

Report for: Cabinet 11th of February 2020

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. On 10th September Cabinet approved for consultation with residents, carers and other stakeholders the proposal to close the Home to allow for demolition and construction works. The consultation commenced on Monday 7th October, 2019 and closed on Sunday 5th January 2020.
- 1.2 Cabinet is now asked to consider the feedback from the consultation, the equalities impact assessment assessment of the proposal, the analysis of the issues and the legal duties and then to make a decision on the proposal to close the Home

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 an extensive consultation has been undertaken and this report sets out the findings and recommendations to proceed.

3. Recommendations

Cabinet is asked:

- 3.1 To consider and take into account the feedback from the consultation set out in section 6.
- 3.2 To consider and take into account the Equalities Impact Assessment undertaken at Appendix 1 which includes actions proposed to mitigate the impact of the proposed closure on protected groups.
- 3.3 Having considered the above, to agree to the closure of Osborne Grove Nursing Home to allow for the demolition works and construction of a new 70 bed nursing home on site.
- 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 agree that the closure is managed in accordance with the Managing Care Home Closures Good Practice Guide and Management Checklist approved by the CQC.

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. The feasibility study considered the viability of the current residents in the home remaining on site during demolition and construction works. There were likely to be significant impact on their health and wellbeing. The highlighted impacts include but are not limited to: a) excessive noise levels; b) general health and safety; c) demolition and construction dust and air quality; d) security of the care home in a construction site; and e) the likely need to relocate residents twice. The development could not safely commence with residents on site given the level of disturbance. The Home would have to close and residents moved to suitable alternative accommodation that will meet their care and support needs. Therefore, in September 2019, Cabinet decided to consult residents, their family members and carers and other stakeholders for their views on the proposal to close the Home.

- 4.3 The consultation commenced on Monday 7th October, 2019 and closed on Sunday 5th January 2020. The feedback from the consultation are set out in section 6 of this report. There is support as well as opposition to the proposal to close the Home. There is concern about the suitable alternative accommodation to be provided to residents and that a relatively new building is going to be demolished and that the beds should be filled. But there is also support for the proposed expanded provision.
- 4.4 The proposed closure will be managed in accordance with “The Managing Care Home Closures” Guidance which 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. Thorough assessments of both needs and risks, on an individual basis and for individual plans would be developed. This will ensure that suitable alternative nursing accommodation is provided to residents. Also, that the transition to their new nursing homes are handled safely.
- 4.5 The health and wellbeing of the residents are a priority for the Council and their care and support needs will continue to be met. The proposed new expanded 70 bed nursing provision including the clinic site will significantly improve the provision for the elderly in the Borough. It will ensure that current and future needs for nursing home provision are met. It will maximise the whole use of the site. It will create services that are more flexible, are more personalised and give greater choice. The new provision will have better long-term outcomes for people at lower cost and would ensure that the Council is better prepared for an ageing population. The closure of the Home and move of residents to suitable alternative nursing home would enable these outcomes to be achieved.

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. 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.
- 5.3. 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. Cabinet further agreed to:

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

6.1.3. 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. 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.

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

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

- 6.2.3. 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).
- 6.2.4. The feasibility study considered the viability of the current residents in the home remaining during demolition and construction works 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; and concerns around security.
- 6.2.5. The preferred option was for alternative nursing provision to be sought for the residents within Haringey or neighbouring boroughs and for the Home to be closed to enable the demolition and construction works to commence. Therefore a consultation with those affected by this proposal was necessary.

6.3. **Residents**

- 6.3.1. There remain two residents currently in the Home on two different floors 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.

6.4. **Consultation on Closure**

- 6.4.1. The public consultation commenced on Monday 7th October 2019 and closed on Sunday 5th January 2020.
- 6.4.2. The consultation sought the views of residents, families and carers, partners and the general public on the closure of Osborne Grove nursing Home.
- 6.4.3 The consultation provided that the council is proposing to close Osborne Grove Nursing Home. This would enable the necessary site inspection works, planning and demolition to commence for the development of the new expanded 70 bed nursing home.
- 6.4.4 The council proposes to relocate residents to suitable alternative nursing home provision that is capable of meeting their care and support needs and promoting their wellbeing. There will be a reassessment of residents needs and care and support plan. The assessment will take into account existing care plans and risk assessment. The outcome of the re-assessment will inform the decision on the suitability of the alternative nursing home provision.

6.4.5 A transition plan will be developed with each resident and their family/carers, with support from social workers and health services, to ensure the move to alternative care is safely and sensitively handled. An Assessment and Transition Process guide for residents, carers and family members on the re-assessment and transition process is attached as Appendix 7.

6.4.6 The process will be very carefully managed and adhere to the [Managing Care Home closures checklist \(PDF, 62KB\)](#) (attached as Appendix 8) as devised by the Association of Directors of Adult Social Services (ADASS).

6.5. Methodology and Approaches

6.5.1. 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. This is attached as Appendix 5.
- **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, and comprehensive Q&As. This is attached as Appendix 3, 4 and 6
- **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:** Two external 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.
- **Staff consultation meeting:** all Osborne Grove Nursing Home staff were invited to two consultation meetings on 7th November, 2019 to discuss the implications of the consultation and how they could express their views. In addition management held an all day drop in session on the 28th
- **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.
- **Press releases:** A mixture of proactive and reactive press statements was sent to the media during the period of consultation.

