



Care homes

Support and advice to get
the best from your move



advice and support for older age
**Independent
Age**



advice and support for older age

**Independent
Age**

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This is the revised edition of **Care homes**, updated in July 2017.

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Thank you

Independent Age would like to thank those who shared their experiences as this guide was being developed, and those who reviewed the information for us.

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The sources used to create this publication are available on request.

At Independent Age, we get daily calls about residential care and how to pay for it, so this Wise Guide is devoted to the subject. We trust that you, your friends and your family will find it helpful.



A care home isn't always the best solution, so here we also explore the many options – some quite innovative – to keep you in your own home. We also list the many benefits of residential care.

No one disputes that care is expensive. That's why you need to understand the system and know your rights, especially when it comes to topping up what your council may pay towards fees. We explain how care home funding works and the different options available.

Please tell me what you think of our Wise Guide. Simply write to me at the address on the back cover or email me at janet.morrison@independentage.org.

All the very best

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

Janet Morrison

Chief Executive, Independent Age

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Chapter One

Why move into a care home

Moving to a care home offers many benefits, including security, peace of mind and companionship. However, no one leaves their own home for a care home without a great deal of consideration. If you're paying your own fees, you'll also need to consider the expense. The average weekly cost of residential care in England is £605, and £845 for nursing home care.

It may be time to think about full-time care when:

- you need a great deal of care – by day, and crucially also during the night
- your need for support or supervision can no longer be met in your own home
- you have explored the other options (see [chapter 2](#)).



The benefits of residential care

Older people who have been living alone may well feel safer and more secure on moving into a care home.

Caroline, Independent Age adviser

Purpose for life and stimulation

Some older people find new responsibilities and worthwhile jobs to do in a residential home, whereas alone in their own home they may have felt depressed, bored, lonely and unwanted. The risk of dementia more than doubles in lonely older people.

Variety and expertise

A person being looked after by a relative sees the same face every day and the care is only as good as that individual can provide. In a residential care home, you benefit from the stimulation and variety of meeting many different people. The staff are experts in looking after older people and may be skilled at different therapies. They may know where to find specialists able to provide customised services such as therapeutic massage, hydrotherapy, and podiatry (chiroprody).

Specialised equipment

A care home will have customised equipment throughout, such as grab rails, hoists and stairlifts. If you're very disabled, there may be a limit as to how much you can adapt your own home and it takes time, money and effort to make alterations. Plus you may need the equipment urgently. However, if lack of equipment is all that is preventing you from staying in your own home, seek help. Contact your local council, phone Independent Age or read our factsheet **Adapting your home to stay independent (0800 319 6789, independentage.org)**.

It orientates you if you are confused in place and time

If you have memory problems, you can benefit from the structured routine of a care home. For example, a person with fading memory smells food cooking or sees fellow residents going into the dining room and remembers that it's lunchtime.

"Auntie used to spend all day in bed and would throw away the meals we made her. We couldn't believe the transformation when she moved into the home. She dressed for dinner and played bridge with the woman in the room next door! We realised she must have felt very lonely and depressed."

Janice, 58

Taking pressure off your family

Being a carer can be rewarding, but even the most loving families can experience practical, financial and emotional challenges. If your relatives are caring for you, it may be that they've come to a point where they can no longer provide the support you need. In a residential home, the caring role is shared and your family can still come in and help.

Rose and Jim's story

Jim, 78, had dementia. As his wife, Rose, 80, became less mobile, needing a Zimmer frame to get about, she found it harder to look after him. She found it frustrating trying to keep her husband presentable and he began to sense her annoyance.

The day centre care workers noticed Jim's agitated state when he arrived. He'd settle down but became stressed when it was time to return to Rose. The happily-married couple were no longer getting on – Jim sensing his wife's displeasure, Rose frightened at her husband's aggression (a symptom of his dementia).

For two months, on their social worker's suggestion, they had carers in three times a day to help Rose while Jim continued to attend the day centre. It didn't work. Jim was even more disorientated seeing so many new faces, and it didn't suit their early-rising lifestyle either. Jim was usually dressed by the time his carer arrived to help him shower.

So their social worker suggested Jim try a care home for a month – with his wife visiting three times a week. He continued going to the day centre and came home for Sunday lunch with the family. This worked much better. Jim was much less aggressive because he wasn't stressed. After a month, Jim and his family decided he was happier in the home with Rose visiting, than in his own home. Rose was happier, too, though she missed Jim.

"I am registered blind and have a rare blood condition. I often need help at night which is more than my daughter could manage. The place we found is very friendly. I have my own room with my own furniture and a bell I can ring, day or night for help. I have breakfast in my room and lunch and dinner in the dining room with the other residents. I've joined a local Blind Club and go on outings with them, and it's near enough for my daughters to visit often. It's not my own home but pretty near it and I feel safe and cared for."

Jean, 88

Deciding whether a care home is the right option

If you're not sure if going into a care home is for you, see if you can arrange a trial stay. Ask for a respite care place or say you'd like to try it out before you commit yourself.

If you think a care home might be the best option, or if you want to know what other options might work for you, the next step is to get a care needs assessment from your council, to find out exactly what your needs are – see [chapter 2](#). This is really important as it works out how and where your needs can best be met.





Chapter Two

Calling in the experts

When you're considering your accommodation and care options, the best way to start is to get a care needs assessment – an expert opinion on what help you need and how to get it. This advice is free.

What is a care needs assessment?

Think of it as a 'look-see'. Professionals from adult social services who work with older people every day can assess how you are managing – or not managing – at home and make helpful recommendations. They'll:

- assess what you can and can't do, such as climb stairs and bathe safely on your own
- ask you about your health and any difficulties you have
- ask the opinion of people who see you regularly, such as your family, GP, occupational therapist or community nurse
- assess your wellbeing and safety
- see what help you may already be receiving, from friends, family and the NHS
- ask if you're using any equipment
- suggest what else they can provide to keep you as independent as possible.

They will also consider:

- your psychological, emotional and social needs, such as your wish to be near family and friends
- your religious, spiritual, cultural and communication needs, such as your wish to attend Mass on Sundays or special dietary requirements.

Did you know...

