

APPENDIX A

Adult Social Service

Direct Services

Tudor Gardens Consultation Report June 2015

Introductions

The aim of the statutory consultation was to obtain the views from service users and carers about the proposal to de-register Tudor Garden as a residential care home and move to a supported living model and whilst doing so promoting independence, choice and control for the existing residents

6 meetings have been held over a statutory 90 day period aimed at service users, relatives and staff. More meetings had been scheduled, however, at the request of relatives this was reduced as many of them lived outside London. Relatives also requested to have joint residents meetings so that they could act as advocates for their relative. This was done.

For all service users' meetings there was a Makaton signer, an advocate and a note taker. For all relatives meetings there was a Palentypist who transcribe a verbatim record of what was being said. Copies of the palentypist notes have been sent to all relatives. This consultation report represents a summary of the palentypist record of all the meetings attended and relatives and the notes taken at all residents and staff meetings. The questions reflect the main topics coming out of each consultation meeting and the important issues for residents and relatives. Not all carers attended the meetings but there was consistent representation from 7 relatives at all of the meetings. The joint resident and relative meetings were long meetings which were extended to take into account the level of understating of resident and the need for Makaton translation

The first 3 meetings happened in April. There were individual meetings with residents, relatives and staff. The fourth meeting was a joint residents and relatives meeting, as requested, and was divided into two parts. The first part involved a visit to two supported living operations in the borough, where relatives were able to ask the questions they wanted and gain a good understanding of the needs of the people who lived there, how the service worked, and the benefits for the people who lived there. The second part

involved a meeting at Tudor Gardens where more questions were raised in relation to the council's proposal. The third and final meeting included presentations from, and discussions with: the Learning Disability social work team manager, who addressed concerns about the assessment and support planning process; a senior Commissioning and Quality manager who addressed concerns about the procurement.

Key Questions, Answer and Comments

Meeting 1 – Overview

Q: How is the accommodation paid for?

A: The residents will qualify for benefits, including housing benefits. Within that they will be able to pay for things like their rent, their council tax.

Q: Will somebody will help them to make those applications.

A: Yes they won't be able to do that on their own, not the support workers here, but another organisation will facilitate that.

Q: I'm concerned about the assessments because Brent has a history of providing poor quality assessments. You should assess their capacity to contribute and give their ideas before you do the consultation.

A: We are talking to service users as part of a consultation process to get their views on the suggested proposal. It's an idea at the moment, so therefore we are not formalising anything in terms of making the final decision. The final decision will be made only when we've got enough information about the proposal and that can only come from having meetings like this. Some users have vocalised their concerns, We are also able to work with the key workers who know the residents very, very well and communicate with the residents much better than myself or with an advocate. We are hoping to build on the communication flow as the weeks go on.

Q: What are the disadvantages of assessing resident's ability to understand what they are being asked before you ask them?

A: It is not about whether there is a disadvantage. When we do an assessment process, a review process, we are reviewing their whole needs, the holistic needs of that individual. It's not only really their ability to live in a supported living environment, so every year the residents here do get reviewed

C: All relatives and carers present said no they don't get reviewed every year. All relatives and carers agreed no assessments at all had been done

Q My son has not had a review for a while.

A: I think your son has had a review, perhaps you didn't realise it was a formal review. This has happened before, but we need to ensure people are clear what the process is.

Q: The CQC guidelines are very clear that we should be involved in a review. The one that took place didn't follow the guidelines.

A: I wasn't aware you weren't involved, I can only apologise for that, and I will look into it.

Q: What concerns us is Brent has owned the place for 4 years, all of a sudden we are expected to drop everything and come from Devon, Manchester to a meeting at 10 days' notice and another one next week. This is unreasonable. We also want to have meetings with our relatives. We are their advocates as well.

A: Agreed to have joint meetings and to reduce the number of meeting. Future meetings will be scheduled for a longer period of time to take into account the communication support needs of the residents. Future meetings to also be arranged around the availability of relatives and the time they can get to the meeting due to distance and work commitments.

Q: We want to be involved in the assessments or anything they have done, we all want to be involved and be there to weigh the pros and cons.

A: We would welcome your contribution and would like you to be involved

Q: When you talk about choice and control, I am concerned that my relative will be neglected as this has happened in a previous home she lived in.

A: That would never happen in this home, and it would not happen in a well run supported living environment.

Q: When you talk about supported living, I know you are describing something different, but my experience is very, very, very different and has been a very negative one.

