

Independent engagement on the potential closure of Southfield House and Wyatt House, Stroud: *A residents and relatives/ representatives' viewpoint of likely impact.*



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1. Introduction

Evolving Communities is an independent and impartial community interest company who are experts in health and social care. They offer a professional consultancy service specialising in research, evaluation and public engagement that combines top academic research and service evaluation. They also run three local Healthwatch services in Gloucestershire, Somerset and Dorset.

Evolving Communities have been talking to residents and their relatives of Southfield House, and Wyatt House in Stroud. We wanted to gather their views about the potential closure of these homes, and any impact this might have on their lives. This report will be fed into a wider paper being produced by Gloucestershire County Council (GCC) and presented at their Cabinet Meeting on the 24th July 2019.

2. Background

Gloucestershire County Council (GCC) currently own 15 care homes in the county, and since April 2005 these have been run by the Gloucestershire Care Partnership (GCP). Since then, ten homes have closed, and four new homes have been built. GCC are currently considering the potential closure of two care homes in the Stroud District; Southfield House and Wyatt House.

This decision has been led by the reduced occupancy levels across care homes in the district, as well as the physical environment of homes that are no longer able to meet the needs of residents. Reduced occupancy levels are possibly driven by the drive to keep people in their own homes for longer. A recent report carried out by Evolving Communities and Healthwatch Gloucestershire (<https://evolvingcommunities.co.uk/wp-content/uploads/Shaping-future-care-provision-report-Final.pdf>) indicated that older people would prefer to stay in their own homes where possible even if their health and wellbeing deteriorated. If agreement is made to close either home, closure would happen in early November 2019, ensuring enough time to plan and manage a move and mitigate any potential disruption.

GCC acknowledge that any potential closure would have an impact on residents and their relatives/representatives. Therefore, they asked Evolving Communities to attend an engagement meeting to independently speak with them about the impact a potential closure may have on their health and wellbeing.

Southfield House

Southfield House is a 34-occupancy care home that provides residential and respite care. The home is situated in a quiet residential area, with scenic views. The home has its own landscaped garden and offers around the clock care. As of 6th June 2019, Southfield House is home to 26 residents. There are 41 members of staff employed by the OSJCT. The most recent Care Quality Commission (CQC) report (published November 2016 https://www.cqc.org.uk/sites/default/files/new_reports/INS2-2456527559.pdf) rated the quality of Southfield House as *Good*.

Southfield House is considered for closure as it does not provide nursing care, the building does not offer the opportunity to be modernised to meet future care needs and the occupancy rate is 82%. There are also two larger GCP residential and nursing homes in the Stroud and Dursley area.

Wyatt House

Wyatt House is a 30-occupancy care home specialising in the care of people who live with dementia as well as those who require nursing care. Built in the 1960s, Wyatt House has a circular design with an inner secure garden. As of 6th June 2019, 27 people live in the home, and there are 47 members of staff employed there by the OSJCT. The most recent CQC report (published October 2018 https://www.cqc.org.uk/sites/default/files/new_reports/INS2-3866007075.pdf) rated Wyatt House as *Requires Improvement*, however the service was rated *Good* on being effective and caring.

Wyatt House is being considered for closure due to the design of the building not being able to meet the needs of dementia residents. It was considered too difficult and costly to make an effective place to meet increasingly complex care needs. The current occupancy rate of Wyatt House is 93%.

3. What we did

Residents from both care homes received a letter from the GCC, dated 21st June 2019, detailing the proposed closure of Southfield House and Wyatt House. As well as detailing information about the reasons for potential closure, the letter invited residents and their relatives/representatives to a meeting where they could discuss the closure and voice their views and concerns.

On the 26th June 2019 we attended the two engagement meetings, each lasted 90 minutes. The first was held at 10am at Southfield House, and the second was held at 2pm at Wyatt House. Both meetings were facilitated and led by a consultant from ASV Research Ltd, an independent company specialising in social research insights in the public, private and third sectors.

The objective of the engagement meetings was to understand:

- First impressions of residents and relatives/representatives of the proposed closure
- The likely impact of any closure on residents and relatives/representative's health and wellbeing
- Should the decision be made to close the home, residents and relatives/representatives' thoughts on the best location of alternative home

We took notes during the engagement, especially comments relating to the potential impact of a home closure on residents and their relatives/representative's health and wellbeing.

The Evolving Communities contact details were given so that residents and relatives/representatives could send any further comments after the meetings. The deadline for contacting us with comments was midnight on the 30th June 2019.

