

Leicester City Council  
Elderly Person's Homes

**How we would support residents  
to move out of a home that is closing**

**Introduction**

Moving to a new home can be very difficult and can cause anxiety for anyone, particularly when things happen very quickly and lots of different people are involved. Anxiety can really affect people, but a lot can be done to keep this to a minimum. The Council has a lot of experience of helping people in helping people to move to new homes, for all sorts of reasons. What we have found is that a person centred approach is best. This means working closely with residents, families and friends, from the word go and through every step of the way towards moving. In this way we can fully understand any worries and concerns people have and put plans in place to address this.

A lot of other local authorities have helped people to move when in house residential care homes have closed and there is now good practice guidance called 'Achieving closure; good practice guidance in supporting older people during residential care closures', 'Managing Care home Closure' and 'Closing with Care' which we can also learn from. Learning from this good practice can take a lot of stress out of the process of moving.

**Telling people that their home is closing**

Although we have been consulting on the consultation proposals for some time, actually hearing the news that a home is closing can be very difficult.

We already know from working with the home managers that people have different communication needs and so the approach to communication is different for each person. A communication plan (or pen picture) was put in place for each resident by the home managers so that the consultation team knew the best way to involve people in talking about the proposals.

Some people like to deal with communication themselves no matter how stressful this is. Others like to be supported by a friend or relative. Some residents do not have the capacity to understand all types of communication because of their physical or mental health and so we may have to communicate with their next of kin or key worker. Some people may be unwell and although they usually like to be involved in talking through issues, now might not be a good time to do this.

Each home manager would explain that the home is closing to residents / relatives and friends as outlined in the communication plan, within 48 hours of any decision being made. The Council would ensure that sufficient staff are available to allow key workers the time needed to reassure people who are upset. Members of the consultation team would be present in the homes to provide additional reassurance.

**Planning a move takes time and a dedicated team to support it.**

One of the most important messages to communicate to people is that nothing would be done in a rush. To find the right place for people it could take up to six months so that the transition to a new home is planned smoothly and in detail.

Residents and their families and friends would be supported in planning the move by a dedicated team of staff who would be assigned to each person and be present in the homes to give people the support they need. The team would include a social care worker as well as a named person working in the home that the individual knows really well.

This has been found to be really important in helping reduce anxieties in other local authorities where homes have closed. It is the best way of fully understanding a person's needs and working through the issues which people would naturally have as part of the change process.

Additional support would be available for those residents who do not have a relative or friend to represent them and are assessed as not having the mental capacity to make decisions about their moves. In this situation the law says we would need to ask for an Independent Mental Capacity Advocate (IMCA) to support them. They would need to be involved throughout the process and at key decision making meetings, known as Best Interest Meetings.

### **Starting to think about where to move to**

Once people have been informed about needing to move and have had a chance to digest this information, a meeting would be set up.

Some of the key things that would be discussed are:

- The person's needs and whether these have changed since the last community care assessment.
- The person's general health and whether any health checks are needed at this time.
- Any close friendships with other people in the home that the person would want to move with or perhaps keep in contact with.
- How we can make sure that family and friends can still visit.
- The things that are really important to each person about the place where you live. An example might be still being able to do some gardening because this is one of their favourite hobbies.
- There may also be a preference for a certain part of the City where ideally the person would prefer to live.
- A Risk Assessment would also be completed to look at what risks there may be and how they can be mitigated.

At this initial meeting a 'key worker' in the home would be assigned to residents so that if they feel worried at any time they can talk things through. Having a kind of 'buddy' people can call upon was felt to be important to people who have moved from homes in other local authorities. Each person and their family would also have a dedicated social care worker, who would support them all the way through the process. If a placement is funded by another Local Authority they would be contacted and the dedicated social care worker would liaise with them.

### **Carrying out a re-assessment of your needs and working with you to identify the options for moving.**

Following this initial meeting the social care worker would undertake a Re-assessment of needs. This Re-assessment would be to gather all the relevant information that would be needed to ensure the new home would be able to meet the resident's needs, and the move takes place safely and smoothly. It would record information on all health, communication, mobility needs, dietary requirements, mental health needs, and how much support people

need with social situations and maintaining their independence. The Self-Assessment Questionnaire (SAQ) would allow the residents and their representatives to include the information that they feel is relevant, and the assessment as a whole would allow the team to gather information about the person's history, life experiences as well as what they like doing.

They would then produce a Support Plan, involving residents and their family and friends if they wish, which would gather together all the information from the Re-assessment and Risk Assessment, and shared with the new homes, to inform them how they need to support the residents. The Support Plan includes all the support needs, outcomes that individuals wish to achieve or maintain and would have a weekly timetable if certain activities need to be carried out at certain times, as well as a section on costs and funding contributions.

Financial Assessments would be completed to ensure the Local Authority has the correct and latest information on the residents' savings, assets, pensions, benefits etc. This would allow the Local Authority to review the contribution that residents make to their package so that they are not paying too much or too little, and that they are receiving the optimum benefits they are entitled to. Other documents would be completed once a placement is identified, such as an Individual Placement Agreement which would be signed off by all parties, including the new home, which would give the start date of the new placement, the cost of the placement and would act as the contract with the new home to say they agree to the terms and conditions and to support the residents as detailed in their Support Plans. The dedicated worker would complete any other relevant referral forms if necessary, and in-house Local Authority administration documents.

### **Agreeing a moving plan for each resident**

A Moving Plan would be completed for all the residents which would include the Risk Assessment and all the information on where the residents want to move to, who they want to move with, how much or how little they want to or can be involved with choosing the home, visiting the new home etc. It would have information on how to pack their belongings, which agencies and health professionals to involve and all the practical information and checklists that are needed when planning and implementing a house move, for example an inventory of their belongings, arranging the transport, and plans for moving furniture and specialist equipment.

The dedicated team and social care worker would work with the residents and their families, friends and advocates, as well as they key worker in their homes, to identify suitable placements, and if necessary, would support with visiting them, and arranged short trial stays and visits from the new home staff to their current home.

As well as the individual planning, there should be positive daily activities in the home. Staff should be positive and encouraging about any benefits that people might have from their move. Residents should be able to keep in touch with people who have already moved out. Staff can arrange farewell parties, or collect and organise memory books / boxes. If people want to, they should be able to ask for mementos from the home to take to their new home, such as games, furniture or ornaments. Staff can also help them create "Keeping in touch" cards. When the home closes staff could arrange a final closure party. This would allow everyone to come to terms with their move.

### **What happens on the day people move**

On the day people move, (and the team would aim to move only one person a day, unless they are moving with friends) the social care worker, as well as all the people involved in

their care such as key workers in both the new homes and old home, would work together, following the guidelines they would have already put together in their Moving Plan, to ensure the move runs smoothly. If residents don't have anyone to go with them when they move, then a key worker from the old home would be assigned to support them so that they don't have to do it alone. The team would also make sure there is someone to help them unpack and settle into the new home. There would also be plans to ensure personal records and medical information would be transferred on the day of the move.

**Supporting people after a move**

The staff in the new home would be asked to be there for the residents to support them and work through any feelings of loss and grief they may have after their move. They would also be asked to arrange for people to meet up with their friends from their old home (if they haven't moved together).

The dedicated social care worker would visit them in their new home, and arrange reviews 4 weeks and 3 months after they move and thereafter annually.