



**Good Practice Guidance on the  
Closure of a Care Home**

## **1. Introduction**

- 1.1. The stability of the care home sector is of vital importance to the effective delivery of care and support to many older adults in Scotland. If a care home is experiencing challenges, of whatever sort, it is suggested that early dialogue should be undertaken between the provider and the relevant local authorities and their partners within the context of local commissioning strategies to explore any support options that might exist to prevent an untimely or undesirable closure.
- 1.2. It is recognised, however, that the avoidance of a care home closure is not always possible or desirable. The purpose of this guidance, therefore, is to ensure that satisfactory arrangements are in place for the closure of an individual care setting and to ensure continuity of care for the residents affected. In planning for the closure of a care home, the interests and the welfare of the residents affected are paramount.
- 1.3. This guidance is intended to complement any existing local authority procedures for the closure of a care home. The appendices are offered to local authorities and their partners to assist with the planning processes that have been established locally. This guidance does not replace contractual or other obligations on a party providing residential and/or nursing care<sup>1</sup> and in particular the obligation to have in place satisfactory procedures in respect of business continuity. It is intended to support the local authority to plan its own response should a home close in its area.
- 1.4. Although the guidance is focused on the closure of a care home operated by a private or voluntary sector provider, the principles around the well-being of residents are just as relevant to the closure of a local authority facility.

## **2. Statutory Powers**

- 2.1. Local authorities have a duty of care for all residents in care homes in Scotland, including those whose care package is not funded by the local authority. In the event of a care home closure, therefore, the local authority has responsibility for the well-being of all residents.
- 2.2. Under section 12 of the Social Work (Scotland) Act 1968, local authorities have a duty to provide or arrange the provision of residential facilities. Subject to negotiation with the care home owner or administrator, local authorities can exercise this duty flexibly, and in circumstances where a care home closes, can assume responsibility for the management of the home, or can arrange to lease or buy it.
- 2.3. In the circumstances of a care home closing, Local Authorities can also use the power to advance well-being contained in section 20 of the Local Government in Scotland Act 2003. This power includes the power to incur expenditure, enter into arrangements or agreements with any persons and provide staff, goods, material, facilities, services or property to any person.

## **3. Reasons for Care Home Closure**

- 3.1. There are a variety of reasons that a care home may close, including: in response to unforeseen environmental factors, such as flooding or fire; as a

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<sup>1</sup> For independent providers contracting with Local Authorities these are set out in the National Care Home Contract, except for residents who come under the Free Personal and Nursing Care Contract)

result of enforcement action taken by the Care Inspectorate; or as a result of an organisation or business ceasing to operate.

- 3.2. Where the closure of a care home is due to an organisation being unable to continue in business because of financial problems, administration or liquidation may result.
- 3.3. As regards the former, administration will follow when directed by a court of law. The court will appoint administrators to run a company's business, affairs and property. The purpose of administration is to rescue the company as a going concern (keep it trading), or achieve a better result for the company's creditors than would be likely if the company were to be liquidated. When a company is taken into administration it is protected against an order for winding up, employees remain employed by the company and landlords cannot (without the permission of the administrator or the court) take rights to reclaim property leased by the company.
- 3.4. By contrast, if a company cannot be maintained as a going concern, it may be forced into liquidation, where the consequences are more immediate. The company would stop trading and the liquidator's sole duty would be to realise as many assets as possible for the company's creditors. All the employment contracts of the staff would be terminated.

#### **4. Unplanned Closures**

- 4.1. This Guidance ostensibly deals with planned closure situations in the event of a private or voluntary sector care home providing notice to the relevant council of its intention to close. However, the principles set out below, particularly around the interests and welfare of the individual, are just as relevant to unplanned closures.
- 4.2. Unplanned closures can occur where unavoidable circumstances force the care home to close at short notice. For example, were a care home business to be liquidated, as described above, it may not be possible to follow the normal 13 week closure timescales contained in the regulations. In these circumstances, Councils and their partners will need to negotiate the resources required to keep the Care Home open long enough to ensure the safe transfer of residents.

#### **5. Planned Closures**

- 5.1. Although a planned closure provides greater scope for an efficient and effective transition, the minimum timescale of 13 weeks, as defined in the regulations, is still relatively short. Even a planned closure is therefore potentially disruptive, requiring good co-ordination and clarity of responsibilities for managers and staff in both social work and other statutory agencies.
- 5.2. In terms of managing planned closures, the Local Authority and partners should meet with the regulatory body (the Care Inspectorate) and the provider at the earliest possible stage. A draft agenda for an initial meeting – which should form a checklist for a meeting with the provider – is set out at Appendix 1.
- 5.3. Directors of Social Work/Chief Social Work Officers will have a significant role in ensuring that the local authorities' statutory duties are being met. This will include negotiating with the administrator or the provider, alongside the regulator to ensure that necessary arrangements are in place to ensure the

safe operation of the home and that the interests of the resident are prioritised.

