Adult Social Care: Care Regulated Provider Closure Policy

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Adult Social Care:

Care Regulated Provider Closure Policy

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1. Introduction

1.1 This policy details the approach to be taken by Gloucestershire County Council's (we / the council) Adult Social Care when a provider is unable to meet care and support needs due to temporary interruption or permanent business failure.

1.2 Section 48 of The Care Act (2014) imposes a temporary duty on local authorities to meet needs in the event that a regulated provider becomes unable to provide a regulated activity to an individual due to a business failure. This duty applies regardless of whether the individuals care is funded by the local authority or not. This temporary duty is invoked where the following criteria are met:

- The provider must be a **registered care provider**
- The provider must be **unable to carry out the particular activity**. Where the provider is able to continue the activity despite business failure the duty will not be triggered.
- The activity that the provider is unable to carry out must be a **regulated activity**
- The inability to carry out the activity must be due to the provider's **business failure**

1.3 The duty applies as soon as the council becomes aware of business failure and applies to both the adult with eligible care needs and their carers**.**

2. Scope

2.1 This policy covers all regulated providers who undertake regulated activities such as:

- Residential homes
- Nursing care homes.

2.2 The duty does not extend to people in receipt of NHS funded Continuing Healthcare – the duty in these cases remains with the NHS – as the local authority does not have the power to meet needs which are required to be met by the NHS.

2.3 All individuals who are in receipt of a service to meet their care and support needs are to be supported under this policy, irrespective if the council is funding their social care, or if the individual is funding their social care themselves.

2.4 The council will take reasonable steps to work with the relevant Integrated Care Boards (ICB) in reaching agreements how care needs are met.

2.5 Our temporary duty will not be triggered in the event of a longer term planned provider closure, when we would expect to receive sufficient notice of at least 28 days advising of a planned closure.

2.6 The policy should be used in conjunction with the urgent closure checklist and planned closure toolkit.

3. Purpose

3.1 The purpose of this policy is:

- to outline criteria to activate the urgent closure response plan
- to incorporate new guidance on actions to be taken in the event of temporary provider disruption/permanent closure
- ensure care and support needs of all individuals accessing the service can continue to be met in the event of an immediate business failure by a regulated care provider in Gloucestershire

4. Legal context

4.1 The council must 'for so long as it considers necessary' meet the needs for care and support which were being met immediately before the business failure occurred in accordance with :

- The Care Act 2014
- Care and Support (Market Oversight Criteria) Regulations 2014
- Care and Support (Business Failure) Regulations 2015
- Civil Contingencies Act 2004

4.2 When a failed provider is providing an adult with NHS continuing Healthcare, commissioned by an Integrated Care Board, the duty falls to the NHS to meet continuing healthcare needs.

4.3 The duties of the NHS in such situations are beyond the scope of this guidance.

4.4 The council will work with the relevant Integrated Care Boards in reaching agreements how care needs are met.

5. Trigger Criteria

5.1 The duty to act will be activated if any of the following criteria is met:

- The council is notified of the imminent business failure of a regulated care provider in Gloucestershire.
- The council is advised of the immediate deregistration and closure of a regulated care provider by the Care Quality Commission (CQC), for example, on the grounds of health and safety or assessed risk to service users.

- The council is notified of a major and immediate unplanned business interruption, for example, a significant fire or flood, and where the care providers' own business continuity plan is unable or has failed to address the resulting service impact.

6. Responding to provider failure

6.1 The council will ensure the care and support needs of all individuals accessing a service are met in the event of an immediate business failure by a regulated care provider in Gloucestershire.

6.2 The types of failure covered in the plan include, but not limited to:

- Imminent closure or cessation of a service
- Cancellation of registration through a CQC enforcement action
- Immediate closure caused by fire or flood for example

6.3 The council is not required to continue the services that were previously provided and has discretion as to how it will meet those needs. Reasonable steps should be taken to ensure how needs are met causes minimal disruption to the person and are agreed with the individual, their carer and anyone they wish to be involved.

6.4 If the person lacks the requisite capacity to understand and contribute to how their needs will be met, the council must involve anyone who appears to be interested in the person's welfare.

6.5 In discharging this duty, the council will act promptly and is not required to carry out a needs or financial assessment, or make a determination of eligibility.

6.6 The council may arrange an Independent Care Act Advocate(s) or Independent Mental Capacity Advocate(s) (IMCA) to support:

- residents affected by a temporary or permanent closure of a care home
- people affected by other types of provider failure or service interruption including as a result of deregistration by / change of registration with the Care Quality Commission.

6.7 The council has the power to charge for the cost (except for the provision of information or advice) in meeting the person's care and support needs.

6.8 The council may also charge another local authority which was previously meeting those needs, if it temporarily meets the needs of a person who is not ordinarily resident in Gloucestershire.

7. Plan Activation and Responsible Officers

7.1 The following posts have the responsibility for Plan Activation. Managers will cover for one another where appropriate:

Services to Adults – 18 to 65	Head of Integrated Commissioning – Brokerage & Market Management Assistant Director, Strategic Lead for Long Term service - Adults
Services to Older People	Head of Integrated Commissioning (Older People)
Services to People with Disabilities	Head of Integrated Commissioning (Learning and Physical Disabilities)
Significant safeguarding failing	Head of Safeguarding

7.2 The responsible manager may appoint an Incident Manager for the purposes of day-to-day project management activating either an Urgent Checklist or the Longer- Term Planned Closure Toolkit. Both tools outline the setting up of an Incident Management Team and the responsibility for managing any one incident.

7.3 Wider emergency contingency planning of vulnerable people is detailed in the Local Resilience Forum (LRF) Vulnerable People Plan, which is written and reviewed by the Civil Protection Team (CPT).

