

# Annexe H

**Case studies of elderly consumers  
choosing a residential care home**

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by OPRSI Ltd

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# 1 EXECUTIVE SUMMARY

- 1.1 The narratives provide an authentic sense of how stressful the process of gathering this kind of consumer information can become for an isolated person. If the care home management did not attend sympathetically to enquiries and did not ensure the prompt delivery of written information, the unsupported older person was left 'feeling cheated and floundering' and frustrated. In contrast where information was promptly and openly given, the care home took an immediate interest in the older person making the enquiry and followed up with informative printed material, then the older person was 'encouraged to consider a move to residential care' and felt enabled 'to make an informed choice'.
- 1.2 In all cases, unfortunately, the expression of a broader perspective by the homeowners was lacking. No suggestion was made by any care home to the older persons that other types of accommodation might be more suitable for them, such as sheltered housing or extra care living.
- 1.3 In most cases the care home took a limited but kindly interest in the individual older person and tried to give them the benefit of their own experience. As well as information about their own care home, they often proposed a strategy. For example, some suggested the older person visit more than one care home and/or arrange a trial stay for at least a week. Others advised them not to sell their property until they were completely satisfied that they wanted to stay in residential care for the long term.
- 1.4 Sources of information such as Thompson's or Yellow Pages separate homes into Nursing, Residential Care and Rest and Retirement homes. What is not apparent is that some homes within the Residential Care sector may be considered 'exclusive', and this would seem to depend on price. One such home offered the free use of a limousine, for example, and was run as if 'we are in a hotel with care going on in the background'. The hotel image was also used to sell or promote some homes in the Authority funded price bracket that had the facilities, and were in a location to attract older people for short term respite care breaks. The information they gave, especially in their brochures,

emphasised the hotel aspect. Other care homes provided more information about their caring functions and policies that for many long-term residents will play, at some point, a crucial part in maintaining the quality of their lives.

- 1.5 Some homes mentioned their 'philosophy of care' in their brochure, and said they would help a resident with an illness until they could no longer cope, at which time they would be transferred to hospital or a nursing home. As a resident in a more 'exclusive' home that charged in excess of what the Authority would fund, having sunk below the savings threshold of about £19,000 and having then to relying on Authority funding, if you or your family could no longer fund the shortfall, the home would ask you to leave. This rather exposed the nature of their commitment to you and your care as an individual. As one of the case studies concluded, committing yourself to such a place 'was a gamble I might lose'.
- 1.6 The information given over the phone, except in the case of one wholly inadequate home, was helpful without much prompting. There was quite a wide variation in the quality of written information provided, and it was far from comprehensive. The brochures were different in their emphasis and most relied on generalities, printing little that could be checked, such as staff/ resident ratios, or staff training and qualifications, actual numbers of trips or outings, or what specific recreations were provided for residents. Written terms and conditions were not always available and some homes seemed to excuse this lack by simply saying that not all their rooms were the same. This was a serious omission when it came to making an informed choice and the management of a home that did not have terms and conditions in writing immediately became suspect in the mind of the older person.

## **2 CASE STUDY 1**

### **Mystery shopping scenario**

- 2.1 An older person living alone in a large property now much too big for one person with no immediate family contact. He is now considering the future options available particularly with regard to moving into a residential home.
- 2.2 Health related problems: I am now in my mid seventies having been a diabetic for over 15 years but have been very fortunate in being able to control my illness very well and avoid any serious complications.
- 2.3 My general demeanour is good although I am finding driving, particularly at night, increasingly difficult and also have the problem now that I am on insulin injections. I now must attend an annual review of my health by a medical specialist in order to retain my licence to drive; also the costs involved, over one hundred pounds each year.
- 2.4 Financial situation: I am fortunate enough to own my house which is well located, but is an old property over 150 years old, and takes quite a lot of maintenance owing to its age. I am on state pension, and also in receipt of a diminishing pension from my previous employer, along with small amount of savings, a few thousand pounds, which are being rapidly diminished with the recent poor interest rates available in recent years.

### **Case study narrative and diary**

- 2.5 Friday 19th. November 2004. I made my first telephone call at approx. 14.05 pm. to my chosen residential home. I was feeling very apprehensive at this time, wondering who would answer the telephone at the other end. What would he /she be like? Would they be helpful, pleasant, officious, or severe? These and many other feelings went through my thoughts, and I must admit to be feeling very nervous at this time, whereas the telephone does not normally have any emotional effect on me.

- 2.6 However, the lady who answered the telephone was quite pleasant and asked me to hold a moment whilst she passed me to the assistant manager. The assistant manager appeared to be in hurry but was very polite. She suggested that she would send me a brochure on the facilities, costs, etc. in the post and took my name, address and postcode.
- 2.7 I felt quite relieved on putting down the phone, but was pleased to be on my way to finding what I will need to know. At this stage I felt all I needed to do now was to wait at the most a couple of days at most receive my brochure, and I turned my mind to thinking of what information it would contain
- 2.8 Sat 20th. Nov. Eagerly awaiting the morning post, the brochure must arrive this morning, and then I can start formulating my questions etc. Mon 22nd Nov. Still nothing arrived in post. What shall I do now as an isolated older person? How long should I wait, should I contact another venue? Decide to leave it another day.
- 2.9 Tues 23rd Nov. Contact the home again by telephone. Many apologies, the manager has been away on holiday, but is expected back in a couple of days. I enquired if they still had my details - they had definitely not been mislaid - relayed them back to me: name, address, postcode all correct.
- 2.10 Wed 30th Nov. Still no news. Am I being impatient, may be my sense of urgency is unreasonable. Things have changed since my working days, people are more busy these days. Sat 4th Dec. I await the morning post with baited breath, but alas no letter or brochure.
- 2.11 Discuss situation with project leader and decide that he will arrange to be in the vicinity on Sunday morning 5th Dec., and will call on my behalf to request the promised brochure and forward to me. As agreed in the brief, I was not to visit the premises unless absolutely essential.
- 2.12 Visit to Residential home: 10.30 am, 5th Dec 2004. This was an unannounced visit. The area has many residential and retirement homes.

- 2.13 This home is in two large well-maintained Edwardian semis on a promenade overlooking the river estuary. There is a patio and conservatory at the front. It was a quiet Sunday morning. I rang several times and eventually someone saw me through the window and pointed to a door round the side.
- 2.14 I explained to a care assistant (CA) that I was visiting on behalf of a neighbour, a rather isolated old man who wanted information about residential care. She went to fetch the deputy manager. Music was playing in the background in the entrance area that had wide windows. There were three women sitting in the area and when the CA went out one grumbled to me 'We never go out - we just sit looking at each other. They won't let us go out'. Another, perhaps even older woman sitting opposite asked, 'Where would we go?' but got no answer. She was unrolling paper from a toilet roll and rolling it up again, possibly a supply for her handbag.
- 2.15 Other CAs passed by, they all acknowledged me, which I took to be a good sign. One was pushing a woman in a wheel chair, who obviously could not walk. The deputy manager came out from the kitchen and I told her my neighbour had not received the promised brochure. She apologised and I asked for any information that would be useful to my isolated and very anxious neighbour.
- 2.16 She took me on a short partial tour of the home. Upstairs she showed me several rooms. One was a double with large bay windows and a view over the river. It was expensive for a single occupant: charged at a higher rate, because potentially it could bring in two fees, she explained. The rate for a single resident varied from 360 to 490 depending on the room. Some rooms had en suite facilities; she showed me a single room with a toilet and washbasin built into a boarded off corner.
- 2.17 In one of the bedrooms there was a smell of urine, but only in that room so far as I could tell. I think she was aware that I was aware of this, but said nothing. There was a lift to all the floors and each floor had a Jacuzzi bathroom. She seemed quite proud of the home and the care given to the residents. They went on outings and had been out for a Christmas dinner that Friday. Some residents don't want to join in, some

prefer to stay in their rooms most of the time, and 'they are the most troublesome', she said.

- 2.18 Downstairs we passed a side room where someone was being hoisted into a wheelchair; she closed this door as if to preserve the privacy of this operation I believe. She took me through a small lounge where a few men sat, and into the adjoining conservatory. She said how pleasant it was to sit here or on the patio in the summer. Women residents occupied all the seats. One or two looked across and said 'Hello,' one said that her mouth was dry. On the way back through the lounge, there were several men sitting against the walls. One man offered unsolicited praise for the care given in the home. He had lost his wife and had been ill and quite depressed in hospital. He had recovered his spirits since moving to the home, largely thanks to the deputy manager with whom he seemed to have a good rapport.
- 2.19 I asked what if my neighbour's funds began to run out? The deputy manager explained that the local council threshold was 'about 19 thousand pounds' for assisted funding, and this would then kick in to cover the costs. There was no question of anyone being turned out unless it became impossible to cope with their care needs.
- 2.20 I refrained from asking too many questions, but did not get much information beyond what I asked for. The deputy manager asked no questions about my 'neighbour'. I asked for a brochure, prices and terms and conditions. The deputy manager searched but could not find a brochure, or any other written information. She explained they did not give a price list as 'the prices varied so much'. She offered to get the manager to send a brochure the next day, if I gave an address. I wrote it down for her and said that my 'neighbour' had already given his address over the phone. She said they did not have any vacancies immediately.
- 2.21 Overview of visit: This was a cosy place with caring staff. But there was also a sense of boredom, and the impression of regimentation in the seating of everyone, who one supposed would then be left to their own devices in quite small lounge areas. It was not a good sign that a urine smell was allowed to persist in one of the rooms. There were staff about, but I could not gauge how much pressure they were under and

did not have time to ask about ratios. A great many questions would need to be answered before deciding to commit to this home.

