

## Leaflet 14

# Considering Residential Care

### INTRODUCTION

The realization that your cared for person's care needs are increasing to the stage when they may need some kind of residential care is always very difficult and for a Carer to acknowledge this can be emotionally traumatic.

Sometimes the need for change becomes apparent when the cared for person has to go into hospital or the carer's health is beginning to suffer with the stress of the caring situation at home. Recognising the need and beginning to consider the options however, is not easy.

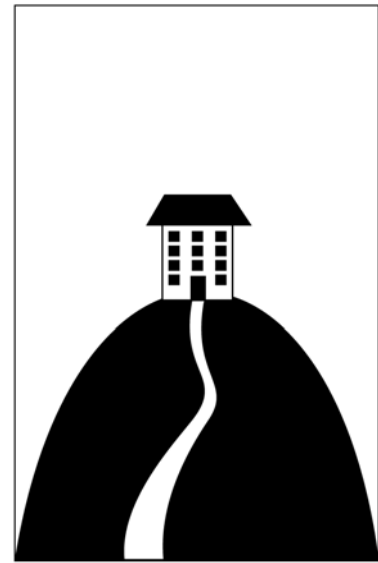
*To make things even more difficult, the need for change, extra support and the stress burden on the carer may not be recognised by the cared for person who has to give their consent for any change of accommodation even if the carer has Power of Attorney or Enduring Power of Attorney, as these powers relate only to financial matters not where someone may choose to live.*

Added to this a sense of guilt or failure on the part of the Carer often results in preparation for a move being delayed until it does become 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 when writing this handbook 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 you and your cared for person's needs. If you have not yet explored this option and you feel it might work if you



or the cared for person had more help at home please **contact Lewisham Council Social Care and Health** Department and ask for an **Assessment** from the **Older Adult Team, Tel: 0208 314 6000**

### 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 can give Carer and Cared for an opportunity to experience a different care strategy.

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 Care Assessment.

Appendix 2 gives you a format to work out who else is involved in the care of your cared for person and who you may need to contact when making a decision about residential care.

## WHAT SORTS OR RESIDENTIAL CARE ARE THERE?

### VERY SHELTERED ACCOMMODATION (VSH)

Lewisham now has some new high quality very 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 in an emergency 24/7. Resident's care package provided usually by in-house Care workers.

### DIFFICULTIES WITH THIS OPTION

- Not a lot of good quality VSH around so have to be lucky a place is available
- Not a lot of choice as to the area of the Borough the cared for person is placed due to lack of provision
- Cared for person may not be able to cope with this level of independence due to mental or physical deterioration

### CARE HOMES

This is for people who are unable to look after themselves at home, but who don't have medical nursing needs. Offers individual (or sometimes shared) rooms. Dining Room for resident's 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

### CARE HOME WITH NURSING

Previously known as Nursing Homes, meeting the needs of people who do require a substantial element of nursing care. Offers individual rooms. Dining Room for resident's meals. Communal Social Room/Lounge.

If your cared for person is **severely disabled** and needs constant nursing care, this may be arranged through the NHS and your cared for person will not be expected to pay for their care. This is called '**continuing care**' and there is a written policy about who is entitled to it which you can ask for. To get this help your caree will have to meet very strict criteria.

If your cared for person is less disabled or ill, but still in need of 'nursing care' which means dressing, injections, 'peg' feeding (intravenous

feeding) etc., not just 'personal care' this may be the right option for you. The home fees are 'means tested' but 'nursing care' is now provided free of charge, though you still have to pay for the 'personal care' and accommodations costs which will be means tested.

### **WHY PICK THIS OPTION**

For the 24 hour medical support that is at hand. This may be the only suitable option to meet your cared for person's needs.

### **PROBLEMS WITH THIS OPTION**

The same as with an ordinary care home

### **DUEL CARE HOMES**

Some Care Homes provide both nursing and ordinary types of care and Care Homes, with or without Nursing may also have provision to accommodate people with dementia or challenging behaviour.

