

Choosing and paying for a care home

About this factsheet and who it is for

Moving to live in a care home is probably more complicated than any other home move, yet is often arranged at a time of crisis. This factsheet aims to help you stay in control of events, understand what care homes are, consider alternatives, make your own decisions and see them through.



The artwork on the front of this factsheet was done by an older artist as part of the EAC Art Awards competition



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1. About care homes

The core function of a care home is to provide care. This includes ‘personal’ care, such as help with washing, dressing, eating or toileting, and may also include nursing. Other forms of help and support are also offered to care home residents - for example help to pursue activities, make trips out or keep in contact with friends and family.

Because of their core purpose, there is a framework of regulation and inspection to try to ensure that all homes perform to minimum ‘essential standards’. These standards cover treating residents with respect; involving them in decisions about their care; providing care that meets their needs; securing their safety; and ensuring appropriate staff skills, staffing levels and staff management.

The central purpose of providing care helps explain several things about care homes:

Accommodation: care homes do not generally provide self-contained accommodation such as a flat or bungalow. Typically residents will occupy a single room, usually with en-suite facilities. There is an assumption that older people needing the level of care provided by care homes do not require the amount of space, privacy and sense of ownership or security of tenure that most

would have been used to where they lived previously (and in the case of short-stay residents, will return to).

Communal space, facilities and activities: care homes generally have generous shared spaces – a lounge and dining room at minimum. There are often activity and exercise rooms. Many have gardens for residents to use.

Staffing: Care homes run 24 hours. They provide meals, care and support, laundry services, activities (see below) and much more. They require maintenance and cleaning. They therefore need management and administration. It is not surprising that a typical care home employs as many staff as it has residents.

Activities: Most homes arrange activities and outings for residents – some intended as physical therapy, others for enjoyment. Some homes are committed to helping individual residents pursue their own interests, rather than, or as well as, encouraging them to join in group activities. Some homes cultivate relationships with local schools, Age UKs/Age Concerns, Royal Voluntary Service (RVS) branches or other external organisations and encourage ‘outsiders’ to visit their homes to run activities, teach, or simply meet and talk to residents.

Cost: Care homes are expensive to run, and therefore to stay in, with fees ranging from £400 to well over £1000 a week. The

fact that charges are very similar to the cost of full board in a reasonable hotel is no coincidence; most of a care home operator's costs are the same as a hotel owner's. The cost of providing care, although significant, is much less than the cost of providing the setting in which the care is delivered and the accompanying bundle of hotel-type services.

Why might I need to move to a care home?

You may *need* to move to a care home if you need care throughout the day and night, and if this is impossible to arrange, or afford, at home.

All care homes can provide help with what the professionals call the 'activities of daily living' – washing, dressing, bathing, getting in/out of bed, going to the toilet, taking medicine and providing meals.

In addition, nursing homes employ registered nurses who can provide care to people who are unable to walk or stand on their own, have continence problems; have breathing difficulties or have an illness or disability which is severe.

Many homes specialise in caring for people who are mentally frail, generally people living with Alzheimer's or dementia. These illnesses cause confusion and memory loss, which can lead to anxiety or erratic behaviour. Good quality care and therapy, sometimes alongside

drug treatment, can greatly improve the quality of life of Alzheimer's and Dementia sufferers.

Why might I choose to move to a care home?

You might *choose* or *prefer* to move to a care home if you feel you are making too many demands on a partner, your wider family, neighbours or friends; or because you are not happy with the care provided by visiting paid carers. You might want to be rid of the challenge of employing carers, or indeed of maintaining a home.

You might feel you want to retreat from the world, to live the last stage of your life somewhere peaceful, to be looked after, and perhaps to prepare for your death.

About choosing and paying for a care home

Many people still struggle to understand, or accept, where care in a care home fits in our National Health Service (NHS).

Rightly or wrongly, the reality is that it doesn't really fit. The NHS does not generally arrange or cover the cost of a permanent stay in a care home. However, hospital social work teams will support you with arranging any necessary care.

You are likely to find that your local council will be heavily involved in the process of arrange and paying for your

care in a care home. They have responsibility for assessing the care needs of any older person in their area who asks for this, and for contributing to the cost of care for people who cannot afford it themselves.

For a majority of older people, therefore, the local council can or must be involved in a decision to move to a care home. Only those confident enough to make the decision themselves, with sufficient capital assets and income to ensure that they will never need funding assistance, can afford go it alone.