- 2.22 There was no written information available, neither brochure, nor terms and conditions, nor any other sort. I suspect given these circumstances that the management was inadequate, that too much reliance would be placed on the undoubted good will and kindness of the staff. The organization would probably only deliver a lowest common denominator quality of life for the residents.
- 2.23 11th Dec 2004. After receiving the above notes of a visit to the Care home by my colleague. Yet again a brochure, requested on the visit last week, has not been sent by the care home. I am sorry to report that the exercise in seeking useful information and advice that would be needed in this situation was just not forthcoming from my chosen home.
- 2.24 I can only reflect my personal feelings now as more a combination of being frightened, worried and confused than at the commencement of the enquiry process. I am frustrated at the insincerity of the management in not having the common courtesy to reply or respond to my request either by telephone or letter.
- 2.25 I expected some sort of response following the visit to the home by my colleague, but now one week later, I have received no communication what so ever. After this experience of seeking meaningful information to make a decision on the implications of committing oneself to this type of residence, I am left with the feeling that the process for an isolated person in this situation must be a very stressful, even nightmare provoking experience.
- 2.26 Nevertheless I have attempted to answer as many of the questions and as fully as possible under the circumstances, on the attached questionnaire. I can only hope and pray that my experience was not typical of the findings of the rest of the group taking part in this thought provoking piece of research and look forward to hearing the conclusions of the project, in the overall picture.

## Issues and outcomes

### Costs and what those costs cover:

- 2.27 Costs per person range from £360-£490 per week. For room and board, including laundry etc. Some outings are covered. The information provided after asking. It was given verbally to a 'neighbour' who visited home. It was only given after repeated request or reminders. The visit was last resort to obtain written information.

### What things are charged for as extras and how much they cost?

- 2.28 Information was not provided at all.

### When and how costs might increase.

- 2.29 Costs are generally in line with those charged to local authority funded clients, but there is variation depending on the type of room, and it was not made clear how this worked. Information provided after asking. Provided during visit of last resort. It was provided rather vaguely and apologetically by a deputy manager.

### The sorts of services and facilities provided.

- 2.30 During his visit a 'neighbour' was shown two-bed and single-bed rooms, some en suite. Outings were mentioned, a Jacuzzi on every floor. Some care of residents requiring hoist to move to a chair from a wheelchair was observed. But though no information on nursing care was offered it was clear that some of the residents would have needed this to some extent. Information provided voluntarily. It given during a visit of last resort.

### Terms, agreements and contracts

- 2.31 During visit of last resort request for terms was made **but the deputy manager said none were provided in writing.**

The future and what would happen if . . . your health changed, or your money ran out, etc

- 2.32 My neighbour was informed on a last resort visit that below the £19,000 threshold, the Authority would cover the cost. No one was turned away unless it became impossible to cope with their care needs.

What constructive suggestions, if any where made by the home?

- 2.33 The home made no constructive suggestions and took no interest in me directly or via my 'neighbour' who visited.

### **3 CASE STUDY 2**

#### **Mystery shopping scenario**

- 3.1 The gathering of information exercise about a residential home by an isolated older person, based on the single 75 year old man living alone scenario.

#### **Case study narrative and diary**

- 3.2 First contact made by telephone, Wednesday 17th November, 12.40 hrs. In response to my telephone call the person who answered gave a positive response to my hesitant enquiry. She said there was unfortunately no immediate vacancy at the home, however accommodation was being reviewed and upgrade work was due to start in the new year. Without hesitation the lady gave me her name and encouraged me to speak with her at any time in the future. She told me they had only recently purchased the home and took over full responsibilities two weeks previous.
- 3.3 I was given the name of the previous owner and told they had been at the home for 15 years. I was advised briefly about the number of rooms available for residents and facilities in the house, and was given some guidance on what the Home was registered for in terms of residential provision. She asked if I knew the location of the home of my enquiry, and I was given an option for my consideration, being told the proprietor owned another home in the area, if I was interested in an 'exclusive' establishment. The lady mentioned their mission statement of aims and objectives for the home and said I would be able to read these in literature that would be sent to me.
- 3.4 I felt she was interested in my enquiry and situation; this helped ease my anxiety at this early stage in my thinking. The proprietor showed to me, a potential resident, that she owned her responsibility well. The fact that she gave me her first name, for future contact, gave me a sense of belonging.

- 3.5 Second contact on Monday 22nd November, 14.00 hrs. I gave my name and referred to my earlier enquiry, also that I had not received the promised information pack. The second contact person said the proprietor was not available, however, the staff member knew my name and about my enquiry.
- 3.6 She established that the pack had been posted to me on the same day, today, and apologised for the delay with an explanation about the new owners updating their literature, having been in charge for a short time. I was relieved that my enquiry was being actioned and encouraged by the staff member knowing my name and about my enquiry.

### **Issues and outcomes**

#### **Costs and what those costs cover**

- 3.7 Manager/owner just very recently taken over the business and have not produced a new brochure to date. They hoped maybe the old brochure will be acceptable. Cost covers accommodation, food, light, heat, laundry and necessary personal care normally provided in a residential care home. Cost £350 per week payable by cheque or bankers order.
- 3.8 Provision of info-time scale response. Basic information was provided voluntarily, initially in telephone conversation and subsequently from brochure literature. A prompting phone call about promised literature/information was made on day five. The brochure had already been despatched and was received on day six.
- 3.9 Cost of accommodation was given initially in our telephone conversation and confirmed through brochure information. Initial response to telephone enquiry was immediate. Brochure information followed shortly after by post.

#### **What things are charged for as extras and how much they cost?**

- 3.10 Brochure information was easily readable, extras included – hairdresser, newspapers, dry cleaning, toilet requisites and items of a luxury or

personal nature, nor medical requisites (other than medication by prescription). Brochure information provided voluntary. All charges were explained well in the brochure information pack. The pack was received by post on day six.

### When and how costs might increase

- 3.11 Information suggests there will be no extra charges and the agreed weekly charge will remain unchanged unless six weeks notice of change is given by the proprietor. The response memo from the owner says a review of charges is due in April 2005. Brochure information says fees will be reviewed from time to time and increased as a result of inflation, provision of extra care or changed statutory provisions.
- 3.12 Memo and brochure information was provided voluntarily. Brochure information covered how possible increases would be triggered, and a covering memo said fees will be reviewed in April 2005. The pack was provided shortly after my follow-up request by post (1st class).

### The sorts of services and facilities provided

- 3.13 The privately owned home provides long stay accommodation and care to 12 residents – this includes respite, holiday and day care services. Accommodation: full central heating and fitted carpets plus the home is graciously and tastefully furnished. Ground floor: there is a large hall with 'pay phone', a TV lounge and separate dining room, also a conservatory/quiet room. Additional bedrooms (three) are planned for completion early 2005.
- 3.14 First floor: there are 12 single rooms all en suite with wash basin and toilets. Three bedrooms have private baths. Each room is fully furnished with good storage facilities and is fitted with a TV point and telephone point plus a 24 hour emergency call system. Personal mementos: Small personal mementos are welcomed for residents' rooms, including a favourite chair.
- 3.15 History/building style: The building sounds quite impressive, being built in natural stone to the style of an Edwardian gentleman, from which it

gains an air of elegance and graciousness. It will appeal to those who appreciate quiet refinement.

- 3.16 Location and gardens: The house is set in over half an acre of attractive gardens, there are extensive views over pastoral fields to craggy limestone heights and hills/mountains beyond. Information provided voluntarily via the brochure. The proposed extension/upgrade of accommodation was communicated by telephone conversation at the point of initial contact. Information was provided shortly after by mail and the proposed accommodation upgrade work was given to me immediately in telephone conversation.

### Terms, agreements and contracts

- 3.17 Brochure information explained. The proprietors undertake to maintain a standard of care as required by law and as directed by the registration authority. Any complaint or query of a resident will be attended to by the proprietor in accordance with the written procedures.
- 3.18 The agreement between the resident and proprietor will continue until ended by death or by either party giving four weeks' notice of termination. Should the resident leave without giving the required notice, payment of fees in lieu of notice at the normal weekly rate will be required. Notified weekly charge £350 payable weekly by cheque or bankers order.
- 3.19 Brochure information continued as follows; the first four weeks will be regarded as a trial period for the benefit of both the resident and the proprietors. Home X will be the home of the resident, who will be free to journey out alone, but the proprietors cannot accept responsibility of a resident's safety away from the home unless the journey and any necessary supervision were arranged by them or their staff.
- 3.20 In the event of death, any fees outstanding will be charged to the resident's estate. Residents may be required to leave the home, after the necessary notice, for non-payment of fees, circumstances or behaviour which the proprietor feels is detrimental to the home or to other residents or, after consultation with the resident, doctor or social worker

concerning the needs of the resident, the proprietors feel no longer able to meet those needs.

