

Health and Adult Social Care Scrutiny Sub-Committee

Wednesday 16 May 2012

6.30 pm

Ante Chamber, Lambeth Town Hall, Brixton Hill, SW2 1RW

Membership

Councillor Mark Williams (Chair)
Councillor David Noakes (Vice-Chair)
Councillor Denise Capstick
Councillor Patrick Diamond
Councillor Norma Gibbes
Councillor Eliza Mann
Councillor the Right Revd Emmanuel
Oyewole

Reserves

Councillor Poddy Clark
Councillor Neil Coyle
Councillor Mark Glover
Councillor Jonathan Mitchell
Councillor Helen Morrissey

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Contact Julie Timbrell on 020 7525 0514 or email: julie.timbrell@southwark.gov.uk

Members of the committee are summoned to attend this meeting

Eleanor Kelly
Acting Chief Executive
Date: 8 May 2012



Health and Adult Social Care Scrutiny Sub-Committee

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6.30 pm
Ante Chamber, Lambeth Town Hall, Brixton Hill, SW2 1RW

Order of Business

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PART A - OPEN BUSINESS

1. APOLOGIES

2. NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT

In special circumstances, an item of business may be added to an agenda within five clear working days of the meeting.

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

Members to declare any personal interests and dispensation in respect of any item of business to be considered at this meeting.

4. MINUTES

1 - 7

To approve as a correct record the Minutes of the open section of the meeting held on 10 April 2012

DISCUSSION OF ANY OTHER OPEN ITEMS AS NOTIFIED AT THE START OF THE MEETING.

5. SOUTHERN CROSS DRAFT REPORT

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PART B - CLOSED BUSINESS

DISCUSSION OF ANY CLOSED ITEMS AS NOTIFIED AT THE START OF THE MEETING AND ACCEPTED BY THE CHAIR AS URGENT.

Item No.

Title

Page No.

Date: 8 May 2012



HEALTH AND ADULT SOCIAL CARE SCRUTINY SUB-COMMITTEE

MINUTES of the Health and Adult Social Care Scrutiny Sub-Committee held on Tuesday 10 April 2012 at 7.00 pm at Ground Floor Meeting Room G02C - 160 Tooley Street, London SE1 2QH

PRESENT: Councillor Mark Williams (Chair)
Councillor David Noakes
Councillor Denise Capstick
Councillor Patrick Diamond
Councillor Eliza Mann
Councillor the Right Revd Emmanuel Oyewole
Councillor Neil Coyle

**OTHER MEMBERS
PRESENT:**

**OFFICER
SUPPORT:** Adrian Ward, Head of Performance
Gwen Kennedy, Acting Director of Client Group
Commissioning & Partnerships
Julie Timbrell, Scrutiny project manager

1. APOLOGIES

1.1 Apologies for absence were received from Councillor Norma Gibbes.

2. NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT

2.1 There were none.

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

3.1 Councillor Neil Coyle declared a non prejudicial interest as he works for Disability Uk.

4. MINUTES

- 4.1 The minutes of the meeting held on 14 March 2012 were agreed as an accurate record.

5. REVIEW OF SOUTHERN CROSS CARE HOMES

- 5.1 The chair drew members attention to the questionnaire feedback received mainly from relatives. The chair noted that people are broadly pleased with the improvements since HC One and Four Seasons have taken over from Southern Cross. He went on to note that there were some comments about the need for improved communication from providers about the change in ownership.
- 5.2 The chair explained that the LINK had agreed work to work in partnership with the committee on this review. He invited Barry Silverman, LINK member, to give evidence about LINK's recent visits to homes and report back on discussions they had had with residents. Barry commented that he was very pleased to have this request to assist with this review and went on to explain that the LINK have special powers to do Enter and Views which are complementary to the scrutiny powers . He explained that LINK had visited all three homes; Camberwell Green, Burgess Park and Tower Bridge. He explained that prior to the visit preparation work had been done with LINK staff and council officers.
- 5.3 Barry explained that the homes were cooperative and they were able to interact with residents. However many of the residents lost interest quickly, particularly as there were many vulnerable people with dementia. Barry went on to comment that his impression was that people tend to say what they think you want to hear and it became apparent that sometimes residents were confused. A resident Barry spoke to about Southern Cross's demise said they would have liked to have been told before it came on TV.
- 5.4 Barry commented that one home had programme of entertainment on during the visit and that was very attractive. A member asked about his general impression and Barry commented that the refurbishment in all three homes was making a difference and that before the homes must have been quite shabby. They were clearly looking much brighter.
- 5.5 He went on to report that he had received comments that suggested that staff moral had improved, from the limited information the visits were able to gather he had formed the impression that the homes were not very happy places when they were being run by Southern Cross.
- 5.6 Barry commented that they had looked at food and it was mainly English, and while there were routes available to order takeaways these were not very clear or very

accessible. He commented that one home had a cat; Rosie, who was much loved by all the residents. He commented that residents had said that the cat could be relied to arrive if there was any dissension!

- 5.7 He reported that in each home he had asked about a space to pray and spiritual access. He explained that on each occasion they were pointed to a room, however anybody could access this. He reported that no homes had the means to deal adequately with spiritual welfare; although he reported that there was a catholic priest who saw residents in their room in one home.
- 5.8 A member asked the food and if this is an area that could be followed up by the Care Quality Commission. Barry explained that LINK went into these homes to look at the transition of ownership after the demise of Southern Cross. Barry explained that when LINK to an Enter and View they have to make clear what LINK want to look at .Barry went on to explain that if scrutiny had wanted the LINK to look at food in detail they would need to say this in advance. However, Barry commented, we may not have specific expertise in nutrition. He suggested that the views of residents and family may be the best way to consider this.
- 5.9 A member asked Barry if he thought the any of the homes are too large. Barry responded that many of the homes were not being used to capacity, so they often had lots of vacancies, however they were rearranged on floors with separated lounges.
- 5.10 A Member commented that there is good research that stimulation is good for preventing the further onset of dementia. Barry commented that there were activity programmes and some homes engaged outside entertainment. He reported that many of the residents were singing along to an activity in one of the homes. He reported some residents were actively participating, others were slumped in chairs. A member commented that this could be of concern that people were slumped in chairs and not engaged. Barry responded that some residents were half asleep, but he got the impression that staff was caring.
- 5.11 A member commented on the divergence of views in questionnaire filled out mainly by relatives. The member noted that some were very satisfied but some were talking about neglect. Overall the statistical average was good. He asked Barry if he received complaints and he responded no, on the contrary, they received positive comments, for example residents were pleased that they could access alcoholic drinks freely. Barry said he had one concern that in bathrooms that had not been refurbished the taps might have a risk of scalding.
- 5.12 A member commented that some of the feedback in the questionnaire talked about worries about basic care going wrong; for example teeth and clothes going missing. She asked if there any evidence of regular meetings with staff. Barry explained that they didn't ask that question. The members went on to enquire if he saw staff interacting with the residents. Barry reported that the staff were present for the entertainment but he didn't see any staff engaging with residents in particular. He went on to comment that questions about interaction are important but the LINK would need to visit longer to assess this. He explained that the LINK would be willing to go back and look at any issues you would like us to investigate.

- 5.13 Tom White explained that the Lay Visitors do regular visits and are able to have an open remit. He reported that Tower Bridge now have five activity officers, where they before had one. He went on to comment that all the staff members have training now in encouraging interaction. He said that residents are all able to use their room to pray. A member commented that a prayer room is very important and that there is a duty of care as many people want to keep their room private.
- 5.14 Tom said that the Lay Inspectors are hopeful from the comments made by the new care home owners.
- 5.15 Tom reported that the new criteria for entering care homes is so high that it means that you need to have a high support need such as dementia to become a resident now, and this means all the care homes now have a high percentage of residents with dementia. A member commented that we need to look at the evidence of good practice; highly trained staff and stimulation prevents the onset of more severe dementia.
- 5.16 The chair thanked Barry and the LINK for their visits and work to support the review. Barry said he was very pleased to be developing a closer working relationship with the scrutiny committee.
- 5.17 The chair commented that the report will focus on communication with residents, the financial stability and viability of care homes and the quality of care

6. SLAM CONSULTATIONS

- 6.1 The chair introduced the item by drawing members attention to the correspondence received on both the Psychological Therapy Service and the Mental Health of Older Adults (MHOA). The chair commented that he was not completely satisfied with the response and evidence received so far.
- 6.2 It was noted that the committee will be visiting the SlaM shortly and these two services will be looked at on site. Members will go to a MHOA ward and discuss the Psychological Therapy Service.
- 6.3 The Psychological Therapy Service will be discussed in a joint meeting with Lambeth Health scrutiny meeting on 16 May. The MHAO service consultation will either be discussed then or it will be recommended that the new Health scrutiny committee pick this up again at the first meeting of the next administrative year.
- 6.4 There was a question from Tom White about the status of SlaM as a Foundation Trust and if this means that scrutiny cannot refer the hospital to the Secretary of State. The legal officer advised the committee that she had looked at this in more detail. The change of the hospital to Foundation Trust status does indeed mean that scrutiny cannot refer the matter formally to

the Secretary of State for failure to consult on a substantial variation. She reported that the position is that when an NHS Foundation Trust proposes to vary the terms of its authorisation it must make an application to the Independent Regulator of NHS Foundation Trusts, known as Monitor. If this application, if successful, would then result in a substantial variation of the services provided then the Trust should then consult with scrutiny. Scrutiny can then refer the Monitor if they are unsatisfied as to the quality of the consultation or if the proposal is not in the interests of the health services in the area.

