to suitable alternative nursing accommodation that will meet their care and support needs. It would be detrimental to the wellbeing of residents to remain in situ and on site during building and demolition works. The purpose of this report is to ask Cabinet to consult with residents, their carers and other stakeholders on the proposal to close the Home and relocate residents to allow for the demolition and construction works.

2. Cabinet Member Introduction

2.1 The cabinet decision in July 2019, to build a new 70-bed nursing home on the Osborne Grove site, demonstrates the Council's commitment to providing high-quality nursing care in the borough and represents a major investment in new facilities. As demand for nursing care continues to grow there is a need to increase the supply of residential nursing care places and this development will do that.

- 2.2 The Feasibility Study determined that the redevelopment of Osborne Grove would have implications for the current residents, in terms of health and personal wellbeing due to the inevitable disruption that would result from the building work and site preparation. Therefore, it is proposed to consult on the proposal to move the remaining residents and to close the Home pending development of the site.

3. Recommendations

Cabinet is asked to:

- 3.1. Approve for consultation with residents, carers and other stakeholders the proposal to close Osborne Grove Nursing Home and relocate residents to alternative nursing home provision that is capable of meeting their care and support needs and promoting their wellbeing. The reason for the proposed closure is to allow for the development of an expanded 70 bed nursing home provision on site to meet current and future care needs in the Haringey.
- 3.2. Agree that a report on the findings of the consultation and the proposed recommendation be brought back to Cabinet for a decision on the proposal.

4. Reasons for decision

- 4.1. In June 2018 a decision was taken by Cabinet to stop the previously agreed closure of the Home, pending a feasibility study to be undertaken for the future development of the site. Part of this decision was that the existing residents should be allowed to remain in the Home if they choose, pending the outcome of the feasibility study report.
- 4.2. In July 2019 the feasibility report was presented to Cabinet and they agreed to endorse the preferred option: that is, to demolish the current building and rebuild a 70 bed nursing provision including the clinic site, ensuring that the use of the site overall is maximised.
- 4.3. It was further noted in the report that none of the future development Options including the preferred option could be safely commenced with the current residents on site given the levels of disturbance (including noise and dust) that will result from the demolition and construction works and their likely impact on these very vulnerable residents with significant health needs. A further report should be presented to Cabinet in September 2019 on the plans for consultation with residents on the proposals to close the Home and relocate residents for the purpose of the development before a final decision is made.
- 4.4. There must be a period of consultation with residents, family members and other stakeholders to allow them to give their views on the proposals to close the Home which Cabinet will consider before a decision is made.

5. Alternative options considered

- 5.1. The option to retain the current 32 bed dual registration residential/nursing home on the site was considered but rejected, primarily because it would not

increase the registered nursing capacity within the borough and because it would not address a number of fundamental design issues with the current building which prevent it functioning effectively as a nursing home and which could not be fully addressed due to structural limitations.

5.2. The existing building has a number of shortcomings which have been confirmed through the Feasibility Study, although the scheme was a new build only completed in 2008. The building was originally designed as a residential care home, but has been used as a nursing home as the acuity of needs of residents has increased. The design of the building is unsuitable to cater for the needs of an increasingly frail resident population. Below is a list of some, though by no means all, of these issues:

