# PSSRU

# Closures of Care Homes for Older People
## Summary of Findings, No. 4
Care managers' experiences and views
July 2005

## INTRODUCTION

This summary reports care managers' activities and their views of helping older people relocate when their care homes closed. Little is known about how independent sector homes are closed by owners, or people's views about what happens. The nature of the process is important as it may influence how residents are affected by these moves.

Before older people move to a care home for the first time councils have a duty to conduct a full needs assessment; older people have a right to this irrespective of their financial circumstances. During a care home closure, councils' care management responsibilities are less clear. There is little national policy guidance specific to the situation.

Councils have a responsibility to help arrange alternative care for publicly-funded residents, and to offer information and support to those funding their own care (self-funders). However, local guidelines are patchy and policies and plans differ.

The research was part of a wider project, funded by the Department of Health, which investigated the process of care home closure from the viewpoint of residents and relatives, care managers and care home staff. Earlier work looked at the causes and consequences of closures.

## RESEARCH AIMS AND METHOD

We wanted to identify:

- What care managers do during a care home closure.
- Care managers' recommendations for improving practice.

A case study approach was used to explore in detail people's experiences of eight home closures. These findings focus on interviews with 24 social services staff, in four local authorities: 16 care managers/assistants, five team managers and three senior managers. Seven of the care managers also kept a diary/log of their activities to identify the broad nature and scale of their closure related work.

## THE CLOSURES

The eight homes closed in 2002 for a variety of financial-related reasons. They included six residential homes, one nursing home and one dual registered home. One was registered for care for older people with dementia and another for older people with mental health problems. Seven were in the private sector and one in the voluntary sector. The number of places ranged from 17 to 38.

The care managers said the closures went relatively well, although the way in which they closed varied considerably and some residents moved again soon afterwards.

## CARE MANAGERS' AIMS

During a care home closure the care managers aimed to:

- Identify residents' needs.
- Help residents and relatives understand their options and make informed choices.
- Help relocate residents to appropriate alternative placements.

Views differed about their responsibility for some matters, such as influencing the way in which residents were notified and providing support to care staff at closing homes.

## THE TEAMS

Organisational arrangements varied. Staff in social services offices based in the same geographical area as the closing home usually took responsibility for overseeing the relocation of publicly-funded residents. Staff were sometimes drawn from across and sometimes from within existing teams. Some care managers were allocated residents they had not met or worked with before.

The number of care managers involved in each closure ranged from one or two, to over 11. This depended on the length of notice, staffing capacity and the number of residents. Sometimes care managers from other authorities were involved. Each care manager was allocated between one and eight residents.

At one authority, care managers helped to relocate individual residents from multiple closures, more or less simultaneously. This team worked on closures only at evenings and weekends, on top of their usual duties.

The activity logs showed that care managers could spend the equivalent of seven days, over a nine to 14 week period, working on one home closure. Generally, the majority of this time was spent before residents moved. The average time spent on each resident ranged from 4.5 hours to almost five times that much.

## THE WORK

The work was conducted without local policy guidance; only one person knew of any and that was a draft. The tasks that absorbed the most time varied: some spent up to half their time on administration, others spent this amount of time communicating with residents, their relatives and home staff.

The work could be stressful. Care managers saw closures as possibly endangering residents' health. Some spoke of feeling responsible for and concerned about how residents' might be affected, and some were worried about being held responsible if anything went wrong or someone died.

Aspects of the work described as stressful included not being able to give people their first choice of home, the general lack of choice, having to 'fight for everything', such as council payment of a higher fee levels, the pressure put on existing work; and encouraging people to look at homes that, given more vacancies, they might not otherwise have had

to consider. Tensions between the aims of finding the most suitable home for residents while promoting their choice of home were highlighted.

Situations that were identified as particularly frustrating included being unable to recommend specific homes or comment on their quality, unable to object if a resident or relative chose a home they did not think was the most appropriate, or to do very much if a resident appeared to be 'giving up' on life afterwards.

Administration was considerable, but much of it consisted of routine forms and procedures. Needs assessment work was said to differ from usual due to the number of people who needed be to assessed in a short time, which was particularly difficult when care managers had not met residents before.

The provision of assessments varied across areas in terms of who was assessed, the level of assessment and use of specialist input. In some places assessments were not carried out if a resident had been living in a home for less than a year, or assessed recently.

Policy and practice towards assessing self-funded residents varied; in some areas self-funding residents were not offered an assessment and in others they were if they had no relatives, had high level needs, or their financial circumstances would mean they would soon be eligible for public funding.

The timing of assessments were not always ideal. One resident was assessed on the day he moved.

