

Major Change and Closure Guidance - Accommodation, Care and Support for Older People Derbyshire County Council – Adult Social Care

If you would like to make any comments, amendments, additions etc please email
ASCH.adultcare.policy@derbyshire.gov.uk

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1. Introduction

Any potential major change, which may include closure, in the way a service is provided can be an unsettling and traumatic event for those at the heart of service currently provided.

The purpose of this guidance is to ensure that the preparation of proposals, any required consultations, decision-making processes, and subsequent implementation of changes or closures are carried out thoroughly and transparently.

Any proposals for change, consultations, decisions made, and subsequent actions will need to be carried out sensitively, and with full regard to the needs of the residents or clients.

This guidance sets out how the process should be conducted from inception of the proposal to cabinet through to supporting individuals affected by the change.

The guidance is set out in four sections:

1. First stage: agreeing the strategy and plan
2. Second stage: consulting on the delivery plans
3. Third stage: working with individuals to manage the change or closure
4. Fourth stage: making the transition – the practical steps.

The guidance in this document is based on established and emerging best practice using information gathered from other local authorities, research-based evidence, guidance from the Association of Directors of Adult Social Services, and the outcomes of judicial reviews and legal challenges. As such, any new change or closure being considered by the authority will also need to be measured in the light of any recently issued best practice and guidance.

2. First Stage: Agreeing the Strategy and Plan

The modernisation and maintenance of accommodation, care and support to meet the needs of a rapidly ageing population must respond to increasing expectations around choice and personalised outcomes as well as regulatory requirements.

2.1 The case for change

Reviewing services, and considering alternative proposals, should fit within a strategic framework or plan. A sound plan should:

- serve as a framework for decisions or for securing support/approval
- provide a basis for more detailed planning
- explain the business proposal to others in order to inform, motivate & involve
- assist benchmarking & performance monitoring
- stimulate change and become a building block for next plan

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It is important that the strategy or plan is backed up by a business case to support any proposals within it. As the authority is governed by the county council cabinet any strategy or plan for major changes or closure will need to be approved by cabinet.

2.2 Consulting on the strategy or proposals

In preparing the business case or report for cabinet it is important to consider the views of the local populations that could be affected by the proposals. Some large-scale changes require statutory consultation, others do not. Specific guidance should be sought from the authority's legal department on whether statutory consultation is required.

The Cabinet Office Code of Practice on Consultation¹ provides seven criteria that should be considered if consultation is to be carried out at this strategic level. They are:

Criterion 1 When to consult

Formal consultation should take place at a stage when there is scope to influence the policy outcome.

Criterion 2 Duration of consultation exercises

Consultations should normally last for at least 12 weeks with consideration given to longer timescales if required by the particular circumstances of the service concerned.

Criterion 3 Clarity of scope and impact

Consultation documents should be clear about the consultation process, what is being proposed, the scope to influence and the expected costs and benefits of the proposals.

Criterion 4 Accessibility of consultation exercises

Consultation exercises should be designed to be accessible to, and clearly targeted at, those people the exercise is intended to reach.

Criterion 5 The burden of consultation

Keeping the burden of consultation to a minimum is essential if consultations are to be effective and if consultees' buy-in to the process is to be obtained.

Criterion 6 Responsiveness of consultation exercises

Consultation responses should be analysed carefully and clear feedback should be provided to participants following the consultation.

¹ HM Government, Cabinet Office Code of Practice on Consultation, July 2008

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Criterion 7 Capacity to consult. Officials running consultations should seek guidance in how to run an effective consultation exercise and share what they have learned from the experience.

Derbyshire County Council is keen to ensure that consultation is appropriate and meaningful. The authority aims to optimise the way it consults by adopting a proportionate and targeted approach, so that the type and scale of engagement is proportional to the potential impacts of the proposal. The emphasis is on understanding the effects of a proposal and focusing on real engagement with key groups.

The Derbyshire County Council Adult Care Stakeholder Engagement and Consultation team and/or the authority's legal section will be available to provide guidance and advice on appropriate consultation for each individual circumstance in line with the criteria and principles set out above.

2.3 Criterion for agreeing change or closure

A proposal for strategic change, which could include closure of a service, will be based upon a set of key objectives. A criterion should be agreed and used to analyse the relevant factors set out within the proposal or business case. These should be published within the consultation documentation.

Criterion could include such issues as:

- changes in demand based on joint strategic needs assessment and current service provision
- any agreed commissioning priorities
- performance data, including service delivery and financial costs
- condition of any buildings
- regulatory compliance issues, including both building quality and service e.g. health and safety and Care Quality Commission
- the current circumstances of the service including location, ability to adapt within the proposed strategy, and any opportunity costs for the service, building or land
- availability of comparable or complementary services within the locality
- potential impact on different groups with protected characteristics as defined by the [2010 Equality Act](#)

The criteria selected for consultation should be based on the specific requirements of any proposed strategy.

