

# Annexe L

Paying for care

May 2005

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# 1 PAYING FOR CARE

1.1 Concerns surrounding the funding of residential and nursing care for older people have been raised by many parties throughout the course of our study. In their super-complaint, Which?<sup>1</sup> argued that there was evidence that the fees Authorities were paying to care homes did not cover the full cost of care, causing detriment to older people and their representatives. In particular, they were concerned that:

- some Authorities may be paying care homes low fees that are below the cost of care, causing care homes to exit the market and leading to a shortfall in capacity in some areas, and
- care homes may be charging higher fees to self funders<sup>2</sup> in order to cross subsidise the cost of caring for publicly funded residents.

1.2 Our focus in this study has been on how well care home services work within the policy objectives set out by Government. Issues such as the minimum standards of service required and the levels of public funding provided to care homes are for the Government to decide. It is for the OFT to assess whether, given the policy objectives, the market is working efficiently.

1.3 This Annexe discusses the two issues raised above. The issues are potentially linked: if authorities are paying fees below the cost of care, care homes may charge more to self funders to cover the shortfall. Underlying both these arguments is the question of whether Authorities are able to force care homes to accept very low fees for Authority funded residents.

1.4 In this context, it is important to note that Authorities have a statutory duty to fund care home places for older people who have been assessed

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<sup>1</sup> Formerly the Consumers' Association. See Informal Complaint on Care Home Sector, December 2003.

<sup>2</sup> Approximately two-thirds of older people in care homes qualify for publicly funded residential care. The remaining one-third pays for their own care. We refer to these people as 'self funders'.

by the Authority as needing residential or nursing care,<sup>3</sup> and who have a low level of financial assets.<sup>4</sup> Annexes A and J provide more detail on the legislation and regulatory framework surrounding the provision of residential care for older people.

1.5 The duty to fund a care home place for eligible people is enforced through a number of checks, including:

- older people and their representatives may challenge the decision of an authority not to fund care through the Authority's own complaints procedure. Authorities are required to have complaints procedures that include a review of the decision by a panel

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<sup>3</sup> When an Authority decides that the individual's needs are such that the Authority must provide residential accommodation, it does so under section 21 in England & section 47 in Wales of the National Assistance Act of 1948. Authorities have the power to make arrangements for the provision of residential accommodation for persons aged 18 or over who by reason of age, illness, disability or any other circumstances are in need of care and attention which is otherwise not available to them. In Scotland, Authorities have the duty to assess needs and provide appropriate services to people in their area under the Social Work Scotland Act 1968. In Northern Ireland the power for Authorities to assess is contained in Article 15 of the Health and Personal Social Services (Northern Ireland) Order 1972 which is worded differently.

In addition, Authorities in England and Wales must pay 'bed blocking fees' if they fail to provide a care home place for patients moving from hospital into a care home within three days (Community Care (Delayed Discharges) Act 2003).

<sup>4</sup> The limit of personal financial assets at which someone qualifies for full Authority funding varies across the UK. It is £13,500 in Wales, £12,250 in England and Northern Ireland and £11,750 in Scotland. Up to another upper limit, the person will qualify for more limited support. These upper limits are £20,500 in Wales, £20,000 in England and Northern Ireland, and £19,000 in Scotland. See chapter 2 and Annexe A for more detail on eligibility and Authority obligations.

- if they feel that the Authority has not followed the correct procedures, the older person and their representatives can ask the Local Government Ombudsman<sup>5</sup> to investigate and report on their complaint. The Local Government Ombudsman for England is due to publish a report on complaints about top ups and funding of care for older people shortly,<sup>6</sup> and
- if they are still unhappy, the Authority's decision may be challenged in court.

1.6 In addition, Authorities in England and Wales must pay a 'bed blocking fee' to hospitals if they fail to provide a care home place for patients moving from hospital into a care home within three days (Community Care (Delayed Discharge) Act 2003). These fees amount to £120 per day, which is more than double the average daily cost of £54 for residential care.<sup>7</sup> There are, consequently, a number of reasons why Authorities have an incentive to meet their obligations.

