

SOCIAL AFFAIRS SCRUTINY PANEL OVERDALE SUB-PANEL

OVERDALE REVIEW

WEDNESDAY, 4th OCTOBER 2006

Panel

Deputy A.E. Pryke of Trinity (Chairman)
Deputy R.G. Le Hérissier of St. Saviour
Deputy S.C. Ferguson of St. Brelade
Deputy D.W. Mezbourian of St. Lawrence
Deputy S. Power of St. Brelade

Witnesses

Mrs. E. Crabb (Jersey Care Federation)
Mrs. G. Le Lievre (Jersey Care Federation)

Present

Mr. W. Millow (Scrutiny Officer)

(Please note: All witnesses and Panel Members were given the opportunity to comment upon the accuracy of the transcript. Whilst the transcript remains a verbatim account of proceedings, suggested points of clarification may have been included as footnotes to the main text.)

Deputy A.E. Pryke of Trinity:

Good morning, everybody. I would like to welcome you all to the Scrutiny Sub-Panel hearing on the proposed closure of Overdale. As you know, the Panel is in the process of reviewing the ministerial decision to close the 2 continuing care wards at Overdale and transfer those patients into the private sector. So part of our evidence gathering is to get information from other sectors. I would like to introduce myself. I am Anne Pryke, Deputy of Trinity, Chairman of the Sub-Panel. Over to you.

Deputy R.G. Le Hérissier of St. Saviour:

Roy Le Hérissier here of St. Saviour, Vice-Chairman.

Deputy S. Power of St. Brelade:

Sean Power, St. Brelade.

Deputy S.C. Ferguson of St. Brelade:

Sarah Ferguson, St. Brelade No 1.

Deputy D.W. Mezbourian of St. Lawrence:

I am Deputy Mezbourian, Deidre, of St. Lawrence.

The Deputy of Trinity:

And William Millow, who is our Scrutiny Officer. Would you like to introduce yourselves?

Mrs. E. Crabb (Jersey Care Federation):

Yes, I am Eileen Crabb, and I am chairperson of the Jersey Care Federation and I am also manager of Pinewood Residential Home.

Mrs G. Le Lievre (Jersey Care Federation):

Gloria Le Lievre. I am the registered manager for Palm Springs Nursing Home.

The Deputy of Trinity:

There is certain protocol, and I understand that you have seen and read a copy of the statement, yes?

Mrs. E. Crabb:

That is correct.

The Deputy of Trinity:

The hearing is going to be held in public and is being recorded and transcribed, and you will receive a copy of it before it is downloaded on the website. Any questions?

Mrs. E. Crabb:

I do not think so, thanks.

The Deputy of Trinity:

That is good. Right. What role does the Care Federation play with regard to its 21 members?

Mrs. E. Crabb:

The Care Federation was set up in March of 2000, and really it was to present a single voice for the care industry. This was also to improve relationships with Health and Social Services, and we have got a lot of practical experience that would be useful in policy making, and we are very conscious of the fact that people and charities should have a high standard of care. We are also concerned about retention and recruitment of staff and training them to a high level. Our members obviously vary from the parish homes, charity homes, and also homes in the private sector. We also take in -- am I allowed to mention homes here?

The Deputy of Trinity:

Yes. Can you just speak a bit louder, because we have got the traffic to contend with?

Mrs. E. Crabb:

Sorry. Perhaps if I could say what homes are involved in the Care Federation, then it will give you an overall view. We start with the nursing homes, and there is Clifton Nursing Home and Palm Springs, and then Lakeside and Silver Springs - they are both dual registered homes - as well as Cheshire Homes and the Little Sisters are applying at this moment in time for dual registration as well. Then the residential homes would be the Parish of St. Brelade and also the 3 parish homes in St. Helier; Pinewood Residential Home at Glanville. Also the 2 Methodist homes, Maison La Corderie and Stuart Court. They have also got Ridout House; they have family nursing services, women's refuge and Les Amis, so there is quite a large cross section of experience and care providers there. We meet every 4 weeks, 4 to 6 weeks, usually, again, the Sisters are very good to provide the facility for us there. We are funded really just by our basis of an annual fee, which is now £75. So obviously we have an issue surrounding the legislation inspectorate. We do provide training and we share our expenses to keep our costs to a minimum, because we are all very, very conscious that we all have limited budgets.

The Deputy of Trinity:

How many residential or nursing homes are not within your Care Federation?

Mrs. E. Crabb:

I honestly cannot tell you that. We would need to get that information from Mrs. Blackwood, but I did try to get that yesterday, and the number of beds, because that would be the projection, but I was not able to get that information. But not very many, actually, now. I also forgot in my list there Ronceray and Les Houmets. They are both within our Federation.

The Deputy of Trinity:

Do you as a Care Federation administer any guidelines to its members?

Mrs. E. Crabb:

We have got a constitution - I did mean to bring you a copy of that - and yes, we have guidelines as well. There is a copy of those available, perhaps, if you want those, and a members' code of practice.

