



Closure of a Care Home: Protocol for Managing the Process

(post decision)

Adult Social Care and Health Strategic Commissioning (adults)

This document has been developed in partnership with:

Kent Community Health NHS Foundation Trust

NHS Ashford CCG

NHS Canterbury and Coastal CCG

NHS Dartford, Gravesham and Swanley CCG

NHS South Kent Coast CCG

NHS Swale CCG

NHS Thanet CCG

NHS West Kent CCG

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2016	KCC staff must not assume responsibility for the abandoned files and/or remove the files from the premises.
2019	v5 Inclusion of Client Financial Services in process see section 9
	Directorate name change update
	Contact detail update
2021	v5.1 Inform DOLs office of home closure at start of process

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Context

1. Principles

The overarching principle, established by the Care Act 2014, is that when carrying out its care and support functions in relation to an adult, the local authority must promote the well-being of the individual.

The provisions of the Care Act also firmly establish the importance of involving the individual as fully as possible in any decisions relating to them and that the view's wishes and feeling of the individual must be considered.

Local authorities have a duty to safeguard the needs and welfare of all residents in care homes regardless of whether they are publicly funded, self-funding or whether they have been placed by another authority.

It is recognised that the relocation of people from one care setting to another can be particularly stressful. Where a decision to close a care home has been made necessitating the relocation of its residents, possible adverse effects can be minimised if continuity of care is maintained, there is good consultation, communication and planning.

This document is designed to provide practical guidance to the lead manager and stakeholders on managing the process following the decision to close a care home, ensuring legal duties are met, best practice is followed and individual well-being is maintained and promoted.

2. Scope

The lead responsibility for managing the closure process following a decision to close a care home or on being notified that a home may close, lies with the local authority in which the home lies. This document is written for managing this process within Kent.

Closure of a care home affects all residents within the home. This protocol therefore applies to the support of all residents and their families in Kent whether Kent County Council funded, self-funding, NHS funded or funded by another authority.

3. Definitions

3.1 This policy uses the following terms:

Care Act	The Care Act 2014
ASCH	Adult Social Care and Health
KCC	Kent County Council
CCG	Clinical Commissioning Group

CHC	Continuing Health Care
CQC	Care Quality Commission
GP	General Practitioner
HOOF	Home Oxygen Order Form
IMCA	Independent Mental capacity Advocate
KCHFT	Kent Community Health NHS Foundation Trust
KMPT	Kent and Medway NHS and Social Care Partnership Trust
LA	Local Authority
NHS	National Health Service
PEG	Percutaneous Endoscopic Gastrostomy (feeding tube)

4. Types of closure

4.1 Enforced

The regulatory and registering body, CQC, may take enforcement action that leads to the care home ceasing to operate on a permanent or temporary basis

4.2 Planned Closure of a Provider

When a care home provider voluntarily decides to close a home they are required to make an application to CQC to cancel their registration to provide all regulated activities. Once the registration is cancelled the provider can no longer carry out the regulated activities.

4.3. Response to an Emergency Event

This includes closure due to business failure as well as situations where the residents of a home are required to move because of emergency events such as flood or fire. In these situations these protocols will offer additional guidance to support the emergency planning procedures.

In circumstances such as flood or fire it is expected that a provider will have a business continuity plan that is fit for purpose and in keeping with Fundamental Standards of service delivery required by the terms of their CQC registration and regulation, and the principle of wellbeing under the Care Act.

The NHS Commissioning Board Core Standards for Emergency Preparedness, Resilience and Response (2013) requires NHS organisations and providers of NHS funded care to maintain up to date Business Continuity Plans, these should be used to inform an emergency response and will set out how they will:

- a) maintain continuous service when faced with disruption
- b) resume key services which have been disrupted

5. Power to Meet Needs Where there is No Duty

5.1.1 Non Business failure (Care Act s.19)

Where a provider cannot or will not meet its responsibilities and KCC judges that the needs of the individual are urgent (and where there is not already a duty under s.18 of the Care Act to meet the adult's needs) KCC can decide to act to ensure the individual's needs continue to be met

5.1.2 In urgent cases this can be done without first carrying out the required assessments. In such cases the assessments must still be carried out but can be done in due course so as to not delay care and support being put in place.

5.2 **Business Failure** (Care Act s.48)

5.2.1 KCC is under a **temporary duty** to meet people's needs when a provider can no longer provide the service because the provider's business has failed. This duty does not apply in insolvency situations where an Administrator is appointed and continues to run the service.

5.2.2 **Needs to be met**

The needs that must be met are those being met by the provider immediately before the provider became unable to carry on the activity. KCC is entitled to charge for meeting those needs.

How the needs are met is a decision for the LA however we must involve the person concerned. Where the person lacks capacity anyone who appears to be interested in the person's welfare must be asked to be involved.

