

CARE HOME REVIEW: KEY SUPPORTING INFORMATION

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Part One: Views of older people

Two surveys have been carried out in the last eighteen months to gauge the opinions of older people about their accommodation options. The first was carried out by Supporting People between August and October 2007 and surveyed 51 older people who were residents of sheltered housing at that time. All of this group were aged 55 and over, and 51% (21 respondents) were aged 75 and over.

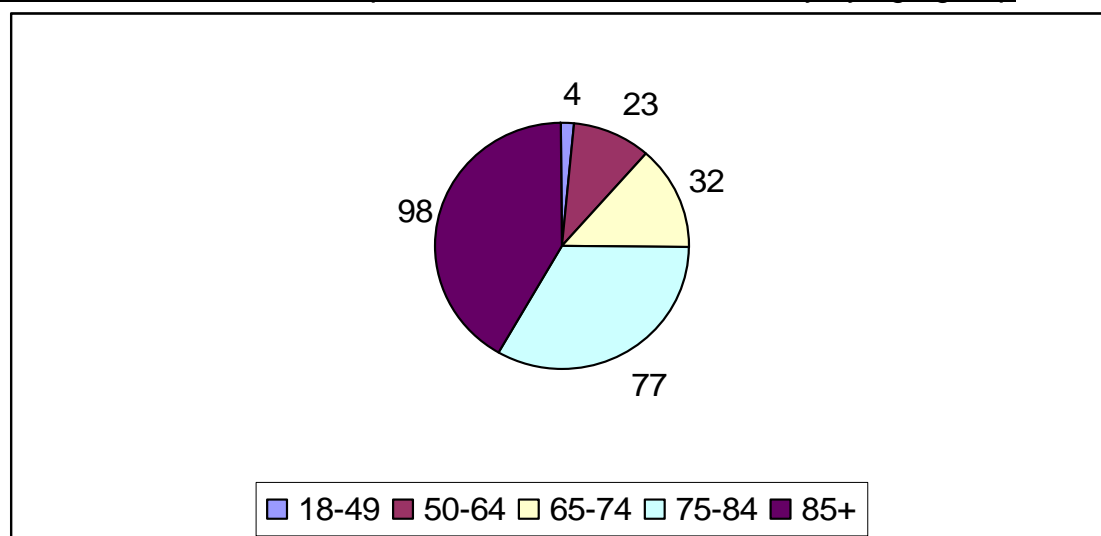
Respondents were asked what was most important about their accommodation, and the top answers were ensuring security and having a warden present, followed by affordability and then location and good amenities. Respondents were also asked directly, having been given a description of both Extra Care Housing and Care Home facilities, which they would prefer if their needs increased and they had to move.

- 38 respondents (74%) chose Extra Care Housing
- 10 respondents (20%) preferred a Care Home move
- 3 respondents (6%) did not express a preference

Adult Social Services decided to build on this survey with a larger questionnaire which went out to 1500 home care service users across the city in December 2008. The questionnaire is attached to this report for information. Full analysis of the questionnaire is beyond the scope and capacity of this report, but will be used to further develop a more in-depth understanding of the preferences of Derby's older people around supported accommodation.

- 242 responses were received which is a response rate of 16.1%.
- 234 people gave their age. The breakdown by age group is below.

Chart One: number of respondents to consultation survey by age group



This response is more robust than the Supporting People work, both in terms of numbers of responses and also in the fact that the single largest group of respondents (42%) is aged 85 and over. Therefore the views of people of an

age most likely to move into a care home now can be compared to the views of those for whom it would probably not be an option for several years.

As with the Supporting People survey, respondents were given descriptions of both Care Home and Extra Care Housing facilities (reproduced below) and asked to choose which would be preferable for their situation.

Descriptions of Extra Care Housing and Care Home facilities

Extra Care Housing and Residential Care are two different ways of supporting older people who have quite high care needs that would be hard to meet elsewhere. Both have care staff on site twenty four hours a day who support residents with their personal needs as necessary.

Extra Care Housing is a scheme of self-contained homes and is sometimes known as 'very sheltered housing'. Residents own or rent flats within the scheme. These may have one or two bedrooms and will have their own living areas, bathrooms and kitchens. There are also communal facilities like lounges and dining areas on site for residents to use to socialise when they wish.

Residential Care provides one bedroom accommodation. Rooms are rented. The more modern homes have ensuite bathrooms but other facilities (lounges, dining rooms, etc) are shared with other residents. Homes often run activities in these communal areas.

Charts Two and Three overleaf show what respondents of different age groups thought about moving to a care home as compared to moving to Extra Care Housing, if their care needs were to increase. The figures refer to the percentage of each age group expressing a particular view.

The charts show overall that Extra Care Housing is a more popular choice than residential care homes among all age groups, both in terms of having far fewer people who definitely would not want to move there and far larger numbers who definitely would want to move to Extra Care Housing if their needs increased.

The charts also show that in general the approval rating for Extra Care Housing (and the disapproval rating for residential care homes) is higher in younger age groups. People aged 85 and over who responded to this survey tend to prefer Extra Care Housing but the difference between their preferences for Extra Care Housing and residential care is slightly less stark than other age groups.

It is difficult to compare the perceptions and realities of different age groups on a like for like basis. There is likely to be a significant element of generational change reflected in the survey responses, as younger age groups show themselves to be less accepting of traditional models of care than the very old. However, respondents aged 85 and over are probably giving the most "realistic" responses to the question at this point in time, being more likely to be approaching applicable levels of need. There is currently no

purpose-built Extra Care Housing in Derby, and once this is established further confidence in the model is likely to grow as it has in other parts of the country. For the moment, the survey responses below allied to evidence from other areas give further approval to the need to develop Extra Care Housing options.

Chart Two: Views of respondents (%) about moving to a care home

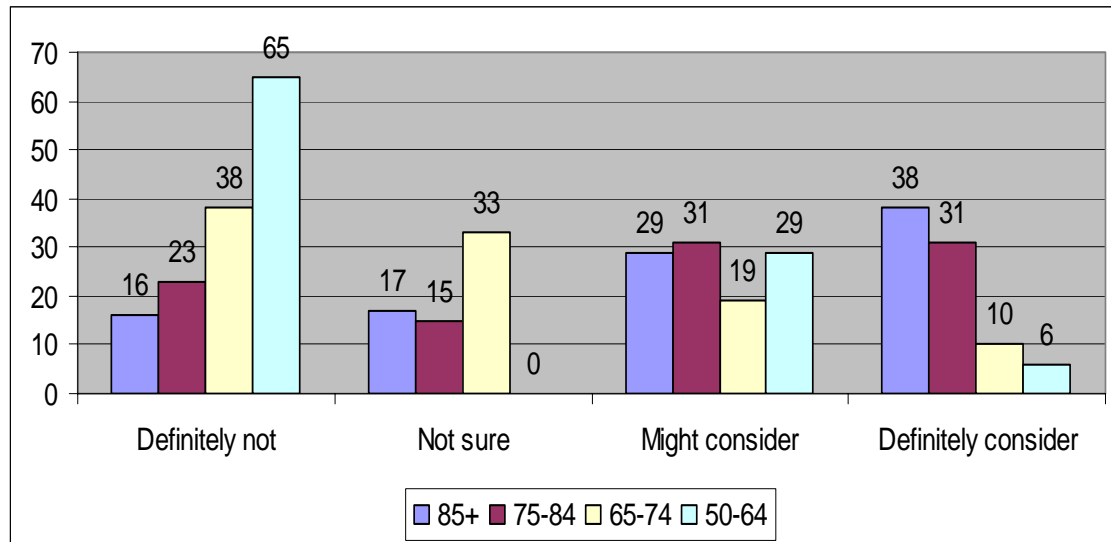
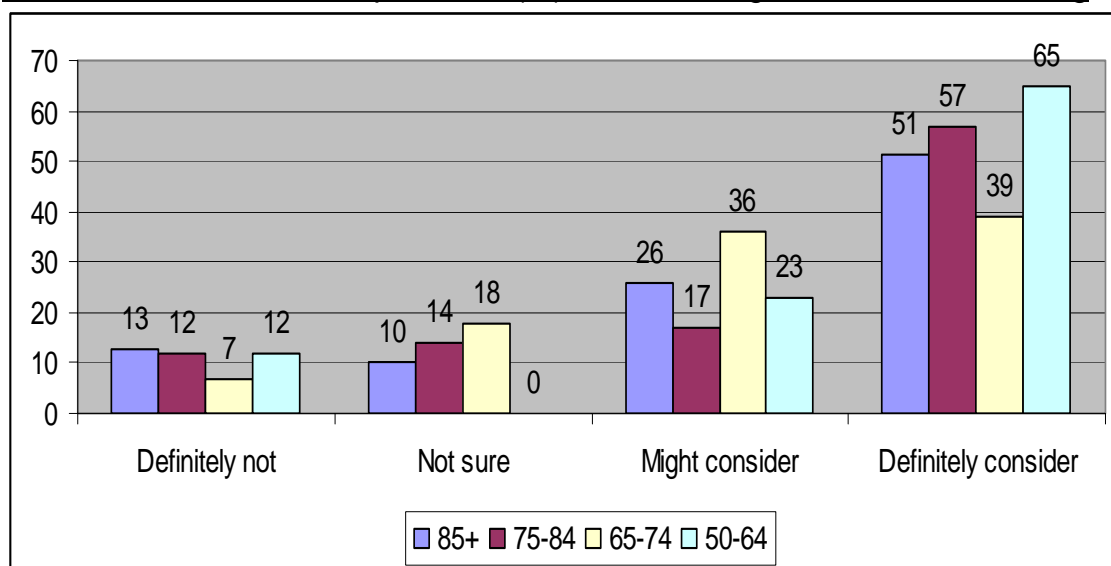


Chart Three: Views of respondents (%) about moving to Extra Care Housing



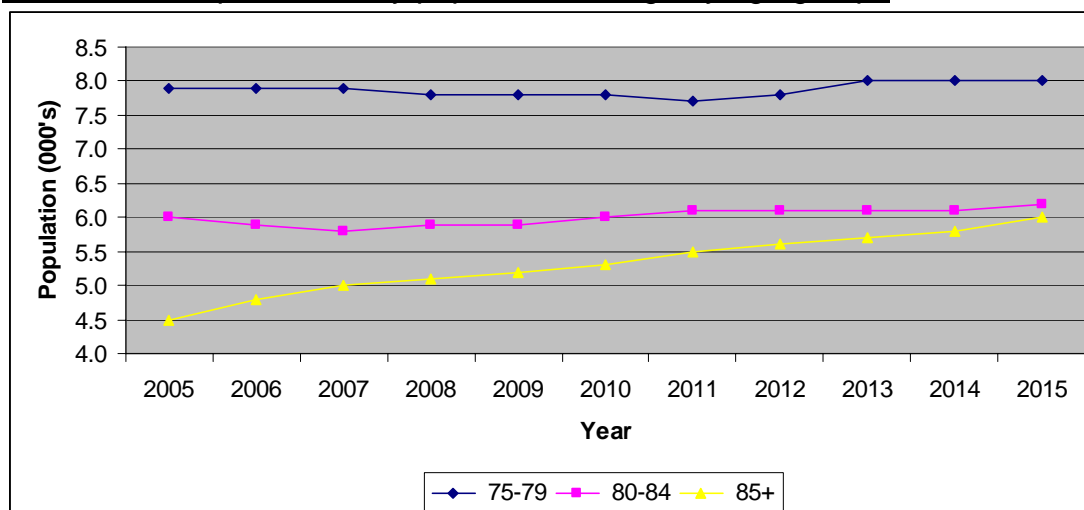
The survey also emphasised the preference of older people that supported accommodation options were available relatively close to their current home address. 82% of people aged 85 and over thought it was important or very important that the care home or supported housing they moved to was within their "current neighbourhood" (this term was not defined within the questionnaire).

Part Two : Needs, Demand and Alternatives

1) The impact of population changes on care home usage

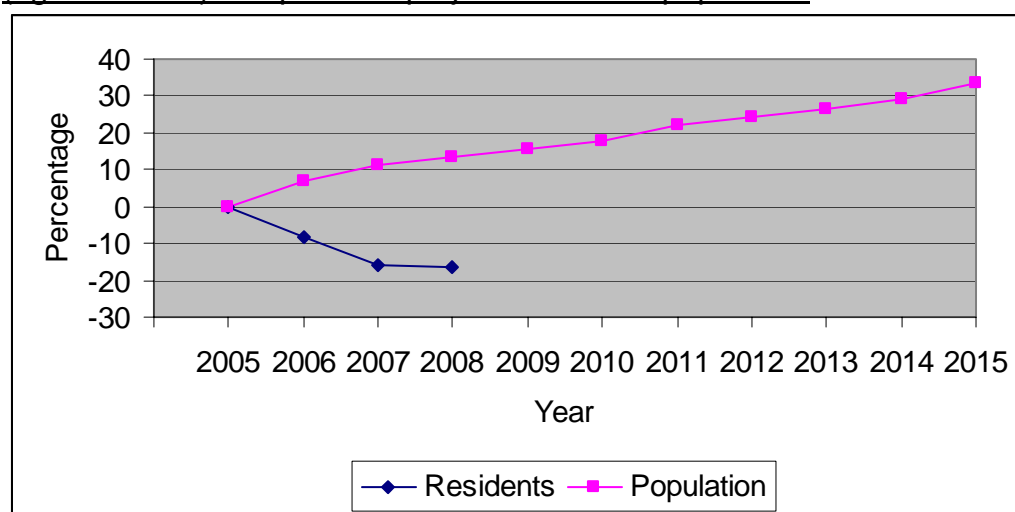
The Derby population of people aged 75 and over is expected to rise from approximately 18,400 in 2005 to 20,200 in 2015¹. This constitutes an increase of 9.8%. Different age groups will increase in number at different rates.

Chart Four: expected Derby population change by age groups



The most significant population change will be in the over 85 age group which is projected to rise in Derby by one third between 2005 and 2015. However, although this will undoubtedly affect demand, the assumption that this will lead to a corresponding rise in the need for care home placements is not necessarily correct, as shown by Chart Five.

