**Patient Story**

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| **Subject:** | Care Home Closure |
| **Presented by:** | Nichola Bramhall, Director of Nursing and Quality |
| **Report prepared by:** | Mariea Kennedy, Patient Experience Coordinator and<br>Gail Colley-Bontoft, Head of Quality and Adult Safeguarding |
| **Summary:** | The actions taken to ensure an effective transfer of residents and positive experience following the closure of a care home. |

## 1. Introduction

Bringing patients or their carers stories into the Board is welcomed by the Governing Bodies as a mechanism for understanding the impact of the services we commission, positive and negative, on service users. Patient Stories are advocated as a powerful catalyst for change by the Institute for Healthcare Improvement (www.ihi.org).

Patient stories are a key feature of our ambition to revolutionise patient experience. They provide a focus on how, through listening and learning from the patient voice, we can continually improve the quality of services and transform patient and carer experience.

## 2. Context

All care homes are monitored, inspected and regulated by the Care Quality Commission (CQC) to make sure they meet fundamental standards of quality and safety. In addition, and often in collaboration with Nottinghamshire County Council, the Clinical Commissioning Groups' (CCGs') Quality Team regularly undertake quality monitoring visits to care homes providing nursing care within the Nottinghamshire County area.

These visits are unannounced to ensure the quality of service delivery can be assessed at any time without prior notice or preparation by the care home and to ensure it is meeting the needs of residents requiring nursing care.

A visit report is completed and submitted by the CCG Care Home Quality Lead to the provider with an account of the findings. All recommendations made as a result of the visit require an action plan to be completed by the provider with set timescales to ensure they meet the required standards of care.

Failure to address any concerns may lead to the care home being subject to further action by the CCG in partnership with other agencies to ensure the safety and welfare of the residents in the home e.g. issuing of warning notices or implementation of contract suspensions.

The matrix below is used by the Care Home Quality Leads to identify where homes are to be recorded on the Care Home Risk Register and to ensure other agencies and the CCGs' governing bodies are aware of any concerns.

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| Level 1 | Care homes identified to have low level concerns / Care Quality Commission (CQC) compliance issues but not requiring CCG input as there are no nursing clients | Blue risk |
| Level 2 | Care homes with a history of concerns that are being resolved but require some monitoring to ensure progress maintained. Visit will be carried out by the LA(Local Authority)/CCG | Green risk |
| Level 3 | Care Homes with on-going concerns around quality of care delivery / lack of compliance with CQC standards - care home requires regular monitoring of standards of care and action plans by CQC/CCG/LA | Amber risk |
| Level 4 | Care Homes with serious concerns raised / contract suspensions in place / non-compliance with CQC standards – care home requires frequent monitoring of standards of care and action plans by CQC/LA/CCG. | Red risk |

## 3. Background

Following a CQC inspection in 2014 of Hallcroft Care Home, which identified 4 areas of non-compliance, Four Seasons Healthcare (FSHC), the owners of Hallcroft, along with the Local Authority (LA) and CCG collaborated to deliver improvements within the home. This involved support in developing action plans, quality monitoring and facilitation of relatives' and provider meetings.

The care home sat within the Nottingham North and East CCG boundary and had capacity for 40 residents. It was a dual registered home with capacity for both nursing and residential clients. Monitoring visits throughout 2015 identified that whilst improvement was being made in some areas and there was some evidence of sustainability of these improvements, there remained concern that progress with documentation and other elements was not being achieved at the required rate or to the necessary standard.

On 31 March 2016 FSHC informed the authorities of their decision to close the home as they were unable to recruit a manager and/or registered nurses. There were 22 residents living in Hallcroft at this time, 19 in nursing beds and 3 in residential beds. Formal notification of the closure was undertaken by FSHC to residents, families, and staff on 25 April 2016. The LA and members of the CCGs' Quality Team were present in order to ensure immediate support was in place for all those affected.

Of the 22 residents, 19 were in receipt of Funded Nursing Care (a fixed rate payment towards the overall placement cost which supports registered nurse oversight of the patients' needs) and 3 were in receipt of Continuing Healthcare funding as a result of having a primary health need. 11 residents were in receipt of funding from Nottinghamshire County Council, 3 from Nottingham City Council, 2 were funded from out of county and 6 were self-funders. Therefore all residents had some element of health funding towards their placement.

The average age of residents was 83 years with an age range of 46 years to 100 years. The residents had a variety of different care needs including those associated with physical frailty as well as some with cognitive difficulties associated with dementia.

The impact of home closures on residents, their loved ones and the staff should not be underestimated. In this instance many of the residents had been at the home for a significant

length of time and this was truly their home. It is imperative that home closure is as far as possible the last resort and that when home closure becomes necessary all agencies work together to minimise the impact on residents, their loved ones and staff.

## 4. Action Taken By Providers:

### Four Seasons Healthcare

To ensure effective working relationships between all parties during the closure, a Resident Experience Manager (REM) was assigned by FSHC to work in the home to co-ordinate and manage the home closure and ensure residents safety. They also had a key role in keeping residents' loved ones updated and involved. This improved effective partnership working between the home and the commissioners. Feedback from the REM reported the process had been managed effectively, collaboratively, with a sensible and practical approach.