6. **Choice**

6.1.1 A person's preference for specific accommodation must be met provided certain conditions are met. (Care Act s.30)

6.1.2 The Care and Support and Aftercare (Choice of Accommodation) Regulations 2014* set out at regulation 2 the conditions to be met:

1. The care and support plan specifies the type of accommodation
2. The accommodation is of that specified type
3. The accommodation is suitable to the person's needs
4. The accommodation is available
5. The provider is willing to meet the LA's usual terms and conditions
6. The accommodation would not cost more than the amount specified in the person's personal budget, unless the additional cost condition is met.(see regulation 5)

6.2 Residents should be involved as fully as possible in choosing alternative accommodation and should have the opportunity to visit homes or move in on a trial basis. Kent relatives and carers should also be directed to the on-line directory.

The County Placements Team (CPT) will undertake a search for homes upon receipt of an authorised referral containing assessment information from Case Management. The CPT is responsible for the whole placement process including working with relatives to find a suitable placement.

6.3 If the person facing the decision of where to live is assessed as lacking the mental capacity to make that decision and they have no family or friends willing and able to be consulted as part of making that decision, the LA or

NHS body commissioning the care, *must* instruct an IMCA to be part of the decision-making process. The IMCA does not become the decision maker; that remains with the identified decision maker (ie generally a care management professional from the LA)

6.4 Where the home closure is an enforced closure or undertaken as an emergency and there is not enough time to instruct an IMCA to represent the person, an IMCA referral should be made as soon as practicable after the move to audit the decision making process and ensure decisions were made in the best interests of the individual. An IMCA should be instructed for the first care review and may be involved in further care review decisions

Kent Advocacy single point of contact email: kent@seap.org.uk

6.5 Decision-making by health and social care professionals must always be made according to the five Statutory Principles of the Mental Capacity Act 2005:

1. Presumption of capacity
2. support to make own decisions
3. Unwise decisions
4. Best interests
5. less restrictive option

6.6 In some instances of enforced or emergency closure, due to availability of vacancies it will not be possible to move residents to the home of their choice. In such cases interim placements can be offered. Following an interim placement choice must be given for the ongoing placement, if desired

6.7 A local authority is not empowered to move people against their will. If a resident states that they do not want to move and is assessed as having capacity, an assessment including risk, should be completed. All options for future support should be discussed and put in writing to the resident. In the event that the individual continues to refuse to move then advice should be taken from the LA legal team.

6.8 Normally if an adult refuses an assessment of their needs the LA need not carry it out. However the LA must carry one out if the adult is experiencing or at risk of abuse or neglect. The LA must also carry out a needs assessment where an adult lacks capacity to refuse and it would be in the adult's best interests to do so. (Care Act s 11)

Practice Guidance

7. Identify a lead manager to co-ordinate closure

The Adult Social Care and Health Director has responsibility for the management of the closure of a care home but may delegate this role within the management structure of the area or otherwise within the Directorate as appropriate. The designated lead manager will work closely with the core team, Strategic Commissioning Outcomes team and the County Placements Team to co-ordinate the closure of the home and relocation of its residents.

Appendix One Provides a planning template which will assist the lead manager to coordinate all activity during the closure. See also [Managing care Home closures –Management Checklist](#)

Appendix Two Provides the Procedure for Home Closure checklist for use by Strategic Commissioning.

Appendix Four Provides a Checklist of actions for urgent closures

8. Inform CQC

It is important that the lead manager contacts the regulatory body at the earliest opportunity to confirm that they are aware and inform them of the need to move the residents.

9. Identify a Core Team

There are a number of key organisations involved with managing the closure of a care home. Identifying which organisations will be involved and building a core team will enable the lead manager to plan and co-ordinate the process using resources effectively and efficiently to identify risks at the earliest opportunity, to minimise their impact and to ensure that the residents and their families and carers experience a well organised closure.

It is important to inform and involve Client Financial Services at the earliest opportunity as the closure and move may affect a client's contribution and any third party top up that may be applicable.

Advise the DOLs office of the home closure at the outset of the process so that existing DOL authorisations for residents of the home can be removed. (regarding consideration of new DOLs application see section 17.2)

The Core Team may involve representatives from as appropriate to the presenting circumstances:

- Social Care practice, e.g. Operational Teams, Safeguarding, MCA, DOLs
- SC Strategic Commissioning
- Community healthcare provider (e.g. KCHFT Virgincare)
- Client Financial Services
- The Provider
- Transport
- Third Sector, voluntary groups/charities etc
- The relevant CCG
- Legal Services
- HR Connect team
- CQC
- Pharmacist
- County Placements Team
- KMPT
- Business Management Systems Team
- Continuing Healthcare
- Media / Press Office

10. Identify resident stakeholders

A comprehensive list of residents and their next of kin/ representative should be obtained from the home. The home will provide a current list of residents with their funding sources (self, KCC, NHS other LA).

11. Identify available timescales

The timescales may vary dependent on any notice given or in the event of emergency closure. The lead manager will need to review the timescales throughout the closure as these may move if staff leave or, as residents move from the home.

The pace of closure must be managed to suit the needs of the individual residents as much as possible

12. Inform the Business Management Systems Team

The Business Management Systems Team should be informed in the event of any threatened or imminent closure or as soon as it is known a home is closing. The Business Management Systems Team will provide, in accordance with existing Business Continuity arrangements, appropriate guidance particularly where the speed of the closure is increased during the process or in the event that unforeseen problems arise.

