

By: Oliver Mills, Managing Director, Kent Adult Social Services

To: Graham Gibbens, Cabinet Member, Adult Social Services

Subject: **OUTCOME OF THE FORMAL CONSULTATION ON THE CLOSURE OF MANORBROOKE REGISTERED CARE CENTRE, DARTFORD**

Classification: Unrestricted

Summary: This report considers the proposal to close Manorbrooke and develop extra care housing on the site and summarises the responses to the consultation. The report asks the Cabinet Member to approve the proposal to close Manorbrooke and replace with extra care housing.

1. Background

(1) Kent County Council (KCC) is modernising the way older people are supported and cared for in the county.

(2) On Monday 14 June 2010, Kent County Council's Cabinet agreed for Kent Adult Social Services (KASS) to begin a formal consultation on the future of its Older Person's Service Provision. From Monday 21 June 2010, KASS officers met with staff, service users, relatives, trades unions and other key stakeholders to talk about the proposals.

(3) The full consultation covered 11 of the 16 homes owned and managed by KASS.

The main drivers for the full consultation are:

- **More people are living longer and living with dementia. People rightly expect more choice in care.**
- **High quality care is a continuing priority. Dignity in care is crucial and more people want care at home.**
- **Residential care should be in high quality buildings. Some KCC buildings have reached the end of their useful life and don't meet expectations or standards for new builds.**
- **Good quality care can be commissioned for less money. The private and voluntary sector is set up to care for more people.**

(4) The considerations and options evaluated to determine the proposals for each home included:

- a) The range of alternative local services for older people
- b) The opportunity for developments with partners in the local area

- c) The condition of the buildings and likely capital expenditure required to maintain services
- d) The appropriateness of the design of the buildings for the services delivered and required
- e) The need to release money that is tied in to services that could be used to deliver equivalent services to more people

(5) The proposals combined across Kent will generate savings of £1m in 2011/12 and £1.2m in 2012/13.

(6) This report covers Manorbrooke in Stone, Dartford. The proposal in the consultation is for the home to be closed, demolished and the site used to build extra care housing. Manorbrooke staff and service users have been aware of this proposal since 2008 when outline planning permission was submitted to make sure that the site was suitable for this type of development.

(7) The proposed extra care housing scheme is part of a project led by Kent County Council, in partnership with five district councils, to develop a minimum of 228 units of additional social housing – including 201 extra care housing apartments for older people, with smaller blocks for people with mental health problems and younger adults. In 2008, the partnership made a successful bid to the Homes and Communities Agency for the funding. Money is still available following the Comprehensive Spending Review in October 2010, subject to a value for money review. Dartford Borough Council and KCC previously delivered Emily Court, a similar scheme, and have identified that this type of development is relevant for the district and that there is an identified need for this type of housing. The proposed scheme would have at least 20 one bedroom flats and 20 two bedroom flats, with a range of communal facilities for tenants to use and also for the wider community to access. These facilities could include a shop, restaurant, gym, hairdressers and activity room.

(8) Extra care housing is a national model. It is recognised as making a valuable contribution in offering choice for older people who are considering care in later life. It is offered as a choice to those who previously would have only had the option of residential care. Individuals will have tenant status in their own home with their own front door and at the same time will have access to care staff 24 hours a day in an environment that has been built to meet the needs of people with a range of disabilities.

(9) KASS will commission the care contract separately, which will make sure that care staff will be on site 24 hours a day and that individuals have tailored care packages that respond to what their assessment says they need. The two bedroom apartments could accommodate a couple that would have been separated previously, if one needed residential care. This would allow separate sleeping arrangements if necessary and would allow a couple to stay together longer and retain caring roles – with access to support if needed.

(10) Manorbrooke is a detached 33-bed unit built in 1965. It offers residential and respite care. It is freehold and has no known restrictive covenants. It was purpose built in a residential area in Bevis Close, Stone, Dartford. All bedrooms are single occupancy, with 19 rooms on the ground floor. Eight bedrooms have ensuite facilities. All bedrooms are connected to the call bell system and have a television point. None of the bedrooms have a telephone point. There is a passenger lift to the first floor, which serves all rooms. The home is divided into three units. The first floor unit has a lounge/dining room. The two units on the ground floor have their own day lounge, but share a large dining room.