4. Who we spoke to

The meeting at Southfield House was attended by a mixture of residents and relatives/representatives. The meeting was facilitated by a consultant from ASV. Also in attendance was a representative from OSJCT, GCC, and Evolving Communities.

The meeting at Wyatt House was attended by relatives/representatives only. The meeting was facilitated by a consultant from ASV. Also in attendance representatives from GCC, OSJCT and Evolving Communities.

We received three emails from relatives after the meetings. Two were relating to Southfield House, and one related to Wyatt House.

5. What people told us

The following is a summary of what residents, relatives and representatives said during the engagement, and in follow up email correspondence. Comments are anonymous, and any identifiable information has been removed in order to protect the privacy of individuals.

5.1. Southfield House

Discussions began with initial impressions about the proposed closure. There was significant opposition to the closure from both residents and their relatives/representatives, with one relative/representative describing the potential closure as *“ripping people out of their home”*. One resident felt strongly that the Council had been at the centre of older people being “pushed around” all their lives. There were clear feelings of anger, upset and distress from both residents and their relatives/representatives, especially concerning the potential risk to residents if they were to move: *“It could kill her [parent]...I’m angry about it.”* *“It [the move] will be the end of us [residents].”*

Discussion moved on to the reasons behind the potential closure, and what the council could be doing to make the home more viable for the future. While bed occupancy was given as a reason for potential closure, many felt that the Council should be doing more to advertise beds in the home. One relative described the home as the *“best kept secret”*, and that it needed to be more high profile. There was discussion about the possible closure of Wyatt House, and if there was an option of moving their residents into Southfield House to fill the spaces. Those in attendance felt that this was a good idea, even when told that there would be residents with challenging and complex needs.

“Look at [the GCC] processes of filling rooms, so other people can receive this fantastic facility.”

There was a perception from residents and relatives/representatives that the ‘real’ reason behind the potential closure was that the home was situated on prime real estate: *“It’s money, money, money, and to hell with everything else.”* One relative found the prospect that the home could be closed due to the worth of the land *“disturbing”* and implored

the GCC to not “destroy” the last years of their father’s life by selling the land off to development opportunists.

Discussion began as to whether residents and relatives/representatives had considered the CQC rating/report when making the decision to move to the home. There was agreement and affirmation that they had, with one relative asking why they should move their relatives into a home that was not as good. A GCC representative noted that if the home was to close, residents would have the choice of the wider care home market in Stroud (not just those provided by OSJCT). One relative said that her mother had been in four homes already, but that Southfield House was always rated as the ‘top’, and there was unanimous nodding in agreement with this comment. Those in attendance wondered whether the GCC were considering CQC ratings when thinking about potential closures, especially considering other homes in the area (including Wyatt house) were rated as *Requires Improvement*.

Discussions moved to the alternative of domiciliary care put across by GCC, to which one relative responded: “*Care in the home? Fat chance of that!*” Some residents had experienced care in the home prior to deciding to move into Southfield House and found that this did not meet their needs. This was especially true for those with dementia; one relative emailed Evolving Communities to say that their father needed “*ongoing interaction and support*” which was only possible with 24-hour care, while another relative felt that there was “*no value in him [his father] being stuck in a flat on his own*”. Another resident stated that some of the carers that cared for her mother at home did not speak English.

There was concern from some relatives/representatives that two care homes had closed elsewhere in Gloucestershire last year, which led to a discussion about future need. One family member asked: “*When we get to that age, what will be available to us?*”

Throughout the discussions, the atmosphere, staff and environment of the home was talked about with great admiration by both residents and relatives/representatives. Southfield House had offered both residents and their relatives/representatives’ safety and reassurance that they felt they would not get anywhere else: “*It’s a wonderful feeling. You’re cared for, you’re loved.*” “*I can sleep at night [knowing relative is cared for].*” For many residents, living in Southfield House had transformed their lives: “*I was a babbling wreck when I came here, and Southfield built me up.*” “*[Southfield has] become a healing and safe space for him [father]. After two years he has begun to smile and socialise again.*” Relatives/representatives commented that the house had a good reputation locally, and that both residents and visitors had described Southfield House as feeling more like a hotel than a care home.

There was a strong sense of community reported by both residents and relatives/representatives: “*This is her family.*” There was overwhelming support for the staff from those at the meeting, with one resident describing the staff as “*angels without wings*”. Continuity of staff meant that relationships were able to be built with residents and their families. Staff knew the residents individually, which was especially important for those who were easily confused. One relative recalled a time when a staff member got married and included residents in the celebrations by giving out favour bags. This was an example of how the staff were committed to making residents feel like “*one of the family*”.

