

## Care Needs Assessment

Centred on:  
Proposed Care Development  
Hythe  
CT21 5UQ

**Client:** Care Village Developers Ltd

**Date of study:** January 2014

**Reference:** sample

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# Introduction

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<b>Address of Subject Property</b>	Proposed Care Development, Hythe, CT21 5UQ
<b>Specified Catchment Area</b>	8.0km (5.0 miles)
<b>Administrative Area</b>	Shepway

This report seeks to assess the current and future demand for care services for the elderly, both within the specified catchment area surrounding the subject property and in the wider administrative area.

The report examines the existing provision of both residential-care establishments and extra-care housing, and estimates the mix of accommodation which will be required to meet the population's future care needs.

Measuring and predicting demand is not an exact science and it should be appreciated that the choices for care delivery are likely to change in the future as the development of assisted-living housing and specialist care homes continues. Clearly, the aged population in the UK is set to increase substantially and the way the needs, preferences and financial capacity of each community are met will be shaped through a combination of planning policy and market forces.

In doing so, the following sources of information have been relied upon.

1. The sub-national population projections are based upon information provided by CACI Information Systems.
2. 'Estimating the Housing Needs of Community Care Groups' - Need profiling research by Heriot-Watt University.
3. The Laing & Buisson "Care Of Elderly People" UK Market Survey.
4. The care home information provided herein is supplied by A-Z Care Homes Directory updated on a quarterly basis.
5. Barbour ABI database of pending planning applications.

Pinders are Chartered Surveyors and Business Appraisers, and have provided valuation and consultancy advice to the healthcare sector for more than forty years. During that time Pinders has undertaken more than 35,000 inspections of care homes. The Company holds valuation panel positions with all the UK's banks and has provided expert advice to Government departments, sector regulators and Local Authorities.

# synopsis

## Within the specified Catchment Area

<b>Elderly Population</b>	<b>2013</b>	<b>2023</b>	<b>2033</b>
Over 65 years of age	17,510	21,978	27,560
<b>Estimated Higher Care Needs <sup>1</sup></b>	<b>1,173</b>	<b>1,473</b>	<b>1,847</b>

<b>Residential Care Need</b>			
Likely to require residential care <sup>2</sup>	702	935	1,324
Less existing single, en suite bedrooms <sup>4</sup>	(569)	(569)	(569)
Less additional bedrooms already planned	(0)	(17)	(17)
<b>Required Care Home Beds</b>	<b>133</b>	<b>349</b>	<b>738</b>

<b>Extra-Care Need</b>			
Likely to require extra-care <sup>3</sup>	471	538	523
Less existing extra-care units of accommodation	(139)	(139)	(139)
Less additional extra-care units already planned	(0)	(0)	(0)
<b>Required Extra-Care Units</b>	<b>332</b>	<b>399</b>	<b>384</b>

<b>Total Units of Care Accommodation Required</b>	<b>465</b>	<b>748</b>	<b>1,122</b>
Care Home Beds Required	133	349	738
Extra Care Units Required	332	399	384

### Notes:

1. The estimated proportion of the population (6.7%) likely to experience higher care needs which would be best met within either a residential or extra-care setting, as determined in research by Heriot-Watt University.
2. This is calculated by applying the Lang & Buisson Age Standardised Demand (ASD) (based upon the proportion of the UK population resident in care/nursing homes). Currently, 3.8% of those over 65 years of age receive some form of residential care. This demand escalates with age, to the extent that 15.30% of over 85 year olds are likely to require care. Whilst this analysis is on a national basis, it is likely that similar percentages will be replicated for smaller regions and areas of the country.
3. The estimated demand for extra-care provision is derived by deducting the estimated care home need from the total higher dependency need.
4. The above assessment is based upon provision of single bedrooms with en suite facilities. There are currently a further 397 bedrooms in care homes which do not meet this standard.

## Catchment Area

- Whilst residents may choose to relocate to a care home from further afield (possibly to be close to relatives), it is our experience that homes typically draw from a relatively close geographic area. Whilst it might differ between rural and urban locations, it is widely accepted that a catchment area based on an 8 km (5 mile) radius is appropriate. *(See the Appendix to this report for a more detailed explanation.)*
- Within this catchment area research suggests that currently an estimated 1,173 people over the age of 65 will have higher level care needs likely to require some form of residential care and/or extra-care accommodation.
- This demand is forecast to increase by 25.5% to 1,473 persons over the next decade and by 57.4% to 1,847 by 2033.
- Based on current prevalence rates, a total of 702 people are likely to require care within some form of residential/nursing home. This suggests that the balance of 471 could be accommodated within extra-care housing.
- The care/nursing homes within the Catchment Area currently provide total registered accommodation for 966 residents. Of these 569 (58.9%) can be accommodated in single bedrooms with en suite facilities (the Government's stated measure of best practice).
- We are aware of planning permission for the creation of an additional 17 care bed spaces and a further 42 sheltered accommodation units within the catchment area.
- There are currently 139 units of accommodation (apartments/bungalows etc) recorded as providing some form of extra-care or close-care within the catchment area.

## Need Assessment

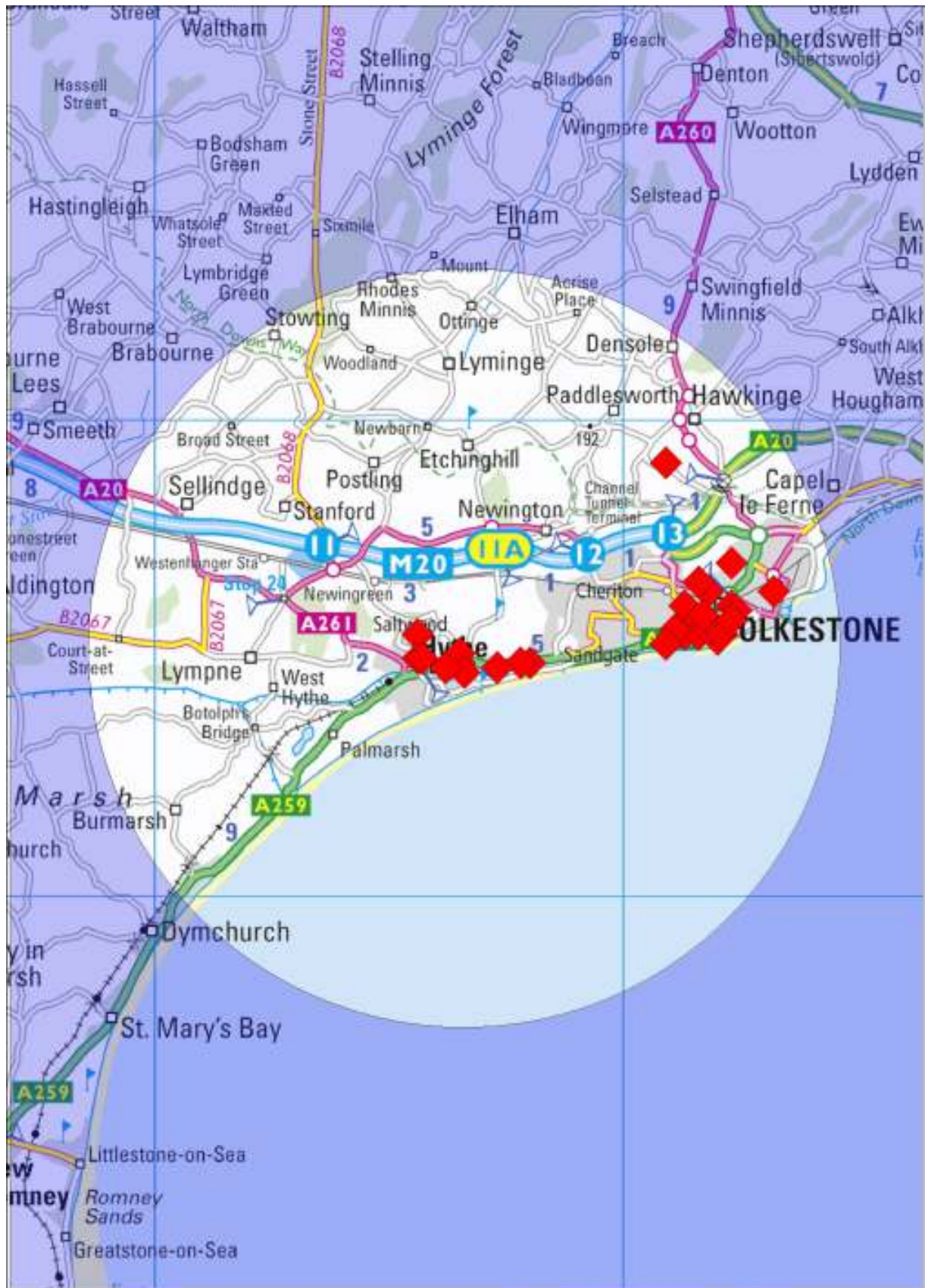
- To meet the estimated demand in best-practice accommodation (single, en suite care home bedrooms or extra-care apartments) would require;-
  - an additional 465 units of accommodation currently;
  - 748 units by 2023;
  - and 1,122 by 2033.
- If the current care home capacity provided in shared bedrooms or those without en suite facilities is included;-
  - an additional 68 units of accommodation currently;
  - 351 units by 2023;
  - and 725 by 2033;.
- Because the most significant population growth will be in the over-85 years age group, where care needs are at their highest, the need for additional residential care beds increases at faster rate than for extra-care places. This assessment makes no allowance for the loss of care home capacity which can reasonably be expected as old-style units become unviable investments.

