

Factsheet 29w ● August 2018

Finding care home accommodation in Wales



Age Cymru Advice

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1 Information about this factsheet

This factsheet considers a number of issues related to finding suitable care home accommodation, including:

- Making a decision about moving into a care home.
- Types of homes.
- How to identify the right home for you.
- Funding and financial considerations which may be relevant in choosing a home, whether this be in regard to:
 - cases where the local authority social services department will meet the cost, with you contributing a set amount from your day to day income (based on a financial means test); **or**
 - cases where someone will be fully self funding.
- A detailed section listing a range of issues to consider and questions to ask when choosing a home.
- Information on care home closures and related issues around finding alternative accommodation.

Age Cymru produce a number of other factsheets on adult social care that may, depending on your circumstances, be useful to read in conjunction with this one, including:

- 41w – *Social care assessments for older people with care needs in Wales;*
- 10w – *Paying for a permanent care home placement in Wales;*
- 38w – *Treatment of property in the means test for permanent care home provision in Wales;*
- 39w – *Paying for care in a care home in Wales if you have a partner;*
- 60w – *Care homes in Wales: choice of accommodation when the local authority is assisting with funding;*
- 40w – *Deprivation of assets in the means test for care home provision in Wales;*
- 58w – *Paying for temporary care in a care home in Wales; and*
- 20w – *NHS continuing healthcare and NHS-funded nursing care in Wales.*

Note: The information given in this factsheet is applicable in Wales. Different rules may apply in England, Northern Ireland and Scotland. Contact Age UK, Age NI and Age Scotland respectively for further information – see section 12 for their contact details.

1.1 Definitions and terminology – local authority social services departments and care homes

Local authority social services departments

In this factsheet references to the '**local authority**' or '**council**' will refer to the *adult social services department* of the local authority. The relevant social services department may be referred to as the following, or similar variations:

- social care department;
- adult social services;
- older persons' department;
- older persons' team.

Adult social services teams are responsible, among other duties, for assessing people's need for 'care and support' or 'social care' services and deciding whether those needs meet the eligibility criteria.

Note: Finding contact details for the local authority's social services department

Contact details for your local authority should be available in your local telephone directory; from your town hall, local council offices; or a local Age Cymru or Citizens Advice Bureau should be able to provide them. If you have internet access, a list of all the local authorities in Wales, together with links to their individual contact details, can be found on the Welsh Government's website at:

www.gov.wales/topics/localgovernment/unitary-authorities

‘Care homes’

The term ‘care home’ covers any establishment providing accommodation with either:

- just personal care; *or*
- personal care together with nursing care.

Often the terms ‘residential care home’ and ‘nursing care home’ might be used to differentiate between the two types of home, though within each of these brackets there can be variation in the types of care needs that the home may be able to handle – see *the table on the following pages*.

All care homes must be registered as ‘service providers’ with the regulator, the Care Inspectorate Wales (CIW), who are responsible for the inspection and registration of homes – see section 8.1 below for further information on the CIW.

Both residential care homes and nursing care homes can provide various specialisms/services (e.g. dementia care). However, a home must not provide nursing care if it is not registered for that purpose.

Some homes may have some beds registered as providing accommodation and personal care only, and other beds registered for nursing care as well.

In a 2017 study by the Welsh Local Government Association (WLGA)¹, a table featuring the following information sought to provide further details on the roles of different types of care homes:

¹ Draft Findings for Discussion – Wales Market Analysis of Care Homes for Older people, 4 May 2017, Welsh Local Government Association (WLGA): www.wlga.wales/introduction-to-market-analysis-of-care-homes-in-wales

Residential care homes	
<i>Standard residential care home</i>	<p>People living there require help and assistance with issues such as:</p> <ul style="list-style-type: none"> ● Getting in and/or out of bed; ● washing and/or dressing; ● toileting (such as use of continence pads, or “normal catheter care”); ● “having food cut up / specially prepared / prompting”; ● administration of medication, or use of a mask for oxygen or a nebuliser; ● “mild confusion [and/or] memory loss”².
<i>Residential care home for “very dependent elderly”</i>	<p>In addition to the standard help and assistance in a residential home outlined above, the person may require:</p> <ul style="list-style-type: none"> ● “Assistance of two staff for walking / mobilising / toileting”; ● “use of hoist for transfers” ● “staff to help feed them; ● “continued supervision by staff because of wandering / interference with others / or their personal possessions”³.
<i>“Elderly Mentally Infirm (EMI)” residential home</i>	<p>A person requiring this accommodation will generally have “an organic mental illness e.g. Alzheimer’s or dementia or a functional illness such as depression”. They may be:</p> <ul style="list-style-type: none"> ● “Very forgetful of recent events”;

² Ibid

³ Ibid

	<ul style="list-style-type: none"> ● “confused / disoriented [or get] easily lost”; ● “neglectful of hygiene / eating”; ● “unable to communicate appropriately / hold meaningful conversations”⁴.
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Nursing care homes	
<i>Nursing home</i>	<p>A person requiring nursing care may need:</p> <ul style="list-style-type: none"> ● Significant interventions in order to move, as – for example – they may be “unable to stand or weight bear”; ● extensive assistance with continence; ● “continuous monitoring / adjustment of medication requiring a trained nurse’s judgement”; ● “complicated regimes for communication / medication”; ● “skilled intervention to manage needs”; however “their physical needs outweigh the confusion / behavioural problems and [therefore they do] not require psychiatric nursing skills”⁵.
<i>EMI nursing home</i>	<p>A person requiring this care may exhibit:</p> <ul style="list-style-type: none"> ● “Restless behaviour / constant wandering”; ● “little recognition of family / friends / everyday objects”; ● angry behaviour and may become “upset very quickly [and] not [be] easily diverted” from this. They may become aggressive towards staff and/or other residents, requiring a “skilful intervention for prevention”;

⁴ Ibid

⁵ Ibid

	<ul style="list-style-type: none"> ● “resistive to personal care”; ● “hallucinations / delusions / hearing voices they respond to”⁶.
<p><i>Nursing home providing NHS continuing healthcare (NHS CHC)</i></p> <p>NHS CHC is a highly complex area and is different in regard to how the costs are met to other care home placements. This issue is touched upon briefly in this Factsheet (section 3.7 below); however, for more detailed information, see Age Cymru’s Factsheet 20w <i>NHS continuing healthcare and NHS-funded nursing care in Wales</i>.</p>	<p>Nursing homes providing NHS CHC will need to be able to deal with particularly high level needs, such as:</p> <ul style="list-style-type: none"> ● “Challenging behaviour of a severity <i>and/or</i> frequency <i>and/or</i> unpredictability that presents an immediate and serious risk to self and others. The risks are so serious that they require intervention from and access to an immediate specialist response at all times for safe care”; ● someone being completely immobile and their clinical condition is such that “on movement or transfer there is a high risk of serious physical harm and where the positioning is critical”; ● inability to take food and drink by mouth – i.e. “all nutritional requirements taken by artificial means requiring ongoing skilled professional intervention or monitoring over a 24 hour period”; ● someone unable to breath independently and who “requires invasive mechanical intervention”; ● “drug regime[s] that require daily monitoring by a registered nurse to ensure effective symptom and pain management associated with a rapidly changing and or deteriorating condition”; ● “unremitting and overwhelming pain despite all efforts to control pain effectively”⁷.

⁶ Ibid

⁷ Ibid

Ownership of care homes

- There are private sector care homes which are run for profit by private organisations or individual proprietors.
- Voluntary sector homes are non-profit making and run by registered charities, religious organisations and housing associations, sometimes for particular groups of people.
- Some care homes are still run directly by the local authority.

2 The Social Services and Well-being (Wales) Act 2014 and accompanying Code of Practice guidance

This Act was fully implemented in April 2016 and is the main legislation that covers the social care system in Wales, including:

- the social care assessment process;
- related rules in regard to arranging and paying for residential care homes and nursing care homes⁸;
- the guidance documents that local authorities must use when assessing needs; and
- the guidance documents that local authorities must use when means testing people who may need to pay towards their services.

Many of the sections in this factsheet (and other Age Cymru factsheets on social care topics) will use this Act, and the Welsh Government Code of Practice guidance for local authorities which accompanies it, as a main source of information. References will be provided in the text where relevant.

Note: The Social Care Wales website has links to the Code of Practice guidance documents at:

www.socialcare.wales/hub/sswbact-codes

⁸ The Act also affects the rules in regard to arranging and paying for care at home/non-residential services, though that issue is not covered in this particular factsheet

3 Making a decision about going into a care home

3.1 Introduction

As we get older, our needs and circumstances may change and for many this could mean that a care home is the best place for their needs to be met. However, depending on individual circumstances, there can be a variety of other ways that may meet someone's care needs. As such, you might wish to establish whether any of these options could work equally well before making a decision about moving into a care home.

Section 3.5 below contains some brief information on these possible alternative options.

If you do decide that a care home is your best option, it can be a daunting prospect, particularly as care homes are often seen by the media and others as a negative option for older people. However, there are also many examples of excellent practice within particular care homes, where residents, relatives and staff are at the centre of care home life.

Section 5 below has a list of questions to ask, or things to consider, when choosing a care home. These questions can help you reach an informed opinion about particular homes and thus aid you with your decision.

3.2 Social services assessments and possible financial assistance towards the care home costs

Care needs assessments

Under the *Social Services and Well-being (Wales) Act 2014* a local authority has a **legal duty** to carry out an assessment of anyone living in its area who *may* need community care services, once it becomes aware of this need. The assessment must take into account *all* aspects of your needs.

Someone's right to have their needs assessment is *not* affected by the level of their financial resources or other circumstances.

Through the care needs assessment, the authority will establish whether you are eligible for services from them and, if so, whether a care home placement appears to be the most appropriate service in light of the type and/or level of needs that you have.

The authority will only agree to assist you with the cost of a care home placement if this is seen as the best way to meet your needs.

Note: The authority must use national eligibility criteria when assessing someone's care needs. This is contained in the following Welsh Government guidance document:

Social Services and Well-being (Wales) Act 2014: Part 3 Code of Practice (assessing the needs of individuals)

A copy can be accessed via the link to the Social Care Wales website given in section 2 above.

