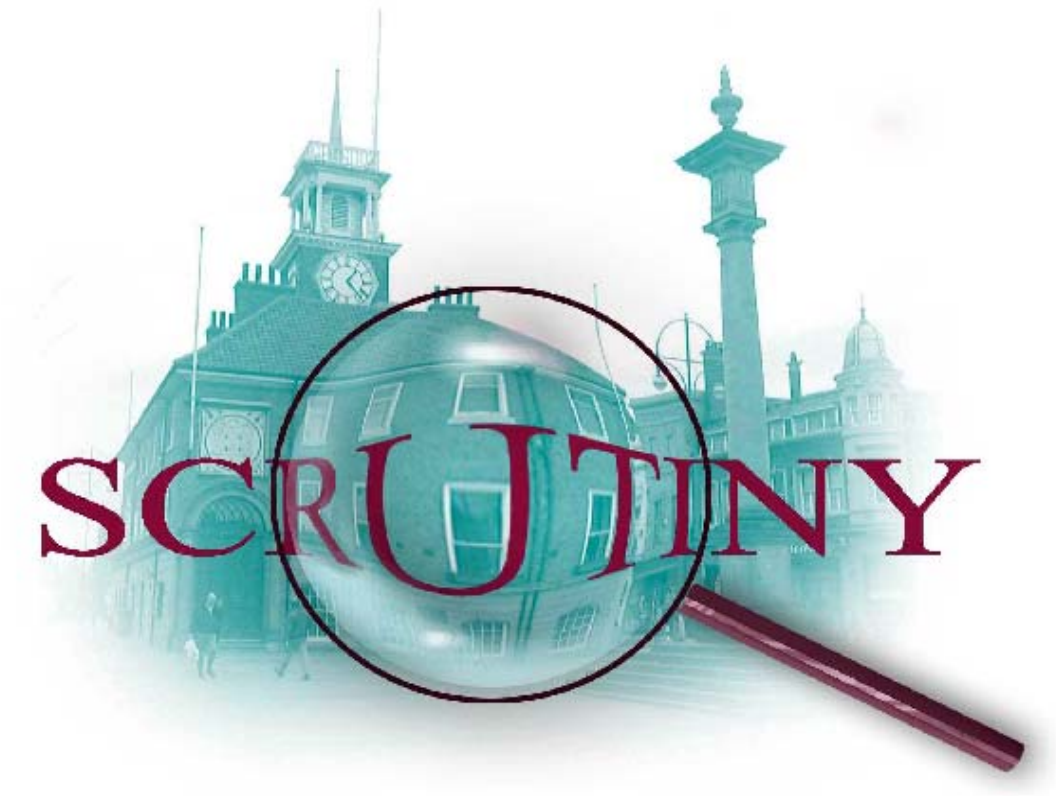
Adult Services and Health Select Committee

Parkview Care Home



March 2008

Adult Services and Health Select Committee
Stockton-on-Tees Borough Council
Municipal Buildings
Church Road
Stockton-on-Tees
TS18 1LD

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SELECT COMMITTEE – MEMBERSHIP

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1.0 Executive Summary

1.1 A request was made by Stockton-on-Tees Borough Council's Cabinet to the Adult Services and Health Select Committee to undertake a short review to assist the determination of the future service provision of Parkview Residential Care Home in Thornaby, given National Guidance and the Council's local policy.

1.2 An inclusive process was developed that allowed officers, representatives for residents / carers, staff, Village Park Residents Association, and Thornaby Independent Association to give evidence before the Committee visited a number of elderly persons care facilities and then formulated views.

1.3 The emphasis is now to extend choice and offer opportunities, where possible, for people to remain in their own home rather than enter permanent residential care. This has led to the development of new services including specialist domiciliary care, respite care, extra care housing schemes and work on supported tenancies under the Supporting People programme. In addition, the focus on long term conditions aims to ensure care is provided closer to home with the necessary health and social care support.

1.4 Parkview is a 31/32 bed home with three self contained units. On the lower ground Bonlea Unit has 11 clients who have mental health needs. On the first floor Westbury unit caters for 10 clients who are elderly frail. Littleboy unit has up to 11 clients that can be accommodated for respite care.

1.5 With the introduction of National Care Standards, 17 of the 31 rooms were deemed too small and an exercise was undertaken to look at the cost of upgrading the rooms. The work was estimated to cost approximately £410k. A relaxation by NCS in 2003 permitted registration of the Home to proceed in spite of the size of the rooms as they agreed to consider communal spaces in the overall calculations. NCS advised at that time that should the Home change use, or ownership, the work to bring it up to standard would need to be carried out. Subsequently, all work identified for Parkview has been carried out as necessary. Internal decoration has been carried out on a rolling programme with other Local Authority establishments.

1.6 A hold on permanent admissions was established in April 2007 after which 15 Thornaby clients were assessed by a panel as requiring 24 hour care. From the 15 possibilities, four clients, or their carers, stated a preference to go to Parkview, 10 elected to choose alternative Homes and 1 preferred to continue living at home.

1.7 The 'Directive on Choice' (LAC(2004)20) requires all clients be allowed preference as to where they wish to receive residential care. The Committee had hoped to get an understanding of what might be changed to make Parkview appear more attractive to potential users and their family but it is impossible to ascertain the reasons as no evidence was received regarding particular choices made by clients.

1.8 The unit cost of the service at Parkview is approximately £893 per resident per week based on levels of occupancy in January 2008 (65%). Placements in independent sector residential homes range in cost from £353 to £428 per resident per week, depending on the grading of the home and type of care (October 2007 figures). With the number of vacant care places available (100+ across the borough) the likelihood of running Parkview at its optimum

capacity seems unlikely especially when costs in the public sector are so much higher than would be charged in the independent sector.

1.9 During this review the Committee considered different possible outcomes for the future of Parkview Care Home.

- Hold removed and Parkview actively promoted so that the level of demand can be determined.
- Refurbish Parkview to the Grade 1 standard it would need to achieve as any alterations would be deemed as a 'change of use'.
- Develop Parkview as an Extra Care facility
- Sell Parkview to an alternative provider

1.10 If Parkview was to close, following the initial costs (redundancy, pensions, etc), the recurring revenue savings (£500,000+) which would be made could be used to purchase a variety of community based care that can be provided in an individuals home thereby allowing individuals to have a semblance of independence or other provision.

1.11 Although Cabinet had not asked for a recommendation regarding the future of Parkview three members of the Committee proposed that a recommendation should be made to Cabinet that Parkview should be refurbished to Grade 1 standard and that the relevant resources should be found. A vote was taken and four of the six remaining members supported that proposal. The remaining two members supported the development of Parkview as an Extra Care Facility.

2.0 Introduction

2.1 On 20 December 2007, Stockton-on-Tees Borough Council's Cabinet considered a report that set out the proposal to commence a consultation exercise on the future service provision of Parkview Residential Care Home in Thornaby, given National Guidance and the Council's local policy.

2.2 The report recommended approval of a period of consultation about the future service provision at Parkview, with service users, carers, staff and other relevant stakeholders and consider feedback from the consultation at the Cabinet meeting in March 2008.

- To ensure that residential care services continue to meet the needs of older people across Stockton Borough and that they are fit for purpose now and in the future.
- To contribute to the achievement of the Council's Strategy for Older People.
- To ensure the effective use of resources and improve value for money.

2.3 Included within the consultation period was a request to the Adult Services and Health Select Committee to undertake a short review to determine:

- The national and local policy framework around services for older people
- The factual issues around Parkview Care Home focusing particularly on the building, occupancy, care standards, financial information and staffing

2.4 The work of the Committee therefore attempts to assist the decision to be taken by the Cabinet. Two options proposed to Cabinet were:

- Identify resources to upgrade facilities at Parkview.
- o SBC closes the home and resettles the current residents into alternative homes in the locality and reinvest in preventative community based services

2.5 The Committee gathered evidence from officers, representatives for residents / carers, staff, Village Park Residents Association, and Thornaby Independent Association on the 14th February, then undertook site visits to Parkview Care Home, Mandale House Care Home, The Poplars Care Home and Aspen Gardens (Extra Care facility)on the 18th February before deciding on its findings on the 25th February.

3.0 Background

NATIONAL POLICY AND GUIDANCE

3.1 Services for adults and older people have been developed and delivered within a national framework of policy and guidance. This includes:

- National Service Framework (NSF) for Older People
- Our Health Our Care Our Say
- Government funding for Extra Care Housing
- NSF Long Term Conditions

3.2 The emphasis is for people to remain in their own home rather than enter permanent residential care, an increasing wish being demonstrated by individuals. This has led to the development of new service models which aim to enable older people to remain in their own homes for as long as possible. These include specialist domiciliary care, respite care, extra care housing schemes and work on supported tenancies under the Supporting People programme. In addition, the focus on long term conditions aims to ensure care is provided closer to home with the necessary health and social care support.

LOCAL POLICY

3.3 Services for older people were reviewed in 1999 under “Homes for Life” - a strategy to promote the independence of older people in Stockton on Tees thereby developing a range of community based resources to maintain people in their own homes as an alternative to residential care.

3.4 A review of residential provision was undertaken and resulted in four Council run residential homes being closed throughout 2000 and 2002. A range of alternative services to enable people to live in their own homes and communities for as long as possible, have since been developed e.g. intermediate home care and telecare. Extra care housing has also been established for people who require care but want to maintain their independence.

PARKVIEW

3.5 Parkview is the remaining Council owned Older Peoples establishment that offers admissions into permanent 24hour residential care. It currently provides a total of 32 places set out across 3 independent units: -

- **Littleboy** First floor (11 beds). This unit provides short break respite services to older people and their carers. Average stay is two weeks. Clients living in the Thornaby area are also offered discharge support on this unit.

- **Westbury** First floor (10 beds). This unit provides permanent care to elderly frail clients.

- **Bonlea** Ground floor (11 beds). This unit provides permanent care to older people who have mental health problems.

4.0 Evidence/Findings

4.1 Due to the short timescale available for this review it was agreed that the Committee would gather the majority of its evidence in a full day session so that opponents to the possible closure of Parkview Care Home could hear the evidence of officers before presenting their own case. This took place on Thursday, 14th February 2008 when a majority of the Committee (7 Members) were present at the Robert Atkinson Youth and Community Centre, Thornaby. The venue was specifically chosen as the closest to those most likely to be affected by this review.

4.2 The Committee firstly took evidence from Ruth Hill, Head of Adult Strategy which provided the Committee with the following national and local policy initiatives that give the contextual setting for this review. The following is a summary of that evidence. (A copy of the report is attached at appendix 1).

4.3 For older people's care the emphasis is to extend choice and offer opportunities, where possible, for people to remain in their own home rather than enter permanent residential care. This has led to the development of new services including specialist domiciliary care, respite care, extra care housing schemes and work on supported tenancies under the Supporting People programme. In addition, the focus on long term conditions aims to ensure care is provided closer to home with the necessary health and social care support.

4.4 Domiciliary Care Provision is the provision of a range of support services for social care needs within the individual's own home. Packages of care are assessed on need and equate to a minimum of one hour of support per week to in excess of twenty-five hours per week. The types of care provided may vary but can include interventions to meet personal care needs and social needs, such as shopping.

4.5 There has been a 23% growth over the past 3 years (measured at September 2007) in the number of households receiving domiciliary care services directly through the local authority or provided under contract through the independent sector.

4.6 An increasing number of people are receiving direct payments, cash payments made to individuals who have been assessed as needing services, in lieu of direct social services provision. The aim of a direct payment is to give more flexibility in how services are provided. By giving individuals money in lieu of direct social care services, people have greater choice and control over their lives, and are able to make their own decisions about how their care is delivered. Direct payments cannot be spent on local authority services.

4.7 SBC currently has 87 people over 65 accessing services through a Direct Payment (256 people accessing direct Payments overall). Since September 2004, this represents a 3 fold increase in the number of older people accessing services in this way.

4.8 Extra Care describes a type of housing, care and support that falls between traditional sheltered housing and residential care. The ethos is to enable individuals to have services that can adapt and change to the requirements of the individual and offer additional services based on need.

4.9 Within Stockton there are 2 Extra Care facilities; Parkside Court in Thornaby (opened in March 2005) which offers 50 units and Aspen Gardens in Hardwick which has another 50 units which opened in April 2007.

4.10 The admission policy is based on a comprehensive referrals and allocations procedure. Referrals can be made in a number of ways including self referral and through referral agents such as the GP and social worker.

4.11 Allocations are made through an Allocations Panel which meets regularly and has representatives from the landlord, social care team, housing team and care provider. There is a waiting list for both schemes but allocations are based on need and suitable vacancies in either low, medium or high care bandings.

4.12 Existing sheltered housing schemes offer an opportunity to expand Extra Care services further. One provider of sheltered housing in Elmtree has plans to refurbish and extend, offering the opportunity to remodel services within the scheme. Other sheltered housing providers are developing plans to refurbish and replace existing sheltered schemes.

4.13 In addition bids have been submitted to the DH for additional extra care facilities across Stockton-on-Tees and a further specific new bidding round is expected shortly. It is hoped to modernise sheltered housing services throughout the Borough in line with the Council's housing, care and support strategy for older people.

4.14 Respite services provide people with temporary relief from care giving and can be in-home assistance, short care home stays, adult day care or personalised care arranged through the use of a direct payment. Current provision in Stockton-on-Tees is delivered through in-house or independent home care providers, Avalon Sitting Service, Day Care at Stockton, Alma Centre, South Thornaby Day Centre and Parkside at Billingham and residential respite currently provided at Parkview with Rosedale offering EMI respite. Additionally the independent residential and nursing home sector provide respite on a spot contract basis.

4.15 Sheltered housing is defined as housing specifically identified for older people and provided with a resident warden / manager service or a peripatetic warden / manager service that is available on site regularly throughout the week. The facilities may have communal facilities and services. The accommodation may include flats (1 & 2 bedded), bedsits and bungalows.

4.16 In Stockton-on-Tees there are 20 sheltered housing schemes with 737 units and two Extra Care schemes with 100 units. In addition Almshouses (53 units in Central Stockton), Abbeyfield (11 units in Eaglescliffe) and leaseholder accommodation such as provided by McCarthy Stone and Peveral Homes (19 units) provide alternative types of supported accommodation for older people.

4.17 There are a number of specific sheltered housing and Extra Care facilities for Older People in Thornaby. There is one Extra Care scheme (Parkside Court – 50 units); two sheltered schemes with managers on site (St Cuthberts Court – 35 units & Silverwood Court – 40 units) and 71 units of specialist older people's accommodation with alarm services linked to a control centre.

