Report

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Christie + Co
BUSINESS INTELLIGENCE

HAVANT BOROUGH COUNCIL
23 DEC 2010
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Needs Assessment

Waterlooville

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Introduction

In accordance with the written instructions of Taylor Wimpey, Templars House, Lulworth Close, Chandlers Ford, Eastleigh, SO53 3TJ, dated 9th July 2010 we have prepared a report to assist you and your advisor D. Cramond of DC Planning. The assessment is in respect of a proposed planning application for a change of use from that outlined in the Newlands Masterplan to permit the construction of a care home and close care residential units to the south east of Hambledon Road (B2150) close to northern boundary of Waterlooville. A copy of your letter is contained in Appendix I.

We provide herewith our analysis of the demographics of the area and the current provision of elderly persons care homes. Drawing upon this analysis we have prepared an assessment of the capacity requirement for care homes in the area.

This Report has been undertaken by Simon Francis BSc, MRICS of Christie + Co who has experience in assessing the viability and value of similar trading businesses and properties.

1.0 Executive Summary

This brief synopsis must not be read in isolation but only in conjunction with the full Report, Terms, Conditions and Definitions provided.

The Proposed Property

- 76 bed nursing home including a possible 30 bed dementia wing
- 40 close care two bed apartments
- We understand the land is currently identified by Winchester District Council as part of the 'employment land' of the Newlands development area
- We expect the care home accommodation to be fully compliant with the National Minimum Standards and in respect of the close care units fit for purpose

Methodology

- We have analysed the size of the elderly population within a five kilometre (three mile) radius of the site.
- Projections for the growth in the population have been calculated using data produced by the Office of National Statistics
- Using research produced by Laing and Buisson it is possible to determine the likely levels of capacity / demand for elderly care beds both now and in the future
- The level of existing provision is determined with reference to the Care Quality Commission and various other directories including the A to Z of Care Homes
- The above allows the level of current and future demand and actual provision can be compared
- A desktop commentary is provided in respect of the existing care provision, specifically with regard to the provision of single en suite accommodation (the National Minimum Standard for new build care homes)

Summary of Findings

The elderly population is forecast to grow significantly over the next twenty years.

Population over 65 years	Current	Population By 2030	Percentage Increase
Five km radius	22,599	34,477	52.5%

The above excludes any migration into the area

The expected provision of elderly care beds is as follows:

Expected Demand for Care - Number of Beds	Current	Demand By 2030	Percentage Increase
Five km radius	984	1,945	97.6%



The provision of elderly care is dominated by the independent (non statutory) sector, with the bulk of capacity in the hands of private (for-profit) providers.

Provision of Beds	Total Registration	Single Rooms with en suites	Twin Rooms
Five km radius	819	400	150

The above suggest an under provision of bed spaces compared to current population. We are aware that a number of the existing homes have twin registered rooms which are used for single occupancy and the total number of beds available at any one time is likely to be below the total registration above. This will further exacerbate the short fall in beds identified in Section 4.

Conclusion

The key facts of our research are as follows:

- The elderly population within the catchment area is set to increase by 52.5% over the next twenty years
- The demand for care beds will increase by 97.6% over the same period
- The majority of the care homes in the area are conversions of former dwellings many of which have been substantially extended over the years. We are only aware of one purpose built care home in the surrounding area
- Converted or extended homes benefit from lower National Minimum Standards in respect of room sizes and provision of twin occupancy rooms, many of these homes would not meet current new build requirements
- We have adopted a five km (three mile) catchment area around the proposed site as it is considered this is likely to replicate the likely catchment area of a new home. The radius selected includes many high density residential areas including parts of Waterlooville, Leigh Park and northern Portsmouth as well as the more rural areas to the north and west, which we consider will skew the demand for places towards the south
- We are aware of three sites within the Waterlooville area which have planning consent, or are shortly to have planning applications submitted, for a total of approximately 220 bed spaces. These applications if successfully constructed and occupied, will not meet the short fall in compliant bed spaces but will eliminate the current short fall of bed spaces identified in the table overleaf
- There is no requirement for close care apartments to be registered with CQC and as a consequence there is no statistics to show numbers of units available within the area
- Close care falls into two separate sectors; the private sector where the properties are owner occupied and the rented sector where private residents occupy the property. This latter sector is made up of a combination of private and not for profit organisations. Many private sector providers link close care with an existing care or nursing home facility as it allows the domiciliary care packages to be provided by an established care business but the mode of occupation will be dependant on the business model adopted
- Whilst the preference is for people to be cared for at home there remains strong demand for nursing and dementia beds
- A strong case for a new development can be made with emphasis on the quality of the existing care homes and the lack of provision of compliant accommodation
- The socio-economic profile broadly mirrors the UK national averages suggesting occupancy of any new home would be a combination of private and Social Services funded residents



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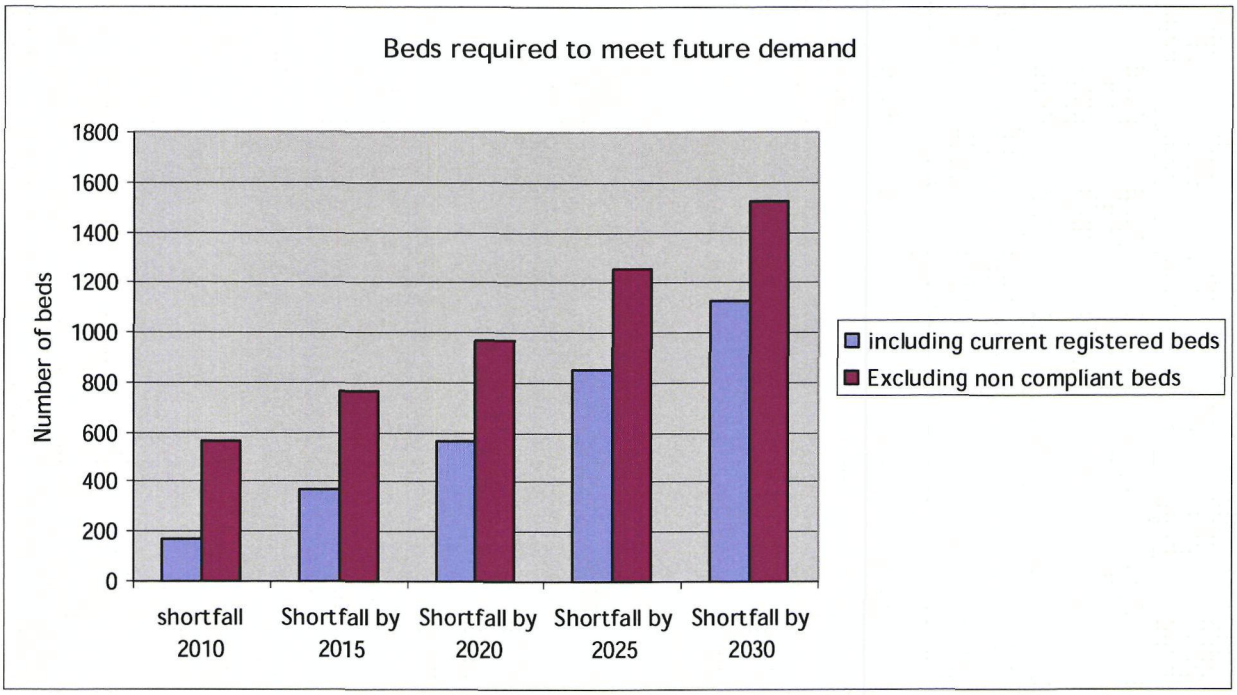
- Any new home will be required to meet the National Minimum Standards and we comment that the majority of new build care homes are built in excess of these to future proof the home in the event of the standards being increased
- The projected requirements for care beds is increasing faster than the population over 65 years of age due to the increased numbers of 85+ year olds who statistically require more care provided in a residential facility