- Asking for a care needs assessment doesn't mean the next step is a care home. The assessor you speak to may decide your needs aren't high enough for the council to recommend residential care. They may suggest adaptations, equipment, and/or care to enable you to continue living at home.
- Staying in a care home is expensive. No one should be pushing you into this.
- If you have full mental capacity to make your own decisions, even if the council recommends residential care, you may refuse.

If you need support to express what help you need, ask the council about local independent advocates. They can support you to communicate your wishes and concerns. If you have substantial difficulty communicating, understanding or remembering information, or using information to make decisions, and don't have an appropriate person to support you, the council must arrange an independent advocate for you. The advocate should be involved throughout the assessment process. For more information, see our factsheet **Independent advocacy** (0800 319 6789, independentage.org).

How to arrange a care needs assessment at home

Contact the adult social services department of your local council. You can find their number in the phone book or on their website.

For more information about how care needs assessments work, read our factsheet **Assessment and care services from your local council** ([0800 319 6789, independentage.org](https://www.independentage.org)).

Silvija's story

After Silvija had a couple of falls, her niece became anxious about her and thought she should go into a home. But the social worker who came to assess Silvija's care needs felt this was premature. He made various suggestions: she could get a personal alarm (see page 21) and join a scheme like Homeshare (see page 22) where a younger person lives rent-free or at a reduced rent with an older person in exchange for light housework, cooking and shopping.

He also recommended referral to a falls clinic and installing grab rails in the bathroom and on the stairs. Another option was to move to sheltered housing nearby. The social worker gave Silvija a list of suitable housing to think about and recommended she go on the waiting list even if she hadn't made up her mind.

Do you need nursing care?

This will be looked at as part of your assessment. Nursing care is carried out by, or under the supervision of, a registered nurse.

If you move into a nursing home, nursing care will be provided by (or under the supervision of) nurses employed by the home. A registered nurse will be on duty 24/7. If you move into a residential care home, nursing care could be provided by visiting community NHS services, such as district nurses.

If you have complex health and care needs, you may qualify for NHS Continuing Healthcare, a package of care fully funded by the NHS. If you don't qualify for NHS Continuing Healthcare but are assessed as needing nursing care in a nursing home, you may qualify for NHS-funded nursing care to help pay your fees. For more information, see [chapter 4](#).



Our top tip

Think you might move to a care home outside your area, to be nearer family or friends? Make sure the assessor notes this in your written assessment now as a need. If you don't, your council may consider your choice is out of preference, not need. If the home in the new area is more expensive, you or someone else may have to top up the difference in fees (see [chapter 7](#)).



If the assessment states that you need to move to accommodation outside your local area, the council must consider the cost of care in the area you're moving to when deciding how much they would pay for the care you need.

The financial assessment. Will the council pay for you?

After the care needs assessment, you'll be given a financial assessment. The council will use this to decide whether they should be paying for any of your care, or whether you will need to pay all the fees yourself.

You'll be asked what savings and income you have, whether you own any property and what benefits you're claiming. The council:

- is not allowed to ask your spouse, civil partner or partner about their income and savings
- must ignore half of your occupational pension or income from a retirement annuity if you give it to your spouse or civil partner to help support them at home. If you're single, the council can choose to ignore half of your occupational pension or annuity.

Assessing finances is complicated. Read more in our factsheet **Paying care home fees** (0800 319 6789, independentage.org).

If the council is contributing towards your fees, they will work out the cost based on the amount of personal or nursing care that you need and any other

particular needs you have. They will tell you how much they will pay and how much you may have to pay. The total amount is called your personal budget.

After the assessment

You must be given a written copy of your care needs assessment, explaining what your care needs are, and a care plan if the council is arranging or paying towards your care. If the assessment finds a care home is your best option, you should be given a list of homes in the area which are able to cater for your needs. Watch out – some of the homes on the list may charge more than your personal budget.

Even if you intend to pay your own way, do get a care needs assessment and ask how much the council normally pays for the type and amount of care you need. You may need them to fund you when your savings are used up and if you've chosen a more expensive home than you need, you may have to move. Knowing what the council pays can also be very useful if you need to negotiate care home fees.

Did you know...

There's a national eligibility threshold for getting help from the council. Even if your needs aren't high enough to meet this threshold, the council must still give you information and advice about any other local services which may help you.

Exploring other options

If you're not sure whether a care home is the right choice for you, there may be alternatives you haven't considered. A care home is not automatically the answer. In this section, we look at a few other options, from getting more help at home, to moving to more suitable accommodation. Your care needs assessment may find that one of these options is more suitable for you.

Care after a hospital stay

After a hospital stay, you may be able to return home but still need some help or support. The hospital or your council should assess you to work out what you need before you're discharged. You might qualify for free short-term services, such as reablement or intermediate care to help you regain your independence, or you may need more care or longer-term care. Your assessment should also look at whether you need any equipment or adaptations at home, such as a toilet-surround frame, crutches or a shower seat. If you need carers to help you wash, dress and use the toilet or commode, for example, you may have to pay for them. For more information, see our factsheet **Hospital stays** and our guide **Getting help at home** ([0800 319 6789](tel:08003196789), independentage.org).

Simple gadgets and alarms to make you safer

There are gadgets that can help keep you safe at home, for example by ensuring you don't leave the gas on or let the bath overflow. There are also alarm buttons and sensors you can wear to call for

help if you have a fall. They can be bought privately, or phone your council's adult social services department (their number will be in the phone book) and ask for a care needs assessment involving an occupational therapist – this will look at a variety of things that might help you at home, including telecare. For more information, read our factsheet **Technology to help you at home** (0800 319 6789, [independentage.org](https://www.independentage.org)).

Adapting your home to make it safer

It can be cheaper to adapt your home than to move to a care home, for example, by installing a walk-in shower or downstairs bathroom. You might be able to get financial help to make these adaptations. For more information, read our factsheet **Adapting your home to stay independent** (0800 319 6789, [independentage.org](https://www.independentage.org)).

Shared Lives

Shared Lives schemes operate in various parts of the country. They match you with an approved carer – you can either move in with them or visit them regularly. The idea is for you both to share family and community life. You'll need an assessment from your council to work out whether this type of support is right for you (0151 227 3499, [sharedlivesplus.org.uk](https://www.sharedlivesplus.org.uk)).

