

# **CITY OF PLYMOUTH**



## **Scrutiny Report on Future Development of Residential Care Services For Older People**

**Social Care Overview and Scrutiny Panel**

**September 2004**

## **Contents**

Contents	2
Preface	3
1.0 SUMMARY	4
2.0 RECOMMENDATIONS	4
3.0 INTRODUCTION	5
3.1 Introduction	5
3.2 Terms of Reference	5
3.3 Key Objectives	5
3.4 Scope of the Review	6
4.0 BACKGROUND INFORMATION	6
4.1 The Local Context	6
5.0 INFORMATION ABOUT THE IN-HOUSE UNITS	6
5.1 Frank Cowl House	6
5.2 Lakeside	8
5.3 Paternoster	11
5.4 Peirson	12
5.5 Stirling House	15
5.5 Whitleigh	17
6.0 DOMICILIARY CARE	19
6.1 Oral Evidence	19
7.0 EXTRA CARE HOUSING	20
7.1 Current and Planned Provision in Plymouth	20
7.2 Linking Issues	21
8.0 INDEPENDENT SECTOR	21
8.1 Independent Sector Workshop	21
9.0 HEALTH	23
9.1 Oral Evidence	23
10.0 HOUSING	24
10.1 Oral Evidence	24
10.2 Written Evidence	24
11.0 VOLUNTARY SECTOR	25
11.1 Oral Evidence	25
12.0 BEST PRACTICE IN OTHER LOCAL AUTHORITIES	26
12.1 Extra Care Housing	26
12.2 Domiciliary Care	26
12.3 Site Visits	26
Appendix 1 – Reference Materials	27
Appendix 2 - Contributors	28
Appendix 3 – The Panel and Meetings Held	29

## **Preface**

**By Councillor Fry**

Chair of the Social Care Overview and Scrutiny Panel



This scrutiny report forms the first phase of work around providing better care for the older people of Plymouth. The report explores and maps the potential to expand the scope of service provision in the six in-house units run by Plymouth City Council. The report also makes some recommendations about the work that needs to be undertaken in the next phase.

Plymouth City Council has a clear commitment to continue providing services for older people in its in-house units. Of the six in-house units, two currently provide solely long-term residential care; one provides interim placements; one provides respite care; one provides services for clients with dementia, and one is an Intermediate Care Centre. The number of people over 75 years of age in Plymouth is set to rise in the years ahead, and it is clear that, wherever possible, older people should be supported to continue living in the community. These issues form the basis of this and further scrutiny.

I would like to thank Members of the Social Care Overview and Scrutiny Panel and the officers – Frances Tippett, Andrew Pearson and Sandy Teske - who supported this scrutiny review, as well as the Unit Managers and witnesses who provided information.

## **1.0 Summary**

The Social Care Overview and Scrutiny Panel has completed the first phase of a review of the future development of residential care services for older people in Plymouth. The Panel's aim was to undertake an initial piece of work to assess the current use of Plymouth Social Services residential units for older people, with the view to expanding the scope of service provision to provide a greater focus on enabling services. This work linked into the Social Services Department's focus on increasing the number of people supported in the community (as opposed to entering long term care), and in particular to the number of residents accessing intensive and/or specialist domiciliary care.

## **2.0 Recommendations**

The Panel recognizes that Plymouth City Council has made a clear commitment to maintain its residential units for older people. The Panel takes the view that to help guarantee a long-term sustainable role for these units, clear recommendations to reconfigure and improve services are required. These recommendations focus on the provision of quality enabling services that will allow older people to be supported in the community so as to retain maximum independence.

### **We recommend that:**

- 1 Consideration is given to the development of training plans with the managers of Frank Cowl House, Lakeside, Paternoster, Peirson, Stirling House and Whitleigh. This could be in conjunction with Sector Managers and could be linked to the Investor In People award.
- 2 Consideration is given to regular meetings being held between the Cabinet Member for Health and Social Services, the Director of Social Services and the independent sector.
- 3 Information held by Plymouth Social Services about private residential homes is kept up to date.
- 4 Consideration is given to devolving greater control of in-house unit budgets to individual unit managers.
- 5 Where refurbishment is to take place in the in-house units, consultation should be undertaken with providers, carers and staff.
- 6 Refurbishment to be undertaken in the in-house units should be project managed in partnership with unit managers.
- 7 The Social Care Overview and Scrutiny Panel continues to have an overview role in the next phase of work, retains this item on its work programme for 2005/2006, and receives quarterly updates on progress at future business meetings.

- 8 The Social Care Overview and Scrutiny Panel considers making site visits to other local authorities that demonstrate best practice.
- 9 Consideration is given to undertaking a detailed public consultation exercise in the next phase of work.

## **3.0 INTRODUCTION**

### **3.1 Introduction**

- 3.1.1 The Overview and Scrutiny Commission resolved on 5 August, 2004 that the Social Care Overview and Scrutiny Panel should undertake a scrutiny review of the future development of residential care services for older people as part of the Panel's 2004/05 Work Programme.
- 3.1.2 This scrutiny review links into the corporate objective of "Improv[ing] the quality of life and independence of vulnerable adults" (Corporate Plan 2004-2007), and Target 2, "Improv[ing] the quality of life and independence of older people", of Goal 1 in the City Strategy and Action Plan 2004-2005.
- 3.1.3 The Panel would like to highlight that this report completes the first phase of work in that it establishes baseline data and makes recommendations for direction of development.

### **3.2 Terms of Reference**

- 3.2.1 To provide an overview and objective policy development process for the planned delivery of Older People's Residential Care in the Statutory Sector for the need of the next generation of service users.

### **3.3 Key Objectives**

- 3.3.1 To conduct a review of existing services provided by residential units in the Community Care Division, to –
  - (i) identify the work required to reconfigure services provided by these units;
  - (ii) make recommendations as to how this work might be managed.
- 3.3.2 Map how domiciliary services can be accessed from revised enabling services provided by some residential units, starting with Frank Cowl House, and being mindful of best practice elsewhere.
- 3.3.3 Identify how other enabling services, such as sheltered housing and Supporting People "floating support" hours, could be accessed effectively from the revised units.

