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The closure of care homes for older people: relatives' and residents' experiences and views of the closure process

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Summary

The study

This paper describes relatives', informal carers' and residents' views about their experience of care home closure and their recommendations for how the process might be better managed. The research was part of a larger study that investigated the way in which independent care homes for older people are closed from the perspective of those involved. A case study approach was used. Interviews were conducted with people connected to eight care home closures. The homes were in five local authorities, ranged in size, were mainly residential but included a nursing and a dual registered home and closed for business related reasons in 2002.

Ten residents and 28 relatives and informal carers linked to the case study home closures were interviewed. To capture a wide range of experiences relatives and informal carers with recent experience of a home closure were also invited to take part via national and local carer associations and groups, and a local care home and day centre. The further seven relatives recruited in this way told us about more extreme closure situations, which it would have difficult to find out about via case studies. Overall we gathered information about or from 43 residents of homes in seven authorities.

The closure process

Closure periods varied. Notice at the case study closures ranged from over a year to a month. Notice among the non case study homes ranged from two months to only three weeks. The residents and relatives found out about the closures in a variety of ways including a letter from the owner(s), at a group meeting, via rumours at the home and from articles in the local press. About a quarter of the relatives said that responsibility for notifying residents was left to them. Some relatives chose not to tell residents with cognitive impairment about the closure and some decided to tell them about the move but not that it was due to the home closing. Clearly deciding how to tell residents was a difficult decision.

The pattern of the residents' moves and the nature of their transfers varied. Four residents moved to temporary placements because there was no vacancy at their preferred home. Six publicly funded residents moved to homes offering higher levels of care. Two self-funded residents left residential care. Two residents moved again after the initial relocation because the new home was unsatisfactory. Residents and relatives worried about the possibility of having to accept a temporary placement. They were seen as a forced and negative choice associated with further distress and potential deterioration in residents' health.

Seventeen of the 28 publicly funded residents or their relatives (61 per cent) said the new home was their preferred or chosen home. A further ten funded residents/their relatives said the new home had been suggested to them, usually by a care manager. A lack of vacancies was said to limit the choice of homes and in some cases there was said to have been no option but to accept what was available.

Relatives' and residents' views

The relatives' and residents' recommendations for good practice are summarised in Box 1. During the closure process they valued openness and clear communication from providers and council staff about what was happening during the closure period. Experiences of getting information about vacancies, prospective homes, what they or others should be doing, and their right to a choice of accommodation differed. A lack of vacancy lists was identified as unhelpful as were some of the councils' lists of homes in the area.

Receiving help and support from the provider and council staff (and sometimes staff at the new home) was valued, as was co-operation between the provider and councils. The level and nature of contact with council staff varied, among publicly funded and self-funded residents. For some contact was disappointing and the lack of assistance or problems encountered found to be a serious difficulty.

A minority, about two fifths, of those interviewed said that a care manager had re-assessed the resident's needs. Six were unsure. For some an assessment did not appear to have been an option. One relative of a self-funding resident said she regretted the lack of any formal needs assessment and had wanted more expert advice about the type of care needed.

The majority of the participants visited prospective new homes to help their decision. Visits were arranged by a variety of people: relatives, home staff and care managers. None of the residents appeared to have visited a home after it had been decided on as a way of preparing for the move.

Understandably one of the main concerns of the relatives was the maintenance of standards during the closure period. Relatives and residents said that standards were good at five of the fourteen closures described in the study. However, standards were described as unpleasant, upsetting or unacceptable at three homes. Some relatives feared, and some said that residents' health and safety was at risk. Falling staffing levels, the use of agency staff unfamiliar to residents and/or a lack of management in the home were linked to concerns about falling standards of care and in turn, concerns that residents' health might suffer. The

maintenance of the environment was also identified as important and linked to a sense of home.

The move and subsequent settling in

The actual move was a source of considerable concern and distress for some relatives, concerned about the potential adverse affect on residents' health. Some had experienced well-managed 'leaving days'. Others described the move as disorganised or devoid of assistance. Some chose to try to cause the least amount of disruption to a resident's routine. This could lead to considerable efforts to minimise a resident's awareness of the change in environment between the old and new home. At the same time some of these relatives, particularly in relation to residents who had a cognitive impairment, acknowledged the potential importance of telling residents what was happening, irrespective of how upsetting this might be. Moving residents as soon as possible after securing a vacancy was also seen as potentially minimising anxiety, although a rush was also expected to cause distress. The relatives did not know what the best course of action was and received little guidance in deciding how to handle the process.

Extreme caution is needed in any interpretation of mortality rates based on a sample of this size and nature. The research was not designed to investigate links between home closures and increased mortality rates. For the majority of the residents, 60 per cent, there were no reported problems with continuing health, and about half of the residents were said to have settled into their new homes. Three residents were said to be happier or to prefer the new home to the closed home. The health of about two per cent of the residents was reported to have deteriorated and two per cent were described as unsettled or confused. Six of the 43 residents died between ten days and seven months after the closure. Four of these residents died within 3 months of leaving the closing home. This number of deaths represents a smaller proportion than the number of people that are likely to die in the first three months following admission to either a residential or nursing place.

Discussion

Currently there is little national regulation aimed specifically at the way in which independent providers close care homes and at the responsibilities of councils during the closure process. Since the research was conducted providers are required to specify a notice period in residents' contracts. Proprietors must also now apply to the National Care Standards Commission to cancel registration three months beforehand but the feasibility and enforceability of this requirement are unclear. It is also unclear whether existing national policies and procedures sufficiently protect the health and safety of residents experiencing home closures. The residents' and relatives' main concerns were to find an alternative home,

to find a home suitable for their needs and for standards of care to be maintained at the closing home throughout the closure period. Currently there is little evidence about the prevalence of complaints about resident's health and safety during the process of home closures but in this small sample of closures concerns were voiced to researchers about falling standards in three of the homes.

This research found variation in relatives and residents', both funded and self-funded, experiences of help and support from councils, perhaps unsurprisingly given that a review of local authority guidelines for home closures identified variation in arrangements, approaches and recommendations. Clearly systems should be in place so that councils can provide help and advice in a way that is efficient, timely, consistent and responsive to individuals' needs. Effective, efficient and fair provision of services during the management of home closures by councils could be supported by guidelines. Guidelines could also promote good care management practice.

These findings also suggest that there is a need for councils to identify, and where possible address any constraints on residents' and their families and/or carers' ability to make decisions and to be involved in the relocation process. Choice was limited by a lack of options and a lack of information, information about homes and/or the residents' needs and about the relocation process. Councils could review the availability of vacancy information or even the balance and supply of services available locally. There is also a need for information and advice to support relatives faced with such difficult decisions as how best to notify or move residents. Councils also need to ensure that families and/or carers have a clear understanding of the role and responsibilities of councils during the closure process. Information written for service users might usefully outline the responsibilities of councils concerning needs assessments and arranging alternative accommodation. It could also identify service users' rights and responsibilities during a home closure, such as their right to choose a preferred home.

Councils might first need to clarify their responsibilities. Ideally all residents should be assessed before relocation due to home closure to identify any change in their needs. However, it is unlikely that councils have the resources to offer this.

This research presents relatives' and residents' views of what happened in practice during care home closure, of what was important and of how relocation due to home closure might be better managed. It presents an opportunity for policy makers, regulators, councils and providers to draw on service users' experiences and views of the process of home closure.

Box 1: Relatives' and residents' recommendations for good practice

Notification

- Notice to relatives should be no less than two months and longer, if possible, to allow time to find and select a new home, and make use of waiting lists (providing the standards within the closing home are maintained).

- Notice periods should be flexible where possible and not specify a fixed day.

- Notification of relatives should include some opportunity to meet with the owner.

- Providers should notify social services departments before relatives so that they can be ready to respond and help relatives once they have been told.

- Providers should be open about the possibility of closure a) if admitting residents when they are intending to close (which should be avoided) and b) if relatives are at the home when letters of notification are in the post.

- Notification should include: the reasons for closure; reassurances that alternative places are available; ideally information about where there are vacancies; clear indication of the steps relatives are expected to take.

Information

- Providers should notify relatives and informal carers of any changes to the timescale promptly.

- Information about vacancies would be more useful to relatives and informal carers and residents than merely information about what homes are in the area.

- Social services departments should provide detailed information about the characteristics of care homes, possibly including an indication of quality and facilities to support choice.

Help and support

- Social services should take a proactive approach to contacting relatives and identifying the level of support required.

- There is a need for impartial and expert advice about the quality and appropriateness of homes.

- Councils should carry out any assessments of residents' care needs promptly so that the information can usefully inform decisions about appropriate alternative care.

- Plans should be in place for the overall co-ordination of a closure and the search for new places so that all possibilities, such as the co-relocation of residents and/or staff can be considered rather than relatives and residents automatically being left to do the best that they can on an individual basis.

Visits to new homes

- Residents should have the opportunity to be accompanied by someone they know on visits to potential new homes.

- Residents should be allowed to influence the nature and length of visits, if they wish.

- Residents' views of potential new homes should be listened to and respected.

Maintenance of care

- Standards of care should be maintained throughout the closure period: familiar routines should continue; levels of cleanliness should be upheld; and residents' daily lives should be kept as 'normal' as possible.

- Existing management and care staff should be retained at the home, ideally throughout the closure period.

- Obvious signs of packing, especially in communal areas, should be kept to a minimum while residents are still living in the closing home.

- Visits by developers or builders during the closure period were considered to be insensitive.

Moving

- Residents and their relatives and informal carers should be offered practical help when moving due to a home closure.

- Someone known to residents should accompany them when travelling to the new home.

- Packing and transportation of possessions should be planned in advance.

Settling in

- Staff at the receiving home should be briefed about the arrival of residents.

- Residents should be introduced to a key worker involved in their care on the day of arrival.

- Residents should be shown around the new home.

- Ideally the receiving home should appoint a member of staff (a "settler") dedicated to looking after a resident and their relatives/informal carers upon arrival from a closing home.

- Residents should be given the opportunity to spend time with residents or staff who have also moved from the closing home, if they so wish.

- Home staff and care managers should ensure that they identify and respond to residents' individual specific needs and are sensitive to how these might differ to residents admitted from hospital or from home.

1. Introduction

The rates of closure of care homes for older people have been rising in recent years. During the year ending March 2001 the overall rate of closure for independent care homes for older people was five per cent and the number of new registrations was exceeded by the number of closures for each type of care home (Netten et al., 2002). Providers cited anticipation of the cost implications of the National Minimum Standards as an important factor in decisions to close in 2001. The influence of expectations about these costs on decisions to close is likely to have diminished with the recent amendments to the care standards (Department of Health 2003a). Homes that existed before April 2002 are no longer required to meet the same physical environmental standards required of new care homes. Issues relating to local authority fee levels, staffing costs and recruitment, and a lack of capital for investment, however, are long-standing and ongoing.

Little research has focused on service users' and their relatives' and informal carers' experiences of care home closure. The research reported here is part of a larger study investigating the process and consequences of independent care home closures for older people. The aim was to identify residents' and relatives' and informal carers' experiences, their views about the way in which a care home had been closed and their recommendations for good practice. A clear causal connection between care home closures and increased mortality rates has not been established and any association is likely to continue to be difficult to prove due to the methodological and ethical issues involved in such research (Smith and Crome, 2000). It is likely, however, that any risk to residents' health is affected by the way in which a home closes. Consequently it is important to better understand the way in which home closures are managed and experienced by those involved.

Aspects of the process of home closure, such as timescale, will be influenced by the reasons for closure. Reports from a telephone survey of a sample of registration and inspection units and interviews with providers indicated that independent homes were most commonly closing due to business failure or lack of financial viability. In such circumstances closure timescales can be short. In about ten per cent of the two most recent closures in 2001 described by registration and inspection managers they were given less than fourteen days notice and in three cases less than a week (Netten et al., 2002; Williams et al., 2002; Netten et al., 2003).

A recent review of councils with social services responsibilities'[1] protocols for the closure of independent care homes for older people found that nearly two thirds of responding

[1] Hereafter referred to as councils or local authorities.

authorities had a protocol of some sort. However, policies, procedures and guidance varied across councils in relation to overall responsibility for finding alternative accommodation, whether self-funding residents would be offered needs assessments and/or help and support, and the measures considered to be available to councils to prolong the timescale of a closure (Williams and Netten, 2002).

This paper focuses on service users' experiences, views, concerns and recommendations for good practice. We start by outlining the aims and research methods used. Section 3 provides an overview of the homes that closed and the way in which they closed. Section 4 describes the residents and their relatives and informal carers. The type and pattern of the resident's moves are described in section 5. Section 6 presents an analysis of the residents' and relatives' views of: the form and length of notification; the availability of information, help and support in general and in relation to finding and choosing a new home in particular; the maintenance of standards within the home; the moving day; settling residents into the new home; views of temporary and multiple moves; and the need for measures to prevent care home closures. Section 7 discusses the findings in the wider policy context.

2. Aims and method

The research aimed to investigate residents' and relatives' experience of care home closures, to identify what happens in practice, what they value, and how the process might be improved.

A case study approach was adopted to enable investigation of the nature of the processes and issues involved in a number of contexts and circumstances of closures. The collection of in-depth data on a relatively small number of cases produces detailed information that it would be difficult to collect on a larger scale, and allows theoretical inferences to be drawn about what is important to the management of care home closures given the conditions of those sampled.

The case studies were identified via social services departments. We aimed to conduct four or five case studies in three local authority areas. This number was expanded due to homes being at different points of closure when identified, which meant that contacting the home's care staff or involving social services departments before closure was not always possible. To increase the chances of involving all those connected to the closure seven case studies were carried out in four local authorities, and one further 'mini' case study consisting of

interviews with one resident, one relative, one care assistant and the home manager.[2] Two shire county authorities, two metropolitan district councils and a shire unitary authority participated.