Also see Age Cymru's Factsheet 41w *Social care assessments for older people with care needs in Wales* for further discussion of the eligibility criteria.

Eligibility for help towards care home fees

Once it is satisfied that the care home placement is needed, the local authority will carry out a **financial means test** to determine whether you are eligible for financial assistance from them towards your care fees.

Both your income and savings/capital will be taken into account in the means test – see section 6 below for further information on this, including the '**capital limit**' which is applied in Wales.

Note: The Welsh Government has produced national statutory guidance for local authorities in regard to processing the means test and charging rules. These are contained in the following Welsh Government Code of Practice guidance document:

Social Services and Well-being (Wales) Act 2014: Part 4 and 5 Code of Practice (Charging and Financial Assessment) (version 3 – April 2018)

A copy can be accessed via the link to the Social Care Wales website given in section 2 above.

If you will be fully self funding your care

It is advisable to request an assessment of your needs *even* if you know from the outset that you will probably be fully self funding your care home placement (for example, because you are already aware of the capital limit and your resources are significantly above this).

The rationale behind this is that it can help identify what type of care home will be suitable for you. It might also be useful to have an indication of how the local authority may view your needs if you will need financial assistance from it later (for example, this might happen if following a certain period of living in a care home your funds have been reduced to the extent that you are approaching the capital limit).

If you wish, you can also ask the local authority to arrange the care home placement for you. This right for self funders was introduced in April 2016 and is confirmed in the Welsh Government guidance as follows:

The *Social Services and Well-being (Wales) Act* “enables a person who can afford to pay, in full, for their own care and support in a care home to ask the local authority to arrange this on their behalf”⁹.

It goes on to state that: “The rate at which the local authority commissions the placement is a matter for local authority determination”¹⁰.

Further information on the issues covered in this section

- See below in section 6 of this factsheet for further details on financial considerations when choosing a care home.
- Age Cymru’s Factsheet 41w *Social care assessments for older people with care needs in Wales* has in-depth information on care needs assessments.
- Age Cymru’s Factsheet 10w *Paying for a permanent care home placement in Wales* has further information on the financial means test.

⁹ Social Services and Well-being (Wales) Act 2014 – Part 4 and 5 Code of Practice (Charging and Financial Assessment), January 2016, Welsh Government (version 3 – April 2018)

¹⁰ Social Services and Well-being (Wales) Act 2014: Part 4 Code of Practice (Meeting Needs), Welsh Government

3.3 Local authority duties in regard to information & advice and advocacy for people with care needs

Information and advice

The *Social Services and Well-being (Wales) Act 2014* places a duty on local authorities to provide “information, advice and assistance...relating to care and support”, including – as a minimum – “publication of information...on how the care and support system operates in the local authority area...the types of care and support available [and] how to access [this]”¹¹. **This, of course, would include information and advice on care home provision.**

Advocacy

The Act also contains duties for local authorities in regard to advocacy services. If you have difficulty in expressing your views and needs and feel that this would be excessively difficult within the assessment process, then an advocacy service may be of help to you.

In many instances, the requirement on the local authority is to make people aware of the availability of advocacy support, should they wish to utilise this; in others the authority has a *specific duty* to “arrange an independent professional advocate”¹²:

● General advocacy duty

The Welsh Government has produced a Code of Practice specifically on the subject of advocacy in the context of the *Social Services and Well-being (Wales) Act* which states that, in all cases:

“To have voice and control, an individual must be able to feel that they are a genuinely equal partner in their interactions with professionals. It is, therefore open to any individual to exercise choice and to **invite any advocate** to support them in expressing their views, wishes and feelings”¹³ (emphasis added).

¹¹ Social Services and Well-being (Wales) Act 2014: Part 2 Code of Practice (General Functions), Welsh Government

¹² Social Services and Well-being (Wales) Act 2014: Part 10 Code of Practice (Advocacy), Welsh Government

¹³ Ibid

Note: In this context, you could ask a family member or friend to act as an informal advocate for you, or you could contact an organisation that might operate an advocacy service, such as a local Age Cymru organisation – see section 11 below for contact details.

- **The appointment of an ‘independent professional advocate’**

Local authorities are advised in the guidance that they “**must** arrange for the provision of an independent professional advocate when a person can only overcome the barrier(s) to ***participate fully in the assessment [and] care and support planning***...with assistance from an appropriate individual, but there is no appropriate individual available”¹⁴.

In other words, this would be where an individual is finding it difficult to express their views in the assessment process, but there are no immediate, or suitable, family or friends to help them, nor is the individual able to independently access, for example, an advocacy service provided by a voluntary organisation.

3.4 **If someone is in hospital and may need to move into a care home**

If you are a hospital in-patient and it appears that you may well have ongoing care and support needs (even though you are well enough to leave hospital), then prior to being discharged, you should be assessed by the NHS and/or social services to establish whether either of them ought to arrange this ongoing care once you leave hospital. Amongst other options that would need to be considered, a care home placement might be recommended as the best way to meet your needs.

People have the right to refuse to be discharged to a care home if they don’t want to be (except in some circumstances where there may be insufficient mental capacity to make an informed decision – see section 3.6 below). If you do decline a care home placement, the health and social care agencies should consider whether your needs can be met in another way. **However, you do not have the right to remain in hospital indefinitely.**

¹⁴ Ibid

If you are being placed in a home by the local authority and your preferred home has no vacancy and is unlikely to have one in the near future, you may have to be discharged to another home until a place becomes available. Any interim arrangement should still meet your assessed needs.

3.5 Possible alternative options to moving into a care home – are there other ways in which care needs can be met?

The following options could be considered as possible ways to meet your care needs instead of – or before – moving into a care home on a permanent basis.

Homecare services

Only a minority of people need to enter long-term residential care. You may be able to remain at home with care and support services, such as:

- personal care (for example, help with dressing, eating or bathing);
- domestic assistance;
- ‘meals on wheels’; or
- the provision of disability equipment or adaptations to the home.

As with making a decision about moving into a care home, having a care needs assessment from the local authority social services department can help to clarify your options and find out what assistance is available for people who live in their own homes. The following Age Cymru factsheets can provide further information on all of these topics:

- Factsheet 6w *Finding help at home in Wales.*
- Factsheet 42w *Obtaining disability equipment and home adaptations in Wales.*
- Factsheet 46w *Paying for care and support at home in Wales.*

Sheltered housing

If you are not able to remain in your own home, sheltered (warden assisted) housing may offer an alternative to entering a care home.

This can take a number of forms including 'extra care' sheltered housing. Sheltered housing may sometimes be available through the local authority, but is more often privately arranged. Traditionally, a person would need to be relatively physically able, thus not requiring the level of support with personal care and other needs which may necessitate a care home move, though in some respects these divisions are not always so clear cut (particularly in the case of 'extra care' sheltered accommodation, for example).

The key benefit of sheltered housing is independence in your own property, with assistance on-site when required. This could also be combined with a package of personal care from a home care agency or personal assistant (either via the social services department, or arranged privately). For further information see Age UK's Factsheet 64 *Specialist housing for older people*.

Trial periods in care homes

If you are a prospective care home resident, you can visit various homes to see if you like them. You may also be able to arrange to move in on a trial basis before you or your representatives make a final decision about whether to stay there. The local authority may arrange a trial period for you if it appears likely that they would need to assist you in the future were permanent care to be required. A trial period gives you the chance to see whether moving to a care home is the right choice for you.

3.6 What happens if you do not wish to move into a care home?

Choosing to go into a care home should be your decision. However, your needs may be such that it is no longer feasible to remain in your own home, even with a substantial package of care and support services¹⁵.

¹⁵ In some circumstances it may be possible for someone to negotiate with the local authority social services department about the care it will provide or arrange – for example, an arrangement whereby someone receives a maximum homecare package from the authority and/or receive only the services which are deemed to be the most essential. They would then need to make their own additional care provision for the remaining needs – Age Cymru's Factsheet 41w *Social care assessments for older people with care needs in Wales* has some further information on this topic.

If a large amount of care is required to enable someone to remain living in their own home or in sheltered housing, it might be cheaper for the person to move into a care home. In regard to this issue, it should be borne in mind that legally the local authority is under a duty to meet a person's assessed eligible needs; however, in doing so it is able to opt for the most cost-effective way.

Whilst this means the authority cannot choose a care package for you for the *sole* reason that it is cheaper than the alternatives – for example, you shouldn't be asked to move to a care home just because it is cheaper than the home care you would need (or vice versa) – if there were two options that would meet your needs *equally well*, the local authority can legitimately choose the option that is cheapest for it to provide or arrange. However, having said this, the authority would have to ensure that the cheaper option met **all** assessed and agreed needs.

Note: Mental capacity issues

If there are issues to do with mental capacity regarding the arrangement of a care home placement by a local authority, it is necessary for all those supporting or working with an individual to adhere to the '**best interest**' standards set out in the *Mental Capacity Act 2005* and within the *Deprivation of Liberty Safeguards*. This issue is not covered in any further detail in this particular factsheet, but for more in-depth information on this topic, see Age Cymru's Factsheet 41w *Social care assessments for older people with care needs in Wales* and Factsheet 10w *Paying for a permanent care home placement in Wales*.

3.7 Care homes and the NHS

Generally, it can be said that care home provision falls within the field of social care, rather than healthcare. However, in certain circumstances the NHS will either have a duty to fully fund someone's care home placement (via NHS continuing healthcare), or contribute a set amount towards the fees of other residents who are otherwise paying for their own care, or receiving local authority assistance towards the fees.

NHS continuing healthcare

The NHS is responsible for meeting the **full cost** of care in a care home for residents whose **primary** need for being in care is health-based (rather than, say, a need for care that is primarily due to social care needs).

This is called NHS continuing healthcare (NHS CHC) and is often described as ‘fully funded care’. It usually relates to people who have complex, severe and/or unpredictable medical conditions requiring highly skilled, health-based care beyond that which local authority social services departments have a duty to provide (i.e. local authorities provide *social care* services, rather than *healthcare* services, which are the responsibility of the NHS)¹⁶.