It should be noted that the above shows the shortage of current registered bed spaces against future demand and shortfall of compliant beds. We have identified 400 compliant single bedrooms during our investigations and in the event that CQC or other regulatory body enforces the National Minimum Standards the shortfall could increase by up to an additional 461 beds as twin and single (non en suite) rooms fail these requirements.

2.0 The Property

The proposed development is to be located on the sites marked E1 - close care apartments and M2 - care home on the plan attached as Appendix II.

Prior to operation the care home will require to be certified by the Care Quality Commission (CQC) and have to comply with all CQC's criteria for registration, as set out in the Care Homes for Older People - National Minimum Standards. Of principal concern is Section 5 The Environment, which is reproduced within Appendix III, more specifically Standard 23.2 which states;

"In all new build, extensions and first time registrations, all places are provided in single rooms with a minimum of 12 sq. metres usable floor-space excluding en-suite facilities".

The requirement for en-suite facilities is contained within Standard 21.6 and it is these standards combined which are key to achieving the stated aim of the government of ensuring that "care homes meet the needs of the people who live there".

We understand that the intention is to construct a 76 bed care home with a registration in one part of up to 30 dementia residents. We have assumed that the care packages will be individually tailored to the needs of the residents and increased as their requirements increase. In respect of the close care units demand for these is closely related to the demographics of the area. With the ageing population a number of home owners are going to be seeking to downsize. The percentage of home ownership at 73.4% is in excess of the national average and should provide additional demand for secure accommodation offering the benefit of warden control and domiciliary care from a recognised and established source.

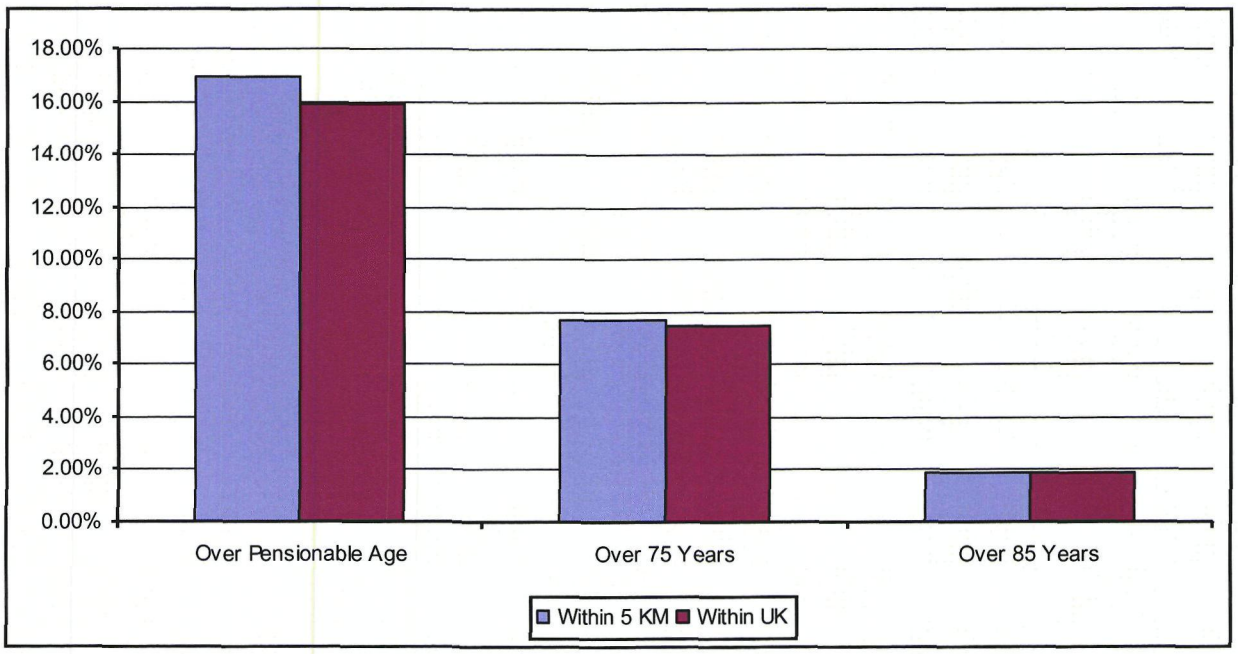
Demand for owner occupation, often on a leasehold basis, is closely linked to the buoyancy of the housing sector. Current uncertainty has resulted in a limited ability for developers to construct such facilities and the Housing Association funded route has become severely curtailed due to the current economic circumstances. Notwithstanding this the demand for these alternatives to traditional housing solutions is not going to disappear and as the population ages more of this type of property will inevitably be required.

