

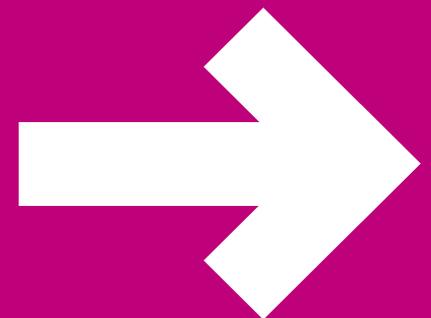
MANAGING CARE HOME CLOSURES

A GOOD PRACTICE GUIDE FOR LOCAL AUTHORITIES, CLINICAL
COMMISSIONING GROUPS, NHS ENGLAND, CQC, PROVIDERS
AND PARTNERS

This is one of a series of online guides providing practical tips and case studies to support health and care systems.



This Guide should be read alongside, **Care and Continuity: Contingency planning for provider failure**¹, which recognises and supports local authorities' key lead responsibilities for care markets, provider failure and service interruptions under the Care Act 2014.



¹ [Care and Continuity: Contingency planning for provider failure](#) (LGIU/ADASS/LGADH, Oct 2015).

INTRODUCTION

Care homes² are people's homes and people have the right to live there as long as they want. Unfortunately, this may not always be possible due to circumstances affecting the running of the care home, such as:

- force majeure - an emergency situation such as infection control, flooding or fire
- market exit by the provider
- management and workforce issues, such as not being able to recruit enough quality staff
- suspension of placements by commissioners due to quality and safety issues
- failures in quality which lead to regulatory action being taken to protect people living there from serious risks, including closing part or all of the home

When any of these incidents take place and the home closes (either temporarily or permanently), the process must be handled in a way that supports the people who live there so that, despite the difficult circumstances, people have a good experience of moving to a suitable, safe alternative home that meets their needs. Moving home can be traumatic even when people plan and choose to do this, so the impact when people have to move at short notice due to unforeseen circumstances or emergencies should not be underestimated. This also applies to people affected indirectly by the closure, such as those already resident in care homes where people move to.

This Guide is designed to be used by all parties involved in planning and carrying out closure of care homes, including:

- care home providers and partner organisations in the delivery of safe, high quality care
- local authorities which have a lead responsibility for people with care and support needs and [Care Act duties in managing provider failure](#) where there is business failure, and services cease
- clinical commissioning groups, which may commission and fund nursing or continuing healthcare
- the Care Quality Commission, which regulates care homes
- voluntary and third sector organisations who have the opportunity to provide support in the event of a closure

The Guide should help these partners to co-ordinate action, avoid duplication and prevent confusion for providers and health and care staff in the homes that are closing or that receive residents from homes that close. It recognises both that the care home provider retains primary responsibility for residents, wherever possible, and local authorities' statutory duties. The Guide also recognises that there may be situations where a number of care homes (individual or part of a larger provider) close within the same time period. The Guide and checklist should be used in each instance, with the scope of communications with and relationships between partner organisations expanding as appropriate in line with the scale of the closure situation and the number of homes and people affected.

Managing care home closures aims to ensure that, where temporary or permanent care home closure situations arise, there is a joined-up and effective response from all partners involved to minimise as much as possible the impact on people using services, their families, carers and advocates and to keep them as fully informed and involved as possible throughout the changing situation.

² By "care home" we mean a care service providing residential care and/or nursing care that is funded by the local authority or the NHS, or is self-funded or receives a combination of funding.

It has been developed through work with, and input from, a significant number of stakeholders including the Association of Directors of Adult Social Services, Local Government Association, NHS England, the Care Quality Commission, provider and commissioning organisations and representative bodies for people using services and their carers.

This Guide sets out a number of essential principles that should apply in care home closure situations, endorsed by stakeholders. It sets out key issues that need to be addressed, underpinned by a detailed [checklist of actions](#) to ensure people are at the heart of the process.

This document should be read alongside [Care and Continuity: Contingency planning for provider failure](#) as part of ordinary business continuity and contingency planning and the [management checklist](#) should be included amongst policies on planned and unplanned closures.

PRINCIPLES

The needs of people using services must be at the heart of everything we do

Choice, dignity, compassion and respect - People using services should have their choices supported, and they should be placed at the centre of the process and kept safe throughout. They, their families, carers and representatives, should be treated with dignity and compassion at all times and have their rights respected.

Safeguarding - Safety and the best interests of residents should be at the forefront of all decisions taken and, where possible, residents should be supported to choose where they move to.

Confidentiality - Data about people should be handled in line with Caldicott principles.

Continuity of quality care

Providers should do all they can to prevent care homes closing where possible, particularly where remaining open is in the best interests of the residents and where issues effecting the operation of the home can be overcome.

Where remaining open is both in the best interests of the residents and it is possible to overcome issues, partners should do all they can to prevent care homes closing where possible.

Quality - There should be a single shared view of quality between organisations that have a role in scrutinising quality. This will give care providers clarity on what they need to do to avoid failures of quality.

Success and sustainability - Care providers should work with partners to access high-quality and consistent support to tackle challenges to quality and sustainability.

