

APPENDIX 1

MINNIE KIDD HOUSE BACKGROUND TO CLOSURE

REPORT TO LAMBETH OVERVIEW AND SCRUTINY COMMITTEE

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SUMMARY

As a result of extraordinary circumstances, Guys and St Thomas NHS FT (GSTT) needed to transfer 13 residents to other care settings over the period October 2020 – February 2021.

The organisation is very aware of the impact this had on individuals and families. We went to significant lengths to try to manage this process diligently and sensitively but recognise we were not able to meet all expectations. We apologise for the impact on individuals and families and for any areas where we could have improved the process of engagement and transfer. We are ensuring that lessons learned are embedded in our practice.

This paper describes the Trust's approach, in difficult circumstances, to supporting, involving and communicating with residents, their families and carers, as well as public forums in Lambeth from November 2020 until the current time, the Friends of Minnie Kidd House, Keep our NHS Public (KONP) and Healthwatch Lambeth.

The Trust has discussed this matter with the Consultation Institute (the Trust is a long-standing member). In response the Institute indicated that with the level and extent of activities undertaken in the process so far, there is a strong case that the Trust has met its statutory 'duty to involve service users' established by s242 NHS Act 2006 (as amended) in this regard. The Trust is assured by the Institute's position and considers that its extensive and compassionate engagement with residents, their families and carers alongside other interested parties demonstrates compliance with this duty.

We have submitted a separate paper on the potential future use of the site which recognises that there is no current requirement for the previous service to be reinstated. That paper also recognises the considerable challenges for alternate use posed by the structure of the building, its geography, and site limitations.

1. SUMMARY OF TIMELINES

Minnie Kidd House (MKH) was established in the early nineties when local provision of long term specialist nursing care was limited and was configured as a 28 bed continuing care unit managed by Guy's and St Thomas' NHS Trust, providing 24 hour nursing care for frail elderly and physically disabled adults.

The building is a Trust freehold asset owned by GSTT since the transfer of community sites from Lambeth PCT in 2011. It was built in the 1980s and opened in 1992.

In July 2020 the Trust was advised that a number of aspects of fire safety of the building were not compliant with modern standards and that significant remedial works were required. In order to mitigate the risk to residents and to enable works to take place, all of the 14 beds on the first floor were closed and the 2 remaining residents moved from that floor to the ground floor into two vacated beds. At the same time extra staffing and new procedures were introduced to mitigate risks to the residents.

In September 2020 works commenced to the first floor, with the 13 residents remaining on the ground floor. However the disruption, noise and dust created was not acceptable and generated considerable complaints from residents and staff and the works were suspended. A review was undertaken and reluctantly the Trust made the decision that works could not be completed whilst residents remained in the building.

At this point the Trust also reviewed the overall structure of the building and its long term suitability for providing continuing healthcare. A range of structural issues were known to be of concern and were not conducive to providing modern long term care for frail and physically disabled adults and older people. Most significant of these were that the bedrooms were small with no bathroom facilities, many residents were not able to leave their room due to narrow doorways and there was no suitable lift for residents to access the first floor. In addition investment was needed to ensure the building had good digital access. The fabric of the building including external doors and windows also required considerable improvement.

The Trust determined that in addition to the remedial fire works, other significant building alterations would be required to render the building fit for purpose for the long term future provision of high quality continuing healthcare. These alterations would need to be designed, costed and funded and would inevitably result in many fewer beds than previously. The resources and timescale for this could not be determined with any certainty and would be dependent on the development of a full business case that would need to be supported by commissioners following needs analysis and with an appropriate source of capital funds.

In October 2020, following a detailed review and quality impact assessment, the Trust made the decision to cease provision of care in the unit and to work with residents, families and commissioners to find new care homes and alternative facilities for the remaining 13 residents. As the decision and timescale regarding the future use of the building could not be certain, this move was proposed to be a permanent move for all residents particularly given the risks to older people with frailty, of a two-step move.

The Trust recognised that this would be very unexpected, difficult and challenging for residents' families and staff. Most residents and their families had an expectation that Minnie Kidd House was their home for life and it was therefore anticipated that significant support would be required to enable the transition to new care homes as smooth as possible. The Trust organised a team to

provide support to ensure this move was undertaken with utmost compassion for residents and families.

