



**Competition and Markets Authority**

**Care Homes Market Study**

Qualitative Research Report

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*Prepared for:*

*Competition and Market Authority*

*Prepared by:*

*Research Works Limited  
Regency House  
Quadrant Business Centre  
219a Hatfield Road  
St Albans, Herts  
AL1 4TB  
all@researchworks.co.uk  
Tel: 01727 893 159*

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## **1. Executive Summary**

1.1 In order to improve decision-makers' experience of choosing care homes, the Competition and Markets Authority (the CMA) is making a number of recommendations focussed on helping consumers to understand the care options available, as well as supporting consumers to search for and choose a care home. These recommendations are intended to encourage consumers to plan ahead, and to facilitate well informed decisions about care homes in order to support the development of recommendations. In July, the CMA commissioned qualitative consumer research to explore four research objectives (A fuller description of the research objectives is included in **APPENDIX A – RESEARCH OBJECTIVES IN FULL**).

### **1. Support with navigating the system**

- What more can be done to provide support and accessible information to consumers searching for and finding a care home, in a way and at a time that they can engage with?

### **2. Information provision**

- What more might be done to ensure that information about care homes is easily accessible to consumers and produced in a consistent format?

### **3. Encouraging people to consider their longer-term care needs**

- How could consumers be encouraged to prepare for future decisions and to consider possible care options (including but not limited to residential care) in advance?

### **4. Complaints and redress**

- How could it be made easier for residents of care homes to express concerns about consumer issues, and how could residents be made to feel confident that their concerns will be acted upon and resolved in a fair and reasonable manner? How could the barriers to expressing concerns or complaints be addressed?

1.1.1 Findings from this consumer study clearly indicate that the consumer context for the recommendations is challenging in a number of ways. The extent to which respondents perceived their choice of care homes to constitute a 'market' varied, depending on funding status. Broadly speaking, self-funded consumers were perceived to have more consumer choice than State-funded consumers. Local provision and availability, as well as the prioritisation of location options also limited the choices available, particularly those looking for dementia care.

1.1.2 Overall, those in the devolved nations (Scotland, Wales and Northern Ireland) had greater expectations of - as well as experience of - State-funded care. However, assumptions about State-funded care were being challenged: those in Northern Ireland were aware of the lack of State-funded provision and availability locally and those in Scotland had become aware of closing State-funded homes.

1.1.3 Consumers from across the sample resisted thinking about their future potential care needs. Asking consumers to consider their longer-term care needs when they are unwilling to consider living to a much older age (i.e. into their eighties and nineties) in potentially poor health is likely to be challenging.

1.1.4 Consumers without experience of the care system did not understand how the social care system works, starting with a lack of awareness about entitlements (i.e. whether they would need to pay for care or make a contribution). This lack of knowledge increases the burden on any activity

focussed on making information accessible and activities aimed at supporting decision-making to deliver improved consumer outcomes.

- 1.1.5 There is a risk that positive messaging about home care (reflecting positive perceptions of maintaining independence and facilitating choice) may undermine messaging about care in residential settings (associated with a perceived *loss* of independence and choice). This creates a tension for activities focussed on encouraging consumers to consider the full range of care options in both home care and care home settings.
- 1.2 Given the contextual challenges for any recommendations, there is a need for sustained and coordinated effort rather than one off ‘interventions’ to address wider market and systemic issues in regards to social care and the individual’s and carer’s experiences of it. Ultimately, the benefits of these activities (if they are successful) would be helping people to be better prepared for the decision-making process and to reduce any potential distress.
- 1.3 **Support with navigating the system and information provision.** Ideally, consumers wanted to choose between a limited number of local options (typically making a decision based on visits to homes). Achieving this outcome – a short-list of relevant local options – is dependent on consumers understanding a number of factors: their funding status (i.e. entirely State-funded, part-State/part-self funded or entirely self-funded); individual care needs (e.g. dementia care) as well as local provision and availability. Consumer feedback suggests that two levels of support are needed in order to support consumers navigate the care home market.
  - 1.3.1 Firstly, it was clear that consumers did not know how the social care system worked or what their entitlements were (i.e. whether they would need to pay for care or make a contribution). They therefore did not know what information would be relevant to them or therefore what information to search for. Since this information is necessary to understand the system a

local or national government provider was expected to provide it. There was an expectation that this information would be made clear to the general public, supported by web-based resources.