3.0 Demographics

We have based our analysis of resident population and provision of existing care homes on a five kilometre (three mile) radius of the proposed site. A summary of our findings as recorded by the 2001 Census and updated to show 2010 population trends is as follows:

	Within 5 KM		Within UK	
Total Population	119,059		58,785,130	
Over Pensionable Age	22,599	18.98%	9,340,871	15.9%
Over 75 Years	8,258	6.93%	4,404,788	7.5%
Over 85 Years	3,012	2.52%	1,124,370	1.9%





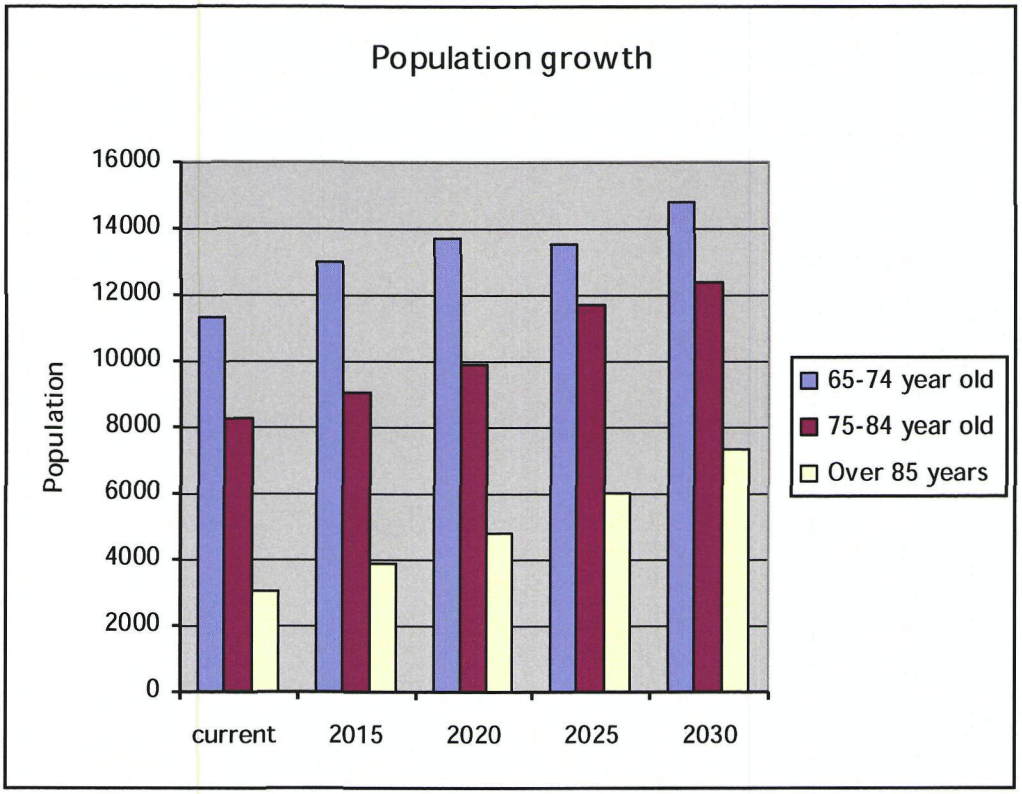
The above illustrates that the proportion of the population who can be considered elderly in the immediate vicinity exceeds the national average by approximately 3% with the 75 to 84 year olds being slightly below average and the number of over 85 years being approximately 25% higher than the nation average of 1.9%.

As widely publicised, the size of the population is forecast to increase significantly over the next twenty years. Using data produced by the Office of National Statistics and the Government Actuary Department (source: 2001 based sub-national population projections) we have estimated both the current elderly population and the likely increases in the medium term as follows:

Table 1

5 km Radius	Current Estimated	2015 Projected	2020 Projected	2025 Projected	2030 Projected
65 to 74 years old	11,329	12,967	13,716	13,544	14,788
75 to 84 years old	8,258	9,034	9,859	11,679	12,359
Over 85 Years	3,012	3,902	4,791	5,997	7,329
Total	22,599	25,903	28,366	31,220	34,476

Overall the aged population in a five kilometre radius of the site is projected to increase from the current 22,599 to 34,476 by 2030, an increase of 52.5%. This does not allow for any inward migration of persons "retiring to" the area.



4.0 Expected Elderly Requiring Care

The Laing & Buisson "Care Of Elderly People" UK Market Survey 2008 identifies how demand for residential care services escalates with age, to the extent that 0.04% of the population under 65 years of age are likely to require residential care, through to some 17.4% of over 85 year olds. Whilst this analysis is on a national basis, it is likely that similar percentages will be replicated across far smaller regions and areas of the country.

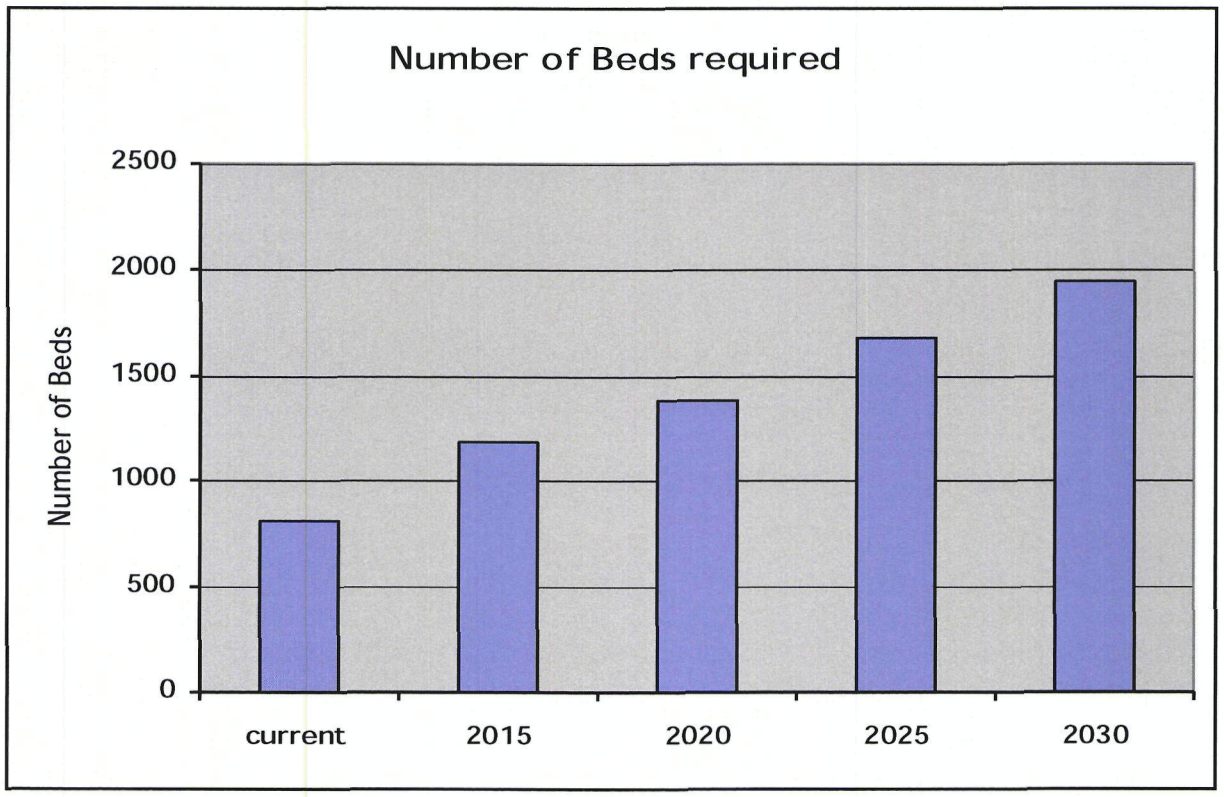
The expected capacity of care home places for older people within the search area based on UK norms is summarised as:

