

Care Home Handbook



Including information on how you are assessed for the amount you will have to pay for care in a care home

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If you are reading this handbook after March 2011, check with Counsel and Care or your local council to find out the latest allowances, benefits and savings thresholds. You will be advised if an updated version of this handbook is available. Alternatively, to find out the latest savings allowances and benefit figures, log on to the Government's website at: <http://www.direct.gov.uk/MoneyTaxAndBenefits/fs/en>, or see the latest edition of 'Paying for care handbook', produced by the Child Poverty Action Group.

Fourth edition: December 2010

Foreword



Choosing a care home for yourself or for someone close to you is a big decision, sometimes taken at a time of great personal stress or illness. This updated edition of the Care Home Handbook aims to make this potentially difficult process a little easier.

Drawing on Counsel and Care's 50 years of experience of advising and working with older people, their families and carers, the Care Home Handbook gives you all the latest information and advice – setting out your rights, explaining your options and answering your questions.

It explains how to get your care needs assessed and guides you through the different funding options, outlining what they will mean for you and your family.

It also advises on how to establish the sort of care you need, what to look for in a care home and what you can do to adapt quickly and successfully to your new surroundings.

For many people, moving into a care home can feel like a step into the unknown. The Care Home Handbook will help you make that step with confidence, showing you what to expect and how to make the choices that are right for you.

A handwritten signature in black ink that reads "Paul Burstow". The signature is written in a cursive, flowing style.

Paul Burstow MP
Minister for State for Care Services

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1 The purpose of this handbook

Who should read this handbook?

We intend this handbook to be of use to a wide range of people, including families, carers and professionals advising someone who needs help with their care.

In particular, this handbook is addressed to people who are considering care in a care home – either for themselves, or for someone they advise. Generally people will require either a residential care home or a nursing care home, although there are other types of care homes for individuals with varying needs.

It aims to answer the most commonly asked questions about choosing a care home, paying for a care home and living in a care home.

It sets out the procedures you should expect and the services that should be available to you. If you find that you are not being offered your rights as they are explained in the following chapters, you can use the information given here to support your argument.

The handbook is mainly written for people living in, or thinking of moving to, England and Wales. It provides only basic information on the main differences in the care home system in Scotland and excludes Northern Ireland. People living in, or considering moving to, Scotland and Northern Ireland will find it useful to contact Age Scotland or Age

NI (Northern Ireland) for more information – contact details are at the end of this handbook.

How to use this handbook

Moving away from the familiar surroundings of your own home into a care home is a big step so it's important that you give it a lot of thought. There are also financial implications, as living in a care home can be costly. Although some people are able to pay their own fees, many need help to meet the cost of their care.

Many of the figures given in the following chapters increase each year. If you are reading this handbook after March 2011, check with Counsel and Care to find out if a new version is available with updated financial information. You can find Counsel and Care's address at the end of this handbook, or if you have access to the internet, you should be able to download the latest version of the handbook or the latest figures from www.counselandcare.org.uk/publications-for-older-people-and-their-carers. Your council should also have details of the latest figures.

Most of the information in the handbook applies to all readers. Where the information only applies to some readers, it is presented in different coloured boxes.

Information that only applies to people who receive help from the council to arrange and pay for their care is in an orange box like this.

Information that only applies to people who are mainly or wholly paying for their care themselves is in a blue box like this.



2 Making a decision about care

Who can help me to decide what is best for me?

If you think you need help with your everyday living, you can ask your council to assess your care and support needs. You need to contact the Adult Social Care Services Department of your local council. You will find their details in your local telephone directory, council offices, library, GP's surgery or through the local government website for the area that you live in.

You are entitled to a Needs Assessment no matter how much money you have and whether or not you can afford to pay for any services. If you have someone who looks after you, they can ask Adult Social Care Services for a Carer's Assessment for themselves. A social worker or care manager can come to see you at home or in hospital to carry out a Needs Assessment. Alternatively, in some areas you can fill in a self-assessment form where you give details of your care and support needs.

What is a Needs Assessment?

The Needs Assessment is the first stage of getting the help you may need with your care and support. A Needs Assessment must take place before any Financial Assessment is made of your ability to pay. It is essential to have a Needs Assessment if you think you may need financial support from the council; and advisable even if you are paying for all or part of your care and support yourself (see page 33).

The purpose of the assessment is to look at your needs, what support you already have in place, and what services can be provided in order to help you live as independent and full a life as possible.

Having a Needs Assessment carried out does not necessarily mean that you will move to a care home. If your needs are very high, you may be assessed as needing care in a care home but you should be offered alternatives, such as increased support in your own home or information about your entitlement to other forms of housing, such as sheltered accommodation or extra care housing.

However, if your needs are assessed as being below the level suitable for care home support, you are unlikely to be offered a place in a care home, unless you are able to pay the full costs yourself.

The council can make an appointment to visit you. If you prefer, you can visit the council's offices. Your family or friends, and your carer if you have one, may want to be involved in your

assessment. They can only be involved with your permission.

A social worker or care manager should co-ordinate your assessment. Together you will look at what you can do and what you are having problems with; your health; your current living and care arrangements; your welfare and safety.

To help with the assessment, the council should obtain the views of other people involved in your care such as a care worker, occupational therapist, community nurse, GP or medical specialist. You should be fully involved and able to state your preferences and choices.

If you think you need to go into a care home, you should have what is called a “comprehensive assessment”. This should include an assessment of your psychological and social needs, which might include the need to be near family and friends. You should also be assessed for any religious, spiritual or cultural needs you may have.

You should only have to go through the assessment process once, because the main professionals involved in your care must collaborate on your assessment. This is known as the “Single Assessment Process” (with similar systems in Scotland and Wales).

If, following your Needs Assessment and Financial Assessment, it is decided that the council will be paying for your care, your assessment will result in a Care Plan, which you will be asked to sign if you are in agreement with it (see page 9 for your rights).

If, following your Needs Assessment and Financial Assessment it is decided that you will be paying for your own care, you should be given a copy of your Needs Assessment. You only receive a Care Plan from the council if they are contracting with the care home on your behalf.

All staff who may visit you from the council and other appropriate organisations carry identification with them, so please check this before allowing anyone into your home.

“A Needs Assessment must take place before any Financial Assessment is made of your ability to pay for your care”

What alternatives are there to going into a care home?

Even if you are assessed as needing care in a care home, you may be able to find a way to stay at home, if that is your preference. There is a range of care and support that can be offered to help you to remain in your own home. You can discuss any of the types of help listed below with your council as part of your Needs Assessment. Services to help you remain independent in your own home include:

- Adaptations such as ramps or grab rails
- Equipment to help you to move around your home or manage in the kitchen or bathroom
- Intermediate care services to help you improve your mobility and independence
- Community alarm services
- Telecare support
- Day care in a day centre or day hospital
- Help with personal care, for example bathing and dressing
- Help with transport
- Delivered meals
- Nursing and other health care
- Support for carers who look after you.

As well as services delivered to your home, you may want to think about other housing alternatives. Some examples are:

- Sheltered housing
- Very Sheltered or Extra Care housing
- Housing specially designed or adapted for older people or those with disabilities

- Homeshare (a person offers you set hours of care per week in exchange for basic accommodation).

It is a good idea to investigate these alternatives at the earliest opportunity, as there are waiting lists for specialised housing in some areas. You can ask your social worker about these, or the Elderly Accommodation Counsel (details at the end of this handbook) can give you a comprehensive listing of specialist older people's housing in any area in the UK, and has factsheets detailing what you can expect from the various kinds of housing. You can also obtain Counsel and Care's guide **7: Housing decisions and options in later life**.

What if I am in hospital?

Following hospital treatment and before discharge you may have important decisions to make concerning your care. Sometimes a hospital stay can be a very difficult time, particularly following surgery; and it might be tempting to see a care home as a safe option compared with returning to your own home. But if there is uncertainty about how your care needs will change as you recover, it is a good idea to delay a permanent move to a care home. It may be that you will be able to live with support in your own home after a period of recuperation.

To help you decide what to do, the NHS and your local council can arrange for you to enter a care home or similar setting for a brief period of time for rehabilitation and to help

regain your independence. This type of care is called “intermediate care” and it is provided free of charge to all in England. It can last up to a maximum of six weeks, but may be less. After a period of rehabilitation or when you feel able to return home, the council will arrange that move for you.

? What services do I have a right to?

After the Needs Assessment, and the Financial Assessment that follows it (see page 20), the council must decide whether or not it will provide or arrange services for you. The amount of help available varies between different councils, but each council must publish information about their eligibility criteria, drawing on government guidance on eligibility for adult social care issued in April 2010.

If the council decides that you need care and accommodation in a care home, and you agree with this, they must arrange it for you. Even if you have enough money to pay for care in a care home, the council must still arrange it for you if you are not able to do so yourself and there is no-one willing to make the arrangements on your behalf.

The remainder of this handbook gives information and advice on what happens when you have decided that your needs can best be met by going into a care home.



If the council is paying for and/or arranging your care, they should give you a copy of your Care Plan and a copy of your Needs Assessment. The Care Plan sets out the outcomes of the Needs Assessment and any services to be provided. It should include the reasons for providing services to you, who is providing them, their contact details, a named person responsible for implementing the Care Plan and a review date. The council should be able to provide your Care Plan and Needs Assessment in large print, on tape or CD, or in different languages if that would be more helpful to you. The Care Plan should be agreed and signed by you and a record made of the date. You are entitled to withhold your signature until you are satisfied it is a fair record of your care needs.

If you are paying for and arranging care yourself, you should still have a Needs Assessment and the council should give you a copy of the results.

3 Choosing a care home

What rights do I have to choose a care home?

After it has been decided you should move into a care home, you need to begin the process of finding the right care home for you.

It is always a good idea for you, or someone acting on your behalf, to visit some care homes to see whether you think you will be comfortable living there.

If you are not able to pay for the whole cost of the care home fees yourself, the council will tell you the weekly amount that they will normally pay for your assessed needs. They should also give you information on care homes in their area which will meet your assessed care needs. It is important to ask which of these care homes has a vacancy at the cost the council will normally pay for someone with your assessed needs.

The Elderly Accommodation Counsel has lists of care homes by local area for the whole of the UK.

