

Adult Social Care Policies and Procedures

Managing Provider Failure

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POLICY VERSION CONTROL

POLICY NAME	Managing Provider Failure		
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1. POLICY STATEMENT

Section 48 of the Care Act 2014 places a duty on the county council to temporarily meet the care and support needs of an adult and the support needs of a family or informal carer when a registered care provider (for example, a care home, home care, or supported living provider) is unable to carry on a regulated activity because of business failure. The possibility of interruptions to care and support services cause uncertainty and risk for people receiving services, their carers' and their family. The Care Act 2014 makes provision to ensure that, in such circumstances, the care and support needs of those receiving the service continue to be met.

"Temporary duty" or "duty" means the duty on the county council to meet needs in the case of business failure. "Temporary" means the duty continues for as long as the county council considers it necessary. The temporary duty applies regardless of whether a person is ordinarily resident in the county council's area. The duty applies from the moment the county council becomes aware of the business failure. The actions to be taken by the county council will depend on the circumstances, and may include the provision of information. The duty is to meet needs but the county council have discretion as to how they meet those needs.

This duty and power applies to all Care Quality Commission (CQC) registered care and support providers within Lancashire, regardless of whether they receive publicly funded financial assistance from Lancashire County Council, whether they are part of the CQC oversight regime, whether the provider is offering services to a service user who has services commissioned and provided in Lancashire by another local authority, and includes individuals who may not meet current eligibility or needs criteria.

The duty applies where a failed provider was meeting needs in the county council area. It does not matter whether or not the county council has contracts with that provider, nor does it matter if all the people affected are self-funders (that is, arranging and paying for their own care). The duty is in respect of people receiving care by that provider in the county council area – it does not matter which local authority (if any) made the arrangements to provide services.

Furthermore, the county council can choose to use the power to intervene in any case of urgent need, regardless of registration or regulation regime.

The duty is designed to ensure that needs are met, from providing information on alternative providers to actually arranging care and support. Should a provider within Lancashire fail, or failure is imminent, it is important that the county council is prepared and engages with service users, their families, staff, providers and stakeholders.

If the provider's business has failed but the service continues to be provided then the duty is not triggered. This may happen during insolvency situations where an administrator is appointed and continues to manage the service

The county council will make all reasonable adjustments to ensure that disabled people who may be affected by the failure/cessation have equal access to participate in discussions affecting their care.

The geography and population of Lancashire is diverse and our Adult Social Care policies and practice will aim to deliver services and supports that are representative of the communities in which we work.

The council will follow the Care Act 2014, Mental Capacity Act 2005 and other relevant legislation, policies and guidance to ensure our practice is of high quality and legally compliant. Where our customers or those we come into contact with wish to challenge or raise concerns in regard to our decisions, the [council's complaints procedures](#) will be made available and accessible.

2. KEY DEFINITIONS AND PRINCIPLES

2.1 Principles of Intervention

It is imperative that the focus of all business failure intervention is the wellbeing and safety of the people who use our services. The following principles will underpin our approach;

- Safeguarding the individual(s) from the risk of harm, neglect or omission of care arising from provider failure.
- Our emphasis is on the individual's assessed needs and taking account of their views, wishes and feelings.
- The views of others will be taken into account – carers, relatives, advocates.
- Processes undertaken will be person-centred, compassionate, dignified and carried out with respect and courtesy.
- Continuity of care should be maintained as far as possible.
- Actions should support employer/employee responsibilities e.g. acquisition, TUPE.
- Engage with and offer support to employers to explore potential for collaboration to reduce the negative impact on the workforce and loss to the health and social care market.

There are a range of situations that may give rise to business failure and 'disruption to care and support services' that require action by the council.

Examples include;

- Financial – insolvency, going in to administration, going into the CQC financial oversight regime owing to:
 - the appointment of an administrator;
 - a receiver is appointed;
 - a winding up order is made;
 - an application for bankruptcy is submitted;
 - a board of Trustees with registered charity status and a regulated service provider de-commissions the service citing financial issues as the primary reason.
- CQC De-registration – including safeguarding or quality of service concerns.
- Contract termination – continuous breach and failure to meet contractual obligations.
- Force majeure – environmental disaster e.g. fire, flood, immigration enforcement on whole workforces, outbreak of illness such as norovirus or meningitis at a care home or other emergency situation.
- Strategic Exit – provider leaving the market due to retirement, disinvestment or change of registration of service type.

