

## HAMPSHIRE COUNTY COUNCIL

### Decision Report

<b>Decision Maker:</b>	Executive Member for Adult Social Care
<b>Date:</b>	23 September 2011
<b>Title:</b>	Cherry Orchard Residential Home, Andover
<b>Reference:</b>	3004
<b>Report From:</b>	Director of Adult Services

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#### 1. Executive Summary

- 1.1 The purpose of this paper is to report the outcomes of the consultation on the potential closure of Cherry Orchard residential home and on the wider provision of residential care, as well as other models of care for older people, in Andover in general.
- 1.2 The report sets out Adult Services' recommended option on the future of Cherry Orchard residential care home in Andover.
- 1.3 This report seeks approval from the Executive Member for Adult Social Care to close Cherry Orchard residential home, subject to suitable alternative accommodation for residents being found and their care needs met.
- 1.4 This recommendation is made, following the public consultation on Hampshire County Council's proposal to close Cherry Orchard. This consultation has been carried out in the light of the cost of renovating the home to a viable standard that will meet the future higher needs of an ageing population and the significant levels of alternative accommodation available in Andover. Cherry Orchard does not meet the standard of accommodation that we wish to provide, and cannot be cost effectively brought up to this standard.
- 1.5 The consideration of options has to be based on the needs of both the current residents and the further needs of older people in Andover, and the alternative provision. This provision has been significantly enhanced by the recent opening of Lion Oak Court Extra Care Housing scheme.

#### 2. Contextual information

- 2.1 The way social care is provided is changing in England, with service users wanting more choice and control over their care and new services being developed to meet their individual needs.

2.2 Hampshire County Council has been pursuing a strategy to address the housing needs of older residents, future capacity requirements for residential and nursing care across Hampshire, and the development of realistic alternatives to residential care to meet people’s aspirations for maintaining their independence and choice of how their care needs are met.

2.3 Population projections for the over 65s show the percentage growth in Hampshire to be significantly above that for England. This growth is significant as Hampshire has an above average 75+ years population who make up 37% of the total social care client base. The table below shows the projected increase in the older population for Test Valley. It shows an increase in both the number of people over 65 and 85 and also an increase in these age groups as a proportion of the population.

<b>Test Valley projected population</b>	<b>2015</b>	<b>2020</b>	<b>2025</b>	<b>2030</b>
Population aged 65 and over	24,700	27,700	30,900	34,800
Population aged 65 and over as a % of the total pop'	20.95%	22.72%	24.50%	26.79%
Population aged 85 and over	3,400	4,300	5,400	7,000
Population aged 85 and over as a % of the total pop'	2.88%	3.53%	4.28%	5.39%

*source @ Protecting Older People Population Information System*

2.4 To meet the challenges of an ageing population it is vital that Older People’s Services are sustainable, cost effective and offer people choice and control. More older people are choosing to be cared for at home, rather than go into residential care. The roll-out of personalisation and the introduction of personal budgets is helping to drive this trend. This is borne out by occupancy rates in nursing and residential care which have reduced over a number of years. Placements into older people’s care homes in the independent sector reduced by 1.44% from 08/09 to 09/10, whilst in Domiciliary Care the number of Community Care clients increased by 6% over the same period.

2.5 Therefore with more people choosing to remain in their own homes, there is a need to develop alternatives to residential care and to shift the balance of investment towards alternatives. This includes community based services such as Community Response teams (CRT), Hampshire Integrated Community Equipment Service, support for carers, Shared Lives Scheme and Extra-Care Housing. These services provide better outcomes and actively promote independence and choice.

2.6 Given the reduced need for residential care, the opening of the new Extra Care Housing scheme in Andover and the significant levels of alternative accommodation available, Adult Services is recommending that Cherry Orchard is closed, once suitable alternative accommodation has been found for its current residents.

