

## Finding residential and nursing home accommodation

This factsheet aims to help people who are thinking about going to live in a residential or nursing home. It will also be useful if someone is helping another person to find a home. It looks at the different types of homes, and the questions you might want to ask when finding a suitable home.

Those living in Scotland, Wales or Northern Ireland can obtain specific information by contacting Age Concern Scotland, 113 Rose Street, Edinburgh EH2 3DT, tel: 0131 220 3345; Age Concern Cymru, 4<sup>th</sup> Floor, 1 Cathedral Road, Cardiff CF1 9SD, tel: 029 2037 1566; Age Concern Northern Ireland, 3 Lower Crescent, Belfast BT7 1NR, tel: 028 9024 5729.

Please note that while the companies or products mentioned in this factsheet are known to Age Concern, inclusion here does not constitute a recommendation by Age Concern for any particular product, company, service or publication.

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## 1. Using the factsheet

This factsheet refers to a number of authorities or groups. You can find them through local libraries or the town hall, or in the telephone directory:

**Social services department:** under the name of your local authority (the Council) - County Council or Metropolitan or London Borough, or a Unitary Authority in some areas.

**Housing department:** under the name of your Metropolitan or London Borough, or Unitary Authority; or, if you live in a County Council area, under the name of your local district council.

**Department for Work and Pensions (DWP) – formerly known as Department of Social Security (DSS)- or Benefits Agency:** under ‘social security’ or ‘Benefits Agency’.

**Local Citizens Advice Bureau, Community Health Council (Health Council in Scotland) and Age Concern organisations:** under those names.

**PALS (Patients Advice and Liaison Service):** from April 2002. Contact via your health authority.

**Health authority (Health Board in Scotland):** under the name of the health authority which covers the area in which you live. From 2002, the structures and organisation for delivering health care are changing. Health authorities will not exist and primary care trusts (PCTs) will take over their roles. You can find out the name of your health authority/trust by telephoning NHS Direct on 0845 4647.

Anyone who wishes to find a place in a home and either needs help straightaway from public funds to pay, or may need help in the future, will need to know about the local authority system of funding. They will need to have an assessment by the local authority of their care needs. This assessment is currently the responsibility of social services, but a number of new initiatives are aimed at promoting joint assessment involving both health and social services. If the local authority decides to arrange a place in a home, it will be responsible for paying the fee, and will means-test you according to national rules to see how much should be paid towards the cost of the place in a home. This factsheet gives brief details about this, but the means-test is described in much more detail in Age Concern's Factsheet 10, *Local authority charging procedures for residential and nursing home care*; Age Concern Factsheet 41, *Local authority assessments for community care services*, explains about care assessments from the local authority.

This factsheet also briefly describes both how discharge from hospital into a home should be handled, and about some services which the NHS may provide for those in homes; but these are described in detail in Age Concern Factsheet 37, *Hospital discharge arrangements*, and in Factsheet 20, *NHS continuing care, free nursing care and intermediate care*.

## **2. Making a decision about going into a home**

The decision to go into a home is not easy. It may mean leaving your own home and familiar surroundings, although there could be real benefits to be

gained through new care and companionship. The important thing is to make sure that you've found out what is best, and possible, for you.

The first step is to consider whether it may be possible to stay at home, if this is what you would prefer, by arranging extra services or care there. Different services are available from health authorities, housing departments and social services departments depending on where you live. The following may help you to 'test' what is possible or best for your situation.

## **2.1 Social services assessments**

Have you been in touch with your local social services department to see whether it may be able to offer help or support?

Local authorities have a duty under the NHS and Community Care Act 1990 to carry out an assessment of people who appear to them to need community care services which they may provide or arrange. If you feel you need help which the local authority might be able to arrange - such as home help or home care; respite care; meals at home; or a place in a residential or nursing home - you can ask the local authority for an assessment, which the local authority is obliged to carry out if it thinks you may need such services.

The local authority publishes information about how to ask for an assessment, and about how it will carry it out. It produces information about the kinds of needs which it can help with and the kinds of assessment which it may provide. You should ask for a copy of its long-term care charter, called, *Better care, higher standards*, which should contain this information.

### **Assessment of disabled people**

If you are 'disabled', the local authority must offer you an assessment under the terms of the *Disabled Persons (Services, Representation and Consultation) Act 1986*, for services specified in section 2 of the *Chronically Sick and Disabled Person Act 1970*.

'Disabled' means: 'persons who are blind, deaf or dumb (or who suffer from mental disorder of any description), and other persons who are substantially

and permanently handicapped by illness, injury or congenital deformity or such other disabilities as may be prescribed by the Secretary of State' (section 29 of the *National Assistance Act 1948*), and people who are 'partially sighted or hard of hearing' (circular LAC(93)10. Mental disorder is defined as: 'mental illness, arrested or incomplete development of mind, psychopathic disorder and any other disorder or disability of mind' (section 1(2), *Mental Health Act 1983*). These definitions of 'disabled' do not apply in Scotland.

Further information about your rights as a disabled person are in Age Concern Factsheet 32, *Disability and ageing: your rights to social services*.

### **The assessment**

The person who carries out your assessment should listen to you and your carer (the person who helps to look after you - if there is someone), to find out what you feel your needs are. If you have a carer, and he or she provides - or intends to provide - 'substantial care on a regular basis' your carer must, with your agreement, be involved in your assessment. Your carer is also entitled to their own assessment, although they have to ask for this.

Following their assessment they may receive services or you might receive extra help to take account of carers' needs. Contact Carers UK for further information - see section 14.1 of this factsheet.

If you, or someone you know, does not speak or understand English, the local authority should provide an interpreter so that they can understand the assessment and give their views. If the person is unable to express their views for any other reason, they may need an advocate, who can put forward their views on their behalf. Your social services department should be able to tell you about local advocacy schemes. Some local Age Concern organisations and groups offer advocacy schemes.

The person carrying out the assessment will want to know what you can and cannot do, and should ask what kind of help you would like. Then a decision will be made about what kind of help - if any - the local authority feels it can offer you. This could be help in your own home, a direct payment to enable you to purchase the services that you need, or it could be offering to arrange a

place in a residential or nursing home. The local authority makes these decisions by comparing your assessed needs with eligibility criteria it sets for services.

If during the assessment you are found to have a health or a housing need, the person carrying out the assessment must contact the appropriate authorities. If your needs are very complex, several people may be involved in your assessment.

In some areas, health and social services are developing new ways of carrying out assessments together. For example, they may have set up an organisation called a 'care trust' which arranges or provides both health and social services.

### **Complaining about the assessment**

Each local authority sets its own criteria for the services it will arrange or provide. If you are not satisfied with the assessment, or you are unhappy with the decision, you can make a complaint through the local authority's complaints procedure, which it must give you information about. You may also want to obtain help or advice from your local Age Concern or Citizens Advice Bureau. Carers UK or Alzheimer's Society may also be able to offer advice - see section 14.1 of this factsheet.

Further information about local authority assessments, eligibility criteria, decisions about services and the local authority complaints procedure is contained in Age Concern Factsheet 41, *Local authority assessments for community care services*.

You may, of course, not need a social services assessment. There are other ways in which you may find the help you need.

## **2.2 Other action you might take**

- Have you been in touch with your family doctor (GP), to make sure that a proper medical assessment of your needs has been carried out?

Many people have problems such as incontinence, depression, or perhaps problems with medication which may be identified and helped without the need to move. A geriatrician, who specialises in the medical problems of older people, might also be contacted through your GP, if appropriate.

- Have you been in touch with your local Age Concern organisation or group to see if there is some way it can advise and support you?

