

# Care Provider Support and Intervention Protocol

Responding to **business failure** and **urgent service delivery issues** in the adult social care market in Surrey

Surrey County Council, Adult Social Care



**SURREY**

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## Introduction

This protocol sets out the roles and responsibilities of Surrey County Council in the event of serious concerns arising about the quality or sustainability of a care service or care provider. It outlines how to manage an operational response to meet the needs of residents and mitigate risks.

The protocol sets out how Surrey County Council will work with key stakeholders including the Care Quality Commission (CQC); Clinical Commissioning Groups (CCGs) and providers of services.

The protocol does not replace duties under the adult safeguarding policy and procedures. Where there are adult safeguarding risks, those policy and procedures must be followed.

The legislation underpinning this protocol is set out in The Care Act 2014 and the Care and Support (Business Failure) Regulations 2014.

## Key duties and powers of stakeholders under the Care Act 2014

### Market shaping

Local authorities have a duty to promote an efficient and effective market in a sustainable and diverse range of service provision that meets people's care and support needs and deliver outcomes that promote people's wellbeing (section 5). The local authority must take into account the current and future demand for services and provide information for people to choose and use the types of services available

### Duty of mutual co-operation

Mutual co-operation of relevant partners and local authority in exercising functions relating to adults with care and support needs (section 6)

"Relevant partners" includes (section 6(7)):

- District councils, where the authority is a county council for an area for which there are district councils
- Any local authority or district council for an area in England for which there is a county council where the authority agrees it would be appropriate to co-operate under this section
- Each NHS body in the authority's area

Co-operation is not absolute (section 7) where doing so:

- Would be incompatible with an organisation's own duties
- Would otherwise have an adverse effect on the exercise of the organisation's functions

## **Duty to determine care and support needs**

- Local authority general duty to carry out a needs assessment in order to determine whether an adult has needs for care and support (section 13).

## **Temporary duty where business fails**

Where a business fails and the provider is unable to carry on relevant activity, the local authority has a temporary duty (section 48) in respect of people receiving care and support services to meet the needs they were receiving immediately before the provider failed. The temporary duty continues until the local authority is satisfied that the each person's needs will be met by a new provider or in a different way. The local authority may make a charge for arranging care and support in these situations.

## **Power to meet care and support needs**

Local authority discretionary power (not a duty) to act to meet a person's care and support needs (section 19). This applies where no duty is invoked by section 18 (person's entitlement to have needs met). This may be used when care provision is interrupted by circumstances other than business failure, such as where there is a quality failure. The power can be used where people's needs are deemed to be urgent and without a needs assessment, financial assessment or eligibility criteria determination. It is up to the local authority to decide whether or not to act,

# **1. The Care Act and best practice principles**

## **1.0 Definitions**

1.0.1 "Business failure" is defined in The Care and Support (Business Failure) Regulations 2014. These Regulations define what is meant by "business failure" and explain the circumstances in which a person is to be treated as being unable to do something because of business failure. Business failure is defined by a list of different events such as the appointment of an administrator, the appointment of a receiver or an administrative receiver (the full list appears in the Regulations). Service interruption because of "business failure" relates to the whole of the regulated activity and not to parts of it.

1.0.2 Business failure (as defined) will usually involve an official being appointed e.g. an Administrator to oversee the insolvency proceedings. An Administrator represents the interests of the creditors of the provider that has failed and will try to rescue the company as a going concern. In these circumstances, the service will usually continue to be provided, and the exercise of Surrey County Council's temporary duties may not be called for. It is not for Surrey County Council to become involved in the commercial aspects of the insolvency, but they should cooperate with the Administrator if requested. Surrey County Council should, insofar as it does not adversely affect people's safety and wellbeing, support

efforts to maintain service provision by, for example, not prematurely withdrawing people from the service that is affected, or ceasing to commission that service.

1.0.3 There are variety of situations that may give rise to business failure or disruption to care and support services, for example:

- The provider deciding to close a service.
- Quality or safety concerns that lead to CQC enforcement action or ceasing of commissioning.
- Multiple safeguarding concerns.
- Financial failure or strategic exit.
- The provider closing the service for redevelopment.
- The provider not being able to provide the expected service.
- 'Force Majeure', such as flood, fire or illness.

## 1.1 Roles and responsibilities

1.1.1 Surrey County Council (SCC) has a proactive and reactive role when working with providers. SCC will be proactive to help anticipate and if appropriate work with a provider to prevent or delay failure, this should be the first consideration balanced against a thorough risk and/or business viability assessment.

1.1.2 SCC will gather intelligence and information on providers and will share this with relevant stakeholders as appropriate. Information held by Surrey County Council regarding the quality of services delivered by regulated providers will be regularly shared with the Care Quality Commission and key partners. Particular attention will be paid to those rated by CQC as *Inadequate* and those that are repeatedly rated as *Requires Improvement*, to look at how we can support them to improve or to exit the market. This information sharing will be done through day to day information sharing and regular local information sharing meetings, in line with the 'Joint Working Protocol between CQC and ADASS', 2019.

1.1.3 Information may be shared where necessary with: The Care Quality Commission, Clinical Commissioning Groups; other local authorities; Surrey Fire and Rescue Service, the Police Service; the Health and Safety Executive; council environmental health services; other council services including children's services; housing; public health; environmental health; other NHS bodies (e.g. regional NHS England) as deemed necessary.

1.1.4 Expectations: Surrey County Council should:

- Seek to minimise disruption for people receiving care, in line with the wellbeing principle and, although SCC has discretion about how to meet needs, the aim should be to provide a good quality service that meets individual needs and wishes.
- Ensure the needs are met based upon an up to date assessment of the

person's needs and aspirations.

- Involve the carer and anyone the carer asks SCC to involve where a carer's service is involved.
- Maintain continuity of care and relationships with staff wherever possible.
- Provide access to independent advocacy where it is adjudged that service users may have difficulty in understanding all, or any part, of the process. See 1.8.
- Ensure that any moves between services happen during working day hours and not during night time hours unless not to do so would place individuals at even more risk.
- Ensure views of individuals and their families are taken into account to minimise disruption and act in line with their preferences wherever possible, making a best interest decision where this is relevant.
- Have good relationships with all providers serving their local population and through market intelligence be aware of any company financial distress.
- Have plans in place agreed with other relevant commissioning bodies such as the Clinical Commissioning Groups (CCGs), NHS providers and other local authorities to cope with business failure or disruption to the service of a provider and to be clear about roles and responsibilities where the care people receive is commissioned by the CCGs. (See Chapter 7)
- Receive information regarding enforcement action by CQC in accordance with the Health and Social Care Act 2008.

1.1.5 Providers of a service are expected to:

- Cooperate with SCC and other key stakeholders throughout the process.
- Provide full and accurate information to SCC in relation to the people they are providing a service to if this protocol is invoked by SCC. SCC has a responsibility and duty to all people receiving care services covered by this protocol irrespective of who is paying for the care.

## **1.2 Working with and supporting care providers**

1.2.1 SCC ASC will work with Clinical Commissioning Groups and other key agencies such as Skills for Care to support providers of services with improving the quality of services.

1.2.2 SCC ASC will support the above through, amongst other measures:

- Publishing strategies, commissioning plans and market position statements in order to inform the provider market.
- Publishing and maintaining on the Surrey County Council website the 'Surrey Support Offer - Information and support for care providers'. This details the networks and resources available to providers in each CCG area, including:
  - Care home teams at the clinical commissioning groups (CCGs) and Continuing Health Care (CHC)
  - Community nurse advisors / matrons
  - Training and e-learning packages from Skills for Care
  - Quality Assurance visits from Surrey County Council and CCGs
  - Networks and forums to share ideas and good practice, listen to speakers on key issues affecting providers, run by organisations like the Surrey Care Association and Skills for Care.
  - Advice from SCC adult social care safeguarding advisors

1.2.3 Provider owners, managers and staff will need to be fully involved with the provider Support and Intervention process.

1.2.4 Provider care staff can play an important role in allaying anxieties of service users, families, carers and advocates.

### **1.3 Contracts with Providers**

1.3.1 Under the 'Obligation of Termination' clause in existing contracts providers are required to supply SCC with all individuals' information in the event of a planned or emergency disruption to a service.

1.3.3 Under existing contracts SCCs strategic suppliers are required to have a business continuity plan in place and if they do not have one when signing the contract they must have one in place within 60 days of having signed the contract.

1.3.4 Under the 'Restructuring' clause in existing contracts providers have a responsibility to inform SCC if they are facing a cessation or disruption of service provision for a range of reasons.

### **1.4 Continuity of Care**

1.4.1 The provision of continuity of care and support to service users throughout a Support and Intervention process must be of prime importance for all

organisations involved. The welfare and wishes of the people that use the service is paramount throughout the process.

- 1.4.2 SCC and other key stakeholders e.g. CCGs have a range of options they will consider to help prevent a provider from closing. These include: working collaboratively with the provider to improve quality of care; providing staff to ensure that a provider does not close with little warning. Business Continuity arrangements should be in place to mitigate this risk.
- 1.4.3 SCC has the power, where it considers this necessary to discharge the temporary duty, to request that the provider, or anyone involved in the provider's business as it thinks appropriate, supply it with information that it needs.
- 1.4.4 Where possible residents should not be separated from long term friends and or staff.
- 1.4.5 To appropriately manage the transition of an individual from one provider to another it is important to provide as much reassurance as possible. This could be in the form of visiting the new provider and staff.
- 1.4.6 Families, carers and advocates will require reassurance about the continuity of care .This will be the responsibility of the named SCC Social Worker or ASC locality member of staff for each individual.

