

NHS Dorset Clinical Commissioning Group

Pan Dorset Procedure for the Management of the Closure of a Care Home



Supporting people in Dorset to lead healthier lives

PREFACE

The planned or imminent closure of a care home poses a significant risk to vulnerable adults and as such all relevant staff working within the NHS Dorset Clinical Commissioning Group (CCG) and Local Authorities are required to cooperate to ensure individuals are appropriately safeguarded. The CCG, Dorset County Council, Borough of Poole and Bournemouth Borough Council are required to follow the procedure outlined in this document as a priority in the event of notification of a care home closure (with or without nursing).

All managers and staff (at all levels) are responsible for ensuring that they are viewing and working to the current version of this procedural document. If this document is printed in hard copy or saved to another location, it must be checked that the version number in use matches with that of the live version on the CCG intranet.

All CCG procedural documents are published on the staff intranet and communication is circulated to all staff when new procedural documents or changes to existing procedural documents are released. Managers are encouraged to use team briefings to aid staff awareness of new and updated procedural documents.

All staff are responsible for implementing procedural documents as part of their normal responsibilities, and are responsible for ensuring they maintain an up to date awareness of procedural documents.

A	SUMMARY POINTS
	<ul style="list-style-type: none"> • This document sets out the agreed procedure for the management of the closure of a care home.
	<ul style="list-style-type: none"> • Each organisation will have a standard operating procedure that provides detail of internal roles and responsibilities throughout the process.
	<ul style="list-style-type: none"> • The following key principles underpin the procedural process; • Meeting individual needs of people and offering choice where possible; • Maintaining the quality of care and safety of residents is paramount; • The closure is unavoidable and/or in the best interests of residents; • All partners will work effectively together to meet people's needs.

B	ASSOCIATED DOCUMENTS
	<ul style="list-style-type: none"> • Incident Response Plan 2016 and relevant on call action card for Care Homes Closure • Multi-Agency Strategy for Early Intervention and Prevention 2015-2018 • Non Emergency Patient Transport Policy • Business Continuity Plans • Dorset Overarching Information Sharing Protocol 2016 • Mental Capacity Act 2005, code of practice guidance 2016

C	DOCUMENT DETAILS	
	Procedural Document Number	Policy ID 89
	Author	Jaydee Swarbrick
	Job Title	Professional Practice Lead
	Directorate	Quality
	Recommending committee or group	Quality
	Approving committee or group	Directors
	Date of recommendation	Complete

(version 1)	
Date of approval (version 1)	21/11/2016
Version	1
Sponsor	Sally Shead, Director of Nursing and Quality
Recommendation date	21/11/2016
Approval date	21/11/2016
Review frequency	Every 3 years
Review date	21/11/2019

D CONSULTATION PROCESS			
Version No	Review Date	Author and Job Title	Level of Consultation
1.	8.8.2016	Jaydee Swarbrick Professional practice Lead NHS Dorset CCG	Key Stakeholders; Representatives of the 3 Local Authorities, Dorset County, Borough of Poole and Bournemouth Borough Councils Adult Services, Safeguarding Leads, CCG Quality and CHC Senior Team

E VERSION CONTROL					
Date of issue	Version No	Date of next review	Nature of change	Approval date	Approval committee /group
21/11/2016	Complete	Complete	New procedural document	Complete	Complete

F SUPPORTING DOCUMENTS/EVIDENCE BASED REFERENCES		
Evidence	Hyperlink (if available)	Date
Managing Care Home Closures – A good practice guide for Local Authorities, Clinical Commissioning Groups, NHS England, CQC, Providers and Partners Care Act 2015	http://www.nhs.uk/NHSEngland/keogh-review/Documents/quick-guides/1577_QuickGuide-CareHomes_9.pdf	July 2016

CONTENTS		PAGE
1.	Relevant to	
2.	Introduction	
3.	Scope	
4.	Purpose	
5.	Definitions	
6.	Roles and responsibilities	
7.	Procedures/document content	
8.	Training	
9.	Consultation	
10.	Recommendation and approval process	
11.	Communication/dissemination	
12.	Implementation	
13.	Monitoring compliance and effectiveness of the document	
14.	Document review frequency and version control	
APPENDICES		
A	Equality Impact Assessment	
B	Register of occupancy	
C	Movement register	
D	Transfer and Walkabout checklist	

PAN DORSET PROCEDURE FOR THE MANAGEMENT OF THE CLOSURE OF A CARE HOME

1. RELEVANT TO

- 1.1 This procedure is relevant to all managers and staff involved the planned or imminent closure of a care home in Bournemouth, Dorset and Poole. This includes those employed by the CCG or the three Local Authorities.