2.4 Preparing for the consultation

In order to undertake an effective consultation, the following checklist should be used:

| | Task | |
|-------|--|--|
| 1. | Gain cabinet approval, if required, to go out to consultation by setting out the subject of consultation, the proposed methodology and the proposed target group(s) | |
| 2. | Identify the criteria to be used during the consultation | |
| 3. | Prepare the consultation document – make it useful and accessible. It should include: | |
| 3.1. | Introduction – does it recap the situation; does it set out what is non-negotiable; does it give feedback on what people have said previously? | |
| 3.2. | Outline of the proposal and elements within it | |
| 3.3. | Description of the benefits of the proposal and planned services or facilities | |
| 3.4. | Description of the rationale for the changes eg demographic changes, available funding etc | |
| 3.5. | Description of any background analysis that will need to be done, and set out the criteria that will be used to inform any specific proposals within the strategy; and where there are a number of options for consideration, be clear what the preferred option(s) is / are | |
| 3.6. | How individuals or groups can have their say, any support that may be available to help them have their say, and how long the consultation period will last | |
| 3.7. | Description of what options might be available to individuals who currently use services or facilities that might be affected | |
| 3.8. | Description of what will happen once the consultation period has closed | |
| 3.9. | Confirmation of how individuals can contact the organisation, submit their views and confirm any confidentiality issues | |
| 3.10. | How individuals can obtain any supporting documents | |
| 4. | Review whether the documentation is transparent | |

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| 5. | Agree what formats the consultation documentation should be available in; digital, hard copy, large print, other languages etc | |
| 6. | Set out the dates for the consultation, and who will lead / support in the consultation itself | |
| 7. | Set out the recording and reporting procedures to be used | |
| 8. | Set out the timescale for analysing the feedback from the consultation | |
| 9. | Set out the timescale for reporting the outcome of the consultation to the appropriate decision-making group (including cabinet where necessary) | |
| 10. | Discuss the consultation plan and any likely risks or issues with the authority's Public Relations team | |

2.5 Undertaking the consultation

Once the preparations have been made, the consultation should be undertaken over the required period. It will be important to ensure:

- consultation should be undertaken simultaneously in all services affected
- an equality impact analysis should be undertaken at the same time as the consultation
- all staff involved in facilitating the consultation are briefed in advance
- there is ongoing support for those undertaking the consultation
- appropriate support is provided for anyone who has identified communication needs
- there is a central co-ordinating role to ensure consistency where the consultation involves multiple groups, services or facilities
- records of meetings and consultation events are stored in an appropriate format and in a timely manner - they should be easily retrievable if they are required during or after the end of the consultation (for further guidance see meeting standards)

2.6 Analysis and submitting the proposal for consideration and approval

2.6.1 Gathering and analysing the information

Supporting information should be gathered in parallel with the consultation being undertaken, so that the analysis can consider:

- qualitative and quantitative data regarding the relevant criteria as set out in section 2.3 above

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- feedback provided by all groups and individuals as part of the consultation
- Involvement of partner organisations will be required at this stage, where appropriate, to help complete the analysis and formulate any revisions to the proposed strategy or plans.

2.6.2 Selecting the best format to present the proposals

The outcome of the consultation and the resulting proposal should be set out in a format that can be used to inform and seek approval from cabinet.

In addition to this, other means of presenting the proposals may be required to inform a wider audience of the outcome of consultation. These could include:

- an information sheet such as the adult care ‘Perspectives’
- a power point presentation/DVD

2.6.3 Including key information in the report or presentation

The format of the report should be appropriate to the intended audience, but should include some or all of the following:

- the background and reason for the proposed strategy or plan (eg financial effectiveness of the service, service no longer appearing to meet required standards, changes in demand for the service etc)
- the criteria used to develop the proposal
- the methods used to analyse the information
- the process used to consult on the criteria
- any changes to the criteria that need to be considered as a result of consultation
- the main points arising from any options considered (any detail should be included as appendices)
- the outcome of any option appraisal
- the preferred option and the reason for it being the preferred option
- any property, financial, human resource, legal, equal opportunities and other consideration (which could include prevention of crime and disorder, environmental, health and transport considerations)
- any specific officer recommendations for approval

2.6.4 Confirming the outcome of the consultation and the proposed strategy

There may be a range of outcomes once cabinet has considered the report, including:

- the officer recommendations are not approved, and an alternative proposal or strategy may need to be developed and consulted upon
- the officer recommendations are approved with conditions, and the proposal or

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strategy may need to be revised (with or without further approvals required)

- the officer recommendations are approved without conditions, and more detailed planning will start

In all cases it will be necessary to feedback the outcome to all relevant parties, with information on what will happen next and when. The level and method of communication should be appropriate to the target audience and should form part of a project or service communication plan. Close working with the authority's public relations team will be essential at this stage.

2.7 Preparing for the next stage – consultation on proposed delivery plans

At the conclusion of the first stage, if approval has been given for the proposals to be implemented there will be detailed planning work to set out a delivery plan for the approved strategy. The delivery or implementation plan will require an appropriate level of governance and programme or project management supported by necessary specialists across the authority.

Consideration should be given on how best to include current clients or other potential stakeholders in taking forward the implementation plan. The Adult Care Stakeholder Engagement and Consultation team will be able to support in identifying and initiating contact with potential community reference group members.

The delivery plan will include proposals for managing the change of individual services or facilities. The delivery plan will include contingencies or alternatives should it not be possible to proceed with any one specific element of the proposals.

