

DEVELOPING CONTINGENCY PLANS FOR ADULT SOCIAL CARE SERVICES

From exceptionally bad weather, a fuel shortage or a pandemic, to financial or quality problems, there are many circumstances that can disrupt services provided by the independent and voluntary adult social care sector. This guide has been written to help providers develop plans to ensure continuity of care if a problem occurs.

Its focus is on plans for individual services. This is because no single guide could offer comprehensive organisational advice for such a varied sector! But organisational strategies are also important and, in the section on business continuity management on page 8, we point you to further reading.

Plan, do, review, revise.... That's the process we are advised to follow. For an adult social care service, what does that look like in practice?

First, you need to assign (and record) roles – who is responsible for writing, checking and maintaining your plan? Then look at things that could disrupt your service. Which are most likely to occur, and which would have the biggest impact?

Then consider what you can do in advance to reduce the risks you have identified, and what you would do if a problem still occurred. Implement these actions, practice your plan, review and revise the plan... and then start the cycle again!



And at the same time, make sure that your staff are trained and briefed so that they know what they need to do if a problem arises.

In this guide, we suggest some things for you to think about as you go through this cycle and, while no contingency plan format will be right for every service, a checklist of what to include is included as an appendix. We have also included lots of links to more detailed information and resources that might be useful. Full details of all of the documents referred to are available on our website [here](#).

“I know from CQC’s work with people who use services, their families and carers just how important continuity of care is. If services cannot continue for whatever reason people may not receive vital medication, be left in distressing situations, become anxious or have to move home suddenly. I commend this excellent guidance to the sector as good contingency planning is vital to make sure these risks are avoided or mitigated”.

Andrea Sutcliffe, Chief Inspector of Adult Social Care, Care Quality Commission

Planning for the unexpected...

We tend to plan for things that we have experienced. However, contingency planning is also about planning for things we haven't experienced – even for things we haven't imagined would or could happen.

The following pages suggest common risks that providers are recommended to consider, including the potential for bigger or different problems than have been experienced previously. But remember that there may well be additional significant risks for your particular service that are not listed here.

Pandemic flu

- There is flu every winter and, for individuals and care services, it can be devastating. But a pandemic caused by a novel virus that spread easily could occur at any time of year and have a much bigger impact.
- The national planning assumption is that up to 50% of us could become ill over a period of several months, with 4% of those who are ill being hospitalised; and that up to 315,000 people could die. Up to 30% of staff could be absent throughout the pandemic.
- Key actions for providers would include: a focus on infection control; communication and information for staff and people receiving care; planning how to manage prolonged staff shortages, and how to prioritise care; and close working with commissioners and health services.
- Current guidance for health and care services is [here](#). If and when additional guidance is developed, it will be made available from the CPA website.

IT failure

- As we use more and more IT systems for care management, rostering etc, the challenge of how to manage if they failed increases.
- Providers are recommended to periodically review their IT security, back up and recovery arrangements – but recognising that what is needed will vary depending on the size and spread of the organisation. The Care Provider Alliance's [Introduction to Cyber Security](#) may be of assistance.
- However, no system is completely reliable - the NHS and even international airlines have all suffered major disruptive outages in recent years.
- Providers are therefore recommended to consider how they would cope if they lost all access to internet based systems and email for perhaps two or three days. What essential information would you need to maintain service delivery, and how could you access it when systems were down?

Case study

A credible bomb threat impacted on the safety of a care provider in central London; the service needed to maintain its evening services until the overnight on-call service took over, and to ensure that staff working in the business were safe. The agency had a contingency plan in place, which had identified different evacuation routes from the building, and an agreement with a nearby branch which could accommodate staff, who were able to divert their incoming telephone calls, and log-on to their homecare system from a remote location.

A different homecare agency was affected by an overnight arson attack on the building from which they operated. Computer equipment in the branch had been damaged by fire and paper records were inaccessible while the building was made safe. The contingency plan operated by the company had a 'buddy system' in operation, where any branch which was out of action knew the location of another branch which they would temporarily relocate to. Once staff knew their premises were out of action, they were able to make travel arrangements to the alternative location, and share office space and IT systems.

Severe adverse weather

- Disruptive flooding has become more common in recent years and, despite recent milder winters, services should ideally plan for a winter such as 1962/63 when there was over two months of severe weather.
- All services will need to think about how staffing could be maintained, and community services may need to plan in advance how they would access 4 x 4 vehicles.
- Services with accommodation should check that gritting arrangements are adequate. If they are at risk of flooding, sandbags or other precautions may need to be planned.
- Remember that the situation may be exacerbated by food or fuel shortages, or by utility failure.

Major local incident due to terrorism, civil disturbance, industrial accident etc.