2. ORGANISATION AND GOVERNANCE

The guidance and principles of the NHS England guidance document. *'Managing Care Home Closures : A good practice guide for local authorities, clinical commissioning groups, NHS England, CQC, Providers and Partners'* were a driver for the governance arrangements.

A Compassionate Decant Resident Transition working group was established as a sub group reporting to the existing Minnie Kidd Oversight group.

The remit of the Resident Transition Group was to

- Develop personalised plans for transfer for all residents, that had been agreed by residents, relatives and the multi-disciplinary team (MDT)
- Identify a suitable alternative location of care
- Support transfer to the new location of care
- Maintain support at the new location until the individual had fully transitioned

In order to support this process, additional staff resources were identified and redeployed, these consisted of

- A programme manager and project manager from the GSTT transformation team whose role was to support the clinical leads, co-ordinate the team, ensure effective communication, tracking of progress and provide updates and assurance to the oversight group.
- An experienced Discharge Specialist Nurse full-time to provide one to one support to residents and families to assist them to identify a suitable new home and undertake the required processes to enable a smooth transition to a new care home.

The resident transition working group met weekly from 15th Oct to 8th Feb 2021

Membership of the group was as follows

Role
Head of Nursing
Consultant geriatrician
GP
Lead Pharmacist
Safeguarding lead
Lambeth CCG/ council joint continuing care commissioning manager
Occupational Therapist /Lead therapist
Discharge Specialist Nurse
Programme manager
Project manager
Deputy general manager/ service manager
Unit Lead nurses and practice support staff
Other CCG commissioning managers as required

Healthwatch were included in the oversight group and provided with regular liaison and updates from the transition group by the programme manager. The senior executives in both GSTT and the Lambeth and Southwark Boroughs were briefed at all stages and regulators kept informed.

3. COMMUNICATION WITH RESIDENTS AND FAMILIES - MEETING THE DUTY TO INVOLVE

In these difficult circumstances, the Trust recognised the importance of a comprehensive approach to communicating with and involving the 13 residents and families, as well as other stakeholders. This section describes our activities between November 2020 and March 2021 in particular and the range of ways in which the Trust's aimed to support, involve and communicate with:-

- Residents and their families
- Local groups in Lambeth, including Keep Our NHS Public (KONP) and Friends of Minnie Kidd House
- Local stakeholders, including Ward Councillors and OSC chairs
- Healthwatch Lambeth (who led a survey of residents).

The Trust has discussed this matter with the Consultation Institute (the Trust is a long-standing member). In response the Institute indicated that with the level and extent of activities undertaken in the process so far, there is a strong case that the Trust has met its statutory 'duty to involve service users' established by s242 NHS Act 2006 (as amended) in this regard. The Trust is assured by the Institute's position and considers that its extensive and compassionate engagement with residents, their families and carers alongside other interested parties demonstrates compliance with this duty.

Our communication plan set out to support the 13 residents and families and covered

- explaining the background to the problem,
- the options we had considered and to set out the rationale behind the need to transfer residents,
- how we would involve families and be responsive to their requirements
- explaining how we would undertake a comprehensive assessment and planning process to secure a new placement,
- providing assurance that the residents would be transferred safely with good follow on support,
- the offer of full access to clinicians and managers in GSTT

Formal letters and emails were supplemented with phone calls and invitations to face to face/ teams meetings and we were very responsive to questions and concerns as is shown below but also recognised that some families were too upset to fully engage. The Friend of MKH were also kept informed.

Our communication on the fire safety issues was set out in a letter 20th August.

Following an inspection of Minnie Kidd House, Guy's and St Thomas' is taking steps to ensure the unit is fully compliant with fire safety regulations. Work commenced on Monday 17/8/20, and is expected to last six weeks. To ensure continuity of care for our residents, it has been agreed that the residents will be able to remain in the unit during the work. To ensure their safety, additional fire safety measures have been put in place, including overnight security patrols and enhanced staff training. We have reviewed our processes to ensure all residents can be safely evacuated from the building in the event of a fire alarm. Our staff will be discussing this with you in more detail in relation to [] care.

