Evidence Review:
Care Transitions – Home Closures

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What are the impacts of involuntary transfer from residential and nursing care-and what action can be taken to avoid negative outcomes?

Strategic area: Health and Social Care
Focus: Residential and Nursing homes
Policy relevance: Care home closures

Main Reference: Enforced relocation of older people when Care Homes close: a question of life and death? Age and Ageing 2011; 40: 534–537

NB: Findings from other research were also used in this briefing. Journal references are contained in the footnotes

**Key findings**

- Although relocation is undesirable, there is nothing in the research listed which indicates that increased mortality and morbidity rates are inevitable
- The effect a home closure has on residents’ health and psychological well-being is likely to be influenced by the way in which a home is closed and how the relocation is managed
- Older people need to be allowed ‘voice’ and given as much control over events as possible
- Very old and frail, and people with dementia, are particularly vulnerable as well as being less able to act effectively as their own advocates. They must therefore be protected
Impacts- key points from research

It is generally accepted that moving home is a stressful life event for individuals of any age even when the move is planned and anticipated as a positive step. Relocation of older people from one care setting can be particularly stressful and can have adverse effects on health and even on survival.

There is a public perception that the closure of care homes puts older people’s health and lives at risk. The extent to which deaths in residential care homes can be attributed to involuntary relocation of residents due to home closure is a somewhat controversial subject. Some research evidence suggests an association between having to move because of home closure and increased mortality rates among residents, although it is difficult to be certain about causation. Other studies have found no relationship. One study comparing mortality rates of a small sample of older people from private residential homes who were relocated involuntarily with a sample of older people who have just moved to a private residential home, found that there was no difference in the mortality of the two groups.

The effect a home closure has on residents’ health and psychological well-being is likely to be influenced by the way in which a home is closed and the relocation managed. It is possible to manage the process of relocation into another care arrangement in ways that are least damaging for the residents involved. Although relocation is undesirable, there is nothing in the research which indicates that increased mortality and morbidity rates are inevitable.

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3 Good practice in the involuntary relocation of people living in social care. Practice, 2001 13(4), 49-60.
We now know which elements of a move produce the greatest stress, which individuals are most vulnerable to adverse effects and which procedures minimise stress and improve outcomes.

Characteristics of residents most vulnerable to adverse effects

- Gender: males do less well
- Age: adverse effects more likely with greater age
- Dementia
- Depression
- Anxiety
- Regression or withdrawal in the face of relocation (expressed anger is protective)
- Impaired eyesight and/or hearing
- Reduced mobility
- Incontinence
- Multiple problems summate

Elements of relocation which are most stressful

- Sudden or unplanned moves
- Failure to assess and meet medical and psycho-social needs
- Multiple moves including temporary interim placements
- Discontinuity of care
- Lack of consultation with residents and families
- Lack of information and explanation of rights and options
- Highest risk in the first 3 months after relocation

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4 Enforced relocation of older people when Care Homes close: a question of life and death? Age and Ageing 2011; 40: 534–537
5 ibid
Good practice towards reduced stress and better outcomes pre-relocation

• Inform residents and families individually and as soon as possible when relocation becomes a probable option

• Make careful plans for individual residents, groups of individuals and staff. Make written records of discussions and share these with all parties

• Facilitate discussions and counselling with individuals and groups in anticipation of the move

• Undertake comprehensive medical and psycho-social needs assessment for every individual in association with their family and current health and social care staff. Make any adjustments to care and therapy indicated by the findings

Identify suitable alternative placements in association with the family and resident. Factors to take into account include: site, accessibility for family and friends, physical attributes (layout, space, furniture, temperature, etc.), number and mix of residents, staffing, management style and activities.