Age Concern organisations and groups all over the country offer a wide range of support and advice. Contact the one in your area to see if they can be of assistance to you. It may also know of other sources of help in your area.

In all these ways, you may be able to arrange some extra care to help you to remain at home, such as home help or home care; meals at home; day care or district nursing.

For more information, see Age Concern Factsheet 6, *Finding help at home*. Age Concern Factsheet 37, *Hospital discharge arrangements*, has information about some of the services available from the NHS. Age Concern Factsheet 23, *Help with incontinence*; and Age Concern Factsheet 5, *Dental care and older people*, may also be helpful.

## 2.3 Your home

- Is there a problem with your own home which is making you think of moving to residential care?

You might try some of the following ideas:

- Have you asked your local authority, or any housing associations in your area, about options such as sheltered housing?
- If you need help with the bath, or toilet, or stairs, have you asked the social services department if it can help you with some useful equipment or alterations to your home? Or have you asked the housing department about grants for adaptations?
- If your home is in poor repair, could you raise some money to help pay for what you need? Or have you asked your local housing department if there

is any help through grants with these costs? In some areas there are home improvement agencies which give specialist advice and practical help to older home owners. To find out whether there is one in your area, contact your local Age Concern, your local council's housing department or ***foundations*** – the National Co-ordinating body for Home Improvement Agencies.

***foundations***, Bleaklow House, Howard Town Mills, Glossop SK13 8HT, tel: 01457 891909. Fax: 01457 869361. Email: [foundations@cel.co.uk](mailto:foundations@cel.co.uk)  
Website: [www.foundations.uk.com](http://www.foundations.uk.com)

- There are many types of sheltered accommodation available, both to rent or to buy. Often it is fairly independent, self-contained in three or four rooms with tenants' own front doors. Usually there is a warden on site who keeps an eye on tenants. The warden is not expected to provide nursing or caring, but may arrange for help when needed. Most schemes have alarm systems which tenants can operate in emergencies.

There are some 'very sheltered' or 'extra care' housing schemes (also sometimes called 'assisted housing') which may be of interest to you. These have a higher level of support than in ordinary sheltered housing. Sometimes this support can be similar to that in a residential home. Other schemes may provide meals, round-the-clock warden cover, and domestic assistance of the type a home help might provide; or additional help might be arranged or provided by the local authority social services department.

## 2.4 Your income

- Have you found out about all the available benefits which might help you to remain at home?

Many people are not receiving all the social security benefits to which they are entitled. The main ones for older people at home are outlined here. Living at home includes living in sheltered housing or living with relatives in their home. Further details are given in Age Concern Factsheet 18, *A brief guide to money benefits*, or the Department for Work and Pensions (DWP)

leaflets mentioned here. The Department for Work and Pensions local offices are run by the Benefits Agency.

- **Attendance Allowance** is paid to people who become ill or disabled after the age of 65, and who need help with personal care (such as washing or dressing), or who need continual supervision. It is not means-tested. See *DWP leaflet DS702 and claim pack DS2*, and *Age Concern Factsheet 34, Attendance Allowance and Disability Living Allowance*.
- **Disability Living Allowance** is paid to people disabled before the age of 65 (who make a claim before they reach 65) who need help with personal care or who cannot walk or have difficulty walking. It is not means-tested. See *DWP Leaflet DS704 and claim form DLA1*, and *Age Concern Factsheet 34*.
- **Invalid Care Allowance** is a benefit paid to certain carers who claim before the age of 65, and who spend 35 hours or more per week looking after someone who receives Attendance Allowance or the middle or higher level of the care component of the Disability Living Allowance. There are currently Government proposals to remove this age limit and to change the name of the allowance. See *DWP claim pack DS700*, and *Age Concern Factsheet 34*.
- **Income Support and the Social Fund**. People on a low income who live at home and who have £12,000 (aged 60 or over), £8,000 (under 60) or less in savings may be able to get Income Support (also known as the Minimum Income Guarantee) to help with regular weekly living expenses. The Social Fund can provide lump sum payments for exceptional expenses. These payments are mainly for people getting Income Support. See *Age Concern Factsheet 25, Income support (Minimum Income Guarantee) and the Social Fund*.
- **Housing Benefit and Council Tax Benefit**. Help with rent and Council Tax can be paid to people on a low income with no more than £16,000 savings. See *Age Concern Factsheet 17, Housing Benefit and Council Tax Benefit*, if you are a tenant: if you own your home, see *Age Concern Factsheet 21, The Council Tax and older people*.

## **2.5 What next?**

Even if you have quite a lot of support, you may find that there are still problems. If others are concerned for your welfare at home but you think living at home is best for you, you could point out that many older people with care needs live alone very successfully. You could say that you want to stay at home for a trial period, and keep in touch with a relative or neighbour on a regular basis. Choosing to go into a home should be your decision. *No-one* can force you to go into a home against your will except in very exceptional circumstances. These circumstances are explained in Age Concern Factsheet 41, *Local authority assessments for community care services*.

However, you may have talked things over with family, carers, or other people helping you, and it may not be possible to arrange the care and support you need at home. Some situations may now be too difficult or stressful to cope with any longer at home. You may positively want some of the advantages that a home can offer. A residential or nursing home may be the best option for you.

## **3. Types of care homes**

From April 2002, all care homes will have to be registered with the new National Care Standards Commission. In the meantime, there are different regulatory arrangements for different types of home.

### **3.1 Private and voluntary residential homes**

Private residential homes are run for profit by private organisations and individual proprietors. Voluntary homes are non-profit making and run by registered charities, religious organisations, and housing associations, sometimes for particular groups of people. Both types of home can choose to whom they offer accommodation.

Private or voluntary residential homes providing personal care to four or more elderly and/or dependent people are required by law under the

*Registered Homes Act 1984* to register with, and be inspected at least twice a year by, the local authority's Inspection and Registration Unit<sup>1</sup>. One of the minimum two inspection visits must be unannounced, but the home must be told when one of the visits is to take place. Since 1 October 1994, lay assessors (independent individuals) have also been involved in inspections. Copies of inspection reports should be available from the local authority Inspection and Registration Unit for members of the public to read on request. Registration should only be granted if the people owning and running the home are suitable, if adequate services and facilities are provided, and if the building is appropriate. The local authority Inspection and Registration Unit will specify on the certificate of registration the number and type of residents a home may accommodate. By law residential care homes are required to display the certificate of registration '*in a conspicuous place*' and to maintain certain records. In April 2002, the National Care Standards Commission will take over inspection and registration tasks.

### **3.2 Small residential homes**

Under the Registered Homes (Amendment) Act 1991 residential homes caring for three or fewer people must register with the local authority Registration and Inspection Unit, but under a simplified process. They can be inspected but this is not a regular requirement. As with other types of home this system will change in April 2002 when such homes will have to be registered with the National Care Standards Commission.

### **3.3 Local authority residential homes**

Some residential homes are run by the social services department of the local authority, and are sometimes known as 'Part III' homes (Part IV in Scotland). Many authorities have reduced such provision; some are transferring their homes to other management. Local authority residential homes are not

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<sup>1</sup> A minority of homes are '*incorporated by Royal Charter*'. This means that these homes were set up by a special Charter granted by the monarch reigning at that time; or, in recent years, by

currently required to be registered by law (although this will change in April 2002), but do have to be inspected.

