carebase
Exceptional Care, No Exceptions

2nd Floor Beacon House
26-28 Worple Road
Wimbledon
London
SW19 4EE

Tel. 0208 879 6550
Fax. 0208 944 7195

info@carebase.org.uk
www.carebase.org.uk

PROOF OF EVIDENCE

NICOLA COVENEY, MANAGING DIRECTOR, CAREBASE

1. Introduction

1.1 Since the age of two, I lived in Bexleyheath, Kent and remained there throughout my childhood, teenage and younger adult years. I attended Crook Log Primary School and then Bexley Technical High School for Girls (now Townley Grammar). My family continued to live in Bexleyheath for many years, and I still have family located in neighbouring Falconwood and Welling. Although I have since moved a little further into Kent, I have very strong links to Bexleyheath and a great affection for the area – indeed my wedding reception was held in The Boathouse, situated within Danson Park which backs onto the proposed development site.

1.2 I was appointed Managing Director of Carebase in January 2010, which at the time was a group of 7 care homes, offering nursing and residential care to elderly people in the South East. My career at Carebase has spanned over 30 years and first commenced in October 1989 when I joined the company as part of the reception/administration team, and I progressed into roles as Operations Coordinator, Operations Manager, and Commercial Director.

1.3 Carebase develops and operates top quality healthcare facilities in Kent, Surrey, Essex, Hertfordshire, Cambridgeshire, London, Oxfordshire and Norfolk. We have an additional sub-brand which I am also responsible for, Enable Care, which provides slow-stream rehabilitation and complex care to adults who have an Acquired Brain Injury. Carebase and Enable Care currently own and operate 14 healthcare facilities, providing nursing, residential and dementia care to 889 residents. 13 of these homes fall within the Carebase brand, and 1 sits within Enable Care.

1.4 In my role I act as the Nominated Individual for all homes with our regulatory body, the Care Quality Commission (CQC). All care homes are inspected by CQC in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Carebase's portfolio includes 3 homes that are rated Outstanding by CQC, and a further 9 homes that are rated Good by CQC.

See appendix 1 - Portfolio of Carebase homes

1.5 Carebase has also received over 25 awards for its delivery of care, including "Covid Hero" at the Great British Care Awards in 2021. We have also won "Best Care Employer" at the Great British Care Awards, and it's chairman was recognised for his Outstanding Contribution to Social Care in the London Care Awards in 2019. Carebase is also recognised as one of the "Top 20 Recommended Mid-Size Care Home Groups 2020" on the leading review site, Carehome.co.uk.

1.6 Within the Carebase portfolio is Heathfield Court, based in Northumberland Heath which also sits within the London Borough of Bexley. Heathfield Court is registered for 66 beds and provides nursing, residential, dementia and end of life care. Heathfield Court opened in April 2017 and is rated "Good" in all five key lines of enquiry by CQC, which includes Safe, Effective, Caring, Responsive and Well Led. Heathfield Court is an established reputable provider of care services to the London Borough of Bexley and was awarded the "Caring At It's Best" Award at Bexley Council's 2019 Residential Care Organisation Awards.

1.7 Heathfield Court currently has a score of 9.9 (out of 10) on the leading care home review portal, Carehome.co.uk. There have been 46 reviews received for Heathfield Court, with 43 of them scoring 5 stars (the highest level), and 3 scoring 4 stars. All reviews within this portal are independently verified before publication and will only be accepted from close family members or friends of residents who have resided within the home. Comments have included, "We wanted the best care for our mum and that is exactly what she receives ..." (Susan H, Daughter of resident) and "Beyond exceptional is how I can describe this real gem of a care home! ...." (Steve S, Son of resident).

2. Types of Care Provided & Resident Profile

2.1 For the vast majority of our residents, a Carebase home will be their last home, and we are proud to deliver exceptional end of life care when it is needed. We are accredited providers of the National Gold Standards Framework (GSF), a recognised training provider in care for people nearing the end of their life.

2.2 The Care Quality Commission regulate Residential Social Care within England and they define care homes into two categories:

Care home services with nursing (CHN)

A care home is a place where personal care and accommodation are provided together. People may live in the service for short or long periods. For many people, it is their sole place of residence and so it becomes their home, although they do not legally own or rent it. Both the care that people receive and the premises are regulated. In addition, qualified nursing care is provided, to ensure that the full needs of the person using the service are met.

Examples of services that fit under this category:

- Nursing home
- Convalescent home with nursing
- Respite care with nursing
- Mental health crisis house with nursing

Care home services without nursing (CHS)

A care home is a place where personal care and accommodation are provided together. People may live in the service for short or long periods. For many people, it is their sole place of residence and so it becomes their home, although they do not legally own or rent it. Both the care that people receive and the premises are regulated.

Examples of services that fit under this category:

- Residential home
- Rest home
- Convalescent home
- Respite care
- Mental health crisis house
- Therapeutic communities.

Our development will be registered as a Care Home With Nursing (CHN) and as such will registered to provide treatment of disease, disorder or injury.

See appendix 2 – Care Quality Commission Quick Reference Guide To Regulated Activities By Service Type

2.3 We regularly review the profile of residents living within a Carebase home and the average age of all residents in April 2022 was 86.2 years. All residents require a level of care ranging from help with washing and dressing, continence care, medication management, and sometimes support with feeding (known as Residential Care) to full nursing input from a nurse 24 hours a day for matters such as wound management, catheter care, blood monitoring and complex medication administration such as sub-cutaneous fluids, injections etc. (known as Nursing Care). We also provide nursing and residential care to those with a confirmed diagnosis of dementia whose behaviours are such that they are unable to care for themselves in their own homes or continue to live with loved ones. This includes those living with Alzheimer's, Vascular dementia, Dementia with Lewy Bodies (DLB), and Frontotemporal dementia (Pick's disease).

See appendix 3 – Carebase Guide to Understanding Dementia (provided to families as a support tool to help them through their loved one's dementia journey). Example shown is for our Bramley Court Care Home in Histon, Cambridge.

2.4 Each of our homes also has a retained General Practitioner, funded by ourselves, who visits the home routinely, usually once or twice a week. This multi-disciplined approach to care by us means that we are able to care for residents throughout their life. Carebase prides itself on being a "home for life", which means that even if a resident were to come to us initially with little care needs, with our 24/7 nursing and care team on site, and the support of our retained GP, we are able to care for our residents as their needs progress into requiring more nursing input, or more support as their dementia advances. This means that hospital admissions are limited, and indeed residents

are only referred to hospital in cases such as fracture following a fall, or if specialist equipment is required such as kidney dialysis etc.

2.5 Our multi-disciplined approach to care is also extended further so that the need for outpatient visits to GP surgeries or hospitals are reduced, such as chiropody care as we have links with local providers to visit the home monthly. This in-house service also extends to visiting audiologists and opticians.

2.6 As at April 2022, throughout the Carebase group we are currently providing care to the following number of residents in these categories:

Dementia care without nursing support	285 residents	(34%)
Nursing care	221 residents	(27%)
(including those receiving Palliative or End of Life care)		
Residential care	193 residents	(23%)
Dementia care with nursing support	130 residents	(16%)

2.7 By way of explaining the complexity of care we provide and dependency needs of our residents, it may be helpful to note that in 2021, throughout the Carebase group, 377 residents passed away whilst residing in our care.

2.8 If we look specifically at Heathfield Court Care Home in Northumberland Heath, as it is local to the proposed development site and therefore typical for the area, the statistics are as follows for the last three years:

<u>2019</u>

Admissions for Dementia care (inc those who require nursing support)	24
Admissions for Nursing care (inc those who require end of life care)	25
Admissions for Residential care	29

<u>2020</u>

Admissions for Dementia care (inc those who require nursing support)	14
Admissions for Nursing care (inc those who require end of life care)	16
Admissions for Residential care	18

*NB. Due to Covid outbreaks admissions were reduced

2021

Admissions for Dementia care (inc those who require nursing support)	26
Admissions for Nursing care (inc those who require end of life care)	16
Admissions for Residential care	17

*NB. Due to Covid outbreaks admissions were reduced

As at April 2022, our statistics show that the average age of our residents at Heathfield Court is 85.25 years, and the average length of stay for a resident at Heathfield Court is 80 weeks (NB. This excludes those that come into our care for short respite stays).

2.9 It is important to note that Carebase homes are very much a nursing and healthcare facility and the care provided is for those within the elderly community, predominantly in the local area, who are no longer able to live alone. Many of our residents come to us following a period of home care which is no longer able to fulfil their needs, as their care needs extend to requiring assistance 24 hours a day. A large number of our admissions are discharged into our care from local hospitals, including those that are referred to us from the Local Authority (London Borough of Bexley) or through Bexley Clinical Commissioning Group.

