

Consultation on a proposal to close Ravensfield residential care home, Keswick

Summer/Autumn 2010

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with Rob Harris



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Acknowledgements

We are heavily indebted to the residents who formerly lived at Ravensfield. This consultation was potentially emotional and unsettling for some people and we are grateful that they were willing to speak to us and make their feelings known. We appreciate the work of Susan Light and Nick Morey, the advocates who supported the residents to make their views known, and Cumbria Care staff who provided additional support to residents when requested.

We also appreciate the contribution of all those members of the public who took the time to complete and return the questionnaires, and to the organisations who submitted responses to the consultation.

We would like to thank staff at Cumbria County Council for supporting this consultation process.

Key Recommendations

As the majority of respondents had grave concerns over the closure of Ravensfield it is our recommendation that the council keep the citizens of Keswick informed as to any decision that will be made and the reasoning behind it. We recommend that the council ensure that people have adequate up to date information on the following areas of concern in Keswick:

- services available in 'extra care' housing
- the planned location of 'extra care' housing
- access to day care services
- access to respite care services
- access to safe provision for people with dementia

In addition we recommend that:

- Ensuring the domiciliary care workforce is of a sufficiently high standard and resourced in order to provide reliable, consistent and dependable care for older people in their own homes.
- Domiciliary care staff are given person centred training which focuses on dignity, choice and respect
- Consideration is given to how domiciliary care can deliver person centred services, particularly given issues about 'peak time' needs and concerns expressed about potential interruptions to services during winter weather in a rural area.
- During the time that Ravensfield remains closed, the Council to closely monitor the quality of care at the two privately run residential homes in Keswick and continue to monitor the level of vacancies.
- There is confusion between the hospital and Ravensfield particularly around 'nursing care beds' and respite; there is uncertainty around entitlements and finances. We would recommend that there needs to

be a whole systems approach taken and that clear and accessible information is communicated regarding services to reassure people if Ravensfield closes.

It was not possible to illicit the views and opinions of all the former residents of Ravensfield. We strongly urge that should this situation arise in the future less time is allowed to lapse before a consultation takes place.

Overall summary

This is the report of a public consultation with the people of Keswick and former residents of Ravensfield care home. People were asked a series of questions about the Council's aims to support more people at home and in extra care housing as opposed to residential services. They were also asked some specific questions in relation to Ravensfield.

The Public Consultation

Eight clear themes, or areas of concern, emerged from what people said. These were:

1. The domiciliary workforce

People were concerned that:

- at present the standard of care was not consistent
- the domiciliary care workforce was not large enough or skilled enough to meet growing and complex needs

2. Level of support needed

The majority of people agreed that extra care housing or domiciliary care would not suit people with dementia. Therefore they felt that it was important that Ravensfield be kept open.

3. Isolation, loneliness and safety

People expressed concern that domiciliary care could be:

- Isolating and lonely
- Lack of company and stimulation could be detrimental to health

4. Respite and Day care services

Respondents were concerned that Ravensfield had offered both respite care and day care services and wondered what had happened in the meantime to service users who had used these services. In addition concern was voiced over the future of such services in Keswick.

5. Choice

Whilst more than half of the participants supported the council's plans to support people to be able to remain in their own homes or in extra care housing, participants clearly felt that there was still a need for a residential home in Keswick alongside the two private sector homes. Respondents were unhappy at the thought that they or others may have to leave Keswick to receive appropriate care. Making choices about one's own life was seen as important for health and well being.

6. Changing demographics

Respondents were clear that Keswick had an aging population that would need increasing levels of support. Whilst most people thought they would prefer to have domiciliary care and to stay in their own home as long as possible, people recognised that there would probably be the need for residential care at some point. The respondents were clear that when or if that time came they would want to remain in Keswick.

7. Financial implications.

Many respondents said that for domiciliary support to be adequate the cost would be so large it would be prohibitive. Respondents were concerned about:

- The impact of the current economic climate
- That the council's overall aim is to reduce spending

Respondents were aware of the financial constraints that the council is under and had ideas for how they should proceed. These included:

- Refurbishing Ravensfield in phases
- Refurbish an existing building
- Combining residential provision with other services at Ravensfield
- A new build on the site of the cottage hospital

8. The closure of Ravensfield

The vast majority of respondents did not want to see Ravensfield permanently closed. In addition to the concerns listed above, people did not think that the floods justified the closure and that they believed Cumbria County Council was primarily trying to save money. The majority of respondents felt that Ravensfield, whilst needing modernisation, offered the inhabitants of Keswick a community based residential home to those who needed it. The small number of people who were against Ravensfield being re-opened thought it was a good opportunity to review all aspects of care services for older people in Keswick.

Consultation with former residents of Ravensfield

Eight former residents of Ravensfield, who had not permanently been relocated, were interviewed. Advocates from Advocacy Experience made first contact with these service users, the researchers then talked with them if they had expressed an interest. Not everybody remembered Ravensfield but most did. They said:

- they were happy at Ravensfield
- they liked the location of Ravensfield because it was in Keswick
- being in Keswick meant it was easy for their friends and family to visit them
- they liked Ravensfield despite the rooms being small
- some of the former residents would like to move back to Keswick, others did not want to. This was either because they did not want any more change or because they felt too physically frail to make the journey.
- nobody wanted to move to extra care housing as they said they would not be able to cope on their own.

1. Public Consultation through questionnaires.

Introduction

This consultation took place between 28th June and 28th September 2010. 500 consultation documents with questionnaires were produced by the County Council and sent directly to staff, residents of Ravensfield and family members of Ravensfield residents. Questionnaires were distributed to public buildings in the town including the Library, GP Surgeries, the Community Hospital and the Town Hall. The consultation document was also available via the County Council's website. A public meeting was held along with three public drop-in meetings which were advertised in the Keswick Reminder (local press). Stakeholders including NHS Cumbria, Keswick Town Council, Allerdale Borough Council, Housing Associations, independent sector care providers and the voluntary sector including Age UK, North West Cumbria and Cumbria CVS were sent an electronic copy of the consultation document and asked to share widely with their networks.

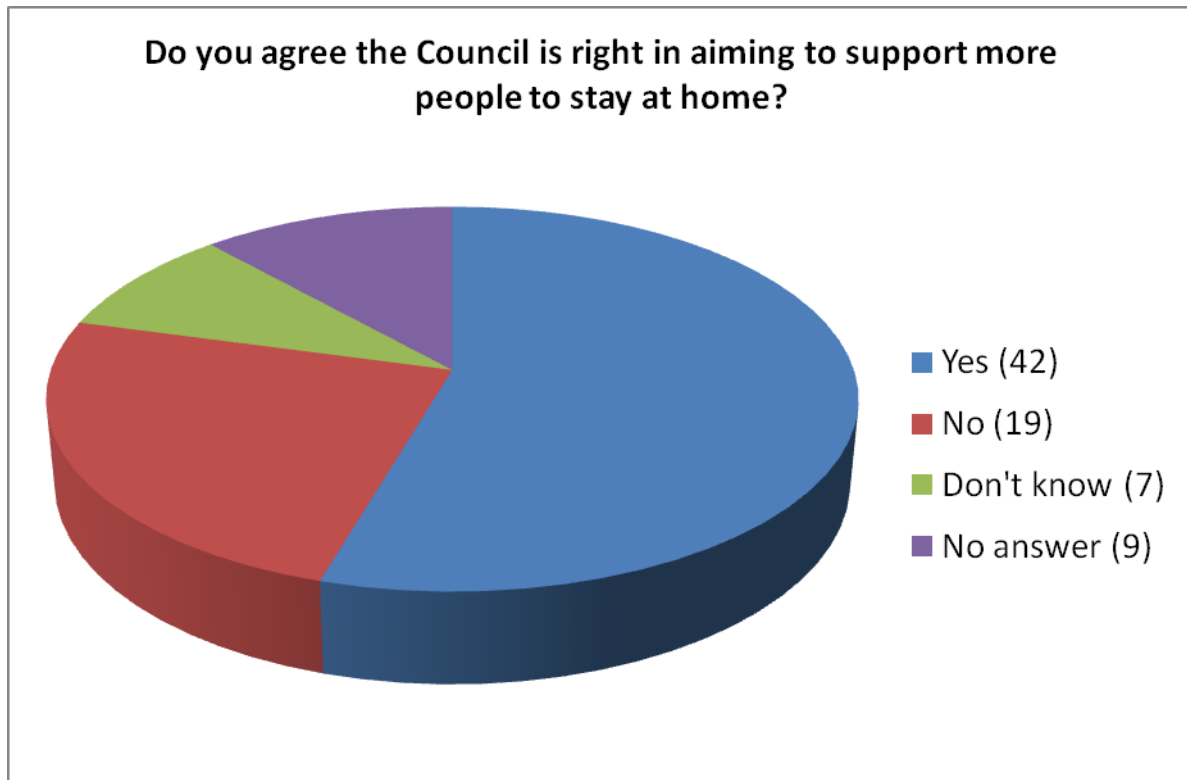
93 written responses were received by the Council. 77 completed questionnaires were returned, along with 11 letters or emails from individuals and five other responses from organisations. In addition the minutes of the Keswick & District Neighbourhood Forum are included as an appendix to this report.

This section reports the views reflected in those responses. Firstly pie charts illustrate the proportion of positive and negative responses received to each question. The following section then reports on the written responses.

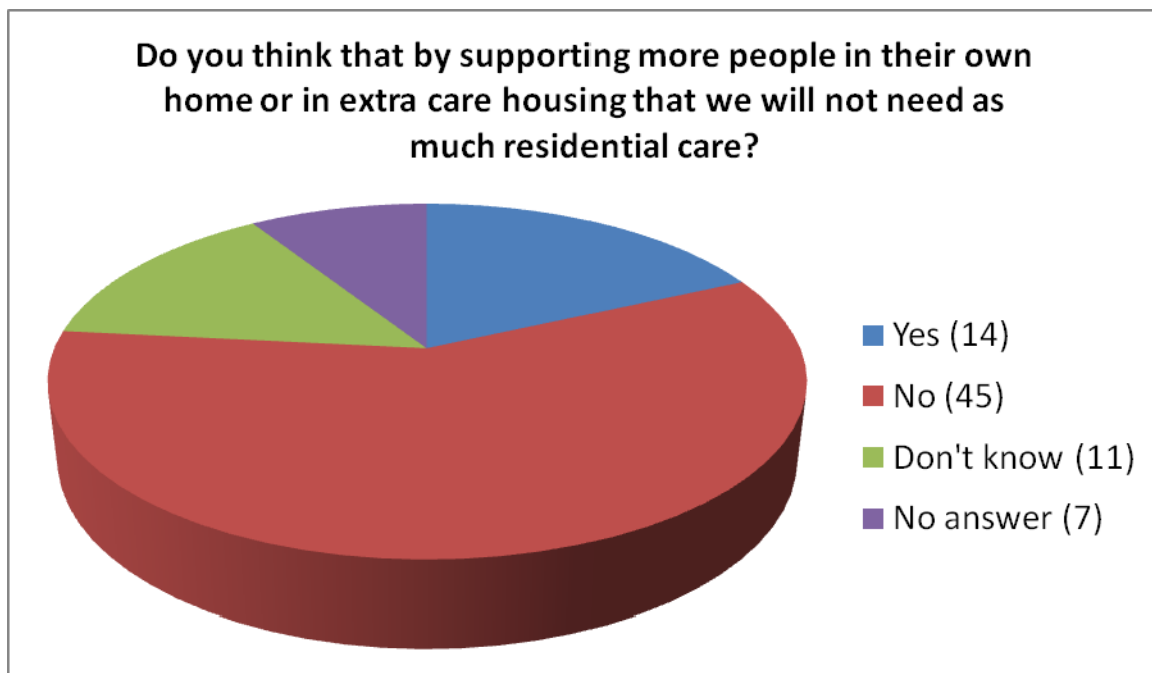
Responses to questions:

The charts below represent the responses of the 77 respondents who completed questionnaires.