There is a **National Framework** for Wales for the assessment of eligibility for NHS CHC – ‘*Continuing NHS Healthcare: The National Framework for Implementation in Wales, June 2014*’.

This is a policy document produced by the Welsh Government which provides rules and guidance that professionals involved in your care must follow to inform and support their decision making.

It is very important to ensure that you have been properly assessed for NHS CHC if it appears that the sorts of needs you have may mean that you are eligible.

¹⁶ When you have long-term care needs the type of help you need may be the responsibility of the NHS or of your local authority social services department. Sometimes it will be obvious which of the two will have responsibility – however, if you have complex needs, the boundaries between health and social care may not always be clear. For a number of years NHS CHC has been a controversial subject, in part because of uncertainties and debate in regard to where the divide between healthcare and social care rests. Certain services are beyond the powers of local authority (LA) social services departments to provide. However, Welsh Government guidance on NHS CHC states that “the fact that someone has health needs which are beyond [those LA powers], does not, of itself, mean that the individual is eligible for [NHS] CHC”. For example, a person in this scenario may require (and be entitled) to services from both the NHS (those that are above what LA can provide) and their local authority social services department at the same time, but would have been judged to not have a sufficient *level* of health needs to qualify for NHS CHC. The Welsh Government also previously published ‘Practice Guidance’ on NHS CHC which sought to define the general difference between a healthcare and a social care need, as follows: “Whilst there is not a legal definition of a healthcare need (in the context of continuing NHS healthcare), in general terms it can be said that such a need is one related to the treatment, control or prevention of a disease, illness, injury or disability, and the care or aftercare of a person with these needs (whether or not the tasks involved have to be carried out by a health professional)”. Whilst, “in general terms (not a legal definition) it can be said that a social care need is one that is focused on providing assistance with activities of daily living, maintaining independence, social interaction...and (in some circumstances) [finding and] accessing a care home or other supported accommodation. Social care needs are directly related to the type of welfare services that [local authorities] have a duty or power to provide. These include, but are not limited to...practical assistance in the home; assistance with equipment and home adaptations; visiting and sitting services; provision of meals...and assistance in finding accommodation (e.g. a care home)”.

Possible eligibility for NHS CHC should be considered before the local authority carries out an assessment for means-tested social care assistance. For further details, see Age Cymru's Factsheet 20w *NHS continuing healthcare and NHS-funded nursing care in Wales*.

Note: Review of the CHC National Framework

The Welsh Government has reported that work to review the current, 2014, National Framework is currently underway and a new one is scheduled to “be published in the summer [of 2018]”¹⁷. However, at the time of writing – August 2018 – this has not occurred as yet.

In regard to the new version of the Framework, the Welsh Government has signalled that “there is little appetite for a wholesale rewrite of the Framework. We worked with bodies such as the Wales Audit Office and Public Service Ombudsman for Wales to ensure the core elements contained within the existing version provide clear, practical and user-friendly guidance”. They will, though, “look more broadly at improving arrangements around assessment and eligibility, retrospective reviews, and links to wider policies such as mental health”¹⁸.

NHS-funded nursing care payments

NHS-funded nursing care is funding paid by the Local Health Board (LHB) directly to a nursing home for care provided to residents by registered nurses employed by the home.

This is made via an NHS contribution of **£149.67 per week** towards the care home fees. The figure is the same for the whole of Wales, though it may be subject to further review in April 2019 (and therefore may be revised prior to the next update of this factsheet).

The NHS-funded nursing care contribution is *only* for the registered nursing part of someone's care. All other aspects of the care package will be entirely paid for by the person themselves, or with help from the local authority (depending upon the care user's financial means).

¹⁷ Welsh Government response to the Competition and Markets Authority (CMA) Care Homes Market Study, 17 April 2018 (available at: www.gov.wales/topics/health/publications/socialcare/reports/cma)

¹⁸ Ibid

People whose level of needs does not entitle them to fully funded NHS care (see above), may qualify for this weekly contribution instead.

Local authority-funded and self-funding residents who need to move into care homes that provide nursing care should have a comprehensive assessment to identify any nursing needs. It is not appropriate for staff carrying out an assessment to consider your need for NHS-funded nursing care until it has **first** been determined that you are not eligible for NHS continuing healthcare. Again, for further information see Age Cymru's Factsheet 20w.

4 How to find a care home

You may already know which home you would like to enter, perhaps through personal experience or a recommendation from a friend. However, if you do not already have a home in mind and are not sure of how to find one, the following suggestions may help:

- The Care Inspectorate Wales (CIW) provides details of registered care homes in Wales. Copies of their inspection reports should be available on the CIW website – see section 11 for contact details.
- Social workers at your local authority social services department may also be able to provide a list of homes. You can raise any questions you have about going into a home with them.
- Some charities and placement agencies help people to find homes, especially people who wish to find a place quickly, or who live some distance away.
- The Elderly Accommodation Counsel has a database of care homes in the UK – see section 11 for their contact details.
- If someone has a particular long-term illness or condition, they could contact organisations that specialise in it – for example, Parkinson's UK or the Alzheimer's Society. They may be able to advise on homes that specialise in helping people with that condition.
- The Yellow Pages or the telephone directory will contain addresses of homes.

Wherever possible, once you have identified potential homes, it is advisable to visit them in advance – see section 5 below for more information.

5 Issues to consider and questions to ask when choosing a home

Choosing the right care home is important. It will, after all, become your home, so you will want to ensure that it offers everything you need and is a place you will be happy to live in.

Moving into a care home can be difficult and any disruption will be increased if you subsequently have to move on to another home. It can be tempting to accept the first vacancy that arises, particularly if there is a shortage of care home places in your area. However, it is worth taking time to find the right home, as you probably would when choosing anywhere else to live – for example, if possible, consider and compare a number of different homes.

Try to visit and have a look around and talk to residents, relatives, staff and the person in charge. Some homes may invite you to spend the day at the home, or perhaps to visit to share a meal – ask if this is possible.

Action: If you have difficulties travelling to visit homes, contact your local Age Cymru or Citizens Advice Bureau to see if they have details of any community transport schemes in your area – see section 11 for contact details.

Aim to collect the fullest possible information on a prospective home and then make a decision.

Everyone will have different views about what makes a ‘good’ home and each person’s needs will differ. Sections 5.1 to 5.7 below contain some questions to consider. Some may be more important to you than others. The questions have been split into the following categories:

- *Maintaining your identity, exercising autonomy and sharing decision making in a care home;*
- *Community and culture in the care home;*
- *Managing the transition of entering a care home;*
- *Improving health and healthcare;*
- *Staff at the care home;*
- *Contracts and finances;*
- *End of life issues.*

5.1 **Maintaining your identity, exercising autonomy and sharing decision making in a care home**

- What arrangements are there for handling personal money?
- How does the home ensure valuable items are kept secure?
- Can residents use a telephone in privacy, for incoming and outgoing calls?
- Can you access the internet, either in your own room or on a shared computer?
- Are there books and/or newspapers available for residents? Can residents visit the library or does a mobile library call round?
- What provisions does the home make for taking residents out – on outings, to the shops, to the theatre, place of worship or entertainment?
- Does the home encourage residents to do as much as possible themselves and to make choices about as many aspects of their everyday lives or daily routine as they can – for example:
 - Will you be able to get up and go to bed when you want?
 - Can you choose which clothes to wear each day?
- Will you be able to advise staff members on matters that are important to you? For example, how you like to spend your time; how you like to be supported etc.
- Are there any restrictions on visiting times or numbers of visitors? Are there facilities for visitors to stay overnight at the home, if they have travelled long distances?

- Are you allowed to bring your pet/s with you to the home? You may wish to look at the details for an organisation called the *Cinnamon Trust* in section 11.
- Is the home able to cater for your cultural and/or religious needs?
- Can the home meet your communication needs – for example, through Welsh or another language other than English, non-verbal method such as sign language or large print?
- Can the home meet your dietary needs? How are special diets catered for?
- Do residents choose what and when they will eat? Can residents eat privately with guests from time to time? Can residents prepare any food and drinks for themselves? Do existing residents enjoy the food and can you try it during your visit?
- Are any of the rooms shared? Many people considering moving to a care home are concerned at the possibility of having to share a room with someone else. *'National Minimum Standards for Care Homes for Older People'* (published by the Care Inspectorate Wales) state that:
 - “Where rooms are shared, they [should be] occupied by no more than two service users who have made a positive choice to share (and with whom to share)”
 - Rooms that are shared need to have “at least 16 sq m of usable floor space, excluding en suite facilities”; and that
 - the dimensions and layout of all rooms, be they shared or single, must allow sufficient room “on either side of the bed, to enable access for carers and any equipment needed”¹⁹.

Note: The Minimum Standards referred to above date from 2004 and are likely to be replaced shortly, given a number of legislative developments. However, at the time of writing – August 2018 – they remain in the current ‘Regulations’ section of the Care Inspectorate Wales (CIW) website at:

www.careinspectorate.wales/regulations-statutory-guidance-and-national-minimum-standards-adult-services

Also see section 8.1 below for further information on CIW.

¹⁹ National Minimum Standards for Care Homes for Older People, Care Inspectorate Wales, 2004

- Are external doors kept locked? If so, why?
- Is there a residents' committee?
- Can you have access to advocacy services?
- Does the home have bathing/showering facilities that meet your needs/choices? Can you choose how often you have a bath or shower? If you need help with bathing, does the home have suitable facilities?

5.2 Community and culture in the care home

- Where is the care home; will visitors be able to get there easily?
- Does the care home feel homely and inviting and is there a relaxed and friendly atmosphere?
- Can residents help in ordinary activities at the home (e.g. cooking, gardening etc)?
- Are there any unpleasant smells during your initial visit to the home? If so, had this been dealt with before you left?
- Will you feel comfortable chatting and socialising in the home's public areas? Are the seating arrangements in the lounge(s) conducive for having conversations?
- Is there more than one living room, so that there is a quiet room as well as one with a television?
- Are young children welcome to visit?
- Are there other residents who share similar interests or background to you?
- Are you encouraged to give feedback on what you think about the home? Does the home encourage residents to say how they feel about living there, and provide written information to residents and/or their families about how to discuss a problem or make a complaint?
- Do the other residents seem to have a similar level of need to you?
- During your visit, are you able to observe the interactions between staff and residents and visitors?

