

PROTOCOL FOR THE CLOSURE OF A CARE HOME IN CWM TAF MORGANNWG

Cwm Taf Safeguarding Board	Date: November 2022	Status: Approved at PPG Nov 2022 - version 2
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1. INTRODUCTION

- i). This protocol has been developed between Bridgend County Borough Council, Rhondda Cynon Taf County Borough Council, Merthyr Tydfil County Borough Council, Cwm Taf Morgannwg University Health Board and in consultation with the Care Inspectorate Wales (CIW) as part of local procedures established to manage escalating concerns in care homes in Bridgend, Rhondda Cynon Taf and Merthyr Tydfil.
- ii). Appropriate reference should therefore be made to the following documents which underpin these local arrangements:
 - **Escalating Concerns with, and Closures of, Care Homes Providing Services for Adults.** *Welsh Assembly Government May 2009.*
 - **Protocol for the Management of Escalating Concerns in Merthyr Tydfil, Rhondda Cynon Taf County Borough Councils or Cwm Taf University Health Board's Commissioned Service Provision.** *Cwm Taf Safeguarding Adults Board 2017*
 - **Protocol for the Management of Provider Performance of & Escalating Concerns in Bridgend Regulated Social Care (Adults & Children's Services) 2022.** *Bridgend County Borough Council 2022*
- (iii) Home closures will be reported to Cwm Taf Adult Safeguarding Board via the Adults Operational Committee and Adults Quality Assurance sub-group.

2. HOME CLOSURE SCENARIOS

- i). This protocol assumes that **either**:
 - the actions recommended by the MAOG (Multi-Agency Operations Group) or Pre-JIMP meetings and agreed by the JIMP (Joint Inter-Agency Monitoring Panel) have failed, following their implementation, to address escalating concerns at the care home setting and
 - the situation has deteriorated to the point where there is no possible rescue plan and the home is no longer viable and/or the risks to service users can no longer be managed at an acceptable level. However, the situation is such that the closure of the home can be **planned** for.
- or:**
- unforeseen circumstances have led to an imminent/immediate and **unplanned** closure of the home.

3. THE HOME OPERATIONS SUPPORT GROUP (HOSG)

- i). In the event it becomes apparent that a home will close, whether it be planned or unplanned, the MAOG/Pre-JIMP meeting will recommend to the JIMP that a HOSG is established to co-ordinate the closure and support the home, residents and relatives through the process.
- ii). The HOSG will be responsible for co-ordinating and managing the transfer of residents from the closing care home and prioritising the commissioning of new admissions to suitable vacancies that have been identified in other care homes.
- iii). The HOSG will be chaired by the Chair of MAOG/Pre-JIMP meeting for the relevant Local Authority area or as delegated by the Head of Adult Services or in the absence of this officer, the Director of Nursing for Cwm Taf University Health Board.
- iv). Membership of the HOSG will be drawn from the Local Authority and Health Board. Members of the HOSG will be appropriately qualified, skilled and experienced to manage the transfer whilst minimising the disruption and potential trauma to residents. In Cwm Taf Morgannwg, the composition of the HOSG will depend upon the categories for which the closing home is registered and the Local Authority in which the care home is located. However, in broad terms, HOSGs will comprise all or some of the following (or nominated alternative representatives) members in addition to the Chair:
 - Managers with responsibility for Assessment & Care Management in Adult Services for all placing Local Authorities
 - Contract Officer (with responsibility for the Residential and Nursing Care contract)
 - Designated Contract Monitoring Officer for the closing care home
 - Senior Nurse for Continuing Health & Funded Nursing Care
 - Nurse Assessor for the closing Home
 - Safeguarding Manager
 - Designated Inspector CIW (to be invited as and when appropriate)
 - Responsible Individual and Registered Manager of the closing home (to be invited as and when appropriate).
 - Complaints Manager: will be alerted of the imminent closure of the home in order to be prepared for representations to be made from, and on behalf of, residents as a result of the closure of the home and the subsequent transfer to new accommodation.
 - Emergency Planning representative: in the event of the sudden and unplanned closure of the home as the result of an act of God or civil incident/emergency.
 - Council & Health Board's Public Relations Departments: in order to manage any media and/or public interest

4. HOSG COMMUNICATION STRATEGY

- i). When it is known that a home is to close, the HOSG will immediately establish a communications strategy with other stakeholders to:

- initially brief and regularly update the relevant Director, Cabinet and local elected members
- maintain a dialogue with the CIW and share information in accordance with the established information sharing protocol.
- engage with residents, relatives and advocates, advising on the process and keeping them up to date, including, where necessary, self-funding residents.
- establish and maintain a dialogue with key representatives of the provider service who should assist in assuring the safety and welfare of residents.
- initially advise and maintain a dialogue with authorities/agencies who have placed residents at the closing home from out-of-county.
- brief the relevant Local Authority Media Liaison Officer and deal with any media interest in accordance with corporate policy.