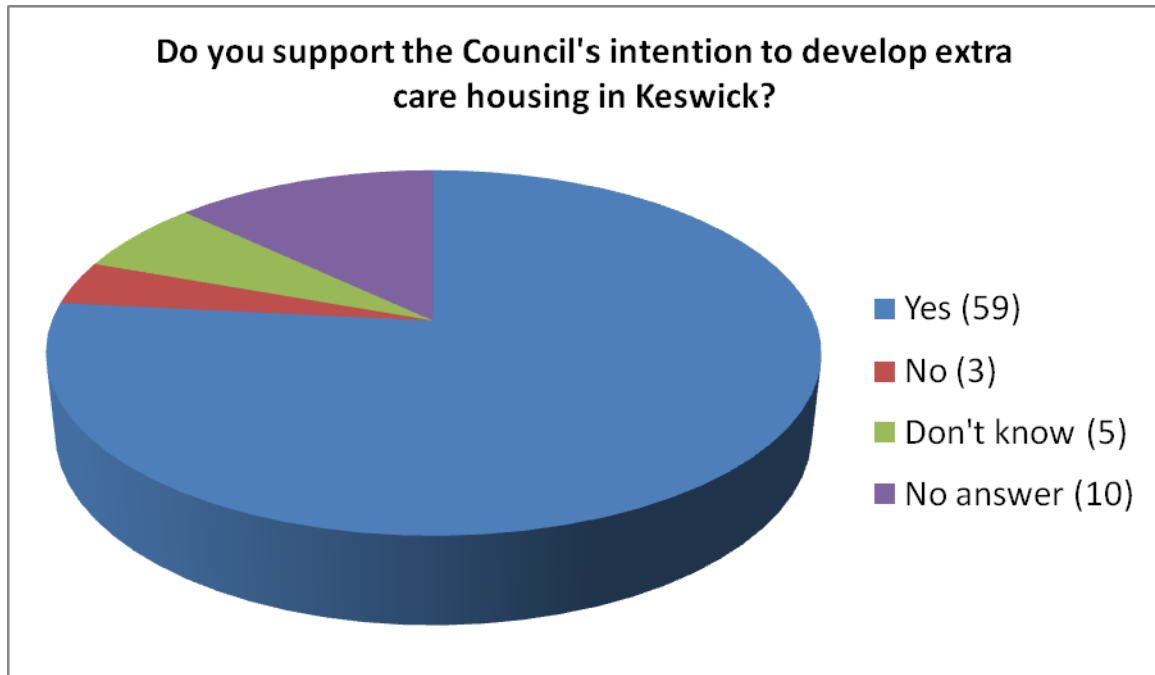
Question one:



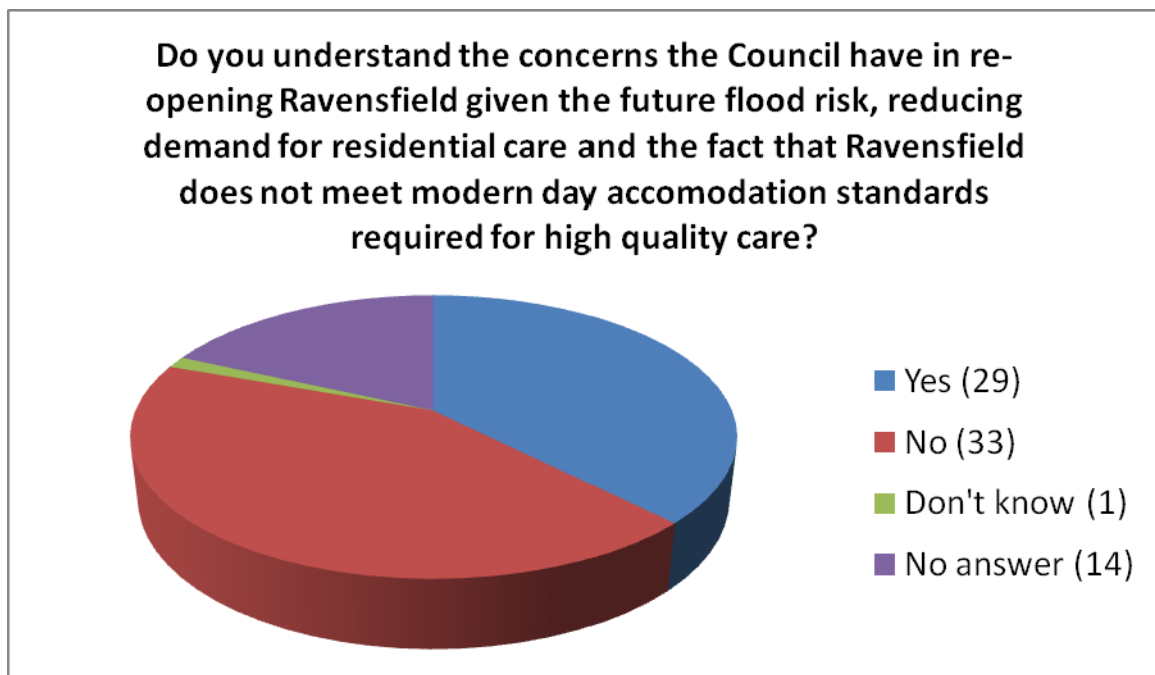
Question two:



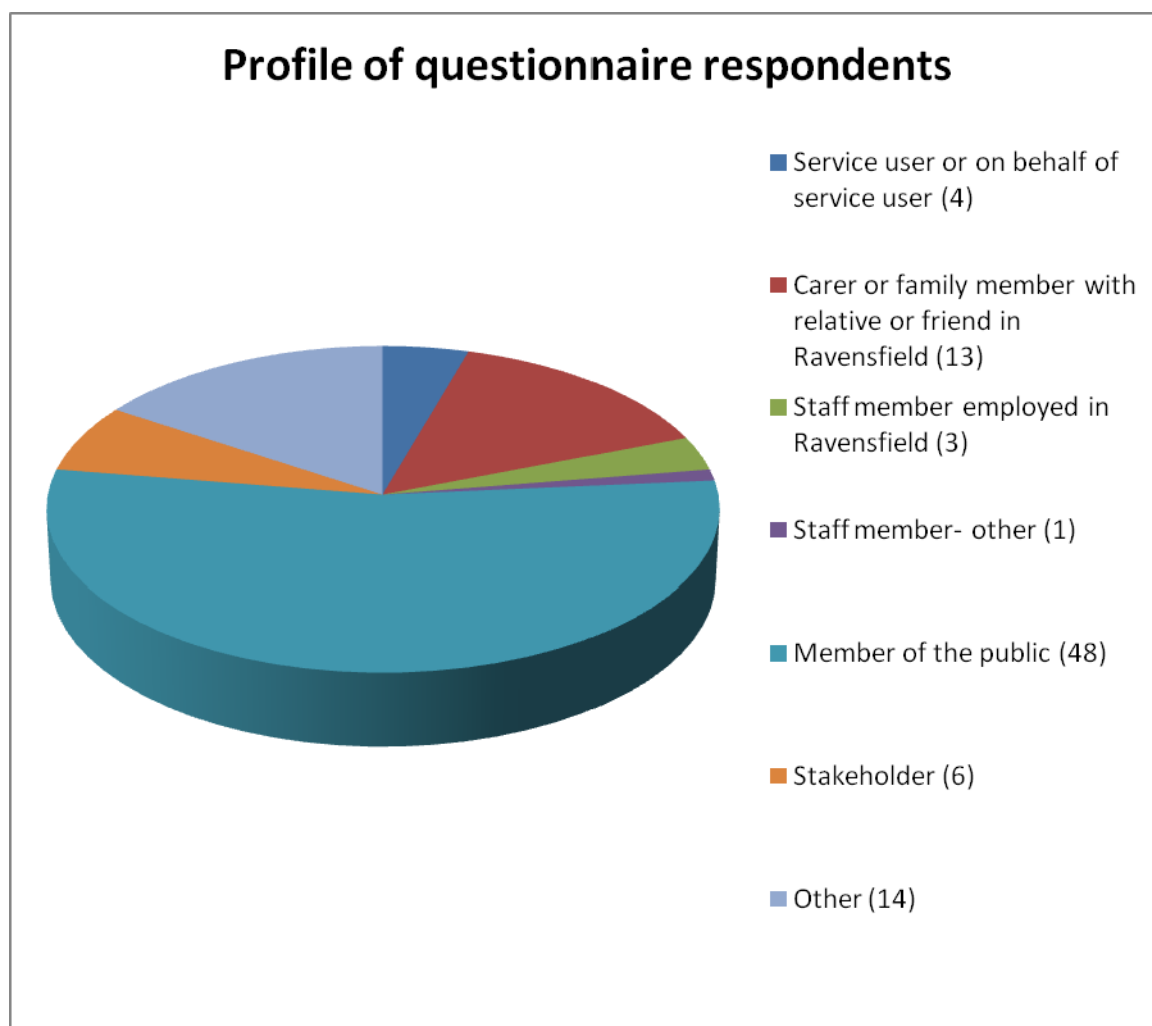
Question three:



Question five:



Profile of respondents:



Written responses to the questionnaire.

A number of themes emerged clearly and distinctly from what people said. As each theme surfaced it became apparent that in order to avoid repetition the report needed to be structured around these themes rather than the questions in the consultation response sheet.

For reasons of clarity and brevity it has not been possible to reproduce all of what respondents said, but what follows is an accurate reflection and representation of the views of the people of Keswick who responded to the questionnaire. Where there are italics, underlined phrases or capital letters these are reproduced here and are not the emphasis of the authors of the report.

There was broad agreement from the majority of participants that the council were right in aiming to support more people to stay at home. However respondents were also very clear that in order to support people to stay at home the council would need to address some key areas of concern. These centred around eight, sometimes overlapping, crucial themes:

1. The domiciliary care workforce
2. Level of support needed
3. Isolation, loneliness and safety
4. Respite services
5. Choice
6. Changing demographics
7. Financial implications
8. Closure of Ravensfield

1. The domiciliary care workforce

Participants generally agreed that the council's aim to support more people at home was essentially positive. A response written by Age UK illustrates what many individuals said:

This is what older people tell us their preference would be, providing they are well supported and not at risk. Home may not necessarily be where they are now but somewhere personal with a front door.

