



Brighton and Hove Joint Care and Nursing Home Emergency Response Plan

FINAL

Title	Brighton and Hove Joint Care and Nursing Home Emergency Response Plan
Version Number	V 3
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Contributing Bodies	Brighton & Hove Clinical Commissioning Group Brighton & Hove City Council Public Health Brighton & Hove City Council Adult Social Care Sussex Community NHS Trust Sussex Partnership NHS Foundation Trust
Document Status	DRAFT
Effective Date	17/03/2014
Review Date	01/04/16
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Emergency	life threatening	999
Non-Emergency	Inc reporting	101
All B&H Homes	See list on P61	

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1.0 Purpose and scope

1.1 Introduction

Regardless of the timescales, this plan describes the actions to be taken and considerations involved:

- when a residential or nursing care home is closed, such as during:
 - an emergency closure (by the Care Quality Commission);
 - an emergency closure due to a natural disaster or
 - incident such as a fire;
 - a planned closure due to business failure; or
- where BHCC identifies serious safeguarding or care governance concerns and considers:
 - moving residents to another care home; or
 - cancelling its contract with the care home.

Many residents will find transfers severely disruptive emotionally, psychologically and physically. To reduce the risk of harm to residents' health and wellbeing, and to make the transition as smooth as possible, a list of actions to take into consideration when liaising with residents, and working in partnership with the care home proprietor and manager, has been included in [Appendix A](#). This must be considered by those dealing with an emergency home closure or transfer.

Whilst the response principles will be the same the speed of the response required may vary depending on whether or not notice of the closure is given and how serious the safeguarding concerns are.

1.2 Aim

The aim of this plan is to describe the arrangements that will be put in place to support the residents of a home that is, or may be, subject to an emergency closure, or where major safeguarding /care Governance concerns exist.

1.3 Objectives

The objectives of this plan are to:

- identify the organisations that will be involved;
- describe the specific roles and responsibilities of organisations involved relating to this response;
- describe the process that will be used;
- describe the sorts of issues and problems that will need to be resolved; and
- describe the likely notification and communications channels.

1.4 Principals of safeguarding and wellbeing

Whilst not made explicit throughout this plan, the principles of safeguarding, best interests and well-being of residents will be adhered to at all times during the response. Empowerment and resident participation must be key to decision making. The 5 principles of the Mental Capacity Act 2005, (including Deprivation of Liberty Safeguards principles), and pan-Sussex multi-agency adults' or children's safeguarding policies and procedures must also be adhered to as required.

Health and Social Workers must instruct an Independent Mental Capacity Advocate (IMCA) where the criteria are met. If timescales/urgency is such that instruction and involvement of an IMCA is not possible prior to any move this may be retrospective, but should be as soon as possible.

The wellbeing of the resident during this traumatic time will be better supported if Health and Social Workers work closely with the manager and / or proprietor of the home as far as practicable.

2.0 Plan Triggers

2.1 A major emergency occurs at the care home

The home is forced to evacuate or close due to Infectious disease outbreak, fire, flood or similar.

Brighton and Hove City Council Civil Contingencies Team maintain a Major Incident and Corporate Business Contingency Plan. In the event of a large fire or other emergency, this plan will need to operate in conjunction with that plan.

2.2 Planned closure due to business failure

The care home or Domiciliary Care Agency is no longer viable as a business, or suffers other business failure.

2.3 Care Quality Commission (CQC) takes enforcement action

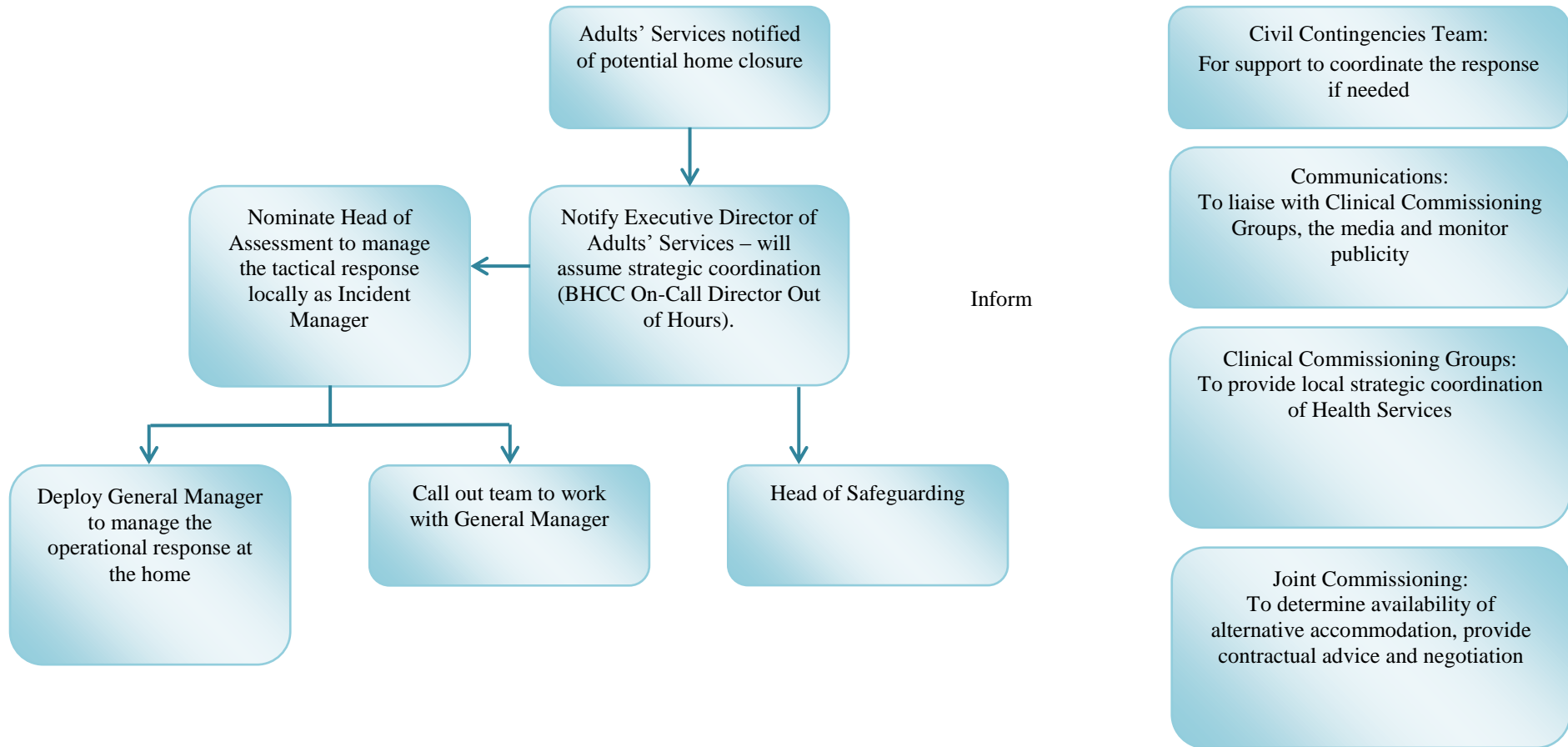
The Care Quality Commission (CQC) informs BHCC it will take enforcement action.

2.4 Serious safeguarding concerns identified

BHCC and / or Brighton & Hove Clinical Commissioning Group (CCG) consider stopping placements, moving clients to another home or cancelling its contract with the home.

3.0 Diagrams showing the activation process

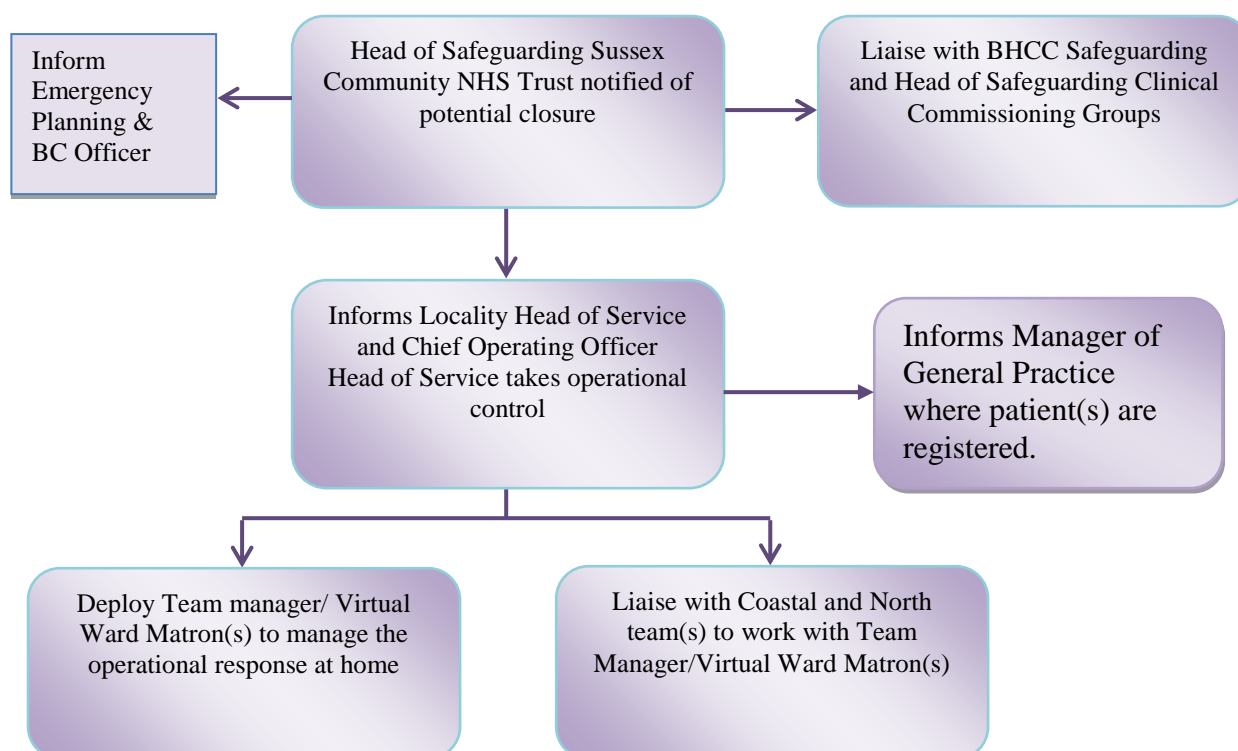
3.1 Brighton And Hove City Council



3.2 Clinical Commissioning Groups



3.3 Sussex Community NHS Trust



4.0 Response strategies

If time permits, the Incident Manager will convene an inter-agency meeting to agree the most appropriate strategy to ensure the safety and well-being of the residents and staff at the care home. See [Appendix B](#) for a draft agenda.