C: One Carer submitted a detailed history of a failing in a supporting living home and the failure to manage this effectively

A: I'm sorry for the experience you've experienced. It's not our intention to go down that road in the slightest. How I see supported living happening here is there should be very little difference in terms of the care that's provided, very little difference in terms of the way that people live. The only difference should be positive in terms of small improvements in independence and in how the money and how bills are being paid. We have to make sure that doesn't happen. My role here is to make supported living work for Tudor Gardens. I can only make it work if everyone is happy with the final product.

Q: Who owns Tudor Gardens?

A: The Council.

Q: Can the Council provide the care then

A: The CQC likes the care to be separated from the accommodation.

C A relative pointed out that the CQC doesn't have a preference. The CQC is exclusively concerned with quality of provision not who provides it

Q: Will all the staff that we have here be able to stay here, because they are under Brent?

A: They may go across to a new provider. The staff shouldn't change in terms of numbers, but what may change is the pattern of work.

Q: My sister won't leave the building if it's on fire. To me therefore you can't predict a fire, which means that someone has to be ready to push her out physically if the building is in flames and if there is only one person. We've had a real fire in Torquay, it takes two of us to get her out of the room when she doesn't want to go, but when it's on fire we are prepared to use force.

A: It is key that the assessment process is the highest quality to give that confidence and I'm going to make sure that we do get good social workers and make sure that the key workers here are definitely involved in that process. These safety concerns will be taken into consideration at the point of the assessment. I hope you too take part in that process. Then the support will be commissioned to ensure that these risks are managed.

Q: The Care Act 2014 says that in the event of an assessment being complex or the decision being taken being major the assessment should be carried out by a medical professional, such as a clinical psychologist, clinical psychiatrist or a doctor. Expert opinion needs to be sought and therefore the assessment needs to be done by an expert and the social worker is not an expert.

A: The social workers who will review your relative have the appropriate skills and knowledge to undertake the reviews. Most of them will already have a good knowledge about your relative and can undertake the assessment of need and a mental capacity assessment.

Q: Can we be involved in the interview process for the new provider of care?

A: Yes. However, we currently have a framework of home care providers so there is already a select list we can draw down from.

Q: Can we have a copy of that, who they are?

A: I will try and get you some information in relation to that.

Q: If you've got a problem who would you go to? Would it be the senior worker here?

A: You will have a named person. You will definitely have a named person.

Q: Will Brent still have control overall? Would they be overseeing it?

A: Brent would have to monitor the quality of the care and also ensure that payments of bill happen. There will be someone auditing that. And the CQC would still inspect but on a different basis.

Q: If the people fell down on their duties you would be able to change the contract.

A: Yes. There are sanctions written into the contract

Q: Would the residents would get as much money as they are getting now or even more.

A: I can't say that for sure. They would get as much as their assessment said they required.

Q: So they can still do all the things they are doing now and maybe more? Who will decide what they are going to eat

A: They can decide, they will have more choice and control, and they can do that in collaboration with their support workers.

Q: We would like to look at how supported living homes are currently run of having a look at how they do supported living in homes they currently run.

A: We will try to arrange that for you.

Q: Do Brent have a view on whether or not the people who live here are capable of living in supported living environment?

A: Yes, they do. There are a number of other homes that have been deregistered and the view that Brent has is based on that success. Most, if not all people can live in Supported Living accommodation it depends on the level of support put into the accommodation?

Q: I am concerned that there will be less staff especially at night and if someone has to go to hospital there will be problems. Some residents cannot express pain or need. It's essential that staff stay with residents if they are admitted to hospital.

A: This is about giving you confidence. You don't want to be at home worrying about what is happening at Tudor Gardens down here. You need to feel confident that the care she's receiving is of the highest quality and not compromised in the slightest.

Q: Concerns were raised about staff reductions and reduced salaries paid by a new provider.

A: If TUPE applies, which it should do, staff take their terms and conditions with them and their pay will be exactly the same as they are getting here and this could be for 2-3 years. And all new contracts we let are supposed to be London Living Wage compliant.

Q: Is there a guarantee they are going to remain working here or could that organisation then move them to some other place? They are like one big happy family here.

A: There are no guarantees. We would have to have a dialogue with the providers at the time.

C Relatives and carers whilst understanding the TUPE law weren't happy that guarantees couldn't be provided

Q: We value the staff and the manager of Tudor Gardens and would not want to change this.

A: We also have to recognise that people want to move on and develop their career as well.