## **1.5 Assessment and Choice**

- 1.5.1 SCC has a duty to assess the needs of Surrey individuals irrespective of the arrangements for paying for their care, with an emphasis on strength based practice.
- 1.5.2 However, an authority may charge the person for the costs of meeting their needs, and it may also charge another local authority which was previously meeting those needs, if it temporarily meets the needs of a person who is not ordinarily resident in its area. The charge must cover only the actual cost incurred by the authority in meeting the needs.
- 1.5.3 A robust and documented defensible allocation process should be in place to manage the allocation of placements to new providers, particularly if more people are requesting a specific provider than number of places available.
- 1.5.4 In fulfilling this function, local authorities must follow the general duties to cooperate. Where a person is not ordinarily resident in SCC's area, SCC must cooperate with the local authority which was arranging for the needs to be met

previously (i.e. before the provider became unable to carry on because of business failure). The duty of cooperation applies equally where the needs being met previously were paid for (in full or in part) by another local authority through a direct payment to the person concerned.

1.5.5 The needs of groups with protected characteristics as defined in The Equality Act 2010 must be actively respected. These are age, disability, gender reassignment, pregnancy and maternity, race, sex, sexual orientation, marriage and civil partnerships.

1.5.6 As part of the assessment the person conducting the assessment must take into account the original reasons that a particular provider was selected. This will have more significance in the case of a residential home closure. Some of the wider aspects that must be considered when assessing a person's needs and assisting them to choose a new provider are:

- **Spiritual wellbeing** – e.g. does the person attend a specific place of worship in the local area and are similar places of worship available in other locations.
- **Community** – does the person have particular ties to that area, for instance because the ethnic group they belong to has a strong presence and an active community locally.
- **Family and friends** – was that particular provider selected originally due to the proximity of friends and family.
- **Continuity of healthcare** – take into consideration ongoing hospital treatment.

However, where an urgent need for alternative care arises, the capacity for the new care provider to safely and appropriately meet the needs of the individual will take priority.

1.5.7 After a transfer to a new provider, people's needs must be regularly reviewed to ensure that the new provider is meeting their needs and their wellbeing is maintained and any additional need as a consequence of the move.

1.5.8 The extent that family, friends or carers need to be involved in deciding the best outcome for the person should be agreed with the person wherever possible.

1.5.9 Obtain the residents or relevant advocates consent to transfer information and records to the new provider. (See 4.2.3)

## **1.6 Deprivation of Liberty Safeguards (DoLS) considerations \***

1.6.1 The current home (Managing Authority for DoLS) and practitioner will need to give special consideration to any residents that are currently subject to a DoLS authorisation who need to be moved.

- 1.6.2 The supervisory body (Surrey County Council) will need to be advised of the move so the DoLS can be ceased. If SCC is moving someone to a home where SCC know that they will be deprived of their Liberty, then SCC must ensure that the new home put in an standard request for a DoLS authorisation prior to the move if possible.
- 1.6.3 The SCC DoLS team will try to prioritise this assessment accordingly, but the transfer should not wait for the assessment to take place.
- 1.6.4. If somebody without capacity to consent to the move is objecting you should seek timely legal advice in relation to facilitating a move. Under the Mental Capacity Act 2005, decisions and removal must be lawful and a formal Best Interests decision[s] will need to be made. It may also be that urgent applications to the Court of Protection may need to be made if the individual won't voluntarily move, to seek orders for restraint and removal. A Court order may be required to lawfully manage the transfer. Legal Services at Surrey County Council will provide advice and assistance.

\* This section will be updated once the new Liberty Protection Safeguards come into force.

## 1.7 Communications – overarching principles

- 1.7.1 Good communication is the key to avoiding misunderstandings and establishing trust with people, family members, providers and the wider sector.

Communications with residents, families, carers and staff should take place from the outset and throughout. In closure situations, a communications strategy should be quickly developed and shared with partners. This will enable them to issue a single, clear, joined-up message. This messaging will need to be co-ordinated and may become public.

- 1.7.2 All communication related to the protocol use must be coordinated, planned and remain the responsibility of the relevant Surrey County Council locality senior management team. See Chapter 7 in the case of emergencies.
- 1.7.3 An email briefing regarding a home closure must be sent promptly to the Portfolio holder (Lead Member), Director for ASC, Area Director, Head of Adult Safeguarding, Senior Media and Public Affairs Officer, and Quality Assurance Lead Manager. The Area Director will arrange for the relevant local councillor(s) to be informed at the appropriate time. If the closure is due to serious failings that have, are or will need to be considered under safeguarding then the Chair of Surrey Safeguarding Adults Board should be added to the list at the discretion of the Area Director.
- 1.7.4 There may be resistance from individuals, families and care staff to actions taken

or planned by the Council in the context of provider failure. They may not feel that the care or building are deficient or be aware of the full extent of the risks or failings of the provider. It is important to be clear as to the reasons for actions taken or planned.

1.7.5 A balance needs to be struck between providing information that is essential at the time and not raising anxieties.

1.7.6 Communication must be done in a timely way to minimise the incidence of rumour and speculation.

1.7.7 Communication with existing staff is vital to ensure continuity of care. Existing staff will also be the main source of information for people and their families and it is important that they give out the right messages which do not raise peoples stress and anxieties.

1.7.8 Methods of communication and people's particular needs must be taken into account. Listed below are some of the needs that may need to be taken into account:

- Does the person have sensory impairments? Therefore is a signer or Braille required?
- Is the person's first language English? Is an interpreter required?
- Does the person have a learning disability? Are easy read versions of documents or alternative methods of communication or media required?
- Does the person have mental capacity to consenting to a change in accommodation, and do they not have any family members or friends who can be consulted with? If not an IMCA (Independent Mental Capacity Advocate) may be required.

This list is not exhaustive.

1.7.9 Home closure may attract negative press attention. All staff involved with a home/agency under this protocol must make themselves aware of the media protocols for their own agency. Staff should not speak to the press and always ensure that they:

- Check the identity of anyone requesting information.
- Use a "call back" or other identity confirming process before divulging information.
- Do not comment on social media.

## **1.8 Independent Advocacy**

- 1.8.1 The Care Act 2014 requires that if someone has substantial difficulty in understanding the assessment, review and care planning process and they do not have carer support they should be offered the opportunity to receive services from an independent advocate. This is someone who is trained, independent of the Council and able to communicate with an individual to ensure that their voice is heard and that they have access to the services to which they are entitled. In order for this to happen they must be able to instruct the advocate as to the course of action they wish to take and to be able to express their views.
- 1.8.2 Advocacy is provided by independent organisation and is accessed via the Locality teams in Adult Social Care.

## **2: Monitoring the care and support market in Surrey**

Surrey County Council will share information on the care market in Surrey with all key stakeholders. This will be done through day to day information sharing and regular local information sharing meetings, in line with the 'Joint Working Protocol between CQC and ADASS', 2019.

This chapter describes key processes and stakeholders involved in monitoring the care and support market in Surrey.

### **2.1. Surrey County Council Quality Assurance**

- 2.1.1. The Surrey County Council Adult Social Care Quality Assurance (QA) Team consists of four Area Quality Assurance Managers and a Lead Manager. The QA Team work closely with locality teams and partners such as CCG and CHC colleagues and undertake monitoring visits to services. These visits focus on outcomes for people using the services but also support and offer guidance to services. Following a QA Manager's visit a QA report is produced and agreed with the provider. These reports are accessible to SCC staff and are shared with CCG colleagues and the Care Quality Commission (CQC).
- 2.1.2. The relevant Area QA Manager or their manager should be invited to all meetings held under the provider Support and Intervention protocol.
- 2.1.3. The CQC sends out a weekly spreadsheet of reports that it has published for the services that it regulates. If a service is rated as Inadequate or Requires Improvement, a copy of their action plan produced for CQC is requested by the QA Team. This action plan is reviewed by the relevant QA Manager, who then decides if further action or support is needed.

2.1.4. Surrey County Council runs Quality Assurance Awareness workshops for locality staff in adult social care. These aim to ensure all staff understand what good care looks like and are confident to identify poor practice observed in care settings and address issues in a constructive and supportive way. Workshops are bookable on Olive.

## **2.2 The Care Quality Commission (CQC):**

- 2.2.1. The CQC register and regulate a range of health and social care providers across England. This includes residential and nursing homes, domiciliary care agencies, private and NHS hospitals, GP practices, dentists. The CQC also has duties to look after the rights of people who need extra support to stay safe and this includes people who are kept in care under the Mental Health Act.
- 2.2.2. The CQC rate regulated providers they inspect and publish inspection reports on their website. Providers are rated as either Outstanding, Good, Requires Improvement or Inadequate.
- 2.2.3 An officer of the CQC should be invited to all meetings held under the provider Support and Intervention protocol.

## **2.3 Clinical Commissioning Groups / Continuing Healthcare**

- 2.3.1. The six clinical commissioning groups in Surrey (Surrey Downs CCG, Surrey Heath CCG, East Surrey CCG, North West Surrey CCG, Guildford and Waverley CCG, North East Hampshire and Farnham CCG) provide or commission a variety of clinical support to care homes, including from community nurse advisors, pharmacists and care home support teams.
- 2.3.2. Guildford and Waverley Clinical Commissioning Group hosts Safeguarding on behalf of the six CCGs in Surrey. A Designated Nurse for Safeguarding Adults works with care homes and home based care services and providers. They work with Surrey County Council in the context of safeguarding and arrangements as set out in this protocol.
- 2.3.3. Surrey Downs Clinical Commissioning Group hosts Continuing Healthcare on behalf of the six CCGs in Surrey. NHS Continuing Health Care have contracts with care homes to provide funded nursing care and continuing health care and are have a joint framework agreement with Surrey County Council for home based care provision. These arrangements are subject to contract monitoring, overseen by a CHC Contracts Manager and officers. They work with Surrey County Council in the context of safeguarding and arrangements as set out in this protocol.

