

**DERBYSHIRE COUNTY COUNCIL****CABINET****4 JUNE 2020****OUTCOME OF THE CONSULTATION ON THE FUTURE OF DIRECT CARE HOMES FOR OLDER PEOPLE****ADULT SOCIAL CARE AND HEALTH****1. Purpose of the Report**

For Cabinet to consider the outcome of the consultation on the future of ten of the Council's homes for older people.

**2. Background**

On 23 January 2020 Cabinet approved the following:

- Commencement of consultation on the proposed closure of seven of the Council's homes for older people:
  - Ladycross House (Sandiacre)
  - Beechcroft (West Hallam)
  - East Clune (Clowne)
  - Holmlea (Tibshelf)
  - The Spinney (Brimington)
  - Goyt Valley House (New Mills)
  - Gernon Manor (Bakewell)
- Consultation on the proposal to refurbish the following homes:
  - Briar Close (Borrowash)
  - Rowthorne (Swanwick)
  - New Bassett House (Shirebrook)
- Funding for design and feasibility works to be undertaken on the three homes with funding to support market management and development activity associated with the implementation of the Older People's Housing, Accommodation and Support Strategy 2018-2035

To receive a further report on conclusion of the consultation.

The consultation took place between 31 January 2020 and 24 April 2020 and the attached report (appendix 1) sets out the key themes from the consultation.

The Chair of the Scrutiny Committee (People) has been consulted and has agreed that the report is properly an urgent one and cannot reasonably be deferred until the next meeting in light of the public interest in the outcome and the Covid-19 pandemic resulting in increased pressures on care homes.

### **3. Outcome of the consultation**

The Council has taken account of the feedback received during the consultation and has determined that none of the homes should close at this time unless a direct alternative in the local community can be provided. If there are no direct alternatives in the local community the intention would be to develop these prior to considering the future of the seven homes originally proposed for closure.

Whilst the Council understands the distress and anxiety which was caused during the consultation to residents, their relatives and staff working at these homes it was however essential to seek their views on the future of the homes given the condition of the buildings, the urgent need for major refurbishment and repair, the disruption which this would cause to residents and the potential cost of these repairs as well as concerns that they were not fit for purpose and not needed in the longer term.

The Council has listened to the views of the consultees, particularly the residents and their relatives, who have asked for a different approach to be adopted. As a result, the Council will now be devising a plan for the future of the seven homes which had been proposed for closure and will be developing a new approach to develop local alternatives before consulting again on any individual home closure and/or setting aside funding where necessary to undertake works on the homes.

In respect of the consultation on the plan to refurbish the three homes the feedback received during the consultation was positive and in agreement with the proposal. The needs analysis in the 23 January 2020 Cabinet report indicated that these homes were required in the medium term (the next 5 years) and initial evaluation indicates that this remains the case (notwithstanding the potential impact of the Covid19 pandemic). On this basis the intention is to proceed with the refurbishment proposals as planned. The Council's intention is for the refurbishment work to be undertaken with residents in situ if possible and we will offer residents the choice of staying in the home or moving out while the work is carried out. A further report setting out the next stage in this process will be presented to Cabinet in due course.

Key considerations in moving forward with a revised plan:

- As set out in the consultation proposals a number of the homes require rewiring, and other urgent works as a priority. A plan will be devised in order to address this which will then be presented to Cabinet for consideration in due course.
- Significant mitigation works have been undertaken to address the potential for an increased risk of fire at the homes, this includes upgraded fire alarm systems, fire door replacement and some improved compartmentation. Further works may be required to address any further issues identified in the Technical Fire Risk Assessments in the future and this will need to be reflected in the revised strategy.
- Additional night staff arrangements in those homes which require rewiring will continue until such time as it is deemed safe to scale this down. Our intention will be to maintain reduced occupancy in some of the homes in order to assist in managing risk or in preparation for refurbishment work to be undertaken. However, it should be noted some of the homes cannot be refurbished whilst residents remain living in them due to the building layout and configuration of the electrical systems.

#### **4. Financial Considerations**

The capital cost for the three homes to be refurbished is estimated to be £11.475m with residents remaining in situ whilst work is carried out. These costs include upfront design fees of £1.0m (as approved by Cabinet on 23 January 2020), costs associated with additional fire safety arrangements and the cost of refurbishment of the three homes. A further report detailing the business case which supports the next stage in the procurement process for refurbishment of these three homes will be presented to Cabinet in due course.

The capital costs associated with a revised plan for the seven remaining homes will be the subject of a further report to Cabinet when the plan has been developed. In the interim costs associated with fire mitigation (additional staffing, lost income through partial occupation, any further remaining works associated with fire safety) will be met out of the balance of the £30m (£18.525m) set aside in the 23 January Cabinet report for this purpose.

Whilst funding can be made available to meet the costs referred to in the report, the advice of the Council's Director of Finance & ICT is that Members must also consider the context of the current financial position referred to in the report on Covid-19 costs that is also on this Cabinet agenda for consideration in that there is a high degree of uncertainty regarding the full costs the Council will ultimately incur to meet Covid-19 pressures. Due to the potential materiality and period over which these pressures may occur they can only be met with continued Government funding. In order to achieve its priorities over the short to medium term the Council will be looking to review its Medium Term Financial Plan over the Summer and this may result in actions that are needed to maintain financial sustainability, Council Plan outcomes and essential service provision in the short to medium term. This may affect the ability of the Council to deliver on lower priority initiatives which have

an element of discretion around the timing and necessity of the expenditure to which it relates.

## **5. Legal Considerations**

An Equality Impact Assessment is not required at this stage now that the recommendation in the report is not to proceed with the proposed closures of the seven homes. In respect of the proposal to proceed with the refurbishment of the three homes, since the intention is to undertake this work with residents in situ and given the lack of any identified adverse impact arising directly from the refurbishment proposals, it is not considered that an Equality Impact Assessment is required in order for this proposal to progress although this will be kept under review. Once a revised strategy and plan are developed, in respect of the seven homes, it may be necessary to consult on any new proposals. This would particularly be the case if there is a proposal to close a home and relocate residents to another local facility. An Equality Impact Analysis will also be required in respect of the revised strategy and any proposed closures.

Local authorities must promote diversity and quality in the provision of services. There is a duty to promote the efficient and effective operation of the market, which includes ensuring that there is a variety of high quality services and providers to choose from (section 5 Care Act 2014).

## **6. Other Considerations**

In preparing this report the relevance of the following factors has been considered: human resources, health, environmental, transport, property and crime and disorder considerations.

## **7. Background Papers**

Cabinet Report 23 January 2020 "Revised Vision and Future Strategy for Direct Care Homes for Older People 2020-2025"

## **8. Key Decision**

Yes

## **9. Is it required that the Call-in period be waived in respect of the decisions being proposed within this report?**

No

## **10. Officer's Recommendation**

That Cabinet approve:

- Further to the consultation none of the homes proposed for closure will close unless a local care home or alternative provision is available to replace and further consultation is undertaken as appropriate.
- That a further report setting out a programme of repair and refurbishment for these seven homes, to include any works required immediately to ensure their soundness and safety, will be presented to Cabinet in due course.
- That the plans to undertake a programme of work to refurbish New Bassett House, Briar Close and Rowthorne will continue with a further report presented to Cabinet seeking a business case and procurement approval in due course.
- That People Scrutiny Committee be invited to consider, including within its work programme, oversight of the next steps (with particular reference to the need for and type of local provision required) to ensure transparency of decision making and to make any recommendations to Cabinet or elsewhere that may arise as a result of such scrutiny.
- That a revised strategy and investment plan taking into account reviews of the Market Position Statement and of the strategic needs analysis will be presented to Cabinet by the end of 2020.

**Helen Jones**  
**Executive Director – Adult Social Care & Health**  
**County Hall**  
**MATLOCK**

## (Appendix 1)

### **CONSULTATION REPORT ON THE STRATEGIC DIRECTION FOR DERBYSHIRE COUNTY COUNCIL DIRECT CARE OLDER PERSONS RESIDENTIAL CARE SERVICES 2020**

#### **1. Purpose of the Report**

A report was presented to Cabinet on **23<sup>rd</sup> January 2020** which sought approval of:

- The revised future strategy for Direct Care Homes for Older People.
- To commence consultation on the proposed closure of those homes which, following evaluation, are proposed for the reasons set out in the report to be unsustainable in the long-term. These are as follows (one of which includes an integral day centre):
  - Ladycross House (Sandiacre)
  - Beechcroft (West Hallam)
  - East Clune (Clowne)
  - Holmlea (Tibshelf)
  - The Spinney (Brimington)
  - Goyt Valley House (New Mills)
  - Gernon Manor (Bakewell).
- Consultation with residents and their families on the retention and refurbishment of the following homes which will be required in the medium term according to the Council's market evaluation and investment plan:
  - Briar Close (Borrowash)
  - Rowthorne (Swanwick)
  - New Bassett House (Shirebrook)
- Approval of funding for design and feasibility works to be undertaken on the three homes which it is proposed to refurbish.
- Approval for funding as outlined in the Cabinet paper of 21 January 2020 to support market management and development activity associated with the implementation of the Older People's Housing, Accommodation and Support Strategy 2018-2035 that will seek to create a range of housing and accommodation options for older people to meet demographic demand.
- That a further report will be received following the conclusion of the consultation and market engagement processes including a full Equality Impact Analysis.

## 2. Methodology and Approaches

On **23<sup>rd</sup> January 2020** Cabinet agreed to the consultation. This consultation took place between the 31 January 2020 and 24 April 2020. This report will summarise views and opinions submitted by the people of Derbyshire during this period.

The consultation used quantitative and qualitative approaches to gather people's views about the proposed changes. Officers enabled as many people as possible to take part by offering a range of ways in which people could share their views:

1. All current residents identified by each residential home including those using day care and respite care together with their next of kin received an information pack. The pack detailed the proposed closure or refurbishment of the Home, an introductory letter and a feedback form with a pre-paid envelope.
2. All Statutory Agencies (including GP surgeries), the voluntary sector and private residential homes within the geographical area of the seven Homes which are proposed to close, were sent a letter informing them of the proposals together with the information leaflet.
3. Sending in comments using the standard postal questionnaire.
4. Offering the questionnaire in different formats, such as other languages or larger print if this was more appropriate.
5. Completing the questionnaire online.
6. Opportunity to write in to the Council via a letter or dedicated email address.
7. Telephone interview for those people having difficulty completing the questionnaire. Following the restrictions imposed from March 23 2020, the 'lockdown' from the coronavirus, 7 consultation meetings were cancelled – 4 library meetings and 3 meetings which were due to be held at the care homes. Publicity was released to inform prospective respondents that they were able to contact the SECT phone line and initiate a telephone interview as a further alternate way to ensure that their views were heard.
8. Being signposted to further information on the Derbyshire County Council website, [www.derbyshire.gov.uk/care-home-review](http://www.derbyshire.gov.uk/care-home-review) which gave an outline of the future strategy/ living well in the future/ the proposals for the future of care homes/ have your say on the future of care homes/ the future of care homes frequently asked questions and the independent condition surveys.
9. Media releases which were issued at the start of the consultation and news releases were published on the Derbyshire County Council website.
10. By advertisements including in the Our Derbyshire magazine, which is distributed to every household across Derbyshire.

11. Drop in sessions held at libraries nearest to the homes named in the consultation. Unfortunately, due to the coronavirus pandemic 4 of the public drop in sessions had to be cancelled from the 20 March due to Government restrictions and social distancing but alternatives such as phone interviews were suggested in publicity as an alternative method to ensure views were heard.
12. By attending one of the 22 planned meetings held at the Care Homes specifically for residents and relatives. One meeting at each home was during the day time and one in the evening to enable as many relatives to attend as possible.

Due to Covid 19 and the subsequent lockdown 3 of the evening meetings at New Bassett House, Rowthorne and Briar Close relating to proposals to refurbish had to be cancelled.

When it became clear that the restrictions were not able to be lifted in time to enable rescheduling before decisions had to be taken SECT conducted telephone interviews with the relatives of those residents in the aforementioned homes. The feedback from those conversations can be found on page 38, following qualitative feedback from the meetings in homes that did take place.

## **Qualitative Approach**

There were 3 distinct approaches to the analysis of the qualitative material:

1. Information gathered during meetings in the Care Homes. Meetings taking place in libraries – information from letters, emails and telephone calls where clearly the feedback was pertaining to an individual establishment were all coded and analysed and reported as information for each of the Care Homes.
2. Qualitative information contained in the online and paper questionnaires was not possible to break down for individual establishments therefore all qualitative information contained in them was coded and analysed as a whole.
3. Further qualitative analysis was done to code and analyse those 2 sets of qualitative material as a whole and are reported in a graph on page 61. This gave us an opportunity to widen our understanding of the views about the proposals and indicate some of the reasons behind those opinions. It also allowed people to expand and give examples as to the potential impact of the proposed changes.

## **Scope of the summary themes used within the qualitative approach**



In the development of the themes some contained within them a range of responses rather than a set of tightly aligned responses. Others were responses highlighting the same issue and are listed as follows alphabetically:

**Additional pressure on other services:** There was concern for any additional pressure this would put on to other services and in particular the NHS and the impact on hospital discharges.

**Alternative accommodation concerns:** This is of particular concern for residents and relatives. Participants were not convinced that there was enough suitable accommodation in what they classed as their local area. Provision that is accessible and familiar in order to support the closure and moves needed.

**Alternative suggestions:** Some respondents wished to offer what they believe would be a viable alternative to the proposals presented. A large proportion were stating that Derbyshire County Council should build new in-house alternative accommodation before any closures took place.

**Agreeing with the proposals:** A small percentage of respondents agreed with the proposals but many of those also stated conditions to their agreement. Further there was no disagreement to the proposed refurbishments, however there were concerns for residents and relative's welfare within that refurbishment proposal and those concerns fell under one of the other themes listed.

**Council Duties:** Some comments recorded gave the opinion that providing Care Homes for the elderly was a duty of the local authority and that closure of any Homes should not ever be considered.

**COVID 19:** It was felt noteworthy that following the lock down due to COVID 19, a proportion of requests were submitted advocating the stop/delay of the consultation. These were sufficient in amount as to record them under another category of "COVID". Although they were not in number great enough to meet the top requests, it is probable that this is only because the period between the lock down and the close of the consultation was short and had that period have been greater the proportion in comparison would have been far greater.

**Direct Appeal:** Other respondents simply replied to voice a direct appeal not to go through with the proposals and did not offer any other comments.

**Direct Disagreement:** Several respondents voiced their disagreement with the proposals and did not offer any further comment.

**Information:** Some respondents felt we had not provided enough information on some issues, particularly on the boundaries we have set for areas and geographical miles within an area.

**Distress caused to residents and relatives:** This was of major concern to residents, relatives, staff and other stakeholders. Respondents commented on the overwhelming stress that the consultation was putting on those directly involved in the proposals. Further many recording heightened concern for the wellbeing of those impacted in the future should the proposals go ahead.

**Financial rationale:** Some comments indicated a belief of a “hidden agenda” and “the strategy underlining a desire for cuts”. Others commented that within the research and strategy, the finances and projections did not make sense.

**Future plans for the building:** Some comments under this category questioned what would happen to the building and land should the Homes close, others gave the opinion that any revenue raised from the sale of the building and /or land should go back directly into the Adult Care budget.

**Future Strategy:** Many respondents made comment that in their opinion, having built the future proposals on a flawed strategy this made any future proposals also flawed. There was particular concern that the research that was being presented around future needs was in direct conflict with Government research and the growing elderly population. Some indicated a belief that the information had been manipulated to meet the needs of Derbyshire County Council. Many commented that there will be a greater need in the future rather than less. Therefore Derbyshire County Council should be planning for this and increasing the capacity of in-house provision. Respondents further also challenged how prepared Derbyshire County

Council are to enable a reduction of residential Care Homes and to provide care at home as an alternative, particularly for people with dementia.

**Happy to move:** A small number of participants captured in the questionnaires recorded that they were happy to move.

**Historic maintenance:** Respondents expressed that Derbyshire County Council had not invested sufficient resources in the Homes historically, nor had they planned for a scheduled maintenance programme and that had led to the current position of disrepair.

**Location:** There was concern that the proposed location and boundary areas were too far from the residents/relatives local area.

**Need for modernisation:** The majority of comments here came from residents and relatives commenting that they did not feel the need for modernisation particularly with regard to en-suite bathrooms. The general feeling was that these are surplus to requirements as many people in residential care and not able to access a bathroom independently, so the current provision was sufficient.

**Negative impact on local community:** Respondents felt the closure of Care Homes would have a significant negative impact on their local community e.g. loss of employment opportunities, removing the elderly from their community and the loss of the intergenerational activities taking place.

**Other:** There was a high percentage of comments captured which were of a random nature and did not fall into a theme. Some responses particularly in the questionnaire were not addressing the question posed or the proposals in general and therefore were placed under 'other'.

**Proposal to refurbish:** There were no recorded objections to the refurbishment plans however some further comments were made on the back of those approvals all of which came under other categories and have therefore been recorded under those.

**Reconsider:** Some participants simply asked for Derbyshire County Council

to reconsider its proposals.

**Standard/quality of care in Derbyshire County Council run Care Homes compared to the private sector:** General standards and quality of care in the private sector were questioned. Many participants gave first hand unfavourable experiences, commenting that the standards and quality were not as high as those of Derbyshire County Council establishments. Adding much praise for the standards and care delivered by Derbyshire County Council front line staff. Other comments referenced concerns regarding the cost of private care.

**Transport issues:** Some respondents, particularly those in the High Peak and Derbyshire Dales area's raised concerns for not only the lack of transport, the position and lack of bus stops but the added distance that would be incurred to travel to another home many miles away. Others commented generally on the impact of recent cuts to public transport across the whole of Derbyshire.

**Validity of the consultation:** Some respondents commented on and questioned the method of the consultation, others made comments indicating the belief that the consultation was ingenuous and the decision had already been taken.

**Validity of the research:** Many commented on the validity of the Faithfull and Gould survey and Derbyshire County Council's interpretation of it. Comments were recorded questioning the validity of research contained within the strategy report.

**Validity of the Strategy:** Respondents questioned the contents of the strategy report indicating a non-belief in the research contained within it. Questioning Derbyshire County Council's use of the strategy as a basis for the consultation.

The percentage of comments which fell into each of the different categories was differed for each of the Homes. We have drawn attention under each Home to the top 6 categories only.

## **Who was encouraged to participate?**

All residents, next of kin, statutory agencies, voluntary organisations and private residential Homes in the geographical area of the ten Homes (within this consultation), were sent a letter and a leaflet immediately following the Cabinet decision to consult on the future of the Homes.

Information was made available within the residential Homes including paper copies of the Cabinet paper, facet survey and the leaflet.

Staff from the Adult Care Stakeholder Engagement and Consultation Team arranged 20 meetings hosted by either a Group Manager or Assistant Director at the Homes. Residents, family and friends were given the opportunity to comment on the proposals. Unfortunately due to the Coronavirus pandemic and the restrictions imposed, the second meetings due to be held in the evenings at New Bassett house, Rowthorne and East Clune Day Centre were cancelled. However residents and relatives were offered the opportunity to telephone SECT to make their views known. This was supplementary to the on-line questionnaire and the opportunity to complete the paper version of the questionnaire or to write or email the team.

10 public drop in sessions were planned at libraries closest to each of the homes listed in the Cabinet Paper, to allow the general public to give their views. Unfortunately some of the planned drop in sessions held at libraries (4) had to be cancelled due to the coronavirus restrictions on social distancing – they were:

Alfreton Library, the additional meeting arranged at Clowne Library, Borrowash Library and Shirebrook Library. It must be stressed that these drop in sessions (other than the additional Clowne library session) were to provide an opportunity for the public to comment on the proposed refurbishment plans to their local Care Homes together with any views they wished to provide on the other proposals.

Two meetings were held in each of Homes where the proposal was to close that Home.

## **Derbyshire Webpage**

Derbyshire County Council set up and published a Care Home consultation microsite. The site gave additional information as well as the consultation pack materials for people to browse and download at their leisure. There was a direct link to the Derbyshire Consultation webpage to enable completion of the on-line questionnaire. On this page a list of frequently asked questions was developed and this was updated throughout the consultation. These can be viewed in appendix 3.

## Quantitative Approach

The tick boxes on the questionnaire both on-line and paper version were analysed and graphs produced from the data. During the consultation period 650 paper questionnaires were printed and made available for completion.

# Consultation views on proposal to close East Clune, Clowne

## Letters, Emails, Telephone Calls, and Meetings

Overall 150 comments were captured from the 38 respondents who chose to respond via email, letter, drop in session at the library, via telephone call or coming along to one of the two meetings held at East Clune specifically arranged for relatives and residents. There were a further 257 respondents who selected East Clune as one of the options of the homes on the questionnaire they submitted.

***N.B. We have provided the analysis of the questionnaire for all of the Care Homes separately as it was not possible to evaluate the feedback from these for each individual Homes. This was due to members of public choosing to comment on multiple Care Homes for questions 3 and 9.***

**Of the 150 comments which were captured the following were the top themes:**

- 1) Validity of the Strategy: 33 comments, such as:**
  - Social isolation is a big problem. There will not be that choice of different types of care provision for older people in the future
  - 27 residents in here – most of them local to Clowne – the proportion of care provision for the local area does not cover its population already – we still need a local provision for the local population. The private sector cost more and I don't think it is too much to ask for local people to remain locally for their care. My father has social interaction with people from his own area in here – we have all been brought up together – this will be like taking him out of the village where he knows lots of people and they know him
  - Alternative accommodation is not going to work – we still need care homes – the strategy is seriously flawed – this is privatisation by the back door

- My Mum can't live on her own – she couldn't cope with not having 24/7 care anymore – residential care still needs to be provided as an option
- You are also putting all the localities together. It is not clear what is NE area and where it goes to. The definition of locality for NE – 2 care centres and 1 care home – this just does not add up for such a densely populated area
- East Clune is an integral part of Clowne, there is no reason to close this home. People like me will need this in years to come, if they are not going to provide residential places like East Clune in the future this new policy should be widely publicised?