1.7 We discuss the questions of low prices and cross subsidy in turn below.

## **Low prices**

1.8 Authorities are clearly in a strong position to influence the price they pay for residential and nursing care for older people. Overall, 61 per cent of older people in care homes are funded by their Authorities.<sup>8</sup> By contrast, 98 per cent of care homes are small businesses owning five or fewer

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<sup>5</sup> There are three Ombudsmen for England and one each for Wales, Scotland and Northern Ireland. They investigate complaints against principal councils (not town, parish or community councils) and certain other bodies in England, Scotland and Wales. They are: The Local Government Ombudsman (England), Scottish Public Services Ombudsman, the Local Government Ombudsman (Wales), and the Northern Ireland Ombudsman.

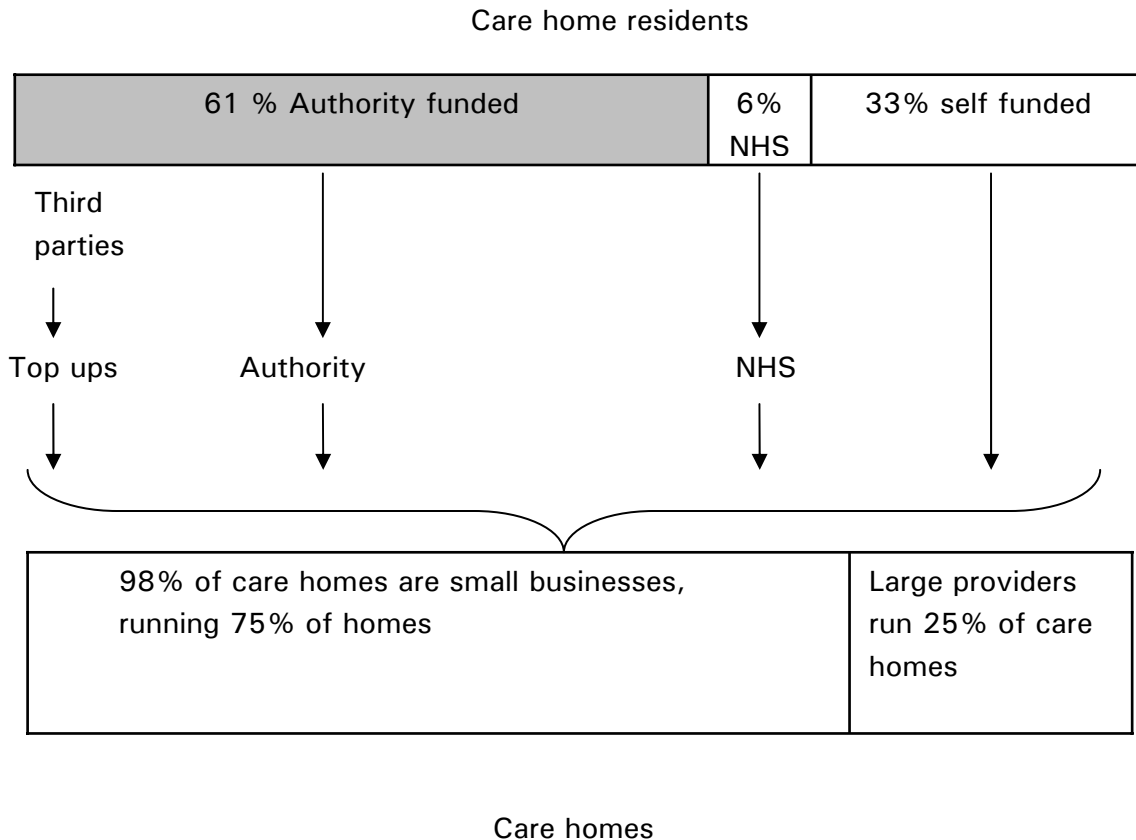
<sup>6</sup> See [www.lgo.org.uk](http://www.lgo.org.uk)

<sup>7</sup> The average weekly cost of care across the UK is £378. Source: Annexe E: Survey of providers of residential and nursing care homes for older people, p30.