4.18 Stockton Borough Council's Care Call service provides a small discrete alarm unit linked to the phone that gives a very quick contact to Stockton's security

centre, who employ trained staff to respond via the telephone. The call centre can call emergency services, doctors, friends and relatives, and when necessary send their mobile officers to assist. The Care Call service costs £3.60 per week with an additional 50p per week for a key holding service.

4.19 Over 4,500 people currently use the Care Call Service within the Borough of Stockton-on-Tees. In Thornaby it is estimated there are over 1,000 connections.

4.20 Telecare is the term given to offering remote care of elderly and vulnerable people, providing care and reassurance needed to allow them to remain living in their own homes. Use of sensors allows the management of risk and as part of a package which can support people with dementia, people at risk of falling or at risk of violence and prevention of hospital admissions.

4.21 Telecare is a relatively new development within Stockton (the service has been operational since November 2006) and there are currently 137 installations in peoples own homes. Within Thornaby there are 29 installations. It is anticipated that by 2010 the number of people with Telecare services across the Borough will have increased to 600 with approximately 150 in Thornaby. It is anticipated that this service will continue to grow and expand into areas such as Telehealth to cover monitoring of health aspects such as epilepsy, blood pressure and blood sugar levels.

4.22 The Committee took specific evidence regarding Parkview Care Home from Sean McEneany, Head of Adult Operations and Hazel Grant, Community Care Manager. The following is a summary of that evidence. (A copy of the report is attached at appendix 2).

4.23 Parkview was originally a single living Home on two floors with shared facilities, communal lounges and 49 beds. Following unitisation in 1992/3 it became a 31/32 bed home with three self contained units. On the lower ground Bonlea Unit is spacious with larger bedrooms and communal rooms. 11 clients who have mental health needs can be accommodated on this unit. On the first floor Westbury unit has the second largest rooms and shared lounge/dining area. This unit caters for 10 clients who are elderly frail. Littleboy unit has the smallest bedrooms and the lounge/dining areas. Up to 11 clients can be accommodated on this unit for respite care.

4.24 With the introduction of National Care Standards, 17 of the 31 rooms were deemed too small and an exercise was undertaken to look at the cost of upgrading the rooms. The work was estimated to cost approximately £410k. A relaxation by NCS permitted registration of the Home to proceed in spite of the size of the rooms as they agreed to consider communal spaces in the overall calculations. NCS advised at that time that should the Home change use, or ownership, the work to bring it up to standard would need to be carried out.

4.25 In 2006 the passenger lift was identified for replacement as part of the major works for 2007. The method of replacement was considered and it was evident that the work would involve major disruption inside the Home and no access to the lift for up to 6 weeks. Costs were obtained and the practicalities of the work were discussed. In view of the anticipated noise and disruption inside the Home an alternative option was considered whereby the work would be carried out through an external wall. The same 6 week access restriction would remain. Costs and feasibility of this method were considered

but found to be disproportionately expensive and it was decided to go back to the original option. Costs were once again requested as some time had elapsed since the initial estimate of £70k had been made.

4.26 The work needed to be carried out in late Spring or early Summer as access doors would need to be open. By April 2007 it became apparent that the future of services provided at Parkview would need to be considered and the work was temporarily held in abeyance. Similar capital maintenance work was also held back based on financial decisions taken and competing priorities. This included a replacement boiler and transfer of the current oil fired central heating system to gas both of which were seen as not critical. A main reason for altering the oil fired boiler and heating system was to reduce costs as approximately £1,000 per month is required.

4.27 Prior to this situation all work identified for Parkview had been carried out as necessary. Internal decoration was carried out on a rolling programme with other Local Authority establishments.

- New windows throughout the Home were fitted in February 2003
- Radiators were replaced in June 2003
- Bathrooms were tiled and decorated in July 2003
- Complete redecoration of remainder of Home in September 2003
- New kitchenettes were fitted on units in October 2004
- Vanity Units were fitted in bedrooms in February 2005
- Carpet and furniture replacement was undertaken as necessary.

4.28 As new Homes opened, their proprietors wanted to secure their share of the market, and as with most new developments this involved listening to clients, addressing their needs and providing more amenities. Officers indicated that resident and carer expectation increased and the facilities at Parkview became increasingly out dated. Shared bathrooms and toilets, the use of commode chairs in bedrooms and lack of space in many rooms were influencing factors. Although the care provided at Parkview was identified as excellent it was often the building and facilities of alternative Homes that attracted potential clients. The Committee agree that the care provided by the staff is not in question.

4.29 The Committee questioned the possibility of refurbishing Parkview to the highest standard throughout and not just minor improvements as highlighted at 4.28 so as to achieve a Grade 1 standard expected by the Commission for Social Care Inspection (CSCI). Members were advised that a full structural survey and review of the building footprint would be required. Major structural works would then require the closure of Parkview and the resettlement of residents whilst work was undertaken. The Committee proposed whether it was feasible to update one room at a time but the variety of rooms and room sizes limits this possibility.

Occupancy

4.30 When the respite facility was transferred in its entirety to Parkview in 2004 the Home was functioning with both permanent residential units full. Although a waiting list on the scale of the mid 1990's was never repeated, vacancies were taken up at a steady pace, particularly for the Elderly Frail unit. The respite facility was slow to start and although occupancy levels fluctuated, they failed to reach the uptake levels of Rosedale.

4.31 Vacancies of permanent beds remained at an average of 23 bed days per week from January 2006 to April 2007 and there was no indication that, should it be available, there would be sufficient uptake to fill the 11 respite beds if they were returned to a permanent state. (See appendix 3).

4.32 Referrals to the EMI unit were particularly affected with only one new referral between August 2006 and April 2007.

4.33 Respite vacancies for this same period averaged 46 bed days each week from the 77 available.

4.34 Since the hold on permanent admissions was established in April 2007, 15 Thornaby clients have been assessed by a panel as requiring 24 hour care. From the 15 possibilities, four clients, or their carers, stated a preference to go to Parkview. These four clients were assessed as appropriate for admission to the elderly frail unit on 31.07.07, 04.09.07, 02.10.07 and 06.11.07. Had the hold not been in place the permanent numbers would now be 10 Elderly Frail and 8 EMI leaving 3 permanent EMI vacancies. Of the remaining 11 clients assessed by panel, 10 elected to choose alternative Homes and 1 preferred to continue living at home.

4.35 The Committee questioned whether if the hold was removed and Parkview was actively promoted that an 'accurate' level of demand could then be determined. This however has the possibility of only delaying a decision for one year and then upsetting a larger number of people than are presently resident at Parkview. Due to the continued cost levels the Council may also be criticised by CSCI and the Audit Commission for its use of financial resources.

4.36 The Committee also hoped to determine the basis on which people opted NOT to use Parkview so as to get an understanding of what might be changed to make it appear more attractive to potential users and their family. The 'Directive on Choice' (LAC(2004)20) requires all clients be allowed preference as to where they wish to receive residential care. As such, it is impossible to ascertain the reasons if they were not volunteered to staff at the time of selecting a care home. No evidence was therefore received regarding particular choices made by clients.

4.37 This is then in line with CSCI report – "The state of social care in England 2006-07" which recognizes the pattern and delivery of services …has changed over the last four years to promote people's choice and control through increases in Direct Payments, home care, provision of equipment and adaptations and – for people with mental health needs – professional support. The greater emphasis on housing with support has offered people more appropriate and flexible community services. Different models of self directed support, including Individual Budgets, are beginning to test out different ways of personalising care for people.

4.38 There have been times when Parkview has been proactively promoted for Thornaby clients seeking short term and respite care. This on the basis that empty beds were already funded at Parkview and it made little sense to purchase additional beds from the independent sector. Clients, however, could not be forced to go into Parkview if they and their families did not wish them to.

4.39 Independent provision within Stockton is monitored weekly and there have been in excess of 100 vacancies since September 2007.

4.40 The unit cost of the service at Parkview is approximately £893 per resident per week based on levels of occupancy in January 2008 (65%). This unit cost would reduce to approximately £645 per resident per week should an occupancy of 90% be achieved. The table below sets out the budgeted unit costs at varying occupancy levels. It also shows the potential impact on unit costs should the capital works (see para 5.6 below) be undertaken.

Projected Unit Costs at varying occupancy levels (2007/08)

Occupancy Level (%)	Unit Cost Per Resident Per Week (£)	Unit Cost Per Resident Per Week including impact of capital expenditure (£)
90%	645	729
85%	683	771
80%	726	820
70%	830	937
60%	968	1,093
50%	1161	1,311

4.41 For comparison, placements in independent sector residential homes range in cost from £353 to £428 per resident per week, depending on the grading of the home and type of care (October 2007 figures).

4.42 The Committee looked at whether the Council's costs could be reduced to make it competitive with the independent sector. It was advised that different terms and conditions, pension and employee costs account for the largest differences and it was impossible for these to be reduced to the levels in the independent sector. This was especially the case at Parkview where levels of sickness absence have been the highest within the Children, Education, Social Care department with a total of 2282 working days lost between April 2006 and January 2008. Absences contribute to the unit cost of the Home since cover has to be arranged to maintain adequate staffing levels where necessary. This leads to a double payment or more, for each hour of care provided. At the time of this review there were 3 members of staff who had been absent 100, 403 and 620 days respectively. Members of staff on long-term sickness absence receive ½ pay after 6 months and no pay after 12 months.

4.43 The building requires investment to ensure that it remains suitable for purpose in the short term. The works required include lift/boiler replacement and Disability Discrimination Act (DDA) works. These, together with annual maintenance costs, are projected to cost £412,000 within the next five years. In the longer term, the Asset Management Plan projects that substantial additional investment would be required over the following 10 years.

4.44 Current estimates of the costs involved to bring the building up to modern standards are that capital funding of approximately £1.2m would be required.

4.45 Attached at Appendix 4 is a graphical summary of the projected financial impact of retention of the Home against that of closure. It should be noted that

this analysis does not include the impact of the capital works required to upgrade/modernise the Home.

4.46 The closure of the Home would significantly reduce annual expenditure once the initial costs associated with closure (see appendix 4 – 2008/9) had been repaid. Under this closure option the future costs would consist of payment of independent sector care fees. (It should be noted that the model reflects the fact that capital charges and non pay overheads are unlikely to be achieved as real cash savings).

4.47 The scrutiny process has given the opportunity for Members to ensure the evidence on which the future of Parkview Care Home's future is determined is accurate. It also allowed opponents to the closure of the care home to also hear the evidence presented by Council officers. Only 3 members of the public were present at the morning session when officers made their presentations.

4.48 The Committee then invited representation from Parkview residents' family or carers, staff, the Village Park Residents Association and the Thornaby Independent Association to provide evidence of why Parkview should remain and receive investment to continue to provide a service. This attracted an audience of approximately 20 - 25 people to hear the spokespersons from the different groups. Such representation was in addition to the separate consultation process undertaken by officers from Children, Education and Social Care. The summary of the consultation is attached at appendix 6.

4.49 Each spokesperson highlighted the Commission for Social Care Inspection report following an unannounced inspection on 12th March 2007.

"**What the service does well:**
Parkview does a lot of things very well. Full assessments of people's needs are carried out before they come to the home so staff know what residents' needs are and can look after them properly. Care plans are drawn up well and have all of people's needs recorded. The medication systems are clear are properly managed and staff treat people with dignity and respect making sure they are listened to. There is a range of activities for people to do in the home and meals are good with choices on offer. Complaints information is available to everyone and the home has procedures that staff know, which help keep people safe. The home is mainly well furnished. It is nicely decorated, clean and comfortable. Staff are qualified, competent and well trained, as is the manager. The manager does all the health and safety and other checks that are needed to keep people safe as well as making sure he listens to residents views, acting upon them to improve the home.

What they could do better:
There were no areas where identified at this inspection where Parkview could improve."

4.50 As a result of such a positive report a major criticism leveled by staff and the public at the Council is the lack of advertising for Parkview thereby allowing its occupancy to remain low. It was shortly after the CSCI inspection that a hold on admissions was introduced (21.4.07).

4.51 The Committee questioned the viability of Parkview based on an increase in the number of residents or the needs of residents. They were advised that 50 beds was probably a viable number. Also, if Elderly Mentally Infirm (EMI)

residents were no longer catered for and the property offered more respite or elderly frail care there is no guarantee of success due to the low level of interest that has been shown for Parkview.

4.52 In order to get a better understanding and awareness of Parkview and some of the alternative care provision in Thornaby and Stockton 5 members of Committee undertook a visit on Monday, 18th February to:

Parkview Care Home
Mandale House Care Home
The Poplars Care Home
Aspen Gardens (Extra Care facility)

4.53 The Committee was particularly interested in comparing Parkview and Mandale House as each offer the same services. Mandale House is operated by TL Care offering a Grade 2 standard of care facilities which provide rooms with en-suite and staff/resident ratio (1:8 residential; 1:5 EMI).

4.54 The Poplars is a residential care home with nursing provision that operates at Grade 1. The Poplars do not advertise vacancies as it operates a waiting list to which the Committee was informed that at the time of its visit 2 people were waiting for a place. The home has a 50:50 gender split, 93 per cent of rooms have en-suite facilities and provides residents with a nurse registered carer. Similar to Parkview the home has a low staff turnover with 70 per cent of staff staying more than 5 years.

4.55 Aspen Gardens provided the Committee with a vision of how residential care may continue to develop. The Endeavour Housing Association development includes a two-storey block of 30 apartments and 20 bungalows all of which have two bedrooms. This accommodation is designed for people with care needs and includes a bistro (one meal per day is included in the tenancy agreement), lounges, hairdressers, I.T facilities and a hobbies room. The Bistro and Beauty salon are open to the public and offer a service to the community around the scheme.

4.56 The Extra Care facility provides 3 bands of care (15 low; 15 medium; 20 high) and each tenant is assessed for domiciliary care. Personal care is provided mornings and evenings.

4.57 The Committee questioned whether Parkview could be considered as an Extra Care facility. This would likely require an independent provider and a change of use to the premises. The building is likely to be unsuitable but the land it occupies could be developed in partnership with alternative providers; making the site suitable for a new build facility. Grant funding would need to be explored and an options appraisal required.

4.58 The Committee met on 25th February to agree the final report to Cabinet 7 members of the Committee attended, reduced to 6 part way through. The Committee was reminded that it had not been asked to make a specific recommendation about the future of Parkview but to provide Cabinet with information about the national and local policy framework around services for older people and the factual issues around Parkview Care Home focusing particularly on the building, occupancy, care standards, financial information and staffing.