Homeshare

Homeshare schemes match you with someone who can move in with you and provide company and some simple support. This isn't a replacement

for care from a professional carer, but gives you the reassurance of having someone on hand to keep an eye on you. Schemes vary so check what's available in your area ([0151 227 3499](tel:01512273499), homeshareuk.org).

Moving in with family

This can work well, but plan carefully. You need to think about questions like who will care for you, whether the house can be adapted to your needs, whether you'll be lonely when the family are at work, and how the bills will be split. Take independent legal and financial advice if you plan to contribute to buying a bigger house for you all, as this may be considered 'deprivation of assets' if you need help to pay for care later on. For more information, see page 51.

Day care at a centre or hospital

If you're caring for someone and want some help so you can take a break, ask your council's social services department about day care services. If you're caring for someone with dementia, contact Dementia UK ([0800 888 6678](tel:08008886678), dementiauk.org) or Alzheimer's Society ([0300 222 11 22](tel:03002221122), alzheimers.org.uk).

Alzheimer's Society has a good factsheet, **Respite Care** ([01628 529240](tel:01628529240)).

A move to more suitable housing

There are various housing options designed for older people:

Sheltered housing schemes – self-contained properties with some shared facilities such as a

lounge, garden or laundry. They'll usually have a warden or scheme manager – not necessarily on site – and an emergency alarm which you can use if you need help. The properties should be designed to be accessible, for example with grab rails in the bathroom, walk-in showers or doorways wide enough for a wheelchair.

Extra care housing schemes – have all the facilities of sheltered housing with the addition of on-site care staff during the day and sometimes also at night.

The Elderly Accommodation Counsel ([0800 377 7070](tel:08003777070), housingcare.org) can provide a list of available housing in your area.

“Think ahead. We found the ideal extra care scheme for Mum and she was keen, but they had a long waiting list.”

Diane, 65

For more information on these housing options and how to access them, see our guide **Choosing where to live** ([0800 319 6789](tel:08003196789), independentage.org).



Chapter Three

Choosing the right care home

Choosing residential care is a big decision, and one made in a hurry if there's a health crisis such as a stroke. That's why it's so important to think ahead and discuss your preferences with your family and friends. Assuming you have now had a care needs assessment (see [chapter 2](#)), the council must give you a copy of the written assessment stating the amount and type of care you need. This is a useful starting point for working out what care home is best for you. For more information on choosing your home, read our guide **How to find the right care home** ([0800 319 6789](tel:08003196789), independentage.org/care-home-guide).



Getting the right care

Different care homes provide different types of care, so you need to make sure you choose one that is appropriate – your care needs assessment will inform you about what you need.

Residential care homes offer personal care including help with washing, dressing, going to the toilet, eating and drinking. You can expect help to take medicines but staff don't have to have nursing training.

Care homes with nursing care offer personal care but also have to have a qualified nurse on duty at all times. They may have a higher ratio of staff to residents than a residential care home. Suitable if

you are too ill or frail to live alone but not ill enough to need hospital care.

Care homes offering some residential care places, and some nursing care places, formerly known as dual-care homes. A good choice if you need nursing care but are mentally alert like Theo (story right) or might need more care later and don't want to have to move twice.

Care homes with specialisms, such as dementia care.

Getting a list of care homes

Your council's social services team should provide a list of local homes – not necessarily all within your personal budget rate – or you might be aware of some homes near where you live. If your council hasn't provided a list, contact them to ask for one or check on their website, but be aware that the information provided varies from area to area. Alternatively, carehomeadvisor.com has an online list of care homes.

Did you know...

most care homes are privately owned, although councils may still run some residential homes.

Theo's story

At 75, Theo had a stroke which left him unable to walk or swallow: he had to be fed in hospital through a tube in his stomach while his brain remained as active as ever. After six weeks, the hospital assessed him as ready for discharge and asked his family to look for a suitable nursing home. Theo's wife wanted him to move to a pleasant residential care home near their house so she could visit daily. But the home wasn't registered to provide nursing. The social worker explained that a nursing home was Theo's only option given the skilled nursing he needed.

Theo's wife feared her bright husband would be bored and frustrated in a nursing home. She was advised to consider a dual-purpose care scheme because it provided more activities for lively-minded residents and offered nursing home facilities on the same site. The nursing home had a place available and was convenient enough for regular visiting so Theo's family was confident he would be well looked after.

Checking the standard of a care home

Care homes in England must be registered and regularly inspected by the Care Quality Commission (CQC) (**03000 616161**, cqc.org.uk). Other parts of the UK have their own regulatory bodies. Inspectors

usually visit unannounced. They check that homes are safe, effective, caring, well-led and responsive to people's needs. They use this information to give each home a rating. You can read their reports on the CQC website, but bear in mind that reading inspection reports is no substitute for a visit.

You have a right to a place in a home which meets your needs, as specified in your care needs assessment, even if it is in a different county in England, as long as it doesn't cost more than your personal budget. A third party (or sometimes you) can also choose to top up the fees if it's more expensive. You may also be able to choose a care home in Wales, Scotland and Northern Ireland by arrangement.

Choosing your home

There are a number of things to think about, from practicalities like what you can afford, to your personal preferences.

You may have to compromise – a smaller room than you'd like, or further away from your family – so you might want to make a list of what you're looking for and order it by priority. Our guide **How to find the right care home** has lots of advice on things to consider and where to find the information you need ([0800 319 6789, independentage.org/care-home-guide](https://www.independentage.org/care-home-guide)).

“What puts some relatives off – swirly carpet, seventies wallpaper – may make their parent feel secure and comforted. They should remember who they are choosing for.”

Mick, social worker

Remember, a glossy brochure is no substitute for a visit. Once you have a shortlist of a few homes, pay a visit – talk to residents, visitors and staff alike and don't be afraid to ask lots of questions. It's easy to forget an important question, so make a list before you go.

It's good to get on with the manager as they set the tone for the home.

“If the receptionist gives you a smile and says hello, that's a good sign. Beware of places where the staff look disgruntled or don't have time to speak to you. Ask about staff turnover – if they keep leaving, why is this? The staff at a well-run care home should welcome your questions rather than seeming defensive.”