4.1 Support immediate evacuation - Imminent threat to life

If necessary, Brighton and Hove City council will establish a Rest Centre as a place of safety and shelter for residents until more appropriate accommodation can be found.

4.2 Delay emergency closure by CQC

Negotiate with CQC to avoid immediate closure when this is likely to result in extreme difficulty in finding alternative provision.

4.3 Delay emergency closure by owner

Is the home itself undamaged? If so, depending on the circumstances, it may be better to work with the home manager and staff to keep the home operational until alternative accommodation can be identified. This is to maintain residents in familiar surroundings and with continuity of care and relationships with staff. If necessary it is an option to put management and care staff into the home.

4.4 Respond to emergency closure

If the closure is due to an infectious disease outbreak, the response will be managed and coordinated by the Incident Manager who will seek

advice from the Public Health England (PHE) Centre via The Director Of Public Health (DPH), or the Public Health Resilience Manager, (both at BHCC. The infection must be contained and the risk of spreading the disease further considered. (The PH Resilience Manager works alongside the Civil Contingencies Team at BHCC).

4.5 Responding to serious safeguarding/Care Governance concerns

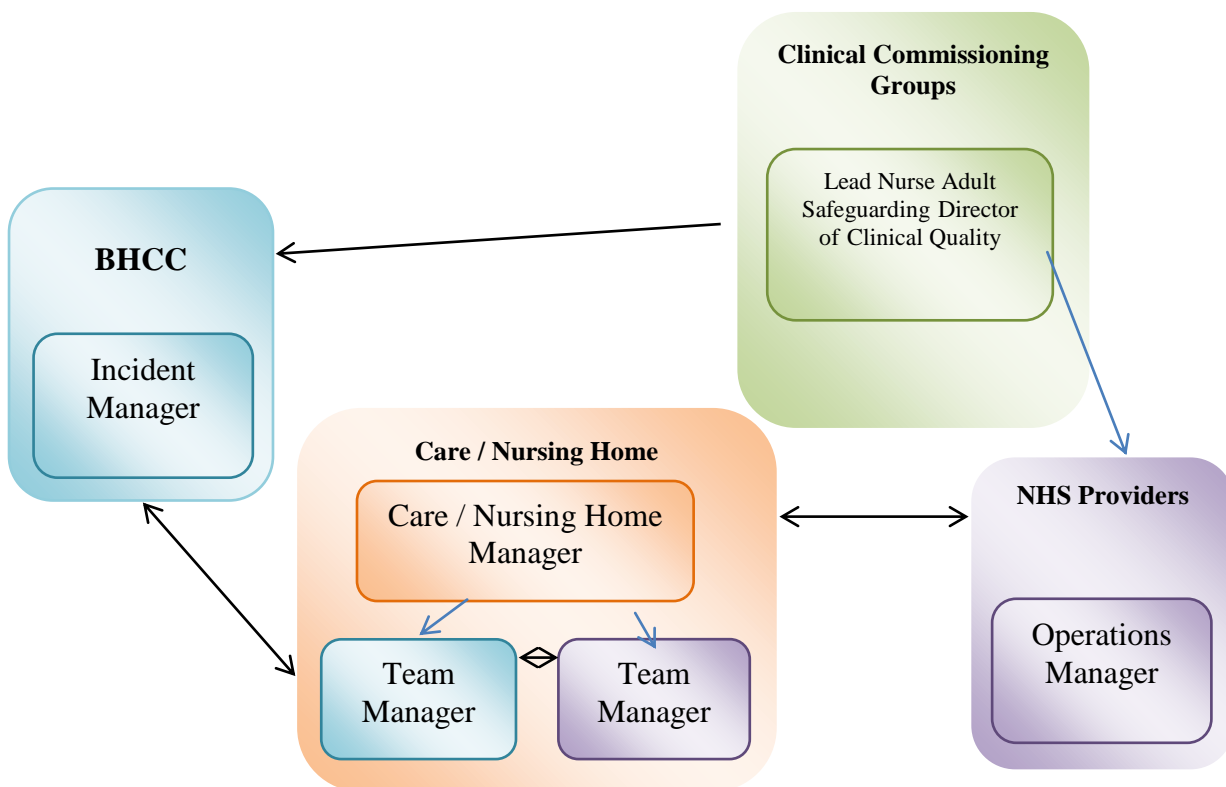
Consider working with the care home manager and staff to raise standards, consider deployment of additional staff to support the care home, suspension of placements, re-assessment of all clients, moving clients to another care home and cancelling the contract with the care home. Depending on the circumstances, it may be possible to work with the home manager and staff to raise standards and keep the home operational (if the home manager agrees, it is an option to put management and care staff into the home).

The sequence and proportionate response must be aligned to the level of risk. The assessment of risk should be completed against the agreed Sussex Institutional Neglect Assessment Tool.

5.0 Coordination arrangements

5.1 Diagram showing coordination arrangements

The diagram below shows the communications links between BHCC, Clinical Commissioning Groups, NHS Providers and the home.



6.0 Emergency response posts

Where applicable, task cards for the following posts can be found in [Appendix C](#). All staff should also refer to [Task Card CNH1](#).

6.1 Brighton and Hove City Council

6.1.1 Executive Director of Adults' Services (Or Council ON-Call Director)

Executive Director of Adult Social Services, (Or a designated deputy) will manage the strategic (Gold) response.

The post-holder will fulfil the Strategic (Gold) BHCC role, and liaise with the Civil Contingencies Team, Joint Commissioning Unit, Director Of Public Health, Chief Executive, Members, Legal Services, Communications, Care Quality Commission, and relevant NHS organisations.

The post-holder will nominate the Incident Manager.

6.1.2 Incident Manager (Head of Adult Assessment)

See [Task Card CNH2](#) - Manages the tactical (Silver) response from an office / emergency centre.

Head of Delivery Unit (Assessment) or a designated deputy will fulfil this role at the area office to obtain and coordinate staff, transportation and other resources as required.

6.1.3 Head of Contracts & Performance

See [Task Card CNH3](#) – Responsible for contract management and negotiation.

6.1.4 General Manager (Assessment)

See [Task Card CNH4](#) – Manages the Operational (Bronze) response at the care home.

Will fulfil this role, working closely with team leaders from the other responding organisations, in particular Sussex Community NHS Trust, to ensure a coordinated and effective response.

6.1.5 Social Care Assessment Team Member (BHCC)

See [Task Card CHN5](#) – Carry out the instructions of the Social Care Assessment Team Leader to ensure residents are assessed and supported. (This role will be facilitated by the Incident Manager or a manager appointed by that post-holder).

6.1.6 Head of Adult Provider Services

Will identify in house managers of care staff who could support care in the home if required.

6.1.7 Civil Contingencies Team Duty Officer. The on-call officer will:

- liaise with Clinical Commissioning Groups Emergency Planning Team, British Red Cross & Public Health Resilience Manager if relevant;
- assist with cross service and inter-agency coordination;
- facilitate access to other resources; and
- provide advice for the overall response and coordination.

6.1.8 Head of Legal and Democratic Services and Monitoring Officer

The Head of Legal and Democratic Services and Monitoring Officer (or a designated deputy) will:

- coordinate legal support requirements and ensure legal advice is provided as required for:
 - Adults' Social Services, data protection, freedom of information and Human Rights Act;
 - procurement, contracts and property matters; and
 - the Council's standing orders on procurement and contracts, landlord and tenant matters.

6.1.9 Head of Finance (Adult Care Business Partner)

A manager appointed by the Incident Manager will:

- cost out 'step in' services (for taking over the running of the service as an interim measure through BHCC, NHS, agency staff and others); and
- advise on how this may be recovered through insurance or liquidators.

6.2 NHS Providers

6.2.1 Locality Head of Service (Sussex Community NHS Trust)

See [Task Card CNH6](#) – Responsible for the Brighton and Hove geographical locality of adult services in community hospitals, community nursing teams and associated services.

6.2.2 Registered Nurse (Sussex Community NHS Trust or Sussex Partnership Foundation Trust)

See [Task Card CNH7](#) - Carry out urgent nursing assessments for residents.

6.2.3 Health Assessment Team Leader (Sussex Community NHS Trust or Sussex Partnership Foundation Trust)

See [Task Card CNH8](#) - Establishes the health status and care needs of the resident at the time of transfer.

6.2.4 Health Assessment Team Member (Sussex Community NHS Trust)

See [Task Card CNH9](#) - Carry out the instructions of the Health Assessment Team Leader and undertake assessments of residents.

6.2.5 Sussex Partnership NHS Foundation Trust

See [Task Card CNH10](#) – Assess the mental health and wellbeing needs of clients and referrers clients on to appropriate mental health services

6.3 Clinical Commissioning Group

6.3.1 Lead Nurse Adults Safeguarding Director of Clinical Quality (Clinical Commissioning Group)/ Quality and Patient Safety Team member

See [Task Card CNH11](#) – Responsible for strategic leadership, clinical advice and support to the process, safeguarding investigation expertise.

6.3.2 Appropriate Office / On-Call Manager (Out Of Hours)

See [Task Card CNH12](#) - Will oversee coordination of Local NHS response and resources, and liaise with other partners including BHCC, SCT and SPFT where involved.

6.3.3 Continuing Health Care Lead Nurse

See [Task Card CNH13](#) - assess and review continuing health care funded and full nursing care clients, responsibility for new placements for continuing health care funded clients

6.3.4 General practice transfer of a patient from one residential setting to another

See Task card CNH14 – Liaise with new residential care setting and provide full summary & 2 weeks supply of medications being received.

6.3.5 Domiciliary Care Agency

See Task card CNH 15 – which provides the action to be undertaken by the contacted person at a Care Agency, and which needs to be provided to that person by ASC / CCG as appropriate.

6.4 Other organisations which may be involved

6.4.1 Care / nursing home

- Activate business continuity plan where appropriate.
- Continue to provide accommodation, board, care and support to its residents in conjunction with Adults' Services and NHS organisations, also where the home is being temporarily run by BHCC.
- Cooperate with those assisting with the receivership, closure or transfer of residents.

6.4.2 Care Quality Commission

- Inform Adults' Services and Sussex Police as soon as decision made to obtain an emergency closure order.
- Brief Adults' Services and Police about background, expectations, powers available to all parties, delegated authority to seize records.
- Serve closure order on home.
- Serve notice to say the provider is no longer registered to provide the regulatory activity.

6.4.3 Sussex Police

- Will maintain law and order and prevent a breach of the peace.