Where individuals or groups are going to be directly affected by the specific delivery plans it will be necessary to consult on those plans.

3 - Second Stage: Consulting on the Delivery Plans

3.1 Background to consultation on specific delivery plans

Consultation will be required on a specific proposal for change of service or service closure. It is important to differentiate between consultation about the proposed closure (with residents, families and other key stakeholders) and subsequent consultation with staff once a decision to change or close a specific service has been made. Second stage consultation on the delivery plans is aimed at the former. Consultation with staff about their employment will only start once cabinet has made its decision on the future of the service in which they work. This consultation will take place in line with human resource policies agreed with trade unions.

Second stage consultations should be carried out as and when required to ensure people are given timely information, at a point when a decision on the future of

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their individual service is business critical, so that they can contribute fully to the process.

3.2 Good practice in second stage consultation

This round of consultation will provide information about the implications of the previously approved strategy, the likely timescales, options and choices, and any special considerations that should be applied to their specific service that might prevent their establishment being taken forward as proposed. As well as providing information, the consultation must seek to gather the views of all with a legitimate interest who wish to participate in the consultation. An equality impact analysis should be conducted in parallel with the consultation.

Good practice guidelines set out in the section on first stage consultation should be adhered to. The following checklist should be used to prepare and undertake the consultation on delivery plans:

| | Task | |
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| 1. | The Consultation team and equality impact analysis are in place (consider any need for independence from either the current service or the proposed changes) | |
| 2. | The consultation timetable is agreed | |
| 3. | Public relations are advised of the consultation proposals and timetable | |
| 4. | Supporting materials are in place, including: | |
| 4.1. | key messages from any first stage consultation | |
| 4.2. | background analysis on the circumstances surrounding particular establishment affected | |
| 4.3. | an outline of any options that can be considered / or any that are non-negotiable | |
| 4.4. | any list of pledges that may be relevant to the service or people affected | |
| 4.5. | any press releases that may support the consultation process | |
| 5. | Advocacy e.g. Independent Mental Capacity Advocate (IMCA) is available if needed | |
| 6. | The consultation team and those facilitating the consultation are briefed and the consultation plan agreed | |
| 7 | Those directly affected by the proposal are notified of the consultation process: | |
| 7.1. | those receiving the service family carers, advocates and any close friends acting in effect as | |

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| 7.2. | next of kin staff are notified that the process will begin and their role within it | |
| 8. | Consultation start and finish dates are adhered to but with flexibility to extend the finish date in exceptional circumstances | |
| 9 | The views and comments of all stakeholders are captured recorded. Stakeholders are encouraged to express their in a manner that suits them which may include some or all of the following: | |
| 9.1. | <ul style="list-style-type: none"> digital or hardcopy questionnaires | |
| 9.2. | <ul style="list-style-type: none"> group meetings or one to one conversations *see | |
| 9.3. | <ul style="list-style-type: none"> web-based comments | |
| 9.4. | <ul style="list-style-type: none"> letters and emails | |
| 9.5. | <ul style="list-style-type: none"> telephone enquiries | |
| 10. | A communication plan is in place to ensure that the broader range of agencies and voluntary sector groups with a legitimate interest in the future of the particular service are contacted and asked to contribute their views | |
| 11. | Clear lines of accountability are in place in adult care to respond to ad-hoc queries from interested parties and the press, and to disseminate the outcome of any considerations, approvals, or agreed actions | |
| 12. | Time and resources are allocated to analyse the information and write the consultation outcome report including the conclusions of the consultation and the draft recommendations on the future of the service or establishment | |
| 13. | The report and officer recommendations are prepared and submitted to appropriate approval processes, including cabinet where required | |
| 14. | A briefing session is held with managers as soon as possible after the approval process has completed. This will provide them with information about any decisions made, the implications of any outcome to the report, and our next steps, enabling them to manage communication with staff and residents/clients ensuring the right messages are being received | |

Note 1: it is recommended that:

- a minimum of two group meetings will take place within each affected service
- the first meeting should take place in daytime and the second meeting should

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take place in the evening

- the two meetings should take place no less than two weeks apart
- these steps will ensure relatives and residents/clients have a choice of time they can attend
- a lead officer from the Consultation team should attend each meeting plus the service’s manager or deputy manager
- a stakeholder event for agencies and voluntary sector groups with a legitimate interest in the proposal should be organised approximately halfway through the consultation process and will involve those stakeholders identified within the communication plan

3.3 Next steps after the second stage consultation

If, as a result of the approval process, it is decided that a major change or closure will go ahead, then time and energy must centre on how the needs of residents/clients are to be best met during a period of transition to assist them in making the right choices for their future.

Underpinning this will be the set of pledges, tailored to the service and target group of individuals involved, set out in the consultation process detailing how the authority would address the concerns of residents/clients.

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| <h2>4. Third Stage: Working with individuals to manage the change or closure</h2> |
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When a decision has been made to change or close a service currently being provided to individuals, the authority has a duty to assess the needs of **all** residents/clients irrespective of the individual arrangements for paying for their care.