### **3. Cherry Orchard Building**

3.1 Cherry Orchard is a 43 bed residential care home in Andover providing support to older people with physical frailty. It largely supports service users with lower dependency levels. Currently there are 17 long stay residents

living there. Additionally, the home focuses on rehabilitating people either back home or on to some form of sheltered housing, including Extra-Care housing. It also provides a local respite resource, and currently only admits new service users for respite periods

- 3.2 The building was built in the 1970s for people with much lower dependency needs and was not designed to take service users with higher dependencies. The bedrooms are very small which means it is difficult to provide access for moving and handling equipment to enable care staff to assist service users in their rooms. Moving and handling regulations have changed considerably since the home was designed. Access to bedrooms for those in wheelchairs is also a major issue with restrictive access. The layout of the building with long narrow corridors also presents difficulties for those with mobility problems. Toilet facilities are particularly difficult to access and would require extensive modernisation.
- 3.3 This proposal under consultation was informed by a recent consideration of the fitness for purpose of Hampshire County Council's residential care homes. Despite regular maintenance, Cherry Orchard was identified as not being able to meet future needs. With the increasing physical and mental frailty of many of the older people who use this service, the size of the bedrooms and access throughout the home are key factors, particularly in relation to care staff using equipment such as hoists. The current building does not lend itself to such requirements and furthermore presents restrictions as to the ability to provide suitable environments for dementia care. In particular the layout of the building is not suitable for dementia patients and it would require extensive changes to lighting, internal security etc.
- 3.4 Whilst the building meets registration requirements for an existing service, it would not meet requirements of a newly registered home when measured against the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. Different standards are applied to existing and new residential homes by the Care Quality Commission (CQC). Whilst Cherry Orchard's registration is not under threat, it falls short of the modern standards for residential care. It also falls short of the standards of accommodation that we wish to provide
- 3.5 Three years ago following a fire safety risk assessment, the building was considered to pose a number of fire safety risks. As a result of this work was undertaken, including fire safety work and a redecorations programme. However, one of the implications of the fire safety risk assessment is that a number of rooms cannot be used for residents, thus reducing its capacity.
- 3.6 The home has been operating under capacity for sometime now, and demand generally has been low due to the inability to support service users with high dependency needs.

#### **4. Consultation Process**

- 4.1 The consultation ran from 23 May 2011 until 19 August 2011. The consultation was published on Survey Monkey, via dedicated pages on Hantsweb (the website of Hampshire County Council), with copies available on paper and in alternative formats.
- 4.2 A special residents meeting to discuss the implications of the consultation was held for all residents who wanted to attend on 19 May 2011. At this meeting the proposed closure of the home was discussed. It was made clear to all residents by the Unit Manager that the proposals were under consultation and that each resident would have an allocated care manager who would help support them through this period. The unit manager and her team ensured that the residents felt able to talk to them about it at any time, and met with each resident individually to discuss the consultation.
- 4.3 The residents of Cherry Orchard were offered the opportunity of meeting with dedicated care managers, either individually, or with members of their family present, in order to elicit their views on the consultation. 10 residents decided to give their views in this way, completing the interview questionnaire, either unassisted or assisted by their family. Their comments were noted and the notes signed by the individual residents. In addition, 1 resident completed the paper-based consultation questionnaire.
- 4.4 Of the remaining residents, 2 have dementia conditions and their immediate family participated in the consultation on their behalf, 1 resident was not asked to participate following an assessment under the Mental Capacity Act that deemed she did not have the capacity to participate and 1 resident was deemed too unwell to participate and has since been admitted to hospital.
- 4.5 A further 3 residents stated, via their families, that they did not want to participate due to the anxiety or upset this might cause. All 3 residents had attended the special residents meeting, held on 19 May 2011 (see 4.2), where the consultation process and the support they could expect to receive from the care managers was explained to them. Each of them were asked for their feedback on how the proposals were affecting them.
- 4.6 Progress on the consultation on the closure of the home has been discussed at each of the monthly residents' meetings, since the consultation started. At the request of the residents the Executive Member for Adult Social Care visited Cherry Orchard on 2 September 2011 to meet residents on an individual basis and listen to their concerns.
- 4.7 Paper copies of the consultation were sent to the families of all residents. Additionally, the following groups were proactively contacted by letter:
  - the local MP
  - Hampshire County Councillors representing Andover
  - District Councillors
  - respite users and those due for respite at Cherry Orchard
  - local GPs
  - Andover Older People's Forum
  - Neighbourcare
  - Andover & District Age UK

- Community Locality Health Manager
- Community Mental Health Team Manager
- Princess Royal Trust for Carers
- local media (Andover and wider Hampshire)

4.8 Two face to face meetings were organised for the relatives of Cherry Orchard residents, on 10 May 2011 and 12 May 2011. An open meeting for all relatives of Cherry Orchard residents, hosted by the Executive Member for Adult Social Care and Adult Services' Deputy Director, was held at Copper Beeches Day Centre on 16 June 2011.