(11) Manorbrooke would not meet the national minimum standards of the Care Standards Act 2000 as regulated by the Care Quality Commission if it were to be built today. There is, however, protection against these standards being applied for as long as significant structural improvements are not required. The building may, very soon because of its age, require considerable investment to maintain services and meet future needs and expectations.

(12) The unit cost (gross), based on 100% occupancy, for one bed was £728.22 per week for 09/10. The annual gross expenditure for 09/10 is **£1,240,200**.

(13) Manorbrooke has 22 permanent residents (as at 18 November 2010). The service offers 31 frail permanent places and one frail respite place. In 2009/10, it operated at 96.4% of its residential capacity making the unit cost £755.27.

(14) The maximum charge for individuals accessing the beds in the units is currently capped at £407.92 per week. Everyone that accesses residential and respite services is financially assessed for a contribution towards their care in line with the Charging for Residential Accommodation Guide (CRAG). This means that individuals who have savings of more than £23,250 are charged £407.92 per week and anyone with less than £23,250 is assessed against their means to determine their level of payment. A snapshot undertaken in the summer of 2010 indicated at that time there were 51 people living in the in house residential services being charged £407.92 per week.

(15) KASS has a guide price for the independent sector and can buy services in Dartford for £342.85 per week for standard residential care.

(16) The Care Quality Commission (CQC), in its last inspection in 2009, rated the service as 'excellent'. There was positive feedback about the services both from inspectors and service users. Staff training and management were identified as key areas that helped to achieve the excellent rating.

(17) Dartford commissioning managers may need to provide alternative services in the independent sector.

2. Consultation Process

(1) The county council has a duty to undertake formal consultation on any proposed changes to services. The procedure for consultation on modernisation/variation or closure of establishments in KASS was followed as below:

Process	Date Action Completed
Obtained agreement in principle from the Cabinet Member for Adult Social Services.	14 June 2010
Cabinet member chaired a meeting to discuss the proposals and information packs were sent to those who were invited and who attended:	
The Chairman of the Adult Social Services Policy Overview Committee (ASSPOSC)	10 June 2010
Vice Chairman	10 June 2010
Opposition spokesman	10 June 2010

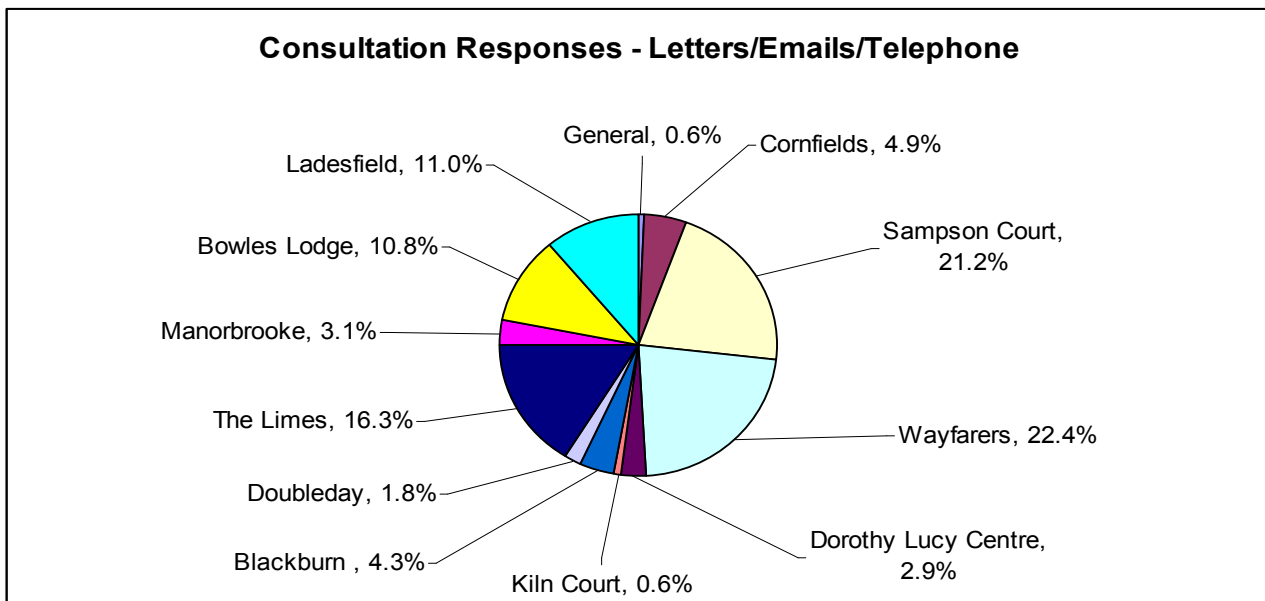
<p>Local KCC member(s) Elected members Responsible member of KCC adult social services Strategic Management Team Heads of Services (updated to reflect new title) Area Personnel Manager</p>	<p>21 June 2010 and 5 July 2010 14 June 2010 10 June 2010 14 June 2010 14 June 2010</p>
<p>Stakeholders were informed in writing and invited to comment: -</p> <p>Users, relatives and carers Head of Service Staff Trades Unions Local KCC member(s) District Council Parish/Town Council Relevant NHS bodies Any other relevant person or organisation and the Local MP</p>	<p>Letter sent 14 June 2010. Consultation period ended 1 November 2010 (19 weeks from 21 June 2010).</p> <p>Summary of meetings and correspondence received as a result of the consultation</p> <p>Informed MP and answered questions</p> <p>Held individual meetings and group meetings with local councillors, county councillors, MPs</p>
<p>Directorate issued a Press Release</p>	<p>The press officer responded to 49 enquiries from the press across the county for all proposals during the consultation period.</p>
<p>A wide range of stakeholder meetings were held</p>	<p>Meetings with staff and union representatives held on 22 June 2010.</p> <p>Stakeholder Roadshow held for Manorbrooke on 11 October 2010</p> <p>Individual meetings with permanent residents and carers offered but not requested for those accessing Manorbrooke</p> <p>Meeting with users and carers on 22 June 2010.</p> <p>West Kent Area Management Team Commissioning Board on 9 August 2010 and 1 October 2010.</p>