2.10 Our referral sources tend to be our local professional community including Hospital Discharge Coordinators, local GPs, and Continuing Healthcare (CHC). We also receive a large number of word of mouth referrals from our local community. As such, this means that the largest proportion of our residents have come to us from within a 3 mile radius of our home. For example, at our home Heathfield Court in Northumberland Heath, Kent, our data analysis shows the following:

Resident's previous address was within 1 mile of Heathfield Court	24%
Resident's previous address was 1 - 2 miles of Heathfield Court	21%
Resident's previous address was 2 - 3 miles of Heathfield Court	14%
Total residents that previous lived within 3 miles of Heathfield Court	58%

See appendix 4 - Resident Previous Addresses at Heathfield Court, Northumberland Heath, Kent

3. Demand For Care

3.1 Our knowledge of the local area indicates that there is a high need for quality care home beds, particularly those providing nursing, dementia and end of life care.

3.2 Since opening in 2017, Heathfield Court has been in high demand with many referrals for local residents and today it remains full with a waiting list for local families who are seeking a placement. Even throughout the last two years where it is widely reported that Covid has caused care home occupancy levels to drop significantly, it is clear that the demand has been such within the London Borough of Bexley that Heathfield Court occupancy has been consistently high (with the exception of the months where we were unable to admit due to an outbreak). Average occupancy levels for the last 3 years at Heathfield Court are as follows:

2019		Average occupancy	95%
2020		Average occupancy	96% (*Covid outbreak Mar, Apr, May)
2021	Jan – Apr*	Average occupancy	84% (*Covid outbreak so unable to admit)
	May – Dec	Average occupancy	97%
2022 to date		Average occupancy	99%

See appendix 5 - Monthly Occupancy Levels for last 3 years at Heathfield Court Care Home, Northumberland Heath, Kent

3.3 The London Borough of Bexley operates a system whereby elderly people are discharged from hospital under a "Discharge to Assess" (D2A) agreement. This has been in place since November 2017. This means that many elderly people who are discharged from hospital are placed into a "holding home" for 4-6 weeks, fully funded by the Local Authority, whilst a permanent suitable placement is found. Whilst it is the stated aim of London Borough of Bexley that the default pathway for these residents should be to return home, we have found at Heathfield Court that we are regularly approached by representatives of London Borough of Bexley and a significant number of these referrals come to us as returning home is not a safe option due to the person's nursing or dementia needs. Due to our high occupancy levels, these residents can sometimes be waiting in the funded holding placement for some weeks before a bed becomes available for them within our home. It should be noted that D2A placements are not means tested and in all cases, once they become a permanent resident at Heathfield Court the D2A funding ceases and they become privately funded.

See appendix 6 – Discharge To Assess Project Queen Elizabeth Hospital Joint Collaboration between Adult Social Care and Health (published 2017)

3.4 When asked about levels of demand for care within the London Borough of Bexley, and particularly at Heathfield Court, Gina Kitchenham (Manager) said the following:

"We regularly receive calls/emails from Sally Allsop, Sue Cross, Gillian Gunn & Amanda Franklin, from Bexley CCG, CHC team, asking if we have beds available and we are unfortunately rarely able to help due to us usually being full with a waiting list. We also receive calls from the DOL's team in Bexley asking if we have any rooms available due to residents that have come to us from other homes in the borough that they have been involved with and that they know have improved whilst with us. We also get calls from social workers that have been to the home over the years and know the quality of care we deliver, asking if we have availability, Dorothy Evans-Meghie being one of them. Paula Beadle & Melanie Cooper, placement officers from Bexley, also call/email enquiring about beds but again we don't have the availability. Pamela Marchant, Care home liaison officer for QE Hospital and Darent Valley Hospital also call when they are looking to discharge from hospital."

See appendix 7 – email from Gina Kitchenham, Manager, Heathfield Court Care Home, Northumberland Heath, Kent

3.5 We get a high volume of enquiries at Heathfield Court every week, from both the above professional referral sources but also families calling us directly. In the period January to March 2022, we have received the following level of enquiries but were only able to take a limited number of admissions due to the lack of beds available within the home:

<u>January 2022</u>

No of enquiries received	41
Occupancy at start of month	98.5%
Movements in month:	
2 x Deaths	
3 x Admissions (1 for residential care, 2 for nursing care)	
Occupancy at end of month	100%

<u>February 2022</u>

No of enquiries received	30
Occupancy at start of month	100%
Movements in month:	
2 x Deaths	
2 x Admissions (both for nursing care)	

Occupancy at end of month	100%

March 2022

No of enquiries received	30
Occupancy at start of month	100%
Movements in month:	
1 x Death	
1 x Admissions (for nursing care)	
Occupancy at end of month	100%

See appendix 8 – Enquiry levels for last 3 years at Heathfield Court Care Home, Northumberland Heath, Kent

3.6 Within a 3 mile radius of the proposed development there are 23 care homes providing care for adults over the age of 65 years. 19 of these sit within the London Borough of Bexley, and 4 sit within London Borough of Greenwich. The registered bed numbers of these homes totals 1517, however it should be noted that some of these homes are not registered to provide nursing care or dementia care. The number of care home beds within a 3 mile radius of the proposed development that are registered for dementia care is just 1355, and which is 89% of the total registered care beds in this catchment area. There are also just 913 beds registered for nursing care, which is just 60% of the total registered care beds in this catchment area.

See appendix 9 – Care Home Beds Within 3 Miles Radius Of Proposed Development

4. Proposed Development

4.1 As part of my role, I identify sites that would be suitable for a Carebase development. The site on Danson Road, Bexleyheath suited our development criteria well for a number of reasons. Firstly, the demographic profiling analysis that we use identified that there was a large population of elderly residents within this area, and that there were very limited facilities able to provide the level of care that we do. As part of my research into a site, I look deeply at the existing provisions within an area to identify the number and quality of care home premises, and the type of care offered. This is referred to in 3.6 above and appendix 8. It was clear when looking at this area that the community was not served well with specialist complex care facilities, including those providing palliative care and end of life care, and as such there would be much demand within the community and within the professional healthcare network for a facility such as ours.

4.2 We have therefore proposed a facility which we believe fulfils the criteria of what the community is currently lacking. Our proposed development will provide nursing, residential and dementia care, across four floors, to 70 residents aged over 65 years. It is envisaged that the lower ground and first floors will provide a combination of nursing and residential care, whilst our lower ground and second floor will cater for those with a diagnosis of dementia.

4.3 As a care provider it is our duty to ensure that our residents are kept safe at all times, and included within this is the important matter of privacy and dignity. Due to the complex nature of the care that we provide most, if not all, of our residents will require assistance with personal care which includes dressing in the morning and getting ready for bed in the evening. This would be fully supported by our team members and our protocol is always to ensure the utmost privacy for our residents at these times. This includes ensuring that the curtains are drawn and the doors are closed. All of our bedrooms have voiles at the window to provide additional privacy too. It is very often the case that care home windows face onto public areas such as main roads – indeed Heathfield Court (our facility in Northumberland Heath) is set alongside the busy road of Colyers Lane and with a row of shops to one side and a school to the other, yet this has not ever been an issue for us. It should also be noted that our lower ground floor will be the setting for our dementia residents, and in this case all of the bedroom windows face onto the central sunken garden and do not overlook public areas at all.

4.4 Each floor will be self-contained with its own lounge, dining room, kitchenette, assisted bath and shower rooms, medication store, nurses office and access to outdoor space, either with their own private garden, or with access to the communal gardens or roof terraces. There will be a key-coded lift to access all floors, and stairwells will be protected by key-coded doors so that we can ensure we keep our residents safe. There will also be some communal spaces on the ground floor that all residents may access (those from upper floors will receive assistance to do so), including a hair salon, bistro, library, private dining room and cinema.

4.5 All of these features enable the home to be completely "self-sufficient" with our residents having everything they need on site. Due to our resident's age and frailty, none of them are able to drive, or even leave the premises without the assistance of either a team or family member, so it is important that the environment we create caters for them fully. Our kitchen provides all meals, and we have own our onsite laundry. Each of our homes shares a minibus with its neighbouring home and has access to it 2/3 days a week so trips out of the home are organised by our Lifestyles Coordinator, and supported by our care team. These often include trips to local garden centres, cafes or local shops. Further stimulation for our residents is provided in-house by our team of Lifestyles Coordinators, and these can include activities such as gardening, talking newspapers, arts and crafts, flower arranging, or walks around the adjoining park.

