Westmorland & Furness Council

Grisedale Croft Care Home public consultation

Public meeting, Alston Town Hall
Thursday 16 July

westmorlandandfurness.gov.uk

Welcome

Nikkie Phipps
Director of Care Services

Michael Robinson
Commissioning Manager

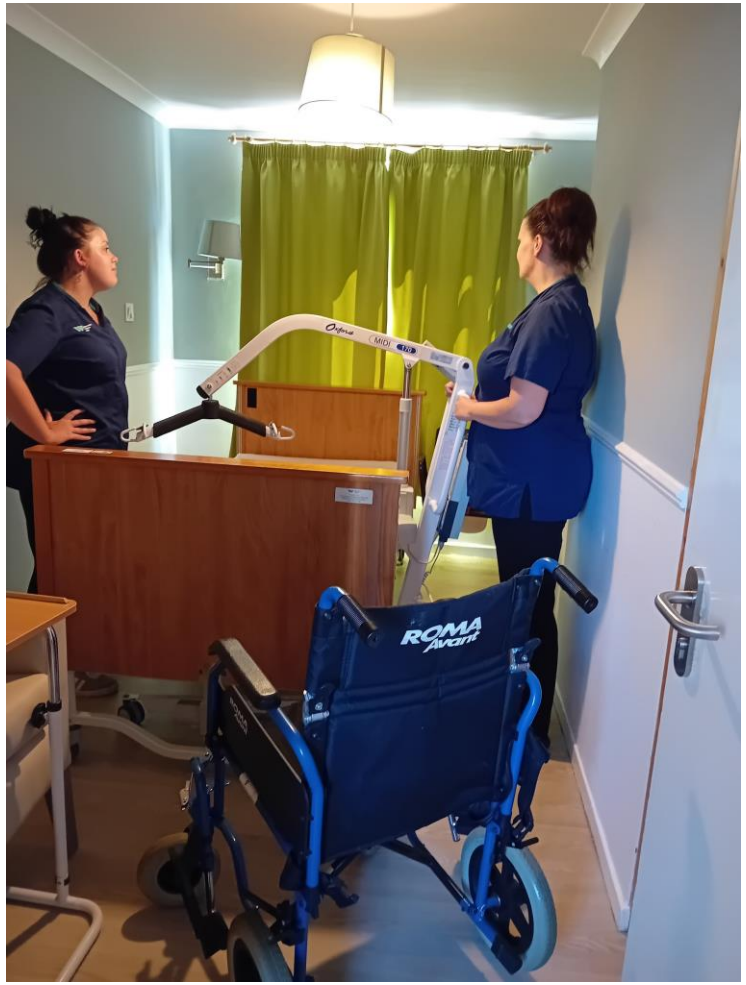
Kate Clement
Community Development Officer

Why is the future of Grisedale Croft under consideration

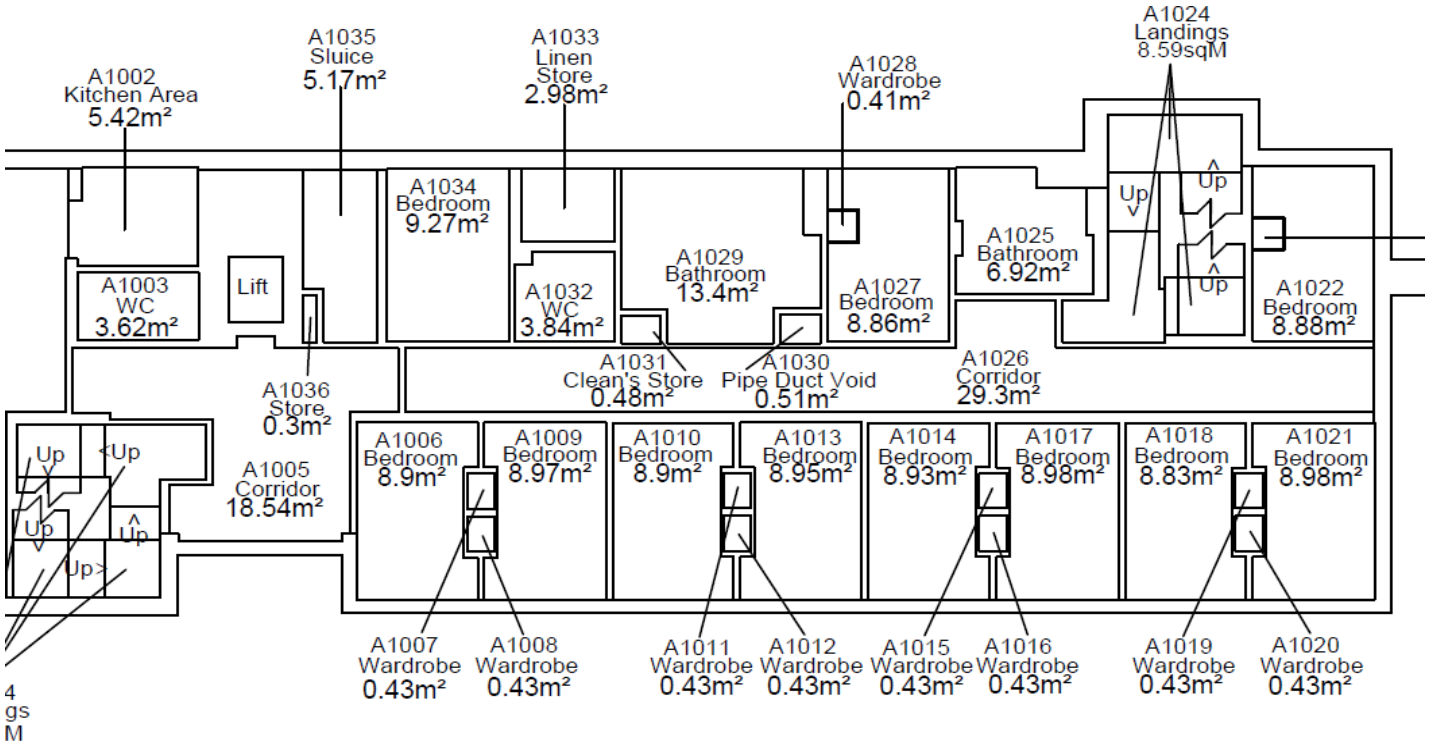
- Highest cost per resident staying within the service
- Lowest occupancy ratio
- Public engagement and national research shows that people would prefer to stay in their own homes wherever possible
- Residential services are needing a high volume of investment to stay still – not through lack of maintenance, but through changing standards and buildings not being fit for purpose
- We need to start transforming services to future proof for the coming decades – if not now, then when is a good time?