Chart Five: Percentage change of numbers of residential home residents (aged over 65) compared to projected over 85 population



¹ Office on National Statistics, trend based projections based on the revised 2004 mid-year population estimates

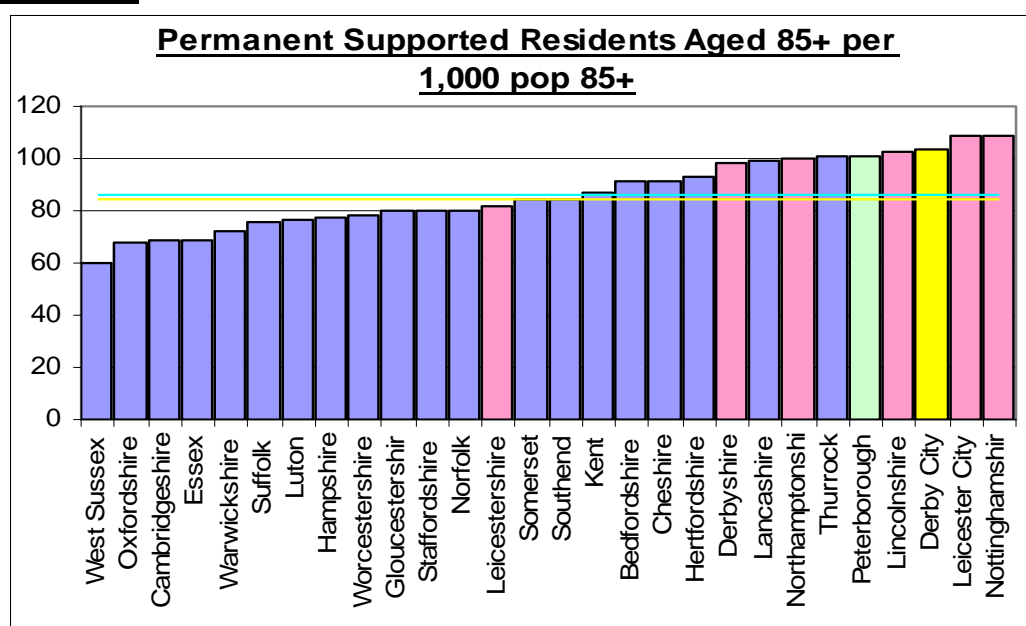
The years 2005 to 2008 have seen a decline in numbers of older people in residential care who were placed by the Council (from 657 in January 2005 to 550 in January 2008). The numbers of older people in nursing homes that had been placed by the Council also decreased over the same period (from 518 in January 2005 to 491 in January 2008). Derby's population of older people, especially those aged 85 and over, was continuing to increase in this period.

The main reason for fewer care home placements being made in spite of the population increase is changes to the focus and effectiveness of services available to older people in the community. The impact of current and planned community services will be discussed later in this report.

2) Derby's comparative usage of care home placements

Chart Six is based on an aggregation of data from the 2007/8 SR1 returns from 28 authorities across England conducted by Essex County Council in August. Pink authorities are regional neighbours, and turquoise authorities are in the Department of Health's comparator group for Derby.

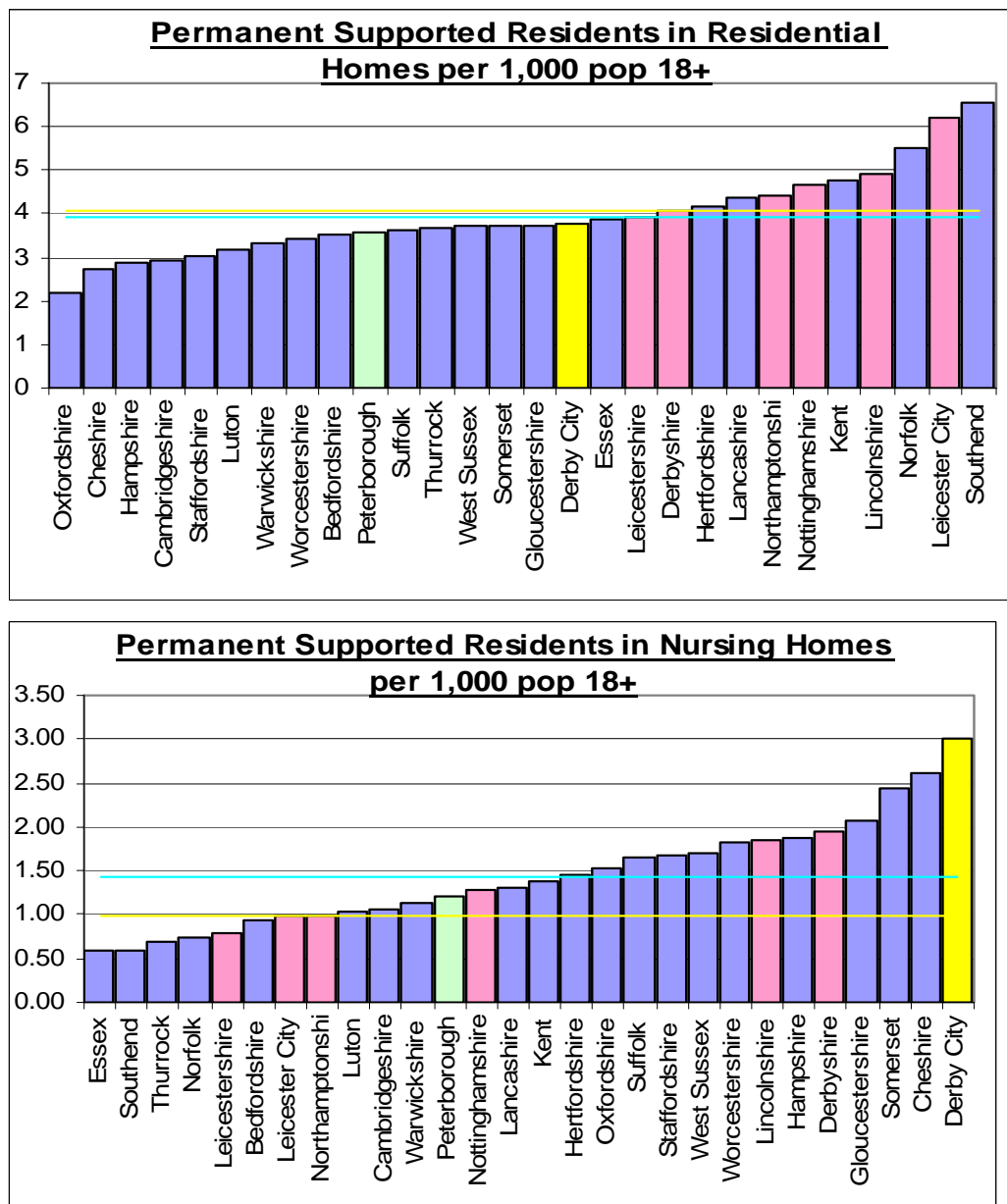
Chart Six



It can be seen that Derby's population of care home residents aged 85 and over financially supported by the Local Authority (ie not self-funding) is higher than all but two other authorities relative to population.

Charts Seven and Eight overleaf indicate that the main cause of Derby's high level of care home placements is extremely high usage of nursing homes. Residential care placements are slightly below the average for the group. It should be noted that charts include all placements of adults aged 18 and over, but the older persons' population will make by far the highest contribution to these figures.

Charts Seven and Eight

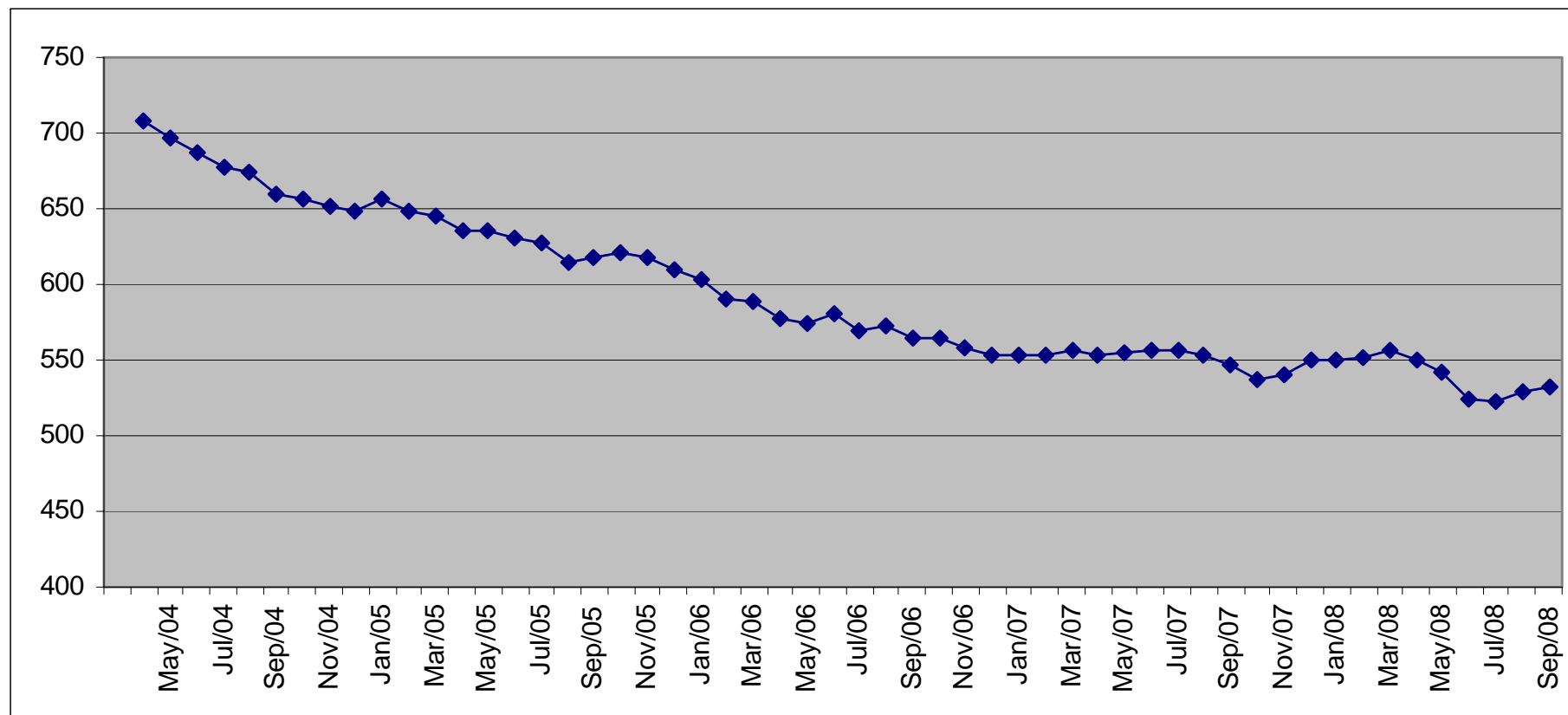


There are a number of possible explanations for the relative over-use of nursing home beds. One of these is the marked under-supply of specialist dementia care beds in residential homes (see chapter on Supply) and the likelihood that at least some older people with dementia are being transferred through to nursing care residential care homes are not currently set up to meet these needs.

It is also likely that Derby's limited supply of intermediate care beds is a factor (this will be covered later in the report). Intermediate care exists to provide rehabilitation to older people and prevent them needing more intensive and expensive forms of care. More development of this service would give some older people more time and opportunity to regain function and ability, rather than move prematurely into a care home bed.

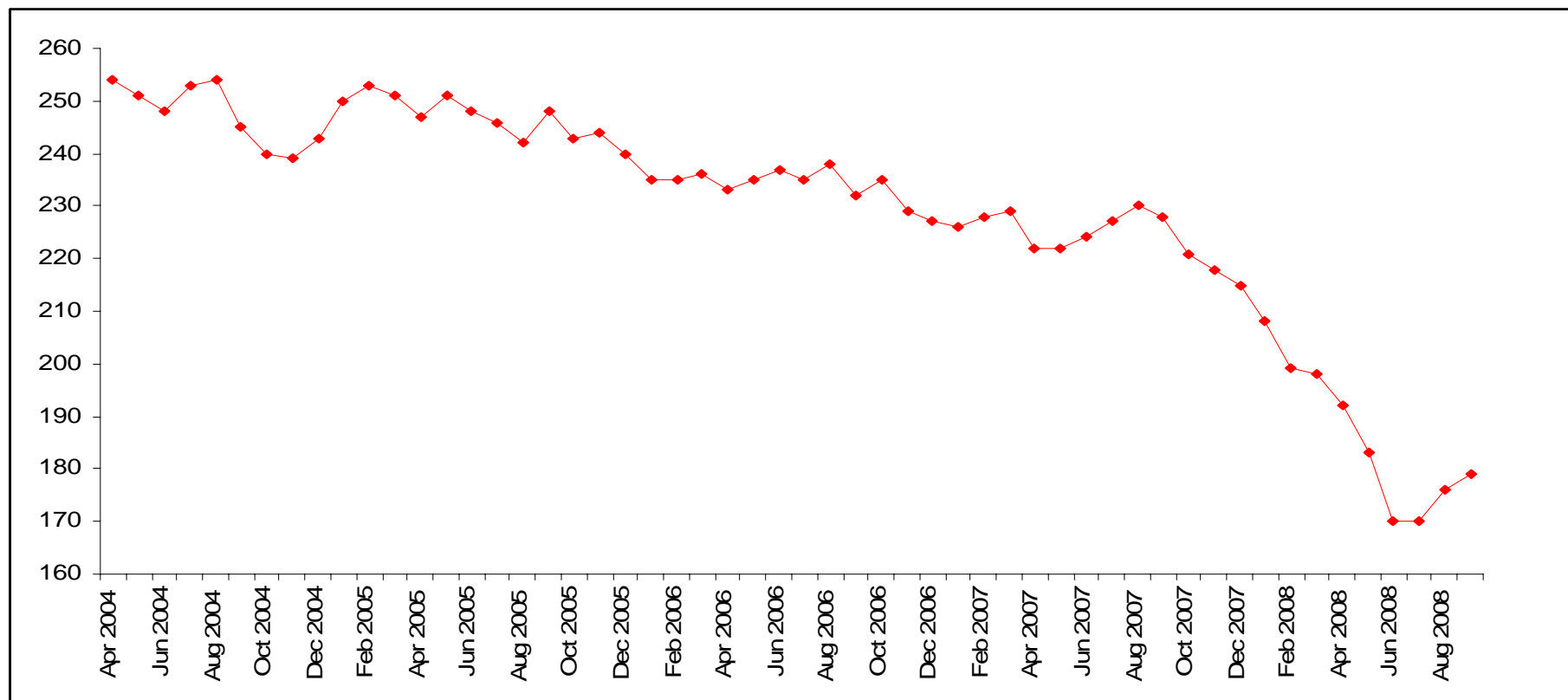
3) Monthly placement patterns by care sector