Age UK, like many respondents went on to say:

However it is important that there is access to appropriate and high quality residential and nursing care for those few for whom living at home with support is no longer a safe or financially viable option to either their estate or the social care budget.

Others expressed concerns about the quality of the care provided:

But from my experience of care for elderly people in my family domiciliary care does not appear to be consistent. Carers can be different every day and can call at different times each day. There does not appear to be a routine. Often carers are poorly paid and are not given sufficient time to carry out the tasks at each home. Elderly people cannot be rushed, they need time. Carers need to be better paid and trained and therefore often better motivated – they will feel valued.

If support at home means up at 9am, in bed at 7pm, no help in between, it is not the answer.

While for some this may be preferable for others it is not. The carers have several people to deal with at the three main visiting times. This can mean a very early start (i.e. 7a.m.) and a very early bedtime (i.e. 6pm) or equally late. Old people should be able to choose when they get up and go to bed.

Condition: the support has to be excellent, professional and not too expensive.

Yes, as long as the care they get is equal to or better than that available in residential care.

The support for which care can be given at home is inferior because it cannot be 24 hours a day 7 days a week.

Care coming into your home is very much hit and miss. There doesn't seem to be a standard. It depends who comes on what day.

Would those needing acute care really get the attention 24 hours a day in their own home – such as at 4a.m? What happens in the case of a carer not being available for a home visit on a particular day? What would be the mental and physical effects on a partner? If the partner was cared for at home there would be pressure on the spouse to care for them.

People were worried that the domiciliary care workforce was not large enough, or sufficiently skilled to meet the demands that would be placed upon it if the council's plans were adopted:

This option requires that sufficient members of 'qualified' carers are available for all the elderly who need this care.

Most people, if not all, would wish to remain in their own homes, but more community nurses and carers would be needed and training would take time.

There just wouldn't be enough suitable carers to go round.

Care assistants are operated [managed] on a tight schedule leaving little time for chatting. A care home gives this opportunity so long as dementia has not set in too seriously. Care assistants are often agency staff who do not build relationships with patients.

At present it is difficult to recruit care staff. I could see this as a problem. What about extra pressure on families and neighbours?

A good idea as long as the care staff are able to provide the levels of care necessary for the well-being of the individual. I was told recently of two carers going in to provide home care who were not allowed to assist with toileting and went to sit in another room while the elderly wife of the individual toileted him on her own.

Just how many staff would be needed to sustain a comprehensive care package? ... Have you considered travelling in Cumbria's terrain (and carbon footprint)? Suppose we have more winters like 2009/10 - what price home care then?

The quality of care varies from Carer to Carer, and the dignity of the service user is compromised when it could be any one of a number of Carers who could turn up. The necessary paperwork is kept within the home is proving demeaning for some, a visible record of their inability to manage for themselves which could be read by visitors... Home care proved difficult to maintain during the icy and bad weather we had earlier in the year.

2. Level of support needed

In general people expressed the view that service users with dementia would not be able to live in extra care accommodation. People said:

Extra care housing by itself is not the answer. And remember 1) this type of housing is not yet ready for occupation. 2. Extra care housing does not cater for DEMENTIA/MENTAL ILLNESS/RESPITE CARE.

No a residential home is much more secure, residents can be cared for easily and monitored better than self contained homes within a home.

There are many reasons why people need to live in care homes, dementia being one of them. People with dementia need 24 hour care. People are already staying in their own homes as long as they can but there comes a time when they can no longer manage, even with help.

This is to be commended, but dementia sufferers will need Residential care, as relatives cannot offer 24 hour support in many cases. Also, dementia sufferers can be disruptive, and a danger to themselves. This needs to be considered carefully in the consultation.

This is an ideal situation if people are able to manage on their own with a little help from time to time i.e. at mealtimes with cooking etc but for some people this is not possible because they need constant care and attention but not nursing care.

Participants said that whilst they might be in agreement with the plan to support more people to stay in their own homes this was not going to be appropriate for some older people.

Yes but my concern is for the elderly vulnerable people for whom staying at home is no longer an option i.e. with dementia and other age related problems. We need a care home within the locality of our town.

As long as they are able – many older people reach the stage of needing sheltered accommodation and supervision.

But what will happen to people who aren't well enough to live at home?

We will always prefer to stay at home but realism forces us to consider the possibility that it may become physically impossible

I think it is very important for people's self respect and self worth to cope for as long as possible in their own home. However there are those

people, particularly those suffering from any form of Dementia for whom constant care becomes necessary.

Not everyone will be able to stay at home; therefore Ravensfield is so important to Keswick.

A sizable minority of people believed that residential care could provide the best services for older people. This person highlights the need for accessible homes:

Some homes may not be suitable for the elderly to stay in i.e. no toilet on the ground floor or no room to put a bedroom on the ground floor.

Others said that residential care could offer a more comprehensive care package to the older person than any domiciliary care provision could. As these people explain:

Better care can be given in a residential home than in a single person's own home.

Residential care offers respectful, dignified, homely supportive round the clock care. Home care offers rushed unresponsive sometimes not correct tools are present for certain jobs that are needed to help the elderly and different staff all the time!

Residential care is better; the elderly enjoy having their own little home within the home but yet getting the care and interaction from permanent home staff. Residents can become more settled and feel like part of the family, rather than having rushed care at home that causes stress to other family members. Residential care gives better care than home care!

This question is loaded to give the response you want. There will always be need for residential care and as the population continues to live longer, the present amount of residential care will probably need to increase. Residential care will also need to provide day care facilities for many of the people living in their own homes if they are not to become lonely and isolated and solely dependent on carers dashing in and out to check on them.

There has been much mention of people wanting to stay in their own homes rather than move to a residential care home. When I get to a stage of requiring help to go to the bathroom, or getting in and out of chairs I do not want to be living in my own home and am likely to want to move into a home. I live alone. Given the choice between:

A) Living at home which means:

- having a carer coming in for an hour or so a couple of times a day
 - possibly having to organise that help myself
 - having to pluck up courage to call someone when I need additional help knowing it may mean a lot of time and effort on their part to get to where I am
- or

B) Moving into a care home where

- assistance is readily available 24 hours a day at a few minutes' notice
- I don't feel I'm 'putting someone to a lot of trouble' when I need to ask for help
- being in an environment where I can easily have as much or as little social contact as I desire
- there are checks and balances on the care being provided

then I will choose the care home option every time.

A small percentage agreed that the number of residential places needed would be less if more support was put into enabling people to stay in their own homes. But as these comments below illustrate, no one accepted this argument fully.

But only minimally. With people living longer, many more will move into frail dependent mode in their 90s where maximum home support may well be insufficient.

There should be at least one care home in each town run by the council which is affordable for everyone.

Maybe not as much care but residential care is still very much needed.

I believe the Council are providing a good existing service for people to stay in their homes but there is a point where it is desirable for residential care.

In theory yes but we still need some council run residential care in Keswick.

3. Isolation, loneliness and safety

People recognised that for some older people living at home on their own could be extremely isolating and lonely. People said:

Isolation can be soul destroying. The community spirit at Ravensfield is an asset which cannot be equalised.

I agree but sometimes there are people that are unfit to stay in their own homes because it is a risk, such as people with dementia. I think there will be a loss in socialisation with other residents and visitors. I think it would cause more accidents than could be prevented if the residents were in a residential care home with staff looking after them all in the same room.

Only if people are able to stay at home with support – and are willing to do so. For many this is impossible or not what they want. Even with support it can be a very lonely and dangerous experience.

Keswick Labour Party summed up the feelings of many respondents when they wrote:

We are very concerned that in closing Ravensfield and moving to care at home will limit the choice of care for the elderly in Keswick and leave a gap in care provided. That many people will become isolated in their own homes with only the daily contact of care workers instead of the community feel that Ravensfield offered. It is understandable for people to want to stay in their own home, but they will need robust support for this to happen.

Other respondents highlighted the detrimental effect lack of company and lack of stimulation can have on older people. People said:

Elderly people living alone with physical and or mental illnesses deteriorate faster if long periods are spent by themselves. They need company and stimulation as well as nursing care.

People with dementia/Alzheimer's need care in an EMI unit. If Ravensfield closes, there will be nowhere for them in Keswick as Millfield cannot receive them, and Nether Place has not started to organise one. Also people with no family or neighbours need the stimulations of being with other people.

The Ravensfield site was given to the town by a local family for the specific purpose of a care home. This could, with a little bit of imagination, be used also as a day centre – it is important to have a vibrant centre where the elderly can meet for social interaction with other folk. There was always some kind of entertainment going on and I know this because I myself have taken part in many of these activities. Selling the site is immoral and should not happen.

Any care provided in the home should be supported by access to good quality day-care providing opportunity for social interaction and mental stimulation. Otherwise, staying in your own home means loneliness and isolation. Several ten minute visits a day from carers is not sufficient to meet needs for companionship and mental activity.

I do support extra care schemes but at a point in time an individual may be better looked after in residential care. When elderly, frail people are unable to go out they look forward to meeting others, both other residents and visitors and also the staff. Whilst the outcome of the bid and the plans are taken forward – we need Ravensfield to be operational.

It seems a good idea [to support people to stay in their own homes] but the reality could be different – people being on their own for hours on end. It could be very lonely and depressing.

This view was reflected in the research carried out by Cumbria LINK:

Isolation is a major cause for concern. For those people living alone, care at home cannot solve the feelings of isolation that many people we spoke to feared.

It has happened in Keswick where a lady could not reach a panic line, and she lay over the weekend and she was found dead on Monday when it was noticed that her milk had not been collected.

People wanted to stress how important they felt it was for older people to have regular contact with friends and family, care staff (many of whom they would know) and to be in a location that they were familiar with. This is what people said:

My sister and another elderly relative were in Ravensfield and were very happy there, being local they knew most of the other residents. The staff were wonderful. The main thing was that it was near their home. Relatives could pop in daily or take them out for a meal or a drive. Most of all it gave their relatives peace of mind knowing they were safe and well looked after.

Care at home or in extra care sounds fine but it does not take into account quality of life. These people if they so wish, need to meet with others – people they have known all their lives. Day care at Ravensfield provides this.

It is not fair to expect people to have to travel to visit relatives who are in care. Many many do not have their own transport and if the free bus pass is discontinued will be unable to travel each day to see loved ones.

It is simply not what the local community wants to happen. It will lead to isolation of individuals who do need residential care and have to go elsewhere, from family and friends – many of our elderly people have no transport and using public transport is complicated and time consuming.

It is needed for the Keswick residents, close to family. Have you looked at bus time tables??

Keswick people, especially those without family connections, will want to stay within easy reach of their town and their friends.

Ravensfield is central to the town, convenient for family visits and visits from friends. Having lived in Keswick 32 years I would like to think I could remain here, keep my social contacts with my Church community, the town etc. It is also the place my children grew up.

4. Respite services

Concern was voiced over the future of both respite care and day care facilities, which respondents valued and regarded as threatened if the closure of Ravensfield went ahead. People said:

Residential care will also be required to provide respite care when family members/ volunteers need a break.

Keswick and District needs adequate residential care provision for its elderly population and respite care, to benefit relatives, readily available.

