



Business continuity planning

Guidance for adult social care providers

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Introduction

From exceptionally bad weather, a fuel shortage or a flu outbreak, to financial or quality problems, there are many circumstances that can disrupt the services that adult social care providers run.

This guide has been written to help you to develop plans to ensure continuity of care and support, and to ensure that your business can continue, if a problem occurs. It doesn't cover everything – but it's a good starting point. It is primarily about how you might maintain services rather than about how best to resolve specific issues.

As well as making good business sense, your local authority or healthcare commissioner and the Care Quality Commission will also expect you to have a business continuity plan in place.

Business Continuity Management is about “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.” ([HM Government: How prepared are you? BCM Toolkit](#))

What you need to put in place will depend on the size and type of your organisation. A single local service may simply need the kind of plan discussed in this guide. A large national or regional organisation will need a more sophisticated suite of well-developed organisational policies and plans.

You should read this guide alongside the [CPA business continuity plan template](#) and detailed guidance on key issues such as the [coronavirus pandemic 2020](#).

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Key messages

As a care provider, you should have a business continuity plan to help you manage situations that may not happen but could have a major impact on your business and your ability to provide care if they did.

You can use the [CPA's business continuity plan template](#) to either create a new plan or to review and update your existing plans. The template is intended as a suggestion, which you may wish to adapt to suit the particular circumstances of your own organisation.

Your plan should help to ensure you can continue to deliver care by outlining actions you'd take to avoid, reduce or manage any possible disruption. These are often called 'mitigating actions' or 'mitigations'. The process of creating your plan should involve agreeing and, where appropriate, sharing these actions with your staff, people who use your services, family carers, funders, suppliers and partners, and recording them in your plan.

The planning cycle: plan, do, review, revise

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

Step 1: You need to assign and record roles – who is responsible for writing, checking and maintaining your plan?

Step 2: Look at things that could disrupt your service. Which are most likely to occur, and which would have the biggest impact? The combination of likelihood and impact allows you to prioritise which risks you should look at first and keep under review.

Step 4: Consider what you can do in advance to reduce the risks you've identified, and what you'd do if a problem still happened.

Step 5: Implement these actions, practice your plan, review and revise the plan... and then start the cycle again.

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

Tips on developing your plan

We suggest you should:

- Appoint a lead person who is responsible for creating, reviewing and updating your business continuity plan, ensuring they track issues that might affect your business and clients.
- Co-produce the plan with staff and people using your services to ensure it accurately reflects their needs as well as those of the business, and that the mitigations are practical in your operating context. You could create a small group to oversee this and support your lead.
- Agree how and when to review your plan. For example, you will need to keep up with new announcements and advice from regulators and the Government. Your lead should consider if any new advice will affect your plan. You'll also need to update your plan if any of the staff members mentioned in it leave or their contact details change.
- Share at least a summary of your plan with all relevant staff and ensure they know where it is, how it works, including when it comes into action, and who does what.
- If you have concerns about your plan, you may wish to speak to your local authority's contracts or quality assurance team. Having a robust business continuity plan is likely to be a requirement of your existing contract with the local authority.

[CPA's business continuity plan template](#) includes a list to help you work through your plan, and an actions log to record what you've agreed to do. [Appendix 1](#) of this guide includes a quick checklist.

If you need support in developing a business continuity plan or contingency plan, contact your local authority's contracts or quality assurance team, your national trade association (CPA members), or your local care association. See [Contacts](#) section below.

Issues to consider

Whatever the content of your plan, you should consider the following.

- 1. Local networking adds to resilience.** The more engaged your service is with the local community and other providers of similar services, and the wider your networks, the more individuals and groups you'll be able to ask for help in an emergency.
- 2. Risks vary from service to service,** even if they're 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. To help you consider service-level risks, you can use the [CPA's business continuity planning template](#).
- 3. 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.
- 4. 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 arrangements in place to store and share information safely and where required, with consent.. It's worth bearing this in mind when you agree terms and conditions with your customers. And, of course, you must ensure that your data and systems are fully compliant with the data protection regulations and legislation. You should complete the [Data Security and Protection Toolkit](#) every year. This self-assessment resource will enable you to check that you have good data protection and cyber security arrangements in place. Advice is available from the [Information Commissioner's Office](#). Guidance is also available on the [Digital Social Care website](#).
- 5. 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.
- 6. Keep a record of actions and decisions,** and the reasons for these, and to debrief afterwards. You can use the [business continuity planning template](#) to record this information.
- 7. During and after an emergency, keep thinking about the needs of your workforce.** Good communication with staff will be essential, as will avoiding unreasonable demands on them, and providing support if they've

experienced stressful situations. If a service does have to close, do all you can to support good staff to remain in the sector.