The research activities carried out in the case studies were negotiated flexibly with providers and social services departments and the extent to which residents, relatives, care staff and social services staff participated in each case study varied depending on individual consent.

A second method of recruitment was used to maximise participation by relatives and informal carers in a project that was investigating an experience that was likely to have been distressing. A national association and five local carer support groups in one local authority, a local carers centre in another authority and a local Alzheimer's care home and day centre kindly agreed to forward details of our research to relatives who had recent experience of a care home closure. This additional method of recruitment provided increased variation in the sample, as well as an increased sample size. Many of the participants who were contacted in this way rather than via the case study closures had experienced more extreme closure situations. Two of the relatives also described closures that occurred in other local authority areas, both metropolitan districts.

To avoid intrusion at a difficult time the case study residents and relatives were not approached directly but forwarded information about the research by a third party, such as the home manager or care manager. A consequence of this method of recruitment was that the third parties might have selected only more compliant residents to participate or those who they considered able.

Residents and relatives were asked to return a reply slip or tell a care manager if they wanted to participate in the study and told that a researcher would telephone to arrange a convenient time and place at least 4-6 weeks after the home closure. The interviews with the case study residents and relatives took place between June and November 2002. The timing of these interviews in relation to the date of closure varied considerably from one to five months after residents had moved, since some residents had moved before the home closed. Interviews with relatives unrelated to the case study closures took place between February and June 2002. In five cases these closures had taken place between four and nine months before.

[2] The case studies included another closure - a home registered for clients with mental health problems. This case study is not included in this report because the residents were considered unable to give informed consent and none of the relatives volunteered to be interviewed.

One relative volunteered to be interviewed just days before her mother moved and another described a closure that had taken place in 1999.

The interviews were semi-structured, one-to-one and consisted of largely open-ended questions. Three researchers interviewed. The interviews with relatives mainly took place in their homes and residents were interviewed at their new accommodation. One of the relatives requested to be interviewed by telephone. In eight of the interviews other people, such as a husband or wife, friend, sister-in-law, or daughter, were also present. The interviews ranged in length from under an hour to nearly two and a half hours and were tape recorded and transcribed, except on four occasions when they were written up in the form of field-notes.

The interview guides for both relatives and residents focused on identifying their experiences and views in a chronological way, in order to encourage the interviewees to talk about their experience in their own words. Topics included:

- How had they found out about the closure?
- What sort of support or preparation were they offered?
- What was it like searching for and selecting alternative accommodation?
- What was the actual move like?
- Had residents settled in and adjusted to the new home?
- What were their concerns and feelings during the closure and what did they think about the way in which it had been managed?
- What might have helped or have been valuable to them?

Transcripts were analysed using a qualitative data analysis software package, Q.S.R. NUDIST (Non-numerical Unstructured Data Indexing Searching and Theorizing).

3. The closures

The case study homes included a range of contexts and circumstances in terms of home type, size and sector of ownership. The way in which the homes were closed and residents relocated also varied considerably, providing examples of a range of conditions and practices.

3.1 The case study homes

The sample of case study homes consisted mainly of private sector residential homes, although a nursing home, dual registered home and two voluntary sector homes were included and non case study relatives described nursing home closures. Table 1. shows the characteristics of the eight case study homes. Five of the eight homes were part of a chain of

homes. Home size ranged from 17 places to 38 and the average size was 28. Five of the seven homes were registered for 30 or more places. The residential homes were larger than the national average, with an average size of 26 places compared with 20 places (Department of Health, 2001a).

Table 1: Summary characteristics of case study homes

	Case study homes (n=7)	*'Mini' case study home (n=1)*
Private sector	6	
Voluntary sector	1	1
Nursing	1	
Residential	5	1
Dual registered	1	
Average number of places in the residential homes (n=6)	26	
Single home	3	
Chain of two or more homes	4	1

The homes had typically closed for business reasons. All of the case study closures were voluntary rather than enforced. The reasons included:

- the business was no longer financially viable, and/or making unsustainable losses;
- the anticipated capital expenditure required to update and refurbish premises or to make them comply with the National Minimum Standards (in one case the owner said that they had been told the home could not be sold as a going concern as the premises would not be re-registered);
- business rationalisation;
- expiry of the leasehold for the building;
- low local authority fee levels;
- and/or the owners were close to retirement.

3.2 The closure process

The case study homes closed in March, May, June, July and August 2002. The relatives and residents experienced a range of closure situations in terms of length of notice, the way in

which people found out about the closure, and the degree to which the home owner, councils and social services staff were involved. For example, in case study 2 residents, families and staff were told the month in which the home would close, rather than a specific closure date as in the other closures. In another, case study 3, the closure date was changed and postponed by four months. Box. 1 presents a summary profile of the process of each closure.

Box 2: Summary of the case study closures

Case study 1
One months notice was given to families and informal carers and the social services department. Relatives were notified of the closure by letter and/or telephone, and relatives notified residents. Relatives described the manager of the home as having actively helped to find potential new homes for residents and having liased closely with social services.

Case study 2
Families and informal carers were given six months notice, and no specific date was set. Relatives and some residents were told of the closure at group meetings attended by the home management. The manager of the home took an active role in helping to identify potential alternative accommodation for residents if they so wished. The majority of the residents moved within five months.

Case study 3
The owners closed the home after having extended a sister home. All but one of the residents moved to the sister home. Initially six weeks notice was given but this was put back by four months. There had been rumours between residents, relatives and care staff about the possibility of closure. Relatives said that they received a letter about the closure within days of the rumours.

Case study 4
Reports of the length of notification differed. Social services reported having been given eight weeks notice and a relative said that they had been given a months notice by letter.

Case study 5
Eight weeks notice was given to relatives by letter. The closure consisted of a larger home closing the places that were located in one building and re-registering the remaining number of places in an adjoining building as a smaller unit. Some of the residents moved before the closure date.

Case study 6
Six weeks notice was given to relatives by letter. Four of the nine relatives interviewed reported either having seen an article in the local newspaper about the home being re-developed or having been told about the article or planning permission by staff in the week before being notified by letter.

Case study 7
Relatives were sent a letter inviting them to attend a meeting for all relatives, which was attended by managers and a representative from social services. They were told the home would close in about three months, once all of the residents had been relocated. After about two months, when the majority of the residents had moved and some staff had left, relatives said they were asked to 'get on' with moving the remaining residents.

Case study 8 ('Mini' case study closure)
The closure of the home was discussed for two or three years, which meant that some families were told of the plans for closure when their relatives were being admitted to the home. The closing home merged with a neighbouring home, which was being extended and refurbished. The move was delayed by at least six months.

3.3 The non-case study closures

The seven homes described by the non-case study relatives closed for financial reasons similar to those experienced by the case study closures. However, one relative described being aware that the home had received a critical report from the registration and inspection unit at the same time as it was making a loss and another said the closed home had failed an inspection due to the need for building repairs. In five cases the home closure had happened within nine months before the interview. In one case the relative asked to be interviewed just before the home actually closed, and one home closed in 1999.

All of the non-case study homes had been in the private sector. Three were nursing homes, two residential, one a nursing home for Elderly Mentally Infirm (EMI), and another a dual registered home. These homes ranged in size from 14 to 50 places and the average size was 31 places. Three of the homes had less than thirty places. The largest homes were a nursing home with over thirty places and an EMI nursing home with about fifty places. This information about home size, however, is likely to be an under-estimate, as some of the relatives knew the number of residents who had to relocate but not the number of places registered.

Four of the non-case study relatives had been given notice one month before closure and three had been given notice two months before closure. One relative had previously been given three weeks notice on two occasions. Form of notification was most commonly by letter. In one case a letter of notification was inexplicably received more than a week after the date on the letter so the month's notice was in effect three weeks. The letter also stated that the owner would like alternative accommodation to be found for residents as soon as possible as he could not guarantee that his staff would stay to cover the impending Christmas holiday period, which fell within the period of notice.

4. The residents and relatives

In total 45 residents and relatives participated: 10 case study residents; 28 case study relatives and seven non-case study relatives. In two instances both a resident and one of their relatives was interviewed so the total number of residents known about via the interviews was 43.

4.1 The residents' health and well-being after the closure

The health of over half of the residents, about sixty per cent, was described as fine or OK at the time of the interviews. This included only one of the residents described by the non case

study relatives. A slightly smaller majority of forty six per cent were said to have settled into the new accommodation. Three residents said that they preferred or were happier at the new homes. One resident said that he was pleased about the move because it was an opportunity to return to the town where he had lived for most of his life. Another resident said that while he had enjoyed his time at the closed home he enjoyed the new home more and was happier there. A resident at another home was said by her daughter to have fallen in love with the new home and to have looked forward to moving: 'She couldn't wait to get there you know. In the end she was really jubilant about it.' A further comment highlighted better standards of care as a potential positive outcome of a home closure:

> 'After the move I wasn't sorry she moved, because the home had gone down hill… after the initial move and the shock and the trauma, I was happy because she had better care.' (Non case study relative 2)

The health of eight of the residents was said to have deteriorated, of which three were from the non-case study closures. Nine residents were said to be unsettled or confused and a further six were described as less happy than in the closed home. The consequences of care homes closures identified by the residents and relatives will be presented in more detail in a further report.

Of the 43 residents known about via interviews six had died after moving from the closing home, about 14 per cent of the residents in this sample. Four residents (9 per cent), including three from the case study homes, died within 3 months of moving. Mortality rates among residents of care homes are known to be high, particularly during the first three months. The characteristics of the individual and the type of place a person is admitted to influence mortality rates. Three of the people who had died had been in nursing places and three people had been in residential places. The probability of dying in the first three months has been estimated to be 30 per cent for people admitted to nursing beds and 12 per cent for people admitted to residential beds (Bebbington et al, 2001). However, extreme caution is needed in any interpretation of mortality rates based on a sample of this size and nature. The research was not designed to establish links between closure and health related consequences

Two of the relatives described feeling that the move had meant that the residents' last weeks were very different from what they might have been. One of these relatives, whose mother had had to move to a temporary placement very much against his wishes, added that the trauma 'must have some effect.'

4.2 The residents

Table 2 summarises the characteristics of the residents. Ten residents from four of the case studies, including the ‘mini case study’, were interviewed. Five of these residents had lived at the same home. The average age of the interviewed residents was 81 years old. Seven were women and three were men. One resident had mild learning difficulties. Another interviewee had some degree of low level cognitive impairment. Half of the residents were publicly funded and half were self-funding. One of the residents had experienced more than one closure.

The mean age of the twenty eight case study residents who were not interviewed but whose experiences were described by their relatives or informal carers was 89. Three quarters of these residents were women and half of them were said to have some degree of cognitive impairment. Eighty two per cent were publicly funded compared with half of the residents who were interviewed.

The average age of the seven residents of the non-case study relatives and informal carers who were interviewed was 87. Again three times as many of these residents were women than men. Almost all of the residents talked about were said to have some degree of cognitive impairment. The majority were again publicly funded. Two of the non-case study relatives had experienced more than one care home closure. Another two of the non case study relatives had experienced the same closure.

Table 2: Profile of residents' characteristics

	Resident Interviewees (n=10)	*Residents of case study relatives (n = 28)*	*Residents of non-case study relatives (n=7)*	*All residents known about via interviews (n=43)*
Men Women	3 7	7 21	2 5	12 31
Mean age Minimum Maximum	81 70 96	89 75 101	87 82 92	87 70 101
Resident had some degree of cognitive impairment	1	14	6	20
Publicly funded Self-funded (including deferred payment agreements)	5 5	23 5	5 2	31 12
Closed home 1st care home	9	23 (n=27)	3	33 (n=42)
Mean length of stay in closed home (excluding one resident's stay of 17 years)	2 yrs 1 mnth (n= 9)	2 yrs 5 mnths (n=27)	1 year 5 mnths (n=6)	2 yrs 3 mnths (n=41)
Minimum Maximum	4 mnths 4.5 yrs	4 mnths 8 yrs	10 mnths 5 yrs	4 mnths 8 yrs

Notes:

1. Gender of non-case study residents: 7 interviewees talked about 8 relatives as one relative discussed a married couple. Only the husband's characteristics were included in the dataset since the couple were admitted into care because of his needs.
2. One of the relatives interviewed had mild learning disabilities.
3. In two instances a relative of a resident who was interviewed, was also interviewed. The information about the resident has only been included once in the final column about all residents and consequently the sample size of residents known about is 43 rather than 45.

Overall the characteristics of the residents were similar to the national population of older people in care homes. Their average age was 87, 72 per cent were women and 72 per cent were publicly funded. Compared with national surveys of care home residents the sample was comprised of residents who were slightly older than the national average of 85 years, a higher proportion of men (twenty eight per cent compared with twenty per cent nationally), an approximately equal proportion, one-third, of self-funding residents, residents who on

average had been in the closed homes close to the estimated length of predicted stay among the population in residential care (27 months compared with between 28.9 and 30.7 months) and a lower proportion of residents with some level of cognitive impairment (Netten et al., 2001; Bebbington et al., 2001). The residents who were interviewed were mainly younger than those residents whose relatives or informal carers were interviewed and younger than the national average age.

4.3 The relatives

Relatives from all eight of the case studies participated. Table 3 summarises their characteristics. The majority of the relatives were the adult children of the residents, although a variety of relationships were represented, with the exception of spouse or partner.