- The building only has one lift located some distance away from a large proportion of residents' bedrooms. The lift is not wide enough for a hospital bed which creates significant problems from a mobility perspective and to ensure bed bound residents have an opportunity to move with some ease around the building or in an emergency.
- Department for Health: Care Homes for older people national minimum standards/care home regulation 3rd edition's guidance for the provision of all new build nursing homes that Bedrooms should exceed 12sq metres of usable floor space excluding ensuite facilities. The bedrooms in the current building inclusive of ensuites are 15.5m² which means the rooms fall short of current standards for new build older peoples care homes. In practical terms, this means that care staff cannot access the beds from both sides, but only from one side.
- There is a lack of en-suite wet rooms in the building which impedes the ability of residents to wash within their own rooms (as opposed to washing in assisted bathrooms) or independently should they be able to.
- The width of the doors in a number of bedrooms is not sufficient for a hospital bed or for residents with mobility issues.
- The layout of the building creates numerous 'blind-spots' which necessitate a more intensive staffing structure than that generally associated with schemes of the current size. Each wing comprises 8-beds this compares with most purpose-built nursing homes where there are 12-15 beds per unit.
- There are a number of additional fire safety concerns with the property which the Council has been addressing with the London Fire Brigade relating to the building's ability to withstand heat for an adequate length of time in the event of a fire.
- The building is not built to withstand progressive collapse. Current building guidance states that only residents who are able to mobilise would be able to reside in these rooms therefore this limits which residents the council could place in these beds.
- Structural walls limiting design team ability to adjust room composition.

5.3. As part of the detailed feasibility study that was conducted, options for being able to accommodate the remaining residents on site were considered but this in itself would require a move to another part of the building and presented

considerable risks to well being and quality of life. Therefore this was not deemed appropriate.

- 5.4. The option of not consulting on the proposal to close the home and relocate residents to allow for the preferred development Option was considered and rejected. Fairness demands that residents, carers and other stakeholders are consulted before a final decision is made.

6. Background information

6.1. Local Context

6.1.1. Osborne Grove Nursing Home 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) provides an inspection and advisory role to the Council. The service has capacity for 32 beds spread across 4 units.

6.1.2. On 26th June 2018, the Cabinet reversed a decision to close the Home and 'confirmed we are committed to enabling those of the current residents of the Home who want to stay there to do so' and to explore in depth two high level options identified in the options appraisal through detailed feasibility studies.

6.1.3. Cabinet further agreed to:

- Retain ownership of Osborne Grove Nursing Home
- Maintain the designation of the site for residential and nursing care
- Allow the remaining residents to remain in situ pending the feasibility study
- Explore two options to develop and expand nursing care capacity on site
- Continue to support a co-design approach to the developments at OGNH

6.1.4. The decision to keep the Home as a site for residential and nursing care was taken in recognition of the increasing demand on adult social care, specifically nursing care, in the borough. As there is a pressing need to grow capacity in the sector across the whole of North Central London and to capitalise on opportunities to do this wherever possible.

6.2. Feasibility Report

6.2.1. After extensive consultation, on July 11th 2019, a report was presented to Cabinet that set out 4 potential options for the site; these were;

- Option 1: Extension of the current building to 70 nursing home beds (not including the clinic site).
- Option 2: Extension of the current building to 70 nursing home beds (including the clinic site).
- Option 3: Demolition of current building and build 70 bedroom nursing home (not including the clinic site).
- Option 4: Demolition of current building and build 70 bedroom nursing home (including the clinic site).

6.2.2. Cabinet reviewed the feasibility study and approved the preferred option of; Demolition of current building and build 70 bedroom nursing home (including the clinic site).

6.2.3. The feasibility study considered the viability of the current residents in the home remaining during the construction of the design and it was determined that there were two potential options for accommodating current residents onsite during the construction phase. However, in appraising these options, officers and the design team consider it inadvisable for current residents to remain on site from a safeguarding perspective, due to the impact that construction works would have on the health and wellbeing of this vulnerable patient group. Highlighted impacts include but are not limited to:

- Noise
- Health and Safety
- Construction Dust impacting on air quality.
- Relocating residents twice
- Concerns around security

6.2.4. The preferred option was for alternative nursing provision to be sought for the two existing residents within Haringey or neighbouring boroughs. Therefore a consultation will need to be undertaken with those affected by the decision.

6.3. Current Status

6.3.1. Residents

6.3.1.1. There are two residents currently in the Home on one floor. Both residents have appropriate care plans and care arrangements in place. They both have complex care needs and are supported by a range of appropriate professionals. For confidentiality reasons, it would be inappropriate to discuss in detail individuals implications but there are considerable risks associated with undertaking extensive building works with residents with significant health needs on site.