Appendix A

Considerations when interacting with residents

Many residents will find transfers severely disruptive emotionally, psychologically and physically and this can present a significant risk to physical and mental health. In the worst cases, fatalities could result. Therefore consideration must be given to the following wherever possible. Where this is not possible, this must be made clear with reasons given.

- Clear information must be given to residents including the reasons for closure or transfer and reassurances that other suitable places are available, providing as much information about the new home as possible early on.
- If there are serious safeguarding and quality concerns, residents and their family members may not fully understand the implications of these to their health and wellbeing, and may be resistant to this information. Communications need to be handled sensitively, and consistently.
- Ensure that, where people are subject to Mental Health Act Guardianship and / or to formal Authorisations under the Deprivation of Liberty Safeguards arrangements, the relevant local authority responsible for having put either in place is immediately notified as fresh arrangements may be required.
- Ensure that third parties who have legal authority in relation to health and welfare considerations, that is people with a Lasting Power of Attorney in relation to these matters or who are appointed as a Deputy on behalf of the Court of Protection, are involved in decision making.
- Work at the pace of the resident.
- Residents must be properly consulted with and their needs and wishes at the heart of care / support plans.
- Consider access to independent advocacy for those without a support network or who lack capacity and have no one to speak on their behalf
- Pay particular attention to the needs of people with cognitive impairments and their mental capacity.
- Be sensitive towards those with dementia and people in end of life situations, making sure such groups are identified early in the process so appropriate support can be put in place.
- They must be empowered to have a 'voice' and given as much control over events as possible in what is a very disempowering and anxiety-provoking situation.
 - Where this is not possible, they need to be given an opportunity to articulate their feelings about their situation and make sense of what is happening.
 - Consider interventions such as advocacy, counselling, group work, and where possible assist them to keep in contact with former companions.
- Wherever possible, groups of friends should be relocated together.
- If the home is a 'forced closure' the perception may be that there is nothing wrong with the care provided. In these situations there will be even more need for honesty and openness.

- Wherever possible, residents must be prepared in order to avoid relocation stress such as through:
 - Consultation and discussion to improve their sense of autonomy.
 - Visits to new accommodation before transfer.
 - The ability to select a new home in a calm, panic-free manner and allowing the maximum possible time for this.
 - Emphasising potentially positive outcomes.
 - Trying to reduce the amount of environmental change (moving people to physically similar places or services with a similar atmosphere).
 - Providing relevant, robust and detailed information about each relocated person.
 - Moving staff and residents together (to minimise disruption).
 - Allocating a keyworker to be responsible for each person's care (with scope to visit the person in their old home, get to know them, talk to staff and greet the resident as they arrive in their new home).
 - Residents should be given the opportunity to help pack their belongings but if this will make them too distressed, obvious signs of packing should be minimised.
 - Providing additional support for particularly vulnerable residents.
 - Moving as much as possible of residents' familiar furniture with them.
 - Providing particular support on the transfer day itself (for example, with familiar staff, family and close friends accompanying the person, a keyworker to greet the person as they arrive, new staff knowledgeable in advance of the person's routines, encouraging residents to unpack themselves or seeing good practice in supporting older people during residential care closures or transfer of residents where everything is put and encouraging residents to talk about how they are feeling).
 - Monitoring the adjustment process after relocation (ideally on a weekly basis at first and then at 6 weeks, 3 months, 6 months and 12 months).
 - Robust care / support planning and communication to support people's preferred lifestyles in the new home.

Appendix B

Draft Agenda – Initial inter-agency strategic planning meeting

Date: _____

Time: _____

Present: Chair: _____ Minutes: _____:

_____: _____: _____:

_____: _____: _____:

_____: _____: _____:

_____: _____: _____:

Apologies: _____: _____:

_____: _____: _____:

1. Update on situation:
 - home to be closed / residents supported in home – Why?
 - Legal issues (if any)
 - Likely timescales
 - Link to safeguarding investigations
2. Confirm roles and responsibilities of those present
3. Update on residents:
 - Number in home
 - Self-funded or placed by other authorities¹
 - Capacity issues
 - Medical issues
 - Special requirements
 - Where going to
 - Priority order in which to be moved
4. Staffing requirements
5. Resource requirements – Suitcases, daily living equipment
6. Transport requirements - Staff, residents and possessions
7. Deployment arrangements and timescales
8. Communication arrangements
9. Health, safety and welfare issues
10. Evidence recording
11. Information to the media
12. Information to Members
13. Agree actions and timescales
14. Date and time of next meeting

¹ Liaison with families and other authorities required.

Appendix C

Task cards

TASK CARD

CNH1, All staff

Note: All staff must consider their welfare at all times. Managers must consider the impact of welfare considerations on all staff under their control.

Actions – This list is not exhaustive		✓
<p>1. Mitigate risks: All residents should be reassessed with appropriate risk assessments in place. Information about how the resident has reacted to the need to move should also be included. This should be included within the package of information that will move with the resident to the new home</p>		
Risk	Mitigation	
Increased anxiety, fear and confusion particularly where there is frailty or an underlying illness, for example, for people with physical frailty, dementia, severe learning disabilities, poor communication abilities, challenging behaviour and / or severe autism.	<p>Clear information given in format the resident will best understand, repeated as necessary.</p> <p>Reassure / allay anxiety.</p> <p>Multi-disciplinary input as needed.</p> <p>Medical examinations on initial assessment and prior to move. Additional medical interventions if necessary at point of move.</p> <p>Face to face handover between medical and health practitioners if required.</p>	
Injury / harm to residents resulting from unavailability of appropriate equipment to move / accommodate, for example, mattresses, ceiling track hoist, hi-lo bath.	<p>Review of equipment needs prior to move. Equipment provision to be checked at new home before moving.</p> <p>Establish what equipment can be transferred with the resident.</p>	
Dietary / nutritional needs not met for those with special dietary needs / requiring support to eat / artificial feeding (such as PEG [feeding tube]) / and those at risk of choking.	<p>Support plans to be reviewed to ensure full information is included. Briefing and training of staff of receiving home by current staff. Current staff working short-term alongside those in receiving homes if necessary. (Consider how these staff would be paid and negotiate funding.)</p>	

Stress and anxiety over changes during preparation period and in first 3 months following move.	Full briefings on effects of stress and anxiety to all involved in supporting residents. Receiving home to allocate key worker and 'buddy' if possible to support people prior, during and following the move. Where friendship groups are moving together, they should be moved at the same time.	
Harm / injury to residents during move, from associated environmental factors.	People should not be moved in inclement weather unless absolutely necessary.	
2. See Appendix A for a list of considerations when dealing with residents.		

TASK CARD

CNH2 Incident Manager (BHCC)

Responsible to: Executive Director of Adults' Services

Fulfilled by: Head of Adult Assessment or General Manager

Note: All staff must consider their welfare at all times. As a manager, you must consider the impact of welfare considerations on all staff under their control.

Actions – This list is not exhaustive	✓	Delegated to:
After initial notification (pre-planning):	✓	
1. Delegate tasks as appropriate.		
2. Identify a budget code to which all costs associated with the incident can be assigned to.		
3. Determine what vacancies are available in other homes and keep the list up-to-date for as long as required. <ul style="list-style-type: none"> • Call all homes in area to source vacancies. • If insufficient space, look further afield or speak to health colleagues about possible alternative accommodation. 		
4. If there is advance notice of the home closure or transfer of residents:		
<ul style="list-style-type: none"> • Obtain comprehensive details of residents. • Obtain details of family members / next of kin where placed by BHCC. • Obtain information regarding privately funded residents and other local authority placements. • Liaise with Clinical Commissioning Groups to obtain details of GPs who provide care in the various homes and obtain details of Community Pharmacy used (or contracted pharmaceutical supplier. 		
5. Duration <ul style="list-style-type: none"> • Set out the closure or transfer timetable - Estimate how long the response may be required for. Implement extended / 24hr cover arrangements as required. 		
6. Impact <ul style="list-style-type: none"> • Consider the potential impact upon business as usual and which service continuity plans may need to be activated to ensure provision of key and essential services • Ensure any impact on service provision, such as a reduction of services, or suspension of non-essential services, is communicated to customers. 		
7. Establish working area for the Core Support Group. <ul style="list-style-type: none"> • Review options. ASC Offices, Civil Contingencies Office (Room 110 Kings House), Hove Town Hall, etc • Confirm space and equipment requirements: <ul style="list-style-type: none"> ○ Phone lines. ○ Network points. ○ White boards. ○ Access and parking arrangements, including for extended / 24 		

<ul style="list-style-type: none"> ○ hour response (for partner organisations also). ○ Ensure IT fits out as necessary. <p>Note: This is an incident response, therefore it must take priority over routine meetings and work.</p>		
<p>8. Decide which BHCC services will need to be involved</p> <ul style="list-style-type: none"> • Adults' Services to lead the response to the home closure or transfer of residents and provide information to relevant Cabinet Members. • Resilience and Emergencies Team to facilitate the management and coordination of wider response. • Communications to liaise with the media. • Infrastructure to assist with transportation of staff, people, residents and their possessions. (Need to know quantity and size of possessions / furniture early on). • BHCC Catering Supplier management (for catering arrangements). • Contracts and commissioning to provide advice regarding contractual issues regarding the home closure or transfer of residents. • Legal Services to coordinate legal support requirements and ensure legal advice is provided as required. • Finance to cost out 'step in' services and advise on how this may be recovered through insurance or liquidators. 		
<p>9. What other organisations may need to be involved? Make contact as soon as possible if not already aware.</p> <ul style="list-style-type: none"> • CQC if closure due to emergency order. • B&H CCG to coordinate Health response locally. (The CCG may refer this role to the NHS England Surrey & Sussex Area Team if a Major Incident is declared or the 'Health' response requires levels of assistance form outside of Brighton and Hove.) • Sussex Community NHS Trust to evaluate health care requirements and provide nursing staff and links into GPs, hospitals, pharmacists and other health services. <ul style="list-style-type: none"> ○ Note: The Sussex Primary Care Support Unit will be able to provide a list of all residents registered at the post code of the home. This can then be used to identify the GPs involved in the care. A request to access medical information records can then be made by the health professional involved from the GP. • Police to prevent breach of the peace. Can also assist with parking suspension regulations and access issues. The district / borough council may also be able to assist. • British Red Cross to assist with transportation of residents, their possessions and some daily living equipment. • South East Coast Ambulance Service for transportation of those with high medical needs. • Other local authorities regarding alternative placements - urgent liaison needed. • The relevant local authority responsible for having placed people who are subject to Mental Health Act Guardianship, and / or to formal Authorisations under the Deprivation of Liberty Safeguards arrangements, as fresh arrangements may be required 		