There are no facilities for respite care. Millfield and Netherplace are not large enough to be a substitute! Keswick and District have a larger than normal average of people over 75 this will not get any less as we attract more than the average retirees.

We need help for carers i.e. respite care!

We had three respite rooms. We had one on the EMI unit and two on the physically frail. We had quite a few people. It was the same people that come but they come regular.

People living on their own when no day centre is available at weekends could go to Ravensfield and have their carers come in and use the facilities to have a bath and have the stimulation of meeting with the residents.

There was also day care as well. We had a man who came everyday. He lived at home with his daughter but he came in when she was at work.

He had really bad Parkinson's so he couldn't be left on his own so he came to us. He came for respite as well.

The responses from both Keswick Labour Party and LINK echo what many of the other respondents said:

When Ravensfield closed we also lost our dementia day care facility and respite care for Keswick and the surrounding area, the loss of the facility will put further burden on carers.

Ravensfield also provided respite care, as we lean more heavily on unpaid carers in the future the need for respite will increase. With the reduction of beds at the local Cottage Hospital available respite care is decreasing.

5. Choice

Whilst more than half of the participants supported the council's plans to support people to be able to remain in their own homes or in extra care housing, participants clearly felt that there was still a need for a residential home in Keswick in addition to the two privately run care homes. This is what participants told us:

For various reasons there are those who, in time, are unable to stay at home, and there needs to be adequate provision to meet this need. There should be a choice and this should include a residential care home within the community such as Ravensfield which was custom-built for this purpose, and a failure to do this constitutes a failure of duty.

A balance of home care and residential care homes is needed in Keswick. People should be able to choose.

Everyone is different and so there should be choice. People should be able to choose to stay at home with appropriate care, or to move to a local residential care home.

I have nursed in Keswick since 1972 and I worked with elderly care in nursing homes in Keswick. Self contained homes are only for a certain

few. You don't want to know about the total care needs. They are still entitled to choice and not passed to homes out of reach of family.

There was a strong sense among the respondents that a key factor for the well being of older people was around choice.

People, especially elderly people need a choice.

As an aging population we still need the choice of going into residential care when the time is right to have 24 hour care.

People should have a choice. Living at home with carers can be very lonely for some especially if they cannot get out and have no relatives to visit. In a home they have company and shared activities if they wish to join in.

There should be choice – one size does not fit all.

I have made decisions about how I live my life. Why should this stop when I reach a certain age?

Many people said that there was and will always be a need for residential services. In particular they wanted to point out the unique quality of care former residents of Ravensfield had experienced:

We do understand. But still feel there is a need for extra care that was given at Ravensfield.

Have already stated we need all kinds of services including Ravensfield.

- A) Care at home for those who could cope with a limited amount of help from carers and with a strong back up of friends and relations to ensure a good quality of life.
- B) Extra care housing for people with greater needs and increased amounts of carer input. In order to avoid isolation opportunity to attend day care (Ravensfield)
- C) Residential care for those not able to be cared for at home (IN THEIR LOCAL ENVIRONMENT) i.e. Ravensfield.
- D) Upgraded residential care at Ravensfield. Number of residential rooms to be reduced so each room could have en suite facilities –

larger sized rooms. Ground floor to use for increased day care facilities

People reiterated their views that older people were not a homogenous group but that different people would need different services. People said:

This type of accommodation is needed in addition to 'care in the home' and 'extra care housing schemes'. People do not fall into one of two categories, there is need for a third scheme. No-one, not even the County Council can predict accurately the number of elderly needing care, neither can it predict the level of care. Hence the three schemes should be developed, to cover the needs of the elderly in Keswick. The percentage of people needing care in Keswick is much higher than the rest of the UK.

As stated we in Keswick need every form of care for the elderly, including Ravensfield where our friends and relatives could easily visit us and where many of the staff are already known to us.

The elderly people of Keswick and Area who have no-one to look after them at home should have somewhere to live and be looked after 24-7. My wife and I are both in our late 70s will require somewhere like Ravensfield in the future.

Age UK (West Cumbria) in their organizational response, widened the issues to include a more holistic approach to aging:

Despite the predicted rising numbers of older people over 85 years of age and those who will potentially have dementia, the need for residential care should be off set by more appropriate housing, increased prevention and support services. The challenge will undoubtedly be in Keswick and villages for the appropriate housing stock to be developed and more investment may need to be made in prevention, home adaptations and daily living equipment including tele-care.

6. Changing demographics

People were clear that they believed Keswick had an aging population that would need increasing residential support. People said:

This is a pipe dream. We need all forms of care for the elderly. This is a town of increasing elderly people so every form of care should be available – including at Ravensfield.

Please remember the higher percentage of older people in Keswick, and more in the future with longer life expectancy.

No, I don't agree with this proposition. While people will be older on average before they need residential care, Keswick's demography grows ever older and so at least as many people will need residential care for (say) the last five years of their lives. That may be from 90 to 95 rather than 85-90 as at present, but government statistics make it clear we are living longer; and this is certainly true in Keswick.

Keswick has always had a large proportion of older people and will need residential care.

With people living longer the need for residential care may remain steady, (despite supporting more people at home), particularly for those needing nursing and 'secure' facilities.

Quality care homes are still needed to provide for poorly, elderly people during the last years or months of life. A good care home with relatives, friends, specialist providers is, for many, the best way to die in dignity; dementia; Mental Illnesses need the haven of a care home; all these carers who will be responsible for making 'closer to home' work will need Respite care in bigger numbers; .

In Keswick we are an ageing population therefore more people will need secure accommodation.

With the increasing number of elderly residents, especially in the Keswick area, more, not less, residential care will be needed, thus Ravensfield continues to be a vital facility, needed by those who contributed to the cost

of its construction and upkeep as it is publicly owned, managed by the Council.

Because people who need care – the numbers are rising. The high percentage of elderly people and who suffer from age related problems all come to a point when they cannot be looked after at home. The main plus of a care home is that they have company and interaction with other people that they know and know them which makes for a happier person.

The increasing number of very elderly and frail people would suggest the need for both home care and residential care. Home care is not adequate where an individual needs assistance to get to the toilet safely – especially when they are on ‘water pills’. They cannot wait until the next visit of the carer and need 24 hour assistance/supervision.

There will always be a need for residential care, as people are living longer and lots of people come to Keswick to retire we need Ravensfield to stay open. Are you thinking of closing all the care homes in Cumbria?

The elderly population at Keswick and surrounding areas is one of the highest. We are isolated and a long distance from hospitals and other care homes.

Your information states that the average age was 89 for admission to Ravensfield. How many Keswick residents are currently over this age? And how many do you expect in 20 years time? I believe that despite outdated facilities, Ravensfield offers the best residential care in Keswick at present.

Keswick Town Council summed up the views of many:

Keswick is a unique situation with a large and rising elderly population. There is a need for respite care and local GPs advise that there is nowhere for people to go. Extra care is needed as well as Ravensfield. What is required is:

- Firm plans for extra care housing with associated budget provision
- Respite and specialist care provision at Keswick Hospital, particularly specialist Alzheimers care

before Ravensfield is closed.

Keswick hospital is the key to future care provision and closure of Ravensfield should be considered only when alternatives are in place.

Derwent and Solway Housing Association are not optimistic that funding can be secured for their proposed scheme at Greta Court.

7. Financial implications

Some people felt that in order to provide adequate support to people living at home the cost implications would be prohibitive:

Extra carers are needed for holiday and sickness cover. Consequently this would be more expensive in wages/salaries than running Ravensfield.

I agree [with the aims of CCC] in theory, but have reservations about the huge resource implications, required in order to make home support adequate.

This would cost so much, where would the money come from to pay all these carers?

I'm sure everyone would prefer to stay at home as long as possible, but it will be a question of cost in the end. We will still need a residential care home in Keswick for those who cannot reasonably be looked after at home, and if it comes to a choice on cost basis we need that more than stay at home care.

People expressed fiscal concerns, especially in these times of economic recession:

If the Social Services are having to cut down their numbers drastically, how is all this home caring to be financed? How will there be enough carers to cope with a growing number of elderly, frail or sick people, especially now the Keswick hospital beds have been reduced.

Who will pay for this? It's all cutbacks.

In times of economic stringency it makes sense to use what is available pending provision of more sophisticated facilities. As an analogy one

uses (for example) the motor vehicle that one can afford even if it is not as good as one would like. The Fiat or Ford is not left to rot in the garage because it is not a Rolls Royce!

Home care is more expensive than residential care. So if they want to save money keep Ravensfield open!

In this booklet you [CCC] state that this [extra care housing] scheme is in the very early stages of development. There is no guarantee in the present economic climate that the bid for funding will succeed. If successful, the completion of any such project must be some years away. If successful, people in extra care housing schemes, in self contained homes still need to have the stimulation provided by day care (Ravensfield in Keswick).

In this time of financial recession, cuts and more cuts, it seems very unlikely that this scheme [Extra care housing] would receive adequate funding.

There was a strong feeling from the respondents that the council's overall aim was to reduce spending

We have been short-changed. In 2008 we were assured that new residential accommodation would be built on the hospital site to replace Ravensfield. This is clearly not going to happen so you are now offering no new residential care, NO RAVENSFIELD plus half the number of beds in the hospital. Absolutely disgraceful.

In the current economic climate it is unrealistic to think we can afford to provide more luxurious accommodation. Homes will not be upgraded in the foreseeable future, and Ravensfield is perfectly adequate as it stands. It can be protected from flood effects merely by guaranteeing electricity with a generator. It has proved it is not vulnerable to the need for evacuation by withstanding the two major floods of this century, and its site is well documented as being above all floods previously experienced. Additionally, the Environment Agency has plans to improve defences in

2012. The community has made it abundantly clear it wishes to retain the home, and that it values it.

Alternative venues in Keswick may not be financially acceptable to those who need Ravensfield care.

Your reasons for wanting to close Ravensfield are excuses to save money. Demand for residential care is still there and available in Keswick if Ravensfield is re-opened.

Some people suggested that the council were focusing and spending money on the wrong things:

If it's not broken don't close it. The attempted theft of Townsfield was thwarted the same must be repeated at Ravensfield. The loss of the valuable facility plus the expense of the consultation plus employment of independent 'Shaping Our Lives' can never be justified by the sale of our heritage. Has DEFRA just spent £1,000,000 to increase the property value of Ravensfield?

Scrap the money spent on 'Shaping our Lives'. Scrap the money spent on 'Advocacy Experience'. Scrap the money spent on glossy consultation documents like this one where the questions are loaded to produce the responses CCC requires. Listen to the people of Keswick. Spend money on re-opening Ravensfield now and plan to upgrade rooms to required standard.

I don't support this [extra care housing] because in the consultation document it says there are not enough residents to fill Ravensfield so how will you get more residents to fill 40 flats? It will be a waste of time and money. It will be no different to Ravensfield apart from there being more space and an extra bedroom in a self contained flat which residents with dementia will not be able to live in as it is not secure and they will be confused

Many respondents expressed a degree of scepticism and mild disbelief that plans for an extra care housing scheme would receive adequate funding. They said

Great plan if the cash materialises. Government current policy suggests this is a pipe dream.