Table 2

Expected capacity of Care Beds	Current Requirement	Forecast capacity 2015	Forecast capacity 2020	Forecast capacity 2025	Forecast capacity 2030	Actual Current Provision
Five kilometre radius	984	1,187	1,385	1,672	1,945	819 beds

(Source: The Laing & Buisson "Care Of Elderly People" UK Market Survey 2007/2008 & the Government Actuary Department (source: 2001 based sub-national population projections)

The expectations are that the number of care beds required will increase by approximately 97% over the next twenty years in order to satisfy the requirements of an increasingly elderly population. This disproportionate increase is caused by the numbers of people 85 years and over increasing by 143% over the same time period. On average this sector of the population requires 17.4% to be in residential care compared with 0.89% for 65 to 74 year olds.



The table above indicates that the required capacity for care beds will increase by 40.7% (401 beds) over the next ten years in order to satisfy the requirements of an increasingly elderly population. In the longer term the required capacity will increase by 102% (961 beds) on the current level of requirements. The above does not take into account the shortfall in bed spaces if the current registered beds are required to meet the National Minimum Standards outlined above.

The increase in Dementia

The pressure for elderly beds is likely to be particularly strong within the dementia care sector. The Alzheimer's Society reports that there are about 750,000 people in the United Kingdom with dementia of some form or another, to include Alzheimer's disease, vascular disease, dementia with Lewy bodies (tiny spherical structures in nerve cells degenerating brain tissue), frontotemporal dementia, Pick's disease, supranuclear palsy, Korsakoff's syndrome, Binswanger's disease, and Creutzfeldt-Jakob disease.

The Dementia UK Report was published in February 2007 by the Personal Social Services Unit at the London School of Economics and The Institute of Psychiatry at Kings College. The report published forecasts for the increase in the population with dementia, which were confirmed by the King's Fund Report (Paying the Price: The Cost of Mental Health in England) as published in May 2008, which reports a 61% increase in dementia to 2026.

The Chief Executive of King's Fund, Niall Dickson is quoted as saying "The projections in this report should help policy-makers and those responsible for local services plan for the future demand. It is clear that there is still a high level of unmet need and that will need to be addressed".

Combined with the above forecasts, the Alzheimers Society estimate that 36.5% of those with late onset dementia live in some form of institutional care setting thus putting increasing pressure on the provision of elderly beds.

The above increases in dementia requirements are not reflected in the calculations of care bed spaces currently needed or estimated provision going forward. In our view this will increase bed space requirements.

5.0 Existing Care Provision

Using data published by the Care Quality Commission and Laing and Buisson we list the existing care homes for aged persons (over 65 years), excluding homes for younger adults with learning disabilities, mental disorder, drug or alcohol dependence, within a five kilometre radius of the proposed site:

Service Name	Town	Organisation	Type Of Service	Reg	Single	Twin	En Suite	Stars
Woodlands Rest Home	Waterlooville	Heatherland Healthcare Ltd.	Residential	31	27	4		2
Oaklands Reest Home	Waterlooville	Private	Residential	30	11	8	11	3
Latham Lodge	Purbrook	Latham Lodge Ltd.	Nursing	40	14	14	12	2
Easterlea	Denmead	Private	Residential	19	5	6	9	2
South African Lodge	Waterlooville	South African Lodge Ltd.	Nursing	97	96		1	3
Purbeck House	Waterlooville	Private	Residential	15	7	8		3
Oakdene	Waterlooville	Private	Residential	19	7	8	4	2
Two Beeches	Waterlooville	Private	Nursing	30	4	26		2
Belmont Castle	Bedhampton	Private	Residential	40	35		5	2
Whitehaven Care Home	Horndean	Private	Residential	15			15	2
Hamilton House	Drayton	Southern Cross Care	Nursing	60			60	-
Acacia House	Horndean	Contemplation Homes	Nursing	27		4	23	2
Bedhampton Nursing Home	Bedhampton	Cheer Health Ltd.	Nursing	30	12	6	12	3
Green Meadows	Denmead	Hampshire CC	Residential	42	42			2
Malmesbury Lawn	Leigh Park	Hampshire CC	Residential	37	37			2
Fieldgate Nursing Home	Horndean	Extraservice Ltd.	Nursing	39	11		28	2
Bayith Rest Home	Lovedean	Bayith Rest Home Ltd.	Residential	12	12			2
Alexandra Rose	Farlington	Riva Ltd.	Residential	32			32	3
The Lodge	Bedhampton	The Manor Trust	Residential	14	6		8	2
The Haven	Drayton	Private	Residential	20		2	18	2
Kinross	Drayton	Portsdown Estates	Residential	29		12	19	2
Edinburgh House	Cosham	Portsmouth CC	Residential	32			32	2
East Cosham House	Cosham	Private	Residential	24	18	6		2
Fawnhope Rest Home	Havant	Aspire Cove	Residential	19	19	14	12	-
Wisteria Lodge	Horndean	Wisteria Lodge Ltd.	Residential	19	3	4	12	3
Cosham Court	Cosham	Crossbind Ltd.	Nursing	47		4	45	2

The above properties have not been inspected and the information has been obtained from the CQC website and other published sources.

In summary the current supply of care home services for older and physically disabled people in the locality is:

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	Registered Beds	Single Beds with en suites	Current Demand for Beds	Over / Under Supply of Beds
Five Km Radius	819	400	984	Under supply 165

The above indicates that there is currently an under supply of care beds (against the expected capacity) of 165 beds within a five kilometre radius. We are aware of a potential 220 new beds which have planning consent or are shortly to have a planning application submitted and this will remove the identified shortfall of registered beds. As the population ages this shortfall will reappear and increase by a disproportionate amount compared to the population increase as the proportion of care required by the oldest segment of the population, over 85 years of age, is approximately four times greater than 75 to 84 year olds requirements.