#### Responses to the Consultation

- 4.9 Responses to the consultation has also been accepted via letters to the Executive Member for Adult Social Care, letters to the Adults Services' Complaints Team and to officers within Adult Services.
- 4.10 In total 56 responses have been received, the majority requesting Hampshire County Council does not close Cherry Orchard. Many expressed the view that Cherry Orchard should be refurbished. Some other suggestions for options were made, such as opening up admissions to private clients to increase occupancy.
- 4.11 Some respondents thought that in the consultation decision report there had been too little consideration of residents' needs and wants/choice, and too little thought towards the emotional and psychological impact that moving would have upon residents. All residents who were interviewed said they were unhappy at the prospect of moving. Dedicated care managers have been allocated to Cherry Orchard to ensure that the wellbeing and concerns of residents are taken into account during this process (see Section 6).
- 4.12 There has been strong recognition of the high level of care received by residents at Cherry Orchard and of the dedication of the staff at the home.
- 4.13 The responses did however stress that in the event of Cherry Orchard closing, it was important to find alternative accommodation in the same town / locality for those that wish to remain in Andover.
- 4.14 Some of the respondents stated that the alternative accommodation identified by Hampshire County Council is not appropriate for the current residents of Cherry Orchard. However, this appears to be have been based on a misunderstanding that we were citing our other homes in the area as the alternatives for current residents. Subsequently, the full range of alternative homes have been made clear to residents and their families. All of the homes identified provide residential care; with the residential accommodation located separate to the dementia and nursing accommodation.
- 4.15 There was clear appreciation of the importance of the development of Extra Care Housing as an alternative to residential care, however individual responses stressed that it was not a suitable option for those people currently living in Cherry Orchard.
- 4.16 There was concern amongst respondents about the potential loss of Cherry Orchard to those needing respite. With regards to models of respite care, the

majority of respondents who expressed a preference did so for bed-based respite care. It should be noted that alternative respite facilities are available at other homes within the area; Hampshire County Council already purchases respite from these, however it needs to be acknowledged that the ability to pre-book respite care up to 6 months in advance is only currently available at Cherry Orchard. Work is underway to address this issue.

## **5. Other Options Considered and Rejected**

5.1 In response to requests from residents and some of their relatives during the consultation period, Hampshire County Council has considered a number of alternative options. These are summarised below (a more detailed examination of the options and their specifications, can be found at Appendix C):

### **5.2 *Option 1.***

The minimum work required to internal and external decoration, improve the nurse-call system and improve the bathrooms (i.e. to improve the look and feel of the home but not the fabric). The cost of this has been worked out as being in the region of £200,000. This option is not considered appropriate because it does not address any of the issues regarding the suitability of the building.

### **5.3 *Option 2***

Partial refurbishment of the home, excluding installing en-suite bathrooms and improving the size of the bedrooms. The cost of this has been worked out as being in the region of £1.7m. This option is not considered appropriate on the grounds that this significant financial outlay would still not address any of the issues regarding the layout of the building.

### **5.4 *Option 3***

Full refurbishment of the home. This would still not involve improving the room sizes or building en-suite facilities, however would involve significant improvements to the fabric of the building. The cost is estimated to be a minimum of £2.225m. This option would mean moving most of the residents out of the home to enable the works to be completed safely, but would still not provide an appropriate environment.

### **5.5 *Option 4***

In addition to the preceding three options, Adult Services has looked again at the work required to bring the home up to standard. In particular, this would involve increasing room sizes and installing en-suite facilities. Hampshire County Council's Property Services have advised that this would involve reducing the number of room from the current 43 to 26, as in many cases we would need to knock two rooms into one. This is not a viable size for a residential home.

5.6 It would also cost between £543,000 and £783,000, in addition to the other refurbishment costs set out in paragraphs 5.3 and 5.4, resulting in a cost of up to £3m or £115,000 per room. This option would mean closing the home and moving some of the residents out during the building works. This option has been rejected on the grounds that it is not feasible to run a residential

home with 26 beds in the long-term and the very high cost per room to achieve an appropriate standard.

**5.7 Option 5**

At the request of several consultees, Adult Services has also looked again at the option of closing the home over a longer period of time to enable the current residents to remain but not admit any new residents. It would require some work to be undertaken at a cost of £200,000 and would achieve a partial revenue saving. It does, however, raise concerns about the ability to maintain the level of care and respond to future care needs as the number of residents reduces, particularly in relation to maintaining an activity programme and a suitable environment.