## **2.4 SCC Procurement – Commercial Insight Reports**

- 2.4.1 The Procurement Department may report on any commercially impacting changes within (a) the overall care market, and/or (b) individual key Surrey providers. These will generally be instigated on an ad hoc basis through publication of annual accounts, changes in credit ratings or directorships, or published news/articles. Concerns raised by complementary bodies or in the national/local press may also give rise to particular reports, as well as potential/actual mergers and acquisitions or significant changes in ownership.
- 2.4.2. In addition commissioners may request production of a confidential Supplier Insight Report; these reports include an overview (both nationally and within Surrey) of the provider and their ownership structure, directors and staff, their financial status, CQC ratings, news/publications, and any other relevant information. These will typically be used in annual supplier review meetings, which form part of the overall Contract Management/Supplier Relationship Management activity with these providers. They may also be requested on an ad hoc basis in the event of any notable occurrence or potential question over market or provider sustainability.

## **2.5. Surrey Fire and Rescue Service (SFRS)**

- 2.5.1. SFRS carry out periodic visits to care homes in Surrey to evaluate fire safety. They will liaise with SCC ASC, Continuing Health Care and CQC regarding any fire safety non-compliance by a registered service that pose a serious risk to people using a service.

## **2.6 Healthwatch**

- 2.6.1. Healthwatch Surrey is an independent organisation that gives the people of Surrey a voice to improve and shape services and help them get the best out of health and social care services. Its mission is to improve health and social care services and outcomes for people in Surrey. They do this by being an independent consumer champion ensuring that the voices of people in Surrey reach the ears of the decision makers.
- 2.6.2. Healthwatch Surrey enables people to share views and concerns about local health and social care services, provide evidence-based feedback to commissioners and providers to influence, inform and, if necessary, challenge decisions and plans and provides or signposts people to, information about local services and how to access them. They have the power to enter and view health and social care services across Surrey as well as produce reports and recommendations to influence the way services are designed and delivered.
- 2.6.3 They can report concerns about the quality of health and social care to Healthwatch England, which can then recommend that the Care Quality Commission take action.

2.6.4. Healthwatch Surrey can be contacted by telephone on 0303 303 0023, Text: 07592 787533 and email: enquiries@healthwatchsurrey.co.uk

## 2.7 Association of Directors of Social Services (ADASS) South East: Memorandum of Co-operation for sharing information and support to strengthen market oversight

2.7.1. A Memorandum of Co-operation has been agreed in the South East ADASS region. The aim of the MoC is to ensure local authorities share information and support each other to strengthen care market oversight in the region in the event of provider failure and service disruption concerns and to:

- Safeguard people using the services affected.
- Retain the workforce in the care sector.
- Minimise the reputational impact for all concerned.
- Minimise the financial impact for all concerned.
- Help move towards and restore a 'Business as Usual' situation as soon as possible.

2.7.2. The MoC includes criteria for when councils should share information about possible provider failure. The escalation of reporting to share information between councils should only be by exception and triggered by a provider meeting at least one of the following criteria:

| Criteria                   | Further explanation   |
|----------------------------|---|
| In Administration/For Sale | Criteria to be met when another council has placements with the service or the parent company covers more than one council  |
| Financial Difficulty       | Concerns about on-going business viability. This could include non-payment of staff wages, rent not paid to landlords   |
| CQC – Notice of Proposal   | Any Notice of Proposal to close where service users from another council also receive the service and are affected by the Proposal (care home company, domiciliary service or Learning Disability service covering two councils or more)            |
| CQC - Warning Notice       | Where a service is given an Inadequate rating and service users from another council also receive the service at that location  |
| Contract Closedown         | Any situation where a council exits/terminates a contract due to performance issues and service users from another council are affected by this decision. In such situations councils should ensure early and confidential contact with one another |

|   |   |
|---|---|
| Major Incident  | Where the home council's business continuity processes declare a Major Incident, the scope of which involves a service location where service users from another council are affected by the declaration/response, for example, severe weather conditions, flooding, protracted utility outage, industrial incident etc.  |
| Other concerns the council has that maybe of a serious nature | This provision recognises that there may be situations where a council's assessment is of escalating risk rather than an immediate/actual concern, but performance indicators are suggesting further escalation to trigger levels if a response is not forthcoming. This could include a major increase in safeguarding concerns or alerts, an increase in complaints, a request by the supplier to cease referrals due to staff changes/shortages or some other event. |

2.7.3. In all situations early contact by telephone between key contacts at affected councils should take place.

2.7.4. Only share information when a provider operates in other areas in the region and closure may affect neighbouring councils.

2.7.5. A discussion with the DASS chair of the Commissioning and Market Development Network must take place before the Notification Proforma is used.

2.7.6. Participating councils:

1. Bracknell Forest Council
2. Brighton and Hove City Council
3. Buckinghamshire County Council
4. East Sussex County Council
5. Hampshire County Council
6. Isle of Wight Council
7. Kent County Council
8. Medway Council
9. Oxfordshire County Council
10. Portsmouth City Council
11. Reading Council
12. Southampton City Council
13. Surrey County Council
14. Slough Council
15. West Berkshire Council
16. West Sussex County Council
17. The Royal Borough of Windsor and Maidenhead
18. Wokingham Borough Council

2.7.7. Each council has agreed to provide a single point of contact for sharing information and intelligence in line with the criteria, as well as for discussing and

agreeing solutions when issues occur. In Surrey County Council ASC this is the Quality Assurance Lead.

### **3 Provider Support and Intervention process**

#### **3.1 Care Quality Commission: enforcement powers**

3.1.1. Where the CQC consider that a service provider has breached regulations, they have a range of enforcement options, including:

- Issuing Warning Notices.
- Using Special Measures.
- Cancelling registration.
- Imposing a restrictive or non-restrictive condition on their registration (such as not allowing new admissions without their approval).
- Suspend the provider's registration.
- Take criminal action including a fixed penalty notice, simple caution or prosecution for certain breaches of regulations.

3.1.2. Warning Notices may be issued where the quality of the care at a location falls below what is legally required. It will outline the relevant regulation, section of the relevant Act or condition that the registered person is not complying with. It will also detail how the registered person did not comply with the requirements. It will include a time scale by when improvements must be achieved. Warning Notices will be followed up, including by way of an unannounced inspection within three months of the date set in the Notice.

3.1.3. Special measures will usually be triggered by ratings of inadequate care as opposed to individual breaches of Regulations. Special measures allow the CQC to manage providers who are failing to comply with their legal requirements and require a higher than usual level of regulatory supervision.

3.1.4. To cancel a registration, the CQC must issue a Notice of Proposal (N.O.P.) setting out the legal requirements which they consider the provider to have breached together with their reasons for arriving at this view.

3.1.5. A provider has the right to make representations within 28 days which the CQC is required to consider before making a decision as to whether or not to uphold the terms of the original Notice or to accept the representations, either wholly or in part. If the original Notice is upheld then a Notice of Decision is issued (NoD). The provider then has a further 28 days to submit an appeal to the First Tier Tribunal (Care Standards).

3.1.6. CQC may alternatively vary, suspend or remove conditions of registration.

3.1.7. If CQC consider it necessary to act quickly to protect people using a registered service, then they can use urgent procedures contained in the Health and Social Care Act 2008. If the provider has more than one location, then urgent action can be taken under section 31 of the 2008 Act by way of serving urgent notices that take immediate effect. It is important to note that CQC may only use urgent procedures to remove the registration of a location where they believe that:

- Unless there is an urgent use or amendment of conditions, or urgent suspension of registration, a person will or may be exposed to harm.
- Unless they apply to a Justice of the Peace for the urgent cancellation of registration, a person will be exposed to serious risk to their life, health or wellbeing.

## **3.2 SCC ASC response to quality concerns including Inadequate CQC ratings, CQC warning notices or advice from the CQC.**

3.2.1 Surrey County Council will not make new placements with any care service that is rated as Inadequate.

3.2.2. It is not possible or helpful to make a universal statement about the procedure for managing homes/providers who may have been rated as inadequate. Each case should be considered according to the concerns that have been identified.

3.2.3. The response should be proportionate to the assessed level of existing and ongoing risk, to people using the relevant service and wider stakeholders in the system such as commissioners.

3.2.4. In some instances the decision maker may consider that the provider has been able to evidence a robust and timely response to concerns raised, sufficient to avoid the need for a coordinated multi-agency response. This may for example be evidenced by the timely production of a detailed and SMART CQC action plan and proactive cooperation by the provider, alongside existing involvement by the Quality Assurance team and or locality team reviews.

3.2.5. Where a coordinated multi-agency response is deemed to be required, the Provider Support and Intervention process set out below should be used. Triggers may include, but are not limited to:

- CQC issuing a rating of 'Inadequate' with enforcement actions.
- Multiple adult safeguarding issues at the same care setting.
- Business failure.

