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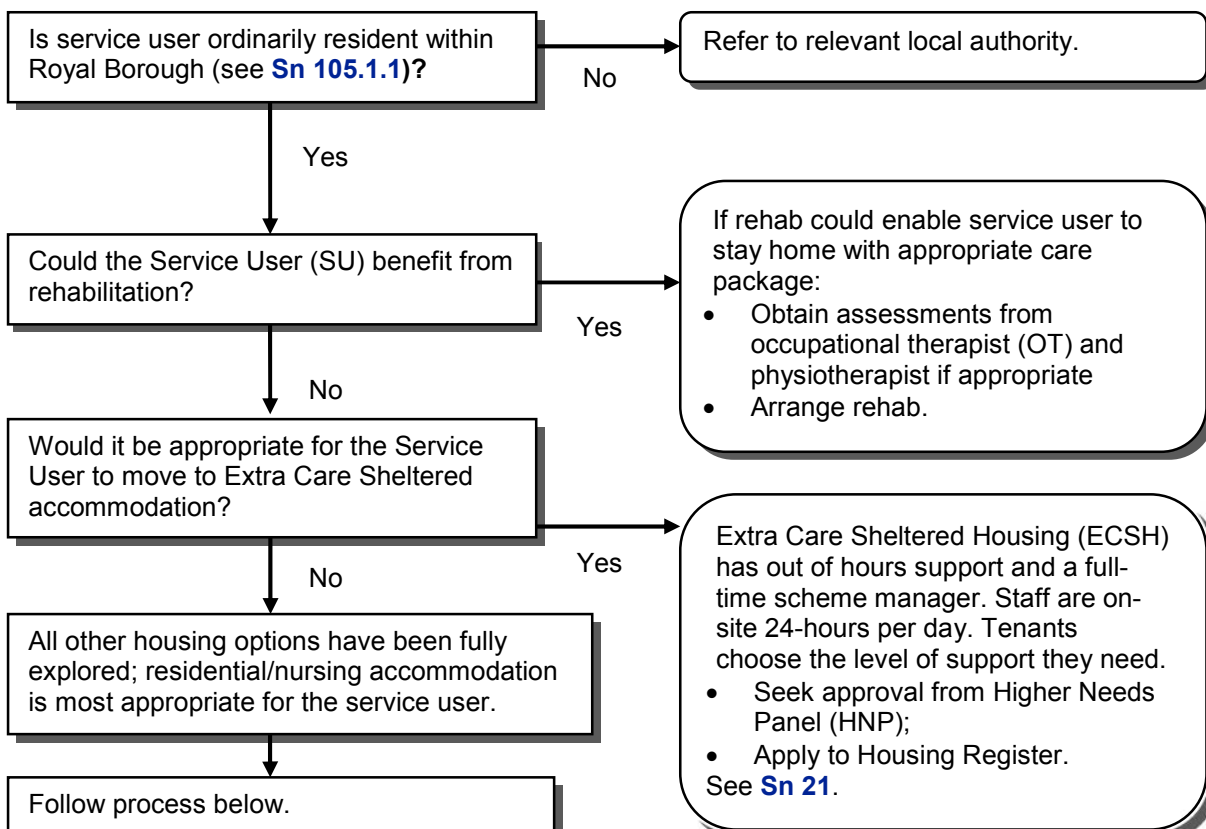
## RESIDENTIAL CARE AND NURSING PLACEMENTS

This section provides guidance for allocated social workers arranging respite or permanent residential and nursing home placements.

The Department of Health makes it clear that: “Importantly, the ability to make choices about how people live their lives should not be restricted to those who live in their own homes. It is about better support, more tailored to individual choices and preference in all care settings.”<sup>2</sup>

The National FACS (Fair Access to Care Services) guidance states: “When supporting the user in a home of their own would make a better life, this is to be preferred to admission to Residential or Nursing Care. However, Local Authorities also have a responsibility to meet needs within available resources and this will sometimes involve difficult decisions where it will be necessary to strike a balance between meeting the needs identified within available resources and meeting the care preferences of the individual.”