- 3.3.4 Explore capacity issues and identify potential sites for any additional services, especially relating to Extra Care provision.

### **3.4 Scope of the Review**

- 3.4.1 Summary information was collated via site visits to each of the current in-house units - Frank Cowl House; Lakeside; Paternoster; Stirling House and Whitleigh – as well as Peirson, an Intermediate Care Centre.
- 3.4.2 Links were made with various enabling services to explore ways of supporting older people so that they may retain maximum independence in the community.
- 3.4.3 A half-day workshop was held with some representatives from the independent sector, to facilitate consultation and feedback of views.
- 3.4.5 To consider methods of public consultation.

## **4.0 BACKGROUND INFORMATION**

### **4.1 The Local Context**

- 4.1.1 The City of Plymouth has a total population of approximately 241,000 people. The most recent census results indicate that eight per cent of the population is aged between 65 and 74, with 7.4 per cent aged 75 or over. By the year 2006, the number of people aged 75 or over in Plymouth is forecast to rise to 20,000, an increase of 10 per cent on the figure of (approximately) 18,500 people aged 75 or over in mid 1996.

- 4.1.2 The report of the Inspection of Social Care Services for Older People in Plymouth City Council (April 2003), noted that –

“There was an opportunity to re-shape services as numbers in residential and nursing care were currently falling. The percentage of older people helped to live at home was the second lowest in Plymouth’s comparator group of councils. The domiciliary care sector had seen no overall growth in the last three years. Just over half of services were provided in-house.”

(Effectiveness of Service Delivery and Outcomes, 1.24).

## **5.0 INFORMATION ABOUT THE IN-HOUSE UNITS**

### **5.1 Frank Cowl House**

#### **Location**

Granby Way, Park Avenue, Devonport, PL1 4BG

**Number of beds**

20 beds in total, 10 long stay residential, 10 short stay interim (assessment and 'breathing space')

**Summary of service (including registration)**

Frank Cowl House provides services for older people with physical residential care needs. The services are provided on separate floors: one for up to 10 long stay residents and the other for up to 10 short stay residents. The registration includes capacity for some disabled clients in designated rooms, which meet size and facilities requirements for disabled clients.

The short stay service is for older people requiring an interim bed for assessment or 'breathing space'. This is a new service developed this year supported partly by reimbursements grant funding. The development of this service has helped to provide capacity in the city to prevent people being assessed for long term care from an acute hospital bed (in line with national policy for the Department of Health). It has also provided an alternative to hospital admission or admissions into long stay residential care straight from the community. This has allowed time for full assessment and alternative packages of care to be considered.

**Unit bed cost per week**

For 2004/05 the unit cost per week has been budgeted at £509.52 based on 95% occupancy.

The projected unit cost for the fifth month of this financial year (2004/05) is £547.31, a variance of +£37.79.

**Occupancy and length of stay**

Available statistics from 1<sup>st</sup> April 2003 to 31<sup>st</sup> March 2004 indicate that the unit operated at 96.4% occupancy. These figures are based on beds occupied each night. Until September 2003 Frank Cowl House was running as a five bedded unit, when it increased to 20 beds. Until March 2004, capacity was used for Stirling House clients whilst refurbishment work was undertaken there. The short stay capacity beds became operational in March 2004.

Occupancy statistics this year are as follows:

	No. of beds	April 04	May 04	June 04	July 04
Long stay	10	100%	100%	100%	100%
Short stay - interim	10	74%	93.2%	93.3%	94.5%
Total beds	20	87%	96.6%	96.7%	97.3%

The first monitoring report of the short term placements covering March 2004 until the beginning of August 2004 has been collated, as part of the evaluation of the Frank Cowl House short stay capacity development project. A summary of the results show:

1. 65 short-term placements were made:
  - 49 – interim care
  - 13 – respite
  - 3 – care break
  
2. Referrals came from:
  - 17 – Derriford / Mount Gould Hospital Social Work Team
  - 23 – Tamar Sector Social Work Team
  - 11 – Waterfront Sector Social Work Team
  - 7 – Riverside Sector Social Work Team
  - 2 – Out of Hours Service
  - 5 – City Wide Duty Team
  
3. The following number of clients were discharged:
  - 39 – went home
  - 16 – long stay placements
  - 3 – nursing home
  - 1 – admitted to hospital
  - 1 – rehoused
  - 1 – moved to another short stay placement

#### **Additional information**

The development of the short stay placements at Frank Cowl House has been project managed through a multi-agency steering group led by Social Services, but also including input from discharge teams at Derriford and Mount Gould Hospitals, and the Primary Care Trust's District Nursing Service.

Through this group, additional district nursing hours and support from a local GP's practice have been purchased. This group is continuing to work on developing in-reach domiciliary care services to support clients returning home. Training for care staff at the unit has been provided by the District Nursing Service and there are plans to provide staff with job shadowing / training from Peirson Rehabilitation Assistants to promote an enabling environment for short stay clients in the unit.

This project is being evaluated over an eighteen-month period. The first interim evaluation indicates that the project management / multi-agency steering group approach to developing this change in service has been successful.

## **5.2 Lakeside**

### **Location**

Lakeside, Ernesettle Green, Plymouth, PL5 2ST

### **Number of beds**

29 long stay beds



### **Summary of service (including registration)**

Long-term residential care for people over 65 with dementia related conditions - dementia, Alzheimer's, cognitive impairment, confusion and memory loss.

If there is a vacancy then the unit will provide respite / short stay placement. Only one respite /short stay client will be taken at any one time due to the impact on staffing levels.

### **Staffing ratio**

There are five care staff on duty in the mornings, three in the late afternoon/evening and two waking night staff. In addition, there is a duty manager on the premises at all times (sleeping in at night).

It has been recommended on inspection that staffing levels increase in the late afternoons/evenings. The Unit Manager reported that this has been borne out by questioning staff for their views. As clients on admission have greater need and as existing clients become more dependent, they need more support.

There are additional kitchen and domestic staff and a gardener/handyman.

### **Unit bed cost per week**

For 2004/05, the unit cost per week has been budgeted at £432.10 based on 95% occupancy.