- Talk to the residents when you visit and see what they are doing. How do they feel about living in the home – do they feel that they are involved in activities and the running of the home? Are they listened to and their views taken notice of by staff members?
- Try and also speak to visitors to the home – do they feel that staff members listen to any concerns they have and act on them? How do visitors feel in general about spending time in the home?

5.3 Managing the transition of entering a care home

- Are you able to make short introductory visits to the home before you move in?
- Are there transport links nearby? Are facilities such as shops, pubs, parks and places of worship within easy reach?
- Can you bring personal possessions – pictures, plants, furniture, books?
- Is there an area where family and visitors can speak with you privately if needed?

5.4 Improving health and healthcare

- How accessible is the home for those with mobility needs? Can wheelchairs go everywhere within the home, and easily in and out? Is there a lift/stairlift to all floors in the home?
- Are there any physical activities for residents, such as exercise groups or gardening?
- Are you encouraged to stay active and do as much as you can for yourself? For example, continue pursuing hobbies and interests, make a cup of tea.
- Can you go outside for fresh air when you want to?
- Using your care assessment if possible, identify all the personal, practical or nursing assistance that will be needed, together with any important equipment that is essential to help you – is the home able to provide this level of care?
- What happens if and when your needs change and you require more care? Will the current home be able to support you, or might you have to leave?

- Are toilets available in all parts of the home, fully equipped with handrails and other helpful equipment? Can you be supported to the toilet when you need to go, if necessary?
- Do you have your own GP and access to other health services such as opticians, dentists, or podiatrist?
- Who decides when a health/medical check-up is needed?
- How will the home let relatives or friends know if you are taken ill?

5.5 Staff at the care home

- Do staff seem interested and caring?
- During your visit, you may wish to speak to staff. How do they feel about working in the home? Do they feel valued in their roles?
- Do the staff at the home receive training in areas that might be important to you – for example, stroke, Parkinson’s etc.
- Is there a manager/deputy manager on duty at all times?

5.6 Contracts and finances

- Ask to see a copy of the care home’s brochure – you can make sure that the reality of the home matches this. Care homes must produce a brochure or service users’ guide which includes information such as:
 - the terms and conditions of residents’ contracts of occupancy;
 - “a brief description of the accommodation and services provided”;
 - “the number of places provided and any special needs and interests catered for”;
 - “whether service users can expect choice in the gender of those who provide their personal care”;
 - “a copy, or summary, of the most recent [Care Inspectorate Wales] inspection report [and] quality review report which shall indicate, wherever practicable [the views of] service user’s...about the home”²⁰.

²⁰ Ibid

- Can you see copies of other Care Inspectorate Wales inspection reports, in addition to the most recent one? If only a summary of the most recent report is provided as part of the brochure/service users' guide, you can ask to see the full copy.
- Can you see a copy of the home's contract/written conditions (if not provided as part of the brochure/service users' guide)?
- The *National Minimum Standards for care homes for older people* requires contracts and statements of terms and conditions to describe (also see the 'Note' in section 5.1 above in regard to these minimum standards):
 - the room to be occupied;
 - care and services (including food) covered by the fee;
 - the fee payable, when it is to be paid, and by whom (service user, local or health authority, relative or another);
 - any additional services not covered by the fees; and
 - rights and obligations of the service user and the home.

Notes:

When it is a private arrangement – Residents who are purchasing their care privately should be provided with a contract. This should be clear and comprehensive and you should ask to see a copy in advance of signing any agreement. As touched upon above, in addition to standard clauses, it should set out what care will be provided to meet your particular needs. It may well be advisable to seek professional legal advice before signing a contract.

When the local authority is assisting you – Care homes are required to provide residents who are being assisted by the local authority with a statement of terms and conditions. The contract for your care will be between the local authority and the home. You can request a copy of the contract too. In this way, you and the home will be clear about what is expected.

-
- Is a deposit required? Is this returnable? What is it for?
 - What is the care home's weekly fee and what does it cover? How are fees collected?

- Is it clear how the fees are structured and calculated? Are 'extra' items not covered by the basic fees clearly identified and accounted for?
- What sort of services are being charged for as 'extras' – how much do they cost? Should the NHS provide any of these²¹?
- Where applicable, how are NHS nursing care payments²² accounted for in the fee structure?
- Is a top-up payment required for local authority assisted residents? (section 6.6 below has further information about top-up payments).
- How much notice will the home give if it has to raise the fees?
- What fees do you have to pay if you are away for a short time, say on holiday, or in hospital?
- How much notice do you need to give the home in order to move? How much notice would you be entitled to if the home closed?
- Who is required to sign the contract (if relatives are asked to sign, they should seek legal advice about what they are committing themselves to)?
- Are details of the home's complaints procedure readily available?

5.7 End of life issues

- Can you openly discuss your wishes about your funeral plans?
- Will you be able to stay at the home right up until the end of your life if possible?
- Will your family/friends be able to stay with you when you need them to at that time? How will your family/friends be informed of your death? Will they be able to spend time in your room afterwards?
- Are any fees payable after your death; will the home continue to charge for a short period afterwards and/or until the room is cleared? How quickly does the room need to be cleared out?

²¹ The NHS should provide continence products for all residents meeting its criteria for needing them. Services such as chiropody and physiotherapy may also be arranged by the NHS if you meet the local criteria. If you need specialist care from a chiropodist, ensure it is included in your care plan. You will be expected to pay for your own personal items, such as toiletries, clothing etc.

²² See section 3.7 above for information on weekly NHS nursing care payments

Note: Also see section 9.6 below in regard to Competition and Markets Authority (CMA) investigations in regard to whether some care homes have breached consumer law by charging unjust fees after a resident's death.

6 Financial considerations when choosing a care home

6.1 Introduction

Most people living in care homes pay something towards the cost of their care. This is either:

- **in full, from income or capital – i.e. they will be a self funder; or**
- **they will make a contribution towards the overall costs, with the local authority meeting the rest of the fees** (in these circumstances, the authority will be responsible for paying the whole fee to the care home and the resident will then pay to them their 'assessed contribution'. The assessed contribution is determined according to nationally set means test rules (section 3.2 above has further details about the guidance the Welsh Government have produced outlining these national rules).

Other Age Cymru factsheets on care homes

The following Age Cymru factsheets focus on particular elements of the means test rules for determining if someone is eligible for help towards the care home costs:

- 10w – *Paying for a permanent care home placement in Wales;*
- 38w – *Treatment of property in the means test for permanent care home provision in Wales;*
- 39w – *Paying for a care home in Wales if you have a partner,*
- 40w – *Deprivation of assets in the means test for care home provision in Wales;*
- 58w – *Paying for a temporary stay in a care home in Wales;*
- 60w – *Care homes in Wales: choice of accommodation when the local authority is assisting with funding.*

6.2 The ‘capital limit’ in Wales – used in the care home charging means test

Since April 2018 the capital limit in Wales for the care home charging means test has been **£40,000**.

The capital limit may be increased again from April 2019.

- If you have capital assets and/or savings of £40,000 *or more* you will be expected to meet the **full** cost of your residential care (unless any of your particular assets fall under a ‘disregard’ in the means test, whereby the local authority cannot take account of them. See the list of factsheets above, which will contain further information on what can and cannot be disregarded, dependent on your circumstances).
- If your capital is worth *less* than £40,000 in total, it will be fully disregarded in the local authority means test for care home provision. As such, you will generally be able to get assistance towards your care home fees from your local authority.

Property and the capital limit

Property is one of the capital assets that can potentially be taken into account in the means test. Whether or not it will be, can depend on who – if anyone – will remain living there once you have moved into a care home (for example, the value of the property will be disregarded in the means test if it will continue to be occupied by your **partner**, though there are also other potential disregards, be they *mandatory* ones that the local authority has to offer, or *discretionary* disregards).

Note: The 12 week property disregard

This is a disregard which the local authority must apply to the value of a care home resident’s former home for the first 12 weeks of a permanent stay in a care home “where the value of any of their other capital is below the capital limit”²³.

See Age Cymru’s Factsheet 38w *Treatment of property in the means test for permanent care home provision in Wales* for further information.

²³ Social Services and Well-being (Wales) Act 2014: Part 4 and 5 Code of Practice (Charging and Financial Assessment), Welsh Government (version 3 – April 2018)

6.3 If you will be paying for your care yourself (i.e. fully self funding as assets above the capital limit)

Note: As mentioned in section 3.2 above, self funders can still ask the local authority to arrange their care home placement on their behalf, even if the authority won't be making any financial contribution towards the costs.

Choice of care home

As a self funder you can choose any home you like to move into, so long as the home is willing and able to offer you a place.

You may need to bear in mind, though, that if you subsequently require local authority financial assistance with care home fees – for example, because you have been self funding using savings/capital, but these resources have now reduced to the capital limit – but your current chosen accommodation costs more than the local authority is usually willing to pay for the type of care you need, a third party might have to make up the shortfall. This is known as a ‘top-up’ or ‘third-party payment’ – see section 6.6 below.

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

If you are paying for your own care you should be able to continue receiving, or make a new claim, for AA, DLA (care component) or PIP (daily living component). Age Cymru's Factsheet 10w *Paying for a permanent care home placement in Wales* contains further information about this.

Care home contract terms

Make sure the contract clearly states what the fees include – see section 5.6 above for some questions you might ask about fees.

Government standards require care homes to specify the fees payable for the standard services they offer, the arrangements for paying such fees, together with the arrangements for charging and paying for any additional services²⁴.

²⁴ National Minimum Standards for Care Homes for Older People, Care and Social Services Inspectorate Wales, 2004

In the case of care homes that provide nursing, the information about fees should relate to the total fees payable before account is taken of any nursing contribution paid by the Local Health Board.

6.4 **Moving from being fully self-funding to receiving local authority help with the fees**

Once your capital reduces to the capital limit of £40,000, you are likely to become eligible for local authority financial support towards the cost of your care home.

