

Closures of Care Homes for Older People

Summary of Findings, No. 3
Relatives' and residents' views
October 2003

INTRODUCTION

This summary describes the process of care home closures from the viewpoint of residents and relatives. It focuses on their suggestions for improvement. The way in which a home is closed can influence how residents are affected so it is important to find out what happens, and which courses of action are in residents' best interests. Understanding residents' and relatives' experiences is clearly an important part of understanding what happens during home closures, their impact and how the process might be improved in the future.

The research summarised here is part of a wider project, funded by the Department of Health, which is investigating the closure of care homes. It presents an opportunity for policy makers, regulators, councils and providers to draw on the views of older people and their relatives.

RESEARCH AIMS AND METHOD

We wanted to explore:

- The process of care home closure from the viewpoint of residents and relatives.
- Their recommendations for improving the management of care home closures.

Thirty-five relatives and/or carers and 10 residents were interviewed about their experiences. Information was collected about 43 residents linked to fifteen closures. Eight closures were identified as case studies and investigated by interviewing those involved. 28 relatives and carers and 10 residents were interviewed 4–6 weeks after these closures. A further seven relatives were interviewed about other closures to widen the range of experiences included.

THE CLOSURES

The eight case study homes closed in 2002. They were in five local authorities: two shire county councils, two metropolitan district councils and one shire unitary authority. Two of the other closures experienced by relatives were in other areas, both metropolitan district councils. The homes were all in the independent sector and were closed for financial/business related reasons. They included different types of care home and varied in size.

The way in which the homes closed varied considerably in terms of length of notice, how residents and relatives found out about the closure and the amount of help residents and relatives received from proprietor(s) and care managers.

THE INTERVIEWEES

The average age of the residents was slightly older than the national average, at 87 years compared with 85 and about three quarters were women. On average the residents had lived in the closing homes for 27 months. Slightly more of them, 72%, were publicly funded compared with 66% among the national population of care home residents.

The majority of the relatives were the children of the residents although a variety of relationships were represented including friends as well as other family members. Some were retired. Some lived near to the closing home and others lived some distance away.

TYPE AND PATTERN OF MOVE

The pattern and nature of the residents' moves varied. Six publicly funded residents moved to placements offering higher levels of care than that in the closed home. In five

THE RESEARCH TEAM

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cases this was a result of assessments undertaken upon notification of the closure. Eight residents experienced multiple moves: four residents moved to temporary placements until there was a vacancy in their preferred home; two moved again as the new home was unsatisfactory or unacceptable; two residents moved rooms in the new home.

Some relatives felt forced into accepting temporary placements. Two said the placements provided inappropriate care. Others worried that they might have to accept a temporary placement and associated them with further stress and confusion for residents:

‘I didn’t want my mum to go somewhere just as a slot ... It is too much upheaval.’

‘I got panicky about not finding anywhere and she might end up in a temporary bed somewhere.’

NOTIFICATION

Notice periods varied considerably. Notice at the case study closures included a month, eight weeks, five months and over a year. Notice at the other closures ranged from two months to three weeks.

People found out about the closures in a variety of ways, including letters, group meeting, rumours at the home and the local press. Some relatives would have liked some prior warning of the possibility of closure.

Relatives’ and residents’ main concerns on hearing that a home was closing were to find vacancies and to find an appropriate new home.

Relatives were not always told whether residents had been notified. About a quarter said it was left to them to tell residents. Deciding how to do so was difficult. They worried about how and what to tell residents so as to minimise their distress. Some chose not to tell residents with cognitive impairment. Others decided to tell them that they were moving, but not that the home was closing.

A few delayed telling residents until a new place had been found.

‘I was mortified as to how we could tell her.’

‘We didn’t know how to do it.’

‘We just said she was going somewhere to make her feel better.’

Relatives’ and residents’ recommendations

- Notice should be no less than two months.
- Notice should be flexible where possible.
- Relatives should have the opportunity to talk to the home owner(s).
- Owners should notify councils quickly so they can respond promptly.
- Notice should include the reasons for closure; reassurances that places are available; indicate what is expected of relatives.
- Ideally providers should talk to relatives before the closure decision and involve them in attempts to find an alternative.

INFORMATION, HELP AND ADVICE

Information, help and advice from staff at the home and from social services departments was valued, as was co-operation between the provider and care managers. Residents spoke of wanting to be involved and relatives wanted to make sure they found the most suitable new home. Experiences of help from the owner or staff at the home varied:

‘They were there to talk to and to question if you wanted to... I think it was all handled well.’

‘I never really saw the matron much. Nobody seemed to say much at all, it was funny.’

The level and nature of information, help and advice offered by care managers varied across and within closures and local authorities and among both public and self-funded residents. Experience of support from care managers ranged from very helpful to extremely limited:

‘I don’t think I could have had any more help from the social worker.’

‘If it hadn’t been for this care manager I wouldn’t have known where to start.’

‘I think somebody in the early days got in touch with me... but then that’s the last I heard.’

‘You were left to your own devices.’

The provision of assessments of residents’ needs varied among publicly and self-funded residents. About two fifths of the interviewees said a care manager had conducted an assessment. Just under a quarter, including publicly funded residents, said there had not been an assessment.