### 3.3. Charing and calling Provider Support Meetings

3.3.1. The Senior Manager or Area Director for the locality where the service is registered, will request a provider support meeting. And where appropriate, escalate the matter to the relevant Area Director for them to consider chairing the meeting. If the service is a nursing home, the Surrey Wide CCG Designated Nurse for Safeguarding Adults must always be invited the meeting. The meeting should include:

- Adult Social Care senior manager and or team manager.
- Surrey Wide CCG Designated Nurse for Safeguarding Adults
- Representative of the ASC Quality Assurance team.
- The Care Quality Commission lead inspector for the service.
- The home or provider owner or senior manager of the organisation that owns the home/provider.
- The Registered Manager of the home/provider unless this is not appropriate.
- Senior Commissioning Manager from the Locality team for that area.
- For learning disability services, a senior or team manager from the Learning Disability and Autism Team.
- Adult Social Care locality team manager.
- A representative from the Commissioning Support Service if a strategic or large provider.
- Safeguarding Adults Advisor, if the issues relate to adult safeguarding matters.
- A representative from the local CCG quality and safeguarding team.
- A representative from Continuing Health Care – for nursing homes and home based care.
- Any other staff/agencies who are deemed to have an interest and/or be able to contribute to the meeting, e.g. Surrey County Council Legal Services, Surrey Fire and Rescue Service, Public Health.

3.3.2. The purpose of the meeting will be to consider the issues of concern, how these may impact on residents and:

- Assess risk level and quality of life for current residents and what action needs to be taken to ensure their safety.
- Assess risk level for prospective placements and consider suspending placements. (See 3.5)
- Consider how a suspension / voluntary embargo and would be applied. (See 3.5)
- Offer support and advice to the provider and ensure their service improvement plan is robust.

- Consider who else needs to be aware that the meeting has taken place, e.g. other local authorities supporting individuals in the service etc.
- Agree monitoring and review arrangements until next CQC inspection.
- Ensure that the home has complied with its duty to display its rating and advice that they inform relatives about the rating and the actions being taken to comply with the CQC requirements.

### **3.4. The relationship between adult safeguarding concerns and enquiries and the Provider Support process**

Some adult safeguarding concerns and enquiries will relate to abuse or neglect where a service provider is the source of risk. Situations may include:

- Where one or more adult safeguarding enquiries have established evidence that one or more people have experienced or were at risk of abuse or neglect, and there are current risks of further incidents. This might be where staff members employed by the service were the source of risk, or there is the risk of organisational abuse.
- Enquiries into adult safeguarding concerns regarding a service provider are still underway but there are potential risks that require coordination or oversight to ensure they are managed effectively.
- There is more than one adult safeguarding enquiry underway in relation to the same service provider, and some coordination of those enquiries will help ensure the efficiency and effectiveness of the work being done.

Some situations might span two or all three of these areas. The best response to each situation will need to be found case-by-case, as no two situations are alike, but the aim here is to set out some general principles to aid that decision making.

Any work done to find efficient ways to align related processes, or to manage the totality of risks, must not compromise the effective response to the circumstances of each individual. In particular:

- We must be clear if and when s42 Care Act duties apply to an individual.
- We must ensure our usual good practice applies to any adult safeguarding enquiries, in that we are clear about what the concern is and we take account of the outcomes the person wants when planning the work.
- We approach the work in an open-minded and fair way, and we make rational, defensible and proportionate decisions based on the evidence.

### **3.4.1 Where adult safeguarding enquiries have established people have experienced, or been at risk, of abuse or neglect and the provider is the source of risk**

In these circumstances, the Provider Support process may be of use. In addition to what is set out above, attention may also need to be given to those outcomes of an adult safeguarding enquiry, set out in paragraph 14.94 of the Care and Support statutory guidance, that may be of particular relevance at this stage.

- Protecting adults using the service who may be at risk from the abuse and neglect. There may be some common risks they face, which may benefit from a response that balances meeting those common risks with doing so in accordance with the wishes of the individual adults.
- Identifying any needs for redress and how they might be met.
- Supporting adults with care and support needs to achieve resolution and recovery.
- Making decisions as to what follow-up action should be taken with regard to the person or organisation responsible for the abuse or neglect.

Actions that can help support this can include:

- Safeguarding Adults Enquiry Decision Maker (SAD) / Safeguarding Adults Enquiry Manager (SAM) and Lead Enquiry Officers (LEOs) for each relevant adult safeguarding enquiry ensuring:
  - Those enquiries set out clearly what the concern is, and that the enquiry sees through the task of addressing that concern.
  - In doing so, that root causes have been identified.
  - That where it is inappropriate or unsafe for the service provider to carry out the adult safeguarding enquiry, as per paragraphs 14.169 and 14.170 of the Care and Support statutory guidance, that the SAD/SAM has ensured that someone appropriate has done this. Where necessary, this may be done by the local authority, as per paragraph 14.168 of the Care and Support statutory guidance.
- Aligning the Provider Support process and the adult safeguarding enquiry or enquiries by:
  - The Senior Manager or who chairs the Provider Support also been the SAD/SAM for the adult safeguarding enquiry or enquiries; or
  - The Senior Manager who chairs the Provider Support ensuring the involvement of the SAD/SAM and / or LEOs for the adult safeguarding enquiry or enquiries in that process.

### **3.4.2 Where adult safeguarding concerns indicate risks requiring management before the adult safeguarding enquiry has been concluded**

Decision making about actions planned before an adult safeguarding enquiry has been completed will need to be done. Actions taken need to be proportionate, legal, accountable, necessary and ethical in the circumstances.

Again, using the Provider Support process may be of value. If that is done, additional issues for consideration are

- Ensuring all parties have timely information about what the concerns are and what the process will be for decision making about how to respond to those concerns.
- Being clear on what the risks are, including estimating the likelihood and impact of the risk coming to pass, and what the options for mitigation are.
- Planning how the views of the adult or their representative will inform the decision making.
- Planning how the views of the service provider will inform the decision making.
- Planning how the adult safeguarding enquiry or enquiries and the process under section 3.3 will be aligned. This may be aided by the SAD/SAM for the adult safeguarding enquiry or enquiries also being the person chairing the Provider Support.
- Where these are not the same person, close working between those people will be of benefit, particularly around:
  - Being clear on the identification and assessment of the risks.
  - A shared understanding of the options for how those risks may be mitigated and how the decision making about which options will be taken, and clarity on who makes what decision.
  - Contingency planning, including what would be the indicators of risks increasing or decreasing that would require decisions to be revisited.

### **3.4.3 Where there is more than one adult safeguarding enquiry underway in relation to the same service provider**

In these circumstances, the aims are:

- Ensuring each individual enquiry is completed and is effective in meeting its aims.
- Maximising the use of opportunities for bringing work together, and using other existing processes as a vehicle for undertaking the enquiry, in so far as that is not incompatible with the first aim.

Ways to achieve this might include:

- Having the same person(s) in the SAD/SAM roles for each of the related

- enquiries; or
- For the SAD/SAMs to coordinate, with the service provider or relevant others, how the activity to carry out the enquiries can be brought together to best meet the aims above.

### **3.5 Decision making regarding suspending placements by commissioners**

3.5.1. Careful consideration should be given in relation to decisions to suspend placements or place embargos or manage the flow of new referrals to the service. Decisions will normally take place in the context of a Provider Support meeting. The decision to place a suspension on commissioning placements or managing a flow of new referrals must be lawful, proportionate and reasonable. Surrey County Council, as a public body, must act lawfully and take into account the registered providers rights as well as its duties to service users and safeguarding under the Care Act 2014. This includes Article 8 Rights to property/business. An insufficiently evidenced decision could potentially lead to a claim for losses caused to the business. **If you are unsure on these issues, please seek timely advice from Surrey County Council Legal Services.**

3.5.2. There are a range of options that considered when making the decision. These include:

- No new referrals to service / admissions at all to any area of the service or Care Home: a suspension.
- No new referrals / admissions to a specific unit or geographical patch of the care home or service.
- To manage the flow of new referrals and admissions to the service.

3.5.3. The factors to consider include:

- How decisions get reviewed - in terms of the length and duration of any suspensions/embargos and the evidential basis upon which the decision is based.
- The need to give clear information to the registered provider about what actions they need to take before Surrey County Council can review its decision in relation to the suspension, with a view to whether Surrey County Council will lift it. This should be set out in a clear, time bund action plan.
- Checks and balances for ensuring lawful, proportionate and reasonable decision making.
- When would and would not a suspension apply to all sites managed by the provider, even if not all sites have had the particular issue.
- What, if anything, will be put in to the public domain?

## 4: Guidance for overseeing the closure of a residential or nursing home

- Please refer to '**Managing Care Home Closures – Management Checklist**' (ADASS, DoH, LGA, CPA, CQC, NHSE 2016) – Appendix 16 in the suite of appendices supporting this protocol.
- Chapters 5 and 7 may also be relevant.

4.0.1 A detailed options appraisal will need to be conducted on the residential or nursing home that is being considered for closure or re-provision. This would apply to any care service directly provided by Surrey County Council

4.0.2. People and place appraisal: the following are some of the factors that should be taken into account when considering closing a residential or nursing home:

### People:

- Residents' needs – new assessments of residents must be undertaken to understand their current needs. This should include if a person has a protected characteristic.
- Choice, dignity, compassion and respect - people using services should have their choices supported, and they should be placed at the centre of the process and kept safe throughout. They, their families, carers and representatives, should be treated with dignity and compassion at all times and have their rights respected.
- The safety and the best interests of residents should be at the forefront of all decisions taken and where possible residents should be supported to choose where they move to.
- Data about people should be handled in line with Caldicott principles.