- 8. 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 and what you will do after the immediate crisis has passed. Getting back to normal may well require more time and effort than dealing with the issue at the time.

Specific service types

Depending on the type of service that you run, you may need to take specific issues into consideration.

- **Shared Lives schemes**

While Shared Lives schemes are probably less vulnerable to some day-to-day risks than other services, there are some specific issues to consider. There is still a low level of awareness of Shared Lives model as a form of regulated care amongst services such as GPs and pharmacists. This may make it more challenging for Shared Lives carers to push for access to supplies if there is a shortage. Shared Lives carers may also become unable to care, for example due to sudden illness.

The organisation that runs the scheme may also have problems – for example with its office or IT, or financial or quality problems. Shared Lives schemes are recommended to have plans in place to manage these issues. For example, they should ensure that: their suppliers – including pharmacists and other community services - are aware that they are providing a regulated care service; sickness/emergency cover arrangements are in place; and the scheme running the service has back up arrangements for its systems, and positive relationships with the local authority and CQC inspector should they need their advice and support.

- **Retirement communities and extra care services**

For these services, the approach to continuity planning will vary depending on whether or not one organisation manages both accommodation and care, what services are provided, and 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, where there are different organisations involved in a scheme, they 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.

Incidents and risks

You should tailor your plan to suit your particular organisation and should cover all the important themes relevant to your particular context. The list below is an overview of the type of detail you should consider as part of a robust plan, regardless of the specific care and support service you provide. It does not cover everything that might be needed by individual businesses, so please use it as the basis for your plan, adding anything specific to your service.

Flu and other viral infections

There is flu every winter, and norovirus and other viral infections are often circulating. And of course since 2020, coronavirus is active across the world.

This paper does not cover detailed guidance on managing during the COVID-19 pandemic, but the issues identified and the business continuity template may act as a useful tool and checklist for providers to consider.

Please see the following resources for detailed guidance on coronavirus:

- [Government guidance on coronavirus](#)
- [CPA – Coronavirus: Collated guidance and information for care providers](#)

All infection outbreaks can have a significant effect on a services' ability to operate normally.

Each new virus will be different so it is important to closely [monitor the guidance from Government](#) which will reflect the specific characteristics of a novel virus.

In the case of a pandemic, you should plan for a high percentage of your staff to on sick leave at any one time.

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.

You can access the Department of Health and Social Care's guidance on [how the health and social care sectors should respond operationally to flu pandemics](#).

The CPA has also produced [guidance on managing flu outbreaks, and infection control](#).

IT and data systems

As we use more and more IT systems for work such as care management and rostering, 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. 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?

Providers and their staff may also need to use new technology to deliver manage services, and to deliver support during an emergency when normal delivery routes are affected. For example, during the coronavirus pandemic of 2020, face-to-face contact has been severely restricted, requiring staff to work from home where possible. Meetings can be held virtually through telephone and video conferencing, and some services, such as counselling support, are also being provided by phone or video conferencing. Managers and staff should ensure that confidentiality and safeguarding issues are addressed when using technology in this way.

Guidance on business continuity planning for data security, sharing records and other issues can be found on the [Digital Social Care website, including how to carry out an annual self-assessment using the Data Security and Protection Toolkit](#).

CPA has also developed [guidance on data flows and adequacy arrangements with the EU](#).

Cyber attacks and ransomware

The [National Cyber Security Centre \(NCSC\)](#) has said that they have handled an increased number of ransomware incidents in the UK during the COVID-19 pandemic and recommend that every organisation familiarises themselves with their guidance on mitigating malware and ransomware attacks.

Ransomware is a type of malicious software (malware) which prevents you from accessing the information on your computer. The information can be locked, encrypted or stolen. You will then be contacted and asked to make a payment in cryptocurrency (e.g. BitCoin) to regain access to your information.

You should report this to Action Fraud either via their [website](#) or by calling 0300 123 2040.

If you need advice and support you can also report this to NCSC. The NCSC has also produced a list of things to do immediately if your computer is infected.

If the information affected includes personal information, e.g. details about staff or service users, then you might need to report this breach to the Information Commissioner's Office. If your organisation completes the Data Security and Protection Toolkit, you can report incidents within the Toolkit and it will help you decide if you need to report the cyberattack to the Information Commissioner.

