

CARE HOMES MARKET STUDY

INVITATION TO COMMENT

Question 1

This interim study seems well thought-through and I would not argue with much of the future direction it plans to take.

Question 2

Nothing immediately.

Question 3

Choosing a care home currently is a lottery. It is not really a consumer purchase like a choice between Tesco's and Sainsbury's. Once made, the choice is difficult to change, for all the reasons you enumerate – the person may be settled, develop good relations with the carers. It is a choice often made in a hurry with the purchasers (if private) often starting from a very low base of knowledge as you recognise. The CQC ratings are available online now, and each home could have their own website with the fees and contracts available. (Having been through the process, I now know that we should have been far more careful about the contract, particularly in regards to deposits and fees after death. We never saw a contract until the day of admission). Competition cannot thrive unless information is available. However, I really feel that a visit is the best way of getting a feel for the place – this is a 'soft' issue, but then the whole process is an emotional one.

Question 4

I can only suggest that medical staff, GPs, social workers etc. play an enhanced part in this. Basically this amounts to an early warning system from some trusted source. My husband has multiple physical illnesses for which he was seeing two consultants. One took me aside as he had noticed the fast onset of dementia earlier than I, and told me that it 'was time for a family conference'. I knew what he meant and by the time my husband had a second stroke we had already seen four or five care homes, made a choice and had time for them to do a needs assessment in advance. I will always be grateful for this, though it in no way diminished the pain of the event.

Question 5

There is information available and people like CAB can act as signposts to the key organisations like Age UK and the CQC who have the real experience and knowledge (and who can be approached directly of course) and other help in principle. Skilled advisers should be available though this would need a national roll-out. Maybe advisers could have half day sessions at GPs' surgeries, and GPs could refer patients?

Some of the most useful help I ever had was from one of the community advisers from the insurance company Friends Life who gave me a list of things to look for – it was an excellent service, not tied to any provider and quite neutral. I also stopped a relative of a resident at the home we thought we would choose and asked her what her feelings were about it. She replied that it was terrible to put her mother there, but since then she and her sister had not worried about her care and safety at all.

Question 6 -9

Complaints and redress

People will rarely feel comfortable about complaining for fear it might affect the care of their relative. A more 'formal' system might well remove some of this fear. A model complaints system should include the option of a referral to the Ombudsman. Regulators should definitely know what complaints are being made as they may be a pointer or a clue to what else might be wrong. (You have highlighted well the hesitation felt by purchasers about complaining. Even though I know how to complain and speak to the manager on minor issues, I might be circumspect on a larger issue unless it was, say, gross negligence).

Question 10

Consumer protection. Guidance for consumers on consumer law could be a good idea, a signposting of what to be aware of.

Question 11

It is interesting though that given the providers are looking after one's relative, that they should be unaware of their obligations under consumer law. Providers (e.g. BUPA) who run private hospitals and must be well-versed in the laws of contract and consumer protection. Any operator running services involving the public must be aware of their obligations. The sector regulators should check the legal status of ALL of their clients' operations along with their service, and their consumer facing policies. A key area of transparency must be the cost elements.

Question 12

There is no reason why voluntary consumer codes should not be produced.

Question 13

Sector regulators should embed compliance and best practice by making it an element of their scoring.

Question 14

Much of this should be done by sector regulators. There is no reason why care homes should not produce their own information sheets on what to look for, and I am sure Age UK must do this. Deposits must be protected under existing laws.

Question 15

Yes.

Question 16

You say that there is no evidence that local authorities are failing to pay the real costs of their residents. Why then do self-payers pay 40% more and not the same price? This is a consumer protection issue on a grand scale, as we are not told why. I have asked the care home and their reply was so opaque that I was suspicious.

In the home where my husband is a resident, the residents, whether Local authority or self-funders, have the same rooms and the same care. Everything is identical. It is particularly a problem as self-funders have no idea whether they are in for the long or the short haul with their relative's care, and as higher tax payers are used to subsidising the less well-off without complaint through the tax system. However 40% of £75,000 is a huge amount for most people, most of whom are not millionaires. Already I am considering selling my house (houses out of London fetch far less than in), and am concerned there will not be anything left for my own care should it come to that and the burden on my children.

Furthermore, if there is opaque cross-subsidisation this is not a proper user-driven market as cross-subsidisation distorts it. In considering this element of your report, I think that apart from transparency in the costs, you should explore the fairness of this system and consider some element of a cap on costs as well. I recognise that this is a major issue with significant political elements.

Questions 17-23

These issues seem to me to be linked. The issues you raise are not stand-alone ones, but interdependent. I am aware that this is a competition study and market study, not a care home study per se. However you have discovered enough to know that there is an imperfect market operating, and much of this is down to the way care is currently organised in the UK.

It seems clear that the future planning of care home provision should be done on a national, regional and local basis, probably through the establishment of a new over-arching body. What is needed is a form of infrastructure planning. We know the population is ageing, and that a cure for dementia is not yet in sight. The problem of helping families deal with the problems you raise in a fair and equitable way is long overdue and recognised by the last Labour government in their establishment of a Royal Commission on Long Term Care, but whose recommendations were ignored. It is no longer acceptable or sensible to address issues like planning, fee levels and staffing issues independently from one another. The whole issue needs a rethink.

It is important that national government takes responsibility not only for funding issues, but for forward planning. This is a problem that is not going to go away. A main barrier to providing for future beds is the costs involved and the investment needed. There will be no shortage of clients as the baby boomer generation ages. Providers need to understand the parameters from government, and to have some clear notion of how much they can fairly expect from national government, local government and self-funders. The question of the shortage of insurance or annuity products needs addressing and new entrants are required in this market. Staff shortages will shortly become critical— many staff currently come from the EU and we are already seeing both in the NHS and in the care home sector a sharp decline in available labour. It is a hard job and not well-rewarded. Wages may have to rise to meet the gaps.

Your study raises huge questions for an ageing population with a growing demand for care. Not everyone can be looked after at home. I suspect that the majority of family carers are elderly and not particularly well themselves. There is a need to plan for the future, not just by government who must take the lead, but by the population who need to have access to insurance products and to have a cap on their outgoings, and who need to feel they are being treated fairly. That is not the case now.

Wife of care home resident.

