

No.	Date	Action / Decision / Information	Check list action	Completed	LA	CCG	Others	Notes
1. Action when closure proposed or occurs								
Joint Incident Steering Group/Director of Adult Social Services								
1.1		A	Assemble team and plan the work		Lead			
1.2		A	Appoint team leader					
2. Initial work/clarification								
2.1		I	Establish the commissioning bodies involved who need to be informed and consulted			2		
2.2		A	Undertake risk assessment and identify options for managing risks and the priority and timescales in which they need to be dealt with. This should help identify potential timescale for closure		Lead	2		
2.3		N/A	Seek provider support to continue operating so that there is sufficient time to make assessments of residents' needs and wishes and moves can be planned and not rushed		Lead			
2.4		A	Establish timescales for closure		Lead	2		
2.5		D	Assess whether timescales can be met and, if not, the actions that may be required to help buy more time. This may not be possible in emergency situations. Part 2 of "Care and Continuity" provides guidance on contingency planning and dealing with provider failure[1]		Lead	2		
2.6		A	Establish number of residents affected, what their categories of care are, whether they have capacity, and who funds their services		Lead	2		
2.7		I	Contact details of home owner/manager		Lead			
2.8		D	Agree when and how residents and their carers/ family/ friends/ advocates/ representatives are informed and by whom and what the provider role is in this		Lead			
2.9		A	Arrange a meeting with home owners/manager/others to discuss situation and intentions		Lead	2		
2.1		A	Clarify if the home has a business continuity plan in place, as part of the contractual arrangements, that can be used in combination with this checklist		Lead	2		
2.11		D/ A	Identify communications lead and develop communications strategy, agreed with the provider, to be implemented across stakeholder networks promptly, to include consideration of proactive and reactive messages, with a focus on reassurance and positive next steps.		Lead			
2.12		D	Consider placing a poster, or Q&A sheet, in the home containing prepared messages and with details of contacts for residents, carers, families, staff to refer queries, questions and complaints to		Lead			
2.13		N/A	Consider connections home has to others where similar concerns may exist, or where there may be alternative capacity.		Lead			
2.14		D	If the provider is not able to continue operating, consider available options to keep the home operating (e.g. retaining current staff, bringing in care/nursing staff, seeking help from other providers or adjacent local authorities). Is another local provider interested in a buyout that might help provide more time and potentially avoid the need to relocate residents?		Lead	2		
2.15		A	Implement contingency plan where appropriate (sample plans, templates and other resources are available on Local Government information Unit website here)		Lead			

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2.16		A	Seek an up to date list of care home vacancies based on the needs of the residents (liaise with CQC as necessary on quality or other issues) and share information with partners as appropriate		Lead			
2.17		A	Establish tasks and timescales and allocate them, including the key roles of co-ordinator of communications for families and residents, transport co-ordinator and administrative lead (see 9.3)		Lead			
2.18		A	At the time of a potential closure, investigate the potential of care home staff, voluntary groups or community sector organisations helping residents/carers to visit other care homes		Lead	2		
2.19		D	Allocate lead workers (preferably based on site), equipment and management support requirements		Lead	2		
2.2		A	Consider equipment issues: mattresses, furniture, hoists, packing boxes etc		Lead			
2.21		N/A	Check that the home owner/manager allows free and open access by professionals to the home over the relocation period. If there is low/no co-operation, decide who will address this and how		Lead			
2.22		D	Agree the 'need to know' information that should be shared with other parties e.g. care professionals; GP; CCG urgent care lead; community pharmacist; potential care providers. Ensure personal data is shared in line with Caldicott principles		Lead	2		
2.23		D	Identify key care home management staff to be involved		Lead			
2.24		N/A	Identify site(s) for offsite meetings for management team/care home staff if required		Lead			
2.25		D	Are other agencies to be involved? E.g. the police if current safeguarding/ criminal enquiries are under way or there is potential for them to be conducted		Lead			NOTE: Closure plan should be separate
2.26		A	Follow Serious Incident (formerly known as Serious Untoward Incident) procedure or, for LAs, business continuity and contingency plan. In addition, consideration to be given through the Safeguarding Adults Board (including NHS England as appropriate) as to whether a Safeguarding Adults Review would be commissioned		Lead	2		
2.27		A	Consider what records and evidence need to be maintained and protected in case needed later, e.g. by police, HSE		Lead	2		
3. Residents								
3.1		A	Assemble an accurate list of all residents, and their needs – and confirm numbers with care home. Identify those who lack capacity to make decisions about where they live (e.g. if they have dementia or a learning disability) and ensure that they have family representatives or IMCAs (Independent Mental Capacity Advocates). Also any special factors, relating to support equipment, or urgent or very complex care needs and needs which may require reassessment or review such as stress, anxiety or health factors		Lead	2		
3.2		A	Check if any very frail people need exceptional arrangements		Lead	2		
3.3		A	Identify residents wishing to move sooner rather than later, or expressing choice over placement		Lead	2		
3.4		D	Agree responsibility for assessing or reassessing residents' needs, including any self-funding or out of LA area residents (this could be LA or CCG)		Lead	2		