“The atmosphere is made by the staff - they’re not staff, they’re friends.”

Many attendees felt that Southfield House offered a place of safety, while keeping independence, dignity and choice for residents: “*They get to choose exactly what they want. They take account of individual characters.*” For many relatives/representatives,

Southfield House enabled a sense of reassurance: *“I no longer live on a knife edge.”* The 24-hour care offered at Southfield House was seen as especially important: *“Last night I had a bad night. Two carers came in and asked me what I wanted and made me a cup of tea.”* *“Mum has been to hospital two times in the last few weeks [paramedics called by home], that’s the importance of 24-hour care.”* The physical environment of the home was talked about as having a positive impact on resident’s health and wellbeing: *“It is important to have a lovely garden and lovely views.”* *“This place is always clean.”* Regarding the modernising of the building, or moving to a newer care home, one resident commented that being happy was more important to them than having a *“fancy bathroom”*.

The meeting concluded with a discussion about any potential impact a closure would have on the health and wellbeing of not only the residents, but also staff and relatives/representatives. There was also discussion about what GCC need to consider before any closure is agreed. There was an overwhelming sense that moving residents would have severe effects on both their physical and mental wellbeing, for many this affect was considered as serious as death: *“I think it would kill my mother.”* Research in the area of care home resettlement has recognised that the relocation of older people from one care setting to another is particularly stressful and has adverse effects on health, and even on survival (Jolley et al., 2011). One resident was described by a family member as already experiencing distress in response to reading the letter sent from GCC about the closure, and others described current feelings of physical and mental stress.

Directed at the council, one relative asked how they would feel being told they had to leave their home, friends and family. One resident felt strongly that they did not want to go anywhere else, and that the closure would make them feel without a future. It was suggested that the decision-makers from GCC should come and observe what it’s like to live in the home.

It was agreed that the council need to consider the impact of not only the residents wellbeing, but that of relatives and representatives. Many relatives/representatives had chosen Southfield house due to the proximity to their own home, as it was a short drive or walk away and this meant they were able to visit frequently. As previously mentioned, knowing that their relative was well looked after offered reassurance and alleviated feelings of guilt. When considering relocating to other care homes in the area run by OSJCA, all in the room agreed that Henlow Court in Dursley was out of the question due to it being too far away. When talking about potential relocation, it was agreed that the GCC should consider that some residents may wish to be rehomed together as to preserve friendships and relationships. Relationships with outside staff and visitors was also talked about as being of great importance. For the residents, having a named GP that knew them was vital, as well as relationships with the wider staff such as hairdressers, opticians, chiropodists and a clothes seller. A monthly church service was also mentioned as being of great importance to the residents.

Finally, relatives/representatives discussed the personal costs involved in moving to a different home, as many felt that it will cost more money for a home as good as Southfield House. One family member emailed to say that while they were currently paying a substantial amount of money to be in Southfield House, this was worth it to be in such an *“exceptional”* home. Relatives/representatives wished for the council to provide a cost comparison between other options and Southfield House.

5.2. Wyatt House

Discussion began with initial impressions of the potential closure of Wyatt House. The conversation immediately focused on the process of the engagement. Many attendees felt that the briefing notes provided to them by the GCC did not contain enough detailed information about the reasons for a proposed closure. Attendees also felt that the document was not clear about the decision-making process that had happened prior to the homes being chosen for closure, and in an email sent to Evolving Communities after the meeting one relative felt that GCC had been *“deliberately obtuse and misleading”*. One relative questioned how long GCC had been considering the closures, as their father had only been at the home for two months and was just settling in. Attendees questioned why the consultants facilitating the meeting had been told of the potential closures days before residents, staff and relatives/representatives. As with Southfield House, there was a perception that the ‘real’ reason for closure was to sell off the land, and if this was the case attendees would prefer that GCC be open, honest and transparent about this rather than giving *“excuses”*.

“We want the building kept. It belongs to residents. It’s their home, they’ve made it their home.”

There was concern that GCC did not have enough information to make an informed decision about potential closures. Attendees enquired about the scope and criteria of the process, noting that while there was an emphasis on the physical space of the home, quality of care was missing. It was felt that CQC reports and resident reviews should be taken into consideration. Attendees wondered how GCC Cabinet members could come to a decision without visiting the home, and in a letter read out on behalf of a relative unable to attend the meeting, the Cabinet were asked to consider that residents *“are people, not statistics”*. Attendees agreed that meeting the residents and hearing them face-to-face should be of high importance.