- 6.5 A member commented that the Secretary of State has over ruled Monitor in a couple of cases. The legal adviser responded that there is the question whether either of the changes under discussion should have been referred to Monitor by SLaM.
- 6.6 The chair noted that SLaM is still bound by legislation to consult and involve the community on changes to services. The hospital also has duties under the Equalities Act to ensure that appropriate information is collected and that there are no disproportionate outcomes for disadvantaged groups. A member commented that the Equalities Impact Assessment is still inadequate; particularly around collecting information around sexual orientation and transgender.
- 6.7 Members noted that it is still possible for the committee to raise their concerns with local Members of Parliament, the Secretary of State and Monitor if they remain unsatisfied with the consultation.

7. REVIEW OF SOUTHWARK CLINICAL COMMISSIONING COMMITTEE - CONFLICTS OF INTEREST

- 7.1 The chair reported that Southwark Clinical Commissioning Committee (SCCC) had broadly accepted all the recommendations contained in the interim report but had wanted discussion on some of the details. The chair reported that he had gone to the last SCCC meeting with the vice chair and the subsequently met with Managing Director of the Business Support Unit (BSU). The chair reported that as a result of these discussions the final report and recommendations have now been drafted
- 7.2 Gwen Kennedy, Acting Director of client group commissioning and partnerships, said that the SCCC viewed this report positively that the vast majority of the recommendations have now been addressed. The Acting Director gave the example of the recommendation to hold all meetings in public and explained that the SCCC have been doing this since September 2011. She reported that the SCCC accepted all the recommendations and had provided a plan to implement

these.

- 7.3 The chair explained that the next step is to take the report to OSC and then on to the Cabinet. The committee agreed the report unanimously.
- 7.4 Tom White, Southwark Pensioners Action Group representative, reported that he had called an ambulance recently for an older relative. The ambulance had arrived and made him comfortable, but he reported that he was still concerned about his relatives mental wellbeing. Tom requested mental health assistance and the ambulance staff suggested he called the relative's Community Psychiatric Nurse (CPN. However it was 7:30am in the morning and CPNs are not available then as the service only runs from 9 – 5pm. The ambulance staff then suggested he went to Accident and Emergency, however Tom said that was very unsuitable. Tom went on to explain that he discussed this with health commissioners and asked for a telephone number for community support. The commissioners suggested then suggested that Tom contact his relatives GP. Tom reported that when he did this he was referred by the GPs out of hours services (SELDOC) to the Accident and Emergency Department. A member supported Tom's comment that there is a need for a number to offer support and that she had been asking for this for some time. Another member commented that perhaps SELDOC should have doctors with mental health specialisms so that they have the ability to respond.

ACTION

The final report was agreed and will now to taken to the Overview and Scrutiny Committee and then to Cabinet

8. REVIEW OF AGEING ADULTS WITH COMPLEX NEEDS

- 8.1 The chair invited Adrian Ward, Head of Performance, to comment on the impact of the welfare reform on ageing adults with complex needs. The Head of Performance reported that at the last meeting the committee received evidence on the impact welfare reform. He went on to say that there is a corporate work stream looking at the totality of these changes and its impact on social care.

ACTION

It is recommended that next year's scrutiny committee receives a report back on this in September.

9. WORK PROGRAMME

9.1.1 The chair outlined plans for an extra meeting on 16 May to jointly meet with Lambeth health scrutiny committee to look at SLaM consultations, HIV and plans for Kings Health Partners to form one healthcare organisation. The chair also recommended that there be a short meeting prior to this to finalise the Southern Cross report.

ACTION

There will be a meeting joint meeting with Lambeth health scrutiny on 16 May 2012 to look at SLaM Psychological Therapy Services. The proposed reorganisation for Mental Health for Older Adults will either be taken then or it will be recommended that the new administrative committee cover this item at their first meeting. HIV and King Health Partners will be taken at this joint meeting.

There will be a short meeting prior to this to agree the Southern Cross report.

Southwark Health & Adult Social Care Scrutiny sub-Committee

Report into the collapse of Southern Cross Care Homes

May 2012

Introduction

This report seeks to ascertain what lessons can be learnt from the collapse of Southern Cross care homes. This is to mitigate potential risks to providing care for some of our most vulnerable residents.

This report seeks to influence Southwark Council, Southwark Health Commissioning and national government. The key issues this report will seek to address are:

- financial collapse of Southern Cross and the monitoring and contingency arrangements in place.
- The impact on residents; including communication with residents and their families.
- Are there any issues around competition and diversity that the Council and the BSU need to consider when commissioning Health and Adult Social Care services in the future to better deal with market failure and promote market resilience?
- What steps the council/government is putting in place to monitor the viability and standards of care of the new organisations who will take over the operation of the three former Southern Cross care homes in the borough.
- How the new organisations will ensure clinical governance and continuity of care.

To address the issues above this report will focus on three key areas:

- 1) Financial monitoring
- 2) Standard of care
- 3) Communication with residents and their families

It is beyond the remit of this committee to change the nature of care provision in Southwark and further afield, but it is the belief of this committee that instead of a patchwork of providers, many of whom are driven by the profit motive and make their decisions based on this and not on the best interests of their patients, that a National Care Service be established in a similar manner to the National Health Service (pre 2012). It is hoped that these changes will one day be implemented, until that time the committee makes recommendations to attempt to alleviate and mitigate the potential negative outcomes of the current arrangements.

Why did Southern Cross collapse

The reasons for Southern Cross' collapse are well-documented elsewhere and will not be repeated in detail here. In summary Southern Cross sold its care homes and leased them back. The homes were sold to over 80 different landlords, although one – Four Season – bought between 200-300. This arrangement was predicated on rising rents and rising income from their care homes, this model came under severe pressure following the

financial crash of 2007-2008 and the subsequent reduction in funds available to local authorities and others to pay ever increasing amounts for the care of the elderly. With reducing income and increasing expenditure (on rents and servicing debt) Southern Cross went into liquidation. Southern Cross operated three care homes in Southwark (Tower Bridge, Burgess Park and Camberwell Green), one of these, Tower Bridge, was taken over by HC-One and the remaining two by Four Seasons. While these are the only three care homes in Southwark, making Southern Cross the majority provider, across the country Southern Cross operated over 750 care homes.

What mitigating actions can Southwark Council take in the future?

Southwark Council has no powers to stop private companies from entering into complex ownership arrangements, as happened with Southern Cross, and it has no powers to stop private companies purchasing the care homes. Indeed, the Four Seasons homes have been bought by Terra Firma, a private equity investor.

The council can however work with other local authorities, with a shared interest, to monitor the financial viability of care home providers. The committee was informed that this does already take place but due to the number of providers used this is not always possible.

This report notes the findings of the Parliamentary Health Select Committee (See Appendix A) and in particular the fact that there is no body responsible for monitoring the care home sector at local, regional or national level.

The committee notes the financial oversight arrangements already in place (as detailed at Appendix B), but that these are augmented as follows:

- 1) This report recommends that the council works with other local authorities to monitor the financial viability of the company(ies) that own and operate care homes in the borough on an annual basis.
- 2) This report also recommends that the council work with other local authorities to lobby central government to widen the scope of the Care Quality Commission or Monitor's remit to include oversight of the financial viability of care home providers.
- 3) This report recommends conduct an assessment of a provider immediately after a change of operator/ownership occurs (e.g. now that Terra Firma have taken over from Four Seasons).