## Administrative Area

For comparison, the same analysis has been provided for the Administrative Area in which the proposed development lies.

Units of Care Accommodation Required	2013	2023	2033
Qualitative Need (Best Practice Rooms)	846	1,229	1,733
Quantitative Need (All Registered Capacity)	299	682	1,186

# catchment area



## justification of the catchment area

In this report we feel that it is appropriate to rely on a Catchment Area of 8.0km (5.0 miles) of CT21 5UQ.

Residents entering a care home will usually choose a facility in close proximity to where they currently live or to where their close relatives reside. In recent years, the tendency has been towards the former as the decision to enter residential or nursing homes has become increasingly based on necessity rather than choice, particularly if funding is being received from public sources.

In such circumstances, the choice of a particular home may well be determined or influenced by the Local Authority and the availability of accommodation at the time of need.

Where the resident is wholly funding their care, greater choice may exist, allowing them to select their preferred home, which may be further afield.

The relationship between a home's location and where its residents reside will therefore be determined by different factors, which could vary between urban and rural areas.

However, the vast majority of those entering residential care will do so in a home close to where they live. This conclusion is based upon discussions with the owners of many hundreds of care homes across the UK which Pinders appraises each year.

Additionally, we have undertaken specific research with one major group operator, involving the mapping of their residents' immediate previous address. Clearly, the detailed data is confidential but the average distance between the care home and previous dwelling was 4 km (2.5 miles) and the furthest distance travelled was 9km (5.5 miles). The research did show that the distance was slightly greater for home's in more affluent areas where private fees were more relevant.

### For example:-

A home in the village of Holmfirth– the average distance was 4 km (2½ miles) from the home, and the maximum distance was 9 km (5½ miles).

Whereas a home in the less affluent town of Stalybridge showed an average distance of 3 km (2 miles) and maximum of 6½ km (4 miles).

Whilst catchment areas will vary, experienced operators and developers have tended to base their planning upon an approximate 'drive-time' of half an hour from the existing or proposed care home. Within urban areas this will typically cover an area of up to 5 km (3 miles), and 8-10km (5-6 miles) in less developed areas.

By way of further endorsement of these principles, Planning Inspectors in the following appeals have accepted such assessments as being appropriate. In each case, the centre of the catchment area has been the exact location of the care home or proposed care home.

Location	Appeal Reference	Catchment Area
Chichester, West Sussex	APP/L3815/A/06/2020575	8 km (5 miles) radius
Sevenoaks, Kent	APP/M2270/A/08/2070550	8km (5 miles) radius
Surbiton, Surrey	APP/Z5630/A/07/2043781	5km (3 miles) radius
Manchester	APP/B4215/E/06/2027786	4km (2½ miles) radius

For Extra-Care Housing, the catchment area may be far wider, depending on the level of provision and choice available. Moving into such a facility is often a lifestyle choice, rather than the necessity which determines entry into a care home, so a wider range of factors may attract individuals to a scheme, other than proximity to their existing dwelling.

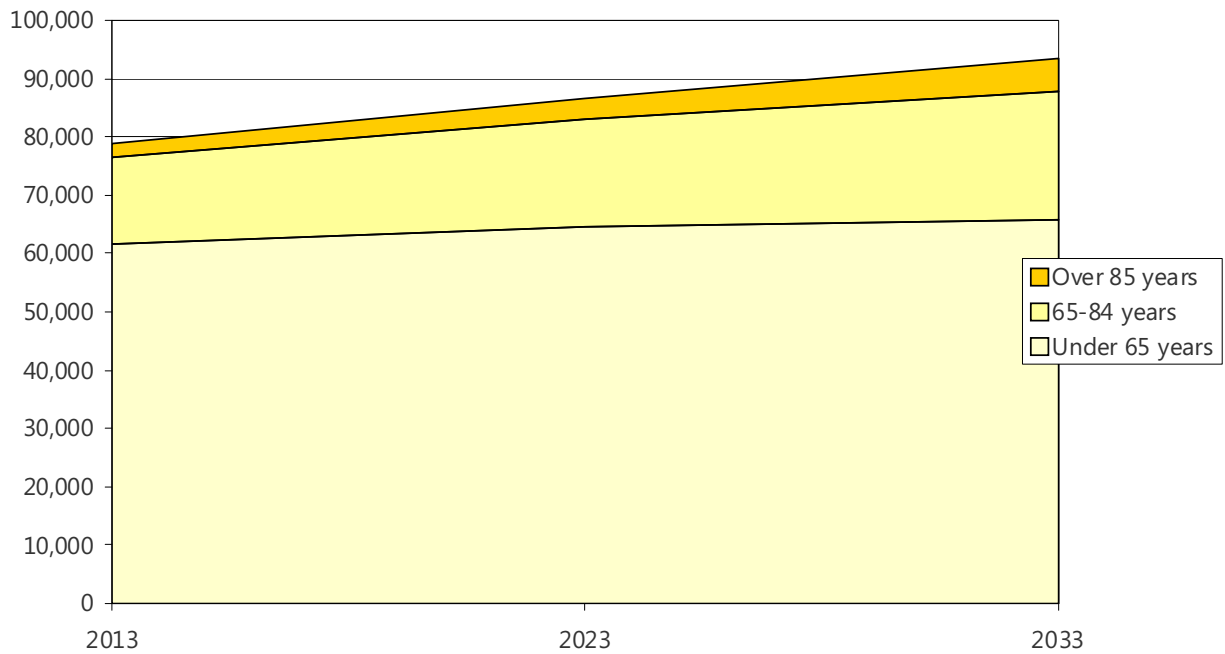
As more extra-care developments evolve, the option of choosing a more local scheme will increase, although factors such as tenure, price and recreational facilities will still be of relevance.

# catchment area

## Demographic Profile

Elderly Population	2013	2023	2033
Under 18 years	15,865	17,335	17,546
18 to 24 years	6,169	5,522	6,439
25 to 44 years	18,618	19,802	20,181
45 to 64 years	20,839	21,986	21,734
65 to 74 years	9,038	10,343	12,539
75 to 84 years	5,868	8,165	9,468
85 years and over	2,604	3,470	5,553

Forecast Change in Population Distribution





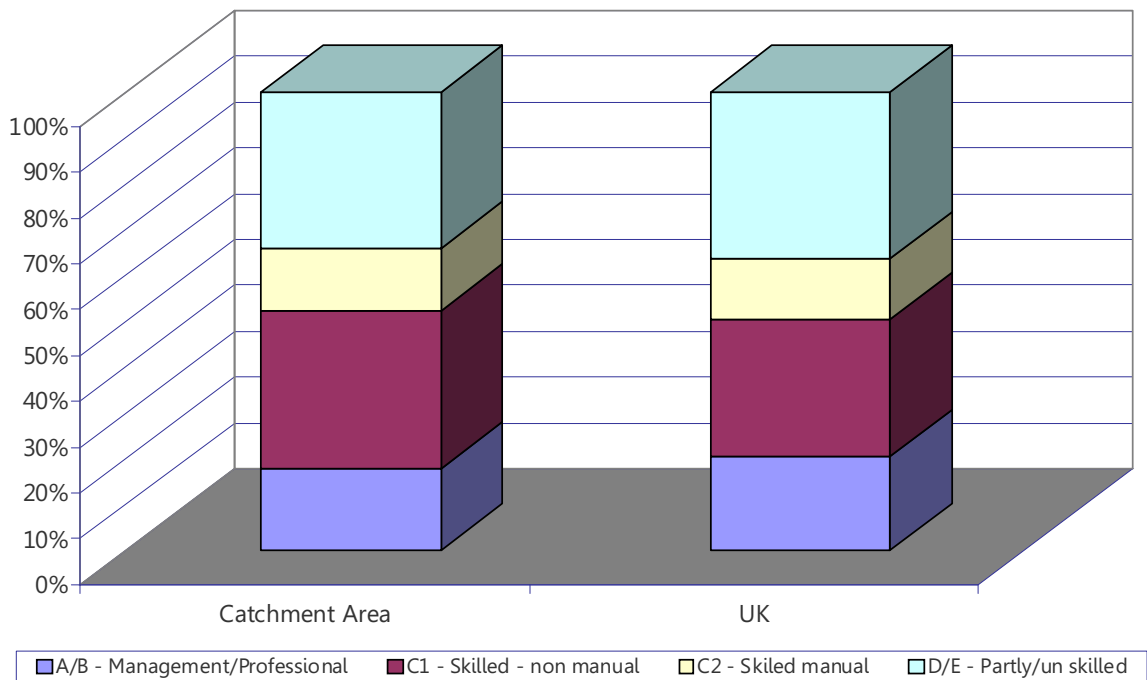
## Socio-economic Demographic

The socio-economic data is taken from the 2001 Census information and records the economic activity within the area of those aged between 16 and 74 years of age. Social Grades A/B through to E are generally regarded as a key indicator as to the affluence and economic stability of an area.