2.2 Business Failure

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

2.1.2 Financial Business failure involving a provider in the ‘CQC oversight regime’. The financial “health” of certain care and support providers is subject to monitoring by the CQC. This applies to providers which, because of their size, geographic concentration or other factors, it would be difficult for one or more local authorities to replace, and therefore where national oversight is required. CQC is in regular contact with the council and they are required to notify us if this type of business failure is expected in a Lancashire provider (and, if a home care provider, Blackburn and Blackpool).

The council would therefore be alerted to the fact that it may be required to carry out the ‘temporary duty’, so that it can prepare for the consequences of the business failure on Lancashire residents. Where CQC considers it necessary, it may request the provider to share with it relevant information to support the council in the discharge of the temporary duty. CQC must give the information, and any further relevant information it holds, to the council and to any other local authorities affected.

2.1.3 Financial Business failure involving providers not in the CQC market oversight regime. Where concerns are raised in relation to the financial viability of a provider that falls outside the CQC market oversight criteria, the council may undertake assurance activities such as completing financial checks on the provider involved.

2.1.4 Business Failure in relation to Quality Concerns. The county council works closely with CQC as the regulator when there are quality issues. We have arrangements in place to address quality concerns at an early stage. In defining quality we will consider the county council's contract between the council and the provider and the CQC Key Lines of Enquiry (Safe, Effective, Responsive, Caring and Well-Led), including:

- Discussion within a multi-agency setting to agree immediate action(s) including consideration of safeguarding risks and referral to the safeguarding service.
- Signposting to specialist services, for example medicines management and allied health professionals.
- Contract Management and Quality Improvement Team(s) working intensively with the provider to support them to identify the root causes of

the quality failure and develop an overarching improvement plan through the [Quality, Performance and Improvement Planning process \(QPIP\)](#).

- Suspending new business with the provider;
- Issuing a Contract Default Notice for specific breaches in the contract.
- Referral to CQC to consider regulatory action.

2.1.5 Business Failure in relation to Force Majeure. Providers who contract with the county council are required to have Business Continuity Plans in place to ensure service continuity, which must be available to the council for review. Examples include but are not limited to the following;

- Sign up to EA flood warnings if necessary.
- Have arrangements for responding to forecasts of winter weather.
- Ensure continuity plans are in place to respond to environmental consequences; e.g. loss of power affecting heating and lighting etc.

2.1.6 Business Failure in relation to a Strategic Exit. Where the exit from the market is planned the council requires providers to give the maximum possible notification to the council, as a minimum this must be in line with contractual requirements. For further information, [please see the Local Government Information Unit's guidance on provider failure](#), detailing how to respond to Provider failure and developing contingency and continuity plans.

The action required in relation to each service interruption should be considered on its facts and via a process of risk assessment. It is for the council to decide if and how it will act to meet a person's needs for care and support which appear urgent.

In exercising this judgement the county council will act lawfully, with decisions that are reasonable and proportionate.

2.2 Temporary Duty

'Temporary duty' or 'duty' means the duty on local authorities to meet needs in the case of business failure. 'Temporary' means the duty *continues for as long as the local authority considers it necessary*. The temporary duty applies:

- Regardless of whether a person is ordinary resident [in the authority's area, and;
- From the moment the authority becomes aware of the business failure.

The actions to be taken by the county council will depend on the circumstances, and may include the provision of information and advice. The duty is to meet assessed needs but the county council has discretion as to how they meet those needs.

2.3 Regulated Activity

These are regulated activities involving or connected with the provision of health and social care. The services and activities that are regulated are prescribed in [Schedule 1 of the Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2015](#). Providers of these regulated activities must be registered with the Care Quality

Commission. Examples of regulated activities include the provision of personal care and accommodation for persons who require nursing or personal care.

2.4 Meeting Health Needs

The responsibility for meeting individual's health needs is the responsibility of the local Clinical Commissioning Group (CCG). For service users living in the community or in residential provision, who are in receipt of community nursing services, the county council will alert the relevant CCG to ensure individual's health needs continue to be met during service interruption.

For individuals in nursing homes the county council will endeavour to commission an alternative, suitably registered care home placement with nursing.

Where a service user is in receipt of fully funded NHS Continuing Health Care regardless of care setting, the CCG will be alerted to make the necessary arrangements.