“It’s like the council know better than anyone!”

The lack of prior notice (for many, less than 24 hours) before the meeting was described by attendees as unacceptable and many were *“shocked”* at the poor management of the process. One attendee said that this lack of notice did not give them confidence in the GCC: *“They have not started off on the right footing.”* Concerns were raised that not everybody would be able to have their voice heard as they could not get time off work to attend or they lived too far away. One attendee had taken unpaid time off, while another had to bring their baby to the meeting as they could not get childcare in time. It was also noted that many of residents did not have the capacity to defend themselves, or even knew that the meeting was happening, and this had put relatives in an uncomfortable position: *“What do I tell my mum? I have to lie.”* *“We are their voice.”* GCC noted that there would be further opportunity to voice concerns in meetings planned for the week commencing 8th July 2019.

Discussions moved to how GCC were describing ‘best care’. Relatives and representatives agreed that the care that had been given to residents by Wyatt House was *“outstanding”*. Focus was given to the pastoral and emotional care given by all staff, from cleaners to head nurses: *“It is a proper little community and it works.”* The focus of person-centred care offered at the home was acknowledged by attendees as being incredibly important for residents, especially for those with severe dementia. The handover between staff members, consistency, training and leadership were described as areas of best practice displayed by the home: *“The strength of the House is not the building, but the staff from bottom to top.”* The continuity of care offered by Wyatt House was praised, including that of the visiting GP, and attendees had found that this was not the case in other homes:

“Have seen other places full of agency staff – dad hates the idea that he doesn’t know who’s going to look after him.”

Care displayed by staff extended beyond the remits of the working day, with one report that staff took time out of their days off to take residents to the local park. Knowing that their loved ones were in receipt of excellent care gave relatives/representatives’ a sense of reassurance; they knew they were in the best place.

“My father said before he died, don’t worry your mother will be looked after here.”

The reasons given by GCC for potential closure were then deliberated by attendees. One of the reasons for the potential closure was that the building was out of date and not fit for purpose. Representatives from the GCC and OSJCT explained that the building did not meet new regulations set for care homes, such as wide corridors and en suite bathrooms. However, attendees were critical that the exact faults of the building had not been defined: *“Where are the gaps? How is the building not fit for purpose?”* In response to this, relatives/representatives agreed that what the residents need is good care and not ‘posh buildings’. Questions were raised as to how the building was suddenly not fit for purpose, and if other buildings of a similar age in the County were to be closed too. Regarding the need for en suites, one attendee felt that this was not important, and in fact could be unsafe for residents with complex medical issues: *“She would drown herself.”* The circular layout of the building was praised by attendees, as it meant residents could have uninterrupted roam of the house without getting lost. The gardens were noted by GCC as not being safe, however it was explained that residents did not go into the garden unattended, and many simply enjoyed watching the garden, especially the birds, from their window: *“Priceless little things you can’t take away. Mum was a keen gardener, she loves the garden.”* Attendees wondered why the council could not invest in making the garden and buildings safe, as opposed to closing it entirely.

The current occupancy and size of the home was discussed by attendees. Referring to the briefing note sent by GCC, one attendee questioned the idea that bigger homes equal better provision of care. They were concerned that the move away from smaller homes could mean that residents get forgotten about. This was reflected in a recent report¹ published by Evolving Communities and Healthwatch Gloucestershire that found that almost 60% of respondents said they would prefer a medium sized home (11-49 beds), and 38% said they would prefer a small home (1-10 beds). Only 2% said that they would prefer a large (50+ beds) home. While the briefing note mentioned occupancy as a reason for other homes being chosen for potential closure, attendees wished to know more detail about the statistics for the last two years for Wyatt House. Many wondered why a home that was hitting standard rates of occupancy would be up for closure, especially when it was also used for respite care.

There were also concerns about GCC’s failure to provide detail about future provision for dementia care in the Stroud district. The predicted rise in dementia cases nationally was brought up in the meeting, and re-affirmed by a relative in an email sent to Evolving Communities after the meeting: *“...experts predict that the current number of 850,000 suffering dementia nationally is predicted to rise to as many as 3 million by the year 2050 it would seem an odd time to be considering the closure of facilities that will be needed for many years to come.”* Locally, it is estimated that by 2025 there will be 12,000 people living with dementia in Gloucestershire².

