

## Options evaluation summary and home by home information

The summary of the key issues identified during the review of in-house homes is presented below.

Quality of service	<ul style="list-style-type: none"> <li>• Four of the six homes have units that are permanently closed, due to reduced demand for this type of provision and the accommodation not being fully suitable for the needs of people accessing the service.</li> <li>• The homes are all CQC compliant due to exemption of established premises from current requirements</li> <li>• The physical environments compromise quality by limiting the activities and support that staff can deliver to residents.</li> <li>• Environmental challenges compromise the ability to deliver safe, effective and dignified (caring) of services, impacting on the ability to remain CQC compliant.</li> </ul>
Property	<ul style="list-style-type: none"> <li>• Recurring issues in the homes are detailed below.</li> <li>• Generally the homes are dated and beyond optimal economic lifespan. Sites have limited potential for suitable care home redevelopment. They have been assessed as too small to meet modern larger spatial requirements. Redevelopment would mean residents would need to be moved for a period, involving considerable disruption, and additional cost. Even with considerable investment there is limited feasibility and viability to bring the homes to modern standards for dignified care delivery.</li> </ul>
Financial	<ul style="list-style-type: none"> <li>• Evaluations undertaken by Holbrow Brookes and Knight Frank in 2012 indicate that considerable investment is required to bring the homes up to current standards. At the time of the review it was estimated that maintenance over 30 years (from a 'do nothing' position minimum, through to enhancements and extensions) would require investment between £22.3m to £32.3m. That would still provide less than the ideal: to ensure best practice environments would necessitate demolition and rebuilding at a cost of £50m - £60m. There would also be a cost of temporary alternative accommodation during rebuild.</li> </ul>

For reference, the buildings operating beyond their optimal life span is defined by the buildings reaching an age where operating costs are high due to inefficiency/failure in materials; current spatial, functional and operational requirements cannot readily be met without substantive refurbishment, the cost of which would make rebuilding more economic.

The summary of the options considered by individual home are presented below:

### Option 1: Stay “as is”

The option would mean no change.

Issues to consider in consultation are:

- The council is a long term provider of the services - trusted and valued by individuals.
- Continuity of services.

- The needs of people using residential care services are increasing in complexity which requires different facilities.
- The current care home environments compromise the council's ability to maintain required high standards of care.

### **Option 2: Extend or redevelop the existing homes**

The option would mean major refurbishment or redevelopment to bring the homes up to a standard that is fit for the future, with a more suitable environment.

Issues to consider in consultation are:

- Even if the necessary investment were available, there are limited opportunities to refurbish or redevelop on the current sites. They have been assessed as too small to meet modern larger spatial requirements.
- Redevelopment would mean residents would need to be moved for a period, involving considerable disruption, and additional cost.
- New home developments tend to be larger scale (for example 120 beds), and the council's sites are generally too small to deliver to this scale or capacity.

### **Option 3: Sell or lease the home to another provider**

The option would mean the council seeking another provider to buy or lease the homes as a going concern.

Issues to consider in consultation are:

- The council's property consultant's findings concluded that it is likely that selling or leasing the homes to another provider would be difficult due to the constraints of the buildings (unless addressed through pre-sale investment), and a limited market for older people's care homes leasing/sale.
- It would not deliver improvements to quality.
- Redevelopment by another provider would cause significant disruption during completion of works for both residents and staff.
- There may be an opportunity for another provider to invest in the homes.

### **Option 4: Support residents to move to another home and close the service**

The option would mean the council would work closely with residents and their families to find alternative accommodation and services.

Issues to consider in consultation are:

- The council would reassess people's needs and work with the provider market to secure alternative, quality services.
- Impact of change for residents and their family members that may cause anxiety and disruption during transition.

The preferred option for the council, in the case of each home, is to close the service and move residents to other accommodation or services.

A home by home analysis of the issues and options follows.