The health and adult social care regulator, the Care Quality Commission, is responsible for regulating care homes and ensuring that they maintain essential national levels of safety and quality. They keep and publish copies of the latest inspection reports for all care homes in England. Star quality ratings indicate whether a care home or care service is 'excellent', 'good', 'adequate' or 'poor'. This only applies to care homes in England and is currently under review.

For lists of care homes and inspection reports in Wales, contact the Care and Social Services Inspectorate Wales. Reports on care homes in Scotland can be obtained from the regional offices of the Scottish Commission for the Regulation of Care. It is a good idea to obtain a free copy of the latest reports for the homes you are considering. Contact details for all the above are listed at the end of this handbook.

When visiting a care home, you may not have a lot of time to decide if it is suitable, so it can be helpful to prepare the questions you want to ask before you get there. Section Five of this handbook will help you to decide what you are looking for in a care home. You can also obtain guide **19: Care homes: what to look for** from Counsel and Care and similar information from other advice organisations listed at the end of this handbook.

If you are able to pay the fees yourself, you can choose any home within your budget, but the home will only accept you if they are able to care for someone with your level of needs. If you wish you can choose a care home that provides a higher level of care than is required to meet your assessed needs, but this will mean that you will have to pay more for your overall care. For example, you choose to move to a nursing home when you only need residential care (see page 33).

If your money is likely to run down so you would need to rely on council funding in the near future, make sure your choice of care home is based on the council's assessment of your needs (see page 33).

If the council is contributing towards the cost of your home, you still have the right to choose any home you like in England and Wales, as long as the council agrees it meets four key points:

It is suitable for your care needs. If the council considers a home is unsuitable they should tell you why and ask you to choose another.

There is a place available. If a place is not available, the council may be able to provide extra help in your own home or make a temporary arrangement in another home while you wait for a vacancy.

The council and the owner of the home can agree a contract to ensure that you are properly cared for.

The cost is not more than the council will normally pay for someone with your assessed needs (but also see the next section, "What if the care home I choose is too expensive for the council?").

The council should help you to find a home which meets your assessed needs and where you do not need an additional (top-up) payment from a third party, as explained in the following section.

? What if the care home I choose is too expensive for the council?

If there are no other care home places available in the area you wish to move to at the price the council would normally pay for someone with your assessed needs, they should be prepared to increase the amount they will pay for your care. You, or a relative, should not be asked to pay a top-up fee. In some cases, the care home you choose will be more expensive than the council will normally pay for your assessed needs, and they should be able to suggest an alternative suitable place at the level they normally pay. If you still want to go to the home you have chosen, you have three options.

- 1 You will either have to make a case to the council for why the care home that charges the council's rate will not meet your specific needs as stated in your care plan.
- 2 Or you could make a case that the care home that you have chosen is the only one that can meet your assessed needs as stated in your care plan.
- 3 Or, alternatively, you can turn to a third party, such as a family member, friend or charitable organisation to make up the difference. This is called a third party top-up. Even if you have some savings, you should not be asked to make up the difference yourself if you are financially supported by the council, as the contribution you are already making is based on a full and proper assessment of what you can afford to pay.

Your third party should sign an agreement with the council to meet part of the home's fees. They should not make a contract with the care home owner. The top-up is then paid directly to the council who will add it to their own contribution when paying the home's fees. In most circumstances, it would not be advisable for the third party to pay their contribution to the fees directly to the home (see page 31, 'How do I pay my fees?').

The council should satisfy themselves that the third party is not only willing, but also able to continue with the top-up for the foreseeable future. If, however, there comes a point when the third party can no longer afford the top-up for the foreseeable future, you can ask the council if they will make up the shortfall. They may ask to re-assess your needs. You should be aware that if there is a less expensive care home available that meets your needs, the council may ask you to move there. However, the council must carry out a re-assessment of your needs first and complete a risk assessment of how a possible move may affect you. The council cannot move you if either the assessment reveals that it is part of your needs to remain in the current accommodation, and/or that a move to alternative accommodation poses a severe and lasting risk to your health and wellbeing. It is also possible for the social worker or care manager to negotiate with the care home to decrease the fees, or move you to another room or part of the home that is cheaper.

? What if the care home I choose does not have a place available?

If the council is helping you to pay for your care, they may suggest that you go into a different care home while you are waiting for a place in your first choice or they may arrange for other services in your own home to make sure that you are cared for while waiting for a place. Either way, the council must make sure that any temporary arrangements can meet the care needs that have been identified in your Care Plan. If you are still in the temporary care home after 12 weeks, the council must re-assess you to see if your care needs are still being met.

If you are paying partly or wholly for your care home place, you can arrange a temporary placement in another home while you wait for a place to become available in the home of your choice. If you are not able to arrange this yourself, and have no-one else to help you, the council should make the arrangements on your behalf.

Whether you are paying your own fees or need support from the council, you should be able to choose a temporary care home that meets your psychological and social, as well as your physical and health care needs. If you are concerned that you are not being given a choice, refer to Section Six, "What if I Have a Problem?", or contact one of the advice agencies listed at the end of this handbook.

? What if I am in hospital?

Once your treatment is completed, you will not want to stay in the hospital indefinitely – and you cannot realistically expect to. The hospital will be looking for you to move on as soon as you are medically fit and the necessary assessments are completed.

If your care needs have increased while you are in hospital, you should remember that moving to a care home may be only one of a number of options. You may be able to arrange to move home with extra support (for example, through a Home from Hospital scheme) or into intermediate care (see page 19). A small number of people who have complex or intense or unstable healthcare needs may be eligible to receive NHS Continuing Healthcare (see page 19) in their own home.

If you do wish to go directly into a care home from hospital and you need help from the council towards your fees, you still have the right to choose which care home you go to. In England and Wales, the council should not delay arranging services more than three days after it has been decided with you that you are ready to leave hospital. If a place in the care home that you choose is not available, they will make arrangements for you to go into another care home while waiting for it to become free. You should be involved in the decision about which other care home you go to and it must be a home where your assessed needs can be properly met (see also page 26, "What about temporary stays and short breaks?"). The council must not put you under pressure to go into a home that does not meet your needs.

If you wish to move to a care home from hospital and are paying your own fees, you should not be put under pressure to move before you have proper arrangements in place. You are well advised to obtain a Needs Assessment from the council before you choose a care home, as explained on page 33.

If your assessed needs are high enough you may be eligible for NHS Continuing Healthcare in a care home (see page 19) or a nursing payment if you need help from a registered nurse (see page 21).

Contact Counsel and Care or one of the other advice organisations given at the end of this handbook if you need information about choosing the right care home for you after you leave hospital.



? What if I want to move to a different area?

When your local council has agreed to make arrangements for you in a care home you are free to choose a care home anywhere in England or Wales subject to certain conditions. For example, you may wish to move to be near your family or to go back to the area where you were brought up. If your local council is making arrangements for you and you move to a different area you will continue to be paid for by the original council which assessed you.

There are different rules if you want to move to Scotland. As it stands assistance with a move to Scotland is discretionary, subject to further regulations. That is, the council will have to make decisions on a case by case basis, but full cooperation is expected between councils. The advice services listed at the end of this handbook can explain this to you.

Your council can get information for you on homes in other areas and the amount that the council in your chosen area is prepared to pay for someone with your level of needs. If the area you are moving to is more expensive than the one you are leaving, your council may ask for a top-up if your choice of home is one of preference over another one that can meet your needs at a cheaper rate. If it is part of your assessed needs (including social and psychological) that you move to this area, your council should pay the normal rate for that area. If the area you are moving to is cheaper than the one you are leaving, your council will usually only agree to pay what the new local council pays.

Refer to page 10 for the names of the organisations that can provide you with details of care homes in your chosen area.

? Will there be a contract for my stay in a care home?

If the council is contributing towards your care home fees and/or arranging your accommodation and care for you, there should be a written contract between the council and the care home that sets out the services and facilities the care home will provide for you.

If you are paying the fees yourself, you should agree a contract with the care home.

Either way, the contract should include:

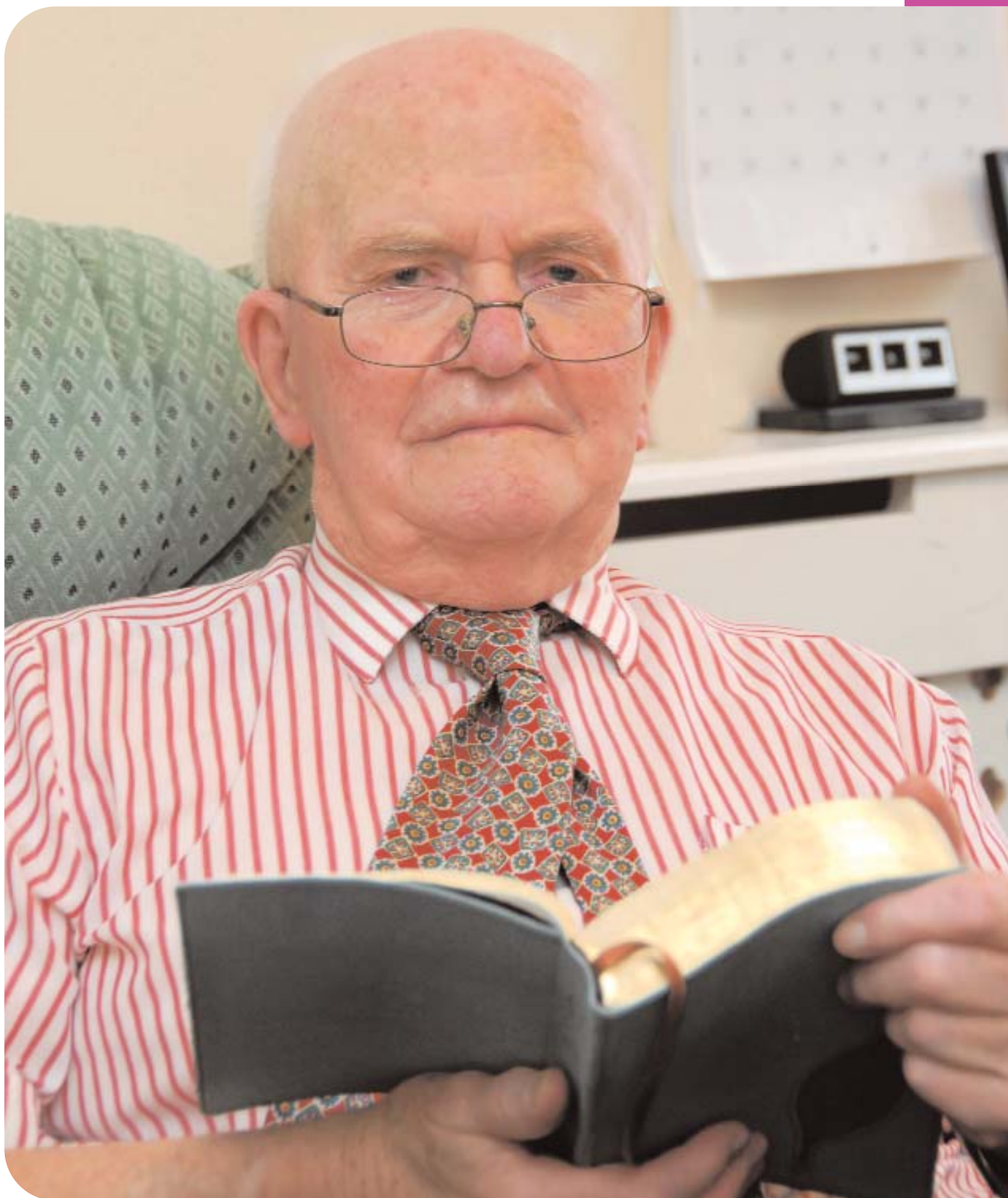
- the care and services covered by the fee
- the fees payable and by whom (you, the council, the NHS, relative or another)
- additional services to be paid for over and above those included in the fees (see also next paragraph)
- how often the fees might rise and the basis of any rises
- what fees are payable if you go on holiday or have to stay in hospital while you are living in the care home
- your rights and obligations, and the rights and obligations of the care home provider, and what happens if these are not adhered to
- terms and conditions of your occupancy, including what period of