Paying the ransom does not guarantee that you will recover your files and it does not remove the malware from your computer. This also means you would be paying criminal gangs and that you are more likely to be targeted in the future.

There are lots of simple things you can do to protect yourself and your organisation against ransomware including regularly backing up your data, keeping your software up to date, and using antivirus and antimalware software.

We recommend using the NCSC guidance on mitigating malware and ransomware attacks.

Case studies: Accessing IT systems during an emergency

Bomb threat and homecare agency

A credible bomb threat impacted on the safety of a care provider in London; the service needed to maintain its evening services until the overnight on-call service took over, and to ensure that staff 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 that could accommodate staff, who were able to divert their incoming telephone calls, and log on to their homecare system from a remote location. Good planning here ensured continuity of service and no individuals receiving care were impacted as a result of the relocation of operational teams.

Arson attack on homecare agency

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 that was out of action knew the location of another branch to which they'd temporarily relocate. 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. Good planning here ensured continuity of service and no individuals receiving care were impacted as a result of the relocation of operational teams.

Severe adverse weather

Disruptive flooding has become more common in recent years and, despite recent milder winters, services should plan how they would respond to a harsh winter with more than 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're 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.

For a vulnerable person, living in a cold home increases their chance of serious illness or death. They are at higher risk of a heart attack or stroke, breathing problems, flu, depression and falls. Home care managers and staff need to be particularly aware of this and staff should be trained to identify hard-to-heat homes and how to share information or concerns with local authority, housing and health services.

For details, see NHS England's [Cold weather plan](#), [NICE Guidance on Excess winter deaths and morbidity and the health risks associated with cold homes](#), and NICE's quick guide for home care providers - [Helping to prevent winter deaths and illnesses associated with cold homes](#).

Case study – Evacuation of residential service due to flooding

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 that 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 people were 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.

Severe heatwave

It's tempting to think we'd 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 need to ensure staff know how to identify illness that could be caused by the heat, and how to look after themselves - but the biggest challenge could 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. You can download the [Heatwave plan for England](#).

Major local incident due to events such as terrorism, civil disturbance, or industrial accident

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 for several hours, or even days.

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 should have a system so they know where each person should be at any time, and who they'll be visiting.

Leaflets and videos giving advice on what to do if you're caught up in a terrorist attack are available on the [National Police Chief's Council website](#).

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 uncommon 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 things such as extra blankets, stocks of bottled water and of food that doesn't need cooking.

Staff need guidance on what to do if there's a utility failure – for example, who to call, and the need to turn off gas or electric appliances to minimise risk when supplies resume. They should know where stop valves or utility meters are located in residential or sheltered accommodation settings

Problems with buildings and equipment

Offices, care homes and other buildings-based services are all at risk of disruption due to issues such as fire, maintenance problems, equipment failure or reduced access to supplies and parts. Providers will need to take the usual precautions and carry out regular maintenance routines in these areas.

It's a good idea to plan in advance what to do if key equipment fails or you cannot access parts – for example lifts, laundry or catering equipment need back-up plans.

Care homes and day care will need detailed plans for emergency evacuation. Fire is a critical risk. You should read the Government guidance - [Fire safety risk assessment: residential care premises](#). There is additional guidance for care services from the [National Fire Chiefs Council](#).

Case study – Fire in basement car park of extra care sheltered housing

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. This is an example of how recovery can take longer and absorb more effort than the initial crisis.

The provider reviewed and improved its disaster recovery plan taking into account what had been learnt. Sprinklers were added to underground parking areas, a communication policy was developed, and fireproof red boxes were introduced near the entrances to services. These contained information such as residents' phone numbers, building plans, and important phone numbers. 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.

Fuel shortages

The availability of fuel within the UK is generally very good and the risk of a fuel shortage is low. In most cases, the fuel industry is well placed to be able to respond to supply disruptions, without it impacting the public. However, depending on the cause and/or extent of the fuel disruption, fuel disruptions can impact on a regional and national basis.

A disruption could be caused by a number of factors, including scarcity of supply, a technical problem with part of the fuel supply infrastructure, industrial action or public protest.

In such circumstances, Government will mitigate the impact of a fuel disruption as much as possible through a wide range of measures to ensure that impact on the public is minimal. However, health and social care services need to consider all eventualities, including the possibility that fuel supply unavoidably falls below the level of demand.