## **2) Distress caused to residents and relatives 21 comments:**

- East Clune is vital to Clowne – this is their home. The staff and everyone here make a community – everyone knows them. This is all part of what they know – like the doctor knows them or other health care professionals who are in the area
- My father in law has already been to 7 homes in Chesterfield borough and they have all now closed – this is having a huge impact and is very stressful for both us and the family. He needs are getting greater
- This is about the residents – but one of the ladies in here is over 100 – move them away from what they know and you have all sorts of problems you could kill them
- If I was an elected member of DCC I wouldn't be able to sleep at night for the sake of £2.5 million and the devastating affect it will have
- A lot of people in East Clune have dementia and familiarity to them is essential, it is a local facility for local people and that means relatives are easily able to visit. Please, please keep it open.

## **3) Validity of research 16:**

- Having look at all the information, I have not seen any justifiable reason why the homes cannot be bought up to modern standards this is not rocket science
- Older people have increasingly complex needs and are living another 30 years – the Older People's Housing Strategy just does not add up and make sense
- Whoever sent out the specification they should know all of the detail, the budget figures are silly and they just don't make sense
- The costings start with a 15 year plan and then shifts to a 5 year finance in Appendix 4 of the report – the figures you are using again just don't add up.

#### **4) Need for modernisation 14 comments:**

- They have got to the point where an en-suite is not essential as they can't use it independently and would need help to go into them - that's when residential Care Homes are needed and we want ours to stay in Clowne
- My uncle was in the Staveley Centre and he fell down every day whilst he was in there trying to use an en-suite. Whilst he has been in here he has not fallen once
- People who are in the Home now – they were not brought up with modern standards they just want to feel valued and be provided with a good level of care in their old age.

#### **5) Validity of consultation 14:**

- Faith and Gould provided 15 year projected costs – East Clune is not basing the figures on this – I am suspicious that the figures in your report simply are not accurate and are not reflected correctly in your report to bias the consultation outcome
- This consultation is just a tick box exercise – we feel that the decision has already been made. This will cost too much money. This is full of 'weasel words' it sounds good – but this is all just a ticking the box to do what you want

#### **6) Standard/quality of care 10 comments:**

- Consistency of staff does not happen now in the private care sector and people with dementia need that consistency – we do get this here.

Other comments captured were regarding financial rationale (8 comments), transport issues (5 comments), future plans for the building (3 comments), alternative accommodation concerns (3 comments), and historic maintenance concerns (2 comments), additional pressure on other services (1 comment). Some comments did not fall into a theme and were classified as 'other' (18 comments). Towards the closure date of the consultation period we received 2 comments requesting DCC to reconsider the consultation at this time due to Covid 19 specifically from respondents opposing the closure of East Clune.

## **Petitions**

At the time of drafting this report – due to the current circumstances and working conditions it has not been possible to accurately reflect the information received in petitions. It is envisaged that this data will be updated at the time of going to Cabinet.



## Consultation views on proposal to relocate East Clune Day Centre if decision taken to close East Clune Residential Care Home following the consultation

All of the current clients and their relatives were contacted via letters as part of the consultation process to gain their views of the possible impact on them should the East Clune Residential Care Home close and the Day Centre which is based within the Care Home would then need to be relocated. They were offered all of the methods to partake in the consultation including a face to face meeting during the daytime and in the evening.

All of the clients and their relatives who responded wanted a viable local alternative to be provided and felt that Valley View based in Hillstown, Bolsover would be acceptable as they had already visited the Day Centre. Valley View was familiar and the commute was comparable to that currently undertaken to travel from their homes to East Clune.

## Consultation views on proposal to close Goyt Valley, New Mills

### Letter, Emails, Telephone Calls, Meetings and Drop in Sessions

Overall 159 comments were captured from the 124 respondents who chose to comment via email, letter, drop in session at the library, via telephone call or by coming to one of the two meetings held at Goyt Valley specifically arranged for relatives and residents. There were a further 346 respondents who selected Goyt Valley as one of the options of the Homes they were responding to on the questionnaire.

***N.B. We have provided the analysis of the questionnaire for all of the care homes separately as it was not possible to evaluate the feedback from these for each individual home as lots of the members of public chose to comment on multiple care homes in question 3 and question 9.***

Of the 159 comments captured the following were the top 6 themes:

#### **1. Validity of the Strategy (36 comments):**

- What are they going to do for provision for the High peak area? What about the 1,000 of people who are no longer going to be able to access residential care in the future – you are taking away their choice

- DCC say there is going to be an increase in dementia sufferers so there needs to be more places for people to be
- What is the long term strategy? How are we going to prevent loneliness? Private homes are isolated how is that appropriate?
- Goyt Valley is crucial as there is no other Care Home in the North West
- How are the people going to find a place like Goyt Valley without trekking down Derbyshire when there is nothing to cover it?
- Your support strategy for 2020 – 2035, within next 5 years the number of beds increases by 231. The next 10 years it increases by 385 and after 15 years there is a remarkable drop. The plan is set up based on something that may or may not happen in 15 years. The short term demands for beds has increased. The projections are inadequate and narrow minded.

## **2. Standard/quality of care in DCC and private sector (22 comments):**

- I am totally impressed by the way Cheryl and the other staff keep the whole building so clean and fresh. No matter when I visit it is always a pleasure. On the days when my Mum's eyesight is slightly better she enjoys a game of dominoes with members of staff. The staff arranged for the library to deliver large print books which she can enjoy. She has also attended Low Leighton Chapel in New Mills for many years and if she's feeling up to it a friend collects and takes her. Another friend lives in New Mills but struggles to travel so gets a taxi to visit Mum, this wouldn't be possible if she was moved
- Goyt Valley House is up to standard compared to private
- Goyt Valley is like a home with a social side to it as well, private Homes are a business not a home
- Residents and relatives are always welcome in to Goyt Valley, the door to the manager's office is always open
- The care within the Home is a culture, it is second to none we shouldn't lose it.

## **3. Distress Caused to Residents (17 comments):**

- Am very concerned about this. I know that you are talking about keeping people in their own homes. As we are an aging population you've got older people looking after older people so those carers need a break. I am concerned respite care is going – Ecclesfold respite beds have gone and have not been replaced
- The residents who could comprehend, don't want them approaching mum. She is distraught. Mum had a mini stroke the next day. She is down and depressed. She has lived in New Mills the whole of her life. Superbly well looked after. Staff love her as

much as we do. Look at the people this is impacting on, look at what it is doing

- Absolutely ridiculous. There are 2 people in Goyt Valley House who are in their 100's, their children are in their 80's, and you expect them to travel? There is not enough provision. What a waste of time and facility, it's shameful, they want their heads chopping off. The standard of care is brilliant. The residents are family now. They need company and companionship. We are here to make this country a better place to live. Estimated £899k that is nothing. To move them it may kill them. The people in New Mills are crying out that they see sense, we need this Home for now and the future of people in this area. There is no choice in New Mills. You get door to door service with the transport links to Goyt Valley House.

#### **4. Need for modernisation (15 comments):**

- En-suite bathroom for the residents would be a negative not a positive, this would mean the residents would not leave their room as often and would stop in their room to make use of the facilities. Any exercise that the residents have by going to the toilet in the main area would be wiped out
- Mixed provision of en-suite facilities might be an alternative
- My father has vascular dementia, on a good day he will leave his room for the toilet and socialise with anyone on the corridor, en-suite would take away the exercise and socialisation
- En-suite facilities needed - apparently this decision was based on a survey done of people who may be resident in such a home "at some point in the future". This is clearly an unreliable way of arriving at such a decision. The vast majority of people currently in their 40s, 50s and 60s would think that they would want an en-suite where they to be in residential care one day. The reality is, however, that my grandma is one of the fittest there and doesn't suffer from dementia but she is unable to use an en-suite. I know from speaking with staff that the vast majority of the residents (if not all) require assistance to use bathing facilities and many require assistance to use toilets as well. My grandma's room is a nice, bright and spacious room with a vanity basin and space for the commode that she uses at night. She is very happy with this arrangement and would be unable to use an en-suite at night while she spends no time in her room during the day, preferring to socialise (as the vast majority of residents do) in the lounge areas and use the spotless communal toilets and bathrooms.

#### **5. Transport issues (12 comments):**

- There are limited transport links to get to other areas of the High Peak. In the winter if the weather is bad this could further limit the amount that residents can be visited
- Transport links are rubbish, it is 15 miles to Thomas Fields, it is impractical to compare to Goyt Valley House. High Peak needs to be looked at as a unique area. The weather in the High Peak is also an issue, particularly in the winter with snow
- Neither myself nor my sister drive, the buses from New Mills to anywhere are rubbish. My sister has a disability in that she can't walk too far. I work in a morning then look after my grandchildren in an afternoon whilst their parents work so in the week I walk up and have a brew with him in the evening, something I couldn't do if he moved out of Goyt Valley. I don't want my Dad going into a private care home I don't think most of them are fit for purpose or have ensuite bathrooms that you say is one of the things wrong with Goyt Valley. I think this will cause a lot of distress to the residents and the families having to go through this.

#### **6. Financial rationale (14 comments):**

- Why aren't Derbyshire County Council using the contingency funds given by hospitals to do the work required
- For all the Care Homes to be up to modern standard it is going to cost £34m then Goyt Valley is a fraction of this cost, taking in to consideration how many alternative care homes there are in the High Peak.

Other comments captured were Additional pressure on other services (11 comments) validity of consultation (7 comments), validity of research (6 comments), historic maintenance (3 comments) and calling for the council to reconsider due to Covid 19 (2 comments). All the 'other' 12 comments captured did not fall into a theme.

#### **Petitions**

At the time of drafting this report – due to the current circumstances and working conditions it has not been possible to accurately reflect the information received on petitions. It is envisaged that this data will be updated at the time of going to Cabinet.

## **Consultation views on proposal to close Ladycross House, Sandiacre**

### **Letter, Emails, Telephone Calls and Meetings**

Overall 323 comments were captured from the 82 respondents who chose to comment via email, letter, drop in session at the library, via telephone call or at one of the two meetings held at Ladycross House specifically arranged for relatives and residents. There were a further 261 respondents who selected Ladycross House as one of the options of the homes they were responding to the questionnaire.

***N.B. We have provided the analysis of the questionnaire for all of the care homes separately as it was not possible to evaluate the feedback from these for each individual home as lots of the members of public chose to comment on multiple care homes in question 3 and question 9.***

Of the 323 comments captured the following were the top 6 themes:

**1. Distress caused to residents and relatives (97 comments):**

- When you shut for 6 months we lost 5 residents. We brought one person back on end of life care as he wanted to die in his home – Ladycross
- One of our residents wants to die, she doesn't want to move again
- It is taking people's human rights away. You shouldn't move elderly people. You would be stopping people from living where they want to live
- A resident who is 100 says "that's it I am going to die", it is heart breaking
- We are residents of Sandiacre. The Home is part of the community. The local schools and churches love coming in to see the residents. It has been at the heart of the community for 50 years. There are no other Council run Homes in our community
- I am 83 and have never lived anywhere else. We went to school together and now we want to grow old together. There is a real community spirit in the home.

**2. Standard/quality of care in DCC and private sector (69 comments):**

- I have worked in other Homes but they aren't the same as Ladycross. The staff are so committed. The private Homes around here aren't as good. The staff here care so much
- My mum is in a private Care Home and it is not as good as Ladycross. I certainly wouldn't want others going into xxxx. They don't put my mum's teeth in or her hearing aid. There is one big room of 30 people watching the tv. It isn't homely and lots of elderly people struggle to tolerate the noise
- I looked after my mum and dad for 4 years. But I just couldn't do it anymore. I didn't feel at ease when she was in a private Home as she wasn't getting the best care

- When my mum was in a private Home, she never settled and they called me all the time. Here the worries are taken away
- I have been around 20 homes and some of the homes 'reek' this homes just smells clean.

### **3. Validity of the Strategy (40 comments):**

- Care in the community does not meet everyone's needs – you still need residential Care Homes with this lovely homely environment
- All buildings can be refurbished and have a lifetime lifespan if you maintain them properly – we want DCC to still have local residential Care Homes for local people
- I used to work as a DCC home help – to stay in your own home you need to have that additional 'care' time and the time allocated at the moment doesn't meet this – particularly for social isolation. I was very often the only person that they had seen for a long time and they didn't have family
- Because of my age I need somewhere local that will be available. I have been diagnosed with dementia – I visit the Home with St Giles church and the home is great – we need more homes not less.

### **4. Validity of consultation (23 comments):**

- We have these meetings and they still do as they want
- I am concerned about the consultation – I think this is just a tick box exercise and a PR stunt
- That's a cherry picked statistic about people staying in their own homes – this again is privatisation by the back door. We don't want care to be provided by profit making businesses. It does not take into account the human element – not privatising them and making money – we should be building Care Homes not closing them.

### **5. Need for Modernisation (20 comments):**

- My friend is in a private Home and has an en-suite, the bathroom isn't used. She is lowered into a special bath elsewhere in the Home. All the rooms need is a hand basin
- Modern standards – most residents can't even use a bathroom by themselves and for some it would be a danger.

## 6. Pressure on other services (15 comments):

- Should Goyt Valley House close it would place an added strain on the already overstretched local NHS hospitals. Patients would have to remain in the hospital for much longer periods, particularly since the reduction of care beds in the area has put a strain on the system already and people regularly are looking for care outside the area. Any cost saving through the closure would simply shunt the costs to another part of the healthcare system.

Other comments captured which did not meet the top six themes were the, impact on finances (8 comments), financial rationale (8 comments), future plans for the building (6 comments), transport issues (5 comments), historic maintenance (4 comments), alternative accommodation concerns (3 comments) alternative suggestions (3 comments), validity of research (2 comments) request to reconsider due to Covid pandemic (1 comment). 19 other comments did not fall within a theme.

## Petitions

At the time of drafting this report – due to the current circumstances and working conditions it has not been possible to accurately reflect the information received on petitions. It is envisaged that this data will be updated at the time of going to Cabinet.

# Consultation views on the proposal to close The Spinney, Brimington

## Letter, Emails, Telephone Calls and Meetings

Overall 172 comments were captured from the 116 respondents who chose to comment via email, drop in session at the library, via telephone call or at one of the two meetings held at The Spinney specifically arranged for relatives and residents. There were a further 225 respondents who selected The Spinney House as one of the options of the homes they were responding to the questionnaire.

***N.B. We have provided the analysis of the questionnaire for all of the care homes separately as it was not possible to evaluate the feedback from these for each individual home as lots of the members of public chose to comment on multiple care homes in question 3 and question 9.***

Of the 172 comments that were captured the following were the top 6 themes:

## **1. Distress caused to residents and relatives (40 comments):**

- Many of the residents are local and moving them out their environment would be upsetting to say the least
- My Home, no relations, no children. All carers and staff are my family. It would be a terrible wrench to leave. I have had to move all over the place. I have been here 12 years, my wife was here too but she had 2 strokes and I lost her. Carers have rallied around and supported me. I have settled down with the carers I don't want to leave at any price. I want to live the rest of my days here. It has all come crashing down around me. If it had been a long time ago I could cope, I can't cope now. The Spinney can't close it is my home
- The impact on Mum if the decision is taken to close would be devastating. She needs consistency which she gets here. As carers it's been a nightmare for us. When she lived at home before she came to The Spinney she was becoming social isolated and we didn't know whether she was up in the night. We feel we can now visit and we can have quality time with her and her quality of life has improved immensely and she gets social input regularly
- If residents are moved people may be separated which will add on additional distress
- I am very happy here, it is very comfortable. It is so upsetting to think I may have to move again. All the people that I know and love are here, it would be difficult for all of us
- Old people are like trees they are rooted in an area – you just can't keep uprooting them and putting them somewhere else – you will kill them.

## **2. Standard/quality of care in DCC and private sector (26 comments):**

- Derbyshire County Council has direct control over training – they have first-hand control over DCC run Homes. Over their training and the quality of services that this delivers. You have only got to look at what happen in a private hospital, there is no re-course when something goes wrong
- At present we have full unfettered access to ensure quality of in-house services and have DCC employees to oversee everything. If something is not correct it is detected and dealt with and put right – you just don't have that control in the private sector
- My mother has been here 8 weeks, never had such good wellbeing. She was living on sandwiches before she came here. I had found my mother in some difficult positions at home, her dignity is better here than at home. She unfortunately died a few days ago, will leave that thought with you



- There is no continuity in staff in private Homes. Staff worked here for over 30 years. You need the continuity of care and trust that the residents here have got
- The duty of care here is fantastic, private Homes don't have these facilities

### **3. Validity of the Strategy (22 comments):**

- Would be paying a lot more for carers rather than DCC carers as these people need 24 hour care
- No Equality of Choice. Chesterfield, has one of the eight recognised districts of Derbyshire along with Amber Valley, Bolsover, Derby Dales, Erewash, High Peak, North East Derbyshire, South Derbyshire will be the only one without a Local Authority Care Home since DCC have already closed Brendon House, Derwent House and Red House. Chesterfield has the second highest population of all the districts and for 2019/20, will send £38,364,283 as Council Tax precept to DCC and DCC must use 1.9% of that for Adult Care. This is despite not being allowed to have a Local Authority Care Home in our district. Surely this is discrimination against the vulnerable, elderly residents of Chesterfield by not giving them equal choice and equal access to a Local Authority Care Home in their home district
- The prediction of a reducing need for residential Care Homes is based on assumptions about the delivery of a new care pathway and the successful commissioning of new types of accommodation. Even if achieved, the benefits would not be seen for at least another 10 years. Analysis of available market capacity within the locality is insufficiently advanced to relocate all affected residents, with accommodation that will be consistent with their care needs. Members have not been advised of the full legal implications of a decision to close. The Council should consider more practical options than immediate closure
- The Older People's Housing, Accommodation and Support Commissioning Strategy projects there will be less need for residential care beds in the long term. The council will be seeking to offer alternatives to residential care through increased community-based support to enable people to live independently at home for longer and working with partners and developers to create care-ready housing, Extra Care. This statement flies in the face of all that is emerging about an increasingly aging and dependent population. My mother-in-law has dementia. The only reason that she is in residential care is precisely because she couldn't manage in an independent living environment despite all

the first-class domiciliary care and support, she was receiving. Surely the need for residential care will continue to grow, not diminish. Instead of seeking its immediate closure, the Council should consider options to either repurpose The Spinney or give it at least another five years of life before reviewing its future. This would be a more compassionate approach than proposing immediate closure.

#### **4. Validity of research (13 comments):**

- An independent survey of the Council's older Care Homes found significant defects in 10 homes, highlighting the need for extensive work to bring them up to modern standards. There is a pressing need to do this work to ensure the on-going safety of residents as a priority. The work includes re-wiring, replacing heating/boilers, work to the roof, fire safety improvements and kitchen ventilation. It is estimated to cost £34m
- In my view, the Spinney is in as good a condition as one would expect for a building of this age. It seems to have been properly maintained, is well decorated and is well furnished. Even if repairs were carried out, the Council considers that these homes are no longer fit for the purpose of providing the high-quality care that we have a duty to offer. They do not have the space, facilities or capability of being adapted to meet the needs of increasingly frail older people. I disagree. I understand that The Spinney complies with the requirements of current legislation and regulation and must therefore be deemed "fit for purpose." From my experience, the quality of care provided by the staff is excellent and second to none
- The estimated costs could be significantly reduced by adopting a "just in time" approach to replacing worn out building elements rather than following a comprehensive programme of repair and renewal. The Spinney is "fit for purpose", being compliant with the requirements of The Care Act 2014 and the regulations of the Care Quality Commission. The evaluation methodology set out in the report is over simplistic, not financially robust and biased in favour of closure. The proposed rebalancing of Direct Care provision across the localities is not equitable in terms of population and unmet need for residential care beds. It will restrict choice for persons needing social care in this part of the County.

#### **5. Validity of consultation (11 comments):**

- How can we believe this is an honest process?
- The decision has already been made you are just trying to sell it.

#### **6. Additional pressure on other services (8 comments):**

- These 10 beds at Staveley Centre that we can provisionally have, that is 10 less beds for respite care. You are moving the problem. If we have the 10 beds then that would put pressure on the health service.

The other comments captured which did not meet the top six themes included: financial rationale (11 comments), need for modernisation (7 comments), request for information (6 comments), transport issues (3 comments), alternative accommodation concerns (3 comments), and appeal to reconsider due to the Covid 19 pandemic (3 comments) future plans for the building (1 comment), historic maintenance (1 comment) and a further 17 comments which did not fall under any theme.

#### **Petitions**

At the time of drafting this report – due to the current circumstances and working conditions it has not been possible to accurately reflect the information received on petitions. It is envisaged that this data will be updated at the time of going to Cabinet.

## **Consultation views on the proposal to close Beechcroft, Ilkeston in 2 years**

#### **Letter, Emails, Telephone Calls and Meetings**

Overall 93 comments were captured from the 71 respondents who chose to comment via email, letter, drop in session at the library, via telephone call or at one of the two meetings held at Beechcroft specifically arranged for relatives and residents. There were a further 230 respondents who selected Beechcroft as one of the options of the homes they were responding to the questionnaire.