### 3.4 Nursing homes

Most nursing homes are run by private organisations and proprietors, although some are also run by the voluntary sector. Unlike residential homes, local authorities do not run or own nursing homes. Nursing homes provide nursing care by qualified nurses to people 'suffering from sickness, injury, or infirmity'. It is the availability of full-time nursing which makes them different from residential homes. From April 2002, there will only be one type of home, called a 'care home'. However, not all will provide nursing care. Existing residential homes will be registered subject to the proviso that they do not provide nursing.

Under the *Registered Homes Act 1984* or in Scotland the *Registered Establishments (Scotland) Act 1987*, homes providing nursing care have to be registered with the health authority's Inspection and Registration Unit and be inspected at least twice a year. Again, the home must be told when one visit is to take place, but a second visit must be unannounced. The person in charge of the home must be either a registered medical practitioner or a qualified nurse. There should be sufficient staff on duty to provide round-the-clock qualified nursing to all patients. The certificate of registration, which must be displayed in a conspicuous place, will specify the maximum number of people for whom the home can care.

Unlike residential homes, lay assessors are not involved in inspection; although the Government has said it will introduce guidance for lay assessors to be involved in inspecting nursing homes. Reports of inspections carried out by health authority Inspection and Registration Units since 1 April 1998 must be made available to the public. Although there is no requirement to make public the reports of inspections carried out before 1 April 1998, guidance issued by the Government to the units has indicated it would be good practice to do so.

There are a few NHS nursing homes which are sometimes used by the NHS as an alternative to long-stay hospital wards. However, nursing homes which the NHS directly provides are *not* subject to this system of registration and inspection.

### **3.5 Dual registered homes**

Dual registered homes may be registered for residential and nursing home care, and will be registered by the local and health authority. In such homes, a resident may be able to remain living in the same home if he or she requires more, or less, care; although even in a dual registered home, a resident may need to change rooms from the 'residential' to the 'nursing' side of the home.

## **4. How to find a residential or nursing home**

If you are able to pay for yourself, you could apply for places in private and voluntary residential or nursing homes to the individual home, which will provide you with details of charges and conditions (see also section 9.1 of this factsheet). If you know of a home which you like or which has been recommended by friends, so much the better. However, some people are unsure of how to find a home. Here are some suggestions.

- The Registration Officer for residential care homes at the local authority must keep a list of all registered private and voluntary residential homes in the area. The Registration Officer can often be reached through the Inspection Unit. The social services department will tell you how to contact the Unit.
- The Registration Officer for nursing homes at the health authority should be able to supply you with a list of registered nursing homes. The Registration Officer can be contacted through your health authority's Inspection Unit.
- Social workers at the hospital or at your local authority social services department may also be able to provide a list of homes. You could discuss any questions you have about going into a home with them. You might

want your local authority to carry out an assessment of the sort of care you need. (See section 2 and section 5 of this factsheet). Hospitals are also setting up 'Patients Advice and Liaison Services (PALS) which may also be able to help.

- Other local sources of information include Age Concern, or the Citizens Advice Bureau or the Community Health Council (although the role of community health councils may change once PALS are set up).
- Information from charities, and placement agencies. Some charities and placement agencies help people to find homes. While you may be able to locate a home by other means, some people who wish to find a place quickly, or who live some distance away, find these agencies helpful. (See section 14.2 of this factsheet).
- The Yellow Pages of the Telephone Directory will contain addresses of homes.

However, whilst these may be helpful in identifying likely homes, it is advisable to visit the home in advance in order to meet the staff and residents and find out more about the care that will be provided, wherever possible. (See also section 8 of this factsheet).

## **5. Finding a home for a very disabled or mentally frail older person**

Some people have difficulties in finding a home for relatives who are very frail - perhaps as a result of a severe stroke, or because of advanced dementia. In some cases a person may be too frail for a residential home but not frail enough for a nursing home. In some areas where there are few homes of any sort it may not be easy to find a place at all. In these circumstances, you should ask for an assessment of the sort of care you need from your local authority. If the local authority assesses you as needing a place, it should help find an appropriate home. Specialist homes for older people with some kind of mental frailty are often called 'EMI' homes. 'EMI' generally stands for 'Elderly Mentally Infirm', or 'Elderly Mentally Ill'. Such homes specialise in

care for older people with a mental illness or disorder - very often, this is for older people who have been diagnosed as having some form of dementia. Some specialist support groups are listed in section 14 of this factsheet. They do not necessarily run their own homes, but they may be able to advise you. A minority of older people need such high levels of care that the NHS funds their care in full, under local arrangements in each health authority for continuing NHS health care. This system is explained in detail in Age Concern Factsheet 20, *NHS continuing care, free nursing care and intermediate care*. See also sections 6, 7, and 9 of this factsheet.

## **6. Discharge from hospital**

In many cases, the decision to move to live in a home comes about because a health crisis (such as a bad fall or a stroke) has led an older person to be admitted into hospital. Sometimes older people who already live in a residential or nursing home may need hospital treatment. Whilst you are in hospital, you should be assessed for any care you may need after leaving hospital. The assessment should involve both the hospital and social services staff, particularly if it seems likely that you may need to move to live in a residential or nursing home on leaving hospital. If you already live in a residential or nursing home and will return there after hospital treatment has ended, an assessment may be important to check whether that home will still be suitable, or whether different care in another home is now needed. The assessment should tell you about any services which will be arranged or provided for you from health and social services. This should include consideration of a wide range of services from the NHS which are described in Age Concern Factsheet 37, *Hospital discharge arrangements*, and includes rehabilitation.

### **The decision to discharge**

The decision to discharge patients from hospital is made on the basis of clinical judgement by the consultant (or, in some community hospitals, GPs). The consultant may feel that there is no further treatment in that hospital

from which a patient would benefit or may feel that the bed is needed for another case. However, it is also important that patients can be appropriately discharged and if you are worried about the proposal you should make an appointment to see the consultant in charge, and clearly describe the reasons why discharge might be inappropriate. Hospitals should have in place proper discharge procedures, and should be able to give you information about this.

If you, or someone you know, has been assessed as meeting your local authority's criteria for care in a residential or nursing home, you will be expected to pay towards the cost from your income and capital according to a nationally set system of means-testing. However, the cost of nursing provided by registered nurses in nursing homes is met by the NHS from 1 October and will not be included in your fees if you are paying for yourself. If your care in a home will be means-tested, you cannot be forced to move into a home from hospital except on rare occasions. However, you do not have a right to stay in hospital indefinitely. In these situations, health and social services staff should work with you to explore alternative options such as care in your own home or in sheltered housing, or care in a relative's home. However, these options may not offer you the same level of care as might be available in the means-tested residential or nursing home option which you have rejected. But you should resist pressure to be moved out of hospital if suitable alternative accommodation cannot be found or afforded. Nor should anyone feel forced to care for another person if this is not feasible or possible. If your care in a home is being arranged by your local authority and you have chosen to live in a home which has no vacancy, or will not have a vacancy in the near future, you may have to be discharged to another home until a place becomes available. See also section 9.3 of this factsheet.

### **Seeking review of the decision**

If you have been assessed as needing a means-tested place in a home but you believe that the NHS should provide your care, you can ask for a review of the decision before you leave hospital. This applies to patients who were already living in a home prior to entering hospital as well as those who may be moving to live in a home for the first time. It also applies to patients who

have been living in a private or voluntary residential or nursing home since before 1 April 1993 and who receive help with funding from the Department for Work and Pensions. See paragraph 9.2.