Please note that whilst we are putting these measures in place we are also undertaking multi-disciplinary team reviews of all the residents at Minnie Kidd House to assess their care requirements. These reviews are being conducted by a senior clinical team who are working closely with all staff in the unit. This is supporting a wider piece of work to ensure that the care delivered to our residents is of the highest possible standards, in line with the values of the Trust.

We'd like to thank you for your understanding and cooperation whilst this work is taking place. If you have any questions or concerns regarding the care provided to xxx please ask to speak to the ward sister by telephone (020 3049 5820).

During September it became apparent that the essential safety works could not continue with our residents remaining in MKH and following an executive process, option appraisal and impact analysis it was agreed that there was no option but to transfer residents. The Trust was not able to continue to care for residents in a facility that couldn't meet safety standards, and it was not appropriate to mitigate that risk for months and years ahead.

All residents and families were initially contacted by telephone to inform them of the background to the fire safety issues causing a need to move their family member and this was followed up with a Letter in mid-October 2020;

As you may have noticed over the past few weeks and months, there has been a lot of new activity at Minnie Kidd House. Part of this work has been to address some concerns regarding the safety of the building itself. We had a fire safety inspection that revealed some issues we needed to deal with urgently. We wanted to deal with these by doing some extensive building works, but unfortunately it has become clear to us that the amount of work that would be required, despite possible mitigations, would be far too disruptive for our residents.

As you may be aware, this work started in September but we had to stop it on the 24th September 2020 because the noise and mess created was creating an unacceptable level of disruption.

Unfortunately we aren't able to carry out the building works that are required without causing significant disruption for our residents and staff.

After much consideration, we have taken the decision that our residents will be better cared for in an environment that safely meets their individual needs. Despite our best efforts this cannot be in Minnie Kidd House as the building currently stands.

We have therefore taken the decision to move our residents out of the building and support moves to new locations. For many of our residents this is likely to mean moving to a care or nursing home, but all options will be considered. We will need to discuss with you and [] over the coming days and weeks so we can work out together what this means for you and how we can best support [] to move to a new place that [] can call home.

We have told our staff about this today and we are also speaking with []. We are glad to have had the time on the phone with you when we spoke on []. Appreciating how concerning this news will be to you, we would like to offer you further opportunities to discuss this in more detail in person or by a telephone or video call. If you have any questions about this letter and would like to discuss it further please contact Dr Shaheen Khan, Clinical Director or Julie Glyn-Jones, Head of Nursing by telephone on 020 7188 9771 or e-mail [].

The discharge specialist nurse contacted all residents' families to introduce herself and arrange to meet with them individually and support them through the process of identifying and moving their loved one to a new home.

A letter from Healthwatch was also passed to each resident and family to offer their support for families during this process.

This communication from the Trust did not give a definitive date by which the residents would need to move as it was felt this would add distress to families in an already difficult situation. The Trust put in place significant numbers of additional staff and resources to ensure residents were safe and that the fire risks were adequately mitigated.

Over the next few months we presented in Lambeth public forums in November 2020 and March 2021, briefed councillors, and met with families on teams.

It should also be noted that we were communicating with families on care concerns that had also been raised.

A individual log was kept of all correspondence, meetings and calls as in the anonymised version below

Communication Overview

Patients name:

Relatives full name:

1. MDT DOCUMENT

Link to document	Date of document
	26/08/2020

2. HOLISTIC CARE PLAN

Link to document	Date of document
	14/10/2020

3. COPY OF ALL LETTERS THAT HAVE BEEN SENT

Subject	Copy of letter	Date sent	Method of delivery
Informing of fire safety works		20/08/2020	Recorded delivery
Closure of MKH		19/10/2020	Recorded delivery
Healthwatch letter		10/11/2020	First Class post
Update on the fire safety concerns and remedial work required at Minnie Kidd House		26/11/2020	Recorded delivery
Update on closure date of MKH		07/01/2021	Special delivery and email
Response to email queries		12/01/2021	Email
Notes from care review meeting on 18 December 2020		12/01/2021	Special delivery