4.59 During the subsequent discussion the Committee considered each of the alternative outcomes which are summarised at paragraph 5.3 and support was expressed by the Chair and one other member for outcome 3 which is to develop Parkview as an Extra Care facility.

4.60 Whilst the Committee was advised that Cabinet had not asked for a recommendation regarding the future of Parkview three members of the Committee proposed that a recommendation should be made to Cabinet that Parkview should be refurbished to Grade 1 standard and that the relevant resources should be found (see paragraph 5.3 – outcome 2a). A vote was taken and four of the six remaining members supported that proposal.

5.0 Conclusion

5.1 The Adult Services and Health Select Committee was asked by Stockton-on-Tees Borough Council's Cabinet to undertake a short review to determine the national and local policy framework around services for older people and the factual issues around Parkview Care Home focusing particularly on the building, occupancy, care standards, financial information and staffing.

5.2 The evidence presented by officers was questioned by the Committee as well as interested persons external to the scrutiny process. The Committee did not receive contrary evidence so therefore can confirm that the evidence it and the Cabinet earlier received was accurate and information presented by officers should therefore provide the basis on which future service provision should be considered.

5.3 During this review the Committee considered different possible outcomes for the future of Parkview Care Home. The following table highlights alternatives considered by the Committee.

	Alternative Outcome	Result
1	Hold removed and Parkview actively promoted so that the level of demand can be determined.	Delaying a decision for one year has the possibility of upsetting a larger number of people than are presently resident at Parkview. Due to the continued cost levels the Council may also be criticised by CSCI and the Audit Commission for its use of financial resources.
2a	Refurbish Parkview to the Grade 1 standard it would need to achieve as any alterations would be deemed as a 'change of use'.	A full structural survey and review of the building footprint would be required. Major structural works would then require the closure of Parkview and the resettlement of residents (not necessarily all to the same place) whilst work was undertaken. The number of bedrooms would reduce to meet Grade 1 standards without an extension to increase the size of the facility.
2b	Update one room at a time	The variety of rooms and room sizes limits this possibility.
3	Develop Parkview as an Extra Care facility	Developing existing building would be problematical. The 'site' however could be developed by a housing provider. Site is likely to be suitable for new build facility. Grant funding would need to be explored. Options appraisal required.
4	Sell Parkview to an alternative provider	Change of ownership would require alternative provider to bring Parkview up to Grade 1 standard at great cost which is likely to make purchase unattractive.

5.4 The outcome that would develop extra care on the existing site needs further exploration as an alternative solution together with the investment of cost savings being used to further develop community services such as homecare, telecare and equipment/aids/adaptations.

5.5 With the number of vacant care places available (100+ across the borough) the likelihood of running Parkview at its optimum capacity seems unlikely

especially when costs in the public sector are so much higher than would be charged in the independent sector.

5.6 Following the initial costs (redundancy, pensions, etc) (see appendix 4), the recurring revenue savings (£500,000+) which would be made if Parkview was to close could be used to purchase a variety of community based care that can be provided in an individuals home thereby allowing individuals to have a semblance of independence or other provision (see appendix 5).

5.7 At no time has the care provided by dedicated staff at Parkview been questioned. It is the viability of the premises that the Committee has been examining.

5.8 Cabinet are asked to consider the report of the Adult Services and Health Select Committee, and the alternative outcomes presented at 5.3.

Appendix 1

Information on National and Local Policy Context prepared for Adult Services and Health Select Committee - 14th February 2008.

Parkview Scrutiny Report

1. Policy Context

The policy agenda for older peoples health and care is set out below:

- ***National Service Framework (NSF) for Older People*** (March 2001) which set service standards for NHS services, followed by ***A new ambition for old age: next steps in implementing the NSF for Older People*** (April 2006). This later document set out three priorities for future development of NHS services used by older people: Dignity in Care, Joined-up Care, and Healthy Ageing
- ***Our Health Our Care Our Say*** (DH, 2006) on community services for all adults including older people.
- The ***National Strategy for Housing in an Ageing Society: pre-strategy*** (DCLG, May 2007) launching a debate on how housing can contribute to improved quality of life for older people. The national strategy for older people is about to be launched and includes a section on Extra Care policy and Extra Care is implicit in the Supporting People framework. A third bidding round for Extra Care schemes is expected to be announced in the near future.
- The ***Long term (Neurological) Conditions National Service Framework (NSF)*** (DH, March 2005) aims to transform the way health and social care services support people to live with long-term neurological conditions.
- ***Putting people first: a shared vision and commitment to the transformation of adult social care*** (DH, 2007) sets out a radical reform of public services, enabling people to live their own lives as they wish, confident that services are of high quality, are safe and promote their own individual needs for independence, well-being and dignity

However the policy context should also be seen in the context of national policy drivers that consider the wide-ranging factors that impact upon Older People themselves. The Audit Commission and the Better Government for Older People (BGOP) partnership's 2004 study, ***Seven Dimensions of Independence***, reported the factors that older people themselves had identified as having most impact on their daily lives. These were.

- Housing and the home
- Neighbourhoods
- Social activities, social networks and keeping busy
- Getting out and about
- Income
- Information
- Health and healthy living

The Association of Directors of Social Services (ADSS), ***All Our Tomorrows*** highlighted the importance of prevention and of community engagement across the whole older population in developing strategies for future services, rather than, as in the past, by focusing on the small proportion of people who are existing users of specialist services, particularly in health and social care.

1.1 Policy Themes

The national direction as outlined in the various strategies above focus on the following aspects:

- The need to address the demographic impact with changes to services
- A focus that doing more of the same is not an option
- An increasing emphasis on personalisation and individual choice
- A driver on the use of technology to support the ageing population
- An acknowledgement of increasing service user expectations
- A greater role for prevention and early detection
- The need to ensure greater integration of services
- Specialisation of services especially preventative services
- The development of independent living options
- Timely access and ease of access

These policy approaches have influenced the range of services that are commissioned within Stockton.

2. Demographic Trends

This detail is taken from the Older People Strategy.

2.1 Population size and profile

In the 2001 census, the total population of Stockton-on-Tees was 178,405.

Of this total, the numbers and percentages of the population in older age groups was as shown in Table 1 below, compared to the percentages for England as a whole.

Table 1: numbers and percentages of older people in Stockton in 2001 compared to England totals (source: www.statistics.gov.uk)

Age group	Number	% of total population (Stockton)	% of total population (England)
50+	57442	32.2%	33.3%
65+	26493	14.8%	15.9%
75+	11355	6.4%	7.5%
85+	2446	1.4%	1.9%

This shows that Stockton has a younger population profile than England as a whole, with the gap widening towards the top of the age range. This reflects overall lower life expectancy and the legacy of the area's industrial past, and has long been identified as a key issue for local services.

2.2 Population projections – size and profile

Looking ahead, the total population of Stockton is projected to increase as shown in Table 2:

Table 2: Total population change over time (source: www.statistics.gov.uk / Projecting Older People's Information System (POPPI) www.poppi.org.uk)

Date	Population (Stockton)	Change on 2001	England average change
2008	190000	+6.4%	+4.2%
2015	195700	+9.7%	+7.9%
2025	202600	+13.6%	+13.1%

Both the actual numbers and the proportion of people in older age groups is projected to grow, as shown in Table 3 and Charts 3 and 4:

Table 3: older people in Stockton: population change over time by age group (source: www.statistics.gov.uk / POPPI)

Date	**2001**	**2008**	**2015**	**2025**
Number (%) aged 65+	26493 (14.8%)	29100 (15.3%)	34800 (17.8%)	42500 (21.0%)
Date	**2001**	**2008**	**2015**	**2025**
Number (%) aged 75+	11355 (6.4%)	13500 (7.1%)	15700 (8.0%)	20900 (10.3%)
Number (%) aged 85+	2446 (1.4%)	3300 (1.7%)	4200 (2.1%)	6000 (3.0%)

The projected increases within each age group over time provide a powerful indication of the way in which Stockton's population is changing: **by 2025, there will be 60% more over-65s than in 2001, and almost two and a half times more over-85s.**

Table 4: Older people in Stockton: growth in population over time by age group (source: www.statistics.gov.uk / POPPI)

Date	**2001**	**2008 growth on 2001**	**2015 growth on 2001**	**2025 growth on 2001**
Number (%) aged 65+	-	+9.8%	+31.4%	+60.4%
Number (%) aged 75+	-	+18.9%	+38.3%	+84.1%
Number (%) aged 85+	-	+34.9%	+71.7%	+145.3%

3. Services for Older People

The policy direction highlights that for older people's care the emphasis is to extend choice and offer opportunities, where possible, for people to remain in their own home rather than enter permanent residential care. This has led to the development of new service models which aim to enable older people to remain in their own homes for as long as possible. These include specialist domiciliary care, respite care, extra care housing schemes and work on supported tenancies under the Supporting People programme. In addition, the focus on long term conditions aims to ensure care is provided closer to home with the necessary health and social care support.

The detail below highlights the service approach, the impact across Stockton and more locally in Thornaby. It attempts to highlight the future service changes that will occur over time.

3.1 Domiciliary Care Provision

This is the provision of a range of support services for social care needs within the individual's own home. Packages of care are assessed on need and equate to a minimum of one hour of support per week to in excess of twenty-five hours per week. The types of care provided may vary but can include interventions to meet personal care needs and social needs, such as shopping.

There has been a 23% growth over the past 3 years (measured at September 2007) in the number of households receiving domiciliary care services directly through the local authority or provided under contract through the independent sector.

A new contract has been awarded to four independent domiciliary care providers, to commence 1.4.08. The service will be provided to all adults requiring domiciliary care, including people with learning disabilities and mental health problems, and to children. The aim of the service is to improve the quality of life of users and there is an increased emphasis on helping people to take part in social activities, as well as providing the more traditional assistance with activities of daily living, such as personal care, at the client's preferred time, as far as is possible. The hourly rate for this service provides real value for money.

3.2 Direct Payments

Direct Payments are cash payments made to individuals who have been assessed as needing services, in lieu of direct social services provision. The aim of a direct payment is to give more flexibility in how services are provided. By giving individuals money in lieu of direct social care services, people have greater choice and control over their lives, and are able to make their own decisions about how their care is delivered.

Direct Payments can be used to arrange support at home, as well as daytime activities and respite care or short breaks. They can also be used to purchase certain items of equipment and to pay for transport, which would otherwise have been provided directly through Social Services.

Direct Payments recipients can directly employ personal assistants, or contract with independent agencies to provide assistance with personal care or domestic tasks inside or outside the home. Direct payments cannot be used directly to provide health care.

Stockton has commissioning A4e to provide Direct Payment support services to help support service users who have difficulty making choices to benefit from Direct Payments through a third party arrangement. This arrangement should particularly benefit Older People.

We currently have 87 people over 65 accessing services through a Direct Payment (256 people accessing direct Payments overall). Since September 2004, this represents a 335% increase in the number of older people accessing services in this way (source, 2007 SAS).

The role of Direct Payments is expected to increase, however there will be a greater focus on the role of Individual Budgets (3.4 below).

3.3 Individual Budgets

As part of the overall philosophy and framework of Self Directed Support, Individual budgets incorporate funding streams from more than one agency, putting people in the centre of their care planning process. Income from the following areas are currently included in the Individual Budgets pilot scheme:

- Council-provided social care services for adults
- Supporting People funding
- Independent Living Fund
- Disabled Facilities Grant
- Integrated Community Equipment Services
- Access to Work

The role of Individual Budgets is still in its infancy; however there is a clear direction outlined in the concordat Putting People First that the focus will be continued. Although Stockton is has not been involved in the pilot scheme of individual budgets, plans are being developed to consider how they will operate.

3.4 Extra Care

Extra Care describes a type of housing, care and support that falls between traditional sheltered housing and residential care. It became popular in the late 1990's as the public agenda began to recognise and plan for the increasing older population. The ethos is to enable individuals to have services that can adapt and change to the requirements of the individual and

offer additional services based on need. Extra Care is more about a philosopy rather than bricks and mortar. Defining elements of Extra care include:

- Living at home, not in a home
- Having one's own front door
- The provision of culturally sensitive services delivered within a familiar locality
- Flexible care delivery based on individual need – that can increase or decrease according to circumstances
- The opportunity to maintain or improve independent living skills
- The provision of accessible buildings with smart technology that makes independent living possible for people with physical or cognitive disabilities including dementia
- Building a real community including mixed tenures and mixed abilities, which contributes to the wider community and benefits from other services (leisure, IT, art, culture etc.)

Within Stockton there are 2 Extra Care facilities; Parkfield in Thornaby (opened in March 2006) which offers 50 units and Aspen Gardens in Hardwick which has another 50 units which opened in April 2007.

The admission policy is based on a comprehensive referrals and allocations procedure. Eligibility is determined on age and residency. Applicants are generally accepted over the age of 60 years, although younger people can be admitted who meet the criteria for the service. Applicants are encouraged from the local community and all will be expected to live within the Borough of Stockton-on-Tees. Applicants are assessed on both their housing and care needs although they should be motivated to live independently but should also need assistance in daily living tasks. Extra care offers additional security and peace of mind for residents. Referrals can be made in a number of ways including self referral and through referral agents such as the GP and social worker.

Allocations are made through an Allocations Panel which meets regularly and has representatives from the landlord, social care team, housing team and care provider. There is a waiting list for both schemes but allocations are based on need and suitable vacancies in either low, medium or high care bandings.

Existing sheltered housing schemes offer an opportunity to to expand Extra Care services further. One provider of sheltered housing in Elmtree has plans to refurbish and extend, offering the opportunity to remodel services within the scheme. Other sheltered housing providers are developing plans to refurbish and replace existing sheltered schemes.

In addition bids have been submitted to the DH for additional extra care facilities across Stockton-on-Tees and a further specific new bidding round is expected shortly. It is hoped to modernise sheltered housing services throughout the Borough in line with our housing, care and support strategy for older people.

3.5 Respite Services

These are services that provide people with temporary relief from care giving and can be in-home assistance, short care home stays, adult day care or personalised care arranged through the use of a direct payment.

Current provision in Stockton-on-Tees is delivered through in-house or independent home care providers, Avalon Sitting Service, Day Care at Thornaby, Alma Centre and Parkside and residential respite currently provided at Parkview with Rosedale offering EMI respite. Additionally the independent residential and nursing home sector provide respite on a spot contract basis.

While a growth for respite type services is anticipated in line with the changing demographics it is anticipated that the way respite services will be provided will change. The use of direct payments and individual budgets is likely to increase and enable individuals to purchase the type of care that suits their personal requirements for example people may use the money to fund a care worker to assist them on a holiday or choose to access a specialist activity holiday as an alternative to traditional institutional care.