4.6 As with all of our Carebase homes, we very much envisage this development becoming an integral part of its local community. It will provide a much needed facility for the elderly community within the immediate vicinity as they approach the end of their life and need much more support. In additional to this, we are able to provide short periods of respite stay (often used when recovering

from surgery, or rehabilitation following a fall etc), and also day care to give those caring for a loved one at home a much needed break.

4.7 Each resident is fully assessed by either our Home Manager or Director of Nursing prior to admission into our home. As part of their care package, we organise for their medical notes to be transferred from their existing GP surgery into our own retained GP practice, and organise their medication requirements through the partnership we have with our group pharmacy. Our nurses receive a full handover of notes so that they are able to immediately take on any nursing input that would have previously been provided by the District Nurse team.

4.8 Our homes are fully equipped with full profiling nursing beds, airflow mattresses, syringe drivers, hoisting equipment and equipment for wound management, and a fully integrated nurse call system which is monitored 24 hrs a day by our nursing and care team. Where required, we are able to provide pendants for those residents who like to remain somewhat independent and mobile within the home, but still like to have the confidence of being able to call for assistance if required. This prevents falls as residents are able to call for assistance with everyday tasks such as dressing and using the toilet.

4.9 Our dementia floor will be bespoke in design so that it gives stimulation to our residents with a diagnosis of dementia. This will include area of reminiscence, memory boxes and way-finding aids to help with orientation. There will also be areas for our residents to remain busy and fulfilled, such as areas for art and crafts, and an indoor garden area.

4.10 Our grounds will be fully secure in order to keep our residents safe, with adequate fencing and key-coded secure gates. The gardens will include areas for quiet relaxation and activity, including raised planters for those that want to keep active in the warmer weather.

5. Our Team

5.1 We have a team of over 1250 individuals throughout Carebase, including 148 Registered Nurses and 758 Healthcare Assistants. It is mandatory that all of our team members are trained in following subjects:

Dementia Awareness

Equality and Diversity

Fire Safety

First Aid

Food Safety

Health and Safety

Infection Control

Mental Capacity Act & Deprivation of Liberty Act

Moving and Positioning People

Nutrition and Hydration

Safeguarding Adults at Risk

5.2 In addition, some senior team members and nursing staff are also trained in medication management, catheter care, phlebotomy, the use of syringe drivers, mental health awareness, tissue viability, enteral feeding/medication, and behaviours that can challenge. As part of our team development we offer fully funding training in QCF Health and Social Care, Diplomas Levels 2 & 3, and Nursing Assistant Apprenticeships.

5.3 At our proposed Danson Road development, it is envisaged that the team will consist of the following:

TEAM MEMBERS	HOURS PER DAY	DAYS PER WEEK
2 x Registered Nurses – Day time	7am to 7pm	7 days per week
12 x Heathcare Assistants – Day time	7am to 7pm	7 days per week
1 x Registered Nurse – Night time	7pm to 7am	7 nights per week
6 x Healthcare Assistants - Night	7pm to 7am	7 nights per week
3 x Housekeeping & Laundry Assistants	8am to 4pm	7 days per week
Chef	8am to 4pm	7 days per week
Kitchen Assistant	8am to 8pm	7 days per week
Lifestyle Coordinators	9am to 5pm	7 days per week
Minibus Driver	9am to 5pm	2/3 days per week (alternating)
Hairdresser	9am to 1pm	3 days per week
Maintenance Officer	9am to 5pm	5 days per week
Administrator/Receptionist – weekdays	9am to 6pm	5 days per week
Administrator/Receptionist – weekends	10am to 4pm	2 days per week
Director of Nursing	9am to 5pm	5 days per week
Manager	9am to 5pm	5 days per week

This will mean that there will be 14 members of our nursing and care team during the day time (which is ratio of 1:5 if at full occupancy), and 7 members of our nursing and care team during the night time (which is a ratio of 1:10 at full occupancy). It should be noted that these are well established ratios within the care sector and in most cases are more than adequate, however we will complete a monthly dependency analysis and should the needs of our residents change in anyway, we will adjust our staffing levels accordingly.

5.4 A care home of this size would typically employ around 85 full and part time team members and in our experience, they tend to reside within the local community. The analysis of staff residential addresses from our home local to this development project, Heathfield Court, is as follows:

Percentage of staff that live within 1 mile of their workplace	41%
Percentage of staff that live between 1-2 miles of their workplace	26%
Percentage of staff that live between 2-3 miles of their workplace	12%
Percentage of staff that live more than 3 miles of their workplace	21%

The site at Danson Road is an ideal location in this sense due to the dense population surrounding the site, and its proximity to bus stops. Further detail on this is provided in the Witness Statement, prepared by Ian Wharton from Ardent Consulting Engineers.

See appendix 10 – Staff travel distances from Heathfield Court Care Home, Northumberland Heath, Kent

6. Supporting Our Communities

6.1 At Carebase we recognise that the support we give to the families of our residents is a vital part of what we do as it can be a difficult time for them. We also provide information, guidance and support to our local community by way of free information events. These are helpful way finders for people struggling to decide the best route for them and their loved ones, and helps identify the need for getting additional support early rather than waiting for a crisis point, which usually is a fall resulting in a hospital admission. Carebase has been running Understanding Dementia events for a number of years across its portfolio of homes and they have been incredibly well received and popular events.

6.2 Another popular event that we run at our homes is our Planning For Care event. Again, this is providing independent, impartial advice to people within the local community who need more help and guidance as to the next stages in the care journey for either themselves or a loved one, particularly for those who are intending on funding the care themselves.

7. Summary

7.1 The proposed Danson Road development provides an excellent opportunity for the community, and one that is much needed in my view. I am confident that it will form an integral part of the healthcare delivery in the borough of Bexley, and will relieve pressure from local services such as District Nurses, Hospitals and GP practices. There is a distinct lack of care homes providing the complexity of care that we do, and this limits the choice that the residents of Bexley are able to make, and sometimes results in them moving away from family members which can often prove distressing for them, particularly if a spouse is unable to visit easily etc. We very much hope that our home will become an integral part of the local community providing advice, guidance and support to

those at much earlier stages in their journey into care so that they can make informed and timely decisions, avoiding crisis situations which inevitably end up being picked up by the local authority resources. The home we would create would be outstanding in its compassion, providing exceptional care to our residents.

Appendix 1: Portfolio of Carebase Homes

BRAND	HOME NAME	LOCATION	REGISTERED BEDS	TYPES OF CARE PROVIDED	CQC RATING
Carebase	Acorn Court Care Home	Redhill, Surrey	86	Nursing, Residential, Dementia & ABI Care	Good
Carebase	Alderwood Care Home	Colchester, Essex	65	Nursing, Residential & Dementia Care	Outstanding
Carebase	Ashbrook Court Care Home	Sewardstone, Essex	70	Nursing, Residential & Dementia Care	Requires Improvement
Carebase	Bramley Court Care Home	Histon, Cambridgeshire	72	Nursing, Residential & Dementia Care	Outstanding
Carebase	Bridge House Care Home	Abingdon, Oxfordshire	72	Nursing, Residential & Dementia Care	Outstanding
Carebase	Brooklands Care Home	Drayton, Norfolk	70	Nursing, Residential & Dementia Care	Good
Carebase	Cherry Wood Grange Care Home	Chelmsford, Essex	66	Nursing, Residential & Dementia Care	Good
Carebase	Claremont Court Care Home	Guildford, Surrey	57	Specialist Demetia Care (Nursing & Residential)	Good
Carebase	Heathfield Court Care Home	Northumberland Heath, Kent	66	Nursing, Residential & Dementia Care	Good
Carebase	Honey Lane Care Home	Waltham Abbey, Essex	41	Specialist Dementia Care (Residential)	Good
Carebase	Queen Elizabeth Park Care Home	Guildford, Surrey	77	Nursing, Residential & Dementia Care	Good, with Outstanding in Responsive
Carebase	The Spinney Care Home	Chingford, London	48	Residential & Dementia Care	Good
Carebase	Water Mill House Care Home	Kings Langley, Hertfordshire	70	Nursing, Residential & Dementia Care	Requires Improvement
Enable Care	1 Sewardstone Close	Sewardstone, Essex	29	Acquired Brain Injury Nursing Care	Good

Registration under the Health and Social Care Act 2008

Quick reference guide to regulated activities by service type

Guidance for providers

February 2015

Introduction

This quick reference guide shows how regulated activities and service types are likely to link to each other.