Alan, care home CEO

Advice for lesbian, gay, bisexual and transgender people

The Equality Act prevents anyone providing services from discriminating against people on the grounds of sexual orientation – this applies to care homes. They also have a duty to promote equality of opportunity. However, LGBT people may worry about facing homophobia or that their needs won't be understood properly. When choosing a care home, you could ask questions about whether the staff receive any training on LGBT issues, or what the policy is for dealing with discrimination.

If you need advice, Stonewall Housing provides specialist housing advice for LGBT people (**020 7359 5767, [stonewallhousing.org](https://www.stonewallhousing.org)**).

What to do if there are no vacancies

If the council is paying some of your care home fees or making arrangements on your behalf, they may be able to arrange for you to move into another care home temporarily, while you wait for a vacancy in the one you prefer.



Chapter Four Paying for care

Almost everyone has to contribute towards the cost of their care. Care can be very expensive: the average annual cost of a single room in a residential care home in the UK in 2016 was £30,926. Nursing care will cost even more than this. Even if the council will cover some of your care costs, they will place a limit on how much they're willing to pay. This could mean that you're unable to move to the home of your choice, or that you or someone else will have to pay a top-up fee (see **chapter 7**) for you to be able to move to a more expensive home. 

Fully-funded care

Certain people may get all their care provided for free:

- People like Antoinette – see page 32 – whose main need is for health care. She is entitled to fully-funded NHS Continuing Healthcare. She needs nursing and care services that are beyond what a local council could be expected to provide.
- Some people who have been previously detained in hospital for treatment under the Mental Health Act. Contact Independent Age (**0800 319 6789**) for more information about Section 117 after-care services.

Antoinette's story

The hospital told Antoinette, 69, that more chemotherapy for her cancer wouldn't help; the most they could do was keep her as comfortable as possible. Her consultant said she might have only weeks to live and fast-tracked her for NHS Continuing Healthcare funding. The NHS would pay for care where she wanted it: in a nursing home or her own home.

As Antoinette also had significant breathing difficulties and was no longer able to take food and drink by mouth, she and her son, Lee, decided she'd feel more secure in a nursing home. The hospital social worker gave Lee a list of nursing homes to choose from, which could offer enough care and had the specialist equipment Antoinette needed. She moved from the hospital into the nursing home she had chosen. In the last four weeks of her life, she received loving care and regular visits from Lee and the grandchildren.

Do you qualify for NHS Continuing Healthcare?

NHS Continuing Healthcare is a package of care for people with complex health and care needs, which is arranged and fully funded by the NHS. If you qualify, everything – your nursing, bed, board and

personal care – will be paid for in a care home or sometimes at home. If you have complex health and care needs, ask for an NHS Continuing Healthcare assessment from a GP, social worker or local Clinical Commissioning Group (CCG).

If you're in hospital, ask staff to carry out an initial assessment before you are discharged. If you're at home or living in a nursing home, ask your GP, social worker or CCG to carry out this assessment.

For more information on NHS Continuing Healthcare and how the assessment works, read our factsheet **Continuing Healthcare – should the NHS be paying for your care?** (0800 319 6789, independentage.org).

If you don't qualify for NHS Continuing Healthcare but are assessed as needing nursing care in a nursing home, you may qualify for NHS-funded nursing care – £155.05 a week towards the nursing element of your fees in a nursing home.

Need temporary care in a home?

A stay of up to 52 weeks is considered temporary. Whether you're staying for a few days after leaving hospital to convalesce, or receiving respite care while your carer takes a break, you're likely to be charged for this, even if the council is paying towards your care costs.

When it's free

After a hospital stay or fall, you might need short-term therapy or rehabilitation to get you

independent again. If a care home is the best place to get this treatment, it may be free, usually for up to six weeks depending on what services are available in your local area. See our factsheets **Paying care home fees** and **Hospital stays** (0800 319 6789, independentage.org).

How to work out what you may pay towards care home fees

The financial assessment will look at:

- your income – such as your State Pension and most benefits
- your capital – such as your savings and any property.

Most people will have to contribute all of their income, minus a Personal Expenses Allowance of usually £24.90 a week, towards their care home fees. Sometimes this allowance may be increased.

At your financial assessment, you'll be asked if you have capital over £23,250. The value of your home sometimes counts as capital – see **chapter 6** for more information.



The upper capital limit for council help to pay your fees is £23,250 and the lower limit is £14,250. For every £250 (or part of £250) of capital you have between these two amounts, it's assumed that you will be able to contribute an additional £1 a week towards the cost of your care.

Capital above £23,250?

You'll have to pay your own fees for the time being.

Capital between £14,250 and £23,250?

You qualify for some council help.

Capital under £14,250?

You get maximum council help but you'll still contribute most of your income less your Personal Expenses Allowance of usually £24.90 a week.

How your contribution is worked out

If you have under £23,250 in capital

If you own your home, the council will ignore its value for the first 12 weeks of a permanent stay in a care home, if the rest of your capital is under £23,250 and you don't have enough income to pay your fees. You may need to sell your home to fund your care after this point or the council may agree to support you for longer through a deferred payment agreement (see page 48).

1. Get a care needs and financial assessment (see [chapter 2](#)). If appropriate, get assessed for NHS Continuing Healthcare and NHS-funded nursing care (see page 18).
2. Your council should help pay your costs but you'll contribute all your income, usually less £24.90 for personal expenses. It will also be assumed that you can contribute £1 a week for every £250 (or part of £250) in savings you have between £14,250 and £23,250.



3. Choose any care home provided it can meet your needs as worked out in your care needs assessment, is within your personal budget, will agree to the council's contractual terms and conditions and has a place available.
4. If you choose somewhere more expensive, a third party can 'top up' the council funding but you can't usually top yourself up from your savings (see **chapter 7**).



If you have more than £23,250 in capital or enough income to pay the fees

1. Get a care needs assessment. If appropriate, get assessed for NHS Continuing Healthcare and NHS-funded nursing care (see page 32).
2. Claim Attendance Allowance if you're not doing so already.
3. Claim NHS-funded nursing care if applicable. This will be paid direct to the home.
4. Make sure you choose a home that you can afford in the long term. If you have any queries, seek legal advice before signing a contract, and review regularly.
5. About three months before your capital reaches £23,250, contact the council to request a care needs and financial assessment.