3.6 Supporting People Services Providing Housing Based Support

The Supporting People programme offers vulnerable people the opportunity to improve their quality of life by providing a stable environment, which enables greater independence. It delivers high quality and strategically planned housing-related services, which are cost effective and reliable, and complement existing care services.

There is a range of schemes for Older People including accommodation based services such as sheltered housing with warden support, floating / visiting support as well as Extra Care services (see section 3.4). Sheltered housing is defined as housing specifically identified for older people and provided with a resident warden / manager service or a peripatetic warden / manager service that is available on site regularly throughout the week. The facilities may have communal facilities and services. The accommodation may include flats (1 & 2 bedded), bedsits and bungalows.

In Stockton-on-Tees there are 20 sheltered housing schemes with 737 units and two Extra Care schemes with 100 units. In addition Almshouses (53 units in Central Stockton), Abbeyfield (11 units in Eaglescliffe) and leaseholder accommodation such as provided by McCarthy Stone and Peveral Homes (19 units) provide alternative types of supported accommodation for older people.

There are a number of specific sheltered housing and Extra Care facilities for Older People in Thornaby. There is one Extra Care scheme (Parkside Court – 50 units); two sheltered schemes with managers on site (St Cuthberts Court – 35 units & Silverwood Court – 40 units) and 71 units of specialist older people's accommodation with alarm services linked to a control centre.

Older people can access Sheltered Housing and Extra Care services through application to the relevant registered social landlord (Housing Association) who will have specific application processes and eligibility criteria.

3.7 Community Alarm Services

This is a service that can be provided by a range of providers via a pendant or call system and offers 24 hour, 365 days a year emergency response service providing support and assistance for the elderly and vulnerable. The majority of sheltered housing providers and registered social landlords (Housing Associations) use Stockton Borough Council's Care Call service. A small discrete alarm unit linked to the phone gives a very quick contact to Stockton's security centre, who employ trained staff to respond via the telephone. The call centre can call emergency services, doctors, friends and relatives, and when necessary send their mobile officers to assist. The Care Call service costs £3.60 per week with an additional 50p per week for a key holding service.

Over 4,500 people currently use the Care Call Service within the Borough of Stockton-on-Tees. In Thornaby it is estimated there are over 1,000 connections. The service also provides specific domiciliary care packages to meet clients' individual needs.

3.8 Telecare

Telecare is the term given to offering remote care of elderly and vulnerable people, providing care and reassurance needed to allow them to remain living in their own homes. Use of sensors allows the management of risk and as part of a package which can support people with dementia, people at risk of falling or at risk of violence and prevent hospital admission.

By using sensors, a range of potential risk situations can be managed including wandering (particularly useful for people with Dementia), falls and intruders as well as environmental issues such as floods, fire and gas leaks. When a sensor is activated it sends a radio signal to a central home unit, which then automatically calls a 24-hour monitoring centre where highly trained operators can take the most appropriate action, whether it be contacting a local key holder, doctor or the emergency services

This is a relatively new development within Stockton (the service has been operational since Novemeber 2006) and there are currently 137 installations in peoples own homes. Within Thornaby there are 29 installations. It is anticipated that by 2010 the number of people with Telecare services across the Borough will have increased to 600 with approximately 150 in Thornaby. It is anticipated that this service will continue to grow and expand into areas such as Telehealth to cover monitoring of health aspects such as epilepsy, blood pressure and blood sugar levels.

3.9 Community services such as rapid response and intermediate care

Rapid Response Team

The Rapid response team works with the Community Therapy Team and The Intermediate Care Support Team to provide an alternative to admissions to hospital or care homes. An assessment is completed and if the patient meets the criteria they can be supported in their own homes for a period of up to 6 weeks with nursing, social care and therapy, to enable patients to reach their optimum independence. The service supports early discharge from hospital and prevention of inappropriate admissions to hospital or care homes.

Community Therapy Team

This service, which consists of both physiotherapy and occupational therapy, assesses for therapy and equipment for patients who need support to regain their mobility after e.g. joint replacement, falls or exacerbation of a long term condition. The therapy may continue for up to a period of 6 weeks.

Intermediate Care Support Service

Working to an agreed plan of care for up to 6 weeks this team enables clients to regain their independence by offering support with:

- Personal care and hygiene
- Physical needs
- Preparing and cooking food
- Prompting or assistance with medication
- Daily household tasks
- Social and emotional care

Occupational Therapy Service

This service is concerned mainly with the functional independence of the individual and the ability to maximise their potential to cope with the lifestyle restriction imposed by disability. By:

- Advising on safe, appropriate adaptations to people's homes
- Working with planners to produce an accessible environment
- Advising on programmes of activity to assist clients at home and in day care to maintain and improve their skills
- Advising on safe moving and handling techniques
- Minimising risk when maintaining clients in their own homes

3.10 Care Home Sector

This sector offers twenty-four hour accommodation and support for a service user in a structured, supervised, living environment that incorporates professional care. The Commission for Social Care Inspection (CSCI) register and inspect care homes that provide personal care, nursing or both.

The type of care offered in facilities varies and there can be confusion on the detail of provision. 'Care homes' are colloquially referred to as 'residential homes' and 'care homes with nursing' as 'nursing homes'. Care homes are registered with CSCI to provide one or more of the following categories of service.

Care homes	**Care homes with nursing**
Old age, not falling into any other category Dementia, over 65 years Physical disabilities	Old age, not falling into any other category Physical disabilities Dementia, over 65 years

In the case of care homes that have a registration for more than one type of provision, such as a 'care home with personal care and nursing', adjustments to staffing levels are made in relation to the number and needs of people in each category. This is known as a 'dual' registration and can allow people going in at the 'residential' level to remain in the same care home when they have increased needs and require nursing care.

The total number and type of beds within Stockton is outlined in Appendix 1 and Appendix 2 summarises the provision within Thornaby.

The council is monitored on its admissions to the care home sector by CSCI and there is an expectation that we reduce the reliance on residential care services over time as other services such as extra care, additional support services and direct payments are put in place.

Since 2005, the number of permanent residential placements for older people has fallen by just over 2% (source SR1) and overall numbers of admissions per 10,000 has fallen from 105 per 10,000 in 05/06 to 97 per 10,000 in 06/07 (and is projected to fall again this year). The role of the council run services is small within the residential care sector and with 47 permanent admissions in 06/07 compared to 774 in independent private homes.

3.11 Day Services

Clients living in the community are able to access day care services following assessment for between one and five days per week. Attendance at a Centre can be for a number of reasons including promotion of social stimulation, provision of personal care and respite for carers at home. Optional extras such as meals, transport, hairdressing, etc. can also be accessed. Funding is facilitated through client contributions based on means.

4. Commissioning of Services

The Adult Strategy Team is responsible for the commissioning of a range of services for older people. The Team will review the needs of the local population and consider the range of services required to meet that need. The Team will liaise closely with operational services around services needs and utilise national and local policy direction, activity trends and other information to help support its commissioning approach and service development.

The team is also responsible for the ongoing monitoring and performance management of the range of services it commissions. It has been recognised that additional support around the contract compliance work within the nursing and residential care sector in particular was required. To this end additional capacity and expertise has been recruited to ensure that standards in this sector are met. The process is outlined below.

4.1 Monitoring Service Standards

The aim of monitoring services against contractual arrangements is to prevent or detect, as early as possible, aspects of poor performance and to put action plans in place to improve standards. All services are registered with the Commission for Social Care Inspection (CSCI) and subject to at least annual inspections against National Minimum Standards. In addition, the commissioners of the services carry out an annual audit of each service as a minimum (the frequency of audits is dependent on performance against the contract) and meetings can be convened at any time at the request of the provider or commissioner, for example if an adult protection concern is raised.

The information that is collated by the contract managers, who are part of the commissioning team, complements the work of CSCI and includes quarterly activity figures in relation to the service provided, adult protection alerts and complaints. Each contracted service provider also submits notifications of death, illness and other significant events under regulation 37 of the Care Standards Act. Care homes with nursing are also subject to the Healthcare Commission Core Standards and the requirements of the Nursing and Midwifery Council for the nursing services provided. The contracts managers also liaise with outside agencies as relevant in order to obtain a full picture of a service's performance, particularly when investigating complaints.

Appendix 1 CARE HOME SECTOR PROVISION WITHIN STOCKTON ON TEES

These figures are inclusive of all provision within the borough and Thornaby is included within these figures. Please see extra table, which separates out Thornaby provision. Please also see brochure that gives extra details of individual Care Homes

Name of Care Home	**Total No of Beds**	**Care Home: old age**	**Care Home: old age with dementia**	**Care Home: with Nursing**	**Care Home: with Dementia Nursing**	**Care Home with dual registration for both residential and nursing care**	**Care Home with specialist provision for mental disorder**	**Specialist provision for young on-set dementia (50 years**
Acorn House	14	6	8					
Allington House	46			22	24			
Allison House	38				30			8
Ashbourne Lodge	55	38	17					
Ayresome Court	43					43 (up to 6 places physically disabled)		
Ashwood Lodge	23		5			18		
The Beeches	64	32	32					
Cedar Lodge	52					39	13	
Charnwood House	16		16					
Cherry Tree	42	17	25					

Name of Care Home	Total No of Beds	Care Home: old age	Care Home: old age with dementia	Care Home: with Nursing	Care Home: with Dementia Nursing	Care Home with dual registration for both residential and nursing care	Care Home with specialist provision for mental disorder	Specialist provision for young on-set dementia (50 years
Chestnut Lodge	18					18		
Church View	47	24		23				
Elton Hall	70	46	24					
Hadrian Park	73	49	24					
Hawthorne Lodge	30					30 (provision included for up to 5 physically disabled)		
Highfield	40					40		
Ingleby	50	50						
Kirkdale	38				30			8
Mandale House	57	30	27					
The Mains	31	16		15				
Millbeck House	30	30						
Newland House	30	18	12					
Norton Court	48				48			
Park House	17	17						
Parkview	32	21	11					
PiperCourt	60					50	10	

Name of Care Home	Total No of Beds	Care Home: old age	Care Home: old age with dementia	Care Home: with Nursing	Care Home: with Dementia Nursing	Care Home with dual registration for both residential and nursing care	Care Home with specialist provision for mental disorder	Specialist provision for young on-set dementia (50 years
The Poplars	41					41		
Rosedale	44	34	10					
Roseworth Lodge	48					48		
St Marks	35				35			
South View	28			28				
Stockton Lodge	47					47		
Teesdale Lodge	44			44				
The Whitehouse	27	27						
Victoria House	70	16	20	14	20			
Wellburn House	90	45	45					
Willow View	35		35					
Windsor Court	31	21	10					
TOTAL	**1604**	**537**	**321**	**146**	**187**	**374**	**23**	**16**

Appendix 2 THORNABY CARE HOME SECTOR PROVISION

Name of Care Home	Total No of Beds	Care Home: old age	Care Home: old age with dementia	Care Home: with Nursing	Care Home: with Dementia Nursing	Care Home with dual registration for both residential and nursing care	Care Home with specialist provision for mental disorder	Specialist provision for young on-set dementia (50 years
Allison House	38				30			8
Kirkdale	38				30			8
Ingleby	50	50						
Mandale House	57	30	27					
Parkview	32	21	11					8
The Poplars	41					41		
Teesdale Lodge	44			44				
TOTAL	**300**	**101**	**38**	**44**	**60**	**41**		**16**

Appendix 2

Information on Parkview Care Home prepared for Adult Services and Health Select Committee – 14th February 2008

SCRUTINY COMMITTEE REPORT. 14.02.2008 **Part 11**

Sean McEneany: Head of Adult Operations
Hazel Grant: Community Care Manager

PARKVIEW

In order to provide greater clarity regarding events and service provision at Parkview I have also discussed Rosedale and other Local Authority Residential Homes, where applicable, to demonstrate how services were linked and to place the development of these services in context.

1. History

1.1. In 1987, a working party recommended that the Social Services Committee adopt a strategy of reducing long term residential provision, particularly for the elderly, whenever possible.

1.2. They had identified a decline in LA residential care for the elderly, mentally ill and disabled due to the increase in provision from the independent sector. The Working Party concluded that the cost of residential care was expensive at around 62% of gross budget. Many of the costs were fixed and were relatively unaffected by shifts in occupancy levels.

1.3. It was noted at that time that there were 34 Residential Homes for the Elderly within the County of Cleveland catering for 1.400 clients.

1.4. In 1991 a report titled 'A quality Audit of Elderly Person's Homes Action Plan' was submitted to the Social Services Committee outlining five main areas to be audited. The prime objective of this audit would be to create unitised Homes and single living rooms.

1.5. The outcome of the audit noted that this would lead to the loss of 104 places. The decision was made to bring forward the building of the Tithebarn project and spend the remaining £40k on improvements to other EPH's.

1.6. In 1992 Tithebarn House underwent extensive building work to convert it from a Home with communal living to a unitised facility where clients/residents were cared for on discreet units with their own lounge, dining area and kitchenette. Each of the four units accommodated clients with varying dependency levels and had between 7 and 22 beds. In order for the work to be carried out effectively the Home was emptied and residents and staff moved to temporary accommodation at Welburn House.

1.7. Parkview followed in 1993/4 at a cost then of £210k and moved from being a 49 bed Home to a 31 bed unitised facility. As with Tithebarn, each unit had its own lounge, dining area and kitchenette where snacks could be made. The staff contingency prior to unitisation was approximately 30 and although the official occupancy fell by over a third, the staff group had to increase to 40 to enable two staff to be working on each unit at all times. The management

structure remained unchanged with a Unit Manager and three Assistant Unit Managers. Care was now provided on one of three units (the two first storey units were originally staffed as one as the clients at that time were comparatively independent.) These small units provided more homely surroundings and discreet staff teams. One room on each unit was identified as a possible shared room for married couples or clients who requested that facility.

1.8. The Home was extremely popular following this work. Local independent facilities at that time were very limited with many relying on shared rooms and communal lounges. By comparison Parkview, Rosedale and Tithebarn appeared very desirable.

1.9. Following local government reorganisation in 1996 Stockton Borough Council had 6 residential care homes for older people and 1 for adults with physical disabilities. Of these 7 homes only Blenheim, Rosedale, Parkview and Tithebarn were unitised.

1.10. In 1997 Parkview was functioning with a substantial waiting list of clients assessed as requiring full time care. During a period when a room was occupied by a married couple, a request was submitted to the then Registration and Inspection Unit for leave to increase the official occupancy of the Home from 31 to 32 in order to enable one more client to be offered a placement from the waiting list. This was agreed and when the double occupancy ended a further room was brought on stream to keep the numbers at 32.