But it won't happen and should not be used as an excuse to close Ravensfield. Look what happened to the building of a new home as part of the hospital – died the death – lack of funds etc etc etc. Could this go the same way?

Yes, if this really is true. 'Care staff 24 hours a day'. How will this be funded?

Yes but when and where? This is unlikely to happen in the near future due to lack of funds until the economic crisis is over. In the meantime the people of Keswick and District need Ravensfield.

I don't believe this will be properly funded. It is a way of fobbing us off.

How would your [C.C.C.'s] alternative proposals be paid for and be practicable in a rural area of this nature?

Participants were all aware of the financial constraints that Cumbria County Council operate under. However they also expressed views, perceptions and ideas that they perceived as realistic ways forward. People said:

Understanding concerns does not mean their views should not be challenged. In time of cuts a smaller scale occupancy at Ravensfield might be the easiest option and lowest cost. If all accommodation was ground floor and services were provided from the 2nd floor it could work well. Refitting could be cheaper than rebuild elsewhere. The key is local access to Ravensfield is easy by local friends of residents without cars.

I do understand that it would be costly to bring Ravensfield up to standard, and that the Council is reluctant to spend because there is still a minimal/moderate risk of flood damage. However, another existing building, or even a new-build near the cottage hospital must be considered.

It can be rectified and re-built. If you do go ahead and sell the property I hope the money stays in Keswick. Everything leaves Keswick.

It would cost the taxpayer a lot less money to upgrade Ravensfield and put flood barrier walls round the property than to build new accommodation and provide extra staff for home care

I question whether supporting people requiring care in their own homes is cheaper than looking after them in a care home. My mother was until recently in a care home (not in Keswick) where she was checked at hourly intervals day and night. She paid £450 per week for excellent service. Can you really provide equivalent care in a person's home for no more than this?

Since Care in the Community will be more costly to run than Ravensfield, the only advantage of closing Ravensfield would be release of capital from its sale. Does the County Council own the building and the land? Is the Council free to dispose of those assets? Does the land belong to the people of Keswick?

N.B. Take care when reducing the number of care places for the elderly. Only this week a patient from Hensingham Hospital could not be sent to Keswick Hospital as all 13 beds were occupied.

This is not the time for bold new schemes: this is the time for retrenchment, making the best of what we have, maintaining and sustaining. There will be no money for new ventures; councils are already capped and can expect many more stringencies in this Government's lifetime. So make the best of what you have, and Ravensfield is of the best. We in Keswick value it, value the service it gives, value being able to visit our old relatives easily, and think it very adequate for our needs.

I would like to see Cumbria CC and NHS working together to provide affordable services, without regular buying into private provision. Private providers are expensive and beyond many ordinary people and they can sell up and move at the drop of a hat. In the immediate future I would like to see 1) Ravensfield re-opened. 2) Netherplace's recovery sustained. 3) Phase one of planning for staffing 'Closer to Home'

A 'residential' annex to the Mary Hewetson hospital seems a good idea. If care in the home for longer is possible, perhaps the number of places

need not be as many as Ravensfield BUT PLEASE REMEMBER that residential care may be needed sooner for people on outlying farms and remote hamlets.

8. The closure of Ravensfield

It will have been noticed already in this report, that the people who responded to the public consultation had firmly held views about the proposed closure of Ravensfield. The majority of people supported the council's aim to support more people to live in their own homes, and were at the same time strongly against the closure of Ravensfield. They did not think these were mutually exclusive positions. Participants clearly valued the council's aim of supporting more people to remain in their own homes for longer; equally they supported residential and respite services being available at Ravensfield. This is what people said:

We do support extra care housing but we also require an alternative Ravensfield.

Of course I support extra care housing BUT this does not mean that Ravensfield is no longer required and serves a useful purpose. This is the here and now. Please use it until all your pipe dreams are completed in reality.

Yes, if can you afford it on top of Ravensfield. But I am very clear that Ravensfield should be the first priority. If you are intending to provide self contained homes, let's see them before you think of removing the current provision. At the very worst case, I would like a firm commitment that money raised by selling Ravensfield would be ring-fenced to provide the sort of care you are suggesting in Keswick itself. I am far from convinced that in the new straitened circumstances councils find themselves in you will be able to afford extra care provision. Ravensfield exists, is in good order, and for a pittance can be kept adequate for our needs.

Yes but only in addition to free residential care in homes like Ravensfield.

I do not think that this should replace the present residential care but be an extension of the care and support now given to the residents of Keswick and the surrounding area.

When will this be up and running for an increasing elderly population?
No point in talking about it – we want action, we want extra care housing alongside residential care homes, e.g. Ravensfield.

Nothing can replace a home like Ravensfield when old people need 24 hour care.

I think Ravensfield provided a friendly almost family home environment for the residents, the staff knew family and resident like extensions of their own family and treated everyone with dignity and respect they needed. If people are supported in their own homes it's not 24/7 hands on care and sometimes the right tools and apparatus are not in their home, 9 times out of 10 it's a different person each time that visits during home caring which elderly people don't like they need a friendly and familiar face. I tried to care for my relative at home for two years and it inflicts suffering for the carer and the person needing care.

Yes [I agree with CCC aims] but there is still a need for Ravensfield more now than ever as the cost in private homes is too expensive.

People said that it would be wrong to close Ravensfield if there was no alternative residential care available:

The Council – and the present Government – is wrong to push 'Closer to Home' without having a range of safety net measures (including keeping Ravensfield open) in the event of breakdowns in the new system of travelling carers, nurses, doctors etc.

There is no guarantee that the Generic Domiciliary Care and the extra care housing will be available in the foreseeable future, therefore Ravensfield must stay for the time being.

We need to keep Ravensfield until care in the community has proved viable.

Ravensfield is required at the present time, until local alternatives are provided.

Personally I would wish to stay in my own home as long as possible with the option of extra care housing should the need arise. I would contend that a good residential nursing/special care facility is required to meet local need, and to replace Ravensfield, which should be kept open in the meantime.

People voiced their opinions about the floods that had occurred during November 2009. The Chairman of Keswick Flood Action Group stated:

To the best of my knowledge Ravensfield does not flood because of the Topography. I concede that there was water in the lift shaft and that it was a wise precaution to evacuate the home on a temporary basis. However, water is unlikely to flood the ground floor unless High Hill wall is breached. In the aftermath of the flood the Environment Agency identified two points of weakness in the High Hill wall. These were buttressed by a relatively small number of sandbags and we were reassured by the EA that this minor strengthening restored the wall to its former strength.

Others said:

The floods are only a 1 in a 1000 year event apparently, install a flood gate on the door if need be but don't close the heart of Keswick. The staff were amazing and a credit to Cumbria Care and the residents were very happy in Ravensfield! Don't ruin lives by closing that home. Residents need it and they won't find care like it anywhere!
RAVENSFIELD RESIDENTS REALLY MATTERED TO THAT HOME AND THE STAFF!

I do understand but the concerns about flooding could be reduced with some work from the Environment Agency which could take place in 2011.

Ravensfield did not flood and work is being carried out on High Hill to ensure that flooding is unlikely in the future.

There was never anything mentioned about Ravensfield being below standard before the flood.

I take the (cynical) view that the Council has used the November floods as a convenient juncture not to reopen the home in order to further its agenda for residential care in the area.

Why Keswick? Appleby was surrounded by at least four feet of water, relief staff arrived by boat! But no mention of closing.

I fail to understand why so much emphasis has been placed on the flood as it has not been flooded and with the work done on the flood defences it should be alright in the future.

Ravensfield has never been flooded!! And is less likely to now with the new flood protection in place.

I do not think the flood risk is as serious as the Council are making out. It is a disgrace to think of closing. As the flood risk has been minimal and the home never was flooded, why cannot complete refurbishment to meet modern standards be considered, thus retaining the building structure, but providing quality accommodation, even with fewer rooms? In this event bureaucracy and planning should not delay redevelopment!

This situation has existed since Ravensfield was GIFTED to the people of Keswick. No-one has been harmed. The Allerdale speculative developers must keep their eyes off Keswick's asset. It was gifted to Keswick and in no ethical way can it be 'land grabbed' by West Coasters!

Ravensfield has never flooded except for the lift shaft. The fact that the flood prevention scheme has spent all the time and money on future flood protection should mean that Ravensfield should be safe in the future.

Ravensfield has never been flooded. United Utilities have secured the [flood] wall and so Ravensfield is a safer place than ever.

In the worst flood ever known our care home did not flood. The environment agency assures us that if it did not flood then, the chances of ever flooding again are virtually zero with the work they have done to secure the bridge.

The flood risk is nonsense! Ravensfield has never flooded! The Millfield, which did flood, was fully operational within 24 hours.

Why have the Council spent all that money on the wall if there is still a flood risk? This is just an excuse.

Indeed the notion that Cumbria County Council was justifying the closure of Ravensfield by citing the floods angered many of Keswick's residents. Keswick Labour Party wrote:

Keswick feels that CCC are not being honest about the reasons for closing Ravensfield, which is not about risk of flooding but about saving money regardless of the effects it will have on the wellbeing of a vulnerable section of our community.

And another respondent said:

But I think that that the Council is hiding its financial agenda behind a facade of care/concern about floods/modern day standards – and that by not re-opening after the floods and then opening the debate the council has behaved improperly.

A report, based on the views of 45 Keswick residents, compiled and submitted by LINK stated that the floods were not a justifiable reason for closing Ravensfield. They wrote:

- Ravensfield never actually flooded
- Recent flood defence improvements have significantly reduced the likelihood of future flooding
- Issues with the lift, the only thing affected by the flood water, could easily be resolved with a backup generator

However, Age UK (West Cumbria) wrote:

We have many concerns regarding Ravensfield as we believe it is very difficult for staff to provide the kind of care that is expected now and increasingly in the coming years. The client group are much more frail both mentally and physically than this home was designed to cope with. We believe people have a right to a decent sized private room and their own personal facilities. The home should also be suitable for people to have social opportunities so supporting both their mental and physical well being. There is a myth that care in a CCC home is better and cheaper. However there are good alternatives in both Keswick and Cockermouth (easily accessible from Keswick by both private and public transport).

Ravensfield does not meet modern standards for residential care. Again the majority of respondents understood this, but not all thought it was a valid reason to close Ravensfield.

As for the facilities [in Ravensfield] they are all perfectly adequate, I have never heard anyone complain about them. Just another excuse to close.

I find the arguments about not meeting modern day standards rather spurious. My mother has lived at Ravensfield for 2 years and is now present at Greengarth and I do not see any great difference in the facilities provided. Why was the home built there if it was such a problem? As the water did not at this time go over the threshold what about flood gates?

Although Ravensfield does not meet modern demand for residential care, this could be gradually achieved whilst a replacement County Council care home is built. A rating of 3* is good – better than some homes currently open.

I accept that elderly people are entitled to dignity, support and high quality care but to say they have greater expectations and Ravensfield does not meet modern day accommodation standards is ludicrous. These people have lived through two world wars, privation, and tough times, so the lack of en-suite facilities for example, is pretty low in their priorities.