1.3.2 Secondly, it was clear that consumers wanted to know what the relevant local options were for them, based on their funding status, care needs and local provision and availability.

1.3.3 Responses suggest that a mix of organisations will be required to provide this type of local support. Third sector organisations were felt to be appropriate, with central/local government endorsement regarded positively. A multi-channel solution was expected, including web-based information, webchat, telephone and paper-based information, as well as the option to speak to and/or meet with either an 'expert by experience' or an 'expert by profession'.

1.3.4 It was suggested that faith groups could be a useful channel for publicising information about care homes for specific communities. There were indications to suggest that cultural expectations about the use of non-family care may differ amongst some ethnic minority communities.

1.4 **Encouraging people to consider their longer-term care needs.** Consumer feedback suggests that there are opportunities to encourage consumers to understand the system and think about their care options before reaching the point of need. The experience of those who had not previously considered their longer-term care needs suggests that decision-making might have been easier if they had thought about and understood possible care options beforehand. There are two target audiences for this area: a younger audience (those in their early forties, fifties and early sixties) and an older audience (those already using care and support services)

1.4.1 The younger audience is in their forties, fifties and early sixties, and there is a naturally occurring, sobering and personal window of opportunity to focus them on their future care needs: when they are seeing their parents'/older relatives'/older friends' care and support needs increase.

1.4.2 For this younger audience, two types of messaging are required: firstly, broad messaging about changing social structures and their implications for life in older age; and secondly, specific messages about planning and preparation.

1.4.3 Broad messaging about changing social structures and their implications for life in older age could be communicated via media channels (e.g. editorial, advertorial, locally and nationally).

1.4.4 Specific messages about planning and preparation could include:

- Financial solutions, communicated via other formal touchpoints such as pensions planning, and legal processes (for example, Wills, Power of Attorney);
- housing options e.g. different types of accommodation, downsizing, potential adaptations;
- and 'things to be aware of' (e.g. indicative costs, entitlements, positive case studies about life in residential care, for example, how care homes are able to meet different cultural needs).

The latter two types of information could be targeted via life stage oriented media (e.g. editorial, advertorial, locally and nationally, as well as local channels such as NHS services, and care home open days).

1.4.5 Indicative cost information, such as ball park weekly/monthly fees, was welcomed by prospective consumers, particularly those who felt they were likely to be self-funding or part-State/part self-funding. Self-funders with experience of choosing a care home, particularly those looking for dementia



care, had quickly realised that care homes cost a lot of money, and generally started assessing their options for paying for care – typically by selling property.

- 1.4.6 Consumers extended the idea of providing indicative cost information to include indicative costs other than weekly/monthly fees e.g. indicative ‘top-up’ fees for those likely to be part self-funded and part State-funded; and indicative costs for ‘extras’ (e.g. haircuts) for the State-funded.
- 1.4.7 For the older audience, the key challenge involved in encouraging individuals to consider their longer-term care needs was perceived to be initiating a conversation about change. Those caring for existing older users of social care services reported that broaching the issue of future care and support needs was extremely difficult, particularly for those with gradually deteriorating health and increasing care and support needs.
- 1.4.8 Those caring for existing older users of social care services felt that conversations were unlikely to be effective unless initiated by an external, independent person (e.g. paid carer or healthcare professional). Creating formal points in the journey to review planning and preparation for care in later life could help to target potential interventions of this kind.
- 1.4.9 When considering in which areas there is a need for sustained and coordinated effort, it became clear that carers of older social care users need to be supported (e.g. with information, case studies about homes, hints and tips). Feedback from those with experience of choosing a care home suggests that this type of activity seems more likely to improve experience of the journey rather than change outcomes.
- 1.5 **Complaints and redress.** Residents and their family members claimed that they were largely comfortable with the idea of providing feedback and complaining on behalf of their relative, *if they felt it was really necessary*. This

consumer research suggests that there is a reluctance to complain about issues until the point at which they became critical.