This section sets out the process by which fieldwork service case workers and direct care staff will support individuals to manage the change or closure. A basic principle running throughout the process is that relevant agencies should work together in the best interests of the residents.

4.1 Process of Assessment

Fieldwork services case workers need to undertake individual assessments of the residents/clients, using the standard documentation on the case management system, considering all appropriate elements of the pledges and ensuring these are covered within the documentation. The process will include family carers, advocates (where required), staff at the home/unit and relevant health care professionals to ensure that the fullest picture possible is gained of needs, wants and aspirations of the individual resident/client. Ensuring the health and wellbeing of all individuals throughout this very significant change will be of central importance.

An assessment must be carried out by a fieldwork services case worker with an individual resident/client within an appropriate timescale relevant to the timescales

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for decommissioning of the service. The assessment should be carried out no sooner than 5 months before they would be resettled and allow plenty of time once the assessment has been completed to allow that information to be used to identify options and choices for the individual. Given that in any care setting, friendship groups will have been formed, it is important that close consideration is given as to how these can be maintained, either by friends moving together if they so wish or by making arrangements for continued contact to be made through visits for example. These friendships may in some instances be as important, or indeed more important, than the relationships individuals have with people visiting them.

4.1.1 Supporting individuals to communicate their needs and wishes

Any specific communication needs of individuals will be addressed to ensure they play the fullest possible part in setting out their needs, wishes and aspirations and how these are best met.

The provisions of relevant legislation such as the Mental Capacity Act 2005 and the Mental Health Act 1983 will be considered wherever appropriate and where required a referral made to the IMCA service requesting support for the individual resident/client.

4.1.2 Consideration of risks

Particular attention in the assessment and the subsequent recording must be paid to the risks involved in a resident /client moving from their current setting. As with any major change in the circumstances of an individual, significant life changes (of which moving home/day-care setting is one) can be traumatic and in extreme cases life threatening, and this may be exacerbated if the resident/client has had to deal with other major changes in their lives. Risk cannot necessarily be eliminated but good planning will help to mitigate its impact.

Some individuals are more susceptible to the impact of relocation than others. They are likely to be more affected by any life event. Characteristics which identify people likely to encounter the greatest difficulty include:

- evidence of previous breakdown in response to stress
- age, with very advanced age making it more difficult to adapt
- gender – men by and large adapt less well to change and stress than women
- the presence of pathological impairments which may produce physical problems, reduced mobility or urinary incontinence and/or make it more difficult to understand the environment (e.g. reduced eyesight, reduced hearing or deafness or other sensory loss)
- the presence of depression, anxiety or a demonstrated vulnerability to such symptomology is likely to be exacerbated by any move
- the presence of cognitive impairments, such as loss of the facility to understand, comprehend, remember and reason with the information that a move is to be made makes the individual particularly vulnerable - no matter

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how much effort is put into explaining the situation and to help them come to terms with it, all that work may be lost because of the failure to register and remember

- in addition to this, anxieties associated with fragments of an understanding (or half understanding) may come back repeatedly to haunt the individual

Combinations of these vulnerability factors increase the risk of adverse reactions to the stress of relocation and their presence should be noted. Additionally, residents with a history of falls are more at risk of increased falls in a new environment and this should be highlighted so that additional falls precautions/preventions can be considered in any future location.

4.13 Multi-disciplinary contribution to the assessment

As part of the assessment process, the case coordinator must obtain the views of the GP or consultant in writing as to what risks there may be in a resident/client moving, whether these can be mitigated, and if so what needs to be done to achieve this. This could involve medical supervision during the transfer process. Contributions from other members of multi-disciplinary teams should be sought as appropriate to the individual.

4.14 Important and useful information about an individual

All residents/clients should be offered the opportunity to complete a life book and move book. The content of the former will be determined by the individuals though the suggested framework is likely to cover such areas as personal history, likes and dislikes, relationships, education, memories and interests. It could also include photographs (past or present). The contents of the latter will focus on what important factors need to be considered in the move itself. This will be more appropriate where the client is moving into a care setting supported by a different group of staff, rather than circumstances where there is continuity of care and support.

4.2 Care and Support Planning

A new and detailed care and support plan will be produced in conjunction with residents/clients. This document will provide clear statements of future care needs and of the preferred way this care should be provided in the new care setting. It will specify in detail the ways the resident/client's care and support should be provided to ensure that their personal dignity, independence, abilities and control over services is maximised.

4.3 Monitoring the transition arrangements

Internal monitoring processes, overseen by a member of the Senior Management team, need to be in place to ensure that progress is being made at an appropriate rate on the assessment and future care and support planning for all residents/clients. It is important that residents do not feel rushed into making a

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decision.

4.4 Providing independent information and support

Residents/clients and families/carers will have access to an independent information, support and advocacy service. The advocacy service is primarily aimed at those people who lack capacity or have communication difficulties and do not have other support available, or where there is conflict between the views of the resident/client and others involved in the process.

4.5 Resettlement

The identification of the appropriate resource to meet the needs and preferences of individuals will be based on the assessment and the resulting agreed care and support plan.