You can download our factsheet **Paying care home fees** from [independentage.org](https://www.independentage.org), or call **0800 319 6789**.



Chapter Five

Paying for care yourself

If you can afford to pay your own care fees, you are known as a self-funder. As you don't need the council to pay for you, it may seem pointless to involve them. The opposite is true. We recommend you have a care needs assessment before choosing a home. If you have complex health and care needs, you should also request an NHS Continuing Healthcare assessment (see [chapter 4](#)). Take independent financial advice, too. As the average annual cost of a residential care home is £30,926, it's wise to proceed with caution.



Why you still need a free care needs assessment

- you get a written copy of your care needs assessment. This helps prospective homes decide whether they're able to look after you
- you find out if a care professional (not you or your family) thinks you need residential care
- you can ask what the council's standard rate is – what they'd pay per week for someone who needs the type and amount of looking after that you do. You may need the council to pay if you run out of money, so it's useful to know how much they would pay. Otherwise, you may have to move if you choose a home that's unsuitable or too expensive, unless a top-up is paid (see [chapter 7](#)).



If you're self-funding, you still have a right to ask the council to arrange your care home place although they may charge a fee.

Extra help to pay your fees

Over 65 and assessed as needing to live in residential care? If you have capital over the upper capital limit for help with funding (£23,250), you can claim Attendance Allowance. It is unlikely you'd be moving to a residential home unless you needed day and night care and supervision, so you will probably qualify for the higher rate of Attendance Allowance – £83.10 a week. For more information, see our factsheet **Disability benefits: Attendance Allowance** ([0800 319 6789, independentage.org](https://www.independentage.org)).

John's story

After having a stroke, John needed to go into a nursing home. His bungalow was sold and raised £120,000 in capital. John also had a private pension and a State Pension, giving him a combined income of £420 a week. His social worker claimed Attendance Allowance for him, which was awarded at the higher rate of £83.10 weekly and he was also awarded £155.05 a week of NHS-funded nursing care to cover the nursing element of his fees. This brought John's income to £658.15 a week. The home cost £650 a week

continued...

which was more expensive than homes available at his council's standard or usual rate.

This meant that John could cover most of the cost from his income. As he was paying his own way, he was not limited to the Personal Expenses Allowance of £24.90 a week.

Financial advice on how to pay your fees

Did you know...

there are independent financial advisers who specialise in how to pay for long-term care. Make sure your adviser has a CF8 or CeLTCI qualification to show that they understand the care and support system in the UK and are properly qualified.

They should ensure you claim any entitlements and help you decide if you can afford your chosen home over the medium and long term. Events which might affect your ability to pay are:

- a decline in your health so you need more care or more nursing
- care home fees increasing – 5% a year is typical
- living longer than you expected.

There are several financial products on the market such as an Immediate Need Care Fee Payment Plan (also called an Immediate Needs Annuity). This is a

type of insurance policy where, for a specific lump sum, you have a regular income towards care costs for the rest of your life. Deferred Care Fee Payment Plans work in a similar way, but instead of an immediate income, they provide an income from an agreed point in the future, usually between one and five years.

Our top tip

The quality of financial products offered to pay care home fees varies considerably. Do your homework and be cautious before taking out such a product.

Violet's story

When Violet, 89, needed to move into a care home, her family approached a financial adviser. They used some of Violet's capital (from the sale of her house) to buy a long-term care home insurance product. They chose to defer claiming for a year to get a higher rate of interest. The rest of Violet's capital, her income and her Attendance Allowance covered the cost of the home she had chosen. After a year, the insurance plan started paying out. It guaranteed a weekly income high enough to cover the fees, left some extra for personal expenses and left enough to cover any increases in care home fees for the foreseeable future.

"We looked at immediate need care fee payment plans because Grandad was 96 when he went into a home. We didn't take one out because they wanted about £80,000 and to be honest, we didn't think he would live long enough for it to be worth the investment. Four years on, he's had his 100th birthday so a plan would have covered the cost. Get some professional financial advice, make your decision and don't regret it later because you've done the best you could at the time."

Karen, 61

Make sure your adviser shops around as financial products vary considerably.

Did you know...

for an extra cost you can put in a 'capital protection' clause – or a money-back guarantee – that allows your family to get some of the lump sum payment back in the event of your early death. Standard plans do not provide for return of capital on death.

How to find specialist care home fees advice

You can find a financial adviser through The Society of Later Life Advisers ([0333 202 0454](tel:03332020454), societyoflaterlifeadvisers.co.uk/find-an-adviser)

or The Money Advice Service Retirement Adviser Directory (directory.moneyadvice.org.uk).

Is the price you've been quoted reasonable?

Shop around and if necessary, appoint a third party to negotiate fees for you. Online care calculators, such as the BBC's (bbc.co.uk/news/health-30990913) can give you an idea of care costs in different areas.

"Grown-up children don't like to haggle over care home fees in case they appear overly concerned with their inheritance. But paying just £50 a week over the odds will cost you £5,200 over two years."

Roy, care home expert

Your written contract with the care home

It is important that you understand what you are signing, and that the contract clearly lays out your expectations as well as those of the care home.

All residents should have a written agreement before moving into the home. If the council is paying some of your care home fees, you should still be given a copy of the contract or terms and conditions. The language used should be as clear as possible and include explanations of legal terms.

Your contract should include:

- what care and services are included in the fee and what is extra
- how much is payable and by whom (you, the council, the NHS, a relative or a charity)
- how often the fee might go up and on what this increase is based
- fees payable if you go on holiday or into hospital
- your and the home's rights and duties; consequences of not keeping to them
- when deposits are not refundable
- notice periods on both sides
- rules, eg no smoking, no pets; permissions which might affect you, eg if another resident is allowed to have a pet
- the complaints procedure.

Our top tip

Look carefully at clauses in your contract which allow the home to put up its fees in line with inflation or following a refurbishment.

Is your contract fair?

The government website has a guide to unfair terms in care home contracts ([gov.uk/government/publications/unfair-terms-in-care-home-contracts](https://www.gov.uk/government/publications/unfair-terms-in-care-home-contracts)). If you're paying for your own care, only a solicitor can give you detailed legal advice on contracts.