The hospital should be able to give you information about asking for a review, but you must request a review from your health authority/trust. A review can be requested by the patient, or by a relative or friend or someone else acting on the patient's behalf. Each health authority/trust sets and publishes its own criteria for a wide range of NHS services, including continuing NHS health care - this is care which the NHS pays for in full. The hospital or your health authority/trust should be able to give you information about the criteria. You should ask your health authority for a review if you believe you meet its criteria for continuing NHS health care. Your health authority/trust will most likely expect you to state why you believe you meet its criteria for continuing NHS health care. Whilst the review is taking place, you cannot be discharged from NHS care; but the review should be completed within 14 days. The review process does not apply if you have a complaint about the content of the criteria. Much more information about the review process and about continuing NHS health care is contained in Age Concern Factsheet 37, *Hospital discharge arrangements*. See also section 9.4 of this factsheet. The system for reviewing a decision to discharge someone from NHS continuing care is different in Scotland. See the Scottish Factsheet 37s *Hospital discharge arrangements, and NHS continuing health care services*.

## **7. Respite and convalescent care**

Many older people and their carers look for residential or nursing home places for short periods of respite, or a break. You may also need a temporary place for convalescent care. All the suggestions in this factsheet should help you to find such a place. If you will need help in paying for respite care, you should contact the local authority social services department and ask for a care assessment to be carried out. Age Concern Factsheet 41, *Local authority assessments for community care services* may be helpful. Your local authority can help with the cost in one of two ways. If any one period of

respite care will be for less than eight weeks, your local authority can either ask you to pay a 'reasonable' amount towards the cost as explained in Age Concern Factsheet 41; or it can ask you to pay as a temporary resident, as set out in Age Concern Factsheet 10, *Local authority charging procedures for residential and nursing home care*. After eight consecutive weeks of one period of respite care, the local authority *must* then ask you to pay towards the costs as set out for temporary residents in Age Concern Factsheet 10.

If you need respite care in a nursing home and you are paying for this yourself and it is for less than 6 weeks, the level of how much the NHS will pay for your nursing whilst you are in respite care will be set at an appropriate band (one of 3 levels) based on information from available records. If your stay is longer than 6 weeks, you will receive an assessment by an NHS nurse.

In certain circumstances respite health care may be available from the NHS, in which case you will not be asked to pay towards this. In the NHS, care to help you recover after hospital treatment is generally called 'recovery' or 'recuperation' rather than 'convalescence'. A new type of care, called intermediate care, is being introduced in order to help people to regain their confidence and abilities after leaving hospital. It will normally be limited to 6 weeks and will be free. Further information is contained in Age Concern Factsheet 20, *NHS continuing care, free nursing care and intermediate care*.

## **8. Questions to ask when choosing a home**

Problems in finding a home can make it very tempting to accept the first place with a vacancy. If possible consider and compare more than one home. Try to visit the home, have a good look round, talk to the staff and person in charge. Some homes will invite you to spend the day at the home, or perhaps to visit to share a meal - ask if this is possible. If you have difficulties travelling to visit homes, contact your local British Red Cross or WRVS organisation to see if they have volunteer drivers or other transport which could help you; or you could contact Tripscope to see if it has any suggestions

- see section 14.1 of this factsheet. *Age Concern Factsheet 26, Travel information for older people*, may also be helpful.

Talk to the residents and see what they are doing. Are they involved in activities and the running of the home? Is there a homely, warm and busy environment? Do the staff seem interested and caring?

The home should (and from April 2002, must) publish a brochure outlining what it provides, the philosophy of the home, and the fees it charges for the care. Make sure, however, that the reality of the home matches the brochure and check that you know about all the charges, including those for any additional services. Make a list of all the personal, practical or nursing tasks that will be needed, together with any important equipment, and ask the home if it will be able to meet these needs. Aim to collect the fullest possible information on a prospective home and then make a decision.

Everyone will have different views about what they think is a 'good' home, and each person's needs will differ. Here are some questions you might like to ask. You will have to choose which ones are important for you.

- What does the fee cover? Are there any extras?
- Does the home encourage residents to do as much as possible themselves, and to make choices about as many aspects of their daily lives as they can?
- Do residents have the choice of single or shared rooms? If they share, do they have a say about which resident they share with?
- Can residents bring personal possessions - pictures, plants, furniture?
- Can the home meet the resident's communication needs - for example, through a language other than English, or non-verbal method such as sign language or large print?
- Do residents choose what and when they will eat? How are special diets catered for? Can residents eat privately with guests from time to time? Can residents prepare any food and drinks for themselves?
- Are residents free to see visitors when and where they choose? Can visitors stay overnight at the home, if they have travelled long distances?

- Can residents use a telephone in privacy, for incoming and outgoing calls?
- Do residents rise and go to bed when they choose? If not, do you consider the arrangements to be reasonable?
- What provision does the home make for taking residents out - on outings, to the shops, to the theatre, place of worship, or entertainment?
- What physical activities are available for residents?
- Is there more than one living room, so that there is a quiet room as well as one with a television?
- Are there books, newspapers available for residents? Do residents visit the library, or does a mobile library come?
- Do the managers of the home ask about how the resident would like to handle money or medicines?
- Do residents have their own GPs?
- How will the home let relatives or friends know if a resident is taken ill?
- Is there a residents' committee?
- Does the home encourage residents to say how they feel about living there, and provide written information to residents and/or their families about how to discuss a problem or make a complaint?
- Are toilets available in all parts of the home, fully equipped with handrails and other helpful equipment?
- Can wheelchairs go everywhere within the home, and easily in and out? Is there a lift?
- If the resident needs help bathing, does the home have suitable facilities? Who will help with bathing, and can the resident choose how often they have a bath or shower?
- Do you have to pay extra for toiletries?
- Are there areas for smoking and non-smoking?

- What happens if residents require more or less care than they currently have? Might they have to leave? What arrangements are made for funerals, and for payment if the resident dies?
- Can residents help in ordinary activities of the home - cleaning, cooking, gardening, looking after pets?

The King's Fund has produced a guide called, *Home from home*, which advises on how to choose a care home. Price £6.58 (including p&p). It is available from the King's Fund Bookshop, 11-13 Cavendish Square, London W1M 0AN. Tel: 020 7307 2400.

The Office of Fair Trading has produced a report, *Older people as consumers in care homes*, which is a valuable source of information about good practice, and about areas of bad practice which you might encounter. It also includes useful information on the care home market and the regulatory framework. It is available free from Office of Fair Trading, PO Box 366, Hayes, Middlesex UB3 1XB. Tel: 0870 6060321.

## **9. Paying for residential or nursing home care**

Most older people in residential or nursing homes pay towards the cost of this care; either paying in full themselves from income or capital, or contributing towards the costs according to nationally set means-test rules.

From October 2001, in England, the Government introduced free nursing care in nursing homes. This is limited to the work done by a registered nurse in carrying out or supervising care. So any tasks undertaken by a nursing assistant, as well as all other costs such as food, housing and cleaning, are still means-tested. There are three bands depending on the level of need for registered nursing you are assessed as having - £35, £70 or £110. In a few exceptional cases, you may get more if you have very high needs, but still do not meet the criteria (see below) for fully funded nursing home care by the NHS. The NHS will be taking responsibility for funding the nursing care of those funded by local authorities in April 2003. Note that there will be

different systems in Wales and Scotland. More details are contained in Factsheet 20.

A minority of older people may need such high levels of care that the NHS pays for their care in full. This is because these individuals meet their health authority's criteria for continuing NHS health care. If your health authority/trust agrees you meet its criteria, you will not be expected to pay towards these costs. However, like other NHS inpatients, any benefits you receive (such as state retirement pension or Attendance Allowance) may reduce or cease over time. Whether or not the NHS pays for your care in full in this way has nothing to do with how much - or how little - money you may have; it is only concerned with whether or not your health care needs meet your health authority's criteria for continuing NHS health care. Age Concern Factsheet 20, *NHS continuing care, free nursing care and intermediate care*, has much more information about continuing NHS health care. See also sections 9.4 and 9.5 of this factsheet. The ways in which benefits are affected for those receiving NHS inpatient care is explained in Age Concern's annual publication, *Your rights* - see section 15 of this factsheet.