The above homes vary greatly in terms of quality with a significant proportion of the existing provision not complying with the National Minimum Standards (NMS). Of the 819 places some 400 beds are within single rooms and the rest twin occupancy or non ensuite single rooms and we would expect a number of the non compliant homes to close over the next 10 years which will widen the shortfall identified previously.

Christie + Co Research

In accordance with your instructions we have not inspected the care homes identified on the competition table.

We have studied published information, primarily from the CQC website and our comments are drawn from this and Christie + Co's knowledge of the surrounding area and a number of the homes.

The majority of the homes within a five kilometre radius of the proposed site comprise converted or extended former dwellings. It is likely that a number of these have 'watered down' minimum standards in terms of room sizes, ratio of single to twin rooms, provision of en suite facilities and day space.

Our experience suggests that the majority of these are maintaining relatively high occupancy levels due to the lack of fully compliant existing homes or new build stock.

We have also referred to commentary prepared by the Care Quality Commission who inspect the homes on a regular basis. As you will be aware care homes are now graded to reflect the quality of the service provided. Whilst this is not solely a reflection of the quality of the physical property, it is worth noting that two homes in the search area have a zero or no star rating indicating a Poor standard of service or a recent registration. The current Star system is due to be replaced later this year but the format of the replacement is not yet known although there will be some form of grading to allow comparison between homes.

In addition there are a number of homes which have a questionable future on an economic basis, due principally to having insufficient bedrooms to achieve the economies of scale to return a profit, or have a considerable reliance on shared accommodation and as a consequence are unlikely to remain economically viable and their long term future must be in doubt.



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6.0 Needs Conclusion

The principal factors in determining whether demand exists for a new care home or associated close care units are the size and affluence of the elderly population in the locality, the projected growth in the population, the strength and depth of the current provision of care places and the likely future provision. A summary of our findings is as follows:

- There is a significant elderly population within the area, which looks set to increase over the next twenty years. The main driver of changes in need for care home places is population ageing, in particular the growth of the very old segment of the population. Across the UK some 17% of people aged 85 and over are residents in care homes
- The local population aged 85 and over is projected to increase from 3,012 to 7,329 by 2030, a 143% increase.
- The percentages of the local population within socio-economic groups AB, C1 and C2, broadly mirrors the national average
- The proportion of local residents owning their own homes at 74.3% exceeds the UK average of 68.3%. The above, coupled with the quality required for any new development, suggests that the majority of residents in a new facility are likely to be privately funded and that the business would not be reliant upon receiving Social Service funded residents
- There are 26 registered care homes in the five kilometre search area, the quality of which varies greatly. There is only one purpose built home, with the rest being within converted and extended residential dwellings
- The provision of current bed spaces is done at the expense of compliance with the National Minimum Standards specifically the requirement for single rooms with en suite facilities. As the ageing population increases the shortfall in compliant en suite rooms increases. Without substantial new provision or further relaxation of standards this position will not improve
- It is expected that any new facility would meet and exceed the required standards providing high specification accommodation which will be comfortable and homely whilst facilitating the provision of quality standards of care subject to competent management
- The proposed new care home seeks to provide dementia and nursing care rather than mainstream residential care. This is inline with current Government policy of caring for people in their own homes for as long as possible and consequently when elderly people do require care it is because they have high dependency needs. There are currently only eight homes registered to provide nursing care in the area, with 343 beds which is insufficient for the size of elderly population



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- Our research has been based on a catchment area of five kilometres centred on the proposed site, as evidence suggests that elderly persons have a preference to be cared for as close as possible to their place of residence, family and friends. In our opinion the high population density surrounding the site would provide sufficient residents for the proposed number of registered beds
- The requirements for close care units will carry on increasing as the population ages and provision of domiciliary care to residents in their own accommodation is likely to become more important over the next 10 years to allow costs of caring for the elderly to be more closely controlled by central government and to give home owners more choice

In conclusion we believe that there are quantitative and qualitative issues which would support the need for the proposed scheme. We trust this report is sufficient for your purposes, if however, you require any clarification on the points raised please do not hesitate to contact us.

S. P.

Simon Francis, BSc, MRICS

30th July 2010

On behalf of:
Christie + Co
Star Lane House
Staple Gardens
Winchester SO23 8SR

Appendix I

Letter of Instruction



Taylor Wimpey

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12 JUL 2010

Simon Francis BSc MRICS
Christie + Co
Star Lane House
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09 July 2010

Your Ref:
Our Ref: 2247/egw/ijg

Dear Mr Francis

Re: **WATERLOOVILLE CARE HOME PROPOSAL**

Further to your discussions with Doug Cramond of D C Planning, Taylor Wimpey would like you to instruct you to carry out a Care Home Assessment Report for the above site. To that end, I attach our Purchase Order and look forward to receiving your acceptance in due course.