The Business Management Systems Team will liaise with the Duty Emergency Planning Officer, NHS Emergency Preparedness, Resilience and Response (EPRR) / Commissioning Support Unit on a council-wide response if necessary. This may include the provision of food, clothing and other supplies through existing arrangements with the voluntary sector (please refer to 9)

Business Management Systems Team
Business Development Unit
Email: businessmanagementsystems@kent.gov.uk

13. Identify the team who will be involved in support of residents

13.1 A key worker should be identified for each resident in the home for the duration of the closure. The key worker would preferably be the named key professional or may be an allocated worker for this specific piece of work. This may apply when the area is spreading responsibilities across a number of teams, where the Case Manager is out of area or where the resident is self-funding.

13.2 Where the individual is Continuing Health Care funded, CHC will take the lead role for assessment.

13.3 It is important as a measure to reduce anxiety of all concerned and to the extent resources allow, to keep the assessment team separate from staff who have been involved in any consultation or discussions about closure.

14. Identify any requirement for an interim support mechanism

14.1 In the event that the continued staffing of the home becomes unsustainable before all residents have been moved to a new home or that there are concerns about the management of the home, an interim support mechanism may be required. The lead manager will discuss the course of action proposed with the core team and then escalate to the Area Manager a decision.

14.2 The individual situation will vary and any support, if required, will need to be explored in relation to the presenting situation. In the event that management or staffing within the home breaks down before the residents have been moved the lead manager, with the identified core group, will need to risk assess the situation and take action accordingly. This may involve using KCC in-house staffing provision or approaching the private sector.

14.3 Any staffing provided by, or commissioned through, Health, Social Care or the private and voluntary sector will be provided in close discussion with the home owner and may result in the home owner being asked to pay for this provision. Where the home has gone into receivership the auditors will be made aware of any costs incurred.

15. Identify Voluntary Organisations who may provide support

Voluntary organisations vary both in the support they may be able to provide and in the group for whom they provide support. The lead manager should be aware of local voluntary organisations and should liaise with the manager at

the earliest opportunity to identify what they are able to offer. This may include:

- Help with packing
- Help with looking at new homes where there is no relative to assist
- Advocacy agencies such as Listening Ear and Citizens Rights for Older People
- Faith organisations in the locality
- Assistance with transport
- Provision of refreshment to residents and relatives (i.e. in emergency closure situations)

Please refer to point 6 for contact details of the Business Management Systems Team for access to emergency supplies through existing arrangements with the voluntary sector.

16. Communication

16.1 Communicating with residents

16.1.1 Communication is key to avoiding misunderstandings and establishing trust with residents and their families and to enabling them to exercise genuine choice and control when making alternative arrangements.

16.1.2 Direct communication with residents (particularly those with high support needs) is very important as research¹ shows their voices are often subdued and their views represented through staff, relatives or friends

¹Joseph Rowntree Foundation, Older People's Vision for Long Term Care, 2009

16.1.3 Communication should be both proactive (sharing information and keeping people informed) and responsive (dealing with queries and allaying people's anxieties). Messaging should be consistent, open and honest and regularly updated.

16.2 Responsibility for informing residents

16.2.1 A strategy needs to be agreed by all parties, including the provider, about the method of informing residents and the timings to be used.

16.2.2 Best practice directs priority must be given to holding an early meeting with residents and their relatives/representatives so that they are clear as to the action being taken and the reasons for it. In cases of emergency closure, a meeting may prove difficult but effective clear communication with each resident on a one-to-one basis is no less important.

16.3 Informing Relatives

The resident should be consulted on who they wish to be informed. The resident and relatives should agree on a single contact person

16.4 Informing people with cognitive impairments

Careful consideration should be given to how and when people with cognitive impairments are informed about the closure of their home as this may increase their confusion or agitation. For some receiving information in advance may be distressing however for others discovery at a later date could

be more so. Such decisions should be made on an individual basis and involve those who know the resident well.

16.5 Communication Plan

The lead manager should produce a communication plan that includes:

- **Who** will advise the residents & relatives (as appropriate)
- **What** information (see closure notice 16.8)
- **When** this will happen
- **How** residents will be informed e.g. letter, face to face, meetings etc. Information about when and how external mail is to go out must also be clarified –i.e. to ensure that on the likely day of receipt of the notice of closure the contact person/point is available for answering queries.

16.6 Other Stakeholders to be informed

In addition to residents and their relatives, the communication plan should address the 'who, what, when, how' regarding the other 2 key groups of stakeholders namely:

- Those involved in the 'care system' -e.g. staff, other commissioners. CCG's and individual health professionals such as GPs, district nurses, local acute Trusts: regulators (CQC) other providers; other local authorities; police where appropriate, voluntary organisations; Administrators if a company is put into liquidation;
- Those with an interest in holding public services to account –e.g. elected members, the press, the general public, advocacy groups

16.7 Managing Enquiries

16.7.1 A briefing note should be agreed by the lead manager with consideration given to commissioning, Health and media impacts of the closure. Include the home owner in this process to enlist their co-operation in avoiding negative messages.