Chart Nine: Numbers of active residential placements for older people from April 2004 to September 2008



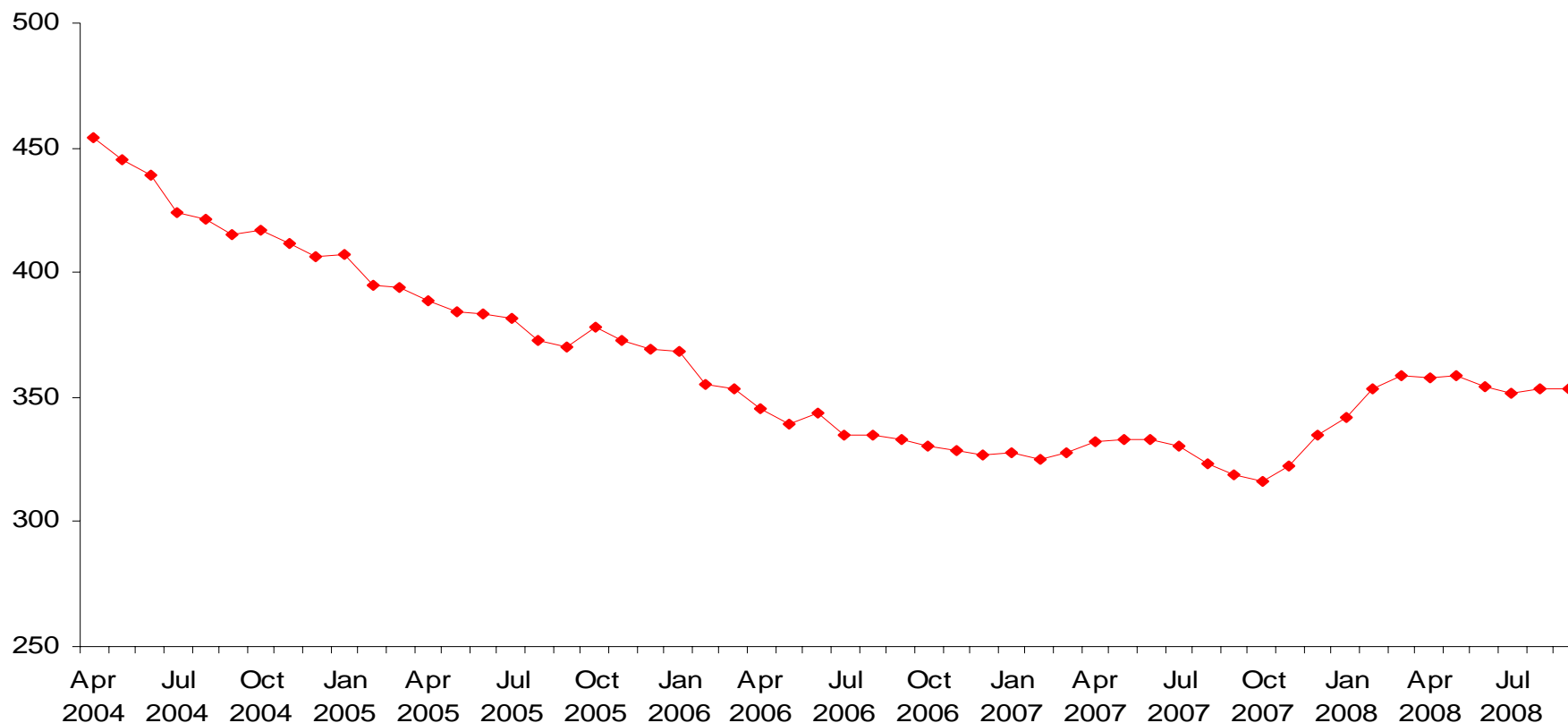
The graph indicates a reasonably steady decline in residential placements. Care home demand decreased slightly more markedly throughout 2006, coinciding with greatly increased demand for homecare which was corrected in the course of 2007. A slightly more fluctuating pattern of demand has been in evidence since October 2007.

Chart Ten: Numbers of active residential placements in Council-run homes only from April 2004 to September 2008



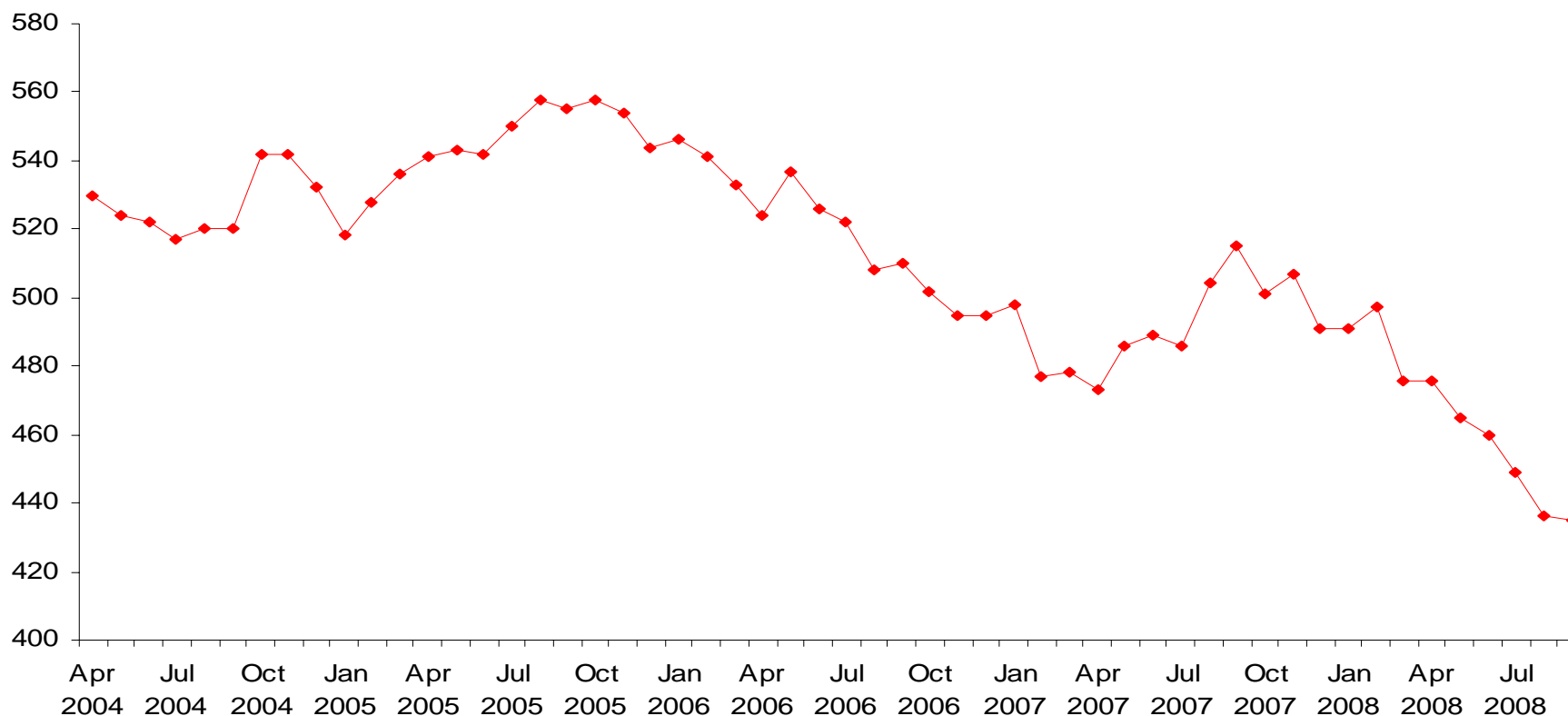
The number of Council long term beds has been affected by the conversion of short-term beds at Warwick House (6 beds opened June 2004) and Perth House (10 beds opened June 2008). In general though the picture has been of a fairly stable decline in demand for Council beds which parallels the general residential decline but also reflects the fact that Council-run homes are by no means the first choice for all older people. The significant downward turn from the end of 2007 was caused by the need to keep vacancies in the eventuality of closure of Bramblebrook House. This position has been slow to recover because of continuing uncertainties about Council-run provision which this review aims to address.

Chart Eleven: Numbers of active residential placements in Independent Sector-run homes only from April 2004 to September 2008



The pattern of residential placements in the independent sector followed an extremely steady decline up to the end of 2007 when the restrictions on placements in Council homes led to an increase in demand. It should be noted that the independent sector was able to meet this demand successfully. In spite of new placements now being made within Council-run homes, the level of usage of independent sector placements has remained relatively steady.

Chart Twelve: Numbers of active nursing placements (all independent sector) from April 2004 to September 2008



The change in Nursing Home placements made by the Council shows a more unstable pattern than that within the Residential Sector. The relatively sharp decline from October 2007 is likely to be partially caused by changes to NHS Continuing Healthcare which have led to more nursing home placements being funded by the PCT and therefore not showing on Council figures.

4) Community services that reduce care home admissions

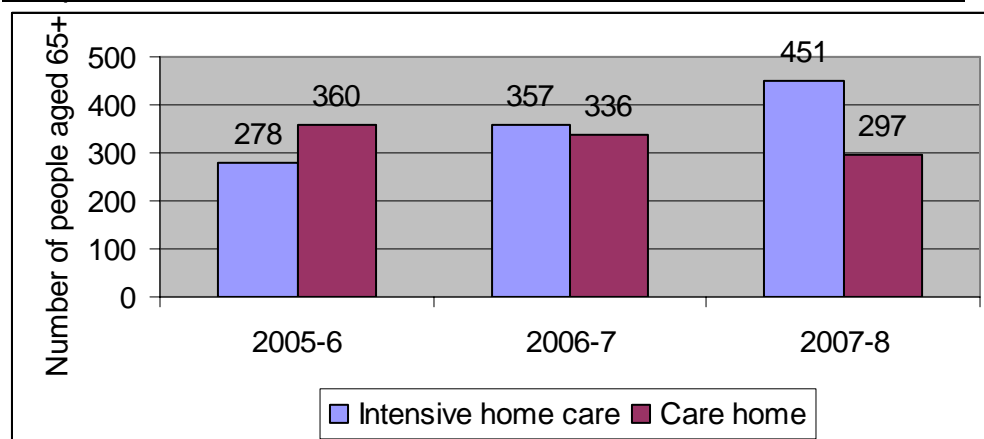
Section One showed how care home placements had decreased in spite of the population of older people increasing. It suggested that developments in services delivered to peoples' own homes were significantly responsible for this. The key community initiatives are described below. Some are established in Derby and are likely to have contributed to the recent trend while and others are in early stages of developments and are likely to influence future placement patterns.

a) Established services

i) Intensive home care

The reduction in care home demand to date correlates with the increased availability of more intensive care services delivered in peoples' own homes. Chart Thirteen shows how increasing numbers of older people receiving "intensive home care" (a national indicator defined as receipt of ten hours of care on at least six visits per week) balanced the decline in care home usage. Direct Payments are included where they substitute for intensive home care.

Chart Thirteen: Change in numbers of new admissions to care homes compared to numbers of intensive home care services to individuals



This relationship was commented upon in the Council's 2005 Best Value Review of Home Care which noted:

- The relatively high rate of care home placements that Derby made relative to others. (third highest in its comparator group)
- The low rate of intensive home care (lowest in its comparator group in 2003-4).

The strategic intention signed off by the Best Value Review, to increase the number of older people able to safely stay in their own homes by increasing the amount of intensive home care available, is borne out here.

ii) Intermediate Care Services (community)

Intermediate Care services are jointly funded by Health and Adult Social Services. They focus on older people who are at risk of hospital admission or readmission without rehabilitative support. Hospital admissions often in themselves increase dependency in older people which can contribute to the decision to move them into long term residential or nursing care.

Intermediate Care activity has risen 22% over the past financial year with the team supporting 913 people. 51.5% of people were supported with discharge from hospital while 48.5% were supported to prevent admission to hospital.

However, analysis of Derby and 29 other Local Authorities organised by Essex County Council indicates that Derby's level of intermediate care as funded by the Council is comparatively very low. 2007-8 figures indicate that Derby's Council-funded level of non-residential intermediate care would have to double to even reach the comparator average, allowing for respective populations.

b) Services in development

i) Enablement home care

This service is currently being introduced to Derby by the Council home care team. It provides for an intensive period of activity (typically 6 to 8 weeks) with an older person immediately after an illness or accident which has increased their care needs. It ensures a more accurate assessment of the older person's needs at home and also is geared to helping them rebuild confidence and skills in activities of daily living. There is substantial evidence from more established schemes² (notably Leicestershire and Sutton) that even older people aged 85 and over were able to manage in the community with reduced levels of home care after a period of Enablement. Longitudinal evidence about care home admissions is only now being developed, but Coventry have linked a reduction in care home admissions with the successful operation of their Enablement scheme.