- A major fire or chemical leak near a service could lead to its evacuation. The risk for each service will depend on its location.
- A terrorist incident could disrupt or put at risk staff travelling in the community; it could also cause travel chaos and lead to phone networks being switched off.
- This type of incident is rare and unpredictable, but some advance consideration of possible scenarios, and how to ensure staff safety and maintain service provision, is recommended.
- If staff travel as part of their job, managers would need to have a system so they know where each person should be at any time, and who they will be visiting.
- Leaflets and videos giving advice on what to do if you are caught up in a terrorist attack are available here.

Severe heatwave

- It's tempting to think we would all enjoy a nice hot summer – but 15,000 people died in a heatwave in France in 2003 and a similarly severe heatwave would be a serious issue.
- Services would need to ensure staff knew how to identify illness that could be caused by the heat, and how to look after themselves - but the biggest challenge would be for care homes and other services with accommodation.
- A key priority is to be able to maintain at least one accessible room below 26 degrees in extreme heat. This may require adaptations or new equipment so advance planning is essential.
- Public Health England provides very helpful guidance for health and care services generally and specifically for care homes. Do look at this before very hot weather arrives!

Case study

A small residential service for people with learning disabilities had to be evacuated twice in a month due to flooding. The service had an in-depth business continuity plan which staff re-read and followed, while a senior manager kept in touch with the Flood Alert phone line and sourced places in other homes in case they were needed. An emergency bag was packed ready for each person, and extra food was bought in case of being stranded in the home. The maintenance team delivered sandbags and moved items above floor level to reduce possible damage.

When the time came, staff helped people move to other homes and worked flexibly to support them while they were there. The phone line was diverted, and daily contact was maintained with peoples' relatives and relevant individuals until it was safe to return. The staff team's quick reactions and teamwork were subsequently recognised in the local newspaper.

Utility failure

- The loss of water, electricity or gas can be hugely disruptive, particularly for care homes and other services with accommodation.
- While most interruptions are short, the loss of electricity or water for a 48 hour period is not unknown and should be planned for.
- Care homes should ideally have access to emergency generators, water supplies and alternative means of heating.
- There are also lots of small practical steps that can be taken – keeping extra blankets, stocks of bottled water and of food that doesn't need cooking, etc.
- Staff need guidance on what to do if there is a utility failure – for example who to call, the need to turn off gas or electric appliances to minimise risk when supplies resume, etc.

Problems with buildings and equipment

- Offices, care homes and other buildings based services are all at risk of disruption due to fire, maintenance problems, equipment failure etc.
- Providers will need to maintain the usual precautions and maintenance routines in these areas.
- It's a good idea to plan in advance what to do if key equipment fails – for example lifts, laundry or catering equipment all need back up plans.
- Care homes, day services etc will all need detailed plans for emergency evacuation.
- Fire is a critical risk. Government guidance for care homes can be downloaded [here](#). There is also additional guidance from the Chief Fire Officers Association available [here](#).

National fuel shortage

- The [fuel shortage of September 2000](#) lasted 8 days and was a major challenge for health and care services. Providers are recommended to consider how they would cope with a similar or longer shortage.
- Plans could include amending shift times to allow more use of public transport, deploying staff to more local services, encouraging car sharing, arranging overnight accommodation, postponing training etc.
- Social care staff, even those working in the community, would not necessarily be given priority status by designated filling stations. This would depend on how much fuel was available at the time.
- Government advice is available [here](#).

Case study

A major fire in the basement car park of an extra-care sheltered housing scheme led to the emergency evacuation of 70 older people to pre-planned alternative locations. The provider's senior management team had previously developed a Disaster Recovery Plan, and the plan guided actions from the very beginning. It meant that staff and managers knew what to do and where people should be evacuated to. An Emergency Response Team met first thing each morning for the next month to direct and coordinate recovery.

The provider reviewed and improved its Disaster Recovery Plan taking in to account what had been learnt. Sprinklers were added to underground parking areas, a communication policy was developed, and fire proof red boxes were introduced near the entrances to services. These contain residents' phone numbers, building plans, important phone numbers etc. More recently, the provider has worked with an external business continuity consultant to further develop its business continuity plans, devising response cards for on-site staff and conducting exercises.

Supplier failure

- Many services rely on the regular supply of food, personal protective equipment, medication, cleaning services etc.
- It's a good idea to ask your key suppliers what their own business continuity arrangements are. Confidence about this can be considered when letting contracts.
- It's also prudent to have alternative suppliers identified in case of a failure by a regular supplier. Given that one reason for supplier failure may be travel disruption, local suppliers may be a good back up.

Financial problems

It's well known that the financial environment for care services is challenging and, every year, care services and organisations close because of financial problems. This guide cannot attempt to offer advice on the financial management of a care organisation. However, the Care Provider Alliance would strongly encourage providers to recognise a problem early on, and to talk to people who might be able to help before it is too late.