In order to access this support, you will need to contact the local authority social services department. As discussed above, the authority must first assess someone's care needs and agree that they need care in a care home before it will consider helping financially.

There may be a delay between you asking for a care assessment and this being carried out. Check with the authority if there are any delays in your area. If so, it is advisable to approach the authority a few months before your capital reduces to the capital limit.

Local authorities should undertake an assessment as soon as is reasonably practicable and, if necessary, take over the arrangements to ensure that you are not forced to use up capital below the limit.

For further information on getting a care assessment, see Age Cymru's Factsheet 41w *Social care assessments for older people with care needs in Wales*.

Age Cymru's Factsheet 10w *Paying for a permanent care home placement in Wales* explains how the local authority will calculate the amount you should contribute towards the cost of your care.

If you moved to a different area when you first entered a care home

If you have been self funding and your care home is located in a different local authority area to where you used to live, prior to requiring care home accommodation, then the local authority which covers the area where you *currently* live will usually be responsible for assisting you (i.e. the local authority that covers the area where your care home is situated).

However, if you are paying the full fees, but the local authority where you previously lived arranged the home for you – and still has a contract with the home – then it is still responsible for meeting your needs.

You should be able to remain in your current care home provided that it is suitable to meet your assessed needs (though in certain circumstances a third party top up may be required – see below). The local authority will enter into a contract with the home.

The local authority's 'usual cost'

As mentioned in section 6.3 above, if the care home where you live costs more than the local authority usually pays for the sort of care you need, then a 'third party' – such as a relative, friend or charitable organisation – may have to meet the difference (often known as a 'top-up') in order that you can stay in the home – see section 6.6 below for further information.

6.5 If you are eligible for local authority assistance towards your care fees from the outset

As indicated at the beginning of section 6, you will not have to make any contribution towards your care home fees from any savings/capital below £40,000 – the current capital limit.

However, you will still be expected to contribute from your day to day income – for example, your State Pension, or occupational/private pension – with the local authority meeting the rest of the cost of the placement (except in instances where a third party top up is needed as well).

Note: The level of the contribution which you will make is determined using a means test which is the same across Wales. Age Cymru's Factsheet 10w *Paying for a permanent care home placement in Wales* provides further information on the means test rules.

When a local authority enters into a contract for your care with the care home, it will be responsible for paying the fees and collecting your contribution. Alternatively, you and your local authority can each pay your respective contributions directly to the home if you, your authority and the home all agree to this arrangement.

You have a right to choose the particular provider or location of the care home (your 'preferred accommodation'²⁵), subject to certain conditions. The authority must make the arrangement, provided that all of the following four points are met:

- It appears to the authority that the home you have chosen will be suitable for your assessed needs (for example, some care homes are not necessarily able to care for people with particular types or levels of need).
- It is available (i.e. the home has a vacancy).
- The cost to the local authority is not **more** than it would normally expect to pay for someone with *your assessed needs* (i.e. the cost that the authority would reasonably expect to pay for accommodation will not be a uniform figure – it should vary, depending on the different elements of care that people may require to meet higher, or lower levels of need, or more complex types of care packages etc).
- The provider of the accommodation is willing to enter into a contract with the local authority, subject to the authority's usual terms and conditions for such care²⁶.

Where accommodation does cost more than the local authority's 'usual cost'

If your preferred accommodation costs more than the authority would usually pay, it must still arrange a place there if you can find someone else (a 'third party') to pay the difference.

In particular situations the need for a top-up can be challenged even if the accommodation is more than the usual cost – see section 6.6 below.

²⁵ The local authority should give you information about suitable care homes in your area (for example, it may have a 'preferred list' of providers), though your choice should not be limited to those settings or individual providers with which the local authority already contracts or operates.

²⁶ The Code of Practice guidance (Part 4 and 5, version 3 – April 2018) advises that, "in placing a person in a care home of their choice, a local authority must not stipulate strict or unreasonable conditions in contractual arrangements with the care home as a means to avoid or deter the arrangement and avoid meeting the person's choice of accommodation. This includes where the local authority may need to enter into a contract with a provider that it does not currently have an arrangement with. Where this occurs, it should ensure that the contractual conditions are broadly the same as those it would negotiate with any other provider whilst taking account of the individual circumstances".

If you receive Attendance Allowance (AA), Disability Living Allowance (DLA) or Personal Independence Payment (PIP)

Payment of each of the benefits will normally stop after four weeks (sooner if it is linked with a stay in hospital or an earlier period of state-funded care), if you are receiving financial help from the local authority towards your care home fees.

Finding and choosing a care home in a different local authority area in Wales; or a different part of the United Kingdom

Welsh Government guidance confirms that if someone “chooses to be placed in a care home that is outside [their] local authority’s area, the local authority **must** still arrange for their preferred accommodation” provided that the four conditions outlined above are met²⁷.

Meanwhile, the *Social Services and Well-being (Wales) Act 2014* confirms that someone’s choice of accommodation extends to “the provision of care home accommodation in [any part of] the United Kingdom”²⁸.

Note: If you were looking for care homes in another part of the UK, you could contact the body that inspects and regulates for that nation – i.e. in England this would be the Care Quality Commission (CQC), rather than the Care Inspectorate Wales (CIW).

6.6 Third party ‘top-up’ payments for more expensive accommodation

As touched upon in a number of sections above, if your ‘preferred accommodation’ will cost more than the local authority would normally pay for someone with your assessed needs, it must still make the arrangements for you in that home **as long as someone else can make up the difference between that figure and the home’s fee by making a third party contribution.**

²⁷ Social Services and Well-being (Wales) Act 2014: Part 4 and 5 Code of Practice (Charging and Financial Assessment), Welsh Government (version 3 – April 2018)

²⁸ Welsh Statutory Instruments 2015 no. 1840 (w. 268) – Social Care, Wales: The Care and Support (Choice of Accommodation) (Wales) Regulations 2015 – Explanatory Note

The third party will need to show that they can reasonably expect to be able to contribute for **as long as the arrangement lasts** – i.e. for the length of time the resident is in the home.

If, for whatever reason, the third party payments cannot be continued, the resident may have to move to another care home, though the local authority should carry out an assessment of the risks involved before taking this course of action.

Situations where the local authority may not be justified in asking for a top-up

The authority must be able to demonstrate that care and support suitable to meet your assessed eligible needs can actually be arranged at its usual cost (also referred to as ‘standard amount’, ‘usual amount’, ‘usual rate’ or ‘usual limit’), prior to requesting that a third party contribution will need to be made.

In other words, top-ups should always be *optional* only (where the care home resident makes an active choice that they would prefer to live in a more expensive care home even though there are other options available that can adequately meet their needs at lower cost).

Where someone has no choice but to enter a more expensive care home

If you have entered a more expensive home out of *necessity*, the local authority should agree to meet the extra cost. For example, a more expensive home might be necessary if:

- You have **particular needs** which cannot be met in the accommodation offered (for example, the need to be near relatives such as your spouse, or religious or dietary needs).
- **Market pressures** mean that there are no homes in the area accepting residents at the local authority’s usual rate (meaning that you have no other option but to choose a place in a home costing more).

- The local authority has **failed to offer sufficient options at its usual cost** (the Welsh Government’s guidance advises that to ensure someone has a genuine choice over accommodation “a local authority **must** have more than one option available for a person to choose from within its standard amount for residential care”²⁹).

The Welsh Government’s guidance is clear that “where no suitable accommodation is available at its standard amount to meet a person’s assessed needs in full, the local authority **must arrange a placement in a suitable more expensive setting** and adjust its funding accordingly to ensure that needs are met. In such circumstances, the local authority must **not** ask the person being placed or a third party to pay the additional cost”³⁰ (emphasis added).

Age Cymru’s Factsheet 60w *Care homes in Wales: choice of accommodation when the local authority is assisting with funding* has further information on the issues in this section.

6.7 **When the NHS makes the arrangement – i.e. for people who qualify for NHS continuing healthcare**

Your Local Health Board should arrange a place for you in a care home if your assessed needs meet the eligibility criteria for NHS continuing healthcare (NHS CHC).

See Age Cymru’s Factsheet 20w *NHS continuing healthcare and NHS-funded nursing care in Wales* for further information on this topic.

6.8 **Rehabilitation – intermediate care and reablement**

If your place in a care home has been arranged as part of a package of rehabilitation – often called **intermediate care** – where you are having short-term therapy or treatment, either following some time in hospital or to avoid having to go into hospital, it should be provided **free of charge for up to six weeks**.

²⁹ Social Services and Well-being (Wales) Act 2014: Part 4 and 5 Code of Practice (Charging and Financial Assessment), Welsh Government (version 3 – April 2018)

³⁰ Ibid

Additionally, social care rehabilitation services – known as ‘**reablement**’ – are also provided free of charge for the first six weeks – either in your own home, or a temporary stay in a specialist residential unit or residential care home.

For more information see Age Cymru’s Factsheet 76w *Intermediate care and reablement in Wales*.

Rehabilitation does not normally last longer than six weeks, but may occasionally be extended. At the end of this period, if you are not sufficiently recovered and still have care and support needs, you may:

- qualify for fully funded NHS continuing healthcare – see Age Cymru’s Factsheet 20w *NHS continuing healthcare and NHS-funded nursing care in Wales*;
- require local authority social care services provided in your own home, for which you may be charged via a means test – see Age Cymru’s Factsheet 46w *Paying for care and support at home in Wales*;
- require local authority social care services provided in a care home, as outlined in this factsheet.

7 When care needs change – you may be able to stay in your existing care home, or a move may be required

Many people are able to remain living in one care home for a long time. However, sometimes care needs can change and the home in which someone has been living may no longer be able to provide appropriate care. You may feel yourself that different care is needed; or alternatively, a care needs assessment by social services, a relative, your GP, or the manager of the home may suggest that you need to move to a more suitable home.

If your local authority has arranged the care home placement for you, then they should carry out regular reviews of your care plan that should identify a need for a different home – see below.

On occasion, the suggestion may come from the Care Inspectorate Wales (CIW), particularly if you live in a care home that is not registered to provide nursing care, but are reaching the point of needing that type of care.