1.11. In 1999/2000 the concept of Homes for Life was embraced by the Borough Council as alternative options, away from institutionalised care of older people, increased in demand. Visits were undertaken by managers to see the new and developing concept of Extra Care Housing at York under the Joseph Rowntree Foundation. This scheme, widely used in America enabled older people to live in their own home with all the future adaptations they were likely to need should they become increasingly dependent. The homes were built round a central reception and leisure facility providing a wide range of services for the residents. Care and security was provided directly through the scheme and charges were levied on a sliding scale to reflect the level of care needed. In this way people were able to remain independent for considerably longer.

1.12. Following formal consultation and in recognition of the need to move to alternative care provision, two Homes were identified for closure. They were Redhill House and Sterling House. Both of these Homes were single living facilities and were in close proximity to alternative Local Authority Homes which offered unitised living. New Independent Homes were also being built with more single rooms and en suite facilities thereby offering better standards of accommodation at reduced rates. This resulted in under utilisation of LA beds and higher unit costs. The capital cost of maintaining older buildings had also to be considered.

1.13. Stirling House had been the base for one of the original three rehabilitation/recuperation units within the Authority prior to closure. Monitoring of the service identified the uptake of the service at Stirling House to be significantly below that of the central Stockton Home, Tithebarn. The reasons for this were a reluctance on the part of Stockton residents to go to Thornaby and insufficient demand from Thornaby alone. For these reasons the facility was not transferred to Parkview when Stirling House closed.

1.14. In 2002 a further two Homes were selected for closure. They were Tithebarn House in Stockton and Belasis House at Billingham. These closures were implemented for a number of reasons:-

- The uptake of residential services and the mode of delivery indicated that the need for basic residential care was diminishing and short term care or respite care was increasing in demand. People were choosing to remain in their own home for as long as possible and this increased the demand for day centre attendance, home care and short term residential care.

- Care Providers were faced with the prospect of huge costs to bring buildings up to the required standard due to the introduction of National Minimum Care Standards in residential Homes.

- Day care that had been facilitated in residential homes, provided there were permanent vacancies, had to cease under the NCS regulations. This alternative service and bathing of clients from the community was withdrawn.

1.15. At the same time as the closure of Belasis House and Tithebarn House, Rosedale was selected as having the potential to be offered for transfer to the Independent sector but negotiations with Independent providers failed for a number of reasons including the requirement that any potential purchaser would have been obliged to undertake all the building alterations required for a new build as soon as the Home transferred. This made poor financial sense as it would have been more cost effective to demolish the Home and rebuild.

1.16. It was also evident that TUPE of current LA staff at Rosedale would impose a requirement on the new owner to provide comparable terms and conditions for his/her existing staff. With these two conditions being evident, the transfer was unlikely to happen and alternative plans were implemented for the Home and staff.

1.17. In recognition of the changing care requirements of older people from long term residential care to a more supportive service which catered for sudden trauma and occasional respite, the development of specific services for each unit of Rosedale was proposed. From 2002, under the direction of The Care Standards Commission, as permanent residents passed away, accommodation was offered to clients living in the community who's carers required a break. The numbers increased over time until a full unit was dedicated to this service.

1.18. As the popularity for respite care increased at Rosedale the decision was taken to introduce a comparable service at Parkview. In November 2002 there were only 25 permanent residents at Parkview and as vacancies occurred, permanent residents were moved from Littleboy Unit to one of the other two units that had a greater proportion of larger rooms. A temporary hold was placed on permanent admissions in order to reach the numbers required. This hold was lifted in November 2003.

1.19. By 2004 Rosedale had one unit of 10 beds providing rehabilitation care for people who were anticipated to be able to return to the community, one unit of 12 beds providing respite care and two units of 22 beds combined providing long term care. Each unit functioned independently with it's own discreet staff team in order to provide consistency and continuity.

1.20. At this time there was evidence of the need for a dedicated assessment unit where clients identified as possibly needing full time care could spend up to 6 weeks while their health and capability were assessed prior to any long term decision being made. It was decided that the hold on permanent admissions to Rosedale would continue in order to develop the capacity for this service.

1.21. In order to accommodate the new Assessment service the thriving and popular respite facility at Rosedale had to be transferred to Parkview . A great deal of debate preceded the transfer as there was a concern that insufficient capacity would be available for clients and their carers if a service of potentially 23 beds was reduced to 11. Rosedale was regularly full and also had a waiting list but the facility at Parkview was receiving less attention.

1.22. A degree of resistance was identified in clients and carers who were unhappy about transferring to Parkview and numbers declined. There were also problems related to the positioning of the unit on the first floor. Many of the clients transferred were prone to wander and the staircases represented an additional risk. There was also free access to the second unit on the same floor and permanent clients were occasionally upset at having strangers wander into their living area. Staff numbers had to be increased in order for the respite unit to have it's own discreet team.

1.23. Numbers taking advantage of this service fell and never enjoyed the popularity that had been evident at Rosedale. The service was actively promoted by the managers at Rosedale and by referring Social Workers but it had little impact.

1.24. In 2005 the need for a further development in services was identified, to cater for older people who were elderly mentally infirm and living at home, in order to provide their carer with a respite break. Independent providers had not developed this particular service requirement. The CSCI gave permission for two beds initially to be used to provide this service on a current EMI unit at Rosedale. This facility increased as more beds were released and in December 2007 only one unit of 12 beds was still being used to accommodate permanent resident.

1.25. The uptake of respite care for older people with mental health needs has not reached initial expectations. The opening of the new Lustrom Vale unit has possibly been an influencing factor and Rosedale are now looking to maximise their successful integration with health by looking to develop the current vacant unit with health related care. The close proximity to North Tees Hospital and Excellent status from CSCI has made this Home a popular choice for health service related development.

2. Parkview Building

2.1 Parkview was originally a single living Home on two floors with shared facilities, communal lounges and 49 beds. Following unitisation in 1992/3 it became a 31/32 bed home with three self contained units. On the lower ground Bonlea Unit is spacious with larger bedrooms and communal rooms. 11 clients who have mental health needs can be accommodated on this unit. On the first floor Westbury unit has the second largest rooms and shared lounge/dining area. This unit caters for 10 clients who are elderly frail. Littleboy unit has the smallest bedrooms and the lounge/dining areas. Up to 11 clients can be accommodated on this unit for respite care.

2.2 With the introduction of National Care Standards, 17 of the 31 rooms were deemed too small and an exercise was undertaken to look at the cost of upgrading the rooms. The work was estimated to cost approximately £410k. A relaxation by NCS permitted registration of the Home to proceed in spite of the size of the rooms as they agreed to consider communal spaces in the overall calculations. NCS advised at that time that should the Home change use, or ownership, the work to bring it up to standard would need to be carried out.

2.3 In 2006 the passenger lift was identified for replacement as part of the major works for 2007. The method of replacement was considered and it was evident that the work would involve major disruption inside the Home and no access to the lift for up to 6 weeks. Costs were obtained and the practicalities of the work were discussed. In view of the anticipated noise and disruption inside the Home an alternative option was considered whereby the work would be carried out through an external wall. The same 6 week access restriction would remain. Costs and feasibility of this method were considered but found to be disproportionately expensive and it was decided to go back to the original option. Costs were once again requested as some time had elapsed since the initial estimate of £70k had been made.

2.4 The work needed to be carried out in late Spring or early Summer as access doors would need to be open. By April 2007 it became apparent that the future of services provided at Parkview would need to be considered and the work was temporarily held in abeyance. Similar capital maintenance work was also held back. This included a replacement boiler and transfer of the current oil fired central heating system to gas.

2.5 Prior to this situation all work identified for Parkview had been carried out as necessary. Internal decoration was carried out on a rolling programme with other Local Authority establishments.

- New windows throughout the Home were fitted in February 2003
- Radiators were replaced in June 2003
- Bathrooms were tiled and decorated in July 2003
- Complete redecoration of remainder of Home in September 2003
- New kitchenettes were fitted on units in October 2004
- Vanity Units were fitted in bedrooms in February 2005
- Carpet and furniture replacement was undertaken as necessary.

2.6 As new Homes opened, their proprietors wanted to secure their share of the market, and as with most new developments this involved listening to clients, addressing their needs and providing more amenities. Resident and carer expectation increased and the facilities at Parkview became increasingly out dated. Shared bathrooms and toilets, the use of commode chairs in bedrooms and lack of space in many rooms were influencing factors. Although the care provided at Parkview was identified as excellent, it was often the building and facilities of alternative Homes that attracted potential clients.

3. Occupancy

3.1. When the respite facility was transferred in its entirety to Parkview in 2004 the Home was functioning with both permanent residential units full. Although a waiting list on the scale of the mid 1990's was never repeated, vacancies were taken up at a steady pace, particularly for the Elderly Frail unit. The respite facility was slow to start and although occupancy levels fluctuated, they failed to reach the uptake levels enjoyed by Rosedale.

3.2. Vacancies of permanent beds remained at an average of 23 bed days per week from January 2006 to April 2007 and there was no indication that, should it be available, there would be sufficient uptake to fill the 11 respite beds if they were returned to a permanent state.

3.3. Referrals to the EMI unit were particularly affected with only one new referral between August 2006 and April 2007.

3.4. Respite vacancies for this same period averaged 46 bed days each week from the 77 available.

3.5. Since the hold on permanent admissions was established in April 2007, 15 Thornaby clients have been assessed by a panel as requiring 24 hour care. From the 15 possibilities, four clients, or their carers, stated a preference to go to Parkview. These four clients were assessed as appropriate for admission to the elderly frail unit on 31.07.07, 04.09.07, 02.10.07 and 06.11.07. Had the hold not been in place the permanent numbers would now be 10 Elderly Frail and 8 EMI leaving 3 permanent EMI vacancies. Of the remaining 11 clients assessed by panel, 10 elected to move to alternative Homes and 1 preferred to continue living at home.

3.6. Some former respite clients who have expressed a willingness to remain as permanent residents at Parkview were not necessarily assessed as requiring that level of care.

3.7. The 'Directive on Choice' (LAC(2004)20) requires all clients be allowed preference as to where they wish to receive residential care. Practice and guidance followed by assessing social workers has always reflected this and clients and their families have been given access to information of all residential homes in Stockton-on-Tees BC area. This includes independent sector and local authority homes. Notwithstanding this there have been times when Parkview has been proactively promoted for Thornaby clients seeking short term and respite care. This on the basis that we were already funding empty beds at Parkview and it made little sense to purchase additional beds from the independent sector. Ultimately, however, clients could not be forced to go into Parkview if they and their families did not wish them to.

3.8. Changes in the care environment that have impacted on this situation are:

- The introduction of Extra Care facilities in Thornaby with 50 units*
- The registration changes at Mandale House from residential and nursing to 27 residential and 30 EMI residential
- The new Ingleby Barwick Home with 50 residential beds
- Migration of client's families away from Thornaby
- Willingness of Carers to consider alternative Homes outside Thornaby
- More modern facilities in Independent Homes
- Promotion of direct payments for older people by Central Government that has seen a situation whereby £1 per £100 of net expenditure on community services in 2004/5 had doubled by 2007. (*The state of Social Care in England 2006/7: CSCI*)

3.9. Monthly figures for occupancy from December 2002 to October 2005 are contained in **appendix 1** along with more detailed weekly occupancy figures from October 2005 to April 2007, the time of the hold being placed on permanent admissions. Respite figures for the 6 months since the hold on permanent placements is also shown. Projected permanent numbers are indicated above.

3.10. Independent provision within Stockton is monitored weekly and there have been in excess of 100 vacancies since September 2007. The national trend shows an increase in independent places of 4,175 and decrease of council and voluntary sector places of 1,599 and 2,340 respectively.

* Extra Care enables older people to live independently with care and support provided as it is needed. People living in the schemes have their own flat or bungalow with the added benefits of Telecare and being able to interact with other tenants in the communal areas. The schemes are supported by domiciliary care services, delivered on an individual package basis, via a contractual arrangement with the Council

4. Staff

4.1. Parkview has a total contingent of 43 permanent and 2 temporary staff. This is made up from the following:

1 Unit Manager
1 Assistant Unit Manager
1 Relief Assistant Unit Manager
1 Relief Assistant to the Manager
1 Clerk
19 Day Care Assistants + 2 temporary care assistants
9 Night Care Assistants
1 Cook
1 Assistant Cook
2 Kitchen Assistants + 1
4 Domestic Assistants
1 Laundry Assistant

4.2. The staff group deliver excellent care as recognised in the latest CSCI inspection. Many have been with the Home or the wider Department for more than 15 years.

4.3. Levels of sickness absence have been high at Parkview with a total of 2282 working days lost between April 2006 and January 2008. There are currently 3 members of staff who have been absent 100, 403 and 620 days respectively.

4.4. Absences contribute to the unit cost of the Home since cover has to be arranged to maintain adequate staffing levels where necessary. This leads to a double payment or more, for each hour of care provided.

4.5. High absence levels also place an additional strain on the remaining work force and break continuity of care when key workers are unavailable.

5. Financial Information

Unit Costs

5.1 The unit cost of the service at Parkview is approximately £893 per resident per week based on levels of occupancy in January 2008 (65%). This unit cost would reduce to approximately £645 per resident per week should an occupancy of 90% be achieved. The table below sets out the budgeted unit costs at varying occupancy levels. It also shows the potential impact on unit costs should the capital works (see para 5.6 below) be undertaken.

Projected Unit Costs at varying occupancy levels (2007/08)

Occupancy Level (%)	Unit Cost Per Resident Per Week (£)	Unit Cost Per Resident Per Week including impact of capital expenditure (£)
90%	645	729
85%	683	771
80%	726	820
70%	830	937
60%	968	1,093
50%	1161	1,311

5.2 Also attached as Appendix 2 is a further breakdown of the unit cost information (excluding the impact of any capital works). This shows the major cost headings that make up the unit costs.

5.2 It should be noted that the potential impact of the new Single Status Scheme on staffing costs is not reflected in the unit cost figures in the table and appendix.

5.4 For comparison, placements in independent sector residential homes range in cost from £353 to £428 per resident per week, depending on the grading of the home and type of care (October 2007 figures).

Building related issues/costs

5.5 The building requires investment to ensure that it remains suitable for purpose in the short term. The works required include lift/boiler replacement and Disability Discrimination Act (DDA) works. These, together with annual maintenance costs, are projected to cost £412,000 within the next five years. In the longer term, the Asset Management Plan projects that substantial additional investment would be required over the following 10 years.