<sup>8</sup> Laing & Buisson, Care of Elderly People UK Market Survey 2004, p144.

homes. These small businesses run around 75 per cent of homes.<sup>9</sup> This industry structure is illustrated in Figure 1 below.

**Figure 1 - Care home industry structure**



Source: OFT

1.9 However, there are also limits on the Authorities' influence over the fees they pay to care home providers. Most notably, as discussed above, Authorities have a statutory duty to fund care for all older people who meet the eligibility criteria.

1.10 The effect of the duty on Authorities to fund care home places for eligible people means that they are far less able to influence the price

<sup>9</sup> Annexe E: Survey of providers of residential and nursing care homes for older people.

they pay for care in the long term than their position in the market might suggest. If an Authority were to impose fees below the cost of care, over time care homes would be forced to leave the market, causing capacity in that area to drop.<sup>10</sup> Eventually, the Authority would be forced to pay more in order to secure places for publicly funded residents and would also face paying charges for bed blocking if the shortfall in capacity causes delays in placing people.

- 1.11 Some people have expressed concerns that some Authorities are not fulfilling these obligations. We do not have evidence of widespread problems with Authorities failing to meet their statutory duties in respect of funding care home places for older people, although we have received a number of case studies of instances where older people and their representatives have had difficulties in accessing information and support from their Authority.<sup>11</sup>
- 1.12 We have listed the various checks on Authorities' obligations, including the financial penalties for bed blocking, above. These should place pressure on the authorities to meet their obligations.
- 1.13 Even in the short term, care homes could choose not to accept Authority funded residents if the fees paid by the Authority were too low, or could demand a top up payment to increase their revenues. The consequence would be that the Authority is forced to pay more in order to secure a placement, as the English guidance makes it clear that individual residents cannot be required to secure a contribution to the cost of their care from a third party (a 'top up') because of market inadequacies or commissioning failures.
- 1.14 There is evidence supporting the view that care homes are responding to changes in demand and prices. The care home sector has experienced

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<sup>10</sup> How quickly this would happen is dependent on the extent of barriers to entry and exit in the care homes market. The occurrence of entry and exit in this market suggests that barriers are relatively low.

<sup>11</sup> See chapter 4, Box 4.1, for examples of the concerns raised by stakeholders.

significant entry and exit over the last 10 years. In the year to April 2004, 76 new care homes were registered and 585 were de-registered. In the same year, there were 3,171 new beds registered and 11,755 de-registered, a turnover rate of three per cent of the total stock of beds.<sup>12</sup>

- 1.15 The trends in capacity and demand in this sector do not appear to point to Authorities systematically paying prices below the cost of care and thus driving capacity down across the sector. Capacity has certainly decreased since the last peak in supply in 1996 by around 15 per cent, or 90,000 beds.<sup>13</sup> However, demand as measured by the number of occupied places also fell by a similar magnitude (12 per cent).<sup>14</sup> The number of places filled in private residential homes has actually increased by 11 per cent since 1996, from 153,000 to 170,000 places,<sup>15</sup> as much of the fall in capacity has been in Authority run care homes, where places fell from 68,000 to 39,000.<sup>16</sup>
- 1.16 The combination of pressure from older people and their representatives on Authorities to meet their obligations and the consequences of exit by care homes together imply that Authorities should not be able to sustain paying low fees to care homes in the long term.
- 1.17 It is possible that pockets of poor procurement practice exist. We welcome the review of Authority procurement practices currently being undertaken by the Department of Health<sup>17</sup> and would encourage the devolved administrations to consider the case for similar reviews in their

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<sup>12</sup> Laing & Buisson, table 4.2. Turnover =  $(3,171 + 11,755)/(575,500) \times 100$ , where 575,500 is the total stock of beds in 2004 quoted by Laing & Buisson table 2.2.