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3.5		A	Check current registration category		Lead	2		
3.6		A	Assess residents to identify a possible change of category of care, where time allows		Lead	2		
3.7		A	Check whether there are Powers of Attorney held for any of the residents, whether or not these were established due to a lack of capacity (because some may not have been)		Lead	2		
3.8		D	Consider involving the community pharmacy which supplies medicines to the care home and the pharmacist to conduct a medicines reconciliation		Lead	2		
3.9		A	Do everything you can within the available time to enable the resident to decide their own future: ensure they have the facts they need to make each decision, and that the available choices and context are clearly presented. Involve an advocate where appropriate		Lead	2		
3.1		A	If there is doubt about the resident's mental capacity to make this decision (e.g. if they have dementia or a learning disability), after all attempts to enable them to do so, carry out the 2-stage test of mental capacity. This can be done quickly if required: the decision-maker is responsible for doing this. If the resident lacks mental capacity to make the decision, then a decision must be made in their best interests, in accordance with the Mental Capacity Act 2005. Check whether there is anyone with lawful authority to make this decision for the resident i.e. a Lasting Power of Attorney for health and welfare or a Court-appointed Deputy		Lead	2		
3.11		A	Check whether the resident has written anything about what is important to them or about their beliefs, wishes and values. Interested relatives and friends of the resident should also be consulted and, if they have none, consider the input of an IMCA		Lead			
3.12		A	Consider Deprivation of Liberty Safeguards and whether these may be required in the new home		Lead	2		
4. Financial responsibilities								
4.1		A	Identify any residents who are funded by the Department of Work and Pensions or have Preserved Rights		Lead			
4.2		A	Check current fee level being paid and any top ups being paid		Lead			
4.3		A	Investigate cost of potential new placements		Lead	2		
4.4		A	Take a legal view and response, on the period of contract payment/termination issues, etc		Lead			
4.5		A	Consider issues such as petty cash, etc		Lead			
5. Family, carers and advocates								
5.1		A	Appoint families/carers/advocates co-ordinator		Lead			
5.2		A	Ascertain the list of names, addresses and telephone numbers of residents' representatives (this may not necessarily be family members)		Lead			
5.3		A	Identify carers who may have special considerations – own health, out of county, etc		Lead			
5.4		A	Seek fullest involvement of residents' representatives (where they have one) in relocation process		Lead			
5.5		A	Contact advocacy groups to support carers, such as Carers UK, Rethink, Alzheimer's Society		Lead			
6. Consultations/information management								
6.1		A	To ensure the process runs smoothly it is essential that all groups are consulted:		Lead			
			· Funding organisations (LA, CCG, other LAs and CCGs)					
			· Residents/carers/advocates					
			· Provider/care home staff					

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			<ul style="list-style-type: none"> Families/representatives 					
			<ul style="list-style-type: none"> Public/press via communications lead (include where appropriate all other stakeholders, including MPs, elected members, NHS England, local NHS provider services, local Healthwatch, GPs, health colleagues such as District Nurses) 					
			<ul style="list-style-type: none"> Insolvency practitioner 					
			<ul style="list-style-type: none"> Voluntary sector organisations 					
			<ul style="list-style-type: none"> Appropriate internal staff all agencies 					
7. Relocation (if decision is made to close)								
7.1		A	Residents are re-assessed, adequate resource requirements are completed, and Deprivation of Liberty orders are checked		Lead	2		
7.2		A	Consider broadest range of options for supporting residents to move, which fit their assessed needs, including going back home, suitable local care home, out of area placement, step-up care, step-down care		Lead	2		
7.3		A	Check choice(s) of area/homes that are available and appropriate for the resident's needs with the resident/carer		Lead	2		
7.4		A	Potential new homes to assess residents to ensure that care needs can be met. This may need facilitation and be expedited		Lead	2		
7.5		A	Maximise residents' ability to make an informed choice about compatible area/homes available. See 3.7, 3.10-3.12 above if residents have mental health issues		Lead	2		
7.6		I	Are there friendships between residents that need to be maintained?		Lead			
7.7		A	Where possible, offer opportunity for resident/carer to view/visit/trial visit care homes		Lead			
7.8		A	Seek care home staff help to inform/visit potential homes with resident where applicable		Lead			
7.9		A	Resident/carer decides on new home and date to move		Lead			
7.10		I	Do residents need the help of care staff to escort them to potential new homes on placement?		Lead			
7.11		D	Appoint transport co-ordinator to act as single point of contact and oversee timely moves, e.g. to notify ambulance staff in good time		Lead	2		
7.12		A	Arrange transport to new homes, in and out of county, e.g. car/minibus/ambulance – identify cost and who pays		Lead			
7.13		A	Ensure residents are helped to move only in daylight hours and are not kept waiting for transport outside the home by scheduling appropriately		Lead			
7.14		A	Ensure residents are supported to move at their own pace / convenience (as far as possible) and contact within 48 hours to ensure they are OK		Lead			
7.15		A	Ensure residents are accompanied by someone familiar on the day of the move, including volunteers and carers if possible		Lead			
7.16		I	Use current care home staff to the fullest; passing on their knowledge of residents to new homes, escorting, transporting, etc		Lead			
7.17		A	Staff handover to new homes – verbal and written. Care summaries, including care plan that details health and social care needs, pharmacy and medication details, GP and hospital appointments		Lead			