If, however, you do *not* meet your health authority's criteria for continuing NHS health care but you still need care in a residential or nursing home, you will be expected to pay towards the costs of your care in a home from your income and capital. See also section 9.5 of this factsheet, about other services from the NHS for those who pay towards - or all - of the cost of their care in a home; and section 12, about when care needs change.

## 9.1 Paying for yourself

Some people will have adequate resources to pay for their own care in full. Families may contribute to some or all of the costs, but they do not *have* to do this unless they wish to (except in certain cases, a husband or wife. See Age Concern Factsheet 39, *Paying for care in a residential or nursing home if you have a partner*, for more information). If you have more than £18,500 in capital, you will be expected to pay the full cost of your care in a home. You may also be expected to pay in full if you have a very high income,

regardless of how much capital you have; for example, if your income is much higher than the home's fees.

If you are paying for your own care, or are claiming benefits, find out whether you may be eligible for Attendance Allowance - see section 2.4 of this factsheet; Age Concern Factsheet 10, *Local authority charging procedures for residential and nursing home care*, has further information. You can choose which home you move into if you will be making private arrangements; although it will be up to the home whether or not it will offer you a place.

Here are some questions you might ask about fees. Make sure the contract with the home clearly states what the fees include - see section 10 of this factsheet. Make sure you know how much any 'extras' may cost. See also section 9.5 of this factsheet, about services from the NHS for those who pay for their care in a home.

- Is a deposit required? Is this returnable? What is it for?
- What is the weekly fee, and *exactly* what does this provide?
- What services are charged for as 'extras'? *Exactly* how much do they cost? Would the NHS provide any of these? (Please note that from 1 October 2001, the Government has promised that no-one should have to pay for continence products (such as pads) in a nursing home. They are provided by the NHS).
- Here are some 'extras' - there may be more: laundry; hairdressing; chiropody; newspapers; physiotherapy. (You will be expected to pay for your own personal items, such as toiletries, clothes, etc.)
- How much notice will the home give if it has to raise the fees?
- Who is required to sign the contract? (If relatives are asked to sign, they should seek legal advice about what they are committing themselves to.)
- What fees do you have to pay if you are away for a short time, say on holiday, or in hospital?
- How much notice do you need to give the home in order to move?

- How much notice would you be entitled to if the home closed?

You could also contact the local social services department to see if it will tell you how much it pays for a place at the home – often residential homes charge private funders more than they charge local authorities. If you find that this is the case, you might be able to negotiate a lower fee.

If, by moving to live in a home, your resources might be reduced quite quickly to £18,500 and your income will not be sufficient to meet the full costs of your care; or, if you will be paying in full for your care but are unable to make your own arrangements for a place in a home, and there is no-one else who is willing or able to do this on your behalf; or, if you are concerned about funding your place in a home in the longer term, you might wish to apply to your local authority social services department for an assessment of your care needs. If it assessed you as needing it, it could arrange your place, with you paying the full fees from income and capital until your capital is reduced to £18,500. A Department of Health Circular, LAC(98)19 (Scottish Office circular SWSG 2/99) sets out the rules which your Local Authority must apply; it makes clear that the Authority cannot refuse to assess you or say that care is otherwise available to you, just because you have more than £18,500. Finally, although this may be distressing, if you are a relative or friend of someone who is moving to live in a home, you may want to ask the home whether - and what - payment it expects following a resident's death. Some homes do ask for some fees to be paid for a short while after the resident's death in order not to have to insist that relatives make the room immediately available by removing all the personal effects on the day of death. However, relatives who have not been aware in advance that an additional payment would be required are often very distressed to discover this subsequently.

The Government has said that it intends to uprate the £18,500 limit in line with inflation, so it is possible that it will change, perhaps in April 2002.

Age Concern Factsheet 41, *Local authority assessments for community care services*, may be helpful; Age Concern Factsheet 22, *Legal arrangements for managing financial affairs*, has information about ways of handling

someone else's money. See also section 12 of this factsheet, about when care needs change.

## **9.2 Paying for yourself - if you subsequently need financial support**

People living in homes whose capital has reduced to £18,500 and whose income is insufficient to meet the home's fees in full, may become eligible for state financial support towards the cost of their care.

People with capital of £18,500 or less; insufficient income to pay the full fees; and who *either* first moved to live permanently in a private or voluntary sector residential or nursing home on or after 1 April 1993, *or* live in a local authority residential home (regardless of the date you began living there), come under the local authority system of financial support. If this describes your situation, you should apply to your local authority social services department. If, by making private arrangements, you have moved to live in a home in a new area, the local authority which covers the area where the home is situated will probably be responsible for helping you. However, if you are paying the full fees but the local authority where you previously lived arranged the home for you, and still has a contract with the home, then it is still responsible for meeting your needs.

The local authority must first assess your care needs and agree these meet its criteria for care in a residential or nursing home before it will consider helping you financially. In some areas, there can be a delay between your asking for a care assessment and this being carried out. Ask your authority if there are delays in your area. If there are, you might want to approach your authority a few months before your capital reduces to £18,500. LAC(98)19 (see above) and SWSG 2/99 in Scotland state that the Local Authority must be prompt in assessing your needs under these circumstances. A more recent circular, LAC(2001)28, states that 'any undue delay in undertaking an assessment and providing accommodation if necessary would mean that the council has not met its statutory obligations. Consequently, the council could be liable to reimburse the resident for any payment he has made for the accommodation which should have been met by the council pursuant to its

statutory duties'. Details about getting a care assessment are contained in Age Concern Factsheet 41, *Local authority assessments for community care services*. If you have £16,000 or less, depending on the level of your income you may also be eligible for some Income Support, paid by the Department for Work and Pensions through local Benefits Agency offices, in addition to help from your local authority. It is important to claim Income Support as soon as your capital reaches £16,000, even if you have already applied to your local authority for help. The details of the calculations local authorities must follow in deciding how much you should pay for care from your income and capital and about any Income Support to which you may be entitled are in Age Concern Factsheet 10, *Local authority charging procedures for residential and nursing home care*.

Once your local authority has agreed your needs, it can make arrangements for you to stay living in the current home if this care is suitable. It does so by making a contract for your care with the home. However, the cost of some homes may be higher than the amount your local authority says it pays for the sort of care you need. In these circumstances, you may need to find a 'third party' - such as a relative, friend or charity - to meet the difference, in order to remain living in the home. See section 9.3 of this factsheet.

### **People in homes before April 1993**

Some residents with capital of more than £16,000 will have been living permanently in private or voluntary residential or nursing homes since before 1 April 1993. If this applies to you, once your capital reaches £18,500 you will *not* normally be entitled to receive financial help from your local authority. You will need to apply to your local Benefits Agency office (Department for Work and Pensions) when your capital reaches £16,000. The Government has announced that it intends to end the differing treatment of people who were in homes before April 1993. However, it does not plan to do this until April 2002. See Age Concern Factsheet 11, *Financial support for people in residential and nursing homes prior to 1 April 1993*.

Whether or not means-tested help with funding your care comes under the local authority charging procedures or from the Department for Work and Pensions, you may still be entitled to some NHS services - see sections 9.5 and 12 of this factsheet.