The Deputy of Trinity:

Are there any other policies that you do as a Care Federation?

Mrs. E. Crabb:

Well, each home has got to comply with the policy set out by Health and Social Services, and we do have an unannounced inspection twice a year, so that keeps everybody within the legislation that has been set down.

The Deputy of Trinity:

Does the Federation set any price levels, or is that left to individual ...?

Mrs. E. Crabb:

It is completely left to individuals.

The Deputy of Trinity:

And there are no guidelines on the different percentages each year or anything?

Mrs. E. Crabb:

No, that is never disclosed.

The Deputy of Trinity:

Right. How much control do you, as home managers, have over fees?

Mrs. E. Crabb:

This is very, very difficult, really. It depends on what the market is. Sometimes you have got to be negotiable, and the private homes would obviously vary from the parish homes and the charity homes as well. It would depend on whether you have got mortgages and what the level of expenditure would be, but I do know that all the homes are on a very, very tight budget, and it is becoming more and more difficult as well, mainly because of the cost. With training we used to get grants from TEP (Training and Employment Partnership), and of course that is no longer available, so you still have got to train your staff up to the required standard set down by the inspectorate. Obviously it is rather difficult and on a personal note I have noticed that since I have been at Pinewood in the last 13 years, and I have worked in the private sector since I have come to Jersey, which was in 1993.

Deputy R.G. Le Hérissier:

Just carrying on that line, what do you think the main differences are between the charitable and the non-charitable sectors, either in the way they approach the issue of care and in the way they approach fee structure?

Mrs. E. Crabb:

Obviously it would be very, very difficult for me to comment when I have never worked in that area; I have always worked in the private sector. But again, just going by what is discussed at Federation, they are finding it extremely difficult to make their homes viable, really, and it is very important that we do that, so that we maintain the high standards of care that we provide already. I think all of us are very proud of what we provide in the private sector as regards standards of care.

Deputy R.G. Le Hérissier:

When you say they are finding it hard to make their homes viable, why do you think this is the case?

Mrs. E. Crabb:

Because, if I could just stay with the private sector, let us say that you have got a resident and they may be with you 6, 7 years and obviously their funds are diminishing, and then they are transferred over to a parish rate. You may have 3 or 4 of these people in the home, and you cannot turn around and say to yourself, come whatever time of the year you are increasing their pay increase: "I am sorry, Mrs. X, Y and Z are now on half fees," so the company then have got to make up the shortfall.

Deputy R.G. Le Hérissier:

You are suggesting this affects the charity sector particularly?

Mrs. E. Crabb:

Yes, it would do, yes.

Deputy R.G. Le Hérissier:

Generally speaking, from your observations, what is the difference in fees between the charity sector and the private sector?

Mrs. E. Crabb:

I would say there would be a considerable difference, really. Again, it is very, very difficult to say, because we provide maybe a different hotel service. We have got to comply with what is set down by legislation as regards our care, but our environments may be different; our overheads, of course, may be different, and that is obviously what affects your bottom line.

Deputy R.G. Le Hérissier:

So just in terms of hotel service, Eileen, what are some aspects you would provide that a charity home would not provide, for example?

Mrs. E. Crabb:

Maybe waitress service or room service. Obviously maybe on menu; maybe 4 courses. You may have 2 or 3 cooked meals in the day, perhaps. I could not judge for every establishment, obviously, and these things we do not discuss as regards what you provide, but some charities may get donations to buy equipment as well. There are lots of aspects there that would differ, whereas in the private sector you would have to provide all of that yourselves.

Deputy R.G. Le Hérissier:

Thank you. Do you know how many patients within the homes of the Federation are funded by DHSS

(Department of Health and Social Services)?

Mrs. E. Crabb:

No, I would not have that information.

Deputy R.G. Le Hérissier:

How many by the parishes? You do not know?

Mrs. E. Crabb:

No, again, I would not have that information. That would not be disclosed. But I am sure that if you contacted the homes they would be quite willing to give that information themselves.

Deputy R.G. Le Hérissier:

Attacking the problem from another way, you did mention how as people transfer to the parish rate, which will of course be going as such very soon, but that really affects the financing of a home. How many people do you need as a proportion to transfer to the parish rate to really start creating difficult financial issues for a home? A quarter, a third?

Mrs. E. Crabb:

I think again it would depend on the home, and the structure of the home obviously has got a lot to do with funding as well, because your staffing levels would have to be higher if you are on 3 floors. I think that is probably the difference. Let us say if we take McKinstry Ward and Leoville Ward, you can see 10 or 12 people on one floor, keep an eye on them, whereas with individual rooms your staffing levels are much higher, and of course it means your salary level is much higher as well.

Deputy R.G. Le Hérissier:

Thank you.

Deputy S. Power:

What is your view as a Care Federation on the decision to close the Leoville and the McKinstry Ward?

Mrs. E. Crabb:

Nobody is opposed to closing the ward. What we are all striving here is for the best possible care for the elderly of the Island, and it is important that they are placed appropriately and they get the care that they need and they deserve.

