Jersey Care Commission

Closure of Regulated Services Multi- Agency Guidance

Setting out the approach that the Commission and other agencies will take when responding to the closure of a regulated service.

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1. Guidance Statement

The Jersey Care Commission ("the Commission") is responsible for the promotion of best practice and for the improvement of health and social care outcomes for the people of Jersey. In seeking to achieve this, the Commission is required to provide independent assurance about the quality, safety and effectiveness of health and social care services. This requires the setting of high Standards and the challenging of poor performance and practice.

The closure of a regulated service can be a distressing time for care receivers, their families and staff. Evidence shows, that the effect a closure has on care receivers' health and psychological well-being is likely to be influenced by the way in which the closure and relocation are managed. There are a number of complex and logistical factors which need to be considered that will involve a range of agencies and individuals.

The Commission will endeavour to facilitate a co-ordinated approach to the closure of a regulated service, whilst ensuring that the needs of care receivers are consistently and safely met.

2. Guidance Aims and Principles

Aim

The purpose of this Guidance is to set out the procedure to be followed by regulated services that are facing closure. This is essential to ensure that the processes which follow the notification of such an event are clearly understood, consistently applied and efficiently implemented. It is also important in such circumstances that a lead agency is identified to ensure that there is effective co-ordination and communication.

Principles

This Guidance is based on good practice principles of:

- Care receivers must be at the centre of the process ensuring that their wishes, preferences and choices are respected throughout the closure process and the process associated with sourcing alternative care provision.

- Care receivers and their families / representatives should be treated with dignity and compassion, ensuring that their views and wishes are fully considered throughout the closure process and the process associated with sourcing alternative care provision.
- Where care receivers are determined not to have the capacity to choose who will provide their care and where this will be received, decisions should be made in their best interests, in line with the Capacity and Self-Determination (Jersey) Law 2014 Code of Practice.
- Planning and co-ordination of the procedure to be followed which identifies the roles and responsibilities of services and individuals involved in the closure process.
- Setting out a clear communication strategy at the earliest opportunity to include care receivers, families, staff and partner agencies.
- Maintaining continuity of care and relationships with staff during the closure period wherever possible.
- Involving and supporting staff to secure their ongoing commitment during the closure process.

3. Scope

This Guidance applies to all care services registered under the Regulation of Care (Jersey) Law (2014) who are facing a planned, unplanned or enforced closure. The procedure also applies to services who have multiple provisions deciding to close one area of service and services which intend to close on a temporary basis.

4. Notification of Closure

Notification by a provider of a regulated service is likely be the first indicator that a regulated activity is likely to close. Intention to close a regulated service must be reported in writing to the Commission at the earliest opportunity.

Although in most cases, notifications will be made directly by a provider, in some instances, the information may come via accountants or legal representatives of the proprietor.

In addition, notifications relating to the closure of a service must be communicated to the relevant agencies including case coordinators and commissioning agencies. A Commission representative will liaise with relevant agencies to determine which agency will assume responsibility for leading the closure process. In most circumstances, this will be Health and Community Services although there may be occasions when the lead agency is the Commission itself.

During the closure process, the regulated service remains responsible for the care and welfare of care receivers until such time as an alternative provision is identified and the transfer completed.

When a notification is received, the lead agency should advise the service provider or manager that arrangements for finding alternative provision for care receivers should not be made until a multi-agency closure coordinating group has met.

5. Establishing a multi-agency closure coordinating group

The purpose of the multi-agency closure group is to establish a framework and timeline that all agencies agree to and work within. Decisions will be based upon best practice and taken in the interests of care receivers. The closure co-ordinating group should include, where appropriate, and depending on the categories of care provided by the service, representatives from: Adult Social Care and/or Mental Health Services, Customer and Local Services, Commissioning, Ambulance Service, Advocacy and a representative from the Commission if they are not the identified lead agency. It should also include the manager of the service and/or provider. The closure coordinating group will oversee the closure process, meet at agreed intervals to review progress and ensure that there is an opportunity for a de-brief meeting following the conclusion of the closure process.

6. Initial Action

The identified lead agency will discuss the closure process with the provider/manager and make an initial assessment. This assessment will include.

- the expected timescale of closure,
- establishing what information if any has been provided to care receivers and their relatives,
- the arrangements associated with the relocation of care receivers to appropriate alternative provisions,
- the names of all care receivers and their case coordinators if known,
- staffing arrangements for the duration of the closure period.