5.6 Current estimates of the costs involved to bring the building up to modern standards are that capital funding of approximately £1.2m would be required. Further details are attached at Appendix 3.

Financial Model – Retention of Home vs Closure

5.7 Attached at Appendix 4 is a graphical summary of the projected financial impact of retention of the Home against that of closure. It should be noted that this analysis does not include the impact of the capital works required to upgrade/modernise the Home.

5.8 The Graph indicates that closure of the Home would significantly reduce annual expenditure once the initial costs associated with closure had been

repaid. Under this closure option the future costs would consist of payment of independent sector care fees. (It should be noted that the model reflects the fact that capital charges and non pay overheads are unlikely to be achieved as real cash savings).

07.02.02008

Appendix 3

Information on Parkview Care Home occupancy presented to Adult Services and Health Select Committee – 14th February 2008

Appendix 3

Parkview Occupancy **32 beds**
From Monthly Inspection Reports

Date	**Permanen**	**Respite**	**Other**	**Vacancies**	
	Hold				
31.12.02	25	3	0	**4**	
28.01.03	24	1	1	**6**	Assessment Bed introduced
22.02.03	25	2	0	**5**	
11.03.03	24	7	0	**1**	
23.04.03	23	4	0	**4**	
19.05.03	23	3	0	**6**	
24.06.03	23	3	0	**6**	
30.07.03	23	6	0	**3**	
22.08.03	23	5	0	**4**	
07.09.03	22	3	0	**7**	
15.10.03	22	3	0	**7**	
	Hold released				
19.11.03	21	5	0	**6**	
10.12.03	20	5	0	**7**	
23.01.04	20	2	0	**10**	
18.02.04	18	2	0	**12**	
16.03.04	18	2	0	**12**	
26.04.04	19	2	0	**11**	
26.05.04	19	3	0	**10**	
18.06.04	18	5	0	**9**	
27.07.04	19	8	0	**5**	
24.08.04	20	8	0	**4**	
01.10.04	20	9	0	**3**	
02.11.04	19	7	0	**6**	
22.11.04	19	7	0	**6**	
21.12.04	19	8	0	**5**	
25.01.05	19	7	0	**6**	
18.02.05	20	4	0	**8**	Works carried out
22.03.05	20	5	0	**7**	Works carried out
14.04.05	20	7	0	**5**	
20.05.05	19	8	0	**5**	
14.06.05	19	4	0	**9**	
26.07.05	19	5	0	**8**	
15.08.05	20	6	0	**6**	
07.09.05	19	4	0	**9**	
12.10.05	19	5	0	**8**	

Weekly Average

Dates	W/C	10.10.05	17.10.05	24.10.05	31.10.05	07.11.05	14.11.05	21.11.05
Permanent		136	140	140	140	140	140	140
Respite		37	44	36	30	25	26	31
Other		4	0	6	7	7	7	7
Vacancies		**47**	**40**	**42**	**47**	**52**	**51**	**46**

Dates	W/C	28.11.05	05.12.05	12.12.05	19.12.05	26.12.05	02.01.06	09.01.06
Permanent		140	138	130	126	124	119	125
Respite		17	36	50	38	50	48	50
Other		7	9	14	14	14	14	14
Vacancies		**60**	**41**	**30**	**46**	**36**	**44**	**35**

Appendix 3

Dates W/C	16.01.06	23.01.06	30.01.06	06.02.06	13.02.06	20.02.06	27.02.06
Permanent	121	119	119	119	119	119	119
Respite	31	35	43	50	51	53	40
Other	14	9	5	5	7	7	7
Vacancies	**58**	**61**	**57**	**50**	**47**	**45**	**58**

Dates W/C	06.03.06	13.03.06	20.03.06	27.03.06	03.04.06	10.04.06	17.04.06
Permanent	119	119	119	119	124	129	126
Respite	37	28	38	48	52	39	35
Other	7	7	7	7	2	3	7
Vacancies	**61**	**70**	**60**	**50**	**46**	**53**	**56**

Dates W/C	24.04.06	01.05.06	08.05.06	15.05.06	22.05.06	29.05.06	05.06.06
Permanent	120	119	119	119	120	119	119
Respite	25	32	46	28	21	19	12
Other	7	7	7	7	6	9	11
Vacancies	**72**	**66**	**52**	**70**	**77**	**77**	**82**

Dates W/C	12.06.06	19.06.06	26.06.06	03.07.06	10.07.06	17.07.06	24.07.06
Permanent	124	126	126	126	126	126	122
Respite	21	22	19	40	28	29	30
Other	7	7	7	7	7	7	11
Vacancies	**72**	**69**	**72**	**51**	**63**	**62**	**61**

Dates W/C	31.07.06	07.08.06	14.08.06	21.08.06	28.08.06	04.09.06	11.09.06
Permanent	125	126	126	126	126	126	125
Respite	38	42	51	39	34	40	48
Other	1	6	7	12	14	14	15
Vacancies	**60**	**50**	**40**	**47**	**50**	**44**	**36**

Dates W/C	18.09.06	25.09.06	08.10.06	15.10.06	22.10.06	29.10.06	05.11.06
Permanent	125	125	126	128	133	130	123
Respite	43	34	8	16	16	5	10
Other	15	15	21	16	7	9	9
Vacancies	**41**	**50**	**69**	**64**	**68**	**80**	**82**

Dates W/C	12.11.06	19.11.06	26.11.06	03.12.06	10.12.06	17.12.06	24.12.06
Permanent	126	125	119	125	131	132	133
Respite	5	9	19	38	28	17	35
Other	7	8	14	4	2	1	0
Vacancies	**86**	**82**	**72**	**57**	**63**	**74**	**56**

Dates W/C	31.12.06	07.01.07	14.01.07	21.01.07	28.01.07	04.02.07	11.02.07
Permanent	133	132	128	130	129	131	133
Respite	31	14	21	33	43	35	30
Other	0	1	5	3	4	2	0
Vacancies	**60**	**77**	**70**	**58**	**48**	**56**	**61**

Dates W/C	18.02.07	25.02.07	04.03.07	11.03.07	01.04.07	08.04.07	15.04.07
Permanent	133	128	130	133	123	109	108
Respite	32	32	22	24	26	22	28
Other	0	5	3	0	10	16	14
Vacancies	**59**	**59**	**69**	**67**	**65**	**77**	**74**

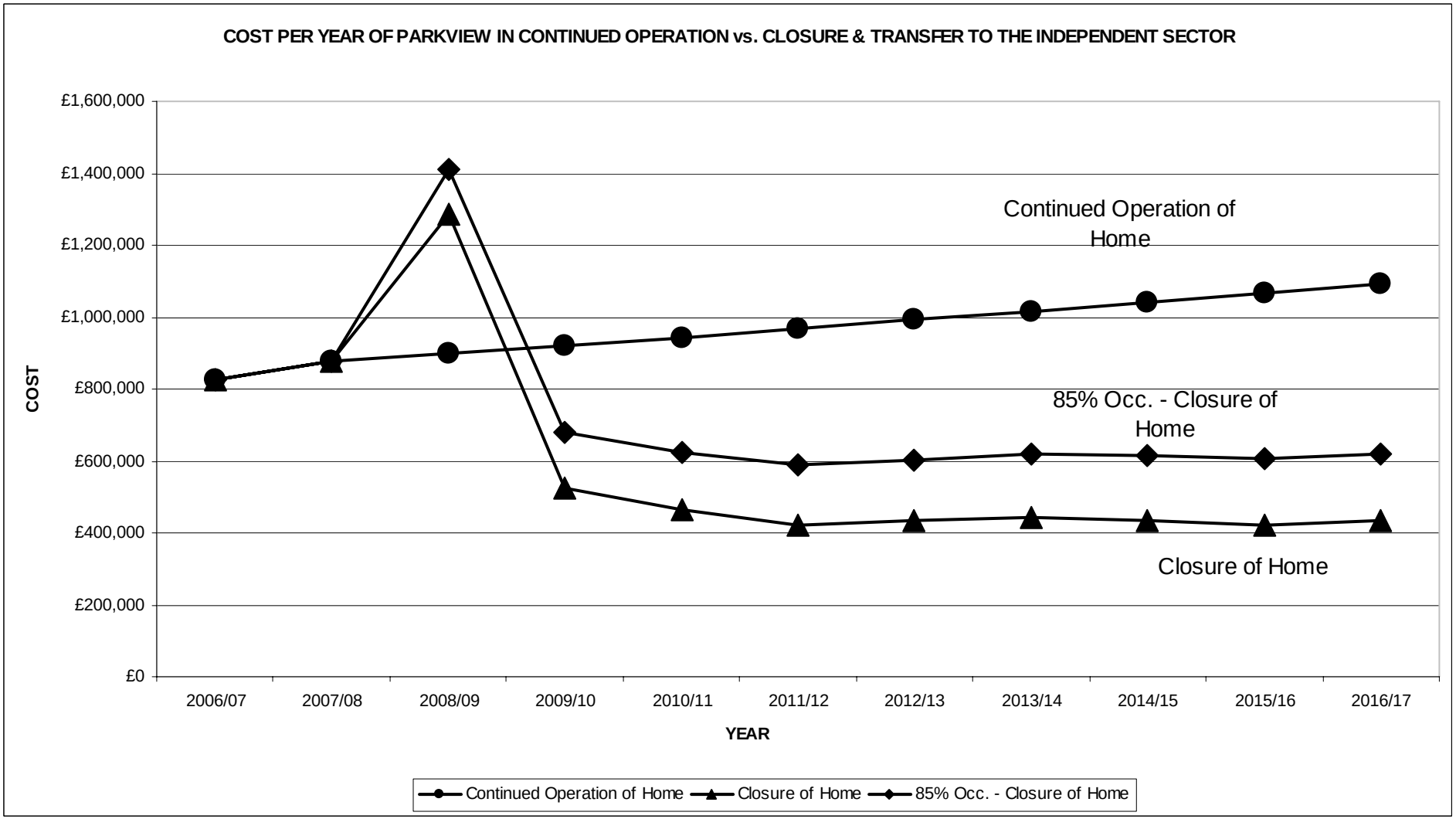
Appendix 3

Respite since Hold

Month	Places used	Places Available	Vacancies
May	58	341	**283**
June	66	330	**264**
July	91	341	**250**
August	145	341	**196**
Sept	203	330	**127**
October	155	341	**186**

Appendix 4

Financial Costings presented to Adult Services and Health Select Committee – 18th February 2008


COST PER YEAR OF PARKVIEW IN CONTINUED OPERATION vs. CLOSURE & TRANSFER TO THE INDEPENDENT SECTOR
£1,600,000
£1,400,000
£1,200,000
£1,000,000
£800,000
£600,000
£400,000
£200,000
£0
COST
Continued Operation of Home
85% Occ. - Closure of Home
Closure of Home
2006/07
2007/08
2008/09
2009/10
2010/11
2011/12
2012/13
2013/14
2014/15
2015/16
2016/17
YEAR
Continued Operation of Home
Closure of Home
85% Occ. - Closure of Home

Appendix 5

Information presented to Adult Services and Health Select Committee summarising the average cost of services in the community

Appendix 5

Review of Parkview

Information for Health Scrutiny Committee

Type of Community Based Care	Additional Average Packages Per annum for each £100,000	Additional Average Packages Per annum for £400,000 (Approximate ongoing annual cost saving at 85% occupancy)	Additional Average Packages Per annum for £600,000 (Approximate ongoing annual cost saving at January 08 occupancy levels)	Notes
Domicilliary Care	23	90	135	Based on an average package costing £85 per week
Direct Payments	19	77	115	Based on an average package costing £101 per week
Telecare	111	444	666	
Residential Placements (Non EMI) (At Grade 1 - £408)	5	19	28	At Grade 1 costs of £408 per resident per week (NB Does not reflect client contribution)
Residential Placements (EMI) (At Grade 1 - £428)	4	18	27	At Grade 1 costs of £428 per resident per week (NB Does not reflect client contribution)
Equipment and Aids	1,000	4,000	6,000	Based on an average cost per item of £100. Items range in cost from under £10 to over £4,000.
Examples of larger items would include: Stairlifts	33	133	200	Costs range from around £700 for reconditioned to over £4,000 for a new, curved, lift Average (New) is around £3,000.
Shower Installations (Entry level).	36	143	214	Approximate average cost £2,800

Information from CESC summarising the consultation regarding the future of services at Parkview Residential Home provided for Cabinet – 13th March 2008.

Appendix 6

STOCKTON ON TEES BOROUGH COUNCIL
CHILDREN EDUCATION AND SOCIAL CARE

CONSULTATION REGARDING THE FUTURE OF SERVICES AT PARKVIEW RESIDENTIAL HOME: THORNABY
COMMENTS AND VIEWS

The following text is taken from the transcripts of meetings held during the consultation period January 21st 2008 to February 25th 2008. The meetings were as follows:

24.01.08:	Staff of Parkview Home:	24 attendees
25.01.08:	Clients/Residents and carers:	10 attendees
28.01.08:	Staff of Parkview Home:	6 attendees
29.01.08:	Clients/Residents and carers:	11 attendees
29.01.08:	Area Partnership Board:	9 attendees
11.02.08:	Over 50's Assembly:	24 attendees
14.02.08:	Scrutiny Committee	18 attendees
14.02.08:	Interested Parties:	21 attendees
NWA Independent Research		9 contacts

In order to avoid repetition, the questions asked at each meeting have been combined and form the first part of this document. Comments and views that did not require a response are noted in section 2. Additional questions requested by the Scrutiny Committee are indicated as such.

Questions and Answers

Q.1 Do you not think that in any area of care, in any care home, numbers will fluctuate but in time will rise again?

A Yes this can be the case. In the situation related to Parkview, the numbers were monitored over a protracted period and the occupancy remained a cause for concern. (Appendix A Part 2 Scrutiny Report)

Q.2 Is it correct that when the figures were down the bed block was put into effect?

A The hold on admissions was taken as a response to the service review and the continued number of vacancies. There was no indication that the situation was likely to change measurably for the foreseeable future.

Q.3 People have tried to get admission but with bed block in place this is not possible

A It would be difficult to defend accepting any placement while the future of service provision was under review. Clients and their carers would be justified in their condemnation of our strategy if we permitted someone to move into the Home just as we were about to be given a decision on its future.

Q.4 Is Parkview being run down so you can close it?

A Parkview has not been run down. The Home is, and always has been, well maintained, clean and sound.

Q.5 If bed block was not in place would Parkview be running at full capacity?