	<p>Presentation at members' briefing on 26 July 2010 on proposals.</p> <p>Adult Social Services Policy Overview and Scrutiny Committee Chair and Vice-Chair visit to Manorbrooke 26 October 2010</p>
Report to Cabinet member for decision making on the closure/variation proposal.	This report dated 30 December 2010
The Cabinet member or the Chairman of the Adult Services Policy Overview Committee will decide if a meeting between him/themselves, KCC members and consultees is necessary.	In addition to the extensive consultation, these matters will also be discussed at Adult Social Services Policy Overview Committee on 12 January 2011
Instigate any change programme	From January 2011.

(2) The 19-week consultation period for the modernisation of our Older Person's Provision concluded on 1 November 2010. Residents, carers, staff, unions and relevant bodies have been involved with meetings and their views have been considered. Clients and their carers were consulted about the alternative options of service provision.

(3) The overall consultation received **490** letters; most were relating to specific units. A number of letters were copied to the local MP, local Councillor, Councillor Gibbens, officers within KCC. Each letter was responded to either by a standard acknowledgement or a more detailed letter responding to any queries or inaccuracies in their statements. Of the total number of responses **3.1%** related directly to Manorbrooke.

The chart below shows the responses for all units consulted on.



(4) A petition from the Manorbrooke Pressure Group was received, containing 1,390 signatures. This prompted a debate at county council on 14 October and Mrs Yvette Knight presented the petition on behalf of the Manorbrooke Pressure Group. The petition was against the closure of Manorbrooke as they believe that Manorbrooke addresses the four main drivers behind the proposals. Attached at Appendix One is the text the petitioner's used to present the petition at County Council in October.

(5) KCC developed a questionnaire as an additional method for people to contribute to the consultation. This questionnaire was available either by responding directly on line, downloading from the website or through a hardcopy with postage paid.

3. Alternative/Replacement Services

(1) The proposal is for Manorbrooke to be demolished and the site to be used for extra care housing. Private Finance Initiative (PFI) will be used for funding the housing. The project timetable assumes that contract and financial formalities would be completed in October 2011, at which point the site would be handed over and the contractor would secure the site. With these timescales, it is proposed that Manorbrooke would be closed at the end of September 2011. Staff and service users would move out by that date at the latest. Should the alternative re-provision be available earlier, Manorbrooke could be closed sooner. There could be a period of time where Manorbrooke stands empty while financial and contract matters are concluded before demolition. The extra care housing would be open to accept tenants in May 2013, assuming these October 2011 deadlines are met.