There is also the need to plan ahead so that, if it's not possible to avoid closure there is:

- Continuity of care and support.
- Good communication with all those involved.
- Support for staff whose employment may be affected.

Quality problems

Every year, quality problems cause some services to be closed by the Care Quality Commission (CQC), and others will make their own decision to close first. Services that fail to maintain essential standards of safety and quality should not continue. It is, however, in everyone's interests for such problems to be identified and resolved before closure becomes unavoidable.

Services that are struggling are strongly encouraged to be open and honest about this, and to seek support and assistance at an early stage. The CQC's [Driving improvement](#) is very helpful reading and gives nine examples of services that have improved from a rating of Inadequate to a rating of Good. There are also many people and organisations who may be able to help:

- A local care association or one of the national associations which make up the Care Provider Alliance could offer peer support, resources and advice.
- Other local services, or networks such as the Skills for Care Registered Manager Forums, which can provide peer support for first line leaders.
- Commissioners – who may have concerns, but who won't want to see a service close unless it is unavoidable.
- There is also plenty of guidance and resources available to assist care providers. The main national websites include:
 - Care Quality Commission: www.cqc.org.uk/guidance-providers/adult-social-care
 - NICE: www.nice.org.uk/about/nice-communities/social-care
 - SCIE: www.scie.org.uk/care-providers
 - Skills for Care: www.skillsforcare.org.uk

Some points for general consideration

Local networking adds to resilience	The more engaged your service is with the local community, and the wider your networks, the more individuals and groups you'll be able to ask to help in an emergency.
Risks vary from service to service, even if they are similar services provided by the same organisation	Some areas are more prone to snow or flooding. A care home with lots of south facing windows may be more at risk in a heatwave. If staff live locally, some risks will be reduced. A format to help you consider service level risks is available here .
Key information should ideally be available in more than one way or location	Filing cabinets won't be accessible if the building is out of bounds. Online information is vulnerable to system failure. For the most essential information, more than one option is really needed.
In an emergency, you may need to share personal information to enable care and support to be maintained	Sharing information with the local authority or another provider in an emergency will be more straightforward if you have prior agreement to do so from the people you are supporting. It's worth bearing this in mind when you agree terms and conditions with your customers.
How to prioritise care	Many providers will already have systems to assess and record those who would be most vulnerable if their care was delayed or cancelled. This can be critical information if an emergency occurs.
In an emergency, it's important to keep a record of actions and decisions, and to debrief afterwards	Formats that you might find it useful to have to hand are available here .
During and after an emergency, keep thinking about the needs of your workforce	Good communication with staff will be essential, avoiding demands on them becoming unreasonable, and providing support if they have experienced stressful situations. If a service does have to close, do all you can to support good staff to remain in the sector.
Getting back to normal	The immediate problem may be resolved but you may not yet be out of the woods! Don't forget to spend some time before or during an emergency planning your recovery.

Some specific points for specific types of service...

Shared lives schemes	While shared lives schemes are probably less vulnerable to some day to day risks than other services, there are two levels to consider: (i) the possibility that a Shared Lives carer may be unable to care, for example due to sudden illness; and (ii) risks to the organisation which runs the scheme – problems with its office or IT, or financial or quality problems. Schemes are recommended to have plans in place at both levels.
Retirement community and extra care services	For these services, the approach to contingency planning will vary depending on whether one organisation manages both accommodation and care, and on what services are provided, and on the extent of people's care needs. There may also be the need to consider people who have arranged care externally, and about whose needs the scheme managers have less information. In practice, the different organisations involved in a scheme are likely to need to work closely together to consider the kind of problems listed in this guide, and agree who would do what if they were to occur.

What to do if the worst happens and you have to evacuate, suspend or close a service at short notice

This isn't a situation anyone wants to think about! However, it could happen to any service and, if you plan for it in advance, the adverse impact on people's care and support can be minimised.

NHS England's Quick Guide: Care Home Closure sets out principles that are relevant to the evacuation, suspension or closure of any type of service:

- The needs of people using services must be at the heart of everything that is done. Continuity of quality care must be aimed for.
- Where closure is unavoidable and/or in the best interests of the people a service supports, all partners need to know what to do, and to work effectively together. Communication is key.

The Care Provider Alliance endorses these principles, and commends them to the sector.

Communication and information

A key priority for the provider will be the need to ensure good communication and support for people the service supports, family members and staff. There are also several statutory agencies who must be informed as soon as a provider becomes aware that a service may need to be evacuated, suspended or closed:

- The emergency services, if required.
- The local authority adult social care team, using out of hours numbers if needed.
- The Care Quality Commission.
- Any other commissioners.
- Local health services.