4. COPY OF ALL OTHER CORRESPONDENCE

Correspondence type	Subject	Details	Date
Phone call	Informed about safeguarding concerns		15/07/2020

	– initial call by PDN, followed up by HON		
Meeting	Discussion with CI and SK		10/11/2020 Summary sent to family on 07/12/2020

5. DETAILS FROM COMMUNICATIONS LOG

Extract below:

Stakeholder	Contact details	Action to be taken by	Completion Date	Post comms feedback (initial reaction)	Further actions
	JF	13/10/2020	Has several questions regarding the decision to close the unit and the process that will be followed in relation to discharge planning. Considering how to escalate concerns	Letter to be posted confirming conversation - posted on 19/10/2020 Offering to arrange meeting	

4. ASSESSMENT AND REVIEW OF CARE AND SUPPORT NEEDS

Many of the residents were extremely frail and vulnerable, and the team were very conscious that a smooth transition to a suitable home that could meet the individual needs of the residents was crucial. It was also recognised that any transfer of an individual that was close to end of life would not be allowed.

Two residents had been placed in MKH as temporary placements; the need to decant Minnie Kidd House enabled a greater focus on these residents' requirements and decisions on their longer term place of residence were successfully and quickly achieved.

Most of the remaining 11 residents did not have capacity and many residents had very complex physical health symptoms that required delicate and sensitive symptom control and some residents had pre-existing distressed behaviours due to the nature of their health conditions that could be very challenging for a care team to manage. The team recognised that a very individualised approach was needed for each resident and sought advice from specialists including a psychologist and learning disability staff for behaviour and mental wellbeing strategies, and from palliative care and

the @home team for support with physical symptom management. This included planning for follow up support to the new care home and the homes' clinical teams following transfer.

The discharge co-ordinator worked closely with the multidisciplinary care team at MKH and met with each resident. Each resident's care and support needs were reviewed and care plans updated. The original continuing care assessment forms were reviewed and the discharge co-ordinator liaised with each responsible CCG regarding the appropriate placement opportunities available to each resident. A list of available and potentially suitable local homes was compiled for each resident dependent on their specific care needs. Some relatives raised concerns about their involvement in the care reviews and care home proposals.

Depending on individual requirement, a full multi-disciplinary team meeting was held to consider care needs and potential support requirements. Family meetings with the care team and the discharge co-ordinator were also arranged where this was agreed.

Where appropriate additional community teams were involved in supporting this discussion and decision making process and in offering or providing support to the new care home after transfer, for example the @home service, tissue viability specialist nurses and the community palliative care team.

At the family meetings with the discharge co-ordinator, the residents' care needs and potential care placements were discussed with each resident / family. Some families had identified other alternative care placements or locations that were out of local boroughs and these were investigated and taken forward by the discharge co-ordinator.

A 'Trusted Assessor' document was completed by the discharge co-ordinator for each resident. This provides a summary of each resident's care needs in order for the care home to make an assessment as to whether they are able to meet these needs. This is usual practice and replaced the need for the care home staff to visit the resident to assess them which was important considering the pandemic restrictions.

The discharge co-ordinator liaised with the potential care home providers, and the CCG's, the residents and the families to ensure that suggested placements were suitable to meet the resident's needs and that they were acceptable to their family.

When a care home was agreed by all, the discharge co-ordinator worked closely with the MKH care team to ensure all of the fine details of the residents care needs were communicated to the new care home in advance to transfer. In addition to the Trusted Assessor document a pack of detailed information was provided to each new care home which included, for example, the residents likes and dislikes in relation to food and drink and activities, and gave detail on what adjustments were needed in relation to their symptom control, mood behaviour and psychological support.

5. OUTCOME OF FAMILY MEETINGS

There were 13 residents remaining in MKH in mid-October 2020.

In early December when the majority of residents had transferred or had a plan in place, the programme manager wrote to the two families who had not discussed care arrangements, explaining that very few residents would remain by Christmas, asking them again to arrange to meet, explaining that the range of care homes would be more limited as time passed. This letter also

offered to put them in touch with other families and care homes where residents had successfully transferred and settled well.