<p>10. Nominate a Team Manager to fulfil the role of Social Care Assessment Team Leader at the home.</p> <ul style="list-style-type: none"> • Obtain sufficient staff (considering potential for extended / 24 hour working) to: • Liaise with families. • Act as the single point of contact for home. • Identify alternative placements. • Conduct joint assessments, ideally 1 social worker + 1 nurse per resident (or 2 social workers). • Manage medicines - 1 health professional (or 1 social worker). • Undertake mental health assessments as necessary - Approved Mental Health Professional (AMHP). • Be mindful of the need to consider use of the MCA for individuals without capacity. • Obtain care / support plan, medical and other relevant records from the home and store safely - 1 person. • Ensure resources and supplies are ordered and maintained as necessary - 1 person. • Discuss concerns with residents and family members in order to reduce anxiety. • Ensure evidence is gathered where appropriate of: <ul style="list-style-type: none"> ○ Concerns that are observed regarding condition of the residents or the environment as part of the safeguarding process such as allegations of abuse, insufficient care plans, insufficient medication regimes and control, lack of staff, poor standards, and so on. ○ The condition of the home upon arrival as the home must be left in the same condition as a very minimum. Taking photographs will reduce the risk of potential disputes. • Work with CQC in the event of records being seized – CQC accept secure photocopying and sharing of records • Provide catering (if necessary). • Provide cleaning (if necessary). • Manage media on site - Communications representative on standby to attend. • Regional Communications Officer or Director for CQC officer will make themselves available if needed. • Provide admin support in the incident room. • Provide admin support at the care home. • Facilitate management and coordination of wider the response - Resilience and Emergencies Team. • If providing support to residents in the home, ideally in-house staff will cover at least the first 48 hours care. (Obtain legal advice if staff are to be moved – their employment rights must be protected. TUPE may apply to some staff.) • Involve advocates as necessary. 		
<p>11. Hold strategy meeting with partner organisations</p> <ul style="list-style-type: none"> • Arrange an inter-agency meeting with partners to agree the response. (See Appendix B for a draft agenda.) 		
<p>12. Keep a record of issues raised on the Issues Log (see Appendix D) and ensure action is taken to resolve them.</p>		
<p>13. Liaise with other Area Operations Managers to ensure alternative</p>		

placements are coordinated.		
14. Share contact details of all staff. (See Appendix E).		
15. Inform and update the Out of Hours Manager.		
16. Identify likely resources if residents are to be moved: <ul style="list-style-type: none"> • Transportation and equipment for people. • Suitcases and storage boxes or similar in which to pack peoples' possessions (black bin liners are not acceptable). • Food and refreshments for staff and residents. • Clothing, blankets. • Continance resources (Sussex Community NHS Trust should have arrangements in place with the continence service for this). • Camera to gather evidence – conditions / state of building. • Photocopier. • Mobile phones and chargers. • Interpreters. 		
17. Obtain as much information about residents as possible before attending the home. <ul style="list-style-type: none"> • Record details on the 'Individual resident's information sheet' (Appendix F) and summarise this on the 'Summary of residents' information sheet' along with the person's destination if being moved. (Appendix G). • Assess each resident to determine priority for transfer and if specialist transport or equipment will be required. • Identify what family support is / can be made available. • Ensure the family member / other responsible person signs the inventory of belongings page of the 'Individual resident's information sheet' to confirm receipt of all items listed if they are moving belongings on the resident's behalf. • Ensure that third parties who have legal authority in relation to health and welfare considerations, that is people with a Lasting Power of Attorney in relation to these matters or who are appointed as a Deputy on behalf of the Court of Protection, are involved in decision making. 		
18. Initiate programme of phased transfers. <ul style="list-style-type: none"> • Develop plan of who is to be moved and when. • Maximum per day needed to ensure control – 7 residents if time allows (depending on the type of emergency)? • Ensure residents have an opportunity to say goodbyes, communicate with family / friends and have involvement in packing of personal effects. 		
19. Draft joint letter from BHCC / Clinical Commissioning Groups to gain support from GPs Community Pharmacies, etc. if there is sufficient time.		
20. Agree media strategy. <ul style="list-style-type: none"> • Develop media lines – Proactive or reactive approach? Ensure availability of press statements during planning stages and as solution is defined. • Ensure staff know what they can say and to whom. • See Appendix H for draft media statements. 		
21. Prepare information for staff, residents, relatives, CQC and others: <ul style="list-style-type: none"> • Why we are doing this, detailing the facts. 		

<ul style="list-style-type: none"> • The strategy and likely timescales. • How information will be shared. • Alterations required to Registration status • Named worker as support worker. • Legal rights. • Available counselling services. • Update website. • Receiving homes – information about residents including care / support plans. • Information to relatives. <ul style="list-style-type: none"> ○ Be clear about the risk and reason(s) for closure or transfer of residents. ○ Raise awareness of safeguarding issues. ○ Provide information about the complaints process / officer leaflet. ○ Available counselling services. ○ Who the named support worker is. 		
<p>22. Ensure there will be sufficient catering provided.</p> <ul style="list-style-type: none"> • Investigate options for feeding residents and staff (BHCC Catering Supplier management (for catering arrangements). • Catering facilities may be on site but cooks must have had relevant hygiene courses on handling and preparing food. • Ensure cooks, develop meal plans order food. 		
<p>23. Ascertain if a helpline will be required for relatives.</p>		
<p>24. Nominate a Reporting Base where staff from all responding agencies can meet and be fully briefed together.</p> <ul style="list-style-type: none"> • Staffing requirements may vary throughout the response. The Reporting Base should be used for staff to wait / rest at whilst not actually being utilised rather than giving appearance of being 'heavy-handed'. 		
<p>25. Ensure sufficient forms are given to staff.</p> <ul style="list-style-type: none"> • Medication management assessment. • Safeguarding adults – Alert forms. • FACE Assessment Documentation. • FACE Mental Capacity Assessment. • Medication Management Assessment. • Pressure risk assessment 		
<p>26. Arrange inter-agency operational briefing of all staff who will be deployed to the home, including voluntary agencies and transport / removal companies assisting with transportation of people and their belongings. See Appendix I for a draft agenda.</p>		
<p>27. Decide how we will manage staff we don't employ - Cleaners, agency staff and so on?</p>		
<p>28. Withdraw cash from the pre-paid cash card account (held by Area Operations Managers) and sign out to the Social Care Assessment Tea Leader. Ensure all spending is accounted for on the 'Expenses recording template' (Appendix J).</p>		
<p>29. Obtain estimates / quotes for resources such as removal vans and British Red Cross support (specialist vehicles, fuel, driver costs) and obtain purchase order numbers.</p>		
<p>Deployment considerations - First 2 hours</p>	✓	

30. Monitor situation and obtain / reallocate resources accordingly.		
31. Provide regular information updates to staff, Members, partner agencies, residents and families as appropriate - in conjunction with the Director of Adults' Services, Resilience and Emergencies Team and Communications		
32. Monitor staff welfare.		
Deployment considerations – 2 to 24 hours	✓	
33. Ensure emotional support is provided to staff immediately if waiting for a member of the Critical Incident Team to make contact (within three days of initial deployment) would be detrimental to their wellbeing. .		
34. Authorise funding for spot purchase agreements if outside 'normal' limits.		
Deployment considerations – 24 hours to 1 week	✓	
35. Provide regular information updates to staff, Members, partner agencies, residents and families as appropriate, in conjunction with the Director of Adults' Services, Resilience and Emergencies Team and Communications.		
36. Ensure positive media coverage and promotion of Adults' Services and Clinical Commissioning Groups.		
37. Ensure daily contact is maintained with each resident.		
Deployment considerations – 1 week +	✓	
38. Ensure follow up visits with each resident.		
39. On-going health assessments will be required – ensure these happen.		
40. Ensure staff involved in the response are updated with how residents are doing. Particularly where there is concern for loss of life.		

TASK CARD

CNH3, Service Manager, Contracts and Commissioning (BHCC)

Responsible to: Incident Manager

Fulfilled by: Head of Contracts of Performance

Actions – This list is not exhaustive		✓
1.	Manage and negotiate existing contracts.	
2.	Determine what vacancies are available in other homes and keep the list up-to-date for as long as required.	
3.	Determine availability of alternative short / long term accommodation as appropriate.	
4.	Provide advice regarding contractual issues regarding the home closure or transfer of residents.	
5.	Negotiate with the care home owner if necessary.	
6.	Negotiate contracts with the new homes.	

TASK CARD

CNH4, Social Care Assessment Team Leader (BHCC)

Responsible to: Incident Manager

Fulfilled by: General Manager

Actions – This list is not exhaustive	✓	Delegated to:
1. Assume the Operational (Bronze) role at the care home and work closely with team leaders from the other responding organisations, in particular Sussex Community NHS Trust, to ensure a coordinated and effective response.		
2. Ensure residents are treated with dignity and respect.		
3. Liaise with all partners at the home.		
4. If the Incident Manager Area Operations Manager has been unable to do so:		
• Obtain comprehensive details of residents.		
• Obtain details of family members / next of kin where placed by BHCC.		
• Obtain information regarding privately funded residents and other local authority placements.		
• Liaise with the Clinical Commissioning Group to obtain details of GPs who provide care in the various homes and obtain details of Community Pharmacy used (or contracted pharmaceutical supplier).		
5. Obtain access to personal belongings.		
6. Assess / review needs of residents in order to identify suitable alternative placement.		
7. Obtain medication records, medication and repeat prescriptions held in the home.		
8. Ensure Clinical Commissioning Group advise GP to transfer records.		
9. Assess and provide transportation needs for residents and belongings (Liaise with the Civil Contingencies Team & CCG who will coordinate transport requests through Transport, South East Coast Ambulance Service, British Red Cross and St. John).		
10. Provide privacy for residents from the public and intrusive media coverage.		
11. Remain 'on site' until all residents have been transferred to suitable alternative homes / services to give advice.		
12. Notify family and / or other funding authorities of move and work with them as far as practicably possible.		
13. Identify any resident for whom there is a Lasting Power Of Attorney (for Health & Welfare) or a Deputy acting on behalf of the Court of Protection - and ensure that they are notified and involved in the decision-making required.		
14. Notify Financial Services and Contracts Unit of change in service provider.		
15. Commission alternative short / long term accommodation as appropriate (refer to list of vacancies provided by the Service Manager, Contracts and Commissioning).		