8. Risk Mitigation

8.1 CQC subject certain providers to a focused market oversight regime. These providers will be those who, because of size, geographic location or other considerations mean that individual local authorities would find it difficult to replace, and therefore require national scrutiny.

8.2 CQC will only contact the council when the whole of one of these businesses is at risk or failing, not when just when individual services might be. Therefore, the council operates its own local market oversight approach.

8.3 The council will maintain market intelligence and monitoring functions to ensure a proactive approach to supporting the market and anticipating wherever possible any risks which might lead to service interruption or provider failure.

8.4 The activity will be proportionate and have regard to the information CQC may already have requested from providers.

8.5 Intelligence will be analysed in terms of risk to service users and to the local authority. Where appropriate, the council will carry out these activities on a regional basis and with relevant neighbouring authorities.

8.6 Activity in relation to market oversight will be underpinned by sound business continuity, contingency and emergency planning by both providers and council. All providers will be required to submit a BCP at the point of contract award and these plans are subject to annual review as part of contract monitoring

8.7 Where there is a planned strategy, good practice will require that the processes of this policy continue to be followed, but it should be recognised that the duties on the council are only for those people it currently supports, although best practice will be followed and the council recognises its safeguarding duties for vulnerable people.

8.8 Regulated care providers registered in Gloucestershire are responsible for informing the council in the event of a planned or unplanned closure. In the event of a planned closure then the provider must give Gloucestershire a minimum of 6-months' notice before the planned closure date.

8.9 All regulated care providers are required to maintain business continuity plans that should be regularly reviewed.

9. Provider failure in another local authority

9.1 Local authorities should notify each other when there is a regulated provider business failure in their area.

9.2 If an individual lives outside of Gloucestershire and has care funded by Gloucestershire County Council, the council will provide appropriate operational support to move and support the individual to an alternative service.

10. Escalation to Safeguarding Adults Large Scale Enquiry

10.1 Where individuals or groups of adults have experienced abuse or neglect the management of these concerns should be addressed through Gloucestershire's Multi-Agency Adult Safeguarding Policy and Procedures.

10.2 In cases where there is evidence of organisational abuse, the Gloucestershire Organisational Procedures should be followed and a Large Scale Enquiry (LSE) instigated. This will be chaired by a member of the council's central Safeguarding Adults team. The Organisational Abuse Procedures are intended for use only in the most serious of circumstances where systemic abuse or neglect is evident and there is a high level of risk and complexity.

10.3 Circumstances where the LSE process could be considered include, but are not limited to, the following:

- Where there is a pattern of individual safeguarding concerns, which seen collectively, indicate serious organisational abuse issues, particularly where there is evidence of criminal neglect on a wide scale;
- A serious single incident indicative of systemic and organisational abuse, such as that involving the death of an adult in their care;
- Where there is a failure by the provider to engage effectively with previous safeguarding enquiries for individuals, leading to continued risk of harm to a number of adults;
- where there is clear evidence that despite contract monitoring, quality improvement and / or CQC action planning there is insufficient evidence of improvements within the service. This is resulting in continued harm or continued risk of harm to one or more adult at risk.

10.4 The LSE process will not usually culminate in the need to remove all the adults from the service, apart from in exceptional circumstances.

11. Review

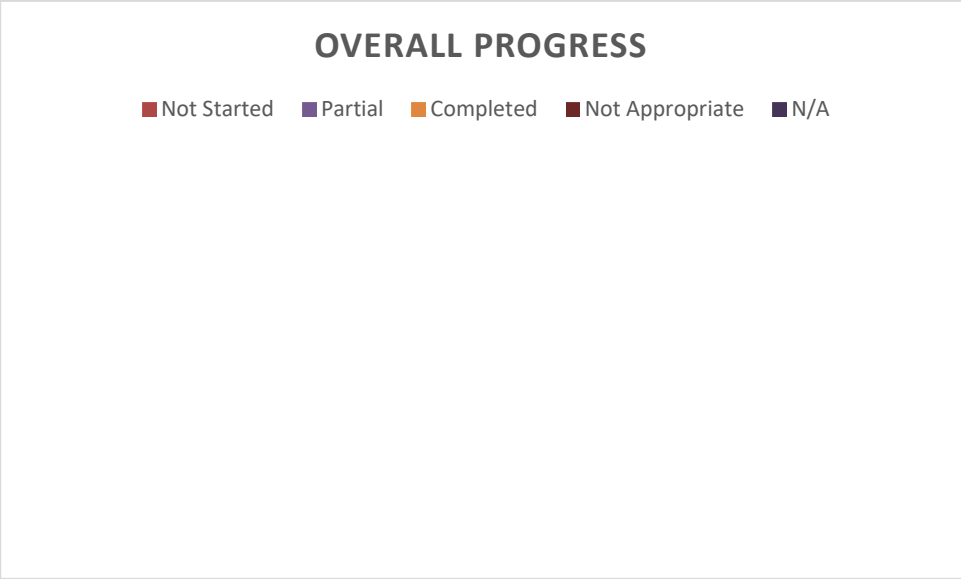
11.1 Contingency plans will be reviewed after each use.