We can only do so much with what we have

- Should you share your bathroom including your toilet with 4 other people? Would you do this on holiday?
- How do we provide an increased amount of double handed care that is needed?
- How do we promote independence in these rooms?
- What is not in question is the care and support that is being provided, but the safe working environment for staff and users of the services



CQC Guidelines recommend at least 12m2 for each bedroom – no bedroom is that size

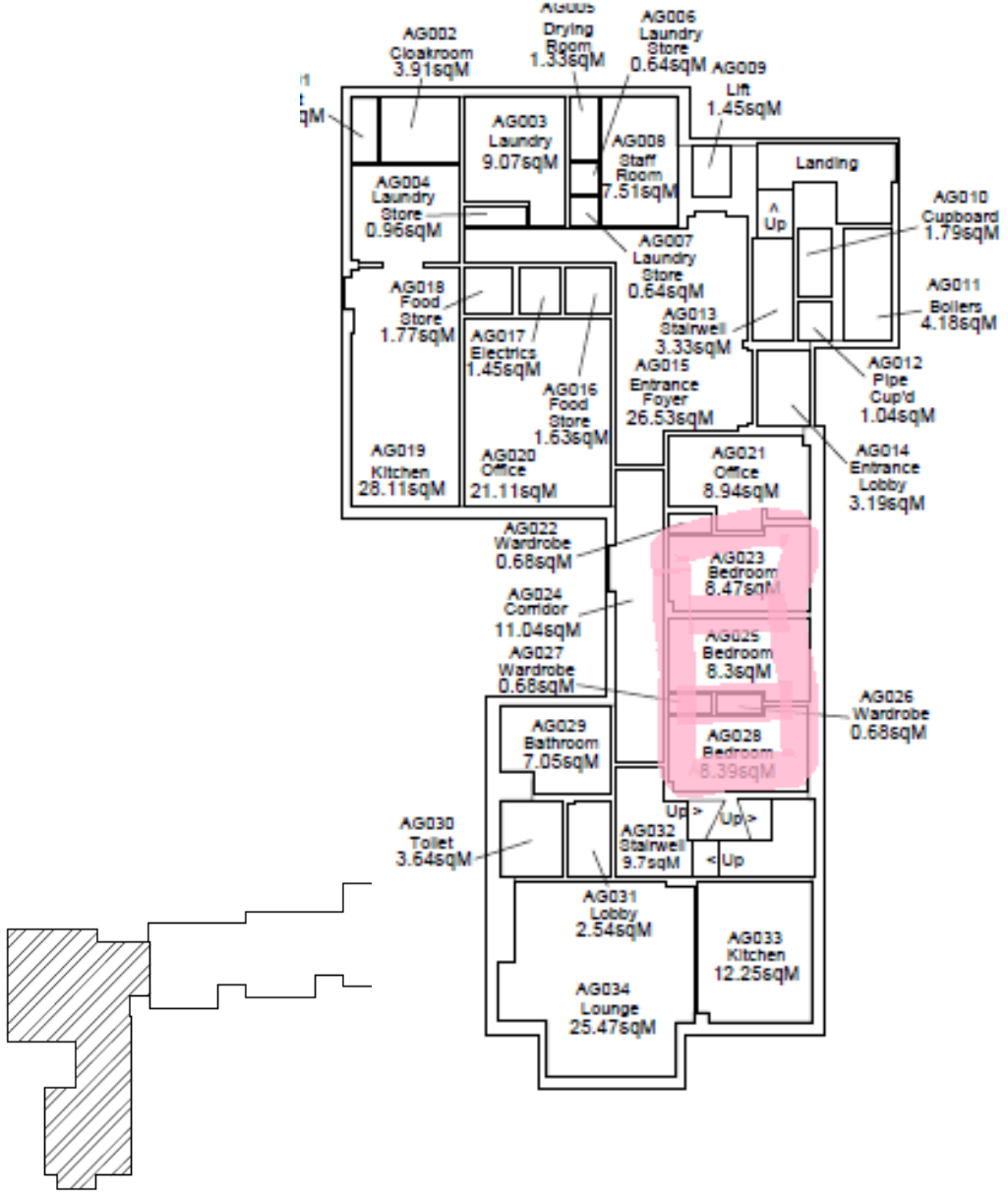


Gross Internal Area = 290.38sqM

Gross External Area = 322.81sqM

Grisedale Croft

- Grisedale Croft is a 13-bedded residential home, highlighted on the right are 3 bedrooms on the ground floor which are not big enough to accept wheelchair users or people requiring assistance of two to support with mobility or manual handling issues.
- The building has design principles embedded in it which do not support people with dementia or short-term memory issues
- There are high maintenance bills, and the heat efficiency of the buildings is low compared to options available now.
- On the plan to the right, the location plan shows the block of vacated flats that the home is joined with, the block has 12 flats which were leased to Eden Housing Association. All of these flats are vacant, and the block has been handed back to Westmorland and Furness.



Public Consultation 14 May to 19 August

- **Consultation opened Thursday 14 May for 12 weeks.** (Now extended by 2 weeks to 19 August)
- **Online survey, and paper copies** of the consultation document available in Alston Library, Nenthead Village Shop, Garrigill Post Office
- **Dedicated consultation mailbox** for queries, questions and direct responses to the consultation
- **Public one-to-one information drop-in sessions** held in Alston, Nenthead and Garrigill, plus were happy to agree to the request for this Public Meeting.
- **Q&A document** published from questions raised at meetings and from survey responses
- **One-to-one engagement with families** and notification about each stage of the process
- **Care home resident meetings** on a one-to-one basis where appropriate - this ensures the quieter voices are also heard
- **Westmorland and Furness Healthwatch** are involved to provide an independent platform and engagement body with care home residents and the community, with a final independent report
- **N-Compass** are undertaking advocacy engagement; this will be in a more generalised and generic way for those people who do not have capacity to be engaged.