You should therefore consider how you would cope with a fuel shortage, which may impact on travel, or even heating and cooking, for locations using heating oil or bottled gas.

Plans could include, for example, amending shift times to allow more use of public transport, deploying staff to services nearer to where they live, encouraging car sharing, arranging overnight accommodation and postponing training.

Government guidance recommends you look at five main areas of activity as part of your business continuity planning:

1. reducing the dependency of your organisation on fuel
2. reducing fuel usage during a fuel supply disruption
3. improving the resilience of supply chains (not just fuel but other supplies the organisation needs to deliver its key products and services) and the organisation as a whole
4. reallocating resources to deliver only key products and services; and
5. effective communication with staff, customers, suppliers and other key stakeholders in advance of and during a fuel supply disruption.

If a shortage became more significant, the Government would issue more detailed guidance, which the CPA would share.

You can find further information in the existing [Government guidance on business continuity management for fuel shortages](#).

Power outages

We recommend that providers consider the following questions when considering their business continuity plans. If you answer 'no' to several questions and feel that your services are therefore vulnerable, you should revise your business continuity plans and seek further guidance and support. You may, for example, wish to discuss options with your power supplier.

- Do you have provision to maintain the power supply in your facility in the event of an outage?
- Do you have a generator? Is this regularly tested with the normal electricity load?
- Does all of your equipment to maintain medical treatment for residents (e.g. dialysis) have battery powered back up in the event of a power failure? Is there any equipment that is solely dependent on mains electricity?
- Do you have alternative plans for the use of equipment that is dependent on electricity in the event of a power outage? For example, how would you evacuate people if the lift did not work?
- Do you have mutual aid plans you could draw from in the event of a long-term power outage?
- Are you already on the Priority Service Register? This can provide you with priority support from your electricity distribution network operator in an emergency. Contact your electricity supplier to discuss.
- Do you have contingency plans for carers to access medical records if these are temporarily unavailable on computers or tablets?

See also [Guidance for Essential Service Operators: Making Your Service More Resilient to Power Outages published by the Energy Emergencies Executive Committee.](#)

The Low Frequency Demand Disconnection (LFDD)

The Low Frequency Demand Disconnection is a protection system that is automatically triggered when there is a significant imbalance between electricity supply and demand. It results in the disconnection of some demand (customers) to keep the system in balance and prevent a full system collapse.

The number of customers disconnected depends on the size of the imbalance and there are nine stages of LFDD which progressively disconnects 5-60% of demand to restore system balance.

Historically, only the first stage of LFDD has been deployed disconnecting 5% of demand (~1 million customers) and though work has been undertaken to ensure that key sites (e.g. large hospitals) are removed from the first stage, it is important to note that they are likely to be included in later stages and that exclusion from the LFDD scheme does not protect assets from other types of more frequent power outages due to network faults or severe weather.

Care providers should therefore ensure that their business continuity plans take into account the potential for power failure.

Supplier failure

Many services rely on regular supplies of everything from food and personal protective equipment, to medication and cleaning services.

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.

- [Supplies of medicines and medical devices](#)

The production of medicines and medical devices is a complex, highly-regulated global business. So, problems with supplies do arise for a wide range of reasons, such as manufacturing issues, access to ingredients and batch failures. And if there is a sudden increase in prescribing particular medicines, companies may not have sufficient reserves to meet immediate demand.

So, supply problems with medicines will always happen. There are national and local arrangements in place across the Department of Health and Social Care, the NHS and prescribers to help lessen the risk of affecting patients – including patients who also use social care services.

In the case of any shortage, social care providers are advised to:

- **not stockpile** any medicines, medical devices or clinical consumables. Stockpiling could cause shortages in other areas and put people who use services at risk.
- **allow a little extra time** for orders to be delivered.
- **ensure your business continuity plan covers continuity of supply**, and that it's reviewed, updated and shared regularly with your local authority and clinical commissioning group commissioning teams, as appropriate. This

element of your plan should reflect the plans developed by your local prescribers (GPs and consultants), pharmacies and local authority or other NHS partners. Ensure you've included all relevant contact details in your plan, so they're readily to hand if needed urgently.

- **consider accessing supplies from other suppliers**, including other pharmacists if the shortages are associated with a particular supplier.
- be prepared for **pharmacists to issue different medications** from those normally prescribed, should supplies become short.
- share with clients and carers the latest NHS information for the public about their medicines.
- **Non-medical supplies**

Non-medical consumable, goods and services include:

- IT service agreements and infrastructure
- equipment including hoists, stairlifts and specialist aids
- waste management
- facilities management
- service maintenance contracts
- laundry services
- food including specialist food and catering contracts.