Where closure is unavoidable and/or in the best interests of residents, all partners need to know what to do and to work effectively together

Transparency - Regulators and commissioners (local authorities and clinical commissioning groups) should be open with providers when discussing quality issues and failures.

Roles and responsibilities - Providers retain primary responsibility for the welfare of residents, wherever possible; care home managers and staff are expected to contribute to the smooth running of a closure procedure. A lead authority should be agreed between all partners at the earliest stage of potential closure and any statutory duties identified³.

Planning - Clear contingency plans (including checklists of actions to take) should be developed to help manage unplanned or emergency closures and when people need to be moved in a crisis.

Co-ordination - In closure situations, the lead authority and partner organisations should arrange single, named co-ordinators (for example, to support families, arrange transport and to lead on communications, both internal and external). Partner organisations should be informed of these arrangements and also:

- who commissioned the service (i.e. one or many local authorities or clinical commissioning groups, or individual self-funders)
- who and how many people are using the service and how to contact them
- people's care and support needs, and support if making decisions on alternative placements
- people's funding arrangements
- availability and cost of alternative placements during recommissioning process

Communication is key

Communications with residents, families, carers and staff should take place from the outset and throughout. In closure situations, a communications strategy should be quickly developed and shared with partners. This will enable them to issue a single, clear, joined-up message. This messaging will need to be co-ordinated and may become public.

³ Including local authority duties under the Care Act in business failure situations.

KEY ISSUES

1. The closure of **registered** care provision can be highly challenging in that it requires an immediate response by a local authority (LA), which has a **temporary duty** under the Care Act 2014 to ensure people's needs for care and support continue to be met when a care home is unable to continue to provide a service, regardless of funding/ self-funding arrangements. Clinical commissioning groups (CCGs) may also be involved if they have commissioned care from the provider, and the LA and CCG need to work together with stakeholders to ensure all residents receive a rapid needs assessment and safe transfer to an alternative care setting, irrespective of how their care is funded. The provider, however, retains primary responsibility for the immediate welfare of the affected residents, wherever possible.

2. Unplanned closure may be as a result of:
 - quality failures and risk of harm to people resulting in a notice of proposal to remove the regulated activity and location from registration or, where there are very serious risks, immediate closure by CQC
 - suspension of placements by commissioners due to quality and safety issues
 - force majeure - an emergency situation, such as infection control, flooding, or fire
 - management and workforce - internal issues affecting the effective running of the care service overall or reducing its capacity. However, CQC, the LA and CCG may not have had advance warning.

3. Planned closure may be as a result of:
 - planned market exits - such as a provider selling a care home to a developer for alternative use and, due to commercial reasons, CQC, the LA or the CCG may not have been aware in advance.

4. While some unplanned care home closures are unavoidable, such as those caused by force majeure, other issues which could cause closures, such as those relating to quality or the workforce, should be identified early enough to allow the provider to take remedial action. Preventive intervention by providers or partner organisations to avoid closure is only likely to be appropriate where there are no suitable alternative facilities in an area. Where such interventions fail, this should result in interim planning to ensure safe closure. The expectation should be that the latter closures should not be emergency closures. However, it is acknowledged that sometimes circumstances may mean this is not possible.

5. Any contracts between commissioners and care providers should contain clauses to provide for reasonable notice of intent to cease the service to prevent unexpected closures that are caused by planned exits by providers from the market (for example, a sale to a developer).

6. Unexpected closures can also take place in care homes, regardless of funding arrangements, including those that have only self-funding residents, which may choose to exit the market, for example for financial reasons.

7. The closure of any care home places stress on the local health and care system that may require a number of neighbouring CCGs and local authorities to work closely to identify alternative capacity. Where such capacity may be required, joint protocols should be established to ensure support arrangements are in place.

Approach and pace of action

8. Every situation is different, and it is up to the provider, LA and CCG senior managers to decide the best approach to each situation, seeking advice and expertise from CQC as necessary, and working to joint documents/processes and sector guides⁴. CQC should provide the LA and CCG with information about notice of intentions in advance where possible.

9. The time available to act will vary - possibly significantly - between situations. These will depend, among other things, on:
 - the imminence of the closure
 - risk to life, health or welfare of residents
 - the feasibility of maintaining the operation of the care home until residents are moved.

10. Where the temporary maintenance of a home is an identified option, this should allow for a closure timeframe that no longer makes it “urgent”.

11. All the actions in the [checklist](#) should be considered, but not all may be practical in the time available. Residents and their needs are paramount, and effective communications and co-ordination between agencies and with residents and their families or representatives are key.

12. The transfer of residents to alternative care facilities depends on their assessed needs, and the availability of alternative capacity in the local market at a cost that is affordable by the commissioner(s) or self-funding residents. It is important that residents and carers are supported to choose an appropriate home, recognising that in some circumstances there may be unavoidable restrictions.

13. The re-location process will be led by the LA or the CCG (agreed by them) - however it is imperative that any response is co-ordinated jointly.