notice should be given by you or the care home owner

- any restrictions (for example, about smoking or pets)
- any permissions that may affect you (for example, if other tenants are permitted to smoke or have pets)
- the complaints procedure.

As well as the items listed in the contract, the home may charge you for extra services, such as outings, hairdressing and leisure activities. This is allowed as long as none of the services are already itemised in the contract or are helping to meet needs that have already been paid for. You should not have to pay any extra charge for items that are already included in your Care Plan or Needs Assessment.

The Office of Fair Trading (contact details at the end of this handbook) provides a guide to unfair terms in privately funded care home contracts. If you are unsure about any of the items in your contract, it may be a good idea to obtain a copy of this publication. It is also worthwhile finding out the care home's policy on the storage of valuables and equipment such as mobility scooters. People often want to bring some of their most valued possessions into the home with them, but must consider carefully how much insurance protection the home offers and whether they will be allowed to bring them into the care home. See also Section Five, page 41, "Your room".



4 Paying for a care home

A Who pays for my care home fees?

Living in a care home is expensive and most people will have to pay towards the fees. Many factors affect how much you will have to contribute, including your savings, assets, income and who you share your property with, if you are a home owner.

The first part of this section gives you information to help you decide if you are likely to be:



A supported client

that is, you will be helped with the fees by the council

A self-funder

that is, you will be paying the fees yourself

Fully funded

that is, you are among the small number of people eligible to have your fees paid in full by the NHS or another body (see next page).

Nursing costs are paid for by the NHS. This is applicable to all residents who have been assessed as having nursing needs (see page 21).

There are different rules for supported clients and self-funders. These rules are explained in detail in Part B of this section (page 27). You can turn directly to this section if you already know which category you fall into.

? Who does and doesn't have to pay for the cost of living in a care home?

Only people who come into one of the groups listed below are “fully funded” – in other words, they do not have to pay anything towards the cost of their care home fees. You fall into this category if:

1 you receive **intermediate care** – a short stay in a nursing or residential home for rehabilitation or recuperation. Intermediate care is free of charge up to a maximum of six weeks in England and Wales, but will often last for only one or two weeks. Your council should have agreed a scheme with local health care providers, especially where intermediate care is to be provided in a care home. Intermediate care is different from a temporary stay or short break. To find out how these are funded, see page 26.

2 you are paid for by the NHS under **NHS Continuing Healthcare** – this might be in a care home that provides nursing care, in a hospital, a hospice, in your own home or a residential care home. The NHS will pay in full for the services you need if you qualify for NHS Continuing Healthcare, although if you are not supported in your own home, some benefits, such as Attendance Allowance and Disability Living Allowance, may stop and other benefits may be reduced. You may qualify for NHS Continuing Healthcare if your primary

need is a health need, rather than for accommodation. This could be because of the nature, complexity, intensity or unpredictability of your needs. The implementation of the national framework has created national criteria for every strategic health authority (SHA) and local primary care trust (PCT) in England to use, which define who is eligible for NHS Continuing Healthcare. It is helpful to obtain a copy of the eligibility criteria through your social worker or health professional (such as your GP or hospital doctor), or by contacting your local PCT. If you think you may qualify and you are in hospital, you should ask the hospital discharge team before you leave. If you are not in hospital and think you may be eligible, contact your PCT Continuing Healthcare team and ask for an assessment. In either situation, a checklist will usually be completed in consultation with you; you should be given full opportunity to give your views about your needs at every stage of this process. If you are not happy with the outcome, ask for a copy of the assessment and decision support tool. You can ask for an independent review of the decision if you feel that the wrong process has been followed or the criteria have been applied incorrectly.

If you have an end of life condition and you are expected to rapidly deteriorate, you may be able to access NHS Continuing Healthcare quickly by use of the fast track process. If you wish to be considered for this, you should

contact your PCT or, if you are in hospital, the discharge team.

Wales has now published a national framework for implementation of NHS Continuing Healthcare which all Local Health Boards must use in the same way as Primary Care Trusts in England.

3 you are provided with care following a compulsory stay in hospital for mental health treatment under certain sections of the Mental Health Act (this is called **Section 117 Aftercare**). If you have ever been sectioned under the Mental Health Act for treatment, you should ask about receiving Section 117 Aftercare.

4 you are a **war pensioner** who qualifies for help from the Service Personnel and Veterans Agency. A very small number of people with high nursing needs can receive funding under the War Pensions Scheme, which should, in most cases, meet the full costs of the home providing nursing care services (contact details are at the end of this handbook).

? How is my contribution to the fees decided?

For most people, the amount they contribute to their care home fees is decided on the basis of a Financial Assessment. This is where the council collects details of your financial circumstances in order to work out how much you can afford. It should only take place after a Needs Assessment has been completed.

If there is any doubt about your ability to pay your care home fees in the short or

long term, you should have a Financial Assessment. A social worker or an officer who specialises in Financial Assessments may do it and they are there to help you and guide you through the process. You should not be afraid to ask questions on anything that you are not sure about.

You may have a member of your family present, or anyone else you would like to help you, if you prefer.

The person completing the Financial Assessment may need to see a statement of any pension or benefits you receive, details of any private pension, building society books, bank statements and details of stocks, shares and any other investments that you may have. You may also be asked about any rent, council tax, water rates and insurance that you may be paying. It would be useful if you gathered this information together before the visit.

You will be asked to sign the form used to collect the information and you will be given details of your expected contribution to the fees and how this has been worked out.

If you do not wish to disclose your financial information, you will be asked to sign a declaration agreeing to pay the full fee (see also page 31, "Does my partner have to pay towards my fees?") regardless of your actual income.

? What if I have savings?

If you have savings and capital above a certain limit you will be a "self-funder" and will be expected to pay the full fees of the home. The limit for April

2010/11 is £23,250 in England, £22,000 in Wales and £22,750 in Scotland. If you are reading this booklet after March 2011, check with Counsel and Care to find out the latest limits. You can also find these out from your local council or the other advice agencies listed at the end of this handbook. See pages 33-37 for more details on self-funders.

? How is my charge worked out?

Your charge is worked out using regulations made by the government and explained in the Charging for Residential Accommodation Guide (CRAG). These regulations and CRAG are reviewed every year and are changed from time to time. If you are reading this handbook after March 2011, check with Counsel and Care to find out if the regulations and CRAG have changed and if so, whether this will affect your situation.

There are a number of types of income that are not counted or not counted in full when assessing what you can pay (see page 28, "What income is taken

into account?"). The person who is carrying out your Financial Assessment will be able to tell you whether any of your income will be ignored.

If your income is less than the care home fee, a simple way of looking at how your charge is worked out is:

- £ Generally, all of your relevant income
- MINUS: the Personal Expenses Allowance (see page 32)
- = EQUALS: the charge.

? Is any of my care home fee paid by the NHS?

Unless you are eligible for full NHS Continuing Healthcare (see page 19, point 2), the NHS only contributes to your fees if you receive care from a registered nurse in a nursing home. This is known as Funded Nursing Care (FNC).

Your local Primary Care Trust or Local Health Board will arrange for a registered nurse to assess your nursing



needs. If you are assessed as having nursing needs a flat rate of £108.70 (2010/11 rates) will be awarded. You should insist that the assessment takes place before you move in.

At 2010/11 rates, Wales pays £120.55 per week for those assessed as needing nursing care. Scotland pays a flat fee of £156.00 per week for personal care if you are 65 or over, plus £71.00 per week for nursing care. If you are reading this handbook after March 2011, find out if the new bands have changed by contacting Counsel and Care or the other advice agencies listed at the end of this handbook.

The Nursing Care fee should be included in the home's contract with the council if you are a supported client. The Nursing Care fee will not reduce your assessed contribution if you are supported by the local council. This is because your contribution only pays for your accommodation and non-nursing needs.

The amount is paid direct to the care home, who should reduce their fees by the amount you are awarded. The Nursing Care fee should be set out separately in the care home's contract with you if you are a self-funded client.

If you need to go into a nursing home for a stay of less than six weeks (and plan to move back to other accommodation at the end of this period) the NHS may pay for some of your fees without the need for a full nursing assessment.

? What if I own my home?

The value of your home is ignored for the first 12 weeks that you live in a care home permanently (see page 36). After that period, unless it is ignored permanently for the reasons explained below, the value of your home is taken into account in calculating your contribution to your care home fees. See page 36 for details of when you can defer selling your property.