Table 3: Profile of relatives' relationship to the residents

	Case study relatives (n = 28)	*Non-case study relatives (n=7)*	*All relatives (n = 35)*
Son	8	2	10
Daughter or step-daughter	14	4	18
Other relative	5	0	5
Friend or carer	1	1	2

Some of the relatives were retired and some were working. One adult daughter said that being retired was an advantage because it meant she had more time to deal with the home closure. The sample also included relatives who lived near the closing home and relatives who did not. One relative lived a five to six hour drive from the closing home and the new home and said that dealing with things on the phone was more difficult than it would have been if face-to-face.

5. Type and pattern of relocation

The residents experienced a variety of moves in terms of the type of alternative accommodation that they moved to and the pattern of relocation. These included moving to different types of placement in different types of care home, to similar placements but in different types of care home, to homes in different sectors of ownership, to homes with

different ownership, to homes of different size and to domestic housing. Two of the self-funding residents at one of the closing residential homes left residential care; one moved to a hotel, and said that this was largely due to the difficulty of finding somewhere that would take her dog (she planned to put her name on some waiting lists for when the dog died); another moved to a flat after deciding that she no longer needed care. Patterns of relocation included multiple transfers between homes and between rooms within homes.

5.1 Type of new home

Table 4 shows the proportion of residents who moved to a different type of care home or placement. Nineteen of the 43 residents changed type of care home. Twelve moved to the same type of placement but in a different type of care home. Another seven changed the type of placement as they changed home type: five residents from four of the case study homes in two local authorities and two residents from non-case study homes in two other local authority areas changed type of placement and home. Six of these seven residents moved to higher levels of care: three moved from residential placements to nursing placements, two moved from residential placements in dual registered homes to nursing homes and one resident moved from an EMI residential home to a nursing home. In contrast one self-funded resident moved from an EMI nursing home to a residential home.

Table 4: Change in type of placement or home experienced by residents

Residents	*%*	*Number*
Moved to a different type of care home (and placement)	16	7
Moved to the same type of placement as that in the closed home but in a home offering different type(s) of care	28	12
Total who changed type of placement or home	44	19
Moved to the same type of placement as that in the closed home and in a home offering the same type(s) of care	49	21
Moved to a care home with different owners	84	36
Moved to a home in a different sector of ownership	32	14
Moved to a larger care home than the closed home	35	15

All but two of the nineteen residents who moved to a different type of care home were publicly-funded, including all six of the residents who moved to nursing homes from other

types of care home. Of these six publicly funded residents five residents moved to a nursing home placement for the first time as a result of the assessments undertaken as a result of the closures. In the other case, a publicly funded resident had moved from a closing residential home to a nursing home as a result of a needs assessment conducted before the closure. All but two of these six residents, who moved to nursing care for the first time, had lived in the closing homes for longer than the average length of stay, with one resident living in the closing home for eight years.

Twelve residents moved to the same type of placement but in a different type of care home. From the dual registered home five residents moved from residential places to residential homes, two moved from residential places to EMI homes and another resident moved from a nursing place to a nursing home. Another two residents moved from residential places in an EMI home to residential places in dual registered homes and one resident moved from an EMI residential home to a residential home.

Only five residents moved individually to new homes within the same ownership as the closing home. One relative described how helpful the staff at the closing home had been organising a place in another home within the chain. Two other relatives said that they looked for places within the same group of homes because they knew that staff from the closing home would be working at the new homes.

In two case studies the majority of the residents moved together to the same new home. In case study 4 all but one of the residents moved to the sister home. In case study 8, the 'mini' case study, where the home merged with another existing home, the residents from the new home were relocated into the closing home during refurbishment and then all the residents moved into the refurbished home.

About a third of the residents moved to homes in a different sector of ownership to that of the closed home. Three residents moved from voluntary sector provision to private provision and five moved from private provision to the voluntary sector. Four of the residents in the private not-for-profit case study home moved to homes in the private for-profit sector and another resident moved from a private for-profit home to a private not-for-profit home.

A third of the residents moved to larger homes. Just under a third moved to similar sized homes and a fifth moved to smaller homes.

5.2 Choice of home

Since April 1993 local authorities in England have been required to comply with the National Assistance Act 1948 (Choice of Accommodation) Directions. These state that when local authorities make arrangements for accommodation and an individual has expressed a preference for a particular, preferred accommodation, local authorities must arrange for care in the accommodation of their choice provided:

- the accommodation is suitable;
- the placement would not cost more than authorities would usually expect to pay;
- the accommodation is available;
- the person in charge is willing to meet the usual terms and conditions.

Of the 28 publicly funded residents or relatives asked if the new home was their preferred or chosen home sixty one per cent (17) said that it was. One relative of a publicly funded resident said that the new home was not their preferred choice. A further ten funded residents, or their relatives (36 per cent) said that the new home was suggested to them rather than somewhere they had identified themselves.

The relative of a publicly funded resident who said that the new home was not her preferred choice said that there was no choice: 'I didn't have a choice really. But I did vet it before I agreed. Had I not liked it I wouldn't have let her go there.' She had chosen a home and put her cousin's name on a waiting list but was told by the care manager that the resident could not move until she had been assessed. In the time between the announcement and the assessment 'other people (had) filled in the vacancies'. The resident moved to a home where the care manager had found a vacancy, and where the department had a contract and the relative wondered why 'he didn't tell me in the first place, it would have saved me all the searching round.'

This relative wanted to choose a new home and her choice was not supported in part by the lack of vacancies in the area. However, had the assessment been carried out sooner she might have been able to move her cousin into the home she had found. Her discussions with the care manager also suggest that while the care manager was searching for vacancies he/she had not made clear the options available to the relative in terms of being able to choose from a preferred list or choose any accommodation likely to meet the resident's needs subject to the provisions.

Ten publicly funded residents across four of the case studies and three local authorities said that the care manager suggested the new home to them:

> 'I left it up to them but I was in contact with them as to whether they had found anywhere and when they found the place, the day that I visited to see the home she (the care manager) was visiting it, so we went together. So I decided on the spot…' (CS2 relative 4)

Being offered suggestions by a care manager did not necessarily mean that relatives and residents had not been involved in the decision or encouraged to exercise a choice of sorts:

> 'What she said was "you can look round if you want, do as much looking round as you want. If you come up with somewhere, find out if they have got any vacancies and then I will go and look at it as well and give you my opinion of what it is. But in the meantime we will look round to see where the vacancies are, which ones they are and then you can go and look at them if you want"… She actually came up with (the new home) and then I went to look at it. She said 'it had a very good reputation for cleanliness and activities etc'. And as I say, it wasn't too far away really.' (CS6 relative 6)

One relative described allowing the care manager to find a placement on their behalf as long as it was in a certain county. Relatives could be quite happy with a decision that was based largely on advice from a care manager rather than on wider information or on research they had carried out themselves:

> 'He actually gave us a choice of three, because he was the guy who assessed her and thought she needed full nursing now. And he gave us a choice of three. And he actually advised us on one that he thought would be the better one in spite of it being a slight top-up. I think one of them was more expensive than the one that we are in now as far as the top-up was concerned. And the other one there was no top-up at all. And he more or less said 'this is the place, I do know the matron and she is a fine lady. It is run like clockwork' and it is…. And we more or less followed what he had told us, we literally took his advice.' (CS6 relative 8)

Others who had a home suggested to them by a care manager said that there was no choice but to accept what was offered. The following relative had visited nearby homes and found that they were all full:

> 'Basically, there was no option. It was "take it or leave it". If I'd have said "No" I really don't know what would have happened then.' (CS6 relative 9)

Another relative described thinking 'Well what choice do we have? You don't have a choice' when told about a vacancy by a care manager. (CS7 relative 3)

Of the ten self-funded residents or relatives who were asked whether the new home was their preferred choice eight said that it was and the remaining two said that it was suggested to them.

During a closure service users' ability to have a genuine choice over where they receive residential care is limited by the lack of places available, combined with the restrictions imposed by short timescales. It also appeared that on occasion choice of home might also be limited by a lack of information about homes and a lack of information about the process in terms of the right of individuals to choose where they receive residential care. The way in which the relatives' and residents' choice of home could be characterised by a sense of competition and influenced by the information and help available is discussed in more detail in section 6.3. Future analysis will report on the views, procedures and practice of care managers linked to the case study closures, including their involvement in arranging new placements.

5.3 Multiple moves

Eight residents experienced multiple transfers in the form of temporary placements, second transfers and moves between rooms. Four residents moved to a temporary placement, of which one was from a case study closure. Another two residents experienced a second move between homes and a further two residents moved rooms in their new home.

The length of temporary placements ranged from one and half weeks to over three months. Three of the four temporary placements were in the same chain as that of the closing home. One of the non case study residents who experienced a temporary placement died within a fortnight of moving from the temporary placement. Her son could not see how this 'horrendous' experience could not have contributed to his mother's decline in health:

> 'I am not saying she might not have died, but I don't think her last weeks of life would have been as they were.' (Non case study relative 3).

The circumstances of the temporary moves and the interviewees' views in general about temporary moves are described in more detail in section 6.7

The two residents who moved again soon after the first relocation, did so because the new home was unacceptable. One case study relative found the care provided unacceptable. A formal complaint was made and the inspection unit contacted by the care manager. The resident died about six weeks after moving from the closed home and had been ‘in and out’ of hospital since before the closure. Another non case study relative found that without her permission the new home had put her mother in a shared room with a resident who kept her awake all night. She moved her mother within a week.

In both cases where residents, both case study closure residents, had accepted temporary rooms they had done so in order to move into their preferred home, or to move out of the closed home, as quickly as possible.

Another resident had her name on a number of waiting lists. Although her stay at this home was likely to be longer than the other temporary placements it was understood by her care manager that the relative was hoping to move the resident to a more preferred home.

6. Residents’ and relatives’ views of good practice

6.1 Notification

Residents and relatives were asked their views about the length, form and content of notification about the home closure.

Length of notice

Only three of the residents identified a preferred length of notice. One resident recommended between three and six months notice. She had been given six months notice and said that the time passed slowly. Another resident at the same home recommended the six months notice period that she had experienced, or as much notice as possible. She added, however, that she would have preferred the notice to be less fixed to prevent the feeling ‘that you have got to go, because otherwise you will have nowhere to sleep’. A resident from another closure recommended a ‘bit more’ notice than the six weeks he had been given. The feeling of alarm that can be caused by having a fixed deadline was also described by one of the relatives:

> ‘You sort of felt it was “This home will close on…” You were given the date. So it was a feeling of real panic actually’. (Non case study relative 7)

Notice periods recommended by relatives included at least two months, 3 months and six months. Three, four and six weeks were considered to be too short. One relative described a month as a 'fait accompli'. The main concern about length of notice was that it might be insufficient to find vacancies and select a new home. One relative explained that a month is too short because it might lead to residents being placed inappropriately or on a temporary basis:

> 'Because of the rush and the worry you could push them in anywhere couldn't you? It could have happened that people were put into temporary placements.' (CS6 relative 1)

A carer noted that a student living in rented accommodation has to be given four weeks notice to vacate rented accommodation and yet there is no similarity between the situations. The advantage of six months was that relatives would then have the option of putting a resident's name on waiting lists, which could not be done with only three weeks notice.

However, another relative noted that three months notice might have disadvantages that outweigh the advantage of more time to look for and choose a home:

> 'My wife said they should give three months notice at least… But I thought … Do you really want to stay at a home that is closing down? Because in the run down procedure things do become neglected.' (CS6 relative 9)

He concluded that extending the notice period alone would not necessarily be an improvement.

Two relatives referred to regulation in relation to notice periods for closure. One supposed that there was a legal requirement of four weeks. Another said that there should be a stipulation that home owners must give a certain length of notice.

A few of the participants took a pragmatic approach when considering the length of notice they would like. One of the residents who disliked having a deadline added that she knew there had to be a deadline of some sort, and concluded that 'There isn't an answer to it'. A relative similarly commented on the practicability of specifying a preferred length of notice when he did not think the owners could have given more than the month's notice that they gave.

Similarly when another relative suggested that a residents' and /or relatives' group might meet regularly to 'question management and say 'is there any danger?' of a closure, with a view to working with the owners, she concluded that it would not necessarily be possible:

> 'I think if each nursing home had invited relatives to a monthly meeting, put some coffee on, let us all go 'any ideas?'… Rather than just getting the dreaded letter of three weeks notice. But they are frightened that you will take them (the residents) away. This is why they leave it to three weeks because they think you will take them away and then they have got to struggle through with no funds coming in.' (Non case study relative 6)

One relative suggested that homes should be given a grant to prolong the closure period until the last ten or so residents had found new placements that they could move to at the same time.

Notification of residents

The interviewed residents were informed about the closures in a group meeting or by letter. Few comments were made about the way that this was done. One resident noted that the owners had not come to talk to residents, and speculated that it was because 'they were probably too ashamed or too afraid'. Another resident said that being told in groups on the same day was the best way to be told. He added that seeing the manager react with surprise, annoyance and disappointment was 'excellent'.

Thirty relatives identified who told residents about the home closure. About two fifths of these relatives had told the resident themselves. Seven relatives from three of the case study closures and two non case study closures said that staff at the home had left it to them to notify residents. One of these non case study relatives noted that their letter of notification from the owner had not told them what residents had been told. Two daughters said that they delayed telling their mothers about the closures until they had found new placements: 'because we didn't want her to worry and think "where am I going to go?"'; 'because she couldn't have handled it'. A further two relatives said that they had asked home staff to leave notification of the resident to them and at least one other relative said that they agreed with the staff's decision to leave resident notification to relatives. Two other relatives said that they discussed when to tell the residents with staff. One relative requested that the care manager tell her mother when they were both visiting 'so she wouldn't be concerned and worried'.