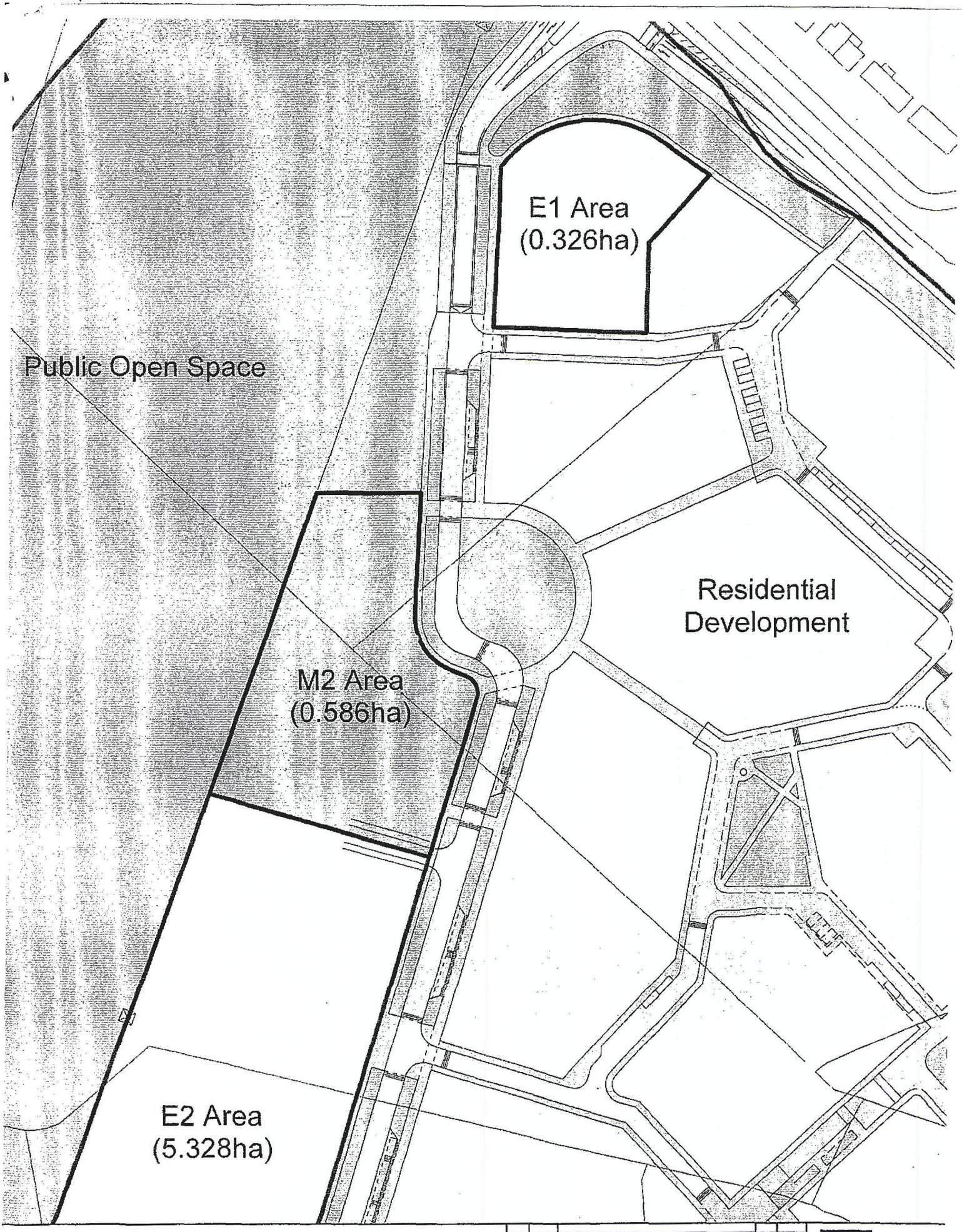
Yours sincerely

Eric Wilson
Regional Director Strategic Land (South East)

Appendix II

Site Plan





Rev:	Date:	Amendment:	Name	Checked
A	05/01/10	Parcel E1 boundary amended in light of Phase 2 residential RMA. Parcel M2 boundary adjusted to compensate	CHx	CHx

Status: FOR INFORMATION

Drawing Based Upon:

Notes: Contractors are not to scale from this drawing. All dimensions to be checked on site and any discrepancies, ambiguities and/or omissions between this drawing and information given elsewhere must be reported to this office. If in doubt ask.

RPS

Client: TAYLOR WIMPEY STRATEGIC L

Project: LAND AT OLD PARK FARM, WA

Title: Land Parcels M2 and E1

Appendix III

Extract from National Minimum Standards



5 Environment

INTRODUCTION TO STANDARDS 19 TO 26

The links between the style of home, its philosophy of care and its size, design and layout are interwoven. A home which sets out to offer family-like care is unlikely to be successful if it operates in a large building with high numbers of resident places. It would need special design features - being divided into smaller units each with its own communal focus, for example, - to measure up to its claim to offer a domestic, family-scale environment. On the other hand, someone looking for a 'hotel'-style home, may prefer a large home with more individual facilities than could be offered by the small family-style home.

Where special needs are catered for, the design and layout of the physical environment are crucial. People with a high level of visual impairment will require particular design features to help them negotiate the environment, many of which may be advantageous to all older people, but will be essential to them. Older people with learning disabilities may have been used to living in small group homes and other small scale settings when they were younger (at least since the development of community care policies) and are likely to prefer a continuation of that style of living as they get older. People with dementia have particular needs for the layout of communal space and associated signage which aid their remaining capacity. Other older people, however, could find some of these features patronising.

The onus will be on proprietors to make clear which clientele their homes are aimed at and to make sure the physical environment matches their requirements. This section does not seek to set out detailed standards to meet the wide variety of needs exhibited by different client groups. Proprietors will have to meet the claims they make in their statement of purpose in respect of these. Nevertheless, although the physical character of homes will vary according to the needs of their residents, there are certain standards of provision common to all homes and which must be met.

See: *Centre for Accessible Environments/NHS Estates* (1998); Marshall, M, (1997); Peace *et al* (1982); Torrington, J (1996); Health & Safety Executive (1993).

Premises

OUTCOME

Service users live in a safe, well-maintained environment.

STANDARD 19

19.1 The location and layout of the home is suitable for its stated purpose; it is accessible, safe and well-maintained; meets service users' individual and collective needs in a comfortable and homely way and has been designed with reference to relevant guidance.

19.2 A programme of routine maintenance and renewal of the fabric and decoration of the premises is produced and implemented with records kept.

19.3 Grounds are kept tidy, safe, attractive and accessible to service users, and allow access to sunlight.

19.4 Where a timescale has been set for compliance with any standard relating to the physical environment of the home, a plan and programme for achieving compliance is produced and followed and records kept.

19.5 The building complies with the requirements of the local fire service and environmental health department.

19.6 The use of CCTV cameras is restricted to entrance areas for security purposes only and does not intrude on the daily life of service users.

Shared Facilities

OUTCOME

Service users have access to safe and comfortable indoor and outdoor communal facilities.

STANDARD 20

20.1 In all newly built homes and first time registrations the home provides sitting, recreational and dining space (referred to collectively as communal space) apart from service users' private accommodation and excluding corridors and entrance hall amounting to at least 4.1sq metres for each service user.

20.2 Communal space is available which includes:

- rooms in which a variety of social, cultural and religious activities can take place; and service users can meet visitors in private;
- dining room(s) to cater for all service users;

- a smoke-free sitting room.

20.3 There is outdoor space for service users, accessible to those in wheelchairs or with other mobility problems, with seating and designed to meet the needs of all service users including those with physical, sensory and cognitive impairments.