6.3.1.2. In addition it is necessary to take into consideration the fact that there are only two residents left on site and that raises concerns in regards to social isolation. This in itself can have a detrimental impact on their personal well being.

6.3.2. Family Members and Carers

6.3.2.1. Family members are involved in their care and are engaged with the service. The proposed consultation will enable the Council to listen to and work with residents, family and carers to understand and address issues and concerns raised. This will build on previous consultation and discussions with them.

6.3.2.2. Individual meetings will be offered with those directly effected to fully outline the proposal and be able to answer questions and take feedback directly. Other methods of engagement will be offered to suit individuals. As part of the process information packs will be provided that will fully detail the

process and arrangements of next steps if the decision is made to close. This should provide full understanding of the implications of the proposal and practical arrangements so that can be fully informed whilst engaging with the consultation.

6.3.2.3. Furthermore, independent advocates will be provided to help support and represent residents.

6.3.3. Staff

6.3.3.1. A recent consultation with staff was undertaken and as a result a revised structure and new working arrangements were implemented in April 2019.

6.3.3.2. It is recognised that staff have been subject to a difficult period through this process, besides the uncertainty around the future of the Home that still remains.

6.3.3.3. Staff have been notified of the recommendations of the Feasibility Report and will be consulted at the same time.

6.3.3.4. The consultation will provide staff the opportunity to engage in a variety of ways to meet personal preferences, this will include meetings, 1:2:1's and written options.

6.3.3.5. In accordance with the supporting change arrangements the council has in place all staff will have access to a range of support and services if they wish to access, this includes access to the Employee Assistance Programme.

6.4. Managing Closure

6.4.1. It is recognised that Care homes are people's homes and as a result a best practice guide along with a checklist has been developed nationally to help support potential closures.

6.4.2. 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.

6.4.3. 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.

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

- Communication and Engagement. To inform service users and their families/carers of Cabinet's decision and the steps to be taken to implement the decision. To 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.

6.4.5. 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.

6.4.6 Whilst it is recognised that any closure will have 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.

6.4.7 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 if the decision after the consultation is to close that no timescale for closure can be given until the completion of the assessments and understanding of the care and support planning requirements.

6.4.8 The Council will discuss the proposed approach with those directly affected to ensure that takes account of any concerns or issues they may have.

6.5 Consultation Approach

6.5.1 Through the consultation we will stress 3 core commitments:

- Our commitment to meet our statutory responsibilities to continue to provide services that meet the needs of adults assessed as requiring services.
- Our commitment to safeguard adults at risk.
- Our commitment to continue to work to meet the standards as set by CQC.

6.5.2 It is proposed that consultation will take place with residents, their families and carers, important stakeholders such as the CCG, residential providers, hospitals and OGNH staff. Through the consultation we aim to obtain the views of all stakeholders on the proposal to close OGNH. Where necessary, Independent Advocacy will be offered to people who use OGNH to ensure that they are able to fully participate in the consultation process.

6.5.3 Due to the small number of residents remaining in the Home the consultation method will focus on face-to-face meetings, written responses and an on-line

consultation questionnaire. It is proposed that consultation will be for a period of up to 90 days, subject to Cabinet approval.

6.5.4 Following the consultation, the outcome will be brought back to Cabinet for a final decision on the future of the Home to be made.

7. Contribution to strategic outcomes

7.1 The Borough Plan 2019-2023, sets out the vision and priorities for the Council and partners in Haringey over the next four years.

7.1.1 The development of Osborne Grove Nursing Home contributes to Priority 2: People, Our vision is a Haringey where strong families, strong networks and strong communities nurture all residents to live well and achieve their potential.

7.1.2 Osborne Grove Nursing Home development links directly with;

Outcome 7: All adults are able to live healthy and fulfilling lives, with dignity, staying active, safe and connected in their communities.

a. Objective 7b: People will be supported to live independently at home for longer.

