

Carers Information Sheet 14

Considering Residential Care

The realization that your cared for person's care needs are increasing to the stage when they may need 24-hour support in a residential care or nursing home can be difficult for a Carer.

Sometimes the need becomes clearly apparent when the cared for person has an accident or illness; or the carer's health is beginning to suffer too much.

The need for extra support or the stress on the carer may not be recognised by the cared for person, who has to give their consent for any change of accommodation - unless they are so mentally incapacitated (perhaps someone has a Lasting Power of Attorney for them for welfare & health decisions) that others have to decide in their best interests.

There can be a sense of guilt or failure on the part of the Carer, who may feel they have to struggle on until it becomes an emergency.

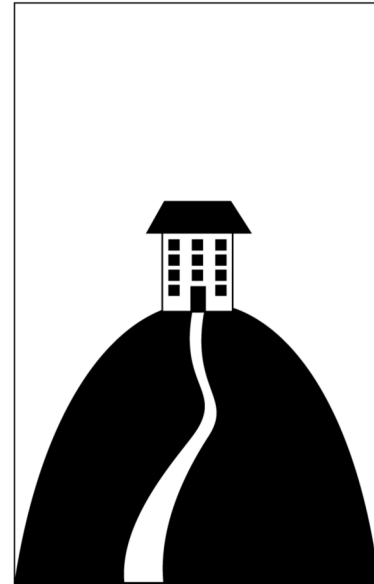
Below are some hints and tips from carers who have been through this experience themselves, on how to cope with making this very difficult decision and what to do when that decision has been made.

OTHER OPTIONS

We have assumed in writing this information sheet that you have investigated the possibility of increased care packages to support the cared for person and yourself as their carer at home, and that this option will no longer meet your and your cared for person's needs. If you have not, and you feel more help at home might work, contact **Lewisham Social Services** and ask for an **Assessment**: Tel: **020 8314 6000** (See also our Information Sheet 3).

COMING TO A DECISION

Having a clear picture of the actual current care



needs of the person you look after is a good starting point.

Finding someone to talk the situation over with if you are beginning to feel that something has to change will help to crystallize your thinking and get a clearer perspective of needs. This could be a friend, another relative, a social worker or someone from a local voluntary organisation such as Carers Lewisham or Age Concern.

Feeling that you do not have the time to talk things over might be a good indicator that there is a real need to revise care arrangements.

It is important to be able to take time out. "Respite" or short break care can give both carer and cared for an opportunity to experience different care arrangements.

Appendix 1 gives you a format to work out how much you do as a carer, and give you a clearer picture of the needs of your cared for person.

This is also useful to give to the social worker when you are having a Carers Assessment or your cared for person is having a Community Care Assessment.

WHAT SORTS OF RESIDENTIAL CARE ARE THERE?

VERY SHELTERED ACCOMMODATION

Lewisham has some “extra care” sheltered accommodation which is available to people who would otherwise meet Lewisham’s criteria for residential care. This accommodation will enable people to be as independent as possible for as long as possible. 24 hour help is available on the premises. As the flats are a good size, it may be possible for couples to access the accommodation if they are finding it hard to cope alone but do not want to be separated. There are also a few two bedroom flats available for people who do not want to share the same bedroom, such as brothers and sisters.

WHY CHOOSE THIS OPTION?

It provides a secure environment and allows older people to maintain a degree of independence whilst meeting their needs for support in their day to day care and to remain safe. In recent times this option has been promoted as an alternative to Care Home provision. Offers accommodation in individual flats within a secure building. Care staff available 24/7 in an emergency. Resident’s care package provided usually by in-house Care workers.

DIFFICULTIES WITH THIS OPTION

- Limited availability, and locations.
- Cared for person may not be able to cope with this level of independence, due to mental or physical deterioration.

RESIDENTIAL CARE HOMES

These are for people who are unable to look after themselves at home, even with a “full care package” or home disability equipment, who can still do some of their own personal care, but who don’t have medical nursing needs. Offers individual (occasionally shared if preferred) rooms. Dining Room for residents’ meals. Communal Social Room / Lounge.