16.7.2 The briefing note should be used by all as reference for any information given to the public. All staff should be warned against the use of social media to promote any message regarding the closure that is not consistent with the briefing note.

16.7.3 A list of frequently asked questions and answers should be devised early on in the process as a way of reducing the number of individual queries that have to be answered.

16.8 The Notice of closure

16.8.1 Notice of a planned closure should not be less than two months and there must be flexibility if possible where the closure is planned. Information provided in the notification should include:

- Reasons for the closure
- Reassurance places will be available elsewhere
- The expected timeframe
- Information about vacancies
- Steps relatives will be expected to take (this may include provision of suitcases)

- Who will provide assistance
- The contact person/ point for any queries the resident has regarding the process
- Information about prices for alternative homes
- Funding information
- People's rights and how they can be exercised (i.e. appeals, complaints process)

16.8.2 Where the closure is in response to an emergency or for any closure with little notice, residents should also receive the above information in written form as soon as practicable so that they have a printed version of the information they have been told, to which they can refer back if necessary.

16.9 Offer resident 1:1 meeting

In addition to a formal letter of notification and with the option of a family member being involved, residents should be approached personally and offered 1:1 meetings with a senior member of the care team to discuss what will happen and how their personal needs will be met

16.10 Media: Inform press offices for both health and social care

The KCC media office should be provided with the briefing notes and will manage all media enquiries and liaise with the other media offices to ensure a single public message.

Media offices contact details:

Kent County Council: Communications Officer People and Communications Tel: 03000 422589 david.gazet@kent.gov.uk Communications Office Manager People and Communications Tel: 03000 416421 Lucy.Mayor@kent.gov.uk Communications Office Press.office@kent.gov.uk	West Kent, nelcsu.media@nhs.net Tel: 020 3688 1216	KCHT kchft.comms@nhs.net Tel: 01622 211942
	South Kent Coast, Thanet, Canterbury, Ashford CCGs engage.eastkent@nhs.net Tel: 03000 424499	
	Swale Swale.communications@nhs.net	
	Dartford Gravesham Swanley (DGS) CCGs dgs.communications@nhs.net	

17. Resident Needs

17.1 Safeguarding

Where concerns are identified relating to the care and support of any resident then it may be necessary to raise an alert under the Multi-Agency Safeguarding Adults Policy Protocols and Guidance for Kent and Medway (2017 revised). The concerns should be discussed with the core group and CQC, the regulatory body, should be alerted.

[Multi-Agency-safeguarding-adults-policies-protocols-and-guidance-kent-and-medway.pdf](#)

17.2 Deprivation of Liberty Safeguards (DOLS)

Where concerns are identified relating to a potential deprivation of liberty when the person is moved to a new placement, advice should be sought from the relevant DOLS Office where the person is ordinarily resident. It is the statutory duty of the care home receiving the person (referred to under MCA as the Managing Authority) to make DOLS application if it believes that the care arrangements will amount to depriving the person of their liberty.

For advice regarding people ordinarily resident in Kent:

www.kent.gov.uk/mentalcapacityact

Phone: 03000 415777

Email: dols@kent.gov.uk

17.3 Needs Assessment and Risk Assessment

Assessment should be appropriate and proportionate to the situation. In all cases this will need to include a risk assessment of both assessed needs and the potential impact of the closure, including the move itself, on the resident.

The assessment may need to involve:

- Case Manager
- Nursing Staff
- Learning Disability Specialists
- Community Psychiatric Nurses
- Therapists
- Sensory Services
- Involvement of specialist nursing services may be required for some residents
- Pharmacists
- Independent Mental Capacity Advocates (IMCAs)
- Deprivation of Liberty Safeguards (DOLS) Office
- KMPT staff

17.4 Is a medical examination required?

This will be of particular importance where the closure is enforced or if any concerns are highlighted about the care for any residents within the home.

It may be necessary to complete full joint assessments, to request GP examinations and/or to undertake body maps.

Where nursing care is involved, medical assessment and management must be part of the planning.

17.5 Care and Support Plan to be updated with the resident

The care and support plan should be up-to-date and contain the detail necessary to provide appropriate continuity of care

This should include:

- Communication capabilities
- likes, dislikes, preferences
- Preferred name
- Health needs
- Mobility/transfers
- Personal care
- Continence needs
- Mental health/emotional needs
- Carer's/relatives' views
- Environmental need
- Goals/aspirations
- Personal relationships
- Social needs
- Strategies for risk reduction/managing risk
- Dietary needs
- Medication
- Religious and cultural need

17.6 Identify where needs will be met

This period is an opportunity for people to review the model of care they have chosen and consider alternatives that may not have been an option when original decisions were made about residential care

- Has there been a change in the residents needs
- Are the needs Health or Social Care?
- Does the resident require a home with the same registration?
- Identify how needs could be met and discuss with resident
- Is a revision to the Care and Support Plan necessary?