3. PROCEDURES

3.1 To whom does this policy apply?

The 'temporary duty' applies to all people placed or in receipt of registered services within the area of the county council responsibility regardless of whether:

- The relevant adult or carer is ordinarily resident within this area.
- The relevant adult or carer is in receipt of a domiciliary service.
- The county council has carried out a needs assessment or a carer's assessment.
- The person's needs meet the eligibility criteria. The service user funds their own care.
- The county council has a contract with the failed provider or the failed provider is subject to the CQC regulatory framework.
- Another local authority made the arrangements to provide the service, the cost of which was paid for by that authority or that authority was making direct payments in respect of those needs.

The county council's priority is to support the people we care for through a buoyant market that delivers care as safely as possible. Working with the Lancashire Safeguarding Adults Board the county council has invested in developing leadership and management skills in the provider sector which have previously been relatively under-developed, leading to lower performance ratings and, in some cases, causing providers to exit the market.

Given the serious impact of provider failure on recipients of care, the county council's intent in applying the duty is, wherever possible, to avoid some of these impacts through early engagement and action.

The county council expects providers to act responsibly regarding the welfare of the people to whom they provide care. We expect providers to inform and work with the county council at an early stage following the emergence of any likelihood of service disruption rather than approaching the county council only at a stage of crisis.

The county council reserves the right to charge for our services and to claim any relevant costs back from responsible authorities who have placed their residents in Lancashire.

3.2 When will the temporary duty apply?

The 'temporary duty' will apply as soon as we become aware of the business failure and/or the provider can no longer carry on its activity and where we consider that the needs to be met are urgent.

For example, where a business ceases to operate solely because of its failure to meet the CQC's standards e.g. the CQC has given a rating of inadequate, or where quality failures result in the needs not being met, the county council has a discretionary power that could be exercised to meet needs.

If, for example, a business is declared insolvent and an Administrator is appointed, there is a business failure but the service is still continuing to be provided. In such a case, the

county council **has no duty to intervene** to provide care and support. It is not for the county council to become involved in the commercial aspects of the insolvency, but should cooperate with the Administrator if requested.

The county council should – insofar as it does not adversely affect people's safety and wellbeing – support efforts to maintain service provision by, for example, not prematurely withdrawing people from the service that is affected, or ceasing to commission that service.

If, however, the service does not continue to run following business failure, the temporary duty will apply and we will step in to ensure an adult's care and support needs and a carer's support needs are met.

Not all situations where services have been interrupted or a service has closed will require our involvement because not all cases will result in adults having urgent needs. We require all providers to have contingency plans in place to respond to service interruption. This must include providers notifying the council via the Customer Access Service on 0300 123 6720 (or the LCC emergency duty team out of hours) when they need to implement their contingency plans.

For example, if a care home closes and residents have agreed to the provider's plans to move the residents to a nearby care home, that the provider also owns, the county council will not necessarily have to become actively involved as urgent needs might not arise. We will need to be satisfied that the arrangements put in place will adequately meet the urgent needs. Upon notification, the county council will make a judgement as to whether the temporary duty needs to be exercised.

The temporary duty will apply for as long as the county council considers it is necessary, i.e. that it is satisfied that the person's needs will be met by a new provider and/or alternative arrangements are in place.

If a provider has not failed, it is primarily the provider's responsibility to meet the needs of individuals receiving care, in accordance with its duty of care to individuals and its contractual liabilities. The duty provides a backstop for use where a provider cannot or will not meet its responsibilities, and where we judge that the assessed needs of individuals will not be met (and where the county council is not already under a duty to meet the adult's needs, e.g. under section 18 of the Act).

Where the county council gets involved in ensuring urgent needs continue to be met, that involvement may be short or medium term (e.g. the giving of information and advice) or over some months (e.g. commissioning alternative placements or care providers for service users following service cessation).

Force Majeure (e.g. flooding) or complications with suppliers (e.g. a nursing agency unable to source qualified staff) should not in themselves automatically be considered to trigger the use of the power.

In all cases, the test is whether we consider there are assessed service user urgent needs to be met.

The lack of an individual needs assessment must not be a barrier to action. In the event that there is no assessment of needs, carers assessment or financial assessment and irrespective of whether those needs would meet the eligibility criteria, the county council will act as promptly as possible to meet needs under the temporary duty.