- 5.8 Our experience of running homes, including running down the number of residents, suggests that once a decision to close is made, the majority wish to move fairly quickly. Our experience also shows that it becomes very difficult to maintain appropriate standards once numbers fall below 10 residents. It becomes very difficult to maintain an appropriate atmosphere and activities for a dwindling number of residents.

**6. Re-provision for Existing Service Users**

- 6.1 There are currently 17 residents living at Cherry Orchard. Care Managers have been allocated specifically to work alongside the residents at Cherry Orchard to support them through the consultation period. As part of the consultation process, all residents have had an opportunity with their relatives to have a meeting with a care manager (supported by staff from the home) to discuss alternative accommodation options.
- 6.2 It is recognised that the closure of a home and the consequential move can be distressing. Having closed a number of homes over the years, we have good experience of handling this sensitively. It is our experience that, if handled correctly, the distress can be minimised and is outweighed by the improved outcomes achieved by moving to a more modern and appropriate environment,
- 6.3 The Care Managers have carried out full care assessments for residents who have agreed to them at this stage, and will complete assessments for the remainder if the decision to close is made. These will generate an up-to-date person-centred support plan for each resident. They will help to ensure that residents, their families and the care management staff, are fully informed of their care needs when residents come to make decisions on future accommodation, should the home close.
- 6.4 The Care Managers are currently working with residents, their relatives and staff at Cherry Orchard to identify friendship groups amongst the residents. These would be used to help ensure that wherever possible and appropriate, residents will be able to move with other members of their friendship groups, should the need arise. Sufficient capacity has been identified in Andover, such that we are confident that we could offer a choice of homes in Andover and the opportunity for friends to stay together.

- 6.5 Arrangements would be made to ensure that residents would be fully supported if they were to move to alternative accommodation. Staff from Cherry Orchard would assist residents in their moves if required to do so by relatives or residents, and would be encouraged to visit after each move to ensure that the residents are settling in and their needs are fully understood.
- 6.6 Details of alternative provision in Andover are listed below in section 7. Vacancies have been held in a number of these homes (being used in the interim for respite) should there be a need to accommodate people currently living at Cherry Orchard. Sufficient beds have been secured at the Hampshire Rate, and we will endeavour to ensure that residents are not financially disadvantaged by any move, including for self-funders. Details of accommodation, suitable for the people currently living in Cherry Orchard, have been sent out to their families (see Appendix D).

## **7. Alternative Provision in Andover**

### Meeting the needs of older people in Andover

- 7.1 Adult Services' strategic direction is for older people either to be supported to remain in their own homes or into accommodation such as Extra Care Housing, where possible. This not only prevents unnecessary dependency but is usually where older people prefer to be. It is acknowledged however, that Extra Care Housing is not suitable for the current residents of Cherry Orchard; rather it provides alternative accommodation for future needs of older people.
- 7.2 Hampshire County Council provides 36 beds of residential care at Copper Beeches and 66 nursing care beds in Willow Court, both in Andover and in close proximity to Cherry Orchard. Copper Beeches has recently been the subject of significant refurbishment work.
- 7.3 Hampshire County Council has been working with Test Valley Borough Council and Synergy to provide 52 units of Extra-Care Housing at Lion Oak Court in Andover. The scheme has recently opened and provides replacement capacity for the beds lost by the potential closure of Cherry Orchard.
- 7.4 Warner Court, a 51 unit enhanced Extra Care Housing scheme for older people, is located adjacent to Cherry Orchard. This is owned and managed by Kingfisher Housing, with Hampshire County Council commissioning the domiciliary care and housing support for those residents who are eligible to receive it.
- 7.5 In addition Hampshire County Council also commissions both long term and respite care within independent sector care homes within Andover. Hampshire County Council currently commissions care in three residential homes and five nursing homes in Andover, which between them provide over 450 beds of which Hampshire County Council currently commissions in the region of 120.
- 7.6 With the additional capacity now provided by Lion Oak Court, and the existing provision by Hampshire County Council and independent providers, the

department is confident that the needs of older people in Andover could be met appropriately without Cherry Orchard.