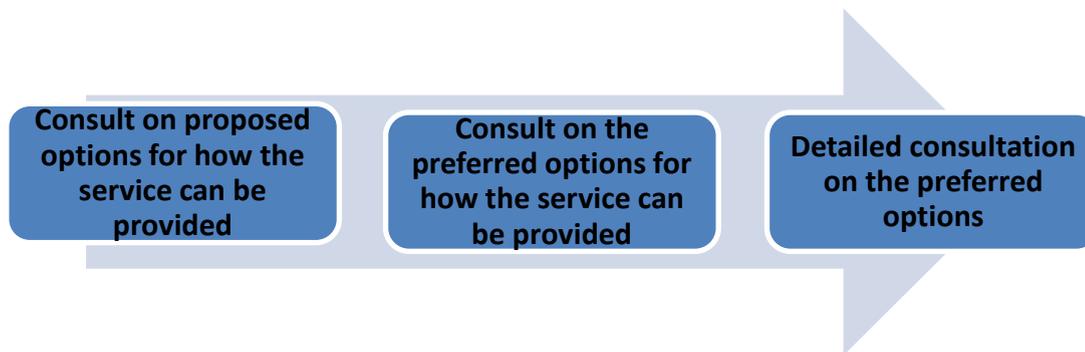
### Place:

- Accessibility – transport, town centre.
- Position – local environment, proximity to hospitals.
- Links to community – spiritual, faith and ethnic groups, voluntary organisations, community matrons, GP.
- Workforce availability – other employers, vacancy rate.

4.0.3 Health colleagues must be involved throughout the process where there are health care funding resident and or residents have health needs that need to be considered and met.

## 4.1 Communication Prior to a Planned Closure

- 4.1.1 Closing services can feel like bereavement for staff, families, individuals and carers.
- 4.1.2 Consultation on the proposed closure and potential options is crucial to ensuring a successful closure with good outcomes for service users.
- 4.1.3 Once closure has been proposed a detailed consultation plan will be developed.
- 4.1.4 All individuals will be reassessed to ensure that their levels of needs have not changed.
- 4.1.5 Depending on the circumstances of the closure the consultation there will be three potential stages to the consultation process:



## 4.2 Process Once Closure Has Been Confirmed

### 4.2.1 Roles and Responsibilities

- In the event where a home is due to close the SCC ASC Area Director will nominate a lead SCC ASC Senior Manager to oversee and coordinate the closure process with the proprietor and responsible manager.
- The SCC ASC Area Director will ensure that there is sufficient resource both in terms of staff and finance available to safely and appropriately support individuals and to coordinate the response.
- Adult Social Care and health will coordinative activity to ensure the welfare and wellbeing needs of all residents are met.

## Adult Social Care

- Obtain comprehensive details of residents
- Liaise with family and carers of individuals
- Reassess and review the needs of all individuals
- Obtain medication records
- Work with individuals to identify suitable alternative provider/s
- Assess transport needs for service users and provide transport in liaison with other partners e.g. the Ambulance Service
- Update LAS with new provider information
- Notify Procurement and Finance of new provider
- Reach agreement with home owner regarding the sharing of existing records

## Commissioning & Procurement

- A lead commissioner will be identified to liaise with relevant stakeholders
- Lead on sourcing new providers
- Lead on putting in place new contracts with providers where appropriate
- Work with finance to put new providers on the system

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### 4.2.2 Action on Notification of Closure

- The provider will be responsible for ensuring SCC receives a full and comprehensive list of all individuals receiving care, including self-funders, containing key information about each individual. If the provider refuses to cooperate and provide individuals' information, then Surrey County Council must inform the CQC that the provider is not cooperating.
- The provider should ensure that each resident has a list of their property in preparation for the move to another provider. Where appropriate, family or carers should also have a copy of the property list.
- Arrange for assessments to be conducted of all individuals. As part of the assessment process individual's carers/ families or representatives (a solicitor may be appointed to manage affairs in the absence of family members) should be contacted and involved if appropriate.

### 4.2.3 Identifying Alternative Provision

- Consent from each resident for the transfer of key information required for the safe and appropriate delivery of their care should be obtained and recorded. If consent is **not** given:

- If the resident does not have the capacity for this decision, a best interest decision should take place.
- If the resident does have capacity and refuses for the transfer of information, this should be respected. Although it would be appropriate to give reasons why provision of information to the new provider can be helpful in ensuring a smooth transition.
- In consultation with the individual, health and welfare deputy or attorney, relatives, friends and carers and any professionals involved, the preferred choice of alternative provision that can appropriately meet an individual's needs should be identified and supported wherever possible.
- Alternative provision will be affected by the availability of alternative capacity in the local market at a cost that is affordable to Surrey County Council and partners. In some circumstances there may be unavoidable restrictions.
- SCC Procurement and Adult Social Care will establish if there is a vacancy at the preferred provider.

#### **4.2.4 Arrangements for Transfer**

- The date and time that the transfer will be made will be agreed between the new home, the resident, family, friends, carers and the closing home. These arrangements should be confirmed in writing to the individual, relatives, friends, carers and to staff.
- In planning transfers consideration must be given to the needs of individuals and physical layout of the building e.g. multi-storey buildings and residents who are nursed in bed or have restricted mobility. Impact with regard to parking and traffic flow should be appraised.
- Once the arrangements for the move have been confirmed the SCC ASC practitioner who conducted the assessment in liaison with the home, should make a list of the individuals' needs pertaining to the move, for example if they need to change their GP, transport arrangements for the individual, pharmacy and medication arrangements, equipment, aids, arrangements for dealing with the persons finances, arrangements for packing and moving personal possessions, arrangements for leaving the home (e.g. opportunity to say goodbye) and greeting at the new home (by someone familiar).

#### **4.2.5 Transfer and Follow Up**

- On the day of the transfer communication should be maintained between the Surrey County Council care practitioner, the closing home and the new home, to co-ordinate and confirm departures/ arrivals and handover of property.

- Following a transfer, a formal review should be held within one month of the transfer, or earlier, involving the SCC care practitioner and resident to identify if the care plan is meeting existing or new needs.

## 5: Enforced Closure of a Residential Home

The closure may require an emergency response. If so, please also refer to Chapter 7: Emergency Closure of a Care Home provider.

Surrey County Council do not have the legal powers to enforce a closure of a care home. The CQC may however use powers as set out in section 3.1 to close a care home or home care service that they regulate.

### 5.1 Interface with the Care Quality Commission

- Where CQC have urgent concerns in relation to a registered care service located in Surrey a referral must be made to the relevant SCC Area Director who will arrange for a Provider Support meeting (see section 3.2).
- The Head of Adult Safeguarding and SCC Legal Services must also be informed.
- Within the Provider Support process, all relevant information, published and non-published will be shared by CQC with the Local Authority to enable an initial risk assessment, investigation and management plan to be agreed.
- Under these circumstances a Senior CQC representative and SCC ASC Area Director or delegated senior manager must attend the Provider Support meeting.
- Details of the relevant CQC Legal Officer must be shared with the Chair of the Provider Support Meeting.
- CQC aims to co-ordinate any regulatory action with partner agencies, but will give primary consideration to their own statutory responsibilities under the Health and Social Care Act 2008. This does not supersede however the Local Authority's own duty to consider and make any immediate decision regarding the welfare, safety and health of any individual involved, based on the information presented.
- Where CQC state their intention to proceed to take enforcement action that will lead to the service ceasing to operate on a permanent or temporary basis a Contingency Plan, (see appendix 4) on behalf of SCC, will be drawn up by the relevant SCC ASC Senior Manager and maybe presented by CQC to the magistrate as appropriate.
- The Contingency Plan, (see appendix 4) will consist of the proposed plan following the cessation of the service should the proprietor agree to a managed

transfer and an alternative plan should the proprietor refuse to agree to a managed transfer.

- The outcome of the enforcement action by CQC will be relayed to SCCs relevant ASC senior manager; Head of Safeguarding and the Quality Assurance Lead by the CQC Lead Inspector/ CQC Legal Officer.

## **5.2 Adult Social Care Managed Transfer of Responsibility**

There are 2 distinct scenarios where Surrey County Council may take temporarily take over the running of a care home through a Managed Transfer of Responsibility.

### **Scenario 1: Business Failure**

Section 48 of the Care Act 2014 places a duty on local authorities in England to ensure that adults' needs for care and support (or needs for support in the case of an adult who is a carer) continue to be met when there is a business failure of a provider of care and support who is registered with the Care Quality Commission and the provider becomes unable to carry on the regulated care activity in question as a result.

Subsection 48(2) Care Act 2014 requires that the local authority in whose area the failed care provider was meeting needs by carrying on the regulated activity must meet the needs which the provider was meeting immediately before becoming unable to carry on that activity for so long as the authority considers necessary

### **The Temporary Duty to Meet Needs – Section 48 HSCA 2008**

The duty to temporarily meet needs only applies when the business has failed and is not able to continue providing the service. It does not apply when there is an alternative arrangement in place to continue the provision of services (e.g. where the business is taken over by an administrator).

This duty applies from the time that the Local Authority becomes aware that the provider's business has failed. A full list of all the reasons that a regulated business can be deemed to be subject to business failure can be found in The Care and Support (Business Failure) Regulations 2015.

This temporary duty to meet needs applies regardless of whether:

- a. The person or carer is ordinarily resident in its area (or even the same country of the UK);
- b. The person or carer is known to the Local Authority;
- c. The provider is known to or has a contractual arrangement with the Local Authority;
- d. The person makes their own Care and Support arrangements (either through a Direct Payment or is self-funding);
- e. The services were arranged by a different Local Authority;
- f. The Local Authority has carried out a needs or carers assessment;
- g. The Local Authority has carried out a financial assessment; or

- h. The needs apparent are eligible under the National Eligibility Criteria.

The duty to meet needs temporarily in the case of business failure does not apply when the person was receiving Care and Support services through NHS Continuing Healthcare funding where the NHS would be responsible for ensuring the person's needs continue to be met.

