

Executive Member Decision Session –Housing and Adult Social Services 27 April 2010

Report of Assistant Director Service Delivery and Transformation

Meals Service in Elderly Persons Homes - Future Procurement

Summary

1. To seek approval to make changes in the provision of meals in elderly persons homes in line with the Councils Sustainable Procurement Policy.

Background

2. For some ten years the Elderly Person's Homes (EPH) within the City of York Council have been receiving their main meal of the day, usually two courses, from the catering department of York Hospital.
3. The meals are delivered by the Health Trust transport to the EPH the day before consumption, chilled or frozen. They are cold stored then reheated by a regeneration method prior to serving. The regeneration units were purchased by CYC and the cost of routine maintenance and repair is met by the individual homes budget.
4. Over time individual homes have required their Cook to cook the main meal from scratch on a number of days a week in order to provide variety and achieve budgetary control.
5. The remaining meals of the day, breakfast, tea and supper and also the baking of cakes and pastries are prepared and cooked on site by the EPH cook or general assistant. Each EPH has a cook who works 25 or 32 hours per week depending on the homes original staffing establishment. The Cook is supported by the General Assistants, who under the direction of the Cook are responsible for maintaining hygiene within the kitchens. All the homes have fully fitted operational catering kitchens, which are regulated by Environmental Health who use the "Scores on the Doors" monitoring system that applies to all catering establishments in the City.
6. The other foodstuffs used in the homes are purchased using a variety of methods that include using local shops.
7. In order to test out the theory of a return to Home Cooking a pilot study was put into operation in three of the homes for a trial period of three months and the findings have been evaluated. This evaluation has clearly demonstrated that a

return to the provision of all meals from within the EPH will not only improve the choice available to residents but it will also be financially achievable. Managers of homes will also be able to ensure that the meals are nutritionally sound and that the individual resident has the balanced diet they need.

8. Three EPH's were selected for the pilot study and were each given a remit.
 - Grove House, returned to providing all home cooked meals. Willow House maintained the current method of hospital main meals seven days a week and Oakhaven had a mix of the two, three days hospital, four days home cooking.

Consultation

9. Consultation has taken place with all the residential homes and during the evaluation with the homes that were part of the pilot.

Elderly Persons Home Managers.

10. The issue of meals in homes has been raised at various Managers meetings.
11. The views of the Managers were that home cooked food gave better value for money, higher nutritional values and gave the opportunity to provide a varied and well balanced diet to residents. They felt a key factor both emotionally and socially in residential care settings is meal times " something to look forward to." Therefore it is vitally important that the meals provided not only meet nutritional values but are also produced using quality ingredients and presented in an appealing fashion.
12. Consultation has taken place with the Managers, staff and some residents in homes who were part of the pilot; they all welcomed the opportunity to look at changing the way meals are provided in the homes. Home cooking was a very positive outcome for the residents at Grove House and one they have continued with. The feeling from Managers is that they could make cost benefit savings if there was an alternative way of providing meals. These savings could pay for the additional Cook hours each home will need to employ.

CSCI/CQC

13. Prior to the pilot scheme evidence was looked at from the CSCI inspection reports, where residents views were sought, by the inspectors. Some residents reported that the food was bland and not particularly appealing. A choice of menu had to be made two days in advance that gave little scope for them changing their minds. Some residents were not happy about having reheated food and also missed the aromas of home cooked food.
14. The main area of concern raised by CSCI inspectors during the inspection process was that of nutritional value, which is of particular importance where elderly people are concerned. They questioned if nutritional needs were being met, as food was not being freshly prepared in the home, making it difficult for the Cook to ensure its nutritional value.

15. Recent reports have once again commented upon this shortfall of home cooking in the homes and the Commission has indicated that they would welcome change.
16. In the recent report from the CQC inspection at Grove House, who were part of the pilot, they commented upon the change to meals being cooked on the premises and had a very positive opinion on this.
17. The Inspectors have said “that the quality of the food has improved, the home are involved in a three month trial where home cooked food is made and served rather than hospital food being brought into the home. The home cooked food is extremely popular the home has a pleasant smell of cooking that gives people an appetite. The whole dining experience is very pleasant.”

Environmental Health

18. Consultation has taken place with officers from Environmental Health and a new policy and management system is being implemented which will take into account the operational changes proposed in this report. The Food Safety Management System of Safer Food Better Business has been approved by environmental health officers and will be fully implemented and established before the proposed start date of the changes to the meals service. This system is being rolled out to all catering staff in the homes in March 2010. A vital part of the system is a robust monitoring regime that will ensure that the environmental health requirements in safer Food Better Business are fully met. Daily check will be made by catering staff and the Registered Manager of the home will complete weekly checks with the Service Manager routinely checking for compliance on their monthly visits.