Within the Catchment Area there is the following socio-economic distribution:-

Socio-Economic Group	Definition	No. of Persons	%
A/B	Management / Professional	5,635	17.8%
C1	Skilled – Non Manual	10,893	34.4%
C2	Skilled - Manual	4,297	13.6%
D/E	Partly Skilled / Unskilled	10,857	34.3%

Socio-Economic Group Comparison to UK



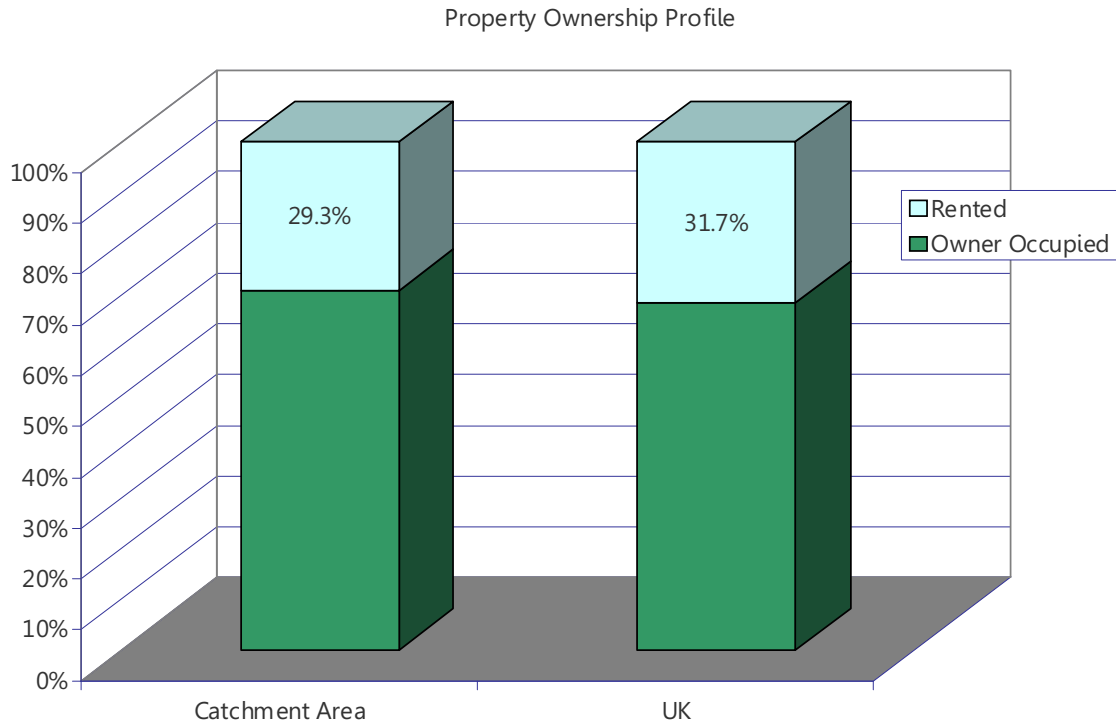
# catchment area

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## Home Ownership

Within the Catchment Area 70.7% of the population are owner occupiers, with the remaining 29.3% being in rented accommodation.

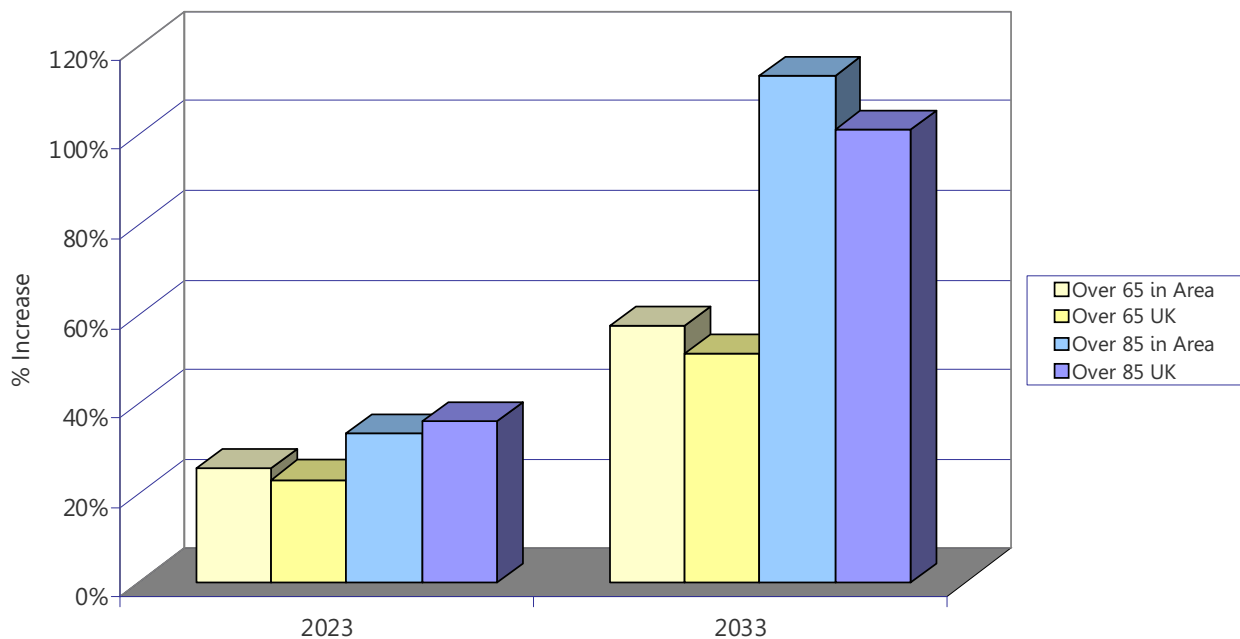
Nationally 68.3% of the population are owner occupiers, with the remaining 31.7% being in rented accommodation.



**Elderly Demographic**

Elderly Population	2013	2023	2033
65 to 74 years	9,038	10,343	12,539
75 to 84 years	5,868	8,165	9,468
85 years and over	2,604	3,470	5,553
<b>TOTAL</b>	<b>17,510</b>	<b>21,978</b>	<b>27,560</b>

Forecast Growth in Elderly Population



The elderly population within the Catchment Area currently stands at some 17,510 persons, and this figure is set to increase to circa 21,978 over the next decade and to circa 27,560 by 2033.

Over the next decade those over 65 years, within the Catchment Area, will increase by 25.5%, and this compares with the 23% for the UK as a whole. By 2033 this age bracket will have increased by 57.4% locally, compared with 51% nationally.

Over the next decade those over 85 years of age, within the Catchment Area, will increase by 33.3%, compared with the 36% for the UK as a whole. By 2033 this age bracket will have increased by 113.2% locally, compared with 101% nationally.

Therefore the elderly population growth locally within the Catchment Area exceeds the overall national growth projections.

## catchment area

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### Dementia Care

The Alzheimer's Society reports that there are about 800,000 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), Fronto-Temporal Dementia, Pick's Disease, Supranuclear Palsy, Korsakoff's Syndrome, Binswanger's Disease, and Creutzfeldt-Jakob Disease.

The Society estimates that some 98% are over 65 years of age, with approximately 7½% of the population over 65, and 20% of those over 85, are suffering from some form of dementia.

A study carried out by Martin Prince, Emiliano Albanese, Cleusa Ferri and Robert Stewart (Source: Knapp et al 2007) indicates the following prevalence rates in relation to dementia and these have been applied to the population distribution within the catchment area.

<b>Elderly with some form of Dementia</b>	<b>2013</b>	<b>2023</b>	<b>2033</b>
- 65 to 69 years (1.3%)	66	65	86
- 70 to 74 years (2.9%)	115	155	173
- 75 to 79 years (5.9%)	193	291	292
- 80 to 84 years (12.2%)	317	395	551
- 85 years plus (20.3%)	528	704	1,127
<b>TOTAL</b>	<b>1,219</b>	<b>1,609</b>	<b>2,228</b>

Within the Catchment Area, the numbers of persons over 85 years of age suffering from some form of dementia is set to increase by 176 persons to 704 over the next decade.

### Specialist Dementia Bed Spaces

Specialist dementia care is generally perceived as being best provided in specifically designed environments, where the design of the building and the accommodation are sympathetic to the particular issues relevant to those with dementia.

In addition to the general accommodation standards which will apply to all care or nursing homes, those specialising in dementia care would also demonstrate good choices of communal spaces and destinations (both internal and external) and aids to navigation through pictorial signage, colour coding, memory boxes and other visual cues.

It is not possible to identify such attributes in existing homes from their registration listings, particularly as most operators will now be registered as providers of dementia care within their homes in various locations. Many homes appearing to offer such care would not offer what is considered as best practice for the care of those with dementia.

Whilst it is fair to say that homes built in more recent years will tend to have physical environments more suited to dementia care, not all purpose-built homes do so and, indeed, many converted/extended homes will provide more appropriate accommodation for this client group.

### Living at Home with a Long Term Illness

The 2001 Census has published data in connection those living at home with a limiting long term illness. This data has been applied to the Catchment Area and the results are as follows:-

<b>Elderly living at home with long term illness</b>	<b>2013</b>	<b>2023</b>	<b>2033</b>
- 65 to 74 years	3,425	3,920	4,752
- 75 to 84 years	2,969	4,131	4,791
- 85 years plus	1,409	1,877	3,004
<b>TOTAL</b>	<b>7,803</b>	<b>9,929</b>	<b>12,547</b>

Therefore, according to the 2013 data, there are some 7,803 persons over 65 years of age, in the Catchment Area, living at home with a limiting long term illness.