There are two ways that Enablement should reduce dependence on care home placements. Firstly, supporting older people in rebuilding confidence and ability can prevent or delay deterioration that might lead to a care home placement. Secondly, the efficiencies Derby will make as a result of the Enablement service (all studies indicate that on average people who go through Enablement need less long-term care hours than they would in a traditional service) can be recycled into intensive home care for people with higher needs, helping to keep them at home. Derby's scheme will take several years to reach the maturity of well-established services elsewhere, but will have a similar impact.

ii) Falls Prevention Service

The Department of Health have estimated that 40% of all care home admissions are as a result of falls. The evidence base for the most effective interventions in preventing falls and their consequences is well established³. Derby's Falls Prevention service was set up by the Council and hosted by the PCT in November 2006 and is working with health, social care and housing professionals across the city so that risk factors are spotted early and appropriate action is taken to prevent falls for vulnerable older people. The future joint funding of this service is currently being decided with the PCT.

² <http://www.csed.csip.org.uk/silo/files/longit-study-bc.pdf>

³ <http://www.nice.org.uk/nicemedia/pdf/CG021fullguideline.pdf>

iii) Assistive Technology

Assistive Technology (otherwise known as Telecare) consists of various monitoring devices that can be deployed in peoples' homes to alert carers and statutory services about safety concerns such as falls, fires and dementia-related wandering. Derby's well-established Carelink service has provided pendant alarms for some time and this was augmented by the additional Telecare devices from April 2006. Local evaluation in February 2008 showed strong evidence that Assistive Technology was preventing or delaying care home admissions for older people through providing a quick response in emergencies and alleviating carer stress.

5) Accommodation that reduces care home admissions

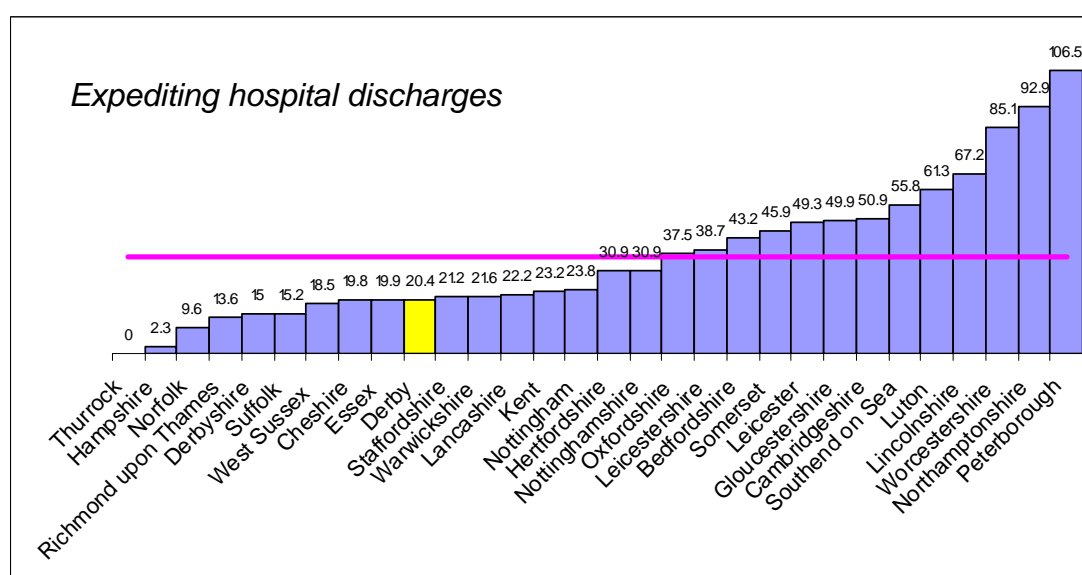
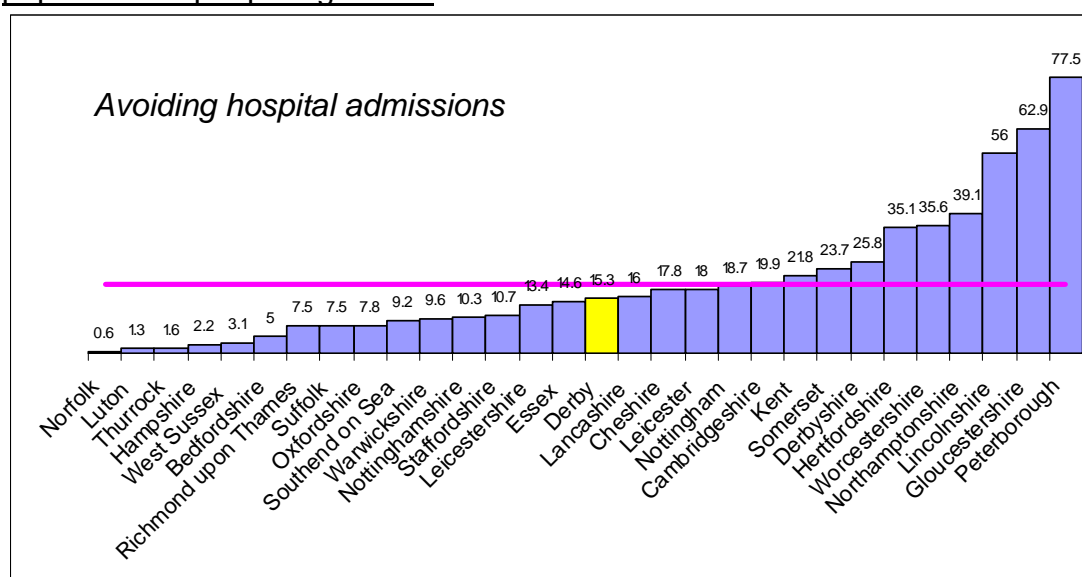
a) Intermediate Care Services (bed based)

Bed-based intermediate care provides rehabilitation in a residential setting, rather than in the older person's own home. Six intermediate care beds have been in operation at Warwick House ("The Cherry Tree Unit") since 2004. These focus on supporting older people who are discharged from hospital and might, if they were to go straight home without rehabilitation, run the risk a further accident that could result in another hospital admission or permanent residential care. The Cherry Tree Unit is well utilised and has a good success rate of enabling older people to return home after regaining daily living skills and self-confidence.

A further ten intermediate care beds have been established at Perth House since March 2008. These beds are intended to be used to support older people who might otherwise have to be admitted to hospital. These beds are not as fully utilised, with around 30% occupied at any one time. Work is ongoing to build up confidence in the model (which works well elsewhere in the country) amongst GPs and other referring practitioners.

This total of sixteen residential beds for Derby is well below the Department of Health projected requirement for Derby of 53 beds (based on 2005-6 population). Charts Fourteen and Fifteen overleaf show how Derby compares with other Local Authorities surveyed by Essex County Council, both in terms of beds focused on avoiding hospital admissions (top table) and beds focused on expediting hospital discharges (bottom table).

Charts Fourteen and Fifteen: number of intermediate care beds per 10,00 population of people aged 65+



Derby City Council is performance-managed by CSCI on the basis of national targets to increase the usage of intermediate care.

b) Extra Care Housing

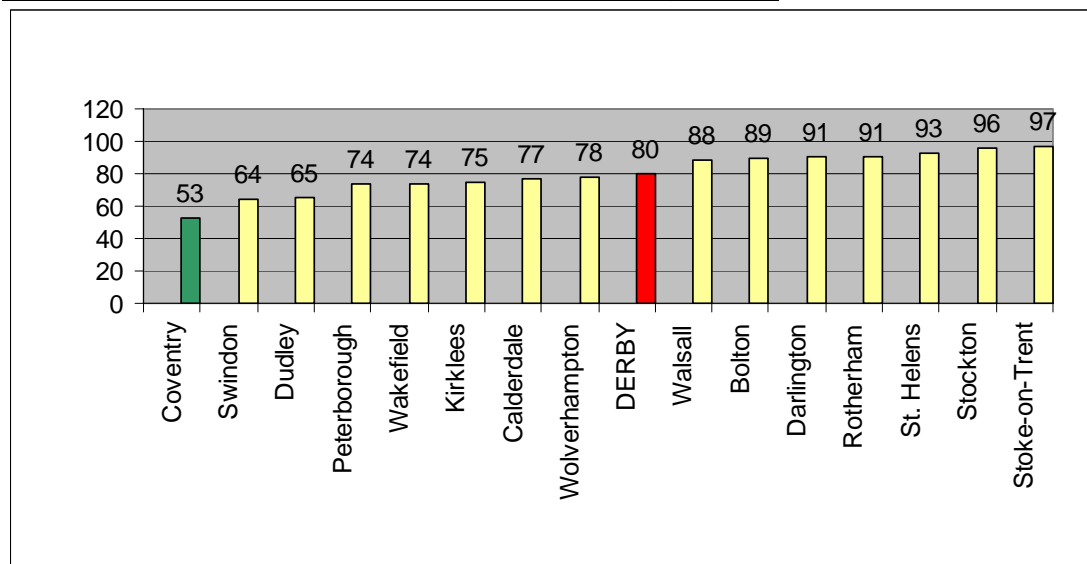
Extra Care Housing is a very enhanced model of Sheltered Housing, with a care and support team on site to provide the sort of twenty four hour responsiveness and security that is normally associated with a care home. It combines this intensity of service with "own front door" accommodation in which the resident enjoys greater dignity, control and privacy than is possible in a care home setting. This "best of both worlds" aspect is popular with older people and has led to significant Extra Care Housing developments in other parts of the country. 2008 statistics⁴ indicate that Derbyshire has the lowest

⁴http://networks.csip.org.uk/library/Resources/Housing/Housing_advice/Statistics_on_Extra_Care_Housing_in_England_EAC_April_2005.pdf

level of Extra Care Housing in the country per head of population (please note that although link is dated 2005, statistics are updated to 2008).

There are two ways that Extra Care Housing can reduce numbers of care home placements. Firstly, as above, it can offer a "like for like" service in terms of care and support for older people who would otherwise have residential care needs. Typically one third of residents in a scheme are at relatively high levels of dependency. Secondly, Extra Care Housing supports people with lower levels of dependency and, through safe environment, flexible care and day opportunities, helps maximise independence for as long as possible. Coventry City Council has now commissioned over 800 Extra Care Housing tenancies and makes approximately 34% less care home placements than Derby does each year relative to its population size. This is illustrated in Chart Sixteen below which shows Derby, Coventry and other Local Authorities in Derby's comparator family of Councils.

Chart Sixteen: Numbers of older people admitted to residential and nursing care in 2007-8 per 10,000 of local population aged 65+



In September 2008 Council Cabinet approved ⁵ a target of 925 Extra Care Housing flats in Derby by 2015. Successful delivery of these schemes will divert up to 300 people from the care home system.

⁵ <http://cmis.derby.gov.uk/CMISWebPublic/Binary.ashx?Document=12005>

6) The impact of dementia

Table One shows how dementia prevalence increases with age. The anticipated increase in the over 85 age group has already been depicted and it follows that incidence of dementia is increasing significantly.

Table One: National prevalence of dementia by gender and age per 1000 people in each age group

	65-69	70-74	75-79	80-84	85+
Men	1.5	3.1	5.1	10.2	19.7
Women	1.0	2.4	6.5	13.3	25.2

At present NHS records in Derby indicate 1,061 people are registered with dementia (ie known to health services), compared to the likely prevalence of 2,817. This illustrates how many people with dementia live without necessarily accessing support services that could improve their independence and well-being.

Both the accommodation and home-based schemes outlined in sections 4 and 5 above will be designed so that they maximise their support for older people with dementia. However, in spite of this it is reasonable to assume that the chief impact of these schemes will be in supporting older people with physical health problems or disabilities. There are still likely to be older people with dementia who find it difficult to manage their own tenancy regardless of support services that are available.

The most likely outcome is that, of the people who continue to need to move to a care home, the proportion of people with purely physical health problems or disabilities will fall and the proportion with dementia or associated mental health problems will rise.

7) Summary of basic care home demand

The 2007 Laing and Buisson market survey⁶ projected the national decline in demand for care home placements continuing to 2012, with a gradual increase thereafter linked to demographic pressures. However, as shown above Derby is behind many comparator authorities in the implementation of new community approaches that provide alternatives to care home places. While Derby catches up with (for example) the enablement and Extra Care Housing levels of other authorities, there is reason to expect care home demand to stay depressed for slightly longer than the national pattern.

However, although the "quantity" of demand is not likely to change, the "type" of demand is. There will need to be far greater focus on the availability and focus of care home placements for older people with dementia and this will be explored further in the next chapter about care home supply.

⁶ http://www.laingbuisson.co.uk/Portals/1/PressReleases/CareofElderly2007_PR.pdf

Part Three : Supply, Characteristics and Occupancy

1) Overall supply of care home places

Table Two: Number of care home establishments (and places) in Derby

	Residential homes	Nursing homes
Council owned	8 (282)	0 (0)
Independent sector	21 (487)	23 (847)
Total	29 (769)	23 (847)

Source: CSCI Local Area Market Analyser, March 31st 2008

Council owned residential home beds have subsequently decreased by 10 due to the development of intermediate care beds at Perth House.

The figures in Table Two are quite consistent with information collected in September 2007 which showed the same number of Local Authority places, 501 independent sector residential home beds (+14) and 857 nursing home beds (+10).

2) Comparative level of bed numbers

Table Three below shows that Derby's supply of care home beds as at March 31st 2007 was very slightly above the average of Local Authorities in CSCI's comparator "family". However, Derby was comparatively underserved on services registered for older people with dementia and over supplied with generic care home establishments.