Three relatives were unsure if residents had been notified about the closure by staff and a further seven said that they knew that residents had not been. All ten of these residents were said to have some degree of cognitive impairment. The reasons given for not telling residents about the closure centred on a number of factors connected to this. Most of the relatives spoke about their inability to understand and/or recall information:

> ‘She wouldn't have known. You don't know whether they understand what you are saying. She can't speak any sense really.’ (CS7 relative 2)
>
> ‘I don't think that he was aware of it… No I don't think it meant anything to him really.’ (CS7 relative 5)
>
> ‘She would have forgot about it two hours later.’ (CS6 relative 8)
>
> ‘At this stage she was on another planet. You know, there was no point whatsoever in trying to explain anything to her.’ (Non case study relative 3)

This view was linked to a concern that the information might needlessly upset residents:

> ‘I won't tell her anything that I feel will upset her or add to her confusion.’ (CS2 relative 3)
> ‘If we had sat down and told her she may have been upset.’ (CS6 relative 8)
>
> ‘I didn't want her to have to panic about it or anything like that. (CS5 relative 1)

Other relatives did tell residents even when they were unsure as to how much they would understand:

> ‘I don't know if they told my mother but I had to tell her. It's difficult because you don't know how much she was understanding. I certainly told her as carefully as I could. ..You wouldn't be able to say what she felt when she was told the news - whether she understood it or not. I dare say she didn't understand what we meant.’ (Non case study relative 4)

Two relatives told the residents that they were being moved so that they could have the care that they needed rather than that the home was closing:

> ‘I said that it was important for her to be looked after properly and because she was no longer able to walk and to use the bathroom herself. But I asked her if she could remember the lady who had been to chat to her (the care manager) and that we felt that she needed more help, so she was going to go to somewhere new where there would be more nurses and more facilities for her.’ (CS5 relative 1)

> ‘We didn't actually say we just said that she was going somewhere to make her a bit better.’ (Non case study relative 6)

Some relatives described how they felt about having to notify residents about home closure. They described extreme apprehension and fear linked to their concerns about how the news was likely to upset residents and their uncertainty about how and what to tell them. One daughter described ‘absolutely dreading’ telling her father. Another daughter, who decided to tell her mother that she ‘was going somewhere to make her a bit better’ rather than that she was leaving because the home was closing, described feeling ‘mortified as to how we could tell her’ because ‘we didn’t know how to do it, we didn’t know what to do’. Another daughter, who also told her mother that she was moving so that she could get the help that she needed, described the lack of clear answers or ways to approach notifying residents:

> ‘I don't know whether I got that right or wrong, but it was the only way that I felt able to deal with it… I couldn't have faced telling her that there was no place for her there. … It is a very difficult thing to.... and it took me weeks to come up with that idea and I still don't know whether it was right or not… I wanted her to feel that it was for her that she was moving not through circumstances that you couldn’t do anything about.’ (CS5 relative 1)

Notification of relatives

Case study relatives officially notified by the owners or managers had been told by letter, telephone or at a meeting. Some relatives had known about the closure before any official notification due to rumours at the home or information in the local press. The residents’ and relatives’ comments about the way in which they would have liked to be notified drew on their experience of how they had been notified.

At one of the case study closures, where relatives had found out via the newspaper and/or received a letter, they said that they would have preferred: a meeting; to have been told ‘to their face’; to have had a ‘proper conversation’; to have been told personally. One relative explained that being told ‘face to face’ would be more honourable and another said that a telephone call from the owners or a meeting would have shown ‘a little bit of consideration’.

Another two relatives from this case study also commented on the lack of contact with the owner who was apparently not seen again after the closure notification. One of the non case study relatives similarly said they had not seen the owner and another said that the owner "should have the courage to stand there and explain why he is going to close".

Involvement in meetings or discussions with proprietors was important despite the irreversible nature of notification of home closure. One of the resident's who said that a care worker told her about the closure said that there was no 'proper conversation'. Another relative, who attended a meeting and asked a question, which was not heard, noted the tension between wanting to be able to ask questions and knowing that it would have no influence on the decision that has already been made: 'I thought, "They are closing it no matter what I say".'

Three relatives who had been invited to a meeting speculated that it would be worse to be notified by letter: it would be 'dreadful'; a meeting was 'an easier blow' than a letter; 'It (the meeting) was a bit of shock, but I think it was better than getting a letter'. A group meeting was most often said to be the preferable form of notification by relatives who had attended a group meeting and those who had not. In this way people would find out at the same time, and presumably meet the owners/management. The absence of face-to-face contact was the principal aspect of finding out by letter that was disliked.

Some relatives regarded notification by telephone to be preferable to notification by letter alone. One non case study relative appreciated being telephoned by a carer at the closing home who told her that the letter announcing closure was in the post:

> 'She took it on her own back to phone everybody, because she really thought everybody needed to know. That was the day that they were told and she got straight on the phone to everybody.' (Non case study relative 2)

The order in which relatives, staff in the home and social services should be notified by home owners was another issue identified by relatives. One relative linked to the case study where there had been an article in the local press, which had also been noticed by staff, stressed that relatives should be told before anyone else so that they might tell residents in a 'more cushioned way':

> 'I can't emphasise too much, nobody in there should have known about it, even the staff, before the relatives had time to tell their mothers or fathers or whatever.' (CS6 relative 6)

Another relative said that she would have preferred it if the local authority had been told about the closure first so that they would have been in a position to contact relatives as soon as relatives had received notification from the owner. Another relative linked to this home said that the social services staff had not appeared to know that the home was closing.

An important feature of notification was that it was often a surprise and a shock. One relative suggested that it would be better if there were some sort of warning, so that it would not be a 'total shock'. Distress at the news of closure was linked to this: 'They were very, very upset. They had no idea.' Apart from those who heard rumours about closure only one interviewee described having anticipated the closure in any way and the resident described it only as having run through her mind when the extension was being built at the sister home.

The lack of participation as well as forewarning was also identified by another relative who suggested that owners should talk to relatives as soon as possible and involve them in attempts to find an alternative solution to closure:

> 'They must have known for some time. We would have liked some communication then. We would have liked some options. It would have been interesting to know how many people would have been prepared to pay more money. Pa ended up paying £50 per week more at (new home)… I think that there were other people in there for whom it may not have been such a problem, who could have made that choice. I think it would have given us a sense of feeling of partnership – and having some sense of control.' (Non case study relative 5)

One son highlighted how irritating and annoying it was not to have been told about the closure when he was at the home, and when it would have been sensible to tell him. He had visited his father at the home on the same morning that he later received notification by post and was about to go on a holiday:

> 'Not a word was said and when I … got back home at lunchtime there on the mat was the letter from the owner of the home … I was exasperated by the situation in as much as they had to have known and nobody said anything and I was exasperated because I was going away that day. It made life incredibly difficult.' (CS6 relative 4)

Timing of notice

A number of issues around the timing of notification of relatives by owners were identified by relatives relating to the practice of owners admitting residents and not telling relatives about the likely closure when they might be expected to know that they are going to close and

closures during the summer months or annual holiday periods. Four of the closing homes, including two of the case study homes, had admitted residents six months or less before the closure was announced. Two of these residents had been admitted to one of the case study homes between three and four months before the announcement. The mother of a non case study relative was also admitted three months before she received notification of closure and said that another resident had been admitted about four to six weeks before. Another non case study relative also said that she knew of another relative who was distraught because the resident had been admitted two weeks before notification of closure. These relatives were upset that the owners 'must have known' that the home would close. Such 'wicked' behaviour on the part of owners was attributed to their desire for fees:

> 'He knew at Christmas it was closing so why did he take Mum in? It's the extra finance. It boils down to money' (Non case study relative 2)

These relatives would have liked to be told that the placement was likely to be temporary and to have had the choice of refusing it. Given the information they would have been able to decide whether they wanted to 'go through the upset of settling' the resident, knowing that they would have to find somewhere else and move again. One resident was particularly annoyed that her family were not warned when they were buying furniture for her new room four months before notification of closure.

Two of the case study homes closed in the summer months. Five of the nine participating relatives from one of these homes and two from two other case study homes were on holiday either around the date of notification or during the period of notice. The son who received notification by letter on the day he was going on holiday could not contact social services before leaving and visited a potential new home on the weekend that he returned, before there was a chance to talk to social services on the following Monday:

> 'As we drove down the motorway I was on the phone to social services to try to find out what they knew … we couldn't raise the right people and we wound up leaving messages and things, then off we went …' (CS6 relative 4)

Another relative was on holiday when the letter of notification arrived. 'Fortunately' it was opened by mistake by her daughter so she was able to return from her holiday early.

Two nephews and a niece shared the responsibilities involved in relocating their uncle until the actual move when the nephews were both on holiday and the niece took a couple of days annual leave. A son went on a long planned trip to America after finding a new residential

place for his father and kept in touch with social services by telephone as his father was subsequently assessed as needing nursing rather than residential care. Another relative said that he 'really felt in a state of panic' because he had a two-week holiday planned in the middle of the notice period.

Clearly closing a home during the holiday season is likely to be problematic. However, relatives are not a homogenous group and their preferences differ. One relative who was on holiday when the announcement was made said that she was pleased that the home manager had put off telling her family until their return because 'We couldn't have done anything about it, but it would have spoilt our holiday and she wanted us to have a rest'. Another relative was on holiday when her mother, who had dementia, moved and said that she did not need to be there since the care staff were like family to her mother.

Content of notification

The residents made fewer suggestions about the content of notification than the length of notice. In every case study closure the reasons for closure were given to some extent. Being told the reasons was considered important, particularly by those who felt the owners had not been totally frank:

> 'It is communication. I think there should be more openness as to why a home is closing… I sort of needed to know why … and I found that very, very poor' (CS5 relative 1).

Reassurances that people were available and could be contacted for help were appreciated. However, a couple of residents said that it was important to be told that they would be helped to find a new home.

One resident and several relatives suggested that steps should be taken to ensure that when they are told about the closure that they are given a selection of identified vacancies/potential new placements for them to choose from:

> 'You had got a choice, but could you find somewhere? They didn't say "well we are closing, but we have got an ideal spot for you."' (CS6 resident 1)

> 'I think that the most important thing to get right at the beginning is to see that you have rooms ready to take people … to say to the people beforehand: "We are closing this place down, but we have rooms in this place, that place, and that. You can go and

> see them and there are rooms and you can have a choice". It all comes down to choice.' (CS7 relative 3)

Another relative emphasised the importance of owners/managers only giving relatives assurances that would be upheld:

> 'He did say there was no rush to move the old people, that they would gradually find places. They made it sound brilliant. That places would be found for all the old people in time and there was no hurry and it would take as long as took sort of thing. And the staff were going to stay on and look after the people and everything was just going to be honky dory. And the next thing… the story had changed… When we first went to the meeting it all sounded really brilliant. It was going to be all sunshine and roses and it was going to be so easy.' (CS7 relative 3)

Initially the owners of this home set no definite date for closure. However, after many of the residents had moved and staff had left this relative said that despite being told there would be no rush the remaining eight residents had 'got to go'.

Another relative also described questioning the information they had been given about this closure since he saw an article in the local paper saying that the home was hoping to close by a certain date: 'I thought "How can the press say that when there was going to be no rush?"'.

Another relative at this home highlighted the importance of clear communication about roles and the steps that families were expected to take. She said that she was told at the meeting that she would be contacted by social services but that she was not. When she telephoned the care manager that she had had contact with when her mother was admitted to the home she was asked 'haven't you been to look anywhere?'. She concluded that:

> 'Maybe because mum was self-financing they weren't sort of worried… If they had just spelt it out in black and white, what I should do next.' (CS7 relative 2)

A relative talking about the case study 6 home closure, where places in one building were being closed while another building remained open, also identified the importance of being given a full explanation of what would happen.

The manner in which residents were told was also highlighted as important. One resident suggested that notification should be gentle and direct. A lack of warmth was disliked. A

relative described the wording of a letter of notification as cold and clinical and noted that there was no, “Sorry we are closing”.

Lack of security

The issue of security of tenure has recently been raised in relation to protecting vulnerable older people who live in care homes. A public bill to prevent eviction with less than a month’s notice was presented to the House of Commons in July 2003 (House of Commons Bill 155). Currently care home residents do not have the same tenancy rights and obligations as people who live in mainstream housing as tenants in the private or public sector or as owner occupiers. Most people who live in supported housing in England and Wales, however, have assured tenancies and so have the same housing rights as other assured tenants (Joseph Rowntree Foundation, 1996). The security a tenancy agreement provides includes the right to stay in accommodation if the terms of the agreement are kept and protection from eviction unless the landlord gives proper notice and can prove grounds for repossession.

The 45 participating relatives and residents were not asked directly about the issue of security of tenure in the interviews. However, lack of security of tenancy was identified directly by one relative and a further five relatives identified security of residence of some sort as important. They wanted to minimise the likelihood of experiencing another home closure. Relatives raised the issue when discussing the initial move to long term care or the search for a new home following home closure.

One man described feeling unhappy when his mother moved into long term care from a council flat because ‘She had given up total security for no security.’ The daughter of another resident moved her mother to a care home that offered tenancy agreements following the closure because she did not want to worry about the possibility of her mother being evicted again. When choosing a new home a further four relatives had considered whether prospective homes were likely to close. Two relatives considered large voluntary organisations to be relatively secure. Another two relatives asked proprietors about the financial viability of the business.