In early January there was no progress in the discussions and we recognised that the families were distressed. We made more than 10 offers to meet but the families were not able to discuss future care arrangements. Whilst we completely understood the situation for those families and their concerns, we were in a difficult position of continuing to manage a building that was not compliant with safety standards even though mitigation was in place in the short term.

It was agreed by the Trust that a firm date for closure and transfer of remaining residents needed to be the end of January 2021. The Trust was under significant pressure due to Covid-19 and the unit needed to be staffed at very high levels for very few residents due to the fire risks. However as it was now mid-December, it was decided not to communicate this to the families prior to Christmas as it was felt that this would distress families further.

The letter informing families of the firm date was sent on 6th January 2021.

It was explained to the families that the unit could not stay open for so few residents and it was also explained that if the families would not discuss future care arrangements with us, then the Trust would have no option but to seek an Independent Mental Capacity Advocate (IMCA) to advocate on the residents behalf. Both families did respond to this letter and agreed to meet with the team to discuss future care homes.

Both families then identified their preferred homes. Although these were not homes that were on the list that the Trust and CCG had compiled with one was not available or taking new admissions at that time and the other was not in a category usually considered suitable for the individual resident, the team worked closely with the CCG and council commissioning team who successfully negotiated placements at both of the families preferred care homes of choice. Dates were agreed with each family.

The final resident was transferred on 10th February 2021.

6. TRANSFER TO NEW CARE HOME AND FOLLOW UP ARRANGEMENTS

A private ambulance was booked for each resident to ensure that travel arrangements were of high quality and at a time suitable for each resident and care home.

On the day of transfer to a new home a member of MKH staff familiar with the resident travelled with the resident to the new home and handed over to care home staff and helped settle the resident into the new home. Due to COVID restrictions MKH staff could not stay in the care home for long. The detailed pack of information for each resident was provided to the care home.

A list of staff from the MKH care team was provided to the new care home with telephone contact details, also contact details of other specialist teams that would continue to provide support in the new care home.

All residents were followed up by the team the following day and over the first few weeks as needed by the care home, and staff at MKH were available to answer any queries from the new care home or from families 7 days a week.

The consultant geriatricians followed up each resident at approximately 30, 60 and 90 days post transfer and liaised with the Care home, GP and Geriatrician attached to each care home.

A number of practical issues arose in the days and weeks after transfer and were resolved through this process including some equipment needs and advice to the new clinical staff on symptom control. Some residents became unwell during the follow up stages and the MKH geriatricians liaised with the care home or hospital ward to ensure effective communication regarding their medical and clinical history and management of symptoms.

7. FIRE SAFETY DETAIL

Up to July 2020

Internal inspections where a number of Fire Risk Assessment (FRA) issues were identified and a schedule of appropriate works were in planning stages. These included additional sounders/fire alarms, work related to ensure full building compartmentation (that is, dividing the premises into fire protected compartments through the use of fire doors, fire-resistant materials etc. to help prevent the spread of fire and smoke).

6 and 7 August 2020

An internal fire inspection 'walk around' was undertaken by the Guy's and St Thomas' (GSTT) Essentia fire team and Minnie Kidd House (MKH) clinical staff team. This inspection reviewed the fire safety risks, issues, procedures and practices in place, and identified the following: additional staff training to be implemented, individual resident personal evacuation plans to be reviewed and updated, practical issues such as exit arrangements for evacuation procedures to be improved, and full building compartmentation to be completed.

August 2020

An external report was commissioned and confirmed that fire compartmentation throughout the building did not meet all required safety standards, and remedial action was needed, a number of fire safety doors within the building and some doorframes needed to be replaced and that all remedial works should be carried out by a 3rd Party accredited company which upon completion can issue appropriate certification, and a Fire Door and Fire Compartment Management System should be implemented.

September 2020

A further external report was commissioned and additional requirements were actioned including improving the local on site management of fire risks, improved documentation of inspections, improve training of staff, and management of contractors.

August –September 2020:

GSTT undertook an additional internal review alongside its internal review of fire safety, to review the overall care environment at MKH. This identified a number of areas which needed improvement so that the building design and layout met the standards of a modern care facility. This includes ensuring appropriate room space, ensuite facilities and room entry and exit arrangements.