The average age of a person entering a care or nursing home is 85 years of age. Therefore, within the Catchment Area there are 1,409 people living at home with a limiting long term illness over the average age of entry into a care home.

### Living Alone in Own Home

The 2001 Standard Census has published data in connection those living alone in their own home. This data has been applied to the Catchment Area and the results are as follows:-

<b>Elderly living alone in Own Home</b>	<b>2013</b>	<b>2023</b>	<b>2033</b>
- 65 to 74 years	2,883	3,299	4,000
- 75 to 84 years	2,899	4,034	4,677
- 85 years plus	1,518	2,023	3,237
<b>TOTAL</b>	<b>7,300</b>	<b>9,356</b>	<b>11,915</b>

Therefore, according to the 2013 data, there are some 7,300 persons over 65 years of age, in the Catchment Area, living alone in their own home.

The average age of a person entering a care or nursing home is 85 years of age. Therefore, within the Catchment Area there are 1,518 people living alone in their own homes over the average age of entry into a care home.

# catchment area

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## Elderly Likely to Require Care

Historically, the choices for people requiring assistance in the later years tended to be limited to family care at home or a place within a residential care establishment. Over the last decade, a wider range of care options has evolved, as society responds to the ever-increasing elderly population and the cost burden this places on public and private finances. This has included domiciliary care, supported housing, and extra care, in addition to more specialised care/nursing homes.

The mix of care delivery options has not been consistent across the UK, shaped by a combination of public sector funding shortages, political policy and private-sector profit motive. This evolution is still continuing, currently against a backdrop of recession and Local Authority austerity. There is much debate over the relative costs and benefits of each method of care provision and, in recent times, policies have been seen to change as a result of budget constraints.

With the capital costs of providing independent housing, assisted living, extra care and care villages being significant, the speed of increasing this type of provision is very hard to predict and it likely to vary significantly from area to area.

The combination of these factors makes it impossible to accurately forecast how future care provision for the growing elderly population will emerge nationally or for specific locations. For example, experience has shown that the creation of extra-care housing has provided a 'third-way' for those who would otherwise have remained in their own houses or entered residential care, but it is too early to yet know how this will impact on other forms of care service.

Whilst it is reasonable to assume that these other types of care provision will meet some of the increased demand in the future, it is also reasonable to conclude that such will not be suitable for those with higher physical or mental challenges, where full time care and/or supervision would be deemed appropriate.

For guidance, we have sought to assess how the needs of the elderly population within the catchment might be distributed and the type of facility which may therefore be suited. As a guide, we have estimated the potential demand from research carried out by Heriot-Watt University ('Estimating the Housing Needs of Community Care Groups'). The research concluded that a prevalence rate could give a good 'top line' indication of the scale of need. It should be noted that prevalence rates can only give an indication at local level.

Within a group a distribution of the severity of the condition is estimated and expressed in terms of high, moderate and low needs, as follows:-

- *Minimal Needs - 441 per 1,000 households - These people will generally be accommodated in mainstream housing, though there may also be a requirement for low level social support.*
- *Low Needs - 161 per 1,000 households - This group may require additional support (home helps, etc) and housing with minor adaptations and perhaps alarms. Care and Repair may be an option for some, depending on current living circumstances.*
- *Medium Needs - 134 per 1,000 households - This group may need more support and community alarm and mobile warden schemes. A proportion of the housing for this group might require significant adaptation, or to be specialist housing, including standard sheltered housing.*
- *High Needs - 67 per 1,000 households - This group includes the frailest older people assumed to need institutional care, or its equivalent delivered in the community. This group also includes those suitable for extra care housing or very sheltered housing. Some will be able to manage in standard sheltered housing.*

Whilst, there is likely to be some overlap between these need categories, it is reasonable to assume that those with high needs are most likely to enter some form of extra-care housing or residential care home. For the purposes of this study, we have therefore estimated the total need for such care as being 6.7% of the population over 65 years of age.

<b>Elderly Population</b>	<b>2013</b>	<b>2023</b>	<b>2033</b>
Over 65 years of age	17,510	21,978	27,560
<b>Estimated Higher Care Needs (6.7%)</b>	<b>1,173</b>	<b>1,473</b>	<b>1,847</b>

### Elderly Requiring Residential Care

According to The Laing & Buisson "Care Of Elderly People" UK Market Survey demand for residential care services escalates with age. Whilst this analysis is calculated on a national basis, it is likely that similar percentages will be replicated across far smaller regions and areas of the country.

It should be appreciated that these prevalence rates reflect the historic/current occupancy within care homes and this pattern is likely to change as alternative care choices develop. It is generally thought that care provision will polarise, with domiciliary and extra-care increasing and residential/nursing homes catering for those with the highest care needs.

At present, approximately 3.8% of the elderly population reside in residential homes and this study utilises that percentage to apportion the overall need estimate between residential and extra-care facilities.

The following table summarises the position if the suggested profile is applied to the population within the catchment area:-

Elderly Population in Residential Care		2013	2023	2033
65 to 74 years	0.79%	71	81	99
75 to 84 years	3.98%	233	324	376
85 years and over	15.30%	398	530	849
<b>TOTAL</b>	<b>3.8%</b>	<b>702</b>	<b>935</b>	<b>1,324</b>

Over the next decade the number of people requiring residential care will have increased from 702 to 935 an increase of some 33.2%. By 2033 the number will have increased to 1,324, 88.6% up on the current population.

Importantly, the number of people aged 85 or over is set to increase by 33.2% in the next ten years and by 113.3% over the next twenty years. Clearly, the care needs within this age group will tend to be the highest, with greater occurrence of dementia and nursing needs.

### Elderly Requiring Extra Care

As indicated previously, how the future demand for care will be provided is impossible to predict but the estimated demand indicated above is likely to be served within a mix of extra-care and residential care settings.

Based on the estimated prevalence rates indicated above, this suggests the following need for extra-care housing.

Elderly Population in Extra-Care	2013	2023	2033
Likely to Require Extra-Care Housing	471	538	523

## catchment area

### Local Provision of Care Homes & Bed Spaces

According to the A to Z Care Homes Database, the Catchment Area over the past 5 years has seen 6 closures and 2 new registrations of care homes, resulting in a net loss of 24 bed spaces. The database indicates that there are 32 care homes for the elderly within the catchment area, offering 966 registered bed spaces.

Name of Home	Operator	Registered beds	Single Rooms	En Suites
Abbey Lodge	Abbey Lodge Residential Home	25	21	21
Admiral House Care Home	Ms Claire Beckett	38	38	20
Ashley House	Purelake Healthcare	17	15	0
Balgowan Nursing Home	Hythe Care Homes	33	25	4
Brampton Lodge	Carewise Homes	23	23	22
Broadmeadow	Kent County Council	40	40	0
Cedar House	Cedar House (hythe)	29	25	17
Cornerways Residential Home	Arvind Rajendra Khanna	19	19	13
Cumbria House	Ashwood Healthcare	32	26	22
Elm Lea	Mr & Mrs Mookesh Oojageer	15	15	15
Grimston House	Rosemere Care Homes	21	21	18
Hatfield Lodge Emi/residential	1st Choice Care Homes	33	33	17
Hawkinge House	Graham Care Group	90	90	90
Highfield Private Rest Home	Silverleaf Care Homes	31	29	19
Hythe Nursing Home	Hythe Care Homes	40	40	24
Mandalay	Pearl Healthcare	46	46	46
Mont Calm, Sandgate Road, Folkestone	Mont Calm Care Group	20	16	2
Mont Calm, Clifton Crescent, Folkestone	Mont Calm Care Group	20	16	18
Mont Calm, Earls Avenue, Folkestone	Mont Calm Care Group	28	22	0
Pelham House	Seacole's	22	22	3
Redlynch	Redlynch Residential Home	13	13	5
Saltwood Care Centre	Hythe Care Homes	55	55	36
St Claire's	Rosemere Care Homes	39	37	6
St Helier's Residential Hotel	Fraser Residential	30	30	29
St Margaret's Nursing Home	Simicare	25	21	9
The Grange Care Home	Ashwood Healthcare	28	28	22
Tranquility House	Mrs T Wratten	20	12	0
Tudor Lodge Emi/residential Home	1st Choice Care Homes	44	38	37
Tynwald	Alice Butterworth Charity	24	24	0
Villa Maria	Marist Sisters	23	23	23
Wells House Nursing Home	Wells Care	21	21	9
Wells Lodge Nursing Home	Wells Care	22	22	22
		<b>966</b>	<b>906</b>	<b>569</b>

Of the 966 registered bed spaces, 906 bed spaces are shown to be within rooms for single occupation and of these, 569 have the benefit of en suite facilities. This would indicate that 58.9% of residents within these care homes occupy a single bedroom and have access to en suite facilities; 41.1% have to use shared WC and bathing facilities.



## catchment area

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Both central and local Government regard it as best practice that residents in care homes should be offered the choice of a single bedroom with private en suite facilities.

In addition to pressure from various regulatory bodies, a predominant force that is driving the quality of environment and care upwards is market and consumer demand. Residents are now entering care with higher expectations of accommodation than ever before. Equally the relative, or relatives, responsible for placing that person in care are also making judgements on placements based upon their own expectations of the quality and type of accommodation and environment that they would expect in such circumstances. Therefore, the quality of environment and accommodation is forever being driven higher from all angles.