### **9.3 When the local authority makes the arrangement**

After the local authority has assessed your care needs (as described in section 2 of this factsheet), it may, if it decides that you need residential care which is not otherwise available to you, agree to arrange for you to enter a residential or nursing home. This will apply if you need financial support as described above. Also, if you do not qualify for financial support but are unable to arrange care yourself, and do not have anyone who is willing to do it for you, the local authority should still make arrangements for you. You will still have to pay the full cost yourself. It may take over any existing arrangements if you already live in a home and come under the local authority system of funding. If the local authority makes these arrangements, it will be responsible for paying the fee, and collecting from you as much as you are assessed as having to pay according to a nationally set means-test. Alternatively, you and your local authority can each pay your respective contributions directly to the home if you, your authority and the home all agree to this arrangement.

If the local authority makes the arrangements for you to move into a home, it should suggest a home, or offer a choice of homes. This could be in one of their own homes, or in a private or voluntary home. If it is a nursing home, your health authority must give consent before a place can be arranged. Until April 2003, the local authority will remain responsible for the cost of the nursing care you need. Some local authorities will have a list of 'preferred providers' which they will usually recommend.

If you do not like the home suggested, or you have a particular home in mind, you can ask the local authority to arrange a place which you choose, under the Direction of Choice (Circulars LAC(92)27 and LAC(93)18) (in Scotland SWSG 5/93 and SWSG 6/94). This is called your 'preferred accommodation', and it

can be anywhere in England or Wales or, by special arrangement, in Scotland. The authority must arrange a place there, provided:

- it is suitable for your assessed needs;
- a place is available;
- the home is willing to enter into a contract with the local authority on its terms and conditions;
- it does not cost more than the authority would usually expect to pay for a place for someone with your assessed needs.

If your 'preferred accommodation' *does* cost more than the authority would usually pay, it still must arrange a place there if you can find someone else (a 'third party') to pay the difference. You are not allowed to pay the difference yourself, except where the local authority is paying your fee under a 'Deferred Payment Agreement' or if you are only eligible for local authority support because you have just entered the home and the value of your former home has been disregarded for 12 weeks. See Factsheet 10, *Local authority charging procedures for residential and nursing home care*, for further information. You should not be asked to pay extra if there is no available place at the authority's 'usual' price. If it is unable to make an arrangement for a place in a suitable home at what it regards as the usual cost, it is the authority not the resident (or a third party) which should bear the additional cost<sup>2</sup>. Age Concern Factsheet 10, *Local authority charging procedures for residential and nursing home care*, explains such situations. Age Concern Factsheet 41, *Local authority assessments for community care services*, may also be helpful.

Age Concern has encountered a number of instances where homes have put their fees up and asked relatives to pay the extra. This should not happen as, if the local authority is funding the place it is responsible for the entire fee. If this happens you should contact the social services department.

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<sup>2</sup> LAC(92)27 – DoH guidance covering third party payments, paragraphs 9 to 11.

If the local authority does not agree to pay the increased fee, it might want the person to move to a less expensive home. However, before doing this, it must show that less expensive homes are available, and it should carry out an assessment of the person's needs to ensure that psychological and social needs (which might include remaining in the home) and risks to the person caused by moving, are taken into account.

If the local authority can show that the person's needs can be met in a less expensive home then a third party top-up might be considered. However, it should be paid to the local authority, not the home.

#### **9.4 When the health authority makes the arrangements**

Your health authority/trust may arrange a nursing home place for you if your assessed needs meet its criteria for continuing NHS health care. The health authority/trust may offer long-stay hospital provision. Either way, you will count as an NHS responsibility and, although your state pension and benefits will be affected after a time, you will not be expected to pay towards the costs from other income and capital. However, unlike the situation for means-tested care, those receiving fully-funded continuing NHS health care in nursing homes do *not* have the right to choose where this care is to be provided; although in practice health organisations are encouraged to accommodate choice as far as possible. See Age Concern Factsheet 37, *Hospital discharge arrangements*, and Factsheet 20, *NHS continuing care, free nursing care and intermediate care*, for further information.

#### **9.5 Other services from the NHS**

Even if you are paying the full cost of your care yourself; or receive financial help from your local authority or Department for Work and Pensions towards these costs; or have 'preserved rights' to higher levels of Income Support, there are many services which you may be able to receive from the NHS. Your continued rights to a GP from the NHS, and for NHS dentistry, for example, are not affected by your living in a home. In residential and nursing homes, you will still be entitled to free prescriptions from the NHS if you are

aged 60 or more. In addition, if you live in a residential or nursing home and you have capital of £18,500 or less, you may be entitled to help from the NHS towards the costs of, for example, spectacles, wigs and NHS dentistry under the NHS Low Income Scheme. (The NHS Low Income Scheme capital limit is £8,000 for those under 60; £12,000 for those 60 and over for those still living at home). Your entitlement is also dependent on the amount of income you receive, as well as any capital you have. See Department of Health leaflet, *HC11 Are you entitled to help with health costs?*, available from Department of Health, PO Box 777, London SE1 6XH. Fax: 01623 724 524. You may also find copies of this leaflet at your GP's or dentist's surgery; or from the local post office.

In addition, chiropody, physiotherapy and specialist equipment may be available from the NHS if you meet any criteria your health authority has set for these services. Further information about these services is in Age Concern Factsheet 37, *Hospital discharge arrangements*. You will be eligible for NHS continence supplies if you meet your health authority's criteria for this service. Find out whether your health authority will provide disposable continence pads, or if it only provides re-usable pads, whether the home will wash them.

## 10. Contracts

Homes should provide a written contract and will be required to do so from April 2002. It should be clear and comprehensive, and you should ask to see a copy in advance of signing any agreement. As well as standard clauses, it should set out what care will be provided to meet your particular needs. You should ask for a statement from the home in writing about what care and services you will receive, and about what will be required from you in return. In this way, you and the home will be clear about what is expected. You might like to seek advice from the Citizens Advice Bureau or a solicitor before signing a contract.

New national standards coming into effect in April 2002 say that the contract must state:

- the room to be occupied;
- care and services covered by the fee;
- the fee payable and by when;
- any additional services not covered by the fees;
- rights and obligations of the service user and the home; and
- terms and conditions of occupancy, including period of notice.

The Continuing Care Conference, a group of commercial, charitable and public sector organisations, has produced suggestions for a contract for use between individual residents and homes. Single copies of this booklet, *Framework contract between residential care provider and resident*, are available on receipt of a 9" x 6", 41p sae from The Continuing Care Conference, 12 Little College Street, London SW1P 3SH. Tel: 020 7222 1265.

If the local authority arranges the place, it should make a contract with the home. You should receive a copy of this. You should be clear whether you will be expected to pay for anything 'extra'. You should have a care plan, which should say what the local authority expects you to receive in the way of care and support from the home. In some cases, the home may also arrange a contract with you about the services which it will provide.

## 11. A trial period

Before making your final decision it is wise to have a trial stay of several days or weeks in a home. Many homes will offer this, and it will allow you to get to know the home, and the home to get to know you. The local authority may also arrange a trial period for you if it will be helping to arrange this care. If possible, try not to sell your present home or to give up a rented property until you are sure about the move to the home. During the trial period, the value of your home should not be taken into account in deciding whether you must pay for your own care. The local authority must in any case disregard the value of your home for the first 12 weeks once your stay has become

permanent. This should be top of any trial period which should be regarded as a temporary stay until it is decided that you wish to stay permanently.