***N.B. We have provided the analysis of the questionnaire for all of the care homes separately as it was not possible to evaluate the feedback from these for each individual home as lots of the members of public chose to comment on multiple care homes in question 3 and question 9.***

Of the 93 comments captured the following were the top 6 themes:

#### **1. Distress caused to residents and relatives (22 comments):**

- There is a resident here who is 97, can't she have peace for the last few years
- "I am strongly opposed to the proposed closure of Beechcroft. This home suits the needs of its residents perfectly. Ask any one of them and you will get the answer that they are very happy where they are. Many of the residents are very old and should be allowed to stay where they are happy. Most have worked hard all their lives and have earned the right to have their say in how and where they want to spend their last years of life. My Mother is a resident at Beechcroft and has been there just over a year
- By Christmas all these residents are going to be split up, where is my mum going to go? She has dementia and doesn't know home. It is one big family here
- My mum lived at home since 1950, the decision was taken eventually to live here and she has settled in. She is adamant that she doesn't want to move, now you say you will move her
- My dad's needs are not to be disturbed he will not cope
- Moving them is not treating them with dignity and respect. Worst thing you can do with someone who has dementia is move them. You are not putting their interest first as in the care act 2014. The residents without dementia are very distressed.

## **2. Validity of the Strategy (13 comments):**

- Looking after people in their own home just is not practical. Falling is a big issue and in their own homes when this happens if they live on their own with carers coming in only for an hour or so a day they could and very often are left on the floor for hours. Until we have got practical solutions for this such as technology that really works, we still need residential Care Homes as a viable option to provide that care in between staying at home and when nursing care is needed. Even extra care does not provide the same niche as residential – it is still needed in the mix of options
- Don't close Beechcroft, it is a viable option for at least the next 5 years until you have worked harder on the alternatives to residential care and being able to stay in your home as long as possible is good and the support network to enable you to do this is really effective – let's face it at the moment that is not the case
- The future strategy is a reduced need for places, that is not now, this is the future strategy, it will not decrease in the next 5 years it will increase by 371 more places in the next 5 years
- The plans to close you say there is not a need, there is a need
- Building super Homes in Cotmanhay but shutting this one. We have 2 years why not keep these homes running until the

Cotmanhay new home is built. You can then consolidate the two homes.

### **3. Validity of research (11 comments):**

- The figures don't match on the facet report, the paper says £1.3m but adding up the figures it is £644k
- The numbers don't add up, there are not significant defects
- You say that Beechcroft is not fit for purpose, well I have to disagree. Please tell me what your grossly over estimated survey has brought to light that makes it uneconomical to refurbish it. Some of the major work is already completed. The wiring survey was only done in 2018 and has a 5 year life
- If the decision is going to be made on the results of the facet survey report in which there are only £25000 worth of health and SAFETY which should all have been done by now because this was done in 2018 then the decision should be is that Beechcroft is safe and fit for purpose based on the survey reports. If the decision is going to be made on the additional work and the additional costs then those need to be made public to stand up to scrutiny. I am really concerned that the Cabinet are going to use unproven and unjustified "ongoing safety concerns" to make the decision to close during this emergency Covid 19 period, when the news that will hit the residents when they are even more vulnerable - you just can't do this - they can't have visits and they are already worried - this is burying bad news under a crisis.

### **4. Financial rationale (10 comments):**

- It costs £50k for the repair costs this year, why can't it remain open
- The safety and costs of the building should be costed out
- In the estimations it quotes £1.3m when I have added it up it comes to £760k.

### **5. Standard/quality of care in DCC and private sector (9 comments):**

- The residents are well looked after, well fed and the staff are wonderful, you're doing the wrong thing
- We picked this Home because my mum is really happy, she felt comfortable. If we went privately there is concerns about the food, also in some of the private homes bedrooms are separated by a curtain.

### **5 (joint) Validity of consultation (9 comments):**

- I don't think that you are advertising the consultation widely enough to the people who it will affect the most - i.e. the old people of Derbyshire
- Has the decision to close already been taken?

Other comments captured which did not reach the top 6 themes for Beechcroft were alternative suggestions (3 comments), need to modernise (2 comments), request for information (2 comments), transport issues (2 comments), additional pressure on other services (1 comment), reconsider due to the Covid 19 pandemic (1 comment), and 8 other comments which did not fit a theme.

## Petitions

At the time of drafting this report – due to the current circumstances and working conditions it has not been possible to accurately reflect the information received on petitions. It is envisaged that this data will be updated at the time of going to Cabinet.

# Consultation views on the proposal to close Gernon Manor, Bakewell in 2 years

## Letter, Emails, Telephone Calls and Meetings

Overall 139 comments were captured from the 45 respondents who chose to comment via email, drop in session at the library, via telephone call or at one of the two meetings held at Gernon Manor, specifically arranged for relatives and residents. There were a further 241 respondents who selected Gernon Manor as one of the options of the homes they were responding to the questionnaire.

***N.B. We have provided the analysis of the questionnaire for all of the care homes separately as it was not possible to evaluate the feedback from these for each individual home as lots of the members of public chose to comment on multiple care homes in question 3 and question 9.***

Of the 139 comments captured the following were the top 6 themes:

### **1 Distress caused to residents and relatives (31 comments):**

- Gernon Manor is in the heart of the community. People go out to local pubs, shops and facilities
- Ashbourne is very difficult to get to. I live miles away. I can walk and catch a bus here. There are no other Homes in Bakewell. I

might need to come here in the future. Lots of people come here to retire so there is a need

- My mum is 93 and recently we thought we were going to lose her. She hasn't been here long, she is really upset at the thought of having to leave
- My mum is 83, she visits my uncle here every day. She would struggle to get to Ashbourne so wouldn't be able to visit him as often
- My uncle has already had to move out of Red House and now you want to move him again
- The lady I visit would see no one if I wasn't able to come here and see her.

## **2 Validity of the Strategy (30 comments):**

- My relative was at home. She was having care calls but we could only get carers 3 times a day as that is all that was available. There weren't carers available for evening calls, so my son and I did the calls. There carers were lovely but were often early or late or not able to come at all. Frail elderly people need consistent reliable care
- You are talking about economies of scale and people's needs being higher now. Why have you not put nursing provision in this area if people's care needs are higher
- How can you say there will be less demand for care homes in the future. My generation are the baby boomers and we will need care homes in the future
- There is need for residential care in this area
- If you live at home you only get 10-15minutes care twice a day, it won't be good there is no continuity.

## **3 Transport issues (12 comments):**

- After 5pm in Bakewell it shuts down and if you haven't got a car you are snookered
- It is 2 buses to Ashbourne this is a mammoth journey
- My mum was in Gernon Manor, I don't drive so it was an ideal location
- It's a local Home that people can visit easily. It is shocking. We don't want it to close. We want it to stay open. Ashbourne is too far away that is not an alternative, shocking. Transport links are awful.

## **4 Financial rationale (8 comments):**

- The refurbishment costs are an estimate. Did you only get one estimate? Others might have quoted less
- Is the £30 million going to cover the development of extra domiciliary services in order to make this project work
- Why not find extra money to invest in homes, as well as the £30 million you have set aside for this project.

## **5 Standard/quality of care in DCC and private sector (6 comments):**

- This is a perfect home, can't fault it, it is like a hotel.
- Gernon Manor is a superb home, everyone thinks highly of it, we recommend it to other people.

**In this instance there was not a top sixth theme** - with future plans for the building, validity of research and the historic maintenance of the building having 5 comments each. 4 comments fell into the theme alternative accommodation concerns and need for modernisation, and with additional pressure on the other services (1 comment), alternative suggestion (1 comment) and the remainder not falling into a theme other/request for information (23 comments).

### **Petitions**

At the time of drafting this report – due to the current circumstances and working conditions it has not been possible to accurately reflect the information received on petitions. It is envisaged that this data will be updated at the time of going to Cabinet.

## **Consultation views on the proposal to close Holmlea, Tibshelf in 2 years**

### **Letter, Emails, Telephone Calls and Meetings**

Overall 102 comments were captured from the 55 respondents who chose to comment via email, drop in session at the library, via telephone call or at one of the two meetings held at Holmlea specifically arranged for relatives and residents. There were a further 216 respondents who selected Holmlea as one of the options of the Homes they were responding to the questionnaire.

***N.B. We have provided the analysis of the questionnaire for all of the Care Homes separately as it was not possible to evaluate the feedback from these for each individual home as lots of the members of public chose to comment on multiple care homes in question 3 and question 9.***



Of the 102 comments captured the following were the top 6 themes:

**1. Distress caused to residents and relatives (35 comments):**

- I wouldn't be able to go and visit Mum every night as I do now if she was moved somewhere else. I am 74 myself and don't like night driving. The impact on me and mum if I wasn't able to see her everyday would be detrimental on both our health as we look forward to seeing one another every day
- My mum has been here for 6 years, you will struggle to get her to settle anywhere else
- If you move residents from here, 90% would not settle. No, 90% would pass away. It has taken my mum three years to settle here
- Mum was born and brought up here. I have moved away and travel to see her. Mum cannot see or communicate now, but knows who the staff here are. Just moving the room she was in almost destroyed her, let alone moving her out of the home
- You say you will move people together but what if there isn't room? My mum is blind and knows people by voice. When she went to hospital I needed to go to calm her down. Why do you want to please a cabinet who aren't even here today to answer questions?
- If you forcibly move people who have been here three or four years it will do severe damage. The building may need work, but it is a home. My wife went somewhere else and they didn't know how to check her blood sugar levels even though they had said they did before she went there.

**2. Standard/quality of care in DCC and private sector (18 comments):**

- DCC has a good name and you should continue to provide the in-house services that you do and celebrate them – not close them down
- You speak about the options out of the Council, the private sector. My wife was in Chesterfield and there is nothing suitable, no training for staff and conditions are awful. In a private sector Home we heard people saying about needing the toilet and being told to wait for toilet time in 20 minutes, someone being made to wait to go to the toilet.
- My mum came to live with me when she was 96. Dementia set in. We visited five Homes but when we came here she just loved it and wanted to stay. Been here three years now
- Care in the community does not work, DCC Homes are better than private. The Homes are really needed

- Staff in private Care Homes are usually really young and they don't have the care or thought that DCC carers do.

### **3. Alternative suggestion (10 comments):**

- Why close and that be that. Can't you do a staggered close where you don't bring in anyone new
- Picking up on what was said about no more residents. Could it not be that one room at a time around the building is refurbished?
- They are building plenty of houses in this village, why not build a new fit for purpose Home here too
- I suggest a new Home is built on here if this one goes.

### **4. Need to modernise (8 comments):**

- Not every home has an en-suite, this is not a hotel
- How many of the people in this Home can use en-suites on their own? And who will clean all the en-suites? I'd like to see the evidence of people saying they want en-suites. If you ask us now, we might say we want en-suites, but when we get older, we will have other priorities
- Not all the bedrooms here are small
- All that report highlights is normal wear and tear that happens to any house. These are normal wear and tear costs that the Council just needs to accommodate like any homeowner.

### **5. Validity of research (7 comments):**

- I read the survey report from 2018. It reports as for a general house with general maintenance and upkeep. The roof may need replacing within the next 10 years. Rooms are compliant in size because of the age of the building
- I've read through the Council's strategies and they are bland. Where is the evidence that you will need less Homes? My mum is here because you couldn't help to care for her at home.

### **6. Validity of the Strategy (4 comments):**

- Personally it all feels about money. Lots of Councils don't have their own Care Homes because it is expensive, but it is going to cost more to move people and pay top ups. As for not needing as many spaces in the future, this is just a guess.

Other comments which did not meet the top six themes were validity of consultation (3 comment), additional pressure on other services (3

comments), future strategy (3 comments), transport issues (2 comments), financial rationale (2 comments), future plans for the building (2 comments), alternative accommodation concerns (1 comment), impact on finances (1 comment), and a further 3 'other' comments which did not fit into a theme.

## **Petitions**

At the time of drafting this report – due to the current circumstances and working conditions it has not been possible to accurately reflect the information received on petitions. It is envisaged that this data will be updated at the time of going to Cabinet.

## **Consultation views on the proposal to refurbish Briar Close, Borrowash**

Overall 73 comments were captured from the 33 respondents who chose to comment via email, via telephone call or at one of the two meetings held at Briar Close specifically arranged for relatives and residents. There were a further 18 respondents who selected Briar Close as one of the options of the Homes they were responding to the questionnaire. Unfortunately due to the Coronavirus lock down the planned drop in session on 27 March at Borrowash library was cancelled.

***N.B. We have provided the analysis of the questionnaire for all of the care homes separately as it was not possible to evaluate the feedback from these for each individual Home as lots of the members of public chose to comment on multiple Care Homes in question 3 and question 9.***

Of the 73 comments captured the following were the top 6 themes:

### **1. Distress caused to residents and relatives (20 comments):**

- I am blind and know my way around and I recognise people by their voices
- "Over the past 14 years, as a regular visitor, I have seen numerous examples of ongoing work at the home from decorating, re-carpeting, fire prevention upgrades etc. Indeed not too long ago the main kitchen was completely re-fitted which resulted in hot food being brought in from another location for around 3 months. All of the aforementioned works were carried out as seamlessly as possible. So, in conversation with my mother when the proposals were first mooted, she fully accepts further disruption will be inevitable but is adamant that she wishes to remain in what she regards as her home. Albeit with the proviso that she would have

to move, temporarily, to another wing. I fully support her view. At her age, 94, and given the amount of time she has been resident I would have serious concerns for her wellbeing if she were required to move elsewhere

- I am very happy here I don't want to go anywhere temporarily
- It is people's lives their talking about
- This is so stressful for families
- Moving People out of Briar Close could cause people to deteriorate more quickly and their needs could therefore increase.

## **2. Validity of the Strategy (9 comments):**

- The care in the community is sketchy
- There will be loneliness and isolation for people living in the community in the future
- There are people living in the community who never get their hair washed or have a cooked meal as the care staff do not have the time. If the home carers don't get enough time with people, how will they ever be safe and happy in the future?
- This model of future care – are any other authorities doing this model?
- What happens if there are no beds for people that need them in the future? Will they be stuck at home in dangerous situations? It is going to be very difficult for social workers in the future.

## **3. Alternative suggestions (7 comments):**

- Due to the building layout I think the building could be refurbished a wing at a time. Each wing also has a bathroom
- The work should be done in the Summer as it will be a bit warmer
- If you decide to do in sections a lot will stay
- Could they build up and get a lift?

## **4. Alternative accommodation concerns (6 comments):**

- Do you have plans for where people will go if they do need rehab?
- Personally speaking I would rather people be in a Home like this and being safe than send them home where there is very little care in the community
- There already aren't enough places for people to go to now.

## **5. Standard/quality of care in DCC and private sector (5 comments):**

- Have you looked at some of the private Care Homes locally? I have. Some have got a good rating but I wouldn't put my worst

enemy in them. The facilities aren't good, the quality of alternative provision is not good

- We tell everyone how lucky we are that my mum lives here. She is so well cared for. Every single member of staff are amazing.

#### **6. Historic Maintenance (2 comments):**

- Whose responsibility was it to make sure the Homes were looked after and maintained?
- In the June 15 cabinet paper there was 4.2 million for Care Homes. There is still 1 million left unspent so far. Why has that money not been used to update Homes?

Other comments which did not make the top six themes were: financial rationale (1 comment), future plans for the building (1 comment), need to modernise (1 comment), transport issues (1 comment), validity of consultation (1 comment) the 'other' 19 comments did not fit into a theme.

#### **Petitions**

At the time of drafting this report – due to the current circumstances and working conditions it has not been possible to accurately reflect the information received on petitions. It is envisaged that this data will be updated at the time of going to Cabinet.

## **Consultation views on the proposal to refurbish New Bassett House, Shirebrook**

Overall 34 comments were captured from the 16 respondents who chose to comment via email, via telephone call or coming along to the daytime meeting held at New Bassett House specifically arranged for relatives and residents. There were a further 13 respondents who selected New Bassett House as one of the options of the homes they were responding to the questionnaire. Unfortunately due to the Coronavirus lockdown the second planned evening meeting and the library drop in session planned for the 3 April had to be cancelled.

***N.B. We have provided the analysis of the questionnaire for all of the Care Homes separately as it was not possible to evaluate the feedback from these for each individual Home as lots of the members of public chose to comment on multiple Care Homes in question 3 and question 9.***

As there are fewer comments (34), and respondents to this part of the consultation we have listed the top 3 themes only on this occasion.

### **1. Distress caused to residents and relatives (13 comments):**

- My mum doesn't want to move she has been here nearly 8 years
- Last 5 years been on respite, there was no choice, I like it here. It will reduce places I could go for respite. It is good here I wouldn't have it any other way
- We just don't want her moving. Came for 2 week respite still here 8 years later. It is her home. The refurb needs to be done with the least disruption. The rooms are not massive but can get wheelchair and hoist in. They do the job
- Good friendly lot, I made the decision straight away if they refurbish I am not moving out, I have been in the bedroom 8 years, it looks out on to the greenhouse
- Nothing to grumble about. Want to stop here if the home is refurbished. It is a good set of staff here
- I have been here one week and I love it do not want to move out.

### **2. Validity of the Strategy (7 comments)**

- ❖ I worked on home help for 25 years and I would have huge concerns about the ability now to provide care in the community. They are not given enough time. The follow up to watch that they have eaten their meals is just not there so if they are diabetic for example this can cause huge issues. The way in which assessments are done to ensure that enough time is allocated for care in the home needs to be looked and addressed before any closure of any of the in-house DCC run homes is considered further.
- ❖ I think at present there is still a need for residential care. The ability to care is limited in the community to such a short time span.
- ❖ On the website most homes and private homes are full.
- ❖ What will the next generation coming along get for care?
- ❖ You should be recognising an increase in the aging population and a need to build new homes.
- ❖ In the community people need care homes with carers.

### **3. Standard/quality of care in DCC and private sector (3 comments):**

- I completely agree with you to upgrade New Bassett House at Shirebrook, I worked there for thirteen years as a carer for the elderly, I loved my job and the clients. I always thought it was well planned out with the three main care wings. Pleasant caring staff but in my working days there it was NOT nursing but it is now and a few clients require 2 carers. I talk to staff members and they tell me it is VERY hard going now and staffing levels are low. People

are living longer now but will still eventually need Care Homes in place. Hats off to Councils for keeping these care homes going. Thank you

- I applaud your proposal to provide renovations for New Bassett House. My mother, a resident there, has had to move out of her room three times because of a leaking roof. Anything you can do to bring the building up to 2020 standards will be much appreciated by the residents, staff and visitors
- New Bassett House is very good – I have been to a lot of Homes and this is excellent.

Other comments received concerned alternative suggestions (2 comments), need to modernise (2 comments) financial rationale (1comment), validity of research (1 comment) and 5 'other' comments which did not fall into a theme.

## **Petitions**

At the time of drafting this report – due to the current circumstances and working conditions it has not been possible to accurately reflect the information received on petitions. It is envisaged that this data will be updated at the time of going to Cabinet.

## **Consultation views on the proposal to refurbish Rowthorne, Swanwick**

Overall 44 comments were captured from the 27 respondents who chose to comment via letter, telephone call or at the daytime meeting held at Rowthorne, specifically arranged for relatives and residents. There was one further respondent who selected Rowthorne as one of the options of the Homes they were responding to on the questionnaire. It must be noted that the planned evening meeting at Rowthorne for relatives and residents on 17 March 2020 was cancelled due to Coronavirus pandemic as too was the planned library drop in session at Alfreton Library on 20 March 2020.

***N.B. We have provided the analysis of the questionnaire for all of the care homes separately as it was not possible to evaluate the feedback from these for each individual home as lots of the members of public chose to comment on multiple care homes in question 3 and question 9.***

As there were fewer respondents and comments to this element of the consultation the following were the top 3 themes – both of the third themes being of equal comments:

### **1. Validity of the Strategy (13 comments):**

- The number of people with dementia and the number of over 65s is going to increase but the report says the number of Homes and beds will reduce – people will be looked after in their own homes. Is this just the start of privatisation, there will be no DCC care Homes in the future? No DCC help in the community in the future? All private? Also, the standards in the report, are they DCC standards, standards the private sector are not up to. So, people leave DCC care, to go to private Homes, which are not as high standards? I'd imagine the average private Care Homes are £100-£150 more per week for the same, if not less, level of care. It is well known that some private Care Homes the first question they ask, is if you are self-funded. Lots use their other fees to cover the shortfall from any DCC funded people who are with them
- What percent of Council Homes are closing? Seven out of 23. So that is a third, a very high number. In the future, where on earth will people go? They can't all be looked after at home
- In 2004 DCC wrote that they were unable to look after people in their own homes 24 hours per day. You are saying about looking after people in their own homes, but I beg to differ. It is very complex looking after people 24 hours, it is not just putting them to bed and walking away. I've known people who have fallen. There is more people involved in looking after people in their own homes than a Care Home. It costs more. It is really upsetting me. It is also a very emotive thing to look after people 24 hours per day
- It is a waste of time people racing from one house to another to look after people in their own homes. In a Care Home, staff are there, not moving from one place to another
- In these community care flats, people can't hear you shout for help. Not everyone will have the capacity to press a buzzer. I know here, if mum shouts for help, they hear her
- The only thing I can say, when you say people looking after people at home, when they are bed bound and you say people are going in 4 times a day, they still fall. They need someone there. If you tell someone they will live 4 years longer in a Home, they don't want to stay in their own house now. Their own home becomes a prison. You need to know they have their tablets at the right time and their meals at the right time.

## **2. Standard/quality of care in DCC and private sector (11 comments):**

- At the end of the day, when all this to-ing and fro-ing, all this um-ing and are-ing is done, a Home will only be as good at the care it provides



- Monday morning is glamour day. If you sat in that lounge and saw and heard what goes on... gosh, they are worth their weight in gold the staff that work here!
- I feel guilty I'm not here, on the doorstep anymore. When we moved to North Yorkshire, we were due to take my sister too. My husband died suddenly before we moved her and I spoke to the staff and decided to keep her here. She is so settled and happy. You don't get care like this in Yorkshire
- Every time I come there is something different on the walls. Someone takes the time on top of all that caring to do extra things to make it so interesting and wonderful here
- The new doors are a fantastic idea. It is like going into your own home. Brilliant for people with dementia!