The projected unit cost for the fifth month of this financial year (2004/05) is £432.72, a variance of +£0.62.

### **Occupancy and length of stay**

There tends to be low turnover of clients at Lakeside. Long stay clients usually remain at Lakeside unless they develop extreme behavioural issues or they develop a need for a nursing bed. Clients' assessments tend to identify them as having moderate to severe needs. There has been a trend towards more severe cases on admission – people are coming into Lakeside later in their dementia. Admission is often due to something happening to a spouse or partner who acts as carer.

Vacancies tend to fill quite quickly. On the date of visiting the unit, the Manager reported that there had been two requests for beds the previous week and that she had had another that morning. This can fluctuate, however. Last year there were 6 vacancies in the spring period following late winter deaths. The unit has been full since summer 2003.

Available statistics from 1<sup>st</sup> April 2003 to 31<sup>st</sup> March 2004 indicate that the unit operated at 90.4% occupancy. These figures are based on beds occupied each night. The high occupancy levels throughout the year mask the blip in the number of vacancies in the spring; for five months last financial year the unit had over 95% occupancy and has remained over 95% this year.

Occupancy statistics this year are as follows:

	No. of beds	April 04	May 04	June 04	July 04
Long stay	29	98.6%	97.2%	98.9%	97.8%

### **Additional information**

Lakeside is geographically part of Tamar Sector Team. Julian Grail is the Sector Manager covering Lakeside, as he is the Mental Health lead within the Community Care Management Team.

Lakeside has upstairs and downstairs community living areas as well as a large dining room next to the kitchen. The client group choose not to use the lounges available and prefer to congregate in the hall where they can sit and see people coming and going. The Unit Manager confirmed that this client group liked company. The unit had requested that a conservatory be built at the front of the unit which will overlook the new GP practice surgery, which is due to be built. This would provide a space for clients to sit and see people coming and going outside the unit. This conservatory (quoted at £50,000) could not be funded from the refurbishment grant work undertaken recently.

Lakeside has a hairdressing room and a hairdresser visits weekly. There is a treatment room where local GPs hold surgeries fortnightly. All clients are registered with the local GP practice.

Lakeside is the oldest of Plymouth City Council's residential units and dates from the early 1950s. The unit has a spectacular view over the river, but this is visible only from one room and the landing. The building was constructed to face Ernesettle Green. There is a flat roof which overlooks the river. It was suggested during the scrutiny visit to Lakeside that the possibility of building a balcony / conservatory to make use of this view could be explored. Potentially this could include solar panelling to provide heating for the unit. The current boilers are outdated and will need replacing.

The rooms are mainly small ranging from 8.83 square meters to 9.66 square metres. There are three larger rooms (16.63 square metres, 16.44 square metres and 14.59 square metres) One larger room has been converted into a double room to allow a couple to remain together.

Staff at the unit periodically hold fundraising events to provide limited additional funding for extras. Events are held for families and clients. Where possible, excursions are run for clients. This is challenging, as any trip out of the unit has to have one to one support for this client group. The next planned event is a whole unit Christmas dinner on the 30<sup>th</sup> November. This year the unit has produced a regular newsletter (three produced so far and two more planned). Families of clients are asked to complete user evaluation forms and receive a letter back relating to issues raised.

The Unit Manager has expressed the view that Lakeside's layout is not ideal for the client group. A circular or quadrangle layout would allow clients to wander safely without getting lost along corridors.

The recent refurbishment work undertaken at Lakeside has caused problems for clients and staff. The lack of ongoing consultation with the unit during the planning stage of this work and no named project manager for the work undertaken has caused problems.

The need for ongoing care management of clients is not high at Lakeside due to the long stay nature of provision. However, if an inappropriate placement is made then the unit reported difficulties engaging sector based care managers regarding reviewing the client and moving them on to a more suitable placement. Appropriate and clear pathways for diagnosis, admission and review of clients with dementia related conditions need to be developed and agreed.

### 5.3 Paternoster

#### Location

Efford Lane, Efford, Plymouth. PL3 6LT

#### Number of beds

30

#### Summary of service (including registration)

Long term residential services for older people (over 65) with physical care needs.

#### Unit bed cost per week

For 2004/05 the unit cost per week has been budgeted at £413.07 based on 95% occupancy.

The projected unit cost for the fifth month of this financial year (2004/05) is £434.00, a variance of +£20.93.

#### Occupancy and length of stay

Available statistics from 1<sup>st</sup> April 2003 to 31<sup>st</sup> March 2004 indicate that the unit operated at 83.4% occupancy. These figures are based on beds occupied each night. Variance in occupancy over the 12 months spread from 75.2% to 96.7%.

Occupancy statistics this year are as follows:

	No. of beds	April 04	May 04	June 04	July 04
Long stay	30	94.4%	98.5%	99.6%	97.29%

#### Additional information

Paternoster is in the Waterfront Sector Team. Jenny Jones is the Sector Manager covering Paternoster.

Paternoster and Stirling House share the same floor plan and are built on three floors. The ground floor provides large communal living areas, kitchen, offices, laundry, hairdressing room and toilets. The upper two floors have

bedrooms, lounge areas and bathrooms. The majority of the bedrooms are approximately nine feet by thirteen feet. The unit was built over 30 years ago.

Paternoster has shops, post office and GP's surgery close at hand. The area is due for substantial regeneration development. Paternoster enjoys panoramic views across the City and Plym Estuary. There is a site at the back of Paternoster now owned by Devon and Cornwall Housing Association, which has yet to be developed.

Like some of the other units (most notably Lakeside and Whitleigh), Paternoster has had some problems with the recent refurbishment work undertaken. These problems have been the result of lack of ongoing consultation during the refurbishment process and no named project manager.

## **5.4 Peirson**

### **Location**

Peirson Intermediate Care Centre, Mulgrave Street, The Hoe, Plymouth. PL1 2RW

### **Number of beds**

31 beds: At the time of writing five long stay clients, 26 intermediate care beds, six of which are designated as Rapid Intervention Team Assessment (RITA) beds.

### **Summary of service (including registration)**

Peirson is an intermediate care centre and not a residential unit (although there are still five long stay clients). It has both rehabilitation and RITA beds.