Throughout the process the care home staff demonstrated a commitment to the residents and to the company and remained employed by the home until the closure. It is evident the company supported their workforce through this difficult transition and it was noted that the 33 staff employed by the home were either re-deployed to neighbouring FSHC homes or chose to retire.

### CityCare

As part of the process residents that were assessed as requiring nursing care were assessed by the provider CityCare, who is commissioned by the CCG, to assess, manage and review continuing health care (CHC) funded residents.

A dedicated Nurse Assessor from CityCare was allocated to oversee CHC funded patients within the home, which included the case management of a younger adult aged 46 years. This enabled continuity of care and a single point of contact for the provider, CCG and LA.

All of the CHC funded residents were found appropriate, alternative placements that met with theirs and their loved ones approval. Alternative placements included The Beeches in Arnold, Charnwood Court in Carlton, Park House in the City (for the City funded residents) and Tudor Grange in Hucknall (for the residents requiring residential beds).

In the case of the younger adult, following assessment and discussion regarding preferences with her and her husband, an alternative to care home placement was identified. The outcome was to enable this younger person to return to her own home with a Personal Health Budget (PHB).

The PHB was used to employ a personal assistant (PA). The PA had previously worked at Hallcroft, and so had therefore already established a working relationship with the resident and her family, and was aware of the young person's individual needs. This person is now able to have her needs met in her own home and her and her husband have greater flexibility and control with regards to how her ongoing needs are met. We are currently in discussion with this individual and hope to be able to present her individual story in future.

Follow up visits are being undertaken for all of the residents to ensure that they have settled in to their new homes and that their care needs are being met.

### Nottinghamshire County Council/Clinical Commissioning Group

The Local Authority and the Clinical Commissioning Groups worked collaboratively to ensure residents were assessed in a timely manner, this was co-ordinated with the home to

minimise the impact of residents' assessments in the home and reduce the number of assessors attending at any given time.

## 5. Good Practice

- A checklist to support the home with safe transfers informed new providers of key aspects of the residents individual care required and ensured all relevant stakeholders were informed of the changes to the resident's placement.

- Medication was ordered in advance and repeat prescriptions obtained to ensure new placements were prepared to ensure on-going care.

- The residents' tissue viability was noted to be thoroughly managed, and the home ensured all residents' skin integrity was checked prior to transfer and FSHC ensured appropriate pressure relieving equipment accompanied the resident to their new placements.

- All residents were provided with a nominated carer to support the move to the new placement and ensure a comprehensive handover of residents needs was provided. Relatives have provided positive feedback on the support during the transitional period, despite their disappointment that the home had to close. No safeguarding concerns were identified throughout the process.

- A collaborative approach by all parties involved was taken to ensure residents, carers and families were fully supported and to ensure residents at the home were appropriately assessed and relocated to the most appropriate alternative placements.

- Feedback was received from the Resident Experience Manager who concluded that the whole process had been managed effectively, collaboratively, in a sensible and practicable approach. It was commented on that the initial meeting with the residents and relatives was critical and that good representation was available to relatives to provide advice and assurance.

A compliment from the Resident Experience Support Manager for FSHC has also been included, identifying the efforts provided by the collaborative team and in particular, Dawn Browning, Clinical Lead at Citycare:

> *'I would like to thank you for your help and support in the last couple of months with the closure of Hallcroft Care Home. I have found the home closure check list extremely useful.*
>
> *I am not sure if the CCG have any mechanism for recognising colleagues that go above and beyond what might be expected of them. Dawn Browning was outstanding in terms of the sensitive manner in which she carried out the assessments of those people living at Hallcroft. She appeared to take everything in her stride. She would arrive at the home to assess an individual. Dawn would start by reassuring them that she was there to support them. Dawn dealt with the individual's representatives in a calm and professional manner a number of whom were displaying distress reactions.*
>
> *Dawn took a common sense approach to the manner in which she undertook the assessments she was sensitive and supporting of the staff all of whom at the time face redundancy. But she still addressed practice issues in a direct and professional manner.*

*I would be grateful if you could offer my thanks for her support and advice.'*

This information has been shared in person with Dawn and her manager, along with thanks from the CCG for the work undertaken by CityCare on behalf of the CCGs in ensuring that residents' needs were appropriately assessed and met.

## 6. Lessons learnt:

- To ensure the transfer of residents is not carried out on Fridays in order to manage any complex issues before a weekend as multiagency staff are not available to support the process which increases the risks to residents (fortunately this did not occur as part of this home closure).

- To update the Care Home Escalation / Home Closure policy to ensure it is in date and reflects the needs of the residents.

- To consider alternative transport arrangements as the company commissioned to carry out the move were not able to take all the residents belongings and were late on transferring residents.

- To ensure the medicine management team from the CCG are available to carry out an audit visit to ensure all medicines are safely transferred.

- To develop a different quality monitoring model which enables a more proactive and supportive approach and provides specialist support and knowledge to care homes that require improvement in order to achieve appropriate standards of quality and minimise the risk of home closures.