- 3.21 Before taking up residence, a person will be required to provide the proprietors with details of their state of health, treatment required and the name of their doctor. At the discretion of the proprietors, personal possessions may be brought into the Home by the resident. It is the responsibility of the resident to maintain appropriate Insurance cover. Cash and valuables may be deposited with the proprietors for safe-keeping.
- 3.22 Should the resident require in-patient treatment at a hospital, the proprietors will retain the accommodation for four weeks on payment of the full fee, after which time the fee will be reviewed or normal notice of termination given by either party.
- 3.23 All information was provided voluntarily, through brochure and enclosed memo, a prompt response was made by telephone. However, the brochure information had already been despatched by first class mail. Information was provided in a written memo and covered in the brochure. Time scale of receipt. Shortly after by post (received on day six of enquiry). The short delay in despatch was explained to me in our telephone conversation, namely that the proprietors had only taken over two weeks earlier and they were in the process of updating the home's brochure.

The future and what would happen if your health changed, your money ran out, etc.

- 3.24 The residential care fee will be revised and increased as a result of providing extra care, or changed statutory provision. Should my financial position change whereby I could not make the required payment, a resident may be required to leave the home following a case assessment by the Social Services Authority.
- 3.25 Brochure information was provided promptly and in the third telephone conversation my current health situation was determined and not seen

as a potential problem. Medical information passed over in telephone conversation for recording.

What constructive suggestions, if any, were made by the home?

- 3.26 The initial response to my telephone enquiry suggested the home had no immediate vacancy, however, extra accommodation was being provided during early 2005, also the proprietor owned another exclusive care home in a village not too far distant, which could be an option.

Options volunteered to me

- 3.27 In conversation it was suggested their 'other' care home may be an option and that it provided particularly 'exclusive' residential care. My enquiry was treated courteously and efficiently on the basis that the home had no immediate vacancy but I would be advised when a vacancy became available.

Did the home show an active interest in you?

- 3.28 Nothing specific, but the second person I spoke to when following up the brochure request knew my name and was familiar with my earlier enquiry. I did not feel there was a lack of interest in my enquiry. However, if my choice was their home I would have to wait. I did feel that I would be made welcome when a vacancy arose.
- 3.29 The proprietor was keen to ensure I knew the location of the home but an immediate visit was not mentioned. I got the impression they would need to see me at some stage, but lack of an immediate vacancy put things on hold.
- 3.30 Their second residential home was listed in a covering letter and the 'exclusivity' was mentioned, but no price tag was given. They did not enquire about any urgency on my part; simply I would be placed on their list pending a vacancy.

- 3.31 Aims/Mission Statement: I would be encouraged to make the change to residential care supported by the brochure statement and level of interest shown by the care managers in our brief discussions.
- 3.32 'The aim is to give the residents a warm, supportive, friendly and stimulating environment in a beautiful and comfortable country home where traditional values are respected. Individuality and freedom are encouraged. The privacy and independence of each resident will be respected at all times by members of staff, who will offer care and attention that will not intrude on a resident's dignity or personal beliefs.'
- 3.33 Care staff training: 'Care assistants are selected with discretion to ensure that we offer the highest standards. Together we are committed to an ongoing programme of staff training in National Vocational Qualifications in Care'. Identity: I liked the statement that 'Home X will be the home of the resident'.

### **Overview**

- 3.34 I am encouraged to consider a move to residential care, having noted a personal interest in me by those I spoke with in brief telephone conversations.
- 3.35 I also feel the brochure information, which covers standards of care that seem to be resident focused, is clear and helpful to enable me to make an informed choice whether to continue with my enquiry.
- 3.36 If I had specifically asked for a visit to the home, I am sure arrangements would have been made.
- 3.37 Having made the enquiry and set up a contact with people there, I would feel inclined to pursue the idea with less fear than at the beginning of this journey.

## **4 CASE STUDY 3**

### **Mystery shopping scenario**

- 4.1 A 75 year old man living in his own home, not very mobile and without a family or close friends to support him tries to find out about residential care.
- 4.2 At each stage of the investigation I read through my scenario. It was not difficult to feel the possibility of isolation and developing anxiety. But I was never for long able to shed the assumptions of support, which I take for granted everyday, and that the scenario denied me.
- 4.3 I decided to contact two care homes to have a back up if one proved uninformative. Both returned brochures, so I report my experiences of both homes as separate case studies to avoid confusion, though they occurred in parallel. Very probably any person seeking residential care would contact more than one home, and would gain multiple and contrasting impressions.
- 4.4 I established the sense of an isolated individual early in my first contact telephone conversations by simply stating 'I am on my own' and 'finding it difficult to cope'. By hesitancy and slow speech I tried to keep the illusion or deception going. I could hear in the other person's voice that I had their sympathy or was losing it.

### **Case study narrative and diary**

- 4.5 Preparing to make the first contact I decided to look for a care home in a resort town about 30 minutes drive from my own home. In this part of England it is known to be a quieter resort where many large properties have been converted to flats and residential/nursing homes. I looked in the Thompson's directory under 'Residential Care Homes' (over 50 names).
- 4.6 Alternative categories listed were 'Rest and Retirement Homes', and 'Nursing Homes'. There were no definitions of the categories. The listing was of names, addresses and telephone numbers only – no description

to suggest to me which one might suit me. I was susceptible to any hint in the name and picked two: one was the title of a book and the other indicated that the home was on the sea front road.

- 4.7 First contact was made on 11 Nov. 2004. The phone was answered promptly by the co-owner. He asked what I would like to know and suggested I put questions to him and he would answer. When I persisted in saying I did not know what to ask, his wife also a co-owner came to the phone. She was friendly and concerned and very willing to give information and advice.
- 4.8 She asked about my situation (wife or children) and assured me she understood the problems of coping, that they had other men residents who were on their own. Before starting home A, she had worked as a qualified health visitor. She advised me to think carefully before taking the 'big decision to give up your home', and not to do so until I had found a place where I was happy to stay. Quality of life was the most important thing in her view, and home A was 'freedom hall' within the bounds of safety for the residents.
- 4.9 The best way to find out if the home would suit me was to stay for a week's respite care. She suggested I might want to try other homes, as I might 'like it somewhere else'. She described some people as 'stayers' who would be resident for a long time and some as 'movers' who went from home to home, moving when they became bored. She talked about the home A's location not far from a library, a shopping centre and a park. I asked for a brochure. She agreed to send it with a list of their 'terms and conditions' that I could read.
- 4.10 After this conversation I was very relieved and quite buoyant. I had information with the promise of more to come, and the co-owner had also given me a strategy by which to proceed. I had been anxious and uncertain and now I felt connected and in control. It had not occurred to me that I had the power to sample home A by taking a respite break there and possibly at other homes. And that I need not sell my house until I had settled into a care home.

- 4.11 Later I realised that though her advice was well meant and possibly sound I would be paying for the trial or respite stay, and if I chose to extend my stay my own house would be left empty.
- 4.12 Brochure: Received within two days of first contact. Also a compliments slip and a single A4 sheet: Terms and Conditions, and on the reverse an agreement form to be signed by the resident and a nominee who would accept responsibility for finances. Picture of front elevation showing rockery garden beds and benches. Photographs inside showed lounge, dining room and a bedroom, also bathroom, TV room and residents on an outing.
- 4.13 Informative text showing awareness of issues such as privacy, independence, citizen's rights and the importance of well qualified management, with an understanding of the ageing process. Recent investment in extension to buildings. Had provided ramp access to gardens and buildings.
- 4.14 Second Contact was made on 1 Dec 2004. I spoke to the female co-owner. She remembered my previous call and where I lived. I thanked her for the brochure and said I was concerned about what would happen if my savings began to run out. She gave me a full explanation of the £18,000 threshold for funding assistance from the local authority.
- 4.15 She said the home worked with the social services, and they are fully accredited. She suggested I came in for a week. I said perhaps when the weather was better. She said 'why not come while the weather is bad for a nice break'.
- 4.16 Again her helpfulness and air of competence were reassuring. She struck me as someone who was probably trustworthy, and I took some reassurance from her reference to accreditation by social services. It is also stated in the 'terms and conditions' that home A is registered with the local council under the Residential Homes Act 1984, and as such is inspected on a regular basis by the Inspection Officer for private-Voluntary homes, who is responsible to ensure that the required standards are met.

