



'Achieving closure'

A short guide for care staff

Improving outcomes when care homes close

Authors: Jon Glasby, Kerry Allen, Matthew Bennett, Tom Douglass, Ayesha Iqbal, Philip Kinghorn, Catherine Needham, Humera Plappert, Tracy Roberts, Magdalena Skrybant, Debs Smith, Denise Tanner, Beck Taylor, Annie Topping, Lucy Ward, Shazia Zafar





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Why care home closures matter

We all want to feel safe, settled and cared about when we are older, and we want the same for our families. Living in a care home is expensive, and we have high expectations of the care that is given. But sometimes care homes close (perhaps because of financial problems, the state of the building, poor care or lots of other reasons). This can affect the well-being of people in care homes, their families and the people who work there.

Despite this, there is very little research to guide this important process. Very few research studies have talked directly to care home staff to find out about their experiences when homes close.

This needs to change because care workers do an important job and deserve to be well supported if the home where they work is closing.

We also know that residents and families get a lot of their information and often seek reassurance from care staff – so looking after care staff is also a good way of looking after older people and families.

If care homes have to close, we all want this to be managed well, so that older people are supported, families are reassured, and care staff are helped to find new work and stay in care roles.

Our research

While we've done some previous work in Birmingham, we wanted to understand more about what happens when care home close and what works best. Our national research:

- Asked Directors of Adult Social Services to complete a survey, providing information about what is happening across England and how they support older people at such potentially stressful times. We also have information about the number of closures over time in different parts of the country.
- Worked in four different areas of England to explore local closure processes, talking to older people, families, care staff and social

workers about their experiences and what would improve these.

- Collected data on what happens to older people whose homes close to see how their health and well-being are affected over time.
- Explored what happens to people who work in care homes after closures and the impact this has on the care they give, their financial security and their future work.
- Explored the cost implications for residents, family members, staff and wider society.

A short section at the end of this guide provides more information about the research and how to get more information, including a free training video.

Different types of closure

Some of the closures in our research happened in an emergency, with very little time before people had to move out.

Sometimes closures were planned over a number of months or even years.

These could often feel very different.

However, even 'planned' closures can catch people by surprise. This can be because plans change over time, or because it's not possible to tell everyone until later on in the process:

- Sometimes there can be problems emerging over time and lots of things going on behind the scenes to try to help a home stay open – and there can be lots of legal issues. Often

these have to stay confidential. Senior leaders also worry that telling people that a closure is possible may worry people unnecessarily if the closure isn't then needed – or might even make it more likely to happen (for example, if the people who invest in the care home hear rumours and get nervous). This can be really frustrating for older people, families and staff, but is also really difficult for everyone else involved (for example, the local Council and the home owner).

- Planned timescales can sometimes change, often through no one's fault. For example, there might be delays in the construction of a new building, or a sudden change in interest rates, which can change the finances of a home owner very quickly. Some people would like to know if there are plans which then change; other people would prefer to wait till there are very definite timescales that are unlikely to change.

What we found

We learned lots of things to help when homes have to close in future. This guide sets out what we think are the top five most important things for care staff to know.

1. Working in a care home that is closing can be really stressful

In all our case study closures, experiencing a home closure was really distressing and stressful.

This was particularly the case for older people and their families.

While a lot of the focus is rightly on older people and families, the research and our original pilot suggest that closures are a source of significant stress, anxiety and pressure for everyone involved.

Anger, distress and frustration

"I woke up this morning and I'm there saying to myself 'What do I do? I've got to start all over again'."

"I just think at the time she was upset, quite upset, she couldn't understand why she couldn't go back there."

"Yes, it has affected me emotionally. I had two days of crying for no reason, I couldn't have told you why, and it's just one of those things."

"It didn't feel very dignified... in the first place, the upset, that distress that my Mum – and I'm sure other residents went through – that they're going to have to move at their age, I mean, my Mum's 81, some of the other residents were over 100, so having to move at that time of your life is not nice, particularly when they've been told 'oh the care home's closing, you're going to have to move in the next six weeks', that's very real isn't it?"

"She just wants to die now – to put it bluntly – when back in shall we say the weeks before the closure notice she was a happy person, content with her lot."