The standard of accommodation is fine. The homes at Maryport, Workington and Penrith are all very similar, this is just another excuse.

Ravensfield has always been an efficient and pleasant place to live (my mother was very happy there). En suite facilities would be nice but not essential. Who knows what the demand will be in the future?

People who have been resident spoke very highly of Ravensfield. Whilst I might prefer more up to date facilities, they needed to be built already and then residents given a choice.

The final question in the consultation document read: *Please provide any reasons why the Council should not proceed with its proposal to close Ravensfield residential care home?* To do justice to the strength of feeling expressed by the people of Keswick who completed the questionnaire, this section of the report will end with a selection of the answers to this question which illustrate the respondents' feelings.

Keswick people support the staying open of Ravensfield, but now people are giving up hope that it will ever open again. It will be a sad day for Keswick when it closes. I think the decision has already been made, when anybody from Cumbria Care or Cumbria County Council speak to the newspapers or T.V. they are always so negative. It's easy for you all to say close Ravensfield when you don't know any of the people who lived there. Its closure will not affect any of you. People with dementia will always need residential care.

Please keep Ravensfield open at least until the other schemes you tell us about are ready. I think you are being very negative regarding the standard of the building. The most important thing is the caring staff and happy atmosphere. People feel at home there, and relatives can pop in whenever they like and take their relatives out if they want to. Elderly people need the company of other people, staying in their own homes isn't always the right thing. You might think it's not up to standard but if the people who live there are happy, why close it? Ravensfield was a community, not just a building.

How many more times do you wish to hear the praises of Ravensfield sung? One does not close the biggest asset we have both in staff and building which, although does not meet your criteria, fulfils absolutely the criteria of caring. The former residents, staff and families, plus the townspeople are against the closure. There is no better arrangement in place and, until there is, the home should be opened again. The suggestion of putting people into private care is ridiculous. The care and facilities are infinitely WORSE than Ravensfield and you are only lining the pockets of the private sector who are not answerable to anyone.

I don't think the Council should close an existing facility, however inadequate they perceive it to be, until further facilities are in place to supersede it. Arguing that the need for residential care at Ravensfield is diminishing does not alter the fact that there are people who do need it and their needs are not being met.

Keswick people do not want to be housed in homes away from the town where visits by family and friends will be difficult and inevitably diminish. The relocated residents of Ravensfield must be allowed to return to be near family and friends.

The 'type of service' I would like to see provided in the community is the re-opening of Ravensfield to provide the service for which it was built and which has been denied to all residents in the area whether needing care provision or not, for far too long and for unacceptable reasons.

I think that's it though, I think it's gone. You can't win them, if they want it shutting then it'll shut. And then it'll be another and another and another.

You have nothing to offer in place of Ravensfield. Elderly and frail people thought they had a home in Ravensfield when life became too difficult in their own home. Now they are asking:

What is going to happen to me?

Where will I be sent?

Will my family and friends who have to rely on public transport be able to visit me?

It is cruel to worry them in this way. Please show some compassion, re-

open Ravensfield and allow the place to remain open until you have a suitable replacement.

Keep Ravensfield open, move other residents from smaller more dilapidated homes into Ravensfield and close them instead. Ravensfield is a very nice property near to resident's families and in the middle of everywhere, the town is lovely, the area is lovely and the home is lovely. Other Cumbria Care homes are outdated and in poorer condition, close those down instead of Ravensfield!

Ravensfield, as was the Mary Hewetson Hospital were gifted to the town, not the County Council. This is obviously a ploy to save money and eventually sell off Keswick's assets without returning the cash to the town. The town should take control of the home and the hospital and employ their own staff to run these facilities for the town.

Ravensfield along with ALL the other care homes does not meet modern health and safety standards but it is/was a very happy home. It was home to its many residents. One can measure en-suite facilities, areas of rooms, size of windows etc. but the love and devotion of the staff has no measurable parameters – and the council either don't realise it or wouldn't recognise it if they fell over it. How SAD.

Despite the vociferous campaigning of some people in Keswick to keep Ravensfield open, Age UK (West Cumbria) replied to the opposite effect:

We would be really sorry if Ravensfield were to re – open as we feel it is a lost opportunity to implement much needed alternative community care. However if there is no will to actively develop alternative housing and also to map services and publish these in a way that is meaningful to people then you may have no choice. What would be even worse if Ravensfield was to open for a short time and then close as we believe none of the above would then happen. Little investment would be made in Ravensfield and therefore the environment in which the residents lived in would be even worse than now despite it undoubtedly maintaining its CQC approval.

2. Consultation with former residents of Ravensfield.

Introduction

This section reports the views of those service users who had lived at Ravensfield residential home prior to the floods which had resulted in their relocation.

During one week in August 2010 eight residents were interviewed in order to find out what they thought about the council's proposed plans to permanently close Ravensfield and prioritise domiciliary care services and extra care housing.

The service users to be interviewed had dementia and as researchers we were concerned that talking to us was not a distressing or disempowering experience. We wanted each service user to be given the opportunity to express their feelings and thoughts about the councils' proposals in whichever way best suited them. Based on previous experience carried out elsewhere it was apparent that the questionnaire used by the general public was not going to be the most appropriate or useful way of proceeding with people with dementia. It was for this reason that the interviewer used the questionnaire as a basis for discussion rather than sticking doggedly to the set questions. It was hoped that this would facilitate a meaningful discussion during which participant's views would emerge.

Prior to the interview advocates from Advocacy Experience visited each former resident to ascertain whether they wanted to meet with the researchers or not. Advocates were used in order to give each former resident as many opportunities to express their opinions as possible.

Interviews took place in the residential home in which the person was now living. Each interview took place in private room, where staff and other residents were not present. In one instance the person requested a member of staff to be with her.

This section is based purely on what the residents told us.

Background

It is important to recognise that for some of the former residents of Ravensfield the time lapse between their move from Ravensfield to their present location made it difficult for them to accurately remember or articulate their thoughts and feelings. Nevertheless, working closely with Advocacy Experience we feel confident that seven of the eight participants clearly expressed their views to us. We were unable to communicate with one person but interestingly a member of care staff who had relocated with her told us:

She's lived in Keswick all her life. She started coming for day care, then for respite. Then she got worse and she eventually moved in. It wasn't just family, there were Keswick people that popped in. People knew her from where she worked... so they'd chat to her about that. She has visitors once a fortnight, but it's a lot for them to get off at the bus stop and coming up the hill. They used to come every other day.

Who we spoke to:

Originally we were asked to speak to 12 former residents of Ravensfield Residential Home, who had not been permanently relocated. However, before the interviews took place two of the participants became permanent residents of their new home and one former resident had died. A further former resident was too ill for us to speak with. We spoke to two men and six women which reflects the wider gender ratio of those receiving residential care services for older people.

Location

One thing that everyone agreed on was that they had liked living in Ravensfield primarily because it was in Keswick. All the participants had lived in Keswick prior to moving in to the residential home. Their friends and family were in Keswick:

Well, I was at Ravensfield for quite a while, I was quite used to it and it was near for my relations to visit me. That's all there is to it!

I loved it at Ravensfield. My son lives at Keswick and moving to Penrith has made it much more difficult for him to visit. At Ravensfield my son could quite easily pop in, not necessarily every day, but it was easy for him to pop in whereas now it's more like once a week.

One participant made it clear that she missed Keswick:

I don't live here. I live in Keswick. I'm a Keswick girl. I want to go back to my home.

Another participant clearly remembered:

I was happy at Ravensfield.

When asked what had made her happy there she explained:

They treated me as if they liked me and thought I was important. They gave me this nice room, and I had a certain amount of freedom - if I wanted to go somewhere they would provide a seat and push me there...I think I had much more freedom when I was at Ravensfield....All I know is that I was very very happy there, I know that. And that I had three windows and that I liked looking out of them to see what people were doing. I had all my things with me.

Another woman said:

I knew my way round when I was in Ravensfield. I don't know my way round where I am now.

Some of the participants had liked the views from Ravensfield:

I'm certainly missing the visits and I miss the views. The views from Ravensfield were lovely. From one side you had Skiddaw and the other side looked over the valley so the views were lovely. Whereas here it's pleasant but it's not the same. I would move back if there was the opportunity and also I feel there should be a [council run] home for the people of Keswick.

I miss the views.

A different participant describes how she felt she was part of the community:

I had a room on the first floor with all my things. I used to watch what was going on from there, it was lovely! See the people coming and going.

This person said she had had many visitors when she lived in Ravensfield but she did not have many now. She explained:

If you don't see people on a daily basis you can forget who they are.

We were told by one participant that whilst she was 'very happy' when she lived at Ravensfield she did not want to have to move again. She became quite anxious as she said:

I am quite settled here now, thank you. I'm quite settled now and I don't want to move again.

Other people also expressed anxiety at the thought of more change:

It [Ravensfield] was getting too small for all of us, so they moved us here. We've got quite settled now.

Even though it is further for my friends and relations to come they still manage occasionally to come and see me. I am quite settled now. My brother comes once a fortnight so I see him. I don't want to move again. I am settled.

As this person illustrates, change in itself is unsettling:

I didn't like it at first but I do now.

Interviewer: What didn't you like?

It was much bigger here. I didn't know it. It was all different.

Change could be detrimental to the well being and health of an older person. A member of staff told us:

It's not to do with the care, the care is just as good here as what she got at Ravensfield. I think with the move, she deteriorated. She just stopped eating properly and her mobility went.

Three participants clearly stated that they would like to move back to Ravensfield:

I would like to go back. That's if I had an option I would like to go back [to Ravensfield].

I knew my way round when I was in Ravensfield. I don't know my way round where I am now. I would like to go back.

If I moved back to Ravensfield it would be like having had a good holiday but saying to myself: "Thank goodness I am in my own four walls".

There are four of us here and three of us are of the same mind. I wish to point out that Ravensfield is our home and we want to live out our lives there and with very good staff and carers it would certainly give us peace of mind.

However this participant went on to explain:

The staff were wonderful there, it was a home from home. I miss the views. If I was fitter I would want to go back but as things are I just can not move. Now my back is so bad I couldn't face the journey.

Participants recognised that the rooms in the houses that they had relocated to tended to be larger than those at Ravensfield. They did not place much importance on this:

They told us we had to go to bigger rooms. I liked my room.

Yes I've got quite a nice big room now, yes. It was a small one at first but now they've got me a bigger one.

I liked it there [Ravensfield], they were very nice people and I was sorry to leave the people although this was a better place.

Extra care housing

Whilst some of the participants clearly understood the idea of extra care housing they did not want to think about it for themselves or for other older people:

I can't manage now. I'm quite settled here now; I don't want to move again.

I don't really know [about extra care housing], I couldn't manage on my own now as I told you. I can't move around very well.

I couldn't manage now. How would I get to the shops? Who would care for me? No it's not for me.

Overall the impression we got from former residents is that they would have preferred to remain at Ravensfield, or to have been moved back shortly after the flooding receded. However due to the upheaval they had already faced and the time that had elapsed (and in at least one case, their increased frailty) not all the former resident's wanted to return even if Ravensfield did re-open.

