

## Factsheet 58

# Paying for short-term and temporary care in a care home

October 2018

### About this factsheet

This factsheet explains the rules that cover short term and temporary care homes placements, which can be for various reasons, such as respite care or trial periods. A distinction is made between 'temporary' (generally up to 52 weeks) and 'short-term' (up to eight weeks).

Factsheet 41, *How to get care and support*, has information on how you can get social care support and assistance from your local authority.

The information in this factsheet is correct for the period October 2018 to September 2019.

The information in this factsheet is applicable to England. Please contact Age Cymru, Age Scotland or Age NI for their version of this factsheet. Contact details are at the back of this factsheet.

Contact details for any organisation mentioned in this factsheet can be found in the *Useful Organisations* section.

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## 1 Recent developments

*Local Authority Circular (DH)(2018)1*, published in January 2018, kept all the rates and financial thresholds for charging for care and support at the same levels as the previous financial year.

## 2 Terms and sources used in this text

### Care homes

This factsheet has information about 'care homes' and 'nursing homes'. These are standard terms used by the Care Quality Commission. Nursing homes are care homes where a nurse must be present to provide or supervise medical-type care alongside basic care. The term 'care home' is used in the text, unless 'nursing home' is specifically required.

### Guidance and regulations

This factsheet is based on the *Care Act 2014 ('the Act')* and supporting regulations and statutory guidance, introduced in April 2015.

The most relevant regulations are the *Care and Support (Charging and Assessment of Resources) Regulations 2014 ('the charging regulations')*. The other reference source is the *Care and Support Statutory Guidance 2014 ('the guidance')*, with Annex F dealing with 'Temporary and short-term residents in care homes'.

### Local authority

In this factsheet, references to a 'local authority' refer to the adult social services department of the local authority or council. It is used to describe similar departments within: a county council, a district council for an area in which there is no county council, a London borough council, or the Common Council of the City of London.

## 3 Short-term, temporary or permanent status

### Local authority assessment

If you are placed in a care home by a local authority following an assessment of your needs, it can be on a short-term, temporary or permanent basis.

This, in turn, affects how you are charged for the care home fees and how much money you are allowed for your living expenses. You should be informed of the local authority recommendation as soon as possible.

It should be discussed with you and recorded in your agreed care and support plan. For more information about the needs assessment, see factsheet 41, *How to get care and support*.

## Definitions of short-term and temporary residential care

The charging regulations state that:

- **'short-term resident'** means being provided with accommodation in a care home for a period not exceeding 8 weeks. An example of short-term care is where you are placed in a care home to receive respite care, possibly on a regular basis.
- **'temporary resident'** means your stay is not intended to be permanent and it is unlikely to exceed 52 weeks. It can exceed this period in exceptional circumstances, if it is unlikely to '*substantially*' exceed 52 weeks. There must be a plan to return home at some point.
- **'permanent resident'** means that you are not a short-term or temporary resident.

There are different approaches to the local authority financial assessment ('*means test*') for each category that must be followed. If you are a permanent resident in a care home, see factsheet 10, *Paying for permanent residential care*.

## 4 Short-term residents

If your care home placement is for a short-term period such as regular respite, your local authority has the power to choose to charge you as if you are receiving care and support in your own home. Note, this is a discretionary decision, which means they do not have to do this.

### Income protection

If you are treated as if you are living at home for a short-term stay in a care home, the financial assessment must follow the non-residential care income protection rules.

The main rule is your weekly income must not fall below a set level called the '*minimum income guarantee*', after any financial contribution you are required to make towards your stay in the home. This is currently £189 a week for a single person. This is higher than the personal expenses allowance applied in temporary or permanent residential care, which is currently £24.90 a week.

There are other income rules, for example ongoing property-related costs that must be taken into account if you receive care and support at home, rather than in a care home.

For more information on the minimum income guarantee and other non-residential care charging principles see factsheet 46, *Paying for care and support at home*.

### Treatment of property

The value of your main or only home is disregarded in the financial assessment, if you own one and you are treated as still living at home.

## Local authority policy

As this is a discretionary power, a local authority does not have to treat you as if you receive care and support at home if you enter a care home as a short-term resident. If they decide to treat you differently following the financial assessment, you can request a review of their decision and ask them to treat you as if you were living at home.

These types of paid-for services must not be confused with free short-term rehabilitation. See section 7 for more information on this service.

## Direct payments

If you receive direct payments and go into a care home on a short term basis, your direct payments can continue for a period up to four consecutive weeks in any 12-month period. This can be to provide a respite break for a carer, for example.