Standard of Care

During the course of this review the HASC scrutiny committee received evidence on the quality of care provided at the three Southern Cross care homes in the borough. As noted above all of these have at some point been under embargo from the council due to concerns of quality.

Working in partnership with Southwark LINK (Local Involvement Network), the Southwark Lay Inspectors and the Southwark Pensioners Action Group and through surveys we have ascertained that the standard of care provided at the three homes has improved since the new management arrangements (HC One and Four Seasons) came into place. The committee is encouraged by this and hopes that this upward trend continues. There are still issues to be addressed, the most recent reports into each of the three homes can be found at Appendix C.

Resident and residents' family members survey

As part of our evidence gathering we surveyed residents and their families, of the 200 surveys sent out we received 22 back. Full results from the survey can be found at Appendix D. The main points captured by the survey are as follows:

- Over 50% of respondents found out about the demise of Southern Cross and the change of ownership through the media.
- Most respondents are satisfied with the new management at all three homes compared to Southern Cross.
- It is clear from the responses received that more information was required during and after the change over of management.
- There are still some issues to be addressed over standards of care.
- Some respondents were not satisfied with the level of English language skills of some members of care home staff.
- Respondents commented that the level of cleanliness and décor of all three homes has improved under the new management.
- There are concerns that some staff members are not gentle enough with frail residents.
- Timely billing of residents (and their families) by Southern Cross was a problem, which could lead to confusion over payment arrangements.

In response to the points arising from the survey it is recommended that:

- The council works with the operators of the care homes to ensure residents and their families receive timely and accurate information of any future changes in ownership, clearly setting out what has changed, what remains the same and where residents/family members can go for further information.
- That the care home managers ensure staff are sufficiently trained to handle residents with the appropriate level of care and that staff members' English skills reach the required standard.
- That the care home providers (monitored by the council) produce timely bills to residents and their family members and to ascertain whether there are any issues to be addressed arising from the move to personal budgets.

To drive continued improvements in care standards this report recommends the council works closely with Southwark LINK, SPAG and the lay inspectors to continually monitor the standard of care and receive an alternative point of view.

On 3/4/2012 the committee received a briefing paper from the Director of Health and Community Services (Susanna White) regarding the council's process for acting on issues raised by the lay inspectors (see Appendix E). This committee notes the process already in place and the ongoing discussions with the lay inspectors to further improve working arrangements. To strengthen these arrangements and to keep the HASC sub-committee informed of developments at the homes it is recommended that the HASC is sent copies of all future inspection reports from the lay inspectors, and the formal responses from the strategic director/contract management team and where appropriate from the registered care home manager.

This committee recommends that reports generated by Southwark LINK be submitted to the Director of Adult Social Care, the Cabinet Member and the management of the home concerned and that a formal response is provided with a timetable for rectifying any deficiencies found, and that the HASC is sent copies of any such correspondence.

Following comments from the surveys and evidence received by the lay inspectors and LINK which all emphasized the importance of quality management, this report recommends that a

'leadership network' is established. This would be a forum where care home and residential home managers and relevant staff from the council can meet on a regular basis to share best practice.

DRAFT

Summary of Recommendations:

Recommendation 1

That the council works with other local authorities to monitor the financial viability of the company(ies) that own and operate care homes in the borough on an annual basis.

Recommendation 2

That the council work with other local authorities to lobby central government to widen the scope of the Care Quality Commission or Monitor's remit to include oversight of the financial viability of care home providers.

Recommendation 3

That the council conduct an assessment of a provider immediately after a change of operator/ownership occurs (e.g. now that Terra Firma have taken over from Four Seasons).

Recommendation 4

That the council works with the operators of the care homes to ensure residents and their families receive timely and accurate information of any future changes in ownership, clearly setting out what has changed, what remains the same and where residents/family members can go for further information.

Recommendation 5

That the care home managers ensure staff are sufficiently trained to handle residents with the appropriate level of care and that staff members' English skills reach the required standard.

Recommendation 6

That the care home providers (monitored by the council) produce timely bills to residents and their family members and to ascertain whether there are any issues to be addressed arising from the move to personal budgets.

Recommendation 7

To drive continued improvements in care standards it is recommended that the council works closely with Southwark LINK, SPAG and the lay inspectors to continually monitor the standard of care and receive an alternative point of view.

Recommendation 8

That the HASC is sent copies of all future inspection reports from the lay inspectors, and the formal responses from the strategic director/contract management team and where appropriate from the registered care home manager.

Recommendation 9

That reports generated by Southwark LINK be submitted to the Director of Adult Social Care, the Cabinet Member and the management of the home concerned and that a formal response is provided with a timetable for rectifying any deficiencies found, and that the HASC is sent copies of any such correspondence.

Recommendation 10

That a 'leadership network' is established. This would be a forum where care home and residential home managers and relevant staff from the council can meet on a regular basis to share best practice.

Extracts from the Public Accounts Committee - Fifty-Seventh Report : Oversight of user choice and provider competition in care markets on Southern Cross / care markets

The following extracts focus only on Southern Cross /care markets , particularly in relation to Local Authorities and Four Seasons.

For the full report go to:

<http://www.publications.parliament.uk/pa/cm201012/cmselect/cmpubacc/1530/153002.htm>

Part one : Conclusions and recommendations on Southern Cross / care markets

Part two : Extracts from minutes

Part three : Written evidence from the Permanent Secretary, Department of Health

Part one : Conclusions and recommendations on Southern Cross / care markets

1. There are no arrangements yet in place to oversee regional care markets, but the Department said that it was considering a range of options for overseeing the market in care. Recent trends in care markets indicate a trend towards fewer providers controlling an increasing share of the market. Care markets tend to operate at a local or regional level yet the Department looks at market dominance from a national perspective. For example, Southern Cross had a market share of around 9 % of the national care home market but held up to 30 % of the market in certain local authority areas in the North East of England. The Department has nothing in place to oversee the market at the local level to avoid certain providers becoming too dominant in a region. It must specify what market share at the local level is acceptable, what arrangements will be made to keep market shares of large-scale providers under review, and what additional powers it requires in case it needs to intervene to prevent a provider becoming dominant.

2. There is no clarity about what will happen in cases of failure of large-scale providers. The financial difficulties experienced by the then largest care home company, Southern Cross, in 2011, and the considerable level of debt held by another large-scale provider, Four Seasons Health Care, have demonstrated that the care home market is no longer the "land of milk and honey" it once was. There must be greater clarity over what will happen in cases of large-scale provider failure. The Department admitted to having insufficient powers, and must decide what pre-and-post failure regime powers it needs to put in place to protect care home residents, many of whom are frail and vulnerable, if or when large-scale providers fail.

3. The Department does not monitor the financial health of large-scale providers.

The Department acknowledged that it was unaware of the financial difficulties at Southern Cross until the company approached it in March 2011. It is currently considering a range of options for overseeing the social care market and how it will gather better intelligence about providers and the market more widely. The Department has issued a discussion paper^[2] to inform the Social Care White Paper. The Department must decide how it will monitor the financial health of large-scale providers so that it has early warning of difficulties and develop ways in which it might respond should problems arise, so that the interests of both social care users and the taxpayer are protected.