C: I feel much better about this after this meeting. I don't feel I have been lied to. I don't feel that there's a hidden agenda whereby this is going through come what may and Brent is prepared to do anything at all to get its own way. I feel there's a degree of openness and honesty, which has not characterised our dealings with Brent in the past. We are not going away thinking we need to have another meeting after this to work out how to fight them.

C: I feel quite happy. Our brother is 67. I think there's 6 of them over 65 and I was so worried you would say he is that age, he needs to go to an old people's home, but you haven't, you said they will stay together and all be here.

A: It can only happen if we are both happy on both sides, if we are transparent, open. If I say the Council can't do this I'm going to say it clear and be open and honest with you. If I don't understand or know the answer to something I will try and find out and give you the information.

Meeting 2

C: I was very impressed with the supported living establishment we went to see, more than I thought I would be I have to say.

Q: Can we extend the consultation to 6 months as it feels that is rushed.

A: We will work with you to ensure we are happy through the process of change. This will be throughout the 3 consultation

process and over the next three months to work up the model together so that everyone is happy and confident.

Q: How do we know who is going to win the tender, how can we decide whether this is the right way to go, we've only seen two supported living so far today. How can we decide?

A: You decide on the basis that this is what we are going to do, we are going to de-register Tudor Gardens, and we've assessed people's needs as the second part of that process. We specify and monitor.

Q: Will these social workers be experts in learning disability?

A: They will be yes with long years of experience. Most of the social workers I know have been there for a while and recently have undertaken a vast amount of training under The Care Act

Q: I'm still not happy that you de-register the home while you are doing the assessments.

A: Both processes will commence together but deregistration will take longer. It could take up to six months We will start the re-assessments as soon as the de-registration process is started so they will be done long before the de-registration process is complete.

Q: Is the Care Quality Commission involved?

A: Yes we have to get them involved. Part of the planning process we'll have to have a dialogue with them and they can say at any time I want you to do X or Y I don't agree with this or that. What we'll do is work in partnership as a group to have that dialogue with the CQC.

C: In the spirit of mutual honesty I think it's true to say we are much happier with what we saw than we expected to be. There are significant advantages to supported living, like having a tenancy; I think we all agree with that. We are not dead against it, but we worry that things might go too far, too fast and any slowing down you can do we would very much support and welcome.

A: I don't think it's about slowing down the process; I'm in no real hurry. Obviously I'm working to a timescale, but I do think the important issue is to work together because unless you are happy with what's happening, unless you are involved.

C: Knowing we haven't got all these deadlines makes me feel easier because I did feel under pressure.

A: The various meetings that have been published for you to attend, they are flexible; it's to make sure we cover a wide range of carers.

C: They weren't flexible before when the meetings were going to finish at the end of June and we were told a decision had to be made by June.

C: It seems more flexible now, doesn't it?

A: A paper will be presented in July, not in June. The consultation officially finishes the first week of June, so that's the 90 day statutory consultation, but then we'll go straight into the planning, and part of the paper that goes to the Cabinet would be about the plans because we will be having discussions about what is this model, what does it mean to our residents who live here. So we already started the planning process in that sense.

Q: How long do you think the assessments will take from when you start doing them?

A: It shouldn't take too long because there are not many residents, but it's about the resources that are required and making sure we've got the right people in the room and that includes you.

Q: Is the assessment in one three hour block?

A: The assessment is very individual and is dependant on the needs of the resident and who needs to be involved.

Q: What is the money called and what is it used for?

A: The money is called benefit and is used to pay for things

C: Everyone would like Tudor Gardens to stay the same. Same staff.

Meeting 3 – Social Work Team Manager, Commissioning & Quality manager and the Management from Lyndsay Drive Supported Living Organisation attend

C The Council explained the Mental Capacity Act and how resident mental capacity would be assessed. The Council confirmed that if a resident did not understand the questions at the assessment meeting then a judgement would be made in relation the to the resident's lack of capacity to understand. People who are important to the service uses e.g. relatives, key worker will be present at the assessment meeting to support the resident provide information

C Carers asked if they could add their questions to assist the assessment process. It was confirmed that the assessment questionnaire was very comprehensive to obtain the relevant information. It was person centred focused and lead to the development of a support plan focused on supporting residents needs. However additional questions from the relatives would be

accepted to further support the process

Q: Have you got a time frame when you will start the assessments?

A: According to the programme that Nancie sets out - she will tell us when we need to start.