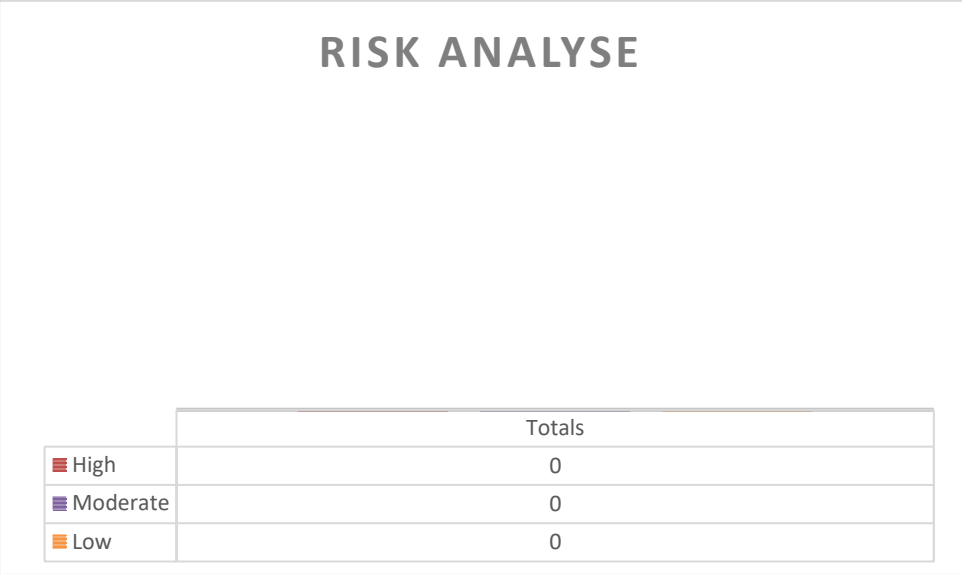
11.2 Where a contingency plan has not be used within twelve months of adoption, it will be subject to a routine review.

11.3 This policy will be reviewed by September 2025

12. Appendix 1 – Urgent Closure Checklist

Urgent Move Checklist





	Totals
High	0
Moderate	0
Low	0

Triggering the Closure Plan						
	Task	**Person**	**Guidance**	**Risk**	**Status**	**Notes**

0.1	Trigger to Closure Plan initiated	Head of Op's Head of Commissioning, Head of Safeguarding. Head of Brokerage	Agree that the triggers to mobilise the Incident Team have been met in liaison with relevant Head of Operations, Heads of Commissioning & Procurement and or Head of Service for Safeguarding.			
0.2	In urgent and emergency situations assemble an Incident Team	Head of Op's Head of Commissioning, Head of Safeguarding. Head of Brokerage Head of Service (Other Team including ICB)	The incident in the home or community may need an immediate or emergency response in which case an Incident Team will needs to convened. GCC may not be the lead in setting this up but may well have a contribution.			
0.3	Does the Civil Protection Team (CPT) need to be contacted.	Head of Op's Head of Commissioning, Head of Safeguarding. Head of Brokerage Head of Service (Other Team including ICB)	Does information gained have an impact on the wider community or does the LRF Vulnerable People Plan need to be initiated. Any incident may require the activation of this plan. For example: Disruption to a specific area e.g. flooding, severe weather, utility failure. Requirement for evacuation of a specific area. Residents in a specific area have been advised to stay indoors e.g. fire, chemical leak etc. Request from Tactical or Strategic Coordinating Group (if convened).			

Incident Steering Group						
	Task	**Person**	**Guidance**	**Risk**	**Status**	**Notes**

1.1	Assign an ISCM in Accountable Officer Role	ISCM Accountable Officer	Upon notification or after making a decision to close a home following policy guidance, the designated ISCM for the area in which the home is situated must be notified and they will take on the role of Accountable Officer for setting up the Incident Steering Group and developing and implementing the plan of action. Councils are required to safeguard the needs and welfare of all residents in care homes in their area, regardless of whether they are self or publicly funded and regardless of which Local Authority has placed them there. They will be reference as the Accountable Officer. Contact Details to be added to front of the document.			
1.2	Assign Support Officer (Supporting Senior Manager)	Senior Manager ASC	A member of the ASC Senior Management Team will be assigned to support the ISCM in coordination and to support in wider coms and updating the Senior Management Team and other Leaders (Directors and Council Members). They will be referenced as the Supporting Officer. Contact Details to be added to front of the document.			
1.3	Establish Key Point of contact from the Provider	Accountable Officer Supporting Officer	Accountable Officer and Supporting Officer will establish a key point of contact within the Provider of the home / homes closing. This should ideally be the home / home managers, but this may not always be possible, but a consistent lead should be identified. Contact Details to be added to front of the document.			

1.4	Establish Key Stakeholders and those involved. In setting up the Incident Steering Team	Accountable Officer Supporting Officer	The Accountable and Supporting Officers will consider support from other teams and organisations that need to be involved. Likely stakeholders: Provider / ASC Operations / ICB / Wider Health Teams / Emergency Services / Brokerage / CQC / Safeguarding / Brokerage / Commissioning. Contact Details to be added to front of the document.			
1.5	Is the provider registered	Accountable Officer Provider Lead	Ascertain whether the provider is registered with CQC or where not determine the legal scope of powers and duties. This will have an impact on how the group moves forward considering its Duties / Responsibilities.			
1.6	First Incident Group Meeting	Incident Group Members see 1.4 above	Assemble group and plan any emergency work that needs to be completed. The Accountable Officer will facilitate this session with if needed the support of a Loggist to ensure any early decisions are clearly and accurately recorded. Establish key individuals / time commitments / planned absences and the need for delegation with the Accountable Officer.			
1.7	Develop an Incident Plan	Accountable Officer	Devise an incident plan, allocating all relevant actions to group members.			
1.8	Planning and completing review meetings	Accountable Officer Support Officer	Arrange regular joint meetings of the key organisations involved to agree further actions and responsibilities, timescales, and methodology of communications across the closure period.			
1.9	Stakeholders Plan	Incident Team	Prepare a Stakeholders Plan for involvement, consultation, and information.			

1.10	Information to Leaders	Support Officer	Establish reporting arrangements to Executive Director, Director(s) and Lead Members.			
1.12	Communication Plan	Support Officer	Notify Communications Service for handling any briefings to and or responses from media. This will help to develop a Communication Plan.			