Nevertheless, this Guide aims, above all, to help *you* think clearly about what care or support you need, and how *you* would prefer to these needs to be met.

Take your time to decide

Whether you are just thinking about a move or responding to a crisis, decisions may have to be made in a hurry and you may receive conflicting advice. Whatever the reasons, remember there may be alternatives to consider. In any event there are choices to make – choices that may make all the difference to your happiness once you're settled.

Moving to live in a care home brings huge benefits to many older people – but it's a big decision, and one to take some time over, however pressing making your mind up appears at the moment.

2. Deciding what care you need and want

Sometimes this may seem obvious. If you have difficulty taking a bath or using the toilet, then having someone to help is one way of dealing with the problem. But would a shower and a downstairs toilet help? If confusion makes cooking dangerous, or eating difficult, then equally there may be changes that could be made to your home, or even gadgets to install, that would help.

All the same, it's complicated!

You may have choices about where and how your care is provided, but each option will have its advantages and disadvantages.

Do any of these dilemmas sound familiar?

- Do I want care in my own home or in a care home? I can maintain my lifestyle at home but may not receive the same level of care and I may get anxious if carers do not turn up as arranged.
- My family wants me to move to a care home. I would like to stay in my own home but I do not want to upset them.
- The home I like is 10 miles away but that will mean my family will not be able to visit me very often.
- Should I live downstairs, have a stair lift or move to a ground floor flat?

- Do I have to give up my pet because I cannot look after it?
- Should I stay in my own home and risk being lonely or move into a care home or extra care housing and risk being with people I may not like?

Involving the professionals

It can be very helpful to involve a professional to help you think about the problems you face and ways of addressing these. You may choose to employ an occupational therapist, or consult a private care advisor – but for most people the first port of call is their local council’s social services department to ask for a *needs assessment*.

Your assessment from the local authority is the first stage in assessing whether you are entitled to services provided or paid for by the council itself. It is always advisable to receive an assessment as the process is a free, professional advisory service – and the staff conducting it will be knowledgeable about what’s available locally and the solutions other people in your circumstances have found.

The aim of the needs assessment is to establish what your specific needs are and how they could best be met. You, and whoever else you choose to involve, will meet with a social worker or care manager to discuss your care needs. They in turn should be able to provide sound

advice about services that are available to meet your needs.

A needs assessment will not necessarily result in a recommendation that you move to a care home; unless you are assessed as needing a lot of regular care, it is more likely to recommend other solutions.

For people without the means to pay for care services themselves, including a care home, the council needs assessment is an essential first step towards establishing whether they are entitled to council financial support.

For people who expect to pay for care themselves, at least initially, a council assessment can provide a degree of insurance against a time when they might not be able to afford to continue paying for care themselves.

The assessment process

Since April 2015, all local authorities in England must carry out their assessments according to the Care Act 2014. This sets a requirement for local councils to consider a person’s wellbeing throughout the process, as well as introducing a duty on the council to arrange access to information and advice services.

The Care Act also brought in a national assessment process, meaning that an assessment of need should result in the

same results in any area of the country. The assessment requires your local authority to consider:

- Your views as regard to your perceived problems and expectations.
- Clinical background (any medical problems, medication or any falls).
- Disease prevention (blood pressure, weight, drinking/smoking).
- Personal care and physical wellbeing (your ability to look after yourself, any mobility difficulties or continence problems).
- Senses (any sight or hearing problems that are causing difficulties).
- Mental health (memory problems or depression).
- Relationships (family, friends, carer).
- Safety (difficulties relating to your safety or the safety of others around you, neglect or abuse).
- Your immediate environment and resources (whether you can look after your home, suitability of

The assessment should be 'person-centred' meaning that the focus should be on your strengths and capabilities as well as what is important to you.

If you have any difficulty with the assessment process then the council should also arrange for you to have an

independent advocate who can act on your behalf.

Thinking it through yourself

If you are not sure how best your needs could be met, why not consider the points below, and perhaps talk to your family or carers about them? They may help you to work out what you would like to happen.

Even if you plan to ask for a needs assessment, the points below could help you prepare for it. Moving to live in a care home is a big step and it is important that you investigate the alternatives, particularly if you would prefer to stay in your own home.

Care and support services at home

There is a wide range of services that can enable even very frail older people to stay in their own homes. These include:

- Help with personal care such as getting up, going to bed, washing and dressing.
- Meals services.
- Equipment to help you manage in the kitchen or bathroom or move around indoors or outside.
- A 'careline' phone system so that you can call for help in an emergency.
- More sophisticated monitoring technology that alerts a neighbour,

relative, your GP or a care provider if something seems wrong.