The home may risk breaking the conditions of its registration if it tries to provide you with the higher level of care (in these situations, some homes have in the past been willing to explore with the registration authorities the possibility of registering one place in a care home for nursing care; this would involve the home being able and willing to meet the registration requirements for homes providing nursing care for that one place. If you are in this situation, you might want to ask the home if this is a possibility, but do bear in mind that, eventually, you may still need to move if your care needs increase in the future).

In other cases, moving to a different, perhaps more specialised home, will mean you receive more appropriate care.

Ask the current home if it will agree that you can remain there in the meantime. It is important to check the contract to see whether the home requires any period of notice before a move takes place.

Reviews of assessments / re-assessments of care needs

Local authorities “**must** keep care and support plans under review to understand whether the provision of that care and support is meeting the identified needs of the individual, and to consider if their needs have changed and if a re-assessment is required”. The agreed date for the review should have been set out in the original care plan³¹. Generally this will be *within 12 months* of services being put in place; however, sometimes on-going reviews will need to be more frequent:

Authorities “**must** have in place arrangements to review or re-assess more promptly whenever it may appear that the current plan is not meeting [the individual’s] needs”. In these circumstances they must then “undertake a review irrespective of the [original] agreed review date”³².

A review can also be requested at any time by the service user themselves (or their advocate, carer or family member on their behalf).

³¹ Social Services and Well-being (Wales) Act 2014: Part 4 Code of Practice (Meeting Needs), Welsh Government

³² Ibid

8 Regulatory bodies and service standards

8.1 The Care Inspectorate Wales (CIW)

The CIW is the body responsible for inspecting, regulating and maintaining standards in **social care** services in Wales.

This includes care homes and domiciliary support services (services that provide care in your own home). They also “inspect and drive improvement of...local authority social services” and “investigate concerns raised” about services within their regulatory remit³³.

CIW’s work is carried out under the following legislation:

- The *Social Services and Well-being (Wales) Act 2014* – this “gives powers to review the way in which local authorities discharge their social services functions”³⁴; and
- The *Regulation and Inspection of Social Care (Wales) Act 2016* (this came into force in April 2018 and replaces powers previously held under the Care Standards Act 2000³⁵).

Note: Further information on how the CIW carry out their inspections can be found on their website at:

<https://careinspectorate.wales/how-we-inspect-adult-care-services>

Their inspection reports are available at:

<https://careinspectorate.wales/find-care-service>

Section 9.4 below has further information in regard to the CIW’s role in complaints about service providers.

³³ ‘What we do’, Care Inspectorate Wales website: <https://careinspectorate.wales/about-us/what-we-do> (last accessed 17 August 2018)

³⁴ Ibid

³⁵ All services that are already registered with CIW need to re-register as a result of the new legislation; though this will take place in a phased approach (further information is available on the CIW’s website).

8.2 Healthcare Inspectorate Wales (HIW)

The HIW is the independent inspector and regulator of all health care in Wales. This includes both NHS healthcare and independent healthcare organisations. HIW, rather than CIW, will be responsible for regulating NHS services that you may receive in a care home and NHS continuing healthcare where all the care is arranged and funded solely by the NHS.

HIW also protects the interests of people whose rights are restricted under the *Mental Health Act 1983* (Welsh Minsters have responsibility under the Act to monitor its use – HIW undertakes this on their behalf).

See section 11 below for HIW's contact details.

9 Problems and complaints

After someone has entered a care home, it is important to know what to do if any problems arise. The home should provide information in writing to all residents about how to make a complaint. If possible, any problems should be discussed informally with the staff of the home in the first instance. You should not be penalised for raising any concerns that you have. Some homes have a residents' committee, or a 'suggestion box' through which concerns can be raised.

Further advice and support in regard to submitting a complaint may be available from your local Age Cymru or other local advice organisation – see section 11 for contact details.

You should have a written contract setting out your rights and responsibilities. This may make it easier to resolve disagreements³⁶.

³⁶ If you do not have a written contract your relationship with the home is likely to constitute an 'implied contract'. It may be necessary to take legal advice to establish what your rights under an implied contract are. As a customer of the home, you also have consumer rights. In the past, care home residents have often been overlooked as consumers, but this is now starting to change.

Important: Elder abuse / neglect and safeguarding

If you feel you are being mistreated or abused in a care home, you can raise this with the local authority social services department. You can ask to speak directly to their **safeguarding team**. Alternatively, if you are a relative or friend who has concerns, then you can also take this action.

For further information on this issue, see Age Cymru's Factsheet 78w *Safeguarding older people in Wales from abuse and neglect*.

9.1 When the local authority arranges or provides the care

If the problem arises with a local authority funded care home placement you can raise the issue with both the care home itself (the home should provide information in writing to all residents about how to make a complaint) and with the local authority via their complaints procedure (again, they should make this freely available).

You can also contact the *Care Inspectorate Wales (CIW)* if you have a complaint concerning the standard of care being provided in the home – see section 9.4 below.

Ultimately, you could take your issue to the *Public Services Ombudsman for Wales* if you have gone through the complaints procedure of the local authority, but still remain unhappy with the response received – also see section 9.3 below for further information.

9.2 Self-funders

People who have independently arranged and funded their care home placement can raise their concern, or make a complaint, to the care home itself and/or the CIW (see section 9.4 below in regard to bringing issues to the CIW's attention).

As a self-funder someone will **not** generally be able to make use of the local authority's complaints procedure, though exceptions to this could be where a self funder has decided to arrange their care in a home that is owned by the local authority; where the local authority has had to arrange the placement for them as they were not able to do so themselves (and there was no one else available to help); or where the authority has arranged the placement because they were requested to do so by the self funder (using their relatively new right under the *Social Services and Well-being (Wales) Act*).

However, under the last two scenarios, you may only be able to complain in regard to how the local authority exercised this *initial function* of choosing and organising a suitable care home (*rather* than in regard to complaints about the care received in the care home following this).

Self funders and the Public Services Ombudsman for Wales

Since November 2014, people who fully self fund their care home placement have had the right to escalate a complaint about those services to the Public Services Ombudsman for Wales.

As with cases involving the local authority, the Ombudsman will usually expect someone to have tried pursuing their complaint using the complaints procedure of the organisation concerned first – also see section 9.3 below for further information.

9.3 Escalating a case to the Public Services Ombudsman for Wales

Information on taking your complaint to the Ombudsman can be found on their website at:

www.ombudsman.wales/making-a-complaint/what-we-do-when-we-get-your-complaint-about-a-public-body-in-wales

As touched upon in the two previous sections, the Ombudsman will usually have expected you to pursue the internal complaints procedure of the organisation involved, be you someone receiving local authority help, or a self funder.

However, in some cases an exception may be made to this, as set out below:

Local authority funded care

In its published information on complaining to a public body (such as a local authority social services department), the Ombudsman states that they cannot “normally accept complaints unless...the organisation being complained about has already been given a reasonable opportunity to address the issues”³⁷.

However, they “will make exceptions if [they] consider that your complaint is very urgent, for example, if your immediate safety is at risk”; or “you have made a complaint but...the body is taking too long to deal with it” (“12 weeks is a reasonable time for [the body] to give you a final reply”)³⁸.

Self funded care

In its separate information for people self funding their care, the Ombudsman has effectively stated the same rules in regard to escalating a complaint at an earlier stage:

“All care service providers are required by law to have a complaints procedure in place. We will usually expect you to have complained to the care provider first. This gives them the chance to respond to your complaint. However, we will sometimes make exceptions. For example, if we consider that your immediate safety is at risk”. Also if someone has made a complaint, but think the service provider is taking too long to respond – it is suggested that 12 weeks is a reasonable time period for the organisation to provide you with a final reply to your complaint – then you may also escalate your issue to the Ombudsman³⁹.

9.4 Informing the Care Inspectorate Wales (CIW) about concerns

You can contact the CIW and inform them of any significant concerns that you have about any aspect of the service you are receiving in a care home.

³⁷ ‘What we do when we get your complaint about a public body in Wales’, Public Services Ombudsman for Wales. A copy is available on the Ombudsman’s website at: www.ombudsman.wales/factsheets/complaints-against-public-bodies-our-procedure

³⁸ ‘Want to complain about a public body? – You and the Ombudsman’, Public Services Ombudsman for Wales, November 2014. A copy of this leaflet can be found at: www.ombudsman.wales/making-a-complaint

³⁹ ‘Want to complain about the care you pay for? – You and the Ombudsman’, Public Services Ombudsman for Wales, November 2014. A copy of this leaflet can be found at: www.ombudsman.wales/making-a-complaint/complaints-about-independent-care-providers

It should be noted that CIW do not have the legal powers to investigate individual complaints or resolve disagreements between service users and service providers – instead, each service provider is required to have their own complaints procedure to look at individual cases (so as outlined in sections above, you will generally be expected to contact them first).

What CIW will do, however, is record your concerns which may then be used to inform their work of maintaining overall standards of quality and safety in specific service providers.

Your evidence may be used – in addition to that from other sources and CIW's inspections – to decide whether or not a provider is meeting minimum standards and, if not, whether CIW will need to use its powers to compel a service provider to improve its service. The CIW has a range of powers to investigate and enforce changes on the service provider and then to carry out subsequent reviews.

Note: CIW will have to act urgently in certain circumstances – for example, where there is a **safeguarding concern** or where a criminal offence has been committed. The CIW would also expect to be involved in significant local authority-based complaints regarding care homes.

9.5 When the NHS makes the arrangement

If your care is being funded by the NHS and a problem arises with the care being provided in a home, you can use the **NHS complaints procedure**. However, you can also still raise the issue with the home itself and with the regulator, the *Healthcare Inspectorate Wales (HIW)*.

Ultimately, you may be able to take your complaint to the *Public Services Ombudsman for Wales*.

Further details about the NHS complaints procedure can be found in Age Cymru's Factsheet 66w *Resolving problems and making a complaint about NHS care in Wales*.

9.6 Competition and Markets Authority (CMA) investigations into care home fees following a resident's death

The Competition and Markets Authority (CMA)⁴⁰ has recently investigated whether some care homes have breached consumer law, with a particular focus “**on self-funding residents and the [issue] of large...fees charged after a resident's death**”⁴¹.