A closure co-ordinating meeting should be convened prior to the provider/manager planning to provide information relating to the closure to staff, care receivers or relatives. This is to ensure that adequate arrangements are in place to manage the closure and to prevent any unnecessary distress associated with providing partial or incomplete information. Consideration must be given to including a media / communications representative in this meeting to ensure effective dissemination of information to the public is considered.

The lead agency will convene a multi-agency closure coordination meeting within twenty-four hours of notification of closure.

The purpose of the closure co-ordinating group meeting is to agree an action plan. This will be dependent on the time available before closure, but the agenda should include:

- Setting out the closure timetable.
- Identifying any immediate risks to care receivers. Where risks are identified, consideration should be given to involvement of the Adult Safeguarding Team.
- Verifying individual care receivers' details, including contact details for next of kin, level and type of care need and GP details.
- Scheduling a meeting with the provider / manager, relatives and Community Services representatives. The purpose of this meeting is to advise of the closure

and provide reassurance to care receivers and their relatives that the agencies and the management of the regulated service will work together in partnership with the care receivers and families to facilitate the move to an appropriate alternative provision.

- Identification of relevant case coordinator for each care receiver and the allocation of a case coordinator to care receivers who were not previously known to the service.
- Agreeing a provisional timetable for assessments to take place and identification of current availability of beds in the care home sector or in the case of a home care service / day service closure, capacity within other services.
- Ensuring adequate staffing levels during closure period, contingencies, and staff support.
- Agreeing a communication strategy and press release.
- Alerting the Ambulance Service regarding transportation if necessary.

In the case of the closure of a large care home, it may be appropriate to set up a separate professional subgroup to manage the assessment process that would feed back to the main coordinating group.

The date and time for a review meeting should be agreed. The timing of this will be dependent on the timeframe for closure, however in the early stages while care receivers and relatives are informed this should be within a week. In some circumstances the coordinating group may need to make emergency interim arrangements if the timescale for closure is particularly short.

Minutes should be taken from the meeting with agreed outcomes and actions clearly recorded.

7. Assessments

All care receivers must be offered a formal assessment by a case coordinator who will work collaboratively with the registered manager to determine the level of need, type of support required and suitability of potential placements/services. Care receivers who self-fund may decline an assessment. Care receivers who are in receipt of long-term care benefit must be reviewed and reassessed. Care receivers and their relatives should be provided with contact details for the designated case coordinator so that they can be kept informed throughout the process. A task and action checklist for case coordinators is contained for reference in appendix 1.

If necessary, specialist assessments may need to be requested. Assessments may identify the need for higher levels of support due to an increase in need, requiring consultation with Customer and Local Services to ensure timely long-term care benefit funding arrangements are in place to facilitate transfer.

Care receivers who will be affected by the intention to close a service may be assessed as lacking the capacity to make a decision in respect of their care, support or accommodation needs. In such circumstances, the Capacity and Self-Determination (Jersey) Law 2014 and its associated Code of Practice, must be adhered to.

In the case of a care home closure, once assessments have been undertaken and alternative placements are identified, the number of care receivers in the home will reduce and this can have a detrimental impact on the wellbeing of those remaining. It is important to monitor this and ensure that all assessments and alternative placements are done in a timely manner.

There will be regular and frequent meetings of the co-ordinating group chaired by the lead agency who will ensure that all meetings have accurate minutes that clearly identify outcomes and actions and track the progress of the closure process. These will be circulated to all members of the co-ordinating group.

Regular visits will be made by Regulation Officers from the Commission to assess the operation and safety of the regulated service during the closure period and monitor the quality of care.

8. Relocation

Following assessment, care receivers must, as far as practicable, be offered a choice of alternatives and should be afforded an opportunity to visit (or be visited by), prospective services. This should be discussed with the care receiver and, where appropriate, their nearest relative, other family members or representatives.

The registered managers from the new regulated service should be contacted to undertake pre-admission/pre-commencement assessments before placements or services are confirmed. In circumstances where a regulated service is offering multiple placements to a care home, admissions should be staggered.

In the case of a care home, the GP, who must be informed in advance of the transfer, will determine if further medical assessments are required.

When a care home placement has been agreed transport arrangements will be made for the transfer of the care receiver and their belongings. The care receiver and their family will be kept informed throughout and, where possible, assist in this process.

At the co-ordinating group meetings, progress with the action plan will be reviewed, along with the outcome of any completed assessments and an ongoing assessment of any risks. An up-to-date list of vacancies within the sector must be available at each meeting. Placement options for each care receiver will be discussed and recorded. Where an alternative placement has been agreed with the care receiver and their family / representative, the timescale for transfer will be recorded.