### Local Provision of Extra Care Housing

According to the Elderly Accommodation Council's most recent records, there are some 40 schemes offering a total of 1,486 units of accommodation, these figures include a forthcoming McCarthy & Stone development in Folkestone, due to open in Spring 2015.

Of these, there are 4 schemes offering any form of Housing-with-care or Extra Care, providing 139 accommodation units, these being:-

Scheme name	Provider	Units of Accommodation
Hawkinge House	The Graham Care Group	60
Holly Close	Hythe Care Homes Ltd	28
Mulberry Court	The Swallow Group	12
Summer Court	Housing 21	39
	<b>Total for 4 schemes</b>	139

# Extra Care



Digital Map Data © Bartholomew (2010)

### Planning Applications

The following applications and developments are understood to be in the pipeline:-

Application / Address	Distance	Proposal	Care Home Beds	Extra-Care Units
Nursing Home 20 Twiss Avenue Hythe CT21 5NU  Ref: Y08	5.8km	Detail planning granted for an extension to the existing care home, to provide an additional 17 bedrooms.	17	0
Radnor Park Avenue & Radnor Park Road Folkestone CT19 5BN  Ref: Y10/0695/SH	0.5km	Detail planning granted for 42 self contained sheltered accommodation units. Recent records show that this site is to be sold.	0	0

The above information identifies that there are an estimated 17 new bed spaces within care homes, and a further 42 units of sheltered accommodation potentially in the pipeline.

# Administrative area



Digital Map Data © Bartholomew (2010)

# Administrative area

## Within the Administrative Area of Shepway

<b>Elderly Population</b>	<b>2013</b>	<b>2023</b>	<b>2033</b>
Over 65 years of age	23,311	29,290	36,804
<b>Estimated Higher Care Needs <sup>5</sup></b>	<b>1,562</b>	<b>1,962</b>	<b>2,466</b>

<b>Residential Care Need</b>			
Likely to require residential care <sup>6</sup>	893	1,201	1,711
Less existing single, en suite bedrooms <sup>8</sup>	(637)	(637)	(637)
Less additional bedrooms already planned	(0)	(17)	(17)
<b>Required Care Home Beds</b>	<b>256</b>	<b>547</b>	<b>1,057</b>

<b>Extra-Care Need</b>			
Likely to require extra-care <sup>7</sup>	669	761	755
Less existing extra-care units of accommodation	(79)	(79)	(79)
Less additional extra-care units already planned	(0)	(0)	(0)
<b>Required Extra-Care Units</b>	<b>590</b>	<b>682</b>	<b>676</b>

<b>Total Units of Care Accommodation Required</b>	<b>846</b>	<b>1,229</b>	<b>1,733</b>
Care Home Beds Required	256	547	1,057
Extra Care Units Required	590	682	676

### Notes:

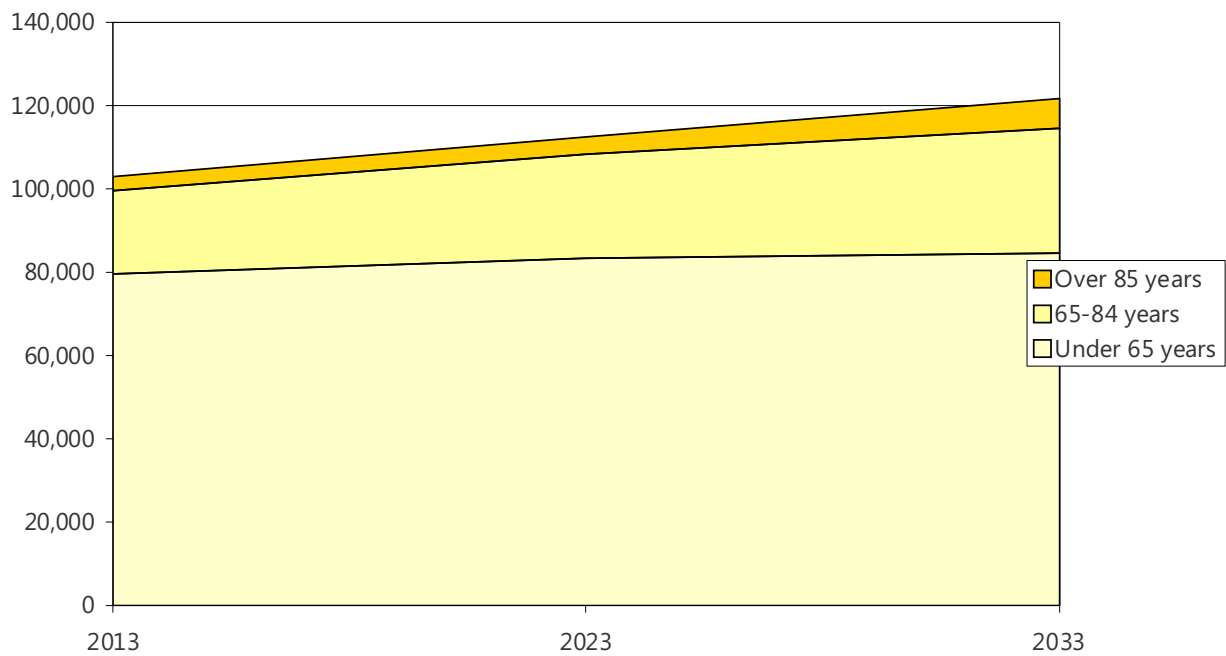
5. The estimated proportion of the population (6.7%) likely to experience higher care needs which would be best met within either a residential or extra-care setting, as determined in research by Heriot-Watt University.
6. This is calculated by applying the Lang & Buisson Age Standardised Demand (ASD) (based upon the proportion of the UK population resident in care/nursing homes). Currently, 3.8% of those over 65 years of age receive some form of residential care. This demand escalates with age, to the extent that 15.30% of over 85 year olds are likely to require care. Whilst this analysis is on a national basis, it is likely that similar percentages will be replicated for smaller regions and areas of the country.
7. The estimated demand for extra-care provision is derived by deducting the estimated care home need from the total higher dependency need.
8. The above assessment is based upon provision of single bedrooms with en suite facilities. There are currently a further bedrooms in care homes which do not meet this standard.

# administrative area

## Demographic Profile

Elderly Population	2013	2023	2033
Under 18 years	20,592	22,497	22,763
18 to 24 years	7,541	6,686	7,801
25 to 44 years	23,123	24,421	24,934
45 to 64 years	28,216	29,781	29,244
65 to 74 years	12,561	14,325	17,426
75 to 84 years	7,504	10,608	12,274
85 years and over	3,246	4,357	7,104

Forecast Change in Population Distribution



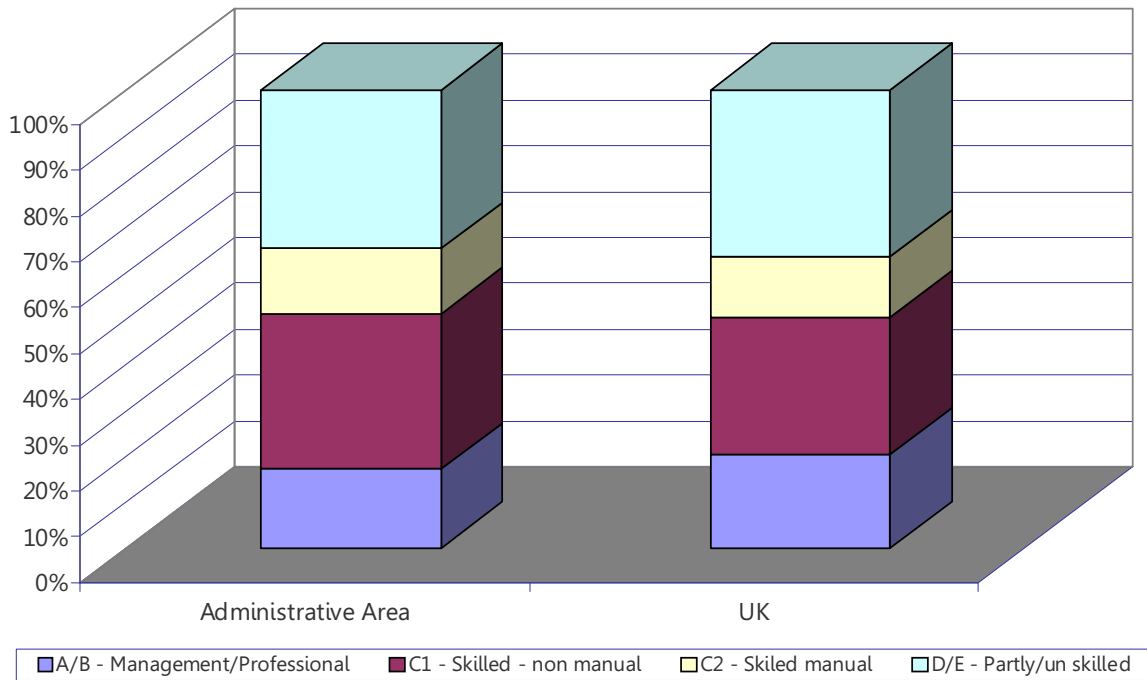
## Socio-economic Demographic

The socio-economic data is taken from the 2001 Census information and records the economic activity within the area of those aged between 16 and 74 years of age. Social Grades A/B through to E are generally regarded as a key indicator as to the affluence and economic stability of an area.