Reports from inspecting authorities should be scrutinised and made available: factors such as rates of catheterisation, use of tranquillisers, physical restraint, pressure sores and contractures are informative

• Prepare handover notes so that continuity of health and psycho-social care can be ensured. Share these with staff of the receiver home in advance

• Arrange for familiarisation visits if this is feasible so that the resident and their family gain a feel for the receiver home and the staff and vice versa

• Arrange for staff of the donor home to be available to or within the receiver home during the first weeks of the placement

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6 ibid
Relocation

• Be sure that all parties are aware of the date and the details
• Ensure adequate physical and staffing arrangements are achieved within the donor and receiver homes and that suitable transport is provided
• Ensure appropriate health checks at departure and arrival
• Ensure that a familiar and responsible person travels with the resident and carries with them documentation required for continued care, including health care, medication and equipment
• Relocation of groups of three to four residents together may have advantages
• The introduction of large groups within a short timescale may produce additional stress for residents and staff
• Ensure that each individual is welcomed and made to feel safe, comfortable and wanted
• Let family and the donor home know of the safe arrival post-relocation
• Organise a review of progress and current health and psycho-social care needs within 1 week and at 4 weeks and 3 months. These reviews to include the resident, their family and contributions from all relevant care groups. Act to rectify any problems as far as possible
• Provide orientation within the new environment
• Maximise stability and continuation of good practices from the previous home
• Provide opportunity to discuss and come to terms with the experience
• Facilitate an environment in which the resident and family know that their values and preferences are heard and will inform activities
• Keep records of key communications and monitor physical health, mood, cognition, participation and integration, quality of life and the views of family and friends who visit

Relocation stress can be avoided in a number of ways, including consultation and discussion to improve people’s sense of autonomy with an emphasis on potentially positive outcomes; allowing plenty of time to choose a new home and opportunities for visits before transfer; collecting relevant and detailed data about individuals and

7 ibid
ensuring its transfer with residents; and paying particular attention to support on the day of transfer itself\(^8\).

Good practice should include\(^9\):

- placing service users’ needs and wishes at the heart of care plans and consulting properly with service users and their families/carers
- maintaining continuity of care and relationships with staff wherever possible
- paying particular attention to the needs of people with cognitive impairments.
- providing adequate support for care managers (who may experience complex and stressful demands)
- the importance of training and support to enable care staff to work in different ways in future services.

Involving staff and securing their organisational commitment can help to maintain standards in the home. A before and after study of hospital employees during a reorganisation involving closures, reduced budgets and a hiring freeze showed that employees with higher levels of organisational commitment were better able to withstand the effects of increased pressure during this period\(^10\).

Older people need to be allowed ‘voice’ and given as much control over events as possible. They need to be given proper opportunities to articulate their feelings about their situation and make sense of what is happening\(^11\).

\(^8\)Good practice in the involuntary relocation of people living in social care. Practice 2001 13(4), 49-60.


Residents and relatives voice similar good practice elements - adequate notice of closure, consideration of the needs of people with cognitive impairments, impartial advice and information and opportunities to visit the proposed new homes - which are central to delivering continuity of care.

Policy Implications

Based on the research findings above, the potential impact of care home closures are mixed. However nothing in the research above indicates that increased mortality rates are inevitable. Individual characteristics may place some older people at greater risk than others.

Practitioners must remain vigilant to prevent irresponsible relocation of vulnerable old people. Very old and frail, and people with dementia, are particularly vulnerable as well as being less able to act effectively as their own advocates. They must therefore be protected. Expert medical advice should be sought when revision of services and movement of groups of older people are contemplated. When professionals are involved in service redesign or when they are asked to advise on relocation they should ensure that they thoroughly understand the issues involved in relation to the individuals who may be moved.

NB. The list of research articles referred in this review are not intended to be exhaustive, but should encourage evidence based thinking and debate.

Age NI would be grateful if you could complete a short questionnaire about this research briefing on the following link; http://www.surveymonkey.com/s/3H67MMW
For further information on this research, or if you have any other comments, please send queries to the Research Development Manager for Age NI;- amy.veale@ageni.org