### 20.1 Exploring options



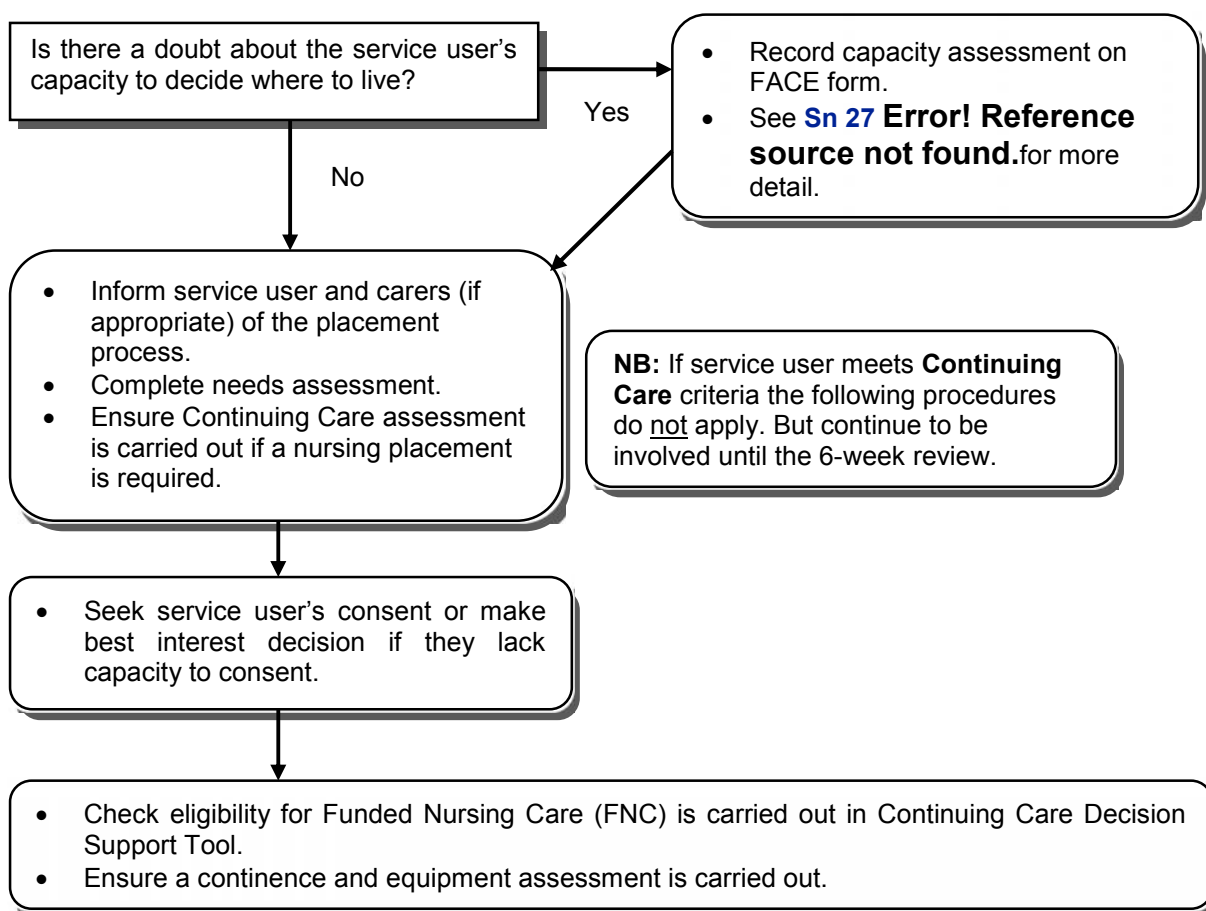
<sup>2</sup> Department of Health

Give the leaflet about the placement process to the service user and carer (“**Moving into a Care Home**”, revised April 2002).

Before considering any form of residential placement you must have fully explored community-based options and found them not to be feasible. You must demonstrate and record that a community care package is not feasible with evidence from other multi-disciplinary and risk assessments.