The CMA's work also, however, included a wider market study to consider “whether the UK market for the provision of care home...services to the over 65s is working well for residents and for businesses competing fairly. The market study...identified a number of other consumer protection concerns and consideration is being given as to how these can best be addressed”⁴².

Note: The Welsh Government also published a response to the CMA Care Homes Market Study, available on their website at:
www.gov.wales/topics/health/publications/socialcare/reports/cma

In May 2018 the CMA published, ‘***UK care home providers for the elderly – consumer law advice on the charging of fees after death: Helping care home providers comply with their consumer law obligations***’.

The CMA advises that the purpose of the guidance is “to help care homes understand and comply with their responsibilities under consumer law following the death of a resident. It will also be of interest to care home residents and their representatives [and] enforcers of consumer law such as local authority Trading Standards Services, relevant Ombudsmen [in Wales, the Public Services Ombudsman for Wales], and sector regulators”.

⁴⁰ The Competition and Markets Authority (CMA) is the UK's competition and consumer authority and is an independent non-ministerial department (in April 2014 it took over many of the functions formerly performed by the Office of Fair Trading and the Competition Commission). “It aims to make markets work well for consumers, businesses and the broader economy” (see introduction to ‘UK care home providers for the elderly – consumer law advice on the charging of fees after death: Helping care home providers comply with their consumer law obligations’, The Competition and Markets Authority (CMA), 31 May 2018).

⁴¹ ‘Care homes: consumer protection case’, GOV.UK website (published 14 June 2017; last updated 31 May 2018): www.gov.uk/cma-cases/care-homes-consumer-protection-case#advice-for-care-homes-on-the-charging-of-fees-after-death (last accessed 15 August 2018)

⁴² Ibid

In their report, the CMA has stated that at the time a contract is entered into, “it is likely that [care home] residents would have a reasonable expectation that their representatives will continue to have access to their room for a short period following their death [so they can] remove the resident’s possessions”. As such, “in principle, it is reasonable for care homes to continue to charge fees during this brief period”; however, “contract terms which have the effect of requiring residents or their representatives to continue to pay fees beyond the point at which possessions are cleared from the room are in principle likely to be unfair”.

“This is because, once residents’ representatives have cleared residents’ rooms, the contract is likely to be of no benefit at all to them. It is the CMA’s view that a payment period of up to three days (beginning from the day following the resident’s death) should normally strike the right balance between the legitimate needs of the care home and the resident”.

The CMA’s guidance also goes onto address other related issues, such as:

- **Fees payable by a third party after the death of a resident part-funded by the local authority (where the authority has previously agreed that the third party will pay the care home directly for the top-up rather than via the local authority):**

“Consumer law concerns will arise if [the care home] require a third party to continue making top-up payments for a payment period that is longer than the period of local authority payment following a resident’s death [as] the effect of such a provision is to penalise the third party for making payments directly to [the home] rather than via the local authority” – see section 6.6 for more information on third party top ups.

- **“Fees payable to cover ‘shortfalls’ in any contributions which are no longer paid by the State upon (or shortly after) the death of the resident” (be this NHS contributions or the local authority’s contribution):**

- *weekly NHS-funded nursing care (FNC) contributions, which come to an end on, or shortly after, the death of a resident* – “given that it is the intention that payment for specified nursing care by a registered nurse is the NHS’s liability rather than the resident’s, the CMA can see no legitimate grounds for contract terms that require payments for FNC to continue for a period after the death of a resident. It is the CMA’s view that terms which have the effect of transferring this liability from the NHS onto the resident, or their representative, are unfair” – see section 3.7 for more information on weekly NHS funded nursing care contributions.
- Also, the CMA goes on to state, “just as terms of an agreement between [the home] and a third party which require the third party to continue to pay a top-up fee after the local authority’s contribution has ceased following the death of a resident are likely to be unfair [see the first bullet point above]...so too are terms which require the third party to meet the shortfall in the local authority’s contribution” – i.e. the full “amount [that] the local authority was paying” (emphasis added).

“The effect of such a provision, in an agreement between the care home and the third party, is to require the third party to take on responsibility for residential fee payments which far exceed the top-up fee they agreed to pay whilst the resident was alive. It takes advantage of the third party’s unfamiliarity with the subject matter, and is contrary to what a well advised third party, acting on equal bargaining terms, would agree to”⁴³.

A copy of the CMA’s guidance, referred to above, can be accessed on the GOV.UK website at:

www.gov.uk/cma-cases/care-homes-consumer-protection-case#advice-for-care-homes-on-the-charging-of-fees-after-death

⁴³ UK care home providers for the elderly – consumer law advice on the charging of fees after death: Helping care home providers comply with their consumer law obligations, The Competition and Markets Authority (CMA), 31 May 2018

10 Care home closures – finding suitable alternative accommodation

The closure of a care home may not necessarily be a problem, particularly if the home cannot meet the needs of its residents. In other cases the proposed closure of a care home may be unwelcome and its residents and their relatives may wish to try to take action over this. The purpose of any action should be considered. It may not be possible to prevent a home from closing, but residents and relatives can try and ensure that the process of closure is handled in such a way as to minimise disruption to the residents and provide them with the most satisfactory outcome possible.

10.1 Advocacy for residents when a closure is threatened

It may be helpful for an **independent advocate** to represent the interests of residents, so as to ensure that their wishes and priorities are taken into account.

As discussed in section 3.3 above, local authorities have certain duties in regard to the provision of advocacy (under the *Social Services and Well-being (Wales) Act 2014*). The accompanying Welsh Government Code of Practice for local authorities specifically mentions care home closures as a situation where they “must consider the role of advocacy”:

“There are particular circumstances and periods of change or transition which will be significant to the individual and when their needs for advocacy may be heightened [including where] external factors impact on their care and support arrangements, for example, **provider failure; care home closure; changes of management or ownership arrangements in care homes**”⁴⁴ (emphasis added).

Section 3.3 above has further information on how advocacy services may be arranged.

⁴⁴ Social Services and Well-being (Wales) Act 2014: Part 10 Code of Practice (Advocacy), Welsh Government

10.2 Is it possible to challenge a care home closure?

- Residents in local authority homes are generally in a stronger position with regard to the proposed closure of their home than those in independent care homes. Local authority homes often take longer to close – partly for the reasons discussed below – plus a local authority may be more susceptible to a publicity campaign or political pressure than an independent operator.
- Residents in independent sector homes will generally have less protection than those in local authority homes should the owners decide to close it. The care home should, however, observe any contractual requirements for notice to leave contained in the contract which has been made with the resident or the local authority.

Case law regarding care home closures, including the relevance of human rights legislation

- **Local authority owned homes** – Case law has established that, before closing a care home, the local authority should consult with the residents living there. In the case *R v Durham County Council ex parte Curtis and others (1995)*, the Court of Appeal identified a number of requirements for consulting with permanent residents prior to any decision to close a home (including that consultation must take place when proposals are still at a formative stage and that the authority must give sufficient reasons for their proposals⁴⁵).

Closure proposals have also been challenged using the *Human Rights Act 1998*; the suggestion being that by closing a home an authority could be contravening one or more articles of the *European Convention on Human Rights*. For example, in regard to *Article 2* – which protects the right to life – “the relocation of institutionalised older people to a new residence may have a dramatic effect on their mental health and life expectancy”⁴⁶.

⁴⁵ The judgement did not require residents to be consulted on a one-to-one basis – a larger meeting with residents or representations from a residents’ support group may suffice.

⁴⁶ Clements, Luke (2017). *Community Care and the Law* (Sixth edition), Legal Action Group.

In the case *R (on the application of Cowl and others) v Plymouth City Council (2001)*, Article 8 – the right to have one’s private and family life and home respected – was cited by residents where the authority were seeking to close their residential home for financial reasons. The residents “argued that they had a reasonable expectation that the home would be their home for life. The panel deciding their case agreed and the home was not closed. The panel said that people’s age should not be used as a justification for restricting their rights”⁴⁷. However, it should also be noted that in the case of Article 8, the right is a qualified one⁴⁸.

A proposed closure can be challenged through the local authority complaints procedure or, in some situations, by applying to the courts for a judicial review⁴⁹.

- **Independent sector homes** – The cases highlighted above “involve challenges to the closure of local authority homes and the termination of local authority services. It is harder to imagine a challenge to the closure of a private sector home succeeding, not least because, in most cases, such closures are dictated by insolvency or enforcement activity triggered by grossly inadequate care. However, in principle, such a case could be brought, either on contractual grounds or, more likely, on the basis of section 73 of the Care Act 2014”:

⁴⁷ Older People and Human Rights: A reference guide for professionals working with older people, Age UK and the British Institute of Human Rights (BIHR), March 2011

⁴⁸ This means that a public authority can, in certain circumstances, act in a manner detrimental to the individual’s enjoyment of that right – for example, where it is “necessary to protect...public safety or the economic wellbeing of the country...or to protect the rights and freedoms of others” (see: Human Rights Review 2012 – Article 8, Equality and Human Rights Commission, 2012). Similarly, a local authority can go back on an apparent promise of a home for life if there is an ‘overriding public interest’ in doing so. In order to be proportionate, an authority’s actions should be no more than is necessary. If the same aim can be achieved by an alternative and less intrusive action, then the alternative option should be utilised.

⁴⁹ A Judicial review can be a very expensive process and may not be appropriate unless assistance with legal costs can be obtained. Judicial review “is a type of court proceeding in which a judge reviews the lawfulness of a decision or action made by a public body”. It should be noted that “judicial reviews are a challenge to the way in which a decision has been made, rather than the rights and wrongs of the conclusion reached. It is not really concerned with the conclusions of that process and whether those were ‘right’, as long as the right procedures have been followed. The court will not substitute what it thinks is the ‘correct’ decision. This may mean that the public body will be able to make the same decision again, so long as it does so in a lawful way” – Judicial review’ Courts and Tribunals Judiciary website: www.judiciary.gov.uk/you-and-the-judiciary/judicial-review/ (last accessed 20 August 2018)

Section 73 of the Act – ‘*Human Rights Act 1998: provision of regulated care or support etc a public function*’ – “legislates that a private or social sector provider is exercising a function of a public nature if, **on the basis of payments or arrangements made by a local authority**, it provides care and support to an [older person]”⁵⁰ (emphasis added).