Clarifying Scale and Issues						
	Task	**Person**	**Guidance**	**Risk**	**Status**	**Notes**
2.1	Assign Coordination Officer(s)	Accountable Officer Support Officer	Dependent on the scale of closure moving forward it may be beneficial to assign manager(s) in various areas to coordinate ongoing work. These staff will support in gaining information and further detail coordinating wider staff teams supporting with ongoing work on the ground.			
2.2	Establish Numbers	Coordination Officer	Establish the number and names of service users affected and who funds them.			
2.3	Liaise with CQC coordinating actions where necessary	Accountable Officer	Where CQC gives notice of their concerns in advance of an inspection a decision over whether to assess the needs of service users will be made.			
2.4	Consulting other agencies	Accountable Officer	Contact and consult all other Local Authority and NHS stakeholders			
2.5	Arrange a meeting with the provider	Accountable Officer	Arrange a meeting with the owners/other relevant provider parties to clarify whether the provider has a viable 'Business Continuity Plan' as part of any contractual arrangements.			

2.6	Establish timescale(s) for closure or failure(s)	Accountable Officer Commissioning Manager	Can the provider recover its position? For how much longer, if at all, can the provider continue to provide service? Can things be delayed to better support moving service users?			
2.7	Establish if Short or Permanent Failure	Accountable Officer Commissioning Manager	Determine the chances of the provider being able to deliver services now and or after an interruption.			
2.8	Establish if the site is safe and can continue to be used	Accountable Manager Commissioning Manager	Meeting with the provider the home may remain a suitable environment in which to deliver support. This maybe short or long term and there maybe other creative options supporting people to remain in their existing homes.			
2.9	Check latest commissioning arrangements with the provider.	Commissioning Manager Contracts Manager	Obtain copies of the contract(s) between the provider and the Council where one exists.			
2.10	Assess Impact on the wider market	Accountable Officer Commissioning Manager Brokerage Manager	Consider the impact of any failure of the provision on overall local market supply of this type of service.			
2.11	Scope alternative options if appropriate on site.	Accountable Manager Commissioning Manager Brokerage Manager	Develop list of other providers with potential capacity to take on service users liaising with CQC as necessary Identify relevant Council staff or other agency staff who can support the Incident Team / Accountable Officer.			
2.12	Exploring Agency Options	Accountable Manager Commissioning Manager Brokerage Manager	Determine which other agencies need to be involved and in what capacity Develop contact list of staffing agencies it would be acceptable to use.			

2.13	Non Care Arrangements (Staff)	Accountable Officer Coordination Manager Provider Lead	Consider the effect on all (management / care / domestic / catering) staff time and input to maintain a minimum and safe level of operation.			
2.14	Non Care Arrangements (Utilities)	Accountable Officer Provider Lead	Risk Assess Utilities to ensure they are fully available until closure.			
2.15	Checking access with provider	Accountable Officer Commissioning Manager Provider Lead	Check that the Owner / Landlord is allowing free and open access to professionals involved in the provider intervention.			
2.16	Communication to Individuals and their 'Circle of Support'	Accountable Officer Commissioning Manager Provider Lead	Determine if, when and how Individuals and carers will be advised of the possibility/need to change provider.			
2.17	Agree Communication	Accountable Officer Commissioning Manager Provider Lead	Agree what 'need to know' information can be shared with other parties. Note: the principle of commercial confidentiality will still apply even if the provider is at serious risk of business failure.			
2.18	Revisit Communication Plans	Accountable Officer Support Officer Commissioning Manager Provider Lead	Further develop communications and press plan with Communications Team.			
2.19	Visit Arrangements	Coordination Manager Provider Lead	At time of a potential failure look at arrangements to facilitate carers/individuals visits to alternative providers.			
2.20	Alternative Planning Environments	Accountable Officer Provider Lead	If needed identify alternative meeting site(s) for meeting and care staff to conduct business.			

2.21	Review Project Governance	Accountable Officer Support Officer	Review 'Project Governance' and record keeping arrangements for the duration of managing the incident.			
2.22	ICB considerations	Accountable Officer Support Officer ICB Lead	Check in with Health Colleagues to check if we need to further consider following NHS Serious Incident Procedures.			

Individual Support

Where possible existing staff who already support and have developed a relationship with individuals and their 'Circle of Support' will be used to help with continuity.

	Task	Person	Guidance	Risk	Status	Notes
3.1	Identify Key points of contact for individuals and families from ASC.	Coordination Officer ASC Staff Coordination Officer ASC Staff Support Staff	Consider using one or two ASC staff to co-ordinate all written communication (they will be the information owners and must make sure effective version control is used for all communication). Use a core group of practitioners to work with the residents and their families.			
3.2	Gather accurate information about individuals.	Coordination Officer ASC Staff Support Staff	Ask the provider to supply details of all their Residents. To include Next of Kin, funding arrangements. If a care home, also request information on any people that attend for day care or who receive meals supplied by the home, or have short breaks planned. Store this information on the Recording Spreadsheet. Tab 4 cells left			

Link to Recording Sheet

Link to Recording Sheet	3.3	Collate information about individuals in one central place.	Coordination Officer ASC Staff Support Staff	Use the linked 'Recording Sheet' to record LAS Identification Numbers and other relevant funding authorities (both LA's and ICB's). Mark on the Spreadsheet a risk assessment for each person (Use template). Update the sheet and risks every 72 hours/or when appropriate and share with stakeholders.			
	3.4	Double check consistent Communication	Coordination Officer ASC Staff Support Staff	Establish a clear message for all (GCC/NHS/care staff, individuals, and families) about why the action is being taken.			
	3.5	Make communication clear and visible	Coordination Officer ASC Staff Support Staff	Consider placing a poster in the reception area with brief details of what is happening and the names and phone numbers of the key contacts for families / residents to use if they wish.			
	3.6	Offer families, friends, and advocates individual meetings	Coordination Officer ASC Staff Support Staff Individuals, Family, Friends, and Advocates	Consider group meetings and rolled out coms to pass on information, but also consider if we have the resources to offer individuals and families a more personal meeting.			
	3.7	Meet with individuals	Coordination Officer ASC Staff Support Staff Individuals, Family, Friends, and Advocates	Ensure individuals understand what is happening (consider who is best placed to tell them and how, having regard to capacity)			
	3.8	Gather options that can be shared	Coordination Officer ASC Staff Brokerage Officer	Ask the Brokerage Service to identify available resources in the County, which can be shared in meetings.			