## Brockhurst, Brox Road, Ottershaw, Chertsey KT16 0HQ

### Current Situation



Site 0.98 acres  
 Built 1971  
 Registered beds: 46  
 Available beds: 26  
 Occupied beds: 14  
 Current staff: 47 permanent, 19 bank



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Good Things	The problems
<ul style="list-style-type: none"> <li>A number of the residents are well integrated in the local community and accessing local services</li> </ul>	<ul style="list-style-type: none"> <li>No special provision for bariatric or wheelchair requirements with limited access for moving and handling equipment (e.g. hoists)</li> <li>Concern re. size &amp; suitability of bedrooms</li> <li>No en-suite facilities</li> <li>Ratio of bathrooms/ to people is limited, and unsuitable size for assistance</li> <li>Units and bathrooms and toilets are not gender specific</li> <li>Limited space to meet with visitors in bedrooms and no private area available for visitors to utilise</li> <li>Unsuitable open stairways for the needs of the residents, and extremely narrow corridors in some parts of the home</li> <li>A range of refurbishment issues e.g. kitchens, electrical systems</li> <li>Lift is beyond optimal lifespan</li> <li>Under-occupied due to low demand</li> </ul>

### Options considered?

1. Keep services as they are	
Positives	Concerns
<ul style="list-style-type: none"> <li>Current residents will have continuity of care ensuring minimal change</li> <li>No change for staff</li> </ul>	<ul style="list-style-type: none"> <li>CQC new fundamental standards for inspection will be difficult to meet if the service remains as is. The challenges the building present mean that providing appropriate care in a dignified manner is challenging for staff, particularly as residents' needs increase.</li> <li>Increasing number of residents with dementia and a mix of different care and occupational needs presents challenges within existing staff ratio.</li> </ul>

	<ul style="list-style-type: none"> <li>• Relatively high number of residents requiring complex care. There are challenges using the mobile hoisting system in the bedrooms.</li> <li>• Ongoing recruitment challenges</li> <li>• Lack of demand locally for the service, linked with changing commissioning requirements</li> <li>• Projected planned maintenance costs over 30 years, (Holbrow Brooks, 2011) are estimated at circa £2.4m</li> </ul>
<b>2. Extend and refurbish the home or redevelop the site</b>	
<b>Positives</b>	<b>Concerns</b>
<ul style="list-style-type: none"> <li>• Long term continuity of care in a more suitable environment after disruption.</li> <li>• Some challenges linked with future CQC compliance could be addressed.</li> <li>• Improved physical environment and potential to address spatial shortcomings and bathroom ratio issues, depending upon the extent of refurbishment.</li> </ul>	<ul style="list-style-type: none"> <li>• Change and disruption during extensive building works (moving out whilst work is completed). Staff would need to manage this period of change.</li> <li>• Potential for bed based reablement is limited as needs of residents tend to be closer to nursing care.</li> <li>• Lack of demand locally for the service, linked with changing commissioning requirements.</li> <li>• Specialist property consultant findings conclude due to age and condition of the homes, extension or extensive refurbishment is uneconomical.</li> <li>• Site assessment indicates it is too small to redevelop a sufficient size new build care home to be economically sustainable.</li> <li>• To bring the home to the required standard to provide quality care assumes the availability of capital to undertake significant works.</li> </ul>
<b>3. Sell or lease the home to another provider</b>	
<b>Positives</b>	<b>Concerns</b>
<ul style="list-style-type: none"> <li>• Current residents will have continuity of care ensuring minimal change</li> <li>• Staff could remain if they transferred to new provider.</li> <li>• Another provider could invest in the property</li> </ul>	<ul style="list-style-type: none"> <li>• Another provider in the same environment could not address issues around dignified and quality care provision.</li> <li>• Investment is required to address the environmental challenges, and continue to meet CQC compliance.</li> <li>• Specialist healthcare property consultant findings conclude there is a limited market for older care home leasing and the homes would require substantive investment prior to transfer to address spatial and environmental shortcomings.</li> </ul>
<b>4. Close the home and support residents to move to another service</b>	
<b>Positives</b>	<b>Concerns</b>
<ul style="list-style-type: none"> <li>• Reassessment of residents enables provision suited to current needs</li> <li>• Market analysis indicates suitable provision of alternative care</li> </ul>	<ul style="list-style-type: none"> <li>• Change for residents and their family members which may cause anxiety and disruption</li> <li>• Change for staff</li> </ul>



## Cobgates, Falkner Road, Farnham GU9 7HG

### Current Situation



Site: 1.33 acre  
 Built: early 1970s  
 Registered beds: 50  
 Available beds: 40  
 Occupied beds: 34  
 Current staff: 52 permanent, 25 bank