Care providers should:

- Find out what contingency plans your suppliers have in place: have they made the necessary arrangements to manage any disruption to supply?
- Think about how you might use different suppliers if you need to.
- Consult with nutritionist and healthcare professionals when changing diets for people with specialist requirements

If you do need to get another catering supplier – even if on a temporary basis - you might want to check with other local providers and your local authority about alternative suppliers. Or look at the [National Association of Care Catering](#) website where they list several catering companies – including specialist food suppliers.

All the food you serve should continue to provide a balanced diet that follows [the Government's Eat Well nutrition guidance](#). Remember to consider special dietary requirements and allergies in any food substitution plans.

Recruitment and retention problems

Recruiting and retaining good staff is always a challenge in the care sector. As part of your continuity planning, you should have plans in place to identify local, regional and national developments that may significantly affect your ability to recruit and retain staff, and potential actions to lessen the impact.

For example, you will need to consider the impact of national developments such as: changes in the minimum wage; changes in the right to work in the UK; and any changes in recognition of qualifications. At a regional or local level, are there new employers coming to the area who may compete for your staff – either as care workers or in other sectors?

You should also access the resources available to support recruitment and retention including: [DHSC Every day is different campaign](#) and [Skills for Care – Recruitment and retention resources](#).

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's too late, including your local authority or health care commissioner, bank, building society, and other funders.

There's 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, and support for staff whose employment may be affected.

Quality problems

The Care Quality Commission (CQC) closes down some services for providing poor quality care. Other services make their own decision to close before this happens. 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*. Other organisations, such

as [Skills for Care](#) and the [Social Care Institute for Excellence](#) offer advice, guidance and support on improving services.

Short notice closures

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 has published a guide to [managing care home closures](#).

It sets out principles that are relevant to the evacuation, suspension or closure of any type of service. It says:

- 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 all providers.

If you do need to evacuate, suspend or close at short notice, a key priority 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. They include:

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

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 for clients very quickly. To do so, they will need some essential information about each person

and their care needs. The NHS England guide referred to above sets out the information the agencies will need. This is reproduced as [Appendix 2](#) to this guide. It's relevant for any type of service.

Providers are recommended to review the information listed in [Appendix 2](#) and check they'd be able to provide it quickly – even if they'd 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 must move from where they are living. There are too many to list, but here are six to consider.

1. The need for as much support as possible to help people decide for themselves where to move to.
2. A pre-planned accessible location for people to go to in an immediate emergency.
3. Except in an immediate emergency, the need for time and help for people to pack before moving.
4. If it might not be possible for people's medication to be retrieved in an emergency evacuation, a plan that's agreed in advance for how replacement medication can be obtained at short notice.
5. 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.
6. Consideration of urgent care needs, for example special diets, pressure mattresses or, if needed, security provided by locked doors or supervision.

The role of local authorities in business continuity planning

Local authorities have a duty to ensure the wellbeing of people who are in the care system. So, you should expect your local authority to seek assurance that you've identified any possible risks and taken all reasonable steps to deal with them should they arise.

Local authorities have a responsibility to ensure the social care market is resilient and has enough capacity to meet local needs. Where you have a contract with a local authority, it's likely this will already require you to have a robust business

continuity plan. If you find it difficult to update your existing plan, your local commissioning team may be able to offer limited support.

Your local authority commissioning team will be familiar with the [Local Resilience Forum's](#) (LRF's) plans for dealing with a range of potential immediate issues, and with those of the Local Health Resilience Partnership (LHRP). The local authority should have ensured those plans take account of the needs and context of social care services.

If you can't deal with any issue that might affect your ability to deliver your service, then you should approach your local authority commissioning team, who may be able to offer some limited support. If you think you might need to change the pattern or delivery of service provision to clients, you should tell the local authority as soon as possible. In the case of a significant service issue, you should discuss with them whether this should be raised with the LRF or the LHRP.

You should ensure you have contact details for those bodies included in your business continuity plan and have agreed with your local authority commissioning team the circumstances in which it would be appropriate for you to approach them direct.

Escalation process

If you experience risks to service delivery and are unable to mitigate against those risks, you should notify:

- your local authority and/or health commissioner (even if they do not commission services from you, as they have a general responsibility to ensure local people's needs are met);
- the Care Quality Commission.