- 1.5.1 In order to encourage feedback, consumers would prefer a choice of options.
- 1.5.2 Firstly, there was a clear appetite for identifiable feedback via in-home channels (including scheduled touchpoints initiated by the provider). The research suggests that care homes can promote feedback channels by verbally introducing feedback channels when residents first move in, as well as making feedback and complaints channels visible (e.g. on websites and noticeboards) and accessible (e.g. via infographic rather than text).
- 1.5.3 Secondly, there was also an appetite for feedback via an independent, neutral party operating locally across care homes. This type of organisation could report problems across care homes, instead of within a specific home (where risks of negative repercussions were perceived as higher). Once again, consumers preferred choice: anonymity could be optional within such a service; however, access to independent advocates to deal with specific issues would also be needed.

## **2. Background and Research Requirement**

### **2.1 Background**

- 2.1.1 On the 2<sup>nd</sup> December 2016, the Competition and Markets Authority (the CMA) launched a market study into care homes for the elderly, to review how well the market works and whether people are treated fairly. This market study covers the provision of adult residential care for older people (65 years+) in care homes and care homes with nursing ('nursing homes') in the United Kingdom. Throughout this report, the phrase 'care homes' refers to both care homes with and without nursing care.
- 2.1.2 On the 14<sup>th</sup> June, the CMA published its interim report, which provided an update on the progress of the market study, set out areas for future focus and possible recommendations. Information on the market study, including the interim report is available at the following link: [https://www.gov.uk/the\\_CMA-cases/care-homes-market-study](https://www.gov.uk/the_CMA-cases/care-homes-market-study)
- 2.1.3 The report included evidence from consumer research which examined decision-makers' (family members and friends of residents in a care home, care home residents themselves and social care representatives) experiences of care homes. This research covered searching for and choosing a care home, paying for care, complaints and redress in the care home and moving care homes. The findings from this research described how choosing a care home is a decision often made in distressed circumstances and within short timescales. The research report is available at the following link: <https://assets.publishing.service.gov.uk/media/599d9563e5274a28b5790976/ipsos-mori-care-homes-consumer-research.pdf>
- 2.1.4 In order to improve decision-makers' experience of choosing care homes, the CMA is making a number of recommendations focussed on helping consumers to understand the care options available, as well as supporting consumers to

search for and choose a care home. These recommendations are intended to encourage consumers to plan ahead, and to facilitate well informed decisions about care homes. These recommendations would be made most likely to national and local Government and to the industry, but also potentially to regulators and health services etc, around publicity and information provision to current and prospective care users and their families/representatives.

2.1.5 The four potential recommendations are:

- a) **Navigating the system:** the interim market study report, informed by a number of pieces of evidence, including consumer research<sup>1</sup>, reported that many consumers felt that they were 'left alone' when searching for and finding a care home, whilst also navigating the different funding options available to them. Many found it challenging to make decisions about care under stressful and time pressured circumstances. **The CMA wanted to look at what more can be done to provide support and accessible information in a way and at a time that people can engage with.**
  
- b) **Information provision:** the interim market study report, informed by a number of pieces of evidence, including consumer research<sup>2</sup>, found that the experience of entering a care home often required people to make quick decisions. Although consumers reported that there were many sources of information and advice available, these appeared to be rarely used. The evidence from the interim report suggested that consumers found it difficult to find what they needed to know about how the system works, as well as the related funding arrangements. **The CMA wanted to explore what more might be done to ensure that information about care homes is easily accessible in a consistent format.**