## **12. When care needs change**

Many people are able to remain living in one home for a long time. However, sometimes care needs can change and the home in which someone has been living may no longer be able to provide appropriate care. Sometimes the resident's GP or the manager of the home may suggest that the resident needs to move to a more suitable home; sometimes relatives or the resident may feel different care is needed. On occasion, the suggestion may come from the Registration or Inspection Unit: particularly if the resident lives in a residential home but is beginning to need nursing level care. In this case, where the home is only registered for residential care, it may break the conditions of its registration if it tries to provide you with nursing home type care. In these situations, some homes have been willing to explore, with both the local and health authority Registration and Inspection Units, the possibility of registering one place in a residential home for nursing home level care; this would involve the home being able and willing to meet the health authority's nursing home registration requirements for that one place. If you are in this situation, you might want to ask the home if this is a possibility; but do bear in mind that, eventually, you may still need to move if your care needs increase in the future.

In other cases, moving to a different, perhaps more specialised home, will mean the resident receives more appropriate care. If you need to find another home, perhaps for yourself, or for a relative or friend, all the suggestions in this factsheet would still apply. If there are difficulties, contact your local authority social services department to see if it can help identify a home. Ask the current home if it will agree the resident can remain there in the meantime; and check the contract to see whether the home requires any period of notice before a move takes place.

Sometimes, it may not be that the home can no longer provide suitable care; it may be that a resident now meets their health authority's criteria for

continuing NHS health care. There is little systematic reassessment by the NHS of those living in residential and nursing homes who pay towards this care, so you may need to ask the health authority to carry out a health care assessment if you think a resident meets its criteria for continuing NHS health care, or other NHS services. Age Concern Factsheet 37, *Hospital discharge arrangements*, has more information.

If you are admitted to hospital from a residential or nursing home, make sure that discharge procedures are followed once hospital treatment has been completed - see section 6 of this factsheet. In particular, you may want to make sure that a multi-disciplinary assessment has been carried out before you leave the hospital, in order to make sure that the home in which you have been living will still be able to meet any new care needs - which may have arisen whilst in hospital - on your return.

## **13. Problems or complaints**

### **13.1 Paying for yourself in private and voluntary sector homes**

After people have entered residential or nursing homes, it is important that they know what to do if any problems arise. The home should provide information in writing to all residents about how to make a complaint, and you should ask for this.

By far the best approach to any problem is to try to talk about it to the staff of the home as soon as possible. Many people are afraid to express their views, as they don't want to 'bother' anyone, or they are worried that it might affect their care in some way. This should certainly not be the case, and you should always remember that you are entitled to receive the best possible attention to your needs. Some homes have a Residents' Committee, or a 'suggestion box' through which concerns can be raised.

If a problem can't be solved by talking about it, you may need to seek advice outside the home. You or a relative should contact the relevant Inspection and Registration Unit to see if it can advise you - see section 3 of this

factsheet. If you have a complaint about the local authority Inspection and Registration Unit, you can use the local authority complaints procedure - see section 13.3. Complaints about the health authority's Inspection and Registration Unit can be raised through the NHS complaints procedure - see section 13.4. You could also contact the Citizens Advice Bureau or Age Concern locally, or the Relatives and Residents Association - see section 14.2 of this factsheet. If you have a written contract setting out your entitlements, this may make it easier to resolve disagreements. However, even if you have no written contract this does not mean that you have no rights – a judge would probably say that an 'implied contract' existed anyway. However, it will not be so clear what your rights would then be.

You also have the benefit of consumer rights. Services should be carried out with reasonable care and skill, within a reasonable time, or the time agreed, at a reasonable charge, if no price has been fixed in advance. When you purchase goods they should be of satisfactory quality, fit for the purposes, including any particular purposes mentioned by you, and as described.

Make sure you tell someone about your problem, as only in this way will you be able to begin to sort it out.

### **13.2 Residents under the 'preserved rights' system of funding**

Residents with 'preserved rights' to higher levels of Income Support can also raise problems and complaints as described above for those paying privately.

### **13.3 When the local authority arranges or provides the care**

If a problem arises, you should still feel free to talk to people in the home and to the relevant Inspection Unit. However, if there are problems with the care you are receiving, you will also have access to the complaints procedure of the local authority, because the local authority has arranged the care. You can also use the local authority's complaints procedure if you are living in a residential home which the local authority owns. Ultimately, you may be able to take your complaint to the Local Government Ombudsman. Once again, it

is important to make sure that someone knows how you feel, so that the problem can be dealt with. Further details about making a complaint to the local authority and contacting the Ombudsman, are contained in Age Concern Factsheet 41, *Local authority assessments for community care services*.

### **13.4 When the health authority makes the arrangement**

If your care is being funded by the NHS, and a problem arises with the care being provided in a home, you can use the NHS complaints procedure, as well as raising concerns with those running the home or the health authority's Inspection and Registration Unit. In addition, you can consider complaining to the Health Service Ombudsman. Further details about the NHS complaints system and the Ombudsman are contained in Age Concern Factsheet 37, *Hospital discharge arrangements*.

## **14. Further information**

### **14.1 Organisations offering information and support:**

**Alzheimer's Society**, Gordon House, 10 Greencoat Place, London SW1P 1PH. Helpline tel: 0845 300 0336, 8.30am – 6.30pm Monday to Friday. General admin tel: 020 7306 0606.

**Alzheimer Scotland Action on Dementia**, 22 Drumsheugh Gardens, Edinburgh EH3 7RN. Tel. 0131 243 1453. Free 24 hour helpline for carers and people with dementia 0808 808 3000. Their website, <http://www.alzscot.org>, provides information and advice on dementia.

**Arthritis Care**, 18 Stephenson Way, Euston, London NW1 2HD. Helpline: 020 7380 6555 (10am - 4pm), or Freephone Help Line (0808 800 40 50) 12-4pm weekdays. Admin: 020 7380 6500. Fax: 020 7380 6505. National voluntary organisation working with and for all people with arthritis. It aims to put people with arthritis in control of their arthritis, their lives and their organisation. There are 600 contact branches in England and Wales.

**British Red Cross Society**, 9 Grosvenor Crescent, London SW1X 7EJ. Tel: 020 7235 5454. Fax: 020 7245 6315. Services mainly provided by volunteers and available from local centres, including: Home from Hospital schemes, transport and escort service, medical loan service, emergency response service, fire victims support service, domiciliary care service and First Aid. Copies of catalogue of aids to buy, The Ability Mail Order, available by telephoning 0116 270 1462.

**Carers UK**, 20/25 Glasshouse Yard, London EC1A 4JT. Tel: Carers Line (freephone) 0808 808 7777; weekdays 10am - 12noon and 2pm -4pm. General help and advice for all carers.

**Diabetes UK**, 10 Queen Anne Street, London W1G 9LH. Tel: 020 7323 1531. Helpline: 020 7636 6112, Monday to Friday 9am – 5pm.

**Parkinson's Disease Society**, 215 Vauxhall Bridge Road, London SW1V 1EJ. Tel: 020 7931 8080. Helpline: (freephone) 0808 800 0303 (weekdays 9am – 5pm); fax: 020 7963 9360.

**The Stroke Association**, Stroke House, 123-127 Whitecross Street, London EC1Y 8JJ. Advice line tel: 020 7566 0330 or 0845 3033100 (local call rate). Available Monday to Friday, 9am – 5pm (answerphone at other times). Lists available of stroke clubs. Provides advice and information on all aspects of stroke illness. Community services include family support service and dysphasia support service.