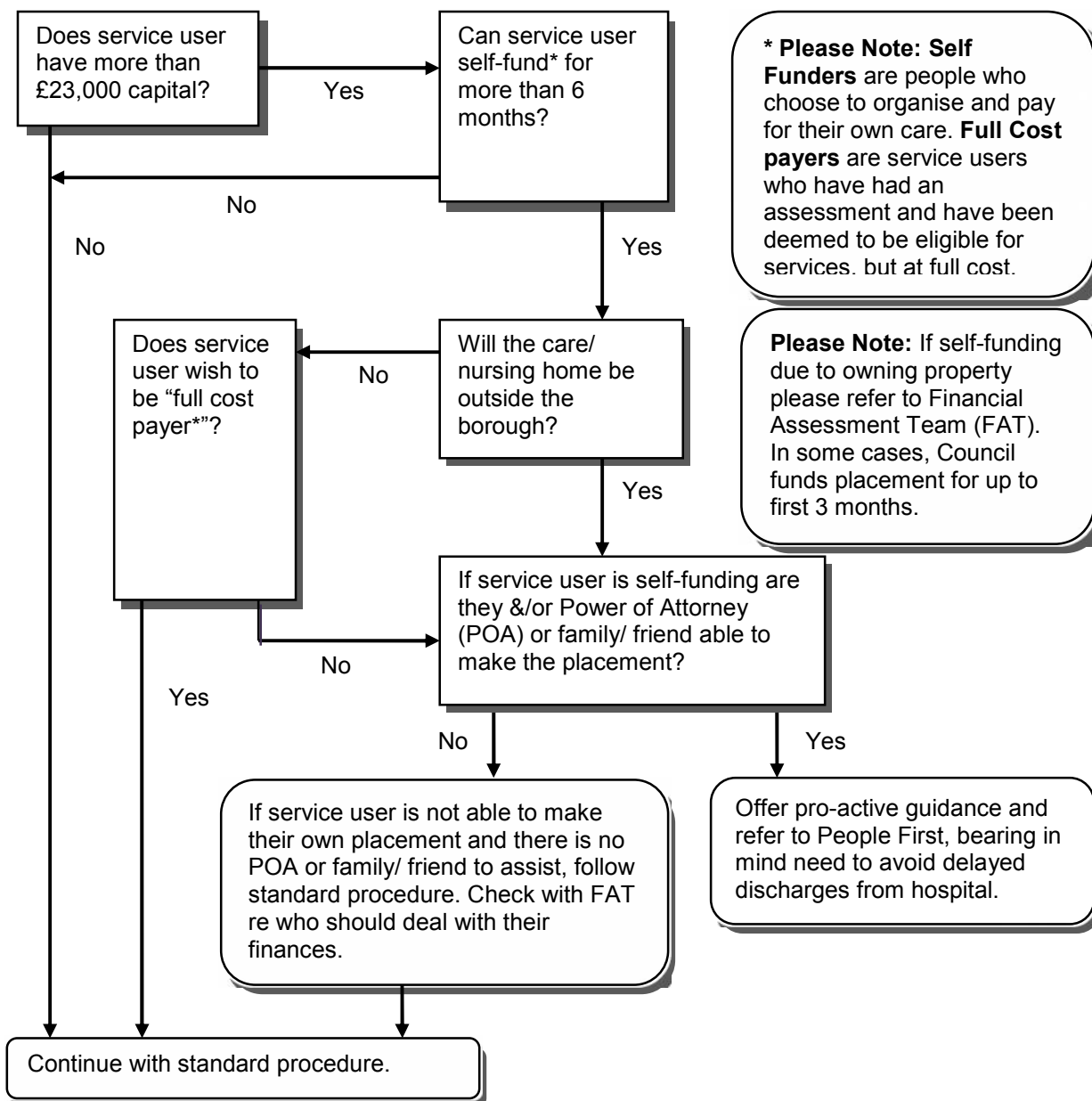
## 20.2 Assessments

See **Sn 6** for more detail. This is a summary:



Ensure a new FACE Assessment is completed and sent to your manager for approval. This must incorporate assessments from other professionals. There will need to be sufficient evidence in the assessment to enable a decision to be made about the type of placement needed, including nursing, OT, and risk assessments. Under no circumstances should social workers be discussing possible placements with service users until authorisation has been agreed by a manager.

### 20.3 Before seeking approval



#### 20.3.1 Residents who place themselves in private homes within the borough

Residents who place themselves in private care homes within the borough may approach care managers for financial assistance once their capital is likely to drop below £23,000.

Apply the Ordinary Residence rules carefully (see [Sn 105.1.1](#)) and seek guidance from the team manager in such circumstances.

Make the resident aware that if there is a considerable delay in them advising Social Services that their capital has dropped below £23,000 then financial assistance would be provided from the date of the referral rather than the date capital dropped below £23,000.

### 20.3.2 Key Factors

For consideration of a placement in a **residential care home**, the service user:

- should be in need of 24-hour care;
- should generally be able to undertake basic personal care such as washing face and hands and eating independently;
- should normally be able to transfer from bed and from chair/wheelchair, but may need some assistance from one person;
- should be mobile (with the use of equipment or wheelchair) within their room but may need the assistance of one person with longer distances or out of doors;
- may display occasional moderately unpredictable behaviour that staff may find difficult to manage.