Residential:

(2) Dartford Commissioners are confident alternative services that meet the assessed needs of the individuals and address any friendship group issues can be secured in the independent sector. On 18 November 2010, there were 22 permanent residents that would need alternative accommodation if the proposals were agreed. Every individual who is supported through Manorbrooke will have a new, full assessment of their needs and will be supported in finding alternative services

(3) There are currently 22 permanent residents in Manorbrooke. A desktop exercise has been undertaken to identify peoples needs based on their current care plan and it is anticipated that the following provision would be required based on the 22 individuals:

Potential Client Relocation	Residential	OPMH Residential	Nursing	OPMH Nursing
Dartford	5	4	3	2
Gravesham	2	2		
Swanley	2	2		
Snapshot of vacancies 08/11/10	Residential	OPMH Residential	Nursing	OPMH Nursing
Dartford	5	10	24	8
Gravesham	12	5		
Swanley	1	2		

(4) Dartford has nine residential homes with 389 registered beds. Of these, 122 are for older people or people with dementia and 267 are nursing beds, including dementia provision, all rated as 'Good' or 'Excellent' by the CQC. The consultation briefings have stated that alternative provision will only be in 'Good' or 'Excellent' rated homes.

(5) An ongoing assessment of what places are available will be needed in order to secure placements for those currently at Manorbrooke and for monitoring changes to the CQC ratings as work to provide alternative places is undertaken. The national vacancy rate is 9%.

(6) A new nursing home has opened in Northfleet, adding a further 76 nursing beds. Mayflower has a combination of elderly frail nursing, dementia nursing and challenging behaviour. Other residential/nursing services have planning applications logged with the district councils.

(7) Individuals will not be at a financial disadvantage through the proposals. People will be assessed and their needs recorded. Individuals and their families will be offered options to consider that meet the assessed needs of those individuals. KASS will take every reasonable step to secure appropriate alternative accommodation at the best available price.

Respite:

(8) There are no frequent users of the respite bed at Manorbrooke. Work on a respite strategy is currently being carried out by West Kent's Strategic Commissioning Unit. At this point, the respite bed would not be re-provided elsewhere but would be accounted for in the emerging respite strategy. Any users assessed as eligible for respite would be able to access through the independent sector.

4. Alternative Proposals

(1) An Evaluation Panel met on 15 November 2010 to review all alternative proposals that had been submitted. The panel had representation from Commissioning, Finance, Contracting and Standards, Provision and Personnel.

(2) One alternative proposal was received for Manorbrooke which was the generic Unison Proposal. Unison's feedback called on the county council to withdraw its proposals and retain its role as a direct provider of social care. This has been considered as an alternative proposal and evaluated by a panel of KASS officers. Unison reports that there is extreme difficulty identifying vacancies in independent sector homes of a satisfactory standard. It does not think specialist services should be provided in an untested market and believes KCC should remain a direct provider in order to help set high standards. The comments from Unison state that the buildings are fit for purpose and that quality of care should be considered above the fabric of the building. Unison argues that reducing council provision reduces choice and that "attrition rates for residents remain high for enforced moves". Unison argues that KCC's cost comparisons with the independent sector have not been made like-for-like and do not take into account transaction costs.

(3) The proposal from Unison is largely asking to maintain the status quo, which does not enable KCC to address the four key reasons for change and therefore is not an option that KCC can support. In response to Unisons issues, the panel made the following observations:

- KCC will retain control of the market as a key purchaser of care and standards.
- There are vacancies in homes rated 'good' or 'excellent' in the independent sector.
- The proposal for the specialist enablement beds at The Limes is for them to be provided at Gravesham Place which has previous experience of this service.
- The buildings will require the investment of significant capital funding that KCC does not have access to – and the long term future of the services could be more uncertain, possibly resulting in emergency closure rather than planned closure.
- There is no statutory duty to directly provide residential care. KCC should be directing resources to further enhance the quality monitoring and contract management responsibilities it has in commissioning services – and providing personal budgets for people who meet KASS eligibility criteria.
- It is KCCs stated long term intention to focus on undertaking a commissioning role with services provided by a plurality of independent sector providers.
- Where moves are necessary, KCC has considerable experience of carefully and successfully moving older people. Each case will be managed and supported on an individual basis to ensure their personal needs are met at an appropriate pace for the individual.
- It is acknowledged that purchasing intermediate care/enablement beds in the independent sector would require a premium above guide price however commissioners are confident they could purchase these beds in the independent sector at less than half the gross unit cost of an in-house enablement bed.