The value of your own home is ignored in certain circumstances if your stay in the care home is temporary (see also page 26, "What about temporary stays and short breaks?"). It will also be ignored if one of the following people is still living there:

- your husband or wife, or civil partner or a partner who lived with you as if you were married;
- certain relatives, who are 60 or over, or incapacitated (this could be a son or daughter with a physical or learning disability, for example);
- your child;
- your estranged or divorced husband, wife or partner, if he or she is a lone parent.

The council also has the discretion to ignore the value of your home if it thinks it reasonable to do so, for

example, if your carer has given up their own home to live there.

If your partner wants to sell your property after you have moved into a care home (for example, if they need to move to a different area or to a smaller property) and you give some or all of your share of the value to help them buy somewhere else, you will not normally be treated as still owning the amount that you give them. If there is any of your share of the capital left this will normally be counted as yours and will be included in a new assessment of your finances. If your share of the value increases your capital over the threshold of £23,250, you will have to pay for the full cost of your care.

If you jointly own your home with someone else, for example, a son or daughter, the council will work out the value of your share (not the value of the whole house) and count it as your capital when working out how much you must pay towards your fees. The value of your share depends upon your ability to sell your share. The council cannot make a joint owner buy your share of the house. If this happens, it is highly unlikely that any 'outsider' would be willing to buy into the property. Therefore, if the other owner(s) do not agree to buy your share or they agree to buy it at less than its full value, your share in the house might be worth very little or even nothing.

However, if it appears that you made someone a joint owner of your property or transferred ownership of the property to avoid paying care home fees, the council can treat you as if you own the

home and reduce the financial help they give you (see below for more details).

What if I give away any of my capital or savings?

If you deliberately give away your property or savings or spend the money on expensive possessions, holidays or gifts, the council may still take that property or savings into account if they think you gave it away to avoid paying your proper contribution to your care home fee. They can treat you as if you still have the capital and can reduce the financial help they give you.

The council must look at your reasons for giving away the capital and when you gave it away. Even if you gave away capital a long time ago, the council will look very carefully at the timing and reasons in order to determine if one of those reasons was to avoid paying care home fees in the future.

If the council concludes that you have given away your assets to avoid paying for care, they can pursue this through the courts, if necessary. But they cannot refuse to provide the care that they have assessed you as needing if it comes within their criteria (see page 9, "What services do I have a right to?").

What if I need help with organising the payment of my fees?

While you are living in a care home you are entitled to control your own finances. However, you may decide to hand over some or all responsibility for organising

your money to a trusted relative or friend. If you do not have a relative or friend who can manage your affairs, the home should not automatically take over. They should ensure that you have control over your own money unless you do not wish to manage it or you are incapable of managing your money. The home should only have responsibility for organising your money as a last resort.

If you are finding it difficult to organise the fee payment, you should be able to set up electronic systems of payment, such as standing orders, as long as you have a bank account. Whether you are self-funding or are supported by the council, it may be possible to arrange for your family or another person to handle your money for you and deal with your fees.

There are different ways in which you can give permission for another person to handle your welfare, money and property matters and some ways in which someone may be given this permission by another authority. See the definitions below and also Counsel and Care's guide **33: Money and welfare - managing my affairs if I become ill.**

Third Party Mandate: you can instruct a bank or building society to give another person authorised access to your money, as stated in the mandate. You must have the mental capacity to make this arrangement, but this agreement becomes invalid should capacity be lost.

An **Ordinary Power of Attorney** is a legal document authorising one or more people you trust, such as a friend or

family member, to act on your behalf to manage your financial affairs and property. In order to grant a Power of Attorney, you must have mental capacity. This arrangement may be done temporarily if, for example, you are on holiday or in hospital. The powers can include powers for the 'attorney' to carry out specific tasks like pay your bills, sell your property, access your bank or sign cheques on your behalf. You can purchase an Ordinary Power of Attorney from a law stationer or you can ask a solicitor to draw one up for you. Contact Community Legal Advice or Solicitors for the Elderly (listed at the end of this handbook) for details of solicitors.

The Mental Capacity Act 2005, covering England and Wales, introduced a new type of power of attorney called a **Lasting Power of Attorney (LPA)**. An LPA is a very powerful document which gives the attorney wide powers over (a) your personal welfare decisions and/or (b) your property and financial affairs. It is important to choose the person with care and it may be advisable to appoint more than one person to make sure that your interests are protected. An LPA has to be registered with the Office of the Public Guardian (OPG) before use. It is a good idea to get legal advice before signing an LPA.

LPA has replaced Enduring Power of Attorney (EPA). EPAs that were made before the Mental Capacity Act came into force (in 2007) will continue to be valid, but you cannot make any changes to an existing EPA or make a new one. However, if you have an unregistered

EPA, it can still be used and your Attorney will still need to register it with the OPG if they have reason to believe you are, or are becoming, mentally incapable. You can also make an LPA to run alongside an EPA if you wish but you must have the mental capacity to do so. Check with Counsel and Care or the OPG office (contact details at the end of this handbook) if you would like more information about the changes.

Court of Protection: if you become incapable of managing your money and have not authorised an attorney through an EPA or LPA, an application for **court-appointed deputy** may be made to the Court of Protection on your behalf. The Mental Capacity Act gives powers to the Court of Protection to make decisions in relation to both the property and financial affairs, and the healthcare and personal welfare of adults who are unable to make decisions. The Court exists to protect the property and financial affairs, health and personal welfare of people who are unable to deal with their own affairs. The Court can appoint a deputy to deal with these matters. However, in respect of health and personal welfare matters, this may only be required in particularly difficult situations, where disagreements cannot be resolved, or in situations where ongoing personal welfare decisions must be made about someone who lacks capacity. In England and Wales, a friend or relative or, in some areas, the council, can look into applying for a court-appointed deputy on your behalf. Separate arrangements exist for Scotland and Northern Ireland.

Appointeeship: if you only need someone to deal with claiming, collecting and spending your benefits, the Department of Work and Pensions can appoint someone to do this for you, often your closest relative. This person is called an Appointee. This power should only be used if you are mentally unable to manage your own benefits. If a deputy is appointed by the Court of Protection, or where an EPA, or an LPA has been registered, that person would automatically take over from an Appointee in dealing with any benefits.

What if I need to go into hospital while I am living in the home?

If eligible, you will continue to receive Pension Guarantee Credit, Incapacity Benefit, Severe Disablement Allowance and Employment and Support Allowance in full, for any hospital stay of less than 52 weeks.

If you are self-funding, the care home should advise you of the charging arrangements during your absence. There should also be a record of these arrangements in the terms and conditions that you received when you moved into the home.

If you receive Attendance Allowance or Disability Living Allowance this will stop if your stay in the hospital is longer than four weeks.

If you are supported by the council you should have been informed as to how long the council will continue to pay for your room in the care home. Unless your benefits change and as long as the council is paying for your room, you will continue to pay your assessed contribution.

? What about temporary stays and short breaks?

You might move into a care home for a short period, perhaps to give a break to yourself or a carer, or for a trial period if you have not yet decided if you want to make a permanent move. The rules for paying for a temporary stay of this kind are different from those for intermediate care, which only apply if your short stay is for rehabilitation and recuperation. The way temporary stays are paid for varies between different councils, so it is worth finding out what your council's position is on this.

If you are not entitled to free care, the council may charge you for temporary stays by applying the same means test as if the move were permanent (although there are some differences about what income and capital can be included in the financial assessment). However, the council is not obliged to use these rules for the first eight weeks. Instead, they can choose to ask you to pay what they think is a reasonable amount. If you do not think that the amount they ask you to pay is reasonable, you are entitled to ask for a full financial assessment under the normal rules.

After eight weeks the council must apply the normal rules and help with the care home costs if your savings are less than £23,250 (in 2010/11). However, if you are still responsible for your home, the council should ignore some of your income so you can pay your bills. If you are a home-owner, the value of your home will also be ignored if you intend to move back there.

If you are in a care home for a short break or temporary care, you can continue to receive Income Support/ income-related Employment and Support Allowance (ESA), Pension Credit, Housing Benefit and Council Tax Benefit for up to 52 weeks. If you are in a care home on a trial period your Housing Benefit, Council Tax Benefit and the housing costs element included in any means-tested benefit will stop if your trial period exceeds 13 weeks.

For temporary stays, the amount of Income Support/income-related ESA and Pension Credit is worked out differently where the resident is one of a couple. For more information contact your local benefits office.

Some people go into care homes as a temporary resident and then after a few weeks decide to stay in the home permanently. The council will re-assess your finances when you become a permanent resident. The changed assessment should only apply from the time when you became permanent – not from when you entered the care home. The opposite applies if your stay initially started out as a permanent one.

B What do I pay if I am a “supported client” or a “self-funder”?

The second part of this section is divided into information that applies to “supported clients” (people who are eligible for financial support from the council) and “self-funders” (people who are not eligible for council support and have to pay the fees themselves).

As throughout this handbook, the information for:

A supported client

is in an orange box (pages 28-32)

A supported client is someone who cannot afford to pay the full care home fees. They will need to make a contribution to their fees that is based on a Financial Assessment (see page 20). The council will pay the rest as long as the total falls within what it would normally expect to pay for the care being purchased.

A self-funder

is in a blue box (pages 33-37)

A self-funder is someone who has sufficient weekly income, savings, investments or assets, such as a property, to pay the full fees of the care home. Self-funders have to arrange their own contract with the home to cover such things as the care to be provided and how often the fees might rise (see page 16). However, if they are not able to arrange the contract and have no-one to do it for them, they can ask the council to do this and the council will charge the full fee. A self-funder also includes someone with a deferred payment agreement with the council or who is eligible for the 12-week disregard period (see page 36).

Supported clients

What income is taken into account?

If you are entitled to help from the council towards the fees of your care home, you will have to contribute most of your income, including your state retirement pension and any benefits you get. The first £10 of War Injury, War Disablement, War Widow's and Widower's Pensions is not counted.

There are a few types of income which are completely disregarded when your income is assessed, including the Christmas Bonus, Council Tax Benefit, the mobility component of Disability Living Allowance*, the Mobility supplement, Social Fund Payments (including Winter Fuel Payments) and charitable payments.