Care receivers' new placements/services will be reviewed within four to six weeks by their case coordinator. All reviews must be completed prior to the de-brief meeting taking place.

Further guidance relating to individual relocation planning and considerations for care receivers who have nursing needs is contained in appendix 2.

9. Staff

When staff become aware that the service is closing, they are likely to seek alternative employment and may leave before the closure process is complete; this must be monitored, and safe staffing levels maintained throughout the closure period.

The role of existing staff in providing continuity of care within the regulated service is crucial during the closure period. Minimising stress will enable staff to be more effective in their roles, therefore it is vital to procure their commitment at an early stage.

How staff will be told of the closure should be agreed and a communication process developed. Once staff are informed of the closure, the provider should ensure that there is regular, open communication and that information disseminated is factual and consistent from all agencies involved in the closure process.

10. De-briefing by the Lead Agency

Within eight weeks a meeting will be held by the co-ordinating group to review the process. This will consider the impact of the closure and subsequent move to an alternative regulated service for each care receiver and enable there to be reflection on how the process worked and any useful lessons that might inform future closures.

11. Guidance Review

This Guidance will be reviewed annually or at the Commission's discretion, should matters arise which need earlier consideration.

12. References

Glasby, J, Robinson, S & Allen, K 2011, Achieving closure: good practice in supporting older people during residential care closures. ADASS/HSMC.

LGiU October (2015). Care and Continuity: Contingency planning for provider failure A guide for local authorities [online]. Available at care-and-continuityfinal.pdf (adass.org.uk) [Accessed 09/02/2022]

Le Mesurier, N and Littlechild, R (2007, updated 2011). *'A review of published literature on the experience of closure of residential care homes in the UK'.* Association of Directors of Social Services and University of Birmingham, in association with the Social Care Institute for Excellence

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13. Appendices

Appendix 1 – Case Co-ordinator Task and Action Checklist

TASK	DATE ACTIONED	DETAILS
Ensure that a medical report has been obtained from GP confirming the care receiver is fit to be transferred or, where there is no choice but to transfer, indicating what medical supervision of the transfer may be required.		
Ascertain care receiver preferences in terms of choice, including preference to move with friend/s in their current unit and liaise with other appropriate case coordinators on this.		
Advise care receiver and families / representatives of choices available and potential limitations on this due to timescales.		
Assist care receiver and families / representatives to identify and secure alternative care placement.		
In the absence of family members / representatives, - identify if an advocate is required and if so involve them in securing an alternative care placement for the care receiver.		
Obtain care receiver background history; care plans; medication records; from closing regulated service for onward transmission to new placement		
Arrange for personal monies/finances and belongings to be forwarded to new regulated service in a dignified manner.		

For care receivers in receipt of LTC benefit ensure Customer and Local Services is informed of move of care receiver and arrange for transfer of benefit to new provider as appropriate.		
Complete all relevant paperwork including financial assessments as appropriate and to liaise with Customer and Local Services if required.		
Convene the initial review after one week and follow up review after eight weeks.		
Alert the lead coordinating agency of any concerns during the closure process		

Appendix 2 – Considerations for Care receivers who have Nursing Needs

- Is the care receiver fit to travel or do they need a GP to review them prior to moving e.g., somebody who is unwell with an infection or is dying?

- What type of transport is needed? Does the care receiver need to be moved in a chair or on a stretcher? If they need oxygen a paramedic crew will be required

- If the care receiver is using oxygen a temporary prescription for cylinders will need to be obtained and be in place at the new regulated service prior to transfer.

- The new regulated service needs to know about any pressure relieving equipment that is in use prior to transfer.

- Dressings and catheters need to be sent with the care receiver.

- If the care receiver has a PEG the equipment must go with the care receiver and the dietician informed to ensure further supplies sent to new regulated service.

- Other equipment such as nebulisers, walking aids, wheelchairs may need to go with the care receiver and needs to be communicated to transport when arranging the transfer. Remember to check if they belong to the care receiver or the regulated service, if they belong to the regulated service alternatives will need to be identified.

- If the patient is on Warfarin the new regulated service needs details of when the next blood test is due.

- A detailed and comprehensive nursing transfer letter needs to accompany the care receiver.

- A list of other professionals involved with the care receiver needs to accompany them so they can be notified of change of address and maintain continuity or care.