16. Obtain cash from the Incident Manager and issue to staff to use where payment by p-card is not accepted. Ensure all spending is accounted for on the 'Expenses recording template' (Appendix J).		
Deployment considerations - First 2 hours	✓	
17. Ensure risks are mitigated. <ul style="list-style-type: none"> All residents should be reassessed with appropriate risk assessments in place. Information about how the resident has reacted to the need to move should also be included. This should be included within the package of information that will move with the resident to the new home. Also see information in Task Card CNH1, All staff. 		
18. Ask CQC to remain on site if closure due to emergency order. (Will be able to advise on legal issues and regulatory standards around closure, seizure of records, medication and so on.)		
19. Ensure all staff are be easily identifiable to each other and residents - Large hand written name badges (sticky labels) for staff and residents will help those with impaired vision.		
20. Ensure resident's door is labelled with their name if not already done.		
21. Care / support plans - Ensure each resident has a current and suitable care / support plan, regardless of whether they are staying put or being moved to another home.		
22. Monitor situation and obtain / reallocate resources accordingly.		
23. Provide regular information updates to staff, Members, partner agencies, residents and families as appropriate - in conjunction with the Incident Manager, Director of Adults' Services, Resilience and Emergencies Team and Communications		
24. Photograph the home. <ul style="list-style-type: none"> The home must be left in the same condition as upon arrival as a very minimum. Take photographs of the home upon entry to ensure this happens and to avoid potential disputes. Photographs should also be taken to evidence any concerns that are observed regarding condition of the residents or the environment as part of the safeguarding process. 		
25. Carry out risk assessment and H&S check, including: <ul style="list-style-type: none"> Emergency home closure or transfer team <ul style="list-style-type: none"> Manual handling. Slips, trips and falls. Building <ul style="list-style-type: none"> Fire escapes. Fire doors. Check and test fire alarms. Check water temperatures – ensure thermostats are available to check bath water. Electrical appliances in acceptable condition. Clinical waste issues. Requirements to handle laundry / soiled laundry. Residents <ul style="list-style-type: none"> Care / support plans. 		
26. Advise staff how to manage conflict / aggression. <ul style="list-style-type: none"> If staff are threatened or intimidated by home staff they should immediately speak to a supervisor to involve the police early on if 		

necessary.		
27. Monitor staff welfare.		
28. Identify which home staff are supportive / subversive.		
<p>29. Providing support to residents remaining in the home:</p> <ul style="list-style-type: none"> • Urgent wellbeing check. <ul style="list-style-type: none"> ○ Check whether or not there are any personal or medical needs that must be met immediately. (See Appendix K.) • Care / support plans: <ul style="list-style-type: none"> ○ Co-ordinate care / support plans and medication needs. Build up in depth knowledge of the needs of each resident to ensure appropriate care is provided. • Maintain residents' routines as much as possible. • Be respectful of their home. • Ensure and check: <ul style="list-style-type: none"> ○ Insurance coverage. ○ Health and safety representative assesses home. ○ Building fire assessment carried out. ○ Catering and cleaning arrangements are in place. 		
<p>30. Moving residents to another home:</p> <ul style="list-style-type: none"> • Urgent wellbeing check: <ul style="list-style-type: none"> ○ Check whether or not there are any personal or medical needs that must be met immediately. (See Appendix K.) • Care / support plans: <ul style="list-style-type: none"> ○ Co-ordinate care / support plans and medication needs if possible within the time available. Build up in depth knowledge of the needs of each resident to ensure appropriate care is provided. • Is the resident fit to travel? <ul style="list-style-type: none"> ○ Or do they need a GP to review them prior to moving – somebody who is unwell with an infection or requires palliative care. • What type of transport is needed? <ul style="list-style-type: none"> ○ Does the resident need to be moved in a chair or on a stretcher? If they have oxygen, an ambulance crew may be required. (Liaise with the Resilience and Emergencies Team.) • If the resident is using oxygen: <ul style="list-style-type: none"> ○ A temporary prescription will need to be obtained and be in place at the new home prior to transfer. British Oxygen Company (BOC) will then need to be contacted to move concentrator to the new home. • Identify needs of the individual: <ul style="list-style-type: none"> ○ Monitor residents' reaction to the trauma of being moved. ○ Give residents opportunity to say good bye to each other. ○ Allow involvement in packing of personal effects. ○ Ensure residents are treated with dignity and respect by all staff. ○ Provide privacy from the public and media. ○ Also see Appendix A. • Obtain and record all possessions: <ul style="list-style-type: none"> ○ On the 'Individual resident's information sheet' (Appendix F.) ○ Ensure the family member / other responsible person signs the 		

<p>inventory of belongings page of the 'Individual resident's information sheet' to confirm receipt of all items listed if they are moving belongings on the resident's behalf.</p> <ul style="list-style-type: none"> ○ Obtain personal belongings, including suitcases and other items that may be securely locked away. ● The new home needs to know: <ul style="list-style-type: none"> ○ Care / support plans. ○ Medication. ○ When the next blood test is due if resident is on warfarin. ○ About pressure relieving equipment that is in use prior to transfer. (Sussex Community NHS Trust staff will arrange.) ○ Special concerns. ○ Next of kin information. ● To go with the resident for immediate use: <ul style="list-style-type: none"> ○ Overnight bag. ○ Dressings and catheters. ○ PEG (feeding tube) Dietician must be informed to insure further supplies sent to the new home. Sussex Community NHS Trust staff will arrange. ○ Medication and repeat prescriptions. ○ Detailed and comprehensive nursing transfer letter. ○ Other equipment such as nebulisers, walking aids, wheelchairs. (Check if they belong to the resident or the home, if they belong to the home, alternatives may need to be sourced from the equipment store.) ○ List of other professionals involved with the resident so they can be notified of change of address and maintain continuity of care. This information should be available in the care / support plan and the assigned Social Worker will notify relevant professionals as soon as possible after the transfer. ● What additional resources and equipment may be required? <ul style="list-style-type: none"> ○ Additional mobile phones. ○ Pool cars for staff. ○ Suitcases. ○ Clothes. ○ Medication. ○ Incontinence aids. ○ Nebulisers. ○ Mobility aids. ○ Chairs. ○ Oxygen. ○ Mobile hoists. ○ Specialist beds. ○ Blankets / shawls. ○ Other. ● Pets - Do residents have pets to be temporarily looked after? Ideally try and relocate pet with resident. 		
Deployment considerations – On-going, as above, plus	✓	
31. Clear briefing and hand over to next shift.		
32. Ensure safety / security of building if closed. This is the owner's responsibility, however Team Leader must ensure building is left secure when vacated by BHCC.		

33. Ensure security of staff belongings		
34. Ensure privacy from media - Try to stop the media taking photos of individuals (staff and residents) and their vehicles.		
35. Ensure continuity of care by informing other professionals involved with the resident's change of address.		
36. Monitor staff welfare - Ensure emotional support is provided to staff immediately if waiting for a member of the Critical Incident Team to make contact (within three days of initial deployment) would be detrimental to their wellbeing.		
37. Look at individual needs rather than general needs - more in depth assessments will be required.		
38. Specific accommodation needs could entail further move, prepare individual and family for this.		
39. On-going health assessments will be required - ensure these happen.		

TASK CARD

CNH5, Social Care Assessment Team Member (BHCC)

Responsible to: Social Care Assessment Team Leader

Fulfilled by: Social Worker

Actions – This list is not exhaustive	✓
1. Carry out the instructions of the Social Care Assessment Team Leader.	
2. Familiarise yourself with Task Card CNH4 , Social Care Assessment Team Leader for details of tasks you may be asked to carry out.	
3. Inform the Social Care Assessment Team Leader when tasks have been completed or if there are any problems in doing so.	
4. Liaise with other agencies involved.	
5. Administrative support will need to:	
<ul style="list-style-type: none">• Maintain a central log for the team to include decisions made and the reasons for them.	
<ul style="list-style-type: none">• Record expenditure.	
<ul style="list-style-type: none">• Ensure information is displayed and shared appropriately, such as action lists, contact details and messages.	

TASK CARD

CNH6, Locality Head of Service (Sussex Community NHS Trust)

Responsible to: Deputy Chief Operating Officer

Fulfilled by: Locality Heads of service:

1. Brighton and Hove – Based at Brighton General Hospital

Actions – This list is not exhaustive	✓
1. Consider activating the Trusts emergency plan if appropriate.	
2. Inform the Trust on-call Manager, and Emergency Planning and Business Continuity Officer.	
3. Place community hospitals on standby to receive those highly dependent upon nursing care.	
2. Ensure sufficient provision of nursing staff to assess nursing needs of residents.	
3. Inform Clinical Commissioning Group (On-Call Manager out of Hours).	
4. Impact <ul style="list-style-type: none"> • Consider the potential impact upon business as usual and which service continuity plans may need to be activated to ensure provision of key and essential services • Ensure any impact on service provision, such as a reduction of services, or suspension of non-essential services, is communicated to customers. <p>Note: Cannot offer reassurance regarding a blanket agreement regarding reducing planned activities, as this is dependent on resources required. However will review each area of planned activity which may be affected by the implications of activating this plan and negotiate on a case by case basis.</p>	
5. Integrated Clinical Service Manager or Operational On Call Manager for resources.	
6. Gain residents' GP summary sheets.	
7. Link with Occupational Therapy / Physiotherapy / Mental Health where appropriate.	
8. Liaise with other heads of service regarding possibility of access to other community bed capacity.	
9. Ensure there are sufficient nurses for the number of patients.	
8. Arrange for the availability of a geriatrician, Psychiatrist, specialist clinical teams and / or General Practitioner if required.	
9. Emergency Planning to liaise with Sussex Community NHS Trust.	
10. Contact Community Pharmacy servicing the establishment to gain access to replacement drugs / MAR Charts where possible.	
11. Liaise with Hospital Specialists where appropriate.	
12. Liaise with IC24 (B&H Out Of Hours Service provider) in respect of individual client needs or transfer of residents and patients involved.	

TASK CARD

CNH7, Registered Nurse (Sussex Community NHS Trust or Sussex Partnership Foundation Trust)

Responsible to: Health Assessment Team Leader

Fulfilled by: An appropriately confident and competent nurse with the necessary skill set:

Actions – This list is not exhaustive	✓
1. Carry out an urgent nursing assessment for residents in an emergency home closure or transfer of residents.	
2. Ensure the CCG (On Call Manager out of Hours) have been informed.	
3. Establish, as far as practically possible, the health status and care needs of the resident, at the time of transfer, in order to:	
•Identify short term needs for receiving care home	
•Identify appropriate placement based on needs and make recommendation to the Social Care Assessment Team Leader (BHCC).	
•Identify and initiate treatment/management of urgent health care needs	
•To document evidence of condition of resident in order to inform any safeguarding or other investigation	
Note: If the home is registered for people with a learning disability, mental health or people with dementia additional specialist nurses should be part of the team to support the general nurse assessments. If this is the case then Sussex Partnership Foundation Trust should be provide the leadership, not Sussex Community NHS Trust.	
4. Link with Occupational Therapy / Physiotherapy / Mental Health where appropriate.	
5. Assess the team required to respond working on a ratio of 4 nurses to 10 patients.	