Table Three: number of care home spaces per 1000 population aged 65+, March 31st 2007

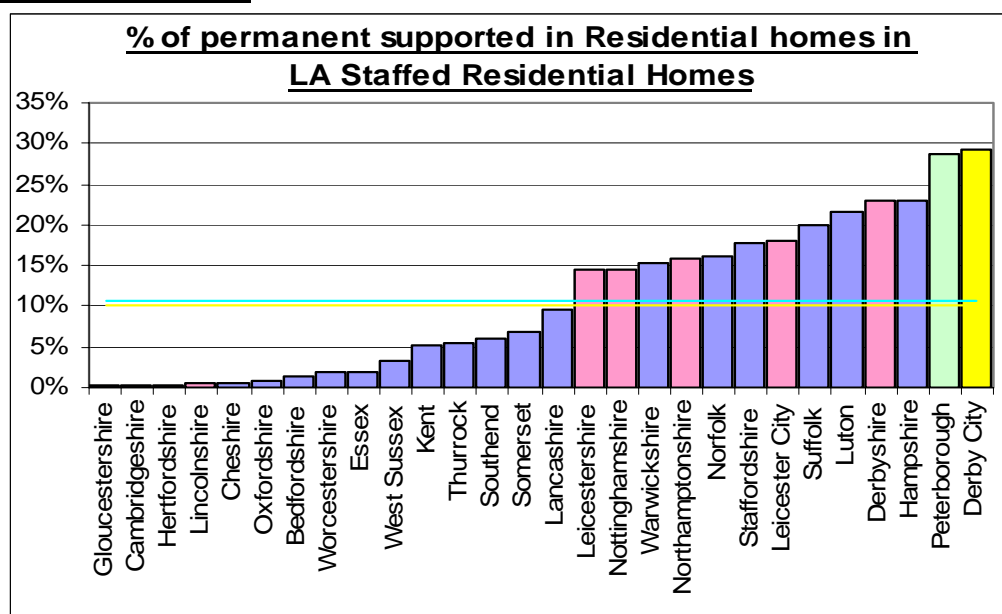
	Overall	Non-specialist	Dementia
Derby	47.80	41.06	6.74
Comparators	47.56	35.85	11.71

Source: CSCI 2006-7

3) Market share

Chart Seventeen overleaf compares Derby to 27 Local Authorities as at March 31st 2008 (data collected by Essex County Council) and illustrates the relatively high level of Council care home provision in the city, almost three times higher than the average. Only one other authority on the list is within 5% of Derby's level of Council provision.

Chart Seventeen



4) Stability of independent sector supply

No care homes deregistered in 2007-8, or in 2008-9 to date. Three residential homes were deregistered in 2006-7, two for commercial reasons and one because of enforcement action taken by CSCI. There is strong circumstantial evidence that the buoyant property market of that time influenced the commercial de-registrations, both of which were situated in Darley ward where property prices are relatively high.

The overall current picture is of relatively steady supply. This links with national trends where Laing and Buisson have noted an increasingly stable market even in the context of the current economic difficulties. The Council can always do more to stabilise this supply, not least through developing a clear strategy for usage of care home beds which can be used by independent sector providers when developing their operations. This report and subsequent decisions made can significantly contribute to this.

5) New care homes in development

Full conditional planning permission has recently been given to local developers for three new care homes with a total of 80 beds. One of these proposals will replace a 30 bed home with a 45 bed home so the net increase from these proposals will be 50 beds. One care home with a further 60 beds has been given outline planning permission.

It is obviously not necessarily the case that all care homes above will proceed from the planning to the implementation stage. However, these applications indicate the appetite for quality care home development, with developers understanding the future implications of population growth as well as changing expectations about quality which will outmode some current stock.

An extra twenty ensuite single bedrooms have recently been added to a residential care home in Abbey Ward. These came into operation in early January. The introduction of new modern care home facilities will obviously have a considerable impact on the market as a whole in view of the declining demand discussed previously.

6) Location of care home places

Maps Two, Three and Four overleaf show how many care home places are "hosted" by each ward for residential care, nursing care and dementia respectively. Map One shows (based on 2001 census) where Derby's older people are living in the highest concentrations. It should be noted that the presence of care homes will obviously affect the older people's population figures. For example, high numbers of care home places in Abbey, Arboretum and Normanton will contribute to the dark green patches in the city centre on Map One.

The location of care homes for older people seems to owe more to housing stock, land availability and price than it does to local populations of need.

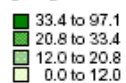
- Map Two, residential homes, shows an almost complete absence of independent sector provision in the north of the city from Mackworth to Spondon. This is counterbalanced by Extra Care Housing plans in Mackworth and Darley which will provide a real alternative for older people with residential care needs.
- Nursing provision in Map Three is more widely spread but, as with residential homes, most concentrated in city centre wards.
- The lack of registered Dementia provision in Derby is clear from Map Four. Such provision as exists is exclusively in the south western quadrant of the city and almost exclusively supports nursing needs. Of the two residential homes registered to support with dementia one (Coleridge House) is run by the Council, but only 12 out of 40 beds are set up for dementia care.

Older People (Aged 65 Years Plus)
Within Derby, 2001

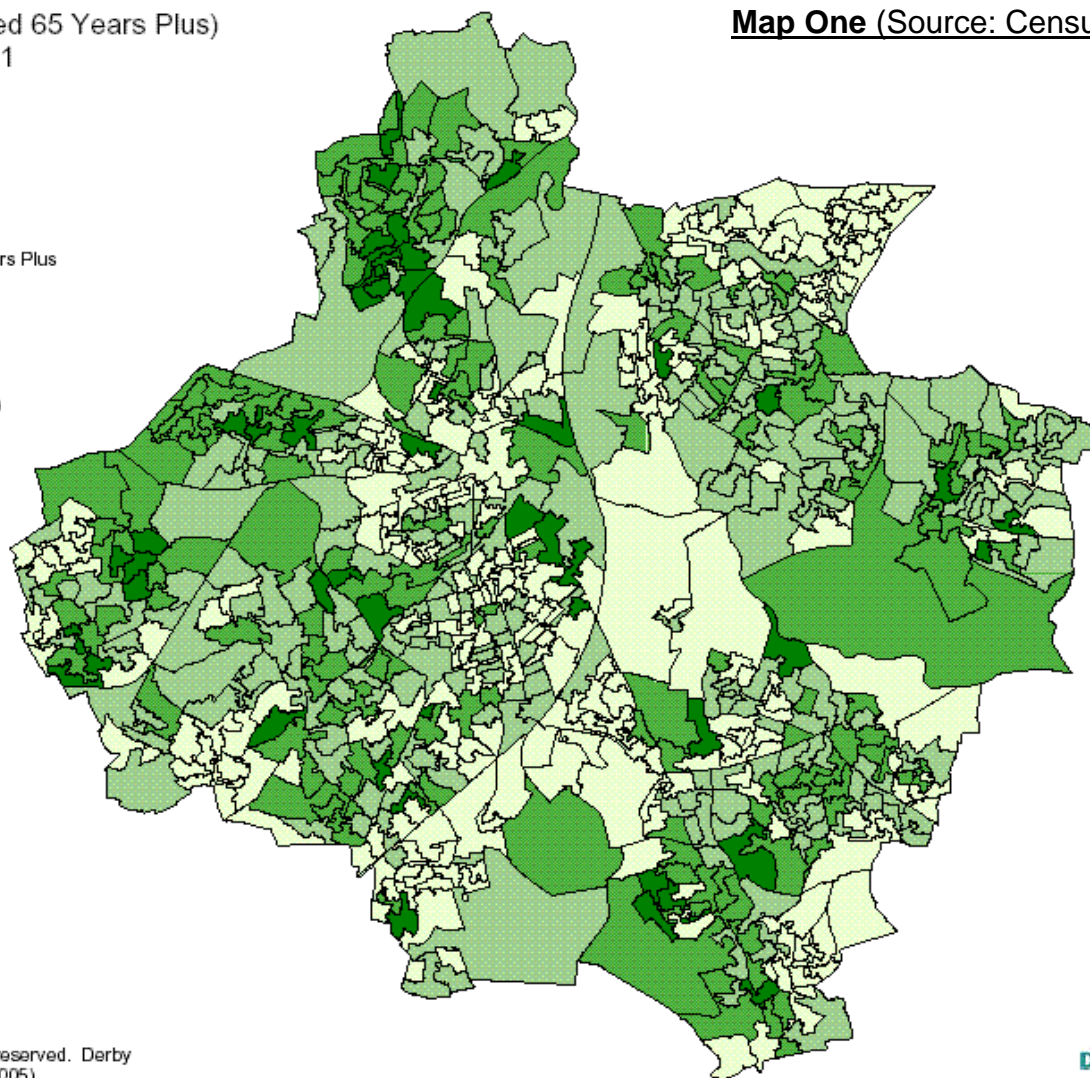
Map One (Source: Census 2001)



Percentage Aged 65 Years Plus



(Source: Census 2001, KS02)



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City Council. 100024913 (2005).



Map Two: Distribution of residential home places for older people



* Darley is the site of the Retail Trust Extra Care Housing scheme which will have approximately 20 tenancies suitable for residential care needs from late 2009

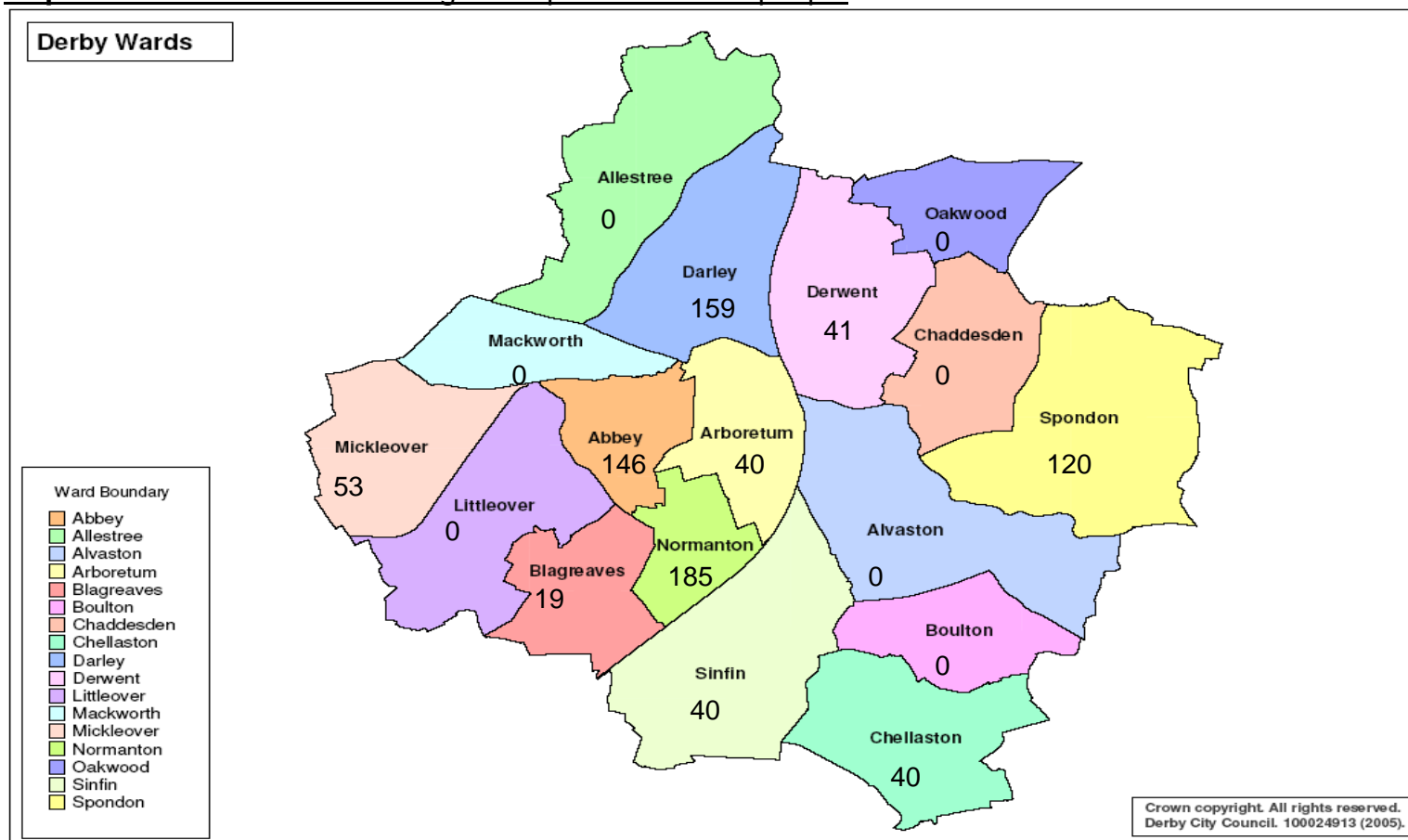
** If proposals to replace Arthur Neal House with Extra Care Housing are approved, the residential care capacity of the site will increase by 5-10.