For consideration of a placement in a **nursing care home**, the service user should normally meet one of the following:

- have multiple healthcare needs, which require a complex regime of medication, which can only be carried out by qualified nursing staff and cannot be provided in a care home setting; or
- require nursing intervention on a long-term basis at regular intervals throughout the day and night, which cannot be provided in the existing environment; or
- be medically assessed as being likely to be permanently and regularly incontinent of both urine and faeces: acute reasons for incontinence must be ruled out.

### 20.3.3 Older People with dementia and other mental health / behavioural problems

You may need to consider a care home registered for dementia care when the service user:

- demonstrates impaired judgment, impaired decision making, or inability to anticipate risk and where more individual support is needed; and/or
- displays persistent and severe behaviour that causes major disturbances to other residents and staff including regular violent episodes, a specialist facility would be required.

## 20.4 Approval for placement

### Manager

Check and sign off assessment, and decide whether to approve making a placement to a care home or nursing home.

If agreed, then submit the **FACE assessment** and any other relevant assessments/documentations to Higher Needs Panel (HNP) using the **HNP checklist**

or if the service user requires a learning disability placement to the Resource Allocation Meeting (RAM).

Service user is approved for residential or nursing care at HNP or RAM.

**Manager** If it is an emergency or short term/respite, the placement may be approved by the relevant locality manager or Assessment Services Manager.

## 20.5 Finance

Complete the (green) **financial assessment form** as early as possible in the process and send to the Financial Assessment Team. Within one week of receipt the Financial Assessment Team will produce a provisional assessment. Tell the service user and family that they can also directly consult with the Financial Assessment Team if they wish.



If financial issues are complex, particularly if the service user owns property, notify the Financial Assessment Team when considering a residential or nursing placement. They will then arrange to visit the service user to record details of the finances, to get proof of income and capital. They will provide information and advice to the service user at an early stage about the financial aspects of entering a care home.

If the service user does not have capacity to make some of their financial decisions and has no family or friends to assist with their financial affairs, please contact Client Affairs team to discuss which course of action is necessary for future management of finances.

All service users, if not subject to S117 of the MH Act 1983, will be charged for part of their care.

Residents of the Royal Borough are entitled to financial assistance towards care home charges from Social Services if they have less than £23,000 capital.

**Where possible, identify a nominated finance contact prior to the admission of a service user, so that the home and finance team know who is dealing with finances with regard to collecting contributions/invoicing/chasing finance form etc. This may not always be possible in the case of emergency placements (see Sn 20.12), but the importance of the financial assessment needs to be explained at the initial stages, to avoid the misconception that services are provided free. Hand the financial assessment form to the service user/nominated finance contact as early as possible and not weeks or months later, when problems can begin.**

**Example 1: Older Person to be placed outside London in a residential home.**  
[Rate of the home is £500 per week.]

The service user will be considered as self-funding if they have capital exceeding £36,000 (£23,000 + 26 weeks @£500): advise them to approach the host authority once their capital drops below £23,000.

**No contract should be arranged** if the care home is outside the borough and the

service user or their family/friend are capable of making the arrangements as this will commit the Royal Borough to provide financial assistance once their capital drops below £23,000.

Refer the service user to a search agency or for independent advice from the addresses shown at the back of the “Moving into a care home” leaflet.

To comply with Department of Health guidelines, send a letter to the local Social Services Department advising that only advice was provided and that the resident will need to approach them for financial assistance once their capital drops to £23,000.

If they are to be placed within a private home within the borough it will be in the interests of both the resident and the Royal Borough to enter into a contract with the home at the maximum rate we currently pay that home for other residents. If all parties agree the resident will then pay “the full cost<sup>3</sup>” rather than be self-funding<sup>4</sup>. Once their capital drops to £23,000 they will receive financial assistance from the Royal Borough.

Residents placed in Thamesbrook, which is owned by the Royal Borough, would pay the full cost until their capital reaches £23,000 and would sign a licence in place of a contract.

**Example 2: Older person to be placed within the borough in a private residential care home.** [Currently RBKC pay - £650] (example only)

Arrange a resident’s agreement at the limit we currently pay for residents at that home.

If the home insist on contracting at a higher rate a third party would need to be willing and able to top-up the difference for the life of the resident.

If a third party is not available to top-up the difference, the resident would be considered as self funding until their capital drops below £23,000 and **no resident’s agreement is arranged.**

Advise the service user to contact the Duty Social Worker when their capital is about to reduce to £23,000. Make the service user aware that if there is a considerable delay in them advising Social Services that their capital has dropped below £23,000 then financial assistance would be provided from the date of the referral rather than the date capital dropped below £23,000.