WHY CHOOSE THIS OPTION?

24 hour support is available. There is company around for people who feel lonely or isolated.

DIFFICULTIES WITH THIS OPTION

- High cost of full care, and any financial support from the Council is means tested. Cared for person will not have a lot of privacy. No motivation to be as independent as possible
- Quality of care can be variable.

NURSING HOMES

Meet the needs of people who require a substantial element of nursing care, or who need 2 people to move them, etc. Offer individual rooms. Dining Room for resident’s meals. Communal Social Room/Lounge.

If your cared for person has serious health problems and needs frequent care from a trained nurse, this may be arranged in a nursing home through the NHS and your cared for person will not be expected to pay for their care. This is called ‘**continuing care**’. To get this help your caree will have to meet strict criteria.

Contact your social worker, or Lewisham PCT
Tel: **7206 3234 / 7206 3200**

Email: penny.pickering@lewishampct.nhs.uk

If your cared for person is less disabled or ill than this, but still in need of ‘nursing care’ - e.g. dressing, injections, ‘peg’ feeding (intravenous feeding), etc.- not just personal care, this may be the right option for you. The home fees are then ‘means tested’, with a nursing care element provided free of charge; you still have to be financially assessed for the ‘personal care’ and accommodation costs (unless they are deemed a “self-funder” - see below).

WHY CHOOSE THIS OPTION?

For the 24 hour nursing support that is at hand. This may be the only suitable option to meet your cared for person’s needs which allows them to live in a homelier environment than hospital.

DIFFICULTIES WITH THIS OPTION

- The same as with an ordinary care home.

DUAL CARE HOMES

Some Homes provide both nursing and residential care. They may also have provision to accommodate people with dementia or challenging behaviour. If the person's needs increase, they may not have to move to a different home.

DECIDING WHICH ACCOMMODATION TO PICK

It is important that you visit homes, to see the differences between them. You can obtain a list from Social Services, Care Standards Commission who can also provide a copy of their latest inspection report:

Care E quality Commission: **0300 0 616161**

All Care Homes should be able to provide you with leaflets/ brochures that outline the services and care they provide and these should give you a clear understanding of what to expect. When you have found a Home you like the look of, ring up the Home's Manager and make an appointment. If you like the home, ask the Manager if you can pop back sometime without an appointment. If they say NO, do not use it !!

BELOW ARE SOME SUGGESTED QUESTIONS TO ASK WHEN YOU VISIT SUITABLE CARE HOMES:

1. Are you made welcome on visiting? Note your first impressions; you may want to follow them up.
2. Are care needs individually & respectfully catered for?
3. Is there enough written information, e.g. on extra charges, activities & trips out?
4. Does each resident have a "key worker"?
5. How are the staff with the residents?
6. Are there enough staff?
7. Do residents seem:
 - Content
 - Alert
 - Attended to
 - Given privacy
 - Helped to make choices?
6. What is the weekly fee for a specific room?
7. Is it safe, attractive & well-maintained - indoors and outdoors?

8. Are rooms comfortable, clean, etc.?
9. What is the "atmosphere" like? Imagine yourself living there.
10. Are there any unnecessary restrictions?
11. Is there evidence of a complaints procedure, and other policies (e.g. on residents' finances & valuables)?

PAYING FOR RESIDENTIAL CARE

Unless you have savings over £22,250 (or double that in joint accounts if a couple) in which case you are deemed a "self-funder", and expected to fund the Home fees yourself, Residential Care fees are means tested.

If you or your cared for person are unable to self fund then your route into statutory funding help is through a Social Worker. They will have to make an '**Assessment**' of the needs of your cared for person and yourself as the carer before they agree to look at the possibility of paying or contributing to the cost of a residential care placement.

Once the Social Worker and your cared for person have agreed that residential care is the best option for their future care then the Social Worker will take the request to a **Panel**. In the meantime, a finance officer from Social Care and Health will visit and do a '**Financial Assessment**' to decide how much, if anything, your cared for person will have to pay towards the cost of the Care Home.