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<sup>1</sup> [https://www.gov.uk/the\\_CMA-cases/care-homes-market-study](https://www.gov.uk/the_CMA-cases/care-homes-market-study)  
<https://assets.publishing.service.gov.uk/media/599d9563e5274a28b5790976/ipsos-mori-care-homes-consumer-research.pdf>

<sup>2</sup> Links above

c) **Thinking longer-term:** the CMA also wanted to consider how to encourage people to plan ahead for their future care needs. The interim market study report, informed by a number of pieces of evidence, including consumer research<sup>3</sup>, found that many consumers were unaware of how the systems work and found it difficult to contemplate needing residential care or discussing this potential future need with their family. In the interim report, the CMA considered whether decision-making would be easier if consumers had some opportunity to understand the system and think about possible care options beforehand. **The CMA therefore wanted to think about how to help people prepare for future decisions and consider possible care options (including but not limited to residential care) in advance.**

d) **Complaints and redress:** the interim market study report, informed by a number of pieces of evidence, including consumer research<sup>4</sup>, found that residents, their family members and friends were reluctant to raise issues - particularly formally - about consumer issues such as fees and charges and promised services being delivered. They were however, willing to feedback on issues raise concerns around care and hygiene. **The CMA wanted to explore ways of making it easier for residents to express concerns about consumer issues and to give residents confidence that their concerns will be acted upon.** In particular, the CMA wanted to understand any barriers for residents to express concerns or complaints and how these might be addressed.

2.1.6 The CMA commissioned further consumer research to explore and inform the four potential recommendations, as described above. This report describes the findings from the qualitative research conducted by Research Works

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<sup>3</sup> Links above

<sup>4</sup> <https://www.gov.uk/the-CMA-cases/care-homes-market-study>  
<https://assets.publishing.service.gov.uk/media/599d9563e5274a28b5790976/ipsos-mori-care-homes-consumer-research.pdf>

Limited (RWL) on behalf of the CMA. The research will feed into the CMA's final report and its consideration of appropriate recommendations.

## **2.2 Research Objectives**

Below is a summary of the research objectives. A fuller description of the research objectives is included in **APPENDIX A – RESEARCH OBJECTIVES IN FULL**.

### **1. Support with navigating the system**

- What more can be done to provide support and accessible information to consumers searching for and finding a care home, in a way and at a time that they can engage with?

### **2. Information provision**

- What more might be done to ensure that information about care homes is easily accessible to consumers and produced in a consistent format?

### **3. Encouraging people to consider their longer-term care needs**

- How could consumers be encouraged and helped to prepare for future decisions and to consider possible care options (including but not limited to residential care) in advance?

### **4. Complaints and redress**

- How could it be made easier for residents of care homes to express concerns about consumer issues, and how could residents be made to feel confident that their concerns will be acted upon? How could the barriers to expressing concerns or complaints be addressed?

### **3. Research Methodology and Sample**

#### **3.1 Methodology**

- 3.1.1 Since the aims of the research were essentially exploratory, a qualitative approach was chosen. The research objectives (as described in section **2.2**) were open-ended and therefore discursive responses were required in order to address them in full.
- 3.1.2 RWL recommended individual, face-to-face in-depth interviews (of 1 hour duration) in order to explore individual experiences. Individuals needed a private session in order to share personal and potentially distressing experiences and candid discussion of personal financial circumstances. Individual in-depth interviews also enabled us to sample a wide breadth of experience, as described in the sample (section **3.2**).
- 3.1.3 Respondents all gave us their written consent to participate in the interview, and were made fully aware of the topic to be discussed before they did so. To mitigate any potential distress, case studies were used as a way of discussing the research issues from a third-party perspective. It transpired that those who had chosen a care home within the past 12 months typically welcomed the opportunity to share their experience.
- 3.1.4 RWL also recommended conducting 'family' group discussions (with up to 5 respondents, depending on the number of 'family' members involved, and of 1.5 hours duration) in order to explore the research questions amongst 'family' members who have shared the experience of finding and choosing a care home. 'Family' group discussions also included non-family members who were also involved in caring for the individual (although some were not responsible for decision-making per se).