***Warwick House in Blagreaves provided mainly short term respite at present.

**** Alvaston is the site of the Housing 21 Extra Care Housing scheme which will have approximately 13 tenancies suitable for residential care needs from late 2009

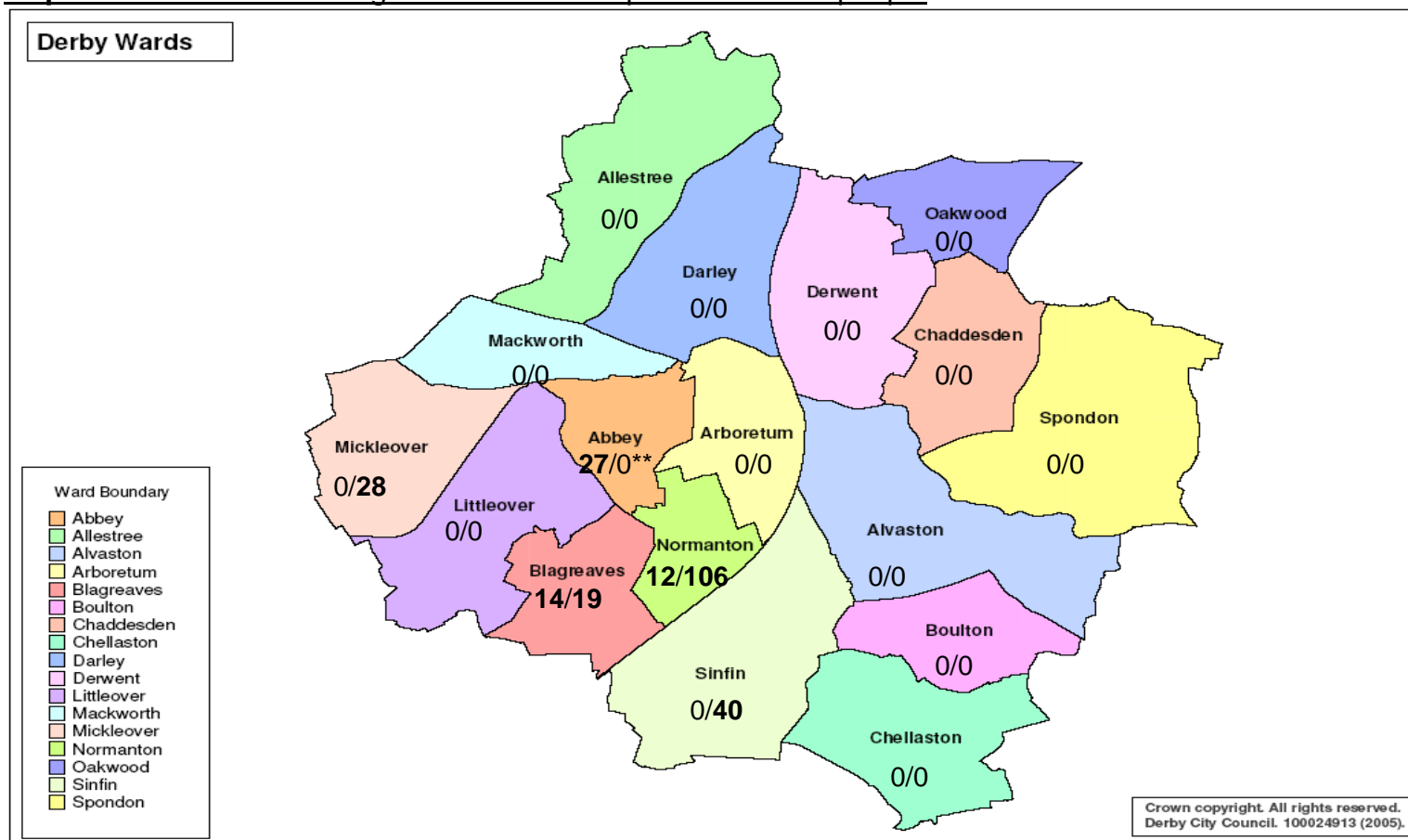
Total figures for each ward are on the left, with Council owned places in brackets.
For example in Chellaston there are a total of 60 places of which 40 are owned by the Council.

Map Three: Distribution of nursing home places for older people



Total figures for each ward are stated. All nursing homes in Derby are run by the independent sector.

Map Four: Distribution of registered* dementia places for older people



* Providers register care home places with CSCI according to which specialism they would like to follow. Providers who do not have a dementia registration are still able to take residents with dementia and may still provide good care in this area, but their application to CSCI indicates it was not their stated preference in setting up their service.

** One nursing home provider in Abbey is in the process of converting to a dementia registration which will add 31 beds

Numbers of places are stated in the format "residential home / nursing home".

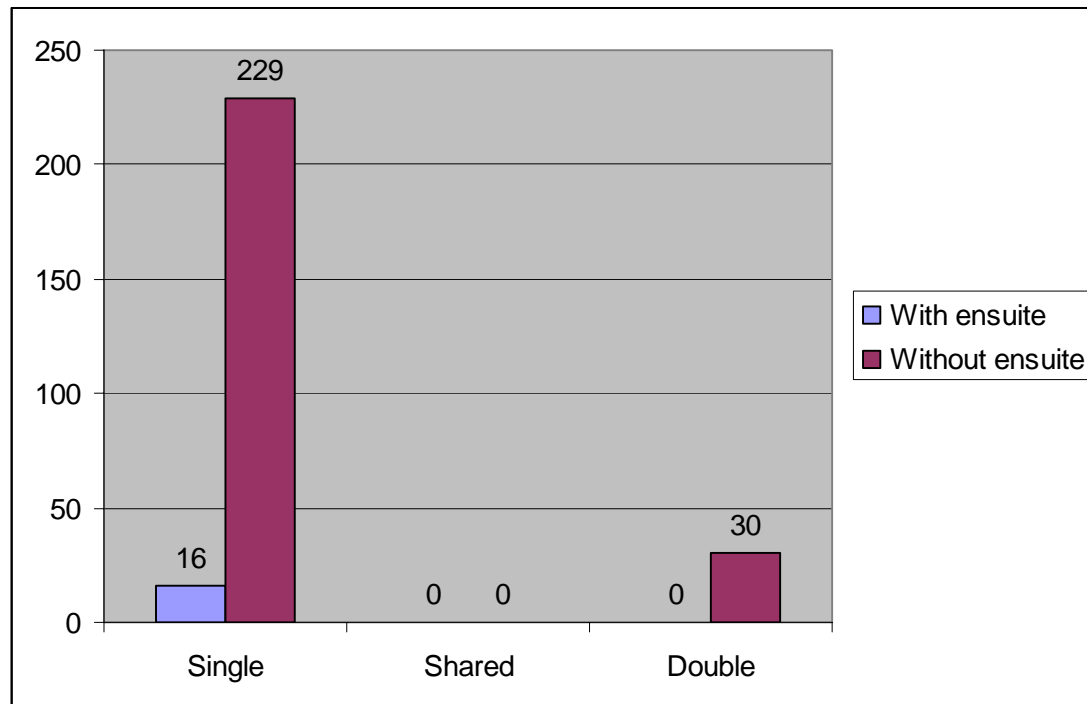
For example, in Normanton there are 12 residential home places and 106 nursing home places for older people with dementia.

7) Physical characteristics of care homes

a) Council owned homes

Long-term single bedrooms in all Council-run care homes fail to meet the regulatory minimum room size requirements that have been in operation since 1998.

Chart Eighteen: bedroom type in Council-run residential homes



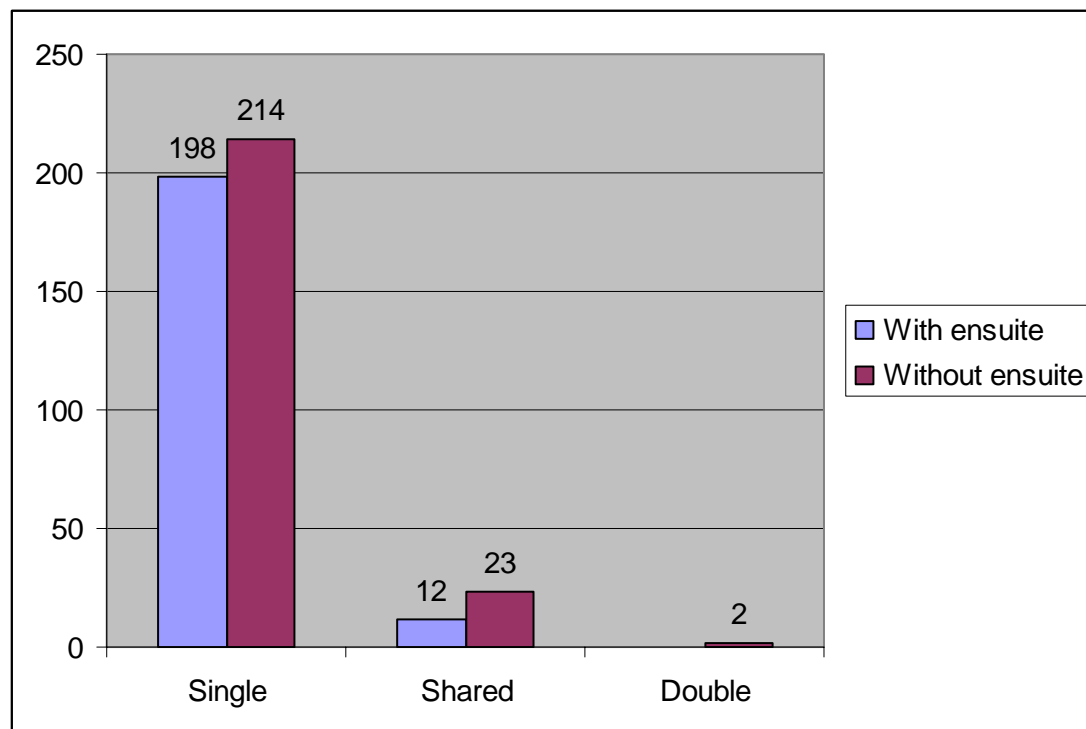
Council care homes for older people were purpose-built between 1960 (Arthur Neal House) and 1977 (Arboretum House, Bramblebrook House). Some homes share very similar layouts (Coleridge House and Merrill House; Arboretum House and Perth House) and all have a similar range of bedrooms: mainly small single rooms without toilet or basin facilities with between three and five larger "double" rooms per home. In practice these double rooms are most often used for single older people with higher mobility needs, for example requiring wheelchair access, as single rooms are too small to enable this. The sixteen rooms that have been adapted to provide en suite facilities (six at Warwick House, ten at Perth House) are for intermediate care and short-term respite purposes only.

These homes were designed and built at a time when there was far less focus or capacity to support older people who wanted to live at home rather than move into care. Hence care home populations were younger and more able on average than they are today. Therefore the key assumptions within the City Council design were that residents would not have such high needs as to require wheelchair support and that most residents could leave their rooms whenever they wished to use a toilet or bathing facilities down the hallway.

The current reality is very different: as previous sections have shown older people with all but the most intense care needs are now being supported in the community. Most current residents of Council care homes require commodes in their rooms because they cannot get to the toilet otherwise. The space within the accommodation makes their choice, control and dignity quite limited in spite of the best efforts of staff.

b) Independent sector homes

Chart Nineteen: bedroom type in independent sector residential homes



Independent sector care homes for older people are situated in a range of buildings, both purpose built and adapted, with varying dates of construction.

As the Chart above shows, there is a clear option for older people to choose accommodation with en suite toilet, sink (and sometimes bathing) facilities. A recent survey of Derby's independent sector homes showed that 48% of rooms had at least an en suite WC and basin.

Unlike the Council's homes, independent sector homes have small numbers of twin rooms, where two unrelated older people share. There are situations where this is preferable for older people but in general there has been a significant move away from this sort of provision because most people obviously prefer greater privacy. Signs are that this will continue: vacancy levels (see next section) indicate a relatively lower occupancy rate in shared rooms.

The very low level of double rooms that are usable for couples in care homes across both the Council and the independent sector means that couples face

very difficult decisions when the situation of one deteriorates. This has been a major driver for the Department of Health push on Extra Care Housing, where couples can move in together to one or two bedroom accommodation and still receive the same level of care they would have done in a care home.

Note: bedroom capacity in nursing homes is in the process of being collected. Early signs are that the balance of en suite rooms will be similar as for independent sector residential homes.

8) Physical design and dementia

Environmental factors are especially important in delivering care to older people with dementia⁷. Cantley and Wilson's comprehensive 2002 research emphasises the importance of en suite facilities, including showers (p84), as well as listing the following "consensus on design features" (p50):

- Small size
- Familiar, domestic, homely in style
- Plenty of scope for ordinary activities (unit kitchens, washing lines, garden sheds)
- Unobtrusive concern for safety
- Different rooms for different functions
- Age-appropriate furniture and fittings
- Safe outside space
- Single rooms big enough for lots of personal belongings
- Good signage and multiple cues where possible, for example sight, smell, sound
- Use of objects rather than colour for orientation
- Enhancement of visual access
- Controlled stimuli, especially noise

These characteristics combine to provide the most homely and least stressful experience for an older person with dementia who might otherwise find many aspects of communal living distressing.

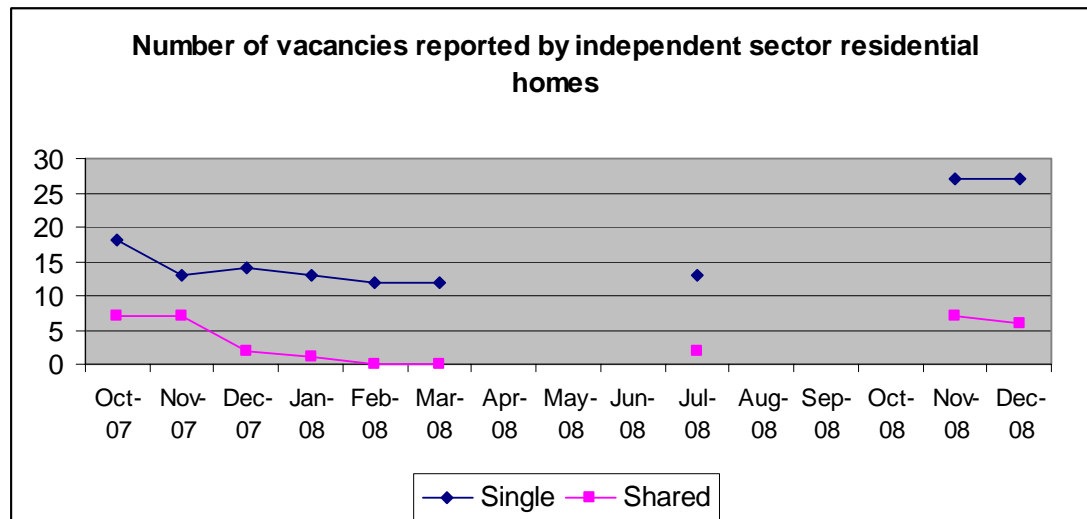
The larger bedroom size and en suite facilities of many independent sector homes makes them more likely to be able to offer key ingredients of dementia design. However, the lack of focused dementia care specialism already evidenced by this report makes it unlikely that most homes, whether Council-run or independent sector, have an environment designed to meet dementia needs.