### **3. Distress caused to residents and relatives (5 comments):**

- In relation to the pledges – can I just say, that doesn't always run through like that either. When the Glebe closed, they knew when I was away on holiday and what date did they move her? When I was away. She isn't going anywhere this time!
- If people will need to go to private Homes during the refurb, we need to know as soon as possible please so we can book them in. We need to know the dates
- If a resident here decided they want to move out for the period of the work and the only place available is in a private Home, would they have to sign a contract with them or would the contract be between DCC and the Home? Also, would there be a confirmed place for them to come back to, or could they be told you are in a Home, a good Home that costs more, so you need to stop there?
- Say they keep this open, have they got to move out for the work to be done or can they stay? They get used to been here and become confused if they have to move
- We would like X to stay at Rowthorne if the refurbishment goes ahead. Due to X's mental health and cognitive impairments he does not cope well with change.

### **3 Validity of consultation (joint third theme) (5 comments):**

- If this is just for the refurbishment why do we need to have a consultation - surely you can just get on with it without doing this? Why are we part of this process? We had a new fire system and there was no consultation
- From what you have just said, some that are up for closure could get a reprieve and some that are set for refurb could close

- Why haven't these proposals been made available at every home for everyone, all the people who visit, not just relatives, and in libraries and the like. You will only get a small number of people who input because only a small number of people know
- When you closed The Glebe it was 'we are closing so many homes to keep the others', now we are here again. In my experience, these are not proposals but done deals. I stood with Nigel Mills in the Glebe – "yes, we are not closing" – now it is closed
- I went on the website to look and the questionnaire was gone. A few days later it was there, and then it had gone again. How can people complete it if it keeps disappearing.

Other comments captured were alternative suggestion (2 comments), financial rationale (2 comments), validity of research (1 comment) and 5 'other' which did not fall into a theme.

### **Petitions**

At the time of drafting this report – due to the current circumstances and working conditions it has not been possible to accurately reflect the information received on petitions. It is envisaged that this data will be updated at the time of going to Cabinet.

## **Qualitative feedback from telephone interviews with relatives of residents of New Bassett House, Rowthorne and Briar Close.**

SECT conducted 34 telephone interviews with relatives of those resident at New Bassett House, Rowthorne and Briar Close who had not engaged previously in the consultation meetings due to the cancellation arising from the Covid 19 lock down. Relatives were reminded of the consultation and the proposals for refurbishment of the homes. SECT apologised for the need to cancel the meetings and informed relatives the call was their opportunity should they wish to give us any feedback and ask any questions they had and have this recorded in the consultation report.

Following the calls SECT found it unnecessary to conduct the usual coding and analysis of comments for reason of the majority (28) of participants gave the same feedback as follows:

All participants were in agreement that that the proposal to refurbish should go

ahead with the guarantee that it would be conducted in a manner causing the least disruption to residents as possible, further that wherever possible empty wings be utilised for movement of residents in preference to evacuation.

## **Generic feedback from letters, emails and phone calls**

From the analysis of all of the letters, email and phone calls – 58 comments did not relate to a specific Care Home so the feedback comments have been analysed in the following section.

As the overall generic feedback was not vast these have been limited to the top two themes which were as follows:

### **1. Validity of the Strategy (33 comments):**

- Perhaps this is not relevant to the present business of closing some of the Derbyshire Care Homes but I would like to point out that I visited Oaklands Care Village in Swadlincote and was very impressed I think that you should consider more of this type of accommodation. They must be more cost effective as they concentrate both nursing and social care in a tight area rather than spread out across the County.
- The closure of seven Care Homes will be bad for residents, bad for their families, bad for hardworking staff and bad for Derbyshire. I support the campaign to keep them open. I call on you and your administration to take a step back and consider the negative impact these closures will have. Instead of spending local people's council tax on moving our Care Homes into the private sector, Derbyshire County Council should be investing in the future of our Care Homes for generations to come. This issue will no doubt be important to Derbyshire people at the Derbyshire County Council elections in May 2021; please do the right thing, listen to local people and save Derbyshire's Care Homes
- We reject the reduction in services for the many elderly who are in need of safe and appropriate care
- Much is made of the fact Derbyshire who supports greater numbers of people in residential and nursing care than the national average and when compared with similar local authorities. While this is accepted, it should be noted that using this indicator for comparative purposes may be limited due to areas of the country where residential and nursing care is needed but cannot be accessed. More importantly, the consultation's focus on this indicator ignores the findings set out in the Older People's Housing,

Accommodation and Support Strategy 2018-2035. This provides 'a clear baseline of the number of housing units or beds currently available and anticipated demand'. It shows: \*An estimated undersupply of appropriate housing for older people, including a likely undersupply of older people's housing for sale. \*An estimated undersupply of housing with care, both for rent and for sale. \*A minimal additional net need for residential care provision – in the period to 2030. \*An estimated undersupply of nursing care beds

- I think it's a very poor proposal to close any Old People's Accommodation without replacing it with suitable accommodation that meets current standards run by or controlled by the County Council. With an ageing population more not less accommodation for older people is urgently required, in this respect I think the Council is letting the people of Derbyshire badly down.

## **2. Reconsider proposal Due to Covid 19 (10 comments):**

- First of all, I am extremely concerned that, despite the unprecedented circumstances created by the outbreak of Covid-19 which have circumvented the scheduled meetings within the 90 day consultation period, there is to be no extension to this consultation period to allow these missed meetings to take place at a later date. How can this be considered as a 90 day consultation period when the majority of the country has been on lockdown with so little 'business as usual' able to take place. So many of the individuals affected are not in a position to do what I am able to do and put forward their thoughts via email or your website form. They are in Care, largely because they have physical or mental frailties that often prevents them being able to express their thoughts about their Home being taken from them
- I then have to ask why the council is even considering these closures at a time when it is absolutely clear that a review of the Adult Care sector at National level is long overdue, in terms of how the service is provided, responsibilities for the services, costs and charges and how much should be funded by individuals? ...Much will inevitably change in the months (and years) to come as we hopefully put the current Covid outbreak behind us, not least of which will be support for the nursing and care sector and, by default, the funding of the same. More than ever this should ensure that funding of the care sector will be reviewed with urgency
- Given that Care Homes are suffering a disproportionately negative experience of Covid 19 with a worrying absence of PPE, I am dismayed to hear that DCC intend to pursue this process. It is neither kind nor appropriate to further add to the residents' and

carers' current anxieties with additional fears about moving or job security

- Please halt this process until society is on a surer footing
- The consultation should be delayed until after the pandemic a) Care staff are going through an unprecedented time of stress during the current crisis. Many Homes are caring for end of life patients whilst family visits are limited, placing huge emotional and workload pressures on staff. Many also have concerns for their own health and that of their families from this dangerous disease, which their work puts them more at risk from. Now is NOT the time to be undermining their morale by proposing closures, job losses, and the breaking up of well-knit teams who are now forming even closer bonds to support each other through the current crisis. b) The future of Care may well look very different after the pandemic. There may be less demand if the number of very vulnerable older people has sadly decreased although this needs to be assessed in the context of population projections for rapid increases in the over 80's in Derbyshire.

Other comments fell into the themes: the validity of research (3 comments, Standard/quality of care in DCC and private sector (3 comments), distress caused to other residents (3 comments), additional pressure on other services (3 comments), financial rationale (1 comment), and 2 'other' comments which did not fall into a theme.

## Qualitative analysis of questionnaires

The text boxes were analysed and coded by the SECT in order for themes to emerge from the individual questions the following are the results:

### **Q4 If you answered 'Tend to disagree' or 'Strongly disagree' to question 3, please tell us why you are disagreeing with the proposed closures:**

Of the 478 comments which were captured the following were the top themes:

- 1. Concerns for the overall standards and quality of private sector with 126 comments**
  - Crazy to close a Care Home that's been open around 40 years and provides a safe secure home for elderly local people to enjoy their remaining years. Where they are well cared for and make friends and are treated like family by the amazing staff they provide a service that not everyone would be able to do

- My 99 year old mother has been in Goyt Valley House for over three years and has always been very happy there. The worry of an elderly parent in their own home and the strain on a family when you have no help is enormous. GVH staff have gone to extremes to make my mother feel at home and she has made many friends there
- My mother was placed here in her final years and she was very well looked after and cared for in this particular establishment. Before she was in a private Care Home in Clay Cross which was appalling, before managing to get her transferred to a Council run one. She spent time at the Holmlea which initially was better than the private one but for reasons in not going into we got her moved to a better Council run one below. Council run homes are the best, the staff, the care here was excellent
- Social care is a basic human need, commercialisation of the care system reduces accountability and collective responsibility. The most vulnerable people in society have the quietest voice which is why the care system has been able to get away with atrocious standards with little or no comeback. The care quality commission has no real teeth and the relationship with the NHS is woefully inadequate. Handing care to a third party increases those barriers as direct accountability is reduced
- Private Care Homes will not necessarily have the space to accommodate the extra residents, and on the whole, as I know from personal experience, private Care Homes are not as well run as County Council-run ones. All the owners want is profit
- The closure of East Clune and its day centre would be a great loss to the ageing community of Clowne. The organisation and care the staff give is excellent and the Home is not so large as to lose that personal touch that people in later life rely on.

## **2. The future strategy with 110 comments:**

- I think that it is extremely short sighted of DCC to close any of these Care Homes. I do not agree with their supposition that there will be less need for such Care Homes in the future, in fact I believe that the need for them will only increase
- Social security in older age is something that people have paid for all their lives, closing these Care Homes and supposedly “refurbishing” others is a short term fix to a long term problem of increasing need for social care

- I disagree that in the future you will need less residential Care Home places more people are living longer and have care needs
- We are being told by government that the UK's population is ageing. Although they are trying to ensure that people are able to stay at home for longer, this is not going to be possible for everyone. The current market has insufficient residential Care places now
- I disagree with your hypothesis that the need for residential Care will decrease in the future. How can you make that assumption when the elderly population is growing and hospitals have nowhere to discharge inpatients in need of social care.

**3. Distress caused to residents and relatives with 60 comments:**

- The distress this will cause to all of the residents having to leave their home and the carers they trust and are familiar with. This also extends to their families who trust the carers to take care of their loved ones
- Our friend's mother is a resident of Goyt Valley House and is approaching 100 years of age, and feel that this disruption will be detrimental to her wellbeing
- The shock of being forced to move will have a severe detrimental effect on the residents and also make life difficult for relatives to visit
- My mother has resided at East Clune Care Home for almost 3 years. She is 103 years old and is registered blind, hence any move to a different care home would be extremely difficult for her and might even prove to be fatal.

**4. Transport issues with 35 comments:**

- Goyt Valley House is in a very rural area with limited and dwindling public transport links
- Accessing other places/villages out of Clowne is quite difficult to those who do not drive as Clowne transport links buses are fairly poor in terms of travelling anywhere
- Leaving only 3 across such a huge geographical area is thoughtless. How on earth are families of those in the Homes supposed to get to see their loved ones if they are one of the many who rely solely on public transport.

**5. Negative impact on the local community with 32 comments:**

- It is a lifeline for the local community one that we cannot do without, we are on the outskirts of Derbyshire and need provision for our locals needing this care
- They are a vital resource to our local community.

**6. Alternative accommodation concerns with 24 comments:**

- I am not aware that other provision is available should these homes close. Having tried to find respite for a relative it is extremely difficult, closure of these Homes can only add to the difficulty.

Other comments captured were regarding pressure on other services (21 comments), financial rational (18 comments), alternative suggestions (13 comments), COVID (11 comments), direct disagreement (4 comments), historical maintenance (2 comments), validity of research (2 comments). 20 comments either did not fit any theme or did not answer the question asked.

**Q5 Do you agree that these are the right matters for the Council to take into consideration? If you answered 'No' please tell us why:**

Of the 276 comments which were captured the following were the top themes:

**1. Alternative suggestions with 59 comments:**

- Update the building, allow it to continue and get even better. Everything needs updating eventually, we shouldn't live in a throwaway society
- The Council should be either bringing these buildings up to standard or replacing them with new builds in their existing location
- Improve the Homes please don't be like every other Councils and shut these homes as people desperately need them, put council tax up to help pay for improvements
- They should bring them all up to standard and make them eco-friendly for the future save money by fitting solar panels etc. and go green
- The Council should consider the cost of building new Care Homes to at minimum match the current capacity. Councils should consider the success of the Care Homes they wish to close and can that success be replicated in a new setting



- Renovate instead. Invest in the building. The financial cost is nothing compared to supporting a local resident in their own community.

**2. The future strategy with 36 comments:**

- There is only one consideration and that is the future need. There is currently a serious shortfall in Care Home accommodation
- Because there is likely to be even more need in the near and distant future. Care at home is sadly lacking and if the recipient lives alone it leads to desperate loneliness and mental health problems
- In rural areas, there will be a higher need for services in future, as most of the population are aging there aren't enough places to meet the growing need. It's not safe for people in certain circumstances to stay at home
- Should expand to the wellbeing of residents, the need for services, the Council's need to support a diverse and health care market and remaining compliant with legislation such as the Care Act 2014 and the Human Rights Act 1998
- Because you haven't considered where the Dales & High Peak residents will go or how elderly people in these areas will be accommodated in the future. It is a very narrow view you are taking without a long term strategy.

**3. Historic Maintenance with 28 comments:**

- If the council hadn't let the homes get into this state, this wouldn't be happening
- You should have maintained these properties with a long term future in mind
- As a council tax payer, I help to fund these Homes. If they need work then the money should be found, and indeed should not have been allowed to get to this stage by the Council
- Up keep of the Homes should never have become an issue. The Homes house vulnerable adults. This is no excuse to close the homes.

**4. Validity of the research with 24 comments:**

- The spinney in pretty good condition to me not in such a bad state as DCC would have us believe. Read some reports with B rating which is satisfactory. Would like to see the 1.7 million broken down as think figure is very much over inflated

- It would appear that the information that the Council have is incorrect
- Information within reports has false results and should be challenged.

**5. Distress caused to residents and relatives with 22 comments:**

- I understand there are no unsafe maintenance concerns at Goyt Valley. There will always be items where improvement is required and that is the norm. Close this Home and you throw inconvenience, cost and hardship to residents and their families and other visitors
- You have spent a lot of money on Lady Cross these past 2yrs and even on the 30th of February 2020 I was there when you was fitting and alerting new fire doors cost 30.000 or so Lady Cross is the cleanest tidy Care Home I have seen why so you have to do this unbelievable if you close Lady Cross it's truly shows you have no heart or soul please keep it open don't kill my sister.

**6. Need for modernisation with 17 comments:**

- As any homeowner will know, looking after any house is an ongoing task to keep it up and running. Most of the residents in East Clune have similar needs to my Uncle. He needs personal care. He can't stand up on his own. He can't walk, therefore an 'en-suite' bathroom is not that important to him and will not enhance his lifestyle. It wouldn't be something that he could use on his own and like some of the other residents has a permanent catheter fitted
- Other comments captured were regarding validity of consultation (10 comments), financial rational (8 comments), COVID (7 comments), pressure on other services (7 comments), standard/quality of care in DCC and private sector (5 comments), direct disagreement (4 comments), negative impact on the community (4 comments), transport issues (2 comments), council duties (1 comment).

42 comments either did not fit any theme or did not answer the question asked.

**Q6 Do you think there are any other criteria that the Council should be taking into account? If you answered 'Yes' please write in the box below**

**the criteria that you feel the Council should consider for this consultation.**

Of the 473 comments which were captured the following were the top themes.

**1. The future strategy with 97 comments:**

- The human cost of the elderly feeling helpless in their own home, unable to care properly for themselves. Using private care companies for care in the home is not the answer as they in my experience are not reliable, effective or efficient
- Private sectors are expanding their resources, WHY? Care at home does not include night care and therefore this should be considered during this process
- Availability of alternative accommodation when the DCC Care Homes close. If the Council is not investing in the refurbishment of its own Care Homes because projections in the housing strategy indicate that the demand for this type of accommodation will fall what assurances are there that private companies will invest in this type of accommodation given the identified SHORT TERM need
- Lack of services for the elderly. If the Homes are closed then the Council still have to pay for the residents to be rehomed, and for their care. If these people stay in Council run Home it works out more economical
- The lack of provision by the private sector as they can cherry pick and not always located where needed
- We need non-private Care Homes available as well as private ones. What will happen if the private Homes go bankrupt and have to close? We need a proper safety net of publicly-provided, publicly-delivered facilities as well, but you are reducing the number of public facilities severely in these proposals, and the demand for residential Care will be growing in the future, not shrinking! Please do not do this!

**2. Distress caused to residents and relatives with 89 comments:**

- The well-being of not just residents and users but also their relatives, added travelling and moving the facilities will have a great impact on them
- For residents it's their home a lot won't survive a closure like when Hillcrest closed. When Lady Cross closed for rewiring a lot were very upset and poorly over it

- Accessibility for friends and relatives and a feeling of connection to their home area for the residents. You cannot underestimate the trauma of a much loved relative having to live apart from a loving family. Distance makes this so much more traumatic
- Service users, what they went through before and some never returned cause the stress of the move cause to much stress so they passed away that's was so sad
- The welfare of the residents in the Homes. People with dementia can't cope with change. My father was already extremely distressed by being moved once. If you do this to him again, I truthfully don't think he could cope with the distress. If he passes away because of this, on your heads be it. I shall forward you the funeral costs.

**3. Alternative suggestions with 57 comments:**

- If it isn't cost effective to keep the building then they should be knocked down and rebuilt up to present standards
- Why not use some of the money you're getting by selling off land to developers to complete the necessary development to these Homes
- I fully support the Council not wasting money on tired old buildings but the order should be different 1. Build new Care Homes that are cost effective to run and maintain through higher number of people in the same m2 footprint 2. Close old Care Homes that are draining Council resources this way everybody wins don't close Care Home when there are no spaces for patients and then think about building another one
- Is the Council going to sell it, (and let some greedy developer make money out of it) or could they do something more "Enterprising" like build/convert into Council flats or houses that could be rented out to make DCC some long term income? But they still keep ownership of the land. Helps with the housing crisis. Please don't leave derelict for decades.

**4. Transport issues with 44 comments:**

- There is a need for the Care Home and has been for years. If this is closed down, residents within the Home will have to be moved. Clowne doesn't have the public transport services for families of the residents to travel
- Moving my mother to another sight in Derbyshire will be problematic as travelling to visit her will take longer, also public transport in the High Peak is limited.

- The location of a Care Home is vital for the residents to maintain the social connection with their own neighbourhood. Derbyshire is a large county, with poor public transport links between villages.

**5. Negative impact on the local community with 24 comments:**

- Impact of closure on local community and knock-on effects of moving residents out of a community (longer travel times, less access to visitors/volunteers)
- Impact on local communities especially on local people needing care. As well as the jobs the homes provide in the local community.

**6. Pressure on other services with 23 comments:**

- I have mentioned it in the previous answer as a sufficient impact assessment has clearly not been undertaken. The closure of the Homes has a greater impact on other services and the local areas than you have even considered.

Other comments captured were regarding COVID (16 comments), standard/quality of care in DCC and private sector (10 comments), historic maintenance (10 comments), validity of research (9 comments), financial rational (8 comments), validity of strategy (7 comments), need for modernisation (6 comments), alternative accommodation concerns (4 comments), validity of consultation (3 comments), direct appeal (2 comments), direct disapproval (2 comments), in favour of the proposal (2 comments), Council duties (1 comment). 59 comments either did not fit any theme or did not answer the question asked.

**Q7 If the proposal to close the seven Derbyshire County Council run residential care homes and East Clune Day Centre goes ahead would this have an impact on you personally and/or your community? (Yes No) If 'Yes' please tell us about the impact.**

Of the 266 comments which were captured the following were the top themes.

**1. Distress caused to residents and relatives with 48 comments:**

- My Gran is a resident in one of these 7 Homes. She has been a resident for almost 4 years. The Home is perfect for her needs, the staff are wonderful, the care she receives is exemplary and the location of the Home means that she is visited at least 5-6 times a week by family and friends. Moving her out of the local area (New Mills) would leave her hugely socially isolated as her visits would be cut to 2-3 a week at the most
- Yes my sister took a year to settle and she is so happy now. I, Myself have had several heart attacks I do not need the stress of my sister having to move again and the risk of her having heart failure again
- My brother is a resident and the closure will cause him extreme anxiety which is likely to increase the number and severity of his fits
- The proposed closure of Gernon Manor will impact me personally, because my mother lives there and I consider her mental, emotional and physical health to be quite precarious. It therefore impacts me as her daughter who does not like to see her in distress or worrying
- My grandmother, who is 103 years old, would be moved out of Goyt Valley to a Home much further away as there is nowhere suitable locally. This would mean I was unable to visit her as often, if she even survived a move. The prospect of it alone caused her to have a minor stroke. We have always been a close knit family, spending time together most weekends. To lose that for myself, my son and my Gran would be devastating
- It would be completely devastating for my 101 year old mother-in-law, who has lived happily at the Spinney for nearly 4 years. She suffers with great confusion and lack of short term memory, but over a 4 year period has learnt her way around and knows the staff. With limited mobility she is able to access the parts of the building she wishes to independently, her room is close to her lounge, dining room and bathroom. She would suffer untold distress if she was placed in unfamiliar surroundings.

## **2. Negative impact on the local community with 47 comments:**

- Friends live there and friends work there and it has become part of our local history
- It would have a deleterious effect on the whole Sandiacre community

- I find it very difficult to believe that the Council have the resources to move a couple in their late nineties without the help of relatives. We travel from north Leeds to East Clune. The local community will be severely affected due to the number of job losses
- It would remove an important element of the community in New Mills
- New mills is a community and the closure will diminish our community.