<sup>13</sup> Laing & Buisson, table 5.1. Total bed capacity fell from 576,000 to 486,000.

<sup>14</sup> Ibid. The number of places fell from 507,000 in 1996 to 444,000 in 2004.

<sup>15</sup> Note, however, that the number of nursing home places filled fell by 15 per cent in the same period. Figures from Laing & Buisson table 5.1.

<sup>16</sup> Ibid.

<sup>17</sup> The Care Services Efficiency Delivery Programme. See [www.dh.gov.uk](http://www.dh.gov.uk) for more details.

regions. We also welcome the exercises in establishing the true average cost of care carried out by Authorities in Scotland, Wales and Northern Ireland and would encourage Authorities across the UK to look into bringing their own procurement practices up to the level of the best.

1.18 Some of the recommendations contained in the main body of this report should also help to address some of the sources of concern in this area. In particular, the following recommendations should help older people and their representatives to better understand their entitlement to funding from their Authority:

- a one stop shop for information about the process of choosing a care home (see paragraph 4.81)
- improving the information contained in brochures provided by Authorities (paragraph 4.90), and
- clarifying authorities' role in providing help to self funders (paragraph 4.88).

1.19 Overall, therefore, we believe that there are mechanisms in place such that Authorities should not be able to sustain paying care homes fees below the cost of care. Our recommendations should help these mechanisms to operate effectively, in particular by improving access to information for older people and their representatives.

## **Cross subsidy**

1.20 Which? also suggested that care homes might be charging self funders more for care in order to subsidise the cost of caring for publicly funded residents. It would be very difficult to identify whether cross subsidy is taking place, since the analysis would require detailed cost data that most homes, particularly small businesses, do not hold. Even if cost data were available, allocating costs to particular services provided is a complex process and may not accurately reflect the reality of the situation.

1.21 It is, however, possible to break down the issue of cross subsidisation into two underlying questions:

- are Authorities paying too little for care home places, and
- are self funders paying too much?

1.22 The section above dealt with Authorities' funding of residential care for older people. We consider below whether self funders are paying too much.

1.23 We asked care homes how they set their prices. We found that 40 per cent of homes charge the same fee to all their residents regardless of how their care is funded.<sup>18</sup> The remaining 60 per cent of homes reported a mix of factors affecting prices including the level of care, the services provided (e.g. type and size of room) and, in some cases, the source of funding. Just over one in five (22 per cent) care homes charge self funders more than publicly funded residents for similar rooms and the same level of care. In these homes, self funders were on average paying £56 per week more. This equates to around 14 per cent of the average weekly fee at these homes.<sup>19</sup>

1.24 Overall, therefore, a majority of homes do not discriminate between residents purely on the basis of the source of their funding. This suggests that self funders should generally be able to avoid care homes that charge them very high prices for care.

1.25 Two of our recommendations will also help self funders in this regard. The first, increased price transparency, will enable all older people and their representatives, whatever their source of funding, to make a more informed choice of care home in light of the fees being charged by the available homes. This should help self funders in particular to identify those homes that are charging significantly higher fees than they would be willing to pay for the level of care on offer.

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<sup>18</sup> Annexe E: Survey of providers of residential and nursing care homes for older people.

<sup>19</sup> Ibid.

- 1.26 The second relevant recommendation is for Government to clarify the guidance to Authorities to make it clear that the same help, assistance and support in finding a care home should be offered to self funders as well as publicly funded individuals. Support from their Authority through the process of finding a suitable care home place should help self funders to choose a care home that meets their needs, including with regard to the fees charged.

## 2 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

## 3 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 investigate 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 Scotland 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.