2. INTRODUCTION

- 2.1 NHS Dorset Clinical Commissioning Group (CCG), Borough of Poole, Bournemouth Borough, and Dorset County Council commission services from the independent sector to meet the needs of people requiring residential and/or nursing care. As such the CCG and the three Local Authorities (LAs) are responsible for ensuring the services commissioned are safe, effective and appropriate and have a duty of care to ensure the services commissioned are monitored to ensure safety, quality, equity and best practice. All of the residents will be registered with a General Practitioner and all will remain fully entitled to main NHS healthcare services

- 2.2 The CCG and LAs work in partnership to monitor the contract and service specifications for Care Homes with and without Nursing and have worked closely in the development of contracts and service specifications for quality standards. The LA has a duty to monitor all residential care services, the CCG facilitates nursing expertise in the process working in partnership with the LAs who provide social care standards expertise based on CQC guidance and legislation.

- 2.3 The Care Quality Commission (CQC) independently regulate health, mental health and adult social care and are responsible for registering, reviewing and inspecting these services. Where providers of services fail to meet the legal requirements of their registration or the fundamental care standards CQC may take enforcement action against them including:
- Using *requirement notices* or *warning notices* to set out what improvements the care provider must make and by when.
 - Making changes to a care provider's registration to limit what they may do, for example by imposing conditions for a given time.
 - Placing a provider in *special measures*, where the quality of care is closely supervised while working with other organisations (e.g. the LAs and CCG) to help them improve within set timescales.
 - Hold the care provider to account for their failings by: issuing simple cautions issuing fines, prosecuting cases where people are harmed or placed in danger of harm.
- 2.4 Through collaborative working the LAs, CCG and CQC aim to avoid inconsistencies and ensure that any action taken is the most appropriate for the situation and that people are appropriately safeguarded during the process.

3. SCOPE

- 3.1 This procedural guide should be read alongside relevant organisational documents that support the LAs' key lead responsibilities for care markets, provider failure and service interruptions under the Care Act 2015.
- 3.2 The processes for quality monitoring and managing shared information is covered in the Dorset overarching Information Sharing Protocol and through the Bournemouth, Dorset and Poole Care Quality Monitoring Group.

4. PURPOSE

- 4.1 The aim is to use this guidance in providing a multi-agency approach when faced with a closure of a care home (residential or nursing). Each organisation has a standard operating procedure which is enacted internally.
- 4.2 The duty of care to service users in relation to ensuring safe and appropriate accommodation is the responsibility of the commissioners of the service provision. The three LAs and the CCG work to this aim under a joint contract and service specification.

5. DEFINITIONS

- 5.1 This document is a procedural guide for staff and managers in the event of the notification of a care home closure.

6. ROLES AND RESPONSIBILITIES

- 6.1 The LAs are lead commissioners and the statutory safeguarding body and as such it is the responsibility of the care home providers to inform them in the event of a decision or notification to cease a service where there is a contract in place.
- 6.2 The CCG is the lead commissioner for health services that support the delivery of NHS care in community settings. Through Continuing Healthcare (CHC) the CCG also provides NHS funding for individuals requiring ongoing funded care through full CHC or funded nursing care(FNC) and under Section 117 of the Mental Health Act.
- 6.3 It is the responsibility of both the LAs and the CCG to monitor the quality of care delivered in the commissioned independent care sector. These organisations share concerns, however the responsibility for applying a contractual block or caution to a provider where care is compromised remains with the LA as lead commissioner. During any closure process the quality and safety of care will be monitored under the agreed process with each LA.
- 6.4 The CHC team will review each funded individual to be transferred to assess eligibility criteria and ongoing care needs to ensure the most appropriate accommodation is secured.