Where the county council requires further information to enable it to meet this temporary duty, we will request that the provider or anyone involved in the provider's business, as it thinks appropriate, supply us with the information we need.

For example, this may involve up to date records of the people who are receiving services from that provider, the priority and complexity of the individual's needs to be met to help us to identify those who may require our support.

The temporary duty on councils to meet needs in the case of business failure applies **regardless** of whether the provider is in the market oversight regime. Despite the CQC having a market oversight responsibility councils have responsibility to ensure continuity of care in respect of business failure of **all** registered providers.

Discretionary power to meet urgent needs

In considering whether the needs are urgent, the county council will assess and make a judgement as to whether the need to take urgent action is required. The judgement will consider if a failure to provide services will endanger life and whether there is an immediate significant risk and impact on the physical health or mental health and wellbeing of individuals affected. Every service interruption will be considered on its facts and circumstances.

Where we consider the needs to be urgent, we may exercise our discretionary power to meet needs without first conducting a needs assessment, financial assessment or eligibility determination and regardless of whether the relevant adult is ordinarily resident within the county council boundary (Section 19 Care Act 2014).

Where the continued provision of care and support is in imminent jeopardy and there is no likelihood of returning to business as usual, the county council will exercise its discretionary power to continue to meet urgent needs whilst alternative arrangements and next steps are considered. The power is not limited to regulated providers and may be extended to unregistered providers, i.e. unregulated providers of a social care activity.

3.3 What needs will be met?

The county council will meet the care and support needs of adults and the support needs of carers which were being provided immediately before the provider became unable to carry on that activity in the county council area. We must ensure assessed needs are met. It may not be possible for the county council to meet needs using exactly the same combination of services that were previously supplied. The county council will aim to provide a service as similar as possible to the previous service and on the basis that the person's assessed needs will continue to be met.

The county council must take all reasonable steps to agree how needs should be met with the person concerned. If the person lacks capacity, we will assess needs in

accordance with the Mental Capacity Act 2005 and where it is not possible to help a person make their own decision, decisions concerning their service will be made in their best interest and taking into account the views of others - i.e. carers, relatives and advocates.

More information on meeting needs can be found at

3.4 How will those needs be met?

The county council has a discretion as to how we will meet needs when this temporary duty becomes applicable. Examples include:

- information, advice, advocacy and signposting into other services
- access to alternative accommodation,
- care and support at home or in the community,
- social work interventions
- goods and facilities,

Some people may only require information and advice on alternative services available locally to enable them to make a properly informed choice about a new provider.

Others may require us to actively arrange care with a different provider for a period of time, to ensure there is continuity of care.

The steps taken will depend on both the circumstances of the provider failure and the nature of the support the adult or carer requires from us.

3.5 Who will be involved in deciding how needs will be met?

In deciding how to meet an adult's needs for care and support, the county council will involve:

- the relevant adult concerned;
- any carer that the adult has and;
- anyone whom the relevant adult asks us to involve;
- where the relevant adult lacks capacity to ask us to involve other persons, we will involve an Independent Advocate if no other appropriate person is available
- local NHS partners including CCG, GPs, community nursing etc.

In deciding how to meet a carer's needs for support, we will involve:

- the carer, and;
- any person the carer asks us to involve;
- an Independent Advocate where appropriate.

The county council will take all reasonable steps to agree how needs should be met with the relevant adult or carer. In line with the wellbeing principle, we will seek to minimise disruption for people receiving care.

3.6 Will a charge be made when discharging this temporary duty?

The county council will charge (subject to the financial assessment process) the person for the cost of meeting their needs and it will also charge another local authority which was previously meeting those needs if it temporarily meets the needs of a person who is not ordinarily resident in the county council area. The county council will charge (subject to the financial assessment process) the relevant adult for the actual costs incurred as a result of temporarily meeting his or her needs by providing alternative care or support.

The county council will not charge for the provision of information and advice to a person.

The county council will recover the actual costs of temporarily meeting the needs of a person who is not ordinarily resident within the county council boundary from the relevant local authority which made or funded the arrangements with the failed Provider. The costs recovered will be those costs incurred by the county council in meeting the needs under the temporary duty. Costs can also be recovered from the relevant local authority in Wales or Scotland or the relevant Health and Social Care Trust in Northern Ireland that arranged or funded the care and support with the failed Provider.