A The best information we have to date would indicate that the occupancy rates would be similar to those recorded prior to the hold being placed.

Q.6 Is this action purely down to cost?

A Cost is one element but there also has to be a recognition that people are electing to remain in their own home for longer and by the time they require permanent care it is often due to nursing needs which the Local Authority do not provide.

Q.7 Is this action only about en-suite facilities?

A As with Q6 it is not a single issue. It is a collection of concerns that have been building for some time and must now be faced. If we want facilities that are fit for the future we must recognise that in the 21st century a room that is less than 9 square metres floor space and necessitates sharing toilet facilities is a poor indication of the value we place on our older citizens.

Q.8 What has Cabinet decided. It hasn't already been decided has it?

A No decision will be made before March 13th 2008

Q.9 How can people be admitted when there is a bed block?

A See the response to Q3. There is no restriction on respite admissions.

Q.10 Why don't you lift the bed block and see how many admissions you get.

A See response to Q3 and Q5

Q.11 Why don't you just get the painters and decorators in and advertise the Home?

A It is not a question of décor. The Home is clean and well maintained. There is greater competition for beds and greater choice for clients within the Borough. They are exercising that choice and accepting alternative Homes. The details of the home are made available on the CSCI website and there is a brochure that outlines the services available.

Q.12 The plans for the new lift were sorted. Why didn't it go ahead?

A The lift was anticipated to be out of action for 6 weeks and there was an indication that the building work to access the lift shaft from the main corridor on the ground floor would be substantial. Managers had expressed concern at the possible impact on the clients and in particular the EMI residents. An alternative option was investigated whereby the lift shaft could be accessed externally thereby reducing the impact on the clients although it would still be out of use for 6 weeks. Feasibility work was undertaken and the outcome was problematic. The decision was to go with the original plan and try to work round it. As several months had elapsed since the tender a second updated quotation had to be sought. This came in at £75k. Work was anticipated to start in the late spring or early summer of 2007. The review of services for Parkview was underway throughout 2007 and when it became apparent that decisions needed to be made regarding the future of service provision the work was suspended pending that decision.

Q.13 Why was a bed block imposed if you say there were no clients actively seeking permanent placements?

A See response to Q3. We were not in a position to know what the outcome of the review was likely to be, and settling new clients during this period of uncertainty was not acceptable.

Q.14 When numbers were dropping why was money not spent on the Home then to bring it up to date?

A As Identified in the response above. The numbers fluctuated and it was only after a closer look at the ongoing trend that concerns were raised. One of the proposals being consulted on is exactly what you are advocating and that is to bring it up to standard not only for now but also for the future.

Q.15 When the numbers were low why didn't you upgrade part of the Home then when numbers increased do the rest?

A See the response to Q14. The funds would need to be agreed for any form of extensive work and a full review was required to ensure that public money was spent with best value in mind.

Q.16 Is the building structurally sound?

A Yes

Q.17 You say it has been running under capacity, how many years has this been happening? Was it in 2004?

A See occupancy data contained in Appendix 1 Part 2 of scrutiny report.

Q.18 Parkview was not advertised was it?

A Parkview's details are accessible on the CSCI web site along with all other registered facilities. This site offers impartial details and current inspection information.

Q.19 How many people in Parkview can care for themselves?

A In the true sense of total care, none. Some are able to do certain things but the dependency levels are quite high overall.

Q.20 Can I ask if we all turn round now and say yes close it down, what would happen?

A If the Home was to close, there would be a great deal of work to undertake to reassess each client to ensure their needs were recognised and the resettlement begin by working with clients and their carers. Staff positions would also need to be looked at and where redeployment opportunities were available. Redundancy would also be an option for those who no longer wanted to continue working.

Q.21 If you come up with figures who can dispute them?

A Any figures can be challenged but none are presented without either clear evidence or sound judgement. Our only reason for asking for change to be considered is due to the consistently low level of uptake, and a recognition that as managers who spend public money, we must be mindful of the responsibility we carry. Best value must also be proven to auditors and regulatory bodies.

Q.22 You say you are not knocking the building down so what will happen to the building?

A Until the decision regarding the future of services at Parkview is taken, there can be no alternative plans for the building.

Q.23 Will Parkview become a rehab or half way house?

A We had looked at the possibility of a rehab unit at Parkview when Stirling House was scheduled to close but as the numbers had reached anticipated levels there the service moved to only one site, Rosedale instead. The prospect of the Home providing extra care is unlikely as it would not be feasible to convert it.

Q.24 Has Parkview been allocated money over the past few years? And if so has it been used?

A Yes it has had the following:

- 2003 New windows throughout
- 2003 Radiators replaced
- 2003 Bathrooms decorated and re-tiled
- 2003 Complete redecoration throughout
- 2004 New kitchenettes fitted on all units
- 2005 New vanity units in all bedrooms
- 2006 Grant of £5k for new furniture
- All carpets and furnishings as required

Q.25 When you are relocating people in Parkview, they could be placed in Homes out of the area which would mean travelling distances for relatives, some of whom do not drive?

A Any new placement would be of the client or carer's choice and aspects of travel would form part of their decision making.

Q.26 Why are Home Care Assistants coming to work at Parkview to make up their hours?

A The Home Care service is also part of the service review currently being undertaken and some Home Care Assistants are fulfilling their contracted hours in alternative settings due to the lack of work in their specific area.

Q.27 The biggest concern was that staff wanted to know sooner rather than later what the outcome was so they could look for jobs now and not all apply for the same jobs at the same time. They are asking do I go now or stay loyal to the Home and clients? They all have mortgages to pay.

A This situation is understandable, and the professional way that staff have conducted themselves throughout this difficult and uncertain time is

exemplary. The clients living at Parkview continue to need their support and as soon as any decision is made we will advise then as soon as possible.

Q.28 Why do you not sell Parkview in a good light by publishing the CSCI reports?

A They are available on the CSCI website. The success of Parkview, Rosedale and Blenheim was printed in the KYIT and the newsletter produced quarterly by the Department making people aware of the excellent status of all three homes. The newsletter is specifically targeted at older people living in the Borough.

Q.29 Has there been a boost to market Parkview?

A See response to Q28

Q.30 During earlier closures clients had a choice as to where they could go depending on their needs. Where would they go now?

A There are currently in excess of 100 available placements within the Stockton Borough. These include Residential, EMI, and nursing options.

Q.31 Could differing care needs be met at Parkview to use the spare capacity?

A We have historically looked at Rehab as indicated above, discharge support, and assessment. So far only one admission has been accepted for Assessment and one for discharge support.

Q.32 Could anyone on the waiting list be admitted to make use of the beds?

A This would constitute using vulnerable people at a critical time in their lives and would not be acceptable. We are required to offer choice of home to people and could not force any individual to be admitted to the home.

Q.33 It is evident that people are staying in the community longer and when they need full time care it is often nursing they need missing basic residential care out. Could Parkview be opened as a duel Home for residential and nursing?

A The Local Authority has never historically moved into the nursing care arena. It is a good suggestion but would entail a radical change in direction of care for the LA and there are already a surplus of nursing beds available.

Q.34 Could the money allocated for the lift be used for the upgrade?

A The capital fund that would have paid for the lift will have moved to the next priority area and would need to be included in any major works for the future if necessary.

Q.35 One of the options is to finance the upgrade of the Home. Would it not be viable to invest this money and bring the Home up to standard for the years to come.

A This has to be the decision of Cabinet. They will need to look at the costs and the future strategy regarding care for older people in Stockton.

Q.36 Can Sean give us his professional opinion as to whether he thinks Parkview is going to close?

A This is not a situation that will be decided by officers. Although we are charged with providing the information to allow elected members to make an informed decision, it would be pre-emptive of me to offer an opinion on how members will vote.

Q.37 Can we not just have a date for closure so that we can make plans and move on?

A We recognise this is a difficult time but until all the options are looked at no firm decision will be taken.

Q.38 With relation to the recent stress survey carried out and there was one negative comment, would the scrutiny committee be made aware of it?

A Their visit is not concerned with the stress survey outcomes specifically. It has to be noted that despite the concerns experienced by staff for the months during the survey it is to your credit that the outcome was so positive.

Q.39 If a decision for closure is made on March 13th what would be the time scale for the closure?

A As long as it takes. We recognise that if a closure is announced that people will be concerned about their future and that includes staff as well as clients. There will be a support team for clients and a parallel one for staff to ensure that everyone's best interests are upheld.

Q.40 What happens to the respite unit if the decision is closure?

A As the respite facility is not permanent it can continue until it is no longer operationally feasible.

Q.41 There is concern over the meeting on 14.02.08. Do all carers and families know about it? Our contact details were taken at the cabinet meeting but we have heard nothing?

A Details were taken and a letter will be going out to all concerned. This was the remit of the Scrutiny Committee and they were advised about people's concerns.

Q.42 In the cabinet report why does it not state that a bed block was introduced on April 21st 2007?

A The wording was possibly not as clear as it could have been.

Q.43 What is the occupancy Nationally in Local Authority Homes?

A According to the latest report from CSCI entitled the state of social care in England 2006/7 they indicate that the national trend has been for an increase in independent places of 4,175 and a decrease of Local Authority and Voluntary places of 1,599 and 2,340 respectively.

Q.44 What would the time scale be for residents to move if the decision was made to close?

A See the response to Q.39

Q.45 What is meant by elsewhere? There are already concerns at housing provided by private landlords who are working for profit whereas the Council is not for profit.

A There is a full range of alternative facilities across the Borough. Only a very small proportion of clients living at Parkview have family in the immediate area and it could be that an opportunity to move closer to families may be taken.

Q.46 Is there no risk assessment done at this stage?

A Care is continuing as normal and the risk to clients is unaltered.

Q.47 It concerns me that the current staff are not qualified to undertake the assessments.

A Social Workers are the only people qualified to undertake a full assessment if and when it is needed.

Q.48 Can they not offer care from hospital for one or two weeks?

A This is the Rehab concept that is already provided at Rosedale. When there was a comparable service in Thornaby it was not used sufficiently to justify the investment by the Primary Care Trust.

Q.49 Why doesn't the Council shut Parkview and purchase more rehab beds in Stockton?

A We are constantly looking at the shortfalls in services and if more rehab beds were required we would need to respond to this.

Q.50 Will the opening of the new hospital have any impact on places for older people?

A Rosedale has enjoyed the benefit of being close to the hospital in the development of Rehab services. It is difficult to say if this will be influenced when the hospital moved but as it is located in the centre of the Borough it has the advantage of being strategically well placed.

Q.51 Are there sufficient alternative places for current residents if they need to be relocated?

A There have been in excess of 100 vacancies across the Borough for some considerable time. Vacancy updates are carried out every Monday Morning by the hospital clerks and the figures circulated to Managers and Social Workers.

Q 52: Who placed the hold on admissions.

A Operational Managers in conjunction with the Adult Strategy Team after assessing the continued vacancy levels as a cause for concern.

Q 53 You say a third of rooms would be lost if some were used to increase others but with only 17 smaller ones these figures are incorrect. I think you would only lose 20%.

A Unfortunately the smaller rooms are not all positioned together. Some are located between rooms and facilities that cannot be altered, thereby reducing their capacity to be upgraded and the likelihood of them becoming redundant. Where there are several rooms in a line it is difficult to state exactly how an architect would use the combined space and what would remain. Best estimate is a reduction of one third of the rooms but this may be higher or lower.

Q 54: Why are you placing figures on a generalisation.

A Without a feasibility study it is difficult to be exact but a judgement call is unlikely to be very far from the reality and it was better to give a reasonable response than none at all.

Q 55: Why was work to upgrade the Home not carried out in 2002?

A Before the work entered the formal planning stage the national rules were relaxed regarding registration requirements and the priority rating of the work was removed.

Q 56 Are you prepared to take responsibility for any resident deaths that follow as a result of moves if it closes?

A Every effort will be made to make any resettlement as acceptable as the initial move into residential care. The staff are very familiar with the clients and as with previous closures we would encourage staff to visit clients in their new Homes in order to facilitate an easier transfer.

Q 57 Are we here for consultation or not?

A As with all previous consultation events we would like to hear your views about both options referred to in the cabinet paper. Unfortunately, although not unexpectedly, the closure option is of greater concern and the majority of comments and questions are centred around this subject.

Q 58 Couldn't rooms be improved a few at a time?

A It is difficult to say at this stage what would be required and it may well be that a new extension would be the most efficient way forward if an upgrade is agreed. Working within the home has all the problems of noise, dirt and disruption which could go on for a considerable time. This is likely to impact on staff and clients and also increase the costs due to the inability to provide access to a large part of the Home at one time.

Q 59 Why have you just let it run down?

A It has not been run down. It has always been well maintained.

Q 60 Is the lift working?

A Yes. It is getting old and we have been advised that obtaining spare parts for it is getting difficult and a new one is now a better option.

Q 61 Why has the Home not been advertised?

A See Q.28

Q 62 You are trying to keep people in the community. What happens when they need extra care?

A There are a range of services that can be provided in a person's home and within the extra care facilities that are being developed. There are also a large number of residential and nursing placements available in the Borough.

Q 63 When was the internet information last updated regarding the Home. It has the manager as Hazel Milburn.

A We are not responsible for the information on the external internet and we are not consulted about it. The Stockton Borough web site has details and also the CSCI web site.

Q 64 How many people have applied to move into Parkview and been turned away.

A At the time of the December Cabinet report there had been 4 appropriate clients made known to us. We have now identified a further client making 5 in total.

Q 65 How many rooms are you intending to have?

A This has not been considered at this stage but the trend is for larger numbers in order to maximise the economy of scale. Around 50 beds seems to be the preference of independent new build Homes.

Q 66 Where will clients go if it closes?

A Wherever they or their carers choose. All of the available options will be made known to them if and when required.

Q 67 Why do some inspection reports from independent Homes carry outstanding items that have not been addressed.

A This can happen to any home and CSCI will regularly make recommendations or impose requirements. The manager is then expected to draw up an action plan to address the issues raised. And a time scale for completion. If an unannounced inspection is carried out before that work or action is completed it will appear as an outstanding issues and will be reviewed later. They try to work with managers as far as possible to obtain a satisfactory outcome. In addition, there is a delay between CSCI making reassessments and reports being updated on the website, so outstanding actions in the current report may have been addressed but will not be recorded until the next update.

Q 68 Have you any plans for this site

A If a closure was announced an options appraisal of the Home and the site would need to be undertaken to look at how this could be of best use.

Q 69 Are you saying Parkview will close?

A No. Closure is one of two options.

Q 70 Is there any option for Parkview to continue?