Other relatives and residents spoke about a wish for security or the importance of security in general. For example, assumptions about home being a place of security were discussed in relation to residents’ reactions to the closure:

> ‘Now for most of those people, the security of the environment that they live is pretty important to them, and to many of the people in that place learning that they were

going to be moved would have come as a tremendous shock and been quite upsetting.' (CS6 relative 4)

> 'She couldn't comprehend that the whole place was closing, because at that age you think "homes where you live don't close, you live there". And it didn't sink in.' (Non case study relative 2)

Other comments identified a lack of control, which may be indirectly connected to the lack of security of tenancy:

> 'We felt let down and angry. There was this sense of insecurity. We had done all we could to build up a good life for him and it was knocked back. The key thing was that there was no sense that we had any control.' (Non case study relative 5)

6.2 Information, help and support

Throughout the closure process information, help and support from the home, co-operation between the home and social services, and co-operation and support from social services were important to residents and relatives. Experiences differed. The nature and degree of the information and support available to residents and relatives looking for and deciding on a new home also varied.

Openness, participation and support at the home
Openness and communication at the home in general was important to residents and relatives in terms of: feeling in possession of the facts; wanting to be informed of any changes to the closure process; wanting to know where fellow residents had moved.

Openness and timely communication on the part of owners and care staff was valued: 'I think if you feel that things are hidden from you, you don't like it'.

Four relatives said that it was important that they should be told of any changes or developments throughout the closure process. One relative had not taken a holiday as a consequence of not having being given notice of a four month postponement and then insufficient notice of when her mother was going to be moved to a sister home.

A resident identified the most important issue to get right during a closure process as ensuring that residents feel that they are involved and participating in what is happening:

> ‘To be made to feel that they are involved. It isn’t just being done to them, “you have got to go there”, you know… I am just saying that’s what I wish was most important. You have to make the residents feel that they are in on it… They are not being told “over there”, like a child – they are being given a chance to participate as far as they can.’ (CS2 resident 5)

Relatives’ overall judgements about how well the closure was managed could be linked to the degree of support staff at the home offered or gave. Experiences were positive for relatives at three of the case study closures:

> ‘Any help I needed was there. They (the matron and nursing staff at the home) would have done anything. They were there to question and to talk to if you wanted to… She (the matron) managed everything and moved everybody … I think it was all handled well really.’ (CS1 relative 1)

> ‘(The manager) gave so much help, more than one would expect. So no, I couldn’t have received more help, she was wonderful.’ (CS1 relative 2)

> ‘We got the feeling that they were always there to support us and help us and that was a great factor for me.’ (CS2 relative 5)

Not all of the relatives had had such a positive experience. Two relatives from another of the case studies described having been given little or no support or help from staff at the closing home:

> ‘I never really saw the matron much. Nobody seemed to say much at all, you know, it was funny.’ (CS7 relative 2)

Lack of support from the care home was not seen as disastrous by one relative ‘providing you have a good social worker, it is something you can, if you have to, work through’. This relative had support from the manager of the new home as well as the care manager. One of the non-case study relatives said that he did not receive support from the home or the social services department and that the home ‘should have put more resources into ensuring that the interests of the residents were met’.

Co-operation, help and support from councils

Co-operation between the closing home, social services and relatives and residents as well as the co-operation and support provided by social services to residents and relatives differed.

Those who received help or had a positive relationship with a care manager often offered unreserved praise, suggesting that such support was central to their experience of the closure process:

> ‘The two of them (the home and the council) were working very much together in terms of the future of the residents… So it was a very positive relationship from the start.’ (CS2 relative 5)

> ‘Both the nurses and (care manager) worked together very well and with me, all three of us together. And I got all the help that I could possibly have needed. Yes, really very good.’ (CS4 relative 1)

Relatives of publicly funded residents from six of the case studies described positive experiences with social services staff and spoke highly about the quality of the support and help they received:

> ‘I did appreciate his help’. (CS1 relative 2)

> ‘The social worker looking after my mother’s case understood where we were at.’ (CS2 relative 5)

> ‘She has been very helpful and she said “Any time, ring me up.”’ (CS3 relative 1)

> ‘The social worker … was absolutely super, she was very, very understanding… I think I was very fortunate. The social worker was absolutely fabulous… I can’t speak highly enough of the social worker.’ (CS5 relative 1)

> ‘The social worker will give you some time to talk. I think that does help…. I don’t think I could have had any more help from the social worker.’ (CS6 relative 1)

> ‘She would give you two hours without thinking about what she has got on or when she is going to get home or whatever. … She gave us all the backup and information we needed.’ (CS6 relative 2)

> ‘He was quite passionate about his job… We were quite grateful… he did put himself out. I can’t praise him enough.’ (CS6 relative 8)

> ‘She kept in touch with me and was always at the end of the phone so I could ring her up and talk to her about it.’ (CS7 relative 3)

> ‘If it hadn’t been for this care manager I wouldn’t have known where to start.’ (CS7 relative 1)

In contrast other relatives of publicly funded residents described having had little contact with a care manager:

> ‘I think somebody in the early days got in touch with me and said “I will be dealing with the move”, but then that’s the last I heard about it. …’ (CS3 relative 2)

> ‘I just saw her the once.’ (CS3 relative 3)

> ‘I think I had one conversation with her on the phone but that was when I’d reached the point of locking horns with (neighbouring council). And nobody wanted to know about that… nobody was actually prepared to get involved.’ (Non case study relative 3)

Several of these relatives were linked to the same home as another relative who had been pleased with the help provided by social services, which suggests that the level of support offered had been inconsistent or not adjusted sufficiently to take into account relatives’ varying needs.

There was an expectation among some relatives, of both publicly funded and self-funded residents, that social services would be more proactive, and should for example, contact them rather then the other way around:

> ‘There was nothing forthcoming until we started asking questions. I had to get in touch with social services.’ (CS6 relative 6)

> ‘I thought we would be invited over, but we weren’t (when the care manager spoke to the resident).’ (CS1 relative 1)

> ‘You were left to your own devices really. I was rather surprised, I thought it would have been much more personal but it wasn’t.’ (CS2 relative 5)

One relative, whose father was publicly funded and assessed by a care manager, said he thought there should be a series of consultations between residents, relatives and social services staff. He suggested that such consultations could usefully include advice about what sort of care would be appropriate, identification of the most suitable vacancies and the considerations that he thought should be taken into account, such as location.

One of the relatives who had little help or co-operation said that he also had little confidence in the ability of social services to secure a home that he would consider suitable if he had not been in a position to find one himself:

> 'What concerned me was I felt that if it wasn't something that I'd got on and did, and I just simply allowed them to find a place for her, the suitability of what they found would probably fall short of my expectations.' (Non case study relative 3)

Another problem encountered by one of the relatives related to the timing of the needs assessment. The home had given six months notice and no actual closure date and the relative said that she was told by the social worker that her cousin's needs would not be assessed until she was due to have an assessment in about three months time. During the wait the other residents 'filled in the vacancies', and waiting lists and she consequently had to find somewhere urgently.

The relative who spoke of locking horns with a council had chosen a small residential home attached to a nursing home for his mother. There were no residential vacancies and with the agreement of the home he wanted to either place his mother in the adjoining nursing home until a residential place became available in a few weeks, or for the registration and inspection unit to agree to registering a fourth residential place. He was prepared to fund the place privately and very much wanted to avoid moving his mother to a temporary place in a home that would be less suitable for her needs. However, he was told that both options were 'against the law'. He looked up the legislation and found that 'the registration authority can vary any condition... They can virtually do what they want to do', but was then told "No. That was changed by an amendment to the Act in 1991 or some such time." After looking up the amendment and finding that 'it said no such thing' he concluded that:

> 'It was almost as if I was being stonewalled to the point of being lied to, because they didn't want to change anything; they didn't want to do anything. They'd got their own rules and regulations and that's the way it was going to be, quite regardless of the interests of the people that the Act is there to protect.' (Non case study relative 3)

He was exasperated by the response he received given that the situation was hardly of his making or choice and that he knew that new legislation was coming into place in April.

6.3 Finding and choosing a new home

Relatives and residents were asked if a care manager had assessed the resident's needs before they started to identify potential new homes, about the sources of information they used to identify vacancies and/or homes and about any visits to homes. In section 5.1 we noted that 18 per cent of the residents moved to a different type of placement than that in the closed home. The availability and adequacy of the information and advice received or sought differed. Visits were said to be important and described as an opportunity for relatives and residents to make decisions based on criteria important to them. Several relatives said that they had expected or would have preferred a greater degree of co-ordination or management of the process of relocating residents.

Needs assessments

Two fifths of the residents and relatives interviewed reported that residents (18 of 43) had had their needs assessed before they moved. Two of these residents, who were at different closures in different local authorities, were self-funding. Five relatives and one resident were unsure if there had been a needs assessment carried out by a care manager. All but one of these six residents was publicly funded. Ten residents and relatives said that there had been no needs assessment, of which five were publicly funded and five self-funded. None of these residents had been given less than a months notice so it is unlikely that their needs were not assessed because of time constraints.

Those who did not know, who were unsure about whether there was an assessment, or who said that there had not been one, may have been unaware that one had been carried out. For example, one relative who said that there was no assessment of need added that the care manager had 'had a natter with him...I don't think she was very long. It was just to explain to him what was happening although I had told him I suppose they were just covering so that he did really know.' This meeting with a resident may have been part of a more formal needs assessment process, in which the care manager might also have spoken to home staff and looked at the residents care plan. However, it might also be that the care manager was just ensuring that the resident was notified.

One of the relatives of a publicly-funded resident said the care manager said an assessment was unnecessary because his mother's needs had not changed since admission:

> “If we wanted a formal assessment one could be done, or somebody else could be brought in to provide an opinion or whatever, but the outcome would be the same…Her opinion was that there was no change”. (Non case study relative 3)

A relative of a self-funding resident said that she would have liked her father-in-law to have had his needs assessed:

> ‘I said to them that I needed a very clear assessment of all his care needs – his care plan. Ought he to have nursing care at this stage? … When he moved from the closed home the manager did ask the opinion of the GP about whether he was nursing or residential – but we would have liked something more.’ (Non case study relative 5)

This relative described how self-funding residents, particularly those without any family, were vulnerable to being overlooked since they could be detached, isolated and unseen:

> ‘I have a sense of these people in the system as the ‘Lost Boys’... because there is this sense of being like Peter Pan’s lot – out there somewhere, but not really being part of what anyone cares about – not within the professional gaze at all. If they don’t have family they are lost.’ (Non case study relative 5)

She went on to say that even she might have ‘been very, very lost’ herself if she had not had contacts in the care sector.

Another relative said that he thought care managers should offer help and support to self-funding residents:

> ‘I wished the care managers had been more interested…. Just because somebody is over the £16,000 or this £18,000 now, I think care management and social services should still monitor. Because they’re the ones with all the knowledge and ordinary people, like you and me, don’t know anything about it. Just suddenly, we’re thrust into it.’ (Non case study relative 1)

Not all of the self-funding residents, or relatives of self-funding residents, said that they lacked help or support from the home staff or social services.

A couple of self-funding residents, said that if they had wanted help to find a place, or had wanted to be assessed, they expected that help would have been available from social services:

> ‘I could have had (needs assessed by a care manager), that would have been quite nice.’ (CS2 resident 5)

Visits to homes were also an opportunity for staff at the home to find out about a resident as well as for a resident and/or relative to find out about a home. Staff from potential receiving homes had also visited relatives in order to assess their needs. Two residents were said to be unsuitable and refused by homes on the basis of their level of dependency or behaviour.

Finding a new home: sources of information

Relatives and residents used various source of information to identify vacancies and homes: directories or lists of homes provided by social services; lists of care homes produced by a home manager; the Yellow Pages; discussions with a care manager; personal recommendation by colleagues, friends, or other relatives. The majority of the relatives who commented on the information sources they had used said they used directories or lists provided and produced by social services. One relative’s experience however, suggested that the social services directories are not always brought to relative’s attention. She had not been told about the directory by anyone linked to the home closure or social services, instead the wife of a friend of her husbands, who worked at another care home, had sent it.

A few relatives remarked on the value of the directories and lists of homes. One relative said that the directory was very good. Others offered suggestions for improvement. The inclusion of all types of care home was found to be unhelpful:

> ‘A lot of the lists contained premises that are totally irrelevant to our need, it is all of the care homes so it could be for mentally disabled or whatever.’ (CS2 relative 5)

The addition of more detailed information about the characteristics of homes, such as the number of registered places and whether they had en suite facilities, was suggested by a relative who said that it would have been helpful so that she ‘could have narrowed it down’.