#### Meeting the needs of the current residents of Cherry Orchard

- 7.7 The needs of the current residents are different, in that most have been cared for in an institutional setting for some time. Extra-Care Housing is therefore not likely to be able to provide suitable alternative accommodation for the current residents of Cherry Orchard.
- 7.8 There are, however, sufficient alternatives in Andover to meet the needs of the current residents, to maintain friendship groups and offer choice. In particular, Adult Services has identified five homes (see Appendix D), which between them have 29 vacancies. Four of these offer residential beds in homes that also offer nursing care, which will reduce the needs for future moves to alternative homes if residents needs increase. It should be noted that the residential accommodation within these homes is separate from the dementia and nursing accommodation.

## 8. Finance

- 8.1 The current occupancy of Cherry Orchard stands at 39.5% with 17 long term residents, and the savings below consider only the re-provisioning costs for these current residents, as the purchasing sector has already incurred the pressure for re-provisioning the current unoccupied beds.
- 8.2 The potential savings, excluding any potential redundancy costs, are summarised in the table below.

<b>2012/13</b>	<b>Saving £</b>
Staffing Budget	835,000
Non-staffing costs	49,000
Premises costs	51,000
<b>Total Expenditure</b>	<b>935,000</b>
Income	(281,000)
<b>Gross Saving</b>	<b>654,000</b>
Costs of alternative provision	265,000
<b>Net Savings</b>	<b>389,000</b>

- 8.3 Based on current occupancy levels, the re-provisioning cost for the remaining long stay residents is estimated to be around £265,000 full year effect based on the current average weekly cost and client contribution for residential placements. Full year effect net savings from closing and re-provisioning the home are therefore estimated to be £389,000, excluding any potential redundancy costs.
- 8.4 If neither of the above options are followed and Cherry Orchard remains open longer term, it is estimated that it would cost between £1.7m and £2.225m to refurbish the home. However this would still not address the issues regarding

room size and lack of en-suite bathroom facilities. An additional sum, estimated to be between £543,000 and £783,000, would be required to install en-suite bathrooms and increase room sizes to meet modern standards, making the total investment required to be in the range of £2.243m to £3.008m, or up to £115,000 per room (on the basis of reduced room numbers).

## **9. Staff / HR Implications**

- 9.1 Currently there are 20.86 (full time equivalent) fte posts at Cherry Orchard equating to 30 staff employed by Hampshire County Council at the home. They provide a good standard of care to the residents, and the recommendation to close is in no way a reflection of the care they provide.
- 9.2 As part of a wider voluntary redundancy exercise within Adult Services, all staff at Cherry Orchard were offered the opportunity to take voluntary redundancy as part of the department-wide exercise or given the option to opt for voluntary redundancy in the event of the closure of the home. To date 2 staff have been granted voluntary redundancy and 2 other staff have resigned so this will reduce the staff to 17.70 fte posts which equates to 28 staff.
- 9.3 In order to avoid compulsory redundancies the Council will strive to ensure that suitable alternative posts are identified across the range of its services it provides. However, voluntary redundancy terms will be offered to those staff who have opted for it, and for whom suitable alternative employment cannot be found. We will also try to support staff who are made redundant to find alternative employment through our contacts in the care sector.

## **10. Recommendations**

- 10.1 That the Executive Member for Adult Social Care recognises that needs of the current residents and the longer term needs of older people in Andover can be met appropriately without Cherry Orchard residential care home.
- 10.2 That the Executive Member for Adult Social Care approves the proposal to close Cherry Orchard, and that the closure is completed subject to suitable alternative accommodation for residents being found and their care needs met.
- 10.3 That the Executive Member for Adult Social Care recognises the significant contribution that the staff at Cherry Orchard have made and therefore supports efforts to redeploy those that choose this option and to offer Voluntary Redundancy terms to those that do not.

**CORPORATE OR LEGAL INFORMATION:****Links to the Corporate Strategy**

<b>Hampshire safer and more secure for all:</b>	yes
Corporate Improvement plan link number (if appropriate):	
<b>Maximising well-being:</b>	yes
Corporate Improvement plan link number (if appropriate):	
<b>Enhancing our quality of place:</b>	no
Corporate Improvement plan link number (if appropriate):	

**Section 100 D - Local Government Act 1972 - background documents**

**The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)**

Document

Location

## **IMPACT ASSESSMENTS:**

### **1. Equalities Impact Assessment:**

The key findings from the equality impact assessment are summarised below:

- 1.1 The immediate impact of these proposals will focus on a small group of service-users based in Cherry Orchard older people's residential care home in Andover.
- 1.2 Alternative services are available. These will not exclude anyone, who meets the eligibility criteria for these services (ie older people who meet the Adult Services eligibility criteria).
- 1.3 Older service users might find it difficult to accept new concepts, adapt to change and adapt to moving to new accommodation: this might cause upset and worries. To mitigate this, individual care assessments have been carried out with each of the current service users by dedicated care managers.
- 1.4 Given the high percentage of women who both work within the service and use the service, it needs to be noted that it may appear to disproportionately impact upon them, although they are not being targeted specifically
- 1.5 Should there be any issues relating to an individual's faith, sexuality, race etc, then appropriate guidance and training (if necessary) will be sought from the Community Development Officers.