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<sup>3</sup> Full cost indicates that the resident will pay the total gross cost of the placement while they have capital in excess of £23,000. The total gross agreed should not exceed the borough’s budget limits. A borough contract and resident’s agreement will be arranged. Once their capital drops to £23,000 they will receive financial assistance from this borough

<sup>4</sup> Self-funding indicates that the borough provides advice only and has no financial involvement with the placement. No borough contract or resident’s agreement would be arranged. Once their capital drops below £23,000 they would be entitled to receive financial assistance from the host borough in which the home is located.

## 20.6 Finding an appropriate care home



Start the **Residential Care Plan** on ASCC.

Contact Quality, Contracts and Safeguarding (QCS) and log placement search with Residential Adult Social Care Coordinator, (RASCC). All new placements and changes in placements are then tracked to ensure all stages in the process are completed and an appropriate placement is made. This also enables placements to be prioritised and ensures that care managers are not chasing the same bed vacancy.

Before commencing your search be clear about:

- service user need;
- preferred date/priority of placement;
- any cultural, language and/or religious needs of the service user;
- location preferred;
- where the family (if any) are located;
- fee guidelines;
- any ongoing/relevant safeguarding.

Discuss the search with the Residential Adult Social Care Coordinator.

The RASCC can:

- advise of suitable vacancies locally and the weekly fee;
- help search for a vacancy if there are none in borough or within fee limits;
- once a suitable vacancy has been found, advise you of how many service users the Royal Borough currently have placed there, the fee rate and contact details to arrange an assessment should you find it appropriate;
- advise whether a care home in question has any present issues/safeguarding or an embargo is placed on a home.

Please be clear about your requirements for the service user and be aware that the number of vacancies close to the Royal Borough and within fee limits can be small.

Please Note: Placement must be logged with QCS before search is commenced.

Check Care Quality Commission (CQC) reports on the CQC website to check whether the home is compliant or non-compliant.

Please Note that it is Royal Borough policy not to place in homes rated by CQC as non-compliant.

It is not Royal Borough policy to place in shared rooms, unless the service user/s request/s this as a positive choice. There must be a clear, written understanding between all parties (the service users, Royal Borough and the provider) when placing couples with written arrangements in place regarding what will happen when one party predeceases the other e.g. that the survivor will move to a single room.



### 20.6.1 Fee

If this is a placement for an older person:

- Refer to the Care Home of Choice Policy **Sn 20.7** which outlines the rights available to service users when choosing residential or nursing home care and explicitly sets out the costs and legal responsibilities. In the Care Home of Choice policy, below, refer to **Sn 20.7.6** Table 1: Recommended care management guidelines, Prices for spot purchases placements for 2010/11.
- Fee must be within these limits set by RBKC or a third party top-up may be required.
- Check with Quality, Contracts & Safeguarding for rates for homes identified.
- If care home is new to RBKC and rates are not known contact the Local authority in which home is placed to enquire; RASCC may assist with this.
- If rate is above the set fee limits a third party who is able and willing may make up the difference ('top up'). Please refer to Care Home of Choice Policy **Sn 20.7.4** Care Home Prices and Third Party Top Ups.
- NB. The "third party" cannot be the service user.
- If rate is above the set fee limits and a resident or a third party is not able to "top up", in extenuating circumstances the placement may be approved by the service manager, Assessment Services.

If the placement is for a person with a learning disability, substance misuse problems or a physical disability, placements must be put through a Value for Money exercise: contact Residential Adult Social Care Coordinator for more details.

## 20.7 Choice of Care Home Policy

The aim of this policy is to outline clearly the rights available to service users when choosing residential or nursing home care, and to set out explicitly the costs and liabilities therein. When the term "residential care" is used in this policy, it covers placements made on both a long-term and a temporary (which includes short-term care) basis to care homes, whether they provide nursing care or not.

The decision to live in a nursing home or residential care home is a major one and it is necessary for the service user, if they can, or the social worker if the service user lacks capacity to decide, to weigh up factors such as the proximity of relatives, the quality and cost of accommodation and the quality of life which the service user will experience. Once a home has been chosen, a service user may have to consider the process they should follow until a vacancy becomes available in the home of their choice.

### 20.7.1 Underlying Principles

- All service users are treated fairly and without discrimination.
- Decisions are based upon identified and eligible needs of individuals in line with Fair Access to Care Services criteria and identified risks.



- The Council will only make placements in care homes that are rated as compliant by the Care Quality Commission (CQC).
- This policy will not lead to discrimination with regard to age but there is recognition that younger people, especially those with pre-senile dementia or certain other disabilities may have to travel further for their interim and possibly their preferred choice of home.