- Alterations to your home, such as grab rails, stair lifts or ramps.
- Nursing and other health services.
- Help for your family carers
- Respite care to give you or your carer a break.

You can buy care from a care agency, or you could directly employ someone to provide care for you. In either case a recommendation could be helpful in finding the right agency or individual. The internet has made sharing experiences much easier, and if you aren't able to use it yourself, it would be worth asking a relative or friend to research this for you.

If you can afford it and have the space, it might be worth considering employing a live-in carer.

Day-care centres exist in many areas, and offer the opportunity to get out and socialise but with the reassurance that carers are available if you need them.

If you find yourself housebound, getting some practical help as well as companionship from a volunteer visiting service such as the Royal Voluntary Service, Independent Age or Age UK might provide a degree of confidence that if and when you need help, there will be someone you know to call on, and

perhaps even advise on good local carers or care agencies.

Supported living environments

You may also want to think about moving home to somewhere easier to manage, more secure, in a more convenient location, near other older people – and where some help and/or care is available onsite. Examples include:

- Retirement (sheltered) housing, which offers security, companionship and practical support;
- 'Extra care' sheltered housing, 'assisted living' and other forms of 'housing with care', where care staff are generally available on site;
- Housing designed for wheelchairs users or people with specific cultural needs.

Few supported living environments aim to provide the round-the-clock care that a care home offers, nor is nursing generally available, but 'housing with care' estates are growing in number in many parts of the country. Supported enthusiastically by many local councils, they can provide an attractive alternative for some older people who might previously have moved into care homes.

Our summary of options to consider

Is it difficult for you to manage at home?

- If help with domestic tasks would make life easier
- If you need to be able to call for help in an emergency
- If you need help getting up and going to bed
- If it is difficult for you to move around inside your home

Your options may be:

- Help in your own home
- An emergency alarm
- Specialist equipment
- Alterations to your home

Do you feel insecure or vulnerable?

- If you are worried about your safety
- If you are lonely
- If you use a wheelchair – regularly or all the time

Your options may be:

- An emergency alarm
- More social contacts
- Alterations to your home
- Move to a suitable home

How safe are you at home?

- If you fall frequently
- If it is difficult for you to live safely at home without support or supervision

Your options may be:

- Help in your home
- An emergency alarm
- Move to extra care housing

What about your daily routines?

- If you need a lot of help with your personal care, e.g. using the toilet, washing and dressing
- If you are not able to get a drink or a meal, or answer the door
- If you have a carer who needs a break

Your options may be:

- Carers in your home
- Move to extra care housing or to a care home
- Carers assessment

What about your health?

- If you have health problems that make it difficult for you to live at home without professional support
- If you need help to tell other people what you would like to do

Your options may be:

- Carers in your home
- Move to extra care housing
- Move to a care home

In the remainder of this Guide we assume that you have decided you wish to move to a care home, and discuss in more detail how to choose the right home and to pay for it.

However FirstStop can provide more information on all of the options above, and a list of other useful reading can be found at the end of this Guide.

3. Other factors to consider

Type of care home

There are two types of care home to choose between:

Care homes providing personal care, which used to be known as residential homes. They vary in size and facilities but all provide living accommodation; meals; any help you need with dressing, bathing or toileting; companionship; and someone on call at night. Care homes providing personal care give care during normal short illnesses but do not provide constant nursing care.

Care homes providing nursing care, which used to be known as nursing homes. Some may have a number of beds registered only for personal care. These also vary in size and facilities but all provide personal and nursing care 24 hours a day for people who are bedridden, very frail or have a medical condition or illness that means they need regular attention from a nurse. There is always a qualified nurse on duty.

Some homes, registered either for personal care or nursing care, are also

registered to provide services to specific categories of older people, frequently people diagnosed with dementia.

Quality of care

All care homes in England have to be registered and inspected by the Care Quality Commission (CQC) and must display their recent inspection rating throughout the home and, if applicable, on their website. Full inspection reports about individual homes are available from the CQC, the care home and can also be downloaded from the FirstStop website.

Type of provider

Care homes are operated by private individuals and companies, not-for-profit organisations and occasionally local councils. *Do you have a preference?*

A few homes are operated for the benefit of people of a particular religion, or who have worked in a particular trade or profession. Some cater for people of particular nationalities or ethnicities. *Do any of these appeal to you?*

Size and style

Care homes come in all shapes and sizes, but the majority accommodate between 10 and 60 residents.