3.7 Cross Border Placements

There will be close communication and co-operation between the county council and the relevant local authority in Wales or Scotland or the relevant Health and Social Care Trust in Northern Ireland that arranged or funded the care and support with the failed provider. Generally, responsibility will continue to remain with the local authority that arranged and/or funded the care and support.

3.8 NHS Continuing Health Care

Where care is provided to an adult in receipt of NHS Continuing Health Care, commissioned by a clinical commissioning group, the relevant clinical commissioning group will be expected to make the necessary arrangements, in close communication with the county council.

3.9 Arrangements between the county council and other authorities

The county council will work closely with the relevant local authorities involved in the arrangement and/or funding of a person's care and support. This is to ensure that alternative care and support is secured with minimum delay and disruption. In the event of a dispute, the primary consideration will be to ensure that appropriate arrangements for adults care and supports needs continue to be met.

It may be necessary – if operational management have been unable to find a satisfactory solution – that there will be a requirement to escalate to the Head of Service, for further negotiations and legal options to be considered.

Safeguarding duties apply regardless of provider failure. There may be an increased risk of abuse, neglect or omission of care which will require the involvement of the county council's safeguarding enquiry service to ensure that safeguarding plans are put in place and that risks are mitigated.

3.10 Contingency Plans

We require providers to maintain a Business Continuity Plan. There should be:

- An annual review of the Business Continuity Plan;
- An identified officer responsible for maintaining the provider's business continuity arrangements; and
- Training and awareness in business continuity for managers and staff who have a key role in business continuity arrangements.

The county council will maintain contact with providers and expect providers to notify us about problems and concerns that might impact on business continuity. When it becomes necessary to activate contingency planning arrangements, the provider will notify the council as soon as reasonably possible via the Customer Access Service and the emergency duty team out of normal business hours. We expect providers to make available business continuity plans during annual monitoring exercises and/or on request. We expect providers to be reasonable when determining whether to cease to trade and have added additional protections into new contracts to ensure providers give the county council notice of an intention to exit the market.

We will maintain up to date information about alternative places in localities and will aim to undertake annual service user reviews.

In the event that the county council is managing a number of provider failures, there may be a need to request additional support from Adult Social Care and Learning Disability and Autism services and/or to Patient Safety and Safeguarding to ensure the council meets its obligations and provides a timely response.

3.11 Roles and Responsibilities

Once notification of provider failure is confirmed, de-commissioning and contract notice is received and there is a requirement to relocate service users or find alternative service provision, the process is managed by the Quality Improvement and Community Based Service, within Patient Safety and Safeguarding.

The team is made up of:

- Quality Improvement and Safety Specialist (QISS)
- Senior Quality Improvement Practitioner (SQIP)
- Quality Improvement and Social work team (QISW)

The Quality Improvement and Safety Specialist will work with the Provider and in accordance with the contract, to determine a notice period for when the service will cease. The purpose is to agree an appropriate period (where possible) in which to find alternative service provision for the individuals affected.

Once a notice period is agreed, the Quality Improvement and Community Based Service will take the lead in managing the closure process to ensure that individuals continue to have their assessed health and social care needs met. In the case of residents who need to transfer to an alternative care home, information is made available via

information packs and access to the Care Navigation service. Either a social care support officer or social worker is allocated to support individuals. The allocated professional will undertake a review of the individual's needs and provide support to family member / representative in finding a suitable alternative care homes of their choice, or in respect of an alternative homecare provider, commission a provider on the our Homecare Framework.

It may be necessary during the closure phase for additional service provision to be commissioned in order to reduce risk and maintain the safety and quality of the current service provision. This service may be sourced by the provider from an appropriately registered nursing and or social care provider. Our in-house provision delivered through the Older People and Disability Services may be requested to provide management support and or provision of social care services. There is a charge to the provider for this service.

3.12 Working in Collaboration with the CCG's and NHS England

The level of nursing and social care intervention needed by the provider will be determined at the outset and reviewed on an ongoing basis and agreed in consultation with the provider. Where a provider fails to secure additional services we will take action for securing social provision and the CCG commissioner will take action to secure safe nursing provision. The aim is to ensure that the nursing and social care needs of individuals continue to be met whilst alternative services are secured. The provider will be responsible for any costs incurred.