### **20.7.2 National Guidance – The Choice Directive**

At the time the Community Care Act (1990) came into force the Government sought to ensure that individuals had a reasonable right to choose where they were accommodated. A Statutory Direction, commonly known as the “Choice Directive” was issued. The Directive only applies where the outcome of the assessment and care planning process has been that the person’s needs makes them eligible to receive residential or nursing home care.

If the person concerned expresses a preference for particular accommodation, within the UK, the Council must arrange for care in that home, provided that:

- the accommodation is suitable in relation to the individual’s assessed needs;
- to do so would not cost the authority more than it would usually expect to pay for someone with the individual’s assessed needs;
- the accommodation is available;
- the person in charge of the accommodation is willing to provide accommodation subject to the authority’s usual terms and conditions for such accommodation.

The Council should ensure that individuals are informed that they have a choice of accommodation irrespective of whether they express a preference for particular accommodation.

If the person concerned lacks capacity to decide on the care home placement, the social worker needs to follow the best interests checklist in order to decide which placement is in their best interests (see **Sn 25**). The checklist includes supporting the person to be involved in the decision-making process and taking their views into account, which may involve supporting them to visit prospective care homes. It also includes consulting the person’s carers about whether moving to one of the prospective care homes is in the person’s best interests. It is good practice to consider more than one care home placement; if their carer requests a specific care home, it must be considered whether moving there is in the person’s best interests.

### **20.7.3 Availability**

The service user can only exercise their rights under the Directive if the preferred accommodation is actually available. If a service user indicates a preference for a chosen home where there is a place available they can use their Directive rights; if there is no place they cannot.

### **20.7.4 Care Home Prices and Third Party Top Ups**

There is recognition of the fact that some care homes/nursing homes charge prices greater than Adult Social Care’s usual price and some service users explicitly

choose to enter accommodation which is more expensive than the Council would usually expect to pay. One of the conditions associated with the provision of preferred accommodation is that such accommodation should not require the council to pay more than they would normally expect to pay, having regard to assessed needs (the 'usual cost'). If the home is located outside the borough the 'usual cost' is the threshold set by the host borough.

In some circumstances, the Council can make placements in more expensive accommodation than it would usually expect to pay for, provided a third party is able and willing to make up the difference (to 'top up'). A third party might be a relative, a friend or any other source.

The Council will not seek third party contributions in cases where the Council itself decides to offer someone a place in more expensive accommodation in order to meet assessed needs, or for other reasons. Where care homes are in-borough and the council has specific agreements on costs, these will be separately considered.

Where top-ups are required from a third party, the third party will need to demonstrate that they are able and willing to pay the difference between the council's usual rate and the accommodation's actual fees.

Failure to keep up top-up payments may result in the resident having to move to other accommodation and a rise in the accommodation's fees will not automatically be shared equally between council and third party.

For an indication of what the Council usually expects to pay, please see Table 1 which offers guidance on typical average, floor and ceiling prices. These costings are in line with fair market prices and calculated using the tool designed by the Joseph Rowntree Foundation, Calculating a Fair Market Price for Care.

### 20.7.5 Self-funders

The policy for self-funders should be no different to people whom Adult Social Care fund and be consistent with regard to Home of Choice directive, with self-funders being encouraged to look at places where capacity exists.

### 20.7.6 TABLE 1: Recommended care management guidelines: Prices for spot purchased placements for 2011/12

Care Category	London 2011/12
Older Persons Residential - Frail	£582 (floor) <b>£620 (average)</b> £658 (ceiling)
Older Persons Residential - Dementia	£614 (floor) <b>£652 (average)</b> £690 (ceiling)
Older Persons Nursing- Frail	£710 (floor) <b>£749 (average)</b> £788 (ceiling)

Older Persons Nursing - Dementia	£710 (floor) <b>£749 (average)</b> £788 (ceiling)
Younger Persons	Assessed individually
Additional 1-to-1 support	Assessed individually
Expected Discounts	Shared rooms or lack of other expected facilities
Allowable Premiums	Specialist requirements for significant reasons (e.g. food costs for Jewish Care)

*Source Document: Calculating a fair market price for care, September 2008, Joseph Rowntree Foundation*

## 20.8 When an appropriate care home has been identified

The care home manager should visit the service user to carry out the home's assessment to ensure the home can meet the service user's needs.

Advise the manager of the service user's care needs, any relevant and/or current safeguarding issues and any formal complaints under investigation. This information may be cross referenced with RASCC.