- 4.17 As a result of the factual information and advice provided by the home I would be much less anxious as a single older isolated person about moving to residential care. I had a strong impression from speaking to the co-owner of a caring ethos applied in the running of this home. The brochure and written 'terms and condition' gave me additional relevant information about the good facilities, staffing and management of the home. I felt quite confident that a weeklong stay would confirm this view.

### **Issues and outcomes**

#### Costs and what those costs cover:

- 4.18 Costs per person £338 per week. Accommodation, all meals and drinks, all personal laundry (but not dry cleaning), some hair dressing such as cutting, trimming, shampoo and set (but not perm or colour rinse), regular chiropody by visiting state registered chiropodist, 24 hour care.
- 4.19 The information was provided voluntarily. The cost was given promptly when asked for on the phone, and all the above items are listed in the written term and conditions.
- 4.20 The brochure and terms and conditions were received within two days of request.

#### What things are charged for as extras and how much they cost?

- 4.21 There is a visiting optician and dentist, and there may be an extra charge incurred, or should the resident require any private practitioner such as physiotherapy.
- 4.22 No indication was asked for or given of the current cost of such extra services. There is a pay-phone but telephones installed in residents' rooms are paid for by the resident.
- 4.23 The information was provided voluntarily. The information about the optician and dentist, physiotherapy and occupational therapy is an item

in the written terms and conditions. The phone is mentioned in the brochure.

- 4.24 It was not asked for and was provided by post quickly, the brochure and terms and conditions were received within two days.

#### When and how costs might increase

- 4.25 Costs are generally in line with those charged to Authority funded clients and increase accordingly. Four weeks notice is given of any increase in fees.
- 4.26 The information was provided after asking, and is an item in the terms and conditions. It was given over the phone and in writing. All questions were responded to without hesitation. The written terms and conditions were received within two days.

#### The sorts of services and facilities provided

- 4.27 The brochure is eight sides A5, about half colour photographs and half 12-point text. It emphasizes the care of the 23 residents and quality of life and describes a philosophy of independence, dignity, citizen's rights etc. as well as staff training. It describes the improvements made to the buildings and grounds.
- 4.28 All bedrooms have en suite facilities, TV aerial points, and an emergency call system. There is a hydraulic passenger lift to all floors, a purpose built hairdressing salon. There is a mini-bus used frequently for day trips and shopping trips and occasional theatre visits. There is ramp access to landscaped gardens. Residents are encouraged to participate in hobbies and interests of their own. The brochure is quite comprehensive and easy to read. Five out of the 10 photographs show the residents in situations both within and outside the home, one shows residents on a trip.
- 4.29 The information was provided voluntarily. It was given partly over the phone, but mainly it is detailed in the brochure. It was provided quickly, the brochure and terms and conditions were received within 2 days of request.

## Terms, agreements and contracts

- 4.30 A list of 13 items is set out in the terms and conditions sheet (see attachments below), on the reverse of which is an agreement and nominee form for signatures.
- 4.31 Information was provided voluntarily. It was given in writing. It was provided quickly, the brochure and terms and conditions were received within two days of request.

### The future and what would happen if . . . your health changed, your money ran out, etc

- 4.32 The home provides care for minor ailments, but occasionally if after hospital treatment the resident requires nursing home care, the home reserves the right to transfer the resident. Similarly if a resident develops dementia on a scale outside the expertise of the home, the co-owner reserves the right to advise on a transfer to a more suitable environment.
- 4.33 If a residents savings fell to about £18,000, then the Authority would 'pick up the tab', and this would not be a problem for the home.
- 4.34 The information about falling ill was provided voluntarily. The financial information was asked for on the phone. The medical information is set out in the brochure. It was provided quickly, the brochure and terms and conditions were received within 2 days of request.

### What constructive suggestions, if any were made by the home?

- 4.35 The co-owner described the two different types of residents 'stayers' and 'movers' that they came across which gave me a useful perspective on my situation. The co-owner suggested a strategy that allowed me some control of the process whereby I would eventually have to take the big step of selling my house. I ought not to sell until I was sure I wanted to move to residential care, and only after I had found a home I was happy with.

Did the home suggest considering all the options before choosing residential care?

- 4.36 No suggestions about alternatives to residential care were made.

Did the home show an active interest in you?

- 4.37 The home asked about my situation and whether I had a wife or children and did appear to take a genuine interest, remembering my name when I called a second time. But they did not at that point go on to ask detailed questions.

Did they suggest a visit would be useful simply for you to see what it was like?

- 4.38 They suggested a visit and raised the possibility of a week's stay. When I called a second time they again urged me to take a holiday at the home.

- 4.39 It is explicitly stated in the brochure that all residents come into the home for a four week 'trial period' in order for an accurate assessment of need and suitability of placement of both parties.

Did they suggest other sources of information, or things that might help a person in your position?

- 4.40 They did not suggest other sources of information. But they suggested staying as a guest for respite care as a way to gather information at other homes as well as their home.

## **5 CASE STUDY 4**

### **Mystery shopping scenario**

- 5.1 This case study was based on the same scenario and starting arrangements as case study three, and the introductory material as far as paragraph 5.7. Thereafter the material describes the experience of the researcher with a second home in the same general area as that for case study three.
- 5.2 A 75 year old man living in his own home, not very mobile and without a family or close friends to support him tries to find out about residential care.
- 5.3 At each stage of the investigation I read through my scenario. It was not difficult to feel the possibility of isolation and developing anxiety. But I was never for long able to shed the assumptions of support, which I take for granted everyday, and that the scenario denied me.
- 5.4 I decided to contact two care homes to have a back up if one proved uninformative. Both returned brochures, so I report my experiences of both homes as separate case studies to avoid confusion, though they occurred in parallel. Very probably any person seeking residential care would contact more than one home, and would gain multiple and contrasting impressions.
- 5.5 I established the sense of an isolated individual early in my first contact telephone conversations by simply stating 'I am on my own' and 'finding it difficult to cope'. By hesitancy and slow speech I tried to keep the illusion or deception going. I could hear in the other person's voice that I had their sympathy or was losing it.

### **Case study narrative and diary**

- 5.6 Preparing to make the first contact I decided to look for a care home in a resort town about thirty minutes drive from my own home. In this part of England it is known to be a quieter resort where many large properties have been converted to flats and residential/nursing homes. I looked in

the Thompson's directory under 'Residential Care Homes' (over fifty names).

- 5.7 Alternative categories listed were 'Rest and Retirement Homes', and 'Nursing Homes'. There were no definitions of the categories. The listing was of names, addresses and telephone numbers only – no description to suggest to me which one might suit me. I was susceptible to any hint in the name and picked two: one was the title of a book and the other indicated that the home was on the sea front road.
- 5.8 1st contact was made on 11 November 2004. I rang the home, which answered promptly. I told the person, who turned out to be the daughter of the owner employed as a receptionist, that I was thinking about residential care. She immediately suggested I come and have a look. I explained it was difficult for me to travel at present. She then told me what the home provided for residents: 24 hour care, meals, laundry, medical care, and the range of charges £343-£380 for the larger rooms. She suggested the idea of a holiday to look around, saying they were like a hotel with everything provided.
- 5.9 She then asked if I had a social worker, and suggested I ought to look at more than one residential home before making a decision. She also offered to give me a contact number for a local advocacy service, which she knew had helped people in my position. They might give me advice about what to do about my own home, whether I should decide to sell.
- 5.10 With very minimal prompting she told me more about the home's facilities: buzzers in the rooms, entertainments and party nights, trips out and to the theatre. Payment could be arranged on a monthly basis as required.
- 5.11 This contact with an open sounding and caring person was very reassuring. Also it seemed possible that I could get help from an advocacy service. It was pleasing to imagine I had done something positive. Certainly I had dispelled some anxieties about risking my independence in a care home. I had been treated very respectfully by the home on the telephone. But after a short time I realised that nothing had been solved, and in this case although the receptionist was evidently a

caring and concerned person there was no guarantee that her attitudes were reflected in the owner/manager's agenda (although she was a part of the owner's family). She had not of course asked if I had considered other types of accommodation.

- 5.12 Brochure: Received within two days of first contact with a short covering letter offering 'further assistance' and to 'do my utmost to assist you'. This is a disappointing fold up A4 single sheet, with sparse text but good photographs. It would be adequate for a hotel brochure, but as an expression of a home's commitment to a service or care ethos it is very inadequate. A 'high standard of residential care' is offered but no indication as to what this means to the management, other than 'homeliness', 'comfort' and 'security'. An 'enhanced quality of life' associated with 'dedicated staff' and 'social and recreational activities' is referred to, but nothing specific is said about the staff or the nature or frequency of the activities to make this more than sales rhetoric.
- 5.13 The 'residents' are referred to three times, but in the minimal text there is no sense that they are understood to be older people or people that will have needs, or that their needs will change over the period of their residency. Completely missing is any mention of staff training or qualifications.
- 5.14 The impression created by the excellent photographs which take up almost all of the first page is of a hotel in a quiet resort offering residential care and respite holiday care. The theme is continued on the reverse side, 50 per cent of which is clear informative photographs. The photographs are unpopulated except for a cook in the kitchen and three older people shown seated in the lounge area; one has a walking stick.
- 5.15 Note on advocacy services: I rang the number provide by this home and said I was thinking about residential care, and that I had been referred by a care home. The worker told me that the person who dealt with residential care was out making visits. However she explained they are a charity and asked how far I had got with my search.
- 5.16 She took my number for the specialist worker to call me back. After a couple of days, when no one called me, I rang again. A different worker

answered and realised that I lived outside the boundary of their local council area, and therefore that he could not offer me any services. But he referred me to an advocacy service number in my own area, which I immediately telephoned.