### **WHY PICK THIS OPTION**

This type of home can help people who have got more complex needs. It can also often mean that if a person's condition deteriorates or they develop other problems they generally will not have to be moved to another home because 'duel care homes' should be able to cope with their increasing needs.

### **PROBLEMS WITH THIS OPTION**

The same as with an ordinary care home

### **DECIDING WHAT ACCOMMODATION TO PICK**

It is important that you visit as many Care Homes as possible to see the differences between them. When you have the list from the social worker, you can ring up the **National Care Standards Commission, Southwark Office** and ask for the '**Inspection Report**' for any of the homes you are interested in.

All Care Homes should be able to provide you with leaflets and brochures that outline the services and care they provide and these should give you a clear understanding of what to expect. They will also provide you with a comparison for what you see when you visit.

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!!

Please remember that surface appearance is not the most important thing to look for in a residential care home. It is the quality of the care provided not the prettyness of the surroundings!

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

**The Name of the Home:**

**Type of Home: Very Sheltered Care Home  
Nursing Home Duel Home**

**Address:**

**Who owns it?**

Is it a private business?

**Yes No**

Is it a 'Not for Profit' organisation?

**Yes No**

**How is it managed?**

Does it belong to a large organisation with a Head Office elsewhere?

If so note contact details:

Organisations Name:

Head Office Address:

Phone number:

Website:

Name of the 'on-site' Manager:

Manager telephone number:

**About the Home**

How many residents do they cater for:

**Staffing Ratios**

How many staff do they employ:

**During the day:**

**During the night:**

**Staff Qualifications:**

What qualifications are staff expected to have:

If this is a 'with nursing' home, who has nursing qualifications?

Are staff trained and/or encouraged to train for the work that they do?

How do they cope with individual needs, say to change dressings, or attend to incontinence? (Be clear about the provision of incontinence supplies)

**Is there a key carer/worker system?**

**Yes**

**No**

If so how does this work?

**Care plans**

What is the procedure for establishing Care Plans for individual residents:

How are they implemented, monitored, and reviewed:

How is the carer's knowledge and expertise sought and/or welcomed in the process:

**Space**

How much space can residents expect for their own possessions (pieces of furniture, ornaments, clothing, cherished possessions) and actual floor area in their room.

Access to bathrooms:

How is hygiene managed:

**Visiting**

Does the home welcome visits from family and friend at anytime? **Yes No**

**Time Table for a residents Day (ask for a typical timetable):**

Getting up:

Breakfast:

Lunch:

Snacks and drinks:

Evening meal:

Putting to bed:

Television watching:

Activities provided for residents:

How are resident's personal preferences for meal time and getting up and going to bed managed by the Home:

**Eating and Drinking**

What food and drink is provided for residents (ask for sample menus)

How does the Home ensure that residents do eat and drink:

How is this monitored?

**Medication**

How is medication managed, administered and monitored?

How are repeat prescriptions organised?

**Smoking/Alcohol**

What is the Home's policy on smoking for staff and residents:

What is the Home's policy on alcohol:

**Personal possessions**

What is the Home's' policy on personal possessions?

What do they do about 'lost' clothing:

**Relatives Meeting**

Are there regular Relatives Meetings:

**Charges and Costs**

The actual charge for the accommodation, including rent and care costs:

Will extra charges apply for laundry, events, activities etc.:

## PAYING FOR RESIDENTIAL CARE

Unless you are rich enough to be able to fund the Home fees yourself then most types of 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 has 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 mean time 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 and private pensions will be taken into consideration. If you are married 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 only their income is taken into consideration.

## CAPITAL

Your cared for person will be allowed to keep £10,000 of their capital and there is a sliding scale between £10-£16,000, where it is assumed you have £1 income per week for every £250 or part of £250. If there is more than £16,000 capital fees have to be paid in full until it reduces to that figure.