Contact details for these agencies need to be kept up to date - and to be accessible even if the service or office is unavailable. The statutory agencies may need to arrange alternative care and support very quickly. To do so, they will need some essential information about each person and his or her care needs. The NHS England guide referred to above has set out the information that the agencies will need. This is reproduced as Appendix 2 to this guide. It is again relevant for any type of service. Providers are recommended to review the information listed in Appendix 2 and check that they would be able to provide it quickly – even if they had lost access to their office or to the service itself.

The practicalities of evacuating a service

- The highest number of practical issues will arise if people have to move from where they are living.
- There are too many to list here, but a few to consider are:
- The need for as much support as possible to help people decide for themselves where to move to.
- A pre-planned accessible location for people to go to in an immediate emergency.
- Except in an immediate emergency, the need for time and help for people to pack before moving.
- If it might not be possible for people's medication to be retrieved in an emergency evacuation, a plan agreed in advance for how replacement medication can be obtained at short notice.
- A plan agreed in advance as to how care and medication records would be kept available, either through the transfer of paper records, or by IT systems that can be accessed from other locations.
- Consideration of urgent care needs, for example special diets, pressure mattresses or, if needed, security provided by locked doors or supervision.

About Business Continuity Management

Developing contingency plans of the kind discussed in this document is part of an activity called Business Continuity Management (BCM). BCM has been defined as:

“Identifying those parts of your organisation that you can’t afford to lose – such as information, stock, premises, staff – and planning how to maintain these, if an incident occurs.”

The international standard ISO 22301 sets out a seven-stage process designed to deliver an overall organisation-wide management system for business continuity. What this requires in practice will vary greatly depending on the size and type of organisation concerned. A single local service may simply need the kind of contingency plan discussed in this guide. A large national or regional organisation will need well developed organisational policies and plans.

For further reading please see the Cabinet Office’s [Business Continuity Management Toolkit](#); or for more detail “The Route Map to Business Continuity Management. Meeting the Requirements of ISO 22301” (Paperback, John Sharp, price around £30) is very readable and includes lots of practical examples.

About the Care Provider Alliance

The Care Provider Alliance (CPA) brings together the 11 main national associations which represent independent and voluntary adult social care providers in England. We work to represent the sector and ensure a coordinated response to the major issues that affect it.

The CPA is an informal body with a rotating chair. Membership is of the representative associations with a national membership across the whole of England. However, some CPA members also represent services in Scotland, Wales or Northern Ireland.

Details of our membership and activities can be found on our website www.careprovideralliance.org.uk. Follow us on Twitter [@CPA_SocialCare](https://twitter.com/CPA_SocialCare).

About the Improving Care Sector Engagement programme

In March 2017, the Care Provider Alliance was awarded a grant from the Department of Health and Social Care to scope and deliver a programme of work to improve engagement with and by the independent and voluntary adult social care sector.

Our approach is practical and pragmatic, drawing on the tremendous knowledge and experience that exists within the care provider sector and elsewhere to produce useful outputs as quickly as possible.

This is the second publication arising from the programme. The first concerned [engagement between the sector and Sustainably and Transformation Partnerships \(STPs\)](#), and was published in September 2017.

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To get in touch, please send an email to info@careprovideralliance.org.uk

Appendix 1: Checklist for care services contingency plans

Does your plan say who is responsible for writing, maintaining and checking it; and how and when they will do so?

Have you considered the various potential problems in this guide, how big a risk they could each pose to the operation of your service, and whether there are additional risks specific to your service or location?

Have you listed actions to be taken in advance to minimise the likelihood of each of these problems occurring, and to make them less problematic if they did occur?

Have you listed actions to be taken if each of these problems did occur?

Have you decided where your plan will be stored, and in what format, and how you will ensure access to it in the various emergency situations you have considered?

If you had to close your service in one of these emergency situations, would you be able to access the individual details listed in Appendix 2?

Does your plan include contact details for staff, the people you support and family members, or sign posts to where that information would be available?

Have you included contact details for your utility suppliers; for key suppliers of food, personal protective equipment, medication etc; for alternative suppliers; and for maintenance and IT companies, etc?

Have you included the location of your main switches and stop cocks for water, electricity and gas; and details of where any emergency equipment is stored?

Have you included contact details for your local authority, and for other commissioners, the Care Quality Commission and local health services, including where relevant out of hours contact details?

Appendix 2: Information that the statutory authorities are likely to need to make new care and support arrangements for people if a service closes at short notice

- Name
- Age
- Gender
- Whether the person is likely to have capacity to make decisions about their care service.
- If a person might need to move, whether they need ground floor or accessible accommodation.
- Whether the person has any immediate urgent care needs, for example pressure mattress, nutrition and hydration needs, swallowing; regular community health appointments, or mental health difficulties.
- Any religious or cultural considerations.
- Any known preferences, allergies or requests.



The Care Provider Alliance

Working Together For Excellence And Sustainability In Social Care