Rehabilitation beds, which make up the majority of Peirson's beds, are used for a rehabilitation treatment programme of usually up to six weeks. The emphasis is on discharging clients home as soon as possible to avoid dependency.

The unit has Occupational Therapists as well as Rehabilitation Assistants who support clients through a bespoke treatment plan that is developed on admission. This treatment plan is devised with the client by a multi-disciplinary team that includes Therapists, Social Workers, District Nurses and Rehabilitation Assistants. GPs are consulted and where necessary additional professional input is gained from Consultants, Speech and Language Therapists, Podiatrists and Care Direct staff. After five days there is a review that identifies progress and other issues, such as whether an ongoing pack of care on discharge is likely to be required. Another review follows after two weeks. Reviews are ongoing until discharge. Clients' progress following discharge is followed up.

### **Staffing ratio**

Peirson employ at the time of writing:

- Unit Manager working 37 hours per week;

- four Assistant Managers, three full time and one working 32 hours per week;
- five Senior Rehabilitation Assistants, four working 35 hours per week and one 32 hours per week ;
- seventeen daytime Rehabilitation Assistants, working between 18 and 35 hours each per week (total of 455 hours). There is currently one member of staff on maternity leave and two vacancies;
- eight night time Rehabilitation Assistants, all working 23.33 hours per week;
- other staff include: Cook, Gardener/Handyman, Assistant Cook (all working full time), five Domestic workers working between 37 and 24 hours each per week and a Laundress working 25 hours per week.

Staff are organized by floor. There is always a Senior Rehabilitation Assistant on duty between 8am and 10pm. There is an Assistant Manager acting as Duty Manager at all times.

#### **Unit bed cost per week**

For 2004/05 the unit cost per week has been budgeted at £554.64 based on 90% occupancy.

The projected unit cost for the fifth month of this financial year (2004/05) is £673.84, a variation of +£119.21.

#### **Occupancy and length of stay**

Available statistics from 1<sup>st</sup> April 2003 to 31<sup>st</sup> March 2004 indicate that the unit operated at 78.9% occupancy.

Occupancy statistics this year are as follows:

	No. of beds	April 04	May 04	June 04	July 04
Rehab beds	19	66.5%	48.2%	67.9%	78.1%
Long stay	6	100%	100%	100%	93%
RITA	6	69.4%	51.6%	60%	69.9%
Total / cuml %	31	73.5%	58.9%	72.6%	79.4%

This break down of bed occupancy reveals dips in occupancy which correlates with periods when the Acute hospital has had closed wards due to infection. As many of the rehabilitation beds at Peirson are filled from direct referrals by hospital-based therapists, this indicates a cost to the service of hospital-acquired infection.

Because of the amount of work required in admission including developing a treatment plan, Peirson can only manage three admissions per day. This has a potential impact on bed occupancy measured on a nightly basis.

#### **Rehabilitation Beds**

From 1<sup>st</sup> April 2003 until 31<sup>st</sup> March 2004, 288 clients used the rehabilitation beds at Peirson. 225 of these were women and 63 men. Broken down by age

group, 50 were between 60 and 74 years; 153 were between 75 and 85 years, and 85 were 86 years and older.

The largest number of referrals (113) came via direct referral from wards at Derriford Hospital. 59 referrals came from Plymouth Social Services care managers. The next most frequent referrer was the RITA team referring 35 clients.

284 clients were discharged from Peirson rehabilitation beds. 100 of these with the same care package as prior to admission, 152 with a greater package of care and 32 with no care package. 239 of these 284 clients were discharged to their homes.

The length of stay for clients using Peirson rehabilitation beds during 2003/04 was as follows:

Up to one week	2 weeks	3 weeks	4 weeks	5 weeks	6 weeks	7 weeks	Over 7 weeks
44	48	102	65	21	3	1	0

Pierson have completed follow up reports on clients after returning home. The report produced from a telephone survey undertaken in May 2003 of clients discharged between 1<sup>st</sup> April 2002 and 31<sup>st</sup> March 2003 shows the following:

No of clients discharged	Number of clients followed up	Clients still at home	Clients in residential or nursing care	Clients deceased
214	144	81	12	28

\* 2 clients were living with family. The unit did not have further information on the other 21 clients followed up.

### **Rapid Intervention Team Assessment (RITA) beds**

From 1<sup>st</sup> April 2003 until 31<sup>st</sup> March 2004, 159 clients used the RITA beds at Peirson. 118 of these were women and 41 men. Broken down by age group: 16 were between 60 and 74 years, 67 were between 75 and 85 years and 76 were 86 and older.

96 of the referred clients came from their own homes. 44 were admitted from Accident & Emergency and 19 on discharge from hospital.

157 clients were discharged from Peirson RITA beds. 114 clients were discharged to their homes; 19 into hospital; 13 into long-term residential care and 11 into rehabilitation beds in Peirson.

The length of stay for clients using Peirson RITA beds during 2003/04 was as follows:

Up to one week	2 weeks	3 weeks	4 weeks	5 weeks	6 weeks	7 weeks	Over 7 weeks
46	91	12	5	1	2	0	0

The main reasons for admission were as follows:

Falls	Reduced mobility	'Other'	CVE/TIA	Respiratory	Sprains / Broken bones / fractures	Reduced confidence
89	30	17	10	6	5	2

#### **Additional information**

Peirson is in the Waterfront Sector Team. Jenny Jones is the Sector Manager covering Peirson.

The rehabilitation and RITA services currently provided at Peirson will be relocated to the Local Care Centre due to come on line in 2006. This will be located within Mount Gould Hospital.

Any proposed use of the Peirson building after this transfer of services takes place will have to take into account any of the five long stay clients currently resident at Peirson still wishing to receive services.

Peirson has a central city location. There are shared communal areas and a walled garden purpose designed for rehabilitation purposes including play facilities for families visiting clients.

Care Direct staff visits clients at Peirson twice weekly. This has increased the availability of information to clients and provided help with benefits and accessing other services.

Direct referral from hospital wards by therapists was introduced in April 2003. This has helped increased the speed of admission/discharge from hospital from sometimes up to three weeks to five days for elective surgery patients.