- 6.5 The CCG will ensure the relevant Primary Care locality are informed of the intent to close a service as well as the community health service provider.
- 6.6 The community health service provider, Dorset HealthCare, have a role in supporting care homes where there is a community nursing caseload. These residents will be LA or self-funded and may require assessment and review of care plans prior to any move to assist the LA in securing appropriate accommodation.
- 6.7 The principles of the Mental Capacity Act will be applied by all health and social care partners in the individual assessments and review of all residents affected during a move. This will include appropriate use of best interest decisions and involvement of independent advocacy services for those who do not have an appointed attorney (health and welfare, finance and property).
- 6.8 The CCG are responsible for co-ordination of transport services (both the resident and their belongings) for NHS funded residents through the non-emergency patient transport provider, and will support the LA to secure transport for all residents. The care home providers are responsible for the return of staff required to escort residents following any transfer. The LAs are responsible for the co-ordination of removal services to transfer belongings for non NHS funded residents.
- 6.9 It is the primary responsibility, whenever possible, of the provider to maintain a safe environment and continuity of care during the closure process. The care home provider has the responsibility to inform residents, their family and/or representatives as well as staff of the intention to close. They should also ensure each resident's GP is informed and summary care records requested.
- 6.10 The standard operating procedure (SOP) for each organisation will provide details of individual post and team roles.

7. PROCEDURE

Notification of intent to close a service.

- 7.1 There are three identified triggers for closure of a care home:
- **Immediate** – If a closure is due to a major incident or service users are identified by the CQC or other agency as at an immediate risk of serious harm the Incident Response Plan is followed;
 - **Urgent planned** – Where there are considerable unresolvable quality and safety concerns raised through quality monitoring, CQC and/or safeguarding the LA and CCG may take the decision to remove residents in consultation with their families and/or representatives or replace the management team with an interim agency;
 - **Non Urgent Planned** – This is following the business decision of the provider to cease operations within a contractual notice period.
- 7.2 The timescales for each type of closure will vary according to circumstances. An immediate closure is anticipated to take place within one to two days. An urgent planned closure may take one to two weeks and the contractual notice

period for a non urgent planned closure is three months. Agreement may be reached following a provider decision to bring forward the date of actual closure where there are concerns the safety and quality of the service may not be sustained.

- 7.3 The same process is followed for each type of closure with the exception of immediate, as the Incident Response Plan takes precedence.

Closure strategy planning meeting

- 7.4 The lead LA organisation will arrange a strategy planning meeting following notification of intent to close a service.
- 7.5 Invites to the strategy planning meeting will be sent to representatives of LA, CCG and the Provider and consider involvement of the community locality team, communications teams, Safeguarding team 9 where there are safeguarding concerns) and CQC if required. Lessons learned from recent care home closures have demonstrated the value of having the provider involved in the planning from the outset where possible. The Standard Operating Procedures for each organisation will detail which individuals or teams should receive the communication.
- 7.6 Where there are residents from a non-Dorset LA or CCG it is the responsibility of the lead organisation to ensure that the relevant funding authority is informed of the impending closure and invited to the meeting.
- 7.7 The purpose of the closure strategy planning meeting is to:
- Ascertain information regarding current status of care home from each agency involved, which may include the three LAs, the care home provider CCG, community provider and CQC;
 - Establish any immediate risks to residents and plan and agree safeguards to minimise risks with clear timescales to address these;
 - Agree a programme of urgent reassessment of care needs and mental capacity where required of all residents to be undertaken jointly by locality social workers and the CHC team;
 - Appoint an individual from the relevant teams to act as single point of contact and co-ordination for the operational procedure (hereafter referred to as the co-ordinator).
- 7.8 Following the closure strategy planning meeting, the lead organisation will notify the Accident and Emergency and Urgent Care Delivery Board (previously the Systems Resilience Group) and any key partners that were not able to attend of the outcome of the meeting and the process to be followed. Each organisation SOP will outline how progress will be communicated internally.
- 7.9 The provider will ensure all residents, their family and/or representatives are informed of the intention to close the home through a meeting and by letter.