5. **HOME CLOSURE PLAN AND INDIVIDUAL RESIDENT TRANSFER PLANS**

- i). The Local Authority and University Health Board will have mechanisms in place to rapidly establish a comprehensive closure plan for the care home and individual transfer plans for the residents affected.
- ii). The home closure plan and transfer of residents will be implemented and co-ordinated through the HOSG. The HOSG will delegate key tasks through its membership for completion to agreed timescales which will be dependent upon the individual circumstances presenting at the closing home and the overall amount of time available before closure. These factors will also determine how frequently the HOSG will meet collectively.

iii). **The Home Closure Plan**

The HOSG will agree a strategy to support interim arrangements, pending closure of the home. The following areas will require **immediate** information gathering for consideration. This list is not exhaustive:

The closure timeline:

- Can the closure be planned and, if so, over what timescale?
- Is the closure likely to be immediate with little or no time for planning?
- Is there capacity and the ability to work with the homeowner and/or manager in planning and/or managing the transfer of residents?

Resident issues:

- What immediate short-term and long-term risks are there to the health, safety and welfare of residents?
- What actions have been/or need to be taken to prevent further admissions?

- Identification of vacancies and how these are being prioritised in other homes/locations including Local Authority residential homes and local ward vacancies?
- What actions need to be taken in respect of residents placed in the closing home by out-of-county authorities/agencies? How will the HOSG manage these matters?

Staffing issues:

- What do staff know about the situation and how is this affecting morale?
- Has the number of care/nursing staff diminished to a point whereby dependency levels cannot be met?
- Within the context of the closure situation, are the actions or potential inactions of the existing staff group likely to expose residents to a greater risk of inappropriate care, abuse of harm?
- Could interim management or staffing support be provided from an external source and would this be acceptable to the registered person/receiver and the CIW?

Building and equipment issues:

- Are there problems with the structure, fabric or services connected to the building which makes its continued occupation unsafe? Is remedial work possible/worthwhile within available resources and time?
- Can essential services such as heating, water, electricity and gas be maintained?
- Has key equipment been removed or sold which further undermines the potential to keep the home open in the short-term? Could alternative equipment be found and provided?

Resident, Relative/advocate, staff, members and media briefing:

- How much is known by the staff, residents and their relatives/advocates?
- Brief the relevant Cabinet and local members?
- Manage media interest.

Influences outside the control of the HOSG:

- Are there any court decisions which must be taken into account?

iv). Individual Transfer Plans

The HOSG will ensure that residents, relatives and advocates are supported through the transfer process. The Care Management manager representatives on the HOSG will direct their teams to co-ordinate the following, while taking into account the practicalities of the closure and transfer process:

- Care Management allocation: (NB. In this section “Care Manager” is a generic term which can mean Nurse Assessor, Social Worker or Assessor/Care Manager etc depending on the type of placement – e.g. residential or nursing and the funding body).
- Residents must be allocated a fully briefed care manager. A fully briefed Independent Mental Capacity Advocate (IMCA) should be allocated where the needs of the resident require this. Where an IMCA cannot be appointed because the eligibility criteria are not met, other sources of advocacy support should be offered and sourced. Self-funding residents must also be offered the support of a care manager even if this is rejected. This is especially important where the self-funding resident does not have a care manager within the referring authority or relatives/advocates to represent them. Support provided by the care manager should include, where needed, but not necessarily restricted to:
 - providing information on the closure process
 - details of vacancies in the area, including those in the Local Authority residential homes
 - support in contracting with an alternative provider (to self-funding residents)
 - relevant support to relatives/carers
 - arranging transport to the new home
 - support in transferring personal possessions
 - details of local advocacy services
 - updating the resident’s care and support needs assessment

Care & Support Needs Assessment and Care Planning

An updated needs assessment must be undertaken for all residents, including, with their agreement, those who are self funding. The assessment should consider the risk factors, physical, emotional and mental, of moving the resident from their home. In addition, the following information should be gathered as an integral part of the new assessment:

- details of all equipment or environmental aids used by the resident
- details of medication and pending hospital treatment or appointments
- details of personal possessions held in the closing home
- details of finances/savings held by the closing home
- details of the preferred care routine
- details of significant relationships within the closing home

Where the resident has been placed at the home from an out-of-county authority/agency, the responsibility for undertaking the assessment falls on that authority/agency, not the local authority in which the closing home is based.

A new care/service delivery plan should be produced to meet the resident's needs, including any transitional support required for the transfer between homes. Monitoring and review arrangements for the new care/service delivery plan should also be agreed at this point.

Involvement and input of relatives/friends/carers/advocates

The extent to which relatives/friends/carers/advocates are involved in the resident's care must be understood. With the consent of the resident, relatives/friends/carers/advocates should be involved to an appropriate level in identifying an alternative home, or in helping to prepare for the transfer to alternative accommodation. This is particularly important in order to ensure continued access to the resident by relatives/friends/carers/advocates following the home transfer. Where the resident lacks mental capacity to consent to their family and friends being involved, a best interest decision will be required.