## 4 BIBLIOGRAPHY

### **Advocacy Safeguards Agency 2004**

'A Map of Independent Advocacy Across Scotland, edition 2003-2004',  
*Advocacy Safeguards Agency*

### **Age Concern 2004**

'The Age Agenda 2004', Public policy and older people', *Age Concern*

### **Argyle, C., Bright, L. & Clarke, A. 2000**

'The Choice is Yours? An account of the pressures faced by older people looking for care homes', *Counsel and Care*

### **Burden, R. 1998**

'Vulnerable Consumer Groups: Quantification and Analysis', *OFT*

### **Care Commission 2004**

'A Review of the Quality of Care Homes in Scotland 2004', *Scottish Commission for the Regulation of Care*

### **Clements, L. 2004**

'Community Care and the Law', *The Legal Action Group*

### **Coleman, V., Regan, D., & Smith, J. 1999**

'Who Cares Plans; A guide to care planning in homes for older people', *Counsel and Care*

### **Commission for Local Administration in England 1995**

'Good Administrative Practice; Guidance on good practice 2', *The Local Government Ombudsman*

### **Commission for Social Care Inspection 2004**

'Leaving Hospital – the price of delays', *CSCI*

### **Commission for Social Care Inspection 2004**

'Vision for Adult Social Care, A contribution from Commission for Social Care Inspection', *CSCI*

### **Community Care Conference 2004**

'The Best Care Possible? A CCC Policy Healthcheck', *CCC*

### **Department of Health, 2003**

'Care Homes for Older People – National Minimum Standards', *Department of Health*

### **Department of Health, Social Services and Public Safety, 2004**

'Residential Homes Registration & Inspection Standards, A Consultation Document', *DHSSPS*

### **Fair Rate for Care Coalition 2004**

'From Rhetoric to Resolution; A discussion paper on solutions to the care home question', *Fair Rate for Care Coalition*

### **Heer, B. 2004**

'Building Bridges for Health; Exploring the potential of advocacy in London', *The Kings Fund*

### **Laing & Buisson, 2004**

'Care of Elderly People; UK Market Survey 2004', *Laing & Buisson*

### **Local Government Ombudsman 2003**

'Digest of Cases 2002/3', *Commission for Local Administration in England*

### **Local Government Ombudsman 2004**

'Annual Report 2003/4', *Commission for Local Administration in England*

### **Mickelborough, P. 2004**

'Extra Care Housing Markets 2003/4', *Laing & Buisson*

### **Netten, A. et al 2001**

'Care Homes for Older People', Volumes 1 & 2, *PSSRU*

### **Netten, A. et al 2004**

'Performance and Quality: User experiences of home care service', Discussion paper 2104/3, *PSSRU*

**Nuffield Community Care Studies Unit, University of Leicester 2002**

'Nothing Personal; Rationing Social Care for Older People', *Help the Aged*

**Pearson, N. 1990**

'Putting People First: Consumer Consultation and Community Care', *Welsh Consumer Council*

**Pratt, H. J. 1993**

'Gray Agendas: Interest Groups and Public Pensions in Canada, Britain and the United States', *University of Michigan Press*

**Quinn, A., Snowling, A., Denicolo, P. 2003**

'Older People's Perspectives – Devising information, advice and advocacy services', *Joseph Rowntree Foundation*

**Ridout, P 2003**

'Care Standards; A Practical Guide', *Jordan Publishing Limited*

**Royal Commission on Long Term Care 1999**

'With Respect to Old Age', *The Stationery Office*

**Scottish Executive, 2003**

'National Care Standards, Care homes for older people', *Scottish Executive*

**Watkins, T. & Pearson, N. 1996**

'Residential Homes: Quality of Life and Quality of Service', *Welsh Consumer Council*

**Welsh Assembly Government, 2004**

'National Minimum Standards for Care Homes for Older People', *Welsh Assembly*