It is important to remember that it is your responsibility to review the regulated activities regulations, decide which regulated activities you are carrying out in your service(s), and then apply to register for those activities. If you carry on a regulated activity without being registered for it, you may be prosecuted and liable to a fine.

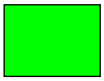
This document is a guide only. You must NOT use it as any kind of prescribed route for deciding which regulated activities to apply for. There is comprehensive guidance about regulated activities in the Scope of registration publication.

How to use the reference grid

The grid on pages 4 and 5 shows how we think each of the regulated activities would be likely to apply to each service type. You can use this to help decide which regulated activities apply to you.

First, identify which service types apply to you. Annex D in our *Guidance for providers on meeting the regulations* sets out the definitions of each service type (see our website www.cqc.org.uk).

Then use the grid to find your service type(s) and see which of the coloured blocks corresponds to the regulated activities for your service type. On the next page, we explain how we have coded them.



Highly likely: regulated activities in this category are those that we think a provider of that service type would most likely apply to register for. If a provider did not apply for one of these, then we might ask them why they hadn't. (But note – if the provider does not carry out the regulated activity, then they are not 'required' to apply for it just because it is in this 'highly likely' category.)

Possible in many cases: regulated activities in this category are those that we think are likely to apply in the majority of cases, but there may be a number of circumstances in which they would not be relevant. We would not question a provider of the service type for not applying for them, but would urge people to think very carefully before deciding that they are definitely **not** carrying out that regulated activity.

Possible in some cases: regulated activities in this category are those that we think are likely to apply in some cases to these service types. We would not question a provider of the service type for applying for these, as we are aware of examples where they do apply, but we would urge providers to think very carefully before deciding that they definitely **are** carrying on that regulated activity.

Highly unlikely: we would not expect to see a provider of the corresponding service type applying to register for regulated activities in this category. Some providers could not provide the activity – for example, the regulated activity 'Assessment or medical treatment for people detained under the Mental Health Act 1983' can only be used to detain people for an assessment or treatment **in a hospital** so it is not applicable in any other service. Likewise, providers of hyperbaric chamber services would not provide slimming clinic services.

If a provider did apply for these regulated activities, then we might ask them why. (Note that if the regulated activity **did** apply to the service, then we would not refuse the service provider's application.)

What should I do if more than one service type applies?

You should look at all the corresponding blocks in the grid that apply to the service types you provide and ensure that you apply for the regulated activities you need.

This may influence your application regarding how your locations link to the regulated activities (see our guidance on locations http://www.cqc.org.uk/organisations-we-regulate/registering-first-time/what-registration).

	Highly likely
	Possible in many cases
	Possible in some cases
	Highly unlikely

	Regulated Activities													
	Personal care	Accom for persons who require nursing or personal care	Accom for persons who require treatment for substance misuse	Treatment of disease, disorder or injury	Assessment or medical treatment for persons detained under Mental Health Act 1983	Surgical procedures	Diagnostic and screening procedures	Management of the supply of blood and blood derived products	Transport services, triage and medical advice provided remotely	Maternity and midwifery services	Termination of pregnancies	Services in slimming clinics	Nursing care	Family planning services
Acute services														
Hyperbaric chamber services														
Hospice services														
Long-term conditions services														
Hospital for mental health/learning disability														
Hospital for substance misuse														
Prison healthcare services														
Rehabilitation services														
Residential substance misuse treatment/rehabilitation														
Community healthcare services														
Doctors consultation services														
Doctors treatment services														
Dental services														
Diagnostic and/or screening services														
Community LD services														

	Highly likely
	Possible in many cases
	Possible in some cases
	Highly unlikely

	Regulated Activities														
	Personal care	Accom for persons who require nursing or personal care	Accom for persons who require treatment for substance misuse	Treatment of disease, disorder or injury	Assessment or medical treatment for persons detained under Mental Health Act 1983	Surgical procedures	Diagnostic and screening procedures	Management of the supply of blood and blood derived products	Transport services, triage and medical advice provided remotely	Maternity and midwifery services	Termination of pregnancies	Services in slimming clinics	Nursing care	Family planning services
Mobile doctors services														
Community MH services														
Community substance misuse services														
Urgent care services														
Care home WITH nursing														
Care home WITHOUT nursing														
Specialist college services														
Domiciliary care services														
Extra care housing services														
Shared lives														
Supported living services														
Ambulance services														
Blood and transplant services														
Remote clinical advice services														

Bramley Court
Care Home
Exceptional Care, No Exceptions

Understanding dementia

supporting you through your journey

At our home we understand that caring for a family member living with dementia can mean facing some challenges and difficult decisions. It can be distressing to watch the person you love change as the condition gradually progresses.

The prospect of providing care for your loved one for potentially months or years can sometimes be overwhelming. We hope the information contained in this booklet will help you understand the condition and how you can best support your loved one.

What is dementia?

Dementia comes from the Latin De (without) mentis (mind). We now know this not to be true. People with dementia have a mind until they die.

Dementia is not a disease, it is the name given to the symptoms of diseases which affect the brain, and these symptoms are:

- Problems with thinking
- Problems with reasoning
- Problems with memory

There are many different types of dementia and it is important to try and get an accurate diagnosis of which type your loved one is living with. This is because each type has different symptoms and prognosis. The symptoms of dementia can cause stress, anxiety and fatigue for the person and can be devastating for their family. It is important to note that every person living with dementia is different, dependant on which areas of the brain have been damaged.

The Memory

We remember things by making multiple connections in our brain; the more connections we make, the more likely we are to remember. Some types of dementia involve memory loss; when this occurs often factual memories are lost in advance of 'feeling' memories. This can lead to problems, for example a person having a feeling of love for their daughter but thinking that the daughter is their wife because they have lost the memory of what their wife looked like.

The main types of dementia and how they present

Alzheimer's disease

This is the most common cause of dementia accounting for 60% of cases. Alzheimer's disease is caused by two abnormal proteins that build in the brain forming clumps called either 'plaques' or 'tangles'. These plaques and tangles interfere with how brain cells work and communicate with each other. The plaques are usually first seen in the area of the brain that makes new memories. Generally the progression for someone with Alzheimer's is a steady decline. During the course of the disease, the chemistry and structure of the brain changes, leading to the death of brain cells. The symptoms of Alzheimer's disease are generally mild at the start, but they become worse over time and begin to interfere with daily life.

For most people with Alzheimer's, the earliest symptoms are memory lapses. They may have difficulty recalling recent events and learning new information. These symptoms occur because the early damage in Alzheimer's is usually due to a part of the brain which has a central role in day-to-day memory. Memory for life events that happened a long time ago is often unaffected in the early stages of the disease.

Memory loss due to Alzheimer's disease increasingly interferes with daily life as the condition progresses. The person may for instance, lose items such as keys or glasses. They may struggle to find the right word in a conversation or forget someone's name, as well as forget about recent conversations or events. Appointments and anniversaries may be forgotten or they could find themselves lost in an otherwise familiar place or on a familiar journey.

Although memory difficulties are usually the earliest symptoms of Alzheimer's, someone with the disease may also have problems with other aspects of thinking, reasoning, perception or communication. They might have difficulties with language and struggle to follow a conversation or may repeat themselves. They may have problems judging distance and navigating the stairs, or find that parking the car becomes more difficult. People with Alzheimer's may find it difficult to concentrate, make decisions or solve problems, and may become confused or lose track of the day or the date.

Vascular dementia

Vascular dementia accounts for 20% of cases and is caused when the blood supply to the brain is poor or interrupted. This leads to damage to the brain. The progression of vascular dementia is often a slow decline with periods of steep decline. The symptoms of vascular dementia can occur either suddenly, following a stroke, or over time, through a series of small strokes (TiA's). There are several different types of vascular dementia. They differ in the cause of the damage and the part of the brain which is affected. How vascular dementia affects people varies depending on the different underlying causes and more generally from person to person.

The most common cognitive symptoms in the early stages of vascular dementia are problems with planning, organising and making decision or solving problems. Thought processes are slower and people have problems concentrating. They may also have difficulty recalling recent events, speech may be less fluent and they may have problems with visual skills, unable to perceive objects in three dimensions.

As well as these cognitive symptoms it is common for someone with early vascular dementia to experience mood changes, such as depression or anxiety. Depression is common, partly because people with vascular dementia may be aware of the difficulties the condition is causing. A person with vascular dementia may also become generally more emotional. They may be prone to rapid mood swings and being unusually tearful or happy.