6. ADVOCACY

- i). The allocated care manager will be responsible for identifying whether the resident has an appropriate individual or needs a professional advocacy service, including, where necessary, the services of an IMCA or other professional advocate, in line with the Social Services and Wellbeing (Wales) Act, 2014 and the Mental Capacity Act 2005. The care manager is also responsible for making the referral.
- ii). It is expected that registered providers will enable professional advocates to meet with residents and relatives at the closing home and following transfer at the new accommodation, in order to identify and provide appropriate support.

7. CONTRACTING AND COMMISSIONING ISSUES

i). *Communicating with external commissioners:*

The Commissioning and Contract Management Team representatives on the MAOG/Pre-JIMP meeting and HOSG will be responsible for keeping the Pan-Wales Commissioning Network up to date in relation to escalating concerns at the home.

It is envisaged that, in most cases, a service suspension would have already been placed upon referrals to the home during earlier stages of the escalating concerns process in accordance with the agreed policy and that this would have been communicated to internal teams of the Local Authority and Health Board, together with the wider Pan-Wales network of out-of-county commissioners.

When it becomes evident that the home is going to close, the Commissioning and Contract Management Team will advise the Pan-Wales network of this development and the actions the HOSG is taking to support the closure of the Home and transfer of residents to new accommodation. Where a service suspension has not been applied to the home earlier because, for example, an unforeseen event is forcing the closure, one will be applied at this point reinforcing the need to prevent further admissions to the home.

The Commissioning and Contract Management Team will ascertain the details of current residents at the closing home and from where they have been referred. In the case of residents who have been placed there from out-of-county, the Commissioning and Contract Management Team will make contact with referring authorities/agencies to advise on the situation and invite them to fulfil their obligations for assessing their residents and providing support. Where out-of-county authorities/agencies no longer have care management involvement with the resident, a local care manager must be allocated.

ii). *Main contract:*

The Local Authority and Health Board will invoke the appropriate termination clause contained within the main contract with the provider where the closing home is the sole operating unit of the provider.

Where the Provider has more than one home consideration will be given to the overall contractual relationship in light of the closing Home's failure. Such consideration will include whether or not it will be appropriate for the Provider's remaining homes to be offered as homes of choice to transferring service users from the closing home.

The Commissioning and Contract Management Team will confirm with internal teams of the Local Authority and Health Board and the Pan Wales commissioning network when the home has closed and that it has been removed from the local choice procedures.

iii). *Outstanding payments/Overpayments/Underpayments:*

Any anomalies in relation to payments will need to be identified and dealt with through existing contractual processes and in accordance with the administrative arrangements for the closure of the home.

iv). *Repossession of equipment belonging to the Local Authority/Health Board:*

In accordance with the terms and conditions of the Main Contract, the Local Authority and Health Board are entitled to repossess any equipment belonging to them.

Suitable arrangements would need to be made in relation to retrieving equipment but not before alternative provision has been identified and put in place for the resident/s who require this equipment to fulfil their care plan.

Alternatively, the equipment could, by prior arrangement and agreement with the new provider, be transferred with the resident/s if circumstances require it and resources permit.

v). *Individual care contracts:*

These will need to be terminated in respect of the closing home by the appropriate care manager. New individual care contracts will have to be drawn up to underpin

the new service delivery plan to be delivered by the transfer home by the appropriate care manager, being processed in the usual way.

8. POST HOME CLOSURE AND ONGOING MONITORING

- i). Within one month of the closure of the home, the HOSG will produce a report evaluating how effectively the closure and transfer of residents was managed for feedback to the JIMP.
- ii). Using established monitoring procedures, the designated Contract Monitoring Officers for the closed home and the home/s to which residents were transferred will take the lead in preparing the report on behalf of the HOSG with appropriate input from others involved, including Nurse Assessors and Care Managers.
- iii). The report will be presented to the JIMP by the HOSG and will contain recommendations, where appropriate, for improving the home closure management process. A copy of the report will also be made available to the CIW.

GLOSSARY OF TERMS

JIMP - Joint Inter-agency Monitoring Panel.

This is a panel of senior officers from the Commissioning Bodies (the Local Authorities and Local Health Board), who make decisions about actions taken to safeguard service users where service standards are falling below what is expected. The JIMP can decide to impose service suspensions and may take legal advice with a view to the termination of contracts.

MAOG - Multi-Agency Operations Group

The MAOG consists of practitioners and stakeholders from relevant organisations who meet monthly to share intelligence and make recommendations to the JIMP regarding necessary actions.

Pre-JIMP meeting

The Pre-JIMP consists of practitioners and stakeholders from relevant organisations who meet when necessary to share intelligence and make recommendations to the JIMP regarding necessary actions.

HOSG - Home Operations Support Group

The HOSG is a group of all relevant managers from the commissioning and other relevant agencies who are needed to co-ordinate and manage the closure of a Care Home.