A copy of the full Equality Impact Assessment is available online at <http://www3.hants.gov.uk/as-equality-ia-archive.htm>.

### **2. Impact on Crime and Disorder:**

- 2.1 No significant impact on crime and disorder

### **3. Climate Change:**

- 3.1 There are a number of issues in relation to Cherry Orchard which require significant improvement to reduce the impact on the environment and adapt to climate change.
- 3.2 The building clearly need major improvement, and from initial investigations and assessments there is a negative impact on the environment given the poor levels of insulation and inefficient equipment due to its age.

## CHERRY ORCHARD RESIDENTIAL HOME: OPTION APPRAISAL

### Option 1: General Improvements and Redecoration

#### **a. Description**

This option involves carrying out the minimum work required to internal and external decoration and other minor improvements. Key works would involve the following:

- Internal Decorations and Floor Finishes (Partial)
- Bathroom/Wet room upgrades (x1)
- Nursecall System
- External Decoration

#### **b. Benefits**

- Minimum impact on service-users in terms of disruption
- More effective nurse-call system
- Minor disruption to staff

#### **c. Drawbacks**

- Does not address the issues regarding the suitability of the building (space, access, equipment etc) to meet the needs of residents with increasingly high care needs.
- Does not address the issues regarding security of residents
- Improvements are mainly cosmetic and therefore would not significantly increase life of the home
- Does not address sustainability issues of the building (energy emissions, poor insulation etc)
- Would not allow any further admissions to the unit

#### **d. Financial Impact**

- Capital cost in the region of £200,000
- No revenue saving

## **Option 2: Partial Refurbishment**

### ***a. Description***

This option would involve the partial refurbishment of the home. Key works would involve the following:

- Internal decorations and floor finishes
- Bathroom/Wet room upgrades
- Nursecall System
- External Decoration
- WC upgrades
- Sluice Room upgrades
- Kitchen upgrade
- Investment for Dementia Care

This would exclude the installation of en-suite bathrooms and the improvements in room sizes

### ***b. Benefits***

- Significantly improve the overall feel of the home for residents
- Improved working conditions leading to increased morale for staff
- Enable service-users to remain in the home for longer, if requiring dementia care

### ***c. Drawbacks***

- Fairly significant disruption to residents. In order to avoid closing the home during the refurbishment, the works would need to be carried out in a phased approach, with residents being moved around the home.
- Does not address the issues regarding the suitability of the building (space, access, equipment etc) to meet the needs of residents with increasingly high care needs
- Would not significantly increase life of the home

### ***d. Financial Impact***

- Capital cost in the region of £1.7m
- No revenue saving

### **Option 3: Full Refurbishment.**

#### ***a. Description***

Full refurbishment of the home. Key works would involve the following:

- Fire Precautions
- Sprinklers
- Mechanical Plant and Equipment
- Electrical Plant and Equipment
- Lifts
- Staircase/Balustrade height
- Emergency Lighting
- Windows
- External Decoration
- Internal Decorations and Floor Finishes
- Bathroom/Wet room upgrades
- WC Upgrades
- Sluice Room upgrades
- Kitchen upgrades
- Investment for Dementia Care
- Nursecall System
- High Dependency Bed provision

This would exclude the installation of en-suite bathrooms and the improvements in room sizes.

#### ***b. Benefits***

- Give the building infrastructure an estimated life of up to 25 years.
- Some improvement in the overall feel of the home for residents
- Improved working conditions leading to increased morale for staff
- Enable service-users to remain in the home for longer, if requiring dementia care

#### ***c. Drawbacks***

- Major disruption to residents; likely to involve temporarily moving some residents out of Cherry Orchard during the refurbishment.
- Significant cost for an exercise which will not increase room size and does therefore not address the issues regarding the suitability of the building (space, access, equipment etc) to meet the needs of residents with increasingly high care needs.
- Would still be unlikely to be a home of choice for future older people needing care;
- High cost, but with limited benefit to the residents

#### ***d. Financial Impact***

- Capital costs in the region of £2.225m
- No revenue saving

**Option 4: Increasing room sizes and addition of en-suite facilities*****a. Description***

This would involve improving the room sizes and facilities, including en-suite facilities (as required by CPC for new registrations of care homes). Hampshire County Council's Property Services have advised that this would involve reducing the number of room from the current 43 to 26, as in many cases we would need to knock two rooms into one.