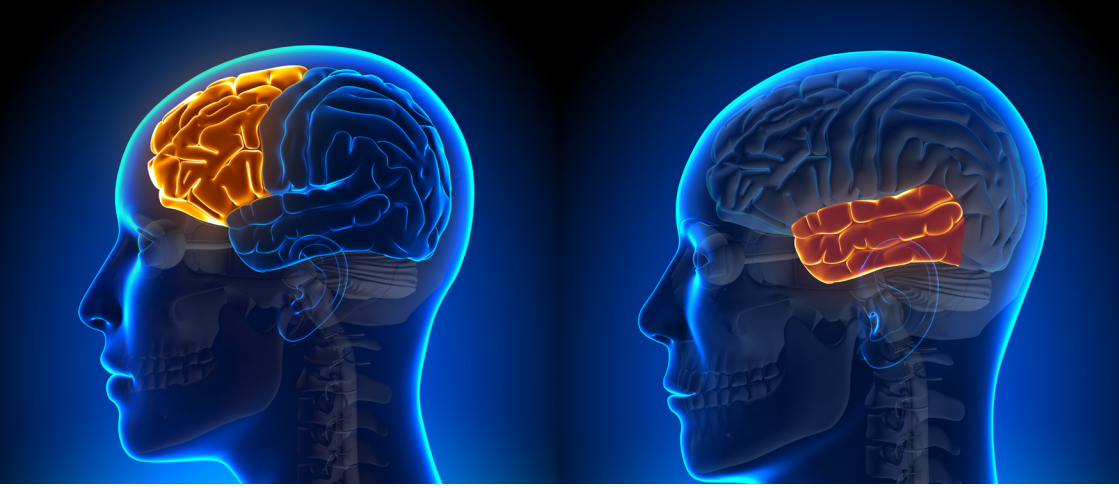
Dementia with Lewy Bodies (DLB)

DLB is caused by small round clumps of a protein (Lewy Bodies) that build up inside nerve cells in the brain. The protein clumps damage the way nerve cells work and communicate. The nerve cells that are affected by Lewy Bodies are in areas of the brain that control thinking, memory and movement. People with Parkinson's often develop Lewy Body Dementia. The progression of DLB is similar to Alzheimer's.

The symptoms a person experiences will depend partly on where the Lewy bodies are in the brain. Lewy bodies at the base of the brain are closely linked to problems with movement (motor symptoms). These are the main features of Parkinson's disease. Lewy bodies in the outer layers of the brain are linked to problems with mental abilities (cognitive symptoms), which are characteristic of DLB.

Problems with attention and alertness are very common, varying over the course of the day. There may also be difficulties with judging distances and with planning and organising. Day-to-day memory is often affected in people with DLB, but typically less in the early stages than in early Alzheimer's disease. Visual hallucinations occur in most people with DLB, which can be distressing and many people also experience depression.
Many people with DLB have movement problems. These symptoms are similar to those of Parkinson's disease, and include slowness and rigidity of movement with a blank facial expression. Motor symptoms are one reason why a person with DLB is prone to falls.

Sleep disorders are another common symptom of DLB. The person may fall asleep very easily by day, but have restless, disturbed nights. Common problems include confusion, hallucinations and violent movements as the person tries to act out nightmares.



Frontotemporal dementia (Pick's disease)

Frontotemporal dementia is caused by damage to cells in areas of the brain called the frontal and temporal lobes. The frontal lobes regulate our personality, emotions and behaviour, as well as reasoning, planning and decision-making. The temporal lobes are involved in the understanding and production of language. People with Pick's tend not to lose their memory. Fronto-temporal dementia is one of the less common forms of dementia and covers a range of specific conditions.

This damage to the brain causes the typical symptoms of frontotemporal dementia, which include changes in personality and behaviour and difficulties with language. People may lose their inhibitions and behave in socially inappropriate ways, including making tactless or inappropriate comments about someone's appearance. They may lose interest in people and things, and lose sympathy or empathy. Behaviour may be repetitive, or compulsive, including repeated use of phrases or gestures, hoarding and obsessions with timekeeping.

Here are a few practical ways in which you can help your loved one now:

1. A pleasant and familiar environment is critical. As dementia progresses being able to maintain established routines will enable people to continue to function independently and lead a normal life for as long as possible. Maybe this is the time to start exploring long term care options and visiting a few suitable care homes that provide high quality dementia care.

2. Encourage or join in with exercise. Get your loved one involved in walking or simple activities – this will keep muscles strong, help with restlessness and aid sleep.

3. Avoid contradicting your loved one. Due to memory issues they may become confused, or talk about the past as if it was the present. Don't disagree with them or point out they are wrong; this serves no purpose and could impact self-esteem.

4. Support your loved one to keep mentally active doing things they have always enjoyed. In any activity programmer it is the 'doing' that is important and not the end result. Care homes who specialise in providing dementia care offer a wide range of activities that focus on this.

The three stages of dementia and how to approach them

Stage One - Early stage

Early stage dementia can be a worrying time for close family as well as the person experiencing the symptoms. Often at this stage dementia is still undiagnosed and invisible to all but those closest to the person.

The person themselves will almost undoubtedly be aware that something is not right, and is likely to be employing coping strategies designed to hide the condition from others.

Problems with memory may indicate that something might be amiss, but forgetfulness is not necessarily a sign of dementia. Failing to recall a conversation that was had five minutes previously, or buying the same loaf of bread from the same shop on the same day, gives a serious indication that the systems by which the person stores and retrieves memories may not be working as well. Other symptoms may include confusion, repetitiveness, anxiety and depression. Getting a diagnosis is absolutely critical; without this you cannot support you loved one to plan for the future.

When caring for or supporting a person in the early stages of dementia, there is much that can be done. This is the time not only to help the person to remain as independent as possible, and to enjoy the present, but more importantly this is the time to start planning for the future.

Stage Two – Mid stage

This stage can come at different times depending on the individual. As the condition progresses, the changes become more noticeable – your loved one might need more support day-to-day, in activities such as personal hygiene, meal preparation, the safe running of the house, taking medications and so on. Sadly for many people living with dementia this can be a very lonely and frightening time, filled with confusion and frustration.

Sometimes when verbal communication fails, this frustration can manifest itself behaviorally, which can be hard not only for the person living with dementia but the family around them.

The more work you put into care planning in the early stages the less likely this is to happen.

However, if it does occur expert advice is necessary to help the person get back on an even keel. Caring for a person living with dementia at this stage is more than a full time job, and a single individual should not be expected to do this alone. Everyone needs support and identifying a suitable care home at this stage is essential, not only for the wellbeing of the person living with dementia, but for the family around them.

Stage Three – Late stage

At this stage the person living with dementia will need 24 hour care and support. Frailty, memory loss, problems with communication, co-ordination, orientation and recognition become more pronounced. Issues with mobility chewing and swallowing and continence also often occur. With a sound care plan which has kept pace with this progression, the final stages of dementia can be calm and stress free for both the person living with dementia and their loved ones.

If emotional wellbeing has been protected throughout their journey living with dementia, the primary needs of the individual are now physical. However, if emotional ill-being has been allowed to fester from early on in the condition, this is likely to manifest itself as distressed and challenging behaviour. Getting expert support early on is essential to ensure improved wellbeing to the end of life.

Getting the right care for you or your loved one

Diagnosis

The first step is to make an appointment with your loved one's GP. The GP may conduct a short mental test in addition to focusing on general health. If the GP considers that the person may be affected by dementia, he or she may refer you to a memory assessment service or memory clinic. They specialise in the diagnosis and initial management of dementia and are intended to be the single point of reference. An assessment will be conducted which will include considering any current issues, a physical examination, review of medication, and a cognitive and mental state examination to test how the brain is working.

Once the tests have been completed, and if the diagnosis of dementia is confirmed, the GP should explain what having dementia might mean and should give you time to talk more about the condition and ask any questions you may have. The GP should explain to you and your family what type of dementia it is or if that is not clear, what further investigations need to take place. The discussion should also include details about symptoms and how the condition might develop, any treatments available and care and support services in your area. You should also be given written information about dementia.