Procurement Team

19. Discussions have taken place with the Council’s Procurement team and they are prepared to support us with the purchase of basic food items and they will ensure that we are compliant with the corporate sustainability policy.
20. By taking the time to develop an appropriate method for procuring the various foods required to support this initiative, it is likely that the overall requirements can be consolidated to both streamline the ordering & delivery process which, in turn, should provide significant cost benefits.

Staff Consultation

21. Initial discussions have taken place with staff and trade union representatives about the change to cooking all food on the premises and they do not have any issues with what we are planning for the provision of meals. There will need to be further discussion once approval has been given in relation to the additional staff that will be needed, the recruitment to these posts and the shift patterns that staff will be expected/needed to work.

Options

Option 1

22. To continue to purchase meals from the NHS for the eight remaining CYC residential homes.

Option 2

23. To move to all homes providing home cooked meals using sustainable procurement which will achieve value for money and be of benefit to residents, the organisation, society and the economy whilst minimising the damage to the environment. This is the recommended option.

Analysis

Option 1

24. At the present time customers have to choose their meals in advance which does not provide flexibility for customers to change their minds as to what they would like to eat on the day.
25. Alternative choices are offered by the home. In some instances this can result in the cook catering for a larger number of meals in addition to the meals that are delivered and paid for from the NHS. Cook chill meals cannot be stored or re-frozen so they have to be disposed of which incurs waste. The quality and presentation of the food once reheated is very unpredictable which often leads to further waste.
26. We have taken an example from one establishment on the price being paid for prepared vegetables, potatoes and turkey for a sample main meal and all can be purchased more competitively locally.
27. The presentation of cook chill is not that of home cooking and does not provide the home with that “home cooking smell”, as highlighted by CSCI/CQC in their inspection reports. Recent reports have once again commented upon this shortfall of home cooking in the homes.
28. There are financial implications to the current service. The delivery charge is applied whether meals are ordered every day of the year in all homes or twice a week in only some of the homes.
29. Meals do not always reflect on seasonal products or variations in weather such as salads on summer days. There is also little flexibility for family and visitors to stay and have a meal with their relative; this could provide additional revenue for each of the homes if relatives were able to stay for a meal at a nominal charge.
30. The Acute Hospital Trust are unable to provide appropriate food for our more specialist homes such as finger foods and more regular snacks for EMI

customers who often eat 6 times a day. This flexibility is vital if the nutritional intake is to be maintained for these customers.

Option 2

31. If all food is freshly cooked in the establishment residents will have greater choice in what they eat. They will have the option to change their minds as amounts of certain home cooked meals can be adjusted on the day of preparation.
32. Residents in establishments are becoming more frail and often need additional supplements to ensure they have a balanced and nutritionally healthy diet. This will be more manageable if all food is prepared in the home by the cook, who will have knowledge of the individual residents needs and make the monitoring of dietary intake easier to achieve.
33. Meals, especially the main meal, are seen by residents as the highlight of their day and are looked forward to by them, part of this anticipation is the aroma created by the cooking food. This smell of cooking food is seen by CSCI/CQC as important and the fact that the majority of main meals are cook chill has been commented upon in a number of inspection reports.
34. CSCI in their report of 2006 had very clear views on what could be done to improve older people experience of meals or meal times. This opinion has been reinforced in subsequent reports from them.
35. This proposed change in meal provision will take into account how we empower people to make choices, involve residents in developing meals/ menus, and encompass catering for diversity. By having flexible meal times and methods of delivery we will be able to respond to changing needs and truly embrace personalisation.
36. Good management systems will be in place to ensure that the provision of meals happens appropriately and that these times become enjoyable social occasions.
37. The pilot gave the opportunity to investigate the real costs of providing nutritionally balanced/ appealing meals for residents in our homes. It also highlighted the need to look at purchasing in bulk or contracting for the provision of major dried goods /supplies in a different way. This will be in line with the Council's procurement strategy and will fulfil the need to ensure value for money when purchasing food.
38. Homes need to be able to offer alternative foods to specialist residents in EMI homes in order to provide nutritional food to their residents in other ways. The provision of the traditional hot meal with meat and vegetables at midday is inappropriate for the majority of people living in these specialist homes. These residents need to have little and often healthy snack meals provided throughout the 24-hour day when they are willing to accept food. This could be achieved more easily if all the food was prepared and cooked in the home.