1 The oversight of care markets

1. Around £23 billion is spent annually by Government and private individuals on care services in the UK. Around £1.5 billion is spent by publicly-funded personal budget holders, mostly on domiciliary care. A further £6.3 billion is spent by those funding their own care. Both these groups have choice over the provision of their care. The term 'social care' covers a wide range of services from residential care homes and drop-in centres for disabled people, to help with daily routines in the home. The Department of Health is responsible for setting the overall policy framework for social care in England, and local authorities have statutory duties to provide or fund social care for those eligible for means-tested support. The Care Quality Commission is the independent regulator of all health and adult social care in England.^[3]

2. Successive Governments since the 1990s have sought to diversify the provision of care services beyond direct local authority providers. Provider diversity is a necessary pre-condition for user choice.^[4] The Government has a target that by April 2013 all eligible users of care services will be offered a personal budget in order to choose their care services. A vibrant market of providers that compete for and respond to the needs of users will therefore be of ever increasing importance in delivering value for money from care services.^[5]

3. The Office of Fair Trading sets a benchmark of 40 % market share above which it considers there is a possibility of a particular company becoming overly dominant and harming effective competition.^[6] There has been increasing consolidation in the care sector over recent years, in particular in the care home market, where a smaller number of providers now have a greater proportion of the market.^[7] While Southern Cross had a market share of around 9% at a national level, it held up to 30 % of the market in parts of the North East.^[8]

4. Despite the increasing risk of a single provider having a disproportionately large share of any individual local authority market, the Department does not have a clear idea of the upper limit above which there would no longer be a healthy, competitive market.^[9]

5. As care markets operate at a local and regional level rather than as a national market, concentration matters a lot to individuals and their ability to choose between providers in their area.^[10] The Department does not consider that it should monitor local markets and intervene if necessary, this being the responsibility of the local

authorities.[11] Furthermore, there are no mechanisms for monitoring or intervening in markets that cross local authority boundaries.[12] There are, however, examples of where authorities have worked together to commission domiciliary care.[13] The Department recognised that it had limited powers to intervene if there are problems in regional markets, and is exploring ways it can improve matters in the future, in particular whether Monitor may be given a regulatory role in this area.

6. Care homes are very reliant on their funding from local authorities.[14] The overall split of public to private funding across all care services is about 63 % to 37 %.[15] Since the financial crisis the care homes market is no longer what was once described as "a land flowing with milk and honey". Because of the constraints on local authorities, the fees paid and the numbers of individuals referred have been cut.[16] The drop in occupancy levels is part of a longer term trend, and they are now at their lowest level over the last decade.[17]

7. The failure of large care providers risks causing huge uncertainty and disruption to vulnerable individuals resident in those homes. This risk crystallised recently with the failure of Southern Cross. The Department has been working with the company, other providers, and local authorities to manage the impact. The Department issued a discussion paper in October 2011 that seeks stakeholders' views on different potential options for protecting care home residents from large-scale provider failure, including the roles and responsibilities of the different participants in the market.[18] However, the Department has not yet established a pre and or post failure regime.[19]

8. The problems created when a large provider fails were starkly illustrated with Southern Cross. This company failed because it relied on a business model that was based on low interest rates and high levels of debt, with presumed continuing certainty of revenue income. It was subsequently unable to adapt quickly enough when the financial crisis started.[20] The Department was concerned that Southern Cross was overvalued in 2007-08 and was also aware of concerns raised by various commentators about its business model. However, the Department was unaware of the true state of the financial difficulties facing Southern Cross until the company approached it in March 2011 to raise concerns about its viability and the continuity of care.[21]

9. There are signs that other providers may also be experiencing financial stress. For example, Four Seasons Health Care, a large-scale provider in the care homes market which has recently taken over 140 of the homes that were previously managed by Southern Cross, carries nearly £1 billion of debt that it is now having to re-finance for the second time.[22] However, the Department does not scrutinise levels of company debt or business models of large-scale care providers as a matter of course, and has limited powers to assess the financial health of these organisations.[23] The Department is, however, now considering a range of options for overseeing care markets.[24]

Part two : Extracts from minutes

Q22 Chair: You are changing the question that I asked. I am not talking about failure. I will come on to talk about failure. I am talking about a monopoly concentration in the market, which I think will happen because the way this market is going is that you are moving it towards larger providers. What you have just said—perhaps you want to go away and think about it again—is, "Actually, it's down to the local authorities. We'll work with them, but if they go to 41%, which is over the OFT figure, we will do nothing." Let me move on.

David Behan: I didn't say we would do nothing.

Chair: I don't think I have had a satisfactory answer.

Una O'Brien: I think it is important to explain the distinction between what we would do at the moment and the powers that are open to us at the moment, where the responsibilities of local government lie, and the relationship between the Department of Health, ADASS and the representative bodies of local government. As David has set it out, those are the tools and mechanisms that are open to us at the moment. We have recognised, through the experience of Southern Cross, that there are issues there for us that raise questions about market dominance. Ministers have gone on the record about this to say that we absolutely want to reflect on what we have learnt about this. We have gone out with what I think is a genuinely open set of questions about how we are going to get the balance right in regulating this market in the future. There are risks and trade-offs from over-reacting. Nevertheless, it is important that the Committee understands that this is a genuine intention to get this right. We want to understand what levers can have the best impact on the market.

Q23 Chair: I am really pleased, Una, that you are doing that. I am just somewhat surprised that that document is produced on the day that we take evidence, and therefore you can fluff on the re-evidence. That is the only thing that I feel slightly cross about.

Una O'Brien: If I might say, there is absolutely no intention on our part of that.

Q24 Chair: Well, I don't believe that. I will come to you, James, as I know you want to come in, but I just want to pursue these points.

We had the disaster with Southern Cross. We now have Four Seasons Health Care which, according to our report, is the second biggest player in the field. My understanding is that it has a debt at the moment. It has taken over 140 of the homes that were previously managed by Southern Cross, and has a debt of nearly £1 billion. Are you worried about it? It is currently running a debt. Not only has it got a current loss, but it is actually running a debt of nearly £1 billion. It already restructured its debt in 2009. At that point, it was £1.6 billion. What are you doing about that one? That looks really dodgy to me and could go bottom up on us too.

David Behan: I think there were press reports last week. It has begun to have discussions with its lenders in relation to refinancing its debt. At the present time, that arrangement is a very different one to Southern Cross. Yes, we are looking at that and

having discussions with Four Seasons in relation to that, but there is a commercial conversation that it will have with its lenders in relation to refinancing its debt.

Q25 Chair: Well, there is a commercial conversation, but there is also a public interest in its homes. It took over 140 homes that were formerly managed by Southern Cross. In those homes, there are a lot of people living there who are living in an organisation, the financial health of which is hugely questionable. The lenders could foreclose on it any day. What are you doing to protect that, having learned the lessons from Southern Cross? What are you doing about Four Seasons, which seems to be the next in line?

David Behan: We have no alerts, Chair, that there is any threat to continuity of care in relation to Four Seasons.

Q26 Chair: Have you got any alerts that there may be problems with Four Seasons? I mean, there are problems with Four Seasons if it has restructured its debt once, maybe only two years ago, and is having to restructure again now. Does that not give you a sense of alert and concern?

David Behan: It is an issue that we need to attend to. It successfully restructured its debt. When it restructured its debt two years ago, a restructuring date was set for the future—

Chair: That was two years ago.

David Behan: Which will take place next year. This restructuring is not borne out of a crisis; it is absolutely to be anticipated. The last time it restructured the debt—

Q27 Chair: A £1 billion debt is to be anticipated for an organisation like this?

David Behan: It always knew, when it restructured previously, that it would have to come back and restructure the debt that it was carrying. So, in that sense—

Q28 Chair: £1 billion. Did it own these Southern Cross homes? I am very unclear about this. Does it own them, or is it another of these organisations, like Southern Cross, that are just dependent on the revenue that they get from the fees?

David Behan: It owns some of them. It was the landlord for some of the Southern Cross properties—in excess of 40.

Q29 Chair: It was the landlord?

David Behan: It was the landlord.

Q30 Chair: It owns some of the Southern Cross properties?

David Behan: It owned 40 of the Southern Cross properties. Other landlords have sought Four Seasons as their operator for their homes as they go forward to give the continuity of care to the individuals in those homes.

Q31 Chair: If it owns them, why the hell has it got such a huge debt?

David Behan: That goes back to its business model and how that business was taken over back from 2006 through to 2007-08. When the financial crisis began in 2008, it needed to restructure its debt. The structure is very different from that of Southern Cross. It had not got the same degree of opco-propco separation that Southern Cross had, but it did have a debt that needed to be refinanced. It refinanced that in 2008, I think it was.

Chair: 2009.

David Behan: It has to refinance it again next year, and that was to be anticipated.

Chair: No, this year.

David Behan: It begins it this year. I think it needs to be concluded by 2012.

Q32 Chair: Is it still Qatari owned?

David Behan: My understanding is that it is not owned in the same way it was when the original debt was set, when it was largely Qatari owned at that time.

Q33 Chair: Who owns it how?

David Behan: I will have to write to you with that detail.

Part three : Written evidence from the Permanent Secretary, Department of Health

PUBLIC ACCOUNTS COMMITTEE—OVERSIGHT OF USER CHOICE AND PROVIDER COMPETITION IN CARE MARKETS

At the Public Accounts Committee on Monday 10 October, I promised to write to the Committee in response to a number of questions raised. The Department of Health response is set out at Annex A.