	3.9	Explore viable options before sharing with individuals and families	Coordination Officer ASC Staff Brokerage Officer Support Staff	Identify new placements taking into account bed availability, resident and family wishes. Making sure aware of context and urgency. Consider resident to resident friendships and relationships.			
Considering Capacity Sheet	3.10	Decision Making	Coordination Officer ASC Staff Support Staff Individuals, Family, Friends and Advocates	Establish whether Best Interest's decisions are required for anyone. Consider if an IMCA needs to be involved.			
Assessment Records	3.11	Update Assessments	Coordination Officer ASC Staff Support Staff Individuals, Family, Friends, and Advocates	Assess Care Needs and prepare up to date assessments. Consider DN /OT input as required. Where Individuals are Out of County contact the appropriate LA.			
Complex Risk Record	3.12	Review Ongoing Health Arrangements	Coordination Officer ASC Staff Health Staff Support Staff Individuals, Family, Friends, and Advocates	Work with colleagues in Health to understand and plan coordinated moves where individuals are at higher risk considering health or frailty. As MDT's we may need to complete and record clear planning and Risk Assessment some moves. These should be indexed in the Complex Risk Record Sheet. Information about moves needs to be coordinated with various teams including individuals GP's etc.			

Health Records Sheet	3.13	Review Equipment and resources needed	Coordination Officer ASC Staff Health Staff Support Staff Individuals, Family, Friends, and Advocates	Identify and agree responsibility for meeting equipment needs, making sure anything they need is in place with the receiving provider.			
Health Records Sheet	3.14	Outstanding Equipment	Coordination Officer ASC Staff Health Staff Support Staff Individuals, Family, Friends, and Advocates	Request the provider to supply an inventory of outstanding equipment and arrange for collection.			
Health Records Sheet	3.15	Review Medication Arrangements	Coordination Officer ASC Staff Health Staff Support Staff Individuals, Family, Friends, and Advocates	Make sure that medicines are up-to-date and sufficient quantity to support transfer, and that arrangements are in place for any controlled drugs and that this is shared with the receiving provider.			
Moving Arrangements	3.16	Transferring Documents	Coordination Officer ASC Staff Support Staff	Agree with receiving provider what is the minimum level of documentation required e.g., Care Plans etc.			

Moving Arrangements	3.17	Transferring Property and belongings	Coordination Officer ASC Staff Support Staff Individuals, Family, Friends, and Advocates	Ensure that arrangements are in place for identification of individual property and packing. Agree how personal belongings will be transferred.			
Moving Arrangements	3.18	Transport Assessing	Coordination Officer ASC Staff Support Staff Individuals, Family, Friends, and Advocates	Assess their transport needs for example ambulance and stretcher needed, taxi with wheelchair access.			
Moving Arrangements	3.19	Transport Planning	Coordination Officer ASC Staff Support Staff Individuals, Family, Friends, and Advocates	Agree transport arrangements between stakeholders.			
Moving Arrangements	3.20	Staggering Moves where possible.	Coordination Officer ASC Staff Support Staff	Make sure remaining residents always continue to be supported until they move. As numbers reduce make sure no resident becomes socially isolated. Make sure at the end no resident remains on their own in the home. (The last two should leave on the same day)			

Moving Arrangements	3.21	Reviewing Move	Coordination Officer ASC Staff Support Staff Individuals, Family, Friends, and Advocates	Arrange for follow up review as soon as possible after transfer. Review day of Move T/C Review 24hrs T/C Review 72hrs MDT if possible.			

Finance						
	Task	**Person**	**Guidance**	**Risk**	**Status**	**Notes**
4.1	Update Financial Records	Coordination Officer Brokerage Lead	Establish as part of 'Records Sheet' relevant funding authorities, both LA's and ICB's. (FNC / CHC)			
4.2	Update any Support Plans to reflect any change in service	Coordination Officer Brokerage Lead	Establish communication for assessments and transfer and ensure lines of communication to update onto the Recording Sheet.			
4.3	Financial Adjustment	Coordination Officer Brokerage Lead	Electronic systems will be updated to ensure that services where appropriate are ceased on the system. Any new arrangements will be checked to ensure the new provider is paid promptly			
4.4	Communication to Finance Teams	Coordination Officer Brokerage Lead	Ensure GCC finance teams are aware of transfers and new destinations. Care Finance or ECM Teams may need to be updated re changes.			