Amongst the wide range of people that might be involved in a closure, this might include:

- Care staff who know and like residents, are committed to providing the best possible care and might well be losing their jobs and feeling very uncertain about the future (see below for further discussion).
- A care home owner, who might be passionate about what they do, retiring after a lifetime of providing care and/or losing their livelihood due to an enforced closure or bankruptcy.
- Social workers with large 'caseloads', who might have to cancel almost all their other work and leave other people in difficult circumstances to concentrate on the closure. They may or may not agree with the initial decision to close the home, might be called into action at very short notice and may feel very anxious on behalf of the people they are trying to support.

- Senior managers and team leaders having to make really difficult decisions, sometimes in very tight timescales, aware of the implications this could have for people's well-being, and also having to deal with complex legal, financial and political issues.

Our focus here is on the experience of care staff – who have been almost entirely overlooked in previous research.

We found that:

- Staff could see some closures coming for a long time, but the final announcement of the closure could still be a real shock. Sometimes there were lots of rumours in advance, which some people found very unsettling. Other closures seemed to come completely out of the blue, leaving people very distressed and worried.
- Sometimes, a decision to close a home wasn't communicated well, leaving staff uncertain what was happening next, worried for residents and unsure about very practical issues to do with things like pay.
- The attention paid to the needs of care staff could vary significantly. In one of our sites, someone said:

"They've all been in. Regional managers. Area managers. Our manager, the Deputy Manager. Brilliant support from everyone. Always asked us how we feel. We've had meetings. We had the initial group meetings and then we all had individual meetings to ask how we felt about it, if we had any issues, if there were anything we wanted them to help us with. You know they have been very supportive. We can't say that they haven't."

However, in other care homes staff reported feeling excluded and being left in "limbo-land" - *"I think they just let you get on with it. They just think that's part of life and that's it."*

Another person said:

"Don't know anything, don't know what's going on, don't know when the home's closing, don't know anything about our redundancy, no one's made a point of talking to the staff or informing them of what's going on."



This left people feeling "devastated", "really sad" and "angry", with one person describing the situation as "heart-breaking."

- People's personal circumstances really matter - many people lived locally (and could walk to work), were on low incomes (and so couldn't afford additional travel costs) and had other commitments such as childcare or other unpaid carer responsibilities. These all limited people's choices around subsequent employment when the home closed.
- Some people received very limited information about crucial financial and employment issues (such as outstanding wages, redundancy payments, references etc):

"I'm just devastated that it's closing and I'm just a bag of nerves. And I am worried sick. I just want to know what we're expected to get [final settlement – redundancy, wages, holiday pay, etc]. You know if somebody gives you a figure and told you a date, you would feel more secure. You're not secure because you haven't got a date and you haven't got a figure. You haven't had nothing. You've had a letter and that's it."

"It's heart-breaking... it's horrible to see someone you've built a relationship to go into another home, whereas you don't know what's going to happen or how they're going to be treated in that home, just it's really hard."

This was even worse in situations where a member of care staff had experienced multiple closures over time:

- Some people also found it difficult to apply for new jobs, particularly if they'd been working in the same role for many years, and would appreciate practical support with hearing about vacancies, writing applications and interview skills. Other people were not sure exactly when the home would close, so when they could start a new job.

"Because I thought here we go, because I've been in a couple of homes and it had been the same way, a closure, and I just thought oh, I'm going down the same route again."

Above all, lots of people felt that a closure was a bit like a bereavement – they loved their job, had close relationships with residents and found the closure really traumatic:

This all makes it really important that:

"I'm going to miss all of them. Sorry, it's a cliché, but we are a family. If one person's got a problem, we've all got a problem and it's dealt with and we all chip in... Because the staff aren't here just to get paid, they're here because they really care. They [staff] really do care about these residents which is hitting them hard."

- Councils, care home owners and managers support care staff as best they can, emotionally and in terms of their future employment and financial well-being. Having the opportunity to create memories and say good bye to colleagues, friends, residents and families might also be really important – helping to create 'closure' in the face of closure, as it were.
- Care workers know it's OK (and indeed important) to pay attention to their own health and well-being. We're often not very good at this, because we focus on looking after other people. But here it's really important – both to ensure that we're as OK as possible, and also so that we can provide good support to residents (see below).

"I've worked here for nearly twenty years, and that's half my life. So I've had my children here. I've had relationships and yeah, it's a big part of me."

2. Care workers can make a real difference to older people during the closure process

During all our research, it was clear that older residents get a lot of their information by word of mouth from members of care staff that they like and trust – often in informal situations like chatting in the lounge.

