

12. Appendix 1 – Urgent Closure Checklist

Urgent Move Checklist

OVERALL PROGRESS

■ Not Started ■ Partial ■ Completed ■ Not Appropriate ■ N/A

RISK ANALYSE

	Totals
■ High	0
■ Moderate	0
■ Low	0

Triggering the Closure Plan

	Task	Person	Guidance	Risk	Status	Notes
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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 need to be 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.			
1.1 0	Information to Leaders	Support Officer	Establish reporting arrangements to Executive Director, Director(s) and Lead Members.			
1.1 2	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.			

2.1 0	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.			
2.1 1	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.			
2.1 2	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.			
2.1 3	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.			
2.1 4	Non Care Arrangements (Utilities)	Accountable Officer Provider Lead	Risk Assess Utilities to ensure they are fully available until closure.			
2.1 5	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.			
2.1 6	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.			

2.1 7	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.			
2.1 8	Revisit Communication Plans	Accountable Officer Support Officer Commissioning Manager Provider Lead	Further develop communications and press plan with Communications Team.			
2.1 9	Visit Arrangements	Coordination Manager Provider Lead	At time of a potential failure look at arrangements to facilitate carers/individuals visits to alternative providers.			
2.2 0	Alternative Planning Environments	Accountable Officer Provider Lead	If needed identify alternative meeting site(s) for meeting and care staff to conduct business.			
2.2 1	Review Project Governance	Accountable Officer Support Officer	Review 'Project Governance' and record keeping arrangements for the duration of managing the incident.			
2.2 2	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	Ris k	Stat us	Not es
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	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.			
Link to Recording Sheet	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	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	3.1 0	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	3.1 1	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	3.1 2	Review Ongoing Health Arrangements	Coordination Officer ASC Staff Health Staff Support Staff Individuals, Family, Friends, and Advocates	<p>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.</p> <p>Information about moves needs to be coordinated with various teams including individuals GP's etc.</p>			

Health Records Sheet	3.1 3	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	3.1 4	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	3.1 5	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	3.1 6	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	3.1 7	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	3.1 8	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	3.1 9	Transport Planning	Coordination Officer ASC Staff Support Staff Individuals, Family, Friends, and Advocates	Agree transport arrangements between stakeholders.			
Moving Arrangements	3.2 0	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	3.2 1	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.			