A: We've had some preliminary discussions about that this morning so as I said the cabinet paper will be presented to cabinet some time in July. We're hoping to start the assessment fairly soon after that, so early August.

Q: We would like to ask additional questions as part of the assessment e.g. what would happen in an emergency situation because we know the answers to questions like "what would the resident do if there was a fire, gas leak, medical emergency etc.? These were not asked as the last assessment and were partly to responsible for very poor quality assessment

A: These are fundamental questions that we would be asking as part of managing residents' personal safety and safety within the home. Without that, we couldn't understand what the risks are facing the individuals.

A: Your questions will be taken into consideration because we want to make sure that you are happy as relatives in terms of the support that we are trying to give to the relatives here. So we do have a framework that we have to work within as the law says. We'll take into consideration any additional questions and the information coming from that will help to enforce the support plan and the safety arrangements of relatives.

Q: It's important that social workers know the types of questions to ask and understand how residents communicate or don't
For example residents will give different answers to the same questions if they're asked more than once

A: These are all fundamental things that we need to know about, so although we have not got a direct question in the form that we ask under the heading, we would be asking those questions, so whatever you said these would be things that we would be including within our exploration.

Q: How long do you monitor the new care providers for?

A: For the length of the contract

Q: Can we sit on the panel to choose the care provider?

A: Yes. There's an opportunity to sit on the Panel to choose who comes to work to deliver the services at Tudor Gardens. There's a chance to help to make sure you train them up and get them to understand what is needed to make them run and manage it well here and then there's a chance to be involved in the long term making sure you giving feedback to If they major misconduct or incompetence, what can you do about it; can the company that got the contract be removed and replaced? Is that

a lengthy business or it can it happen quite quickly.

Q: How long is the contract for?

A: In general Council contracts are only allowed for a maximum of four years. What we would do is to determine what is in the best interests of the particular service that we are looking to procure.

Q Can you write the tender in a manner which forces companies to avoid excessive staff turnover?

A Monitoring staff turnover would be part of the quality assurance monitoring undertaken by the Council

Q: If there is major misconduct or incompetence, what can you do about it; can the company that got the contract be removed and replaced? Is that a lengthy business or it can it happen quite quickly.

A: It depends on the level of the issue and what in the contract. You have a contract and it says gross misconduct stealing, this is what will happen, and so yes, The contract is used to trigger that process of change.

Q: Are you in a position to put in the contract major staff upheaval or lots of staff leaving, high staff turnover would be a sign - could you make that something that would be a major trigger if you chose to do so?

A: What we want to understand is what is causing that because it's really the cause that we would be most interested in. Is it just that there's brilliant opportunities down the road and they couldn't resist, that's not the organisation, but if they are leaving because they are very unhappy because the service that they've being asked to provide doesn't feel right, then we would be looking at the causes.

Q: How many staff say they want to be TUPE'd over?

A: We don't have choice on TUPE, there are rules. The lawyers get involved and they tell us TUPE does apply or it does not apply, no. If the answer is TUPE does apply, then at that moment in time in theory every single worker has the potential to be TUPE'd into the new organisation. Then it depends on how that organisation goes forward. In principle, if TUPE applies, they have to look at everybody's job description to see if those jobs need to happen in the new organisation and if those jobs still need to happen in the new organisation, then TUPE has said to apply and those jobs are TUPE'd.

Q: Can you specify in the tender the continuity of care with named people and named clients or being either TUPE'd over or continued to be employed by Brent?

A: Legally we are not allowed to name individuals because again you name them by the job title. We will follow the rules. But continuity of care is paramount to when we say what we will write down; one of the things that we want to write down is that there

will be good continuity of care for everybody. The whole principle of when you move to a new contract is that it should not feel like a big upheaval.

Q: We will need a manager. The manager has left and that would leave a gap.

A: Aga is still the manager here although she has been moved temporarily to John Billam to the day centre and Mary is here in her place.

C (commissioner): My proposal is that the joint working group would be looking for volunteers who would be able to make the commitment to work through the green and purple, possibly the green and purple into the blue areas of the tender process. My experience says that if you have people dipping in and out, they miss part of getting the specification right. The key is the debate and discussion and working out how to fit it altogether and taking what you've agreed into the tender process and interviewing companies against what you intend on that specification. So what I would be proposing, and again we can do it in different ways, but what I am proposing is it could be that we have one or two nominees who are heavily involved and then others who are less heavily involved but get to see the drafts, or be involved at the beginning, wait to see if it's at final draft stage before they have any comment. That group get to keep updated. There are different ways we can do it and to some extent, that is determined by you as individuals and you as a group as to how much time and energy you have for this, how much skill you feel you have for contributing to these pieces.