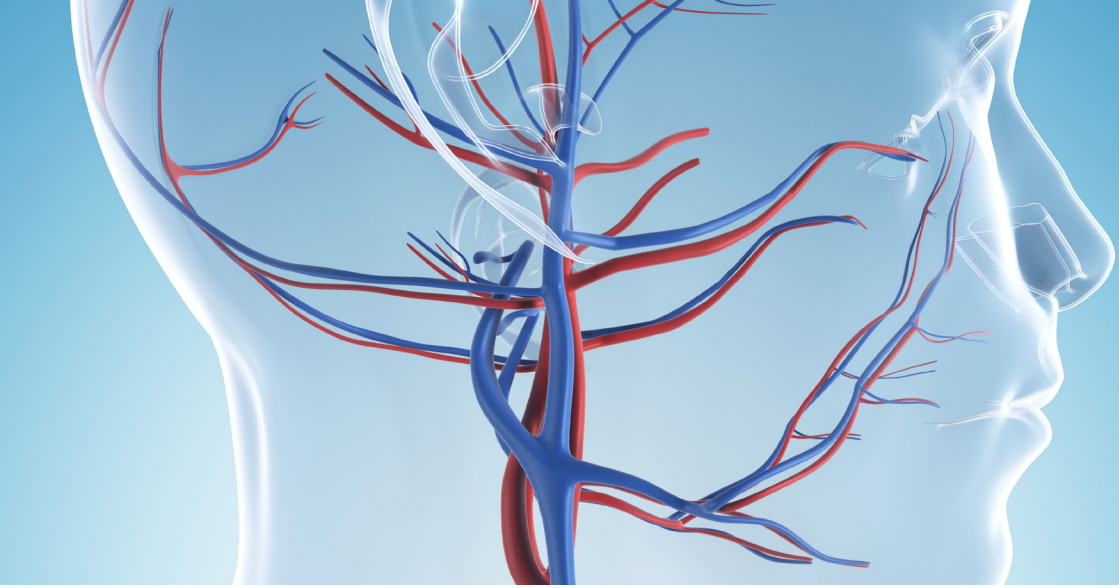
Medication for Alzheimer's Disease

There are two types of medication used to treat Alzheimer's disease: acetylcholinesterase inhibitors (often shortened to just 'cholinesterase inhibitors') and NMDA receptor antagonists. The two types work in different ways. These are explained below.

The generic names for the cholinesterase inhibitors are donepezil, rivastigmine and galantamine:

- Donepezil was originally patented as the brand name Aricept, but is more widely available now as just generic donepezil.
- Rivastigmine was patented as Exelon and is now also available as other brands, as well as generic rivastigmine.
- Galantamine was patented as Reminyl and is now also available as generic galantamine and the brands Reminyl XL, Acumor XL, Galsya XL and Gatalin XL.

The NMDA receptor antagonist is memantine. It was originally patented as Ebixa and is now also available as generic memantine. Other UK brand names for memantine include Maruxa and Nemdatine.



Acetylcholinesterase inhibitors

In the brain of a person with Alzheimer's disease, there are lower levels of a chemical called acetylcholine. Acetylcholine helps to send messages between certain nerve cells. In Alzheimer's there is also a loss of the nerve cells that use acetylcholine. Falling acetylcholine levels and progressive loss of these nerve cells are linked to worsening symptoms. Donepezil, rivastigmine and galantamine all prevent an enzyme called acetylcholinesterase from breaking down acetylcholine in the brain. As a result, an increased concentration of acetylcholine leads to increased communication between nerve cells. This may temporarily alleviate or stabilise some symptoms of Alzheimer's disease. All three cholinesterase inhibitors work in a similar way, but one might suit a certain individual better than another, particularly in terms of the side effects experienced.

Memantine

The action of memantine is different from that of donepezil, rivastigmine and galantamine. Glutamate is another chemical that helps to send messages between nerve cells. Glutamate is released in excessive amounts when brain cells are damaged by Alzheimer's disease. This causes the brain cells to be damaged further. Memantine protects brain cells by blocking the effects of excess glutamate.

Our approach to dementia care

The care team at Bramley Court Care Home have many valuable years of experience in caring for people living with dementia. We understand the journey that the person living with the condition is on and we are well equipped and well prepared to care for them in a way that makes the best of every day.

Through a deep understanding of our residents' holistic needs, working alongside their families our care is focused on creating purposeful and meaningful days for our residents.

Our dementia care is provided by a care team that is highly trained, motivated and supported in their roles so they can deliver outstanding care and support to our residents in an environment and surroundings that are stimulating, comforting and reassuring.

At the very heart of our dementia care is a focus on creating meaningful days for our residents that keep life interesting, stimulating and fun and avoid feelings of helplessness, isolation and loneliness. We do this by getting to know each of our residents' likes and dislikes - an understanding that is gained through discussion and observing their reaction to different activities. As specialists in dementia care we work with families and friends to build a real picture of the person and we take time to understand what they need and what they want.

Our care is as individual as each of our residents and they set the routines with support from our caring team. We help our residents live their life the way they want to, with our expertly skilled carers guiding them, celebrating the individuality of our residents and learning to recognise each personality and their abilities to ensure we create the best possible environment. We also learn how to join residents in their reality rather than our own.

We ensure that each resident has specific carers assigned to their daily needs which really help with continuity of care. The same carers are available to the residents' families to support communication and family relationships.

Meet the Expert - your questions answered

Here they answer commonly asked questions about the condition.

Q: When I visit Mum she asks to go home. I tell her that the care home is her home but this makes her distressed.

How should I deal with this?

A: There are a couple of possible reasons why your Mum says that she wants to go home. Firstly, she may not recognise the care home as her home and like most of us when we are in an unfamiliar place she wants to go home. Secondly, because of her memory loss she may be unable to create new memories and does not remember that she moved from her old family home to the care home. Thirdly, she may feel unsafe in the care home because of her dementia and she wants to seek a place of safety, in her care to "go home". Fourthly, she may be accessing long term memories and she may believe that she is much younger than she actually is and may want to go home as she has a husband and children to look after.

The key to supporting her is to firstly recognise that she is in an anxious state and that until this anxiety is lowered she will not be able to take in what you are saying. Recognise also that you are likely to be anxious when she constantly asks to go home and she will pick up on this. So, firstly manage your emotions and stay calm. Make sure that your body language and speech present as calm and collected. Next lower her anxiety by asking her in a calm manner why she wishes to go home. The fact that you ask and how you ask is more important than the answer. You will hopefully see her level of anxiety decrease, then you can use a distraction technique such as suggesting that you chat about home over a cup of tea. This may work, but it may only do so for a short time and then you may have to do it all over again. There is no magic answer but if you understand some of the reasons why she wishes to go home it will help you to manage how you feel and this will help you to support your Mum.

Q: I was told that my sister has mixed dementia, when I looked this up on the internet it seemed that this can means lots of different things.

What exactly is mixed dementia?

A: It's possible for someone to have more than one form of dementia, this is called mixed dementia. The most common combination is Alzheimer's disease with vascular dementia. It's also possible to have a combination of Alzheimer's disease and Dementia with Lewy Bodies. As both of these combinations are called mixed dementia this can cause confusion for relatives. Dementia with Lewy Bodies will present in a similar way to Alzheimer's disease whereas mixed dementia in someone with Alzheimer's disease and vascular dementia will often present as a steady decline punctuated by periods of rapid decline. The exact symptoms will depend on the area of the brain which is affected.

Q: Both of my parents have dementia, Mum has Alzheimer's and Dad has vascular dementia, I am worried that this is hereditary.

Am I right to be worried?

A: There is little need to worry. The majority of types and cases of dementia are not inherited. However, some rare causes of dementia are very clearly 'inherited', for example Huntington's disease. In the case of fronto-temporal dementias (often known as Picks Disease), 30 to 50 per cent of cases are inherited. In the vast majority (99 per cent) of Alzheimer's disease cases, there is no hereditary link. Like many conditions, having Alzheimer's disease in the family does very slightly increase the chance of people in later generations getting the disease. Some genetic conditions may increase your chances of developing vascular dementia but again these are very rare.

Q: My friend told me that drinking heavily causes dementia.

This cannot be right, can it?

A: Your friend is partly correct and is referring to Korsakoff's syndrome. This is not strictly speaking a dementia, but people with the condition experience loss of short-term memory. Korsakoff's syndrome is caused by lack of thiamine (vitamin B1), which affects the brain and nervous system. People who drink excessive amounts of alcohol are often thiamine deficient. This is because many heavy drinkers have poor eating habits and their diet does not contain essential vitamins. In addition alcohol can interfere with the conversion of thiamine into the active form of the vitamin (thiamine pyrophosphate). Finally, alcohol can inflame the stomach lining, cause frequent vomiting and make it difficult for the body to absorb the key vitamins it receives. Alcohol also makes it harder for the liver to store vitamins.