If staff are able to give meaningful information, try to answer queries and are generally supportive and empathetic, then it can make a real difference:

“The staff here have been marvellous with us. They’ve tried to reassure us, tried to help us in any way they could.”

Older Person

Lots of people valued having information in different ways – spoken, written and with pictures, for example. They also valued clarity and consistency – one resident, for example, had the information about closure (where she was going, what room she was going to have and the date) in her notebook and this had been written by a member of care staff for her.

However, good communication can be difficult in complex and rapidly changing situations – especially where there are difficult relationships between the organisation that owns the home and the local Council. In these situations, care staff might feel very conflicted and ‘caught in the middle’. However, the way care staff support residents, practically and emotionally, is probably even more important:

“We actually felt one of the few lucky ones that our Mum made it out alive just because of how [the care provider] did it, it was brutal, it was just horrific, honestly the company were not interested at all.”

Family



In our pilot study, there was also very understandable scope for the anxiety and uncertainty being faced by care staff to spill over into how they talked about the closure with residents.

For example, if someone said words to the effect of ‘I don’t know what’s happening, no one tells me anything either’, then it could have a negative

effect on residents. However, saying 'I'm really sorry, I don't know that either – but I'll try my best to help you find out' might change how the older person feels about it all – and help them find out more, rather than potentially disengaging from the process.

In particular, older people and families valued:

- Regular and personal communication – even if there wasn't anything new to report, just knowing this could make a difference.
- People being empathetic and reassuring.
- People paying attention to the practicalities (e.g. helping to arrange visits to potential new homes, thinking about transport, making sure people's things are packed and well labelled, passing on information about the things that individual residents like and enjoy).

For all that closures can sometimes involve very complex practical, financial and legal issues – this was more about treating people as people, about relationships, about communication and about focusing on the things we can control, even if we can't control much.

3. Creating as much time as possible to spend with residents and to plan what happens is really important

Throughout our research, time was really important.

Some home closures were planned over a period of months or years, so in theory there was plenty of time to talk and to think through all the practicalities (even if news of the closure only came out late on).

However, some closures happened in an emergency, and there was very little time. This could be traumatic for everyone.

Clearly, anything we can do to avoid a situation like this feels a good thing to be doing – and this will be one of the themes we pick up in our overall study and our policy guide. Even where we can't prevent an emergency, the way staff in the new home made time to be with people as they arrived and helped them settle made a difference.

"It was raining and dark and these little ladies and men was coming in their nightgowns, freezing cold, on their own, with a social worker half an hour behind them, petrified. At one point, it was when the two come in, two people come in a minibus, a male and female, and one female was petrified so we had to go in and literally sit next to her in the taxi and say 'look, come on, you're alright, we'll look after you'... trying to help these two, reassure them that we're good people, we'll help."

Bed Manager, receiving residents at a new care home after an emergency closure elsewhere



In one of our case studies – albeit we hope it's an extreme example – the legal decision to close the home came through late on a Friday afternoon/early evening, and everyone had to leave that night. Participants spoke of residents in their night clothes with their possessions in bin liners having to walk out to taxis in the dark and in the rain to be taken to a new home (which of course was temporary, so led to an imminent second move).

In practice, we found that different people wanted different things when it came to the issue of 'time':

- Some older people and families wanted as much notice of a closure as possible, so that they could try to come to terms with it emotionally and start working through the practical implications.
- Others didn't want to feel that things were 'dragging out', so would rather only know fairly close to the closure, so that there is less time for them to worry and feel anxious.

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- Some people would like the closure to take place over a specific and determined period of time. Others would like the process to move at the pace of individual residents (and so to 'take as long as it takes').

All this means that the people planning the closure have a really difficult job trying to design a process which works for as many different people as possible – recognising that everyone is different, and that some things probably won't work well for everyone.

This is really hard – but it makes it important that everyone involved tries to free up as much time as possible to support residents, emotionally and in practical terms. This might need lots of flexibility, and could well be very frustrating if there are changes to planned timescales or a lack of clarity. However, any time that can be set aside to spend with residents and on planning is probably time well spent.

Again, we recognise that this can be really challenging for care staff, so making sure that you also focus on your own health and well-being is crucial.

4. Some people might need you even more than others

Different residents and their families may have different needs (and different levels of need).