### **3. The following themes each received 39 comments**

#### **The future strategy**

- It would reduce the options of older people for residential care and will cause anxiety to older people who may need such services in the future, and to their families
- I'm concerned what happens to my dependants and myself in the future should this continue
- Valued members of the local community would no longer live and contribute to my local community. The lack of future provision in the community could prevent me continuing to live in and contribute to my community in future years
- I would be concerned that if discharged from hospital in older age that there would be no provision meaning either poor inconsistent care at home or keeping a bed occupied in hospital unnecessarily.

#### **Transport issues**

- My elderly parent visits residents on a regular basis, travelling by bus she would be unable to continue to do so if her friends were moved to another home which will have a detrimental effect
- As my mother will be 100 this year her nearest relatives including myself are aged between 75 and 90 will not be able to visit very often given the poor transport links to other suitable Homes in the County
- You don't seem to understand the High Peak's geography and transport network. This area is not Buxton or Glossop. Those are inaccessible without your own transport. The distance, the convoluted routes by public transport, the availability of public transport into the evening, the cost of it. You'd be asking people's relatives, often elderly themselves to spend

up to four hours a day travelling to see their nearest and dearest

- There is no other facility in the area which can meet the resident's needs. Travelling to further afield is too difficult in rural areas.

**4. Standards and quality of care with 37 comments:**

- I have elderly Grandparents with no direct health needs but may require further support in the coming years due to age related changes. I have no faith in private run placements as they are run for profit. I have spent time in many private nursing and residential placements and know their shortcomings all too well
- Vulnerable elderly will be at the mercy of private care
- I have friends with relatives in Ladycross Care Home. Satisfaction with the Care Home is high.

**5. Alternative accommodation concerns with 27 comments:**

- Day centres are a lifeline for the elderly. What are they going to replace them with?
- I live in Bakewell and with a large aging population residents will need to move to residential Care in other areas that are not as easily accessed. Meadow View does not have the space to accommodate all Gernon Manor residents and to stay local would mean paying extra for private provision.

**6. Pressure on other services with 8 comments:**

- As a district nurse we see patients being kept in hospital because of shortage of care staff - sometimes nurses are asked to fill the care gap, especially for end of life patients. The closure of the care home will put more pressure on community services that are already struggling
- Other comments captured were regarding COVID (6 comments), alternative suggestion (2 comments), direct disagreement (1 comment).

12 comments either did not fit any theme or did not answer the question asked.

**Q9 If you answered 'Tend to disagree' or 'Strongly disagree', please tell**



## **us why you are opposed to the refurbishment of the three residential care homes.**

Of the 47 comments which were captured the following were the top themes.

### **1. Financial rational with 20 comments:**

- As I mentioned earlier in this form to refurbish Borrowash does not make economic sense when you have already spent money refurbishing Ladycross
- Refurbishing the Spinney would represent better value for money than any of these three Homes
- I don't disagree with the refurbishment itself - I disagree with the plan of refurbishment of Briar Close but it still could be potentially shut down. What's the point if you are going to close it anyway, what a waste
- The Homes up for refurbishment are all in the same geographical area and nobody has thought about Goyt Valley House have they which is on its own at the cost to the other better preserved homes that have just had work done to them
- Your budget should be increased to cover the refurbishment of all DCC care Homes
- Because all the money is going to the South of Derbyshire, Council Tax has gone up 2% to put more into Social Care and the money is being spent in the South which I'm paying for and it's not being used in the North.

### **2. Future strategy with 9 comments:**

- All 7 will be needed and all should be refurbished. The Council is mirroring the government approach and is not valuing older people's lives
- I would suggest you sort out all the Homes and close none, these are a valuable resource needed by our communities
- These sites are not easily accessible to residents of the high peak what do people in this locality get in future
- The wrong Homes chosen, two are close together, services need to be spread across to give access to everyone.

### **3. The following themes each received 3 comments**

#### **Location**

- All of these are too far distant for our locality

- I disagree because not one of them is in the area of New Mills. I don't doubt that they need updating but what about our area
- For me Sandiacre is more important to keep. I understand that some rooms are being used to cover facilities which closed in Ilkeston Hospital.

### **Agree with the proposal**

- Not sure that spending more money on these Homes is the best way forward - the buildings are extremely out dated
- There is sufficient private provision and any financial savings can be ploughed into frontline services
- I don't think it's a local Government responsibility to provide Care Homes, there are greater more pressing priorities in my opinion and care should be provided by the private sector.

### **The following themes each received 1 comment each**

#### **Need for modernisation**

- 2 of the buildings are the same layout as Beechcroft so why can one Home have rooms that are too small so that is one factor into the closure and another the same reason for refurbishment
- Standards and quality of care
- I don't think you provide a great standard of Home compared to the private sector. The only way to do that is effective subsidy that private Care Homes will not get. i.e. you spend our money on Homes that are not great then refurbish them with our money.

#### **Validity of the research**

- Data is not accurate and needs better investigation.

#### **Transport**

- As I live in Clowne I do not know anything about these buildings, but having had the experience above, I can only imagine that for any family who has a loved one needing residential Care will want the facility as close to their home to be able to help and visit their loved one
- There were no other comments recorded for this question other than 8 comments that did not answer the question asked.

**Q10 The Council's revised strategy for care homes provided by Derbyshire County Council Adult Social Care and Health is to maintain a minimum of one community care home and residential care home for older people in each locality. Do you agree that this is the right approach for the Council to take? (Yes No) If you answered 'No' to Question 10 please tell us why.**

**Of the 361 comments which were captured the following were the top themes.**

**1. Future strategy with 155 comment:**

- You need more than one per locality. People are getting older but they are also living longer
- Each village is different in size, and has a different population/requirement. It's not like for like. You have an approval for the Clowne Garden Village which will double the population
- You should provide care on the basis of the amount of people who need care not how many buildings you have in an area
- Each localities have different demographics and demands. For example, individuals living in Derbyshire Dales typically have a higher income so are able to remain in their homes or go into better Care Homes, whereas individuals in the Erewash area typically have less income so are more reliant on services such as local authority funded ones. In addition, the locality areas vary in size so whilst one might be adequate (i.e., south Derbyshire) it would not be adequate in Erewash
- One in each locality does not take into account future demand in real terms. The population is ageing and demand will ever increase. Decreasing the capacity of Care for the Council does not correlate with proposed demand in the future
- Through modern medicine people are living longer and dementia etc. is increasing, demand for Care Homes is also going to increase. Surely the Council is better to prepare in advance and future proof by building larger care homes.

**2. Lack of Information with 37 comments:**

- I don't understand the descriptions. What is the difference between the two and how do you define locality
- Depends what you class as locality. Under these proposals our nearest wouldn't be local
- Saying one of each without talking about how many places per members of the aged community makes no sense. Definition

of locality and reference to population size and numbers of places provided would all be needed. Locality in particular could mean anything. I think you're doing harm to New Mills - have you grouped us with somewhere that's not really our locality to achieve these numbers

- What are the facts and figures which led to the above question 10?
- I don't know as there is no information about numbers in each area.

**3. Transport issues with 30 comments:**

- It just depends on what the Council mean by locality, it looks like our nearest care home would be Shirebrook, fine for car drivers and the healthy visitors but what about family who would normally just be able to pop in, nightmare to get to Shirebrook on public transport
- There should be one in most villages so that relatives can visit them easily, as many people don't have cars and not on bus routes
- Clowne and Barlborough and other villages this way is poorly accessible if people do not drive so it would be an absolute nightmare for people to visit their loved ones on a daily basis. Throw bad weather into the mix and even the drive from Clowne way to Shirebrook is not the best using back roads
- There is 2 homes 15 and 20 miles away from Goyt Valley House what happens when there full the next is 40 plus miles away how are families supposed to visit their loved ones.

**4. Direct disagreement/objection with 24 comments:**

- One community Care Home & Residential Care Home is not enough
- I don't agree with DCC's approach, it's not looking after the most vulnerable and needy, just wants to save money the easiest way in the path of least resistance
- It's simply not enough.

**5. Alternative suggestion with 21 comments:**

- They should be investing more not less, private sector must be making money with residential Care otherwise they would not do it, do the same
- There should be a number of smaller Care and residential Homes managed in each area/community.

**6 The following themes received 7 comments each.**

**Distress caused to residents and relatives:**

- This may not be sufficient in all areas and therefore some people may have to move away from their home area which could cause not only problems for them but for any of their elderly visitors e.g. husbands and wives.

**Validity of research**

- This seems arbitrary. Need to undertake more research into possible range of need and community wishes.

Other comments captured were regarding validity of strategy (6 comments), pressure on other services (5 comments), Council duties (5 comments), negative impact on community (5 comments), direct appeal (4 comments), COVID (3 comments), standard/quality of care in DCC and private sector (3 comments), agree with the proposal (2 comments), historic maintenance (2 comments), validity of consultation (2 comments). 43 comments either did not fit any theme or did not answer the question asked.

**Q11 If you have any other comments you want to make on the Council's revised strategy please insert these below. You can find out more information about this at [www.derbyshire.gov.uk/care-home-review](http://www.derbyshire.gov.uk/care-home-review).**

Of the 249 comments which were captured the following were the top themes:

**1. Future strategy with 57 comments:**

- Council should be providing good quality Care private Care Homes are too expensive
- The population of Derbyshire is growing rapidly and getting older yet the places are few and far between. The council needs to build more Care Homes
- As Care tends to be rather expensive it may be more beneficial for people to remain in their own homes and use carers as opposed to having to sell their property to fund Care in a Home
- I see no strategy for Care here, but rather a strategy for neglect which pays attention to austerity wish to run services for private profit
- Do not forget that there are proposals for a large number of new houses to be built on the Storage depot in West Hallam

that will have significant bearing on you facts and figures and requirements for care of the elderly

- By all means review and rationalise the facilities available to older/frail people. But managing the numbers by a theoretical 'minimum necessary' is a sure road to penalising the older/frail people who do not live within a compass of those facilities left to cope.

**2. Reconsider with 46 comments:**

- Please seriously consider that these Homes need to be saved not only for all the older people who are currently in our community but as an investment for all of our futures
- Please reconsider the proposal of closure of Goyt Valley House
- Think again. Put yourself in a vulnerable persons shoes. Go visit a frail person before your next meeting and see the standard of Care visits for yourself
- Please refurbish rather than close the Homes and let residents feel safe and settled in their Homes
- Please reconsider the decision to close Goyt Valley until genuine alternatives have been developed. Allow those who are living at Goyt Valley House to live out their lives.

**3. Distress caused to residents and relatives with 39 comments:**

- Please reconsider this proposal. The families and communities already involved with these Homes are distraught and the long term impact of this decision will potentially have far reaching ramifications
- This is a heart breaking story for resident's families and carers. Moving elderly that has just settled can be a huge trauma and give them a lot of anxiety and stress
- Please take into account the emotional distress this will put on all of the residents. Changing out of routine, new people to again trust
- My dad is in Briar close Care Home and it would be very stressful/upsetting to have to find another Care Home for him as he has settled in so well he has made so many friends and the staff are superb.

**4. Financial rational with 24 comments:**

- If DCC is having difficulty meeting the costs of DCC Local Adult Care and other DCC services they need to be lobbying

central government for an increase in the Local Government grant

- Seen the survey that has been carried out and cost of the people doing it would have been better spent on the Homes with either local tradesmen or current workers of DCC
- It seems to me that the closures are proposed for the purpose of reducing expenditure. Instead, the Council should raise the level of Council Tax, which I would support.

**5. Validity of the consultation with 17 comments:**

- The structure of this survey leads respondents to favour the council proposals without providing links to the evidence the council had used to make those proposals and without providing a proper analysis of residents in the care homes you propose to close or the impact for future potential residents
- My comment is this, going by some of the decisions made recently by Derbyshire County Council, I have no doubt that I have wasted half an hour of my time by filling this in.

**6. COVID with 16 comments:**

- Incredibly inappropriate to continue with the 'consultation process' without any delay in light of the Covid-19 crisis which has prevented proper scrutiny and consultation. It has left members of the impacted community without sufficient awareness of how they will be affected by the changes and insufficient time or appropriate channels to raise issues with the Council.

Other comments captured were regarding standard/quality of care in DCC and private sector (8 comments), validity of research (7 comments), alternative accommodation concerns (6 comments), historic maintenance (6 comments), pressure on other services (5 comments), agree with the proposal (1 comment), future of the building (1 comment), need for modernisation (1 comment). 15 comments either did not fit any theme or did not answer the question asked.

**Q12 If you have any other comments on the proposals please provide details below.**

Of the 132 comments which were captured the following were the top themes.

**1. Distress caused to residents and relatives with 28 comments:**

- When residents are placed in private Care Homes, relatives often have to find top-up fees. These can be quite considerable and lead to poverty for the remaining spouse/other family
- I live in the next village and I work full time and can visit my dad anytime - if he was moved further away it would impact on both of our lives I wouldn't be able to visit as much - it was very stressful selling his home and finding a Care Home he's settled in so well - I really don't think he would be able to cope with the change
- The residents love their Home moving them would make a big impact on them and their life's please think about them
- Leave these people alone to live their days with people they love and trust
- It is cruel and inhumane to disrupt and destroy the fabric of these elderly and vulnerable people's lives
- Listen to people's thoughts and fears and act appropriately and sensitively. These proposals are insensitive and cruel and founded on dubious financial reporting reports which do not put human need foremost.

**2. Future strategy with 13 comments:**

- Many people choose to live at home but will only receive a call for 15 minutes three times a day this doesn't support their loneliness and interaction with other, having no stimulation, not eating, drinking enough leading to more hospital admissions putting more strain on the hospitals and bed blocking due to no local beds for respite.
- The prediction in the media is that there will be more elderly people in years to come who will be crying out for local Care Homes due to medical and wish to stay in their local community, near to family, friends etc. and not shipped coldheartedly to somewhere they don't know or is difficult for family to visit especially in the busy lives people live
- Make more bungalows available that are ring fenced for the disabled. I'm sick of seeing caravans, cars and all sorts on bungalow drives....they need to be for those who really need them, not a homeless person who can physically move into a flat
- Overall I understand why this is all happening and agree that some of the Homes need work which costs money. I am just concerned that the strategy put in place isn't strong enough to



support the potential move of 200+ residents. Financially mentally and realistically

- I again state that the Council's approach of not needing to provide residential care is entirely wrong.

### **3. Validity of the consultation with 11 comment:**

- Seems like this is already a 'done deal' however do hope you get inundated with responses to this
- The online survey did not allow for saving comments as you progressed through which proved very frustrating where the outcomes will be published
- If you haven't already done this then please extend the time of this consultation to give more time to the community to respond. Also to hold an open consultation at a venue where we can talk
- It is obvious that these cuts are driven by cost cutting and the excuse of the conditions of the buildings is a smokescreen for this.

### **4. Financial rational with 9 comments:**

- Annual maintenance: What has been spent annually on these properties in the last 5 years? What was the budget per year? What was forecasted on these properties and what is new because of the report
- Good to see a thorough plan, will the proposed Government review of long term Care be a factor in this plan? How were costs for refurbishments established - have local suppliers (as opposed to national groups such as Carillion) been engaged in terms of work required and future maintenance. Have non-profit groups been considered
- Money needs to be used for the people it cares for. The council tax keeps giving you more use it wisely!

### **5. Future strategy with 8 comments:**

- Many people choose to live at home but will only receive a call for 15 minutes three times a day this doesn't support their loneliness and interaction with other, having no stimulation, not eating, drinking enough leading to more hospital admissions putting more strain on the hospitals and bed blocking due to no local beds for respite

- Overall I understand why this is all happening and agree that some of the homes need work which costs money. I am just concerned that the strategy put in place isn't strong enough to support the potential move of +200 residents. Financially mentally and realistically.

**6. The following themes each received 6 comments:**

**Pressure on other services**

- Closing Care Homes before adequate measures are in place to Care for residents in their own homes is similar to hospitals closing beds and then finding out that Councils cannot provide Care at Home.

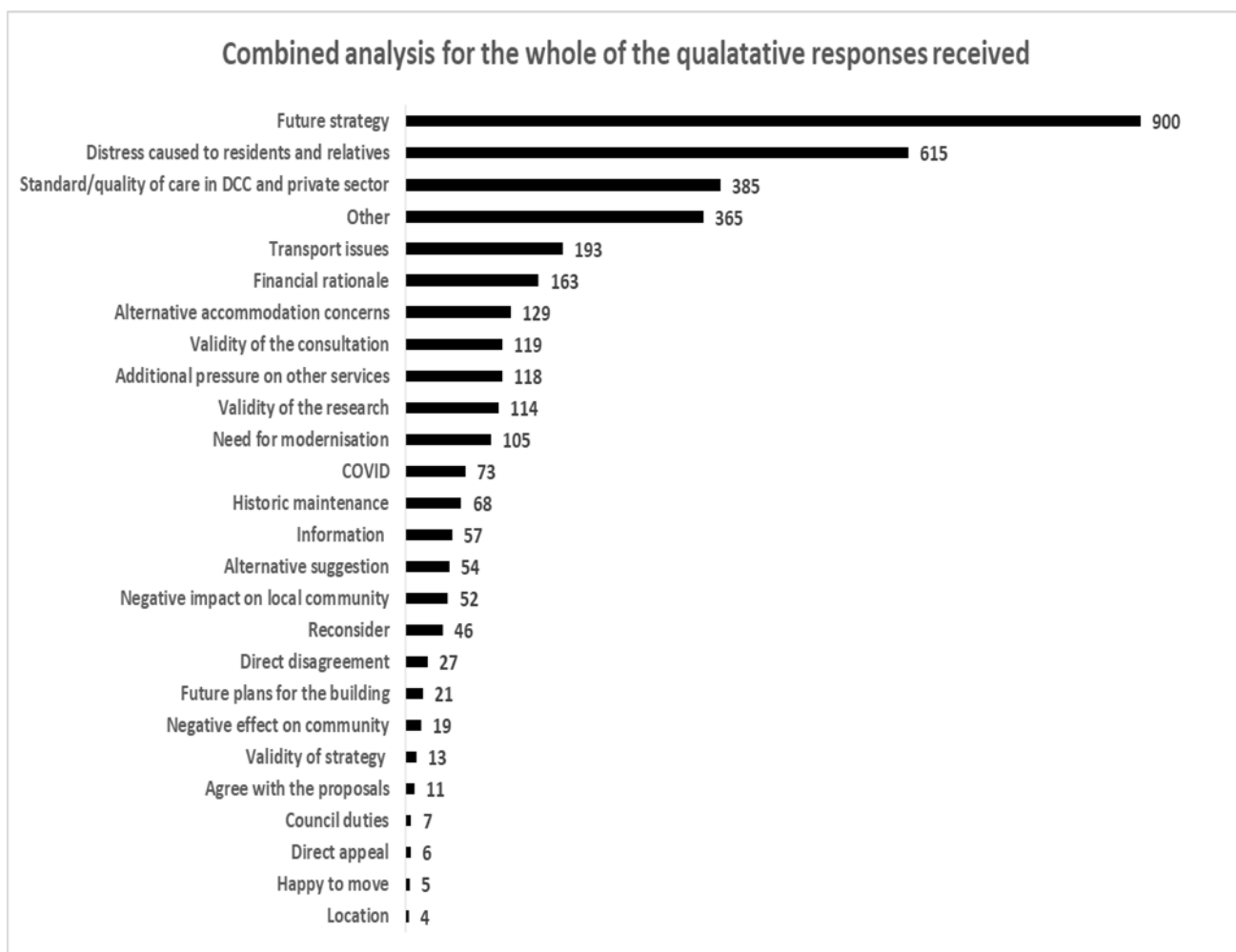
**Covid**

- I think that the consultation should have been stopped during the current restrictions given that some meetings have had to be cancelled.

Other comments captured were regarding agree with the proposal (3 comments), need for modernisation (3 comments), historic maintenance (1 comment), locality (1 comment). 43 comments either did not fit any theme or did not answer the question asked.