4.5.1 Choice and control

It will be important for people to feel that they are given the maximum amount of control over their future care provision. This will be enhanced by them being able to consider all available options, and to make an active positive choice about which provision they prefer. They will be helped to visit alternative provisions that appear to be able to meet their support needs, and for which they appear to meet any admission criteria. Fieldwork services case workers will provide details to individuals of the current potential resources that are available. The Care and Support After-Care (Choice of Accommodation) Regulations (number 26a 70), 2014 are applicable in the selection of a new home.

4.5.2 Financial implications

The financial implications to the individual of the various options they are considering will be carefully explored with them in order to assist them to make the best decision for themselves. For many clients this will involve the use of a personal budget if they are living independently. If they are in a residential home this will cover primarily the costs of a new potential placement and how any difference in cost between current and future fee levels are met.

4.5.3 Considering the options available

Fieldwork services case workers will be updated about vacancies across a range of services by brokers on a regular basis so that as vacancies occur residents can be informed of potential opportunities for moving.

Care Quality Commission (CQC) inspection care home reports will be made available to assist individuals to make a comparative judgement on the quality of homes.

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454 Making the transition

In order to facilitate the smoothest possible transition from the present home to the new care setting, a number of checklists have been drawn up to provide guidance on issues that need to be covered. The checklists cover the areas of:

- pre move arrangements (appendix 1)
- the process of the move (appendix 2)
- post move arrangements and review (appendix 3)
- transfer to new provision summary and feedback Sheet (appendix 4)

The day of the move will be a particularly significant event in the life of an individual. No matter how much planning goes into this to make it as positive and supportive as possible, some factors cannot be accurately foreseen. These include the health of the resident, the weather, and the last-minute unavailability of key staff in the actual move. However advanced the plans may be, it may be necessary for the move date to be re-scheduled because of unforeseen circumstances. This should be kept under close review by the fieldwork services case workers, care staff and relatives/advocates.

The pre-move checklist and process of move checklist (appendices 1 and 2) are designed to ensure that all aspects of the move have been considered in advance and that all arrangements have been made for a smooth transition, ensuring that the resident/client moves to a new setting with the maximum possible continuity of care to meet their health and social care needs.

455 Reviewing the transition and new arrangements

A review of the new arrangements for each individual will be co-ordinated by the fieldwork services case workers no later than 28 days after the move. An earlier review can be arranged if required at the request of any party. The fieldwork services case workers will arrange for notes and outcomes of the review to be provided to all those in attendance and to those who it is agreed should also receive them. The review will consider all aspects of the new support package.

Particular attention needs to be paid in the review to the health and wellbeing of the resident in the light of the risks identified in the assessment and how effective the mitigation has been. The review must also consider whether fresh risks have been identified now the move has taken place and how these can be addressed through mitigation.

After the first review the fieldwork services case workers must complete on the case management system the transfer to new provision summary and feedback sheet, available as appendix 4. These will be read by the senior manager involved in the re-settlement process for that particular care setting to address any lessons that need to be learnt for the current process of re-settlement and any future similar events.

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Further reviews need to be carried out on a minimum of an annual basis once all parties have agreed that the placement is settled. Up to that point reviews need to be carried out at a frequency which enables all parties to discuss and resolve how best to ensure the resident/client becomes settled in their new setting. If this proves to be unachievable, a fresh assessment will be required to consider other options which need to be explored.

4.5.6 Timescales for making the move

Research undertaken by the University of Birmingham summarises the recommendation by individuals and relatives about closure timescales for care homes. The key recommendation made is that notice of closure (or departure date) should be flexible and allow time for alternatives to be properly explored and choices considered. Some establishments have waiting lists, and these must be taken into account. At least two months is recommended, more in areas where there is limited supply. A specific day should not be named.

In order to ensure that enough time is available for assessments and resettlement plans with all individuals at a home, it is anticipated that the process will take about 6 months to complete.

4.6. Managing any complaints

A fast track complaints process will be in place so that if any party is concerned about any aspect of the process, then they can draw this to the attention of the adult care complaints manager promptly.

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| 5. Fourth Stage: Making The Transition – The Practical Steps |
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If the building is to be replaced and there is a particular item that clients and staff would like to be put in the building, ensure the new build design team knows this at an early stage. Examples of things that can be incorporated into the scheme are stained glass, a fire surround.

5.1 Closing down a service or building

The closure tasks will be phased over a period of approximately three months. This needs to be flexible and require handling sensitively to allow the service to operate normally until all the effected individuals have moved.

5.1.2 Pre-planning: at least three months before closure

At least three months before closure it will be necessary to prepare for the move ahead. At this stage it is important to think about what, if anything will need to move into any new build, or will need to be taken by current clients / residents to their new facility or home. The following checklist can be used:

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| Task | |
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| Start to clear out all unwanted items, furniture and rubbish | |
| Check existing inventory for accuracy, have items to be disposed of written off. This inventory must be retained, and must be accurate for audit purposes | |
| Ask for confidential waste to be removed when required | |
| Advertise a list of items available for re-use, first to local Adult Care establishments, then to all Adult Care establishments. Ensure they know they will have to make arrangements for collection. If there are still items available advertise to | |
| REMEMBER chairs, settees, beds and mattresses that do not meet FIRE STANDARD IGNITION SOURCE 5 must be put in a skip and disposed of | |
| Label items with the name of the establishment it is to go to and keep a list where everything has gone | |
| REMEMBER a skip must be 10 meters away from the building and if it is to stay on the grounds overnight should have a lockable lid. If rubbish is to be collected it should not be piled up next to a building | |
| Label all keys to building | |

5.13 Four weeks notification of closure

The following tasks include the formal notifications that will be required to ensure that a building can be closed down and will not be liable for any ongoing amenity bills etc.