It is recognised that where the closure has been enforced or in response to an emergency, time constraints may not allow for the revision process to be followed prior to a transfer. All residents must be reviewed after transfer in accordance with section 23.3 of this protocol.

17.7 Agree visit from the chosen new Home

An appropriate representative from the new home should visit and assess the resident prior to the move to confirm the new home can provide, as required by regulation,² care that is appropriate, meets the individual's needs and reflects their preferences.

It should be recognised that in some circumstances where the closure has been enforced or in response to an emergency the full process may not be followed owing to time constraints, and risk assessments to that effect should be completed as the situation demands.

² The Health and Social Care Act 2008(Regulated Activities) Regulations 2014,Fundamental Standards, Section 9

17.8 Identifying Relationships

17.8.1 Ensure staff manage any relationship which may have developed between staff and residents sensitively

17.8.2 Identify relationships, friendship groups with other residents and discuss with residents options for moving to the same home

17.9 Equipment needs check

- Check any equipment used by the resident is clearly labelled
- Is it fit for purpose?
- Can the equipment travel with the resident?
- Have equipment needs changed?
- Does the new home have the required generic equipment, i.e. hoist?

17.10 Inventory of resident's belongings

17.10.1 Verify that the inventory held by the home of the resident's belongings is up to date and complete as to all items including personal items, aids, any electronic/electrical goods, ornaments and furnishings.

17.10.2 Where an accurate list does not already exist one should be created using and adapting if necessary the template at *Appendix Three*

17.10.3 Larger items for transfer belonging to the resident should be clearly labelled with the resident's name.

17.10.4 A copy of the inventory list should transfer with the resident so that items can be confirmed as they are unpacked in the new home.

17.11 GP notification

17.11.1 GP's should be notified of the impending closure at the earliest opportunity; this will assist in reducing any issues which may arise around medication and prescriptions.

17.11.2 Ensure the resident is registered with a new GP if appropriate

18. Medication

18.1 At the earliest opportunity alert the dispensing pharmacist for the home to the intended closure. Pharmacists will have knowledge of the prescribing and dispensing practice for the home. It should be noted that where systems such as Nomad are used, the trays will belong to the dispensing pharmacy; the pharmacist will want to assist in ensuring that residents move with the appropriate medication in appropriate packaging and an early indication will enable them to look at their own commitments.

18.2 When organising the medication for each resident a clear audit trail of the resident's medication should be followed within the home and should be developed during the transfer process. In order to check the medication for each resident the appropriate worker for the individual will;

- 1) Identify the current medication according to the Medication Administration Record (MAR sheet).
- 2) Cross check the MAR with the GP record of the residents' medication including any short term medication such as antibiotics.
- 3) Items (1) and (2) should then be reconciled with the medication in the home.

4) Any anomalies should be checked with the GP.

Prescribed medication should include dressings, stoma care, bland externals (ie aqueous cream), catheters and nutritional supplements. Prescribing practices for PEG feeds will vary according to the district.

18.3 The appropriate worker should check that medication has been stored in accordance with instructions on the packaging; any queries regarding the safe storage should be checked with the dispensing pharmacist.

Residents will sometimes be responsible for managing their own medication. The storage of such medication should also be checked and any instruction passed to the new home.

Medication should be moved with the resident for whom it is prescribed and adequate supply should be confirmed and ensured.

18.4 Where errors are identified in the audit trail which may indicate that medication has not been properly administered, concerns should be discussed with the home manager in the first instance. This may facilitate a quick resolution to any possible anomalies.

18.5 Oxygen

18.5.1 Oxygen is a prescribed medication. It should be prescribed by a respiratory specialist: in most cases this would be the Community Respiratory Team. If the patient is palliative or it is an emergency order, it can be prescribed by the GP.

18.5.2 Each patient should have a HOOFF (Home Oxygen Order Form) detailing their oxygen prescription. This will also have the contact details of the oxygen provider. The oxygen provision contract is provided by Dolby Vivisol. Advice should be sought through Dolby Vivisol about the moving and handling of any oxygen equipment including concentrators. A new HOOFF will need to be filled out in order to change the details of delivery.

Dolby Vivisol Helpline Number: 0500 823 773

19. Continence Supplies

19.1 Identify what, if any, continence products the resident requires and ensure sufficient supply is transferred with them to their new accommodation. Sufficient supply should equate to 3 day's supply to cover any delay in establishing delivery to the new Care Home.

19.2 Ensure arrangements are in place for the correct supply of continence products to the new home. The resident normally has a prescription for the required continence products. The resident should take with them the stock that is prescribed to them individually on transferring out to the new Care Home. The Care Home that is closing as well as the New Care home that the resident is moving into have a responsibility to contact the Continence Business Office with the change to the resident's address.

Kent Continence Business Office
Livingstone Hospital

20. Documentation

20.1 Where possible a resident's files should be transferred to their new care home. Sharing of personal information must take account of the Data Protection Act and the General Data Protection Regulation (GDPR) and be in compliance with the privacy notice issued to the resident.