Excessive drinking is a risk factor for other, more common, forms of dementia. Someone regularly drinking more than the recommended levels of alcohol significantly increases their risk of developing dementias such as vascular dementia and Alzheimer's disease. Stick to the recommended safe alcohol consumption limits and you will not increase you risk of developing health conditions including dementia. Men should drink no more than 21 units of alcohol per week, no more than four units in any one day, and have at least two alcohol-free days a week. Women should drink no more than 14 units of alcohol per week, no more than three units in any one day, and have at least two alcohol-free days a week.

Q: My uncle has Alzheimer's disease and even though he was vegetarian for 27 years he is now asking for the meat dishes at mealtimes.

Why is this and what should we do?

A: The probable reason for this is that your uncle has memory loss which is one of the symptoms of Alzheimer's disease. It is likely that he has lost the memory of being vegetarian and has reverted to a time before he became vegetarian. Being vegetarian is a belief and just as the rest of us are entitled to change our beliefs so is he. Unless there are health needs as to why he should not have meat and as long as he is able to express his choices then it would be appropriate to serve him the meat based dishes when he asks for them. If you are in any doubt about his ability to make decisions, (this is called Mental Capacity) you should ask his care provider or Social Worker if a Best Interests Decision is appropriate.

Q: My sister has mixed dementia (Alzheimer's and vascular), she is aged 67 and lives in a care home. She used to work in a Post Office sorting centre and retired eight years ago. Recently, she has started getting up to 'go to work' at 5am. When carers tell her that she is retired and does not go to work she gets very upset and aggressive towards them. The care home told me that if her aggression does not improve they will no longer be able to look after her.

What can we do to help her?

A: The likely cause of this behaviour is memory loss caused by the progression of dementia. It is probable that your sister has simply forgotten that she retired and as a result she needs to get up early to start her shift in the sorting office. For carers stopping her from "going to work" will increase her anxiety as she thinks that if she does not got work she will lose her job, this means she will not have money to support herself and her family. Hence, she has to prevent them from stopping her going to work and she does this by showing aggression.

The care team need to understand what drives her behaviour and develop a management plan to use anxiety calming techniques such as chatting to her about her work, these can be followed by distraction techniques once her anxiety is lessened. They are fortunate that you are able to provide them with a life history for your sister which gives clues as to why she wishes to 'go to work'.

Q: My Mum has mixed dementia and has become verbally aggressive towards me and my sister. Mostly this is verbal aggression but she sometimes shakes her fist at us. She has never been like this and we don't know whether to visit as often as we seem to upset her.

What should we do?

A: Understanding what is causing your Mum's behaviour can help you find a solution. The causes could be biological, social or psychological. People with dementia have the same needs as everyone else, including comfort, social interaction, stimulation, emotional wellbeing and being free from pain. However, people with dementia may be unable to recognise their needs, know how to meet them, or communicate what they need to others. This may cause them to act in ways that are seen as challenging, including aggression.

The aggressive behaviour might be the person's way of meeting the need, an attempt to communicate it, or an outcome of the unmet need. For example, if your Mum has difficulty in understanding the world around her she will be scared and frustrated. She is venting these feelings towards people she feels safe with, in this case you and your sister. You should keep on visiting your Mum and when she looks as if she is getting agitated you could try to distract her or speak calmly. If she is aggressive you could try leaving the room for a moment.

Q: I am concerned that my Mum often looks through the window out into the garden at night and talks to herself. When I tell her that there is no-one there and it is just her reflection she insists that there is an old lady out there and they will get cold. My Mum gets anxious and will not rest until I go and check the garden.

What is going on?

A: It is likely that your Mum has memory loss and just does not recognise herself at the age that she is. Therefore, she does not recognise her reflection and thinks that it is another person who she refers to as the old lady. You are doing the right thing by going to check the garden, if you encourage your Mum to move away from the window first then she will no longer be able to see the reflection. Alternatively you could try applying anti-reflection film to the window so that she cannot see the old lady in the garden.

Q: I thought that care homes were not supposed to have fixed routines any more. My Dad has dementia and his care home has developed a care plan where they have a routine for him.

Are they doing the right thing?

A: Routines are appropriate in supporting people with dementia if they are specific to that person and are designed to meet their needs. Routines are not appropriate if they are the same routine for all of the people irrespective of their needs. It sounds like the care home has developed a care plan with your Dad to help him and this involves routines which are specific to him, this is an appropriate thing to do. Having a general daily routine in dementia care helps care and support run smoothly for the care worker and person living with dementia. These routines won't be set in stone, but they give a sense of consistency, which is beneficial to the person even if they can't communicate it.

Some suggestions for individual routines include keeping a sense of structure and familiarity. Try to keep consistent daily times for activities such as waking up, mealtimes, bathing, dressing, receiving visitors, and bedtime. Keeping these things at the same time and place can help orientate the person. Always let the person know what to expect even if you are not sure that he or she completely understands. You can use cues to establish the different times of day. For example, in the morning you can open the curtains to let sunlight in.

In the evening, you can put on quiet music to indicate it is bedtime. Remember to involve the person in daily activities as much as they are able. For example, a person may not be able to tie their shoes, but may be able to put clothes in the hamper. Clipping plants outside may not be safe, but the person may be able to weed, plant, or water. Use your best judgment as to what is safe and what the person can handle.

Where to get the best information to support you

Age UK
Tel: 0800 169 6565
Web: www.ageuk.org.uk

Alzheimer's Society
Tel: 0300 222 1122
Web: www.alzheimers.org.uk

Care Quality Commission (CQC)
Tel: 03000 616161
Web: www.cqc.org.uk

Carehome search
Web: www.carehome.co.uk

Carer Support
Tel: 020 7378 4999
Web: www.carersuk.org

Changes to care and support
Web: www.gov.uk/careandsupport

Dementia UK
Tel: 0808 808 7777
Web: www.dementiauk.org

Elderly Accommodation Counsel
Tel: 0800 377 7070
Web: www.eac.org.uk

Independent Age
Tel: 0800 319 6789
Web: www.independantage.org

NHS Choices
Web: www.nhs.uk/Conditions/social-care-and-support-guide

Parkinson's Society
Tel: 0808 8000303
Web: www.parkinsons.org.uk

And remember you are not alone - we are here to help and support you as much as we can.

Notes:

01223 236 105
bramleycourtcarehome.co.uk
/bramleycourt
Bramely Court Care Home, Chivers Way,
Histon, Cambridgeshire, CB24 9AH

Appendix 4: Resident Previous Address at Heathfield Court, Northumberland Heath, Kent

	Current Residents	Previous Residents	Totals		
No of residents total	66				
Those without addresses	31				
Usable data set (residents)	35	37			72
No that live within 1 mile	7	10	17		24%
No that live 1-2 miles	7	8	15		21%
No that live within 2 miles (cumm)	14	18	32		44%
No that live 2-3 miles	4	6	10		14%
No that live within 3 miles (cumm)	18	24	42		58%
No that live more than 3 miles	17	13	30		42%

Appendix 5: Monthly Occupancy Levels for last 3 years at Heathfield Court, Northumberland Heath, Kent

HEATHFIELD COURT, NORTHUMBERLAND HEATH
OCCUPANCY

	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019
Capacity	66	66	66	66	66	66	66	66
Occupancy	61	63	64	64	65	65	64	64
Occupancy %	93%	95%	97%	97%	98%	98%	97%	97%

Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020
66	66	66	66	66	66	66	66	66	66
64	63	64	62	61	61	64	62	63	65
97%	95%	97%	94%	93%	93%	97%	95%	95%	98%

Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021
66	66	66	66	66	66	66	66	66	66
66	64	64	57	54	55	56	61	62	66
99%	97%	97%	86%	82%	83%	85%	93%	94%	100%

Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022
66	66	66	66	66	66	66	66
64	64	65	64	65	66	65	66
96%	97%	99%	97%	98%	99%	99%	100%

Covid outbreak

Discharge to Assess Project Queen Elizabeth Hospital Joint Collaboration between Adult Social Care and Health

Trudë Shaw
D2A Project Manager
London Borough of Bexley

- The Discharge to Assess (D2A) Project supports people who are clinically optimized and do not require an acute hospital bed, but may still require care services. They are provided with short term, funded support to be discharged to their own home (where appropriate) or another community setting. Assessment for longer-term care and support needs is then undertaken in the most appropriate setting and at the right time for the person.

- Supporting people to go home should be the default pathway. This includes patients who may require 24 hour care at home for a very short period (3 days is the aim) to settle in or assess the need for ongoing 24 hour care in another setting such as a residential care home.