## **6. Notifying the individual resident, their family and/or representative, about the planned closure of the home**

- 6.1. It is important to ensure that up-to-date and accurate information is used for contingency planning. This will allow care management staff to inform the resident and their representatives in a sensitive manner about the closure as it is presented to the local authority, and thereby minimise the risk associated with rapid moves out of care settings.
- 6.2. The information shared with residents should be designed to help them to exercise choice and control and to support their family/representative to make alternative arrangements for their accommodation, with the support of the care home staff and care management staff. It is assumed that the provider will offer support and continuity of care throughout the transition process to achieve the best possible outcomes for the person. Ideally this role would be fulfilled by the named/key worker for each resident.
- 6.3. The local authority should identify the most appropriate person to liaise with the resident, the home and any family members involved. In most local authorities, this will be a named care manager who will coordinate the planning and transfer process with support from others within their particular local authority area, for example, contracts and finance staff and NHS colleagues.
- 6.4. The role of the care manager and a list of specific tasks are detailed in Section 10 below. It is suggested that an initial review is undertaken to ensure that all relevant contact information is known by the authority. This will include details of next of kin; details of any formal powers held by a family member or other carer; details of advocacy involvement; and any involvement from allied health professionals to ensure that the right information on the person's care and health needs are made known to the receiving home.
- 6.5. For individuals who have particularly complex care needs, including people with dementia and those in receipt of palliative care, communication with other health professionals, including district nurses and GPs will be important to the person's health and well-being at the point of transfer. Early discussions should take place as part of the planning and pre-transfer process that the local authority will coordinate.
- 6.6. The pre-transfer planning process will provide an opportunity for authorities in partnership with the homes staff to ensure that all care records, prescription records and other information vital to the care and well being of the resident is transferred to the staff in the receiving home.

## **7. Agreeing options with individual residents**

- 7.1. Depending upon the individual circumstances surrounding the closure of a care home, the options open to the individual resident and their family might be limited. This is particularly the case where issues associated with remoteness and rurality are present.

- 7.2. The review process will help to identify the people who are important to the resident - including other residents in the home and individual staff - to assist the care manager to plan for the transfer.
- 7.3. The care home's named worker/key worker will ensure that the practicalities of any move are addressed through careful planning. This will include identifying a person's personal belongings; providing suitable cases and bags in which to remove these items and working with families to remove any larger items of furniture, pictures and ornaments to the new home.

## **8. Managing the Move**

- 8.1. The dignity, respect and choices expressed by the resident are of paramount importance during the move.
- 8.2. The care manager and the named worker/key worker should coordinate the move of the resident. Where family or carers are involved and wish to be involved in the change of residence this should be identified and supported by staff where possible.
- 8.3. A full inventory of clothing and other personal belongings will have been compiled, agreed with any family involved and made available to the receiving home.
- 8.4. A record of the care plan, the homes support plan, and medication record must be available and transferred.
- 8.5. Where it has been agreed that the named worker/key worker is to spend time at the receiving home to help settle the resident, these arrangements should be honoured by the proprietor/owner/administrator for the receiving home.

## **9. Specific Staff Responsibilities**

9.1. Local authority contracts staff should:

- Co-ordinate the closure programme and notify social work teams of residents who were placed either directly by the team or by other teams and had home addresses in the respective catchment area.
- Convene briefing meetings about the implementation of the closure programme with key personnel.
- Agree arrangements with the Care Inspectorate
- Liaise with proprietors/staff/court appointed administrators, regarding closure timetable, taking account of notice requirements, potential staffing implications, need for phasing of assessments and the phasing of discharges.
- Identify the funding status of residents
- Liaise with welfare rights officers regarding benefits issues
- Notify other placing local authorities as appropriate and all local authorities of the actual closure.
- Advise finance and legal services accordingly.
- Co-ordinate transfers of residents, taking account of individual need and choice
- Co-ordinate production of weekly updates on closure process and monitoring meetings as necessary.
- Prepare report for senior social work managers on conclusion of closure programme and any broader issues emerging from that

- Liaise closely with the Care Inspectorate to ensure that regulatory requirements and acceptable standards of care are maintained for the duration of the closure programme.

## **10. Staff in local authorities with care management responsibility**

10.1. The role of assessment and care management staff will lead on the assessment process, including the:

- provision of information
- needs led assessment
- full involvement of residents and carers
- participation of other agencies
- clear and effective communication with all involved

10.2. It is further suggested that assessment and care management staff should:

- Ensure that a medical report has been obtained from GP confirming the resident 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 the individual's preferences in terms of choice, including preference to move with friend/s in their current unit and liaise with other appropriate care managers on this.
- Advise the individual/carer of choices available and potential limitations on this due to timescales.
- Assist families/carers to identify and secure alternative care placement for residents.
- Identify, in the absence of a carer, an advocate and involve them in securing an alternative care placement for the resident.
- Obtain resident background history; care plans; medication records; from closing home for onward transmission to new placement
- Obtain, in the absence of a carer, bank books/statements, and receipted personal monies/valuables and arrange for personal belongings to be forwarded to new home in a dignified manner.
- Check that closing home arranges with Benefits Agency for transfer of appointee function to new home as appropriate.
- Complete all relevant paperwork including financial assessments as appropriate and to liaise with welfare rights officers as required.
- Ensure Benefits Agency is informed of the move of a resident that claims submitted where required and that papers submitted to new Benefit Office where appropriate.
- Convene the initial review after the four week trial period or sooner if required and forward minute timeously to all concerned with the care of the resident.
- Maintain active dialogue with the Care Inspectorate during the closure process

## Appendix 1

Direct Line: <<Telephone Number>>

Our Ref:

Your Ref:

Date:

Proprietor/Manager/Matron as Appropriate/Agreed

Dear

### **Subject – Notification of Home Closure**

I acknowledge receipt of your letter of xx-xx-xx giving notice of your intention to close (name of home).