More and more homes are purpose built, but there are still many housed in converted manor houses or vicarages, and quite a number that combine old and new buildings.

Homes can be found in the densest of urban areas and in open countryside. The amount of outdoor space they have varies enormously.

What kind of environment would you be most comfortable in?

Cost

Surprisingly, it can be difficult to find out what a care home costs. Many providers are shy of publishing figures because they charge different weekly fees for self-payers and people receiving financial support from their local council. But given the huge range of fees (from around £400 to over £1,000 a week), it's important to be clear on what you can afford.

What if I am being discharged from hospital?

The hospital will want to discharge you as soon as you are medically fit. Even if your care needs have increased, a care home

may not be your only option. You may be able to go home with extra help and support or have a period of intermediate care (see Section 6).

Moving to a different area

If you will be paying yourself, you can choose any care home you wish.

Even if your local council is paying towards your care, government guidance says that you can choose any care home as long as:

- It has a place available
- It meets your assessed needs
- It does not cost more than the council would usually pay for someone with your assessed needs
- The home is willing to enter into a contract with the local council

If your local council is paying towards your care, they will usually continue to pay up to their usual amount, or the usual amount in the new area, whichever is less.

In some parts of the country you may have difficulty in finding a vacancy in a care home that meets your needs. If the local council has assessed you as needing a particular type of care, it has a responsibility to arrange that care if there is nobody else able and willing to do so, even if you are paying the fees yourself.

How do I choose a care home?

Get as much information as you can:

- FirstStop can provide details of care homes in any area of the UK.
- All care homes produce a Service User Guide which includes their aims, objectives and details of their facilities and services. Ask the home for a copy.
- Read the home's CQC inspection report.
- Think who you might know who could provide a reference.
- Make sure you know how much you will have to pay each week, including extras for any items not covered by the fees.

Make a shortlist

- It might be impossible to visit all homes that could meet your needs. So probably best to whittle the number down to what's manageable.

Visit your shortlisted homes:

- Meet the staff and residents, ask about the things that are important to you and if possible stay for a meal.
- If you can, arrange a trial stay in the home – perhaps while your carers

have a break – before making a final decision.

- Consider which of the questions in the next section are important to ask during your visit.

Employing a 'care broker'

A *care broker* is someone who will work for you and help you choose and arrange the services you need. The role is one that local council social workers traditionally played, but it is accepted nowadays that brokers should be independent of the council.

Making the move

If you need help to move, consider using FirstStop's Moving Home Service. More details are at the end of this Guide.

4. Questions to ask about care homes

Everyone has different views about what they want from a care home. Think about what is important to you, your needs and your preferences. You may also like to look at the home's CQC inspection report and their brochure. Homes are required to have an official document about their services called the Statement of Purpose, and a less formal version – the Service User Guide.

Location

- Do you want to stay in an area you are familiar with?
- Is it important to you that the home is near family and friends?
- What are the surroundings like? Do you need to be near public transport?

Care

- Can the home offer suitable care for your needs? Can any special needs be met? Including during the night?
- If you required more care in the future, would the home be able to provide this?
- If practicable, can your own doctor visit? Does a local doctor visit?
- Are there visiting dentists and opticians?
- Are speech therapy, chiropody, physiotherapy and occupational therapy available? Is there a charge?
- Is there an emergency call system in all rooms? Is it easy to operate?
- Does the home specialise in providing care for people with dementia, physical disabilities or who are terminally ill?

Accommodation

- Is the home comfortable, clean and inviting? Is there a fresh, clean smell?
- Is it suitable for a wheelchair user? Are there passenger lifts and/or stair lifts?
- Can you look at the room you may be offered?
- When you have been admitted are you likely to have to change rooms?
- Can you change rooms if you wish?
- Are the rooms bright, cheerful, clean and warm?
- Can you bring your own possessions and furniture?
- Do bedrooms have TV and telephone points? If not can you make and receive calls in private?
- Are en suite facilities available?
- Are all toilet and washing facilities clean and easily accessible?
- Is there equipment such as grab-rails and bath hoists?
- Are pets allowed? Can visitors bring pets into the home?
- Is there a separate sitting room and dining room?