20.2 All staff must take all reasonable steps to ensure security is maintained when sharing, transferring, transporting resident files and any personal information. The Data Protection Act requires that data be kept safe and secure, ensuring that information cannot be accessed by unauthorised persons.

KCC funded residents: all files should be transferred with the resident.

Residents placed by other local authorities: the provider/home owner should contact the relevant authority direct for instructions about files

Self-Funding residents: the resident should be advised that the file may contain valuable information for the new home provider and that it is advisable for files to be transferred with them.

Health funded residents: all files should be transferred with the resident.

20.3 The Care Home Regulations 2001 require providers to retain information set out in the Regulations (Schedules 3 and 4) 'for not less than three years from the date of the last entry'. The information to be retained includes:

- Assessments
- Plans
- Contact details
- Medication records
- Medical and nursing notes
- The name of the home/hospital the person has transferred to and the date of transfer.
- All other records that the Regulations require a care home to keep.

In the case where a home has closed, the Care Home provider remains the Data Controller pursuant to the Data Protection Act and they are responsible for ensuring compliance with the DPA. Should a Care Home provider abandon files in the premises of the home that has closed, KCC staff must not assume responsibility for the abandoned files and/or remove the files from the premises. In such circumstances staff must immediately seek advice on the correct course of action by contacting the Information Resilience and Transparency Team (InformationGovernance@kent.gov.uk)

20.4 Home owners/ managers should be advised that, where possible, files should be located and prepared during the week prior to the move to ensure all is in order in plenty of time.

21. Equipment

Some residents will have specialist equipment provided through Community Loan Equipment Stores for example beds, mattresses, hoists. The key worker allocated to support the individual should ensure that all equipment not belonging to the home is labelled for the resident and recorded in the assessment and support/ care plan. Large equipment may need to be transported by the Community Loan Equipment Store. For advice and to arrange this, the worker will need to contact the appropriate store

Store	Area Covered
Maidstone Loan Equipment Store Unit FF St Michael's Close Aylesford Maidstone Kent ME20 7BU Phone: 01622 794430 Store Email: kcht.equipmentstore@nhs.net	Aylesford, Paddock Wood, Bearsted, Lenham, Coxheath, Dartford, Goudhurst, Cranbrook, Maidstone, Staplehurst, Gravesend, Southfleet, Malling, Swanley, Sheppey, Sittingbourne, Medway Maritime, Sevenoaks, Tonbridge, Edenbridge, Tunbridge Wells, Hawkhurst, Faversham
Folkestone Loan Equipment Store Unit D Highfield Industrial Estate Warren Road Folkestone CT19 6DD Phone: 01303 717171 Email: kcht.communityequipment@nhs.net	Ashford, Dover, Deal, Folkestone, Hythe, Marsh, Sandwich, Tenterden, Thanet, Canterbury, Herne Bay, Whitstable

22. Arrangements for Transferring Residents

22.1 Transfer arrangements should be considered at the earliest opportunity and should ensure residents are helped to move only in daylight hours.

22.2 During the week prior to a transfer look for changes in physical or mental well-being which might indicate a higher risk associated with moving such as loss of appetite, onset of confusion, which may impact on the mode of transport used. This should be included in the support/ care plan. Medical advice should also be sought as appropriate.

22.3 Mode of Transport

A risk assessment should be completed for each resident and the appropriate mode of transport should be identified for each individual following discussion with the resident/relatives.

22.4 Where the primary need is Health:

22.4.1 For any resident in receipt of continuing healthcare funded by the NHS, transport will be provided by G4S and arranged via the CCG Director on call.

22.4.2 Residents in receipt of funded nursing care will be transported by G4S if their medical condition requires ambulance transport.

22.4.3 Responsibility for residents who are jointly funded by KCC and the NHS via funded nursing care will be determined jointly by KCC and the CCG Director on a case by case basis and will depend on medical need.

22.5 Where the primary need is Social Care:

22.5.1 Where possible and practical, relatives may be able to assist with moving their family member to the new home. This would help to ensure the individual is comfortable with the move and can contribute to the wellbeing of the individual undergoing this experience.

22.5.2 KCC Public Transport Service (Client Transport Operations and Planning) should be contacted to determine what support they can provide with arranging transport of residents. The more notice they can be given, the greater the likelihood they can arrange transport and as a general rule would require a minimum of 48 hours' notice. Please note Public Transport Service is involved in arranging transport of people only and not belongings

22.5.3 Transport Requisition forms are available on KNET, SC Template pages ([linked here](#)). Email completed Transport Requisition forms to adultservicestransport@kent.gov.uk.

22.5.4 For short notice requests (less than 3 days' notice) telephone the Client transport team to first discuss requests. (tel. 03000 413628 / 413736)

22.5.5 Where Public Transport Service is unable to provide transport, an alternative is to contact a licencing officer of the relevant District Council for a list of approved transport providers. When contacting one of the providers it is advisable to check whether they are able to provide transport that can accommodate wheelchairs if required and to what extent personal belongings can be transferred with the person.