If the period between two stays in a care home is less than four weeks, they are treated as consecutive and added together to make a cumulative total. If two stays in care homes are more than four weeks apart, they are not added together.

If you have four consecutive weeks in a care home, individually or cumulatively, you cannot use direct payments to pay for care home services until 12 months have passed from the start of the four week period. If each stay is less than four weeks and there is an interim period of at least four weeks between two or more stays, you can use direct payments to pay for residential breaks throughout the year.

## 5 Temporary residents

If you enter a care home as a temporary resident, there are discretionary powers for the local authority in relation to the financial assessment. In general, the financial assessment follows the rules for permanent care home residents, with the following exceptions. For more information see factsheet 10, *Paying for permanent residential care*.

### 5.1 Treatment of capital excluding your home

The value of your main or only home must be disregarded if you:

- intend to return to that property as your main or only home and it remains available to you, or
- have taken steps to sell your home in order to buy one that is more suitable and you intend to return to that property.

Only one property can be disregarded as your main or only home.

### Treatment of other capital

Other capital assets such as savings, are treated in the same way as for permanent residents.

## 5.2 Income, earnings and on-going expenses

Income and earnings are treated in the same way as for permanent residents. This means you can have related disregards such as passing on 50 per cent of a private pension to a partner staying at home.

Additional expenses to maintain your home during a temporary stay, so it is in a fit condition for you to return home to, must be disregarded in the financial assessment. These include mortgage, ground rent, service charges, water rates, and insurance premiums.

If you have a partner who remains at home, sufficient allowance must be made for their living expenses when calculating your personal expenses allowance.

### Review assessment

If the local authority does not disregard enough income to allow you to continue to pay bills and other unavoidable expenses at home, ask for a review assessment or complain using their complaints procedure.

## 5.3 On-going independent living costs

Your local authority should disregard other payments you receive to meet the cost of housing and to support independent living when calculating what to charge you. For example, this may include payments to provide warden support, emergency alarms or meeting cleaning costs where you or someone else in your household is unable to manage this.

They should consider whether these payments are sufficient to cover your commitments during a temporary stay. For example, you may have previously met costs from disregarded earnings that cannot be paid during the temporary stay. In such cases, the local authority should calculate the additional cost and disregard this amount.

## 6 Social security benefits

If you are a temporary resident and receive Attendance Allowance (AA), Disability Living Allowance (DLA) care component, or Personal Independence Payment (PIP) daily living component, these should be completely disregarded in the financial assessment.

Your local authority should note payment of these benefits is suspended after four weeks of receiving local authority funded residential care.

Payments of the mobility components of DLA and PIP should always be disregarded for the means test.

Once you return home, payments of AA, DLA or PIP should start again. If you return to a care home within 28 days of your last stay, AA, DLA, or PIP will stop again. Make sure you tell the office handling your claim if you are going in or out of a care home.

If your stay in a care home is temporary, Income Support or Pension Credit should be unchanged, as you are treated as normally living in your own home. The severe disability premium or enhanced disability premium is no longer paid if AA, DLA or PIP is suspended.

Local authorities should ensure a partner at home receives an amount equal to the basic level of Pension Credit *'to which they may be entitled in their own right'* and any additional amounts they are entitled to.

Annex C of the Statutory Guidance states:

*Only the income of the cared-for person can be taken into account in the financial assessment of what they can afford to pay for their care and support. Where this person receives income as one of a couple, the starting presumption is that the cared-for person has an equal share of the income. A local authority should also consider the implications for the cared-for person's partner.*

For temporary residents, normal Pension Credit rules apply if you are a couple. For more information, see factsheet 48, *Pension Credit*.

Special rules can apply when calculating entitlement to Income Support, income-based Jobseeker's Allowance and income-related Employment and Support Allowance, when one member of a couple enters a care home for a temporary stay. These should be taken into account in considering what a person can afford to pay.

If you enter temporary residential care and your partner receives Housing Benefit, it should be disregarded from the financial assessment because they are still responsible for meeting costs associated with your main or only home.

### **Note**

DLA is being replaced by PIP. New adult claimants must now apply for PIP. If you currently receive DLA, you may be re-assessed for PIP in the future. For more information see factsheet 87, *Personal Independence Payment and Disability Living Allowance*.

## 7 If temporary becomes permanent

Residential care arranged on a temporary basis can become permanent. If this happens, the guidance says the local authority should apply the financial assessment for a permanent resident from the date it is agreed with them and recorded in your care plan that your stay has become permanent. Your care and support plan must be amended to reflect your new status. From this date, the value of your home must be disregarded for 12 weeks. Other capital and income is taken into account.