Getting legal advice can be expensive. You may be able to get advice from Citizens Advice consumer helpline on **03454 04 05 06**.

You can also find legal specialists through the Law Society (**020 7320 5650**, [solicitors.lawsociety.org.uk](https://www.solicitors.lawsociety.org.uk)).

Make sure you use a solicitor who specialises in the relevant area of law. They do not need to be local to you – most specialist solicitors are experienced at working from a distance.



Chapter Six

Advice for homeowners

Will you have to sell your home to pay for care?

Your financial assessment will look at how high your income and capital are, to work out how much you need to pay towards your care home fees. The value of your home counts as part of your capital unless any of the following people lives there permanently:

- your spouse, civil partner or partner (from whom you are not separated or divorced)
- your former partner if they're a lone parent
- a close relative aged 60 or over
- a close relative who is incapacitated. Incapacitated means entitled to Incapacity Benefit, Employment and Support Allowance, Severe Disablement Allowance, Personal Independence Payment, Disability Living Allowance, Attendance Allowance, Constant Attendance Allowance or Armed Forces Independence Payment
- a child under 16 whom you are liable to support financially.

There are other exceptions – for more information see our factsheet **Paying care home fees (0800 319 6789, independentage.org)**.

The rules are complicated and there are many grey areas. An Independent Age adviser will happily talk you through your options (call **0800 319 6789** or email **advice@independentage.org** to arrange

to speak to one). We cannot advise you on how to protect your assets or give legal advice on individual cases. For this, you need a solicitor or independent financial adviser (see pages 41–42).

Did you know...

at its discretion, a local council may ignore the value of your property if, say, your carer gave up their own home to look after you, lives there and has no other home.

Una and Roy's story

When Una went into a nursing home, her husband, Roy, decided to sell their family house and downsize to a bungalow. Una knew Roy wouldn't be able to afford a bungalow with only his share of the capital and wanted him to have some of her share; the council agreed to this.

The house sold for £200,000 and the bungalow cost £150,000, leaving a surplus of £50,000. The council took the remaining £50,000 into account in Una's financial assessment.

You'll find more details about paying for care if you have a partner in our factsheet **Paying care home fees** (0800 319 6789, independentage.org).

Did you know...

while councils have obligations in certain areas, they may use their discretion in others. Wherever they have an absolute duty to you, we have pointed this out.

Breathing space while you decide what to do

If, apart from your home, you have under £23,250 in capital, and insufficient income to pay the fees, the council must contribute towards your care home fees for 12 weeks or until you sell your house, whichever is sooner. You don't owe the money back. You'll still have to pay the contribution the financial assessment found you should make to your fees, but the value of your home will be disregarded when working this out. This is called the 12-week property disregard and councils have to inform you of it. If you went into care temporarily at first, the disregard starts from the date the home takes you as a permanent resident.

Our top tip

Don't assume whoever you speak to when you ring the council is the last word on the subject. Somebody might tell you: "We don't do the 12-week disregard," without understanding your enquiry. Be persistent. Ask to speak to someone more senior.

Option one – sell your home

You could sell your home and consider buying an Immediate Need Care Fee Payment Plan – see page 40.

Did you know...

the value of your property can be ignored for up to 26 weeks (or longer) for Pension Credit purposes as long as you are taking steps to sell it. You can still receive Pension Credit during this period if you qualify.

Option two – get a loan from the council

A deferred payment agreement is a loan. The council agrees to contribute towards your care home fees on the understanding that when your home is eventually sold, you will pay them back out of the proceeds. To ensure that you pay them back, there's a legal charge against your house.

You can ask for a deferred payment as long as all of the following apply:

- your care needs assessment shows that you need to move in to a care home
- you have less than £23,250 in savings or other assets (aside from the value of your home)
- your home is not being disregarded because it's occupied by a spouse, partner or other qualifying relative.

You can also ask the council to offer you a deferred payment agreement even if you don't meet the criteria.

Did you know...

councils in England must offer deferred payments to people who meet the criteria. But they will be able to charge administration fees and interest on this loan to cover the costs of lending the money to you to cover your care costs.

"We get many calls from people who don't understand that a deferred payment agreement is a debt. They are shocked when the first official-looking letter arrives. It is a 'deferred payments statement' – and refers to an accumulated debt of, say, £30,000, for one year's care. It means £30,000 of the value of their relative's house is gone. When the house is sold, they will owe this amount to the council."

Gill, Independent Age adviser

"After the 12-week grace period, the council will go on paying Mum's fees. They are paid back when she dies and her house is sold."

Sheila, 63

Valuing your share of a property

When considering your loan, the council will value your home and also value your share in it.

You may be the legal owner of your home, but are you also the beneficial owner? Most people are both, but not always. The beneficial owner is the person entitled to gain from the sale and who:

- contributed to the mortgage
- contributed to the purchase price
- paid for repairs, alterations or a lease extension
- was given a share of a property in a will.

Any of the above can apply. It is your beneficial interest that matters to the council. Determining it can be complicated. Read more in our factsheet **Care home fees and your property** (0800 319 6789, independentage.org).

Option three – rent out your home

If considering rental, do your homework! The property may increase in value but rent counts as taxable income.

"At first we thought we'd let Dad's place to pay his care home fees. But when we considered what it would cost to redecorate throughout, we weren't so sure. We all work full-time. It needed one of us to manage the redecoration and letting or we'd have to pay an agent. The lettings market isn't that lively around here. In the end, we decided to take out a deferred payment agreement with the council while we were selling the house. Once we've sold the house and repaid the council, Dad will be able to pay the fees in full."

Susan, 61

Giving away your home to avoid paying care home fees

Giving your home and other possessions away to avoid care home fees when you knew you were likely to need care is called 'deprivation of assets'. At your financial assessment, you'll be asked if you ever owned a property. If you did, but don't anymore, they may ask why. If the council thinks you have deliberately deprived yourself of assets by giving away your home or selling it for less than its market value, they'll view you as still having that asset and include its value in your financial assessment.

Did you know...

a council has to show a person got rid of their assets with the intention of avoiding care home fees. They can look as far back into your affairs as they like.