Good Things	The problems
<ul style="list-style-type: none"> <li>• Very popular with local community, who attend in-home functions</li> <li>• High bed demand &amp; waiting lists</li> <li>• Good volunteer links</li> <li>• Memory clinics operate in partnership with Health and Alzheimer's Society</li> </ul>	<ul style="list-style-type: none"> <li>• No special provision for bariatric or wheelchair requirements with limited access for moving and handling equipment (e.g. hoists)</li> <li>• No en-suite facilities</li> <li>• Ratio of bathrooms/ to people is limited, and unsuitable size for assistance</li> <li>• Units and bathrooms and toilets are not gender specific</li> <li>• Limited space to meet with visitors in bedrooms and no private area available for visitors to utilise</li> <li>• Unsuitable open stairways for the needs of the residents</li> <li>• A range of refurbishment issues e.g. kitchens, electrical systems</li> <li>• Lift is beyond optimal lifespan</li> </ul>

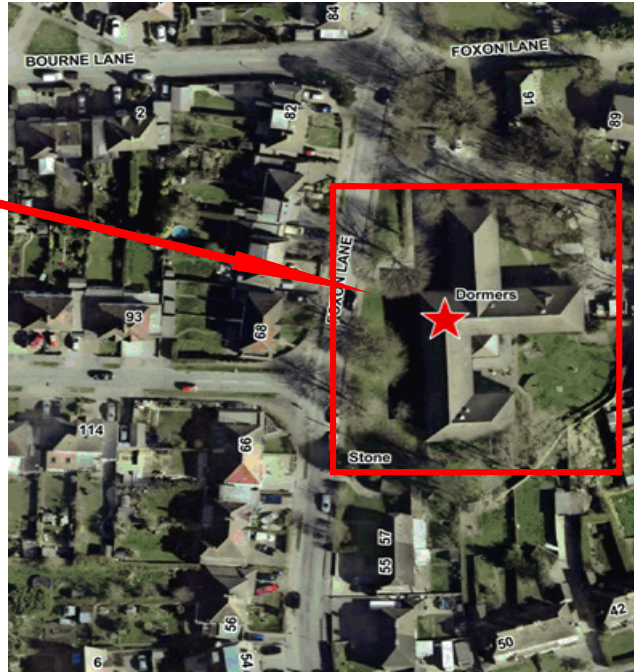
### Options considered?

1. Keep services as they are	
Positives	Concerns
<ul style="list-style-type: none"> <li>• Current residents will have continuity of care ensuring minimal change</li> <li>• No change for staff</li> </ul>	<ul style="list-style-type: none"> <li>• CQC new fundamental standards for inspection will be difficult to meet if the service remains as is. The challenges the building present mean that providing appropriate care in a dignified manner is challenging for staff, particularly as residents' needs increase.</li> <li>• Increasing number of residents with dementia and a mix of different care and occupational needs presents challenges within existing staff ratio.</li> </ul>

	<ul style="list-style-type: none"> <li>• Relatively high number of residents requiring complex care. There are challenges using the mobile hoisting system in the bedrooms.</li> <li>• Ongoing recruitment challenges</li> <li>• Projected planned maintenance costs over 30 years, (Holbrow Brooks, 2011) are estimated at circa £4m</li> </ul>
<b>2. Extend and refurbish the home or redevelop the site</b>	
<b>Positives</b>	<b>Concerns</b>
<ul style="list-style-type: none"> <li>• Long term continuity of care in a more suitable environment after disruption.</li> <li>• Some challenges linked with future CQC compliance could be addressed.</li> <li>• Improved physical environment and potential to address spatial shortcomings and bathroom ratio issues, depending upon the extent of refurbishment.</li> </ul>	<ul style="list-style-type: none"> <li>• Change and disruption during extensive building works (moving out whilst work is completed). Staff would need to manage this period of change.</li> <li>• Potential for bed based reablement is limited as needs of residents tend to be closer to nursing care.</li> <li>• Lack of demand locally for the service, linked with changing commissioning requirements.</li> <li>• Specialist property consultant findings conclude due to age and condition of the homes, extension or extensive refurbishment is uneconomical.</li> <li>• Site assessment indicates it is too small to redevelop a sufficient size new build care home to be economically sustainable.</li> <li>• To bring the home to the required standard to provide quality care assumes the availability of capital to undertake significant works.</li> </ul>
<b>3. Sell or lease the home to another provider</b>	
<b>Positives</b>	<b>Concerns</b>
<ul style="list-style-type: none"> <li>• Current residents will have continuity of care ensuring minimal change</li> <li>• Staff could remain if they transferred to new provider.</li> <li>• Another provider could invest in the property</li> </ul>	<ul style="list-style-type: none"> <li>• Another provider in the same environment could not address issues around dignified and quality care provision.</li> <li>• Investment is required to address the environmental challenges, and continue to meet CQC compliance.</li> <li>• Specialist healthcare property consultant findings conclude there is a limited market for older care home leasing and the homes would require substantive investment prior to transfer to address spatial and environmental shortcomings.</li> </ul>
<b>4. Close the home and support residents to move to another service</b>	
<b>Positives</b>	<b>Concerns</b>
<ul style="list-style-type: none"> <li>• Reassessment of residents enables provision suited to current needs</li> <li>• Market analysis indicates suitable provision of alternative care</li> </ul>	<ul style="list-style-type: none"> <li>• Change for residents and their family members which may cause anxiety and disruption</li> <li>• Change for staff</li> </ul>