## **Combined Analysis**

**In total 1,189 people responded to the consultation. The graph below shows the overall qualitative themes for all of the Care Homes combined. This includes questionnaires, letters, emails, telephone calls, and meetings:**



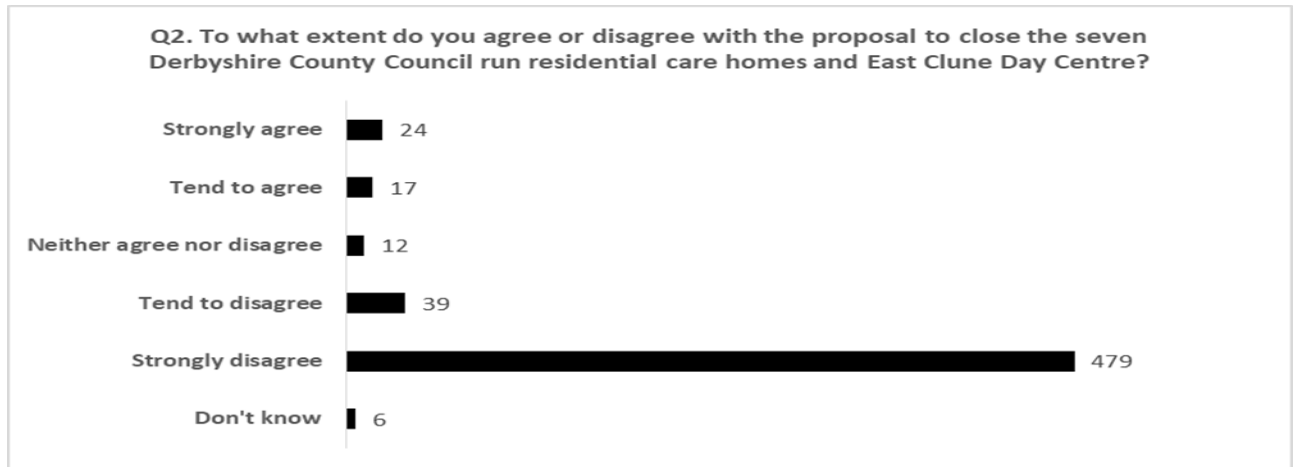
## Quantitative analysis of questionnaires

The tick boxes on the questionnaire both on-line and paper version were analysed and graphs produced from the data. 650 paper questionnaires were printed with the following results:

### Question one



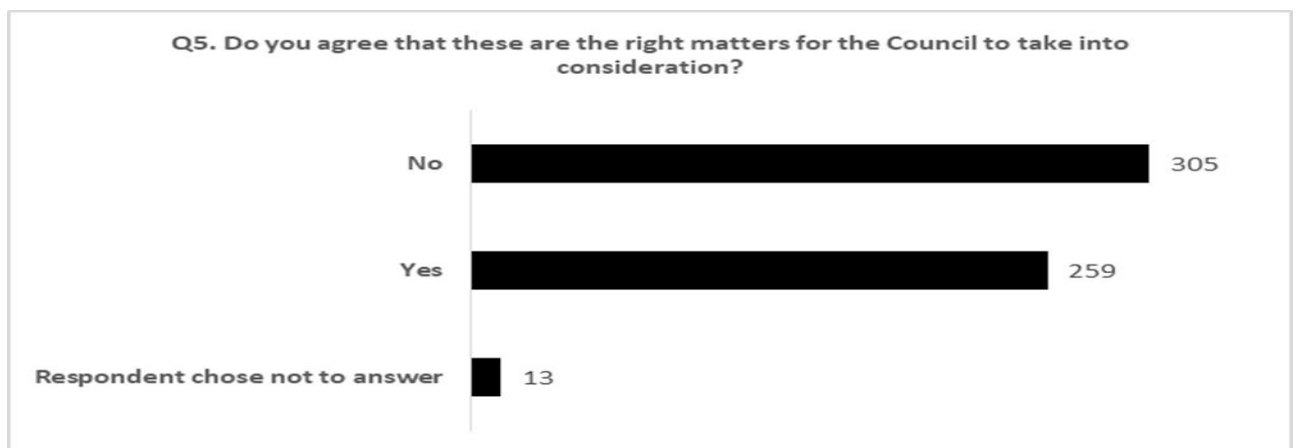
### Question two



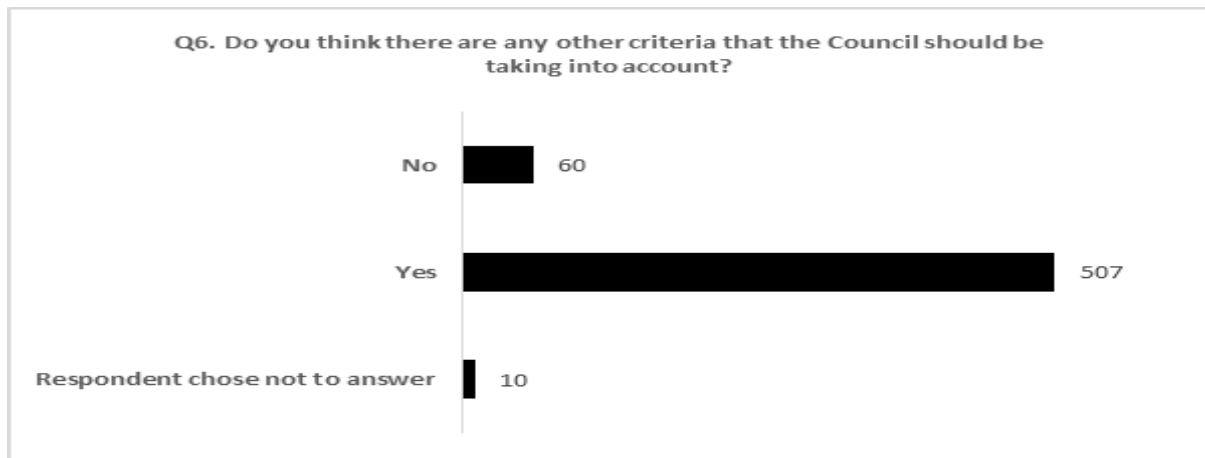
### Question three



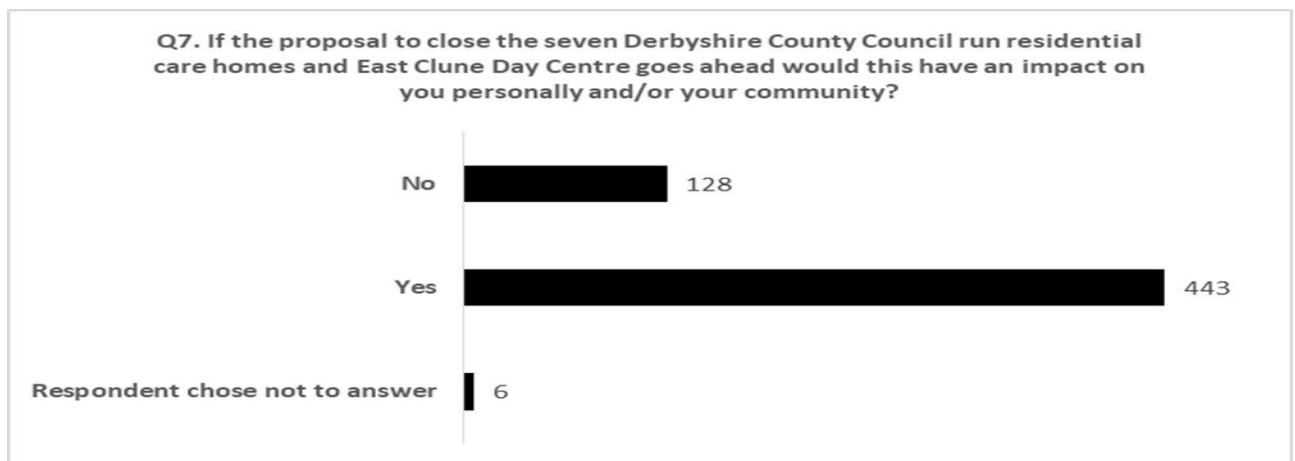
### Question five



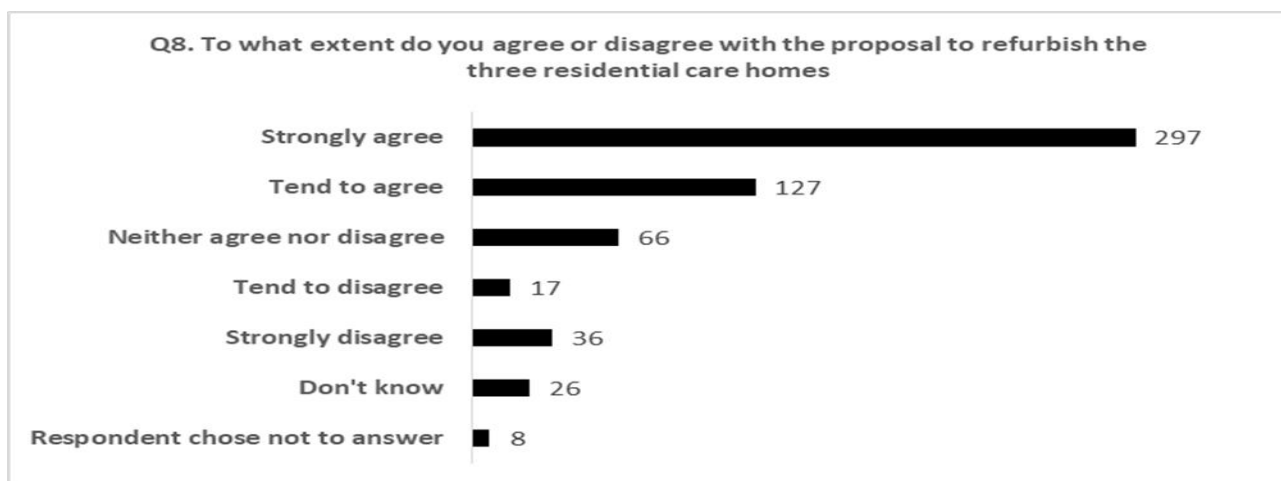
### Question six



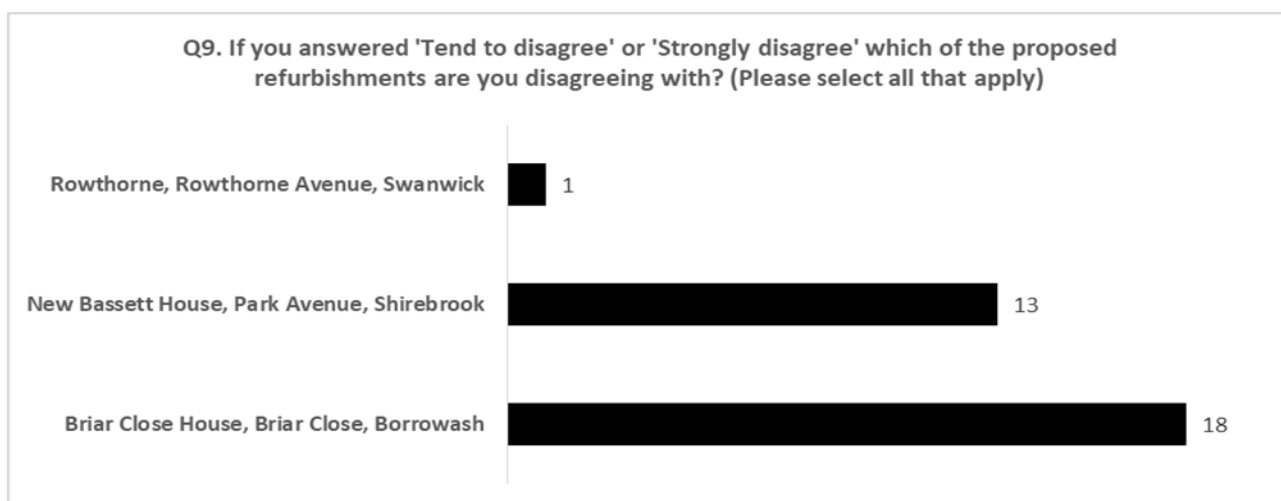
### Question seven



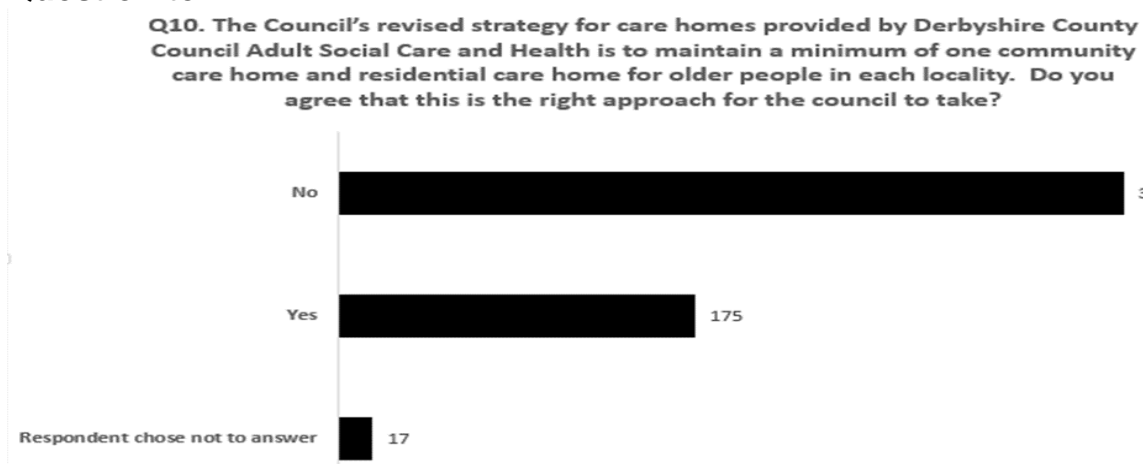
### Question eight



### Question nine

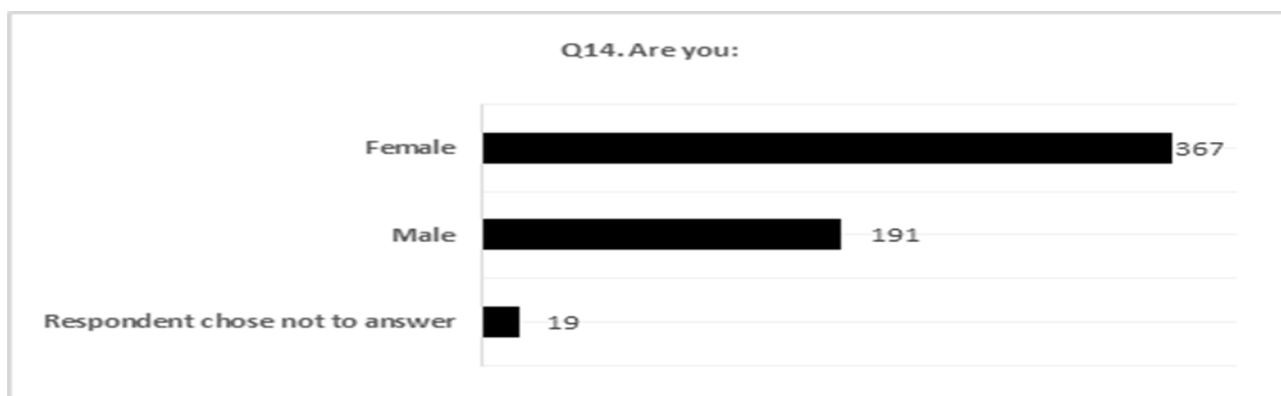


### Question ten



### Demographic information

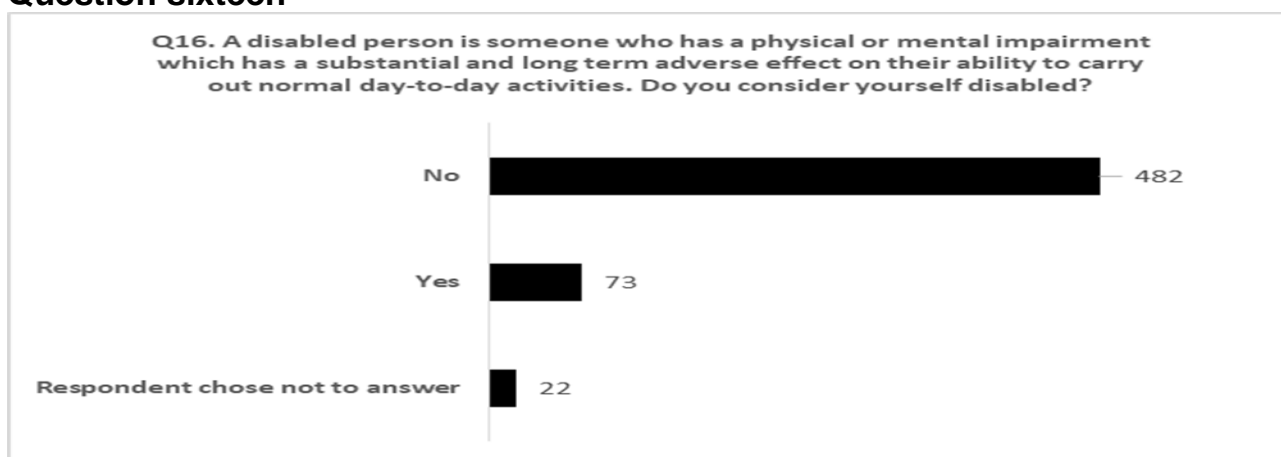
### Question fourteen



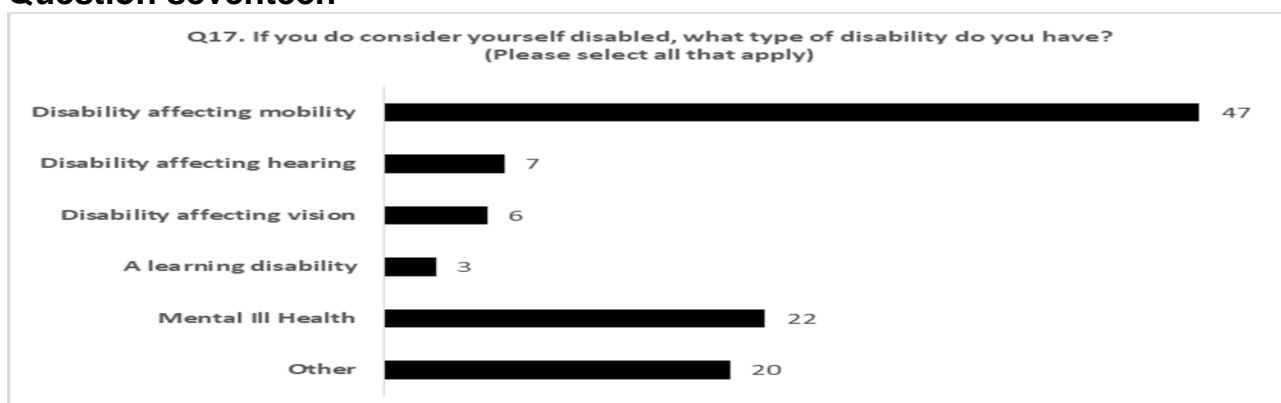
### Question fifteen

532 people answered this question. The minimum age was 15 and the maximum age was 99. This gave an age range of 84 and an average age of 53.

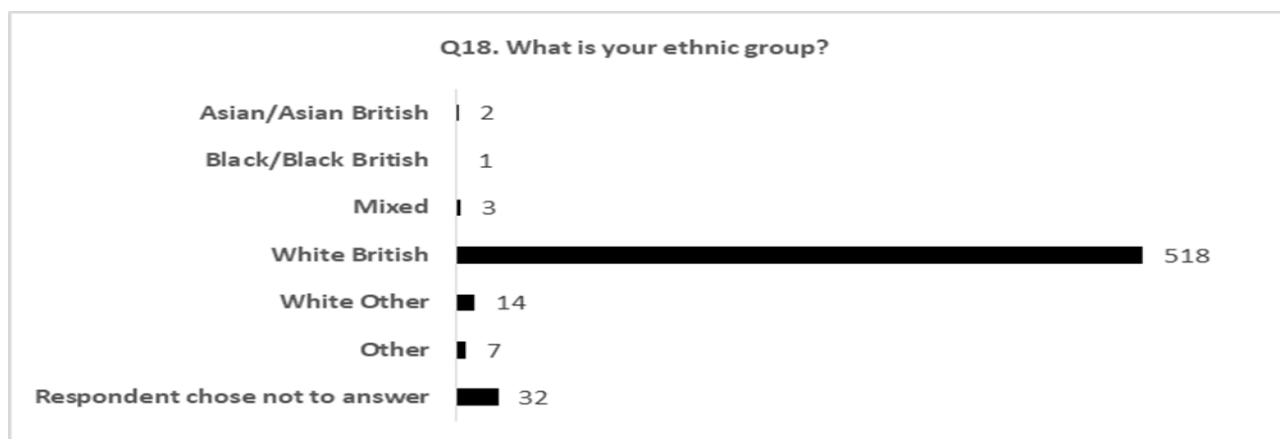
### Question sixteen



### Question seventeen



### Question eighteen



## Appendix 2 Freedom on Information Requests

Completed requests- currently 7 as of 20th April 2020

Request on 15th January 2020

Please forward details to me of the cost of all the refurbishments carried out at the Spinney Care Home since October 2018. Please include the costs for redecoration and refurbishment, new furniture and appliances, pictures, wallboards, computer and office furniture and equipment, installation of new fire doors, boiler and heating systems, electrical updating and the current roof replacement.

Answer on 10th February 2020

The actual spend to date on The Spinney Care home is £163,000.

Request on 4th February 2020

The request was for all of the survey reports for the 7 care homes.

Answer on 12th February 2020

All of the survey reports are available on the Derbyshire County Council website if you follow the link to "Our Strategy for Care Homes" and then "Independent Condition Surveys". I can confirm that no plans or discussions have taken place regarding disposal of the sites, this would be inappropriate as no decision has yet been taken to close any of the homes. I can also assure you that all of the feedback, comments and questions received are recorded and will be presented to Cabinet in due course in order that an informed decision can be made.

Request on 7th February 2020

Q1

Could you please provide detailed costings for both a) the refurbishment costs and b) the maintenance costs of the following for Ladycross House Care Home in Sandiacre since January 2018

Electrical repairs

Bathroom

Kitchen



Fire alarm system  
Fire doors  
Decorating  
Carpets  
Furniture  
Fixtures and fittings  
Asbestos removal  
Q2

Could you please provide total spend on Ladycross House Care Home on maintenance and refurbishment since January 2018

Q3

Could you provide details of the residential occupancy for the following years:

2015/16

2016/17

2017/18

2018/19

2019/20

Q4

Could you provide the number of rehabilitation patients (pathway 2) accommodated by Ladycross House since the reduction of beds at Ilkeston Community hospital in August 2019.

Q5

What were the specific criteria used to decide that Ladycross House would be included in phase 1 of the closure of DCC care homes?

Answer on 25th February 2020

Q1

Could you please provide detailed costings for both a) the refurbishment costs and b) the maintenance costs of the following for Ladycross House Care Home in Sandiacre since January 2018

|                       |  |
|-----------------------|--|
| Electrical repairs    | £51,372                                    |
| Bathroom              | This spend was prior to the date indicated |
| Kitchen               | £68,615                                    |
| Fire alarm system     | £58,355                                    |
| Fire doors            | £1,562                                     |
| Decorating            | £560                                       |
| Carpets               | This spend was prior to the date indicated |
| Furniture             | £7,839                                     |
| Fixtures and fittings | £16,078                                    |
| Asbestos removal      | £546                                       |

Q2

Could you please provide total spend on Ladycross House Care Home on maintenance and refurbishment since January 2018

£87,665

Q3

Could you provide details of the residential occupancy for the following years:

|         |   |
|---------|---|
| 2015/16 | 97.10%  |
| 2016/17 | 94.90%  |
| 2017/18 | 91.60%  |
| 2018/19 | 74.31% (The occupancy is lower due to the evacuation of residents and the closure of a wing to accommodate the kitchen) |
| 2019/20 | 59.90% (As above)   |

Q4

Could you provide the number of rehabilitation patients (pathway 2) accommodated by Ladycross House since the reduction of beds at Ilkeston Community hospital in August 2019.