August – Jan 2021

Actions urgently undertaken by the Trust to mitigate the fire safety risks included

- Reviews of individual patient risk assessment and evacuation planning
- Vacating the first floor completely

- Additional staff training: 100% of staff trained as fire wardens with 99% of staff trained on patient evacuation
- Provision of significant additional staffing over the 24 hr period and a 24 hour security safety staff presence
- Remedial works to, or the replacement of, the majority of fire doors completed and some fire stopping completed on the ground floor corridor.
- Weekly meeting of fire safety estates team with the clinical leads to discuss any fire issues or concerns.

Building works were paused on 24 September due to the noise, dust and disruption to residents.

8. LESSONS FROM THE PROCESS OF TRANSFER

There has been significant analysis, reports produced and learning from the process of transfer of residents from MKH. These reflections include;

- Many team members reflected that a firm, or at least indicative, date for closure of the unit should have been provided to residents and families at the very beginning of the process.
- Relatives who did not engage in communication with the team and discharge co-ordinator could have been provided with more regular updates on where we were at in the process.
- Safeguarding advice could have been more consistent at transition meetings, and in preparing drafts of letters to families.
- The approval and sign off process for letters communicating with families could have been simplified and speeded up.
- The team could have potentially anticipated the level of challenge from some families and obtained legal and mental capacity act advice at the very start of the process.

In addition the Trust asked Healthwatch to provide additional review and recommendations from 5 families included;

- That GSTT consult with and meaningfully involve affected families at early stages of the process, taking extra time to meet with them and allow for the fact that they are people managing other priorities and unable to attend meetings at short notice.
- Give people adequate reassurance for the reasons behind a significant decision to ensure trust and confidence for the rest of the process.
- Have awareness of how GSTT manages a process, for instance when trying to arrange meetings with families against a deadline, may lead to people feeling threatened or that there is an abuse of power, and take steps to de-escalate the situation.
- If providing support, signposting information or similar, ensure that the information is accurate and appropriate for the families in their situation to avoid unnecessary confusion and distress, given the amount of time and effort it takes to research a decision such as a new home. Families and service users are partners in decision making when a service that aims to provide personalised care and should be respected as such.
- Continuity of care to remain a priority in all situations, including unusual situations such as a fire safety concerns. While this may have been one, the families did not appear to have been reassured of this. Lack of consistency in care plans when they are being redrafted in the face of an unplanned move risks further damaging confidence and trust in the service.

The trust is grateful for the feedback from Health Watch and although not yet formalised as a report, will be incorporating the learning into any future similar situations.

9. EXTERNAL REVIEW

As reported to Trust Board 20th Oct, an external review has also been undertaken into the quality of care, patient safety culture and clinical governance at Minnie Kidd House. As a result of the findings significant learning is being spread across the clinical group and more widely through the Trust's Vulnerable Persons Assurance Committee.

That learning continues to be actively followed up to ensure improvements are embedded in practice across the organisation.

10 CONCLUSION

The transfer of 13 residents from Minnie Kidd house was a significant and challenging process for residents, families and the MKH team. The Trust considers that it undertook an exceptionally detailed and comprehensive process of engagement recognising that given the circumstances, it felt very different from some relative's perspectives.

For the two residents who were on temporary placements this process facilitated a successful and speedier relocation, however for the remaining 11 residents and families, the need to leave MKH was unexpected and undesirable.

The Trust invested additional resources and intensive support to facilitate the transition of residents and work closely with families. For the majority of residents and families this was accepted and families worked with the team and were supported to identify new care homes where most were relocated prior to Christmas.

For two of the residents this enabled the resident to be re-located closer to their family members at their family's request, in order to allow family to visit more often.

A small number of resident's families were not able to work with the team and were not able to accept the need to move their family member. They wanted their loved one to remain at MKH, and they disputed the veracity of the Trusts decision making process. This significantly delayed the communication process into January 2021. However all residents were ultimately relocated to the families preferred care home of choice.

The feedback received from the Healthwatch report and through other means reflects the strength of feeling from some of the families in relation to this most difficult process. The Trust commits to taking the learning from this process into any similar changes that might occur in the future.