While everyone is likely to be distressed and uncertain about what might happen next, it might be particularly difficult for a number of different groups of people, including:

- People living with dementia.
- People with sensory impairments.
- People who don't speak English as a first language.
- People from particular minority ethnic communities or with particular religious beliefs, who may have chosen the initial home because of the make-up of residents or staff, or its proximity to local communities or faith groups.

In some closure processes, there may be particular sources of support available for some of these groups – such as access to interpreters or independent advocacy for people living with dementia – and it's important to ask and to know what's available.



From our research, it is also likely that two particular groups might need as much support as possible:

- People involved in emergency closures, which can be particularly traumatic (and can often involve an initial move, and then a second move later on). Anything you can do to be kind, supportive, empathetic, as well as focusing on any practicalities that you can influence, is likely to be really appreciated – even though such a situation will also be incredibly stressful for you too. It's also really important that the information which is passed on, especially around things like medication, is really clear and accurate, to help with people's transition to a new home.
- People who do not have access to family support locally. In our research, families played a very important part in providing emotional support and handling a lot of the practicalities – so it's really important to think about people who don't have access to this sort of support, for whatever reason. Lots of families also feel very guilty when someone moves into a care home (especially if the home then closes), so it's important not to make assumptions or to judge people – just to focus on the situation as best you can, and be as supportive as possible. Some families also feel that they have no choice but to provide lots of support – so checking in how they're feeling too might be appreciated.

There should be other people in the process who are responsible for all this – often a social worker or some other form of 'assessor'. However, these were important themes from our research, and they may be helpful for care staff too.

5. Some people say that things worked out OK for them in the end

Although care home closures were very distressing, there were indications that some older people were able to settle well in their new homes, and that the impact on long-term health and well-being was not as negative as is often feared. For some people (probably where existing services were struggling and with well planned closures), indeed, it is possible that some outcomes might even improve.

Certainly, some people who took part saw some potential benefits – although this was typically family members or social workers commenting on their perceptions of how older people had settled, and was often an anecdotal or informal impression.



Perceptions of how some people settled

"I think she'll like it very much because she's always been somebody who likes the best of everything, she's liked cruises and I think when she gets in her new, posh room, she'll think she's on a cruise."

"I haven't heard of anybody who was actually really upset by it. Some have lived there a long time, and we were thinking oh, how are they going to take this. But they've all seemed to get through it fairly well."

"As it happens, where Mum is now is so much nicer and the staff I would say are even nicer."

"Given how 'durable' he is, and yes, he lacks mental capacity, and definitely now he's not as mobile as he used to be, he settled into there, very, very quickly; very quickly."

"I think as it happens it's Mum's experience, although she was confused for a little while, on the whole she does seem to be in a better place, so I'm just glad and relieved that it's all worked out for the best."

While we have limited long-term data on residents' health and well-being, this suggests that some things may initially get worse for some people, but that this can stabilise over time – with some outcomes possibly even improving in the longer-term. This is more likely in planned closures, emphasising the importance of preparation, time and good support.

For care staff, we have some limited data about people's satisfaction at work and the degree of stress and burnout they experience, during the initial closure and six months later. There are few clear patterns here, but the indications are that the care staff in our research were generally satisfied with their caregiving roles, may sometimes feel a bit burned out but might not experience very significant long-term impacts on their well-being.

Trying to put all this in context:

- Closing homes should probably only ever be a last resort, when we've exhausted all other options and when we go into the process fully conscious of the distress it might cause.
- If in doubt, planned closures with sufficient time built into work at the pace of individuals are also always likely to be preferable to emergency closures.
- No matter how difficult or distressing closures are, this guide, the linked training video and other materials focus on some of the things that we can think about and do to try to make a positive difference (for ourselves and others), even if we can't control whether or how a home closes.

How to get more information

If you want to know more about our research, please go to:
www.birmingham.ac.uk/achievingclosure.

This website will have all our research, reports, guidance and training videos, including:

- A research report
- Links to academic articles and blogs we have written
- A national policy guide, based on 'ten top tips' from older people, families and social care staff
- A training video for anyone who is interested (and for care staff who may not always have access to free training materials)
- A copy of this guide
- A guide for older people and families

Some of the academic articles may be in journals which charge for access. However, everything else is free to anyone who is interested.

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UNIVERSITY OF
BIRMINGHAM

Edgbaston, Birmingham,
B15 2TT, United Kingdom
www.birmingham.ac.uk

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