The care managers sometimes asked the council to fund a new placement at a higher rate than paid to the closing home, at a higher rate than the standard, or to pay an additional third party top-up payment. Decisions were usually made on an individual basis, but reasoning varied across the councils.

Other procedures that varied and were often managed in an informal way included the identification of vacancy information, and arrangements for managing the demand for vacancies in care homes from people wanting to move from hospital and people in their own homes, as well as those at closing homes.

The care managers described offering support and advice to residents and families, particularly about finding an appropriate new home. Extensive negotiations could involve balancing the perspectives of residents, relatives, the

'old' and 'new' homes, the finance department and the care managers' own priorities and concerns. This could involve emotional counseling and inter-personal skills, as well as practitioner and local knowledge. Those who had poor health, or no relatives and who were publicly-funded tended to receive the most support.

Choice of home was limited in each council. To help people make timely decisions about a new placement care managers encouraged them to focus on vacancies rather than homes, and to review the locations they were prepared to move to.

Approaches to follow-up were similar across the councils; care managers conducted reviews four to six weeks after a resident moved. This was sometimes too soon to tell if a resident had settled, or a placement was suitable. Reviews were seen as important and rewarding, but under-resourced.

## CONSTRAINTS

Multiple constraints were identified, some within a councils' control and some external to it. External constraints included:

- Short closure notice periods.
- A lack of local care homes and vacancies.
- A lack of homes that provide for older people with dementia, challenging behaviour, or mental health problems.
- Owners of new homes who changed their minds about to whom to give a vacancy.

Constraints linked to council policies included:

- Internal systems, such as contracts with transport providers, authorisation procedures and postal systems.
- Restrictions on care managers' advice about specific homes.
- The inability to block book temporary placements in local authority homes, due either to their closure, or use as hospital step-down places.

## VIEWS OF GOOD PRACTICE

Care managers' recommendations for good practice by home owners, care managers and councils are summarised in the box.

Views differed about the value of guidelines; some said they would support practice development and accountability, and others that they were unnecessary.

Advocacy was identified as important. The care managers clearly tried to represent and advocate for residents' best interests, and highlighted the need for an independent point of contact for residents as an alternative source of support to home staff or relatives.

The need for ring-fenced resources to manage closures was highlighted by a senior manager. She suggested that resources should be made available to ensure that an emergency council team could go into a home and ensure that it stayed open for a reasonable period to allow residents to be relocated appropriately. Suggested sources included the regulator, or a form of insurance taken out by homes 'like ABTA'.

### Care managers' recommendations

#### Care homes
- Owners of closing homes should give two to three months notice.
- Closing homes should ensure new homes have information about residents' likes and dislikes.
- Staff at new homes should be sensitive to the needs of older people who have experienced a home closure.

#### Care managers
- Relatives should be kept informed.
- Working collaboratively with homes is important.
- Moving residents quickly is best if home staff start to leave.
- Appropriate transport should be used to ensure a safe transfer.
- Residents should be accompanied on the journey by someone known to them.

#### Council policies
- Small teams support communication and should be put in place quickly.
- There should be greater flexibility in the timing and frequency of reviews.
- Better vacancy information should be available.

## KEY MESSAGES

The research found that managing the relocation of publicly-funded residents during care home closures could involve considerable amounts of care managers' time. Some care management arrangements varied and sometimes this had implications for service users' continuity of care and access to support. Local guidelines could ensure greater consistency in the provision and development of good practice.

Policy guidance on how councils and care managers can resolve potential tensions between their aims during care home closures would be helpful.

The research suggests that the care managers' professional knowledge, experience and skills meant they were well-placed to provide help and support to older people, and their families, during care home closures. Improved practitioner discourse would be useful in some areas, such as how best to support older people with communication difficulties.

### Further Information

Other summaries of research investigating care home closures, and associated reports are available on the PSSRU website, www.PSSRU.ac.uk, and include:

- Closures of Care Homes for Older People, Summary No. 1 (2002)
- Local Government guidelines, Summary No. 2 (2003)
- Relatives' and residents' views, Summary No. 3 (2003)

Published articles (also accessible via the PSSRU website) include:

- Williams, J. and Netten, A. (2005) English local authority powers, responsibilities and guidelines for managing the care home closure process, *British Journal of Social Work*.
- Netten, A., Williams, J. and Darton, R. (2005) Care-home closures in England: causes and implications, *Ageing and Society, 25,* 3, 319–338.
- Netten, A., Darton, R. and Williams, J. (2003) Nursing home closures: effects on capacity and reasons for closure, *Age and Ageing*, 32, 3, 332–337.