⁷ <http://www.jrf.org.uk/bookshop/eBooks/1861348118.pdf>

9) Number of reported vacancies by care home sector

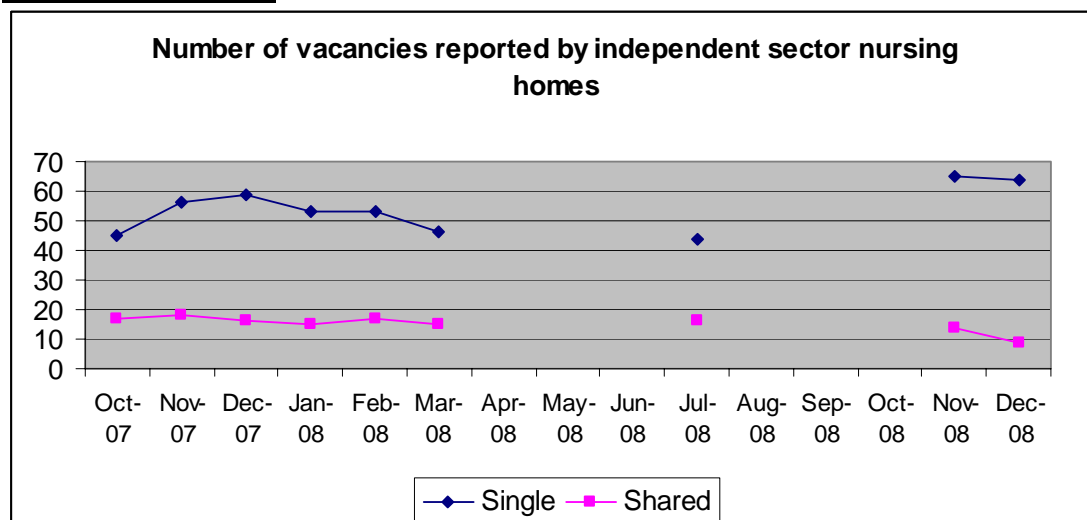
Vacancy management information has been collected on a weekly basis from care homes in the independent sector since October 2007. There was a substantial gap in data collection because of loss of staff capacity between Spring and Autumn 2008, but nevertheless the charts below provide a useful indication of vacancy trends. The charts show vacancy levels for the first week of every month.

Chart Twenty



The vacancy rates for independent sector residential homes from October 2007 to the summer of 2008 are likely to be unusually low because new admissions were not being made to the Council's care homes and were going to the independent sector instead (see Charts Ten and Eleven). Even at this time there was a minimum of 12 residential home beds available at any one time. This vacancy rate has more than doubled in the November and December returns, when there was no restriction on in-house placements except at Arthur Neal House.

Chart Twenty One

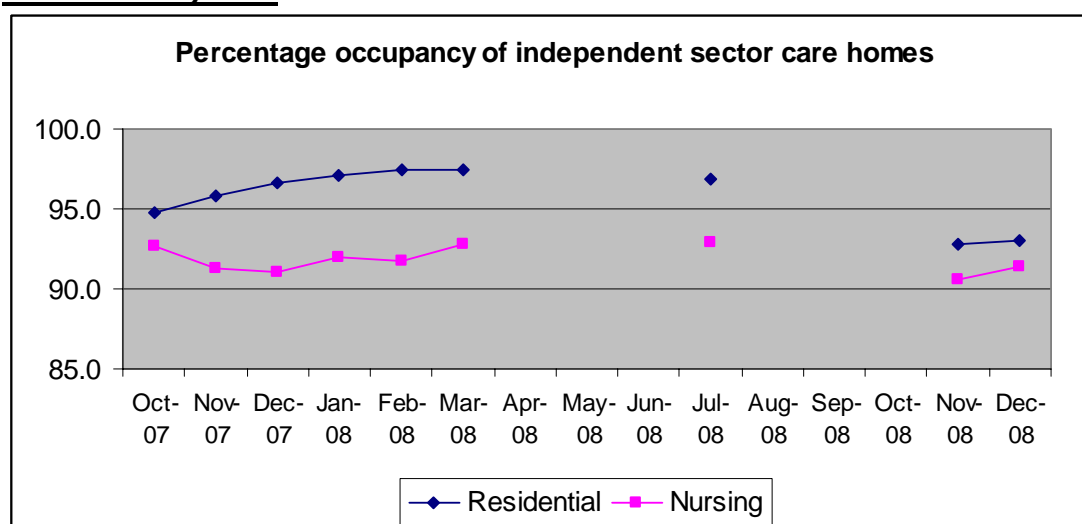


Vacancy rates in independent sector nursing homes are higher than for homes without nursing care. The range for single rooms in Chart Twenty One is from 44 beds (July 2008) to 65 beds (November 2008). The survey period is too short to analyse trends, but there is some possibility that seasonal variations in mortality explain high points in vacancies between November and January each year.

10) Independent sector occupancy rates by care home sector

Chart Twenty Two below shows occupancy rates for the independent sector using figures for total numbers of beds which were obtained from the homes themselves in July 2008. As mentioned previously, the climb in the occupancy rate of residential homes from October 2007 to March 2008 is very likely to be attributable to the freeze on in-house placements. The November and December 2008 occupancy rate is approximately 93% for residential homes and 91% for nursing homes. It is sensible to assume that occupancy will increase to approximately 95% and 93% respectively in spring, summer and autumn months.

Chart Twenty Two



11) Council-owned homes: occupancy rates

Table Four: occupancy rates at Council-owned homes

Home	2006-7	November 2008
Arboretum House	95%	95%
Arthur Neal House	100%	92%
Bramblebrook House	97%	85%
Coleridge House	88%	95%
Merrill House	81%	78%
Perth House	92%	76%
Raynesway View	93%	86%
Warwick House	93%	86%

The average occupancy rate for City Council residential homes for older people as at November 2008 was 87%. This compares to average occupancy throughout 2006-7 of 92%. Table Four shows the difference for each home.

Care should be taken comparing these figures because November 2008 represents a snapshot only. For some homes, as below, there have been particular issues around uncertainty or change of purpose which have affected occupancy rates:

- The current consultation on the closure of Arthur Neal House
- The summer 2007 consultation on the closure of Bramblebrook House: some residents chose to move out at this point
- The opening of 10 intermediate care beds at Perth House which have proved slow to generate adequate referrals.

Even in 2006-7, when the demand for residential care places was higher, the occupancy rate for Council homes was slightly lower than occupancy for independent sector residential care homes is today. The Council cannot lawfully compel older people in need of residential care to move into its own homes. The figures show that, even where Council vacancies exist, some older people are preferring to move into the independent sector.

12) The relationship between Council placements and self-funders

Table Five: Percentage of care home residents placed by Councils

	2003	2004	2005	2006	2007
Derby	73.1	63.3	63.1	56.6	53.4
England	53.7	49.9	47.8	46.5	44.6

The above information comes from CSCI's Local Area Market Analyser and is measured in September each year. It includes both nursing and residential homes. It also includes placements made by other Councils within Derby.

The table shows that in September 2007 overall just over 46% of care home residents in Derby were self-funders. The table reflects the fall in Council commissioning of care home placements that is illustrated in charts six to nine. It suggests that care homes to date have been quite resilient in resisting this demand, both in Derby and across England, through being able to attract older people who are not funded by Local Authorities. Derby was 20% adrift of the national average in 2003 but this gap has now closed to 9%.

The rise in home ownership in Derby (from 58.6% of households in 1981 to 71.7% of households in 2007) mirrors trends in the country as a whole and explains the increasing importance of self-funders in care home demand.

The Council will often end up picking up the costs of self-funded placements when private resources are depleted. Recent research has estimated that nearly one quarter of self-funders are being admitted unnecessarily to care

homes through lack of awareness or access to alternative models of care.⁸ There needs to be greater onus on making information available to older people so they can access wider community services, and the Council's development of initiatives such as the Older Persons Plan, First Contact and PIRAMID will hopefully play a part in this.

13) Distribution of self-funders

Self funders seem to primarily choose independent sector homes. All providers listed in Table Six below are residential only. Council care home figures in the table are as at 1st October 2008. Independent sector figures come from each provider's CSCI Annual Quality Assurance Assessment (2007-8) which have been shared voluntarily with the Council (only the homes listed below shared this information). Independent sector providers are dispersed around the city, covering a range of socioeconomic areas from Sinfin (Landemere) to Mickleover (the Limes). The representation of self-funders correlates quite strongly with the affluence of the area but in all cases it is clear that self-funders are tending to select independent sector homes over Council run homes.

Table Six: proportion of self funders at Council and independent sector homes

Council	No.	%	Independent	No.	%
Arboretum House	5	13	Beech Lodge	9	60
Arthur Neal House	3	12	Clova House	7	35
Bramblebrook House	8	20	Elvaston Lodge	17	47
Coleridge House	6	15	Hollytree Lodge	9	33
Merrill House	5	13	Landemere	11	28
Perth House	3	10	The Limes	22	65
Raynesway View	4	11	Liversage Court	19	48
Warwick House	N/A predominantly short stay		The Yews	13	48
Average Council home		13%	Average independent sector home		45%

This disparity is even more stark when fee rates are considered. The Council currently charges self funders £339.50 per week to live in its own homes. Many independent sector providers are likely to charge more than this. Most independent sector placements commissioned by the Council are at a £353 weekly rate, and private providers tend to charge self-funders more than Council rates of pay.

⁸ Netten A and Darton R (2003) 'The effect of financial incentives and access to services on self-funded admissions to long-term care', *Social Policy and Administration* 37,5, 2003, 483-497

Part Four: Cost and value for money

1) Derby City Council funding of independent sector care homes

Table Seven: Derby City weekly funding rates 2007-8

Rate	Amount*	No and % of new placements 2007-8
Elderly	£309-314	41 (27%)
Very Dependent Elderly	£348-353	110 (71%)
Elderly Mentally Ill	£332-337	3 (2%)

Source: Abacus. Placements for older people only

* The lower amount is payable to care homes rated as "Poor" by CSCI. Other actions are also taken by the Council to ensure the care home improves its performance. The higher amount is payable to all other homes.

The majority of placements are now made at the Very Dependent Elderly (VDE) rate. The total numbers of VDE placements have exceeded general Elderly placements since July 2003, and this gap has grown over time. For example, in 2006-7 37% of new residential placements were made at the general Elderly rate and 60% at the VDE rate. One year later there had been a 10% swing away from the general Elderly rate and towards VDE.

The reasons for this change are partially due to the fact that older people who are not very dependent are increasingly able to stay in their own homes. However, they are also influenced by the stance that individual care homes choose to take over fees. Some only accept the Council's VDE rate.

The very low number of placements made at the Council's Elderly Mentally Ill (EMI) rate reflects the lowness of that rate in relation to meeting the needs of older people with dementia. In reality, older people with dementia tend to be supported at the VDE rate.

2) Third party contributions to independent sector placements

Table Eight: Additional contributions to residential placements made during 2007-8

Rate	The Council pays more	Third parties contribute
Elderly	2 (5%)	20 (49%)
Very Dependent Elderly	3 (3%)	57 (52%)
Elderly Mentally Ill	<i>Sample too small</i>	

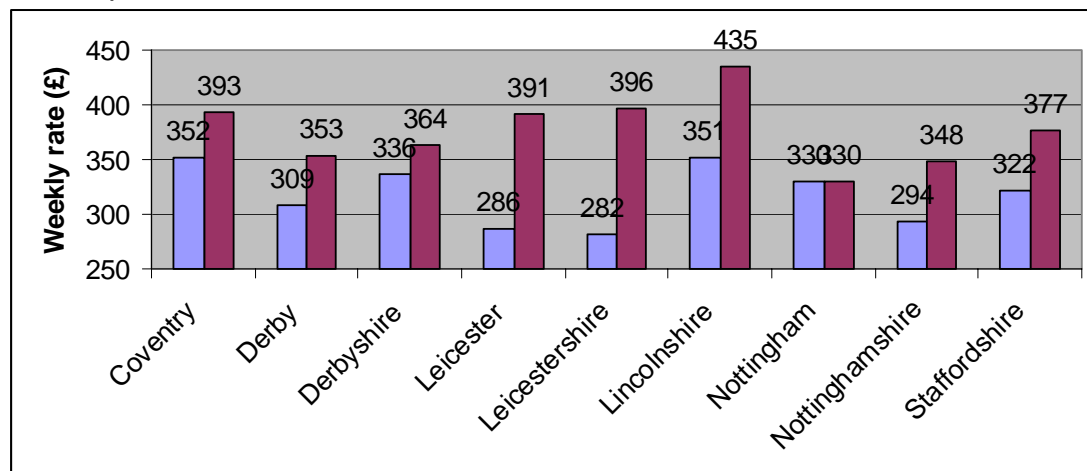
Source: Abacus. Placements for older people only

Sometimes the Council's general rates are not sufficient to enable a care home placement to be made. Table Eight above shows the frequency within 2007-8 of the general rate being "topped up" for new placements. The Council tends to do this infrequently, generally in situations where an older person has moved out of the city to an area with a higher cost of care.

Third parties (generally relatives of the older person) have contributed to the cost of approximately 50% of placements over each of the last three years. This applies to nursing homes as well as residential homes. The Council's annual fee increases over that time have not caused a change in the supply of care home beds at the Council's rates. This adds to the sense of stability in the independent care home sector.

3) Independent sector fee rates paid by other Midlands Authorities

Chart Twenty Three: range of usual fees paid by regional Local Authorities for independent sector residential care, 2008-9



The difficulty with comparing fee rates as in Chart Twenty Three above, is that information is missing about how often particular fee rates are used by other Authorities. It has already been demonstrated that Derby made 71% of its 2007-8 residential care placements at the top £353 rate, but the frequency with which other Councils use each of their range of rates is not known.

Derby appears to sit at about mid range in this table. However, Derby's specialist rate for EMI / dementia is clearly (at £337) not high enough which explains why only 3 placements at that rate were made in 2007-8. Even the top Very Dependent Elderly rate of £353 is arguably on the low side. The top 2008-9 rates of Coventry (£393) and Staffordshire (£377) are both specific dementia rates. The dementia rate for Lincolnshire is £365 and for Derbyshire is £364.

Derby sits sixth out of nine when Nursing Home rates are compared. Derby's usual rate is £364 within a range of £330 (Nottingham) to £390 (Coventry). All these fees are net of the NHS contribution for Registered Nursing Care. Once again there is an issue about EMI / dementia rates: only Nottinghamshire and Staffordshire pay an enhanced rate for dementia at £375 and £377 respectively.

These comparisons indicate that Derby's general range of independent sector fee rates is likely to be appropriate, but that greater provision needs to be made for dementia care at a higher rate.