Within the Catchment Area there is the following socio-economic distribution:-

Socio-Economic Group	Definition	No. of Persons	%
A/B	Management / Professional	7,082	17.2%
C1	Skilled – Non Manual	13,956	34.0%
C2	Skilled - Manual	5,789	14.1%
D/E	Partly Skilled / Unskilled	14,273	34.7%

Socio-Economic Group Comparison to UK





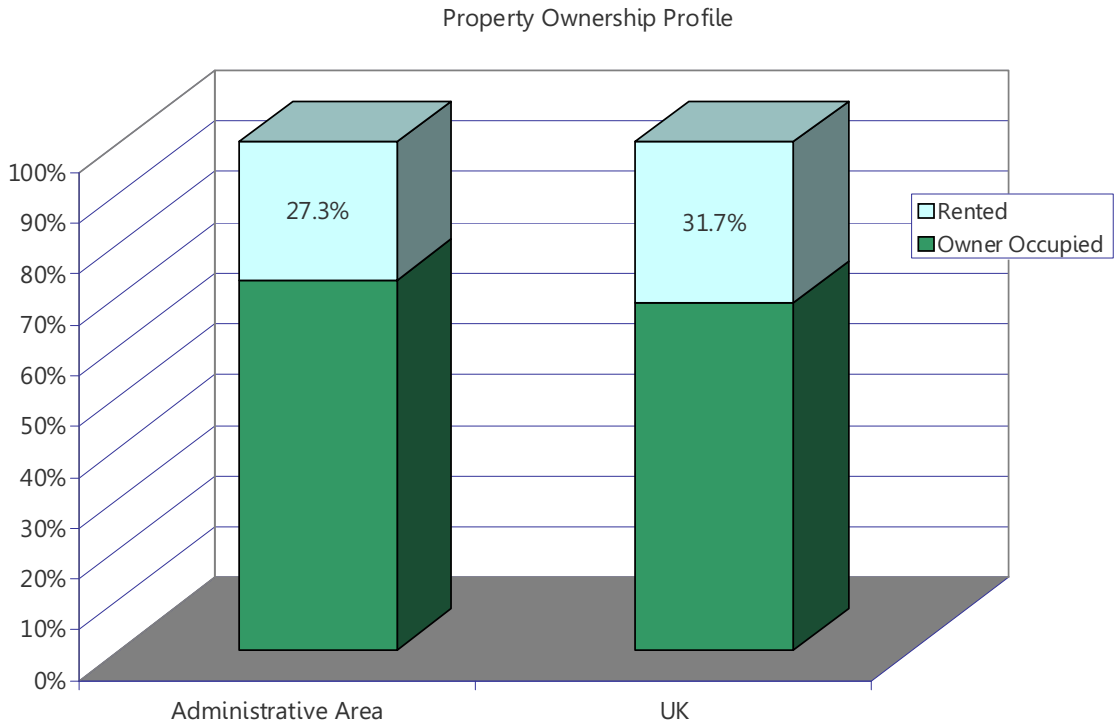
# administrative area

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## Home Ownership

Within the Catchment Area 72.7% of the population are owner occupiers, with the remaining 27.3% being in rented accommodation.

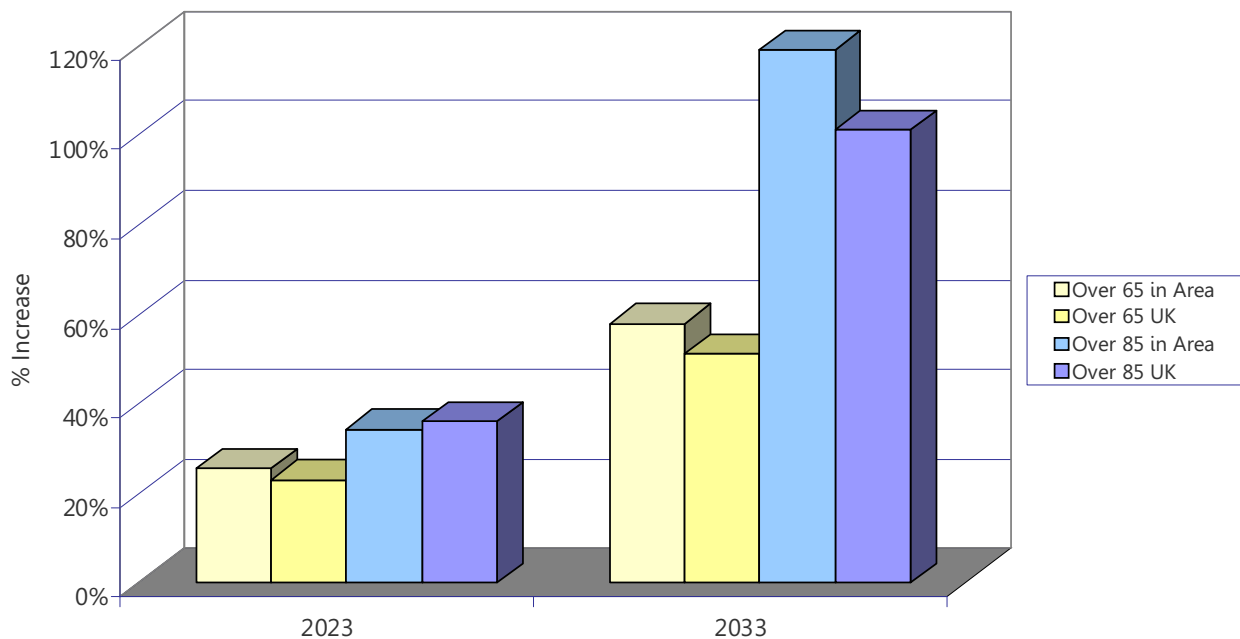
Nationally 68.3% of the population are owner occupiers, with the remaining 31.7% being in rented accommodation.



Elderly Demographic

Elderly Population	2013	2023	2033
65 to 74 years	12,561	14,325	17,426
75 to 84 years	7,504	10,608	12,274
85 years and over	3,246	4,357	7,104
<b>TOTAL</b>	<b>23,311</b>	<b>29,290</b>	<b>36,804</b>

Forecast Growth in Elderly Population



The elderly population within the Catchment Area currently stands at some 23,311 persons, and this figure is set to increase to circa 29,290 over the next decade and to circa 36,804 by 2033.

Over the next decade those over 65 years, within the Catchment Area, will increase by 25.6%, and this compares with the 23% for the UK as a whole. By 2033 this age bracket will have increased by 57.9% locally, compared with 51% nationally.

Over the next decade those over 85 years of age, within the Catchment Area, will increase by 34.2%, compared with the 36% for the UK as a whole. By 2033 this age bracket will have increased by 118.9% locally, compared with 101% nationally.

Therefore the elderly population growth locally within the Catchment Area exceeds the overall national growth projections.

## administrative area

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### Dementia Care

The Alzheimer's Society reports that there are about 800,000 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), Fronto-Temporal Dementia, Pick's Disease, Supranuclear Palsy, Korsakoff's Syndrome, Binswanger's Disease, and Creutzfeldt-Jakob Disease.

The Society estimates that some 98% are over 65 years of age, with approximately 7½% of the population over 65, and 20% of those over 85, are suffering from some form of dementia.

A study carried out by Martin Prince, Emiliano Albanese, Cleusa Ferri and Robert Stewart (Source: Knapp et al 2007) indicates the following prevalence rates in relation to dementia and these have been applied to the population distribution within the catchment area.

<b>Elderly with some form of Dementia</b>	<b>2013</b>	<b>2023</b>	<b>2033</b>
- 65 to 69 years (1.3%)	93	92	121
- 70 to 74 years (2.9%)	156	210	235
- 75 to 79 years (5.9%)	253	387	387
- 80 to 84 years (12.2%)	393	494	697
- 85 years plus (20.3%)	658	884	1,442
<b>TOTAL</b>	<b>1,554</b>	<b>2,067</b>	<b>2,882</b>

Within the Catchment Area, the numbers of persons over 85 years of age suffering from some form of dementia is set to increase by 226 persons to 884 over the next decade.

### Living at Home with a Long Term Illness

The 2001 Census has published data in connection those living at home with a limiting long term illness. This data has been applied to the Catchment Area and the results are as follows:-

<b>Elderly living at home with long term illness</b>	<b>2013</b>	<b>2023</b>	<b>2033</b>
- 65 to 74 years	4,761	5,429	6,604
- 75 to 84 years	3,797	5,368	6,211
- 85 years plus	1,756	2,357	3,843
<b>TOTAL</b>	<b>10,314</b>	<b>13,154</b>	<b>16,658</b>

Therefore, according to the 2013 data, there are some 10,314 persons over 65 years of age, in the Catchment Area, living at home with a limiting long term illness.

The average age of a person entering a care or nursing home is 85 years of age. Therefore, within the Catchment Area there are 1,756 people living at home with a limiting long term illness over the average age of entry into a care home.