Two relatives and a resident suggested that some sort of star rating system for homes would be helpful. Views of what might be rated differed. One of the relatives suggested that the stars be ‘not so much for the care but for what they provide’, such as entertainment, and whether they have transport for day trips. A resident recommended that the rating be based on residents’ views:

> ‘There used to be those books … you used to look it up where there were three-star, two stars and so on. It was written by a person who had been there, so they told you what they really thought of it. That’s the kind of thing you need.’ (CS2 resident 5)

At least six relatives said that they would have preferred information about where there were vacancies, rather than being encouraged to select a potential home only to find out that they had a waiting list:

> ‘Maybe if they had just rung round all the nursing homes and got a list of vacancies.’ (CS6 relative 8)

> ‘It is no good sending people willy nilly to different places and then at the end of the day you turn round on them and say “But they will have to go on a waiting list”. Because you are wasting our time … They should have had places ready.’ (CS7 relative 3)

> ‘Maybe they could have done the research beforehand, and said “There are places here” … it would have been better if they had somewhere in mind.’ (CS7 relative 4)

> ‘I know the situation changes daily with care homes … But if they could have a system, especially with this day and age of computers.’ (Non case study relative 2)

Another relative highlighted the problem of homes not being ‘prepared to take somebody in a particular condition’ as well as homes being full. He said that he found the classification of the care provided by homes in the directory too broad since it failed to adequately specify the type of resident that would be accepted for admission:

> ‘Residential care embodies too broad a group of people… There needs to be an awareness that individual’s needs vary and suitability of homes to meet individual’s needs vary in turn and somehow you have got to put the two together ... The dialogue of so and so, “There is a home just down the road with some vacancies, go and have word with them” – that’s the sort of advice you get. But the reality is quite different.’ (Non case study relative 3)

Other suggestions for potential sources of information included a central information bureau and a website:

> 'If you could have just gone on the net and just looked at nursing homes and then got down to areas and short-listed a few. And then finding if they had got vacancies.' (CS6 relative 8)

A resident and a relative said that they would have liked to know where other residents went:

> 'I thought it would be a good idea if I could have a list of where people had gone you see. And the assistant manager of the home, … when I asked this, said 'we can't give it to you'. It is one of these things you can't do, tell you where people are.' (CS2 resident 1)

> 'I would have liked to have been kept informed how many people were moving and where they were all going really. I suppose they were thinking maybe confidentiality, I'm not sure.' (CS7 relative 2)

Choosing a new home: help and support

The relative who described receiving as much support as she could wish for told of being able to question and talk to the nursing home staff at the closing home. As described in section 6.3 some of the relatives and residents had sought personal recommendations about homes, to help them find and make decisions about what would be suitable. However, the limitation of relying on personal recommendations, in terms of the element of luck or potential bias involved, was recognised. One of the non case study relatives had spoken to the home manager and care staff at the closing home about where there might be vacancies, and acknowledged that their knowledge was likely to be limited in scope. A resident similarly described asking a care worker in his closing home for advice and appeared to be aware that her opinion may not have been unbiased:

> 'She eliminated three of them immediately. I suspect because she had been sacked, I don't know obviously.' (CS2 resident 4)

He nonetheless followed her advice. Another relative, whose mother had been self-funding but had recently become eligible for a public contribution, said that such personnel recommendations were the only help and support available:

> 'The only help and support we got was provided by the nursing staff at (closing home), who said sort "try this home, try that home." But their advice lacked a certain amount of direction and carried their own prejudices about which homes were good and which were bad. The (name of chain of providers) itself never raised a finger to do anything.' (Non case study relative 3)

Visits to prospective new care homes

The majority of the participating relatives had visited prospective new homes to help them make an informed decision; twenty four of the twenty eight case study relatives had visited new homes and all of the non-case study relatives had. Four of the ten residents interviewed had visited prospective new homes. The number of homes visited ranged widely from one to thirteen. The case study relatives typically visited one home. About a third visited between two and six homes. Relatives, home staff and social services staff arranged visits to homes.

One of the relatives/carers who had not visited any homes had not done so because she knew that the resident herself had (although this visit appeared to be more for the benefit of the potential receiving home than the resident). In two cases potential new homes had not been visited when the resident was moving to a new home within the same chain as that of the closing home. In one case a relative noted that she had not taken her mother to visit homes because it was likely to have confused her.

One resident said that he thought residents should visit homes and should be helped to do so, if necessary. For example, residents should be offered transport. That residents should be accompanied on visits to potential new homes was suggested in several interviews. One self-funding resident, who said that the most important thing during a home closure was that 'endless help' should be given to residents in a way that allowed them to be involved, identified the availability of someone to go with residents to see things when visiting new homes as the second most important thing. An informal carer also suggested that someone residents know should go on visits with them because she discovered that two homes refused to 'take' her friend because she had caused a 'disturbance'. The carer said that she did not understand what had happened since her friend was usually a quiet person, but suspected that if there was a disturbance it was because the resident was upset about being among strangers.

The ability to influence the frequency, timing and length of visits was identified as important by the residents. One resident said he liked to go for two meals on different occasions when he visited homes because food was important to him. Another resident said that she would have preferred to able to visit homes for longer:

> 'It would be nice if you could go and spend 48 hours there because then you would see what it was like. The whole feeling, the food, the way people behave. You can't really tell if you just go for twenty minutes to visit.' (CS2 resident 5)

The importance of having their views and decisions about prospective homes listened to and respected was also emphasised by this resident:

> ‘And of course when you say ‘I don’t like that’ they say ‘How do you know in 10 minutes? … Always give them (the residents) the feeling, and not just a pretence feeling, that they have got some say in the matter. So if they say they want to see this particular home three times or you say “you must go to that one it is ideal”, and they don’t want to go, you should respect their point of view.’ (CS2 resident 5)

Management and co-ordination

One relative, who said he had little contact with social services staff, said he would have expected there to have been a plan or protocol in place:

> ‘One would have thought in that situation is that the guy would have announced to the local authority that he was going to close. And that that would have swung some kind of process into motion whereby the social services would have a series of protocols. The first of which is that “this information will not come from the owner. It will come from social services” and they will swing a system into gear then in order to relocate the people who are going to be displaced.’ (CS6 relative 4)

Other suggestions for better overall management included, a co-ordinator to help search for and select places, written information for relatives about what they should do, ask and expect, and greater co-operation in terms of moving residents and/or residents and staff together:

> ‘We found out later that one or two very good members of staff had gone to a particular residential home … It may well have been that they could have tried to get the residents with members of staff. If we could have worked together on that. But we were all off like bullets out of a gun, looking round sorting out our own relatives and staff were doing the same.’ (Non case study relative 5)

> ‘If they’d have got the residents families round together and we could have said “Well, let’s two of them go together, the two that have been friends here and two there, let’s try and work in two’s – because at least then they have got a familiar face at the side of them.” But everybody panics and everybody runs around looking for a home thinking there isn’t going to be one.’ (Non case study relative 6)

Other relatives also described the search for places as competitive and some said this contributed to the sense of urgency:

> ‘We felt that she …would be left at the back of the queue because she was quite able to look after herself in a reasonable way. We just thought she could be one of the first

to go because she was like that and therefore, it would be in her best interest to try to get her somewhere reasonably quick and then we have got a better choice.' (CS2 relative 2)
'There is literally a scrap for beds in the area. You are fighting over them. It adds a tremendous burden to the burden you have already got.' (Non case study relative 2)

'We got our names down quickly the same day. But had we not done, every day would have been stressful until we'd managed to do that. Because yes, there wasn't only us there was 28 sets of other people. And we were all looking, so you know it places a lot of pressure on the surrounding homes doesn't it?' (Non case study relative 7)

6.4 The maintenance of standards within the home

The standards of care maintained throughout the closure period varied and understandably relatives described being extremely concerned if the quality of care deteriorated. The preservation of the physical environment and minimisation of obvious signs of packing in communal areas or of any future re-development of the building were also important to residents and relatives trying to cope with an already upsetting situation.

Maintenance of care
Residents and relatives identified the maintenance of care at a closing home throughout the closure period as an important issue. Much understanding was shown for the position of staff, that they themselves were likely to find the home closure stressful and had to simultaneously look for new jobs:

'I think they were equally distressed that they were having to say goodbye to the people, plus the fact that they were worried about their own jobs.' (CS5 relative 1)

When permanent staff stayed working at a closing home and/or did their best to continue as before, given the circumstances, this was very much appreciated:

'(The staff) did their very up most for the residents. … Well they simply carried on. If you went for a walk with them, that didn't stop, it carried on… It is important that the staff really show concern.' (CS2 resident 4)

'The two nurses, they stayed on right until the end … they couldn't have been better.' (CS4 relative 1)

> 'They stayed. They were a brick. They stayed and I know they spent a lot of time with the residents comforting them, being there for them.' (Non case study relative 2)

However, a number of relatives said they had unpleasant, upsetting and in some cases unacceptable experiences at the closing home. One relative was so concerned about staffing levels that she reported the home to the registration and inspection unit. She was sure that the number of staff did not fulfil requirements, and was likely to put the residents' safety at risk; for example, what would have happened 'if one of them was a double lift?'. Another relative, again not connected to any of the case study closures, also contacted the registration and inspection unit due to her concerns about the standards of care during the last three weeks. She said that it was 'horrible' and that she could not talk about it because it was so upsetting. Staff had left, including the matron, and while she did not blame them, – 'they are paid peanuts' – she said the consequent

> 'deterioration in-house is immense. I could really shout about this because I don't think what they realise is that even if your mind has gone a little bit, it is the pure familiarity of the carers that you have and of the continuity of the putting to bed at a certain time. And then all the routines are different…the different way that you are handled.' (Non case study relative 6)

Another relative described being concerned about the deterioration in the quality of care. She described being worried that her mother's health was put at risk by her isolation in a bedroom a considerable distance away from the remaining staff and residents: 'I felt if she had an accident, how would they know?' That her mother was allowed to 'stay in bed until dinner time' also concerned her 'because she lost all sense of time'. Although the daughter agreed with care staff that her mother would not have liked to join the remaining residents, who were 'all very senile' she wanted her mother 'to be got up on a morning and still live a normal life'.

In the 'mini' case study, where residents and staff from the new home moved into the closing home throughout the closure period while the new home was being refurbished, a relative said there were problems relating to resident and staff integration before they even moved to the new home:

> 'Generally the atmosphere was one where the two groups of people hardly spoke to each other for months… It was an unhappy atmosphere.' ('Mini' case study relative)

The difficulties between staff were attributed to 'personality clashes' and poor administration. The two managers 'behaved rather prima donna-ishly and couldn't get on with each other'.

Maintenance of physical environment and sense of home

The removal of furniture and other obvious packing-up activities while residents remained in the home was upsetting to relatives, as it could appear that the home was being dismantled around the residents:

> 'As time went by residents were disappearing, furniture was being emptied and piled up sort of around those who were still living there. It didn't seem to be a home anymore. It was sort of emptying the books and getting them packed or getting the chairs altogether and I felt that was wrong.' (CS2 carer 3)

> 'I originally said … we didn't need to rush. But in fact three weeks into the process it was getting uncomfortable, in the sense that staff were leaving. There were "leaving-do's" and they were crying ... Furniture was being sold and carried out and there was a sense of closure and turmoil.' (Non case study relative 5)

One of these residents was one of the last three to leave the home. It may be that particular care needs to be taken to maintain the physical environment when there has been an obvious change in the number of residents and staff. One resident emphasised:

> 'That's not a criticism; all I am saying is that really there was a feeling that the thing was packing up. And that couldn't be helped perhaps.' (CS2 resident 5)

At three of the case study homes relatives saw builders and/or planners, which was said to be upsetting and insensitive to residents, relatives and the care staff:

> 'On one occasion when I arrived to visit her there were two men measuring up the front area, when the residents were still there. And then I found them in her room, I said: "She hasn't even gone yet"... That really got to me.' (CS2 relative 3)

> '…builders were moving in to start the alterations before all the elderly people who were being moved had moved.' (CS5 relative 1)

> 'Whilst the shutdown was going on he used to come up with his entourage, they must have been planners, builders, people who were looking round to see how they could rearrange this. And he used to go into this room where the senior carers used to go

> …and the senior carers would be swept out and he'd close the door… There is no thought.' (CS6 relative 9)

Relatives at two of the case study homes, and one of the non case study homes, said that they had noticed that they were not being cleaned and/or had became 'smellier'.

6.5 Moving

Relatives identified a range of issues that are important when moving residents related to timing and communication, the maintenance of routine, the arrangement of practicalities such as packing, unpacking, transport and the need for someone known to residents to travel with them.

Timing and communication

One relative said that once a new place has been found residents should be moved 'the quicker the better' to minimise upset. Another relative, whose mother had dementia emphasised that 'a last minute rush' should be avoided and that residents should be told where they are going and 'not just led out without knowing'. Another relative identified this as an important and complex issue. She said that it was important to make sure that residents knew what was happening, and yet at the same time her mother was unable to register the information and so:

> 'She was going into the unknown … But I think the majority of people in residential homes are very confused. So how can you help them through that? I really don't know.' (CS6 relative 4)

A relative recollecting the move of her brother, unrelated to the home closure, highlighted the importance of punctuality. Her brother could not sit for longer than two hours and yet was kept waiting in a wheelchair for an ambulance for eight hours without any food and 'so … timing is the most important thing'.

Maintenance of routine

One relative thought that the way in which the closing home let the residents 'have a normal day' when moving was 'done very well':

> 'They would bring them down in the morning and pack their things and … move their things and after lunch, move them so they had their cup of tea.' (CS2 relative 4)

Other relatives who had carried out the packing and moving themselves told of trying to minimise the disruption by unpacking residents' belongings in the new home before they arrived:

> 'You have got to empty one room of their belongings, get them in place so that it looks like home in the other room, without them looking as if they are in a locker room somewhere… So I thinned out her stuff and made it look as pretty as I could in the new room.' (CS5 relative 1)

> 'We'd take pictures off the walls, but he wasn't particularly aware, but they were going on the walls in the new place... So really it was kind of coming out of the room at one end and going back in the other.' (Non case study relative 7)

Arrangement of practicalities

The overall organisation of practicalities and provision of support were important to residents when moving. One resident said that he was not being critical of the way the home closure was managed by the home, but the move was a 'shambles'. The home had arranged for people to have access to removers but they were not professionals. A couple of the residents felt that this arrangement underestimated the task and put their belongings at risk of damage.

The importance of clearly allocating responsibility for the packing and unpacking of residents possessions was illustrated by this relative's description of what she saw happen to another resident whose belongings had not been packed by his relatives:

> 'In the community transport ambulance they just pushed as much as they could in that with him, which I think is horrific.' (CS5 relative1)

A resident who had moved to a sister home along with the other residents, despite a very long notice period, found that she had forgotten her medication. She also said that she had 'just a nightie and sponge bag and what I was standing up in' and that there was no furniture.