TASK CARD

CNH8, Health Assessment Team Leader (Sussex Community NHS Trust or Sussex Partnership Foundation Trust)

Responsible to: Locality Head of Service

Fulfilled by: An appropriately confident and competent nurse with the necessary skill set or NHS Senior Clinician who has received training and been involved in exercising the process of health assessment at an emergency closure of a home or transfer of residents.

Will be nominated by the Operational On Call Manager.

Actions – This list is not exhaustive	✓
1. Carry out an urgent nursing assessment for residents in an emergency home closure or transfer of residents.	
2. Establish, as far as practically possible, the health status and care needs of the resident, at the time of transfer, in order to:	
• Identify short term needs for receiving care home.	
• Identify appropriate placement based on needs and make recommendation to the Social Care Assessment Team Leader (BHCC).	
• Identify and initiate treatment/management of urgent health care needs.	
• To document evidence of condition of resident in order to inform any safeguarding or other investigation.	
Note: If the home is registered for people with a learning disability, mental health or people with dementia additional specialist nurses should be part of the team to support the general nurse assessments and should be led and coordinated by Sussex Partnership Foundation Trust.	
3. Link with Occupational Therapy / Physiotherapy / Mental Health where appropriate.	
4. Liaise with Community Bed Capacity Resilience Facilitator regarding possibility of access to community bed capacity.	
5. Assess the team required to respond working on a ratio of 4 nurses to 10 patients.	
6. Arrange to collect a Health Emergency home closure or transfer of resident's equipment bag from the nearest storage location See Sect x Emergency home closure or transfer of residents.	
7. Proceed to the care home.	
8. Report to the lead adult services manager on arrival.	
9. Take responsibility for setting up the assessment system within the care home and co-ordinate the assessment of residents, and record assessment status on white board.	
10. Ensure that there are adequate resources for the provision of health care support, including having appropriately stalled staff where further resources are required inform the operational On Call Manager.	
11. Fully brief the Health Assessment Team members.	
12. Oversee the support, documentation and assessment at the care home	

throughout the incident.	
13. Be responsible for rostering staff for shifts and breaks.	
14. Be responsible for collating and retaining full sets of completed assessments for future use.	
15. Ensure enough equipment and documentation to go with resident to new care setting, or that a supply is available.	
16. Ensures all Health Professionals complete Major Emergency Log Book with all relevant information.	
<u>Type of assessments</u>	
Core Assessments <ul style="list-style-type: none"> •FACE Rapid Assessment •Patient Handling Assessment •Pressure Risk •Falls •Malnutrition Screen •Record of Medication and Administration •Contact Assessment •GP Summary Sheet should be obtained by the lead adult social care manager. •Specific Assessments as required e.g. wound assessment 	
<u>Capacity and consent</u> <ul style="list-style-type: none"> •The Registered Nurse should agree with the Social Care Assessment Team Leader (BHCC) who will obtain written consent for the assessment. If the person lacks capacity a joint capacity / best interest assessment should be undertaken by the Registered Nurse and Social Care Assessment Team Member (BHCC). •A physical examination of the resident's body should be carried out; and all marks noted on the body map. Other observations The Registered Nurse should observe and record any information that they believe will assist any enquiry into the care of the resident; this may include: <ul style="list-style-type: none"> •Hygiene and infection control measures evident •Aroma •Condition of décor and building •Evidence of food/fluids •Samples of totals on fluid charts •Evidence of omissions or irregularities in medicines •Surplus supplies of prescribed medications/continence supplies/equipment found for each resident Photographs should be taken as requested.	
<u>Information for the Receiving Home</u> <ul style="list-style-type: none"> •A photocopy of the FACE Rapid Assessment and any other assessments plus a copy of the GP summary sheet should be given to the receiving home. •All resident specific information should be recorded on the resident's health assessment emergency home closure or transfer of residents' records. •All general information, observations or actions should be recorded in the major emergency log book. 	

TASK CARD

CNH9, Health Assessment Team Member (Sussex Community NHS Trust)

Responsible to: Health Assessment Team Leader

Fulfilled by: Staff pre identified as having the skills required to assess the healthcare needs of residents in a care setting

Actions – This list is not exhaustive	✓
1. Proceed to the named care home you are allocated to.	
2. Report to the Health Assessment Team Leader on arrival.	
3. Take instruction from the Health Assessment Team Leader throughout the incident.	
4. Undertake assessments of identified residents as outlined on action card CNH1.	
5. Ensure that resident's consent is obtained or if the person lacks capacity; a best interest assessment is made and documented.	
6. Ensure that documentation is completed as fully as possible. If information is not available; this should also be documented.	

TASK CARD

CNH10, Sussex Partnership NHS Foundation Trust

Actions – This list is not exhaustive		✓
1.	Inform the Trust on call Director and consider activation of relevant emergency or business continuity plans where appropriate.	
2.	Support the Health Assessment Team with the assessment of specialist mental health needs of residents if a home is registered for people with mental health needs or people with dementia.	
3.	Support the moves of those with specialist mental health needs and / or people with dementia.	
4.	Operational Manager (out of hours on call manager and working hours General Manager) to be the point of contact, coordinate the resources required to support and liaise with all agencies involved.	
5.	Inform the CCG (On Call Manager Out of Hours)	
6.	Impact <ul style="list-style-type: none"> • Consider the potential impact upon business as usual and which service continuity plans may need to be activated to ensure provision of key and essential services • Ensure any impact on service provision, such as a reduction of services, or suspension of non-essential services, is communicated to customers. 	

TASK CARD

CNH11, Designated Nurse Safeguarding Adults (Clinical Commissioning Group)

Responsible to: Director of Clinical Quality of Primary Care (CCG)

Fulfilled by: Designated Nurse Safeguarding Adults

Actions – This list is not exhaustive	✓
1. Place hospitals on standby to receive those highly dependent upon nursing care or, through neglect, have acute medical needs requiring acute admission to a general hospital.	
2. Liaise with Sussex Community NHS Trust.	
3. Liaise with IC24 (B&H Out Of Hours Service provider) to inform of closure.	
4. Inform Clinical Commissioning Group On-Call Manager, CCG Accountable Officer and Area Team, NHS England Safeguarding / On Call as required.	
5. Provide health focussed strategic leadership, clinical advice and support.	
6. Impact <ul style="list-style-type: none"> • Consider the potential impact upon business as usual and which service continuity plans may need to be activated to ensure provision of key and essential services • Ensure any impact on service provision, such as a reduction of services, or suspension of non-essential services, is communicated to customers. 	

TASK CARD

CNH12, Accountable Officer (Or On Call Manager Out of Hours) (Clinical Commissioning Group)

Responsible to: CCG Chief Executive Officer

Fulfilled by: Geraldine Hoban or trained and experienced On-Call Manager

Actions – This list is not exhaustive	✓
1. Inform, liaise with and coordinate Local (B&H) NHS response with BHCC and other partners	
2. Inform the CCG On-Call Manager and the CCG / PH Resilience Manager	
3. Inform SCT and SPFT if appropriate.	
4. Consider activating the CCG's emergency plan, and if appropriate consider opening the CCG incident control centre in rooms 1 & 2.	
5. The CCG may refer the coordination role to the NHS England Surrey & Sussex Area Team if a Major Incident is declared or the 'Health' response requires levels of assistance form outside of Brighton and Hove.	
6. (If 2 above takes place) Support the Area Team is coordinating the NHS response locally.	
7. Contact CCG Communications and ensure that media contact is coordinated with BHCC and other partners involve ed.	
8. Support safeguarding and home closure process as required.	

TASK CARD

CNH13, Continuing Health Care Lead Nurse (Clinical Commissioning Group)

Responsible to: Director of Health and Social Care Commissioning

Fulfilled by: Staff pre identified as having the skills required to assess the healthcare needs of residents in a care setting

Actions – This list is not exhaustive		✓
1.	Provide information if available about out of City continuing health care placements and liaise with funding NHS Body.	
2.	Review existing continuing health care funded Clients and determine the needs for the new placement.	
3.	Assess any new potential continuing health care clients.	
4.	Secure alternative placements for continuing health care funded clients.	
5.	Support safeguarding and home closure process as required.	

TASK CARD

CNH14, General practice transfer of a patient from one residential setting to another

Responsible to: Locality head of service

Fulfilled by: Primary Care. (General practitioner, practice manager)

Actions – This list is not exhaustive	✓
1. Liaise with residential setting manager where the patient has transferred to	
2. Practice manager to organise for a full summary including care plans, recent communications and medication to be faxed to receiving residential placement	
3. Two weeks of signed prescriptions to be sent to receiving residential placement	
4. To inform any other agencies involved with the care of patient of transfer, for example palliative care team, IPCT.	
5. All need to understand that Primary Care is only one aspect of a person's care, and that it is imperative that other agencies, especially ASC, are communicating with one another during the transfer of a resident from one care home setting to another, to avoid either duplication or gaps in roles occurring.	

TASK CARD

CNH15, Domiciliary Care Agencies

Responsible to: Adult Social care at BHCC

Fulfilled by: Person contacting BHCC or CCG re care Agency Failure.

(In the event of a Care Agency Failure, this plan and action card will be provided to the Care Agency concerned by ASC at BHCC or the CCG.)

Actions – This list is not exhaustive	✓
1. Liaise with Adult Social care department at BHCC and H&H CCG if warranted.	
2. Liaise with Care settings where the agency has clients / service-users / employees based.	
3. Liaise with other such agencies and care settings as directed by ASC at BHCC	
4. Provide all patient data / records (with appropriate protection) as required to provide a clear understanding of the problems being undertaken.	
5. Maintain National Care Standards in assisting partners to deal with issues resulting from a Care Agency failure.	
6. Maintain National care Standards in ensuring employees and staff assist other partners in managing the demands of the situation as presented.	