### Living Alone in Own Home

The 2001 Standard Census has published data in connection those living alone in their own home. This data has been applied to the Catchment Area and the results are as follows:-

<b>Elderly living alone in Own Home</b>	<b>2013</b>	<b>2023</b>	<b>2033</b>
- 65 to 74 years	4,007	4,570	5,559
- 75 to 84 years	3,707	5,240	6,063
- 85 years plus	1,892	2,540	4,142
<b>TOTAL</b>	<b>9,606</b>	<b>12,350</b>	<b>15,764</b>

Therefore, according to the 2013 data, there are some 9,606 persons over 65 years of age, in the Catchment Area, living alone in their own home.

The average age of a person entering a care or nursing home is 85 years of age. Therefore, within the Catchment Area there are 1,892 people living alone in their own homes over the average age of entry into a care home.

## administrative area

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### Elderly Likely to Require Care

For a full definition of the needs categories, please see page 14 of this report.

Whilst, there is likely to be some overlap between these need categories, it is reasonable to assume that those with high needs are most likely to enter some form of extra-care housing or residential care home. For the purposes of this study, we have therefore estimated the total need for such care as being 6.7% of the population over 65 years of age.

<b>Elderly Population</b>	<b>2013</b>	<b>2023</b>	<b>2033</b>
Over 65 years of age	23,311	29,290	36,804
<b>Estimated Higher Care Needs (6.7%)</b>	<b>1,562</b>	<b>1,962</b>	<b>2,466</b>

### Elderly Requiring Residential Care

At present, approximately 3.8% of the elderly population reside in residential homes and this study utilises that percentage to apportion the overall need estimate between residential and extra-care facilities.

The following table summarises the position if the suggested profile is applied to the population within the catchment area:-

<b>Elderly Population in Residential Care</b>		<b>2013</b>	<b>2023</b>	<b>2033</b>
65 to 74 years	0.79%	99	113	137
75 to 84 years	3.98%	298	422	488
85 years and over	15.30%	496	666	1,086
<b>TOTAL</b>	<b>3.8%</b>	<b>893</b>	<b>1,201</b>	<b>1,711</b>

### Elderly Requiring Extra Care

As indicated previously, how the future demand for care will be provided is impossible to predict but the estimated demand indicated above is likely to be served within a mix of extra-care and residential care settings.

Based on the estimated prevalence rates indicated above, this suggests the following need for extra-care housing.

<b>Elderly Population in Extra-Care</b>	<b>2013</b>	<b>2023</b>	<b>2033</b>
Likely to Require Extra-Care Housing	669	761	755

## administrative area

### Local Provision of Care Homes & Bed Spaces

According to the A to Z Care Homes Database, the Catchment Area over the past 5 years has seen 7 closures and 2 new registrations of care homes, resulting in a net loss of 3232 bed spaces. The database indicates that there are 40 care homes for the elderly within the catchment area, offering 846 registered bed spaces.

Name of Home	Operator	Registered beds	Single Rooms	En Suites
Abbey Lodge	Abbey Lodge Residential Home	25	21	21
Admiral House Care Home	Ms Claire Beckett	38	38	20
Ashley House	Purelake Healthcare	17	15	0
Balgowan Nursing Home	Hythe Care Homes	33	25	4
Brampton Lodge	Carewise Homes	23	23	22
Broadmeadow	Kent County Council	40	40	0
Cedar House	Cedar House (hythe)	29	25	17
Cornerways Residential Home	Arvind Rajendra Khanna	19	19	13
Creedy House	1st Choice Care Homes	44	40	11
Cumbria House	Ashwood Healthcare	32	26	22
Elm Lea	Mr & Mrs Mookesh Oojageer	15	15	15
Fairways	David James	25	25	7
Grimston House	Rosemere Care Homes	21	21	18
Hatfield Lodge Emi/residential	1st Choice Care Homes	33	33	17
Hawkinge House	Graham Care Group	90	90	90
Highfield Private Rest Home	Silverleaf Care Homes	31	29	19
Hythe Nursing Home	Hythe Care Homes	40	40	24
Lindau	Care Excellence	26	20	20
Madeira Lodge Care Home	Belmont Sandbanks	28	26	3
Mandalay	Pearl Healthcare	46	46	46
Mont Calm, Clifton Crescent, Folkestone	Mont Calm Care Group	20	16	18
Mont Calm, Sandgate Road, Folkestone	Mont Calm Care Group	20	16	2
Mont Calm, Earls Avenue, Folkestone	Mont Calm Care Group	28	22	0
Mont Calm Lydd	Mont Calm Care Group	22	16	8
Pelham House	Seacole's	22	22	3
Redlynch	Redlynch Residential Home	13	13	5
Romney Cottage	Kumar Vijayakumar And Dr	22	14	0
Saltwood Care Centre	Hythe Care Homes	55	55	36
Sandbanks	Belmont Sandbanks	25	19	5
St Claire's	Rosemere Care Homes	39	37	6
St Helier's Residential Hotel	Fraser Residential	30	30	29
St Margaret's Nursing Home	Simicare	25	21	9
The Grange Care Home	Ashwood Healthcare	28	28	22
The Old Rectory	Mr & Mrs T Blundred	26	18	14
Tranquility House	Mrs T Wratten	20	12	0

## administrative area

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Tudor Lodge Emi/residential Home	1st Choice Care Homes	44	38	37
Tynwald	Alice Butterworth Charity	24	24	0
Villa Maria	Marist Sisters	23	23	23
Wells House Nursing Home	Wells Care	21	21	9
Wells Lodge Nursing Home	Wells Care	22	22	22
		<b>1,184</b>	<b>1,084</b>	<b>637</b>

Of the 846 registered bed spaces, 1,084 bed spaces are shown to be within rooms for single occupation and of these, 637 have the benefit of en suite facilities. This would indicate that 53.8% of residents within these care homes occupy a single bedroom and have access to en suite facilities; 46.2% have to use shared WC and bathing facilities.

Both central and local Government regard it as best practice that residents in care homes should be offered the choice of a single bedroom with private en suite facilities.

### Local Provision of Extra Care Housing

According to the Elderly Accommodation Council's most recent records, there are some 46 schemes offering a total of 1,625 units of accommodation.

Of these, there are 3 schemes offering any form of Housing-with-care or Extra Care, providing 79 accommodation units, these being:-

<b>Scheme name</b>	<b>Provider</b>	<b>Units of Accommodation</b>
Holly Close	Hythe Care Homes Ltd	28
Mulberry Court	The Swallow Group	12
Summer Court	Housing 21	39
	<b>Total for 3 schemes</b>	<b>79</b>



## conclusions

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Census information indicates that there are currently some 17,510 people aged 65 years or above living within a 5 mile (8km) radius of the subject property. This number is forecast to increase substantially over the next two decades, by 4,468 by 2023 and by a further 5,582 by 2033.

By applying national estimates of care need to these populations, we have estimated that the number of older people likely to require some form of residential or extra-care facility will total 1,173, 1,473 and 1,847 in these years respectively.

Within the designated catchment area, there is current extra-care provision for 139 and residential/nursing home capacity for 966 residents. Based on this provision, there would appear to be a current shortfall in provision of 68 units of accommodation.

If the care home capacity is viewed in terms of en suite bedrooms for single occupancy, the capacity is reduced by 397 spaces, thereby increasing this shortfall to 465.

On this same basis, the shortfall in total provision will rise to 748 places by 2023 and 1,122 by 2033.

It is impossible to accurately forecast how the increased demand should be distributed between care homes and extra-care housing, but the combination of further care home closures and the significant growth in the over-85 population, where the highest care needs occur, will necessitate an expansion of homes geared towards specialist dementia and palliative care.



**PINDERS PROFESSIONAL & CONSULTANCY SERVICES LTD**

**14 January 2014**

# **APPENDIX**

## types of care - terminology

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The Care Quality Commission is responsible for the registration, regulation and inspection of care service provision in England. (Separate bodies undertake a similar role in Scotland, Wales and Northern Ireland).

Individuals or organisations providing care services must be registered with the CQC. In relation to the care of the elderly, services are broadly divided into care and care-with-nursing. The provider must demonstrate the qualifications and experience necessary to provide the services they intend to provide. The services can be provided at locations which may be specified (in the case of a care home) or non-specific (such as an individual's own dwelling).

A distinction should be made between the provision of personal care and support. The former is likely to involve assisting an individual with personal functions such as eating, washing, toileting etc. The latter is likely to be more limited, providing property maintenance and emergency assistance when necessary.

Different terminology is used to describe the many types of care provision, as follows:-

- **Care Home** – probably the most familiar type of care accommodation where elderly people have their own bedroom and share communal areas. Care is provided by registered operators but qualified nursing staff are not employed.
- **Care with nursing home** – as above but with qualified nursing staff on duty.
- **Age-Exclusive Housing** – any type of property (apartment, bungalow, house) where occupancy is restricted to those over a specified age (usually 55 or 65 years). These can be referred to as supported housing, retirement housing, warden-controlled housing or sheltered housing. They may be purchased or occupied under a tenancy or rental agreement. Such housing is provided by Local Authorities, Housing Associations and private-sector developers. Care services are not provided but some form of emergency call system will usually be included. McCarthy & Stone are the most well known providers of such housing.
- **Extra Care or Assisted Living** – similar in nature to age-exclusive housing but on-site care provision will be an integral service. The care packages received are individually tailored to meet the changing needs of individuals. Because of this, such schemes are seen as offering a more flexible long-term choice where future care needs can be accommodated.
- **Close care** – similar in nature to Extra Care but usually in close association to a residential/nursing home. A Care Village is likely to include both a residential care home and independent housing, offering ultimate choice and flexibility to meet changing needs.
- **Domiciliary care** - is the provision of care within an individual's own dwelling. This can be within the 'family' home in the community or to an apartment/bungalow within an age-exclusive housing scheme. Because of budgetary constraints and increasingly congested roads, care visits are generally quite brief, restricting the amount of care which can realistically be provided. By focusing resources on a group within an Extra-Care scheme, care can be provided more efficiently and effectively.