The list is not comprehensive and each establishment should ensure it has notified any other organisations or sections relevant to their establishment or service.

| Task – The following external organisations have been notified in writing: | |
|---|--|
| District council for business/council tax | |
| Utilities for gas, electric and water (with a copy to county procurement section to ensure the establishment is taken off any contract lists) | |
| Post Office, with provision of a forwarding address for mail | |
| Waste companies, sanitary bin suppliers, food suppliers, papers, linen hire, call system, burglar alarm | |

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| Task – The following internal organisations have been notified by e-mail: | |
| Insurance section | |
| The adult care general office with provision of a forwarding address for mail | |
| Audit services | |
| Exchequer division | |
| Human resources | |
| ICT section for telephones, MFD (multi-functional devices e.g. printers, scanners) and computer equipment. BT for final telephone bill | |

5.14 Reminders to agencies and contractors: one week before closure

As the date of closure approaches it is important to ensure that the final practical and safety arrangements are in place. These will include, but may not be limited to:

| | |
|--|--|
| Task | |
| Inform property services to collect fire-fighting equipment, turn off gas, electric and water. Drain down the heating system. | |
| Inform the police and ask them to keep an eye on the property | |
| If the property is to be sold, when the building is completely empty all the keys are to be given to the Estates department. Fixed items must not be removed without prior consent | |
| If the building is to be demolished fixed items are not to be removed unless permission has been given before the demolition contract is awarded | |
| During the period leading-up to the closure of an establishment the unit manager should seek the co-operation of the suppliers of goods and services by asking them to render their final few invoices promptly, thereby enabling as many invoices as possible to be processed for payment before the property is vacated. | |

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5.15 Final task for closure: on the last day and beyond

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| Task | |
| Take meter readings and keep a record of them | |

5.2 Preparing to take up occupancy in a new building

As with closure of a facility, preparation for opening a new facility will need to be planned ahead and phased. Colleagues from property services or any relevant project teams will be able to assist the new manager in this process.

5.3 Ordering furniture and equipment: four months ahead of completion

All furniture and equipment will be purchased from approved suppliers on the Derbyshire County Council framework agreement. This will optimise purchasing power, reduce administrative costs and meet DCC financial regulations.

| | |
|---|--|
| Task | |
| Place orders with manufacturers. | |
| Give manufacturers estimated delivery dates | |
| Arrange for quotation for the supply and fitting of curtains and bed throws | |
| Arrange with builder when curtain contractors can take an accurate measurement | |
| 8 weeks before occupation start the registration of the service with Care Quality Commission. | |
| Contact the accountancy section to arrange for a new imprest account, if required. | |

5.4 Confirm delivery dates – one month before completion

| | |
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| Task | |
| Confirm delivery dates with builders and manufacturers | |
| Arrange contracts for waste disposal, window cleaning etc. | |

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5.5 Initial tasks upon occupancy

The manager of the new facility will need to:

| Task | |
|--|--|
| Ensure registration of service has been approved by Care Quality Commission. | |
| Update travel plan to reflect journeys of staff appointed. | |
| Complete fire risk assessment. This will need to be reviewed when the building is occupied and as and when required | |
| Prepare fire evacuation procedures | |
| Prepare booking in and out procedure for tracking fob / pagers | |
| Accept delivery of remaining furniture and equipment | |
| Arrange for commissioning/demonstration/instruction of equipment such as baths, cooking equipment, call system, fire alarm, heating controls | |
| Ensure all operating manuals and certificates are handed over to the manager | |

5.6 Settling in: the first twelve months

| Task: | |
|---|--|
| Ensure staff are aware of who to contact about any defects in the fabric of the building, fire alarm and electrics. (The builder for the first 12 months) | |
| Ensure staff are aware of who to contact about any defects in the cooking equipment, dishwasher, laundry equipment and baths. (The manufacturer for the first 12 months or until extended guarantee expires) | |
| Ensure staff are aware of who to contact about any defects in any installed telecare or nurse call system (contact the | |
| Where accommodation and services are provided through partnership arrangements, ensure all staff are aware of whether the initial contact as set out above is direct or via partners and any differences to contact | |

Please note: If property services are called to repair equipment in the first twelve months the guarantee is invalid.

6. Urgent vacation of a care home in emergency situations

Sometimes it is unavoidable that a building needs to be urgently vacated because of a catastrophic occurrence. These kinds of occurrences, although rare, give rise to concerns about the immediate health and safety of the residents and staff in the building. Some examples are as follows:

- major failure of electrical systems which cannot be rectified immediately
- major failure of heating systems which cannot be rectified immediately
- structural damage caused by flooding, trees falling, or other severe weather related incidents
- disruption to essential services or supplies, for example gas, water, drainage or electricity
- a dangerous occurrence in the local area (e.g. major fire or gas leak)

In these circumstances a decision would be made by a member of the Adult Social Care and Health Senior Management team (in consultation with relevant senior managers from the council's Property team) to immediately vacate the building. The senior manager will appoint a group manager to lead and co-ordinate the arrangements required.