22.5.6 Voluntary organisations may be able to assist with provision of drivers and with vehicles; this will need to be arranged in discussion with organisations locally

22.5.7 Where residents are moving to the same home and have expressed a wish to be moved together, this should be arranged where practicable. Staff should be mindful however there may be residents moving to the same home but for whom moving together should be avoided.

22.5.8 A family member, care worker or representative of a voluntary organisation may travel with the resident to their new home. This should be agreed with the resident and the move coordinator to ensure that the appropriate level of support is given to each individual during their move.

22.6 Transfer of resident's belongings

Consider how a resident's luggage, personal furnishings and equipment are going to be moved. The use of bin bags to pack a resident's belongings is not appropriate and is to be avoided. It is likely the resident will be able to have one item of luggage accompany them but this needs to be confirmed at the time the transport is arranged. Similarly it is important to confirm with the transport provider what if any equipment can be transported with the resident.

22.7 Transfer Implementation

22.7.1 Identify a move co-ordinator to act as a single point of contact. The move co-ordinator shall oversee timely moves ensuring residents are only moved within daylight hours and are not kept waiting for transport outside the home.

22.7.2 The number of people moving on any one day and during the same week should be carefully monitored where possible. This will enable support to be targeted and given where required both during moving stages and following the move

22.7.3 Arrangements for transfer of paperwork will be checked during the 24 hours prior to the move

22.7.4 The move co-ordinator should contact the destination home during the 24 hours prior to the agreed move date to ensure the home is prepared for the resident and that all information relating to their support needs has been received.

22.7.5 Following the transfer the move co-ordinator should confirm all belongings included on the resident's inventory list and not travelling with the resident were received by the resident at their new home.

23. Following the Closure

23.1 Cancel Contract

On completion of the closure the lead manager must ensure the existing contract with the home is formally cancelled.

23.2 Debrief

On completion of the closure the lead manager should organise a debriefing meeting for those involved in the closure.

The debriefing session should be held within the first two weeks of the closure and should explore what went well, lessons learned and how to improve on the process.

Any outcomes from this debrief which highlight shortfalls in the protocols should be brought to the attention of the Policy and Quality Assurance Team within the Business Development Unit of KCC Adult Social Care and Health Directorate.

23.3 New Care Arrangements Review

23.3.1 In the week following the transfer and ideally within 48 hours, all residents should receive a follow up contact to confirm they are settling into their new accommodation and there are no outstanding matters related to the transfer that need addressing.

23.3.2 Residents must be reviewed within 8 weeks of their move and if needed there shall be a revision to their care and support plan. A risk based approach will help to define an appropriate period depending on the needs of the individual and the circumstances of the move; this should include a review of any self-funded residents who were assisted in the process and others who might request social services involvement.

23.4 Report

The lead manager will complete a post closure report to include lessons learned. The report will be presented to the appropriate operational Senior management team meeting (SMT) and Strategic Commissioning DivMT. A further briefing will be provided giving the one year on position for former residents (this may not include those funded by other LAs where the information cannot be easily obtained).

24. Monitoring

24.1 Required outcomes

The intention of these protocols is to enable the lead manager in any care home closure to have a list of relevant issues which may arise during the management of that closure and to facilitate a project planned approach to managing that closure. The document should also provide any practitioner involved in the process clarity about the decision making process and an understanding of the tasks which may need to be completed once a decision has been made. The protocols also provide the individual and any family members the support of a clearly managed process through a potentially difficult set of circumstances.

24.2 Review of Policy

The protocols will be reviewed by the Policy and Quality Assurance Team of the Business Development Unit of KCC Adult Social Care and Health.

Appendix One

**Planning Template
(excel spreadsheet)**

Resident	Date relative aware/who informed?	Assessment/Risk assessment by CM (Who is CM?)	Care plan updated?	Name of new home	When will new home do pre-assessment?	Medication/MAR sheet	What equipment to transfer?	When is transfer date?	Who is providing transport?

Appendix Two Strategic Commissioning Accommodation Solutions Checklist

PROCEDURE FOR HOME CLOSURE					
HOME NAME:		ACTUAL CLOSURE		COMMENTS:	
Organisation Id		Sub-organisation Id(s)			
CONTACT DETAILS:					
Parent Organisation					
Establishment Address					
Tel. No.					
Home Manager Name					
Tel. No.					
Lead Commissioner					
CCG Area Responsible Person			KCC Press Officer		
Name			Name:		
Tel. No.			Tel. No.:		
			Initials	Date	
NOTIFICATION OF CLOSURE RECEIVED FROM:					
1	Confirmation of Closure date				
	Owner proposed closure date				
	KCC contract termination date				
	CQC confirm aware of closure				
2	Run a report detailing Clients, Care Manager, Fees, etc. (save to worksheet "client information")				
3	Send Emails to:				
	Assistant Director/H of S in CCG Area				
	Relevant Case/Care Managers				
	Payments Team				
	Warnings & Suspensions email distribution list				
	Press Officer				
4	Suspend Supplier Elements on Mosaic				
5	Update PML (Provider Master List) add -CLOSED- in front of the name of the home				
6	Update Open Objects Directory				
7	Update home contact sheet/status sheet				
8	Letter from Commissioning to home confirming closure of home				
9	Ensure all client care packages are ended on Mosaic				
10	Advise admin to send closure email of sanctions				
11	Make Organisation Unavailable on Mosaic				
12	Archive paper and electronic files & PML				
13	Email relevant Purchasing team to advise of closure				