- Is there a quiet lounge without television? A private room to take visitors?
- Are there gardens in which you can sit?
- Can valuables be stored safely, with itemised receipts given?
- Does the home's insurance policy cover loss or damage to your possessions, or should you arrange your own cover?
- What are the arrangements for smokers?
- Is there a bar or can you bring alcohol into the home?
- Can you choose when to get up in the morning, and when to go to bed?
- What are the fire regulations? Are there regular fire drills?
- What security arrangements are there?

Food

- What is the food like? Can you see some menus? Can you try it?
- Are meal times flexible?
- What special diets can be catered for?
- Can meals be served in your room? Is this done for any other residents?

- Are there facilities for you to make yourself a light snack, or a hot drink?

Facilities

- Are visitors welcome at any time? Can they stay for meals? Can they stay overnight?
- Is there a personal laundry service?
- What arrangements are made for residents to attend religious services either in the home or outside?
- Is there a minibus or other transport?
- How often are social activities, outings and entertainments arranged?

Staff

- Do there appear to be enough staff on duty?
- Are the staff friendly, polite and caring? Do they knock on doors before entering?

Finance

- Is there a written contract? (If not, confirm all arrangements in writing before entering the home, and keep a copy of your letter).
- Are fees paid in advance? What extras will you have to pay for?
- What fees do you have to pay if you are in hospital or on holiday?

- What notice is needed if you leave the home?
- What are the financial arrangements in the case of death?
- How often are fees increased, and by how much?
- Have Social Services agreed funding or can you afford the fees, now and for the future? *If you are paying your own fees have you thought about getting independent financial advice?*

General

- Who owns the home? How long has it been registered? Is it part of a group?
- Do you think that you could feel at home and get on with the other residents?
- Are there residents' meetings? How often?
- Can you have a trial stay?
- What is the complaints procedure? Are all residents given a copy?
- Is there a waiting list?

5. Paying for a care home

Care home fees range from around £400 to over £1,000 per week. Most people pay

towards the cost of their care, either paying the full cost from income or capital or contributing after a financial assessment from their council.

The following sources of support may be available to you, regardless of your financial circumstances.

NHS Continuing Healthcare

In some cases, where someone living in a care home has primarily health care needs they could be entitled to a complete package of care fully funded by the NHS. This is called NHS Continuing Healthcare.

The assessment for NHS Continuing Healthcare is conducted by NHS health practitioners whose experience and professional judgement should enable them to make decisions about eligibility for NHS Continuing Healthcare.

The decision as to whether someone is eligible for NHS CC is usually taken in two main stages, firstly a 'checklist' to identify possible eligibility for NHS CC, secondly a multidisciplinary assessment and completion of the national Decision Support Tool (DST).

The Decision Support Tool is designed to ensure that a full range of factors are considered in assessing your eligibility to NHS CC, it covers twelve areas called 'care domains', these are:

- Behaviour (S)(P)
- Cognition (S)
- Psychological and emotional needs
- Communication
- Mobility (S)
- Nutrition (S)
- Continence
- Skin and tissue viability (S)
- Breathing (S)(P)
- Drug therapies and medication: symptom control (S)(P)
- Altered states of consciousness (S)(P)
- Other significant care needs (S)

Your level of need in each 'domain' will be assessed as either: no need, low, moderate or high. Nine domains can also be assessed as severe (S), with another four going all the way up to priority (P).

Eligibility may be identified by scoring a priority in any of the four possible domains, two or more instances of severe needs, a combination of a severe need with high needs or multiple instances of high and moderate needs.

If you have a rapidly deteriorating condition which may be entering a terminal stage, there is a 'Fast Track' process

If you think you may qualify, ask your local council social services or your GP about the eligibility criteria and arranging an assessment.

Challenging an NHS Continuing Healthcare decision

If you disagree with an NHS funding decision you can request a 'local review' of that decision. This must be made in writing and no later than 6 months from the date that the notification of the eligibility decision was given.

If this does not resolve the issue to your satisfaction you can then request it is considered by an Independent Review Panel. Again, the time limit for making such a request is 6 months following the notification of the decision from the previous review.

Section 117 aftercare

If you have been admitted to hospital under Section 3 of the Mental Health Act 1983 you may qualify for Section 117 Aftercare. This could mean that responsibility for payment will pass to the clinical commissioning group or to the local social services authority.

How are your finances considered?

If your local council has assessed you as needing a care home they are legally obliged to carry out a financial assessment to determine how much you

will contribute towards the cost. They will only usually pay fees up to the amount they would normally pay for someone with your assessed needs.