### **Carrying out the Duty**

The Care Act permits the Local Authority to decide how best to meet the needs of a person or carer under its section 48 duty. The only stipulations are that;

- a. The needs the Local Authority arranges to meet must be those that were being met immediately prior to the provider failure;
- b. The person or carer is involved in decisions about how to meet needs;
- c. Anyone else deemed relevant is involved in decisions about how to meet needs (for example a health professional where there are complex health needs or an advocate); and
- d. Disruption to the person or carer must be minimised.

When meeting needs temporarily under section 48 the Local Authority is not required to complete a needs, carers or financial assessment but it is required to make a determination on ordinary residence. If the person or carer is not found to be ordinary resident in the Local Authority area:

- a. The Local Authority discharging the temporary duty must inform the Authority in the area in which the person is ordinarily resident;
- b. The 2 local authorities must co-operate with each other in respect of information sharing to determine the best way to meet needs (although the final decision about how to meet needs rests with the Local Authority discharging the duty);
- c. The Local Authority discharging the temporary duty may seek reimbursement for costs from the Authority in the area in which the person is ordinarily resident. Guidance on the determination of ordinary residence and process to manage disputes about ordinary residence can be found in the Ordinary Residence section of this guidance.

In order to discharge the duty the Local Authority has the power to request information from the provider whose business has failed and this should be provided.

### **Charging for services**

The Local Authority is permitted to make a charge for the services it provides to meet needs under section 48. However, the charge must only cover the actual cost to the Local Authority in meeting needs and charges must not be made for non-chargeable services, such as the provision of information and advice.

## Scenario 2: Cancellation of Registration

This would take place way of Section 30 [cancellation of registration] or Section 31 removal of location by CQC under the HSCA 2008.

We would expect to work with the provider, residents, relatives and colleagues to ensure suitable alternative accommodation is found for all individuals, using the processes set out in 5.7.

If it is not possible to secure alternative accommodation for residents in a timely way in the event of a cancellation of registration, a managed transfer of responsibility may be required. The relevant powers for this are set out in The Local Government Act 2000 S.2 – Promotion of Wellbeing.

5.2.1 Where a Provider Support meeting is convened in the context of a proposed ASC managed transfer of responsibility, the following people should be invited

- ASC Area Director
- ASC Area Director for Service Delivery
- ASC Senior Manager for Service Delivery (for Older People or Learning Disabilities.)
- ASC Senior Manager
- ASC Area Safeguarding Adults Advisor
- ASC Quality Assurance Lead
- ASC Area Quality Assurance Manager
- Detective Inspector/Senior Police Officer (where appropriate)
- Representatives from the appropriate funding authorities where appropriate
- Representative from Surrey Legal Services
- Designated Safeguarding Lead for the respective CCGs
- Lead Inspector for CQC
- Surrey Procurement Manager
- Other Senior Managers (as appropriate)
- Trained note taker
- Emergency Management Duty Officer/Manager

5.2.2 When CQC make a decision that the test under Section 30 of the HSCA 2008 is met [i.e. to make an urgent application to the Magistrates Court], seeking to cancel the registered providers location or if the provider has multiple locations and CQC seek to urgently remove one of the locations under Section 31 of the HSCA 2008, by issuing an Urgent Notice of Decision, that takes immediate effect [or other urgent enforcement action is taken] resulting in services ceasing, the Chair of the Provider Support Meeting must inform the relevant ASC Director.

5.2.3 The relevant ASC Area Director must ensure that the following are informed:

- Director of ASC who will advise the appropriate SCC Elected Member (this includes the portfolio holder for Adult Social Care, the Associate Cabinet Member for safeguarding and the local Member).
- The chair of the Surrey Safeguarding Adults Board.

5.2.4 In preparation for and to support the action of CQC, the relevant Senior Manager of the Local Authority must complete the Contingency Plan (appendix 4) together with the Action Plan for Court (appendix 5).

5.2.5 An agreement must be made by the ASC Area Director for the provision of a funding stream to be made available during the managed period.

5.2.6 The funding stream will be used to provide funding for food, utilities and services, staffing costs and to provide Petty Cash during the managed period.

5.2.7. SCC will endeavour to recoup from the proprietor, any monies spent.

5.2.8. Fees to the proprietor during the managed period must **not** be paid by SCC.

5.2.9. The SCC ASC Senior Manager must send a draft copy of the contingency plan (appendix 4) and Action Plan for Court (appendix 5) to the SCCs Legal Services representative and to the ASC Area Director for agreement **prior** to being sent to the CQC

5.2.10. Following advice from Legal Services and approval from the ASC Area Directors in relation to the Contingency Plan and Action Plan for Court, both documents must then be sent to the Lead Inspector, CQC, prior to the Court hearing where that is the enforcement route that is being taken.

5.2.11. The final agreed copy of both the Contingency Plan and Action Plan for Court should also be sent to the CQC Legal Officer and the relevant Area Director.

5.2.12. The outcome of the Court application in relation to the cancellation, of the registration, will be relayed to the relevant SCC Senior Manager by the CQC Lead Inspector/CQC Legal Officer. They will then immediately inform the ASC Director, Area Director, Senior Manager, Quality Assurance, Procurement, the CCG, the Safeguarding Adults Senior Manager of this decision, the SAB independent Chair, Member with ASC portfolio, Associated Cabinet Member with safeguarding responsibilities and Local, and District Councillor

5.2.13. It is the responsibility of the ASC Senior Manager to ensure that other funding authorities, that have an interest, are immediately informed of the decision made by the Magistrates Court.

### **5.3 Following Permanent or Temporary Cessation of the Service by CQC**

5.3.1 Upon the cancellation of registration or other relevant enforcement action the appropriate ASC Senior Manager and ASC Quality Assurance Manager must meet with the proprietor of the home immediately to discuss the 'managed

period’.

- 5.3.2 The ASC Senior Manager and ASC Quality Assurance Manager must complete the Home Closure Agreement (appendix 6) using this as the basis of the discussions with the Proprietor in relation to the managed period.
- 5.3.3 Where the Proprietor is in agreement for SCC to take over the management of the Home, the Home Closure Agreement must be completed and signed by the proprietor and the ASC Senior Manager and the ASC Quality Assurance Manager as the SCC’s representative.
- 5.3.4 Without such an agreement between SCC and the proprietor, SCC is unable to embark on the management of the home and instead will inform CQC that no agreement has been made with the proprietor. SCC will at this time refer to the Emergency Contingency Plan set out in appendix 4.

#### **5.4. Managed Period – Following Agreement by the Proprietor**

- 5.4.1 The ASC Senior Manager must identify a registered ‘Responsible Manager’ to manage the home during the ‘managed period’ in discussion with Area Director for Service Delivery.
- 5.4.2 The SCC Senior Manager must discuss with the proprietor whether the financial obligations that have to be met might affect the managed period. Where there are concerns in relation to information shared by the Proprietor the SCC ASC Senior Manager must share those concerns with the CQC.
- 5.4.3 In addition to the ASC Responsible Manager, ASC Senior Manager must also identify a transfer co-ordinator to be responsible for the co-ordination and liaison in relation to all transfers of all residents from the home, including those funded by other Local Authorities and residents who are self-funding.
- 5.4.4 Out of hours/on call ASC Senior Management cover must be identified by the ASC Responsible Manager and ASC Senior Manager.
- 5.4.5 SCC ASC Senior Manager and SCC ASC Quality Assurance Lead and the Responsible Manager must complete and agree the Post Court Action Plan (appendix 7).
- 5.4.6 Following the completion of the Post Court Action plan the Responsible Manager must then immediately undertake an inventory with the proprietor of the home in relation to the home’s contents and service user’s personal effects. This must be recorded.
- 5.4.7 The Responsible Manager must immediately assess and undertake risk assessments in relation to:
  - Maintaining the existing service
  - Staffing needs/risk
  - Individuals needs/risk
- 5.4.8 The nominated SCC ASC Manager with the responsibility for the management

of the running of the Home within the managed period must begin an Activity Log (Appendix 8) and a Finance Log (appendix 10).

- 5.4.9 It must be noted that following the cancellation of the registration or other relevant enforcement action it is illegal for the proprietor to undertake any financial management in relation to the home e.g. receive fees, purchase food, pay for repairs to equipment, supplies, staff costs etc. All financial activity must be undertaken by the SCC and recorded on the Finance Log.
- 5.4.10 The Activity Log will relate to the day to day running of the home in relation to individuals (cross referring to care notes where appropriate).
- 5.4.11 The Finance Log will relate to daily expenses incurred and other general financial transactions undertaken. All financial transactions in relation to the Home must be recorded on the financial log together with receipts where appropriate.
- 5.4.12 a specific SAP cost centre must be set up to record all transactions.
- 5.4.13 All financial transactions in relation to individuals must be recorded on the financial log and in addition on any records held by the Home in relation to service user finances.
- 5.4.14 The SCC ASC Responsible Manager must complete and maintain the Post Court Action Plan (Appendix 7) in relation to the identification of new placements.

## **5.5 Maintaining Existing Services**

- 5.5.1 Current Risk assessments that exist within the Home in relation to the Environment of the Home must be discussed with CQC by the Responsible Manager at the start of the managed period and any additional assessments then undertaken, as agreed within this discussion. Following any additional assessment any issues/newly identified risks must be shared immediately with the CQC, SCC ASC Senior Manager and CCG where appropriate.
- 5.5.2 A risk assessment in relation to each service user in the home must be completed and any issues/risks identified shared immediately with the CQC, SCC ASC Senior Manager, CCG where appropriate, and any other relevant funding authority.
- 5.5.3 The handover by the proprietor of all relevant information in relation to the home and to residents must be undertaken as identified within the home closure protocol agreement (appendix 6). The proprietor must also ensure that a copy of the insurance cover and contact details for brokers/agents is made available to the SCC ASC Responsible Manager.
- 5.5.4 Communication with individuals, relatives and other Local Authorities must be made in relation to the need for reassessment and resettlement of service users.
- 5.5.5 Communication must be made with all relevant health professionals e.g. District Nurse (D/N) Community Psychiatric Nurse (CPN), General Practitioner (GP) and where appropriate an assessment must be undertaken in relation to

individuals health needs.