Read more in our factsheet **Your assets and the financial assessment for care home fees** (0800 319 6789, independentage.org).



Chapter Seven

Top-ups and your council's duty to you

What is a top-up fee?

Looking around, you'll find there's a wide variation in care home fees with many homes charging more than the amount of money the council thinks is needed to pay for your care (your personal budget). If the council is paying towards your fees and you want to move into a home that is more expensive than your personal budget, you may need someone to pay a top-up fee (also known as a third-party payment). This means your relative, friend or in rare cases a charity, makes up the difference.

Example of a top-up

Widower George, 91, lives alone in rented accommodation. He needs to move to a home offering personal care. His preferred home costs £650 a week. George is eligible for council funding but doesn't like the local homes available.

Weekly cost of home	£650
Less the council's payment	£460
Less George's assessed contribution (see chapter 4)	£140
Leaves a weekly top-up fee for George's son of	£50

George will pay his assessed contribution from his income to the council and he will be left with his Personal Expenses Allowance of £24.90 a week.

Knowing your rights

The council must provide you with at least one choice of care home that can meet your needs (as decided in your care needs assessment) and which has a vacancy for the price of your personal budget, without asking for a top-up.

The council is not allowed to ask for a top-up fee if you have to move into a more expensive home because there is no suitable care home place available within your personal budget. However, they can ask you to move to a cheaper home at a later date, if there is a suitable room.

“The council offered Dad two care homes within his personal budget of £512 per week, but both were miles away. I found one nearby which charged £550 a week and where one of Dad’s old friends was already living. After ringing Independent Age for advice, Dad’s social worker and I persuaded the council that this home met Dad’s social need to be near friends and family. This had been noted in his care assessment. We pointed this out and the council agreed to pay the difference.”

Diana, 62

Did you know...

sometimes, you may be told that the home you have chosen requires an additional top-up fee to be paid by a relative, even though the council has not offered you an alternative without a top-up – this is incorrect. If you are in any doubt, phone us on 0800 319 6789.

"Auntie qualified for the council to pay her fees but then they told us the home she liked needed an extra 'top-up fee' to be paid by us. We weren't sure so phoned Independent Age for advice."

Di and David, Tooting

Who can pay top-up fees?

Relatives, spouses, partners and friends can top you up. You cannot pay your own top-up fees unless:

- you are a homeowner who is getting a loan from your council secured against your home. (We explain deferred payment agreements on page 48)
- you are a homeowner eligible for the 12-week property disregard period (explained on page 47) and your other savings are under £23,250
- your accommodation is being provided under the Mental Health Act in certain circumstances

- you're receiving NHS Continuing Healthcare (see page 18) in some circumstances.

Although you can ask to pay top-up fees directly to the care home if everyone agrees, the government recommends that the council signs a contract with the home for the full amount of the fees and invoices your relative for the top-up amount.

Before they sign anything, make sure that the person paying your top-up fee fully understands what they are agreeing to and considers:

- what would happen if circumstances changed and they could no longer afford to pay the top-up fee
- that care homes usually increase fees annually but councils often don't increase their contribution in the same proportion so the top-up becomes disproportionately more
- what would happen if the fees increased to such a level that the top-up became unaffordable. You might have to move to a cheaper home if this happened.

If you have any queries, arrange to speak to an Independent Age adviser on **0800 319 6789**.

Applying to a charity for help to pay a top-up

In very rare cases, charities may agree to pay a small amount to top you up. Find out who might be able to help by visiting turn2us.org.uk, or calling their helpline on **0808 802 2000**. You may qualify if you live in a particular area, and if you or your spouse worked in a particular profession. The services charity, SSAFA, will consider requests from older

people who served in any of the armed forces ([0800 731 4880](tel:08007314880), ssafa.org.uk).

What to do if your top-up money is about to run out

Many callers in this situation ring Independent Age for advice. If your relative or friend tells you they can no longer afford to pay a top-up, talk to your council and the care home manager as soon as possible. If the person stops paying the third party top-up and there is a shortfall in the fees, a debt could accumulate and you could be evicted. Independent Age ([0800 319 6789](tel:08003196789), independentage.org) can advise.

Did you know...

you may be able to negotiate if the council's contribution to your personal budget is too low. For more information, see our factsheet [Paying care home top-up fees](#) ([0800 319 6789](tel:08003196789), independentage.org).

Julie's story

Julie's mother, Dorothy, had been in a home for six years. She was registered blind and had dementia. Julie had been topping Dorothy's fees up, but the top-up increased each year and she could no longer afford to pay. The council implied there was no other option but to move Dorothy to a cheaper home.

continued...

Desperate, Julie called Independent Age. The adviser suggested she call social services to make sure that as part of the needs assessment, they had also assessed the effects of a move on her mother. "Spell out every possible reason why a move would be detrimental to your mother", the adviser said. "To support your case, make a list of reasons why the new home will not be able to meet your mother's mental health and sensory loss needs as adequately as her present home."

He continued, "Residents have a right to a copy of their written assessments to share them with their families and check their needs have been correctly represented. Details can get missed."

So Julie emphasised that staff and other residents in her mother's current home understood her mum's needs and knew how to keep her calm. Julie also argued that her mother's home specialised in working with people with sensory loss, which the cheaper home did not.

Julie's case was successful and the council agreed to increase her mother's personal budget, so that a top-up fee was not needed.

"I had been paying a substantial third party top-up for a few years for my wife's care. I thought the council should have contributed more, and so did her GP and social worker, but the council disagreed. Acting on advice from Independent Age and a solicitor, we contacted the council and told them we were going to seek a judicial review. They responded quickly, agreeing to increase my wife's personal budget and repay the top-up fees I had already paid, as well as my legal expenses. The best thing is that my wife is no longer worried about having to leave the care home where she is happy."

Ron, 74

Top-ups are complicated. If you're about to sign a contract involving a top-up, phone Independent Age on **0800 319 6789** without delay.



Chapter Eight

Settling into your new home

The biggest misconception about care homes is that once you move in, you give up any choice or control over your own life. Not true. You may do as you please provided you're safe and you respect others. This is your home, and if you struggled and felt lonely before, the quality of your life should improve with regular meals, stimulation, loving care, good company and the right equipment.