The meeting concluded with contemplation of what GCC need to consider when deciding the future of Wyatt House. The main concern from relatives/representatives was the impact to the health of relocating their elderly relatives, especially those who are frail and those with dementia. One attendee mentioned the statistics that were previously

¹ <https://evolvingcommunities.co.uk/wp-content/uploads/Shaping-future-care-provision-report-Final.pdf>

² https://www.gloucestershire.gov.uk/media/6827/gloucestershire_dementia_strategy26_01-65778.pdf

“When they changed the colour of the uniform, my mum was confused. Imagine what moving her will do?”

mentioned in this report (Jolley et al., 2011) relating to care home relocation, noting the increased risk of death and distress for those who are unsettled. Emotional impact was also discussed, as many of the residents and relatives/representatives were reported already feeling upset, distressed, traumatised and “*churned up*” despite no decision being made. For one resident, simply reading the words ‘closure’ on the letter sent by GCC had made

them feel that this was a forgone conclusion. The potential stress of relocating to both residents and their families was discussed. For one relative, moving their mother into Wyatt House had relieved the stress and pressure from her, as she was safe in the knowledge that she was being well cared for. However, the potential for closure has brought these feelings back. Attendees feared that anxiety levels of residents would rise in new environment, and as such could become a possible care issue.

Many attendees were concerned about the replacement homes on offer in the Stroud area: *“There is a difference between availability and choice.”* For many, Wyatt House had been chosen due to its close proximity to family members: *“Nan is wheelchair bound, she comes [to see husband] every day. She wants to be able to visit if he moves.”* If this proximity was taken away then there would be great impact to residents: *“My grandad will lose his family.”* There was also concern that the other choices on offer would not be suitable for those with complex needs, or may be too expensive: *“Wyatt House was the only choice for us at the time. He will die in a strange place.”*

6. Conclusions & recommendations

Despite the short time scale of the work, we were able to listen and gather the views of both residents and their relatives/representatives. The passionate and emotive arguments put forward highlighted the need for care and attention to be taken in the next steps of the decision-making process. Based on the two engagement meetings, we recommend that Gloucestershire County Council consider the following:

General recommendations

- Cabinet Members should consider the emotional and physical impact on both residents and their relatives/representatives, both now and in the future of any potential closure.
- Cabinet Members should acknowledge what residents and their relatives have said about the potential closure through this report.
- Cabinet members should consider visiting both the homes in person.
- GCC should include CQC reports and resident reviews in any further decision-making process.
- GCC should provide residents and their relatives/representatives clearer information regarding the exact reasons and rationale for the potential closures.
- GCC should provide residents and relatives/representatives with a cost comparison between other available care options and Wyatt and Southfield House.

- In the event that closures are agreed, GCC should consider and take into account current friendships and relationships between residents and staff in any relocation decision.
- In the event that closures are agreed, GCC should carry out a detailed risk assessment, undertake appropriate planning and offer training to staff to help residents adjust.

Recommendations for future engagement

- GCC should strongly consider giving residents and relatives/representatives substantial notice before **any** future engagement meetings are held. It would be preferable if meetings could also be held on weekends or evenings.
- Ensure that any communication about potential closures is handled in a timely and sensitive manner, and with clear and detailed information.
- Engage with **all** residents and relatives/representatives (where possible) in the engagement process; this may mean using different engagement methods to contact them.

7. Limitations

It should be noted that while many views were captured during this piece of work, not all residents, relatives and representatives took part in discussions. In Southfield House, while many residents were present, only a couple were able to be actively engaged in the conversation. In Wyatt house none of the residents were able to attend the meeting. As the work was conducted to strict time scales, alternative methods of engagement were unable to be used to capture these voices. However, a representative from GCC did offer to meet residents and relatives/representatives individually both at the care homes or in their own homes. Further meetings were held with GCC at both homes on the week commencing 8th July 2019. Evolving Communities were not present at these meetings, therefore we cannot comment on any further feedback given.

8. Acknowledgements

Evolving Communities would like to thank Gloucestershire County Council for commissioning this work. We would also like to thank Andy Wright from ASV Research Ltd for facilitating and leading the meetings. Most importantly we would like to express our gratitude to the residents and their relatives/representatives of Southfield House and Wyatt House, who took the time to share their views, and were very open and honest during what is understandably a difficult time.

References

Jolley, D., Jefferys, P., Katona, C., & Lennon, S. (2011). *Enforced relocation of older people when Care Homes close: a question of life and death?*. *Age and ageing*, 40(5), 534-537.

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