Attendance Allowance and the care component of Disability Living Allowance will usually stop after you have been in the care home for four weeks, (or sooner if you have been in hospital or a care home recently) if the council is helping you with the cost. If you are a temporary resident any Attendance Allowance or Disability Living Allowance care component will be disregarded as income whilst it continues to be paid. If you are a permanent resident this amount will be included in your financial assessment. However, the council will make up the difference in the care home fee when Attendance Allowance or Disability

Living Allowance care component stops.

*NB, from October 2012, due to recent government changes, if you are a care home resident living in a care home longer than 28 days, you will no longer be able to claim the mobility component of Disability Living Allowance if the council is helping you with your fees.

The council will ignore half of your occupational or private pension as long as you use at least half of it to support your spouse or civil partner who still lives at home. The same rule applies if you have income from a retirement annuity contract. The rule applies to married couples and civil partners, but if you are not married or in a civil partnership you can ask the council to use their discretion to allow you to use some of your pension to support your partner at home. This could affect the Income Support/income-related ESA or Pension Credit that your partner may get and the council will advise you whether it is a good idea. You may also wish to seek independent financial advice.

You may ask for a larger Personal Expenses Allowance (see page 32) if your spouse or partner at home is unable to pay the bills from their own income when you move into the care home.



Can I claim any benefits towards the cost of the care home?

If you are under the age of 60 the main means-tested benefit that you can claim is Income Support or income-related ESA. It can be paid if your savings and capital are worth no more than £16,000 and your income is below set amounts. If you own your home its value will usually take you above the capital limit for Income Support of £16,000, but if it is up for sale, its value will be ignored for up to six months or longer, if necessary.

If you are aged 60 or over, the main means-tested benefit that you can claim is Pension Credit. Pension Credit is made up of two components: a Guarantee Credit and a Savings Credit. The Guarantee Credit makes sure that you have an income of at least £132.60 per week as a single person (at 2010/11 rates) after taking into account all of your income and savings. The Savings Credit rewards people aged 65 or over who have saved towards their retirement. The maximum awarded to a single resident is £20.52 (at 2010/11 rates). If a resident receives Pension Credit this will be taken into account in the financial assessment to assess how much the resident should pay towards their care home fees. If you receive Savings Credit then a Savings Disregard of up to £5.75 (for a single resident at 2010/11 rates) will be disregarded in the financial assessment. A Savings

Credit of £5.75 will also be applied if the resident does not receive Pension Savings Credit, but has a total income of more than £183.40 per week. In these circumstances the resident will then be eligible to receive a Personal Expenses Allowance (see page 32) of £22.30 (at 2010/11 rates) plus the £5.75 Savings Disregard.

If you were on Income Support or income-related ESA or Pension Credit before moving into the care home, you should tell the Pension Service. If you are one of a couple and one of you is going into a care home permanently, you should now claim Income Support or income-related ESA or Pension Credit as separate individuals. It is important that both you and your partner put in new claims and make sure that you are both getting the right amount of benefit. The person from the council who is carrying out your Financial Assessment should be able to help you with this (see also this section, page 32 "What money will I have left to spend?").

The council will expect you to claim any Income Support or income-related ESA or Pension Credit that you are entitled to and it will help you to do so. It will include these benefits in your financial assessment to decide how much you will pay towards the care

(continued overleaf)

? Can I claim any benefits towards the cost of the care home? (continued)

home fees. If you fail to claim, there will be a shortfall in the money available to pay the fees. If you have forgotten to claim in time, get the council to help you to make your claim as soon as possible. You may still be able to get a back payment to cover the period when you were eligible to claim.

You can get more information about benefits from the Pension Service or Job Centre Plus.

If the council is contributing towards your care home fees, Attendance Allowance and the care component of Disability Living Allowance* will stop from 28 days after moving into a care home, unless it was stopped while you were in hospital.

*From October 2012, your entitlement to claim the mobility component of Disability Living Allowance will also stop.

? What if I have savings?

If you are getting financial support from the council, you can keep up to £14,250 in savings (Wales £22,000 (no lower limit), Scotland £14,000). These are the April 2010/11 figures – for figures after March 2011, check with your council or with an advice agency such as Counsel and Care. If your savings and capital are worth between £14,250 and £23,250 (Wales £22,000, Scotland £22,750) the council will help with paying the fees but they will assume that you have a set amount of income from your savings and add it to your other weekly income when calculating your contribution. Currently, for every £250 you have between £14,250 and £23,250, you are assumed to have a £1 a week income. This assumed income is called tariff income. In most cases, unless you spend it, the actual income you receive from savings and investments is counted as capital. It can increase the amount of tariff income you pay and push you over the £23,250 upper limit.

? Does my partner have to pay towards my fees?

It is you who is means-tested as an individual, so your partner's income and savings are not counted when the council looks at how much you can pay towards the cost of your home. If you have savings in a joint account with your partner (or anyone else), the council will assume half belongs to you, unless you can prove otherwise.

If the Pension Service treats you as a couple when working out your benefits, contact Counsel and Care or another agency for advice.

If you and your partner are both moving into a care home you should still be assessed as separate individuals by the council and your resources looked at separately, even if you share a room. This means you can each have savings up to a limit of £23,250, at 2010/11 rates, and still get council help.

The council cannot ask your spouse, partner or civil partner to pay some money towards the cost of your care home. With the introduction of the Health and Social Care Act 2008, what was previously the 'liable relative' payment has now been abolished. Contact Counsel and Care or another advice organisation if you have been asked by the council to make such a payment.



? How do I pay my fees?

If the council contributes to your care home fees, the contract that it has with the home should give details of how the fees are to be paid. There are two main options:

- you pay your contribution directly to the council and the council will pay the whole fee directly to the care home; or
- if you, the care home and the council all agree, you can pay your contribution directly to the care home and the council will pay the remainder. This arrangement should not be made without your consent or agreement.

If you are having difficulty with handling your finances, refer to page 23, "What if I need help with organising the payment of my fees?".

What money will I have left to spend?

When assessing how much you can pay, the council must make sure that you are left with an amount for your personal expenses. This is called the Personal Expenses Allowance, and is £22.30 a week in 2010/11 for England and Scotland (Wales £22.50). You need to consider carefully before moving into a care home how this compares with your current disposable income after you have paid for your household bills, food, care and services you need. You may find that there is little difference, but it is likely that this will be a reduction in your income. It is important to start thinking about what you will be able to afford once you have moved into the home and what you may need to give up.

The council has the discretion to leave you with more than £22.30 a week. For example, if you are in a home for a temporary stay, they should ensure that some of your income is disregarded so that you have enough to pay for any bills that you still have to pay in your own home, such as gas and electricity standing charges. Or you may have special circumstances that mean you need more than £22.30 a week for your expenses. For example, you might have a financial commitment for essential repairs to a property you jointly share with a spouse or to pay for activities to maintain your independence.

If you were getting Savings Credit as part of your Pension Credit when you lived at home, this continues when you move into the care home, and a Savings Disregard of up to £5.75 will be allowed (see page 29). If you are reading this after March 2011 check with your council, or with an advice agency such as Counsel and Care, for the current rates.

The Personal Expenses Allowance is for your personal use. It should not be spent on any aspects of board, lodging and care that have been contracted for by the council and/or assessed as necessary to meet your needs by the council and the NHS. If you need chiropody or continence supplies, this should be reflected in your Care Plan as an assessed need and be free of charge. Neither councils nor care homes can ask people to spend their Personal Expenses Allowance in particular ways and pressure of any kind to the contrary is considered extremely poor practice.

Self-funders

It is always a good idea for people who are paying their own fees to get a Needs Assessment from the council before they go about deciding on a care home. There are four main reasons:

- The Needs Assessment in itself is useful for presenting your needs clearly to any prospective care home. Showing them your Needs Assessment will help them to decide if they can accommodate your level of needs.
- Once the council has assessed your needs, you can find out what care home fee it would normally pay for someone with your level of needs. This information can be obtained from your social worker or from the contracts section in Adult Social Care.
- You could use this rate to try to negotiate a reduction in the care home fees that are being proposed to you by the home of your choice.
- If you think your money will soon run down to below the capital limit of £23,250 while you are in the care home, you can make sure you choose a home either with fees that are at the level the council would normally pay or fees reduced to local council rates if you need help (see page 35). This puts you in a stronger position when your savings run down to below the limit and you need the council to take over your payments.



? Will the NHS contribute to my care home fees?

If you are a self-funder receiving nursing care in a care home, you are entitled to exactly the same support from the NHS with your nursing care as a supported client. The nursing care you receive must be free of charge. You must ask the NHS to carry out an assessment of your nursing needs and inform you of the

contribution it will make to the nursing care element of your fees. The amount the NHS pays to the care home is listed on page 22. You should insist that this assessment takes place before you move into the care home and that the NHS contribution is set out separately on your contract or in a written breakdown of the fees.

? Can I claim any benefits when I am living in a care home?

If you are paying the full fees of the care home, or if you will be repaying the council because you have a property which was taken into account in calculating your contribution, you can carry on claiming Attendance Allowance and Disability Living Allowance. If you own your home, its value will usually take you above the capital limit for Pension Credit or Income Support or income-related ESA, but if it is up for sale, its value will be ignored for up to six months or longer, if necessary. You can find out the current values of these benefits by contacting Counsel and Care or the other advice agencies listed at the back of this handbook.

If your Attendance Allowance or Disability Living Allowance has stopped

during the first 12 weeks of your stay in the care home because the council has contributed to your fees, then it is important to ask for it to be reinstated once you are paying the full cost of your care, or know that you will have to reimburse the council. If you are self-funding, any mobility component of Disability Living Allowance should not be affected by a stay in a care home.





? What if my savings run down below the current limit?

The limit for 2010/11, below which you can receive help from the council with your care home fees is £23,250 in England, £22,000 in Wales and £22,750 in Scotland. If you are reading this handbook after March 2011, check the new limits by contacting Counsel and Care, your council, or one of the other advice agencies listed at the back of this handbook. You should watch your capital carefully and get in touch with your council well before it goes down to the current limit. You should try to give the council three months' notice that you will need help with paying the care home fees. The council will re-assess you to make sure that you meet its criteria for care in a care home.

If you have moved to a different area and were paying your own fees but now need help, you should get in touch with the council in the area you now live.