- 5.5.6 The Responsible Manager must ensure that home related information is made available to include staff records/rotas; suppliers of goods and services; insurance details; planned facilities maintenance during the managed period.
- 5.5.7 The Responsible Manager must ensure that resident related information is made available for all residents to include care plans; risk assessments, medication; health records; next of kin details, inventory information.

## **5.6 Staffing/risk**

- 5.5.1 Exact requirements of the number of hours required and the number of care workers/staff required for the home must be made in relation to the number of existing staff from the home who have agreed to remain working during the managed period.
- 5.6.2 This information must be passed to the lead commissioning manager together with written confirmation from the SCC ASC Senior Manager that funding will be released to staff the home within the managed period.
- 5.6.3 The SCC ASC Social Care and Development Coordinators in conjunction with SCC Procurement will source the care workers from the approved agencies or strategic providers and as per the agreed rates annexed to the pre-placement contract.
- 5.6.4 The information will be communicated back to the Responsible Manager by the SCC ASC Senior Manager.
- 5.6.5 The Responsible Manager shall arrange for a requisition to be raised on SAP to cover the requirement. If more than one agency is used more than one requisition will be required.
- 5.6.6 The SCC ASC Senior Manager will approve the requisition(s) and a purchase order(s) will be issued. This order will be sent directly to the agency via the Shared Service Centre.
- 5.6.7 The agency will invoice SCCs Shared Service Centre directly, quoting the purchase order number.
- 5.6.8 The Responsible Manager will review the ongoing staffing needs within the home during the managed period and commission, as required to cover shortfalls.
- 5.6.9 SCC will endeavour to recoup from the proprietor, any monies spent.

## **5.7 Individuals needs/risk**

- 5.7.1 The Responsible Manager will ensure that records in relation to individuals are available as identified within the Home Closure protocol Agreement (appendix

6).

- 5.7.2 A reassessment of the needs of individuals must be undertaken where appropriate, together with discussions with appropriate family members in relation to the proposed resettlement of the service user.
- 5.7.3 This information must be passed to the SCC ASC Social Care Development Coordinators by the SCC ASC Responsible Manager.
- 5.7.4 The SCC ASC Social Care Development Coordinators will provide the SCC ASC Responsible Manager with the identified vacancies.
- 5.7.5 Non SCC Local Authority funded individuals will be reassessed where appropriate and resettled by their relevant funding authority
- 5.7.6 Self - funding individuals must be allocated a practitioner to undertake a Self-Supported Assessment where appropriate. If they lack capacity to make decisions on this issue, or if they have capacity and consent to it, discussions should take place with appropriate family members in relation to the proposed resettlement of the service user.
- 5.7.7 Service Users who are self-funding or, when appropriate the family of a self-funding service user, must be given advice and information in relation to identified vacancies with support from the SCC ASC Social Care Development Coordinators .
- 5.7.8 Where a service user lacks mental capacity to make a decision in relation to a move of accommodation and there is no appropriate member of the family involved, an Independent Mental Capacity Advocate (IMCA) must be commissioned.
- 5.7.9 All transfers to alternative accommodation must be recorded by the SCC ASC Responsible Manager on the Activity Log (appendix 8) and cross referenced within the relevant care notes.
- 5.7.10 On the day of the transfer of a service user an inventory of the service user's property or held finances must be completed and cross-checked with any existing documentation, together with the inventory undertaken at the start of the managed period.
- 5.7.11 Medication must be checked and a record kept of the medication and quantity and returned either to the individual, their relative or member of staff from the new registered provider at the point of transfer.

## **5.8 Closure of Home (End of Managed Period)**

- 5.8.1 The SCC ASC Responsible Manager must keep the lead inspector for CQC informed in relation to the work in progress to meet the date of closure.
- 5.8.2 The SCC ASC Responsible Manager must inform the lead inspector for the CQC of the expected time of closure on the given date.

- 5.8.3 On the day of closure of the Home the SCC ASC Manager and the SCC ASC Responsible Manager must hold an on-site meeting with the proprietor to complete a closing inventory of the home. This should then be cross checked with the Inventory undertaken at the start of the managed period. Any discrepancies must be noted and where possible remedied including missing items and reduced stocks.
- 5.8.4 The SCC ASC Responsible Manager must discuss and arrange with the relevant health or social care colleagues in relation to the removal of any records or equipment provided by either health or social care.
- 5.8.5 The SCC ASC Responsible Manager must arrange for any medication remaining within the Home to be safely disposed of.
- 5.8.6 The SCC ASC Responsible Manager must arrange for all Social Care records kept during the managed period to be removed from the Home and transferred to the relevant ASC Locality Team
- 5.8.7 The SCC ASC Responsible Manager must handover the keys to the Proprietor and inform the Lead Inspector, CQC by telephone of the time of completion of the managed period.

## **5.9 Recovery of Expenses**

- 5.9.1 The SCC ASC Senior Manager must identify an appropriate person to establish whether SCC have paid fees to the home in advance of the date of the cancellation of registration, thereby covering fees for the managed period. If this is the case, arrangements must be made to seek reimbursement from the Proprietor.
- 5.9.2 It is the responsibility of any other Local Authority involved to undertake their own process in relation to recovering any monies owed to them for care fees from the Proprietor.
- 5.9.3 SCC must invoice the proprietor for any expenses incurred within the managed period, giving the details for each transaction and relating to a service user including service users from other Local Authorities and those whom are self-funding where appropriate.

## **6: Home Based Care and Supported Living Provider Failure**

This chapter describes the processes and procedures that will be followed in the eventuality of a home based care or supported living provider fails.

The closure may require an emergency response. If so, please also refer to Chapter 6 Emergency Closure of a Care Home provider.

## 6.0 Initial Response to Notification of a home based care or Supported Living Provider Closure

- 6.0.1 In the event where a home based care or supported living provider fails or the business appears to be no longer viable SCC will be responsible for the welfare and care for all individuals to whom the provider has been providing care.
- 6.0.2 SCC will be responsible for all individuals within its geographical boundaries which includes individuals funded by other local authorities. The ADASS South East Memorandum of Co-operation for sharing (See 2.6) must be followed.
- 6.0.3 SCC is responsible for managing the market as a whole and therefore will have a general market oversight of the Home Based Care and Supporting Living markets and specifically the providers that it places with. SCC will be able to identify providers that are indicating early warning signs that providers maybe experiencing difficulties. Some early warning signs that a provider is experiencing difficulties are: handing back packages of care to SCC; a lack of capacity; missed and late calls; manager and staff leaving; increased number of complaints and safeguarding concerns; adverse CQC, SCC quality assurance and Continuing Health Care reports and in general requiring assistance from SCC.
- 6.0.4 SCC maintains a Home Based Care risk log which provides a strategic overview of the Home Based Care market. It lists all Home Based Care providers (excluding Learning Disabilities) that SCC place packages of care with. The document enables SCC and Health to assess the level of risk a Home Based Care provider maybe placing on an individual, an organisation and the market as a whole. The risk log contains historic analysis on providers' performance enabling trends to be identified. The risk log is reviewed on a monthly basis enabling SCC and Health to prioritise and identify providers that may require particular assistance (see appendix 9).
- 6.0.5 SCC could be notified that a provider has closed or has the potential to close via a wide variety of methods and access routes. The SCC ASC Strategic, Service Director and Area Director must be alerted that a provider has the potential to close must be briefed on the situation and the potential impact and risks. The Area Director will oversee and coordinate the response to the closure.
- 6.0.6 The Area Director will be responsible for notifying the following:

### Internal Stakeholders

- All ASC Area Directors
- ASC Head of Adult Safeguarding
- Cabinet Member – the portfolio holder for Adult Social Care
- SCC local divisional Member
- ASC Legal Services
- Emergency Management – Duty Officer/Manager
- Procurement – Adults Category Manager

- Appropriate Senior Manager (Commissioning)
- Finance – Head of Adults Finance
- HR – HR Relationship Manager Adult Social Care
- Surrey Fire & Rescue Service - Chief of Staff
- Adult Social Care Communications
- ASC Quality Assurance Manager

### External Stakeholders

- Care Quality Commission (if registered)
- Continuing Health Care
- Clinical Commissioning Groups – Designated Nurse for Safeguarding Manager
- Police – Surrey Investigation Unit
- Where appropriate South East Coast Ambulance Service (if transport required)
- Independent Chair of SAB

- 6.0.7 The nominated SCC ASC Area Director will undertake an assessment of seriousness in order to make a decision whether a Provider Support meeting should be initiated. If the concerns raised indicate that a Provider Support Meeting is required, then the meeting must be must be convened under these procedures.
- 6.0.8 A flow chart has been developed which shows the decisions and processes that must be followed in the event of a community or supported living provider closing at short notice, this is attached as appendix 13.
- 6.0.9 Under the ‘restructuring’ term within the contract and in line with outcome 6 of the [CQC standards](#) the provider must provide SCC with as much information as possible regarding the individuals to enable SCC to ensure continuity of care for all individuals. Consent must be gained from the individual for the following information to be shared about them:
- Address
  - Contact details
  - Family details
  - Carer details
  - Level of support (the providers assessment, identified mobility and equipment required)
  - Number of visits (the length of the visit and how many care workers attend each visit)
  - Medication (including prescribed creams)
  - Relevant medical diagnosis
  - Special requirements
  - Means of communication or access to the property and any other services
- 6.0.10 Any safeguarding issues that have been/are arising will be dealt with in tandem with the Provider Support process, as described in Chapter 3. Once it has been established that the provider is at risk of failing then an initial risk

assessment meeting must be convened by the nominated SCC ASC Area Director. The initial risk assessment meeting must involve the following people:

- ASC Senior Manager
- ASC Locality Team Manager
- Procurement representative
- ASC Quality Assurance representative
- Legal service representative
- HR
- Finance
- Continuing Health Care representative
- Relevant CCG
- Emergency Management Duty Officer/Manager

The meeting must take place on the same day (this can be a virtual meeting) that SCC becomes aware of the provider failing.