13. Appendix 2 – Planned Closure Toolkit

Safety

Wellbeing and safety Always come first

Section	No.	Action	Area	Status	GCC	ICB (CCG)	CQC	Notes
0. Closure considered under regulatory action	0.1	If residents' safety is at significant risk (high or above seriousness level of concern) ensure that concerns are raised immediately.	Safety				Lead	
	0.2	Contact the provider by telephone (followed by email) and notify them of any potential urgent action to be taken and advise them to seek urgent legal advice. Record timing of notification and consider the need for urgent meeting with provider.	Safety				Lead	
	0.Supporting	Consider issues related to provider/location (any historical concerns or enforcement action already underway; is registration accurate? Should any further action be taken regarding any other location in provider portfolio?).	Safety				Lead	

	0.4	Convene a Management Review Meeting; invite relevant CQC colleagues; record all decisions and rationale, including for not taking any other enforcement action. Follow Scheme of Delegation, ensure early determination and availability of authorised person who will consider and authorise urgent action and sign Notice.	Safety				Lead	
	0.5	Ensure necessary internal colleagues are involved.	Safety				Lead	
	0.6	Ensure necessary external colleagues are involved.	Safety				Lead	
	0.7	Commissioners do not need to wait for notice to be served to start making assessments of residents' needs, including identifying those with prioritised health needs.	Safety		Lead	Secondary		
	0.8	Serve a notice/order for urgent action.	Safety				Lead	

Communicate

Individuals, family members and stakeholders must be kept in the loop

Section	No.	Action	Area	Status	GCC	ICB (CCG)	CQC	Notes

6. Consultations / information management	6.1	To ensure the process runs smoothly it is essential that all groups are consulted: • Funding organisations (LA, CCG, other LAs and CCGs) • Residents/carers/advocates • Provider/care home staff • Families/representatives • Public/press via communications lead (include where appropriate all other stakeholders, including MPs, elected members, NHS England, local NHS provider services, local Healthwatch, GPs, health colleagues such as District Nurses) • Insolvency practitioner • Voluntary sector organisations • Appropriate internal staff all agencies	Communication		Lead			
8. Quality assurance	8.1	Ensure new care home is registered for the category of care required.	Communication		Lead	Secondary		
	8.2	Liaise with CQC, ICB, LA staff to ensure there are no concerns about the new care home in terms of residents' needs, safety, quality or sustainability of the home.	Communication		Lead	Secondary	Supporting	

	8.Supporting	Conduct a debrief involving all staff, including care staff, after every incident to identify good practice, lessons identified and further actions to be taken re: the closure process. Produce a report with recommendations and consider how that and any lessons / outputs will be shared	Communication		Lead	Secondary	Supporting	
	8.4	Incident follow up through with the use of the Serious Case Review process if instigated.	Communication		Lead	Secondary	Supporting	
	8.5	Partners should consider reviewing the situation after 6 months to check on outcomes.	Communication		Lead	Secondary		
10. Staff	10.1	Consider how proper support will be offered to provider/LA/ICB/CQC staff involved in the closure – e.g. where there is adverse media comment and staff helping keep the home running may be subject to abuse.	Communication		Lead	Secondary	Supporting	
	10.2	Work with providers and other partners to help good quality, caring staff and volunteers from the closing/closed care home remain in the sector where they wish to.	Communication		Lead	Secondary		

	10.Supporting	Consider whether TUPE applies, particularly where the home has residents with learning disabilities and where there is one-to-one care.	Communication		Lead	Secondary		
	10.4	Where appropriate, encourage/support the provider to refer staff subject to disciplinary or misconduct procedures to relevant professional regulatory bodies and/or the Disclosure and Barring Scheme. Where the provider is unable or unwilling to refer, consider with partners how such referrals could or should be made.	Communication		Lead	Secondary		

The Person

Individual choice and dignity at the centre of all decisions

Section	No.	Action	Area	Status	ICB (CCG)	CQC	Notes

3. Supporting. Residents	Supporting.1	Assemble an accurate list of all residents, and their needs – and confirm numbers with care home. Identify those who lack capacity to make decisions about where they live (e.g. if they have dementia or a learning disability) and ensure that they have family representatives or IMCAs (Independent Mental Capacity Advocates). Also, any special factors, relating to support equipment, or urgent or very complex care needs and needs which may require reassessment or review such as stress, anxiety or health factors.	The Person		Secondary		
	Supporting.2	Check if any very frail people need exceptional arrangements.	The Person		Secondary		
	Supporting.3	Identify residents wishing to move sooner rather than later or expressing choice over placement.	The Person		Secondary		
	Supporting.4	Agree responsibility for assessing or reassessing residents' needs, including any self-funding or out of LA area residents (this could be LA or ICB).	The Person		Secondary		
	Supporting.5	Check current registration category.	The Person		Secondary	Supporting	
	Supporting.6	Assess residents to identify a possible change of category of care, where time allows.	The Person		Secondary		
	Supporting.7	Check whether there are Powers of Attorney held for any of the residents, whether or not these were established due to a lack of	The Person		Secondary		

		capacity (because some may not have been).					
	Supporting.8	Consider involving the community pharmacy which supplies medicines to the care home and the pharmacist to conduct a medicines reconciliation.	The Person		Secondary		
	Supporting.9	Do everything you can within the available time to enable the resident to decide their own future: ensure they have the facts they need to make each decision, and that the available choices and context are clearly presented. Involve an advocate where appropriate.	The Person		Secondary		
	Supporting.10	If there is doubt about the resident's mental capacity to make this decision (e.g. if they have dementia or a learning disability), after all attempts to enable them to do so, carry out the 2-stage test of mental capacity [2] or, for more complex decisions, the 4-stage test. This can be done quickly if required: the decision-maker is responsible for doing this. If the resident lacks mental capacity to make the decision, then a decision must be made in their best interests, in accordance with the Mental Capacity Act 2005. Check whether there is anyone with lawful authority to make this decision for the resident i.e. a Lasting Power of	The Person		Secondary		

		Attorney for health and welfare or a Court-appointed Deputy.					
	Supporting.11	Check whether the resident has written anything about what is important to them or about their beliefs, wishes and values. Interested relatives and friends of the resident should also be consulted and, if they have none, consider the input of an IMCA.	The Person				
	Supporting.12	Consider Deprivation of Liberty Safeguards and whether these may be required in the new home.	The Person		Secondary		
4. Financial responsibilities	4.1	Identify any residents who are funded by the Department of Work and Pensions or have Preserved Rights.	The Person				
	4.2	Check current fee level being paid and any top ups being paid.	The Person				
	4.Supporting	Investigate cost of potential new placements.	The Person		Secondary		
	4.4	Take a legal view and response, on the period of contract payment/termination issues, etc	The Person				
	4.5	Consider issues such as petty cash, etc.	The Person				