If you have already taken the precaution of making sure that you meet the council's criteria by choosing a care home on the basis of what the council will normally pay for your assessed needs, you will be in a strong position to ask the council to take over the payment of your fees so that you can stay in the same care home. If you did not choose your care home on this basis, you may be asked to move to a home that will meet your assessed needs at the price the council is prepared to pay (see page 12). However, the new care home must be able to meet all your assessed needs.

See page 30 "What if I have savings?" for the way the council will treat your income from savings once they have fallen below £23,250.

What if I own my home?

If you have a property worth more than £23,250 (minus selling costs and outstanding mortgage), you will normally have to use its value to pay the fees of the home (exceptions to this rule are given on page 22). You should be given the choice of selling your property immediately or deferring the payment.

The value of your home is always ignored for 12 weeks, starting from when you moved into the care home or from the point you needed local council funding. If you have less than £23,250 in other savings and assets, and your income is less than the amount that the council will normally pay for someone with your level of needs, you will get financial assistance from the council for those 12 weeks. If you sell your home within the 12 weeks, its value will be taken into account from the date of sale and the contract with the council will end. You or your representative will have to make your own contract with the care home or discuss a deferred payment with the council.

If you don't wish to or can't sell your home immediately you can ask the council for a deferred payment. If the council agrees to a deferred payment they will pay part of your fees and you can repay them later. You will still have to contribute to the fees from your

weekly income, but you don't have to sell your home in your lifetime if you don't want to. You will not have to pay any interest on the fees that the council has paid for you while you are alive and the property is unsold. But in the event of your death, your estate would begin to be charged interest if the property remained unsold after 56 days. If you are considering keeping ownership of your home, it is a good idea to make sure you have looked into the potential hidden costs of renting it out or leaving it empty. Some of the agencies listed at the end of this handbook will be able to advise you on this.

Selling your home can be quite complicated and stressful in itself, especially if you have no one living close by to help you. There are some organisations that can help with the preparation and sale of properties for people moving into care homes. For a fee, organisations can provide practical and financial support to help sell your home.

? What if I have no eligible savings or other assets, but a large weekly income?

If you are not eligible for council support because, although you have no eligible savings or assets, you have a high income, for example from a pension scheme or annuity, you will be expected to pay for the care home fee from your income. As long as you have at least the current Personal Expenses Allowance (see page 32) remaining to you after you have paid the fee, you will not be eligible for council support.

You may still, however, retain any Savings Disregard of up to £5.75 per week. However, if your income dwindles in value against inflation, or your care home fees go up so that you no longer have enough to set aside the amount of the Personal Expenses Allowance, you should be eligible for support from the council and can apply to them for an assessment (see pages 6 and 20).

? How can I best pay my fees if I am paying them myself?

If you are paying your own care fees and not getting any help from the council, you may want to give yourself the best guarantee you can that your money will not run out, no matter how long you live. You will also want to be sure that you can meet any increases in the cost of your care. Some people will want to explore ways of doing this which protect, as far as possible, their legacy to their family.

For more information, you can consult the Financial Services Authority (FSA) and you may wish to consult an Independent Financial Adviser (IFA).

The government is increasing protection for the consumer in this area and all Long-Term Care financial products and advice are now regulated by the FSA. All Independent Financial Advisers who give advice on Long-Term Care are required to pass a specialised examination.

If your existing adviser is not a specialist, (s)he should be able to contact a specialist on your behalf to make sure they are giving you the best advice. The FSA can provide you with a list of questions to ask your IFA and a list of IFAs in your area can be provided by IFA Promotion (contact details at the end of this handbook).

5 Living in a care home

Your independence

Once you are living in a care home, there will be further important matters for you to think about. In particular, you still have the right to exercise choice and control over your life – for example, how you spend your time, what you eat and the time you get up or go to bed.

In the care home you should be supported to do as much as you can do and want to do. Staff should do all that they can to help you to be as independent as possible, for as long as possible, even where that means that some tasks take longer when you do them rather than having them done for you. The home should work with you to draw up a care plan specific to your life in the home, based on the council's Needs Assessment or Care Plan, if one exists, which includes your care needs, but also your goals and aspirations for your life in the home and how you like to be cared for (see also page 39, "Your Care"). To help you to be as independent as possible, staff should carry out what is called a risk assessment, the result of which should be recorded in your care plan. This will show your wishes about what you want to do for yourself and the member of staff's assessment on the risk of this causing harm to you or to others.

The types of things that you may want to think about in relation to independence include:

- going out
- taking a bath unsupervised
- locking the door to your room during the day or at night
- having the opportunity to be alone or to join in with activities
- being able to continue with your interests and hobbies
- having a choice of meals and being able to choose which of your clothes you wear
- maintaining your relationships with family and friends
- handling your financial affairs or choosing to allow your family to do so
- choosing who visits you and when, and seeing them in private
- the right of access to any records kept about you
- how to get in touch with someone independent if you need help or advice
- having privacy and dignity
- helping to make your care plan to suit your needs
- how to access free NHS services
- being registered with a GP from the area in which you live, and of your choosing

- keeping and controlling your own medicines
- having your religion or cultural differences respected.

Your home

The Care Quality Commission in England, and the parallel bodies in Wales and Scotland (see page 10), check that the care home provides good quality care, and that the building is suitable and safe. This will include the number and location of toilets, ramps, lifts and grab rails and special facilities for people with hearing loss or impaired eyesight.

Although care homes are exempt under the smoking ban laws covering England, Wales, Ireland and Scotland, all care homes still have the right to enforce the legislation. This means that care homes if they wish can provide designated rooms or areas for you to smoke in but they are not obligated to do so.

It is important that where you live, both inside and outside the home is safe and well-looked after and somewhere that you will feel comfortable and secure.

You may choose a care home because it can meet your religious needs. There are homes which are run by religious organisations or which have an on-site place of worship.

Your care

When you move into a care home, the care home staff should work to the council's assessment of your needs or Care Plan if one exists. As explained in Section Two you have a right to a Needs Assessment by the council no matter how much money you may have, and this is strongly advised.

Whether or not you have a Needs Assessment, once you have taken up residence, the care home staff should work with you to make a care plan specific to your life in the care home. It should set out your needs and what you want to achieve in the future and should be agreed and signed by you and the date recorded. This plan could involve your family or friends, but only if that is what you want. You should also be able to use the plan to nominate a friend or relative to contribute to decisions on your behalf should you become unable to explain your needs and preferences at any point (this might be temporary, due to illness, or permanent, if your health declines). The care plan should be updated regularly to make sure that your changing needs are being looked after.

If the council is paying for your care, it must carry out a review of your needs and how the care home is meeting them, three months after you move in. A review should then be carried out at least once a year thereafter.

Some people may suffer continence problems or may be at risk of developing pressure sores. Staff will provide care and equipment to help with these problems or will be able to put you in touch with specialist services that offer help. It is useful to get this recorded in your care plan as soon as it arises. The NHS should provide help such as continence pads free of charge. Each Strategic Health Authority should have continence advisers, so if you are not satisfied with how the home supports you with this issue, you can request a referral to the continence adviser.

The care home is there to help care for you and you should not feel intimidated or be subjected to abuse of any kind. This includes physical, psychological, material, emotional, financial, sexual, racial and institutional abuse or neglect, or being given any medication or drugs that you, or the person that you have asked to represent you, has not agreed to.

You should be supported by staff to maintain a good quality of life. This may include help with keeping up your

interests and hobbies, with seeing your family and friends, support with taking medicines, with maintaining your appearance to your satisfaction, help with eating as much as you need, and help with moving between the different rooms in the building and outside the building. Remember you have chosen to make the care home your home and you are entitled to proper consideration and treatment. If you do not receive it, you have every right to complain.

You should not be subjected to physical restraints in any way without your consent and you should be encouraged and supported to take appropriate risks, if you so choose. Your family, the Adult Social Care Department, the Care Quality Commission in England (and the Wales and Scotland equivalents, see page 10) and national organisations like Action on Elder Abuse are all there to help you if you want to make a complaint about the way that you are treated. (See also Section Six, "What if I Have a Problem?").

Eating well is an important part of your care and is essential to maintaining your health. The home should make sure that you receive a wholesome, appealing and well-balanced diet, in pleasing surroundings and at times convenient to you. You should be able to get snacks and regular drinks as well as main meals, and any special dietary needs that you have should be considered.

Residents have a right to be treated with respect by staff, but staff also have the right to be treated with respect by residents.

Your room

Most people who live in care homes have their own private room. If you are supported by the council in paying for your care home place, you may be asked to share your room. The council is not allowed to insist that you share your room. If you do share, it should only be because you and the other resident choose to, and you should never be asked to share with more than one other person. If you share a room the staff should use privacy curtains to protect your dignity while assisting you with any personal care needs. What you do in your own room is up to you, but you should show consideration to other residents.

You should be able to invite visitors into your room and the home should be able to make arrangements for the person you choose, such as a spouse, partner or friend, to stay the night with you if you want them to.

There must also be a lockable space in your room, like a drawer or bedside locker, for you to keep any personal items, like medicine, money or other valuables. You should be able to put some of your own furniture and possessions in your room. You will need to consider whether it is worth the risk to bring an item of high value with you into the care home. If you have not already done so, you should check the care home's policy on the storage of valuables and expensive items, such as mobility scooters, for example. You may also want to check exactly what the care home's insurance covers. Residents should be advised as to whether they

should obtain their own personal insurance cover.

You should be able to control the heating and lighting in your own room, and there should be windows that can be opened to give you natural light and to let in fresh air.

Staff should knock on your door and wait to be invited into your room. Your bedroom door should be fitted with a lock that you can use and, unless it is thought too dangerous, you should be given a key. If you are not given a key, this decision and the reason for it must be recorded in your care plan. If you aren't able to have a key, but you want to be able to lock your bedroom door, a member of staff should be available to lock and unlock the door when you want. The staff will also have to have a key to your room in case of emergency.

Your rights as a citizen

Living in a care home does not mean that you lose any of the rights you had living in your own home, for example, voting in elections. You can ask the manager to arrange for your name to be added to the register of electors. This can be done at any time of the year.

An important aspect of respecting your rights in the home is your right to confidentiality and your right to access any information that is held about you.