A meeting requires to be convened to discuss the intended closure and I would propose to meet with you and a representative from the Care Inspectorate on xx-xx-xx at xx.xxam/pm.

The venue for this meeting will be (insert venue) address as detailed above.

Should this date be unsuitable please contact (insert name) directly on xxx to rearrange an alternative date.

Yours sincerely

<<Person>>

<<Designation>>

Meeting between Provider and Council to Discuss Intended Closure

**LOCATION, DATE & TIME**

**AGENDA**

- 1) **Closure Timetable**
- 2) **Notice Requirements,**
- 3) **Consultation**  
(Residents/Relatives/Advocate)
- 4) **Potential Staffing Implications**
- 5) **Maintenance of Care Standards**
- 6) **Identification of Residents**  
**Residents Profile** (*Names, Previous Addresses, D.O.B., D.O.A., Sharing Arrangements/Friendship Groupings, N.O.K. and Relative Contact Details, Appointeeship Details, GP Details*).
- 7) **Phasing Of Assessments**  
Resident Need and Choice
- 8) **Staff Briefing**  
Allocation of care manager
- 9) **Phasing Of Discharges**  
Medical Assessment, Supervision  
Inventory of Residents Belongings  
Transfer of Care Plans (Including Medication)
- 10) **Registration/Care Inspectorate Issues**
- 11) **Contract Issues**
- 12) **Financial Issues**  
Transfer of appointee function  
Benefits Office?  
Notice Requirement
- 13) **Assessments**  
Identification of Residents  
Publicly Funded / Preserved Rights / Privately Funded / Other L.A. Residents  
Vacancies??
- 14) **Further meeting/s with Provider**
- 15) **AOCB**

Meeting with Assessing Workers to Discuss Closure

**LOCATION, DATE & TIME**

**AGENDA**

- 1. Closure Timetable**
- 2. Update on Individual Assessments**
- 3. Identification of Resources**
  - Resident Choice
  - Pre-placement Visits
  - Providers Assessments
  - Vacancies
  - Last Resort Options / Temporary Placements
- 4. Discharges / Transfers**
  - Phasing
  - Notice Requirements
  - Medical Assessment
  - Supervision
  - Inventory of Residents Belongings & Transfer
  - Transfer of Care Plans (Including Medication)
  - 4 Weekly Reviews
- 5. Financial Issues**
  - Financial Assessments
  - Transfer of appointee function
  - Publicly Funded/Preserved Rights/Private Funded/ Local Authority Residents
  - Benefits Office
- 6. Potential Staffing Implications**
- 7. Maintenance of Care Standards**
- 8. Meeting with Provider**
- 9. AoCB**

**Appendix 4**

Our Ref:

Your Ref:

Date:

<<Address>>

Proprietor/Matron/Manager as applicable/agreed

Dear

**ALLOCATED SOCIAL WORKERS FOR RESIDENTS TRANSFERRING FROM**

I attach a list detailing current information on the assessing Social Worker for residents transferring from .

The allocated social worker should be contacted if there are any queries regarding the individual residents. If you have any queries on this or any other matter to do with the closure of the Home, particularly the general welfare of the residents please do not hesitate to contact me on the above number.

Thank you for your assistance in this important matter.

Yours sincerely

<<Name>>

<<Designation>>



**Appendix 6**

Social Work  
Services

**MEDICAL REFERRAL/REPORT FORM  
PRIVATE AND CONFIDENTIAL**

Dear

I should be grateful if you could arrange for an assessment/provide medical information on this patient and in particular highlight any issues about their fitness to move and any recommendations to address these.

Signed: \_\_\_\_\_

Designation:

Date:

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**Patient Details**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ LIVES ALONE: \_\_\_\_\_

TEL NO: \_\_\_\_\_

NEXT OF KIN: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TEL NO: \_\_\_\_\_

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**Reason for Referral/Assessment**

Assessment for onward placement following decision to close XXXXX Residential/Nursing Home

URGENCY HIGH/MEDIUM/ROUTINE (Delete as appropriate)

NURSING HOME FORM ENCLOSED YES/NO (Delete as appropriate)

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Which health professionals attend the patient regularly?

GP  Practice Nurse  District Nurse  Other (specify)   
HV  CPN  Consultant

Who is most involved?

NAME: \_\_\_\_\_ DESIGNATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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**Consent**

I agree to information from my general practitioner being passed to Social Work Services in connection with my current assessment of need.

Signed: \_\_\_\_\_ Date:

## Appendix 7



Home Closure  
Checklist