5. Family, carers and advocates	5.1	Appoint families/carers/advocates co-ordinator.	The Person				
	5.2	Ascertain the list of names, addresses and telephone numbers of residents' representatives (this may not necessarily be family members)	The Person				
	5.Supporting	Identify carers who may have special considerations – own health, out of county, etc	The Person				
	5.4	Seek fullest involvement of residents' representatives (where they have one) in relocation process	The Person				
	5.5	Contact advocacy groups to support carers, such as Carers UK, Rethink, Alzheimer's Society	The Person				
7. Relocation (if decision is made to close)	7.1	Residents are re-assessed, adequate resource requirements are completed, and Deprivation of Liberty orders are checked.	The Person		Secondary		
	7.2	Consider broadest range of options for supporting residents to move, which fit their assessed needs, including going back home, suitable local care home, out of area placement, step-up care, step-down care.	The Person		Secondary		
	7.Supporting	Check choice(s) of area/homes that are available and appropriate for the resident's needs with the resident/carer.	The Person		Secondary		
	7.4	Potential new homes to assess residents to ensure that care needs can be met. This may need facilitation and be expedited.	The Person		Secondary		

	7.5	Maximise residents' ability to make an informed choice about compatible area/homes available. See Supporting.7, Supporting.10-Supporting.12 above if residents have mental health issues.	The Person		Secondary		
	7.6	Are there friendships between residents that need to be maintained?	The Person				
	7.7	Where possible, offer opportunity for resident/carer to view/visit/trial visit care homes.	The Person				
	7.8	Seek care home staff help to inform/visit potential homes with resident where applicable.	The Person				
	7.9	Resident/carer decides on new home and date to move.	The Person				
	7.10	Do residents need the help of care staff to escort them to potential new homes on placement?	The Person				
	7.11	Appoint transport co-ordinator to act as single point of contact and oversee timely moves, e.g. to notify ambulance staff in good time.	The Person		Secondary		
	7.12	Arrange transport to new homes, in and out of county, e.g. car/minibus/ambulance – identify cost and who pays.	The Person				
	7.1Supporting	Ensure residents are helped to move only in daylight hours and are not kept waiting for transport outside the home by scheduling appropriately.	The Person				
	7.14	Ensure residents are supported to move at their own pace /	The Person				

		convenience (as far as possible) and contact within 48 hours to ensure they are OK.					
	7.15	Ensure residents are accompanied by someone familiar on the day of the move, including volunteers and carers if possible.	The Person				
	7.16	Use current care home staff to the fullest, passing on their knowledge of residents to new homes, escorting, transporting, etc.	The Person				
	7.17	Staff handover to new homes – verbal and written. Care summaries, including care plan that details health and social care needs, pharmacy and medication details, GP and hospital appointments.	The Person				
	7.18	Tell the new home what system of medication administration was used in the home the resident was moved from (i.e. original pack/ specific monitored dosage system), so the new home is aware if there is a need to urgently request a new prescription and supply.	The Person		Secondary		
	7.19	Respect care home staff friendships with residents and likely concerns for their future welfare.	The Person				
	7.20	Maintain a log of decisions and movement of residents, when and where they move to and that they have arrived safely.	The Person				
	7.21	Ensure residents' belongings are accounted for, including valuables held by the care home, that they are	The Person				

		carefully logged, packed and moved with them (no bin bags).					
	7.22	Programme social worker/nursing reviews at 4 weeks (or before if they are more at risk because of moving) and as necessary thereafter and keep other stakeholders (LA/ ICB/CQC) informed of progress and any issues.	The Person				
	7.2Supporting	Residents' medications and treatment details are logged and go with residents and checked on arrival at new care home.	The Person				
	7.24	Particular attention to be made to ensure relocated residents are correctly identified.	The Person				
	7.25	Change of GP and new home recorded.	The Person		Secondary		
	7.26	Placements made out of county should be notified to the receiving ICB/ Local Authority.	The Person		Secondary		
	7.27	Home's residents information/case files/summaries/transfer with residents. Log created to record where records are (i) located and (ii) transferred to in case of potential future action.	The Person		Secondary		
	7.28	Consider how many family members/friends might visit the resident in the new care home; can we assist them to do so?	The Person				
	7.29	Notify Department of Work and Pensions of change of home.	The Person				

	7.Supporting0	Liaise closely with the LA/ICB Commissioning Team (new contracts need to be issued, old contracts terminated).	The Person		Secondary			
	7.Supporting1	Consider whether residents' moves should be arranged to coincide with others or spread over more than a week (if time is available).	The Person					
	7.Supporting2	Consider the desirability of temporary/second moves.	The Person					

Preparation & Planning

Good plans can prevent a risky situation from becoming dangerous

Section	No.	Action	Area	Status	GCC	ICB (CCG)	CQC	Notes
1. Action when closure proposed or occurs (Joint Incident Steering Group/Director of Adult Social Services)	1.1	Assemble team and plan the work	Preparation & Planning		Lead			
	1.2	Appoint team leader	Preparation & Planning					