To find vacancies and choose a new home relatives and residents needed timely and useful information. A range of sources were used: council produced lists of homes; advice from care managers or home staff; personal recommendations; the Yellow Pages. A lack of information about vacancies was unhelpful and some found information about homes insufficient:

‘It is no good sending people willy nilly to different places... Because you are wasting our time... They should have places ready.’

Relatives’ and residents’ recommendations

- Providers should be open and tell people about any changes, such as changes to the timescale
- Care managers should contact relatives and identify the support they need.
- Vacancy information should be available, and provided when the closure is announced.
- Councils should provide more information about care homes and what they offer.

VISITS TO NEW HOMES

Thirty-one of the 35 relatives and four of the interviewed residents had visited homes before making a decision. A variety of people arranged visits. After having visited and made a decision about a new home none of the residents visited as preparation for the move, to familiarise themselves with the new people and surroundings.

Relatives’ and residents’ recommendations

- Someone they know should accompany residents.
- Residents should be able to influence the nature and length of visits.
- Residents’ views should be listened to.

CHOICE OF HOME

If a publicly funded person in need of residential care has indicated that they want to receive care in a preferred home councils in England are required by law to arrange for care in the place of their choice, given certain conditions. Of the 28 publicly funded residents or relatives asked nearly two thirds said the new home reflected their choice. Over a third said the home had been suggested to

them rather than selected by them. Some said there was no choice.

Choice of home was restricted by a number of factors: insufficient information about vacancies and homes; insufficient number and range of homes; time pressure; delays in assessments; lack of information about the process for arranging accommodation and about publicly funded residents’ right to choose a home.

MAINTENANCE OF STANDARDS

The care provided at the closing homes was described as good at five homes and as unpleasant, upsetting or unacceptable at three homes:

‘The two nurses stayed on right until the end... they couldn’t have been better.’

‘I felt if she had an accident, how would they know?’

Falling standards and fear for residents’ health and safety were associated with staff reductions and the loss of management. Preserving the physical environment was also important:

‘Furniture was being emptied and piled up, sort of around those still living there... It didn’t seem to be a home anymore.’

‘Furniture was being sold and carried out and there was a sense of closure and turmoil.’

Relatives’ and residents’ recommendations

- Standards of care should be maintained: familiar routines should continue; levels of cleanliness should be upheld; residents’ daily lives should be kept as ‘normal’ as possible.
- Staffing levels and management should be maintained and ideally existing staff employed throughout the closure period.
- Obvious signs of packing should be minimized.

MOVING

The move was a source of anxiety and distress for some families and carers, concerned about the potential affect on residents’ health. Some described the move as well organised, others as disorganised or carried out without any help. Relatives were unsure about how to prepare residents while also protecting them from

distress, particularly those with a cognitive impairment:

‘She was going into the unknown. So how can you help them through that? I really don’t know.’

Relatives’ and residents’ recommendations

- Practical help should be made available.
- Packing, transportation and unpacking should be planned.
- Someone known to them should travel with residents.

SETTLING IN

No health problems were reported for 61% of the residents and about half were said to have settled. The health of about 19% of the residents was said to have deteriorated and 21% were unsettled or confused. Six of the residents died between ten days and seven months after relocation. Four of these residents died within three months of leaving the

Relatives’ and residents’ recommendations

- Staff at the new home should be told that residents have experienced a home closure and be sensitive to how their needs might differ from those admitted from elsewhere.
- Ideally there should be a staff member dedicated to looking after the resident and their families/friends on arrival.
- Residents should meet their key worker on the first day.
- Residents should be shown around.
- Residents should be able to spend time with other residents or staff from the closing home.

closed home. This represents a smaller proportion than the number of older people likely to die in the first three months following admission to a care home. However, the study was not designed to investigate links between closures and residents’ health.

Three residents were said to be happier or to prefer the new home.

KEY MESSAGES

This research suggests that councils need to have plans or systems to manage all types of home closure. The relatives and residents received different levels of help across and within the closures studied. Councils need to offer efficient, timely and consistent help, which responds to individual’s needs and protects residents’ best interests and health and safety. The fall in standards of care sometimes experienced raises the issue of whether regulation is sufficient or enforceable.

Councils need to address limitations on residents’ and relatives’ involvement and their ability to make decisions. Key restrictions were a lack of information and appropriate places.

Further Information

This summary and the full report are on the PSSRU website: www.PSSRU.ac.uk.

- Jacquetta Williams, Ann Netten and Patricia Ware (2003) *The closure of care homes for older people: relatives’ and residents’ experiences and views of the closure process* (PSSRU Discussion Paper 2012).

Acknowledgements

We should like to thank the residents and relatives and/or informal carers who took part in this project, the social services staff and home owners who facilitated the case study research, Kate Henderson at the PSSRU at the London School of Economics who carried out many of the interviews, Julie Prudhoe who transcribed the tapes and the Department of Health who funded the research. Responsibility for the report and this summary is the authors’ alone and the views expressed do not necessarily reflect those of the Department of Health.

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