Peirson requests evaluation forms to be completed by each client using the service.

There have been issues raised regarding the consistency of ongoing care management. This is particularly the case with clients who are directly referred by hospital wards to Peirson. Delays can be caused because of a named key social worker's availability to attend reviews and to set up ongoing packages of care that are required. This occurs when the first opportunity for the named key social worker to meet the client is at a two weekly review.

## **5.5 Stirling House**

### **Location**

Stirling House, Honicknowle Green, Plymouth, PL5 3QA.

### **Number of beds**

32 beds: 28 long stay, 4 respite.

### **Summary of service (including registration)**

Long term residential care for older people (over 65) with physical care needs.

#### **Staffing ratio**

- Morning: 7.30am – 2.30pm, five care staff
- Evening: 2.30pm – 9.30pm, three care staff
- Nights: 9.30pm – 7.30am, two night staff

There is always a duty manager present (sleeping at night).

The current ratio of 5:32, 3:32, 2:32 is considered under-established for the registration levels, particularly during the evenings.

The total numbers of staff employed are as follows:

- Unit Manager;
- six part time Assistant Managers;
- two full time Care Assistants (day care), twelve part time Care Assistants (day care), seven part time Care Assistants (night care);
- four part time floor Domestics, two part time Kitchen Domestics, one full time Cook, one full time Assistant Cook, one part time Laundress, one full time General Assistant and one part time Clerical Officer.

#### **Unit bed cost per week**

For 2004/05, the unit cost per week has been budgeted at £377.92 based on 95% occupancy.

The projected unit cost for the fifth month of this financial year (2004/05) is £434.08, a variance of +£56.16.

#### **Occupancy and length of stay**

Available statistics from 1<sup>st</sup> April 2003 to 31<sup>st</sup> March 2004 indicate that the unit operated at 61.1% occupancy. These figures are based on beds occupied each night.

The average occupancy is particularly low due to half of the unit (second floor) being unavailable in the latter half of the financial year 03/04 due to work undertaken to remove asbestos from the building during refurbishment. During this time, long stay Stirling House clients were transferred to Frank Cowl House until the work was completed.

The occupancy by month for the year 03/04 in percentage terms was:

Apr	May	June	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
82.1	68.4	75.1	81.1	79.5	58.8	50.4	44.4	40.9	42.2	48.4	61.5

For the months when refurbishment works were not taking place, the figure was well below the 95% occupancy at which the budgets are set.

At the time of visiting the unit there were five high band clients, five low band clients and 12 medium band clients. This gives percentage occupancy of 68.75%. The Unit Manager reported that there had been a relatively high turn over of clients due to deaths and clients moving into nursing placements.



There had been eight recent admissions keeping the number of clients consistent. This unit is not currently running at full registration capacity.

**Additional information**

Stirling House is part of Tamar Sector Team. Liz Bawn is the Sector Manager covering Stirling House.

Stirling House and Paternoster share the same floor plan and are built on 3 floors. The ground floor provides large communal living areas, kitchen, offices, laundry, hairdressing room and toilets. The upper two floors have bedrooms, lounge areas and bathrooms. The majority of the bedrooms are approximately nine feet by thirteen feet. The unit was built over 30 years ago.

Stirling House is located opposite Honicknowle Green and has good access to shops and a GP surgery nearby. Some garden areas surround the unit. Behind the unit is sheltered housing and a library is next door.

The unit has two support groups: the Emma Stirling Committee and the Stirling League of Friends. The Emma Stirling Committee provides funds for £125 per year for long stay clients to purchase items for their benefit such as new carpets, televisions, etc. The League of Friends organize social activities and fund equipment. Their main remit is supporting clients, befriending, help with shopping, etc.

The unit receives services from local District Nurses and from the local GP practice. The unit also acts as a safe nighttime base for domiciliary care staff working in Tamar Sector as part of a pilot funded via the Performance Fund.

**5.6 Whiteleigh**

**Location**

Whiteleigh Residential Unit, Whiteleigh Green, Whiteleigh, Plymouth. PL5 4DD

**Number of beds**

23 beds: 9 long stay clients, the rest are short stay respite beds

**Summary of service (including registration)**

Whiteleigh is registered as a residential unit for older people (over 65) with physical care needs.

Whiteleigh is moving towards offering solely respite services for this client group over a phased period. This work started in 2001. As a long stay client vacates the Unit, this bed then becomes available for respite clients only. The Unit is committed to continue providing services for existing long stay clients for as long as they wish to stay, provided their condition does not deteriorate beyond Whiteleigh's registration limits. There are currently nine long stay clients at Whiteleigh.

**Staffing ratio**

Morning: 7.30am – 2.30pm, 3 care staff and a duty manager.  
Afternoon/evening: 2.30pm – 9.30pm, 3 care staff and a duty manager.  
Nights: 9.30pm – 7.30am, 2 waking care staff and one sleep in duty manager.

The Unit Manager works Monday to Friday 9am – 5pm off rota. In addition, there is a cook, an assistant cook, two kitchen assistants (12.5 hours per week and 28.5 hours per week), domestic staff working 30 hours per week, 8 hours per week and 28 hours per week and a gardener / handy person working 30 hours per week.

**Unit bed cost per week**

For 2004/05, the unit cost per week has been budgeted at £468.85 based on 95% occupancy.

The projected unit cost for the fifth month of this financial year (2004/05) is £549.10, a variance of +£80.25.

**Occupancy and length of stay**

Over the last twelve months, the unit has provided flexible respite services for 212 clients. The length of stay has varied depending on the client's need from a weekend break for carers to several weeks whilst waiting for sheltered housing to become available, or major adaptations to take place.

Available statistics from 1<sup>st</sup> April 2003 to 31<sup>st</sup> March 2004 indicate that the unit operated at 84.2% occupancy, broken down by long stay (92.2%) and respite (73.7%). These figures are based on beds occupied each night. When providing flexible respite services it is harder to maintain high bed occupancy on a nightly bed count.

**Additional information**

Whiteleigh is part of Tamar Sector team. Liz Bawn is the Sector Manager covering Whiteleigh.