Increased intermediate care provision will enable more people to regain the skills and confidence they require to live independently in the community and will deliver the following outcomes for residents:

- More people are supported to avoid going into hospital unnecessarily
- More people are supported to remain as independent as possible after a stay in hospital
- More people are prevented from moving into residential care unnecessarily

b. Objective 7d: Adults with multiple and complex needs will be supported to achieve improved outcomes through a coordinated partnership approach.

7.2 This work is also aligned to the Better Care Fund plan, a joint plan between the Council and the Clinical Commissioning Group, the aim of which is for people in Haringey to be healthier and have a higher quality of life for longer. It aims to give people more control over the health and social care they receive, for it to be centred on their needs, support their independence and be provided locally wherever possible.

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

8.1. Finance

8.1.1. This report is requesting to start consultation on whether move the remaining residents of Osborne Grove and to close the home and proceed to develop a 70 bed nursing home.

8.1.2. The cost of the consultation can be met from existing revenue budgets.

8.1.3. The current monthly cost of running Osborne Grove is £108k (annual £1.3k) and the cost of alternative provision for the remaining clients is estimated at £13k a month (annual £156k).

8.2 Procurement

8.2.1 Statagic Procurement notes the contents of this report and is supportive of the recommendation for the reasons outlined above; the paucity of nursing provision means it is important in an aging population that the Council is able to anticipate and ensure adequate provision is made to meet both current and future needs.

8.2.2. As this request is for a mandate to consult about the closure of the home there are no immediate procurement ramifications regarding that decision. However, should the commissioning team intend to engage an external supplier to assist with the consultation they must seek quotations in line with requirements of CSO 8 or 9 (depending on value). The same will apply to identifying and securing appropriate placements for current residents or using the Dynamic Purchasing system.

8.3 Legal

8.3.1 There is a common law duty on the Council to consult with residents, their carers and other stakeholders that are likely to be affected by the proposals to close the Home to allow for the demolition and construction works. The consultation must take place at a time when the proposals are still at their formative stages, as in the instant case set out in the report. 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 Council must give genuine and conscientious consideration to the responses received from the consultees before making its final decision on the proposals.

8.3.2 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 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. In line with its equalities duties, the Council must undertake an Equality Impact Assessments (EIA) of the proposals on the protected groups. 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. The outcome of the consultation on the proposals together with the analysis of the EIA must be considered before reaching a final decision on the proposals.

8.4 Equality

8.4.1 The Council has a Public Sector Equality Duty under the Equality Act (2010) to have due regard to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act
- Advance equality of opportunity between people who share those protected characteristics and people who do not
- Foster good relations between people who share those characteristics and people who do not.

8.4.2 The three parts of the duty applies to the following protected characteristics: age, disability, gender reassignment, pregnancy/maternity, race, religion/faith, sex and sexual orientation. Marriage and civil partnership status applies to the first part of the duty

8.4.3 The recommendation is to consult with residents, carers and other stakeholders on the proposal to move remaining service users and close Osborne Grove Nursing Home pending development of the site for a 70 bed facility. This course of action is recommended owing to concerns regarding the health, safety, and wellbeing of residents were they to remain in situ.

8.4.4 The decision will primarily affect residents of OGNH and their carers in the short-term and Haringey residents who are in need of nursing care in the long-term. In both instances, it will primarily affect older people and those with long-term health conditions and/or disabilities. In addition, it is likely to affect women more than men, BAME residents in proportion to their representation among older people in Haringey, residents with religious beliefs in proportion to their representation among older people in Haringey, and an unknown number of LGBT residents.

8.4.5 The short-term and long-term impacts of the decision on residents have been considered and are set out in full in an equalities impact assessment that is publicly available. A further EqIA will be produced after the consultation that takes the consultation's findings into account in as far as they relate to equalities and the impact of any changes on individuals or groups with protected characteristics.

9. Use of Appendices

- Equalities Impact Assessment

10. Local Government (Access to Information) Act 1985

Background papers;

- Osborne Grove Nursing Home Feasibility Study.