Review and assessment of need

- 7.10 An up to date list of all residents including details of relatives and/or representatives, funding sources and General Practitioners (see example at Appendix B - Register of Occupancy) will be prepared by the provider. A contractual block on further placements will be instigated by the LA where they have a contract with the home according to the level of risk to residents remaining in the property.
- 7.11 It will be the responsibility of the LA to arrange the assessment of needs of self-funding residents as well as those funded through social services. The CHC operations manager will be responsible for co-ordinating the reviews of CHC funded residents. Residents funded under section 117 of the Mental Health Act will be assessed by the relevant community team and reported to the Mental Health Commissioning Manager in the CCG.
- 7.12 The reassessment must identify, discuss and agree resource requirements and enable identification of appropriate alternative placement. Moving and Handling assessments will be undertaken and documented to ensure safe and appropriate transport is organised. For those residents that are identified as not fit to transfer (e.g. residents at the end of life), local procedures will reflect the assessment and decision making process and will prioritise dignity and minimise distress that may be caused to the individual and their family.
- 7.13 The residents and their appointed representative should be involved in the process to identify a suitable alternative placement unless the timescale does not allow for this. In these instances a best interest decision will be reached by the lead professionals.
- 7.14 The co-ordinator will ensure continual recording of the chronology of all decisions and actions taken by various agencies throughout the closure process. In the event of a non urgent planned closure regular monitoring of the care home will be undertaken by the relevant monitoring team to ensure the health and safety needs of all residents are appropriately met. Provision of staff to meet the needs of the care home residents should be sourced and funded by the care home provider to maintain a safe environment and continuity of care.

Transfer and transport

- 7.15 All planned moves will be recorded using a Movement register (example at Appendix C) by the co-ordinator and will indicate the individual needs required such as type of transport or whether an escort is necessary. All residents records remain the property of the provider unless seized under enforcement, therefore a summary record should be prepared by the provider with a transfer checklist (example at Appendix D).
- 7.16 The CCG will communicate with the commissioned non-emergency patient transport service at an early stage to allow for capacity planning in the transfer of residents. The transport will include; essential personal equipment for the individual, their medicines, the medicines administration chart, any continence assessment forms with the product request form, the summary record including

checklist, a small bag of belongings including glasses, hearing aids and an escort where required.

- 7.17 With regards to equipment it will be expected that the receiving home will have all the necessary equipment to support the individual's assessed needs. The only equipment to be transferred to the new permanent placement is that which has been prescribed to a person specifically and procured via the Dorset Equip for Living Service.
- 7.18 It is the responsibility of the provider and the relevant funding authority to arrange for the relocation of all other personal effects including continence products in the event of an urgent closure. The provision of packing crates and storage or transport of larger items by a removal company will be arranged. All crates should be clearly labelled and records maintained to ensure that the correct numbers are delivered to the appropriate location and that all crates are returned to the removal company.
- 7.19 Each resident will be assessed as to whether they will need an escort during their transfer to their new placement to provide care support, maintain dignity and ensure safety. When a resident requires the support of an escort, it is the responsibility of the provider to arrange the transport for the return journey of the staff member.
- 7.20 Items of loaned Community Equipment no longer required will be returned to the Equip for Living Service by the provider. If a resident has previously had equipment provided by the Equip for Living Service then it should under no circumstances be given to other residents.

Post closure

- 7.21 Following the move of the final resident from the home, a joint visit by a CCG and LA representative will be conducted. The purpose of this final visit is to do a walkabout within the home to ensure all equipment, medicines and belongings have been appropriately transferred and to gain assurance regarding the arrangements for secure storage of records.
- 7.22 All residents moved are to be visited and reviewed by an allocated care manager or the coordinator following transfer to identify any problems or concerns with the process. A de-brief meeting will be convened by the lead organisation to review the procedure and identify any lessons learned.
- 7.23 Lessons learned will be used to inform the subsequent review of the protocols of each organisation as well as the procedural guidance.

8. TRAINING

- 8.1 Training needs have been considered and there are none identified.

9. CONSULTATION

- 9.1 The key stakeholders named in box D have been consulted in the development of the Care Homes Closure Procedure.

10. RECOMMENDATION AND APPROVAL PROCESS

- 10.1 Following consultation with key stakeholders the document will be approved within the CCG by Directors.

11. COMMUNICATION/DISSEMINATION

- 11.1 This document will be shared with all key stakeholders and named partners. It will also be available to Independent Care Providers through the CCG website.

12. IMPLEMENTATION

- 12.1 The procedural document does not require any new aspects to be implemented, therefore an implementation plan is not required.

13. MONITORING COMPLIANCE AND EFFECTIVENESS OF THE DOCUMENT

- 13.1 The Care Home Closure Procedure will be monitored through the de-brief meetings. Lessons learned will be used to inform review and update of procedures.
- 13.2 Each organisation will reflect the lessons learned in the relevant standard operating procedures.