20.4 Pre-existing care homes, which provide at least 4.1sq metres of communal space for each service user as at 16 August 2002 continue to do so. Where they did not provide that amount of space as at that date, they provide at least the same communal space for each service user as they provided as at 31 March 2002.

20.5 Where intermediate care is provided, dedicated space is available for this service group.

20.6 Lighting in communal rooms is domestic in character, sufficiently bright and positioned to facilitate reading and other activities.

20.7 Furnishings of communal rooms are domestic in character and of good quality, and suitable for the range of interests and activities preferred by service users.

Lavatories and Washing Facilities

OUTCOME

Service users have sufficient and suitable lavatories and washing facilities.

STANDARD 21

21.1 Toilet, washing and bathing facilities are provided to meet the needs of service users.

21.2 There are accessible toilets for service users, clearly marked, close to lounge and dining areas.

21.3 In all newly-built homes, new extensions to homes and first time registrations there is a ratio of 1 assisted bath (or assisted shower provided this meets residents needs) to 8 service users. Where suitably adapted en-suite bathing/shower facilities are provided in service users' rooms, these rooms can be excluded from this calculation.

21.4 Pre-existing care homes, which provided at least 1 assisted bath (or assisted showers provided this meets residents needs) to 8 service users as at 16 August 2002 continue to do so. Where they did not provide that ratio of baths as at that date, they provide at least the same number of assisted baths for service users as they provided as at 31 March 2002.

21.5 Each service user has a toilet within close proximity of his/her private accommodation.

21.6 En-suite facilities (at minimum a toilet and hand-basin) are provided to all service users in all new build, extensions and all first time registrations from 1 April 2002.

21.7 The installation of en-suite facilities should be in addition to the minimum usable floor space standards in any service user's room.

21.8 En-suite facilities in rooms accommodating service users using wheelchairs or other aids, are accessible to them.

21.9 Any sluices provided are located separately from service users' wc and bathing facilities.

Adaptations and Equipment

OUTCOME

Service users have the specialist equipment they require to maximise their independence.

STANDARD 22

22.1 **The registered person demonstrates that an assessment of the premises and facilities has been made by suitably qualified persons, including a qualified occupational therapist, with specialist knowledge of the client groups catered for, and provides evidence that the recommended disability equipment has been secured or provided and environmental adaptations made to meet the needs of service users.**

22.2 Service users have access to all parts of service users' communal and private space, through the provision of ramps and passenger lifts, where required to achieve this, or stair/chair lifts where they meet the assessed needs of service users and the appropriate requirements of the Environmental Health departments and the Health and Safety Executive.

22.3 The home provides grab rails and other aids in corridors, bathrooms, toilets, communal rooms and where necessary in service users' own accommodation.

22.4 Aids, hoists and assisted toilets and baths are installed which are capable of meeting the assessed needs of service users.

22.5 Doorways into communal areas, service users' rooms, bathing and toilet facilities and other spaces to which wheelchair users have access, should be of width sufficient to allow wheelchair users adequate access. In all newly built homes, new extensions to homes and first time registrations doorways into areas to which wheelchair users have access should have a clear opening of 800mm.

22.6 Facilities, including communication aids (eg a loop system), and signs are provided to assist the needs of all service users, taking account of the needs, for example, of those with hearing impairment, visual impairment, dual sensory impairments, learning disabilities or dementia or other cognitive impairment, where necessary.

22.7 Storage areas are provided for aids and equipment, including wheelchairs.

22.8 Call systems with an accessible alarm facility are provided in every room.

Individual Accommodation: Space Requirements

OUTCOME

Service users' own rooms suit their needs.

STANDARD 23

23.1 The home provides accommodation for each service user which meets minimum space as follows:

23.2 In all new build, extensions and first time registrations, all places are provided in single rooms with a minimum of 12sq metres usable floor-space (excluding en-suite facilities).

23.3 Pre-existing care homes, with rooms which provided at least 10 sq metres of useable space for each service user as at 16 August 2002, continue to provide that amount of space in those rooms. Pre-existing care homes with rooms which did not provide that amount of space as at that date, provide at least the same useable floor space in those rooms as they provided as at 31 March 2002.

23.4 Single rooms accommodating wheelchair users have at least 12sq metres usable floor space (excluding en-suite facilities).

23.5 Room dimensions and layout options ensure that there is room on either side of the bed, to enable access for carers and any equipment needed.

23.6 Where rooms are shared, they are occupied by no more than two service users who have made a positive choice to share with each other.

23.7 When a shared place becomes vacant, the remaining service user has the opportunity to choose not to share, by moving into a different room if necessary.

23.8 Rooms which are currently shared have at least 16sq metres of usable floor space (excluding en-suite facilities).

23.9 In new build, extensions and all first time registrations, service users wishing to share accommodation are offered two single rooms for use, for example, as bedroom and sitting room.

23.10 Pre-existing care homes, which provided at least 80% of places in single rooms as at 16 August 2002 continue to do so. Where they did not provide that percentage of places in single rooms as at that date, they provide at least the same percentage of places in single rooms as they provided as at 31 March 2002.

Individual Accommodation: Furniture and Fittings

OUTCOME

Service users live in safe, comfortable bedrooms with their own possessions around them.

STANDARD 24

24.1 The home provides private accommodation for each service user which is furnished and equipped to assure comfort and privacy, and meets the assessed needs of the service user.

24.2 In the absence of service users' own provision, furnishings for individual rooms are provided to the minimum as follows:

- a clean comfortable bed, minimum 900mm wide, at a suitable, safe height for the service user, and bedlinen;
- curtains or blinds;
- mirror;
- overhead and bedside lighting;
- comfortable seating for two people;
- drawers and enclosed space for hanging clothes;
- at least 2 accessible double electric sockets;
- a table to sit at and a bed-side table;
- wash-hand basin (unless en-suite wc and whb provided).

24.3 Adjustable beds are provided for service users receiving nursing care.

24.4 The service user's room is carpeted or equivalent.

24.5 Doors to service users' private accommodation are fitted with locks suited to service users' capabilities and accessible to staff in emergencies.

24.6 Service users are provided with keys unless their risk assessment suggests otherwise.

24.7 Each service user has lockable storage space for medication, money and valuables and is provided with the key which he or she can retain (unless the reason for not doing so is explained in the care plan).

24.8 Screening is provided in double rooms to ensure privacy for personal care.

Services: Heating and Lighting

OUTCOME

Service users live in safe, comfortable surroundings.

STANDARD 25

25.1 The heating, lighting, water supply and ventilation of service users' accommodation meet the relevant environmental health and safety requirements and the needs of individual service users.