It is estimated that this will cost between £540,000 and £780,000 in addition to the main refurbishment costs, depending upon the agreed layout.

This option would be in addition to the preceding options (particularly Options 2 and 3).

***b. Benefits***

- Bring Cherry Orchard closer to modern standards for registered residential care homes, but still with narrow corridors
- Improved working conditions leading to increased staff morale
- Significantly improve the overall feel of the home.

***c. Drawbacks***

- This would involve reducing the number of room from the current 43 to 26, as in many cases we would need to knock two rooms into one.
- It is not feasible to run a residential home with 26 beds, long-term
- The total costs would be between £2.2m-£3m (or up to £115,000 per room).
- Major disruption to residents; likely to involve temporarily moving residents out of Cherry Orchard during the refurbishment.

***d. Financial Impact***

- Capital costs between £543,000 and £783,000 in addition to any other refurbishment costs detailed in options 1-3 (total costs would be between £2.2m-£3m)
- No revenue saving

**Option 5: Run Down of Home until No Longer Viable*****a. Description***

This option involves closing the home to all new admission, reducing the staffing to meet current occupancy and carrying out the minimum work required to internal and external decoration and other minor improvements. Key works would involve the following:

- Internal Decorations and Floor Finishes (Partial)
- Bathroom/Wet room upgrades (x1)
- Nursecall System
- External Decoration

***b. Benefits***

- Would not require current residents to move immediately
- Improve short-term morale of residents
- Uncertainty around exact closure date of the home

***c. Drawbacks***

- May be difficult to maintain activities and atmosphere over time
- Some redundancies immediately and more over time as residents reduce.
- The home would still need to close once the occupancy reduces to a level that is no longer sustainable.
- Capital investment of £200,000

***d. Financial Impact***

- Capital cost £200,000+
- Saving of £217,000 in 2012/13

**Option 6: Closure*****a. Description***

This option involves the complete closure of Cherry Orchard residential home. The closure would take place once suitable alternative accommodation has been found for existing residents. The choice of alternative accommodation will rest with the individual resident, supported by their family and care workers. Wherever possible, we will try to ensure that, should they wish to do so, residents are able to move to the same accommodation as others within their friendship group.

***b. Benefits***

- Significant revenue savings
- No capital expenditure is required
- Avoids longer-term anxiety for residents as the home is run down
- Will involve a planned move for residents, assisted by current care staff from Cherry Orchard
- Planned move will allow for friendship groups to be maintained
- Currently have alternative accommodation available in Andover
- Single redundancy exercise

***c. Drawbacks***

- Increased levels of anxiety amongst residents until alternative accommodation is agreed upon.
- Potential reputational risk

***d. Financial Impact***

- Saving of £389,000 in 2012/13
- No capital expenditure
- Capital receipt

## **ALTERNATIVE ACCOMODATION AVAILABLE IN ANDOVER**

The following homes have been identified as suitable alternative accommodation for current residents of Cherry Orchard:

### **Millway Nursing Home**

This is a 58 bed home which caters for both physically frail and dementia care, with or without nursing needs. The dementia unit is separate from the general unit.

### **Andover Nursing Homes**

This is an 87 bed home which caters for both physically frail and dementia care, with or without nursing needs. The dementia unit is separate from the general unit. They are currently refurbishing a floor that could provide 10 physically frail beds together.

### **Rothsay Grange Nursing Home**

This is a 60 bed home which caters for both physically frail and dementia care, with or without nursing needs. The dementia unit is in a separate unit (Memory Lane).

### **Clifford House Residential Home**

This is a 21 bed home that caters for people with physical frailty and early onset dementia only.

### **Ashbourne Court**

This is a relatively new 64 bed home for physically frail with or without nursing needs. Dementia care is in a separate wing. There are potentially ten beds available on the same floor, which would be a residential unit. This is adjacent to Lion Oak Court Extra-Care scheme.