## Dormers, Foxon Lane, Caterham CR3 5SG

### Current Situation



Site: 1.27 acre  
 Built: early 1985  
 Registered beds: 39  
 Available beds: 39  
 Occupied beds: 24  
 Current staff: 54 permanent, 16 bank  
 There are 8 beds on the unit purchased and occupied by St Catherine's hospice. These are only used during the day time as a drop in / Day Centre and for Health appointments and intervention.

Good Things	The problems
<ul style="list-style-type: none"> <li>• Good local demand with no closed beds</li> <li>• St Catherine's Hospice service operates independently on-site and day services</li> </ul>	<ul style="list-style-type: none"> <li>• No special provision for bariatric or wheelchair requirements with limited access for moving and handling equipment (e.g. hoists)</li> <li>• Concern re. size &amp; suitability of bedrooms</li> <li>• No en-suite facilities</li> <li>• Ratio of bathrooms/ to people is limited, and unsuitable size for assistance</li> <li>• Units and bathrooms and toilets are not gender specific</li> <li>• Limited space to meet with visitors in bedrooms and no private area available for visitors to utilise</li> <li>• Unsuitable open stairways for the needs of the residents, and extremely narrow corridors in some parts of the home</li> <li>• A range of refurbishment issues e.g. kitchens, electrical systems</li> <li>• Lift is beyond optimal lifespan</li> <li>• Shared lounges &amp; dining room are small for number of residents</li> <li>• Day room has subsidence issues</li> </ul>

### Options considered?

1. Keep services as they are	
Positives	Concerns
<ul style="list-style-type: none"> <li>• Current residents will have continuity of care ensuring</li> </ul>	<ul style="list-style-type: none"> <li>• CQC new fundamental standards for inspection will be difficult to meet if the service remains as is. The</li> </ul>

<p>minimal change</p> <ul style="list-style-type: none"> <li>No change for staff</li> </ul>	<p>challenges the building present mean that providing appropriate care in a dignified manner is challenging for staff, particularly as residents' needs increase.</p> <ul style="list-style-type: none"> <li>Increasing number of residents with dementia and a mix of different care and occupational needs presents challenges within existing staff ratio.</li> <li>Relatively high number of residents requiring complex care. There are challenges using the mobile hoisting system in the bedrooms.</li> <li>Ongoing recruitment challenges</li> <li>Lack of demand locally for the service, linked with changing commissioning requirements</li> <li>Projected planned maintenance costs over 30 years, (Holbrow Brooks, 2011) are estimated at circa £3.15m</li> </ul>
<b>2. Extend and refurbish the home or redevelop the site</b>	
<b>Positives</b>	<b>Concerns</b>
<ul style="list-style-type: none"> <li>Long term continuity of care in a more suitable environment after disruption.</li> <li>Some challenges linked with future CQC compliance could be addressed.</li> <li>Improved physical environment and potential to address spatial shortcomings and bathroom ratio issues, depending upon the extent of refurbishment.</li> </ul>	<ul style="list-style-type: none"> <li>Change and disruption during extensive building works (moving out whilst work is completed). Staff would need to manage this period of change.</li> <li>Potential for bed based reablement is limited as needs of residents tend to be closer to nursing care.</li> <li>Specialist property consultant findings conclude due to age and condition of the homes, extension or extensive refurbishment is uneconomical.</li> <li>Site assessment indicates it is too small to redevelop a sufficient size new build care home to be economically sustainable.</li> <li>To bring the home to the required standard to provide quality care assumes the availability of capital to undertake significant works.</li> </ul>
<b>3. Sell or lease the home to another provider</b>	
<b>Positives</b>	<b>Concerns</b>
<ul style="list-style-type: none"> <li>Current residents will have continuity of care ensuring minimal change</li> <li>Staff could remain if they transferred to new provider.</li> <li>Another provider could invest in the property</li> </ul>	<ul style="list-style-type: none"> <li>Another provider in the same environment could not address issues around dignified and quality care provision.</li> <li>Investment is required to address the environmental challenges, and continue to meet CQC compliance.</li> <li>Specialist healthcare property consultant findings conclude there is a limited market for older care home leasing and the homes would require substantive investment prior to transfer to address spatial and environmental shortcomings.</li> </ul>
<b>4. Close the home and support residents to move to another service</b>	
<b>Positives</b>	<b>Concerns</b>
<ul style="list-style-type: none"> <li>Reassessment of residents enables provision suited to current needs</li> <li>Market analysis indicates suitable provision of alternative care</li> </ul>	<ul style="list-style-type: none"> <li>Change for residents and their family members which may cause anxiety and disruption</li> <li>Change for staff</li> </ul>