- Social care and CHC assessments are completed in the patient's home to plan ongoing care (if required). Social care staff act as trusted assessors and complete the CHC checklists at the same time as they complete the needs assessment.

- The Local Authority have an agreement with the Bexley CHC Team that a DST will be completed within 48 hours of receipt of the CHC Checklist. The assessment is conducted in the home environment with a nurse from the CHC team and the social care worker who completed the CHC checklist.

- Since starting the D2A project in November 2017 540 people have been discharged with checklists being completed at home for each one. Approx. 15 – 20 DST's have been completed with a small number of those qualifying for Fast Track CHC funding.

- This is a significant number of checklists no longer being undertaken in the acute setting which in turn has reduced the number of people waiting on wards to have CHC assessments completed.

From: Nicola Coveney
To: Nicola Coveney
Subject: FW: Danson Road, Bexleyheath
Date: 29 April 2022 13:16:57
Attachments: image026.png

Nicola Coveney Managing Director
DL 020 8879 6554 **Fax** 020 8944 7195

020 8879 6550
www.carebase.org.uk

From: Gina Kitchenham <Gina.Kitchenham@Carebase.org.uk>
Sent: 22 April 2022 14:10
To: Nicola Coveney <Nicola.Coveney@Carebase.org.uk>
Cc: Juliette Holliday <Juliette.Holliday@Carebase.org.uk>; Emma Myers <Emma.Myers@Carebase.org.uk>
Subject: RE: Danson Road, Bexleyheath

We regularly receive calls/emails from, Sally Allsop, Sue Cross, Gillian Gunn & Amanda Franklin, from Bexley CCG, CHC team, asking if we have beds available and we are unfortunately rarely able to help due to us usually being full with a waiting list. We also receive calls from the DOL's team in Bexley asking if we have any rooms available due to residents that have come to us from other homes in the borough that they have been involved with and that they know have improved whilst with us. We also get calls from social workers that have been to the home over the years and know the quality of care we deliver, asking if we have availability, Dorothy Evans-Meghie being one of them.
Paula Beadle & Melanie Cooper, placement officers from Bexley, also call/email enquiring about beds but again we don't have the availability.
Pamela Marchant, Care home liaison officer for QE Hosp and Darent Valley Hosp also calls when they are looking to discharge from hospital.

Gina Kitchenham Home Manager
Heathfield Court Care Home
DL 01322 330 265

Appendix 8: Enquiry Levels for last 3 years at Heathfield Court Care Home, Northumberland Heath, Kent

HEATHFIELD COURT CARE HOME, NORTHUMBERLAND HEATH, KENT (LONDON BOROUGH OF BEXLEY)

Enquiry levels vs occupancy - last 3 years

2019	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Enquiries				20	33	6	16	25	29	23	14	15
Empty Beds				5	3	2	2	1	1	2	2	2
Occupancy				93%	95%	97%	97%	98%	98%	97%	97%	97%

2020	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Enquiries	33	18	12	2	11	13	19	13	15	16	9	12
Empty Beds	3	2	4	5	5	2	4	3	1	0	2	2
Occupancy	95%	97%	94%	93%	93%	97%	95%	95%	98%	99%	97%	97%

2021	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Enquiries	13	7	12	32	28	29	31	30	24	27	39	22
Empty Beds	9	12	11	10	5	4	0	2	2	1	2	1
Occupancy	86%	82%	83%	85%	93%	94%	100%	96%	97%	99%	97%	98%

2022	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Enquiries	41	30	30									
Empty Beds	0	1	0									
Occupancy	99%	99%	100%									

Indicates period of Covid outbreak

CARE HOME BEDS WITHIN 3 MILES RADIUS OF PROPOSED DEVELOPMENT

							TYPES OF CARE OFFERED			
NO	CARE HOME	OPERATOR	LOCATION		BOROUGH	DISTANCE FROM PROPOSED DEVELOPMENT	NO OF BEDS	RESIDENTIAL	NURSING	DEMENTIA
1	Maples Care Home	Canford Healthcare	29 Glynde Road	DA7 4EU	LB of Bexley	0.4	75	YES	YES	YES
2	Adelaide Nursing & Residential Care Home	Avery Healthcare Group Ltd	35 West Street	DA7 4BE	LB of Bexley	0.6	76	YES	YES	YES
3	Parkview	Avante Care & Support Ltd	105 Woolwich Road	DA7 4LP	LB of Bexley	1.1	69	YES	NO	YES
4	Riverdale Court	Avante Care & Support Ltd	20 Dovedale Close	DA16 3BU	LB of Bexley	1.2	80	YES	NO	YES
5	Lyndhurst Nursing Home	Mr & Mrs R Mahomed	238 Upton Road South	DA5 1QS	LB of Bexley	1.2	16	YES	YES	NO
6	Abbotsleigh Mews Nursing Home	Bupa Care Homes	Old Farm Road East	DA15 8AY	LB of Bexley	1.7	120	YES	YES	YES
7	Groveland Park Care Home	Berkley Care Group	43 Stephen Road	DA7 6EF	LB of Bexley	1.7	55	YES	NO	YES
8	Northbourne Court	Avante Care & Support Ltd	Harland Avenue	DA15 7NU	LB of Bexley	2.1	120	YES	NO	YES
9	St Margaret's	Yara Enterprises Limited	3-5 Priestland's Park Road	DA15 7HR	LB of Bexley	2.1	22	YES	NO	YES
10	The Sidcup Nursing & Residential Centre	Bupa Care Homes	2-8 Hatherley Road	DA14 4BG	LB of Bexley	2.2	100	YES	YES	YES
11	St Aubyn's	Karuna Care Ltd	35 Priestland's Park Road	DA15 7HJ	LB of Bexley	2.2	39	YES	YES	YES
12	Heathfield Court Care Home	Carebase	147 Colyers Lane, Northumberland Heath	DA8 3PB	LB of Bexley	2.3	66	YES	YES	YES
13	Meyer House	Nellsar Ltd	28 Meyer Road	DA8 3SJ	LB of Bexley	2.4	34	YES	YES	NO
14	Baugh House	Gold Care Homes	19 Baugh Road, Foots Cray	DA14 5ED	LB of Bexley	2.5	60	YES	YES	YES
15	St Mary's Nursing Home	St Mary's Care Home Ltd	327 Main Road	DA14 6QG	LB of Bexley	2.5	20	YES	YES	NO
16	Shaftesbury Court Residential Care Home	Sanctuary Group	Selkirk Drive	DA8 3QP	LB of Bexley	2.6	40	YES	NO	NO
17	Cedar Court	Four Seasons Health Care	138 Lensbury Way, Abbeywood	SE2 9TA	LB of Bexley	2.7	47	YES	NO	YES
18	Weybourne	Avante Care & Support Ltd	1 Finchale Road, Abbey Wood	SE2 9AH	LB of Greenwich	2.7	40	YES	NO	YES
19	The Oaks Nursing Centre	Priory Group	904 Sidcup Road, Eltham	SE9 3PW	LB of Greenwich	2.7	113	YES	YES	YES
20	Smyth Lodge	Care UK	2 Frognal Avenue	DA14 6LF	LB of Bexley	2.8	80	YES	YES	YES
21	Sunrise of Frognal House	Sunrise Senior Living	Frognal Avenue	DA14 6LF	LB of Bexley	2.8	131	YES	NO	YES
22	Puddingstone Grange	Avante Care & Support Ltd	82 Plumstead Common Road, Plumstead	SE18 3RD	LB of Greenwich	2.8	62	YES	YES	YES
23	Ashgreen House Residential Home	Sanctuary Group	Sandbach Place, Woolwich	SE18 7EX	LB of Greenwich	3.0	52	YES	YES	NO
			TOTAL CARE HOME BEDS WITHIN 3 MILES OF PROPOSED DEVELOPMENT				1,517			
			TOTAL WITHIN HOMES REGISTERED FOR RESIDENTIAL & DEMENTIA CARE				1,517			
			TOTAL WITHIN HOMES REGISTERED FOR DEMENTIA CARE				1,355	89%		
			TOTAL WITHIN HOMES REGISTERED FOR NURSING CARE				913	60%		

Appendix 10: Staff travel distances from Heathfield Court Care Home, Northumberland Heath, Kent

HEATHFIELD COURT CARE HOME, NORTHUMBERLAND HEATH, KENT (LONDON BOROUGH OF BEXLEY)							
Staff travel distance							
	Curent Staff						
No of staff total	98						
No that live within 1 mile	40	41%					
No that live within 1-2 miles	25	26%					
No that live within 2-3 miles	12	12%					
No that live more than 3 miles	21	21%					