

- 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?
- are residents allowed to bring their pets with them to the home?

## **6. Financial considerations when choosing a care home**

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

The NHS is responsible for meeting the cost of nursing care provided to all residents in care homes. This is limited to the work done by a registered nurse in carrying out or supervising care. Any tasks undertaken by a nursing assistant or care 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 - £40, £83 or £133. 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 NHS care in a care home.

Some residents in care homes, usually those providing nursing care, may qualify to have their fees paid in full by the NHS (see Section 9.4). More details are contained in Factsheet 20, *Continuing NHS health care, NHS funded registered nursing care and intermediate care*.

Section 6.5 explains about other services from the NHS for those who pay towards - or all - of the cost of their care in a home.

## 6.1 If you will be paying for your care yourself

Some people will have adequate resources to pay for their own care in full. The families of care home residents are not required to contribute towards the cost of care but may do so if they wish to. If you have more than £21,000 in capital, you will be expected to pay the full cost of your accommodation and personal care in a home. This is the capital limit in England in 2006-2007. It is likely to increase in April 2007. 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.

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.

If you subsequently require local authority assistance and your chosen accommodation costs more than the local authority is usually willing to pay for that type of care, a third party might have to make up the shortfall. This only applies if the authority is able to demonstrate that your care needs can be met at its usual price. If not, the authority should agree to meet any extra amount necessary to do so (see Section 6.3).

If you are paying for your own care you may be eligible for Attendance Allowance. Age Concern's Factsheet 10, *Local authority charging procedures for care homes*, and Information sheet (IS/13), *Care home funding and Attendance Allowance* contain further information on this subject.

Make sure the contract with the home clearly states what the fees include. Certain information should be contained in your contract with the home - see Section 7. See Section 6.5 about services from the NHS for those who pay for their care in a home. Here are some questions you might ask about fees:

- is a deposit required? Is this returnable? What is it for?
- what is the weekly fee, and what does it cover?
- how is any NHS contribution towards registered nursing costs accounted for?

- what services are charged for as 'extras'? How much do they cost? Should the NHS provide any of these? The NHS should provide continence products for all residents meeting its criteria for needing them. Services such as chiropody and physiotherapy may also be arranged by the NHS if you meet the local criteria. If you need specialist care from a chiropodist, ensure it is included in your care plan;
- **Note:** that 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?

Even if you are going to be self funding you can ask that the local authority carry out an assessment of your needs. If your capital is likely to fall below the limit for funding (£21,000 in England in 2006-2007) fairly quickly, it is reassuring to know that the local authority agrees that you need the type of care being provided with regard to requesting help with funding your care in the future. If you will be paying for your care in full 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, then the local authority has a duty to arrange suitable care for you. Government guidance makes it clear that the authority cannot refuse to assess you or say that care is otherwise available to you just because you have more than the upper capital limit.

Care homes often charge self funding residents more than the local authority pays for the residents which it supports. You could ask the local authority to make the contract for your care on the grounds explained above but the home may be unwilling to accept you at the lower rate if it is aware that you are a self funding resident.

It is worth establishing at the outset what the care home's requirements are upon the death of a resident. Some homes may continue to charge for a short period after death or until the room is cleared.

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

Once your capital has reduced below the capital limit you may become eligible for state financial support towards the cost of your care. Apply to your local authority social services department for assistance. If the care home where you live is in a different local authority area to where you lived previously and you have been funding your own care, 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 care home before it will consider helping you financially.

There may be a delay between your asking for a care assessment and this being carried out. Ask the local authority if there are delays in your area. If so, it is advisable to approach your authority a few months before your capital reduces beneath the limit. A Local Authority Circular, *LAC(98)19*, states that the local authority must be prompt in assessing your needs under these circumstances. Another circular *LAC(2001)25*, 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'. The resident should not be penalised financially because of delay in the local authority's part. Details about getting a care assessment are contained in Age Concern Factsheet 41, *Local authority assessment for community care services*.

You should be able to remain in your current care home provided that it is suitable to meet your assessed needs. The local authority will enter into a contract with the home.

If the care home where you live costs more than the local authority usually pays for the sort of care you need, a 'third party' - such as a relative, friend or charity - may have to meet the difference in order that you can stay in the home. In some circumstances the local authority may have to vary its usual limit and meet the extra cost. See Section 6.3.

Age Concern Factsheet 10, *Local authority charging procedures for care homes*, explains how the local authority will calculate the amount which you should contribute towards the cost of your care.

Whether or not you qualify for means-tested help with funding your care, you may still be entitled to some NHS services - see Section 6.5.

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

Once the local authority has assessed your care needs (as described in Section 2) and identified that you need care in a care home according to its eligibility criteria, it has a duty to arrange suitable care for you if this is not otherwise available (ie, you are unable to arrange suitable care without the authority's assistance). Suitable care is assumed to be otherwise unavailable to individuals with less than the upper capital limit. If you have sufficient capital or income to fund your own care 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.

If the local authority enters into a contract for your care with the care home, it will be responsible for paying the fees and collecting your contribution, the level of which is assessed using national rules. 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 make all reasonable efforts to offer you a choice of placements. This could be in one of its own homes, or in a private or voluntary home. 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 guidance on choice of accommodation contained in the circular *LAC (2004)20*. 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.

If the authority is unable to make an arrangement for a place in a suitable home at its usual cost it should agree to pay any extra amount necessary to secure suitable care and should not try to pass the extra costs on to a third party or the resident. If the local authority can show that the person's needs can be met in a less expensive home then it can request a third party top-up payment.

If the local authority does not agree to pay the increased fee, it might suggest that you move to a less expensive home. Before doing so however, it must show that less expensive homes are available, and should also carry out an assessment of the person's needs. Psychological and social needs (which might include remaining in the home) and the likely risks involved in moving a settled resident should be taken into account.

Homes should not make arrangements for a payment from a third party without involving the local authority, which may remain liable to meet the full cost of care should the third party fail to keep up the payments. If this does happen you should contact the social services department.

Age Concern Factsheet 10, *Local authority charging procedures for care homes*, explains the local authority charging rules in more detail.

#### **6.4 When the NHS makes the arrangement**

Your PCT may arrange a place for you in a care home which provides nursing care if your assessed needs meet its criteria for continuing NHS health care. In this situation you will be treated as if you are a hospital in-patient and will not be expected to pay towards the cost of your care. 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.

Unlike residents being funded by the local authority, 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 20, *Continuing NHS health care, NHS funded registered nursing care and intermediate care*, for further information.

#### **6.5 Other services from the NHS**

Whether you are paying the full cost of your care yourself or receive financial help from your local authority, there are many services which you may be able to receive from the NHS. Your rights to a GP and for NHS dentistry are not affected by living in a care home. You will still be entitled to free prescriptions and a free NHS sight test if you are aged 60 or over.

In addition, if you live in a care home and your capital is less than the upper limit, £21,000 in 2006-2007, you may be entitled to help from the NHS towards the costs of glasses and NHS dentistry under the NHS Low Income Scheme. (For those not in a care home, the NHS Low Income Scheme capital limit is £16,000.) Your entitlement is also dependent on the amount of income you receive, as well as any capital you have.