18 October 2011

Annex A

DEPARTMENT OF HEALTH RESPONSE TO QUESTIONS RAISED AT THE PUBLIC ACCOUNTS COMMITTEE HEARING ON MONDAY 10 OCTOBER 2011

*What proportion of the market does Four Seasons Healthcare currently own?
(Question 10)*

Four Seasons had 16,700 beds for older and physically disabled people and a market share of 4.6% of the for profit sector in July 2010. This does not include the care home freeholds owned by Four Seasons and leased to other operators, nor does it include the recent transfers from Southern Cross homes.[1]

In September 2011, Four Seasons announced that it would take over the operation of 140 Southern Cross Care Homes. The total transfers include Four Seasons taking back 45 homes it owns that had been leased to Southern Cross under an historic arrangement.

Currently, Four Seasons operate in 7% of the homes in the North East Region, accounting for 12% of the places available.[2]

Who owns Four Seasons Healthcare now? (Question 33)

Four Seasons is owned by its former lenders, of which the Royal Bank of Scotland (RBS) is the biggest shareholder with 38%.

Background on Four Seasons from *Care of the Elderly People: UK Market Survey 2010-11*, Laing and Buisson, 2010

Four Seasons, in July 2010, operated 320 care homes for older and physically disabled people with 16,700 beds, giving it a 4.6% share of the for-profit sector. In addition, Four Seasons is an operator of 23 care homes with 759 beds for people with learning disabilities, mental health problems, alcohol addiction and brain injury, plus seven mental health hospitals with 218 beds. It is also a substantial landlord of care homes leased to other operators.

The company operates under two brands, *Four Seasons Health Care* for the bulk of the portfolio including elderly care homes, and the *Huntercombe* brand, which operates specialised care facilities and the mental health hospitals.

Four Seasons reported revenues of £460.7 million for the year ending December 2009. EBITDAR stood at 24.5% of revenue, placing Four Seasons in the second rank of performance below Barchester (29.6%).

Statutory accounts for the year ending December 2009 reported average occupancy of 87.6% (2008: 86.4%) across the Four Seasons portfolio as a whole.

History

— Four Seasons was established in the early 1980s and achieved growth both through acquisition and construction of care facilities. In terms of earlier history, Four Seasons merged with the previously quoted CrestaCare plc in July 1999 with financial backing from Alchemy Investment Plan, within the stable of venture capital company Alchemy Partners.

— In September 2002, Four Seasons Health Care Ltd purchased Omega Worldwide Inc (owner of Idun Healthcare Ltd) and Principal Healthcare Finance Ltd, the Jersey

based care home landlord. The deal value was reported at \$500 million (£325 million).

— In July 2004, Four Seasons was acquired by Allianz Capital for a reported £775 million.

— In May 2005, Four Seasons acquired the BetterCare Group from management and 3i for £116 million.

— In September 2006, Four Seasons was sold to Delta Commercial Property LP, an investment vehicle for Three Delta LLP acting on behalf of the Qatar Investment Authority (QIA), for £1.4 billion, a multiple of about 14 times EBITDA.

— The new owners found they were unable to refinance the asset following termination of the short term loans with which it had been acquired in 2006. Lenders lost substantial sums. A restructuring was agreed in September 2009 which saw a £1.55 billion debt pile reduced to £780 million via a debt-for-equity swap with RBS.

— In September 2010 a £600 million loan owed to special purpose vehicle Titan was due to mature in the wake of the 2009 restructuring. At this point, a deal was struck to extend the maturity of the loan to September 2012.

From Jonathan Lillistone – Head of Commissioning Health and Community Services	Title Contingency Planning For Care Homes / Nursing Homes
Date 5.03.2012	To Health and Adult Social Care scrutiny meeting

1. Summary

In response to the Scrutiny Committees themed review of events surrounding the collapse of Southern Cross and the transfer of the Care and Nursing Homes it operated to other providers this report provides further information in response to the following questions raised by the committee.

1. What procedures are in place to measure the financial health and risk of care home providers?
2. Does the council regularly check the financial viability of parent companies?
3. How are these procedures applied to care home places purchased under block contract and spot purchase.
4. What, if any, contingency plans does the council have in place to manage the risk of future financial collapse of care homes.

2. Background

As reported to previous scrutiny meetings, at the time the transfer of Southern Cross Homes to other providers and winding up of Southern Cross as a company was taking place; it was responsible for the management and delivery of services in 3 homes within Southwark as follows:

- Tower Bridge – 66 nursing beds and 28 residential bed spaces
- Camberwell Green – 55 nursing beds
- Burgess Park – 60 beds

In addition, the Council had 4 placements in other Southern Cross homes outside of the borough.

Southern Cross was therefore the major supplier of nursing provision within Southwark. Working closely with the national process and following the principals of engagement issued to Local Authorities by ADASS in May 2011 council officers worked actively to manage potential risks and put in place contingency plans to ensure service continuity for residents of these homes in the event that national processes failed to secure the transfer of homes to other providers.

3. Current position – provider profile

The transfer of Southern Cross homes took place as follows; Tower Bridge and Camberwell Green transferred to Health Care One on 31st October 2012 and Burgess Park transferred to Four Seasons on 30th September 2011.

The effect of these transfers has been that provision within the borough is now spread across more providers and the following is a summary of the current supplier profile within the borough.

- **Health Care One** – two homes providing 111 nursing beds and 28 residential bed spaces
- **Four Seasons** – one home providing 60 bed spaces
- **Anchor Trust** – providing 242 residential care bed spaces
- **Abbey Health Care** – providing 52

4. Response to questions raised.

1. *What procedures are in place to measure the financial health and risk of care home providers?*

The Council undertakes regular financial checks of key providers. This is typically an Experian financial health check assessment that considers a range of assessments to provide a risk profile. Further director's searches are done where necessary, in particular to understand changes in company directors or ownership that may have occurred and any issues this may give rise to. Also this allows the Council to gain some understanding of links to other companies that may assist with anticipating potential issues.

Regular and ongoing supplier management is carried out in the form of contract performance and quality monitoring. There is also regular information exchange with other boroughs through the work of the Brokerage Team who are responsible for sourcing and negotiating placements. In addition there is regular strategic dialogue with directors to ensure that the Council remains aware of any key organisational changes and pressures that may impact on service quality, delivery and continuity of care. These discussions also serve to ensure that suppliers are kept fully informed of the Council's strategic direction of travel around reducing its reliance on residential care so that providers can plan for and respond to this and ensure that their business and operating models remain sustainable into the future.

2. *Does the council regularly check the financial viability of parent companies?*

As indicated above, a range of financial checks are undertaken including director checks to establish links to other companies and is so far as is possible, to establish company structures that may inform the type and level of risk that exists.

3. *How are these procedures applied to care home places purchased under block contract and spot purchase?*

As described in response to question 1, a range of financial checks are undertaken.

Spot Contract - Given the number of placements the council has – across all client groups this totals some 1100, and that these placements are made with

just over 450 different providers, the councils approach is to prioritise regular checks on providers who are our majority suppliers. Consistent with reporting to corporate contract review boards on care placement activity and spot contracting, the focus is generally on providers with 5 or more placements. As at February 2012 there were 11 providers where the Council had more than five placements with a given organisation. It is important to note that the Councils placements are with a range of different types of organisation and of these 11 providers 4 are private businesses, Health Care One, Bupa, Four Seasons and Abbey Health Care, with the remainder of the 11 being charitable or voluntary sector organisations.

Block Contracts - The Council holds one block contract for residential care with Anchor Trust. This contract is subject to regular financial scrutiny including a requirement that Anchor Trust provide the Council with annual trading accounts for the four home under this contract. In addition a detail Best Value review was undertaken on this contract in 2010/11 which has been refreshed in February of 2012 as part of the Councils wider work on setting its approach to fees for 2012/13.

4. *What, if any, contingency plans does the council have in place to manage the risk of future financial collapse of care homes.*

As noted above a range of checks are undertaken to assess and anticipate financial risks and the likelihood of provider failure as well as an approach to supplier engagement and management that ensure there is a constant dialogue that allows early identification of potential issues.

Risk of provider failure is a key risk identified in the departmental risk register and corporately and in event of major failure as in the case of Southern Cross it is anticipated that there would be national co-ordination from ADASS, NHS and central government departments to work collectively to ensure continuity of care.