Deputy S. Power:

Right. You said earlier that open wards are easier to manage than individual rooms. What is your view on the open ward structure?

Mrs. E. Crabb:

Well, I trained in Ireland, and we were all meant to accept that. That was the system then, but society has moved on, and everybody now would like a room, facilities, and I think we have got to go along with that, and that is quite important, that people have got privacy and that they are treated with dignity and respect.

Deputy S. Power:

When did you as a Care Federation first become aware of the decision to close these 2 wards?

Mrs. E. Crabb:

Probably through the press.

Deputy S. Power:

Through the media?

Mrs. E. Crabb:

Yes.

Deputy S. Power:

There was no consultation with you beforehand?

Mrs. E. Crabb:

No.

Deputy S. Power:

Okay. How much consultation was there with your organisation before the closure?

Mrs. E. Crabb:

None.

Deputy S. Power:

None. So you just picked it up in the media, like everyone else?

Mrs. E. Crabb:

Yes.

Deputy S. Power:

There was no discussion of any kind with you as a group?

Mrs. E. Crabb:

Our first actual discussion was back in April, with the Minister, when he made a comment in the *Evening Post* about the closure of Bon Air Nursing Home, and he was saying that there were vacancies in the private sector, and that was possibly due to our very expensive fees. Obviously we were not very happy with that comment as a Federation, and we wrote to him and then they set up a meeting and really that was probably the first time that we had any inkling that something was going to happen. But a few of the nursing home owners had heard that in discussion with 2 of the larger homes that had been taken over by an English company.

Deputy S. Power:

So you had, as a Federation, no involvement or no input at all, say, in the tendering process?

Mrs. E. Crabb:

Following on from that, we had a meeting with a lady called Madeleine Simpson - I do not know whether you are familiar with her - from Health and Social Services, and I was invited down to the hospital for a meeting. They were explaining the future of how we were going to fit into the equation; they described this as an umbrella. So she was pretty new to the Island and I thought it might be a good idea for her to come out and visit the homes, which she did do, and she found that quite beneficial. She also came along to the Care Federation with one her colleagues, John Cox.

Deputy R.G. Le Hérissier:

From Social Services?

Mrs. E. Crabb:

From Social Services, yes. So we had a meeting with them, and they were talking about the assessment, and then it was just that day that we found out about the tendering for beds.

Deputy S. Power:

Right. So in regard to consultation with the Jersey Care Federation, there was no real discussion on how the mechanism of transfer of patients to the private sector would take place?

Mrs. E. Crabb:

No.

Deputy S. Power:

None. My final question, really, is related to that. How often as chairperson of the Care Federation have you met the Health Minister?

Mrs. E. Crabb:

I have met him once in my role, Deputy.

Deputy S. Power:

In the last year or 2 years, or ... since 2000?

Mrs. E. Crabb:

April last year.

Deputy S. Power:

Is the first time you met the Health Minister ever?

Mrs. E. Crabb:

Yes.

Deputy S. Power:

Right. Thank you.

The Deputy of Trinity:

Just to pick up just one point. You talked about dual residency. With negotiations with Health and Social Services about dual residency, at that time was it ever mentioned at all about the closure of McKinstry or Leoville Ward?

Mrs. E. Crabb:

The homes that have gone dual registered - I know that the Little Sisters are trying at this moment in time to become dual registered - but I think they were doing this because they were residential, and obviously if your residents became more dependent, they were not allowed to stay in residential care; they would have to be transferred to a nursing home, and obviously then that would create a lot of vacancies for the residential home sector. So this is why various establishments have been encouraged to go dual registered, so then you can provide a home for life. They have also made a 5-bed clause on to the residential home as well, that you can register 5 beds. But that seems to be quite difficult, really, to manage, because you have got to provide a qualified member of staff for 7.5 hours out of the 24 hours. That shift for that would have to be an NVQ 3 (National Vocation Qualification), but you would also have to have a qualified nurse on call. So maybe this week you may have 5 people that come under that umbrella, and then for different reasons perhaps next week or the following week you may have only just one, so trying to keep a qualified nurse at the rate of £18 an hour or something like that would be a huge cost to a residential home, and of course you would have to pass that cost on to the resident while they would be registered nursing as well. So that is a very, very difficult, complicated system, I think, and the rest of us feel the same way about it.

Deputy R.G. Le Hérissier:

Building on Sean's questions, Eileen, there was a suggestion that the Health Ministry was going to sit down with you and work out a concordat, which is a special word for an ongoing discussion, yes, borrowed from the world of high diplomacy. What did happen? Have you sat down with them and tried to work out future needs and so forth?

Mrs. E. Crabb:

No, we just had that one meeting, and that involved Mr. Pollard and at the time Mrs. Swazack(?) and various other officers, social workers, and they were just telling us about the aging population, and they said that they would be obviously in consultation with us. But the only follow-up we have had from that was the meeting with Mrs. Madeleine Simpson, as I said. So we have not heard anything from anybody else.