6.6. Consultation responses

6.6.1. Attached as Appendix 2 is a summary of the responses to the consultation. There were only 3 responses received to the external online consultation and none received from the two internal drop in sessions and none also received from the two staff consultation meetings. The numbers of attendees are set in the table below.

| | |
|---|---|
| Completed online questionnaires | 3 |
| Number attending external drop-in sessions | 1 |
| Number attending staff meetings | 8 |

Of the Online questionnaires responses received;

- Two understood the reasons for proposing to close the Home and One did not.
- One agreed with the proposal pending the rebuild, one strongly disagreed and one was not sure.
- Suitable alternative accommodation was the main and only concern raised and by one respondent.
- One respondent asked that the Co-Design Group be kept informed of any developments to aid transition.
- There were two additional comments, one supporting the proposals for the site and one opposing the proposal and questioning the rebuild proposal.

6.6.2. There were no specific comments to the proposals in any of the drop in sessions, discussion was focussed on explaining the process and potential next steps.

6.6.3. As to the response questioning the need for a new built, the council believes that as demand for nursing care continues to grow there is a need to increase the supply of residential nursing care places in the Borough. The proposed development will enable the council to better meet this demand in a facility that is specifically designed to provide nursing care. Further as indicated in Paragraph 6.2.1 above, the current design of the building is no longer suitable for an ageing population.

6.6.4. The Council is committed to and will continue to keep all stakeholders including the Co-Design Group informed of developments as appropriate.

6.6.5. As to the response raising concern about suitable alternative accommodation for residents, the Managing Care Home Closure best practice guidance will be followed to ensure that appropriate accommodation is provided that best meets the care and support needs of the residents. Further details can be found in section 6.8 below.

6.6.6. It is recommended that the proposal should proceed as outlined in the report.

6.7. Staff Consultation

- 6.7.1. 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.
- 6.7.2. Staff were notified of the recommendations of the Feasibility Report and were consulted at the same time.
- 6.7.3. The consultation provided staff the opportunity to engage in a variety of ways to meet personal preferences, this included meetings, 1:2:1's and written options.
- 6.7.4. A number of staff took up these opportunities but no formal responses were received from the consultation.

6.8. **Managing Closure**

- 6.8.1. 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.
- 6.8.2. 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.
- 6.8.3. 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.
- 6.8.4. 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.
- 6.8.5. 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 the Home closure.

- 6.8.6. 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.
- 6.8.7. A key element of the plan requires thorough assessments of 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.
- 6.8.8. The Council will discuss the proposed approach with those directly affected to ensure that it takes account of any concerns or issues they may have.

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 consider the outcome of the consultation on moving the remaining residents of Osborne Grove Nursing Home and to close the home and proceed to develop a 70-bed nursing home on the site.

8.1.2. The current monthly cost of running Osborne Grove is £100k (annual £1.2m) and the cost of alternative provision for the remaining clients is estimated at £13k a month (annual £156k).

8.1.3. The proposed 2020/21 - 2024/25 Budget and MTFS plans has been formulated assuming that a decision to close and redevelop Osborne Grove Nursing Home would be made. Should this not be the case, the resultant additional costs would need to be taken into account in the Councils ongoing corporate financial planning.

8.1.4. The current proposed 2020/21 - 2024/25 MTFS includes sufficient capital budget to carry out the proposed redevelopment

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 home will be closed to facilitate the redevelopment of the site into a 70-bedded nursing home in order to enable the Council to meet current and future demand given the paucity of this provision in borough. This will however, necessitate the relocation of current residents in alternative suitable homes that can provide the right care and support either in borough or in proximity to it

8.2.2. As this request is for Cabinet to consider the outcome of the consultation and implementation of a closure plan there are no immediate procurement ramifications regarding that decision. However, the identification and securing of alternative care provision must be undertaken in a compliant manner, (CSO 9.01 and 13) which should include but is not limited to the Council's Dynamic Purchasing System , or block contracts provision

8.3 Legal

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 wellbeing; (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 October 2018 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 in section 6 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 2 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 1 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) 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 recommendations are to consider and take into account the feedback from the consultation on the proposal to move remaining service users and close Osborne Grove Nursing Home, and in light of the responses to close Osborne Grove Nursing Home pending the redevelopment of the site to provide additional nursing provision for the borough. 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.

9. Use of Appendices

- Appendix 1 Equalities Impact Assessment
- Appendix 2 Consultation Report
- Appendix 3 Osborne Grove Nursing Home online consultation
- Appendix 4 Consultation Questionnaire hardcopy
- Appendix 5 Osborne Grove Consultation Letter
- Appendix 6 Osborne Grove Consultation Pack Q&A
- Appendix 7 Osborne Grove Assessment and Transition Process Information Pack
- Appendix 8 Managing Care Home Closure Checklist

10. Local Government (Access to Information) Act 1985

Background papers;

- Osborne Grove Nursing Home Feasibility Study.