A It is not likely that it could continue in its present mode but if the first option of upgrade or new development is taken it could continue into the future. 17 of the current rooms are very small and consideration must be given to the issue of accepting standards for older people that, in truth, we would not accept ourselves. We owe it to future clients to provide the best we can.

Q 71 I don't get any warning when inspectors are going to visit my company, why have you warned the Homes that the Scrutiny Committee are coming?

A This is not an inspection and the Homes do not have to grant access. It is a courtesy to ask and permission is required.

Q 72 Isn't this an inspection?

A No

Q 73 The web site has gone down

A We would check that the site was operating and it was checked after the meeting and found to be unchanged.

Q 74 Is the Scrutiny meeting on 25th public

A Yes

Q 75 What time is the Cabinet meeting on 13th March?

A We believe it is 4.30pm

Q76. When private Home Care companies close they pass the clients onto other care companies and we are limited for choice.

A The Council and Primary care Trust are required to provide a choice of care homes to the relevant population and more than twenty older people's care home providers operate in the Stockton Borough Council/North Tees PCT area.

Q.77 What will happen to respite care if Parkview closes? The private sector doesn't provide it

A Respite care is provided in the independent sector.

Q.78 Is availability of respite a legal requirement from the Council?

A The provision of short term care in the care home setting is part of the contract the Council and Primary Care Trust have with care homes in the independent sector.

Q.79 Where would you fund respite care?

A The care home providing the respite care would be paid to provide the service received by individual clients.

Q.80 The private sector has poor standards

A Standards in the independent sector are monitored closely and action taken to improve standards when the service falls below the accepted standard. The majority of care provided in independent sector homes is of a satisfactory standard.

Q.81 How would you feel if you had to move a relative from a Home where the care is excellent to one where it was terrible?

A If any client/carer felt that a facility demonstrated below standard levels of care, there are resources available to have the situation investigated. Independent professionals from CSCI and/or contract compliance, in some instances, would address any perceived shortfall following notification or observed during inspections. Care standards are regulated. All Homes have to be registered and there are extremely good Homes in the Borough.

Q.82 Independent Homes are all shiny and new but the standard of care is poor. If Parkview closes what alternative would the Council offer?

A There is a range of independent care homes for older people in Stockton in terms of size, building grade and service provided and there are vacancies across all types of care provision and all geographical areas of the Local Authority.

Q 83 Who monitors new providers

A The Adult Strategy Team has responsibility for commissioning new services and would consider accrediting a new care home if this provision is needed in the area. The provider would also have to register with the Commission for Social Care Inspection (CSCI) for the services to be provided.

Q 84 There are managers in the independent sector who are not qualified

A All care home managers undergo a process of registration with CSCI to establish their suitability to manage a care home. They are all required to have NVQ level 4 (Registered manager's award) or equivalent management qualification. The majority of registered managers also have professional qualifications in nursing or social work.

Q.85 Care is too expensive in the community

A Wherever possible care is provided to support people to stay in their own homes or to live in supported housing, including Extra Care schemes, and services are provided on the basis if assessed need.

Q.86 Why do the graphs not show 100% occupancy unit costs?

A It is highly unlikely that a care home will achieve 100% occupancy.

Q.87 If a pensioner was to pay £400 in the private sector would the Council pay the rest?

A If a placement is made in the Private/Independent Sector the Council would pay the full contracted fee to the provider and then charge the client the

assessed charge. The assessed charge can range in value up to a maximum of the full cost of the Home.

Q.88 What is the cost of a placement to the Council?

A For a placement in the Private/Independent Sector, the cost to the Council is the contracted fee rate, less the clients assessed charge. The contracted fee rates (October 2007 rates) currently range between £353 and £428 per week.

Q.89 Unit costs, how are they made up?

A A breakdown of the Parkview Unit Costs has been supplied as an appendix to the Scrutiny Committee Report.

Q.90 Will the Council pay for these residents to go into the private sector?

A Should Parkview be closed and residents moved to places in the Private/Independent Sector, then the Council would pay the contracted fee appropriate to that new Home. The resident would still be liable to pay their assessed charge/contribution as they are now in Parkview.

Q 91 How does the budget for future maintenance fit into the overall budget?

A A Repair and Maintenance Budget is held within Adult Social Care. This is utilised to pay for prioritised planned maintenance and repairs at all Adult Social Care establishments including Parkview..

Q 92 What would the unit cost be if it was full?

A At 100% occupancy throughout a full financial year the unit cost would be £580 per week per resident (Further information supplied in Appendix 2 of the Health Scrutiny Report). If the Capital works were to be funded, then the impact would be to increase the unit cost at 100% occupancy to £656 per resident per week

Q.93 If redeployment was offered would contracted hours be matched?

A Like-for-like vacancies would be sought but this would depend upon suitable vacancies being identified so a direct match of hours could not be guaranteed. The Council's Salary Detriment scheme (three years protection of earnings) would apply in suitable cases.

Q.94 Will we be given 90 days notice if a closure is decided.

A If a decision were to be taken to close the Home we would work with staff on an individual basis to consider options, including undertaking skills audits for those staff who would prefer to continue working and seeking suitable alternative posts, and offering early retirement/compensation payments to qualifying staff who wish to leave. Every effort would be made to avoid compulsory redundancy and the issue of dismissal notices. Release of staff would be phased and linked to the needs of resident's.

Appendix 6

Additional questions requested by Scrutiny Committee 25.02.08

Q95 Has any assessment been done regarding options for keeping Parkview open?

A. Not sure what is meant regarding assessment for keeping Parkview open. We, as officers were aware that the situation could not continue indefinitely and as such the options were to identify the funding to upgrade or close.

Q96 If no detailed assessment has been done, are figures for refurbishment, numbers of rooms and numbers of applications to use the home based on generalisations?

A(a) The figures for refurbishment and modernisation are projections based on the best information available. At this stage a detailed assessment has not been undertaken

A(b) Numbers of rooms are an estimation based on knowledge of the layout of the Home. Unfortunately all of the smaller rooms are not positioned together. Some are located between rooms and facilities that cannot be altered, thereby reducing their capacity to be upgraded, and making their redundancy a possibility. Where there are several smaller rooms in a line it is difficult to state exactly how an architect would used the combined space, or what would remain given the room size standards that exist. Best estimate is a reduction of a third but this may be higher or lower. For a Home that has only 32 rooms, any reduction would be problematic as it may not necessarily follow that there would be a proportional reduction in management and staffing costs.

A(c) Numbers for clients expressing a preference for Parkview were taken from Assessment Team information requested in readiness for the Cabinet Report of December 20th 2007. We were made aware of 4 clients at that time. We have since identified one more appropriate client making 5 in total. We do not routinely ask clients or their carers why they select a particular Home and although some respite clients may have indicated initially that they would like to stay at Parkview, unless their assessment supported that level of care they would not be eligible to request a placement. It is also important that this situation is viewed in the context, not only about how many clients would want to go to Parkview now, but also what has been happening for the past three years leading to the Cabinet Report.

Q97 When did the decision making process which led to an officer of the Council putting a block on new entries to Parkview actually begin?

A Data that was gathered routinely during monthly inspections and management supervision was a constant cause for concern. This situation was passed to senior managers and service commissioners regularly and as a review of services at Parkview was already underway where it was recognised that something needed to be done, it was decided that a hold be placed on permanent admissions in order to produce an options paper regarding the future of services. It was felt that while the future of the Home was uncertain it would be difficult to justify accepting any further admissions with the knowledge that such a placement may be in jeopardy.

Q98 How many people have expressed an interest in Parkview since new entries were blocked in April? (Answer 4, we actually know it is more than that due to people coming forward)

A See response to Q96(c).

Q99 What proportion of the relevant department's annual budget is spent on Parkview?

A The annual revenue running costs of Parkview represent approximately 2% of the net annual budget for Adult Services.

Q100 What would be the year on year cost of keeping Parkview open, rather than an estimated total cost over 15 years? (Couldn't savings be made through the planned spend of £50k on Christmas lights which was dropped, be invested to keep our Parkview Home open?)

A With regard to building related costs:-

The projected maintenance costs for Parkview, per the Council's Asset Management System, amount to £678,000 over the next 15 years. On an average annual basis, this would amount to approximately £45,200 per year.

In addition, certain specific work is required (e.g. lift, heating system) and this, together with the estimated costs of bringing the Home up to modern building standards, is estimated to cost around £1.3m. If this were to be funded as capital expenditure via prudent borrowing, then the estimated annual repayment costs over each of 20 years would be approximately £120,000 per annum.

Q101 How much has this value increased over the past 10 years?

A Please see note above. I am unclear as to what is being asked

Q102 How will the Council assess the value for money it receives from private Homes if it closes all public sector Homes against which said value can be measured? What steps will be put in place for this assessment should Parkview close?

A This question was not answered in time for the scrutiny committee of 25.02.08. This response is retrospective.
Independent Homes already represent value for money in that the same care provision is provided at a lower cost.

Q103 What is the current value of the capital assets (i.e. the land and building) in Parkview?

A The building and the land have not been valued as part of this review/consultation

Q104 If there is such a glut of beds in Homes, why are new buildings being sought. Since the enquiry started an application for planning permission was sought for a 60 bed Home in Stockton North?

A The Borough Council are not in a position to stop independent providers from developing their services. They may be aware of the figures for vacancies but as each new Home comes on the market with better facilities, proprietors will be looking to corner the market. This also provides greater choice for clients and carers.

Q105 What do SBC propose to do with the Home and the land if and when the officers recommend closure?

A It is too early to make any decisions about the land at this stage. Should it become an issue, a full options appraisal would need to be carried out regarding the way forward.

2. Comments noted from transcripts of meetings to date.

It seem as though the Council is shedding its responsibility and passing it to the private sector

I know the Home. It is very well run. I know someone who is happy there

Leaders of the Council have made it known that they are washing their hands of these type of Homes. I am in receipt of an e-mail outlining this. Do you want to comment on that?

Within the last few years it feels as though Parkview has been left to run down and it's a shame. You need to forget about bricks and mortar and en-suite facilities - it is not the argument.

Staff at Parkview are excellent. They really do care for residents and their families. A lot of the staff have been here for 18-20 years and are really committed.

The private sector may have all the mod cons but levels of care do not come up to the standard of Parkview.

My mother in law was in a terrible state before she came here. She had been in and out of various Homes that were not satisfactory. She came to Parkview and quite frankly it has been the making of her.

We are concerned that a vital part of the community is being taken away.

Stockton Borough Council is the best in the world but it is making a big mistake now.

Residents are living on a knife edge not knowing what is going to happen

For the record, it is not the staff it is the building. It is not future proof. Its not the boiler or the lift, it's the building

If I had a relative coming here I would walk away after looking at the building. We thought that when my mother in law came here but as it turns out it was the best thing we did.

85 year olds are being treated abominably by the Government

We know the building is not visually pleasant from the outside and the large grounds have been neglected. I'm sure if the Thornaby Community knew, they would gladly volunteer to help.

There is a hell of a difference to care in parkview to that of the private sector

The care at Parkview is fabulous

I have been looked after at Parkview like a mother looks after a son.

What I don't want to see is when this place closes and I have to move my mother in law again, she becomes suicidal again like she was before she came to parkview.
Home Care is not working. The girls are too young and inexperienced. They have no idea or common sense.

The elderly living on their own sometimes don't get a decent meal all day.

Community Care is dreadful. I get phone calls from the care assistant asking me to do things that she will not do or is not allowed to do.

Private sector will not take respite. The cost is too much for them and they are not making a profit.

I am here purely to support. Why worry about décor? People of my age are used to getting up at 6am and lighting an open fire. I find the décor fine. What is the obsession with mod cons.

This word consultation is eye wash. Just an excuse to go though and carry oyt something.

Stop talking about cost and listen to people about the care they want

It all comes down to cost

Private sector gets a bad report and the Council stops using them. How many times are you going to move people round.

Bet someone somewhere has already made plans for this building. You might not know but I bet somebody does.

November 9th. That was when the rumours started. They must have come from somewhere

If nothing is done now with care, in 10 to 15 years down the line there will be no change.

The décor has never been a priority

Stirling House and Tithebarn both closed and now they are offices

You are just making the décor an excuse to close

Home care is not always at the right times, well they couldn't possibly be could they

We have got a service we want. We don't want another one.

Home Care does not suit everyone. Just as private Homes do not suit everyone. I had to place my father in a private home and I have felt guilty ever since.

Care in the Community needs to be looked at before this facility is closed

Parkside Court has poor conditions and there is no stimulation for residents.

You are taking our choice away

Residents don't see the same carer all the time in other Homes

How many people want it to stay open – all raised their hands apart from 2. (Meeting on 14.02.08 South Thornaby Community Centre 21 attendees on signature list)

Unless Central Government get their priorities sorted out we will not have a public sector.

If you invest in the Home it will be more attractive and more people will want to live there

Homes cannot be monitored by sitting behind a desk

If a recent ministerial statement is to be believed it may influence the outcome of this review.

The four levels of care referred to have hundreds of variables

If you close the Home you won't be providing care

If I didn't have a qualified staff team you wouldn't close me down

There is only one way to improve profit – pay less

I had always planned to move into Parkview when I needed care. Where will I go now.

I have been there for 30 years and watched all the changes. There was even an en-suite that was removed when the Home was unitised. The work can be done while it is occupied. It has been done before.

I understood that Parkview would be looked at along with other comparable Homes by the Scrutiny Committee.

Parkview has empty beds and there is another new home planned for Thornaby

All we want is to be told so that we can move on and not be left in limbo.

Why have staff not contacted their local MP for support - We did and they were not interested.

This is the most stressful thing that we have had to deal with at Parkview.

We looked at Private Homes where we were offered a larger room or a nice view but at a cost.

They seem to have a large turnover of staff

Finding the right place is a risk to life expectancy.

It's so sad it has come to this

All we have to say has already been said at the other meetings

Most of the things we were concerned about have already been covered

If it was going to Cabinet now, you would know what the decision would be. We all know Parkview is currently running at a loss.

A few years ago I worked at Belasis House when that was closing down and I have to say the management (Mari and Hazel) were really supportive with the staff throughout the whole process.

Our biggest issue is moving residents. Most are very frail elderly people, the majority of which are in their 90's and staff are attached to them and want the best for them

There may be people waiting to come in but not enough to fill 32 beds.

When Parkview was refurbished years ago we moved lock stock and barrel to Wellburn. If that was the case now there is nowhere to go.

My feeling is that Parkview is closing. There has been nothing but negative feedback. It is about what needs doing and not what we are doing. At the end of the day Cabinet will decide.