50 people

Q5

What were the specific criteria used to decide that Ladycross House would be included in phase 1 of the closure of DCC care homes?

- The extent of the work required as expressed within the facet condition survey
- The urgency of works required including the need for rewiring
- Ladycross being partially occupied and the availability of care home places in the local area

Request on 3rd February 2020

1. Has the electrical distribution system at The Spinney been tested or assessed for electrical discrimination?
2. Has the system at The Spinney failed any BS standards or regulations for care homes?
3. Fire alarm sounders in the bedrooms would be intolerable for the residents when the tests were carried out, are they in all DCC newer care homes?
4. How would an intruder alarm be monitored? CCTV would be intrusive, this is a care home not a correction facility.

Answer on 11th February 2020

Spinney Care Home Electrical Installation Report

1. Has the electrical distribution system at The Spinney been tested or assessed for electrical discrimination?

Yes the system is tested every 5 years as legislative guidelines. Last report was carried out 3rd September 2018.

2. Has the system at The Spinney failed any BS standards or regulations for care homes?

The overall electrical assessment of the system Inspected on 03/09/20 originally classed as unsatisfactory, which indicate that Code C1 and potentially dangerous code 2 where identified present. These have been cleared and certified 05/09/2018

3. Fire alarm sounders in the bedrooms would be intolerable for the residents when the tests were carried out, are they in all DCC newer care homes?

Care homes prior to the change in legislation in 2017 had smoke sensors. Post 2017 the legislation changed and now is requirement to comply to BS 5839-1: 2017.

4. How would an intruder alarm be monitored? CCTV would be intrusive, this is a care home not a correction facility.

The Intruder alarm, if installed, this would be monitored by a central station. Not aware of any CCTV in our Care Homes.

The Intruder alarm panel is also used to communicate the fire alarm alert to the monitoring station.

I would be extremely grateful if you could confirm that the work detailed at part K under Observations

- No C1's present
- Unable to action 28 no C2, C3 & FI's due to obsolete distribution boards.
- Unable to replace the distribution boards due to obsolete wiring and the presence of asbestos.
- Unable to carry out any of the above until Asbestos is removed.
- Works cannot be carried without vacating the all/part premises.
- Full rewire required.

Page 2 has been completed during the extensive work carried out at the Spinney in the last 16 months

- No extensive work has been carried out at the Spinney in the last 16 months due to issues detailed above.

Request on 9th February 2020

When will the Equality Impact Assessment as detailed be completed in relation to the vulnerable elderly and disabled residents of The Spinney and of Chesterfield as a whole.

Answer on 12th February 2020

This will be undertaken during the course of the consultation and presented, along with a report on the outcome of the consultation, to Cabinet in due course. The Equality Impact Assessment will be completed by 24th April, when the consultation ends, and I can assure you that it will consider each individual home and the particular issues for the homes within their own locality.

Request on 20th February 2020

1. Does the Council's annual revenue Budget for 2020/21 reflect the potential revenue savings from those seven residential care homes proposed for closure in the report?

2. What is the allowance for cyclical and lifecycle replacement of building

elements in The Spinney's budget for 2019/20? How does this compare with the allowance in the 2020/21 budget?

3. On page 3 (fourth para) of the report it states

“... it was determined that a programme of works could be undertaken to adequately mitigate the risks associated with the need to rewire the homes and this programme of work is underway and due for completion by May 2020.”

Would you please confirm what works were identified for The Spinney in this programme?

4. The table in Para 2.6 “Physical condition of the buildings” quotes an estimated expenditure of £1,720,305 for The Spinney in Year1. What is the nature of these works and the quantities if known?

Answer on 4th March 2020

1. Does the Council's annual revenue Budget for 2020/21 reflect the potential revenue savings from those seven residential care homes proposed for closure in the report?

There has been no savings taken into account as any potential savings will be subject to the outcome of the consultation

2. What is the allowance for cyclical and lifecycle replacement of building elements in The Spinney's budget for 2019/20? How does this compare with the allowance in the 2020/21 budget? Property are to provide the answer

3. On page 3 (fourth para) of the report it states

“... it was determined that a programme of works could be undertaken to adequately mitigate the risks associated with the need to rewire the homes and this programme of work is underway and due for completion by May 2020.”

Would you please confirm what works were identified for The Spinney in this programme?

The replacement of the fire alarm system and some fire doors.

4. The table in Para 2.6 “Physical condition of the buildings” quotes an estimated expenditure of £1,720,305 for The Spinney in Year1. What is the nature of these works and the quantities if known?

Full rewiring, lighting and emergency lighting replacement; replacement of boilers and heating distribution system; replacement of some plumbing/drainage/water services; repairs/replacement of flat roofing to some areas.

Request on 3rd March 2020

Answer on 19th March 2020

1. It is fully understood that Ladycross is not fit for purpose in relation to the long term strategy for the provision of residential care in Derbyshire. However, the facet report indicates that Ladycross is in an acceptable condition for the next few years. Why is Ladycross earmarked for closure when most of the urgent work has either been completed or is in the process of being completed?

The following works have been identified as being required at Ladycross within the next 5 years: rewiring, roof repairs, heating distribution, boilers (partial upgrade), water services, lighting, fire alarm, emergency lighting and all associated internal fabric. Some external works. The estimated cost of these works is £1,461,389.

2. The commissioning strategy predicts that the total number of beds required in Derbyshire will not drop to below 2016 levels until 2035. Why is DCC proposing to close beds in the short to medium term when the need for beds is increasing?

The emphasis will be on providing alternatives to residential care, working with partners and developers to create community-based services, care-ready housing, Extra care, and providing extra support to help older people to lead more independent lives. There are some areas of the County where homes will be refurbished, and this is in order to assist with the demand for residential care in the medium term.

3. The facet report states that Ladycross is dated but the building and site are acceptable with only limited areas of concern, which are the concrete roof tiles and internal roof frames, plus regular cracking to external walls beneath windows, which we need to note and observe. If this is the case, why is the Cabinet report dated 23 January 2020 saying that Ladycross is in a poor state and requires significant refurbishment?

The following works have been identified as being required at Ladycross within the next 5 years: rewiring, roof repairs, heating distribution, boilers (partial upgrade), water services, lighting, fire alarm, emergency lighting and all associated internal fabric. Some external works. The estimated cost of these works is £1,461,389.

4. What does 'rank' relate to in Appendix 4 of the Cabinet Report dated 23 January 2020 and on what basis has this score been calculated?

The rank relates to the estimated total cost of works required at each home (according to the facet surveys) within the next five years. The homes are ranked in descending order from the least expenditure (ranked 1st) to the most (ranked 15th).

5. The Cabinet report states that CQC ratings have not been under consideration in relation to proposals to close homes. It states that the proposals to close are not based on CQC ratings or the quality of care. However, six of the seven homes earmarked for closure have been rated as requires improvement. All of the homes remaining open are rated as good. Have CQC ratings been taken into consideration regarding the homes earmarked for closure?

No they have not.

6. In May 2019 Ladycross did not open a wing in order to provide catering facilities to cover a 6 week period whilst the kitchen was re-furbished. The refurbishment actually took 6 months due to a lack of robust project management. This and the current hold on long term admissions has had detrimental effect on budgets. Has the performance of individual home budgets been taken into consideration regarding the proposal to close Ladycross?

No budgets and efficiency have not been taken into account in making the proposals. The delay in works to refurbish the kitchen being completed was in fact due to additional unforeseen issues being identified once work had commenced, namely a cracked ceiling joist in the kitchen and damaged drainage pipes which required replacement.

7. The Cabinet Report states considerations such as struggling to recruit sufficient staff and kitchen ventilation replacement have been taken into account when earmarking homes for closure. Ladycross house has had a full kitchen replacement and at the point of writing, is fully staffed. Have these two considerations been applied to Ladycross?

No these are not part of the consideration as far as Ladycross is concerned. Kitchen ventilation is a consideration at other homes. The specific staffing situation at each home is not a consideration within these proposals.

8. The Cabinet report states that homes could not be modernised to meet modern care standards even if resources were available. At the recent residents and relatives meeting it was said that such a feasibility study had not been carried out. Do you intend to carry out a feasibility study to see if any of the homes could be appropriately modernised to meet modern care standards?

No the Council has previously undertaken such feasibility studies but does not intend to do so again. The proposals are based on the premise that undertaking the works required is not viewed as being the best use of public money and it is thought that as alternatives to residential care are developed fewer care homes will be required in the longer term.

9. What does 'refurbishment' actually mean? And are all the works to be carried out those identified in the facet reports?

Refurbishment means repair, new service installations and full redecoration of the buildings in line with industry standards. The proposals are based on the recommendations contained in the facet survey reports. The surveys took account of the age of:

- building components,
- the industry standard timescale for replacement or refurbishment,
- a visual inspection of each component (where possible), and,
- estimated costs for the replacement or refurbishment of each component.

10. The Cabinet Report states that design and feasibility studies are

required before work starts on the homes identified for refurbishment. Does this mean that the costs identified for this work may increase?

Yes the information in the facet surveys is based on estimates and there may be unforeseen costs. The actual cost of undertaking works will not be known until such time as a full design plan is developed and procurement has taken place.

11. What will happen if the design and feasibility surveys indicate that the work is not feasible or will be too expensive, bearing in mind that other homes may have closed during this timescale?

The position would be reviewed at that time. No decision to close any home has yet been made but any decisions will be made on information available at that time.

12. We have been told that the reasons for Briar Close being refurbished rather than Ladycross are all highlighted in the facet survey report and that this is a technical decision based purely on the fabric of the building. However, comparing both facet reports shows the following:-

- Roofs – The flat roofs at Briar Close need replacing within the next 1-2 years and the roof lights need replacing. At Ladycross, the flat roofs have been recovered and roof lights replaced so are generally in a fair condition.
- Rainwater goods – Renewal works are the same. The external walls at Briar Close could allow water ingress.
- Windows and external doors – At Briar Close water ingress is saturating some carpets. North lights need replacement. Ladycross, all in good or functional condition.
- Ceilings – Briar Close living rooms need replacement, Ladycross all in good condition.
- Decorations – Briar Close generally good condition. Ladycross tired and worn.
- Sanitary wear – same issues for both homes.
- Fixtures and fittings – same issues for both homes.
- External areas – Briar Close has a number of concerns including narrow footpaths, concerns around evacuation in an emergency, wet and slippery ramps and not enough handrails. Ladycross is in an acceptable condition with no potential trip hazards.
- Summary – Briar Close flat roof coverings need replacement and there are concerns over external recreation areas. Ladycross is dated but acceptable.

- Internal space relationships. Both homes are rated C, however this should be reviewed as both homes have since had a new fire alarm system installed.
- Space utilisation- Briar Close F, Ladycross B.
- Amenity – Ladycross B/C, Briar Close C. However, this should be reviewed as Ladycross has had work done, some decoration and some new furniture.
- Fire – Both homes C.
- Energy – both homes E. However, this should be reviewed as the Ladycross rating is now much improved, from E108 to D86.
- Existing mechanical services – Both boilers on both blue wings are calling for a service. Much of the Ladycross report seems to have been copied and pasted for the Briar Close report.
- Domestic water services – Almost identical issues for both homes.
- Heating control systems – Almost identical issues for both homes.
- Ventilation – information for Ladycross is no longer accurate as the kitchen work has now been done. Briar Close notes the absence of fire dampers fitted into the corridor walls.
- Electrical distribution – Briar Close states to consider re-wiring the building completely and how this could be achieved. Much of this work has already been carried out at Ladycross, including fitting Schneider distribution boards to the main electrical cupboards and the individual wings, so any work required will not be as extensive.
- Internal lighting – identical issues. However, Ladycross kitchen lighting has been replaced along with other areas where LED lighting has been fitted.
- Emergency lighting, small power, security, nurse call system, energy efficiency – Almost identical issues for both homes.
- External lighting – similar issues for both homes.
- Fire alarm- identical issues. However, the fire alarm systems in both homes have now been replaced.
- Year 1 works – virtually identical issues.



- Year 2 works – more work required at Briar Close than Ladycross.
- Year 3 works – virtually identical issues, apart from installing IT/Data outlets at Briar Close.
- Structural Appraisal – similar defects were found in both buildings, but both reports show that there are no significant defects to the roof structures.

The independent surveyor's reports have identified repair items and costs. This information has been used, together with an assessment of local need to determine the strategy of which homes are recommended for retention and refurbishment.

13. It has been stated that the proposal to close Ladycross rather than refurbish it is based on the condition of the building. Why is refurbishment not being considered when the Ladycross site appears to have no significant defects?

This is based on the facet surveys for each of the homes. The independent surveyor's reports have identified repair items and costs. This information has been used, together with an assessment of local need to determine the strategy of which homes are recommended for retention and refurbishment.

14. The question and answer report states that of the 10 homes identified, the 3 earmarked for refurbishment need the least amount of work. On what information has this assumption been based?

This is based on the information and conclusions in the facet surveys. The independent surveyor's reports have identified repair items and costs. This information has been used, together with an assessment of local need to determine the strategy of which homes are recommended for retention and refurbishment.

15. This report also states that the 7 homes proposed to close require extensive work. Since the facet report was produced Ladycross has been partially re-wired and LED lighting has been installed. A new kitchen and ventilation system has been installed, including a combi oven. Some rooms have been re-decorated and some floorings have been replaced. We have some new furniture and a new fire alarm system has been installed. New fire doors and other works identified from the fire assessment are underway. A lot of work has been done in the garden resulting in us winning 2 gardening awards last summer. A significant amount of work has been undertaken to set up and equip the 8 community support beds, which are now running effectively and efficiently. Has this work been taken into account and has the cost of this work been deducted from the costs in the facet survey or the costs in the Cabinet Report project priority costs?

Ladycross has not been partially rewired, some priority repairs were carried out so the rewiring is still required. The other works were either planned or

partially completed when the facet survey for Ladycross was undertaken so have been taken in to account

16. The report also states that a programme of works already underway will adequately mitigate the risks associated with the need to rewire the homes and that this work is due for completion in May 2020. This work includes the installation of new fire doors and other works identified as a result of the fire assessment. Does this mean that it would now not be necessary to re-wire Ladycross in the short to medium term?

No the rewiring is still required. The fire safety mitigations assist in the event of a fire. They do not reduce the increased risk of a fire.

17. The facet report description of work states that the ceilings at Ladycross are in good condition, whilst the ones at Briar Close need replacement. However, the description of work report states a cost of £44,440.00 for Ladycross, yet there are no associated costs for Briar Close. Why do the costs in the facet report description of work for Ladycross and Briar Close vary so much when the findings and recommendations are generally similar?

The independent surveyor's reports have identified the repair items and costs. A number of different surveyors have undertaken the reports, therefore there may be some differences with regards to the structuring of the cost summary. The elemental cost for asbestos / ceiling removal and replacement may have been included under another item e.g. redecorations.

18. The decorations at Ladycross are said to be tired and worn whilst at Briar Close, the decorations are generally in good condition. If this is the case, why are the redecoration costs for Ladycross £85,519.20 when the costs for Briar Close are £257,235.15?

See answer to question 17.

The independent surveyor's reports have identified the repair items and costs. A number of different surveyors have undertaken the reports, therefore there may be some differences with regards to the structuring of the cost summary. The elemental cost for asbestos / ceiling removal and replacement may have been included under another item e.g. redecorations.

19. Under the description of works in the facet report there is a cost of £249,369.53 for provisional uplift for sectional works at 25%. Could you please explain what this relates to and why there isn't a similar cost for Briar Close?

The independent surveyor's reports have identified the repair items and costs. This suggests an allowance for phasing of works within an occupied building.

A number of different surveyors have undertaken the reports, therefore there may be some differences with regards to the structuring of the cost summary.

20. Under the description of works in the facet report for Ladycross, why does the total construction cost state £680,809.11 when it should total to £1,678,287.23?

It appears from the question that the independent surveyor's cost reports are being mis-interpreted and that the question is based on looking at individual project costs rather than the total.

21. One of the costings on the facet survey is £4,000 to provide a table lamp in each bedroom. Ladycross is a 35 bedded home. Has DCC challenged the expenditure of £114.28 for one table lamp?

It appears from the question that the independent surveyor's cost reports are being mis-interpreted as the cost relates to the cost of the electrical installation.

22. Appendix A on the facet survey gives ratings in a number of areas, which are virtually identical for Briar Close and Ladycross. In terms of amenity, comfort and engineering and design, Ladycross scores higher as these areas are currently in B/C, which means that they are sound, operationally safe and exhibiting only minor deteriorations, but could fall into major repair or replacement within the next 5 years. If this is the case, why has Ladycross not been considered for refurbishment?

The overall estimated cost for Ladycross is higher than that for Briar Close according to the facet surveys for each.

23. Appendix B in the facet report for Ladycross appears to refer to a completely different building to Ladycross. Why is this?

There is a misprint in the column "room use" using the term "Social Services Leonard Cheshire" this is an error. The rest of the room information is correct however.

24. The facet survey at Ladycross was carried out whilst we were closed for re-wiring works to be undertaken. The home therefore resembled a building site rather than a residential home. Was this taken into account when carrying out the facet surveys when compared to the other homes?

Ladycross has not been rewired. The facet survey information is based on visual inspection of building components rather than the general tidiness or otherwise of the building.

25. Could you please explain how the project priorities costs dated May 2019 have been calculated as these are very different from the figures quoted in the facet report.

The project priorities are based on the relative urgency of works and grouping works together in the most cost effective way in order to get the most urgent work completed as quickly as possible.

26. In addition could you please explain what the cost of £1,021,599.00 for Ladycross consists of and whether or not this cost includes the programme of works currently underway?

The replacement of the fire alarm is included in the current work programme.

27. How has the indicative cost of works in the first 5 years in Appendix 4 of

the Cabinet report been calculated as this does not correspond with the figures in the facet report?

The information in the facet surveys was used by Officers in Property Services and Adult Care in consultation with Faithful and Gould to formulate a project based approach to undertaking works on each establishment with a view to undertaking the most urgent work, and any associated refurbishment, as soon as it was required. Property Services detailed knowledge of the condition of the buildings and the need for maintenance and refurbishment was considered as part of this process. The final figure in the Cabinet report reflects the prioritisation and programming of the work.

28. The costings on the facet reports indicate that the cost of refurbishment work is more for Briar Close than for Ladycross at each priority point, from priority 1 & 2 up to 2020, from priority 3 up to 2023 and from priority 4 up until 2028. Are these figures accurate and has any additional work or associated costs been identified in relation to Ladycross?

As far as we are aware the information in the facet reports is accurate.

29. The facet survey was carried out in September 2018 and finalised in December 2018. Unit Managers were not advised about any potential risks around electrical wiring until October 2019. If there were significant concerns around the condition of the electrics in the buildings, why did it take so long to alert Unit Managers?

All of the reports were presented to the council in April 2019, then work was undertaken to develop the project based approach to undertaking the work and a plan of action was then developed and approved before Unit Managers were informed.

30. Ladycross was not assessed for fire remedial works until November 2019 and this work has only recently started. If there were significant concerns about electrical safety, why was the assessment not carried out sooner? The remedial work is based on the Technical Fire Risk Assessments and Operational Fire Risk Assessments for each home some of which needed to be updated. These individually risk assessed and prioritised in order to ascertain what work was required.

31. There will be costs associated with re-location of staff. Have these costs been estimated and factored into the proposals?

Yes an estimated cost is included in the overall budget for the proposed programme described in the Cabinet report.

32. What will be the annual saving to DCC from closing Ladycross? Based on current occupancy and assuming re-provision of the current Community Support Beds to another facility the estimate saving would be £381k per annum.

33. The Council has said that it plans to open the new site in Cotmanhay in the summer of 2022 and may consider increasing the proposed capacity. This building would therefore not become available until after Ladycross and Beechcroft have closed. Neither of these homes are in breach of existing care home standards and according the facet reports, do not require extensive

work beyond what has already been carried out, before 2023. Has consideration been given to amalgamating Beechcroft and Ladycross as an alternative to closure, moving residents and staff to the new home when it is ready?

No this has not been considered.

34. In the frequently asked questions document it states that the Council has a policy of seeking to redeploy staff. How many existing vacancies are available locally for:-

- A) Deputy Unit Managers
- B) Senior Carers
- C) Care Staff
- D) Domestic Staff
- E) Catering Staff?

|   | Amber Valley | Erewash |       |      |
|---|--------------|---------|-------|------|
|   | FTE          | FTE     |       |      |
| Deputy Unit Managers                        | 0.5          | 1.1     |       |      |
| Senior Care Worker                          | 1.6          | 0.4     |       |      |
| Care Worker                                 | 13           | 11.98   |       |      |
| Domestic                                    | 1            | 0.64    |       |      |
| Catering (Supervisor, Assistants and Cooks) |              |         | 1.16  | 0.72 |
| Care Worker (Community)                     |              | 18      | 10.96 |      |
| Day Service Worker                          | 2.8          | 0.5     |       |      |
| Total                                       | 38.06        | 26.3    |       |      |

Outstanding requests – currently 5 as of 20th April 2020  
Request on 20th February 2020

Answer – currently awaiting a response as of 20th April 2020  
Request on 25th February 2020

Some queries about the survey report please - hope I have addressed to right quarters.