Some of the relatives who were not helped to pack belongings would have liked to have been helped by the care home, both in terms of packing and bringing things to the car or at least downstairs. One relative said that she was told to expect to have everything packed for her but 'There was nothing. We had to do everything.' Similarly, a relative whose mother had been taken to her new home by a member of staff from the closing home would have liked her mother to have been helped to unpack: 'She just went upstairs and bunged everything into the room in bin bags and left.' Experiences of help with packing and unpacking varied

across and within case studies suggesting a lack of any established method among the closing homes and a lack of communication with the receiving homes where staff might also have helped.

Transport

The organisation and provision of transport to move residents and their belongings varied between and within the case study closures. In one case the closing home provided transport to move resident's possessions while residents' transport was organised by their relatives. Other transport arrangements included all transport organised by the home; community transport for residents organised by social workers with the transport for possessions left to relatives to arrange and/or pay for; taxis for some residents and their belongings organised by and accompanied by staff at the closing home while at the same home transport for other residents and their possessions was arranged by relatives.

One relative identified transport for residents as the most important thing to get right when moving residents. For others transport was said to be of little importance compared to finding a new home and how the resident would settle in.

For others, however, the actual move could be directly associated with a change in the resident's behaviour. One relative described how she had tried to move her mother without upsetting her, for instance by not packing in front of her when it upset her. However, her mother stopped speaking in the car and for about a month afterwards and she said it was difficult for her mother not to notice that something was happening when the staff said goodbye and 'all her things (were) on the back seat'.

One relative said that it would have been nice to have been offered help with practicalities but 'that's not the way it works. You move mum in, you move mum out.' Not every relative wanted help.

Known companion

The relatives emphasised the importance of residents being accompanied on the journey by someone that they knew and/or of having someone remain with them for a while on arrival. If they had not travelled with residents many of the relatives had arranged to be at the new home for their arrival:

> 'To me it was important that someone he knew and loved was with him and (closing home manager) was. I didn't really want social services to be in charge of him. Someone goes and takes him and then they have got to rush off because they are busy,

> and (the manager) would not have rushed off. She would have made sure he was okay.' (CS1 relative 2)

> 'I followed in the car so I made sure I was there when she got out of the wheelchair. So I was there all the time and we stayed with her for quite a long time to get her adjusted.' (CS4 relative 1)

A couple of relatives of residents with dementia at two of the homes considered the manager/'matron' of the closing home the most appropriate person to accompany the residents. One relative said she thought the matron could say "Come on (name of resident), we are just going" and she would do it' whereas if it was left up to her she 'had visions of dragging her outside and getting her in the thing and holding her down and having her screaming and kicking all the way.' Another non case study relative described how she too agreed to let a member of staff take her mother during one of her multiple moves due to home closure:

> 'So the horrible day comes again. I couldn't face it this time so they took her and I thought this is just so bad and I wasn't feeling very well. My sister was on holiday so she couldn't go. And (home staff) had said, "Your mother should come with us, she knows us. She was a bit too barmy now she'll just think she is going out."' (Non case study relative 6)

A traumatic experience

The day of moving could be a source of considerable anxiety, distress and even fear for residents' families and informal carers. Such feelings were often linked to concerns about how residents would react, whether they would settle in their new homes or that their health might suffer:

> 'I would have been quite distraught if my mum had been crying and if she had been really close to one of the other ladies there and she had gone somewhere else.' (CS6 relative 8)

> 'So the day came, a horrific day… She was sitting there with all the black bags around her … and she was utterly devastated, … absolutely traumatic.' (Non case study relative 6)

6.6 Settling residents in to the new home

When asked about how residents' might be supported to adjust to their new homes after moving because of a home closure the residents and relatives identified good practice that would equally be applicable to the adjustment of any newly admitted resident. The suggestions nearly always related to home care staff. For example, a key worker or someone who can be 'personally involved' in their arrival should be introduced to residents when they arrive, and not two or three weeks later. One relative suggested that a dedicated person should be brought in for the day:

> 'to sort one or two people out and stay with them all day, with the families as well, to make sure that it goes well … A "settler" to get them settled in, and pay them special attention and make sure they are not sitting depressed and crying, which my mother was for a lot of the time.' (Non case study relative 6)

A few relatives and a resident commented on the lack of time care staff had to talk to and listen to residents. One relative said that her mother was 'just left'.

A 'nice hello', a 'terrific fuss' and a smile from new staff was valued as it might encourage residents to think that they were wanted and reassure them that they would be looked after. A resident highlighted being shown around the home as important. Relatives said that it was obvious to them when staff had been briefed of their arrival and knew their circumstances as it allowed staff to be sensitive to what the resident was 'going through'. The need for staff to respond to resident's needs on an individual basis was identified. One relative emphasised the value of listening, communication and patience.

A resident, who was visually impaired, said that she was finding it difficult to familiarise herself with her new room. In a perfect world she said it would be helpful to have someone:

> 'with time to pack or unpack things with you slowly, re-arrange it, make a list in Braille so as to remember it. I have had to ask them sixteen hundred times where such and such a thing is, and if you have somebody who is new and not aware of what has been done… I mean nobody could have been nicer than my friends, but you would need almost a stranger just to tell you "this is there, this is there", write it all down and take all the time in the world because they know you would forget at the beginning. So yes, but it is absurd, you couldn't do it.' (CS2 resident 5)

One relative suggested that the sense of security among the residents who moved together to a sister home might have been strengthened if they had been kept together as a group in the communal areas more often. The new home had more communal areas than the closed home and the way in which residents were able to sit in different rooms and 'wander up and down' differed to their previous routine and meant that they spent less time with each other than they used to. At least initially the daughter of one of these residents suggested that 'they ought to have tried to keep the residents together a little bit more … so they had got each other.'

6.7 Temporary and multiple moves

Relatives expressed an expectation that temporary moves would cause additional disruption and stress, confusion and possibly deterioration in residents' health. Residents and relatives worried about the possibility of having to accept a temporary placement:

> 'If you don't get the right thing you have to go somewhere else in-between. That would be another bit of strain. I mean we might all have to do that and then you have got to start all over again.' (CS2 relative 5)

> 'I didn't really want for my mum to go somewhere just as a slot before we could get her, you don't want it do you? Well not me, I don't want it, my mum doesn't want it. That's no good at all. It is too much upheaval. It is just too much.' (CS3 relative 1)

> 'I got panicky about not finding anywhere and that she might end up in a temporary bed somewhere. I have found it very stressful really.' (CS6 relative 1)

> 'There wasn't actually a room for mum, but they were going to put her in this matron's home next door. And I just thought "Oh no, I don't want her confused like that". So I dismissed it.' (CS7 relative 2)

Four residents had moved to a temporary placement. In three cases temporary moves were made because there was no vacancy at the preferred new home so residents moved somewhere else as a temporary measure before moving to their chosen home when a room became available. In another case a temporary place was accepted on the understanding that a permanent place was likely to become available in the same home in the near future. This did not happen and instead the resident moved to another home belonging to the same owners, which then also closed.

One non case study relative described how this was very much against his wishes. His mother had to move to a temporary place in a large residential home within the same ownership as the closing home for three weeks before moving to a residential place attached to a nursing home. He said the level of personal care and facilities provided during the temporary placement were inappropriate for his mother's needs. His mother had a fall, became incontinent, wandered and did not want to drink.
Another relative indicated that their experience of a temporary place also involved inappropriate or unacceptable care:

> 'All I can say is after the first week there we would not have stayed much longer.' (CS6 relative 2)

As described in section 5.2 a further two residents moved again soon after relocating and two residents moved into temporary rooms before moving to another room within the same home. The distress that can accompany a second move, even one to a nearby home, was highlighted by a relative who said that when she had to move her mother asked her: 'What have I done wrong?'. Her daughter explained that the new home 'could have been ten miles away. She didn't know it was next door.'

6.8 Need for prevention

Eleven residents and relatives raised the issue of the need to prevent closures when asked what could have been changed or improved, or about their overall views about the closure:

> 'The only thing that would be helpful is if they just left her where she was.' (CS7 relative 3)

> 'It would be better if they didn't happen.' (CS7 relative 2)

One resident said that money should be spent on care homes rather than on the research that was being conducted, and this was the most important and only point that she wanted to convey: 'I think the money shouldn't have gone to you to do this, they should have given more money to the residential homes.'

About half of those who spoke of the need for prevention suggested what might be done in terms of funding and planning by local or central government and co-operation with care home owners:

> ‘I suppose I would have expected to see a proactive system not a reactive system. I would have expected a system whereby the owner of the home … (tried) to address issues with the local authority about the basic level of funding and all of that.’ (CS6 relative 4)

> ‘More money should be put into homes so that this doesn’t happen… it is not a home it is their home and it is very important. The stability should be kept for them – they don’t have a lot of things left in life for them.’ (Non case study relative 4)

Suggestions for better planning included planning for the provision of care homes in localities where older people already live, so that they can remain in their communities, and planning for the future supply of care home places. A lack of co-operation, shared goals and compatible policies between local and central government was seen as not only part of the problem, but also part of the cause:

> ‘It seems on the one hand, the government is imposing new stricter standards that increases the cost to the homes, whilst at the same time, local authorities are putting more and more pressure on homes to reduce costs. And the two can’t work together and this is, in many cases, what pushes homes into liquidation or closure. The whole thing is a political mess.’ (Non case study relative 3)

A few relatives said that the care of older people should not be the responsibility of private providers. Many of the relatives described understanding that home owners were running a business and that they were facing pressures. However, this did not make them comfortable with the reality of business imperatives being allowed to bring about the involuntary relocation of older people:

> ‘It was their business – but I just keep coming back to the fact that when it is frail elderly people, the same things don’t quite apply. I know it is a business – but it just made me feel that … they just wanted their own bread and butter really.’ (Non case study relative 7)

> ‘The state should provide good quality accommodation for our elderly people. I recognise all the problems that statement will no doubt throw up in terms of taxation and people voting for the party that taxes us least. But that is the only solution to me – the ultimate solution.’ (CS6 relative 9)

> 'They shouldn't rely on private businesses – it should be about principles of care not money.' (CS6 relative 7)

When selecting a new home some of the relatives said that they had looked for a home that was unlikely to close:

> 'Another thing we thought of is (name of voluntary association) is a big association and we thought surely, they would be able to afford to keep this going. And we found out that it has been going many, many years. We feel a little bit more confident that it isn't going to happen again.' (CS2 relative 2)

Two relatives said they asked proprietors about their financial viability and whether they would be able to stay open.

Some relatives spoke of their concerns about the future supply of care homes and their disbelief that there is insufficient demand for care homes for older people:

> 'They shouldn't be closing homes down, they should be making more for old people.' (CS7 relative 1)

> 'But with the population, the old people, it is going to be us and if the homes are closing down what is everybody going to do when you need care in your old age? I mean, rather than closing, they should be opening more.' (CS7 relative 4)

> 'Keeping people in their own homes is a good idea for some.' (CS2 relative 4)

> 'I can't believe there's no need for EMI homes in (county).' (Non case study relative 1)

The 45 participating relatives and residents were not asked directly about the issue of security of tenure in the interviews. However, lack of security of tenancy was identified directly by one relative and a further five relatives identified security of residence of some sort as important. They wanted to minimise the likelihood of experiencing another home closure. The issue was raised when relatives discussed the initial move to long term care or the search for a new home following home closure.

6.9 Security of tenure

One man described feeling unhappy when his mother moved into long term care from a council flat because 'She had given up total security for no security.' The daughter of another resident moved her mother to a care home that offered tenancy agreements following the closure because she did not want to worry about the possibility of her mother being evicted again. When choosing a new home a further four relatives had considered whether prospective homes were likely to close. Two relatives considered large voluntary organisations to be relatively secure. Another two relatives asked proprietors about the financial viability of the business.

Other relatives and residents spoke about a wish for security or the importance of security in general. For example, assumptions about home being a place of security were discussed in relation to residents' reactions to the closure:

> 'Now for most of those people, the security of the environment that they live is pretty important to them, and to many of the people in that place learning that they were going to be moved would have come as a tremendous shock and been quite upsetting.' (CS6 relative 4)

> 'She couldn't comprehend that the whole place was closing, because at that age you think 'homes where you live don't close, you live there'. And it didn't sink in.' (Non case study relative 2)

Other comments identified a lack of control, which may be indirectly connected to the lack of security of tenancy:

'We felt let down and angry. There was this sense of insecurity. We had done all we could to build up a good life for him and it was knocked back. The key thing was that there was no sense that we had any control.' (Non case study relative 5)

7. Discussion

The wider policy objectives of protecting service users from potential risks to their health and safety, and providing access to appropriate and adequate services should be central objectives for councils helping to relocate older people during a care home closure. Law and guidance relating to how they should make arrangements for residential care currently define councils'

responsibilities during a care home closure. These include a responsibility to assess the needs of publicly funded residents and to arrange admission to an alternative placement in their preferred accommodation (National Assistance Act 1948; Choice of Accommodation Directions 1992). Councils also have a general responsibility to offer advice on how to find a home to those funding residential care themselves and to help them make arrangements if they or their relatives or carers are unable to do so. Providers are also now required to offer prospective service users considering residential care the opportunity to visit or stay on a trial basis before they decide where to stay (Department of Health, 2003a).

A recent review of local authority guidelines for home closures suggests that councils would find clarification of their specific responsibilities during care home closures useful since variations were found in councils' approaches to re-assessing publicly funded residents and to offering re-assessments to self-funded residents (Williams and Netten, 2002). Little research is available about what happens in practice during the process of home closure, or that looks at service users' experiences and views about the process. Since the way in which a care home closes is likely to involve risks to service users health and/or well-being it is important that their views and concerns are better understood. This research goes some way to filling this evidence gap.