- 5.17 This branch of the service asked what I wanted from them. I explained that I was trying to find out about residential care. They appeared to have no interest in this: 'You are just looking for residential care?' I explained I had been referred to them from another area. They asked 'Why did they refer you to us do you think?' I suggested maybe it was because I am on my own.
- 5.18 They said 'Sounds like you're doing okay, if you run into trouble then ring us back....if your not getting your voice heard, or you've got some issues'. I had been encouraged by my contact with the home, who seemed to think highly of the advocacy service, and I anticipated help and advice tailor made for someone 'going it alone', instead I was pretty much blanked by coolness and jargon.
- 5.19 Second contact with home made on 1 December 2004. I rang and explained we had spoken previously. The owner's daughter said she remembered me. I thanked her for the brochure, and said I had a few questions. She was willing to answer anything she could. I said, 'The care home looks like a hotel, of course I know it isn't a nursing home, but what if I became ill?'
- 5.20 The home would look at the situation to see if the resident could cope. This seemed like a standard reply, but she went on in a warmer tone to say the home is the 'resident's home', and they would see what was best to do, 'just like any other time in your life when you got ill'. I then asked about what if my savings began to run out, and she explained that if they got down to about £20,000, 'the home would apply for funding from the Authority'. She reassuringly said that the threshold goes up each year usually, to the advantage of the resident. I suggested the fees would go up too, and she agreed, but only in line with standard council funded fees.

- 5.21 At this point, although I had been disappointed and annoyed that the advocacy service was completely ineffective or perhaps inappropriate to my needs (the second advocate I rang seemed to wish to speak for the older person but not to him), I was not unduly worried. The information I had to date seemed enough to take me to the next stage, which would be to visit the home or stay for a week. The fact that the home sells itself as almost a hotel would make this latter step easier to take, knowing that it was not an irrevocable move for me and not unusual for the home to have short stay residents.
- 5.22 Conclusion: The home was very willing to provide information; both my phone contacts were competently handled, in a friendly and direct manner. I asked very few questions and most of the information was volunteered. By referring me to an advocacy service it was clear the home realised the complexity of the arrangements I would need to make to move from independent living into residential care.
- 5.23 The information given about the home was quite full in terms of the fabric of the home and its facilities, and I felt no doubt that these would be sufficient for my needs. What I could only inadequately gauge from talking on the phone and from the brochure were the caring arrangements, and how well they were likely to be carried out, the quality of the staff and management and whether they were equipped to 'enhance the quality of life for our residents'.
- 5.24 The brochure text was very poor in this respect and I certainly wanted more in writing as to terms and conditions, before I could make an informed choice to move permanently. But given that the strategy of the home was evidently to attract short stay residents in the style of an hotel, in the first place, I did have sufficient information to choose to go there for a respite holiday.

## **Issues and outcomes**

### **Costs and what those costs cover:**

- 5.25 Costs per person from £343-£380 per week inclusive of accommodation, all meals (special diets catered for), laundry, medical if

required. Staff on site 24 hours. Entertainment / trips / theatre / party nights (monthly - extra payment). Quote: 'Absolutely everything'.

- 5.26 The information was provided with almost no prompting at the first contact. The cost was given promptly when asked for on the phone. The brochure was received within two days of request.
- 5.27 The brochure text is quite sketchy and general. On two sides of A4 size, no more than 250 words of text covering half one side only, the remaining space has informative photographs of en suite bedroom, lounge area, dining room, kitchen, lounge bar, hair salon, gardens, building façade.
- 5.28 The impression created by the photographs on the first page is of a hotel, it is facing the sea front and encourages respite care or holiday breaks. The text offers 'high standard of residential care', homeliness, comfort, security. Enhanced 'quality of life' is associated with 'dedicated staff' and 'social and recreational activities' without being specific. Completely missing is any mention of staff training or their qualifications. What kinds of social and recreational activities or their frequency is not stated.
- 5.29 The home has been in existence for several decades, which is a reassuring fact. The remaining 50 per cent of the text is general description of the hotel style facilities, which are well illustrated in the photographs. There is no mention of costs or terms and conditions in writing.

What things are charged for as extras and how much they cost?

- 5.30 There is an extra charge for the monthly party night. The impression was given over the phone that absolutely everything else was provided in the weekly charge.
- 5.31 The information was provided voluntarily on first contact. It was not asked for specifically. The brochure was received within two days.

## When and how costs might increase

- 5.32 Costs are generally in line with those charged to Authority funded clients and go up in line with the fees paid for residential care by the local council.
- 5.33 The information was provided after asking when the home was contacted a second time after receiving the brochure. It was given over the phone. All questions were responded very pleasantly and without hesitation.

## The sorts of services and facilities provided

- 5.34 Many rooms have en suite facilities, as illustrated in the brochure, which also shows gardens, spacious and well lit lounge and dining area, and a hair salon. The large garden of lawns and flowerbeds is shown in use for a fete of some kind. There is a call system and television points in the rooms. Trips out are provided, especially to the local theatres and music hall.
- 5.35 The information was provided voluntarily. It was given mainly over the phone. The brochure text is brief only the building/rooms etc. and setting are well illustrated in photographs. It was provided quickly, the brochure within two days of request.

## Terms, agreements and contracts

- 5.36 No terms and conditions in writing were provided. This was very disappointing as the information provided over the phone was helpful, and there was no sense that anything was being deliberately withheld.

## The future and what would happen if . . . your health changed, your money ran out, etc

- 5.37 If a resident's health changed, they became ill: the home would 'look at the situation to see if the resident 'can cope'. It is the resident's home, and they would see what was best to do, 'just like any other time in your life when you got ill'.

- 5.38 If the resident's money began to run out: if your savings got down to about £20,000 the home would apply for funding from the Authority. The savings threshold goes up each year, which is an advantage to the resident.
- 5.39 The information about falling ill and finance was asked for on a second call to the home after receiving the brochure. The information was provided immediately the question was asked.

What constructive suggestions, if any were made by the home?

- 5.40 The home mentioned that they have a five star rating as a residential care home, which is an immediate indication that they are open to inspection and welcome it. The home suggested a visit to see the facilities and recommended respite stay of a week would give me a chance to look around. The home asked if I had a social worker, and if not suggested I contact a local advocacy service who would be able to give advice on residential care. They gave me a contact number for the service, and suggested I ask if the service would provide transport for me to stay for a respite trial. Also they suggested that I should look at other homes as well to find the right one.

Did the home suggest considering all the options before choosing residential care?

- 5.41 For an individual in any particular situation there might be other, better options such as supported care. The home did not specifically suggest alternatives to residential care, but did recommend looking at other residential homes, and gave me the number of an advocacy service.

Did the home show an active interest in you?

- 5.42 The home asked if I had a social worker. They seemed to be reacting to my scenario 'persona'. They referred me to an advocacy service, suggesting that they would give me advice on the sale of my own home.

Did they suggest a visit would be useful simply for you to see what it was like?

5.43 They suggested a visit and a weeks respite stay.

Did they suggest that they would want to meet you anyway to be sure they were in a position to provide the sort of care you were seeking?

5.44 They did not specifically suggest this procedure, but they were saying that there were many different homes and I should be finding the one that was best for me.

Did they suggest other sources of information, or things that might help a person in your position?

5.45 They did suggest contacting an advocacy service, which had been used by other residents and would help especially with arranging to sell my home. They seemed to expect that I would have been in touch with social services.

## 6 CASE STUDY 5

### Mystery shopping scenario

- 6.1 The scenario was that of a woman, nearly 70, single and living alone. I have a small pension from the office where I used to work. I have a small flat in a town in the Lake District. I have just put it on the market and as prices are quite high in the area I hope to get a reasonable price and to sell soon if I need to.
- 6.2 I have decided to sell up as I don't think I will be able to cope living on my own, especially as my arthritis is getting worse. I find it difficult to walk and have never driven a car. I don't need a stick at present but am very worried I will need a wheelchair before too long. I am sometimes rather forgetful and get muddled about things. That may be because I don't have any real friends and so never have much chance to talk to people. I am lucky I live very near to the library. I am very fond of reading and they are always nice to me when I can get there. I used to go to Cornwall for holidays and always said I would like to live there. It is so much warmer and drier than the Lake District.
- 6.3 Source of information on care home in my chosen area: When I told the people in the library how I would like to go and live in a care home in Cornwall they got me the yellow pages and found the right pages for me. I wouldn't have thought of that myself as I didn't know what to do about finding somewhere. It is difficult if you have no one to give you advice and you don't know who to ask or where to go.
- 6.4 There were a lot of pages headed Residential and Retirement and the print was very small for a lot of the entries, and I didn't know which ones were any good. As the print was small I just looked at those homes that had large print and where the telephone number was in big letters. I decided to phone a care home in a town I have visited a few times in Cornwall. The picture of it looked nice. I hoped that was a sensible thing to do.