## Longfield, Killicks Road, Cranleigh, GU6 7BB

### Current Situation



Site: 0.98 acres  
 Built: early 1974  
 Registered beds: 50  
 Available beds: 38  
 Occupied beds: 26  
 Current staff: 45 permanent, 8 bank

Good Things	The problems
<ul style="list-style-type: none"> <li>Links with local faith groups &amp; schools</li> </ul>	<ul style="list-style-type: none"> <li>No special provision for bariatric or wheelchair requirements with limited access for moving and handling equipment (e.g. hoists)</li> <li>Concern re. size &amp; suitability of bedrooms which are notably below current CQC size standards</li> <li>No en-suite facilities</li> <li>Ratio of bathrooms/ to people is limited, and unsuitable size for assistance</li> <li>Units and bathrooms and toilets are not gender specific</li> <li>Limited space to meet with visitors in bedrooms and no private area available for visitors to utilise</li> <li>Unsuitable open stairways for the needs of the residents, and extremely narrow corridors in some parts of the home</li> <li>A range of refurbishment issues e.g. kitchens, electrical systems</li> <li>Lift is beyond optimal lifespan</li> <li>Shared lounges &amp; dining room are small for number of residents</li> <li>Closed beds due to lack of demand &amp; inaccessibility</li> </ul>

### Options considered?

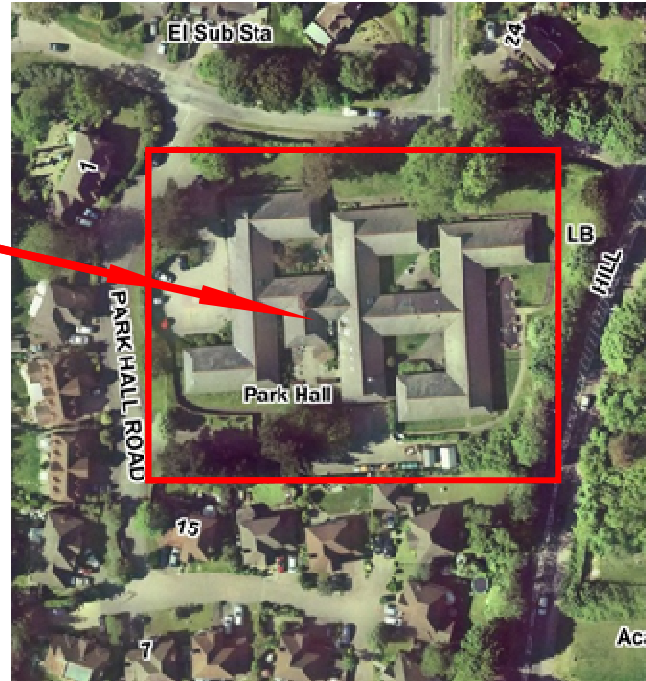
1. Keep services as they are	
Positives	Concerns
<ul style="list-style-type: none"> <li>Current residents will have</li> </ul>	<ul style="list-style-type: none"> <li>CQC new fundamental standards for inspection will</li> </ul>