3.1.5 The project was conducted in iterative stages. A pilot was conducted (10 individual in-depth interviews) and the topic guide and stimulus revised in response to early feedback. An analysis session focussing on the context for the recommendations was conducted with the client team after a further 12 'family' group discussions and 55 individual in-depth interviews. A further analysis session focussed on the recommendations was conducted after the completion of fieldwork (a further 15 individual in-depth interviews).

3.1.6 All respondents were 'free found' by Market Research Society trained recruiters, based on an agreed recruitment questionnaire (appended in **APPENDIX B – RECRUITMENT QUESTIONNAIRES**). All respondents received a financial incentive (£35 for an in-depth interview and £40 for a 'family' group discussion) as a 'thank you' for participating in the research.

## **3.2 Sample**

3.2.1 Qualitative samples are purposive; they aim to *reflect* rather than *represent* a specified population. A total sample of 80 individual in-depth interviews and 12 'family' group discussions attempted to reflect a diverse range of experience amongst those who *had made* decisions about care on behalf of an older person, and those who *had yet to make* decisions about care on behalf of an older person, or themselves.

3.2.2 As described above, the sample design focused on capturing feedback from two audiences:

- those with experience of finding and choosing a care home placement in the past year for a person aged 65+ years old;
- and those who were starting to consider the current/prospective care needs of an older person and/or their own prospective care needs.

The recruitment questionnaires for both sample groups are appended in **APPENDIX B – RECRUITMENT QUESTIONNAIRES**.



3.2.3 A total of 50 in-depth interviews and 6 'family' group discussions were conducted with people who had been involved in finding and choosing a care home placement in the past year for a person aged 65+ years old. The stipulation that this experience should have been in the past year was to ensure that the experience was fresh in respondents' minds.

3.2.4 The 50 in-depth interviews and 6 'family' group discussions captured:

- a mix of care needs
- a mix of gender (both respondent and older person being cared for)
- a mix of largely self or State-funded
- a mix of nursing and residential care
- a mix of social grades
- a range of ethnic backgrounds

3.2.5 This sample also included 20 in-depth interviews with people who had also had concerns or tried or made a complaint about issues such as fees, charges and level of care delivered. This part of the sample was designed to address the fourth research objective, which focussed on complaints and redress (as described in section **2.2**).

3.2.6 A total of 30 in-depth interviews and 6 'family' group discussions were conducted with people aged 55+ years old who had starting to consider the current/prospective care needs of their older parents/relatives/older friends, and/or their own current/prospective care needs (if they were aged 65+).

3.2.7 The sample of 30 in-depth interviews and 6 'family' group discussions captured:

- A range of stages in terms of whether respondents had thought about/discussed/looked into care homes

- a mix of gender (both respondent and older person being cared for)
- a mix of social grades
- a range of ethnic backgrounds

3.2.8 This sample included 10 in-depth interviews with people aged 50-59 years old who had not started to consider their own prospective care needs. However, some amongst this sample had started to consider *funding* of their future care needs. This part of the sample was designed to address the third objective, thinking longer-term (as described in section 2.2).