**Tripscope**, Alexandra House, Albany Road, Brentford, Middlesex TW8 ONE. Tel: 020 8580 7021 or 08457 585641 (local call rate) weekdays 9am – 4.45pm; Fax: 020 8580 7022. Does not provide transport; gives advice and information about travel and transport for elderly and disabled people in the UK and overseas. **Please note that in June 2002, Tripscope will be moving to Bristol and will then be contactable on 0117 939 7736.**

**Women's Royal Voluntary Service (WRVS)**, Milton Hill House, Milton Hill, Abingdon, Oxfordshire OX13 6AD. Tel: 01235 442954. A nationwide network of community services, consisting of 100,000 volunteers, both male and female.

## 14.2 Organisations offering information about homes for older people

**Association of Independent Care Advisers (AICA)** – 6 Westmount Close, Southwick, Brighton, East Sussex BN42 4SR. Tel: 01483 203066. Fax: 01483 202535. Website: [www.aica.org.uk](http://www.aica.org.uk). An association with a code of practice where agency members offer advice about staying at home or about entering a residential or nursing home. Individual member agencies may charge for this service. Details of the member agencies are available free from AICA.

**British Federation of Care Home Proprietors** – 44 Harpur Street, Bedford, MK40 2QT. Tel: 01234 271275. Fax: 01234 271284. E-mail: [bfchp@martex.co.uk](mailto:bfchp@martex.co.uk). Standards of care in all member homes are independently monitored in accordance with national guidelines and associated code of practice as a pre-condition of membership. Can provide lists of member homes nationwide together with advice and guidance.

**Care Choices** – Selected care register (SCR). Valley Court, Croydon, Nr. Royston, Hertfordshire SG8 0HF. Freephone 0800 389 2077. [www.carechoices.co.uk](http://www.carechoices.co.uk). Detailed information about over 1,000 selected care homes and associated organisations nationwide. Details of suitable homes can be forwarded free of charge and without obligation. Care Choices also publish directories of care homes for older people.

**Counsel and Care** - Twyman House, 16 Bonny Street, London NW1 9PG. Tel: (local call rate 0845 300 7585 (Monday to Friday 10am – 12.30pm and 2-4 pm)). A charity which provides general advice for older people, their families and professionals on community care and other issues. Has a homes suggestion service for nursing homes and dual registered homes in the Greater London area.

**Elderly Accommodation Counsel** – 3<sup>rd</sup> floor, 89 Albert Embankment, London SE1 7TP. Tel: 020 7820 1343. (Weekdays 9am - 5pm, answerphone at all other times). Fax: 020 7820 3970. A registered charity which maintains a nationwide database of all forms of accommodation for older people - sheltered housing for sale and rent, residential care homes, nursing

homes and close care schemes. It also gives guidance, advice and detailed information to help enquirers choose the accommodation most suited to their needs.

**National Association for Providers of Activities for Older People (NAPA)**, 5 Tavistock Place, London WC1H 9SN. Tel: 020 7383 5757. Sylvia Gaspar – Administrator – available Tuesdays and Thursdays between 11am-4.30pm. Messages can be left at other times. A membership organisation for anyone organising activities for older people. NAPA holds regular themed ‘Sharing Days’, has a newsletter, and organises appropriate training opportunities.

**National Care Homes Association**, 45-49 Leather Lane, London EC1N 7TJ. Tel: 020 7831 7090. Fax: 020 7831 7040. Website: [www.ncha.gb.com](http://www.ncha.gb.com). A trade association providing support for care home proprietors.

**Registered Nursing Home Association**, 15 Highfield Road, Edgbaston, Birmingham B15 3DU. Tel: 0121 454 2511. Fax: 0121 454 0932. E-mail: [rnhaho@aol.com](mailto:rnhaho@aol.com). Website: [www.rhna.co.uk](http://www.rhna.co.uk). A trade association for nursing homes owners offering advice and support to members on all aspects of their business. Also offers advice to patients and their relatives on all nursing home matters including lists of recommended homes.

**The Association of Charity Officers**, Beechwood House, Wyllyotts Close, Potters Bar, Hertfordshire, EN6 2HN. Tel: 01707 651777. Fax: 01707 660 477. E-mail: [info@aco.uk.net](mailto:info@aco.uk.net). Over 200 member funds including some which run residential and nursing homes for professional, commercial and occupational groups: The Occupational Benevolent Funds Alliance. If you need financial help from a charity fund, contact the Association’s ‘Helpline’ on 01707 651777, Monday-to Friday, 10am-4pm, giving details of your family background and career pattern. The Association can signpost enquirers to funds which might be able to help them.

**The Cinnamon Trust**, Foundry House, Foundry Square, Hayle, Cornwall TR27 4HE. Tel: 01736 757900. Fax: 01736 757010. A charity with a register of sheltered housing schemes, residential and nursing homes which accept

pets. Provides help with dog-walking and fostering pets on a short-term basis e.g. for those going into hospital. If advance notice is given, they accept animals upon owner's death and provide lifelong care. Details of the 'Pet Friendly Homes List' available in different local authority areas will be sent on receipt of an sae, stating your chosen local authority area.

**The Relatives and Residents Association**, 5 Tavistock Place, London WC1H 9SN. Tel: 020 7916 6055 (weekdays 10am – 12.30pm and 1.30pm – 5.00pm). Fax: 020 7916 6093. The Relatives and Residents Association gives advice and help to older people in homes, their relatives and friends. The Association is committed to improving standards of residential care through the active involvement of relatives. Its aim is to promote a common understanding between relatives, residents, home providers and staff. Local groups exist throughout the country; contact the Relatives and Residents Association for more details.

## **15. Further information from Age Concern**

*A buyer's guide to retirement housing.* Price £6.99.

*Finding and paying for residential and nursing home care.* Price £6.99.

*Residents' money: a guide to good practice in care homes.* Price £7.99.

*Housing options for older people.* Price £6.99

*Your rights 2001-2002.* Price £4.50.

Available from Age Concern Books, PO Box 232, Newton Abbot, Devon TQ12 4XQ. Please add £1.95 p&p to all orders.

For any additional factsheets mentioned, (a maximum of five may be ordered), for a full list of factsheets and/or a book catalogue, phone 0800 00 99 66 (a free call) or write to Age Concern FREEPOST (SWB 30375), Ashburton, Devon TQ13 7ZZ. The following factsheets may be of use:

Factsheet 2      *Retirement housing for sale*

Factsheet 8      *Moving into rented housing*

Factsheet 12     *Raising income or capital from your home*

- Factsheet 13**      *Older home owners: financial help with repairs and adaptations*
- Factsheet 22**      *Legal arrangements for managing financial affairs*
- Factsheet 30**      *Leisure and learning*
- Factsheet 42**      *Disability equipment and how to get it*

If you have questions arising from this factsheet, or it does not cover the information you require, please contact our helpline team on 0808 808 6060 (a free call), Monday, Tuesday and Friday between 9.30am and 1pm, or please write to us at: ACIL, Astral House, 1268 London Road, LONDON SW16 4ER. For people with hearing loss who have access to a textphone, calls can be made by Typetalk.

Age Concern's series of over 40 factsheets is available as a subscription service to those whose work involves older people; for details of this service please call us on 0870 500 99 66 (national rate) and ask for our factsheet subscription leaflet.

Age Concern provides factsheets free to older people, their families and people who work with them. If you would like to make a donation to our work, you can send a cheque or postal order (made payable to Age Concern England) to the Personal Fundraising Department, Age Concern England Freepost CN1794, London SW16 4BR or you can donate by credit cards on our freephone Information Line 0800 00 99 66 or on-line via our website at [www.ageconcern.org.uk](http://www.ageconcern.org.uk)

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