## Case study narrative and diary

- 6.5 This narrative was based on contemporaneous notes. The woman who answered my call spoke clearly, giving the name of the care home and her name. This was good as it meant it gave me confidence. I had dialled the right number and got the right place.
- 6.6 I explained my situation, (as above) and she listened courteously. I then asked for help me about what I should do, although, I said, I knew she couldn't tell me what I should do, but could she tell me a bit about her place.
- 6.7 She told me she was the manager. The home was a 25 bedded care home run on the 'lines of a hotel', with all the care going on in the background. Run on the lines of 'we are in a hotel not in a care home'
- 6.8 They have fairly dependent people who need washing, bathing, dressing and feeding. Some are bed bound, but most are well and truly in charge of their wits and good company.
- 6.9 Quote, 'Lovely, local food and a wine licence'. Thought - I do hope I would be able to afford their wine or could I bring my own in? No mention was made as to whether I would have some sort of allowance on my charges if I decided to eat out or go away for a holiday. This would mean I would have reduced flexibility of action in my life).
- 6.10 I wanted to know if I would be able to stay with them if I ended up in a wheelchair. She assured me that they would be able to manage except for someone very large as they have divan beds and armchairs. Thought – hope I don't put on too much weight with all the meals they have.
- 6.11 They have hoists and basic equipment. They can manage 'most people to the end of their lives'. Room of my own? Yes, and most rooms are en suite and I could bring my own furniture. She needed no prompting to state fees - £550 per week without a bathroom (they only have a couple of those and those are occupied) to £600/£650. She gave no indication as to whether there would be a contract made for my stay and what was the likelihood of price increases.

- 6.12 Thought – would it be related to cost of living or arbitrary by the care home? They have a vacancy for one at £600 per week. Bright, sunny room on the first floor, TV with remote control and Teletext in each room. Own telephone with own external line. Thought – I would need more money for that.
- 6.13 The home has an eight person lift. There is a limousine and they go out practically every day. Go to theatre and concerts and trips to Scilly Isles and Eden Project. (Thought - no indication of extra expenses and what they might be for. Would use of limousine be free? What else might I have to pay for other than for personal use? None of this was mentioned in the brochure either).
- 6.14 I said that once I was settled I would not want to move. (Thought - I was not warned that costs might increase so much I would have to find somewhere else). The home has a city situation, but there is a courtyard garden with tables and chairs, and well planted and with walkways.
- 6.15 My age was queried, 'You sound quite young, we only take people over 65'. I thanked her and said I was nearly 70 but it was because of the trouble with my back and having no family that I needed help.
- 6.16 She consoled me with the assurance that they look after everyone as if they do not have outside support, helping with shopping and banking and saying 'It sounds ideal for you; we have lots of ends of lines as they call themselves here'. (Thought – don't like to be at the end of the line, I might live another 20+ years)
- 6.17 I asked for information, as I didn't know what I was doing. She was very sympathetic. Saying I was welcome to go down and stay for a little while to see if I liked it. I considered that to be a valuable opportunity that would be of very great use in making a decision as to what the people caring for and in the home were like.
- 6.18 I asked for her name again, she gave it and also, surprisingly, detailed the ownership of the home. This I found most interesting and unexpected. All staff trained to NVQ level 2 and inspection report available. She herself is a nurse, midwife and health visitor.

## Money:

- 6.19 What would happen if my money runs out? She informed me that Social Services would step in when I got down to my last £10,000 but the problem was that between what they pay and the home's charges there would be quite a difference. I might have to move out. She suggested it would be worth calculating what I might do after discussing with them in advance.
- 6.20 I repeatedly mentioned that I was alone and had no one to advise me. (Thought - At no time was there any suggestion that I should speak to social services now to see if they could give me information and advice and whether there might be any way I could actually continue to live in my own home with some extra help. It would be all too late when my money ran out. No mention was made of any possibility of an assessment. being made by Social Services)

## Information leaflet

- 6.21 There was a prompt supply of printed details confirming much the information obtained in the telephone call. (Thought - very glossy but of not much further value except for the pictures, which were most attractive).
- 6.22 This care home with 24hour care is as would be expected in a care home run to what seemed to be very high standards and at a high price. I felt rather despondent after talking to the manager. She was very efficient, clear and could not be faulted in her willingness to outline all the facilities in the care home but I felt I might, at some stage in my stay, become very financially embarrassed. I was not very happy as to what help or support I might then get.
- 6.23 When the money ran out I would be out and I did feel the money might well run out sooner than expected. There could well be many hidden expenses and unexpected hikes in the charges. (Thought – no evidence for this either way).

- 6.24 These problems might not be so obvious when I went for a visit to stay and try the care home although I was very impressed with the fact that I would be able to go for a trial period. (Thought- it would be up to me to ask the other residents but I might be shy of that).
- 6.25 This openness was not so surprising as the care home also acts as a respite care home and so subject to more scrutiny than a simple residential home.
- 6.26 I really need to know all the pitfalls that could occur before I actually moved in. I don't know what they might be and would find it useful if I could read of other peoples' experiences in different types of care homes so that I might get some ideas of what to look for. This is an expensive, top of the range home, selected by chance. It would be interesting to do a comparison with one at half the price and see what was on offer there. A collection of true stories would be really useful.

#### Conclusion:

- 6.27 With unlimited resources I could not fault this care home. It sounded wonderful and similar to a good hotel – but like all things in life if you have the money you have the choice. If I was in that position and I was not happy with the home when I got there I could move. With restricted means or with the likely hood of the funding running out then I would only be able to gamble on how long I think I might live and hope I calculated time and money correctly. It was a gamble that I might lose.

#### Issues and outcomes

##### Costs and what those costs cover:

- 6.28 Range from £500 not en suite to £600-650 for en suite. Basic charges and extras? These were obtained by a follow up phone call. All meals and use of limousine are included in basic room rate. All other items are extra – i.e. phone, papers, hairdressing and chiropody. The charges would increase 'probably at the rate of inflation'.

6.29 Almost all information given freely although I needed a follow up phone call to ascertain what else might be included (Thought – very little extra included in basic price but as these would be essentially personal choice things it was not surprising)

6.30 It was given over the phone, and in writing or in brochures. It was promptly provided during original call. The brochure did not help any more, simply confirmation of the manager's details.

What things are charged for as extras and how much they cost?

6.31 Papers, phone calls, hairdressing, chiropody. Don't know what the extra costs would be, but assume at similar level to the other charges in the care home (high).

6.32 This information needed a follow up phone call to ask. The answer to my questions about financial concerns was given on the phone. Immediately in the telephone conversation or shortly after by post

When and how costs might increase

6.33 Quote: 'Probably at rate of inflation'. Information provided immediately asked for, although it was during the second follow up call and the man who answered, although pleasant, was not as helpful or as outgoing as the manager had been. He did not give me his name or position in the home.

6.34 It was given over the phone. It was provided immediately. Explanations were made immediately but were rather negative – such as 'Speak to Social Services'

The sorts of services and facilities provided.

6.35 Most rooms are en suite, Staff trained to NVQ2, local food, wine licence, TV and Teletext, trips out every day, eight person lift, limousine, help with shopping, banking, courtyard garden. Fairly dependent people are washed, bathed, dressed and fed. There is 'lovely' food and wine.

- 6.36 Information was provided without prompting
- 6.37 It was provided both over the phone and in writing or in brochures.
- 6.38 It was provided on the phone and then by post.

#### Terms, agreements and contracts

- 6.39 No information was provided, although there was opportunity given when I asked about increases and cost of living increase. No mention was ever made over a contract and I am not sure in the part I was playing in the scenario that I would envisage asking about such a thing.
- 6.40 Information was not provided at all.

#### The future and what would happen if . . . your health changed, your money ran out, etc

- 6.41 If the money ran out Social Services would step in, but the problem was that the short fall would have to be made up. I might have to move out. The home looks after residents as if they do not have outside support and they have fairly dependent people. The manager was a nurse and health visitor.
- 6.42 Information was provided after asking. Provided over the phone, but rather tardily after repeated questions in regard to money.

#### What constructive suggestions, if any were made by the home?

- 6.43 No mention was made of any possible assessment by Social Services as to whether I might be able to stay in my own home. In my case, in the scenario I would feel that with help I might well have been able to continue in my flat.
- 6.44 The home showed no active interest in me. They said I would be able to go and stay and try out the home. They did not suggest that they would want to meet me to be sure they were in a position to provide the sort of care I was seeking.

6.45 They did not suggest other sources of information, or things that might help a person in your position. They did suggest for me to speak to Social Services over my financial concerns.