Options being consulted on

1. **Do nothing** – the home would continue to run as it is, with a high unit cost, low occupancy and ongoing maintenance costs
2. **Refurbish the home** – this would cost an estimated £2.5-£3m. It would generate larger rooms and the opportunity to include ensuites; this would also reduce the number of rooms available as there is not room to expand externally; this would result in a higher unit cost as there would be less capacity within the existing floorplan. People do need to move out of the service for 12 to 24 months.
3. **Close the home** – people would be assessed by their social worker and engagement will take place to identify alternative options for them to move to.
4. **Rebuild** – if this option was chosen, people would need to move out of the current service they are in, the home would be demolished and rebuilt on the same site. Two to four years.
5. **Provide alternative accommodation** in Alston in a newly acquired property

Example of a room we have in a W&F new build

- This enables us to provide double-handed support
- It supports people who have mobility issues
- All rooms have ceiling track hoists or capability for them to reduce the need for equipment
- All rooms are ensuite, with continual tracking into the en-suite bathroom

What we know

The Social Care Institute for Excellence highlighted

- **2.1 million** new requests for support in 2023/24.
- **Increasing complexity** typically results in more double-handed care

Intermediate care helps people remain independent - SCIE reports strong outcome data:

- **70%** of people receiving intermediate care following a hospital stay returned to their own home.
- **92%** maintained or improved their dependency score. [scie.org.uk]
- These figures are particularly significant given that many people entering intermediate care are older, frail and have multiple health conditions. [health.org.uk]
- **It delays or reduces progression into long-term care**

We have to and do work closely with the NHS, but we do not fulfil the same duties and are not governed by the same Acts. There are different organisational priorities and timelines that do not always perfectly align.

Baroness Casey speaking at the Local Government Association conference last week:

- The public don't understand these distinct categories – and nor should they have to.
- They don't care where the NHS ends and social care begins.