<p>continuity of care ensuring minimal change</p> <ul style="list-style-type: none"> <li>No change for staff</li> </ul>	<p>be difficult to meet if the service remains as is. The challenges the building present mean that providing appropriate care in a dignified manner is challenging for staff, particularly as residents' needs increase.</p> <ul style="list-style-type: none"> <li>Increasing number of residents with dementia and a mix of different care and occupational needs presents challenges within existing staff ratio.</li> <li>Relatively high number of residents requiring complex care. There are challenges using the mobile hoisting system in the bedrooms.</li> <li>Ongoing recruitment challenges</li> <li>Changing commissioning requirements</li> <li>Projected planned maintenance costs over 30 years, (Holbrow Brooks, 2011) are estimated at circa £3.8m</li> </ul>
<b>2. Extend and refurbish the home or redevelop the site</b>	
<b>Positives</b>	<b>Concerns</b>
<ul style="list-style-type: none"> <li>Long term continuity of care in a more suitable environment after disruption.</li> <li>Some challenges linked with future CQC compliance could be addressed.</li> <li>Improved physical environment and potential to address spatial shortcomings and bathroom ratio issues, depending upon the extent of refurbishment.</li> </ul>	<ul style="list-style-type: none"> <li>Change and disruption during extensive building works (moving out whilst work is completed). Staff would need to manage this period of change.</li> <li>Potential for bed based reablement is limited as needs of residents tend to be closer to nursing care.</li> <li>Specialist property consultant findings conclude due to age and condition of the homes, extension or extensive refurbishment is uneconomical.</li> <li>Site assessment indicates it is too small to redevelop a sufficient size new build care home to be economically sustainable.</li> <li>To bring the home to the required standard to provide quality care assumes the availability of capital to undertake significant works.</li> </ul>
<b>3. Sell or lease the home to another provider</b>	
<b>Positives</b>	<b>Concerns</b>
<ul style="list-style-type: none"> <li>Current residents will have continuity of care ensuring minimal change</li> <li>Staff could remain if they transferred to new provider.</li> <li>Another provider could invest in the property</li> </ul>	<ul style="list-style-type: none"> <li>Another provider in the same environment could not address issues around dignified and quality care provision.</li> <li>To address the environmental challenges, and continue to meet CQC compliance, will require investment.</li> <li>Specialist healthcare property consultant findings conclude there is a limited market for older care home leasing and the homes would require substantive investment prior to transfer to address spatial and environmental shortcomings.</li> </ul>
<b>4. Close the home and support residents to move to another service</b>	
<b>Positives</b>	<b>Concerns</b>
<ul style="list-style-type: none"> <li>Reassessment of residents enables provision suited to current needs</li> <li>Market analysis indicates suitable provision of alternative care</li> </ul>	<ul style="list-style-type: none"> <li>Change for residents and their family members which may cause anxiety and disruption</li> <li>Change for staff</li> </ul>

## Park Hall, 1 Park Hall Road, Reigate, RH2 9LH

### Current Situation



Site: 1.53 acres  
 Built: early 1988  
 Registered beds: 50  
 Available beds: 48  
 Occupied beds: 27  
 Current staff: 59 permanent, 31 bank

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Good Things	The problems
<ul style="list-style-type: none"> <li>• Single storey, better for residents and lower property running costs</li> <li>• Unit supporting older people with learning disabilities on-site</li> <li>• Good size Day centre facility on-site</li> </ul>	<ul style="list-style-type: none"> <li>• No special provision for bariatric or wheelchair requirements with limited access for moving and handling equipment (e.g. hoists)</li> <li>• No en-suite facilities</li> <li>• Ratio of bathrooms/ to people is limited, and unsuitable size for assistance</li> <li>• Units and bathrooms and toilets are not gender specific</li> <li>• Limited space to meet with visitors in bedrooms and no private area available for visitors to utilise</li> <li>• A range of refurbishment issues e.g. kitchens, electrical systems</li> <li>• Some rooms unusable due to subsidence</li> <li>• Lack of demand for service</li> </ul>