In making their financial assessment the council will take into account:

Your income

Most of your income will be included in the assessment, however certain income is ignored including the Disability Living Allowance/Personal Independence Payment (mobility component), Attendance Allowance, your Christmas bonus and some war pensions.

When assessing how much you can pay, the council must leave you with £24.90 a week as a personal expenses allowance. They will also disregard up to £5.75 (£8.60 for a couple) a week of any Savings Credit you get as part of your Pension Credit. They have discretion to increase your personal expenses allowance in special circumstances.

Your capital and assets

If you have more than £23,250 in capital or assets you will have to pay the full fees. If you have between £14,250 and £23,250, you will be expected to contribute to the fees. If you have less than £14,250 you will not need to contribute.

Only savings, capital or assets held in your name should be included in the financial

assessment. This will include half of any joint accounts. You may want to think about splitting joint accounts, equally.

Your home

Your home's value will generally be included in the assessment BUT is ignored if it is lived in by:

- Your partner; or
- A relative over 60; or
- A relative under 60 who is considered incapacitated

The council has discretion to ignore the value of your home in other circumstances, such as where the property is considered as the main home of a family member who was also your carer.

If you do not want to (or cannot) sell your home immediately you can ask the council for a **Deferred Payments Agreement** which is effectively a loan, secured on the property. Interest and arrangement fees can be charged by the local authority, but this should be only sufficient to cover the costs of arranging and maintaining the agreement.

The value of your home is also **ignored for 12 weeks** after you first move to live in a care home, if your other capital and assets are less than £23,250.

Where a property is jointly owned with another person, whose joint ownership

does not enable the property to qualify for any of the above disregards, the local authority will take the care home resident's share into account. However, in doing so it is the value of that interest which is taken into account bearing in mind:

- the person's ability to re-assign the beneficial interest to somebody else.
- there being a market i.e. the interest being such as to attract a willing buyer for the interest.

It may well be construed that because a joint owner has a right to occupy the property it is unlikely that there would be a willing buyer prepared to share in that right to occupy it. Therefore, if the only person interested in purchasing the care home resident's share is the other joint owner, then the 'market value' of the resident's share could be very low and may not be taken into account by the local authority.

Treatment of couples

Local Authorities have no power under the Care Act to assess couples, married or unmarried by combining their resources in one assessment.

Consequently, if both members of a couple are assessed as needing care, the local authority must carry out separate financial assessments according to each individual's own resources, and that

person's share of any jointly owned resources.

Prior to a financial assessment, it is likely that both members of a couple will be offered an assessment of their care needs; this is usually arranged through the social services department of their local authority.

This assessment is important as it provides the local authority with their legal duty, we therefore advise that the psychological and social needs, as well as physical needs, should be highlighted and included in the assessment. This will ensure that if it is important for the couple to remain together, in the same care home, that this is acknowledged and supported by the local authority.

Where one member of couple, who are married or in a civil partnership, moves into a care home and is in receipt of an occupational or personal pension, they have the option of passing half of this amount to the partner remaining at home. In the case of unmarried couples the local authority can apply this rule at their discretion.

If a partner remaining at home has been left in financial hardship, the local authority does have the discretion to vary the care home resident's personal expenses allowance (which is a minimum of £24.90) to allow a maintenance

payment to be paid to his/her partner at home.

Deliberate deprivation of assets

If, when you approach your local authority to request help with the cost of care, they feel that you have given away or used up assets in such a way as to avoid it being used to pay for care, then they may consider this action as a deprivation of assets.

In order to reach this decision the local authority must consider the reason for the gift/transfer of asset and the time at which that action was taken. For example, if you gave a cash gift ten years ago, to your daughter on her wedding day, then this is unlikely to be considered a deprivation of assets as the motive was not connected to avoiding the cost of care and it was done at a time when you could not foresee the need for a care home.

Where local authorities identify a deprivation of assets, they are likely to pretend that the money is still in the possession of the care home resident, something called 'notional capital'. However, in some cases they can use special rules that allow them to recover the money from the person or organisation it was given to.

Third party top-ups

If you choose a care home that costs more than the council would normally pay for someone with your assessed needs, you can still move there if a third party, such as a relative, is willing and able to pay the difference. This is known as a 'top-up'.

If there is no care home in the local area that can meet your assessed needs, for example because one of your assessed needs is to be near your family, the council should increase the amount they will pay, meaning there is no top-up.