(4) The panel agreed that the first priority for Manorbrooke would be for it to be used for extra care housing as this will expand the choice of service available in Dartford. Should the proposal not proceed a review will be required on the options and a further consultation period on the future of Manorbrooke will be required. The Project Executive Board agreed with the panel and therefore agreed not to recommend the alternative proposal.

5. Issues raised during the consultation

a) Letters/Emails

(1) **Manorbrooke offers a quality service that is not matched by the independent sector.** The independent sector is regulated by the Care Quality Commission in the same way that Manorbrooke is regulated and to the same standards. Manorbrooke received an 'excellent' rating when it was last inspected in 2009. There are other 'excellent' homes in the locality.

(2) **This proposal has been developed purely on cost-savings and KCC has said that these savings are negligible. Is this really worth doing compared to the huge impact on the residents?** KCC has a duty to provide for the future and to make best use of available resources. There is the requirement to make £2.2m savings over a 2 year period as part of these proposals. Although £2.2m is not negligible, it is only a small proportion of the overall KASS budget and is not a prime driver for these proposals. These

are more about using available resources as effectively as possible to provide for the future needs for older people.

(3) **Manorbrooke meets the needs of the residents, it does have some ensembles and they are not used. Extra care housing is not a good alternative as people will be isolated.** It is recognised that current residents would prefer to retain the services as they are. However, in future people will expect modern facilities in residential care. The Manorbrooke building does not meet the minimum care standards, however, does have transitional immunity until 'significant improvements' are made. The Care Quality Commission, the body which enforces these standards, would expect to see improvements to its fabric to meet the national minimum standards over time. In order for Manorbrooke to meet the minimum standards the following would be necessary:

- increase the size of each bedroom from 10 square metres to a minimum of 12 square metres of usable floor space;
- install ensuite facilities that include at least a toilet and wash hand basin in each room.

The ensuite facilities currently at Manorbrooke consist of toilets and wash basins. People do still need to use the shared bathrooms for bathing. There are individuals who do not have access to the ensuite facilities living at Manorbrooke who have stated that they would prefer them and there are individuals who would still prefer to use a commode.

The extra care housing services will provide 24 hour care for tenants/residents in their own apartments when they need it and have additional facilities such as a gym and a shop. Current residents and their relatives are being given choices about alternative local care home places to an equivalent standard.

Residents of the scheme will have access to the main lounges and the restaurant. This way they can choose to participate in group activities, remain on their own in their flat or invite people into their flat. They can participate as much or as little as they like. Where there is a risk of isolation, care staff will be aware and will be able to encourage and support people to get involved.

Extra care housing has a number of two bedroom apartments allowing a couple to move in that would have otherwise been separated if one person needed residential care. This allows the carer to retain a caring role and also to access 24 hour care, if the individual needs support or to have a short break from caring responsibilities. It also means the individual can stay in their home environment.

(4) **People cannot afford services from the independent sector.** Throughout the consultation, KASS has consistently said that no one currently using the services would be put at a financial disadvantage if there are moves to alternative services. The only exceptions to this would be if needs have changed. This would also be the case if Manorbrooke remained operational. For those individuals who are not full cost, their charge will remain the same as they are means tested and their contribution is assessed against their income.

In an extra care housing setting, people would have their own tenancy so would be required to pay rent and service charges (for the vast majority, Housing Benefit plays a part). In addition, each person's care package would be individually assessed and a charge would be made if appropriate after means testing. This is done in the same way that KASS carries out a financial assessment for domiciliary care.