Appendix D

Issues Log

Issue no.	Issue date	Severity (High, medium, low)	Originator	Issue details	Solution	Resolved date
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
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28						

Appendix E

Contact details template

Name	Organisation / function	Number

Name	Organisation / function	Number

PROTECT (When completed) – PERSONAL INFORMATION

Appendix F

Individual resident's information sheet

Personal information

Name (Male / Female)		Age

Self-funded?	If no, funded by:	Next of kin & relationship to resident:
Yes / No		

List difficulties and special requirements:	List medication details	Name & address of GP:
Care / support plan available? Yes / No - Comments	MAR sheet available? Yes / No - Comments	

Destination (If being moved): (Including reaction to being moved)	
---	--

Name of staff involved	Organisation	Contact Details

Other notes:	
---------------------	--

PROTECT (When completed) – PERSONAL INFORMATION

Inventory of belongings

Ensure everything is placed into suitcases or boxes as far as is practicable and labelled with their name and destination (if moving). Other large items such as bedding, furniture, televisions and so on must also be clearly labelled.

Resident's Name: _____

Clothes:	
Wash kit:	
Personal items: Include cash and valuables	
Electrical items:	
Bedding:	
Furniture:	

Total number of suitcases: _____ Total number of boxes: _____

Signatures: BHCC Social Worker: _____ Sussex Community NHS Trust Nurse: _____

Print name: BHCC Social Worker: _____ Sussex Community NHS Trust Nurse: _____

Family / Responsible person to sign for possessions listed above if they are moving belongings on the resident's behalf:

Print name: _____ Signature: _____

Summary of residents' information sheet

Name	Private or placed (by?) resident?	Next of kin	Difficulties / Special requirements	Medication and name of GP	Destination (If being moved)

PROTECT (When completed) – PERSONAL INFORMATION

Name	Private or placed (by?) resident?	Next of kin	Difficulties / Special requirements	Medication and name of GP	Destination (If being moved)

Appendix H

Draft media statements

The following statements are suggested drafts and must be amended to reflect the current situation. They are to be approved by the Head of Safeguarding and Communications before issue.

<u>Statement for any queries before a CQC deadline</u>	Page 46
<u>CQC extend deadline / improvement plan accepted</u>	Page 47
<u>Planned closure A (residents moved from home)</u>	Page 48
<u>Planned closure B (residents stay at home)</u>	Page 49
<u>Emergency closure</u>	Page 50
<u>Accusations BHCC has under-invested in home</u>	Page 51

Statement for any queries before a CQC deadline

A Brighton and Hove City Council spokesman said:

"We are working closely with >>> Insert Manager of home's name <<< the manager of >>> Insert name of home <<< in >>> Insert town <<<, and the Care Quality Commission (CQC) to bring the home's standards up to the level expected by CQC.

"The City Council has put in extra staff and resources to help >>> Insert name of home <<< achieve their action plan to reach the targets set, as has Clinical Commissioning Groups.

"Our primary concern is the care and wellbeing of residents and we are confident >>> Insert name of home <<< can improve their standards to those expected of them. We will be monitoring the situation closely at the home.

If relevant - "We would like to emphasise that the care in the other Brighton And Hove >>> Insert name of home <<< homes has been assessed by CQC to be of a good standard."

CQC extend deadline / improvement plan accepted

A Brighton and Hove City Council spokesman said:

"We are pleased that the Care Quality Commission (CQC) has extended the deadline for >>> Insert name of home <<< in >>> Insert town <<< to improve its standards.

">>> Insert details <<<, the manager of the home, has produced a rigorous improvement plan to meet the requirements of CQC and provide an improved standard of care at the home and for the residents. The City Council will make every effort to work with >>> Insert name of home <<< to implement these improvements.

"Our primary concern is the care and wellbeing of residents. As a City Council we are closely monitoring the situation and have put in additional staff and resources, together with the Clinical Commissioning Group, (and other partners) to help >>> Insert name of home <<< work to reach its targets.

">>> Insert name of home <<< was contracted by the City Council to provide services which met essential standards of quality and safety as regulated by the Care Quality Commission. We are satisfied that >>> Insert name of home <<< have addressed the issues raised and that they are on target to meet the CQC standards.

If relevant - "We would like to emphasise that the care in the other Brighton and Hove>>> Insert details <<< homes has been assessed by CQC to be of a good standard."

Planned closure A (residents moved from home)

A Brighton and Hove City Council spokesman said:

"Following the decision by the Care Quality Commission (CQC) to close >>> Insert name of home <<< in >>> Insert town <<<, which was managed by >>> Insert details <<<, Brighton and Hove City Council has placed temporary managers and staff into the home alongside the existing staff to ensure continuity of care, while arrangements are made to transfer residents to alternative care placements.

"Our primary concern is the care and wellbeing of residents and we are working closely with them and their relatives to find other placements. We will handle this carefully and sympathetically.

">>> Insert name of home <<< was contracted by the City Council to provide services which met essential standards of quality and safety as regulated by the Care Quality Commission. The City Council has put in considerable support to ensure the welfare of residents and that they could remain in the home but that has not proved possible.

"As a result of the decision by CQC to close the home, the City Council has terminated its contract with >>> Insert name of home <<<.

If relevant - "We would like to emphasise that the care in the other Brighton and Hove >>> Insert details <<< homes has been assessed by CQC to be of a good standard."

Planned closure B (residents stay at home)

A Brighton and Hove City Council spokesman said:

"Following the decision by the Care Quality Commission (CQC) to close >>> Insert name of home <<< in >>> Insert town <<<, which was managed by >>> Insert details <<<, Brighton and Hove City has placed temporary managers and staff into the home alongside the existing staff to ensure continuity of care.

"Our primary concern is the care and wellbeing of residents and we are working closely with them and their relatives to ensure continuity of care. We will handle this carefully and sympathetically.

">>> Insert name of home <<< was contracted by the City Council to provide services which met essential standards of quality and safety as regulated by the Care Quality Commission. The City Council has put in considerable support to ensure the welfare of residents and that they could remain in the home.

"As a result of the decision by CQC to close the home, the City Council has terminated its contract with >>> Insert name of home <<< and we will now be looking for another provider to manage the home.

"The intention is to try to maintain continuity of care for the residents in the home whilst another provider is contracted to assume the management of the home.

If relevant - "We would like to emphasise that the care in the other Brighton and Hove>>> Insert details <<< homes has been assessed by CQC to be of a good standard."

Emergency closure

A Brighton and Hove City Council spokesman said:

"On >>> Insert date <<< the Care Quality Commission (CQC), who are the regulatory body for essential care standards in residential homes, obtained an emergency closure order for >>> Insert name of home <<< in >>> Insert town <<<, run by >>> Insert details <<<.

"Brighton and Hove City took immediate action to transfer the residents from >>> Insert name of home <<< to alternative accommodation. Our primary concern is the care and wellbeing of residents and we are working closely alongside the existing staff to ensure continuity of care for them and their relatives.

">>> Insert name of home <<< was contracted by the City to provide services which met essential standards of quality and safety as regulated by the Care Quality Commission. The City has put in considerable support to ensure the welfare of residents and that they could remain in the home but that has not proved possible.

"As a result of the decision by CQC to close the home, the City has terminated its contract with >>> Insert name of home <<<.

If relevant - "We would like to emphasise that the care in the other Brighton and Hove >>> Insert details <<< homes has been assessed by CQC to be of a good standard."

Accusations BHCC has under-invested in home

Contact the Head of Commissioning or Executive Director of Adults' Services if the home responds to the media to say BHCC has put insufficient money into the contract (and therefore created staffing issues).

Appendix I

Draft agenda – Initial inter-agency operational briefing

Date: _____

Time: _____

Present: Chair: _____ Minutes: _____

1. Complete meeting attendance sheet
2. Ensure all those who will be deployed to the home are present.
3. Update on situation:
 - Home to be closed / residents supported in home – And why.
 - Legal issues (if any)
 - Likely timescales
4. Confirm roles and responsibilities of organisations present
5. Update on residents:
 - Number in home
 - Self-funded or placed by other authorities²
 - Residents of particular concern - capacity / medical issues / special requirements
 - Where going to
 - Priority order in which to be moved
 - Additional forms to be completed / details to be obtained
6. Allocate roles, including which staff looking after which resident.
7. Share key contact numbers.
8. Confirm reporting lines at the home and between the home and the Core Support Group.
9. Deployment arrangements and timescales – All together / staged deployment.
10. Confirm transport requirements - Staff, residents and possessions
11. Confirm resource requirements are in place – Staff, suitcases, daily living equipment, catering and cleaning arrangements (staff and care home staff and residents) etc.
12. Agree actions and timescales – For joint assessments to be completed, moving on to new home and so on.
13. Arrangements for obtaining pharmacy services out of hours.
14. Health and safety - particular concerns / personal security arrangements / extended working.
15. Evidence recording.
16. Information to the media - What can be said and to whom / lines to take / media spokesperson.
17. Hand out letters / information to staff they can give to residents and relatives.
18. If police present - Powers that can be delegated by CQC inspectors to Social Workers and Approved Mental Health Professionals.
19. Time of next update meeting to be held at the care home.

² Liaison with families and other authorities required.

Appendix J

Expenses recording template

This template must be completed for all incident related costs and expenditure and be handed to the Incident Manager at the end of your shift. You should also include the number of hours worked and whether or not they are in addition to your normal hours. Please note that completion of this form will not trigger payment of additional or overtime hours – you should record / request this as normal.

Date	Item	Quantity	Reason required	Cost	Total	How paid for	Approved by

Appendix K

Urgent wellbeing check

If a joint assessment of the resident is not immediately possible, and if there are issues raised about the following, consider if the resident needs a health assessment. This checklist will assist with the resident's health care assessment with the need to gather information as part of evidence to support the case for closure or transfer of residents.

This may be by their GP, a district nurse if they are in a home or the older people's nurse specialists (if in a home with nursing). The CCG may also have skilled nurses available to assist if required. The GP practice should be able to tell you if anyone is already involved with the resident.