Whiteleigh has a hairdressing room with a hairdresser visiting weekly. The staff at Whiteleigh provide a weekly programme of activities for clients including bingo, fish and chip nights and arts and crafts activities. There are upstairs and downstairs communal living areas, a large downstairs dining room adjacent to the kitchen and a smaller upstairs dining room. There is also a small external sitting area and garden. The unit has lift access to the upper floors and a stair lift.

The size of the bedrooms at Whiteleigh is larger than at many of the other Plymouth City Council residential units. The Unit Manager has been redecorating rooms over a phased period out of the unit's budget. This work is carried out by the unit's 'handy-person'. Clients are consulted over the choice of colours/designs for paint, wallpaper and carpets.

Whiteleigh has a post office and various shops close at hand.

Whitleigh currently has limited facilities for maintaining clients' independence whilst at the unit. There is the physical capacity in a dining / kitchen space to provide facilities to enable clients to prepare their own meals if a cooker and some disabled access worktops were fitted. This work has not been included in the refurbishment work undertaken in the past twelve months.

## **6.0 DOMICILIARY CARE**

### **6.1 Oral Evidence**

- 6.1.1 The Panel interviewed the Sector Manager with responsibility for Domiciliary Care on 31 August 2004. The following are the views expressed by the witness.
- 6.1.2 Short stay services were regarded as integral to the reconfiguring of domiciliary care, with specialist input to allow older people to retain independence. Research has shown that older people lose life skills after four days in care, so a clear pathway was needed to return older people back into the community where they could be supported appropriately. Short stay services were geared to clients discharged early from hospital, so partnership working with health was important in this area.
- 6.1.3 The domiciliary care service was set to increase and not decrease in the future. 1000 hours of domiciliary care would be transferred out to other providers up until 2006, with approximately 4000 (3877) hours currently budgeted for and provided. The block contracts for providing domiciliary care would be monitored by the local authority, as would the level of care provided. A new Domiciliary Care Manager had been appointed and three Reviewing Officers were on loan to Domiciliary Care to deal with the transfers out.
- 6.1.4 The local care centre at Mount Gould would increase the capacity of short stay care (both intermediate and interim), and would provide 60 beds. There was also room for development of short stay care at Frank Cowl House.
- 6.1.5 The relationship between care management and the in-house units would be aided by a Workforce Development Plan being developed by the Project Manager for Domiciliary Care, which is due to be completed by October 2004. The Plan should address issues such as specialist training, changing job descriptions, etc. Key workers would monitor care provided to nominated clients in Peirson, Paternoster and Frank Cowl House. Each resident and user of the Domiciliary Care service would have a Personal Service User Plan.
- 6.1.6 The deletion of the third tier management post for domiciliary care, the in-house units and day care had impacted on the work of the three Sector Managers, who had taken on responsibility for these various areas, resulting in very broad management remits. The new post of Domiciliary Care Manager would help reconfigure the scope of management responsibility.

## **7.0 EXTRA CARE HOUSING**

### **7.1 Current and Planned Provision in Plymouth**

7.1.1 The following information was provided by the Project Officer, Supporting People/Extra Care Developments, in a written presentation and also during a site visit by Panel Members to Runnymede Court.

7.1.2 Extra Care housing provides a setting for the provision of care and support to older people. Care provision is provided by an on-site domiciliary care team, which is flexible and tailored to individual need.

7.1.3 Runnymede Court in Estover is an existing Extra Care scheme. It has on-site staff, a non-resident warden and a community alarm service. There are 38 flats (single and double beds), with guest facilities, a lounge and garden, and laundry facilities. A one bedroom flat costs £666 per calendar month, and a two bedroom flat £814 per calendar month, with all services except for Council Tax, heating and any extra charges. Runnymede Court was built in 2001, and is run by Hanover Housing Association.

7.1.4 In order to maintain Extra Care status, 24-hour domiciliary care is provided on-site. Tenants are charged separately for their accommodation, living costs, and care and support. Tenants eligible for housing benefit and additional income from attendance allowance have a higher disposable income than older people in residential care.

7.1.5 St Barnabus Extra Care Housing, developed by Sarsen Housing Association, intends to provide 32 units of accommodation, including eight units for people with dementia. This scheme will be opening in March 2005.

7.1.6 Signpost Extra Care Scheme (East End Development) intends to provide 30 units of accommodation for people requiring Extra Care from the age of 50. This scheme will be opening in March 2006.

7.1.7 The local drivers for the development of Extra Care housing solutions locally are: -

- Older Persons Housing Strategy;
- Learning Disability Partnership Board;
- Health and Social Care Capacity Plan;
- Supporting People Strategy;
- Regional Housing Strategy.

7.1.8 The Department of Health Capacity Plan indicates that Plymouth should have 148 Extra Care Units by 2006. Plymouth will have 100 Extra Care Units delivered across three sites by March 2006. Out of 200 local authorities bidding to the Extra Care Housing Fund, Plymouth City Council was one of only 20 that were successful in the first round and the only local authority to

receive the first year's revenue funding, the full grant allocation being £2.75 million. Options for bidding in 2005/06 are to be considered in the next phase of work.

## **7.2 Linking Issues**

- 7.2.1 One advantage for people living in Extra Care housing is that tenants have more choice and control over their lives. Research suggests that relatives of people in Extra Care housing have a greater involvement compared with people living in residential care. Extra Care housing schemes receive a hidden subsidy from relatives' "informal" caring.
- 7.2.2 When comparing the financial circumstances of older people who are similar in terms of their care needs – some of whom may live in residential care and some in Extra Care housing – disposable income is higher for Extra Care tenants.
- 7.2.3 A strategic advantage in the provision of Extra Care housing is to free up family homes. For example, in the East End of Plymouth, priority will be given to older people wishing to live in the new Extra Care scheme who have a local connection and who are under-occupying family homes.