You may have moved into your new home in the belief that it will be your home for the rest of your life, and that ought to be possible. Sometimes

people become very ill and the home staff find it difficult to go on providing the level of support they need, but mostly staff will try to help you remain where you are.

However, there may sometimes be circumstances under which it is not possible for that to happen. Although the Government is working with councils and care home providers to make sure that good homes prosper, many homes are businesses and from time to time, businesses close. In such situations your individual legal rights are quite limited. Residents of care homes do not have the legal protection of a tenancy, as is the case in other rented accommodation. The only form of tenure available in care homes is called a licence and a licence gives little protection if the management of the home decides that it is unable to continue to offer you a place, for whatever reason.

Your council Adult Social Care Department must help you to make arrangements to move to another home, should that be necessary. This also applies to people who are paying for themselves if they have no-one else to help them; and should apply if you decide that you want to move for any reason at all. Ideally, your needs should be re-assessed before moving, in order to identify the most suitable home. You should be able to get an assessment even if the council is not supporting you financially, to help make sure that you move into a home that is suitable for your needs. If the home gives very short notice of closure, local authorities can make emergency arrangements for care in other homes without having carried

out an assessment. But they must assess your care needs as soon as possible after a move has taken place to ensure they are met in full.

At the end of life

Most of us will want to make at least some preparation for the time of our death. This might be by making or updating a Will or making detailed funeral arrangements. It might include naming a friend or relative you would like to contribute to decisions on your behalf, should you no longer be able to speak for yourself. It might also include medical and religious preferences about end-of-life care. Staff of the care home will be very sympathetic and helpful should you want to plan everything in advance. Your wishes for the future can be recorded in your care plan or a separate 'advance care plan'. If you prefer, a member of your family or a friend could let the home know how you feel. If you have any worries about how your death will be handled, talk to the home about your concerns.

Unless there are medical reasons why not, you should be able to stay in your own room for your final days. It should be possible for people close to you to stay with you and for you to see staff or residents who are important to you. But, at the same time, your privacy should always be respected.



6 What if I have a problem?

Although many people have a very positive experience of living in a care home, the process around choosing the right home, moving in and paying the fees is complicated. Things can and do go wrong both before and after a move to a care home. If you do have a problem at any stage in the process, the best advice is always to speak to the person or people most directly concerned with the issue that is causing you a problem, if this is possible. It can also help to ask someone outside the situation – a friend or relative, or one of the advice services listed at the end of this handbook – for advice on how to proceed.

If you receive or need care or help from Adult Social Care or the NHS, you might not be satisfied with the type, amount or standard of service. Making a formal complaint can feel intimidating. However, in certain circumstances it is a necessary and essential step to take.

This section looks at when you can complain and how to go about it. There is now a single approach in place for dealing with complaints about all health and adult social care services in England. Previously, there have been separate complaints procedures for both health and social care. The new arrangements will not lay out a detailed process that must be followed, so instead organisations will be able to determine how complaints are handled on a one-to-one basis, in discussion with the person who has made the complaint.



How to make a complaint

If you want to raise a complaint about the care or treatment you have received from your local council or from an NHS trust or healthcare provider, you can do this either over the telephone or in person or by writing a letter, filling in a complaints form or sending an email to the Chief Executive. Regardless of the way you make your concerns known to the organisation, it should be clear from the start that you are making a complaint.

Complaints can be made to any member of staff by you, by a friend or by a relative so long as you give permission. You may want support to make a complaint from an independent advocate.

Local councils and the NHS must have a complaints system in place as directed by the government. You should be given a complaints leaflet that explains how to make your complaint and what to expect from the process.

What to include in a complaint

Ensure that the complaints manager is provided with all the relevant information about you that (s)he needs to reconsider the decision. Not all of the circumstances might have been taken into account when the decision was made that you are not satisfied with.

Your complaint should concentrate on the main facts of your complaint – including times, dates and short summaries of the issues. Many emotions can be generated, especially if the issue has been unsatisfactory for some time. Although it is important to voice your feelings, it is also helpful to keep focused on the facts so your complaint can be resolved successfully and the situation improved.

You should keep copies of all of the letters or emails you send or receive about your complaint for your own records. It is a good idea to keep a record of the telephone calls you make or receive and to note down the name of the person you spoke with.

Once you make a complaint

Once you have made a complaint to the local council or NHS trust, it must acknowledge receipt of your complaint and offer to discuss your concerns within three working days. You should be offered a face-to-face meeting to discuss the issue, with an independent advocate present if required. At the meeting you should be asked what you would like to happen as a result of the complaint, such as an explanation, apology, reimbursement for costs or loss of personal belongings, urgent investigation, and so on, depending on your situation. You should be able to agree a plan of action together

with the service manager or the complaints officer, including deciding definite timescales for when and how you will hear back about your complaint and the name of the person who will investigate it.

Timescales of a complaint

You must make a complaint within 12 months of an incident occurring or of you becoming aware of the matter. A complaint made outside these time limits may be accepted if there is a good reason for this.

Any complaint lasting more than six months must be reviewed to ensure everything is being done to resolve it. However, an investigation into a complaint can take more than six months with good reason. If you feel there has been undue delay, you can go to the Ombudsman (see pages 47 and 48).

The complaints manager

Every organisation must have a designated complaints manager. This is the person ultimately responsible for ensuring that your complaint is resolved in an efficient and timely way. Once the investigation is completed you should receive a written response from the complaints manager, telling you the outcome and what action has been taken.

Complaints to the local council

If you are concerned about a community care service you receive from your local council adult social care services or a decision made by them, you can use the complaints procedure. Adult Social Care Services Departments have a duty to provide information about the complaints process and the name and address of the person responsible for making sure your complaint is dealt with properly (see “The Complaints Manager” section).

You can complain to your local council if you have concerns about:

- assessment for services in your own home or a care home
- inappropriate refusal of services
- delay in decision making or provision of services
- assessment for care in a care home
- the financial assessment and level of charges for care
- the standard, quality or appropriateness of services provided
- the quantity, frequency, change or cost of services provided
- lack of information
- poor communication
- behaviour and attitude of staff.

If you are in an independent care home but funded by the local council, you can also make a complaint to the council if you have concerns.

Complaints about the NHS

If you are dissatisfied about your treatment or any service provided by the NHS, or if you have been refused health treatment, it would be a good idea to identify who is responsible for the service. For example, whether the service is private, or whether it is provided by your GP, health centre, hospital or primary care trust.

All Primary and Secondary Care Trusts must have a Patient Advice and Liaison Service (PALS), which can direct your complaint to the correct department. You can obtain details of your local PALS from your library, the GP surgery or local hospital, or from NHS Direct (telephone 0845 46 47; www.nhsdirect.nhs.uk).

You should first try to resolve your complaint with the staff member or team who is providing the health care. PALS should help you try to resolve the complaint quickly so that you do not have to take the complaint further. PALS should also act as one of the gateways to local independent advice and advocacy for you if you feel that you need support to make a formal complaint. You can make a complaint to the named Complaints Manager (usually found in the complaints form) at the Primary Care Trust (PCT). The Complaints Manager is responsible for dealing with written complaints on behalf of the Chief Executive of the Trust.

Local Government Ombudsman

The Local Government Ombudsman (LGO) can look into complaints about failures in the administration systems and processes of Social Services Departments in England. Examples could be a council's failure to carry out a proper assessment of a person's care needs or not providing a written care plan. The LGO can intervene at anytime, but will normally investigate your complaint after you have first been through the council's complaints procedure. A complaint to the LGO must usually be made within 12 months of the problem originally arising unless there are special reasons for a longer delay.

From October 2010, the LGO is also able to look into complaints from people arranging and paying for their own care, as well as those whose care is arranged by councils.

Parliamentary and Health Service Ombudsman

If you disagree with the outcome of your health complaint, you can complain to the Parliamentary and Health Service Ombudsman (PHSO). The PHSO is able to investigate complaints about 'maladministration' i.e. poor administration or wrong application of the rules; and 'clinical judgment' i.e. an inappropriate action/decision made by health personnel. The PHSO will not investigate your complaint until you have been through the NHS complaints procedure first. But if you are having difficulty getting a satisfactory response to your complaint, the PHSO may be able to put pressure on the health service to deal with the complaints process correctly. Again a complaint about NHS care should be made within 12 months of the event occurring, unless there are special reasons for the delay.

Complaining about care in a care home

If you are resident you, or a representative such as a friend or relative, can begin with making your concerns known to the care home manager or matron. You could also ask another member of staff to speak to them on your behalf. You can also make a complaint using the organisation's complaints procedure. All care homes should have their own complaints procedure in line with the Health and Social Care Act 2008, a copy of which should be freely available to you. They must ensure that all users of the service have access to this procedure.

If you are dissatisfied with the response you get or you do not want to discuss the complaint with the staff at the home, you can make a complaint to an inspection officer at the Care Quality Commission in England (or equivalent bodies for Wales and Scotland, see page 10), whose addresses are at the back of this handbook. These organisations can investigate your complaint and ensure the home complies with the Essential Standards of Quality and Safety.

You can write or speak to the inspectors in confidence, but confidentiality may be difficult to maintain if they are to investigate particular events or circumstances to a full resolution. You do not have to tell the home that you have made a complaint to these organisations.

From October 2010, if you are paying for your care in a care home you will be able to contact the Local Government Ombudsman for support if you have a complaint.

If some of your fees are being paid by the council, they are required to carry out a review of your care within three months of services first being provided or of major changes to services and after that on an annual basis. However, if you have any concerns about your care, you do not have to wait for the review date, instead you can request a review of your needs at any time. You can discuss any difficulties or complaints about the home with the person who reviews your care or with a manager at the Adult Social Care Department. For more information, request Counsel and Care's guides **18, 54 or 74: Complaints about community care and NHS services for England, Scotland or Wales.**

Complaints about NHS Continuing Healthcare

If you have been refused free NHS Continuing Healthcare (see page 19), you can ask for a review of the NHS decision. This review process is separate from the NHS complaints procedure. It is only for people requesting a review of a decision by the NHS not to pay for the continuing healthcare needs of the patient. For more information, request Counsel and Care's guide **27: Continuing Healthcare: should the NHS be paying for your care?** and guide **40: Continuing healthcare: understanding the assessment process**, or contact one of the advice agencies listed at the end of this handbook.