The local authority may also raise issues with your Local Resilience Forum, or you may jointly agree that you should contact the Local Resilience Forum direct.

Local Resilience Forums (LRFs) are multi-agency partnerships made up of representatives from local public services, including the emergency services, local authorities, the NHS, the Environment Agency and others. The LRFs aim to plan and prepare for localised, immediate incidents and catastrophic emergencies. They work to identify potential risks and produce emergency plans to either prevent or reduce the effect of any incident on their local communities.

See the CPA's [brief guide on escalation processes](#).

Resource implications

You'll need staff to develop and regularly review and update your business continuity plan, including the section on managing concerns about supplies of non-medical consumables, goods and services.

In addition, you should take account of any temporary changes in supplies or equipment that might be needed to respond to shortages. This might require you to update clients' menu plans, possibly at short notice.

Useful links and resources

Coronavirus pandemic

[CPA collated information and guidance for care providers](#)

[Government information on coronavirus](#)

[ADASS information on coronavirus](#)

Business continuity planning resources

[CPA business continuity plan template \(updated June 2021\)](#)

[HM Government: How prepared are you? BCM Toolkit](#)

Data and IT

[Information Commissioner's Office](#)

[Digital Social Care website](#)

[CPA and Digital Social Care guidance on data transfers between the UK and EU/EEA](#)

[Government guidance on what you should do when transferring people's personal data between the UK and the EU/EEA](#)

Flu and infection control

Department of Health and Social Care's guidance on [how the health and social care sectors should respond operationally to flu pandemics](#)

[CPA guidance on flu outbreaks and infection control](#)

Adverse weather and heatwaves

NHS England's [Cold weather plan](#)

[NICE Guidance on Excess winter deaths and morbidity and the health risks associated with cold homes,](#)

NICE quick guide for home care providers - [Helping to prevent winter deaths and illnesses associated with cold homes](#)

[Heatwave plan for England, Public Health England](#)

[Heatwave Mortality Monitoring, Public Health England](#)

Major incidents including terrorist attacks

[National Police Chief's Council website](#)

Fire

Government guidance - [Fire safety risk assessment: residential care premises.](#)

[National Fire Chiefs Council](#)

Fuel shortages

[Government guidance on business continuity management for fuel shortages](#)

Power outage

[Guidance for Essential Service Operators: Making Your Service More Resilient to Power Outages, Energy Emergencies Executive Committee](#)

Supplier failure

[National Association of Care Catering](#)

[Government's nutrition guidance](#)

Recruitment and retention

[DHSC Every day is different campaign](#)

[Skills for Care – Recruitment and retention resources](#)

Financial risks

[CQC's Driving Improvement](#)

NHS England's Guide to [managing care home closures](#)

Contacts

There are 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.
- Local authority and health care commissioners – who may have concerns, but who won't want to see a service close unless it is unavoidable.

[Care Provider Alliance](#)

[Associated Retirement Community Operators](#)

[Association for Real Change](#)

[Association of Mental Health Providers](#)

[Care England](#)

[National Care Association](#)

[National Care Forum](#)

[Registered Nursing Home Association](#)

[Shared Lives Plus](#)

[United Kingdom Homecare Association](#)

[Voluntary Organisations Disability Group](#)

[Local care association - contacts](#)

[Care Quality Commission](#)

[NICE](#)

[Social Care Institute for Excellence](#)

[Skills for Care](#)

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[Contact the CPA.](#)

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Appendix 1: Checklist for care service business continuity plans

Ten things to include in the business continuity plan for a care service.

1. Does your plan say who is responsible for writing, maintaining and checking it; and how and when they will do so?
2. 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?
3. 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?
4. Have you listed actions to be taken if each of these problems did occur?
5. 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?
6. 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](#)?
7. Does your plan include contact details for staff, the people you support and family members, or signposts to where that information would be available?
8. Have you included contact details for your utility suppliers; for key suppliers of things such as food, personal protective equipment and medication; for alternative suppliers; and for maintenance and IT companies?
9. Have you included the location of your main switches and stopcocks for water, electricity and gas; and details of where any emergency equipment is stored?
10. 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

This is a list of information that the statutory authorities are likely to need to make new care and support arrangements for people.

1. Name
2. Age
3. Gender
4. Whether the person is likely to have capacity to make decisions about their care service
5. If a person might need to move, whether they need ground floor or accessible accommodation
6. 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
7. Any religious or cultural considerations
8. Any known preferences, allergies or requests