Seven tips to help you settle in smoothly

1. Tell carers how you prefer to be looked after

When you move in, you and the management will draw up a care plan. This sets out:

- your goals eg, "I want to continue my drawing classes"
- your preferences eg, "I like my bath in the evening. On Friday nights, I'd prefer a sandwich supper in my bedroom so I can listen to music on the radio."

"Good care is about good communication. Tiny details like whether Mr Thomas has a very sweet tooth can make him feel at home – or not."

Ian, former care home manager

Did you know...

it's recommended that if the council is arranging or paying towards your care, they should carry out an initial review of your needs and how the care home is meeting them within six to eight weeks. After that, they should carry out a review at least once a year depending on your circumstances. You can also request a review of your needs at any time.

2. Bring some personal items

It's comforting to see and touch your favourite armchair, dressing table or photograph, so bring them. If items are valuable, check the home's insurance policy and take out a separate policy if necessary.

"I knew it was a good home because they asked me to supply three photos of my client, George, at different stages of his life. The pictures provide a talking point. The people who help George to wash and dress are able to see within the frail old man, the person who has flown planes, grown championship marrows and even met the Queen."

Maggie, social worker

3. Install a personal phone or take your mobile phone

It'll give you a real sense of independence.

4. Find yourself a job!

If you have always kept busy, you won't be happy sitting about. Ask the staff about small tasks you can help with, such as laying the table for dinner, arranging the flowers or tending the plants. Keep an eye on someone who's feeling low. You'll help the staff and make a valuable contribution.

5. Wear clothes that make you feel good

Velcro slippers and fleecy tracksuits are comfy but they may depress you if you've always worn a suit and tie, or fashionable clothes. Tell staff what you want to wear.

6. Make sure you feel safe and private

When you move in, the home should take an inventory of your possessions. You should have a lockable drawer or bedside locker, privacy curtains if you have chosen to share and a key to your bedroom door if you're safe to use it. Staff should knock before entering your room.

7. Think positive

Participate in the home's activities and think of the many advantages the home brings you, such as no more worries about falls in the night, housework or feeling lonely.

Disability benefits and other money matters

If you're paying the full fees yourself or have taken out a deferred payment agreement, you can continue to receive Attendance Allowance (AA),

Disability Living Allowance (DLA) or Personal Independence Payment (PIP). If you own your home, this may affect how much Pension Credit you're entitled to, as any savings or investments you have over £10,000 will be taken into account, including the value of your home if you no longer live there. However, if your home is for sale, its value can be ignored for up to six months or sometimes longer if you're taking reasonable steps to dispose of it.

Your home's value can sometimes be ignored for other reasons – contact the Pension Service helpline (**0345 606 0265**) if you have moved to a care home, so they can check how this affects your Pension Credit.

If your AA, DLA or PIP stopped in the first 12 weeks of your stay during the 12-week property disregard, ask for it to be reinstated once you're paying the full cost of your care.

If you receive help to pay your fees from the council, you can keep receiving the mobility component of DLA or PIP, but the care and daily living components will stop after you've been in the care home for 28 days. AA will also stop after 28 days.

Going into hospital from a care home

If eligible, you will continue to receive Guarantee Pension Credit and other means-tested benefits during a hospital stay.

Attendance Allowance (AA), Disability Living Allowance (DLA) or Personal Independence

Payment (PIP) stop after 28 days, which will affect the severe disability premium in Pension Credit. After a year in hospital, you can no longer be treated as occupying your home and would no longer be entitled to housing costs within Pension Credit. Tell the relevant disability benefit helpline (AA: **0345 605 6055**, DLA: **0845 712 3456**, PIP: **0845 850 3322**) about your hospital visit or you'll have to repay any benefits accidentally overpaid.

Depending on your contract, the care home should keep your room for you while you're away but will expect to be paid. If you are likely to be in hospital for a while, you could ask the home to charge you a reduced rate.

Who pays for specialist equipment?

If social services assessed you as needing specialist equipment, it's their duty to supply it. The NHS continence service should pay for any pads and continence aids you have been assessed as needing. The NHS also pays for minor treatments such as the dressing of leg ulcers.

Did you know...

you may have to pay extra for chiropody, hairdressing, outings and social activities. You may also have to pay extra if a staff member accompanies you to dental and outpatient hospital appointments.

Advice for relatives

"The best kind of relative visits often and brings life to the home. The more difficult kind of relative is the one who doesn't understand what dementia is and doesn't accept that their parent has it."

Olivia, care home manager

"Build up a good relationship with the manager and nursing sisters. Get to know the nursing home doctor and be there during rounds, if you can."

Louise, whose parents were in a nursing care home

How to make a complaint

If you're concerned about any aspect of your care, you or your relative should raise it informally as soon as possible. Speak to the person or people directly involved and don't be afraid that staff will treat you less well if you complain. If your complaint isn't resolved, put it in writing and keep a record. In our factsheet **Complaints about health and care services**, there's advice about how to make a formal complaint ([0800 319 6789, independentage.org](https://www.independentage.org)).

"Misunderstandings sometimes escalate and staff can get defensive. They are only human and sometimes forget their instructions, for example, to knock before entering bedrooms. A good care home manager will investigate the problem and look at every possible solution."

Jane, care home manager

Abuse against older people is very rare. If you do have any concerns and have told the care home manager, you could also report your concerns to:

- your council, whether or not they're paying towards the fees. Ask for the adult safeguarding team
- the police
- Action on Elder Abuse (**0808 808 8141**, elderabuse.org.uk)
- the Care Quality Commission (**03000 616161**, cqc.org.uk). They do not investigate individual complaints but they register them and investigate care homes they feel are failing to meet their standards.

For more information, see our guide **Staying in control when you're older** (0800 319 6789, [independentage.org](https://www.independentage.org)).

"Mum gets very anxious at times. It made me angry that someone wasn't with her all the time as they claimed in the brochure to offer 24-hour care. The manager explained that 24-hour a day staffing doesn't mean each resident, personally, get 24 hours. On average, each resident gets 13-16 hours of staff time a week. The manager arranged for one of Mum's friends to sit with her at anxious moments and hold her hand – and this worked like a dream."

Catherine, 69

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