Meeting the cost of care yourself

If you have sufficient income, or capital of more than £23,250, you will have to pay the care home fees yourself and will be regarded as 'self-funding'. If this is the case you should approach your chosen care home and make arrangements directly with them. Agree a contract with the home which covers such things as the care to be provided and the terms and conditions of your occupancy.

However, you are entitled to claim Attendance Allowance of up to £89.15 per week. And if you live in a nursing home you will also be assessed by an NHS nurse to see if the NHS should contribute towards your nursing costs. The currently level of NHS contribution is £183.92 a week, and this is paid directly to the care

home. *When looking for a home clarify whether the fees quoted have already taken account of an NHS contribution.*

Seek financial advice: Financial information and advice is fundamental to enabling people to make well-informed choices about how they pay for their care, it can help navigate a complex care funding system, widening your choices by understanding how income and assets can be used flexibly to fund a range of care options and that they will be affordable both now and in the future.

Regulated financial advice can only be given by providers regulated by the Financial Conduct Authority (FCA).

However, not all FCA-regulated advisers will have an in-depth understanding of the care and support system unless they have chosen to specialise in this area of advice.

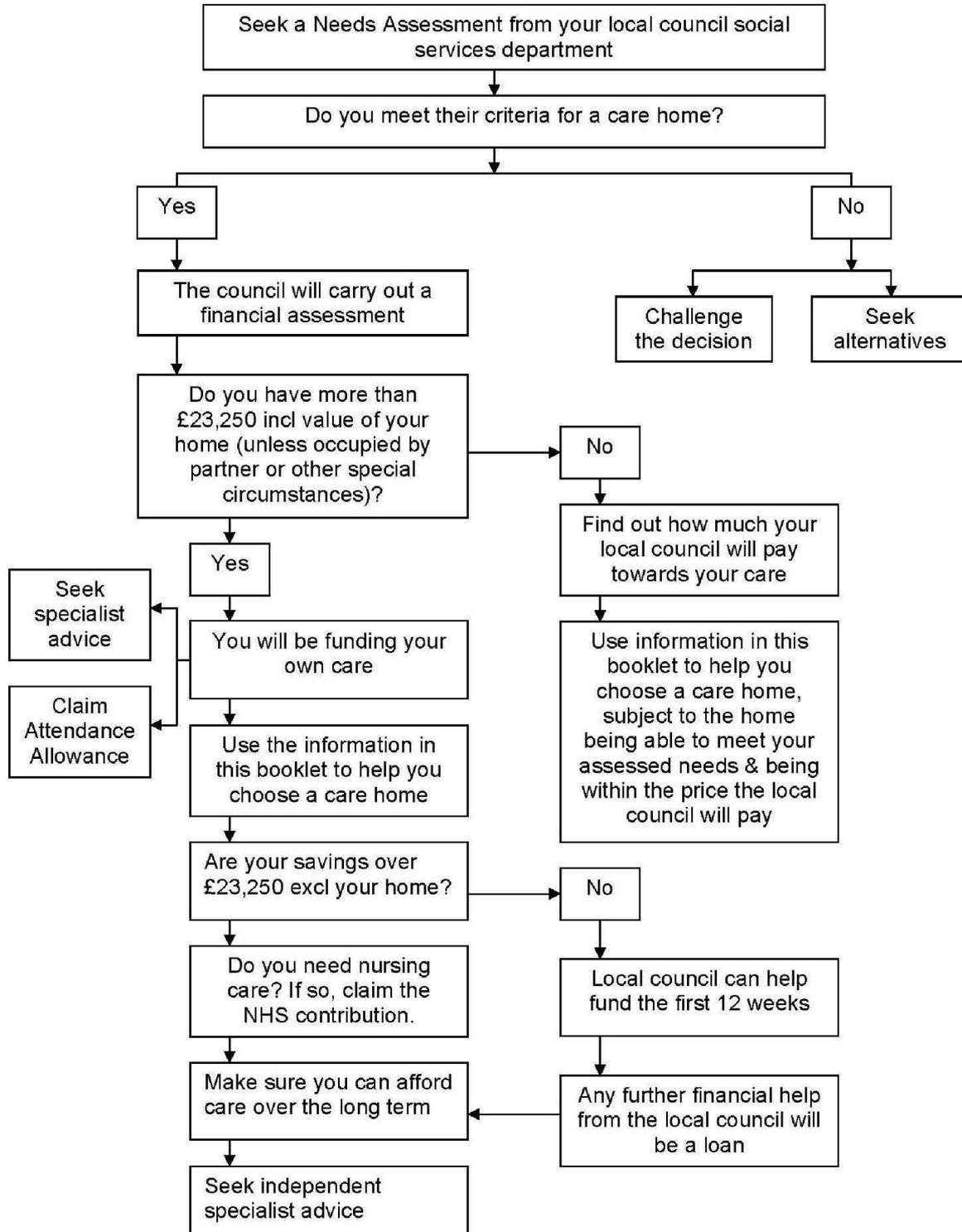
A key EAC FirstStop partner organisation is the *Society of Later Life Advisers (SOLLA)*. SOLLA's members are regulated Financial Advisers who specialise in providing financial advice to older people, they also adhere to the Society's Code of Best Practice.