The survey report is dated NOVEMBER 2018 List below are extracts from facet survey items categorised as Condition D Priority 1 Year 1

Dosing pots to be installed on each heating system £800

Magnetic filters to be installed on each heating system £600

Install thermal insulation on all heating pipe work in boiler houses

All valves to be provided with insulated jackets £2400

Install kitchen ventilation system and extract canopy £15000

Install gas interlock system to new ventilation system £3000

Check fan in bathroom 066 and replace if necessary £250

Strip out redundant flues and seal roof seal holes around boiler flues £2000

TOTAL. £24050

Is this work required to be done to meet Statutory Requirements Please

confirm that the work has been done and if not which work is still required

The following items are categorised Condition C Priority 1 and 2 Replace existing Kitchen Distribution Board with modern SchneiderActi9 board to match ones already installed in other areas£500  
Luminaries in laundry allow ingress of insects Install new luminaries £1500  
Install new luminaries in 47 bedrooms£1880  
Provision of table lamps in 47 bedrooms£4700  
Addressable detectors with sounder and beacon VADs in 47 bedroom -replace fire alarm system with a new addressable system. £7050 +  
Install hearing loop£2500  
New signs in corridors- illuminated emergency exit signs£10000\*  
“ “ “ “ “ “ “ £5000\*  
Pressure relief discharges to be discharged into tundish and drain£500  
TOTAL £33630

Please confirm that the work has been done and if not which work is still required?

\* these two items appear to be two prices for the same work in the same location ? In view of this apparent duplication can you give breakdown of these costs and please confirm which is correct

+ also refers to addressable fire alarm system but the page 5 of the executive summary “the fire alarm appears to have been recently installed and is a modern addressable system .....additional VADs recommended” Please advise that the cost estimated is for a new fire alarm system and VADs or just for VADs ?

Answer – current awaiting a response as of 20th April 2020

Request on 1st March 2020

The costs itemised in the Faithful & Gould survey commissioned by yourselves should have formed the basis of your summary of work to be carried out. However this is not up to date and also inaccurate. Please note: Rewiring is not necessary - there are proposed additional electrical works much of which is unnecessary for 80-104 year olds, including internet throughout, dimmer switches and the installation of extra wired-in supplementary lighting.

Roof repairs - unnecessary. these are suggested within the next 10-15 years, not the next 5 years as stated in your summary. This will save over £100,000.

Boiler replacement - this has already been done.

Fire alarms etc - these have already been done.

\*\*\*\*Please revise your statement and send me the new version.\*\*\*

Other items in the Faithful & Gould report reflect the lack of efficient ongoing maintenance. These items can make the building more energy-efficient and save running costs. They include insulation of pipework, cyclical replacement

of radiators and windows, updating of the kitchen and use of energy-efficient lighting.

\*\*\*\*Does the Council have a policy of increasing energy-efficiency throughout its buildings? Please let me know. \*\*\*\*

Answer – current awaiting a response as of 20th April 2020

Request on 4th March 2020

In the letter from Helen Jones outlining your reasons for proposing to close Goyt Valley House, you claim that the whole property needs rewiring.

In a letter to my colleague, Lynne Bagshawe, you state that only the boiler house and the kitchen have been rewired because of the disruption that would be caused to residents if the full rewire were to be done, needing ceilings to be taken down and any asbestos removed. We have good reason to dispute that statement as it is our understanding that the property was fully rewired in 2007.

I have asked previously to see a copy of the Electrical Installation Certificate via Ray Atkins, my local Lib Dem councillor, only for him to be told by Robert Moore that the certificate cannot be provided since records are not kept for more than six years. I do not believe that statement. It is my understanding that the EIC must be kept on record for the whole life of the installation, together with the schedule of inspections and tests that are carried out. An EIC should be issued with each new circuit that is installed.

I ask again therefore, under the Freedom of Information Act, to see copies of all the Electrical Installation Certificates held by DCC in respect of Goyt Valley House.

Answer – currently awaiting a response as of 20th April 2020

Request on 28th March 2020

- (1) Are there Standards / Regulations which Holmlea doesn't meet ?
- (2) Some Of the homes will not be fit for purpose even if work is carried out – Is Holmlea one of these homes?
- (3) Why has the council let Holmlea get into such a state of repair?

Further questions are as follows:

(a) Faithful and Gould carried out the condition surveys in November 2018 – Was the £6000 cost for Holmlea alone or was it the total cost for all 10 homes?

(b) According to your letter of 16 March the facet survey estimated that the cost to refurbish Holmlea was £2,139,382 for next 5 years.- Are these costs taken from the Independent Condition Survey Report – As shown in the “ Costs Download for Holmlea” on your website?

This download contains the following nine sheets which I have listed as (i) to(ix) below.

(i) Summary Table – This sheet has data on “sums of years” 1 to 5 and a grand total of 145464.6304 . – What does this figure represent?

(ii) Fabric Survey – A condition survey with predicted replacement in years.

Answer – currently awaiting a response as of 20th April 2020

## **Appendix 3 – Frequently asked questions**

### **Why are you proposing closing homes when the number of older people is growing?**

An independent survey of our older care homes and subsequent analysis found defects in 10 homes, highlighting the need for extensive work to bring them up to modern care standards.

Even if repairs were carried out, some of the homes are not fit for the purpose of providing high quality care for older people with increasingly complex needs and do not have the room for essential equipment with residents sharing toilets rather than having their own en-suite.

Our Older People’s Housing, Accommodation and Support Commissioning Strategy 2019-2035 also projects there will be less need for residential care in the long term.

Instead the emphasis will be on providing alternatives to residential care, working with partners and developers to create community based services, care-ready housing, Extra care, and providing extra support to help older people to lead more independent lives.

The report sets out what we think the priorities are for our own care homes and community care centres, and which homes we think we need to retain in order to meet these priorities in future.

If we do nothing, there will be an increasing number of older people who may need residential care in future so our plan is to offer alternatives to this so that people are supported to live more independently.

With this in mind we have to consider whether it’s right to commit public money to refurbish homes we will not need in the long term and which aren’t fit for purpose now.

The other private homes in this area all have top-ups who is going to pay for



that if either I or my relative has to move to one of these homes?

We have a series of pledges to support residents affected by any home closures and this includes a commitment to meet any reasonable top-up fees in the event that an alternative placement is required in a home where this is required.

### **Why has the council let the homes get into such a state of disrepair?**

Unfortunately we have a large number of older buildings that, despite ongoing maintenance, still need extensive work, including rewiring in the near future, to bring them up to modern standards.

Once we became aware of the extent of the repairs needed in these homes, we carried out immediate work to upgrade fire alarms, replace fire doors, increase evacuation equipment and have extra staffing at night to ensure everyone's safety while we considered our future strategy.

However, even if the work was carried out, some of these homes are not fit for the purpose of providing high quality care for older people with increasingly complex needs.

Taking this, and the findings of the strategy which projects diminishing need for residential care in the long term, into account, Cabinet has to consider whether it is a good use of public money to repair these buildings.

### **Haven't you already made your decision?**

We fully understand that this will be an anxious time for everyone affected but we'd like to reassure you that no decisions will be taken until we have heard everyone's views and taken these into account.

The consultation will last for 12 weeks and we will make it as easy as possible for everyone to give their views including meetings with residents and their relatives and carers in the homes, and a series of public consultation meetings open to everyone being held in libraries.

### **What will happen to residents in homes that will be refurbished?**

Residents would be able to stay in these homes while the refurbishment work goes ahead.

However, as work is likely to be disruptive, they will be offered the option to move out temporarily if they wish and would be fully supported by our staff to do this, taking into account their needs and wishes.

Even if they opt to stay put, they may need to relocate within the building to allow access to certain areas at certain times but they would be fully supported by our staff to do that and their care will not be compromised in any way.

### **If a decision is made to close a home, what would happen to residents?**

We'd like to reassure people that no decisions will be taken until we have heard everyone's views and taken these in to account.

We will do everything we can to support our residents and their relatives and carers during this time and would like to reassure them that their care will not be compromised in any way.

Depending on the outcome of the consultation, we'd carry out a full assessment of all our residents' needs and ensure they and their relatives are fully supported to make the best choices for their future.

The council already has £30 million so why not do the work on all of the homes, it's only an extra £4 million?

Based on the condition surveys we estimate the cost of work to be around £34 million. However, as with any large project, the actual scale of work will only become clear once contractors can get inside the building so costs could be significantly higher.

The total budget that has been set aside includes the cost of works carried out immediately to ensure the safety of residents, staff and visitors and the costs associated with finding alternative care home placements if residents opt to move out during refurbishment work.

However even if repairs were carried out, the fact remains that they are not fit for the purpose of providing high quality care to older people with increasingly complex needs.

Our Older People's Housing, Accommodation and Support Strategy also projects a diminishing need for residential care in the future so Cabinet has to decide if this would be a good use of public money.

### **If the electrics have failed why aren't you evacuating the homes on the grounds of health and safety?**

We recognise that the work needs to be carried out as soon as possible. Our number one priority is the wellbeing and safety of our care home residents which is why we carried out immediate work to replace fire alarms, fire doors, provided additional evacuation equipment and increased staffing at night to

ensure their safety.

**If circumstances change we would take immediate steps to evacuate the buildings.**

The report says there might be an increased fire risk, what have you done to address this?

When we became aware of the extent of work needed in our homes, including rewiring, we carried out immediate work to replace fire alarms, fire doors, provided additional evacuation equipment and increased staffing at night to ensure the safety of residents.

Ideally undertaking rewiring is the best way of reducing any risk but the measures being taken will significantly improve our ability to respond in the event of a fire occurring. The mitigation work is not dependent upon, or linked to the consultation which is being undertaken. The work will be completed regardless of the outcome of the consultation.

The residents are very frail and a move to another home will have a detrimental effect on their health, which could be fatal. Why are you putting their health at risk?

We fully appreciate this will be a worrying time for everyone affected by these proposals.

We'd like to reassure people that no decisions will be taken until we have heard everyone's views and taken these in to account.

We will do everything we can to support our residents and their relatives and carers during this time and would like to reassure them that their care will not be compromised in any way.

Depending on the outcome of the consultation, we'd carry out a full assessment of all our residents' needs, including any health issues, and ensure they and their relatives are fully supported to make the best choices for their future.

Our staff will fully support our residents to minimise disruption and ensure any moves went as smoothly as possible.

The council should spend less on new homes and invest in the established homes which are still badly needed. Why is the council not prioritising doing the work and keeping the homes open?

Even if repairs were carried out these older care homes are no longer fit for

the purpose of providing high quality care for older people with increasingly complex needs as they don't have room for essential equipment and residents have to share toilets.

Our Older People's Housing, Accommodation and Support Commissioning Strategy 2019-2035 also projects there will be less need for residential care in the long term.

Under the proposals we would refurbish and keep open 3 homes in the medium term. This is to ensure we have enough accommodation for older people while we develop alternatives to residential care by working with partners and developers to create community based services, care-ready housing, Extra care and providing extra support to help older people to lead more independent lives.

Cabinet needs to decide whether it is a good use of public money to carry out significant refurbishment on the other 7 homes that are proposed for closure and which would not be needed in the longer term.

The report talks a lot about alternatives to residential care but these homes are badly needed. Where are people who need a care home in future supposed to go if this home closes?

With 23 care homes, we are the largest local authority provider of residential care in the country. Other councils either no longer provide residential care or have decided to focus on providing targeted provision to meet local need. In other areas the emphasis has been on working with the private market to develop and provide services.

We believe we can do more to support people to live independently in their own homes, which is what they say they want, and part of this will include encouraging the provision of different forms of support in appropriate accommodation.

However we remain committed to providing high quality care for Derbyshire residents and we're currently building a new state-of-the-art care centre in Belper which is due to open in the spring and have plans for another development in Ilkeston.

### **What will happen to the community support bed / rehab services provided from here?**

We would work together with partners to ensure these services were relocated to another venue and maintained.

We use this home for short breaks / respite care, where am I supposed to get

this service from in future?

We understand this is an anxious time but our staff would work with you to identify alternative local services for you to use in future if this service were to close.

**This is all about saving money, why is the council not up front about that?**

We have a budget set aside to enable us to carry out this work, including supporting residents to move, pay top-up fees and carry our remedial work to ensure the safety of everyone in these homes.

However these homes are old and despite regular maintenance require significant work to bring them up to modern day standards. Even if the work was carried out, the buildings simply aren't fit for the purpose of providing high quality care for older people with increasingly complex needs as they don't have room for the equipment we need or en suites to maintain residents' dignity.

Taking this into account, as well as our strategy which projects that there will be less need for residential care in the future, Cabinet has to consider whether it would be good value for money to repair these homes if they are not fit for purpose or needed in the longer term.

**I don't believe the homes are 'not fit for purpose' my relative is very happy here and has no complaints about the care being provided. Why are you saying they are 'not fit for purpose'?**

Our staff work incredibly hard to ensure our residents get high quality care which helps them to lead dignified, fulfilled lives.

However some of the buildings they have to do this in are far from ideal and don't match up to modern day care standards that people expect and deserve.

While our older homes are compliant with care regulations as they were built before the current regulations came in to force, the fact remains they have small bedrooms, narrow doors and corridors, and don't have en-suite toilets which impacts on residents and the staff trying to support them.

Furniture has to be removed from bedrooms so that moving and handling equipment can be used and often residents have to wait longer to use an accessible toilet as several residents will have to share the bathroom facilities.

When our older care homes were designed and built, our residents' needs were not as complex and they were more able to look after themselves. These

days older people going in to residential care have significantly higher needs and our older buildings do not help us to meet these.

The other private homes in this area are not as good as this. Why would you close this home when it is a good home with a 'good' rating from CQC?

It is regrettable that we are having to consider these proposals but they are not related to the quality of care being provided but rather to the quality of the buildings that care is being provided in.

If a decision is ultimately made to close a home, our staff would fully support all our residents to find alternative accommodation taking into account their needs and wishes.

**Why have you chosen this home for closure and not for refurbishment like the other 3? It is no worse than them.**

These proposals are based on an independent survey which found many of our older homes needed significant refurbishment, including rewiring, to bring them up to modern day care standards that Derbyshire residents expect and deserve.

Of the 10 homes, the 3 earmarked for refurbishment need the least amount of work and would be required in the medium term to ensure we have enough accommodation to meet the needs of our older people.

The 7 homes where we're consulting on their closure, require extensive work and according to our Older People's Housing, Accommodation and Support Strategy would not be needed in the longer term.

**What will happen to the staff?**

We appreciate that this will be a worrying time for our staff and we will do everything we can to support them through this difficult time. We have a policy of seeking to redeploy staff wherever possible and would look to find alternative employment within the council for as many people as possible.

**I heard about these proposals in the media. You didn't even have the decency to tell us about them in person. What do you say to that?**

It is regrettable and we'd like to apologise that some people did not hear about these proposals from us.

We had planned carefully how we told everyone to ensure as many people as possible heard it at the same time but unfortunately the story was leaked and we had no choice but to bring this forward.

## **When will homes close?**

If a decision is made to close the homes taking account of everyone's views, we would look to do this in a planned way. We need to ensure that alternative arrangements can be made for all our residents and that we have time to develop alternative accommodation in the area.

We are expecting a report on the outcome of the consultation to be discussed by Cabinet in May and this will include an equality impact analysis. If closures were agreed, these would be phased with East Clune, The Spinney, Ladycross House and Beechcroft closing first. They would then be followed by Holmlea, Goyt Valley House and Gernon Manor as soon as possible afterwards.

## **When will residents have to move?**

We can't say at this stage where people might move to if a decision is ultimately made to close any of the homes as we will need to take into account residents' needs and their personal choices.

All our residents will be re-assessed, which will also take into account any medical issues, and we will work with them and their families to find suitable alternative accommodation. We understand this will be worrying for them but we will fully support them through this difficult time.

Our work to re-assess residents in the first phase of homes will begin after the May meeting (assuming a decision is made to close or refurbish). However, it is difficult to give accurate timescales on possible closures as this depends on things like alternative places being available and whether people are well enough to move as we would never force or pressurise people to move.

## **How bad will the disruption be when refurbishment work is undertaken?**

As with any major refurbishment, there is likely to be a lot of disruption due to noise and dust and because of this our residents will be offered the chance to relocate temporarily if they wish.

Even if residents chose not to move out temporarily they may need to relocate within the home so that work can take place in certain areas.

Our staff will fully support our residents and their relatives to find alternative accommodation if they wish or to move rooms to ensure it goes as smoothly as possible and disruption is kept to a minimum.

## **How long will the refurbishment work take and will I definitely be able to**

### **move back here?**

If all the residents choose to move out temporarily, the work will be able to be completed much more quickly – approximately around 9 months to complete.

However if residents decide to stay the work will take longer, possibly even a year.

Once we are ready to begin work we will carry out a full assessment of what is needed so these estimated timescales may change.

It is certainly our intention that residents will be able to move back into the home.

Will the staff be able to carry on supporting me if I move to another home?

We don't know the answer to this at the moment as it will depend on which home you relocate to and whether it is run by us or not. If all the residents relocate then staff would be relocated too but it is too early to say where.

### **What does 'in the medium term' mean and what happens after that, will you just close the home then instead of now?**

In this context, the 'medium term' is approximately 5 years and is linked to the other work we are doing as a council to develop alternatives to residential care, such as working with partners to develop care-ready housing, Extra care or providing more support to enable people to live independently at home for longer.

This report sets out the council's plan for the next 5 years, up to 2025 so it is likely that a further review of services will be required in 2025.

### **What if more problems are identified when you start the work will you then decide to close the home rather than refurbish it?**

As with any major project, we won't know the true extent of the work until contractors get inside and do a full assessment. If there is significantly more work required this may need to be reviewed but we do not envisage this at the moment.

### **Why haven't safety visits been put in over the years to avoid the situation we are now in?**

We regularly inspect all of the council's buildings, including care homes, and any essential maintenance is undertaken as soon as possible. The electrical installations are inspected every 5 years and this was last carried out in



September 2019. Unfortunately, the extent of the work needed to address the concerns cannot be done through routine maintenance and needs to be carried out immediately to ensure the continued safety of all our residents.

**Has the emotional distress on the residents been taken into consideration?**

Please be assured that we are doing everything we can to support our residents during this time and their care will not be compromised in any way.

Depending on the outcome of the consultation and any decisions ultimately taken by our Cabinet, we'd carry out an individual full assessment of all our residents' needs and ensure they and their relatives and carers would be fully supported to make the best choices for their future.

We understand this is upsetting for everyone involved and deeply regret that we find ourselves in the position of having to consult on the potential closure of 7 homes and the refurbishment of 3 others.

**What happens if a care home resident doesn't want to accept the choices that have been given to them for alternative care? Will they be forcibly moved?**

If, following consultation, a decision is made to close a home then it will close according to the timetable determined, provided that suitable accommodation has been identified for each individual resident in a timely manner.

However suitable alternative accommodation will be identified only after a detailed assessment process has taken place.

We would work with residents and their families to help them make the best choices for their future.

**So does that mean my relative will be able to remain in the home until you can find somewhere suitable for them?**

Yes, they would be able to remain at the care home until we can find an alternative that is suitable.

**If the care home can remain open for people who can't get a place in an alternative care home, why can't it remain open for everyone?**

If, following consultation, a decision is made to close any home, our primary focus would be to ensure that people were supported to find and move to appropriate alternative accommodation of their choice.

While we would not want to put a predetermined time limit on how long an individual could remain in the home that was being closed while an alternative was sought, we recognise that the period could not be open-ended, not least because we would need to manage the impact on an individual's emotional health and wellbeing that would be caused by living in a large residential care home environment either on their own or in a significantly smaller group as well as recognise that the service would at some point become unserviceable as increasing numbers of staff moved on to new jobs.

### **What happens if a resident moves and doesn't like their new accommodation?**

All care home placements are reviewed on a regular basis and a review can be requested by residents and their families at any time.

### **There are 113 people that would not be able to be housed in a county council care home. How are you going to house those 113 people?**

We will need to ensure there is sufficient alternative provision before people are required to move.

### **Have you sought a second opinion on the cost of work?**

We commissioned a well-respected, independent company called Faithful and Gould to carry out the original surveys on all of our older care homes and we are confident that the figures, which are based on a visual inspection, are accurate and up-to-date.

These estimates for the cost of work have been included as guidance for the council in order to assist in decision-making to plan for the best way forward.

However they are estimates only and the actual costs where homes are being refurbished may vary from those estimates.

### **How has the county council managed to squirrel away £30m? Is this through underspends?**

The council has set aside £30m to support the programme of work described in the Cabinet report. This is comprised of previous underspend in the adult care budget from previous financial years and capital funding from reserves.

### **Why has the council stopped admissions to the homes?**

We remain concerned about the need for comprehensive rewiring and the potential risk of a fire or failure of the electrical system. As this might lead to the need to evacuate the building at short notice there has been a temporary

pause in permanent admissions to the homes which require rewiring to ensure everyone's safety.

**Why is the council currently spending money on things like new fencing, doors, windows, furniture and carpets in homes where the proposal is to close?**

No decision has been made about the future of any of the homes. We are currently asking Derbyshire residents for their views which will be taken into consideration in a further report to Cabinet. In the meantime, we have a duty to ensure that essential works are carried out, particularly if these have an element of health and safety.

**Why has the council changed its position on its promise to build more care homes?**

The council remains committed to providing high-quality care in buildings fit for the 21st century. Our new £10m care centre, incorporating a library, in Belper which has been designed to the latest dementia-friendly specification to care for older people with increasingly complex needs is due to open soon. We have also been granted planning permission for a second new care home in Cotmanhay.

**What will happen to the community support beds that you provide for the NHS in your care homes proposed for closure or refurbishment?**

If, following the consultation and a further report to Cabinet, a decision is taken to go ahead with the proposals we would of course continue to work with the NHS to find suitable alternatives should this be necessary.