2. Initial work / clarification	2.1	Establish the commissioning bodies involved who need to be informed and consulted.	Preparation & Planning		Lead	Secondary		
	2.2	Seek provider support to continue operating so that there is sufficient time to make assessments of residents' needs and wishes and moves can be planned and not rushed.	Preparation & Planning					
	2.Supporting	Establish timescales for closure.	Preparation & Planning		Lead	Secondary		
	2.4	Establish number of residents affected, what their categories of care are, whether they have capacity, and who funds their services.	Preparation & Planning		Lead	Secondary		
	2.5	Undertake risk assessment and identify options for managing risks and the priority and timescales in which they need to be dealt with. This should help identify potential timescale for closure.	Preparation & Planning		Lead	Secondary		
	2.6	Assess whether timescales can be met and, if not, the actions that may be required to help buy more time. This may not be possible in emergency situations. Part 2 of "Care and Continuity" provides guidance on contingency planning and dealing with provider failure[1].	Preparation & Planning		Lead	Secondary		

	2.7	Contact details of homeowner/manager.	Preparation & Planning		Lead			
	2.8	Agree what the message is and when and how residents and their carers/ family/ friends/ advocates/ representatives are informed and by whom and what the provider role is in this.	Preparation & Planning		Lead			
	2.9	Arrange a meeting with home owners/manager/others to discuss situation and intentions.	Preparation & Planning		Lead	Secondary		
	2.10	Clarify if the home has a business continuity plan in place, as part of the contractual arrangements, which can be used in combination with this checklist.	Preparation & Planning		Lead	Secondary		
	2.11	Identify communications lead and develop communications strategy to be implemented across stakeholder networks promptly, to include consideration of proactive and reactive messages, with a focus on reassurance and positive next steps, in agreement with the provider if they are still running the home. Also contact with: • provider, manager, residents (including self-funders), carers, families and/or representatives, care staff – consider message formats that best suit needs of	Preparation & Planning		Lead			

		residents and Equality, Diversity and Human Rights issues • partner organisations, including NHSE, police, local Healthwatch, advocacy bodies, other providers where appropriate • media (including social media) • MPs • Councillors • Council Lead Officer						
	2.12	Consider placing a poster in the home containing prepared messages (or a Q and A sheet) with details of contacts for residents, carers, families, staff to refer queries, questions and complaints to.	Preparation & Planning		Lead			
	2.1Supporting	If the reason for the closure is endemic, consider undertaking checks on other homes owned by the same organisation. Alternatively, could there be capacity that meets residents' needs?	Preparation & Planning		Lead		Secondary	
	2.14	If the provider is not able to continue operating, consider available options to keep the home operating (e.g. retaining current staff, bringing in care/nursing staff, seeking help from other providers or adjacent	Preparation & Planning		Lead	Secondary		

		local authorities). Is another local provider interested in a buyout that might help provide more time and potentially avoid the need to relocate residents?						
	2.15	Implement contingency plan where appropriate (sample plans, templates and other resources are available on Local Government information Unit website: http://www.lgiu.org.uk/care-and-continuity/)	Preparation & Planning		Lead			
	2.16	Seek an up to date list of care home vacancies based on the needs of the residents (liaise with CQC as necessary on quality or other issues) and share information with partners as appropriate.	Preparation & Planning		Lead			
	2.17	Establish tasks and timescales and allocate them, including the key roles of co-ordinator of communications for families and residents, transport co-ordinator and administrative lead (see 9. Supporting).	Preparation & Planning		Lead			
	2.18	At the time of a potential closure, investigate the potential of care home staff, voluntary groups or community sector organisations helping residents/carers to visit other care homes.	Preparation & Planning		Lead	Secondary		

	2.19	Allocate lead workers (preferably based on site), equipment and management support requirements.	Preparation & Planning		Lead	Secondary		
	2.20	Consider equipment issues: mattresses, furniture, hoists, packing boxes etc.	Preparation & Planning		Lead			
	2.21	Check that the home owner/manager allows free and open access by professionals to the home over the relocation period. If there is low/no co-operation, decide who will address this and how.	Preparation & Planning		Lead			
	2.22	Agree the 'need to know' information that should be shared with other parties e.g. care professionals; GP; ICB urgent care lead; community pharmacist; potential care providers. Ensure personal data is shared in line with Caldicott principles.	Preparation & Planning		Lead	Secondary		
	2.2Supporting	Identify site(s) for offsite meetings for management team/care home staff if required	Preparation & Planning		Lead			
	2.24	Keep closure plan separate from other actions regarding the failure e.g. if the police are conducting safeguarding/ criminal enquiries or there is potential for them to be conducted.	Preparation & Planning		Lead			

	2.25	Follow Serious Incident (formerly known as Serious Untoward Incident) procedure or, for LAs, business continuity and contingency plan. In addition, consideration to be given through the Safeguarding Adults Board (including NHS England as appropriate) as to whether a Safeguarding Adults Review would be commissioned.	Preparation & Planning		Lead	Secondary		
	2.26	Consider what records and evidence need to be maintained and protected in case needed later, e.g. by police, HSE.	Preparation & Planning		Lead	Secondary		

Manage Information

Good quality accessible information about the individual is key

Section	No.	Action	Area	Status	GCC	ICB (CCG)	CQC	Notes
9. Record keeping	9.1	Ensure personal data is handled in line with Caldicott principles[Supporting] and data protection law.	Information Management		Lead	Secondary		
	9.2	Maintain a record of meetings and decisions made for audit purposes, and potential legal challenges.	Information Management		Lead	Secondary		
	9.Supporting	Designate an administrative lead to collate all records and keep a clear chronology of actions	Information Management		Lead	Secondary		
	9.4	Create and maintain an inventory of residents' records, including arrangements for transfer and record of completion.	Information Management		Lead	Secondary		
	9.5	Make arrangements for the secure transfer and storage of records relating to deceased former residents.	Information Management		Lead	Secondary		
	9.6	Residents' outcomes should be recorded, particularly with regard to their health and care needs, preferences and wishes.	Information Management		Lead	Secondary		