Communication	
If the resident requires a hearing aid or glasses are they present, do they work and are they clean?	
If communication aids are in use, such as a picture board, are they accessible to the resident?	
Is information about how to communicate with a resident in their care / support plan?	
Ability to express views?	
Ability to understand information?	
Wound care	
If the resident has pressure sores, wounds or leg ulcers do they have a care / support plan for treating them?	
Is there evidence of pressure relieving equipment in use such as dynamic mattresses or special cushions?	
Has the wound care nurse for nursing homes or the district nurse been involved?	
Falls	
Is the resident being helped to change their position both during the day and night?	
Has the resident fallen in the last 6 months? If more than once record number of falls?	
Moving and handling	
Is there evidence of manual handling equipment in the home such as hoists, handling belts and transfer boards?	
If the resident has their own wheelchair, are they sitting in it or a different one?	
Continence	
If the resident is incontinent is there evidence of a continence assessment?	
Are incontinence aids noted in the care / support plan such as use of pads and pants?	
Has the resident had many urinary tract infections over the last 6 months?	
If the resident is catheterised is the appropriate bag in use such as a leg bag during the day which should be visible?	
Has the resident had a recent change in bowel or bladder habits?	
If incontinence is a new problem have the district nurses or the	

Continence Advisor been involved with the resident?	
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Ability to self-care	
If the resident requires assistance with personal hygiene and dressing does the care / support plan reflect the resident's ability to participate and any preferences such as same sex carers or preferring to wash in the afternoon?	
Is there evidence that towels and flannels are changed daily?	
Nutrition	
Is the resident's weight fluctuating?	
If the resident has lost weight or has a poor appetite is there evidence that food and fluid intake are being monitored?	
If the resident is losing weight has the 'food as treatment' protocol been commenced or the dietician involved?	
Are the resident's food preferences being taken into consideration?	
If a resident is diabetic and their blood sugars are outside a normal range of 4-8 has the GP or diabetes nurses been involved?	
Health promotion	
If the resident has a new diagnosis such as diabetes have the relevant specialist services been informed?	
Is there evidence of any education for the resident around any chronic diseases?	
If a resident normally self-medicates with equipment such as an inhaler is this being accommodated and monitored?	
Mental health	
If the resident has new or worsening mental health problems has the GP or (if appropriate) primary care mental health services or specialist mental health services been informed?	
If the resident has behavioural issues does the care / support plan detail how to manage these?	
Medication	
Are there blank squares on the MAR charts where signatures are missing?	
Are there pots with untaken tablets out / in a person's room?	
Is the medication room / cupboard locked?	
If the resident is on oxygen, are they able to access it?	
If the resident is on warfarin are they having regular blood tests?	
Pain	
Does the resident complain of pain that does not resolve with prescribed analgesia?	
If the resident is complaining of pain has the GP been asked to review?	
If the resident is in pain is there evidence of a pain assessment tool in use?	
Environment	
Is there evidence of gloves and aprons in use in the home?	
Is there evidence of hand washing by staff?	

Appendix L

List of Brighton and Hove Nursing & Care Homes.

The Commissioning Support Unit at Brighton & Hove City Council maintain an up to date list of nursing and care homes across the city which can be referenced as required.

Delete the details below

(List from 2001Needs checking / updating:
Detailed in red – true as of 2011 – still correct?)
Details in green updated by T Kennard B&H CCG Aug 13.

Distribution List Name:	Home Care Providers (AP)
Agincare	brightonmgr@agincare.com
care outlook	julie.couling@careoutlook.co.uk
care outlook Anna	anna.matthews@careoutlook.co.uk
Care UK	brighton@careuk.com
Carewatch	jedwards@carewatch.co.uk
Carewatch - Chrissie	cjames@carewatchbrighton.com
Enara Community Care	donna.stinton@enara.co.uk
Hallifax Care	anneh@hallifaxcare.co.uk
Mears	noel.sweeney@mearsgroup.co.uk
Plan Care	brightoncare@br1ghton-adsl.demon.co.uk
Plan care	kevinburke@planpersonnel.co.uk
Prime Care	help@primecare.uk.com
Prime Care	christine@primecare.uk.com
Prime Care	nicki@primecare.uk.com
Saga	tom.baxter@sagaindependentliving.co.uk

Distribution List Name:	OP Care Homes & Nursing Homes
Adelaide Nursing Home	colleen.adelaide@yahoo.co.uk Joanne.adelaide@yahoo.co.uk
Arlington House	No email phone 01273 413222
Arundel Park Lodge	shaunlewis@whytecliffe.co.uk
Asher	julianhopkins@btconnect.com
Aspen House	d.roussel@virgin.net
Autumn Lodge	braverycare@yahoo.co.uk
Barford Court	barford@rmbi.org.uk
Bethesda	hove_bethesda@surfanytime.net
Birch Grove Nursing Home	birchgrove@ashtonhealthcare.co.uk
Blind Veterans UK	Jacqueline.greer@blindveterans.org.uk
Bon Accord Nursing Home	bon.accord.m@fshc.co.uk
Bramble Cottage	bramble@invictanet.co.uk
Brittany Lodge	brittanylodge@hotmail.co.uk
Caburn House	No email phone 01273 771945
Carlton House	carlton_house@btconnect.com
Cavendish House	cavendishadam@aol.com
Charles Lodge	managercharleslodge@njch.co.uk
Charlesworth Rest Home	eric.horne@hotmail.co.uk
Churchley Rest Home	No email phone 01273 727185
Conifer Lodge	conifer_lodge@btconnect.com
Craven Vale	No email phone 01273 295772

Crescent House	crescenthouse108@yahoo.co.uk
Crowborough Lodge	No email phone 01273 302614
Dane House Care Home	dane.house@fshc.co.uk
Dean Wood	gill.rankin@bupa.com
Downs	Glynis.whitmore@sussexpartnership.nhs.uk
Eaton Lodge	No email phone 01273 777911
Fairdene Lodge	fairdenelodge@yahoo.co.uk
Gate Cottage	No e-mail tel 01273 301890
Glentworth House Nursing Home	anitaredwood@whytecliffe.co.uk
Grange Rest Home	No e-mail tel 01273 298746
Grosvenor Lodge	grosvenor.lodge@btconnect.com
Hazel Grove	hazलगrove.manager@gmail.com
Hereford House	hereford@vigcare.com
Highbury House	highbury_house@btconnect.com
Hyman Fine	ncarson@jcare.org
Janmayur Care Home	rjanmayur@btopenworld.com
Lyndhurst Care Home	lyndhurstcarehomes@hotmail.com
Marine View Rest Home	marineview@hotmail.co.uk
Maycroft Manor Care Home	Lesley.standing@hallmarkcarehomes.co.uk
Middleton Grove	marion.conway@ashtonhealthcare.co.uk
Oakleigh Lodge	shizz76@hotmail.com
Oasis House	oasishome@ntlworld.com
Partridge House Nursing & Res Care Home	sibongile.sawyer@anchor.org.uk
Patcham Nursing Home	tricia@patchamnursinghome.com
Pembroke Hotel	pembrokegroup@btconnect.com
Pembroke House	No e-mail tel 01273 738493
Pembroke Lodge	pembrokelodgeresthome@live.co.uk
Pembroke Lodge	susanbrand@btinternet.com
Pilgrim Homes	peter@pilgrimhomes.org.uk
Place Farm House	placefarmhouse@yahoo.co.uk
Portland House Nursing Home	Manager.Portland@vigcare.co.uk
Princess Alexandra House	cfranklin77@gmail.com
Regent House Nursing Home	manager@shafa-medical.co.uk
Raon Nursing Home	No e-mail tel 01273 772927
Rottingdean Nursing & Care Home	rottingdean@ahle.co.uk
Sacville Nursing Home	sackville@vigcare.com
Seacroft Nursing Home	No e-mail tel 01273 306339
Seaway Nursing Home	seawaynh@yahoo.co.uk
Springfield Nursing Home	springfields@vigcare.com
St Christophers Residential Home	dilsandhu2020@gmail.com
St Josephs Rest Home	zen84109@zen.co.uk
St Mary's House	stmaryshousebrighton@tiscali.co.uk
Swallows Lodge	swallowsadam@aol.com
Sycamore Court Nursing & Res Care Home	tracey.coomber@anchor.org.uk
The Churchley	kdlewis@churchleyrh.freeseve.co.uk
The Grange	suzanne.leahy@ntlbusiness.com
The Pines	debra.mcdonald@gracewell.co.uk
The White House	jon@thewhitehouseuk.co.uk
unknown	kan.rajakanthan@njch.co.uk
Vallance Lodge	No e-mail tel 01273 202715
Vallance Rest Home	vallance2@camlon.com
Vallance RH	vallance1@camlon.com
Victoria 59	aurelia@vnh.co
Victoria 81	derek@vnh.co
Victoria 96	louise@vnh.co.
Victorias	sharon@vnh.co
Vigcare	jsvig@vigcare.com
Westwood	mksa_sadek@hotmail.com
Wilbury Rest Home	wilbury@tinyworld.co.uk

Distribution List Name: Adults MH Care Homes

Asher/Parkview
BHT 9 Portland Road
BHT Sackville Gardens
Davigdor Lodge
Lavender House
Sandra.davies@psmgs.org

julianhopkins@btconnect.com
geraldine.ohaire@bht.org.uk
romanie.palmer@bht.org.uk
e.hyslop1955@hotmail.co.uk
lavender.house@hotmail.co.uk
Sandra.davies@psmgs.org

Distribution List Name: Supported Living & Accommodation

Arundel
Care Management Group
Care Management Group
Mencap
Small opportunities
Southdown housing
Swanborough

enquiries@arundelcareservices.co.uk
info@cmg-operations.com
Aine.NiChonchuir@cmg.co.uk
info@mencap.org.uk
info@smallopportunities.com
k.holden@southdownhousing.org
marylove@raphaelmedicalcentre.co.uk

Distribution List Name: LD Care Homes

Acorn House 198 Ditchling Road
Arden House: Regard
Cloverdale House
CMG 287 Dyke Road
CMG 290 Dyke Road
CMG 3a The Droveaway
CMG 53 Rutland Gardens
CMG information
CMG operational
CMG regional
CMG Vallance Gardens
CMG Walsingham Road
Cristos
Frances Taylor Foundation: 3a Lansdowne Rd
Highviews (clarke & zemouli)
Loxwood House
Oak House
Outlook House
Rachel Mazzier House: Sussex Tikvah
Southdown
Southdown: 57 Clarendon Villas
The Meadows
The Seagulls (clarke & zemouli)
Z&M Care Lyndhurst
No e-mail for 9 Carlisle Road
The Yellow House

a.chaudry2@ntlworld.com
arden@regard.co.uk
cloverdale.house@achuk.com
brendar.mitchell@cmg.co.uk
Dave.Hall@cmg.co.uk
Chantelle.Lewis@cmg.co.uk
syra.kharadi@cmg.co.uk
info@cmg.co.uk
swheal@cmg-operations.com
Audrey.Emmett@cmg.co.uk
Viki.Stapley@cmg.co.uk
Sandra.Stinton@cmg.co.uk
joyskatulla@hotmail.co.uk
sandra.davies@psmgs.org
drizem@yahoo.co.uk
petermallinson@btopenworld.com
manager.jan@fsmail.net
outlookhouse@aol.com
mail@sussextikvah.org.uk
info@southdownhousing.org
clarendonmanagers@southdownhousing.org
themeadows144@hotmail.co.uk
pedniki@yahoo.co.uk
lyndhurstcarehomes@hotmail.com