Deputy S. Power:

Does the Care Federation have much written contact with Health, then? Do you write to the Department of Health often; are their responses prompt?

Mrs. E. Crabb:

If there is an issue, obviously yes, we do, and I was looking through the file last night, catching up on before I came into office, and yes, there has been, obviously, a dialogue. But I think this is probably the most major change, really, that is going to affect the private sector, and I think this is what is causing a lot of concern.

Deputy S.C. Ferguson:

Would you have had the capacity to take up these - the other things in the private sector - in the Care Federation? Would you have had the capacity to pick up these 54, I think, is it not, patients who were going to be moved?

Mrs. E. Crabb:

Again, that is quite a difficult question to answer, because just prior to Bon Air Nursing Home closing down, Clifton had just put on an extension, and they had a great number of vacancies. That was a brand new extension, but obviously when Bon Air closed down, then the patients from there were transferred. Again, I cannot say off the top of my head how many beds would be available in the homes that are not belonging to the Federation. Some of the homes that belong to the Federation have got purchased beds and contract beds with Health and Social Services already. Obviously respite beds have now come into the equation, but it is just now we have had a letter in the residential sector if we would be interested in contracting respite beds.

Deputy D.W. Mezbourian:

Do you know if any of your members tendered?

Mrs. E. Crabb:

Yes, they have done, yes.

Deputy D.W. Mezbourian:

What response were they given?

Mrs. E. Crabb:

Obviously they had to go through the process of interviews and all that, so obviously that was not public, that was held between themselves and the officers of Health and Social Services.

Deputy D.W. Mezbourian:

Our understanding so far is that 2 nursing homes have been selected to take some of the patients from Leoville and McKinstry. Some of your members, you say, went through the tender process. Have they been rejected, then?

Mrs. E. Crabb:

I think what everybody has found quite difficult - this is all quite new area into the sector as well - people I think are a little bit cautious about progressing, because of the fees, et cetera. If you contract beds out - I am just giving you a figure off the top of my head here, I am not going to quote any fees from anybody - let us say it is very, very high dependency and your normal fees are £1,000 a week and then you are offered perhaps £850 from Health and Social Services. Well, they are going to run at a loss straight away, and perhaps next week they may have somebody come through the door and they could use that bed.

Deputy R.G. Le Hérissier:

I would appreciate it if Doreen wants to intervene, because I know she was for many, many years a servant of Health and Social Services, so she has clearly seen the system from both sides.

Deputy S. Power:

The inside out.

Deputy R.G. Le Hérissier:

Yes. We do get this feeling - and it has come through in some of your answers - of is there a future if Health were to continue along this line of buying more and more beds. Given the demographics from the private sector or the charitable sector, it looks rosy on the one hand, but on the other it appears the smaller places are going to struggle with the economics of the situation and will not be in a position to

bid. So what is the future for the smaller operator?

Mrs. E. Crabb:

I think at this moment in time it is quite shaky, to be quite honest. They are very, very concerned, because it is important that the smaller business remains viable, because these are the people that have provided the care without any recognition in the past, and sadly -- I know it is good for the economics that the big providers have appeared but everything seems to be going their way.

Mrs. G. Le Lievre:

Palm Springs is currently registered for 25 patients, but we just keep it at 20, because we are a fairly small building, and I am mindful from my past experience within services for older people not to cram people together. So again there is income loss for that, and you have still got to maintain your level of staff. The concerns I have - and this is from me as a general manager of a nursing home - are the sustainability for whatever strategy is planned. Because I am newly appointed - I was appointed only this year after I had retired from the Health and Social Services - I am mindful that all the best plans in the world can be written, but it is maintaining them. I am thinking now from the nursing home point of view that we take very heavily, and quite rightly, patients that need a lot of nursing input, but also with the experience I have had of working with a multi-disciplinary group, and occupational therapists are needed. I am worrying that as the services for older people diminish within Health and Social Services, the team, the expertise and the people, will not be in place to provide backup for nursing homes. So that is one point I have, because of the financial implications. Because the question I would have asked was are they going to maintain all the professions allied to medicine when they reduce the beds within the public sector? That is one major concern.

Deputy S. Power:

Okay, thank you.

Mrs. E. Crabb:

Just getting back to you, Deputy. You were asking about the tendering for beds. Obviously people that were asked to tender did not have vacancies at the time, so of course they could not tender at that particular time.

Deputy D.W. Mezbourian:

I am just trying to establish whether any of your members tendered - and if they had done, presumably they had vacancies at the time - and whether they tendered and were refused by Health and Social Services.

Mrs. E. Crabb:

Not to our knowledge, they have not been turned down.

Mrs G. Le Lievre:

I do not know, we did not tender.

Mrs. E. Crabb:

It would be residential --

Deputy D.W. Mezbourian:

But you said they went through the tendering process. Our understanding was that 2 nursing homes have been selected in the first instance to take patients from Overdale. In your submission from the Jersey Care Federation, you state that preferential treatment appears to have been given to the newer and larger service providers.