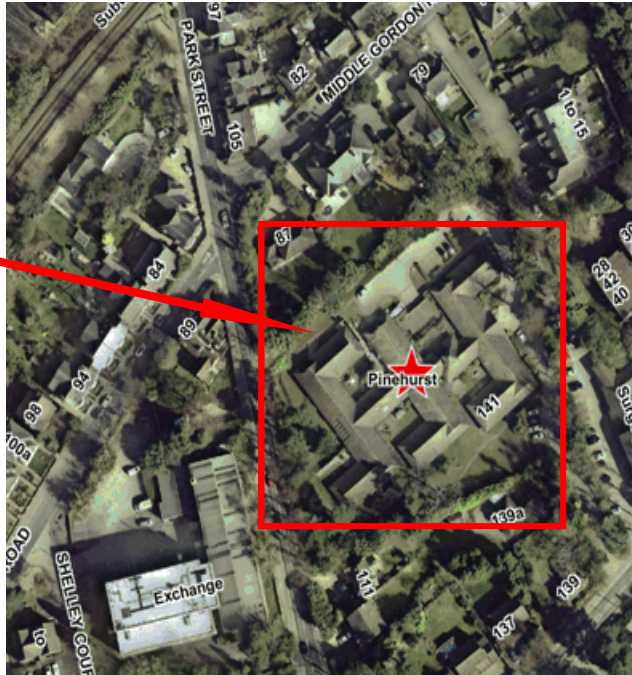
### Options considered?

1. Keep services as they are	
Positives	Concerns
<ul style="list-style-type: none"> <li>• Current residents will have continuity of care ensuring minimal change</li> <li>• No change for staff</li> </ul>	<ul style="list-style-type: none"> <li>• CQC new fundamental standards for inspection will be difficult to meet if the service remains as is. The challenges the building present mean that providing appropriate care in a dignified manner is challenging for staff, particularly as residents' needs increase.</li> <li>• Increasing number of residents with dementia and a mix of different care (including learning disability)</li> </ul>

	<p>and occupational needs presents challenges within existing staff ratio.</p> <ul style="list-style-type: none"> <li>• Relatively high number of residents requiring complex care. There are challenges using the mobile hoisting system in the bedrooms.</li> <li>• Ongoing recruitment challenges</li> <li>• Projected planned maintenance costs over 30 years, (Holbrow Brooks, 2011) are estimated at circa £4m</li> </ul>
<b>2. Extend and refurbish the home or redevelop the site</b>	
<b>Positives</b>	<b>Concerns</b>
<ul style="list-style-type: none"> <li>• Long term continuity of care in a more suitable environment after disruption.</li> <li>• Some challenges linked with future CQC compliance could be addressed.</li> <li>• Improved physical environment and potential to address spatial shortcomings and bathroom ratio issues, depending upon the extent of refurbishment.</li> </ul>	<ul style="list-style-type: none"> <li>• Change and disruption during extensive building works (moving out whilst work is completed). Staff would need to manage this period of change.</li> <li>• Potential for bed based reablement is limited as needs of residents tend to be closer to nursing care.</li> <li>• Specialist property consultant findings conclude due to age and condition of the homes, extension or extensive refurbishment is uneconomical.</li> <li>• Site assessment indicates it is too small to redevelop a sufficient size new build care home to be economically sustainable.</li> <li>• To bring the home to the required standard to provide quality care assumes the availability of capital to undertake significant works.</li> </ul>
<b>3. Sell or lease the home to another provider</b>	
<b>Positives</b>	<b>Concerns</b>
<ul style="list-style-type: none"> <li>• Current residents will have continuity of care ensuring minimal change</li> <li>• Staff could remain if they transferred to new provider.</li> <li>• Another provider could invest in the property</li> </ul>	<ul style="list-style-type: none"> <li>• Another provider in the same environment could not address issues around dignified and quality care provision.</li> <li>• To address the environmental challenges, and continue to meet CQC compliance, will require investment.</li> <li>• Specialist healthcare property consultant findings conclude there is a limited market for older care home leasing and the homes would require substantive investment prior to transfer to address spatial and environmental shortcomings.</li> </ul>
<b>4. Close the home and support residents to move to another service</b>	
<b>Positives</b>	<b>Concerns</b>
<ul style="list-style-type: none"> <li>• Reassessment of residents enables provision suited to current needs</li> <li>• Market analysis indicates suitable provision of alternative care</li> </ul>	<ul style="list-style-type: none"> <li>• Change for residents and their family members which may cause anxiety and disruption</li> <li>• Change for staff</li> </ul>