- 9
- 6.0.11. At this meeting the group will determine what the response to the potential failure or service disruption should be. A log of all decisions and actions must be started at this meeting (appendix 11). At this meeting the group will assign staff resource to respond to the provider closure and to make available if appropriate additional funds to ensure that all individuals continue to receive a service.
- 6.0.12 A response checklist has been developed. The checklist states the timeframes in which certain tasks should be completed. The checklist is attached as appendix 14 and should be followed throughout this process.
- 6.0.13. The nominated SCC ASC Area Director will assign a group of staff to contact and visit all individuals and complete the information spreadsheet (appendix 12).  
*Senior Managers must ensure that the practitioner reads the case notes for all service users including any closed cases before making contact with them. The spreadsheet must be completed on the same day of the notification. If contact with the individual cannot be made at the first attempt of phoning then the carer and or family member/s must be contacted immediately. A visit must be arranged and undertaken within the first 24 hours of notification of closure if it has not been possible to contact a particular individual.*
- 6.0.14. If an individual's property has been accessed by the provider's staff via a key safe or the member of staff held a key for an individual's property then the access method must be logged on the spreadsheet. This includes logging key safe numbers. The key safe numbers and locks must be changed regardless of whether the provider's staff had access to individual's property or not.
- 6.0.15 Information on provider staff must also be collected; the information collated should include address and contact details. This will ensure that staff can be contacted if required particularly if they had access via a key safe or key to an individual's property.

- 6.0.16. A review meeting must be held at the end of day one to ascertain how much information has been captured on individuals and progress made to ensure continuity of care for service users.
- 6.0.17. Interim providers must be established as soon as possible to ensure that there is continuity of care. The interim provider(s) should be sourced using appropriate providers and secured following business processes.
- 6.0.18. The service user spreadsheet must be continually reviewed by the Nominated SCC ASC Senior Manager.

## 6.1 Other Local Authorities

- 6.1.1 If SCC is notified by another local authority that a provider in their area is closing and that SCC has individuals placed with that provider either funded by SCC or a self-funder then the appropriate SCC member of staff must be involved in that closure process.
- 6.1.2 The SCC member of staff must attend all relevant meetings in relation to the closure.
- 6.1.3 If the provider closing is within SCC geographical boundaries but there are individuals placed with that provider that are funded by other local authorities, health provider or are self funders from other areas outside of Surrey. SCC must inform the other funding authorities or the individual that the provider is closing.

## 6.2 Roles and Responsibilities



## 6.3 Conducting Assessments

- 6.3.1 Once SCC ASC has ensured that an interim care provider is in place, each service user must be visited by an appropriate professional within the first 24 hours of the notification of the provider failing. The service user spreadsheet (appendix 12) will be used to record the date of the visit and the outcome of the visit.
- 6.3.2 Once all visits to service users have been made the senior manager will convene to oversee for the safe transition to new providers.

## 6.4 Follow up once a new provider is in place

- 6.4.1 All service users should be reassessed by Adult Social Care or Continuing Health Care within four weeks.
- 6.4.2 Outcome of reassessment should be recorded on the individuals information spreadsheet, LAS or Continuing Health Care database updated.
- 6.4.3 The nominated senior manager will ensure that all the records are kept up to date and complete and arrange safe storage of all logs and records.
- 6.4.4 The nominated Area Director should arrange a de-brief/ lessons learnt meeting.

## 7: Emergency Closure of a Care Home Provider

- 7.1 Surrey's Local Resilience Forum (LRF) is a multi-agency partnership made up of representatives from local public services, including the Emergency Services, Local Authorities, NHS England and the Environment Agency, which are all Category One Responders under the Civil Contingencies Act 2004. The LRF is also supported by Category Two Responders, such as Highways England and utility companies.
- 7.2 The Surrey LRF brings together all agencies with a significant role to play in responding to and recovery from the effects of emergencies, and was formed to meet the requirements of the Civil Contingencies Act 2004. The LRF aims to plan and prepare for local incidents and large scale emergencies
- 7.3 The evacuation of a care home is likely to need a specialist response from multi-agency partners to ensure that there is appropriate support provided to vulnerable residents.
- 7.4 The **Surrey LRF Emergency Home Closure Protocol** (LRF EHCP) is the lead document to use in the event of an emergency closure of a care home provider.

The current version is here:

<https://collaborate.resilience.gov.uk/RDService/home/130057/Emergency-Home-Closure-Protocol>

NB: This link can only be accessed if you have the relevant permissions on Resilience Direct.

7.5 The protocol addresses the situation where a care home may be closed on a temporary basis during an emergency if it is affected by a flood, fire, or another event which may require the evacuation of the care or nursing home. This may trigger a partial or full evacuation and could result in residents being made homeless for a temporary or prolonged period of time.

The protocol:

- Outlines how the protocol will be activated and partners notified
- Explains how the process of a care home evacuation will be managed between responding organisations
- Clarifies the roles and responsibilities of agencies in providing care support

#### 7.6 **Surrey County Council (SCC) Emergency Management and Resilience Team**

As set out in the LRF EHCP, the SCC Emergency Management and Resilience Team is responsible for:

- Activating the initial teleconference to discuss how resident's welfare needs will be supported, when and if informed by emergency services.
  - Note: If a member of Adult Social Care is made aware of the incident initially, then they should contact the Emergency Management and Resilience Team Duty Officer
  - Keeping a record of all actions and decisions made
  - Activating the SLRF Identifying & Supporting Vulnerable People in an Emergency Plan (Part One)
  - Sending an Incident Liaison Officer (ILO) to the scene, if appropriate and required
  - Assisting in providing transport to take affected residents to new homes, or emergency assistance centres, as required
  - Activating voluntary agency support as required
  - Maintain a close liaison with all partners as required
- Ensuring that a formal de-brief takes place following an incident of this nature  
Surrey County Council (SCC) Adult Social Care

#### ➤ **SCC Adult Social Care is responsible for:**

- Informing the Emergency Management and Resilience Team Duty Officer of an

emergency incident which directly affects a care or nursing home

- Keeping a record of all actions and decisions made
- Activating the SCC Identifying Vulnerable People in an Emergency Plan (Part Two)
- Sending a locality team member to the scene to act as an Incident Liaison Officer (ILO) to ensure welfare needs are being met if possible and to coordinate the response at the scene. The ILO is to maintain a close liaison with the Area Director, or Senior on Call Manager for the duration of the incident
- For a care or dual registered home; identify and source bed spaces in other facilities for affected residents along with the relevant CCG(s), NHS community and mental health service providers, where needed
- For a care or dual registered home; identify and source staff to assist in caring for affected residents at new identified homes, or emergency assistance centres, along with the relevant CCG(s), NHS community and mental health service providers, where needed
- Update case notes as appropriate following an incident
- Amended care plans as appropriate following an incident

7.7 The LRF EHCP should be read in conjunction with the following documents and aims to compliment command and control arrangements, as well as outline the roles and responsibilities of responders listed within them. The current version of these plans can be found on Resilience Direct.

- SLRF Emergency Assistance Centre Plan
- SLRF Identifying & Supporting Vulnerable People in an Emergency Plan (Part One)
- Individual Organisations Identifying Vulnerable People in an Emergency (Part Two) Plans
- SLRF Major Incident Communications Plan
- SLRF Emergency Response Plan
- SLRF Mass Evacuation Plan
- SLRF Voluntary Capabilities Document
- Surrey 4x4 Vehicle Protocol
- Provider Business Continuity Plans (Held by Providers, not available on Resilience Direct)

7.8 The following guidance should also be used: **Appendix 15 Emergency Closure of a Provider – Response Checklist**

## References

Ingrid Koehler (2015), Local Government Information Unit: 'Care and Continuity: Contingency planning for provider failure - A guide for local authorities.'

Managing Care Home Closures - A Good Practice Guide For Local Authorities, Clinical Commissioning Groups, NHS England, CQC, Providers And Partners – ADASS, DoH, CQC, LGA, Care Provider Alliance, NHSE.

Social Care Institute for Excellence – Short Notice Care Home Closures (SCIE website)

Surrey County Council - Business Continuity Policy & Guidance (2018)

Welfare Emergency Response Plan (2019) - Adult Social Care & Corporate Parenting and Family Resilience and Safeguarding

Association of Directors of Social Services Commissioning and Market Development Network South East (2019) - Memorandum of Co-operation for sharing information and support to strengthen market oversight.

ADASS and CQC – Joint Working Protocol 2019

Jon Glasby, Suzanne Robinson, Kerry Allan (2012), 'Achieving Closure – good practice in supporting older people during residential care closures.'

Jon Glasby, Suzanne Robinson, Kerry Allen (2011), 'An Evaluation of the Modernisation of Older People's Services in Birmingham - final report.'

Surrey Local Resilience Forum: Emergency Home Closure Protocol - Version 1.8  
May 2019

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