Mrs. E. Crabb:

But the consultation had begun with them prior to the tendering process being advertised, the offer of tender was in the *Evening Post*, and we had learned about that at our meeting, I think, just the week before from Madeleine Simpson that this was going to happen. It almost seemed to have been rather rushed.

Deputy D.W. Mezbourian:

You mean the tendering process was rushed? The fact that it was going to tender?

Mrs. E. Crabb:

Yes. It was going to appear in the paper, yes.

Deputy D.W. Mezbourian:

So again, I am asking myself the question whether the decision had perhaps been made already as to where these people were going to be transferred, prior to the tendering process beginning. Which is why I am trying to establish whether any of your members tendered and were refused or turned down by Health and Social Services. I still do not know if you have answered that question yet.

Mrs. E. Crabb:

To my knowledge, we do not know if anybody having been turned down, but obviously it was allegedly understood that the negotiations were in progress with the other 2 establishments. They are also members of the Care Federation, and that was discussed at our Federation, and one of the managers admitted that they had had discussions with Health and Social Services.

Deputy D.W. Mezbourian:

Which presumably is why in your submission you state that preferential treatment appears to have been

given to the newer and larger service providers.

Mrs. E. Crabb:

I think what we are very, very conscious of the fact is that whatever policies and strategies are in place should be on a level playing field for everybody, really.

Deputy S. Power:

So can I just ask one question in relation to Deidre's question? Your understanding as a Care Federation is that negotiations and discussions with the 2 new entrants into the market had taken place a long time before you were first made aware of this; it could be more than even a year beforehand?

Mrs. E. Crabb:

I would need to know what the time factor, again --

Deputy S. Power:

But that is your understanding, then?

Mrs. E. Crabb:

That is our understanding.

Deputy S. Power:

That the Health Department were in active negotiation with the new entrants long before you became aware of it, and that it has been admitted now by one of the new members at a recent meeting?

Mrs. E. Crabb:

Yes.

Deputy S. Power:

Thank you.

Deputy D.W. Mezbourian:

How would it be possible for us to discover from your members whether they had tendered and not been successful?

Mrs. E. Crabb:

I really would have thought that would come up at the Federation, really, that somebody would have said: "Oh yes, we tendered for beds and we were not successful" and, perhaps: "We want to know the reason why." But that has not come to light yet, anyhow.

Deputy S. Power:

Have any members of the Federation received letters saying that their application was unsuccessful?

Mrs. E. Crabb:

No. It is just the residential side now, and interviews are coming up on the 11th of this month for us to meet with Maia Hutt and some other officers about the respite contract beds. Obviously we will know a little bit more (...several inaudible words).

Deputy D.W. Mezbourian:

Do you think that you have finished on that line of questioning?

Mrs. E. Crabb:

Yes.

Deputy D.W. Mezbourian:

Thank you for that. Okay. I would like to return to the submission that you sent us, and thank you for taking the time to do that. Just a general question. You have 21 members; how many members responded to you in order for you to provide the submission?

Mrs. E. Crabb:

It was quite a difficult time of the year, really, because there were lots of people on holiday. We had 6 people with written submissions, and then we obviously telephoned various members that were back from holiday and possibly there were 6 more that got together. So, more than half of us.

Deputy D.W. Mezbourian:

So you consider that this is a fair representation from your members?

Mrs. E. Crabb:

Yes, I do.

Deputy D.W. Mezbourian:

Thank you. In the submission - and I do not know whether you have it with you.

Mrs. E. Crabb:

Yes, I have.

Deputy D.W. Mezbourian:

I am trying to find the section we had the question on. It states that residential homes have recently received a letter asking them -- sorry, it is on the first page, the front page, the last bullet point:

“Residential homes have recently received a letter asking them if they are interested in providing respite beds at the high end of the residential scale, but to date we have received no acknowledgement to our response.” Will you tell us what the Jersey Care Federation response was?

Mrs. E. Crabb:

Each home obviously had a letter, and to date, when this submission was sent through, we had had no acknowledgement of the letter that we had submitted to Health and Social Services here, whether we would be interested or whether we would not. But in the meantime we have had a letter now, and on the 11th of this month those of us that are interested will be meeting with Health and Social Services. We will have to wait and see what that brings. But that is going to be respite - well, just speaking for Pinewood - they are looking at 3 beds for initially 6 months and then what was said in their letter was that if that was successful on both sides that they would be looking at that for 3 years.

Deputy D.W. Mezbourian:

Thank you. So the first part of that bullet point states residential homes have received a letter, and the final part says: “... but to date we have received no acknowledgement.” So when you say we have received no acknowledgement, were you speaking for all of the homes who had at that time --

Mrs. E. Crabb:

Yes. But that has progressed along now.

Deputy D.W. Mezbourian:

You have had a response.

Mrs. E. Crabb:

We have had a letter and we will be meeting with them.