## **8.0 INDEPENDENT SECTOR**

### **8.1 Independent Sector Workshop**

- 8.1.1 A half-day workshop for the independent residential sector was held on 25 August 2004 in the Guildhall. 129 invitations were issued. Nine representatives from private residential homes for older people in Plymouth attended, with one representative from a private residential home for people with disabilities. Questionnaires completed by participants at the end of the workshop indicated that the aims had been clear and that the workshop had proved useful. Participants were reassured that this was only the first stage in a lengthy consultation process.
- 8.1.2 A number of points were raised in reply to three central questions on the workshop agenda. The following is a verbatim transcript of information recorded on flipcharts on the day: -

#### **1. What services do you in the Independent Sector want to provide?**

- Good care for good money;
- quality care for quality fees;
- more care, less documentation - which is getting out of hand;
- a level playing field;
- "Not interested in domiciliary care. Services provided must be based on bricks and mortar – this is our main asset. Flexible about what care is delivered with the proviso, 'If you want to massage me into another service you must clear it with planning, etc.'"

- “If you want flexibility from Independent sector to change the type of services offered, you must provide/access funding for those changes.”

## **2. What services do you think a local authority should provide?**

- Should focus on services people need in the community (domiciliary care, Extra Care etc);
- the Local Authority should be “purchasers not providers”, should “steer the ship, not row”. The role should concentrate on monitoring, predicting need listening and enabling;
- if the Local Authority does continue to have in-house services the focus should be on:
  - Not long term residential
  - Dementia related conditions
  - Groups at risk of self-harm
  - Initial assessment / interim etc
  - Networking – facilitation, providing clear understanding both ways of pressures.

## **3. What could a future partnership between the independent sector and Health and Social Care in Plymouth look like?**

Participants at the workshop wanted to focus on the following points:

- partnership working would help the independent sector to gain investment (banks, etc);
- fund a liaison post/point of contact;
- based on meeting needs of the people of Plymouth and the different communities in Plymouth; eg Estover, Devonport, etc.
- request for regular meetings, with membership to include Director of Social Services/Cabinet Member, representatives from Housing Services, NHS, and other groups such as the Older People’s Programme Board.

When a possible consultation strategy was outlined this was received positively, although participants felt that the short notice for this meeting had not been helpful.

### **8.1.3 The following issues were raised by participants at the workshop: -**

- fees and care standards must go hand in hand;
- level playing field needed;
- sometimes social services seem to favour their own;
- fear insurance more than the Inspectors e.g. trips out becoming impossible;
- high cost in-house compared with “£265 paid to the independent sector by Social Services” (Social Services pay between £265 and £311 for older people. The current average is £286.74 (older frail) and £304.74 (older people with mental health needs);
- information given out by Social Services staff about homes out of date;

- early discharge scheme – means you wait 63 days until you get paid;
- happy to provide services and change to meet the needs – got to have the costs of this met;
- the Council can massage the market through offering financial grants and support e.g. Extra Care;
- support needed as there has been years of neglect by the City towards Independent providers;
- willing to work together – co-ordinated training, bulk purchasing;
- reablement, interim, respite – independent sector could only do this if there was block contracting - the same applies to day care;
- need locally based services across the City;
- write to Director on behalf of Independent Sector re. work explored with Paul Francombe;
- re-open work done on Fair Price for Care – Independent Sector gave time to Consultants – report shelved – never had meeting regarding findings;
- Managing the Market Group – helpful, miss it – would like regular meetings;
- want to meet Portfolio Holder / Director on a quarterly / half yearly basis;
- need to have Older People's/Adults Services ring fenced – must not be used to bale out other services in Children and Families;
- need to acknowledge communities within Plymouth and that they need their own services, not one big new build on the edge of the City;
- community focus/ mixed range of services and housing in new estates;
- good standards;
- minimum wage in October high impact on staffing costs 6.6%-increases too low. Cornwall have given 5%, Plymouth only 2.5%. (NB From January 2004, an increase of 6.43% was put in place for older people over 65 years of age.)

## **9.0 HEALTH**

### **9.1 Oral Evidence**

9.1.1 The Panel interviewed the Older Peoples Service Planner for Plymouth Primary Care Trust on 31 August 2004. The following are the views expressed by the witness, speaking in a personal capacity.

9.1.2 In regard to nursing care, there was a gap in service provision for older people with mental health needs (as well as for younger people in their forties and fifties who had mental health needs), with Parkinson's Disease and Huntington's Disease being major areas of concern. There was a need for assessment beds, and sometimes respite care, for older people with mental health needs. Exploring housing options for older people would also meet gaps in service provision. Working in partnership with housing associations had proved successful and would be continued, but there was scope for

providing warden support for older people who were not in sheltered housing, as well as greater provision of minor adaptations to allow older people to return to live in their homes after being discharged from hospital.

- 9.1.3 The witness thought that Plymouth City Council should concentrate on specialist areas of provision for older people, with Peirson and Frank Cowl House developing more enabling services. The witness asserted that the local authority should not be providing long-term residential care as she thought this was an area where the independent sector could provide an equivalent service cheaper.

## **10.0 HOUSING**

### **10.1 Oral Evidence**

- 10.1.1 The Panel interviewed the occupational therapist in Housing Services on 31 August 2004. The following are the views expressed by the witness.
- 10.1.2 This was a new post within Housing Services, being the first occupational therapist funded by the Housing Revenue Budget initially, but now made permanent. The role was challenging and varied, with an advisory and support function, as well as flagging up disability issues; eg design of windows. Standard 22 reviews of Plymouth City Council residential homes had been undertaken to assess how the needs of disabled clients were being met.
- 10.1.3 The Accessible Housing Register had been set up in Plymouth, covering 17,000 properties. Clients with disability needs will be matched with properties that will meet those needs. The Accessible Housing Register would subsequently be extended to include Registered Social Landlords.
- 10.1.4 Some of the in-house residential units were more structurally adaptable than others. The client group was getting frailer and would require more space, and the current structure of some of the buildings could limit this.

### **10.2 Written Evidence**

- 10.2.1 A Housing Services representative was unable to attend the meeting on 31 August 2004, and the following written responses were received in relation to witness questions.
- 10.2.1 “In your view, how effective is partnership working between Plymouth Social Services, Plymouth Housing and the Registered Social Landlords (RSLs) in delivering services for older people currently? How could we enhance partnership working for delivering services in the future?”