Building on the Councils experience of the events associated with the winding up of Southern Cross and experience of having to manage the potential insolvency of a provider of care homes for people with learning disabilities training sessions have been held with senior managers across the council on how to manage provider failure, the councils role in provider insolvency situations and technical and legal aspects of working with administrators where provider failure / insolvency occurs.

This training was provided by Nabarro, specialist insolvency lawyers who are on the Councils Framework. Nabarro supported the Council in dealing with and resolving the potential insolvency and eventual transfer of service delivery to another provider, that ensured continuity of care, of the services at the care homes referred to above. The training drew out learning points from their involvement in this work for the Council and expertise and experience in a range of other insolvency, service transfer and takeover scenarios in the public sector.

LAY INSPECTORS REPORT

DATE: 26TH JULY 2011. TIME: 11.45 AM.

NORMA LAWRENCE AND DAVE CLARK.

the above date Dave and I visited Camberwell Green Care Home.

we were introduced to the new Activities Organizer who came from another Local Home.

During our inspection, there was nothing to report but a situation was brought to our attention by the Activities Organizer.

There was a 93 year old lady who had arrived at the Care Home, and they did not know how she got there. But they knew that her brother who is 89 years old was a resident.

The problem was that ^{no}one would take responsibility for her because she was a Lewisham resident.

The Care Home Manager said she was told by a social Worker to put her in a Taxi and send her to Lewisham.

The Manager, with good sense decided that she could not do that and as LAY INSPECTORS we intervened.

Dave Clark and I decided that this was unusual circumstance and therefore consulted with Tom by phone.

Tom told us he contacted Ray Boyse at Southwark Social Service who assured us the matter was under control and they would take over the situation.

Age Concern Lewisham and Southwark

Lay Inspector's Report

Name of Home: Burgess Park, Picton Street, SE5 **Date of Visits:** 28/10/11 and 30/10/11

The home has recently been taken over by Four Seasons Care which has changed the Senior Management. This visit was undertaken to meet the new management and to compare standards with those found at the last visit.

In fact there were two visits by Les Alden and Tom White.

On Friday 28th we visited from 2.15pm to 4.30pm. We met the Manger Fred Okine.

On Sunday 30th we visited from 8pm to 9pm. We met the senior nurse on duty.

Although a 58 bed home there were only 34 residents. Fred said there was no embargo and this results from current LA policy to reduce admissions. Some placements are by LB Lambeth.

The Dining Room

On a previous visit the dining room was only laid for 11 places although only 3 actually dined. We observed that it is now laid for 24. There are still a lot of residents eating in their room, although one resident said he used the dining room and there was no pressure either way.

Pets

We were pleased to see a cage of lively finches and were told there is a house cat. Pets are important.

Catering

Unlike the previous visit the catering now seems to be well organised. There is a choice of two main dishes and other things are available on request.. There is a light supper at 5pm which includes a hot dish. In the evening visit we saw the trolley serving refreshments visiting all rooms.

Decoration

It was explained that a programme of redecoration was in progress. New paint could be smelt. Overall the decorative order is satisfactory.

The Incontinence Smell

We were very disappointed in the prevalence of the incontinence smell which most homes have now conquered with modern chemicals and a little effort. In particular:

Ground Floor: Reception OK but corridor with rooms 1-8 dreadful.

First Floor: Patchy

Second Floor: Terrible.

We feel this cannot be blamed on a small number of residents alone. Major attention is required, including staff training in managing continence.

Smoking

Residents are not allowed to smoke indoors and there is a covered area outside where we met one resident and her visitor. We feel this could be unfairly restrictive on residents particularly in cold weather.

Alcohol Policy

Residents may purchase their own alcohol and this is kept at the nursing station (soi-disant) and dispensed. We were told that beer is also provided by the home – an interesting innovation.

Digital TV Switchover April 2012

The Manager was not sure of the position with residents TV sets. We suggest there is an audit of all sets and the communal aerial system is confirmed as working in all rooms. We saw good quality TV pictures in the lounges.

Laundry

The home still relies on individual labelling of clothes and mass washing. We informed the Manager that some homes avoid institutional labelling by using individual laundry baskets or else open weave sacks each containing a single resident's clothes. He was not prepared to accept these suggestions.

Visits to residents Rooms

We made unaccompanied visits to the floors and took the opportunity to speak to residents when they invited us into their room. In all 6 residents were spoken to. Also one set of relatives. Apart from the issue below no other issues arose.

Activities

There is an organiser who works five days a week and we saw the programme of activities. We saw the programmed activity taking place in the afternoon. Brunswick Park primary school is opposite and relations with the school we were told are good and children visit. Sacred Heart Church visit fortnightly but no other churches. Other churches need to be invited.

Bed Times and Respect

One resident we spoke to said there was no pressure to go to bed early. However another had been upset by being told to get into bed at 9.30pm. This resident also spoke of a lack of respect from the same care assistant and a serious incident. The resident was reluctant to be identified.

This issue seems to be related to one member of night staff and we referred this to Brenda Bond at ACLS to consider raising an alert.

End of Life Care

The home uses the Gold Standard in conjunction with St. Christopher's Hospice. The Manager confirmed that the home will undertake end of life palliative care so residents may die in the home.

Personal Relationships

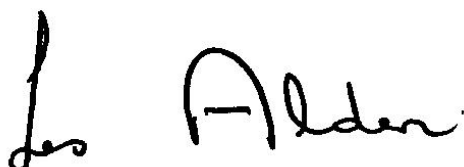
The home and owners do not have any policy on intimate or personal relationships between residents.

We think this should be developed, coupled with staff training. On the one hand there is a right to these relationships without teasing or adverse comment. On the other hand there is the duty to protect residents from unwanted attention.

Conclusions

There are a number of issues mentioned above which we are not happy with. We hope they can be addressed. The home is certainly better than the previous visit. We would like to visit again shortly.

Signed:



Les Alden also pp Tom White

Age Concern Lay Inspector Visit to Tower Bridge Adult Care Home 29th June 2011 10.35-12.50

This visit was undertaken by Les Alden and Irene Payne and was unannounced. We were shown around by the Head of Hotel Services and were free to talk to residents and staff. We spoke to residents in communal areas and in their own rooms. We met with the head of home and the activities co-ordinator.

Overview

Tower Bridge is a modern care home run by Southern Cross. It was originally built as a hotel and then converted for use as a care home so is large, with long corridors. It is very well decorated with a high standard of furnishing and is coming to the end of a major refurbishment programme. The home has capacity for 128 residents and currently provides a home for 87. This under occupation has been well managed physically so that the ground floor is not in use and residents are now all together on 3 floors rather than being scattered. There are unlikely to be further admissions until the business position of Southern Cross is resolved. There are discussions with Southwark council about the potential use of the ground floor to house an innovative rehabilitation project. Neither staff nor residents seemed worried about the current issues about Southern Cross. The head of home attends the regional meetings and keeps everyone informed. There was a briefing note on the latest position on the notice board in the entrance.

Ambience

The home was clean and tidy, with no areas of bad odour. There was a feeling of a relaxed and happy home and all staff and residents we spoke to were positive about being there.

Activities

We observed the activity co-ordinator with a group of residents outside on a sunny day, playing a musical game, which was encouraging participation. She was involving some residents in running the game. Attitudes to activities were very positive and there was a strong sense that activities are key to providing a good home. There was a varied programme of activities on the notice board on each floor and this includes regular sessions for carers. We were impressed by the way in which activities were being mainstreamed, with care staff doing singing sessions in the lounge at the same time as the co-ordinator was running the game outside. Resident's s we spoke to said there was a lot available and there was choice about whether to participate. Some lounges appeared to be lively places, although those at the end on each floor were empty and we were told that they were generally not used. There was a "living history" room with objects and furniture from people's past. This is in the early stages of development and could be enhanced by inclusion of residents own memorabilia and the tuning for use of the piano. It's a resource which could be improved. There has been a project with the British Museum on life histories and we were told that there is information on each resident in the files. More will be done to put more information on doors now that the rooms have been re-furbished. There is an attractive cinema room which has posters from old films on the walls and regular sessions are offered as part of the activity programme. There are outings and the home is trying to develop more flexible transport contracts to enable more outings for more residents.