# APPENDICES

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## A TERMS AND CONDITIONS: CASE STUDY 3

A.1 Our fees are currently £338.00 a week.

A.2 Fees include:

- a) accommodation
- b) all meals and drinks
- c) all personal laundry (but **not** dry cleaning)
- d) some hairdressing facilities such as cutting, trimming, shampoo and set (but **not** perms or colour rinses)
- e) regular chiropody by visiting state registered chiropodist
- f) 24 hour care.

A.3 We have a visiting optician and dentist and there **may be** an extra charge incurred, payable by the resident. Should a resident require the services of any private practitioner (such as physiotherapy, occupational therapy etc) then they are responsible for any fees required by the practitioner.

A.4 Residents should provide their own personal clothing (which should be clearly named) and effects. Should residents wish to bring small items of furniture with them please discuss this with management, and where practical they will be accommodated.

A.5 Fees are payable in advance every four weeks and preferably by standing order. Four weeks notice will be given of any increase

A.6 To terminate a residency we will give four weeks notice, and should a resident wish to leave then four weeks notice should be given to us (or they may pay full fees in lieu of notice). The exception to this would be

if a resident required to move to a nursing home or specialist care home following an illness or deterioration in mental state.

- A.7 We take the responsibility to care for residents who are suffering from minor ailments but reserve the right to inform relatives if the resident's condition requires more specialised treatment or hospital care. We must, of course, reserve the right to arrange for immediate hospital admission if we feel there is an emergency.
- A.8 We are fully insured for all eventualities including public liability, treatment and residents' personal effects up to £250, but this does not include cash. We regret we cannot take responsibility for loss of cash.
- A.9 We are sorry, but as a general rule, residents are not allowed to bring or keep pets – however, well behaved pets are permitted to visit!!
- A.10 In the interests of safety residents **are not permitted to smoke in bedrooms.**
- A.11 It is our practice to decline all personal gifts to management and staff (except for small token presents) and tipping of staff is very much discouraged.
- A.12 If any resident has a complaint, this should, in the first instance, be made to the Proprietor. If the resident does not feel satisfied with the outcome, then complaint can be made to: Head of Inspection and Quality Control, xxxx Council,
- A.13 Inspection of Quality Control Unit xxxx
- A.14 Residents are encouraged to give the home details of a friend or relative who can be a nominee, if required. The nominee will be treated by us as having authority to make decisions in the event of (e.g.) the residents' illness. We will always feel free to talk with the nominee and keep them advised about the residents' health and general circumstances.
- A.15 The Home is registered with xxxx Council as a Residential Care Home for the Elderly under the Residential Homes Act 1984, and as such is inspected on a regular basis by the Inspection Officer for Private -

Voluntary Homes, who is responsible to ensure that the required standards are met.

## B TABLES

### Issues and Outcomes: 5 case studies

#### Case study 1

Issue	Information	Information provided voluntarily, after asking, or not at all	Information over phone, written or in brochure, or both	How quickly information provided
1.1	Costs: £360-£490 per week. Room and board, inc laundry etc. Some outings.	After asking	On visit of last resort	After repeated requests
1.2	Extras:  No information	Not at all		
1.3	Cost increase: in line with Authority funding	After asking	On visit of last resort	After repeated requests
1.4	Facilities and services: some en suite rooms, Jacuzzi, some nursing care	Voluntarily	On visit of last resort	After repeated requests
1.5	Terms, agreements:  No information	Not at all		
1.6	What would happen if:  Money: Authority funding, Health: assessment of need.	After asking	On visit of last resort	After repeated requests

## Case study 2

Issue	Information	Information provided voluntarily, after asking, or not at all	Information over phone, written or in brochure, or both	How quickly information provided
2.1	Costs: £350 /week Accommodation, food, light, heat, laundry, usual personal care	Voluntarily	Over phone, confirmed in brochure	Immediately
2.2	Extras: hairdressing, newspapers, dry cleaning, toiletries, medicines (not NHS)	Voluntarily	In brochure	By day 6
2.3	Cost increase: review in April '05, 6 weeks notice is given.	Voluntarily	Brochure, and Written memo	By day 6, and shortly after 2 <sup>nd</sup> contact
2.4	Facilities and services: respite, day care services, all en-suite, call system, TV and phone points, half acre gardens,	Voluntarily	Over phone and in brochure	Immediately and on day 6
2.5	Terms, agreements: of notice, trial period, safety, event of death, transfer for nursing care, reference requirements, insurance cover	Voluntarily	Brochure, and written memo	By day 6, and shortly after 2 <sup>nd</sup> contact
2.6	What would happen if:  Money, health – case assessment by Social Services.	After asking	Brochure and over phone	By day 6 and immediately on 3 <sup>rd</sup> contact

### Case study 3

Issue	Information	Information provided voluntarily, after asking, or not at all	Information over phone, written or in brochure, or both	How quickly information provided
3.1	Costs: £338/week, accommodation, meals, drinks, laundry (not dry), hairdressing (not perm), regular chiropody, 24 hour care	Voluntarily	Over phone, and in 'term and conditions'	Immediately, and in 2 days
3.2	Extras: private physiotherapy and OT, possibly optician and dentist.	Voluntarily	In brochure and terms and conditions	In 2 days
3.3	Cost increase: 4 weeks notice given of any increase, charges in line with Authority funding	After asking	On phone and in 'terms and conditions'	Immediately and in 2 days
3.4	Facilities and services: dignity, trained staff, improved grounds and buildings, en suite, TV points, hair salon, mini-bus, trips,	Voluntarily	On phone and in brochure	Immediately and in 2 days
3.5	Terms, agreements: List of 13 items, agreement and nominee form	Voluntarily	In writing	in 2 days
3.6	What would happen if: Health - right to transfer to hospital, or more suitable environment. Money – Authority would pick up tab.	Voluntarily, and after asking	In term and conditions, and on phone	In 2 days, and on 2 <sup>nd</sup> contact

## Case study 4

Issue	Information	Information provided voluntarily, after asking, or not at all	Information over phone, written or in brochure, or both	How quickly information provided
4.1	Costs: £343 - £380/week, accommodation, all meals (special diets), laundry, medical if required, staffed 24 hours, trips, theatre, parties	Voluntarily, and after asking	On the phone and in brochure	Immediately and in 2 days
4.2	Extras: monthly party nights	Voluntarily	On the phone	Immediately
4.3	Cost increase: in line with Authority funding, and go up accordingly	After asking	On the phone	On 2 <sup>nd</sup> contact
4.4	Facilities and services: many en suite, gardens, spacious common areas, hair salon, call system, TV points, trips out.	Voluntarily	On the phone, and in brochure	Immediately and in 2 days
4.5	Terms, agreements:  Not provided	Not at all		
4.6	What would happen if: Health – see if resident/home can cope. Money - apply for Authority funding.	After asking	On the phone	On 2 <sup>nd</sup> contact

## Case study 5

Issue	Information	Information provided voluntarily, after asking, or not at all	Information over phone, written or in brochure, or both	How quickly information provided
5.1	Costs: £500 not en suite - £600/650 en suite, All meals, use of limousine	Voluntarily and after asking	On the phone and in brochure	Immediately and in follow up contact
5.2	Extras: newspapers, phone calls, hairdressing, chiropody.	After asking	On the phone	Immediately
5.3	Cost increase: At inflation rate	After asking	On the phone	Immediately
5.4	Facilities and services: staff trained to NVQ2, local food, wine licence, TV and Teletext, trips out every day, 8 person stair lift, limousine, help with shopping, banking, courtyard garden	Voluntarily	On the phone and in brochure	Immediately and promptly by post
5.5	Terms, agreements: Non provided	Not at all		
5.6	What would happen if:  Money- resident would have to make up Authority shortfall. Health – 'end of line' managed.	After asking	On the phone	Tardily after repeated questions

## **C      ACRONYMS**

<b>ADSS</b>	Association of Directors of Social Services
<b>ADSW</b>	Association of Directors of Social Work
<b>ASA</b>	Advocacy Safeguards Agency
<b>CCH(S)A</b>	Community Care and Health (Scotland) Act 2002
<b>CHAI</b>	Commission for Healthcare Audit and Inspection
<b>CSA</b>	Care Standards Act
<b>CSCI</b>	Commission for Social Care Inspection
<b>COSLA</b>	Convention of Scottish Local Authorities
<b>CRAG</b>	Charges for Residential Accommodation Guidance
<b>CSIW</b>	Care Standards Inspectorate for Wales
<b>DH</b>	Department of Health
<b>DHSSPS</b>	Department of Health, Social Services and Public Safety
<b>EAC</b>	Elderly Accommodation Counsel
<b>ECCA</b>	English Community Care Association
<b>EMI</b>	Elderly Mentally Impaired
<b>FAC</b>	Fair Access to Care
<b>FPNC</b>	Free Personal and Nursing Care
<b>HPSSRIA</b>	Health and Personal Social Services Regulation and Improvement Authority
<b>LASSA</b>	Local Authority Social Services Act