In other words, although the *Human Rights Act 1998* generally applies to ‘public authorities’ only (e.g. government departments, local authorities or the NHS), it can also apply to private organisations if they are “performing public functions”⁵¹. For example, this would be the case where a private organisation is commissioned by the public authority to carry out duties on its behalf; therefore, care home residents in a privately run care home should be covered by the Act when their local authority has arranged the placement for them and is assisting the resident with the funding of the care fees⁵².

Note: Although, in the main, the *Care Act* is legislation which affects England only (the *Social Services and Well-being (Wales) Act* being the closest equivalent for Wales), section 73 of the Act, discussed above, **also applies in Wales**.

This is confirmed in explanatory notes for the *Care Act*: “Section 73 makes explicit that registered care providers, when providing adults with either personal care in their home or accommodation with nursing or personal care, which has been arranged or funded by a public authority...are exercising a function of a public nature for the purposes of the Human Rights Act 1998. It extends to the whole of the UK”⁵³.

⁵⁰ Knafler QC, Stephen (2016). *Adult Social Care Law*, Legal Action Group.

⁵¹ ‘Who does the Human Rights Act apply to?’, Equality and Human Rights Commission website: www.equalityhumanrights.com/en/advice-and-guidance/who-does-human-rights-act-apply (last accessed 20 August 2018)

⁵² Another comparable scenario where the Human Rights Act would cover someone could be where they are receiving services from a private healthcare company, but where the service was commissioned by the NHS

⁵³ *Care Act 2014 Explanatory Notes*, Legislation.gov.uk website: www.legislation.gov.uk/ukpga/2014/23/notes/division/5/1/18/1 (last accessed 20 August 2018)

10.3 Welsh Government guidance on the management of care home closures

Relevance of this guidance to local authority funded and self funding residents (including assistance to find new accommodation)

In 2009, The Welsh Government issued guidance to all local authorities (LAs) and Local Health Boards (LHBs) in Wales – ‘*Statutory Guidance on Escalating Concerns with, and Closures of, Care Homes Providing Services for Adults*’.

The guidance reminds LAs and LHBs of various statutory duties and requires them:

- to set up a Home Operations Support Group (HOSG) to co-ordinate and manage the transfer of service users from [a] registered care home;
- draw up “individual relocation plans”; and
- stresses “the importance of comprehensive needs assessments of all residents (including self-funders)” when a move to a different care home will be necessary⁵⁴.

Individual relocation planning

The guidance states that the following should occur as part of individual relocation planning where a care home closure is taking place:

- Every **local authority funded service** user *must* be allocated to a professional care co-ordinator – e.g. a social worker, care manager or nurse assessor.
- **Self-funders** should be *offered* the support of a care manager (“the self funding service user is free to decline the support of a care manager but this facility must still be offered”⁵⁵).

Meanwhile, the following should be offered to both local authority funded and self funding residents (unless stated otherwise):

⁵⁴ Clements, Luke (2017). Community Care and the Law (Sixth edition), Legal Action Group.

⁵⁵ Statutory Guidance on Escalating Concerns with, and Closures of, Care Homes Providing Services for Adults, Welsh Government, May 2009

- Assistance with transport to a new home;
- support in moving or the transfer of personal possessions;
- relevant support to family members of the resident;
- information on care home vacancies in the area;
- contact details for local advocacy services (“it is expected that the registered [service] provider must support and enable approved advocacy services to meet with service users to identify their wishes and offer appropriate support”⁵⁶);
- support to contract with an alternative provider (for self funders).
- The service user should be asked to what extent they would like particular family members or friends to be involved in “identifying an alternate home or in preparing/facilitating the...transfer to alternate accommodation”. Also, there is a need to “explore with service users and their family [various] options, choices and [the] need to ensure continued access to the individual by friends and family”⁵⁷.

Note: As touched upon above, a care needs assessment/re-assessment for all service users should be obtained (“including with their agreement people who are self-funding”⁵⁸).

Confirming the residents’ current needs is a major part of establishing which other homes might be suitable for that person to move on to (further information on local authority assessments can be found in Age Cymru’s Factsheet 41w *Social care assessments for older people with care needs in Wales*) – also see below for further information.

Care needs assessments in the context of care home closures

The assessment should consider:

- issues of mental capacity and any risk factors that may arise as a result of physically moving the person from the home”;
- equipment or aids currently used by the resident;

⁵⁶ Ibid

⁵⁷ Ibid

⁵⁸ Ibid

- details of medication used and any pending hospital treatment or appointments;
- preferred care routine of the resident;
- details of “significant relationships” within the current home of a resident⁵⁹. For example, it is not just the residents’ physical health which may be affected by the closure of a home; their relationships and emotional well-being may also suffer.

10.4 Care home closures where the NHS has responsibility

Some care home residents are fully funded by the NHS under its responsibility to provide continuing health care services. If a home arranged by the NHS decides to close then the NHS will be responsible for making alternative arrangements for any residents that it is funding there⁶⁰.

11 Useful organisations

Age Cymru organisations (local)

Your local Age Cymru may be able to provide advice and support on a range of issues regarding care homes. They might also operate an advocacy service. For the contact details of your local Age Cymru:

- Telephone Age Cymru Advice on **08000 223 444**;
- E-mail: **advice@agecymru.org.uk**; or
- visit the Age Cymru website: **www.agecymru.org.uk**

Care Inspectorate Wales (CIW)

CIW inspects and regulates care and social services in Wales.

Tel: 0300 7900 126

E-mail: ciw@gov.wales

Website: www.careinspectorate.wales

⁵⁹ Ibid

⁶⁰ As stated above, the ‘Statutory Guidance on Escalating Concerns with, and Closures of, Care Homes Providing Services for Adults’ also applies to Local Health Boards (these are the bodies which are responsible for delivering all NHS healthcare services within a certain geographical area which they cover).

Carers UK

A national charity providing information, advice and practical and emotional support for carers.

Advice Line: 0808 808 7777

Carers Wales: 029 20 811370

Website: www.carerswales.org

Cinnamon Trust (The)

A charity that helps older and terminally ill people with their pet's care (for example, assistance with dog-walking or short-term fostering of pets if someone is in hospital). To help people going into a care home, the Trust also maintains a register of homes (the *Pet Friendly Homes Register*) throughout the UK that accept residents with pets. If advance notice is given, the Trust may be able to accept animals on their owner's death and provide lifelong care.

Tel: 01736 757900

Website: www.cinnamon.org.uk

Citizens Advice Bureaus (CABs)

National network of free advice centres offering confidential and independent advice, face to face or by telephone.

Tel: 03444 77 20 20

Details of your nearest CAB can be found at: www.citizensadvice.org.uk

Elderly Accommodation Counsel (EAC)

Provides information on all forms of accommodation, support and care for older people.

EAC FirstStop Advice: 0800 377 7070

E-mail: info@firststopadvice.org.uk

Website: www.eac.org.uk

Equality Advisory and Support Service

A helpline that can advise people on equality and human rights issues.

Tel: 0808 800 0082

Website: www.equalityadvisoryservice.com

Healthcare Inspectorate Wales (HIW)

The HIW is the independent inspector and regulator of NHS healthcare and independent healthcare organisations in Wales.

Tel: 0300 062 8163

E-mail: hiw@gov.wales

Website: www.hiw.org.uk

Older People's Commissioner for Wales

Independent champion for older people across Wales.

Tel: 03442 640670

E-mail: ask@olderpeoplewales.com

Website: www.olderpeoplewales.com

Public Services Ombudsman for Wales

The Ombudsman looks to see whether people have been treated unfairly or have received a bad service from a public body, such as the NHS or local authority social services department.

Tel: 0300 790 0203

Website: www.ombudsman-wales.org.uk

Relatives & Residents Association (The)

The Relatives & Residents Association gives advice and support to older people in care homes, their relatives and friends.

Tel: 020 7359 8136

E-mail: info@relres.org

Website: www.relres.org

Welsh Government

The devolved government for Wales.

Tel: 0300 060 4400

E-mail: customerhelp@gov.wales

Website: www.wales.gov.uk

Welsh Local Government Association (WLGA)

The WLGA represents all the local authorities in Wales. It aims to promote better local government and “support authorities in the development of policies and priorities which will improve public services”⁶¹.

Tel: 029 2046 8600

E-mail: enquiry@wlga.gov.uk

Website: www.wlga.wales

12 Further information about Age Cymru

Age Cymru is the leading charity for all older people in Wales. We campaign, we research and we fundraise to make sure we build a better life for all older people. We ensure older people’s voices are heard, we challenge and change attitudes, we fight discrimination wherever we find it and we tackle elder abuse in all its forms. Together with our local Age Cymru partners we provide vital services in communities across Wales.

The Age UK family

Along with Age UK, Age Scotland and Age NI, Age Cymru is a member of the Age UK family.

Age UK (Age UK Advice: 0800 169 65 65; website: www.ageuk.org.uk)

Age NI (Age NI Advice: 0808 808 7575; website: www.ageni.org)

Age Scotland (Tel: 0845 833 0200; website: www.agescotland.org.uk)

Our information materials

Age Cymru and Age UK publish a large number of free Information Guides and Factsheets on a range of subjects, including money and benefits, health, social care and housing. Some resources, such as this factsheet, are produced ‘in-house’ by Age Cymru, whilst others are branded Age UK and – depending on the subject matter – contain either information which is applicable in England and Wales, or for the whole of the UK.

⁶¹ ‘About Us’, Welsh Local Government Association (WLGA) website: www.wlga.wales/about-us (last accessed 20 August 2018)

Contact details

Age Cymru Advice

Tel: 08000 223 444

E-mail: advice@agecymru.org.uk

Website: www.agecymru.org.uk



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Contact us if you would like:

- To order copies of any factsheets or information guides.
- Further advice if you cannot find the information you need in this factsheet.
- Details of your nearest local Age Cymru organisation.

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