Given the urgency of the situation most of the arrangements described in the major change and closure guidance do not apply. It is however essential that communication with staff, residents and their families is facilitated as soon as practicable. This needs to include:

- the reason why it is necessary to evacuate the building
- what arrangements are being made for residents to move to other suitable facilities
- if possible how long these arrangements might be required

A nominated Direct Care service manager should take responsibility for coordinating contact with residents' families to inform them of the situation as soon as practicable.

All unit managers of establishments have a responsibility to keep and maintain a business continuity plan. If the emergency occurs outside of normal office hours, or if a place of safety is required on a temporary basis, it may be necessary to use an emergency rest centre. The council's Emergency Planning team will be able to assist with arrangements in these circumstances.

If it is anticipated that the care home needs to be vacated for more than 8 hours the priority must be to find alternative placements for residents. Where it is possible to make arrangements for residents to move to other local care homes this will be facilitated. The local social work team service manager will be responsible for identifying any local available care home places and securing these for residents to move to.

A nominated Direct Care service manager will be responsible for arranging transport for residents to a rest centre (if required) or directly to another care home if this is practicable. The service manager will be responsible for ensuring that the resident's belongings

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(enough for the immediate requirements) plus any equipment and medication are transported with the resident to the new care home.

A nominated Direct Care service manager will be responsible for ensuring that an up to date personal service plan is transferred with the resident to any temporary placement. This should include all the necessary documentation to support the provision of support to the resident (i.e. risk assessments, moving and handling plan, medication records, log sheets, etc.).

It may be that depending upon the nature of the situation parts of the building may not be accessible and that arrangements will need to be made to secure clothing or equipment from another source. The nominated group manager will need to liaise with the relevant property services and health and safety advisors on this matter and instruct a service manager to make the necessary arrangements.

The nominated group manager will confirm to property services that the building has been evacuated in order that arrangements can be made for security and turning off utilities (if appropriate). It may be possible (depending on the nature of the incident) for the unit manager or deputy manager to remain in the building in order to close down finances and empty the contents of the safe, but this would only be after consultation with the relevant property and health and safety advisor.

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| 7. Temporary vacation of a care home |
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It may become necessary to vacate a care home, either fully or partially, on a temporary basis whilst work is carried out on the building. This is normally the case when health and safety concerns indicate it would not be safe for residents and staff to remain in the building whilst work is undertaken. The kind of situations where this might apply are as follows:

- when rewiring is required meaning that the electrical systems need to be out of action for prolonged periods
- any works which involve large scale removal of asbestos material from the building roof
- replacement or major repairs to the structure of the roof
- heating system replacement requiring new pipework and boilers which mean that the heating and hot water systems are out of action for prolonged periods

Wherever possible the provisions in the Major Change and Closure Guidance will still apply, the following key points and exceptions should be noted however:

Consultation and communication with residents and their families should be undertaken in the same way as for a proposal to close a care home. It may be necessary to adjust the arrangements depending on the planned work programme. If there is concern that the home is unsafe and work is required immediately then this is covered by the arrangements set out in section 6 above.

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The resident and their family's choice of a temporary placement in another care home will also apply as far as possible as per the provisions of section 4.5.1 in the Major Change and Closure Guidance above.

The sections of the Major Change and Closure Guidance which do not apply in the case of a temporary vacation of a care home in large part relate to the building once it has been vacated. It will not be necessary to shut down systems as these are likely to still be required to be operational whilst work is undertaken. It may still be necessary to arrange for security at the building at night, the unit manager should consult with property about these arrangements.

Appendix 1: Pre-move checklist

| Task | Person |
|--|---------------|
| Are all relevant assessments up-to-date, detailed and available? | case |
| Has the new support plan been completed and made available? | case |
| Have the new personal support plan, life book and moving book been completed and made available? | unit manager |
| Is there a contingency plan for what happens if the person is not fit to move on the day? | case worker |
| Have arrangements been made for a settling in period in the receiving care setting? | case worker |
| Has there been discussion with the manager in the receiving care setting who will be responsible for the resident/client? | case worker |
| Does the resident/client and their relatives or carers know who this will be? | case worker |
| Have arrangements been made for staff in the receiving care setting to get to know the resident/client prior to transfer through one or more visits to the new care setting? | unit manager |
| Are the staff of the receiving care setting familiar with the resident/client's personal support plan, including issues such as how to handle distress and any necessary falls prevention considerations? | case worker |
| Have the staff of the receiving care setting been involved in drawing up the transfer plan? | case worker |
| Has medical cover been discussed and arranged – in particular what arrangements are in place for transfer to another GP where this is necessary? Also has access to district nursing support been confirmed where required? | case worker |
| Has an adequate (at least two weeks) supply of medication, dressings, and equipment been ordered to cover the post transfer period? | unit manager |
| Has the local pharmacy been informed about any special needs? | unit |
| Have the assessed needs and the support plan been reviewed in the 3 to 4 weeks before the planned transfer? | case worker |
| Has it been decided who will be travelling with the resident/client during the transfer? | unit manager |
| Has transport been arranged taking account of how many people will be travelling with the resident/client and who they will be? | unit manager |
| Have arrangements been made in the new setting for relatives and carers or friends to be able to contact or visit the resident/client? | case worker |
| Does this allow for continuation of previous visiting patterns? | case |
| Has the resident/client had the opportunity to say goodbye to friends and staff? | unit manager |
| Has it been agreed what the individual is taking with them? This will include the personal possessions they have in their room. It may also include a particular item such as a picture or ornament which belongs to the home. | unit manager |