Residents 'views

All residents we spoke to appeared happy and well cared for and spoke positively about the home. Residents we spoke to in their own rooms sang the praises of the home and said they would recommend it. A couple of relatives and friends visiting were similarly positive. There are meetings with residents and one resident mentioned meetings without being asked.

Food and drink

We saw the end of breakfast and it was clear that residents were not hurried. There is a menu choice and residents can ask for simple alternatives e.g. egg and chips if they do not like what is on offer. A resident mentioned this unprompted. There is choice which includes a cooked breakfast every day and residents who are active during the night are able to eat light meals cooked by care staff. We saw the morning break which offered fruit as well as biscuits in the lounges and to individual residents in their rooms. The lunch menu we saw on the dining room table did not include a vegetarian option. We were told that menus are currently being improved and updated.

Other services for residents

We saw the hairdresser visiting and this seemed to be used to create conversation and be a social occasion. This is a weekly event and at £8 was felt to be reasonably priced by women residents we spoke to. We observed that a number of women residents had their nails varnished and the activity co-ordinator spoke about individual 'beauty' sessions for those in their rooms, which included hand massage. And manicure as well as hair. Chiropody is regularly available at a reasonable rate of £10. Residents said that they had access to doctors when needed and also to a dentist and optician.

Laundry is organised by floor and clothes are marked in "the least noticeable place". We asked about individual laundry but this was seen to be uneconomical.

Televisions were in good working order and there were alternatives to sitting watching TV. We were told that there is a good signal and that free view boxes are organised so there should be no problems with digital switch over.

Telephones – cordless phones are available on each floor for residents to use and many residents also have personal phones.

Electoral registration visited the home before the last election and residents were supported by the administrative staff to register and to do postal votes. There is a smoking room which was used and the policy on alcohol is that residents who wish to are free to drink.

Hospital and end of life care

The home is going for the Gold Standard and the head of home is very clear about the right to die at home and has extensive experience of managing this in line with peoples expressed wishes. Residents return to the home after hospital discharge. Residents in hospital are visited once a week by staff and would be visited more frequently if they have no family or friends to visit but this has to be within the constraints of staff availability.

Other issues

There seemed to be plenty of staff available to meet residents' needs. The ratio of staff to residents was reported to be at least 1 to 5. The number of staff on duty varies according to the time of day and night and the level of need, but no problems were identified.

Staff morale seemed good especially given the current uncertainties. No resident expressed any worries about the Southern Cross situation. The media had been kept away so as not to upset residents and staff and communications seemed to be well managed within the home. The annual garden party has been postponed so that there is no chance of media trying to gain access to residents, staff or carers, which could create misinformation and cause unnecessary upset.

Conclusions

We were very happy with this home and do not wish to raise any specific concerns.

Les Alden and Irene Payne



Care home questionnaire

The ending of Southern Cross and its impact on residents and relatives

www.southwark.gov.uk

RESULTS

Survey of residents and families affected by the ending of Southern Cross and the move to new care home ownership.

Introduction

Southwark Council's Health and Adult Social Care scrutiny committee contacted 200 relatives of residents in three care homes ; Tower Bridge, Burgess Park and Camberwell Green and asked them to fill in a survey looking into the ending of Southern Cross and its impact on affected residents and their families. The aim was to particularly understand how the care homes, Council and NHS Southwark communicated with residents and families.

Question 1 Are you a resident or family member?

Care home resident	1
Relative	21

Question 2 Are you aware that Southern Cross used to own this care home and now it is run by HC-One / Four Seasons?

Yes	22
No	0

Question 3 If so, how did you first become aware?

Care home staff	10
Social worker	1
A relative	0
Resident	0
Media	12

Any other? Please give details:

Question 4 Who has kept you informed through out the changes?

Please tick all that apply :

Care home staff	15
Social worker	0
A relative	0
Resident	0
Media	10

Any other ? Please give details:

Question 5 How well do you feel you were kept informed and supported throughout the changes to the Care Home's ownership?

1 to 10 (where 10 is very satisfied and 1 very unsatisfied)

1	2	3	4	5	6	7	8	9	10
3	1	1	0	4	2	1	2	1	6

Overall average	6.29
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Question 6 What was good about the communication and support you received as Southern Cross ended and the care home's ownership changed?

Apart from the media communication regards the ownership change over was notified once or maybe twice by Southern Cross to let me know that the care home would be taken over on the 24/10/2011 by Four Season's and will be notified by letter.

Things only improved when our new home manager took charge with Four Season's Health Care. The manager has made so many improvements for everyone.

I was apologised to for any inconveniences we must have suffered. Then I was reassured that it will not happen again ever.

Well informed of any changes.

No communication from Southern Cross. A letter from HC. After takeover.

The media gave cause for concern but management at the care home assured residents relatives that Tower Bridge Centre would not be closing.

Four Seasons sent us many letters and we had meetings with their staff. We also had lots of helpful information from Southern Cross staff who still look after mum.

The staff keep me informed at all times about what was happening.

Writing.

Reassuring letter from HC One about the changes and their smooth transition.

Everything is done well.

The same of communication, through all very good.

The staff were hopeful the new owners would make changes to benefit all staff and residents.

The staff were very helpful and kept us fully informed.

HC-One are very much more organised.

Nothing, had no communication from Southern Cross or Southwark.

Apart from the media communication regards the ownership change over was notified once or maybe twice by Southern Cross to let me know that the care home would be taken over on the 24/10/2011 by Four Season's and will be notified by letter.

Question 7 What could have been done better?

It had become a shock to know that the information I received by Southern Cross about the changeover was not very informative, and not much was said about the company 4 season's who were going to takeover Burgess Park Home.

One letter posted in the lift of the home about Southern Cross, all on Sky News and the Sun newspaper. Morale was low and not knowing what the outcome would be. (Better Communication).

Better physical care, looking after residents wounds. Answering calls to residents when they call for attention. Giving afro-Caribbean food.

Everything, we were told nothing.

Some more communication.

Earlier notification would have been nice to avoid worry when the rumours started to spread. You knew something was going on but no-one was being honest about it.

Being contacted by Southwark Council.

More information.

Let us know what is happening.

Receiving a letter sooner. The news about Southern Cross had been in the media several months before we were informed of the outcome.

The dentist that they deal with.

I don't think anything could have been done better.

None it doesn't really affect me.

Letters to relatives who were concerned about there mother was she to be moved or what would happen a very unsettling time.

Question 8 Have you noticed or felt any changes since Tower Bridge Care Home changed its ownership?

Yes	14
No	8

Question 9 What, if anything has changed?

There is more going on now. The place is getting a face lift. Living quarters have been freshly painted top digital boxes have been installed in all residents rooms for the changeover 04/04/2012. The staff are more motivated.

More staff, and the home has undergone a complete makeover, i.e. painting, carpets, curtains new items for the residents, towels, bedding etc. I was very pleased with all the new furniture and all the new improvements to the home.

No one can walk into the home as they like anymore. You have to put on the visitor's badge. My dad's wounds are not dressed & bandaged.

Care home is being redecorated; also new TV fitted which is lovely for the residents, many thanks to the new owners.

Nothing at present, given time hope things changes.

The lounge and dining room have been decorated. New TV in the lounge. A complaints book was introduced at reception and I complained about old, grubby toaster in dining room which has now been replaced. However, communication is still a problem due to poor English skills of staff. Sometimes it is quite obvious that they haven't understood what you are saying which can be a big problem when dealing with these vulnerable residents. Also there was a period where trainees were engaged who didn't have a clue about caring skills & were receiving "on the job training" from other staff who were already stretched due to extra paperwork. Efficiency is sometimes a problem, e.g. I have been trying to arrange for a chiropodist to visit my mum since November last year. They eventually booked on in February 2012 but failed to include my mum's name on the list. I have to be constantly chasing and pity other residents who may not have relatives to constantly chase.

Mum still has the very best care, and now has palliative care, staff are so kind to her and the room she is in is lovely. The home has been redecorated and the atmosphere is lovely.

Cleaner, one and the same. Better.

The home is cleaner and staff are very approachable and helpful. It appears to be better organised and staffed.

General cleaning of carpets, paintwork being done throughout.

The home is now a more inviting place to visit owing to the great improvements and décor it is bright and homely.

The staff continues to be good to me and some walls have been painted.
The whole management is much better and caring.

We have noticed the internal decoration, but no difference in the welfare of residents.
There is no hairdresser, staff do not wear name badges and often talk to one another not in English so the old people feel insecure.