You can ask Social Care and Health Services and the Home for a trial period for your relative to see how they settle in.

INCOME

All the person's income, including any state benefits (except DLA mobility component) and private pensions will be taken into consideration. If you are married or a partner to the caree, YOUR income will also be taken into consideration, however, Lewisham has a duty to ensure that any spouse has an adequate income to live on after any fees are paid. You will be allowed to keep half of any private pension. If you are caring for an adult child, parent or other person who is going into residential care, only their income is taken into consideration.

CAPITAL

Your cared for person will be allowed to keep £13,500 of their capital, and there is a sliding scale between that & £22,250, where it is assumed you have £1 income per week for every £250 or part of £250.

“TOPPING-UP” FEES

If you are not a self-funder and you choose a room/home of a higher-than-the-general standard for the area, Social Services Finance will need to be satisfied that a relative or friend can over time make up the difference in fees. The prospective resident is **not** permitted to top up from their own savings.

WILL WE HAVE TO SELL THE HOUSE?

If the cared for person owns their own home, its value will be taken into consideration when capital is worked out. However, if any of the following people are still living in the house it cannot be included:

- A husband, wife, civil or long term partner.
- A relative who is 60 or over, or incapacitated
- A relative under 16 who the cared for person is legally liable to support.

Social Services also have discretion to exclude the home's value in other circumstances, such as if you, the carer, live there and you can prove you have been caring for your relative for over one year and that it is your only accommodation. What they may ask you to do is to pay a charge when/if the house is sold.

If a property owner lives alone, they will be expected to sell it to pay fees. But its value is disregarded for the first 12 weeks of permanent residential care

WEEKLY PERSONAL ALLOWANCE

Residents on lower incomes will always be able to keep at least the weekly personal allowance (c. £20).

Other housing issues: See Info. Sheet 13.

ONCE YOUR CARE FOR PERSON HAS MOVED TO THEIR NEW HOME

Should the care provided or the accommodation not meet the standards you were led to expect, speak to the Manager of the Home. If you are not satisfied that your concerns have been addressed, write to the Manager of the Home restating your concerns and send a copy of your letter to the Care Standards Commission.

CARERS LEWISHAM SUPPORT TO FORMER CARERS

Once your cared for person has moved into permanent residential care, you can still use all our support services for carers for the first 18 months. Up to 4 years after you cease caring, you can continue to phone for information or advice, and receive our Newsletter. After that we are not funded to continue supporting you, but there are other organisations who can help - see below. Also, you can become a Member of Carers Lewisham, if you want to keep in touch.

SOME USEFUL CONTACT NUMBERS

www.caredirections.co.uk

Information on care home fees, health, equipment, etc.

CARE QUALITY COMMISSION

Details of/inspection reports for all residential care homes, nursing homes and home care agencies.

46 Loman St., SE1 0EH

Tel: **0300 0 616161**

COUNSEL & CARE

The national advice & information service for all older people, their carers & relatives

Tel: **0845 300 7585**

www.counselandcare.org.uk

THE RELATIVES AND RESIDENTS ASSOCIATION

Advice, information and support for former carers, relatives and people in residential care.

Tel: **020 7359 8136**



**Carers Lewisham, The Princess Royal Trust, Lewisham Carers Centre,
Waldram Place, Forest Hill, London, SE23 2LB
Tel: 020 8699 8686 Fax: 020 8699 0634
Email: info@carerslewisham.org.uk Web: www.carerslewisham.org.uk**



APPENDIX 1

You may find it useful to complete the table below looking at the needs of your cared for person:

TASKS CARRIED OUT BY: (Please tick)

TASK	YOU	CARED FOR	OTHER
Shopping, Cooking			
Housework			
Home maintenance			
Dealing with Finances			
Getting cared for person up			
Putting cared for person to bed			
Washing, dressing			
Toileting			
Dealing with incontinence			
Feeding			
Supervising safety			
Reminding the person of things to do			
Providing emotional support			
Providing social activities			
Day time help/supervision			
Night time help/supervision			
Other (note down)			
Other (note down)			