The service user and/or relatives should visit the home if possible. You must ensure that the home meets the service user's needs.

Discuss with the service user and the home what possessions they could bring with them to the home.

Enquire whether the service user can bring/get a pet if they wish.

### 20.8.1 Contract

Check with RASCC that the care home has an RBKC contract. If not, request a contract be sent as soon as possible. The RASCC will set up a contract for a new provider if required. This contract may be sent via email and received by fax if urgent. Once a contract is in place you will be advised to proceed with the placement.

Please Note: A service user must not be admitted into a care home without an RBKC **Care Home Spot Contract**.


## 20.9 Placement confirmed

- Agree admission date.
- Notify RASCC of admission date.
- Ensure transport arrangements are made to take the service user to the home on the admission day.
- Ensure arrangements are made to take service user's possessions and clothes, and to mark clothing on admission.

## 20.10 Documents

- Ensure Care Home Spot Contract is in place (see **Sn 20.8.1** above).
- Complete a **Service User Agreement**. If using the intranet form, you must save this first before you are able to enter any information.
- Send Service User Agreement to the home for signature before admission (Section 21).
- Obtain signature from Budget Holder for the Service User Agreement (Section 23).
- Once Service User Agreement is complete with all signatories distribute copies to:
  - owner of care home;
  - service user (if appropriate);
  - Quality, Contracts & Safeguarding (Room 139, KTH) - scan and email to [asc.qcs@rbkc.gov.uk](mailto:asc.qcs@rbkc.gov.uk);
  - Financial Assessment Team (Room 131, KTH), email .
- Attach to service user's *Residential Placement Record* on ASCC.

**Please Note: Service User Agreement must be signed and completed before placement starts (except in Emergency - see **Sn 20.12**). This will help to avoid complications which can arise if agreements are not signed until weeks or months later.**



Complete provisional **Residential Care Plan** on ASCC and give copy to the home in time for the start of a placement.

Amend/update the Plan at the six-week review.

**The Residential Care Plan forms the basis of our expectations of the care the provider will give to the service user and is the foundation for future review and monitoring. It is a key document and is referred to in our contract with providers.**



Complete **Residential Placement Record** on ASCC.

Send Residential Placement Record to manager for approval.

NB: Residential Placement record must be completed as soon as possible after the service user is placed.

Once this has been approved it triggers an email notification. Finance will only pay the home once this notification has been received. Therefore, if the record is not complete the home will not be paid, leaving the home and placement at risk, and the Finance Team is unable to budget accordingly.

**For details of the steps on ASCC, see ASCC Guidance Sheet RC3.**

## 20.11 Finance

- Provide relative/representative details to Financial Assessment Team and to the home for invoices and correspondence.
- Notify the Department of Work and Pensions (DWP) Disability Living Allowance and Attendance Allowance Unit to inform them that the service user has entered into residential/nursing care.

- If applicable, contact Housing Benefit and Council Tax Benefit and notify them of move to residential care.
- Confirm practical matters e.g. close down community services, paying utilities **etc.**
- Please note clearly on ASCC who is managing the service user's finances if the service user lacks capacity.
- Note whether there is a will in place and record funeral arrangements if known.



Record all actions relating to these matters on a Contact sheet with the date each organisation was notified, the name of the person spoken to, the telephone number called, etc. and attach any relevant letters or emails. This will help managers check that everything that needs to be done has been carried out.

Deal with any queries at the six-week review: invite a Financial Assessment Officer to the review.

## **20.12 Emergency Residential and Nursing Placements**

Guidance in this section is designed to ensure that staff are clear about moving or transferring service users between temporary placements and that there is clarity about funding responsibilities and shared understanding of emergency and urgent placements.

This guidance is applicable to any Royal Borough service users in residential or care homes and is for use by Adult Social Care staff; particularly care managers, social workers, assessment managers, and residential placement coordinator.

This guidance refers to and is informed by the national Charging for Residential Accommodation Guide which provides guidance to local authorities on charging arrangements for residential care.

### **20.12.1 Definitions**

“Emergency Placement” is defined as being needed within 24 hours.

An emergency situation relates to a crisis of care for the individual and the following situations are considered to be emergency:

- Environmental: A person's home is made uninhabitable due to fire, flood or infestation
- Safeguarding referral: There is a suspicion based on professional judgement that a vulnerable adult is at risk in a care home
- Carer breakdown: If a carer has been providing significant levels of care and the emergency care plan does not meet need, the service user will be deemed to be in need of an emergency placement.

Hospital discharge is not considered to be an emergency situation.

“Urgent Placement” is defined as being needed within seven days.

