

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	Safety				Lead	

		action be taken regarding any other location in provider portfolio?).						
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

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6. Consultations / information management	6.1	<p>To ensure the process runs smoothly it is essential that all groups are consulted:</p> <ul style="list-style-type: none">• Funding organisations (LA, CCG, other LAs and CCGs)• Residents/carers/advocates<ul style="list-style-type: none">• 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)	Communication		Lead			

		<ul style="list-style-type: none"> • Insolvency practitioner • Voluntary sector organisations • Appropriate internal staff all agencies 					
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	Communication	Lead	Secondary	Supporting	

		consider how that and any lessons / outputs will be shared					
	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	Communication		Lead	Secondary	

		learning disabilities and where there is one-to-one care.					
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

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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 capacity (because some may not have been).	The Person	Secondary		
	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.	The Person	Secondary		

		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 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	The Person		Secondary		

	placement, step-up care, step-down care.				
7.Supporting	Check choice(s) of area/homes that are available and appropriate for the resident's needs with the resident/carers.	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/carers 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/carers 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				
	7.1 Supporting	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 / convenience (as far as possible) and contact within 48 hours to ensure they are OK.	The Person				
	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	The Person				

	details, GP and hospital appointments.				
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 carefully logged, packed and moved with them (no bin bags).	The Person			
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			
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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	Preparation & Planning					

	is sufficient time to make assessments of residents' needs and wishes and moves can be planned and not rushed.						
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: <ul style="list-style-type: none"> provider, manager, residents (including self-funders), carers, families and/or representatives, care staff – consider message formats that best suit needs of 	Preparation & Planning		Lead			

	<p>residents and Equality, Diversity and Human Rights issues</p> <ul style="list-style-type: none"> • 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		
2.1 Supporting	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 local authorities). Is another local provider interested in a buyout that might help provide more time and potentially avoid the need to relocate residents?	Preparation & Planning		Lead	Secondary		
	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	Preparation & Planning		Lead			

		and residents, transport co-ordinator and administrative lead (see 9. Supporting).					
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	Preparation & Planning		Lead	Secondary	

		providers. Ensure personal data is shared in line with Caldicott principles.					
2.2	Supporting	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		