Pinehurst, 141 Park Road, Camberley, GU15 2LL

Current Situation



Site: 1.97 acres  
 Built: early 1990  
 Registered beds: 50  
 Available beds: 40  
 Occupied beds: 28  
 Current staff: 48 permanent, 32 bank

16

Good Things	The problems
<ul style="list-style-type: none"> <li>• Single storey building, better for residents and lower property running costs</li> <li>• Day services on-site a good size for residents</li> </ul>	<ul style="list-style-type: none"> <li>• No special provision for bariatric or wheelchair requirements with limited access for moving and handling equipment (e.g. hoists)</li> <li>• No en-suite facilities</li> <li>• Ratio of bathrooms/ to people is limited, and unsuitable size for assistance</li> <li>• Units and bathrooms and toilets are not gender specific</li> <li>• Limited space to meet with visitors in bedrooms and no private area available for visitors to utilise</li> <li>• A range of refurbishment issues e.g. kitchens, electrical systems</li> <li>• Some rooms unusable due to subsidence</li> <li>• Lack of demand for service</li> </ul>

Options considered?

1. Keep services as they are	
Positives	Concerns
<ul style="list-style-type: none"> <li>• Current residents will have continuity of care ensuring minimal change</li> <li>• No change for staff</li> </ul>	<ul style="list-style-type: none"> <li>• CQC new fundamental standards for inspection will be difficult to meet if the service remains as is. The challenges the building present mean that providing appropriate care in a dignified manner is challenging for staff, particularly as residents' needs increase.</li> <li>• Increasing number of residents with dementia and a mix of different care (including learning disability)</li> </ul>

	<p>and occupational needs presents challenges within existing staff ratio.</p> <ul style="list-style-type: none"> <li>• Relatively high number of residents requiring complex care. There are challenges using the mobile hoisting system in the bedrooms.</li> <li>• Ongoing recruitment challenges</li> <li>• Projected planned maintenance costs over 30 years, (Holbrow Brooks, 2011) are estimated at circa £2.4m</li> </ul>
<b>2. Extend and refurbish the home or redevelop the site</b>	
<b>Positives</b>	<b>Concerns</b>
<ul style="list-style-type: none"> <li>• Long term continuity of care in a more suitable environment after disruption.</li> <li>• Some challenges linked with future CQC compliance could be addressed.</li> <li>• Improved physical environment and potential to address spatial shortcomings and bathroom ratio issues, depending upon the extent of refurbishment.</li> </ul>	<ul style="list-style-type: none"> <li>• Change and disruption during extensive building works (moving out whilst work is completed). Staff would need to manage this period of change.</li> <li>• Potential for bed based reablement is limited as needs of residents tend to be closer to nursing care.</li> <li>• Specialist property consultant findings conclude due to age and condition of the homes, extension or extensive refurbishment is uneconomical.</li> <li>• Site assessment indicates it is too small to redevelop a sufficient size new build care home to be economically sustainable.</li> <li>• To bring the home to the required standard to provide quality care assumes the availability of capital to undertake significant works.</li> </ul>
<b>3. Sell or lease the home to another provider</b>	
<b>Positives</b>	<b>Concerns</b>
<ul style="list-style-type: none"> <li>• Current residents will have continuity of care ensuring minimal change</li> <li>• Staff could remain if they transferred to new provider.</li> <li>• Another provider could invest in the property</li> </ul>	<ul style="list-style-type: none"> <li>• Another provider in the same environment could not address issues around dignified and quality care provision.</li> <li>• To address the environmental challenges, and continue to meet CQC compliance, will require investment.</li> <li>• Specialist healthcare property consultant findings conclude there is a limited market for older care home leasing and the homes would require substantive investment prior to transfer to address spatial and environmental shortcomings.</li> </ul>
<b>4. Close the home and support residents to move to another service</b>	
<b>Positives</b>	<b>Concerns</b>
<ul style="list-style-type: none"> <li>• Reassessment of residents enables provision suited to current needs</li> <li>• Market analysis indicates suitable provision of alternative care</li> </ul>	<ul style="list-style-type: none"> <li>• Change for residents and their family members which may cause anxiety and disruption</li> <li>• Change for staff</li> </ul>