Similarly, a stay initially assessed as permanent may turn out to be temporary because, for example, you are able to leave the home to return to your own home, to move in with friends or family, or to enter sheltered housing. You should be treated as temporary from the date of admission for the purposes of charging.

## 8 Short-term rehabilitation in a care home

If your place in a care home is arranged by your local authority as part of a package of short-term rehabilitation, it must be provided free for at least the first six weeks. This is called *'intermediate care'*.

Intermediate care may be fully funded by the local authority or jointly funded by the local NHS. There is a similar service that is fully funded by the NHS, which must always be free of charge. It is important for those working with you to clearly explain this when planning your care.

This type of service is not generally designed to last more than 6 weeks, with the average time being around two weeks. It is usually provided on discharge from hospital, but can be for other reasons, for example, to avoid hospital admission. Home care reablement is a similar local authority arranged service provided in your own home.

For more information see factsheet 76, *Intermediate care and reablement*.

## 9 Information, advice and advocacy

Your local authority must deliver information and advice to everyone who needs it. This must cover the following areas:

- the local care and support system and how it operates
- the choice of types of care and support and the choice of providers available to those in the authority's area
- how to access the care and support that is available
- how to access independent financial advice on matters relevant to the meeting of needs for care and support
- how to raise concerns about the safety or well-being of an adult who has needs for care and support.

## Your right to independent advocacy

You should be assisted to play as active a role as possible in your assessment, identification of needs and the care planning procedure. If you have difficulty engaging with the process and have no one to help you, you may have a right to have an independent advocate to assist you. This right is triggered if you have substantial difficulty:

- understanding the relevant information
- retaining that information
- using or weighing information as part of the process of being involved
- communicating your views, wishes or feelings (whether by talking, using sign language or any other means).

An appropriate person must be provided by the local authority to fulfil this role.

## 9.1 Complaints, rights and equality

Your local authority must promote your human rights and equality under legislation. It must also work to maximise your wellbeing and dignity under the Act and act in your '*best interest*' under the *Mental Capacity 2005* if you have lost mental capacity.

You should be provided with information and advice about how to complain if you are not satisfied with any element of the service that you are provided with. For more information see factsheet 59, *How to resolve problems and make a complaint about adult social care*.

If you have any concerns about being cared for appropriately or being abused during your care home placement, see factsheet 78, *Safeguarding older people from abuse and neglect* for the steps you can take.

## Useful organisations

### Care Quality Commission

[www.cqc.org.uk](http://www.cqc.org.uk)

Telephone 03000 616 161 (free call)

Independent regulator of adult health and social care services in England, covering NHS, local authorities, private companies or voluntary organisations and people detained under the *Mental Health Act*.

### Carers UK

[www.carersuk.org](http://www.carersuk.org)

Telephone 0808 808 7777

Provides information and support for carers, including information about benefits.

### EAC FirstStop Advice

[www.firststopcareadvice.org.uk](http://www.firststopcareadvice.org.uk)

Telephone helpline 0800 377 7070

Provides information on housing options for older people.

### Equality Advisory Support Service

[www.equalityadvisoryservice.com](http://www.equalityadvisoryservice.com)

Telephone helpline 0808 800 0082 Mon-Fri 9am-8pm, Sat 10am-2pm

Funded by the Equality and Human Rights Commission, the EASS Helpline provides information and advice about the *Equality Act 2010*.

### Independent Age

[www.independentage.org](http://www.independentage.org)

Telephone helpline 0800 319 6789 Mon-Fri 8.30am-6.30pm, Sat-Sun 9am-1pm

A charity providing free impartial advice on benefits, home care, care homes and NHS services for older people, their families and professionals.

## Age UK

Age UK provides advice and information for people in later life through our Age UK Advice line, publications and online. Call Age UK Advice to find out whether there is a local Age UK near you, and to order free copies of our information guides and factsheets.

### Age UK Advice

[www.ageuk.org.uk](http://www.ageuk.org.uk)

0800 169 65 65

Lines are open seven days a week from 8.00am to 7.00pm

### In Wales contact

#### Age Cymru Advice

[www.agecymru.org.uk](http://www.agecymru.org.uk)

0800 022 3444

### In Northern Ireland contact

#### Age NI

[www.ageni.org](http://www.ageni.org)

0808 808 7575

### In Scotland contact

#### Age Scotland

[www.agescotland.org.uk](http://www.agescotland.org.uk)

0800 124 4222

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### Next update October 2019

The evidence sources used to create this factsheet are available on request. Contact [resources@ageuk.org.uk](mailto:resources@ageuk.org.uk)

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