4) Derby City Council funding of Council care homes

Table Nine: analysis of 2007-8 unit cost at Council homes

Name of Home	Operational Actual £	Pooled Cost £	Other costs 12.50% £	Total Cost £	Beds	Weekly cost per bed £	2006/7 occupancy	Unit Cost £
Arboretum House	629567	21300	81358	732225	38	370.56	95%	390.06
Arthur Neal House	521808	14013	66978	602799	25	463.69	100%	463.69
Bramblebrook House	611820	22422	79280	713522	40	343.04	97%	353.65
Coleridge House	854097	22422	109565	986084	40	474.08	88%	538.73
Merrill House	589260	22422	76460	688142	40	330.84	81%	408.44
Perth House	644724	20179	83113	748016	36	399.58	92%	434.33
Raynesway View	577289	19619	74614	671522	35	368.97	93%	396.74
Warwick House	592901	15695	76075	684671	28	470.24	93%	505.63
Totals	5021466	158072	647443	5826981	282	402.63	92%	436.41

Table Nine above shows the range of unit costs for each care homes. The Operational Actual cost refers to the amount spent by each home under its own cost heading, mainly attributable to staffing. The Pooled Cost column reflects the amount each home spent from a pooled budget for maintenance. The Other Costs column covers the capital depreciation and maintenance costs of the home.

The total cost divided by the number of beds divided by 52 gives the weekly cost of each bed, and the occupancy level is applied to give the cost per person supported per week. The 2006-7 occupancy level has been applied because 2007-8 was affected by restrictions on placements caused by the uncertainties about the future of Bramblebrook House. It would have been an unfair reflection on the homes to apply a higher unit cost because of restrictions on entries into the homes that were outside their control.

The different models of care at each establishment mean that direct comparisons must be appropriately qualified:

- Warwick House has a significant amount of focus on short-term care via intermediate care placements and respite stays, necessitating more intensive staffing input (Perth House did not have an intermediate care facility in 2007-8).
- Similarly, Coleridge House's specialist dementia unit (12 beds with more intensive staffing input plus a dementia day service) has also contributed to its relatively high staffing costs.
- Small day services are run out of Arthur Neal House and Perth House which will have an impact upon expense.

It should not be assumed that the costs of the services outlined above are automatically justified by their additional specialism. For example, Coleridge House, although its cost is likely to be slightly inflated by its additional day service function, appears to provide a far more expensive dementia service at approximately £538 per week than even the most expensive independent sector dementia rate surveyed for 2008-9 (Coventry at £393). Only 12 out of the 40 beds at Coleridge House are specified for dementia.

The four care homes which do not have any degree of specialism or extra function can be meaningfully compared to the weekly fee rates for independent sector residential homes which (in 2007-8) were £305 for a General elderly placement and £344 for a Very Dependent Elderly placement.

Table Ten: Extra annual funding required for Council placements 2007-8

Home	Minimum	Likely	Maximum
Arboretum House	£86464	£108427	£159675
Bramblebrook House	£19470	£43077	£98156
Merrill House	£108569	£128281	£174276
Raynesway View	£89268	£109071	£155279
<i>Total</i>	<i>£303,771</i>	<i>£388,856</i>	<i>£587,386</i>
<i>Average</i>	<i>£75,943</i>	<i>£97,214</i>	<i>£146,847</i>

The Minimum extra funding assumes all service users would otherwise be placed in the independent sector at the Very Dependent Elderly rate. The Maximum amount assumes they would be placed at the General Elderly rate. The "likely" amount assumes that 70% would need to be placed at VDE and 30% at General Elderly, consistent with the prevailing placement pattern.

The table shows that the Council pays a premium for use of its own care homes as compared to the independent sector, even when services are provided on a like for like basis. The next section will consider whether quality measures can be seen to justify this.

Part Five: Quality

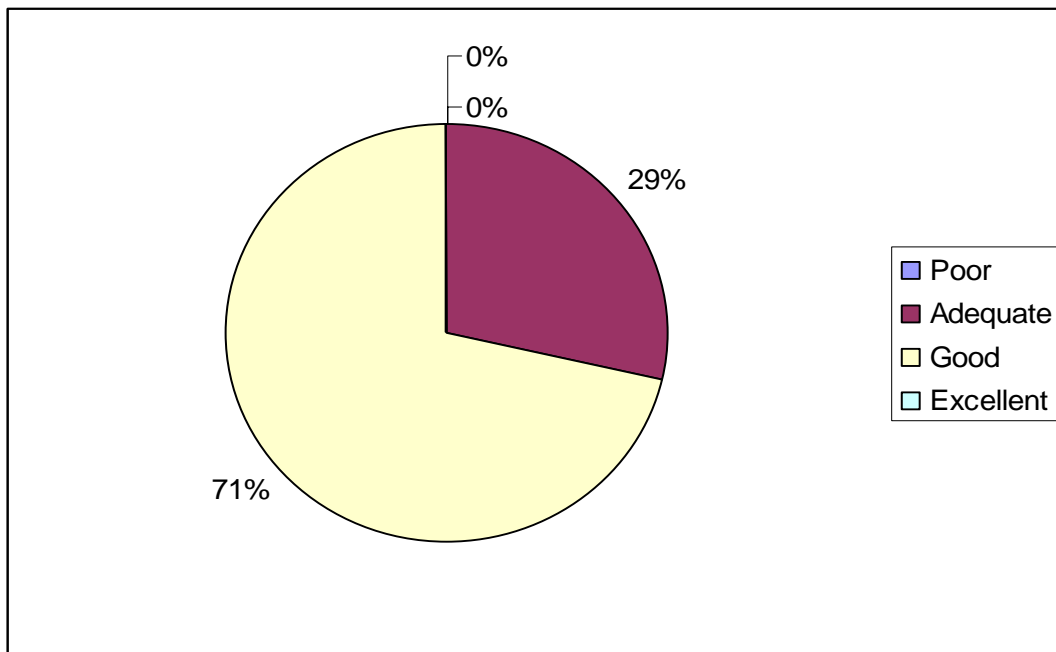
1) Measuring Quality

Quality is difficult to assess objectively. As shown above, older people and their families may make the decision to move into either Council-run or independent sector care homes. The extent to which the home is meeting the needs of Council-funded residents is reviewed by Council staff soon after admission, and improvements to care are made where this is necessary.

The Council also uses CSCI's Star Ratings to assess the quality of each home. CSCI rates homes between zero (Poor) and three (Excellent) stars based on adherence to National Minimum Standards. The percentage of homes in each sector receiving each of the star ratings is set out below.

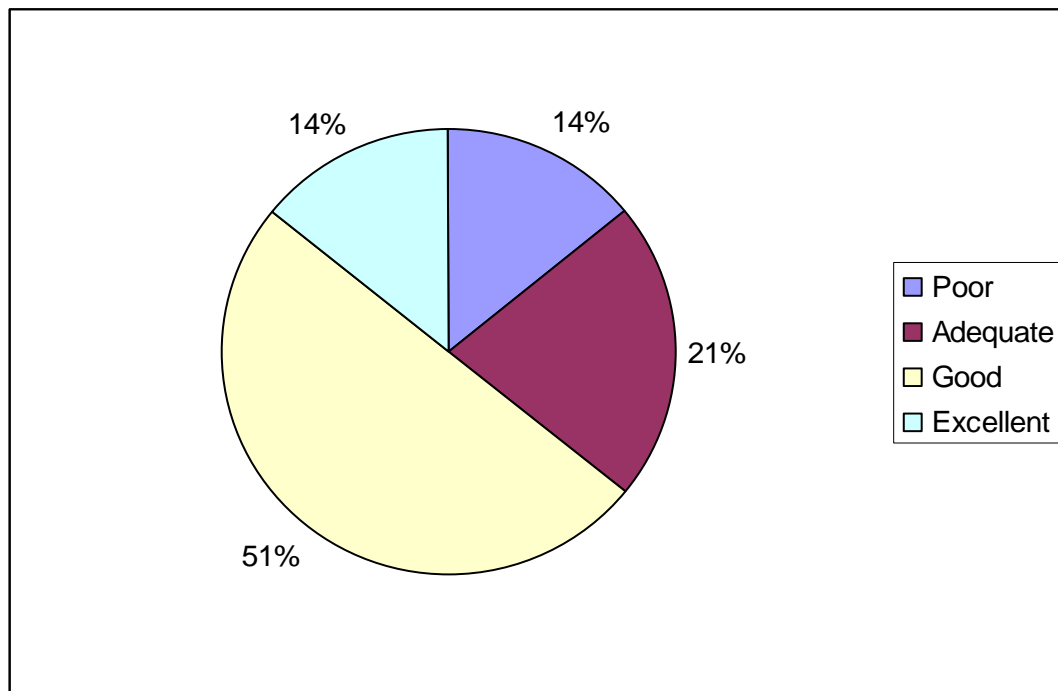
2) Quality rating of Derby's residential care homes for older people

Chart Twenty Four: CSCI ratings of Council residential care homes for older people



- Five Council;-run homes are rated as two star: Good
- Two homes are rated as one star: Adequate
- The CSCI rating for one home has not yet been published

Chart Twenty Five: CSCI ratings of Independent Sector residential homes for older people



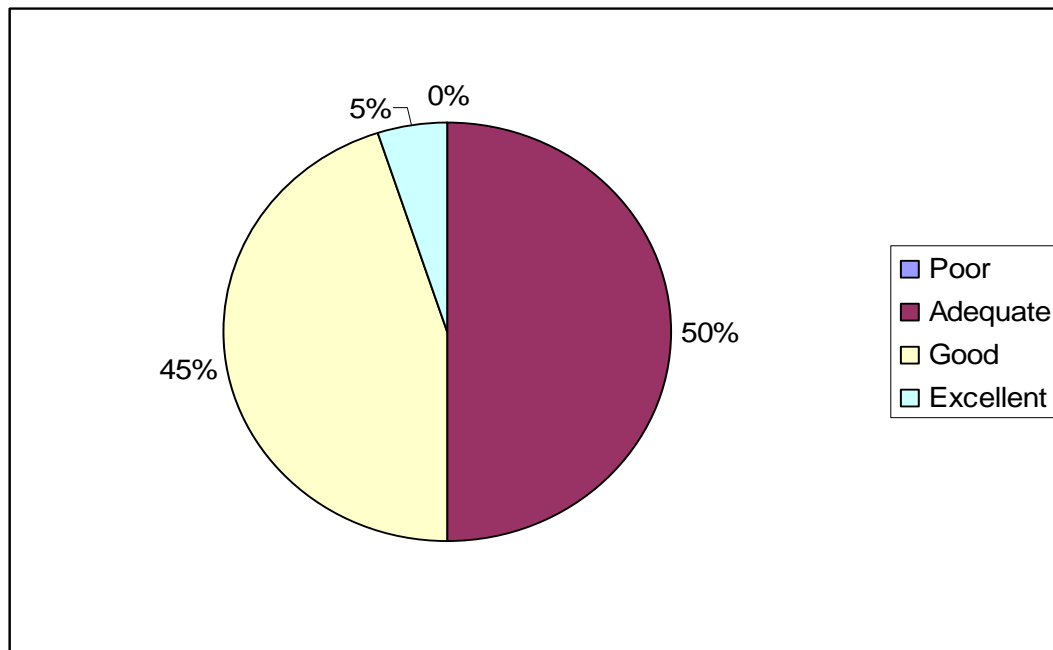
- Two independent sector residential homes are rated as three star: Excellent
- Seven homes are rated as two star: Good
- Three homes are rated as one star: Adequate
- Two homes are rated as zero star: Poor
- The CSCI ratings for four independent sector residential care homes for older people have not yet been published.

The Council's care homes for older people occupy a narrower range of quality than the independent sector, with no homes rated either "Poor" or "Excellent". 71% of Council homes are rated Good as compared to 65% of Independent Sector Homes rated Good or Excellent.

The Council has worked with the two care homes rated as "Poor" by CSCI to address the concerns that led to this assessment. Both homes have now been rated as "Adequate" although this judgement has not yet appeared on the CSCI website.

3) Quality rating of independent sector nursing homes for older people

Chart Twenty Six: CSCI ratings of Independent Sector nursing homes for older people



- One independent sector nursing home is rated as three star: Excellent
- Nine homes are rated as two star: Good
- Ten homes are rated as one star: Adequate
- The CSCI ratings for two independent sector nursing homes for older people have not yet been published.

Although no Nursing Homes have received a Poor rating, proportionately fewer are rated as Good or Excellent compared to Residential Homes.

4) Comparison of National Minimum Standards

Star Ratings are calculated by CSCI through care homes' compliance with twenty four key National Minimum Standards (NMS) that relate to various aspects of the home's environment, care and management. On average in Derby:

- Council run homes meet an average of 80% of NMS
- Private run residential homes meet an average of 76%
- Voluntary sector run residential homes meet an average of 87%

Individual homes will obviously vary in the extent to which they meet NMS, and the star ratings pictures indicates that independent sector residential homes will have a wider range of higher and lower performers while the Council-run homes are more clustered in the middle.

Independent sector nursing homes meet an average of 70% of NMS.

5) Incentivising Quality Improvements

The Council uses Star Ratings to help improve care home quality in three ways. Firstly, it pays higher rates for higher achievement. In 2008-9 a differential was introduced between Poor homes who received a lower rate and other homes who received a higher rate. In 2009-10 this is being extended to three rates, so that the top rate is only paid to homes that are Good or Excellent.

Secondly the Council identifies any particular areas in NMS where support would benefit care homes across the sector and focuses training and quality monitoring work accordingly. Medication Management is a current focus area where CSCI have assessed performance as relatively low across both Council-run and independent sector homes.

Thirdly the Council works particularly closely with care homes that have been assessed as Poor. Older people may still choose to move to these homes, and therefore it is vital the Council works with care home providers to understand and address the reasons for lapses in quality. As stated previously, there is a strong track record of concerns being addressed adequately: homes rated as Poor are supported to address this and most often receive a higher rating at their next inspection.