25.2 Rooms are individually and naturally ventilated with windows conforming to recognised standards.

25.3 In new build, extensions and all first time registrations the height of the window enables the service user to see out of it when seated or in bed.

25.4 Rooms are centrally heated and heating may be controlled in the service user's own room.

25.5 Pipe work and radiators are guarded or have guaranteed low temperature surfaces.

25.6 Lighting in service users' accommodation meets recognised standards (lux 150), is domestic in character, and includes table-level lamp lighting.

25.7 Emergency lighting is provided throughout the home

25.8 Water is stored at a temperature of at least 60oC and distributed at 50oC minimum, to prevent risks from Legionella. To prevent risks from scalding, pre-set valves of a type unaffected by changes in water pressure and which have fail safe devices are fitted locally to provide water close to 43oC.

Services: Hygiene and Control of Infection

OUTCOME

The home is clean, pleasant and hygienic.

STANDARD 26

26.1 The premises are kept clean, hygienic and free from offensive odours throughout and systems are in place to control the spread of infection, in accordance with relevant legislation and published professional guidance.

26.2 Laundry facilities are sited so that soiled articles, clothing and infected linen are not carried through areas where food is stored, prepared, cooked or eaten and do not intrude on service users.

26.3 Hand washing facilities are prominently sited in areas where infected material and/or clinical waste are being handled.

26.4 The laundry floor finishes are impermeable and these and wall finishes are readily cleanable.

26.5 Policies and procedures for control of infection include the safe handling and disposal of clinical waste; dealing with spillages; provision of protective clothing; hand washing.

26.6 The home has a sluicing facility and, in care homes providing nursing, a sluicing disinfector.

26.7 Foul laundry is washed at appropriate temperatures (minimum 65°C for not less than 10 minutes) to thoroughly clean linen and control risk of infection.

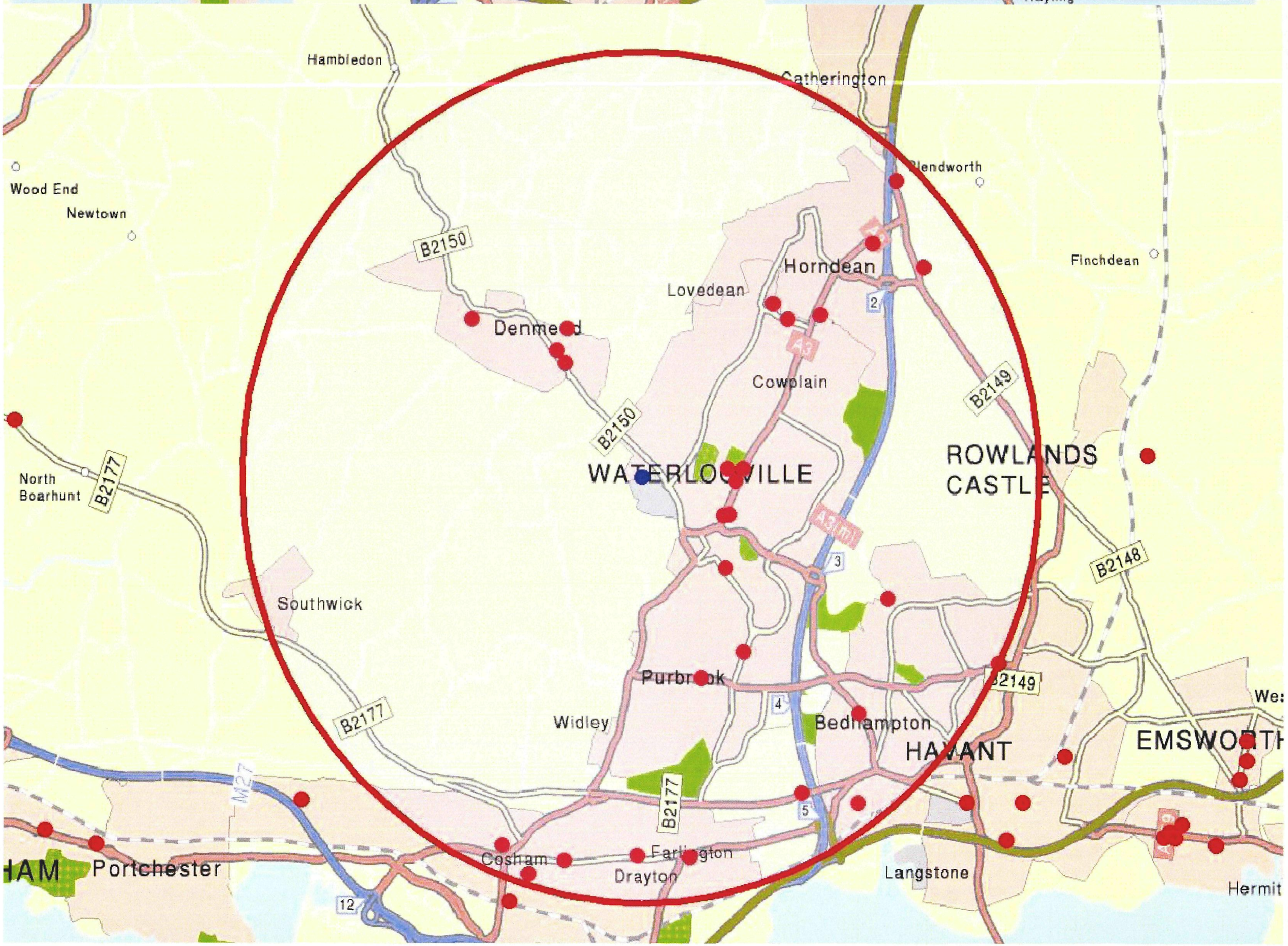
26.8 Washing machines have the specified programming ability to meet disinfection standards.

26.9 Services and facilities comply with the Water Supply (Water Fittings) Regulations 1999.

Appendix IV

Competition Map showing 5 km radius

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ROWLANDS CASTLE
North Boarhunt
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Southwick
Purbrook
4
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B2177
Widley
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HAVANT
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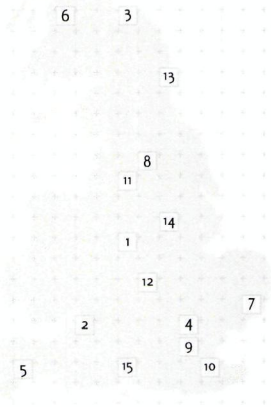

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