*This response comes from the angle of delivering new provision of housing, in particular the “bricks and mortar” rather than the delivery of services.*



*The Plymouth Housing Partnership (PHP) is the main vehicle through which the City works with RSLs. Our Housing Strategy staff work with RSL development managers and The Housing Corporation to increase the supply of all new housing provision, including that for older people. We rely heavily on Supporting People and Social Services to provide us with the finer grained information on what is needed.*

*Both the mapping of existing provision and information on emerging need from Supporting People and Social Services Strategies are used to bid for new capital and revenue grant funding. They are also used to inform the developing "fit for purpose" Housing Strategy.*

*Partnership working would be enhanced by extending the existing good links Housing have with Supporting People to include Social Services so that a three-way dialogue including RSLs could be had on new schemes being developed.*

*Quality data on what housing provision required in terms of numbers, types and location would enhance our ability to deliver. Essentially, we need to better understand the housing needs of older people in the City.*

10.2.2 "What opportunities are there for developing good quality sheltered housing for older people in Plymouth? How should this be done?"

*There are a number of options. We are already looking at working with the PHP to identify opportunities in the private sector along with maximizing delivery through key regeneration and strategic sites using our planning powers. We have successfully bid to external organizations such as The Housing Corporation and Department of Health. We have also been looking at making best use of existing stock and initial discussions have been had with RSLs regarding remodeling of older and hard to let sheltered housing.*

## **11.0 VOLUNTARY SECTOR**

### **12.1 Oral Evidence**

12.1.1 The Panel interviewed the Director of Plymouth Age Concern and the Chair of Plymouth Senior Citizens Forum on 31 August 2004. The following are the views expressed by the witnesses.

12.1.2 The Director of Plymouth Age Concern was of the view that unit costs were the most important factor in future planning for residential care. Extra Care housing was the way forward, with the limitations of sheltered housing becoming more apparent as people got older and more dependent on services such as domiciliary care. In general, older people wanted to stay in their own homes and be supported there.

12.1.3 Training was an important issue for residential care staff, and Plymouth Age Concern had employed their own trainer. However, terms and conditions of employment, as well as possible career progression, meant that many trained staff chose to move from the voluntary to the public sector.

12.1.4 Both the Director of Plymouth Age Concern and the Chair of Plymouth Senior Citizens Forum stated that they would like closer ties with the Social Services Department, with the latter requesting that the Director of Social Services give a presentation to the Forum on the future development of residential care services for older people in Plymouth.

## **12.0 BEST PRACTICE IN OTHER LOCAL AUTHORITIES**

### **12.1 Extra Care Housing**

North Yorkshire County Council, in partnership with other agencies, is seen as an exemplar of best practice in its redesign of housing into Extra Care, having converted 17 units into Extra Care Housing. Durham and Newcastle are other local authorities cited as exemplars of good practice in the area of Extra Care housing.

### **12.2 Domiciliary Care**

Shropshire County Council has an Older People's Overarching Strategy that helps promote older people's independence in the community and to make informed choices about services. Other local authorities cited as exemplars of good practice in the area of domiciliary care are Southampton, Portsmouth and Bristol.

### **12.3 Site Visits**

The Social Care Overview and Scrutiny Panel will consider undertaking visits to one or more of the above-mentioned local authorities to gather information that will feed into the second phase of work.

## Appendix 1 – Reference Materials

1. Briefing paper (SCOSP 5 04/05) to Social Care Overview and Scrutiny Panel on 12 July 2004. Frances Tippett
2. Inspection of Social Care Services for Older People- Plymouth City Council – April 2003  
<http://www.dh.gov.uk/assetRoot/04/07/18/01/04071801.pdf>
3. Preparing Older People’s Strategies – Linking Housing to Health, Social Care and Other Local Strategies  
<http://www.dh.gov.uk/assetRoot/04/06/10/34/04061034.pdf>
4. National Standards, Local Action. Health and Social Care Standards and Planning Framework 2005/06-2007/08  
<http://www.dh.gov.uk/assetRoot/04/08/60/58/04086058.pdf>
5. Domiciliary Care – National Minimum Standards – Regulations  
<http://www.dh.gov.uk/assetRoot/04/08/36/71/04083671.pdf>
6. Developing and Implementing Local Extra Care Housing Strategies  
<http://www.dh.gov.uk/assetRoot/04/08/16/73/04081673.pdf>
7. Extra Care Housing for Older People: An Introduction for Commissioners  
<http://www.dh.gov.uk/assetRoot/04/05/06/48/04050648.pdf>
8. Supporting Vulnerable and Older People: The Supporting People Programme (Local Government Information Unit Policy Briefing)
9. Inspection of Social Care Services for Older People, Plymouth City Council, April 2003.

## **Appendix 2 – Contributors**

The Panel would like to express their sincere thanks to all those who provided information and advice:

- Debbie Butcher, Project Officer Supporting People, Social Services Department
- Nick Carter, Strategy Team Leader, Housing Services
- Barbara Dove, Director, Plymouth Age Concern
- Elaine Fitzsimmons, Older Person's Lead, Plymouth Teaching Primary Care Trust
- Jenny Jones, Waterfront Sector Manager, Social Services Department
- Hilary Mole, Occupational Therapist, Housing Services
- Sandy Teske, Corporate Consultation Officer, Chief Executive's Department
- Frances Tippett, Planning and Development Officer, Social Services Department
- Maurice Winter, Chairman, Plymouth Senior Citizens' Forum

## **Appendix 3 – The Panel and Meetings Held**

### **Membership**

- Councillor Fry (Chair)
- Councillor Gordon (Vice Chair)
- Councillor Blackburn
- Councillor Brookshaw
- Councillor Brotherton
- Councillor Coleman
- Councillor James
- Councillor Lock
- Councillor Nicky Wildy
- Councillor Williams
- Ms Roma French, Co-opted Representative

Lead Officer            Frances Tippet

Administrator        Andrew Pearson

### **Meetings**

The Panel met on five occasions between 5 August 2005 and 21 September 2004, and also undertook seven site visits:

- 5 August 2004
- 23 August 2004
- 31 August 2004
- 3 September 2004
- 21 September 2004