

Factsheet 58

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

October 2020

About this factsheet

This factsheet explains the financial assessment rules that cover short-term and temporary care home 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 the local authority.

The information in this factsheet is correct for the period October 2020 to September 2021.

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 (DHSC) (2020)1, published in March 2020, 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.

Care Act 2014, regulations and statutory guidance

This factsheet is based on the *Care Act 2014* ('*the Act*') and the 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* ('*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 the local authority arranges your care home placement 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 via the financial assessment 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 and care and support plan, see factsheet 41, *How to get care and support*.

Definitions of short-term, temporary and permanent residential care

The charging regulations state that:

- **'short-term resident'** means being provided with accommodation in a care home for a period not exceeding eight 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. 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, the 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. They can choose to charge you as a temporary resident, see section 5.

Income protection

If you are treated as if you live at home for a short-term stay in a care home, the financial assessment follows the non-residential care income protection rules. Your weekly income must not fall below a set level called the '*minimum income guarantee*' (MIG), after any financial contribution you must make towards your stay in the home.

This is £189 a week for a single person of State Pension age or over. For a member of a couple, where either or both members are State Pension age or over, it is £144.30 per week. Extra amounts may apply depending on your circumstances, for example if you are a carer. The MIG amounts are higher than the '*personal expenses allowance*' of £24.90 a week, applied in temporary or permanent residential care.

Other income rules such as disregards for ongoing housing-related costs and disability expenditure must be taken into account. Attendance Allowance, Disability Living Allowance care component, and Personal Independence Payment daily living element can be included as income in the financial assessment in these circumstances.

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.

For further information see factsheet 46, *Paying for care and support 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 are not the same as free short-term rehabilitation. See section 8 for more information on this service.

Direct payments

Direct payments can be used to purchase a short stay in a care home, 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 short term stays throughout the year.

5 Temporary residents

If you enter a care home as a temporary resident, 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 property

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, but are not limited to, 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.

If you need to keep more income

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 of the financial assessment or complain using their complaints procedure.

5.3 On-going independent living costs

The 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. Payments of the mobility components of DLA and PIP should always be disregarded in the financial assessment.

The local authority should note payment of these benefits is suspended after 28 days of receiving local authority funded short-term or temporary residential care and the impact this has on maintaining your home.

If you have had a stay in hospital before entering residential care, the period spent in hospital is included in the 28-day period after which AA, DLA and PIP payments are suspended.

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

If your stay in a care home is short-term or temporary, any Pension Credit claim can usually continue to be paid if you are entitled. However, the severe disability addition of Pension Credit Guarantee Credit is no longer paid if AA, DLA or PIP (*'a qualifying benefit'*) is suspended.

If you enter temporary residential care and receive Housing Benefit, it should be disregarded from the financial assessment because you are still responsible for meeting costs to do with your home. You can continue to receive Housing Benefit for up to 52 weeks as a temporary resident.

Mixed-age couples

A mixed-age couple is one where one partner has reached State Pension age and the other partner has not.

If you are part of a mixed-age couple and your Pension Credit award stops because a qualifying disability benefit is suspended, you may not be able to reclaim Pension Credit when you leave the care home. You may have to claim Universal Credit instead.

See section 2.2 of factsheet 48, *Pension Credit* for more information and if you think you will be affected, seek specialist advice.

Partner at home

Local authorities should ensure a partner at home is left with equal to the basic level of Pension Credit ‘*to which they may be entitled in their own right*’.

Regarding joint income, 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.

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

Temporary residential care can become permanent. If this happens, the local authority should apply the financial assessment for a permanent resident from the agreed date recorded in your care plan from when your stay becomes permanent.

From this date, your home may continue to be disregarded if, for example, your partner or a relative still lives there. Otherwise, it must be disregarded for 12 weeks. See factsheet 38, *Property and paying for residential care* for more information.

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. You should be treated as temporary resident 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 the local authority as part of a package of short-term rehabilitation, it must be provided free for up to six weeks. This is called '*intermediate care*'.

Intermediate care may be fully funded by the local authority or jointly funded by the 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, but can be extended if necessary. 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 re-ablement*.

9 Information, advice and advocacy

The 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.

The independent advocacy duty

You should be assisted to play as active a role as possible in your needs assessment and the care planning procedure.

If you have difficulty engaging with the process and have no one you want 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.

10 Complaints and safeguarding from abuse and neglect

If you disagree with the local authority's decisions, or are not satisfied with the service you have received, you can raise a formal complaint. You should be provided with information and advice about the local authority's complaints procedure.

If you cannot resolve the complaint using the authority's procedure, you can take it to the Local Government and Social Care Ombudsman. For more information, see factsheet 59, *How to resolve problems and make a complaint about adult social care*.

10.1 Abuse and neglect

If you are experiencing, or are at risk of, abuse or neglect, you should raise safeguarding concerns with the local authority. The authority's safeguarding duties apply irrespective of how your care is arranged and funded.

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

Telephone 03000 616 161

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

Telephone 0808 808 7777

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

Local Government and Social Care Ombudsman

www.lgo.org.uk

Telephone 0300 061 0614

Final stage for complaints about local authorities and privately arranged care services. It is a free service.

Relatives and Residents Association (The)

www.relres.org

Telephone 020 7359 8136

Advice and support to older people in care homes, relatives and friends.

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

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

0800 022 3444

In Northern Ireland contact

Age NI

www.ageni.org

0808 808 7575

In Scotland contact

Age Scotland

www.agescotland.org.uk

0800 124 4222

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The evidence sources used to create this factsheet are available on request. Contact *resources@ageuk.org.uk*

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