Staff attitude seems more confident and on the ball.

Question 10 How did you feel about the care you or your family member received when it was owned by Southern Cross?

1 to 10 (where 10 is very satisfied and 1 very unsatisfied)

1	2	3	4	5	6	7	8	9	10
3	0	0	3	3	3	3	0	2	5

Overall average	6.23
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Question 11

How did you feel about the care you or your family member receive now it is owned by HC-ONE?

1 to 10 (where 10 is very satisfied and 1 very unsatisfied)

1	2	3	4	5	6	7	8	9	10
0	1	0	2	2	0	1	4	3	9

Overall average	8
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Question 12

Please comment on anything you feel important; this could include relationships with staff, activities, relationships in the home, visiting, meals, your routine care, medical care etc

Staff at Burgess Park Care Home are doing an excellent job. I feel the care for my sister is very good and above all responsive to her needs, this includes her care and medical needs.

I have been coming to the home since 09.03.2009 on a daily basis to see father, I have a good relationship with all the staff and also residents. I am pleased with the care he receives from all the staff and also his medical care.

My dad is still neglected with fixes? on the floor by his bed. The same clothes on for 2 weeks. Left in his room unattended for too long. Staff are friendly and relaxed.

All staff are kind, caring and very helpful.

Not enough English speaking staff, very few activities. Mum's personal hygiene. Not enough linen. Clothes always shrinking. Food ok but some is much better than other's. Chef is very helpful though.

My mother went missing after a hospital visit and there was an inquiry but we went, not informed of this and I think something as important as this, we should have had more information about.

Not happy with GP visits. Doesn't appear to be great deal of input in this area. Some staff are not as gentle as others when dealing with the residents. Larger staff should remember that they are dealing with extremely vulnerable people & act accordingly.

Mum has the very best care, now that she has palliative care, when you visit the home everything is just the same. Mum still has the same staff and they always involve us in everything they do.

Satisfied overall.

Satisfactory

Meals are better.

Quality of food is excellent.

Staff are very gentle and professional considering the very difficult changing environment they work in i.e. the care of dementia/elderly patients.

Everything is good.

Anytime I visit staff make me welcome i.e. offer cups of tea.

The communication with staff is excellent the activities are good, medical care is excellent.

I would feel sad if two of the staff goes as their visas expires. I am hoping that the new company can support them to be retained here at Camberwell. These two go beyond their duties they are very good to me even on their days off they do things for me. All staff are good to me.

The floor manager 3rd floor, has always kept everything running smoothly. Thank god she's been there through the time my stepmother has been there. She's an Angel.

Staff are quite abrupt with the old people, my mother has clothes but sometimes is dressed not to an acceptable standard. Food is not always nutritious and curried goat is not always what someone would choose to eat.

Lot clearer about who does what.

Question 13

Do you have any other comments on the ending of Southern Cross and the recent change of ownership?

I am hoping that 4 Season's who are now the operator's of all Southern Cross care homes will carry on the good work, keep relatives informed on any changes which may arise now and in the future.

I am now so pleased that Four Season's Health Care have taken over the business from Southern Cross. Everyone can see the improvements.

Thank god Southern Cross is gone. I think they should refund some of the money back to residents.

Southern Cross could not do their accounts and that's why now there are hundreds of people like myself who are hounded for monies that they say we owe from as far back as when Southern Cross took over. Lets just hope HC one can do a better job with their accounts.

We had one letter after the changeover which said they hoped to improve on the running of the home, I hope they do.

The food has not improved at all and there is a lot of waste. Communication needs attention urgently. A good command of the English language should be essential when recruiting. Also communication between managers/team/carers/nurses needs to be improved to ensure proper care of residents.

We went to a meeting regarding the changeover and we didn't notice very much difference, except that the home décor has been changed and looks very clean and fresh.

Southern Cross were awful at their financial matters, they waited over a year before sending me a bill!

Better.

One and the same.

Could have done better.

No, they were good.

No.

Basically the care has not really changed but because of the décor it is a more comfortable place to visit.

Keep up the good work HC-One.

Southern Cross we found unacceptable with care my mother was given, she had a fall and broke her wrist but no ambulance was called until 12 hours after the event. My mothers toe nails were growing into the back of her toes and she was in pain. She broke her teeth and needed to see a dentist and was not until we made a fuss was anything done on each occasion.

Question 14

Is there any other comment you would like to make?

My sister has been a resident at Burgess Park care home since September 2009 and in all that time as been bedridden, and no attempt has been made to sit her in a chair and join other residents in any care home activities.

Well done Four Season's Health Care, with many thanks to the Home Manager.

The home should learn to implement family rules, e.g. we told the home only children should be allowed to visit my dad, but they allowed anyone. Residents clothes are always going missing.

The home is far too big, the new owners will struggle unless better staff more qualified people are brought in. That means from top to bottom.

Mum is always happy and well fed, but we have had to complain that on a few occasions she has been looking un-kept. E.g. odd shoes on and her teeth missing, dirty clothes.

Things have improved slightly under the new management but there are still issues that need to be addressed.

We have always been very happy with the care that mum has been given, and never had any complaints, mum has been in Burgess Park for over five years.

At no time did Southwark council inform me to tell me of the financial troubles with Southern Cross! I only found out by reading of it in the Evening Standard!

I find staff helpful.

I was sorry to see it end like this.

They have done a good job for all the years.

Not really we are very satisfied with the whole package.

I hope the care from staff will be better with the new owners and that nothing will be repeated as with Southern Cross.

From Susanna White Strategic Director of Health and Community Services	Title Age UK (Formerly Age Concern) Lay Inspectors Briefing
Date 3.4.2012	To Health and Adult Social Care Scrutiny meeting

Background to briefing

The Chair of Health and Adult Social Care Scrutiny has requested that the Strategic Director of Health and Community Services provides clarification on how the reports provided by Lay Inspectors are acted on, and in particular how issues of concern are picked up and acted upon, and specifically how these are addressed with care home management.

Description of lay inspector's scheme.

- The lay inspector's scheme has been running for almost five years, at a cost to the Council of £10,000 p.a.
- The lay Inspectors are older people themselves, with training and co-ordination by Age UK Southwark. Regular liaison meetings are now being held with the Lay Inspectors, Age UK and officers from the Council, to build upon the current arrangements.

How reports from the lay inspectors are acted upon.

- The Lay Inspectors discuss with the Registered Manager on the day of their inspection their initial observations. Often this helps to clarify issues or ensure an immediate response if required.
- If the Lay Inspectors observe any safeguarding concerns, these are reported immediately under the Council's safeguarding procedures.
- For non safeguarding issues, the Lay Inspectors discuss their initial observations with both their peers and staff at Age UK. Following this, the Lay Inspector would then finalise the written report.
- A copy of the final report is then sent concurrently to the Contract Monitoring Manager within the Council and the Registered Manager of the home in question.
- The report is assessed by the Contract Monitoring Team, and where necessary further information /clarifications are sought from the Lay Inspectors.
- Any specific issues identified can be followed up as appropriate by the Council's contract monitoring staff. This can either be through the planned and routine monitoring visits / meetings with the Registered Manager, or if necessary through unplanned visits to the home. Through either approach the Registered Manager of the Home would be asked to respond to the issue identified in the report, and provide details of any remedial action that they are planning to take.

- The Lay Inspectors also provide more general pointers for the Council in relation to the overall user experience and ambience to be found in a particular home. Again these observations, although not necessarily relating to poor performance are addressed with Registered Care Managers by council officers through scheduled contract management meetings and visits.
- Officers from the Council will provide feed back on the response of the Registered Manager /Home Owner to the Lay Inspectors, via Age UK as appropriate
- Similarly the Registered Managers respond directly to the Lay Inspectors report, and any specific issues to have risen within the report.

Building upon the existing arrangements

- Discussions are currently taking place between the Lay Inspectors and the Contract Monitoring Team to strengthen the existing partnership arrangements. The parameters of which is focusing upon :
 - Advance notification by the Lay Inspectors of a planned visit, so that any specific issues can be shared with the Inspector prior to the inspection. It is also useful for the Council to be aware of which homes either have been or are planned to be visited.
 - For the Lay Inspectors to send reports through to the Council as soon as possible after the visit, so actions required by the Contract Monitoring Team can be taken in a more timely manner.
 - Co-ordinate more joint visits as required.

Andy Loxton
Lead Commissioning Manager – Older People

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