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7.18		A	Tell the new home what system of medication administration was used in the home the resident was moved from (i.e. original pack/ specific monitored dosage system), so the new home is aware if there is a need to urgently request a new prescription and supply		Lead		2	
7.19		I	Respect care home staff friendships with residents and likely concerns for their future welfare		Lead			
7.2		A	Maintain a log of decisions and movement of residents, when and where they move to and that they have arrived safely		Lead			
7.21		A	Ensure residents' belongings are accounted for, including valuables held by the care home, that they are carefully logged, packed and moved with them (no bin bags)		Lead			
7.22		A	Programme social worker/nursing reviews at 4 weeks (or before if they are more at risk because of moving) and as necessary thereafter and keep other stakeholders (LA/CCG/CQC) informed of progress and any issues		Lead			
7.23		A	Residents' medications and treatment details are logged and go with residents and checked on arrival at new care home		Lead			
7.24		A	Particular attention to be made to ensure relocated residents are correctly identified		Lead			
7.25		A	Change of GP and new home recorded		Lead		2	
7.26		A	Placements made out of county should be notified to the receiving CCG/local authority		Lead		2	
7.27		A	Home's residents information/case files/summaries/transfer with residents. Log created to record where records are (i) located and (ii) transferred to in case of potential future action		Lead		2	
7.28		A	Consider how many family members/friends might visit the resident in the new care home; can we assist them to do so?		Lead			
7.29		A	Notify Department of Work and Pensions of change of home		Lead			
7.3		A	Liaise closely with the LA/CCG Commissioning Team (new contracts need to be issued, old contracts terminated)		Lead		2	
7.31		D	Consider whether residents' moves should be arranged to coincide with others or spread over more than a week (if time is available)		Lead			
7.32		D	Consider the desirability of temporary/second moves		Lead			
8. Quality assurance								
8.1		A	Ensure new care home is registered for the category of care required		Lead		2	
8.2		A	Liaise with CQC, CCG, LA staff to ensure there are no concerns about the new care home in terms of residents' needs, safety, quality or sustainability of the home		lead		2	
8.3		A	Conduct a debrief involving all staff, including care staff, after every incident to identify good practice, lessons identified and further actions to be taken re: the closure process. Produce a report with recommendations and consider how that and any lessons / outputs will be shared		Lead		2	
8.4		A	Incident follow up through with the use of the Serious Case Review process if instigated		Lead		2	
8.5		A	Partners should consider reviewing the situation after 6 months to check on outcomes		Lead		2	
9. Record keeping								
9.1		A	Ensure personal data is handled in line with Caldicott principles[3] and data protection law		Lead		2	

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9.2		A	Maintain a record of meetings and decisions made for audit purposes, and potential legal challenges		Lead	2		
9.3		D	Designate an administrative lead to collate all records and keep a clear chronology of actions		Lead	2		
9.4		A	Create and maintain an inventory of residents' records, including arrangements for transfer and record of completion		Lead	2		
9.5		A	Make arrangements for the secure transfer and storage of records relating to deceased former residents		Lead	2		
9.6		A	Residents' outcomes should be recorded, particularly with regard to their health and care needs, preferences and wishes		Lead	2		
10. Staff								
10.1		D	Consider how proper support will be offered to provider/LA/CCG/CQC staff involved in the closure – e.g. where there is adverse media comment and staff helping keep the home running may be subject to abuse		Lead	2		
10.2		A	Work with providers and other partners to help good quality, caring staff and volunteers from the closing/closed care home remain in the sector where they wish to		Lead	2		
10.3		A	Consider whether TUPE applies, particularly where the home has residents with learning disabilities and where there is one-to-one care		Lead	2		
10.4		A	Where appropriate, encourage/support the provider to refer staff subject to disciplinary or misconduct procedures to relevant professional regulatory bodies and/or the Disclosure and Barring Scheme. Where the provider is unable or unwilling to refer, consider with partners how such referrals could or should be made		Lead	2		