39. Seasonal variations can be provided when the Manager and the Cook are able to adjust the menu to reflect the changing weather and the requests of residents, which are vital. If there is excess freshly cooked food at times this could be frozen and used as an alternative at a later date which will cut down on the amount of waste.
40. We will be putting together guidelines for EPH cooks and kitchen general assistants that will ensure that any changes we make will have the desired outcomes which are:
 - resident satisfaction is achieved.
 - improved nutritional value of the food served
 - cost benefits are achieved to maximise the available budget.
41. The training department is looking at our homes being able to offer placements to students from York College who are completing courses/apprenticeships in Catering and Hospitality. This will bring fresh ideas in to the kitchens and encourage young people to consider a career in a different food environment.
42. We have verbal agreement from the Manager of the catering department at the Acute Trust that they would be prepared to supply meals to us during any crisis period. This is helpful but we will be able to cover any emergency situations such as a kitchen being out of commission by providing meals from neighbouring homes.

Corporate Priorities

43. The proposals within this report will support the following corporate objectives when approved:
44. Improve our focus on the needs of customers and residents in designing and providing services
45. Improve the health and lifestyles of the people who live in York in particular among the groups whose levels of health are the poorest
46. We want services to be provided by who ever can best meet the needs of our customers

Implications

Financial Implications

47. The proposal to stop using chilled meals and employ cooks instead is affordable within the existing EPH budgets. The additional staff required will cost £68k and it is estimated that the purchase of food will cost £277k, making a total cost of £345k. This compares to the current catering budget of £364k. There will be additional costs of training staff in food safety and ongoing maintenance of

kitchens to consistently meet required standards. These costs will be contained within the existing EPH budgets.

48. There will be other savings to be achieved without any reduction in the quality through changes to the procurement of foodstuffs in line with the Council's corporate sustainability strategy, but no savings assumptions have been made regarding this, as these would be covered under More For York efficiency targets.

Legal Implications

49. We consulted with Mathew Waterworth and his advice has since been confirmed by Peter Cairns in Legal Services. They state that the proposals in this report do not have any legal implications. They investigated the issue of TUPE for the staff who currently prepare and cook the food in the NHS kitchen. Under Regulation 3 subsection 3b which states that if a service "do not consistently provide wholly or mainly goods for the clients use" then TUPE will not apply. The NHS kitchens provide meals for vast numbers of customers both in hospital and in sites around the City. They also do not provide all meals in the EPH therefore TUPE will not apply to the service they do provide for the City of York Council.
50. Despite the fact that the present arrangement has been in operation for 10 years without any formal contract being in place, these arrangements could have constituted a contract. This has been discussed with the Catering Manager and the only requirement they have is that we give them a minimum of three months notice.

Human Resources

51. There will be a need to establish additional cook hours so that each home has a minimum of 45 cook hours. Any recruitment to the proposed posts must be in accordance with the established HR processes.
52. There will need to be further consultation with cooks who are currently in post with regard to the need to make minor adjustments to their current rota pattern. We will also need to look at their current skills and where necessary provide training and development opportunities for them.

Equalities

53. There are no implications in this report

Crime and Disorder

54. There are no implications in this report

Information Technology (IT)

55. There are no implications in this report

Property

56. There are no implications in this report

Other

Procurement of food supplies will be inline with European financial regulations and will comply with the corporate sustainability policy.

Risk Management

57. In compliance with the Council's risk management strategy the main risks that have been identified in this report are:

- An inability to ensure that all meals are nutritionally balanced.
- Consistently poor outcomes in reports from CSCI/CQC in relation to the delivery of meals.
- Increasing financial costs of meals provision that could cause internal budgetary pressure.
- A major problem with one of the kitchens in an establishment or an unforeseen staffing problem could interfere with the production of meals. To mitigate this the cooks will be able to work in any of the homes to ensure adequate cover.
- Non-compliance to the Environmental Health policy could cause problems to the health of residents and could ultimately lead to suspension of the meals service, or prosecution under the Environmental Health act.

58. The actions contained in the report and the current standards operating in our kitchens in the EPH's reduce the likelihood and impact of these risks. Regular monthly inspections by managers monitor ongoing compliance with quality and Care Quality Commission standards.

Recommendations

59. The Executive Member is asked to approve the proposals outlined in Option 2 that are for the eight remaining homes to move to home cooking for all meals of the day.

Reason: To enable Managers to provide a more appropriate nutritionally balanced diet that will meet the needs of all residents in residential care homes.

60. The Executive Member is asked to approve the proposal to procure bulk food items and general supplies.

Reason: This will be in line with the Council's procurement strategy and will fulfil the need to ensure value for money when purchasing basic food supplies.

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Report Approved Yes Date 12 April 2010

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Report Approved tick Date Insert Date

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Wards Affected: *List wards or tick box to indicate all*

All x

For further information please contact the author of the report

Background Papers:

NHS Meals Report
Safer Food Better Business