You can find details for your local SOLLA members on the SOLLA website:

<https://societyoflaterlifeadvisers.co.uk/>

Our chart on the next page provides a quick summary of what we have covered in this section

Paying for care in summary



6. Temporary care

You may want to think about some short term care – perhaps after a stay in hospital, while waiting to move somewhere permanent, to give yourself or your carer a break or to see whether you would like to live in a care home permanently.

What choices do I have?

Intermediate care

Intermediate care is usually offered to either prevent your unnecessary admission to hospital or to support an early discharge from hospital. It can be provided in your own home or in a care home and usually includes some rehabilitation e.g. physiotherapy or occupational therapy. It is normally limited to a maximum of six weeks and is provided free by the NHS.

Reablement services

Reablement is arranged by your local council following a stay in hospital with the purpose of helping you to regain confidence. Services may include a carer visits and can be provided for up to six weeks.

Care in your home

It is often possible to arrange respite care in your own home. FirstStop can provide details of local services, or you could

contact your local social services, Age UK, Carers Trust or a private home care agency.

Respite or short term care in a care home

Some care homes allocate specific beds for respite care, but many others accept residents for respite care if they have a vacancy. When choosing a home, note the distinction we made in Section 3 above between the two types of care home.

More about respite care

How can I arrange respite/short term care in a care home?

If you are paying for the care yourself, approach your chosen care home and check whether they have a vacancy when you want it and ask whether they can provide the care you need (especially if you have recently come out of hospital). Be sure to get details of the charges and services in writing and, if it is registered to provide nursing care, ask social services or your local *clinical commissioning group* whether you are eligible for the NHS-funded nursing care contribution.

If you need help paying for respite/short term care

Contact your local council's social services department and ask for a Needs Assessment (and if appropriate an assessment of your carer's needs). If you

are assessed as needing respite/short term care the local council will ask you to pay towards the costs in one of two ways. Either they will ask you to pay a “reasonable amount” towards the cost, or they will assess your finances straight away. After 8 weeks, the council has to carry out a nationally agreed financial assessment. If, however, you receive regular planned respite care (perhaps 1 week in 4), and if your council’s policy is to charge you a “reasonable amount” this will be the amount you will pay each time. The authority will not link the weeks together.

The financial assessment for people in respite/short term care

When assessing you for respite/short term care, your local council must:

- Help you financially if your savings are under £23,250, your income is low and you are assessed as needing respite care.
- Ignore the value of your home
- Ignore some income so that you can still pay household bills such as water, insurance premiums and standing charges for fuel.
- Ignore any Housing Benefit, Pension Credit relating to housing costs and Attendance Allowance or Disability Living Allowance/Personal Independence Payments

Changing from temporary to permanent care

If your temporary stay becomes permanent, the local council will carry out the financial assessment under the normal rules. However it will only apply from the date your permanent stay was agreed.

Benefits for people receiving respite/short term care

If you are in a care home for a short period you can continue to receive Housing Benefit or Pension Credit for housing costs for up to 52 weeks. If you are having a ‘trial period’ in a care home, any Housing Benefit, Council Tax Reduction and Pension Credit for housing costs may stop after 13 weeks.

About FirstStop Advice

FirstStop is a free information and advice service designed to help older people decide how best to meet their needs for support, care and suitable housing. It is provided jointly by a growing number of national and local organisations and it is led by the charity, Elderly Accommodation Counsel (EAC).

Contact us

- Visit us online: www.housingcare.org
- Use our self-help tool: hoop.eac.org.uk

The information contained in this factsheet is intended to be, and should be regarded as, a brief summary and is based on our understanding of present legislation, regulations and guidance. No responsibility can be accepted for action based on this information.