Some perceived advantages of extra care and close care housing include:

- The intensity of care can be adjusted easily on a daily basis according to the resident's needs;
- Residents can remain in extra care with greater degrees of frailty and ill health than they could in their own disburged homes, even with intensive home care packages;
- Moving to extra care can free up a larger unit of social housing for use by a family;
- In the private sector, extra care can release housing equity to pay privately for care;
- Enables older people to live independently as part of a community rather than being isolated;
- Encourages older people to remain more independent for longer;
- Measured levels of dependency may decrease after a period in extra care;
- Offers residents a capital investment in the case of long leasehold schemes; and
- Enables couples not to be separated by one partner leaving to enter a care home.

# factors affecting care provision

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The main barriers to entry within the residential care and nursing home market locally reflect fairly accurately those that are experienced generally across the UK. These are:

- Lack of allocated sites;
- High construction costs;
- Care & physical environment standards; and
- Lack of suitable staff.

**Care Home Viability** - Typically homes with a registration of less than 20 may struggle to remain economically viable as businesses. In many instances their future viability may well depend on the home's ability to extend, or to convert the existing accommodation to single en suite bedrooms.

**Adaptability of Existing Homes** - non-purpose built care homes are typically within converted private houses, or within converted hotels or bed and breakfast accommodation. Such accommodation by its very nature is often difficult and costly to reconfigure. Usually, the creation of larger bedrooms and en suite facilities would reduce the registration of the home to render it less profitable and less viable. In such circumstances it is typically more beneficial for the care home owner to dispose of the property to an alternative use.

**Lack of Allocated Sites** - many planning authorities do not designate any sites within their Local Plan or Local Development Framework or sufficient areas for the provision of care for the elderly. This results in a lack of affordable sites in appropriate areas.

**High Construction Costs** – the buoyant residential house development market of the late 1990s and early 2000s led to an increased demand for house building. As with all industries, as demand increases for a product or services so its value or cost increases. Build costs in the construction industry have risen dramatically over the last decade or so. This has been exacerbated with the increased floor areas required within care homes, and increased market expectations in terms of the quality of accommodation.

Unlike traditional forms of development where income can be generated from pre-lets, pre-sales, or the costs can be spread over a longer period through phasing the development, the construction of a care home tends to be in one single phase and costs cannot be offset through pre-lets or pre-sales. In the case of a care home, the entire building has to be completed, fitted out and furnished before any income can be received. Even then it is usually not until the building is some 75% occupied that the home becomes profitable. It may well take some 6 to 12 months to reach such occupancy levels. Build costs in the construction industry have risen dramatically over the last decade or so.

**Lack of Suitable Staff** – the care industry is not the most glamorous industry. Recruiting and retaining staff, especially qualified nursing staff, poses the biggest challenge to operators. Frequently care operators are forced to look overseas for staff, especially qualified nursing staff.

A facility such as a new care home for the elderly would provide a range of employment opportunities from unskilled to semi-skilled through to fully qualified nursing staff. A 60 bed care home for the elderly would typically provide circa 60 full time equivalent employment opportunities.

**Care & Physical Environment Standards** – the industry is ever increasingly experiencing greater attention from various regulatory bodies. Increased standards have led to higher costs both from a development point of view as well as from a management/administration point of view. Increased bureaucracy involved has led to many potential entrants walking away from the sector as well as existing operators leaving it. The increased costs of development due to the increased new build standards are an obvious barrier to entry.

# accommodation standards

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National Care Home Standards - on 2 March 2001, The Department of Health issued new National Minimum Standards on room sizes and other facilities in respect of care homes, under the auspices of the Care Standards Act 2000.

Whilst the Care Standards Act (2000) specified standards for the physical environment within care homes, the subsequent Health & Social Care Act (2008), which came into effect on 1 October 2010, is far less prescriptive, with the suitability of the accommodation being assessed by the Care Quality Commission in relation to delivered care outcomes. Despite the absence of prescribed standards, the market continues to assess homes in relation to established benchmarks in terms of size and facilities and our comments below seek to reflect these.

Each home must produce an up-to-date Statement of Purpose, which will clearly state the aims and philosophy of the home, together with the services and facilities offered. Homes will be inspected and assessed to ensure compliance with this Statement and the Standards. It will be necessary, therefore, for homes to demonstrate that the property and facilities are suitable for the needs of the resident group accommodated.

Investors in the care home sector generally show preference for homes with accommodation meeting, or exceeding, the original minimum standards, which therefore remain as relevant benchmarks.

Aspects viewed as being of importance:-

- **Single Room Sizes** - single rooms should be at least 12m<sup>2</sup> and with en suite facilities. Older rooms which are smaller than 10.0m<sup>2</sup> are not viewed as having a viable future.
- **Twin Rooms** - rooms should only be shared where residents make a positive choice to do so. The majority of Local Authorities resist placing residents they fund into shared room accommodation.
- **Communal Space** - whilst the former National Standards requiring a minimum communal space (lounges, dining rooms etc) of 4.1m<sup>2</sup> per resident no longer exists, this is still viewed as a relevant benchmark.
- **Floor Levels and Accessibility** - all residents to have access to all private and communal areas (by means of ramps, where required). Grab rails should be available in corridors, bathrooms, toilets and communal rooms.
- **Lifts/Stairs** - all residents are to have access to all areas of the home, by means of a passenger lift, where required.
- **Wheelchair Access** – single bedrooms for wheelchair users must exceed 12m<sup>2</sup>. Doorways into rooms needing wheelchair access must be sufficiently wide and exceed 800mm in new homes.

# care home criteria

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- **Site area** required driven by the footprint of proposed buildings.
- **Size of the building** driven by two different factors:-
  1. National Standards minimum requirements; and
  2. Market forces/ expectations.
- Despite relaxation, National Standards not only increased floor areas within bedrooms and day space, but also in other areas of the home, because of the requirements for assisted bathing facilities, sluices, storage areas, lifts, grab rails in corridors and WCs, etc. Buildings had to be designed larger to accommodate all the facilities that made that building a suitable place for the administration of care effectively to the elderly.
- **Home sizes** - Local Authority care homes tend to be designed and constructed around the "brief" of the national minimum requirements. Overall, a new care home merely complying with these requirements could have an overall floor area equivalent to circa 45 m<sup>2</sup> per registered bed space. Therefore a 60 bedded care/nursing home could have a floor area of circa 2,700 m<sup>2</sup> over two floors – therefore a ground floor footprint in the region of 1,400 m<sup>2</sup>. Such a building would require a site area of a minimum of an acre (4,046 m<sup>2</sup>).
- Generally, single storey units are regarded by the industry as the ideal, but are often not practical or economical from a land use perspective.
- Private and corporate care operators, however, are not building care/nursing homes merely to comply with the minimum standards, but are looking to build bedrooms and homes of sufficient size to provide a better quality of life and attract the higher fee paying private clients, as well as future proofing themselves against any potential increase in spatial requirements or changes in legislation.
- **Bedroom sizes** - Typically bedrooms will be a good deal larger than the 12m<sup>2</sup> minimum requirement, and be circa 16m<sup>2</sup> to 20m<sup>2</sup>, excluding the en suite.
- **En suite** - The minimum en suite is a WC and wash hand basin, according to the Standards. However, to attract premium fees, operators are often providing en suite WCs, wash hand basin and level access showers or baths – the latter being seldom used, but providing a valuable marketing tool to sell the room/home to the prospective resident's family.
- **Private sector homes sizes** - With the larger room sizes and increased en suites, together with a greater number of smaller lounge areas, the corporate and private sectors are typically building homes between 50m<sup>2</sup> and 55m<sup>2</sup> per registered bed space. A 60 bed care home in this sector would be between 3,000m<sup>2</sup> and 3,300 m<sup>2</sup> and would therefore more typically occupy a site area of closer to 1¼ acres.
- **Bed spaces per home** - New build care homes for the elderly tend to have minimum registrations of circa 60 and go as high as 90, or even higher.
- Smaller care home owner/operator will typically be doing so from a converted former residential property, or old seaside hotel, registered for circa 25 residents or fewer.
- Corporate sector look to develop larger units of a minimum of 45 registered bed spaces in order to achieve the necessary economies of scale to provide the higher standards of care, accommodation and service. As the standard of accommodation and care rises, the minimum size of care home that can be viable increases.
- **Core and cluster** - Care homes are designed with "clusters" of bedrooms in multiples of 12 to 20. Wings within the homes will usually be of 12 to 20 and these will effectively form "mini communities" within the overall community of the care home. These areas will tend to be capable of being self-contained, with the exception of the kitchen and laundry facilities.
- They may contain 12 to 20 bedrooms, storage areas, a small lounge, dining area, an assisted bath, an assisted level access shower, separate WCs, sluice and nurse station. This is partly to minimise the institutional feel of the home, but also to maximise the staffing efficiency levels.