Deputy D.W. Mezbourian:

You also state in your submission: “Already established homes have provided an excellent service in the past, but have now been overlooked when they should have been given constructive support to remain viable.” What would you deem as constructive support in that context?

Mrs. E. Crabb:

I think perhaps there maybe - and I do not know if that is worded correctly there - but again I think those homes that were already established should have been approached by Health and Social Services on their bed occupancy to see, at that time, whether they would be interested in providing purchase of contract beds before it had gone out to the newer providers. Obviously people are quite concerned about the viability of their businesses as regards the fee structure.

The Deputy of Trinity:

Can I just backtrack a little bit? You talk about the meeting that you have got on the 11th of the month with Health and Social Services. Is that all the head of homes that have tendered for residential, as a group together?

Mrs. E. Crabb:

Yes. Well, not actually tendered, but said that they would be interested in looking at providing. I have spoken to a few other residential home managers and yes, they have had a letter as well, but I have not got around to checking with everybody. I just got the information about this meeting on Monday morning so it was all a little bit rushed, to say the least.

Deputy D.W. Mezbourian:

If I can just go back, as my final question in this section, to the preferential treatment that you as a Federation believe has been given to the 2 newer and larger homes. As you probably know, scrutiny must be based on evidence, and is your evidence for that the fact that you were told by one of the managers that discussions had taken place?

Mrs. E. Crabb:

Yes, but as well as that - it is like any business - you know what is going on around you, do you not, and Jersey is very, very small place, and we knew that this was happening.

Deputy S.C. Ferguson:

When would you say the discussions started, then?

Mrs. E. Crabb:

That is quite difficult to pin down.

Deputy D.W. Mezbourian:

When you say Health and Social Services were in discussion, do you know who in Health and Social Services may have been in discussion?

Mrs. E. Crabb:

Well, Mr. Pollard did admit at that meeting that we spoke with him that yes, they were in discussion with Lakeside and Silver Springs and they (...several inaudible words), and of course it appeared in the *Evening Post* as well.

Deputy D.W. Mezbourian:

What was your members' reaction when Mr. Pollard told them that?

Mrs. E. Crabb:

People were upset before we had that confirmation anyhow, because if you were in business, nobody likes to pass you by, do you, really?

Deputy D.W. Mezbourian:

Why did he tell you that?

Mrs. E. Crabb:

Because I did say it at the meeting that allegedly there had been discussions, and of course they told me that there was going to be so many beds available and the aging population, et cetera.

Deputy D.W. Mezbourian:

So he volunteered the information in response to your question, your statement?

Mrs. E. Crabb:

Yes. It was nothing that we had not read, as I say, in the press.

Deputy D.W. Mezbourian:

I am just wondering whether he would have volunteered it without your comment.

Deputy S.C. Ferguson:

In your submission, you said that if sufficient funding is not provided, private sector will not survive and the standard of care will plummet. Can you explain that?

Mrs. E. Crabb:

Because if you do not have sufficient funding - and that is going to happen - there will be cut backs on staff, and the service then obviously would suffer.

Deputy S.C. Ferguson:

But are you talking about the cost of entering into a contract that they had --

Mrs. E. Crabb:

Yes, because obviously the homes will not be getting their full fees that perhaps they will get from their private client, and then they will be running at a loss.

Deputy S.C. Ferguson:

Did Health give you, then, an indication of the sort of fee levels they would want to pay?

Mrs. E. Crabb:

One of the homes that had been in negotiations with them, and I did speak to that manager yesterday, and there was a considerable difference in the fee charged right now for top dependency levels as to what they would be getting from Health and Social Services. Of course, in a nursing home you have got to have qualified staff 24 hours a day. You still have got to provide staff when you have got them on training courses and then there is holidays and sickness.

Deputy S.C. Ferguson:

So we are really talking in the context of a large monopoly provider, almost, squashing the fees down until it really hurts, and you cannot really argue with them because they are so much bigger than you.

Mrs. E. Crabb:

Yes. Like any business I suppose competition is good, but if you cannot be competitive then your business is suffering as well, and of course your clients, which are very important. If they are not getting the level of care that they need and deserve, then they will end up going back into hospital and you will have a vicious circle again.

Deputy S.C. Ferguson:

So it is almost a question of should the large customer also be the regulator of the industry, because they are pushing your expenses up with the regulations on the one hand, and pushing your fees down with the other hand. Do you have any idea - I am sorry, this is slightly off the point - roughly how much your fees have gone up percentage-wise annually over the last few years?

Mrs. E. Crabb:

I just would not like to give a figure there, really. I do know from the time, just on a personal note here, we opened at Pinewood, which was 1993, our staffing levels are double that due to, you know, requirements by our legislation. Again, I think the level of care, even in residential homes, is higher now than it was when we first opened. So I think the whole concept of care has really changed in the last few years, I am sure, Doreen, you find that as well. Because there is a lot more compliance with training and all that, of course, puts on a huge cost.

The Deputy of Trinity:

What is your ratio, staff to patients?