<b>LGA</b>	Local Government Association
<b>LGO</b>	Local Government Ombudsman
<b>NCSC</b>	National Care Standards Commission
<b>NHS</b>	National Health Service
<b>NI</b>	Northern Ireland
<b>OFT</b>	Office of Fair Trading
<b>OPAAL</b>	Older People's Advocacy Alliance
<b>OPRSI</b>	Older People Researching Social Issues
<b>PEA</b>	Personal Expenses Allowance
<b>POVA</b>	Protection of Vulnerable Adults
<b>PSSRU</b>	Personal Social Services Research Unit
<b>RHA</b>	Registered Homes Act
<b>SAGE</b>	Senior Action Group Edinburgh
<b>SAP</b>	Single Assessment Process
<b>SPAIN</b>	Social Policy Ageing Information Network
<b>SSA</b>	Single Shared Assessment
<b>SSIW</b>	Social Services Inspectorate for Wales
<b>UTCCRs</b>	Unfair Terms in Consumer Contracts Regulations

## D GLOSSARY

### **Advocacy**

There are many different definitions of advocacy and various models in operation at present, but this outline from the Older People's Advocacy Alliance (OPAAL) is the most appropriate in the context of our recommendations: '*A one-to-one partnership between a trained, independent advocate and an older person who needs support in order to secure or exercise their rights, choices and interests. The three key principles are independence, inclusion and empowerment*'.

### **Authority**

The **care needs assessment** and the **financial assessment** are carried out by the individual's Local Authority, Primary Care Trust or in Northern Ireland the Health and Social Services Board. These bodies should also provide information and support through the process of choosing a care home, for example by providing a list of care homes in the areas. We refer to these bodies collectively as 'Authorities'.

### **Care home**

The term 'care home' generally refers to a home registered under the Care Standards Act providing personal and residential care for older people. We use the term to also include homes that provide nursing care (**nursing homes**). Generally, care homes provide day to day care and support for older people that are unable to manage at home.

### **Care home directory**

A list of all the care homes in the local area provided by the relevant Authority.

## **Care needs assessment**

An assessment carried out to establish a person's need for long term care. It considers the person's ability to perform activities of daily living such as moving about, eating and drinking, using the toilet, getting washed and dressed and preparing snacks and meals. The availability of support and the existing home environment may also influence the assessment.

## **Choice of Accommodation Directions**

The rights of individuals to choose their care home accommodation are set out in various acts of Parliament. In October 2004, the Department of Health issued new guidance to Authorities explaining the implication of these regulations as Local Government Circular LAC (2004)20. In simple terms, the guidance sets out that where someone has a preference for a particular care home, the Authority should arrange for accommodation in that home subject to certain conditions being met. Those conditions are that the home is suitable to meet the individual's assessed needs; that it does not cost more than the Authority would pay to accommodate someone with those assessed needs, that it is available and that the care home is willing to enter into a contract on the Authority's usual terms.

## **Consumer groups**

Organisations that represent the interests of consumers in this sector, for example Which? and the Relatives and Residents Association.

## **Devolved administrations**

The executive bodies of the three devolved regions of the UK: the National Assembly for Wales, the Scottish Executive, and the Northern Ireland Department of Health Social Services and Public Safety ('DHSSPS'). Care for older people is a devolved matter, which means that policy in this area is set by the relevant devolved administration.

## **Domiciliary care**

Care provided in the individual's own home. For example, a care worker may visit the person's home to help them wash and dress, carry out housework and grocery shopping.

## **Extras**

Additional services provided by care homes that are not covered by the fee for accommodation and care. For example, a care home may offer to arrange for a hairdresser or chiropodist to visit the residents for an additional fee.

## **Financial assessment**

This is the process that is used to determine, based on means testing criteria, the individual's ability to pay for their care needs and what, if any, level of contribution they should pay towards their care. The basic process of the financial assessment is the same across the UK, although the upper and lower limits for financial assets differ. Individuals with capital below the lower limit are fully funded by their Authority, while those with capital above the higher limit are liable to pay the full rate for their care. Those with a level of financial assets between the two limits will be expected to pay a varying contribution towards the cost of their care.

## **Government Actuary's Department**

The United Kingdom Government Actuary's Department is a government department providing actuarial consultancy within the public service, and advising on a comprehensive range of topics. The Government Actuary produces the official national 'population projections' for the UK and its constituent countries. The primary purpose of the projections is to provide an estimate of future population which is used as a common framework for national planning in a number of different fields. The projections, especially for older age groups, have relevance to future demand for long term care.

## **Intermediate care**

Intermediate care is a short term intervention to preserve the independence and establish the best long term care solution for people who might otherwise face unnecessarily prolonged hospital stays or inappropriate admission to hospital or residential care. Intermediate care places great emphasis on rehabilitation and maximising independent living, but also seeks to find the most appropriate care solutions for individuals.

## **Local Government Ombudsman**

The Local Government Ombudsmen investigates complaints about maladministration by Authorities and certain other bodies. They investigate complaints about most Authority matters including housing, planning, education, social services, consumer protection, drainage and council tax. The Ombudsmen can investigate complaints about how the Authority has done something, though they cannot question the decision the Authority reached unless the process followed was flawed.

## **National Minimum Standards**

Under the Care Standards Act 2000 (CSA), care homes for older people must operate to a set of standards set out by the governments of each country in the UK. The standards are used by the regulatory and inspection bodies to determine whether registered care homes in their regions are providing adequate care, are meeting the needs of the persons who live there and are otherwise being operated and run in accordance with regulatory requirements. The governments of each country are able to review standards, and may publish amended standards when appropriate.

## **Nursing home**

The term nursing home generally refers to a home registered under the Care Standards Act providing nursing care for older people, in addition to personal residential care.

## **Protection of Vulnerable Adults**

Protection of Vulnerable Adults (POVA) is a scheme designed to provide a workforce ban on care workers who have harmed vulnerable adults in their care. The POVA scheme covers both registered providers of care homes and domiciliary care agencies, and employment agencies and businesses who supply care workers to these providers.

The POVA scheme gives protection to vulnerable adults by placing care homes under a statutory duty to check that potential new care workers are not on the POVA list before allowing them to work in a care position. Care homes also have a responsibility to refer care workers to the POVA list where such workers have harmed vulnerable adults in their care.

## **Regulation and inspection bodies**

These are the four bodies in the UK responsible for the registration of care homes for older people, and subsequent inspection under the Care Standards Act to ensure they comply with National Minimum Standards. They are respectively

Commission for Care Standards Inspection (England)

Care Standards Inspectorate for Wales

Social Services Inspectorate: Registration and Inspection Units Northern Ireland

The Care Commission (The Scottish Commission for the Regulation of Care)

## **Self funding**

An individual who does not receive funding for their care from their Authority and who therefore pay their fees in full from their own income or other resources.

## **Care Plan**

Under the National Minimum Standards each service user's health, personal and social care needs, are set out in an individual plan of care. Such a plan should be drawn up with each service user to provide the basis for the care to be delivered. The plan sets out in detail the action which needs to be taken by care staff to ensure that all aspects of the health, personal and social care needs of the person are being met. It should be regularly reviewed by care staff in the home, and updated to reflect any change in the needs and objectives for health and personal care.

## **Single assessment processes**

This describes efforts under which agencies responsible for assessing older people's care needs work together to minimise duplication of efforts. In England, this is known as the Single Assessment Process for Older People or SAP. In Wales, there is a unified assessment process and care management system for older people. In Scotland, there is a Single Shared Assessment (SSA) which seeks to achieve the same goals, and extends to both older people and other community care groups. In Northern Ireland, a comprehensive assessment of health and social care needs takes place within the context of an integrated health and personal social services.

## **Statement of terms and conditions**

For individuals who have their care funded by their Authority, the contract for care will exist between the care home and the Authority. The individual should receive a written record of the relevant terms of the contract, so that they are clear about the roles and responsibilities of the care home, the Authority and the resident. This written record is known as a Statement of Terms and Conditions.

## **Statutory notification**

Where a home has contravened or failed to comply with regulations, the regulator may issue a statutory notification setting out the regulations that have not been complied with, what actions need to be taken and the period within which the action needs to be completed.

## **Super-complaint**

A super-complaint is a complaint about how a market works in general rather than about the operation of one or more individual companies in the market. Under the Enterprise Act such complaints may be brought to the attention of the OFT by a number of designated bodies, including *'Which?'* (formerly the Consumers Association), the body responsible for the super-complaint about the care homes sector considered in this report.

## **Top up or third party contribution**

Some care and nursing homes have fees that are higher than the rate the Authority would usually expect to pay for an individual's assessed need. If an older person eligible for Authority funding wishes to stay in such a home, they need to find a third party willing to pay the cost above the Authority's funding level. This contribution is known as a third party contribution or more commonly as a 'top up'. In Wales, the top up may be paid for by the resident as well as a relative, whereas in England, Scotland and Northern Ireland the top up cannot be paid by the resident themselves. Charities may make a grant towards a top up.

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