(5) **The closure will provide increased pressure, distress and worry on the residents, carers and relatives.** It is acknowledged that the change proposal has inevitably worried residents, carers and relatives. KASS has allocated a dedicated project officer to work with those individuals currently supported by services at Manorbrooke to make sure that a consistent approach is taken. The officer will work with the individuals and report to case managers to provide an update on each individual's circumstances. The project officer has worked previously as a care manager assistant for a number of years and has experience of working closely and sensitively with people in times of uncertainty. Some relatives of service users have expressed a concern that there could be a devastating affect on individuals who move from being settled and happy. Members of KASS staff would work at the pace of the individual and their family, providing help and support to find and secure alternative accommodation that meets the individual's assessed needs. KASS has to routinely move individuals all of the time because of changes in levels of need. This could be from one home that no longer meets the needs of the individual to another (for instance if they develop dementia or have nursing needs that the first home is not registered to respond to). KASS has many years of experience in carefully and successfully helping older people to move. Each case will be managed and supported on an individual basis to ensure personal needs are met at an appropriate pace for the individual.

On 2 October, a separate consultation event was undertaken by MORI attended by 75 people who were looking at the county council's priorities. A case study was used for the future of older person's services. Feedback from the individuals was that older people's accommodation should be a priority and it was less important who provided the services as long as KCC retained a role in making sure of quality.

b) Questionnaire:

(6) A questionnaire was developed in August and distributed in September. It was designed as an additional method to generate feedback not only from key stakeholders but also members of the general public. The Questionnaire asked questions both about the proposal and what was important to people in the future should they need to access support services. There were a number of opportunities for people to enter free text in addition to answering the questions. Key areas of feedback from the Questionnaires received on the Future of Older Person's Provision were:

(7) **The proposals:**

42% of people, when asked what they thought of the proposals, answered they had mixed views with 24% responding they thought it was a bad idea and 15% that it was a good idea. In the free text field the greatest number of comments (31) acknowledged that planning for the future was a good idea with 27 people saying they were against the proposal because of the disruption to the clients. Other common comments included support for extra care housing, emphasising the importance of day care and concerns about the quality of care in the independent sector.

(8) **Should KCC run its own homes?**

59% of respondents stated that the council should continue to run its own homes with 20% disagreeing. The largest number of comments wanted to know why KCC homes cost double the price KCC can buy it in the independent sector. 22 recommended that KCC should review staff contracts and KCC processes to reduce the cost. Other comments included concerns about the quality of care in the independent sector. 8 people criticised the question as leading.

(9) On what basis should KCC make the decision about the proposals?

80% thought quality of care an essential factor, 75% continuity of care for the residents, and 47% felt keeping some homes in the management of KCC was essential. Fewer people thought value for money (175) and freeing up resources to care for more people (132) were essential although these issues were considered very important by 41.5% of respondents.

(10) Thinking about the future

When asked about their preferred choice of how they would like to receive care most people wanted to be able to live at home for as long as possible followed by a situation similar to extra care housing.

The most important issues to people considering moving into a care home were trained and friendly staff, home cooked nutritious food and being with ones partner. Other factors that were important to people were to remain a respected member of their local community treated with respect and able to exercise choice and control and the ability to have pets.

The top five things that people rated as essential or very important to them when they were older were:

1. help and support available when needed
2. a safe and secure environment
3. being able to maintain links with family, friends and local community
4. ability to remain as independent as possible with own routine and choices
5. accessibility (no steps etc)

6. Personnel implications

(1) Issues raised by members of staff related to redeployment opportunities, redundancies and support for staff through the consultation process. From 14 June 2010 all staff vacancies in the Registered Care Centres, learning disability provision and the Enablement service were only being offered on a temporary basis to maximise any opportunities for the redeployment of existing staff. Staff will be offered one-to-one meetings with a personnel officer and their union representative and the opportunity to receive skills training to enable them to continue their employment within Kent County Council, where possible. Redundancies, where possible, will be kept to a minimum.

(2) Special arrangements will be put in place to give members of staff an opportunity to apply for posts while continuing to support service users until the service has closed. Those who are not successfully redeployed into these posts will be offered support to help them to secure alternative employment. The Redundancy & Redeployment procedure would be followed and people will be offered Priority Consideration status once they are at risk of redundancy in order to help them find work in KCC.

(3) The staffing information for Manorbrooke as at 23 November 2010 is as follows:

Head count	No. of contracts	No. of Permanent Contracts	No. of Temporary Contracts	No. of Fixed Term Contracts	No. of Full Time Contracts	No. of Part Time Contracts	No. of Relief Contracts	FTE
51	57	55	2	0	7	37	13	27.75

7. Summary

(1) The proposal for Manorbrooke to be closed, demolished and be replaced by extra care housing is recommended. The individuals accessing the services will all receive a reassessment and be offered an appropriate alternative service at no financial disadvantage.