Appendix Three

RESIDENT'S BELONGINGS CHECK SHEET

Resident's name:					Date of Birth:					
ITEM		QUANTITY		FULL DESCRIPTION			ITEM packed		ITEM unpacked	
Outdoor										
Overcoat/ Hat										
Scarf/ Gloves										
Shoes/slippers										
Underwear										
Underpants / knickers										
Vest/ Slip										
Long-johns										
Braces / belt										
Socks / tights										
Handkerchiefs										
Bra										
Nightwear										
Dressing gown										
Pyjamas										
Nightdress										
Daywear										

Resident's name: **Date of Birth:**

ITEM	QUANTITY	FULL DESCRIPTION	ITEM packed	ITEM unpacked
Suit				
Trousers/ Tracksuit				
T-shirt/ Polo shirt				
Shirt / blouse				
Jumper				
Cardigan				
Dress				
Skirt				
Other				
Suitcase / bags				
Mobility Aids				
Zimmer frame				
Walking stick(s)/c crutches				
wheelchair				
Prosthesis				
Hearing aid(s)				
Spectacles (incl case, chain etc)				

Resident's name: **Date of Birth:**

ITEM	QUANTITY	FULL DESCRIPTION	ITEM packed	ITEM unpacked
Dentures (top and/or bottom)				
Toiletries				
Razor				
Hair brush and/or comb				
Toiletries bag and contents.				
Continance Aids				
Valuables				
Wallet / purse				
Money				
Savings book				
Pension book				
Cheque book				
Other				
Jewellery				
Watch				
Bracelet				
Necklace / chain				
Ring				

Resident's name: **Date of Birth:**

ITEM	QUANTITY	FULL DESCRIPTION	ITEM packed	ITEM unpacked
Other				

Other Belongings

ITEM	QUANTITY	FULL DESCRIPTION	ITEM packed	ITEM unpacked destination
TV/Radio				
iPad/Laptop				
Mobile Phone				
Ornaments				
Furnishing items				
Other				

Appendix Four

Care home urgent closure checklist

	Area/task	Comments
1	How to manage the process	
	Identify a lead closure manager	
	Identify a Core Team	
	Inform Client Financial Services	
	Inform DOLs office	
	Agree Communication Plan	
	Prepare briefing note	
	Obtain from the home a list of residents, their NOK and their funding source	
	Identify a key worker for each resident	
	Identify a move co-ordinator	
	Inform the Business Management Systems Team	
	Inform St Commissioning	
	refer to County Placements Team	
	Transport Contact adultservicetransport@kent.gov.uk	
	Ensure contract cancelled	
2	Residents	
	Inform residents in accordance with agreed Communication plan	
	Provide residents with written notice of closure	
	Assess their care needs	
	CPT identify new placements involving resident(relative)	
	Assess their transport needs	
	Prepare resident documentation + files for transfer	
	Create inventory of belongings	
	Equipment needs check, labelling of equip, transport	
	Organise Medication, ensure sufficient + ongoing supply	
	Oxygen supply: change delivery details to new home	
	Identify Continence product needs, ensure sufficient supply for transfer	
	Advise Continence Store of new Home delivery address to ensure ongoing supply of continence products	
	Arrange transport of residents	
	Pack belongings as per inventory (no bin bags)	
	Arrange Removals for belongings if required	
	Follow up review as soon as possible after moving in	
	Standard review in 4 – 6 weeks	
3	Relatives	
	Inform relatives (as appropriate) as per communication plan	
	Identify what practical help available ie packing, resident and/or belongings transport	

	Area/task	Comments
4	Public/press	
	Provide press office with prepared briefing note	
5	Managing the home	
	Consider need for an interim staffing support	
	Consider insurance cover needed for interim staff, provider staff and residents	
	Meet with home owner to agree terms and who is responsible for costs/charges – follow up in writing	
	Set up rota of KCC case managers to be available at the home	
	Communications book for KCC staff to share information. Retain this after the closure.	
	Contact details of all relevant staff as appropriate for situation – ie KCC, CCG and provider,	
	Consider who is needed on site on Closure to secure the building and protect any remaining resident property	
6	Staff employed by the home	
	Set up good lines of communication	
	Explain closure process	
7	Interim provider (put in by KCC)	
	Confirm staffing cover needed	
	Confirm costs and invoicing arrangements	
8	CQC	
	Inform CQC	
	Invite to core team	
9	Health	
	Liaise with CCG	
	Joint assessments to be completed with DNs	
	Inform GPs about the closure	
	Consider transfer of notes to new GPs	
	Inform pharmacy	
11	Other Stakeholders	
	MPs – brief	
	Councillors - brief	
12	KCC staff	
	Arrange debrief	
13	Other	
	Identify support from local Voluntary Organisations	