Mrs. E. Crabb:

We are registered for 49 residents at Pinewood, and we take 47, because we have got 2 double rooms that are single occupancy - we never use it as a double room - and in total we have about 42 staff. That is all the staff; chefs, qualified staff, administration, the lot.

Deputy S.C. Ferguson:

Right. The other thing that you said in the submission, you were talking about the full fee-paying residents subsidising the HIE (Health Insurance Exception) patients and residents. What sort of implications do you foresee if patients in the same home ultimately pay different rates for the same standard of care?

Mrs. E. Crabb:

Again, obviously we know that the residents and patients that have come out of Overdale have come from Health and Social Services, so people would know that straight away. But if somebody came into Pinewood nobody would know Mrs. X was being supported with parish or private fees, nobody would know that, only myself and administration. So there would be no difference whatsoever in the service and the care provided. Perhaps they would be in maybe a smaller room or something like that, but otherwise everything is the same.

Deputy S.C. Ferguson:

Because is it not fairly common practice in actual fact to cross subsidise your HIE patients, your parish patients, with your private patients? Do you not use the higher rates to cross subsidise the lower rates?

Mrs. E. Crabb:

Well, obviously that is happening at the moment, but if you are going to contract beds or have purchased beds at a low rate, it then we have not got much to spare really with your cash flow.

The Deputy of Trinity:

Just moving on, what opinion does the Care Federation have on the balance between the physical environment and good nursing care, when assessing the suitability of nursing beds for patients? It is very difficult to explain that. If you have got good environment and good care, but in 2 wards you have got a poor environment but you have got very good nursing care. How would you assess that?

Mrs. E. Crabb:

It is a difficult one, really. The resident or the patient is priority here, and it has been drummed into us about rights and choices, so I think it is quite important that they are given a choice and that they have got rights. Obviously you have got to balance that with assessing their needs, so it is a combination of areas that need to be assessed and of course their family and location, travel and everything like that. They have got to feel comfortable in that environment and I think that is terribly important. People do not like being out of their depth or anything like that. They have got to be comfortable in their surroundings because if they are not, they will not be happy. That is my opinion. What you think about that, Doreen?

Mrs G. Le Lievre:

Well, the importance is really to meet the needs of the individual. I know it is easy to say that but the point is what suits one individual may not suit another. Obviously, within care their priority might not be to have a single room, it could be to have company. That is just to give a simple sort of example. So, when we assess individuals it is to take into account the room, whether they want a room, how close they are going to be to the nursing station, and their wishes as well as their needs because individual choices are so important. Certainly, I think that with anyone who is going to be placed in a nursing home or residential home there should be a full consultation; they should go and see the place if they are physically able to. The individual that is receiving the care, if they are able to make an informed choice and family should be included, should have plenty of time to assess if their needs and wishes are being met. I am not sure if that answers your question. I do not think any one place would be ideal for everybody. I think we need to have different places, different choices.

Mrs. E. Crabb:

Sometimes as well, people like to be in their own parish, especially the older clientele. Their friends can visit and things like that. It is accessible for those that would be visiting and all those factors I think are really, really important.

The Deputy of Trinity:

Do you feel by Health and Social Services tendering 25 beds - and we know quite a few of them have gone to Silver Springs - that that area of patient choice is gone, taking into account what you have said, that they should go and see the place because it might not be what they want? Do you think that patient choice has gone?

Mrs G. Le Lievre:

I think there is an element of that because it is like saying: "Well, this is the best place. It is a newly modernised place, so this will be the best." You can use the way of pushing a choice to somebody. "This is what is going to be available." Can I also pick up on a point about the smaller nursing homes and the larger ones? There was a perception that the smaller homes would eventually go to the wall. Now whether that is correct, whether it is true, those perceptions exist. It does not give the small nursing home and residential home owners the confidence to invest if the fashion and the needs are advertised as being larger places, all singing, all dancing with the hotel approach because that is not for everybody as we said just now. The smaller nursing homes have to have the confidence in the future to be able to invest, to maintain, to be viable and to be able to go into the market place and compete.

Deputy S.C. Ferguson:

From your experience of Overdale, would you have said that Leoville and McKinstry could be refurbished to a standard that was up to the modern-day standards?

Mrs G. Le Lievre:

My personal opinion? I think it had gone too far for that, quite honestly, because from the inspection point of view of nursing homes, they look very closely at things like whether windows close, whether the decor is right, whether structurally and from the environment point of view that is satisfactory. I personally believe, and I am speaking on behalf of Palm Springs now, that it had gone too far because the maintenance should have been done years ago. In my own opinion, the money was being invested in new buildings, and it is like any home or building if you do not maintain it. I honestly do not disagree with moving the residents out but I think we need to look at it from a whole society point of view and community, that not just short-term, not even medium-term, but long-term can we sustain the care that they were getting in there? I think the nursing care and all the care was excellent but the environment itself left a lot to be desired through lack of investment. Does that answer your question?

Deputy D.W. Mezbourian:

How long were you at Overdale?