Where more than one care home is involved e.g. where a multi-location provider becomes insolvent and services are to cease, LAs and CCGs that are affected⁵, need to work closely with CQC and the provider to plan as the situation unfolds. This will help ensure that, should closure of one or more homes take place, appropriate, co-ordinated action is taken that adheres to the principles of this document and safeguards the welfare and rights of people using services who need to move to alternative accommodation.

Activation procedure for unplanned closures

14. The decision to activate the unplanned closure procedure will be taken by partners liaising as the closure situation emerges. This is likely to be the LA and CQC or the CCG. They should communicate the following information as soon as possible with other relevant partner stakeholders (CQC, LA, CCG, provider):
 - location details and nature of the service (including number of residents and planned new admissions e.g. from hospital)
 - profile of residents (including how their care is funded)
 - type of unplanned closure and reasons if known
 - urgency (low, medium, high, immediate).

⁴ [Care and Continuity: contingency planning for provider failure \(LGIU/ADASS/LGA/DH\)\(2015\)](#)

⁵ [Care Act 2014 Statutory Guidance - see chapter 5](#)

15. Due to the risk that an unplanned closure may present safeguarding issues for residents, it should also be clear that those responsible for safeguarding adults should also be notified at this stage.

16. Where the provider has taken preventive action to improve the home and keep it operating, but it has been assessed as failing to achieve the required outcomes, their decision to close the care home should be planned and potentially not 'urgent'.

17. Where CQC decides to remove a provider's location or regulated activity, such as nursing care, the LA, CCG and CQC should agree to activate the closure procedure jointly and then work in partnership with the provider to close the specific service or part of service in a controlled way to minimise the effect on people's wellbeing.

18. Where a provider decides to close one or more care homes, they are expected to notify relevant parties (commissioners, CQC, LA), in writing, to give advanced warning to activate the joint closure procedure.

19. The LA, CCG or CQC will arrange regular multi-agency discussions via the Joint Incident Steering Group or Director of Adult Social Services to agree and progress a plan of action, involving the provider and relevant partners as necessary. In very short notice closures, incident rooms may need to be set up and actions can start before a planning meeting is convened.

20. In order to ensure timely involvement of all key parties, including CQC, this may necessitate 'virtual' meetings such as by teleconference.

21. At the initial meeting the lead officer will be nominated and will:
 - Be responsible for ensuring that all decisions are made and implemented in a timely manner
 - Ensure minutes are taken of each meeting with agreed actions and circulated to team members and heads of service
 - Agree a password to protect documents
 - Decide on the frequency of meetings (regular meetings are expected), agree a core group of members who are kept informed and responsible for cascade of information in their own area
 - Ensure that the meeting will also discuss, if deemed appropriate, potential measures to prevent or delay closure (such as short term additional funding or assistance from CCG or local authorities)
 - Designate a co-ordinator for resident/family communications, transport arrangements and an administrative lead

22. An agreed plan will be developed ([see management checklist](#)), paying particular attention to understand the residents and their needs (where they wish to live after the closure of, or move, from their current home) and co-ordinated communication with their family and carers.

23. Moving people from their home environment is extremely stressful. It must be handled sensitively and should not take place in the hours of darkness, unless there are, exceptionally specific reasons why this is necessary (such as an immediate threat to the resident, for example fire or flood). Residents should not be left standing, sitting or waiting in the open air and should not be transferred from a care home until the transport vehicle is on site and available to take them immediately. At least one designated person should accompany each transport to provide reassurance and answer questions.

24. A final multi-agency meeting should be arranged to tie up any loose ends, review the process and its effectiveness and to ensure that all people who moved have been found a satisfactory home that meets their needs and choices.

CHECKLIST OF ACTIONS

It is good practice for organisations, such as LAs, CCGs, care providers, insolvency practitioners and CQC that are involved in unplanned or urgent closure situations to use checklists to ensure the process is effective and co-ordinated. The information captured includes:

- who the leads in partner organisations are, showing their up-to-date contact details
- contact details for other key agencies involved
- details of co-ordinators for transport, and families' and relatives' information and communication
- times and dates of key meetings.

Checklists should be used appropriately to enhance the human dimension to a closure situation; pro-active decision-making and intervention should form the basis of the work, with the checklist available as a support tool and to cross-check against.

It is also helpful for providers to have contingency and business continuity plans available, which are regularly reviewed and updated, so that when unplanned closures occur, they are prepared and know what action they and partners need to take for the benefit of people using services⁶.

There is a [checklist of actions](#) each organisation should consider in closure situations, with columns to record which organisation is dealing with each action (where more than one organisation is involved, the lead should be noted if one has statutory responsibilities or has been agreed). The checklist assumes a good working relationship and communications between the organisations involved at a local level. The list is not exhaustive and recognises that local plans may apply in some cases to reflect particular circumstances.

⁶ Part Two, Care and Continuity: contingency planning for provider failure (2015)

To share or discover more case study examples in this area please use the BetterCareExchange. Create an account [here](#).

Special thanks goes to [these organisations](#) for their support, time, effort and commitment during the development of this Guide.

Did you find this Guide useful?