14. DOCUMENT REVIEW FREQUENCY AND VERSION CONTROL

- 14.1 The Pan Dorset procedure for the management of the closure of a care home is reviewed every two years to take account of any changes in national guidance. Any other changes identified through lessons learned will be recorded as amendments and will be clearly identifiable to the section to which they refer and the date issued. These will be clearly communicated to all key stakeholders and partners.

Equality Analysis Form

It is desirable to undertake an Equality Analysis as part of our commitment to patients, staff and the public, to be attached to any procedural document and submitted to others as required or needed. A separate action plan may be needed to mitigate impacts.

Does the proposed policy, or changed practice, impact differentially on any of the [protected characteristics](#) (as defined in the Equality Act, 2010)?

Name of Strategy/Policy/Plan:

What are the intended outcomes of this work? To provide guidance to health and social care partners in the event of the closure of a care home in Dorset. A co-ordinated and collaborative approach by partners will ensure that the safety and well being of residents is safeguarded.

Name of person undertaking the assessment: Jaydee Swarbrick

Date of the assessment: 23/9/2016

Please consider impact (among others) in terms of:

- **Accessibility;**
- **Communication needs;**
- **Appropriateness of the service;**
- **And any other relevant matters.**

Initial impact assessment	Description of impact, and outline of any mitigation.
Race / ethnicity / nationality <i>Attitudinal, physical and social barriers.</i>	No impact. The right of individual persons to choice is respected and the principles of the mental capacity act apply.

Initial impact assessment	Description of impact, and outline of any mitigation.
<p>Gender</p> <p><i>Men, Women, Boys and Girls.</i></p>	No impact.
<p>Religion or belief</p> <p><i>Christianity, Islam, Non Abrahamic religions, Agnostics, Atheism</i></p>	No impact.
<p>Sexual orientation</p> <p><i>Lesbian, Gay, Bi-Sexual and Transgender</i></p>	No impact.
<p>Age</p> <p><i>Detail across age ranges on old and younger people. This can include safeguarding, consent and child welfare.</i></p>	The procedural document is for Care Homes with and without nursing commissioned by Dorset, Bournemouth and Poole Adult Social Services, therefore does not over services provided for children in the county.
<p>Disability</p> <p><i>(e.g.) learning disabilities, physical disability, sensory impairment and cognitive impairment.</i></p>	No impact.
<p>Marriage and civil partnership.</p> <p><i>Part-time working, shift-patterns, general caring responsibilities.</i></p>	No impact.
<p>Pregnancy and maternity.</p> <p><i>Detail on working arrangements, part-time working, infant caring responsibilities.</i></p>	No impact.
<p>Transgender.</p> <p><i>This can include issues such as privacy of data and harassment</i></p>	No impact.
<p>Other identified groups</p> <p><i>Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.</i></p>	All residents will be supported during a closure process, including those not in receipt of Local Authority or CCG funding.

Engagement and involvement

Have you engaged stakeholders in gathering evidence or testing the evidence available? If not what do you intend to do?

Key stakeholders have been consulted in the review of the procedural document.

If you have engaged groups please list below and include who was involved, how they were involved and the key outputs:

Groups engaged	Date and type of engagement	Outputs from activity
Local Authority teams and CCG Quality team	August 2016 circulation of draft for comment	Amendments accepted
Community Healthcare services provider	August 2016 circulation of draft for comment	Amendments accepted
CCG, CHC Operational team	September 2016	

Summary of Analysis of the overall impact

Overall the procedural document and guidance has no impact in relation to residents equality and diversity. Consideration of individual rights and needs under the Care Act and Mental Capacity Act have been considered.

Name of person who carried out this assessment: Jaydee Swarbrick

Date assessment completed: 23/9/2016

CDG lead:

Date assessment was signed:



Register of Occupancy

Total Current Occupancy Number of Vacancies Date Register Provided

Service User Name	Room Number	Date of Birth	Funding Authority	Nursing/Residential Level	Next of Kin Name & Address	Next of Kin Tel. Number	GP/Practice Details

Service User Name	Room Number	Date of Birth	Funding Authority	Nursing/Residential Level	Next of Kin Name & Address	Next of Kin Tel. Number	GP/Practice Details

Service User – Final Check of Home

Name of Service User		Funding Authority/Status	
Officers		Date of Check	
Check of Room Personal Belongings/Furniture			
Check of Medication and Continence Products			

Check of Laundry	
Confirm all belongings have been transferred to new placement	