The CCGs in Lancashire are active and valued partners in the closure process for both residential, nursing home and domiciliary provision. Specifically the CCG will support the process through media communications, liaising with NHS England and the Commissioning Support Unit regarding CHC assessments, nursing assessments, making contact with individual's GP's, district nursing services and allied health professionals

4. FLOW CHARTS/ DIAGRAMS OR EXAMPLES

The flow chart on the next page describes the step by step process for managing a business failure that results in closure/cessation.

Please also refer to:

- Appendix 1 for Care Home Project Planning Meeting Attendance Matrix
- Appendix 2 for Planning for Care Package Transfers

On receipt of provider notification of service cessation, the QISS or SQIP, will make contact with the proprietor/director to discuss notice periods and arrangements for informing individuals and their families.

Agree a date when staff, individuals and families will be informed of the cessation plan. Depending on the type of business that has failed will determine the method of communication i.e. face to face to written notification.

Agree LCC and CCG representation (and CQC if appropriate) at the meeting (as agreed in 2)

Prepare a briefing note for the Director of Adult Social Care, the media and communications service, CCG colleagues and other appropriate partners.

Gather information on service users in receipt of the service including self-funders, CHC funded and other local authority funded.

Contact other local authorities to advise of service cessation and requirements to be involved in the cessation planning arrangements for individuals whom they commission services.

Set up regular cessation project planning meetings with the provider and relevant stakeholders. These meetings are usually diarised at least weekly and may be conducted face to face and or teleconferences. There may be a need to hold additional meetings through the closure process.

In respect of care and nursing home residents each individual is allocated a member of the QISW team (if an adult social care worker is not already allocated) to undertake a review of needs, liaising with CHC assessors in respect of nursing assessments. The allocated worker will provide advice and support to family members in respect of contact with care navigation team and make a referral to advocacy services as appropriate.

In respect of a failure of a domiciliary care provider, service users may be contacted by telephone call or letter and the arrangements will be agreed according to the number of service users affected and the timescale available. Individual face to face service user reviews by an allocated worker may not be possible ahead of the service transfer. Service Users will be prioritised according to known risk factors – e.g. living alone, existing high service package.

The cessation project planning meetings will receive an update in respect of areas as identified in the closure planning document and the closure planning document will be updated at each meeting with actions recorded.

The outgoing provider will be reminded of their responsibilities in relation to the safe handling, transfer and safe storage and retention periods.

The final cessation project planning meeting may include an opportunity to review what has worked well and opportunities for learning.

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5. DOCUMENT HISTORY

Policy, Procedure and Guidance (PPG) documents	Policies, Procedures and Guidance (PPG) Intranet site
Legislation and regulations	<ul style="list-style-type: none"> • The Care and Support (Eligibility Criteria) Regulations 2015 • The Care Act 2014 - Part 1 Assessing Needs Section 13 • Chapter 1 Promoting Wellbeing Statutory Guidance • Chapter 6 Assessment and Eligibility Statutory Guidance • Chapter 19 Ordinary residence Statutory Guidance • Chapter 20 Continuity of care Statutory Guidance • LGIU Report: Care and continuity: Contingency planning for provider failure • Mental Capacity Act 2005

6. EQUALITY IMPACT ASSESSMENT

The Equality Act 2010 requires the county council to have "due regard" to the needs of groups with protected characteristics when carrying out all its functions, as a service provider and an employer. The protected characteristics are: age, disability, gender identity/gender reassignment, gender, race/ethnicity/nationality, religion or belief, pregnancy or maternity, sexual orientation and marriage or civil partnership status.

The main aims of the Public Sector Equality Duty are:

- To eliminate discrimination, harassment or victimisation of a person because of protected characteristics;
- To advance equality of opportunity between groups who share protected characteristics and those who do not share them. This includes encouraging participation in public life of those with protected characteristics and taking steps to ensure that disabled people in particular can participate in activities/processes;
- Fostering good relations between groups who share protected characteristics and those who do not share them/community cohesion.

It is anticipated that the guidance on Managing Provider Failure in this document will support the county council in meeting the above aims when applied in a person-centred, objective and fair way which includes, where appropriate, ensuring that relevant factors relating to a person's protected characteristics are included as part of the process.

More information can be found on the Equality and Cohesion intranet site on

<http://lccintranet2/corporate/web/?siteid=5580&pageid=30516>