List of organisations who responded to the consultation either through the questionnaire or by letter or email:

- Age UK West Cumbria
- Allerdale Borough Council
- Cumbria LINK
- Keswick, Braithwaite, Grange and Bassenthwaite Methodist Churches
- Keswick Civic Society
- Keswick Flood Action Group
- Keswick Flood Recovery Group
- Keswick Labour Party
- Keswick Town Council
- Keswick Senior Citizens Drop In.

A petition was also received at a full Council meeting on 8th September 2010, acknowledged by the Chairman. The petition was signed by approximately 3500 and stated:

"We the undersigned ask that Cumbria County Council reopen Ravensfield care home as quickly as possible while the consultation is being carried out".

Appendix:

Minutes of the Keswick & District Neighbourhood Forum on Thursday 8th July 2010 at the St Herbert's Centre, Corner of High Hill, Keswick

Present:

James Airey-Cabinet Member for Adult Social Care Cumbria County Council - **In the Chair**

Graham Hodgkinson- Assistant Director for Older People's Services Cumbria County Council

Mark Hastings- Manager for Care Provision Cumbria County Council

Pat Ackred- Neighbourhood Development Officer, Cumbria County Council

Jackie Dodd- Adult Social Services Cumbria County Council

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Becx Carter- Recorder- Cumbria County Council Community Unit

60+ local residents

James Airey thanked everyone for attending the meeting, and acknowledged that people feel passionately about Ravensfield and the issue of care homes. James informed the meeting that there would be a presentation followed by a question and answer session.

James stressed that all comments from the meeting will be recorded in the minutes and considered as part of the consultation.

For the purposes of clarity the meeting was informed that this is a consultation on Ravensfield, no final decision has been made. Cumbria County Council is present at the meeting to hear the views of the local community.

A presentation was given by the officers of Cumbria County Council, a brief summary is provided below.

Changing demand for care- Graham Hodkinson

Graham is responsible for commissioning services for older people across Cumbria County Council (CCC). In recent years there have been changes in what people want in terms of care, the council is seeing a reduction in the demand for residential care. Since November 2009 in Keswick there have only been 4 people (excluding those evacuated) who required residential care. CCC has met all of these needs.

People now want to stay in their own homes. The commissioning role is to ensure the correct range of services is in place to support people in their own homes. There is more to do in Keswick to ensure that the correct support is available.

CCC is extending the use of technology to ensure that response services that go alongside assisted technology can respond across the whole county. There is a focus on domiciliary care, where CCC work alongside the Primary Care Trust (PCT) to ensure carers can do a whole range of tasks for those people with more complex needs.

To put these new services in place money needs to be freed up. Commissioning across Cumbria needs to reduce beds by 700 to enable investment in extra care housing, assisted technology and domiciliary care.

The demand for the type of care that Ravensfield was offering is significantly reducing. At the time of Ravensfield being evacuated there were 8 fairly long term vacancies.

How we got to today in terms of Ravensfield.

The floods of November 2009 provided a stimulus to take stock.

Flooding - the issue is about the rising water at Ravensfield rather than if the water entered through the building. CCC working with the emergency services has to take a decision to evacuate when the water gets to a certain level to enable a safe evacuation using ambulances. There is no plan B at Ravensfield.

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In other places within Cumbria, for example Appleby, the contingency plan enables residents to be moved upstairs. However, this is not possible at Ravensfield as the physical layout of the upstairs (small bedrooms mainly) is not an environment in which to support the most vulnerable people in our society.

CCC has been working with the Environment Agency to understand the future risk to Ravensfield. The Environment Agency has a risk model, and currently Ravensfield is deemed '**significant**' under Environment Agency risk assessment. Following proposed improvements by the Environment Agency the risk at Ravensfield will be reduced to '**moderate**'. However, the evacuation risk will remain.

The demand for support at home is increasing, both locally and nationally. The reality across Cumbria is that the service is not universal. Home care services tend to finish at 10pm; they need to be 24hour.

Current homes are struggling, at Ravensfield the bedrooms are all small box rooms and only 3 out of the 30 rooms are en-suite. There are dignity issues around that type of building. If the building were to be built today it would not meet required standards. There are different generational expectations today, i.e. additional technologies (access to the internet etc).

Financially Cumbria County Council posed the question is it worth investing £500,000 per annum in a home that will be half empty, or is it better to invest the £500,000 per annum in community care services?

Officers then presented a DVD - 'The vision of future services'

A brief summary of the DVD is provided below.

The DVD gave an overview of the different types of care that ideally would be available in the future:

- **Extra Care Housing** - housing that is available on a complex with a 24 hour team on call. This enables residents to remain independent whilst having the security of support if needed
- **Supporting people at home** - enabling people to stay in their own homes by providing home modifications for access, personal alarms, carers visiting at specific times
- **High Quality Residential Care** - where people can't be supported in their own home or extra care housing.

During the course of the DVD showing people attending the meeting complained that the DVD was taking up valuable time needed for Questions and so the DVD was turned off.

Questions raised by the public

The floor was opened for questions and answers:

Q: Ravensfield has been closed and thought has been given to future plans, but what about now?

A: Cumbria County Council is keen to work through the consultation period with members of the community to decide the shape of social care services in the future. CCC has ideas but they are aware there is a vibrant community in Keswick including a **Friends of Ravensfield** group and they want to engage with the community.

Q: The residents of Ravensfield are not in Keswick, they need to be here to be near family & friends. They could have been moved back to Keswick. Other places in Keswick were evacuated (Millfield independent care home) and the residents were returned the next day.

A: The Millfield was not on a flood plain.

Q: This is a consultation tonight to seek the views of the community. What was seen on the DVD yes please, but when? No plans are in place, there is no funding to replace Ravensfield, you (CCC) are in discussion with Derwent & Solway but there is nothing concrete yet, but you have still shut Ravensfield which was one of the best care homes in Cumbria. There has been no straight answer from CCC on how many of the CCC care homes reach the standards. The understanding is only one. The people of Keswick keep getting told that it wasn't fit for purpose, they are sick of hearing this.

A: The key issue is there is more development to do; the assisted technology contract is being put out for tender later this year. People are being offered support in their own homes already. A number of different packages are being offered in Keswick, and these are being continually extended through further training. Continued investment is taking place in growth of home care hours mainly in the independent sector.

None of the current homes meet all current standards. The new home in Barrow has not yet been built. Within Cumbria Care two homes have appropriate room sizes. In Keswick the floods and subsequent evacuation made CCC deal with the issue sooner rather than later. The timing was not perfect; CCC would have preferred to have put a new service in before the old one was removed. The economic climate means there is less money to do what is wanted; Adult Social Care is not immune to national cuts.

Q: CCC needs to look at the gap. What happens immediately? It is hard to change from one system to another. It is a high risk policy due to the size of the county, the geography and the number of people available to make it work. It will break down. CCC should consider keeping Ravensfield open as a temporary fall back measure. If the new system were to break down the most vulnerable members of the community would be affected. Will you please as a team think about producing a report on the provision during the gap? About what to do in the event of break down.

A: It is right to be concerned about the risk. It is reasonable to ask for clarity and information on meeting the needs in the short & long term.

CCC officers confirmed they would be pleased to do some work on this.

CCC doesn't agree it is a high risk policy. There is enough residential provision in Keswick without Ravensfield. There are currently vacancies in the independent sector in Keswick. The four people who have needed care since November in Keswick have been accommodated and there are still vacancies. Mark & his team will work with his independent sector colleagues to bring the evacuated residents of Ravensfield back to Keswick once the decision has taken place on the future of Ravensfield.

Q: Commenting on behalf of the friends and relatives of Ravensfield -how many of you (the panel) have spent time in Ravensfield? Buildings are being put first, people should come first. Ravensfield is about people who can't stay in their own home. They had ten dementia beds, twenty other beds and

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three beds were kept for respite. The Environment Agency have said that there is minimal risk of flooding as the defences have now been upgraded. For many people it is now two bus rides each way to visit their relatives displaced from Ravensfield. When they were in Ravensfield they could just pop in. Ravensfield being closed is severing family & locality ties. Aspirations are wonderful, but Ravensfield must be opened until a decision is taken. In the 2008 consultation it was the best CCC home with 3*. When you (CCC) place someone into a private sector home what is then your obligation?

A: Adult Social Care commissions services from Cumbria Care and the independent sector, the standards are the same throughout Cumbria County Council care homes, Cumbria Care and the Independent sector homes.

Cumbria County Council is proud to have homes across Cumbria that are reaching the 3* Excellent grading. On a technical point the care standards which were introduced in 2001 have stipulations on many issues including minimum room sizes; however they do state that if a home is currently running and doesn't meet the standards then it can continue to run. Inspectors can't hold the environmental standard against the homes when they do their inspections. The independent sector has to meet the same standards.

Mark confirmed that he had spent a lot of time in Ravensfield and he was directly involved in the evacuation in Nov 2009. He & CCC do not want to put vulnerable people through that situation again.

Journey times to visit people - families & relatives are being consulted as part of the Consultation process. When Ravensfield was evacuated they had 1.5 hours to make the decision and to move residents. CCC recognises that with hindsight people could have been moved to better places. They have spoken to residents & families and any of the residents that have asked to be moved have been facilitated. Residents can be relocated back to Keswick there are vacancies in the independent sector.

Q: Do the loved ones of Keswick not matter?

A: This is not the case, people who were residents of Ravensfield who have connections to Keswick can be brought back, there are vacancies in the private sector homes.

Q: You (CCC) are claiming that Ravensfield wasn't fully occupied. What was its occupancy rate over the last 10 years? The understanding was that there had been a waiting list for Ravensfield until the last few weeks.

A: Since November 4 people have been placed into residential care in Keswick. There is no waiting list currently.

CCC is happy to provide the occupancy figures for previous years.

It is a growing trend that people are exercising their choice to stay at home.

Q: Is the need for care going down? The government have said that by 2020 the need for care in care homes will double.

A: There is going to be a bigger growth in the older demographic. The government has not said there will be a need for more residential care, but they recognise there needs to be a change in the way of supporting & caring for people. The Cumbria County Council commissioning strategy is in line with the current government strategy.

Comment made by a member of the public: my husband who suffered from dementia was looked after in Ravensfield for 3 years, the care he had was marvellous, this was not due to en-suite facilities but to the quality of staff, many of whom have worked there for years. It was for him a home in the best sense of the word. It needs to be remembered that when one person comes to need care there are often two people to be considered. People get worn down caring for their partners, it is a relief to have somewhere like Ravensfield close to home.

Q: On the night of the evacuation you had no choice and this is understood and accepted. The issue is about bringing people back. CCC is saying that you can't bring people back because they might have to decide again to evacuate. The evidence is that Ravensfield doesn't flood (apart from the lift shaft) the issue is the loss of power. At a recent cabinet meeting 3 options were suggested. Firstly to close, secondly to spend £35,000 this would be split £30,000 on flood defences to prevent the lift shaft filling, and £5,000 on hiring a generator. This removes the risk of having to make the decision again. How does it compare to the cost of the DVD? Or the cost of the consultation?

If you are operating a care home that was below the standards they could continue, however can you still re-open it after an 11 month closure? What is happening to Ravensfield?