Q: What will the cabinet be told what the relatives views are on this process? Is there anyone who is going say to the cabinet "yes relatives and carers are really interested, they think it's great "I would summarise the relatives and carers' views, and I think I speak for the residents as well, as we regard the privatisation of the service and the move to supported living as the least bad option if we lose the residential home. What we would all prefer is for the residential home to remain with the staff that we've got and would you all agree with that?

Yes. " was the response of all carers and relatives present.

A: That is my responsibility because I'm the one that is charged with writing the cabinet report that will be presented in July. As part of that report all the information coming out of the meetings that we've had will be part of that report and members will consider what is being said by relatives and service users.

Q: Is this change driven by making savings?

A: It is about becoming more personalised giving people more choice, there's a greater opportunity within a supported living environment.

Q: Can you give us an example of what you mean by choice

A: One example of choice might be about food and instead of people having to eat much the same kind of dinner or snacks, you would be choosing, maybe going to the supermarket to help buy it and having things in your cupboard that you have chosen. Another choice might be about the things that you do the activities that you do in the day. That could be different and chosen by you. In supported housing, each person gets hours of support one to one support and you can be involved with your family in thinking how you want to use that support.

Q: My sister cannot become independent. How can this possibly happen?

A: We will work slowly with resident to improve their confidence and build skill. It will not happen overnight

Q: How do you quantify how much care a person needs in hours?

A: Evidence of this will be provided by key worker as they know resident best together with care management. This will be recorded in support plans and if needs change an increase or decrease in hours will be given.

Lyndsay Drive Management

C: Natalie and Ray from Lyndsay Drive Supported Living gave a presentation on their experience of deregistration. They explained the benefits to include tenancy , a right to stay wherever they lived, more choice and money

Q: How important is it to get the right staff?

A: It is important to have committed staff who can provide good quality personal care. This was normally achieved by training and education. Service Users choose who they wanted to support them and those not chosen don't continue to work with them

Q: What about having good managers?

A: All management at all levels should be good quality

Q: Did staff leave due to salary decreases

A: Salaries were protected by TUPE but staff had a choice to stay or leave the organisation. The focus was about having enough staff to support service users to become independent

C: Natalie explained the importance of ensuring that care hours provided to resident met their needs e.g. how long will it take a

resident to brush their teeth. It was important that key worker knew this information and this should form part of the assessment process

Q: Is Tudor Gardens keeping a record of service users needs.

A: Yes as key workers they are all aware of the needs of the residents they support

Overall Comments from advocate for residents

C: We should involve residents throughout the process and take into account their preferences

R: The Council will continue to ensure residents are involved throughout the process of change

C: Most of the residents understood or had the mental capacity to understand the changes proposed in the view of all relatives and carers, and the independent advocate, in addition to attending the meetings the advocate went to see residents individually to see if she could help them understand the proposals. She concluded she could not, and agreed with Ken Knight's summary of their inability to follow what was being discussed at the meetings, where their interjections bore no relation to the matters in hand. The Council together with advocates and key workers will have to continue to support them through this process

R: It is the Council's intention to continue to support residents to enable them to effectively contribute and to ensure that they understand that Tudor Gardens is not closing. The message of improving resident 's quality of life and promoting their independence will be reiterated

Overall Summary & Next Steps

Assurance was provided that the consultation process would be open and transparent and that engagement with families was essential to ensure success.

Concerns were raised about the supported living model, the assessment process and the procurement process. All of these concerns were addressed, but it is fair to say that many concerns remain specifically around residents' understanding and mental capacity, issues around TUPE and retaining the same staff. However, there is also a clear commitment that in addition to working with them through the three month consultation process, officers will continue to engage through the implementation process (the crucial next three months and beyond) to identify additional opportunities, through the new model of care. The aim would be to work together to focus on the residents' individual needs, maximise their independence and improve their quality of life and to make the changes a success.

Following the assessment of needs all residents will have an up to date support plan. The assessment will be holistic and will involve those people who are important in the resident's life including their key worker. The support plan will illustrate how the residents care and support needs will be provided within a supported living environment

Although relatives remain concerned they gave a commitment to work with us to ensure the supported living model provides the right level of service for resident, improves their quality of life and that the model is successful