- To ensure that all options for alternative provision are considered to ensure that residents have the most appropriate ongoing care including the use of PHBs and home care packages where appropriate.

## 7. Contextual Information and Triangulation with Other Data Sources

### CQC Inspections

The CQC regulates all health and social care services in England, including care homes. Their overarching framework, principles and operating model includes the five key questions that the CQC ask of all services (see below) and results in an overall rating:

• Are they safe?

• Are they effective?

• Are they caring?

• Are they responsive?

• Are they well-led?

The table below shows how the CQC position for local care homes inspected under this model of inspection compares with the Midlands and East Region and England (those inspected under the previous regime are not included in the table below). Rushcliffe

compares favourably with the majority of homes inspected to date good with none rated inadequate whilst NNE and NW have a slightly higher proportion of homes rated requires improvement and inadequate. The majority of Nottinghamshire homes have now been inspected under this model and therefore contribute to the table below.

A local enhanced service (LES) 'One Care Home, One GP' was incorporated into the primary care contracts across Rushcliffe CCG some time ago. This includes a model in which dedicated practices cover each care home, provide weekly GP ward rounds and regular quality meetings between the care home and GP practice staff. A similar LES is now being incorporated into primary care contracts across both Nottingham North and East CCG and Nottingham West CCG to increase the quality of its service delivery in these areas.

| **AS A PROPORTION OF INSPECTED CARE HOMES** | | | | | |
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| **Geography** | **Outstanding** | **Good** | **Requires improvement** | **Inadequate** | **% Inspected** |
| Nottingham North and East | 0.0% | 67.5% | 27.9% | 4.6% | 76.8% |
| Nottingham West | 0.0% | 63.0% | 33.3% | 3.7% | 87.1% |
| Rushcliffe | 0.0% | 85.3% | 14.7% | 0.0% | 79.1% |
| Midlands and East Region | 0.5% | 71.7% | 25.8% | 1.9% | 78.8% |
| **England** | **0.7%** | **69.0%** | **27.8%** | **2.5%** | **76.0%** |

### Good Practice for Care Home Closures

We should be reminded that care homes are people's homes and people have the right to live there as long as they want. When a home closes (either temporarily or permanently), the process must be handled in a way that supports the people who live there so that, despite the difficult circumstances, people have a good experience of moving to a suitable, safe alternative home or care provision that meets their needs. Moving home can be traumatic even when people plan and choose to do this, so the impact when people have to move at short notice due to unforeseen circumstances or emergencies should not be underestimated. This also applies to people affected indirectly by the closure, such as those already residing in care homes where new people move to. The impact on staff, many of whom have worked at the home for a significant length of time, should also not be forgotten.

Managing care home closures must ensure that, where temporary or permanent care home closure situations arise, there is a joined-up and effective response from all partners involved. This will ensure as minimal, adverse impact as possible on people using services, their families, carers and advocates and to keep them as fully informed and involved as possible throughout the changing situation.

The CQC in partnership with NHS England (NHSE), the Association of Directors of Adult Social Services (ADASS), the Local Government Association (LGA) and the Care Provider Alliance (CPA) has provided good practice guidance for Local Authorities, Clinical Commissioning Groups, NHS England, CQC, providers and partners.

http://www.nhs.uk/NHSEngland/keogh-review/Documents/quick-guides/1577_QuickGuide-CareHomes_9.pdf

The Guide should help these partners to co-ordinate action, avoid duplication and prevent confusion for providers and health and care staff in the homes that are closing or that receive residents from homes that close. It recognises both that the care home provider retains primary responsibility for residents, wherever possible, and local authorities' statutory duties.

## 7. Recommendations

The following recommendations are made:

The Governing Body is asked to note the contents of the story.

Promotion of the good practice demonstrated by all stakeholders and the lessons learnt and recommendations made to ensure any future closures or complex patient transfers are made with the minimum disruption and risk to patients.

Continuation of collaborative work with Local Authority colleagues to ensure the lessons learned from this event are promoted and the learning in relation to safe and effective monitoring is progressed.

## 8. Update on Actions Taken Following Previous Patient Stories

### I. Story presented at July 2016 Governing Bodies: A relative's perspective of services associated with end of life care.

This patient story has now been included as learning within the South Nottinghamshire Clinical Commissioning Groups Quality and Patient Safety quarterly newsletter "Quality Counts" which is disseminated to a wide audience, including all GP practices. It will also be used within Protected Learning Time (PLT) sessions; this is dedicated time for the training of both staff and GPs.

*The Nottinghamshire Guideline for Care in the Last Year of Life 2015* has been disseminated to all GP practices and is actively being promoted by our community provider.

We are currently promoting the Electronic Palliative Care Co-ordination Service (EPaCCS) which is also commissioned by CCGs. EPaCCS enable the recording and sharing of people's care preferences and key details about their care with those delivering their care. The systems support co-ordination of care and the delivery of the right care, in the right place, by the right person, at the right time. The EPaCCS templates should be completed by GPs/CHP staff and patients' wishes shared with other professionals. It also contains prompts for anticipatory prescribing of medications etc.