A: It is £35,000 for flood protection, if this offered absolute protection it would be worth the investment if it had a good standard of accommodation. They could put flood gates in, however the generator is a riskier assessment as it would be on contract i.e. it wouldn't be there all the time, it may not arrive in time in the event of another flood. Even with the £35,000 investment there would still be a continuing risk of evacuation.

With regard to re-opening yes it could reopen, it is still be maintained.

Q: Is furniture being removed from Ravensfield?

A: CCC stated that they have not removed any furniture. Even the profiled beds (shared throughout the other homes in Cumbria) have not been removed.

Q: The elderly population in Keswick is 27% (over 65's). The national average is 16%. Many people retire to the area. My mother was in Ravensfield (she chose to go there) and I would be happy to go into Ravensfield. I visited a relative in the Appleby home at New Year and was told that Ravensfield was going to be closed.

A: Mark stated categorically that there was no decision to close Ravensfield made at that time. At New Year CCC was working with the Environment Agency to understand the future risk. CCC's view is that based on the facts the argument for not reopening Ravensfield is overwhelming. During the consultation period people may raise issues that have not been thought of, all these views will be taken into account and passed to Cumbria County Council's Cabinet to consider.

Q: Doctors practices in Keswick cover a very large area, it is physically impossible to give domiciliary care that the panel are talking about. Issues with home care during severe weather or illnesses, for

example during the recent snow falls people were left through no fault of the carers, what will be the back up?

A: CCC understands the issues mentioned and recognises this demographic growth and that needs of older people are increasing. The issue is how we make sure the people are cared for in the right way. For many people Ravensfield wouldn't be a positive choice. Resources have to be used effectively, there is a finite budget. CCC needs to ensure that the right services are provided. With regard to home care a personal budget can now be offered. People have their own budget and can employ people locally to help care for them. This means that people providing the care are properly paid.

Q: Is this the only consultation that we are going to have, one hour, apart from two drop in sessions? Or will there be a properly advertised public meeting?

A: A consultation document has been provided on each chair which includes a questionnaire, people are being encouraged to fill this in, comments will also be taken in other formats, written etc. A 3rd sector organisation will be co-ordinating the responses. Cumbria County Council Officers have put forward a strong argument to the Elected Members to close Ravensfield; the Elected Members will listen to comments and will consider them before making a final decision.

A; James Airey (Elected Member) confirmed that comments can be sent in in any format. The decision has not yet been made. It will go to Cabinet with a recommendation after the consultation is finished. Elected Members will listen to all the views. James is working with Elizabeth Barraclough (county councillor for Keswick) who has had an input. Keswick Town Council has also been making comments throughout.

Q: The question was not answered, is this the only consultation meeting?

A: Yes, there are another couple of sessions (2 drop in surgeries), and the paper consultation. This is the plan.

Q: Most people would choose to stay at home and not go into hospital given the choice, however it is a leading question, the answer that they want to get is care in the community. As an ex-district nurse I am shocked that medical needs such as dressings, catheter care, etc. will be dealt with by an unqualified person. They won't be working in sterile conditions, and the patient won't see a proper medical professional. If Ravensfield were rebuilt on the hospital site all services would be in one place. With care in the home it will be a diminished service and people will struggle to cope.

A: Domiciliary care has received national awards because of the training the staff get from community nurses. Clinical supervision is provided from the community nurse. Many caring family members do similar jobs, enabling carers to do this role as well saves the community nurse time. There are not enough community nurses so they are training carers to do some of the jobs.

Q: Is this cheaper?

A: Yes it is more cost effective. Previously a number of people would visit a person i.e. someone to get them up and do breakfast, then a nurse would visit, to have one person doing a combined role is more cost effective.

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Q: National policy is to cut back on the care of the elderly, due to the scattered communities within Cumbria elderly people won't get to see the necessary qualified people.

A: Cost is a factor in everything CCC does. Health & Social Care will be receiving very significant budget cuts, bigger than anything that has been seen previously. If it means training more people to do home care, this would be a good use of money.

Q: Patients need to be seen by well qualified people to ensure that any changes in their condition are spotted.

A: Nurses are overseeing the work of carers.

Q: There are issues with care in the home as there is the problem of travelling time, due to the scattered communities in Cumbria. Dementia/Alzheimer's patients can't be cared for in their own homes, there is a point at which they become a danger to themselves and they need to go somewhere and due to the closure of Ravensfield there is now nowhere in Keswick. There is now no provision in Keswick for people with Dementia who need secure care. Why can't something be done in Keswick Hospital? There is a ward that is standing mainly empty, what is going to happen in that ward? Why can't Ravensfield be moved to the hospital which is on higher ground?

A: Two issues: Firstly around Dementia care, Secondly about the community hospital. Firstly the independent homes in Keswick offer Dementia care, there have been informal discussions to provide a higher level of care, however not a Dementia unit.

Q: Where is the Dementia care in Keswick now?

A: In both Millfield and Netherplace. They are not secure, but the policy is to move away from secure care. CCC is aware of the need for dementia care. Second point, 18 months ago a consultation took place in Keswick on the idea of a joint health & social care enterprise, however the money that was going to be used for this has not materialised so the PCT have had to prioritise. Cockermouth Community hospital is a phase 1 development; Keswick is a phase 3 and would require a significant windfall from the government which is unlikely to happen.

Q: Everything seems to be on hold for Keswick, Ravensfield, the community hospital, the 40 bed extra care housing development?

A: The extra care housing development has an issue about planning consent.

Q: Where is the location for the extra care housing development?

A: The Planning Authority is in discussions about this issue, there is no concrete proposal in place at this moment.

Comment made by Councillor Elizabeth Barraclough - this consultation appears to be just about Ravensfield. It is not, we want issues like the Dementia unit and all other issues that have been raised to be included and passed on. Comments from a meeting such as this have a lot of weight, please put all issues down. It is health & social care in Keswick that the consultation is about.

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Q: What about the gap? Where we are now and the proposed future? For example, a lady in Keswick became unwell, called the doctor and got a prescription. Later in the evening she got worse, she called Cudoc. Cudoc felt that hospitalisation was necessary; Keswick, Penrith & Carlisle hospitals were full. Therefore it was agreed that a night nurse attend at 3:30am and 6:30am. However the night nurse called and cancelled the 6:30am appointment. Gaps like this are occurring now. Also with extra care housing, and home care people are at home all day alone. Can additional day services be considered including things such as photography courses, webcams, up to date technology etc.

A: This is covered in the proposal to engage with the community on the shape of things to move forward with. There is a need to make sure support is provided in homes, and to ensure people don't become isolated, CCC want to work with the community to get modern services put in place to meet needs.

Q: Andrew Lysser of Keswick Town Council - The plan and the agenda don't meet community needs. Cumbria care is about caring for Cumbrians. I am not hearing empathy for looking after the now. Where are the figures for the need in the future? Where are the figures that substantiate your move away from re-opening Ravensfield?

A: The figures are available in the Older Peoples' Commissioning Strategy on the Cumbria County Council website. This includes information on demographics and level of demand. The Planning for Care paper gives the precise figures in terms of levels of growth by district & town. The precise figures since November are that 4 people in the Keswick area have needed residential care and their needs have been met, there are still 4 vacancies. Demand for residential care is lower than previously.

Q: The CCC website says in Jan 2008 that CCC announced the building of 8 new care homes, and 6 would close, one of those listed was Keswick. It appears that CCC's mind was already made up.

A: That was referring to the Closer to Home Consultation with NHS Cumbria. The plan was to replace the cottage hospital with joint health & social care. This was reliant on Department of Health funding to do this; this funding is now not there. To go through with the plan CCC would have to borrow the money and pay it back on a PFI basis.

Q: By closing Ravensfield you (CCC) have saved £200,000, and also now have Ravensfield to potentially dispose of. The history of Ravensfield is that it was intended to be used as an old people's home for Keswick. There is grave concern that the money will leave Keswick. If the sale of Ravensfield raised a large sum of money, and with the money saved from having shut Ravensfield could this money not be used to make a start on the cottage hospital alterations?

A: Yes there is a revenue saving though not as big as £200,000 as CCC have provided care for all the residents that were evacuated, and this will be a continuing cost. The saving is what CCC wants to reuse, and it will be reused to support people locally. CCC are aware of the history of Ravensfield, however the legal context is different from the historical context. The consultation is not at the stage of disposal of the building, the decision on the future of Ravensfield still needs to be made.

Q: Here & now services are currently being withdrawn. They are being withdrawn from the hospital (beds cut by 5) the funding for the vascular nurse has been withdrawn so you now have to travel to

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Whitehaven. If services can be withdrawn in this way, how can we believe and be assured that the community care services won't be withdrawn?

A: Repeating earlier answers. CCC is caring for needs now, and has responded to needs by increasing home care. Those who need residential care have got it. The duty is to assess need and to provide care to meet that need.

Q: A window of opportunity is available, CCC could open Ravensfield as a day care centre whilst the changes happen, this would save money as it wouldn't be being maintained for nothing, and it would be doing some good in the locality.

A: The comment about day care provision and specifically dementia day care will be responded to as part of the consultation process.

Q: Ravensfield has never flooded until the flood bunds were put in the field behind it preventing the water escaping. If the flood bunds were removed no more flooding would occur.

A: Those comments would be better directed to the Environment Agency.

A member of the public passed to the panel a petition to save Ravensfield which should form part of the consultation, and also a copy of the current Keswick Reminder and drew the Panel's attention to the Letters Page.

The Panel said they would read the Keswick Reminder and accepted the petition. They confirmed that every comment would be read and fed into the process.

Q: When Ravensfield was shut, surely Keswick hospital should not have had their bed numbers reduced?

A: The cottage hospital is meeting a different type of need, residential care is a long term service, the cottage hospital is focusing on rehabilitation.

Observations of the Care at Home Service.

-An elderly relative reported that a carer who was caring for them had to reschedule her appointments as she was covering for another carer, resulting in many appointments being pushed to later times than normal, as late as 11pm.

-An elderly gentleman collapsed, he pressed his call button. A lady carer came from Maryport (after 2 hours) and when she arrived she was pregnant and couldn't lift him. She then had to call an ambulance. The care service was of no use.

An elderly gentleman slipped and fell down his outside steps. He pressed his call button but as it was outside it didn't work. As a result he spent the night on the floor outside.

A: Situations like this do happen, there are gaps. However the panel did express their regret that these individual cases had occurred. It is appalling and the panel are sorry. CCC said that it was important to unlock the resource of people living locally through personal budget usage.

Q: With home care a carer will bathe, feed etc, but who will do the laundry & clean the house?

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A: You could employ someone to do laundry for less than living in residential care (many people have to sell homes to move into residential care). There are lots of resources to support people living in their own homes. CCC does assess people's abilities to contribute toward their care costs. The personal budget model means the budget can be used in a variety of ways. A person needs to prioritise the spending of the money be it on personal care or support i.e. laundry.

The Chair thanked everyone for attending, and for raising such valid points which will be looked at and passed forward. The Chair encouraged everyone to get involved in the consultation process.

The meeting closed at 7.50pm.