Addresses and further help

There are a number of national organisations, some with local branches or offices, that can provide you with further information on a range of matters connected with your health and welfare. Many of them produce factsheets outlining matters described in this handbook.

Action on Elder Abuse

PO Box 60001, Streatham, London SW16 9BY

Telephone Helpline: 0808 808 8141 E-Mail: enquiries@elderabuse.org.uk

Website: www.elderabuse.org.uk

This organisation runs a dedicated helpline, providing advice and support to older people experiencing abuse or neglect.

Age UK

Astral House, 1268 London Road, London SW16 4ER

or York House, 207-221 Pentonville Road, London N1 9UZ

Telephone Advice Line: 0800 169 6565

Age Concern Legal Services: 0845 685 1076

E-Mail: contact@ageuk.org.uk Website: www.ageuk.org.uk

This recently merged national charity offers advice and factsheets on a wide range of topics and can provide information on the situation in England. Local branches can provide face-to-face support and services.

Age Northern Ireland

3 Lower Crescent, Belfast BT7 1NR

Telephone Advice Line: 0808 808 7575

E-Mail: contact@ageuk.org.uk Website: www.ageni.org.uk

This recently merged national charity offers advice and factsheets on a wide range of topics and can provide information on the situation in Northern Ireland. Local branches can provide face-to-face support and services.

Age Scotland

Causewayside House, 160 Causewayside, Edinburgh EH9 1PR

Telephone Advice Line: 0845 125 9732

E-Mail: contact@ageuk.org.uk Website: www.ageuk.org.uk/scotland

This recently merged national charity offers advice and factsheets on a wide range of topics and can provide information on the situation in Scotland. Local branches can provide face-to-face support and services.

Age Cymru

Ty John Pathy, 13/14 Neptune Court, Vanguard Way, Cardiff CF24 5PJ

Telephone: 0800 169 6565

E-Mail: contact@ageuk.org.uk Website: www.agecymru.org.uk

This recently merged national charity offers advice and factsheets on a wide range of topics and can provide information on the situation in Wales. Local branches can provide face-to-face support and services.

Alzheimer's Society

Devon House, 58 St Katharine's Way, London E1W 1JX

Telephone Helpline: 0845 300 0336 E-Mail: enquiries@alzheimers.org.uk

Website: www.alzheimers.org.uk

This organisation produces factsheets and gives advice to people who live with dementia and their carers. There is a network of branches covering much of the country.

Care and Social Services Inspectorate Wales

Cathays Park, Cardiff CF10 3NQ Telephone: 01443 848 450

E-Mail: cssiw@wales.gsi.gov.uk Website: www.cssiw.org.uk

This organisation can provide a list of care homes in your local area. It can also make available its most recent inspection reports.

Care Quality Commission

National Correspondence, Citygate, Gallowgate, Newcastle upon Tyne, NE1 4PA

Telephone: 03000 616161. E-Mail: enquiries@cqc.org.uk Website: www.cqc.org.uk

This organisation regulates and inspects care homes in England. It can provide a list of care homes in England and can also make available its most recent inspection reports.

Community Legal Advice

Telephone: (general advice) 0845 345 4 345

Telephone: (to find a solicitor) 0845 608 1122

Website: www.communitylegaladvice.org.uk

This organisation offers free, confidential and independent legal advice for people in England and Wales. It is part of the Legal Service Commission that runs the legal aid scheme in England and Wales and provides information on specialist solicitors and public funding for legal action.

Counsel and Care

Twyman House, 16 Bonny Street, London NW1 9PG

Telephone Advice Line: 0845 300 7585

E-Mail: advice@counselandcare.org.uk Website: www.counselandcare.org.uk

A national charity working with older people, their families and carers to get the best care and support. Provides personalised, in-depth advice and information, which informs its research and campaigning work. Produces both guides and factsheets on a wide range of topics connected with care at home, care homes and welfare benefits and is responsible for producing this handbook.

Department for Work and Pensions (DWP)

Public Enquiry Office, Room 112, The Adelphi, 1-11 John Adam Street,
London WC2N 6HT

The DWP runs a general benefits enquiry line for people with disabilities, their carers and representatives.

Telephone: 0800 882 200. Minicom: 0800 243 355. Website: www.dwp.gov.uk

This government department is responsible for administering Social Security benefits. The addresses and telephone numbers for your local DWP office are in the phonebook. They can give you contact details for any office dealing with particular benefits.

Directgov

Website: www.direct.gov.uk

Directgov is a website which gives easy access to information on government services for different groups of people, including disabled people, over 50s and carers.

Elderly Accommodation Counsel

Third Floor, 89 Albert Embankment, London SE1 7TP

Telephone Advice Line: 020 7820 1343

E-Mail: enquiries@eac.org.uk Website: www.housingcare.org

This organisation provides factsheets and detailed information on care homes and other special accommodation for older people throughout the UK, including sheltered housing. It can provide lists of accommodation by postcode, area name, provider name or current vacancies.

The Financial Services Authority

25 The North Colonnade, Canary Wharf, London E14 5HS

Telephone Consumer Helpline: 0845 606 1234. Website: www.fsa.gov.uk

This is the independent watchdog set up by the government to regulate financial services and protect the rights of consumers. The Firm and Person Check service on the website, and helpline can be consulted to find out if the firm or person you may be going to for advice is authorised. A wide range of consumer publications and factsheets can be looked at on the website.

FirstStop Advice

Telephone: 0800 377 7070. E-Mail: info@firststopadvice.org.uk

Website: www.firststopcareadvice.org.uk

FirstStop Advice is an independent, free service providing advice and information for older people, their families and carers about care and housing options in later life. The service is provided by Elderly Accommodation Counsel (EAC) in partnership with other national and local organisations, including Counsel and Care, and brings together the expertise of each organisation through one telephone number and one website.

IFA Promotion

2nd Floor, 117 Farringdon Road, London EC1R 3BX

E-mail: contact@ifap.org.uk Website: www.unbiased.co.uk

This organisation can provide a list of Independent Financial Advisers in your local area.

Local Government Ombudsman (LGO)

PO BOX 4771, Coventry, CV4 0EH

Telephone: 0300 061 0614. Website: www.lgo.org.uk

Contact the LGO to investigate complaints about failures in the administration systems and processes of local councils in England (see page 47). From October 2010, you can also contact the LGO if you are paying for your care yourself.

National Association for Providers of Activities for Older People (NAPA)

Bondway Commercial Centre, Unit 5.12, 5th Floor, 71 Bondway, London SW8 1SQ
Telephone: 020 7078 9375. E-Mail: info@napa-activities.co.uk

Website: www.napa-activities.co.uk

This organisation promotes an active life in homes for older people through research, publications and links with member providers.

NHFA

Floor 2, Midland House, West Way, Botley, Oxfordshire OX2 0PL

Telephone Care Advice Line: 0186 573 3000. E-Mail: enquiries@nhfa.co.uk

Website: www.nhfa.co.uk

Provides advice and information on obtaining and paying for care. Aims to enable older people to meet the cost of their chosen care for life while preserving their independence, dignity and choice.

Office of Fair Trading

Enquiries and Reporting Centre, Office of Fair Trading,

Fleetbank House, 2-6 Salisbury Square, London EC4Y 8JX

Telephone: 08457 22 44 99 E-Mail: enquiries@oft.gsi.gov.uk

Website: www.oft.gov.uk

The OFT's goal is to make markets work well for consumers. Their activities in pursuit of this goal involve enforcement of competition and consumer protection rules; market studies; and communication with producers and consumers about fair and unfair trading. The OFT produces useful factsheets on care home contracts. Please be aware that the OFT cannot provide assistance to individual consumers. You may also get general advice about unfair terms in contracts from Consumer Direct on 08454 04 05 06.

Office of the Public Guardian

PO Box 15118, Birmingham B16 6GX

Telephone Customer Service Unit: 0300 456 0300

E-Mail: customerservices@publicguardian.gsi.gov.uk

Website: www.publicguardian.gov.uk

Established in October 2007, the Office of the Public Guardian is responsible for providing services which promote the financial, health, welfare and social wellbeing of people who lack mental capacity. It is based in North London, and has responsibilities that extend across the whole of England and Wales (separate arrangements exist for Scotland and Northern Ireland). You can get information and advice about registering and obtaining a Lasting Power of Attorney and setting up court-appointed deputies (see pages 24/25).

Parliamentary and Health Service Ombudsman (PHSO)

Millbank Tower, Millbank, London, SW1P 4QP

Telephone: 0345 015 4033 Website: www.ombudsman.org.uk

The PHSO can investigate complaints about maladministration and clinical judgement in health services (see page 48).

Pension Service

Telephone: 0845 301 3011. Website: www.thepensionsservice.gov.uk

This is part of the Department for Work and Pensions and is set up to support people with planning for retirement or claiming entitlements at pension age.

Relatives and Residents Association

1 The Ivories, 6-18 Northampton Street, London N1 2HY

Telephone Advice Line: 020 7359 8136. E-Mail: info@relres.org

Website: www.relres.org

This organisation provides information and support to residents of care homes and their relatives and provides support to set up groups in homes.

Scottish Commission for the Regulation of Care

Compass House, Discovery Quay, 11 Riverside Drive, Dundee DD1 4NY

Telephone: 0845 603 0890 E-Mail: enquiries@carecommission.com

Website: www.carecommission.com

This organisation can provide a list of care homes in your local area. It can also make available the most recent inspection reports.

Service Personnel and Veterans Agency

Norcross, Thornton Cleveleys, FY5 3WP

Free Veterans Helpline: 0800 169 2277

E-Mail: veterans.help@spva.gsi.gov.uk Website: www.veterans-uk.info

Point of contact for war veterans and their dependants seeking help, information and advice.


Solicitors for the Elderly


Room 17, Conbar House, Mead Lane, Hertford, Herts, SG13 7AP

Telephone: 0844 567 6173. E-Mail: admin@solicitorsfortheelderly.com

Website: www.solicitorsfortheelderly.com/

This is a national association of solicitors, barristers and legal executives who provide comprehensive independent legal advice for older people, their families and carers.

 Our vision is:
to work with older people,
their families and carers to
get the best care and support.

 Our mission is:
to do this by providing
personalised, in-depth advice
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