The Government's White Paper 'Modernising Social Services' and the 'National Service Framework for Older People' set out a programme to modernise the management and delivery of health and social care (Cm 4169, 1998; Department of Health, 2001b). Aims include the improvement of service efficiency and quality. Principles and standards promoted in relation to social services in general and to services for older people in particular give precedence to providing what service users want. These principles include: better protection for vulnerable individuals needing care and support; consistency in the provision of services across the country; person-centred care via information and involvement so that older people can make informed decisions about their own care; assessments that are matched to individual's circumstances and that manage crisis.

Guidance on eligibility criteria for adult social care also promotes fair access to care services (Department of Health, 2002). It states that the level of assessment carried out by councils should not be affected by whether a person is eligible to receive help. A needs assessment should establish an individual's presenting needs, likely risks and circumstances before eligibility is determined. Guidelines have also been recently produced to promote effective and timely discharge planning for adults leaving hospitals, which emphasise the need for joint working, involving patients and their carers, and the availability of appropriate care (Department of Health, 2003b). To ensure that people receive the care they need the *Building*

Capacity and Partnership in Care agreement also sets out ways in which providers and commissioners should collaborate to build capacity in social care services (Department of Health, 2001c).

There is little national regulation specifically aimed at the way in which care homes are closed by independent providers or how the relocation of residents is managed. Since the closure of the homes described in this study regulations introduced under the Care Standards Act 2000, and implemented from April 2002, require the registered person at a care home to apply to the National Care Standards Commission (the Commission or NCSC) to cancel registration *not less than three months* before the proposed date of closure. They must also give notice to service users, their representatives and the local authority and Health Authority in whose areas the premises are situated not more than seven days later (National Care Standards Commission, 2001). Standard 2 of the national minimum standards for care homes for older people also requires providers to give residents a written contract that states the terms and conditions of occupancy, including the period of notice (Department of Health, 2003a). This research shows that there was a need for the regulation of notification of voluntary home closure by independent providers - to protect service users and their relatives and informal carers from short notice periods and to ensure councils and those responsible for registering and de-registering homes are informed. However, the relatives and residents in this study noted that providers might find giving as much as two or three months notice difficult, impractical or disadvantageous financially, particularly those who close due to business failure. The degree to which compliance with this notice requirement is feasible, enforceable and measurable when closure is due to business failure is unclear.

Concerns described by the relatives and residents included the potential negative impact of the move on residents' health, the risk of homelessness, the risk (or experience) of deteriorating standards of care in the closing home, and the risk of having to accept a temporary placement, which was viewed as an additional risk to residents' health. Considerations and constraints that influenced the relatives' and residents' decisions and actions included a lack of vacant places in care homes in the area, a lack of homes providing particular services in the area, a lack of information about vacancies and homes and their right to choose a preferred home, beliefs about residents' ability to understand and cope with the news of the closure and about what would be in their best interests. Several of these constraints were clearly within the councils' control. For example, advice about the dangers of withholding information from vulnerable older people could be given to relatives.

The relatives' and residents' experiences of overall management, co-ordination and division of responsibilities varied from closure to closure. Given that analysis of the content of local

authority protocols found that some council guidelines offered contradictory advice it is unsurprising that the relatives' and residents' experiences of council staff suggested a lack of consistency in councils' approaches (Williams and Netten, 2002). Some found communication, help and support lacking in general, for instance not knowing what they were supposed to do next, and some assumed full responsibility themselves. During closures there is clearly a need to ensure that families and/or carers and residents are made aware of where they can get advice, help and support, who is responsible for helping them find suitable accommodation and who is responsible for implementing systems to manage the move. Guidelines for managing care home closures written for residents and relatives and/or informal carers could help to address this.

The levels of support and help received by residents and relatives from care managers varied within home closures, as well as across the closures and local authorities. Some of the people who had little help and support from care managers were from the same closures where others described their help and support as indispensable and central to their ability to deal with the situation. Care managers need to ensure that they recognise and respond to individual differences and specific needs. At the same time they need to negotiate the level of collaboration with providers and home staff. The degree to which proprietors will be willing and able to help will vary just as service users' needs and relatives' ability to help will vary. Care managers are under a lot of pressure and clearly any help from providers is likely to be welcomed. However, some guidelines cautioned against relying on providers to match vacancies to residents and recommended close collaboration instead to ensure placements are appropriate (Williams and Netten, 2002). In this study some of the relatives and residents said that home staff, rather than care managers, were the main source of help and information available. Service users were aware of collaboration between care management staff and home staff at some of the closures but not all. Consistent guidance for care management staff on which roles and responsibilities are fixed and how best to negotiate others to ensure that appropriate support is made available would be useful. Home closure guidelines could also promote good care management practice as well as establish responsibilities and systems so that services are offered in an efficient, effective, timely and consistent way.

The variability in the provision of assessments before relocation, among publicly funded and self funded residents, again suggests that there is a need for clarity about councils' responsibilities and confirms findings from the analysis of local authority protocols (Williams and Netten, 2002). Just under a quarter of the residents/relatives said that there had been no assessment of the residents' needs by a care manager before the relocation. Of these, a few relatives of self-funding residents said they would have liked an assessment. Others felt that a care manager would have conducted an assessment if they had wanted them to. Some

relatives and residents were unsure if a needs assessment had been carried out, which suggests that at the very least there was a lack of awareness and understanding of the care management assessment process and the role it might play in ensuring the selection of a suitable new home. It also suggests that some of the relatives and residents lost at least one opportunity to discuss what they perceived to be the resident's needs. Ideally all residents should be assessed before relocation due to home closure. However, it is unlikely that councils have the resources to offer this. Further work will investigate the role of care managers during home closures in more detail.

Relatives' and residents' experiences in this study suggest that finding and securing alternative accommodation necessarily becomes the main objective during the closure process. There may be a danger that the time and effort required to secure a suitable new placement acts as a constraint on the extent to which other objectives related to managing the closure process can be pursued, such as the assessment of the level of risk to residents' health and well-being or the preparation of residents for the move. For example, a review of good practice literature identified the recommendation that residents should be able to visit their new home to reduce unfamiliarity and uncertainty and prepare them for the move (Williams and Netten, 2002). The opportunity to visit before deciding on a home is also specified in the national minimum standards for care homes for older people (Department of Health, 2003a). Analysis of existing council guidelines found that while visits were recommended to help service users choose a home the potential value of repeat visits in terms of preparing residents for relocation was rarely identified (Williams and Netten, 2002). Unsurprisingly given the advice in local guidelines this research found that in practice residents and relatives had visited homes to help them make a decision but they had not made subsequent visits as part of resident preparation.

The relatives and residents made some very clear recommendations about how they might best be prepared, supported and involved in the process of care home closure and resident relocation. The main issues identified as important to relatives and residents during a care home closure were timescale, the opportunity to be involved to the desired degree in finding and deciding on where to move, the availability of timely information and help, and the maintenance of standards of care within the closing home.

Relatives' and residents' recommendations for providers included that they should talk to relatives and residents in person, keep the closure timescale as flexible as possible, notify councils so that they can be ready to help, maintain care standards within the home, and minimise any obvious signs of packing. Opinions about length of notification by providers were divided but many said that they would like no less than two months notice. While they

recognised that the length of notice given by proprietors can be influenced by the financial constraints of business failure the residents and relatives spoke of a wish for greater security. To residents a care home is ideally their home first and an establishment second. The role of receiving homes in helping residents settle in was highlighted and the importance of support from home staff emphasised.

Relatives' and residents' recommendations for councils included that they have care management teams in place and vacancies identified when relatives are notified and take a proactive role in contacting relatives and identifying the levels of support required. Their experiences of needs assessments also suggests that it is important that assessments are timely so that the information can usefully inform decisions about appropriate alternative care.

The concerns and experiences of the relatives in this study suggest that there is a need for the monitoring of service user health and safety and standards of care within homes during closure periods. Some relatives reported deterioration in the standards of care provided during the closure period. Others described being concerned and worried about residents being at risk of neglect and poor quality care. The extent of the responsibilities of the National Care Standards Commission during a voluntary independent care home closure is unclear beyond their role in the de-registration process and general responsibility for regulating homes. The National Minimum Standards include standards relating to complaints procedures within homes and the protection of service users' rights (Department of Health, 2003a, Standards 16 to 18). Complaints can be made directly to the Commission. An NCSC protocol for adult protection is in development but it is not known whether it will specifically cover or apply to allegations or suspicions of abuse or neglect of older people during care home closures (NCSC, 2003). Little is known about the prevalence of allegations during home closures or about service user's and their family and carers' awareness and experiences of the Commission. In terms of enforcing health and safety in care homes the Health and Safety Executive (HSE) was historically responsible for taking the lead in nursing homes and local authorities responsible in residential homes. A recent agreement identified the Commission as responsible for taking the lead in enforcing service user safety, although the HSE or local authority may also take enforcement action in relation to health and safety legislation (HSE, LGA and NCSC, 2002). The need to regulate standards during home closures also raises the issue of enforcement and how providers might feasibly be made, encouraged or supported to maintain the quality of care.

Councils have also been issued guidance asking them to initiate and develop multi-agency policies and procedures to protect vulnerable adults from abuse (Department of Health,

2000a). Codes of practice were to be in place by October 2001, and arrangements monitored by the Social Services Inspectorate (Department of Health, 2000b). Legislation also makes provision for the Secretary of State to keep a register of individuals considered unsuitable to work with vulnerable adults (Care Standards Act, 2000, c. 14, 81), and requires that providers, managers and staff undergo criminal records checks to ensure their suitability to work with vulnerable people (Police Act 1997, Part V; Department of Health, 2001d). However, there have been delays and changes to the implementation of these requirements (NCSC, 2002; Department of Health, 2003c).

Councils are required to arrange for care in the accommodation of an individual's choice if they have expressed a preference (Choice of Accommodation Directions 1992). Choice of home was clearly important to the residents and relatives interviewed. It was described, however, as considerably limited, and by some as nonexistent. In order to make a choice about the most suitable or preferred alternative home the relatives and residents (and care managers) needed a range of options, in terms of different types of home, provider and care. The opportunity for residents and relatives to exercise choice also depended on the availability of information about vacancies and homes and information about their right to choose a home. For some choice of home was restricted by both the availability and characteristics of the homes in the area, and hampered by the information and time available. At the same time residents and relatives described having to compete against each other for available care home vacancies. There is a need for useful, impartial and expert advice for relatives about vacancies and the characteristics and quality of homes. If older people and their informal carers are to be given the opportunity to exercise choice about their care during such a stressful event as a home closure the information provided about the range of alternative care homes needs to be timely, accessible and useful.

Some relatives and residents questioned the appropriateness of private provision of care homes. Some too clearly held central government and councils responsible for an inadequate supply of care homes and for ensuring an adequate supply in the future. In addition to discussing how the closure process might be improved or managed, residents and relatives emphasised that rather than focusing on the process, closures should be prevented from happening. That home closures were allowed to occur when older people were living in them, in some cases in areas of under-provision, and when there is an aging population was described as unbelievable. Contradictory local and central government policies were seen to be responsible. Some were surprised at the lack of a local system for averting closures.

8. Conclusion

A care home closure inevitably involves residents and relatives in making a forced and unwanted decision about where to relocate. Unsurprisingly many of the relatives and residents reported experiencing the process of closure and relocation as extremely stressful and disempowering. Many offered clear recommendations about how the process might best be managed. In doing so they highlighted several principles of good practice that have been addressed in wider policy initiatives to improve social services. It might be expected that normal standards of good practice would be difficult to put into place in such circumstances. This research, however, suggests that while in many places principles of good practice were pursued, in some cases they were unattainable. The desirability of promoting the principle that older people and their relatives should have the opportunity to choose a home, for example, may be open to question in situations where it is impossible to achieve and leads to people competing against each other for scarce places.

This paper focused on reporting findings related to residents' and relatives' recommendations for good practice. Further analysis will address other issues discussed in the interviews such as the consequences of the care home closures, and the experiences, views and recommendations for good practice reported by care managers. Further research might address the nature and impact of the consequences of care home closures for older people in terms of the prevalence of temporary moves and whether these are associated with changes in resident's health to promote more informed decisions. The extent to which care home residents move to unfamiliar communities or locations on admission, after relocation due to a care home closure or a change in their needs and the consequences of such moves would also be useful. There is also limited evidence on which relatives might draw to help them find suitable strategies to manage relocation due to home closure. Relatives wanted to protect residents from disruption and to minimise stress while also helping them to orient themselves to a new environment. Greater understanding is needed of the ways in which relatives and care home staff might engage, prepare and support older people, particularly those with dementia, during the process of a care home closure.

If certain criteria are met councils have a duty to provide residential accommodation following assessment of need. However, the scope of councils' powers and duties when a private or voluntary care home closes is currently unclear and guidelines differ by local authority. A major concern about the closure of care homes for older people is that service users' health might suffer or that they might die. The unplanned, involuntary and often unwanted nature of such relocation is likely to be stressful for all involved and might be associated with increased mortality under some conditions. While independent homes close

in a variety of ways, and each closure will be individual, more needs to be done to maximise and protect the welfare of service users and to support them and their relatives. Policies and procedures need to be flexible to respond to individual's needs, and the benefits and costs of different courses of action, as well as be sufficiently consistent to ensure fairness. The involvement of service users and carers in setting standards of good practice is widely recognised. This research provides an opportunity for service providers, councils, regulators and policy makers to draw on the views of older people and their relatives and informal carers. Despite the difficulties inherent in the closure of care homes there is clearly scope for improved practice across councils and greater promotion of good practice in the private and voluntary care home sector.

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