(2) The need for extra care housing in the Dartford district and the ability to access PFI funding to secure modernised services for older people in Stone remains a priority for commissioners and partners.

(3) Should Manorbrooke remain open, it would require significant investment and any major refurbishment would probably need residents to move out while works took place.

(4) There is an active and thriving social care market in Dartford at a cost and quality appropriate for the county council. The market is also responding and there is growth in terms of new provision planned for the district. The market is responding to the greater needs of people with dementia.

(5) If the decision is taken for Manorbrooke to close, the land value of the site will be part of the PFI contract and the site will be leased to the successful contractor. In April 2010 full planning applications for the extra care housing will be submitted.

(6) A proportion of the revenue previously used for the operation of Manorbrooke will be used for the Dartford locality to offer services to more older people.

(7) An initial screening as part of the Equality Impact Assessment was undertaken prior to the consultation on the modernisation proposals. This identified the need for a full Equality Impact Assessment to be undertaken on each proposal, which has now been done. The assessment confirms that the proposals can be delivered in a way that adequately takes account of the individual needs of existing residents and of other service users.

8. Recommendations

(1) The Cabinet Member is asked to **consider** the contents of this report and **agree** that Manorbrooke should close in September 2011 and for the site to be used for extra care housing. Should the recommendation not be agreed, the future of Manorbrooke will need to be revisited and further a consultation period will be required on a revised proposal.

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Background Documents

- Government White Paper 'Our Health, Our Care, Our Say' – January 2006
- National Dementia Strategy – February 2009
- Active Lives for Adults 2006-2016
- Closure/Variation Policy for the closure/variation in the service use of a Social Services Establishment
- Vision for Adult Social Care: Capable Communities and Active Citizens
- Think Local, Act Personal: Next Steps for Transforming Adult Social Care
- Locality Commissioning Strategy

Text from the Petitioners to County Council

MANORBROOKE PRESSURE GROUP

Manorbrooke is a residential home in Dartford (the last KCC home in the Dartford borough), that cares for 32 residents. We are campaigning to save Manorbrooke from closure. The petition collected 1,400 signatures from the Manorbrooke residents, family members and residents within the Dartford community who are opposed to the plans in KCCs consultation for the reprovision of Manorbrooke to Extra Care Homes. The KCC paper cites 4 reasons for the change as “More People living longer”, High Quality Care as a continuing priority, Buildings of high quality and Cost – less money”. Manorbrooke already provides all of those needs.

Manorbrooke provides high quality care for all who use it (verified by the Care Quality Commission who rated the care as excellent), and that the closure will put at risk the quality of life of those who live there and increase the strain on their carers.

Manorbrooke provides a building that meets the needs of the residents, and the Care Standards Act 2000 and 2008. We believe that the Care Quality

Commission who provided guidelines on ensuite facilities did not intend residential care to be closed to the detriment of the older people. Voluntary and private sector homes are providing care without en-suite facilities, so why does Manorbrooke need to be closed?

The residents have found this proposal extremely stressful, many often becoming upset and worried about their future – you are throwing extremely vulnerable people out of their homes, to provide alternative care for the elderly that is not fit for purpose for the majority of the current residents, due to their vulnerability. KCC should have purchased a piece of land to build the planned extra care homes, instead of closing Manorbrooke. If the plans go ahead, 32 residents will have to be re-housed into homes that many of the relatives and residents did not initially choose – there is not a home within a 5 mile radius that will provide the same care as Manorbrooke. Many relatives have phoned other homes in the area and the vacancies are extremely limited and more expensive (some shared rooms) – we are assuming that this will be funded by KCC?

This economic crisis has given KCC an opportunity to close this home purely on cost-savings (although we understand the savings are negligible compared to the massive impact on the residents, staff, and family members). Many alternatives for the current and future residents will mean a less than excellent rated care, a building that does not have an ensuite (although this is one of the reasons for closing Manorbrooke), and a future without a direct council provision of care in the Dartford area that enhances choice and helps set standards for the elderly care sector as a whole. These proposals will also increase costs to the tax payer to fund the additional top-up of fees. We are pleading with KCC not to proceed with the closure and to enable the residents (our family) to live out their lives in dignity in the home of their choice.