Appendix 2: Process of the move

| Task | Person |
|--|---------------|
| Is the resident well enough to move and if not, what contingencies are in place? | unit manager |
| Is all the following documentation completed, dated and ready to travel with the resident/client? <ul style="list-style-type: none"> • moving book • life book • personal service plan • manual handling plan • medication assessment record sheet • key contacts for family, friends and adult care staff • details of when the most recent medical examination took place | unit manager |
| Has the assessment documentation been shared with special note made of any significant risk factors identified and an agreed plan of action if intervention is required? | case worker |
| Are the identified equipment, aids and supplies, either ready for travel with the client or in place in the receiving setting? | unit manager |
| Have arrangements for packing and transporting the resident/client's possessions been made which include: <ul style="list-style-type: none"> • identifying the items to travel with them and those to arrive in advance • packing personal possessions in a suitcase or suitable travel bag (not in a plastic bag) | unit manager |
| Have travel arrangements been made which include: <ul style="list-style-type: none"> • who is to travel with the resident/client (eg, key worker, relative or carer, or a combination) • the date and time of day travel is to take place, avoiding times that would disrupt routine | unit manager |
| Have arrangements been made for the resident/client to be received in the new setting which include: <ul style="list-style-type: none"> • confirmation, in advance, by staff in the receiving care setting that the new setting is fully prepared • identification of the manager on duty in the new setting to receive them | unit manager |

| Task | Person |
|---|---------------|
| <p>Is the resident well enough to move and if not what contingencies are in place</p> <ul style="list-style-type: none">• whether the resident/client and their relatives or carers accompanying them are to receive a meal or snack and drink on arrival• the receiving staff knowing what is likely to be the resident/client's greatest concern - for example where their personal possessions are• informing relatives and carers or friends of their safe arrival• the capacity of the receiving setting to cope with the new arrivals if a large group are arriving on one day | unit manager |

Appendix 3: Post move arrangements and review

| Task | Person Responsible |
|--|---------------------------|
| <p>Have the following contact details been provided to the receiving home?</p> <p>Originating home Health contacts, particularly the GP / district nurse / CPN with responsibility for the client at the new home Fieldwork services case workers Partner /family / next of kin Contact details of residents/clients of the previous setting that the person wishes to continue have contact with.</p> | unit manager |
| <p>Have arrangements been made for a follow up visit by the fieldwork services case worker?</p> | case worker |
| <p>Has a provisional date for reviews been set for no later than 28 days after the move? Are all potential attendees aware of at least the date?</p> | case worker |
| <p>Are arrangements clear for any agreed visit from staff of the previous setting – date / time, for how long? This may be to support the resident or to offer advice to the new care setting.</p> | unit manager |
| <p>Has the transfer to new provision summary and feedback sheet been completed and passed to the group manager (Performance)?</p> | case worker |
| <p>Has the required review or reviews been held?</p> | service manager |
| <p>Was it on schedule? If not, why not?</p> | service manager |
| <p>Has the care and support plan been revised if necessary to address any identified risks and issues?</p> | case worker |

Appendix 4: Transfer to new provision – summary and feedback sheet

This feedback sheet is designed to collect information about the experience of each of the moves arranged. This information will be used to inform the way other moves are arranged.

NAME OF CLIENT:

Summary of move:

Aspects of the move that went well:

Aspects of the move that did not go well:

Any general comments or observations:

Fieldwork services case workers:

Date of move:

Date sheet completed:

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Approval History

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| Authored by: David Gurney & Katey Twyford | Group Manager Performance Project Group Manager Capital Investment | August 2012 |
| Approved by: Bill Robertson | Strategic Director | August 2012 |
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| Version 1 | October 2012 | Name: David Gurney and Katey Twyford | New Guidance |
| Version 2 | November 2014 | David Gurney | Review and Update |
| Version 3 | May 2015 | David Gurney | Changes to Appendices 2-3 to reflect best practice |
| Version 4 | November 2015 | Jenny Hudson | Changes to reflect best practice for stages 3 and 4 |
| Version 5 | August 2017 | David Gurney | Review and update to include information from the Stakeholder Engagement team |
| Version 6 | December 2019 | Rob Moore | Review and inclusion of arrangements for urgent evacuation and temporary vacation of a care home |
| Version 6a | February 2020 | Rob Moore | Change of review date to May 2020 |
| Version 6b | June 2020 | Rob Moore | Document reviewed. No changes |