Mrs G. Le Lievre:

I worked for 35 years before I retired and it was all within Health and Social Services. I trained as a registered nurse. I qualified in 1975 and I enjoyed nursing older people so I went to work at Sandybrook. That was in 1977, and in 1984 I went to Overdale to open and develop the rehabilitation service for ladies.

Deputy D.W. Mezbourian:

So when you first went there in 1984, was maintenance being carried out?

Mrs G. Le Lievre:

To a degree, but I could not really give a very credible comment on that because I was very much involved with the nursing care. I would say it diminished over the years. I was ward sister and then I became nursing officer, and then an operational services manager for general management. So I used to chair the meetings with the engineers for the environment and all that, so I was very involved.

Deputy D.W. Mezbourian:

So you became aware that maintenance was perhaps not being carried out?

Mrs G. Le Lievre:

Well, I want to say that the maintenance staff, the engineering staff, were reduced as the service increased. I personally did not feel it was compatible with the service expansion that the availability of resources diminished in comparison.

Deputy S. Power:

In your time at Overdale did it ever come to a head at administration meetings where the nursing staff

said to the operators or administrators of Overdale: “You must spend more money”? Was it an issue? Was it a live issue where you had to demand or push? “We are not happy with the level of maintenance.” Did it ever get to that stage?

Mrs G. Le Lievre:

Well, I do remember that the senior management did not just sit back and accept it. It was not so much as a sudden crisis suddenly, it was an erosion of the keeping up of the buildings, changing the priorities because then the idea was that we would be putting all the care into the community; less people would be coming in. So the strategy was that more would go into the community, less coming into the beds, but of course that did not happen, did it? Well, not to the extent that it was planned. So, yes, in answer to your question, it was the way the budgets would be cut up and divided and shared out, and obviously it is how you prioritise at the time and where your focus of strategy is. Sorry, am I going on?

Deputy R.G. Le Hérisier:

No, very useful. Just carrying on. We are on the home strait now, you will be glad to hear. I think you have probably covered this, but just for the avoidance of doubt, you said in your submission: “No policies or plans have been made available to us in the community with regard to the short, medium or long-term plans for those who reside at Overdale.” Yet, on page 10 of HSS’s (Health and Social Services) review of continuing care and respite care provision, which was apparently devised or written under the departed nursing director’s orders: “The development of alternative community continuing care and respite care model in partnership with other stakeholders, for example, FNHC (Family Nursing and Home Care) and other independent voluntary agencies.” So they looked to you to be their partner in developing this strategy. So what consultation has occurred with your Federation with regard to the long-term strategy?

Mrs. E. Crabb:

Nothing really.

Deputy R.G. Le Hérisier:

Nothing?

Mrs. E. Crabb:

As I say, we have just had that meeting with Mrs. Simpson and her role has got to do with mapping, and we have had no feedback. I think they were going to get back to us as regards assessment. We had worked on an assessment document, quite a long time ago, and that was going to be finalised but we have not seen the final document.

The Deputy of Trinity:

Have you seen that report? Please excuse all the scribbling on the front page of it.

Mrs G. Le Lievre:

I have got it.

Mrs. E. Crabb:

It came out with the tendering for beds, did it? So you got that with the tendering? We did not get that from the Care Federation.

Deputy R.G. Le Hérissier:

You did not get that?

Mrs. E. Crabb:

No, and we are a residential home.

Deputy R.G. Le Hérissier:

When you sat down with Mr. Pollard, and he outlined to you all the developing demographics which of course you were already aware of, I presume, what did you tell him or what transpired from that conversation as to how the Federation would move ahead in partnership with HSS?

Mrs. E. Crabb:

I think, they were pleased that we met and they said that there would be private discussions but that was that.

Deputy S. Power:

Income support and the shift from the parishes to Social Security. What impact do you think that will have on your operations and do you have a view as the Care Federation?

Mrs. E. Crabb:

I think that would have quite a considerable affect really for disability allowance and also the assessment for care, the attendance allowance. That is quite useful for some people who have not a huge amount of money but it would pay their doctor's fees and their medication. So I think it will have quite a big impact.

Deputy D.W. Mezbourian:

There is a consultation process at the moment that Employment and Social Security are carrying out. Have they contacted you at the Jersey Care Federation or have they contacted you at your nursing homes?

Mrs. E. Crabb:

No. I have just learnt about that document yesterday and I have asked for a copy of it.

Deputy D.W. Mezbourian:

Will you then disseminate it to your members?

Mrs. E. Crabb:

Yes.

Deputy D.W. Mezbourian:

Will you ask them why they have not contacted you?

Mrs. E. Crabb:

Yes, I will do. But that is the type of information that we should have but as I say I only just found out about it yesterday, which will have a big impact on income.

The Deputy of Trinity:

Thank you both very much indeed and thank you very much for coming and also for making that submission. As I said before, it will be transcribed and you will get a copy of it before it is downloaded. Thank you very much indeed.

Deputy S. Power:

Thank you, ladies.