### 20.12.2 Charging

All placements, regardless of duration, are subject to charging under CRAG. The service user will be charged from the first day.

### 20.12.3 Notifying

Emergency placement is within 24 hours and you must communicate the level of need, distinguishing between emergency and urgent as set out above, with the Residential Placements Coordinator. Update any changes to placements with the Residential Placements Coordinator.

Complete a **Service User Agreement** as soon as possible afterwards.

Duration and definition as above just looks at time frame to action getting a placement not duration of placement.

## 20.13 Admission

- Check the service user has arrived safely at the nursing/care home.
- Check the home has started an inventory of possessions and that the service user's clothes are marked or tagged. If appropriate photographs may be taken of possessions.
- Agree provisional review date.
- Arrange to review the placement approximately six weeks after placement starts.
- Invite Financial Assessment Officer to the six-week review.
- If learning disability, notify CQC and the relevant NHS and Local Authority that a placement has been made in their area. i.e. the Royal Borough has placed a person with a pre-existing health need.
- Inform RASCC of start date.

If the service user is in receipt of Attendance Allowance, this stops after four weeks; similarly the care component of Disability Living Allowance also stops (unless they are self-funding), so ensure that the Benefits Agency is informed of the placement.

## 20.14 Reviews and Transfer

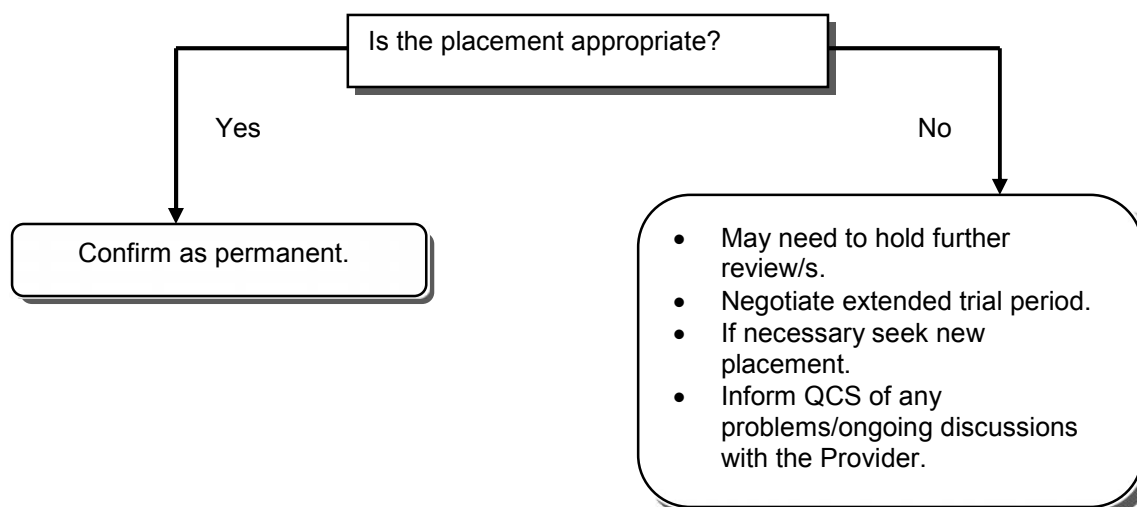
Monitor the placement for the initial six weeks (trial period) through phone calls, talking to family, visit/s to home as appropriate to ensure that the service user settles in and that their care needs are being satisfactorily met.

**Good practice requires regular visits to support the service user through this transition process, as well as for the more formal review(s).**

At the review:

- Check Care Home documentation including the Spot Care Home contract and Service User Agreement.
- Ensure the care plan correlates with the Residential Care Plan on ASCC.
- Ensure the home has a copy of the Residential Care Plan.

- If it is a nursing placement, ensure the home has a copy of the Continuing Care Decision Support Tool.



- Check the situation on tenancy where applicable. The person can give up their tenancy themselves if they have capacity to do so. If they don't, an attorney or deputy over their property and financial affairs can give up a tenancy. If they don't have an attorney or deputy, an application can be made to the Court of Protection for an order that a named person can give up their tenancy, or the landlord can go to court to ask to evict them.
- Ensure any appropriate community care is stopped e.g. homecare, meals.
- Check with your line manager that all procedures have been followed.



On ASCC,

- Complete **Placement Review report**. Refer to **Notes for Residential Review (Sept 2010)** for guidance.
- Revise **Residential Care Plan** as necessary.
- Transfer to RPMs.

For details of formal reviews, go to **Sn 22.6**.