(For Housing Benefit and Council Tax Benefit, if you or your partner are aged 60 or over, and not claiming Income Support or income-based Job

Seekers Allowance, the assumed tariff income is one pound a week for every £500 above the lower limit.)

## NURSING CARE IN HOMES IS NOW FREE!

### 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, 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 Care and Health 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.

## OTHER HOUSING ISSUES TO CONSIDER

### SHARING A RENTED PROPERTY COUNCIL TENANTS

If the person you care for has to go into some kind of residential care this can impact on your tenancy rights. To be eligible to take over a council property you must **either** be married or have lived together for more than one year in that home (in Lewisham this rule also applies to Gay and Lesbian couples.), **or** be a close relative living at the property as your only home for 12 months **AND** the tenancy must not have been 'passed on' before. In Lewisham the council may undertake to re-house you if you have been a substantial carer for one year but do not meet the criteria above. **GET ADVICE!!!**

### HOUSING ASSOCIATION AND PRIVATE TENANTS

The law is complicated in this area, some tenants may have similar rights to Council Tenants, others no rights at all. Speak to your or your cared for persons' Housing Manager. It may also be useful to get independent advice from a reputable advice agency

## **SOME USEFUL CONTACT NUMBERS**

**CARERS LEWISHAM** provides advice, information and support to anyone with caring responsibilities. **Tel: 020 8699 8686**

**CARE HOMES SUPPORT TEAM** provides support for relatives of Residents in Care Homes. They are based at Dulwich Hospital but cover the Lewisham area.  
**Tel: 0207 346 6028**

### **HOMEFINDERS**

Based in Lewisham Hospital Homefinders provides up to date information about residential respite and permanent care **Tel: 0208 333 3000**

**SOCIAL CARE AND HEALTH** for an assessment of the needs of your cared for person and your own needs as a carer. **Tel: 020 8314 6000** (ask to speak to the Older Adults Duty Social Worker )

**NATIONAL CARE STANDARDS COMMISSION, SOUTHWARK OFFICE** Inspection reports for all residential care homes, nursing homes and home care agencies. (This used to be called the Registration and Inspection Unit but is now an independent agency.) **Tel: 020 7803 4960** Address: 46 Loman St, London, SE1 0EH

**THE RELATIVES AND RESIDENTS ASSOCIATION** Advice, information and support for the relatives of people in residential care.  
**Tel: 020 7916 6055**

## **ONCE YOUR CARED 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 National Care Standards Commission.

Contact The Relatives and Residents Association and/or Carers Lewisham if you feel that you need help.

**Contact Details above.**

## 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)                    |     |           |       |

## APPENDIX 2

### KEEPING A RECORD OF CONTACT MADE

**As the Carer, who will you be talking to and what are their responsibilities?**

When you begin the process of seeking Residential Care it is useful to note down the name of any Professionals or Social Workers that you contact, which department they come from and their telephone number in case you require extra information from them. It can get to be quite confusing so we have put together a table for you to fill in as appropriate:

| NAME | JOB   | DEPARTMENT      | PHONE NO      |
|------|---|-----------------|---------------|
|      | Social Worker<br>Planning what happens<br>on discharge                      | Hospital        |               |
|      | Social Worker<br>Supporting caring<br>situation at home and<br>referring on | Social Services |               |
|      | Occupational Therapist  |                 |               |
|      | GP<br>Cared for and Carer's   |                 |               |
|      | Consultant<br>Advising on health and<br>needs                               |                 |               |
|      | Carers Support  | Carers Lewisham | 0208 699 8686 |
|      | Adviser for appropriate<br>alternative accommo-<br>dation                   | Homefinders     |               |
|      | District/Practice Nurse   |                 |               |
|      | Care Providing<br>Agency  |                 |               |
|      | Borough Social Service<br>Financial Assessment<br>Team                      |                 |               |
|      | Other   |                 |               |