3.2.9 Fieldwork was conducted from 31 July, throughout August, and the week commencing 11<sup>th</sup> September 2017.

3.2.10 Research was conducted in: England (Birmingham, Crawley, (rural), Gloucestershire (rural), Hertfordshire (rural), Kent (rural), Leeds, Liverpool, Nottingham and South London; Wales (Bridgend and Cardiff), Scotland (Glasgow and surrounding area) and Northern Ireland (Belfast and surrounding area), as described in the table below. More detail is available in

3.2.11

3.2.12

3.2.13

3.2.14

3.2.15

3.2.16

3.2.17

3.2.18



# APPENDIX D – STIMULUS

## Board 1



### FINANCIAL PLANNING FOR LATER LIFE (1)

- 1 Get prepared**  
Compare what you've saved to what you'll need
- 2 Understand your options**  
Review the different options available to you
- 3 Get help and guidance**  
See what support and help is available to you
- 4 Make it happen**  
Put your retirement plan into action



### SETTING UP AN INSURANCE SCHEME







- Pensions
- Savings accounts



### HEALTH



## Board 1.1

<p>What would help prompt you to save?</p>	<p><b>Making future costs clear (1.1)</b></p> <p>Did you know that unlike health, care costs aren't covered by the NHS?</p> <p>A care home can cost up to £45,000 a year. It's a good idea to start planning now</p>    <ol style="list-style-type: none"> <li>1 <b>Get prepared</b> Compare what you've saved to what you'll need</li> <li>2 <b>Understand your options</b> Review the different options available to you</li> <li>3 <b>Get help and guidance</b> See what support and help is available to you</li> <li>4 <b>Make it happen</b> Put your retirement plan into action</li> </ol>
<p>What products would be useful to help you save?</p>	<p><b>An insurance scheme</b></p> <p>Insurance products that help protect you if you suddenly require a care home</p>  <p><b>A specific saving pot</b></p> <p>Creating a specific pot of savings for regular contributions to support your family's future care needs</p>  <p><b>Savings goals and text reminders</b></p> <p>Reminders and prompts to help you save for the future</p>  <p>Hi David, Good news - last week you reached your savings goal.</p>

## Board 1.2

### POTENTIAL TOUCHPOINTS FOR THOSE FURTHEST AWAY FROM CARE (1.2)



TIME TO RENEW  
YOUR MORTGAGE?



When taking out  
financial products



Fixed Deposit accounts

When making legal  
arrangements



When you or someone  
close to you is unwell



When considering  
moving,  
downsizing, single  
storey



When parents start  
to need more care  
and support



## Board 1.3

### POTENTIAL PROMPTS FOR THOSE CLOSER TO NEEDING CARE (1.3)

*"Do you feel worried about being left alone for periods of time?"*

*"Do some tasks sometimes feel a bit harder to do than they used to?"*

*"Have you thought about what kind living situation might be more suitable for you?"*

*"I feel like you are struggling with some tasks nowadays that you used to find easier..."*

*"I'm quite worried about you...and even if you tell me I shouldn't, it keeps me up at night..."*

*"Even though you are ok at the moment, I am worried that x may happen/that x may happen again..."*

*"I'm worried about you being alone for periods of time, in case something happens..."*

*Maybe we can just make it easier for you to stay in your home, have you thought about installing x?"*

*"How are they treating you here? Is there anything that you would like to be done differently?"*

## Board 2.1

### CLOSER TO NEEDING CARE (CONTENT 2.1)

#### Care options

- Where to look
- Choosing a care home to suit your care needs
  - Residential care homes
  - Care homes with nursing care
  - Care homes offering some residential and some nursing care places.
- Deciding your priorities
- Take a look



#### Options for maintaining independence

##### Age UK's local services

- Run a number of services at local Age UKs that aim to make older people's lives easier and safer – either at home or to improve their own wellbeing
  - Handyperson services
  - Home shopping delivery
  - Exercise classes
  - Lunch clubs
  - Computer classes






## Board 2.2

### Conversation strategies

- **Before you start**
  - When and where to talk
  - Who should be there
  - Be prepared
- **How to begin**
- **How to manage the conversation**
- **Anticipating reactions**




### Needs assessment

- Provided by social services department or your local council
- Aim is to work out what help you need with your care, and to think about how you might get it
- There are various types of help and support the assessment may suggest could help you, including:
  - Disability equipment or adaptations to your home, such as a stair lift
  - Telecare, such as a bed sensor or wearable alarm
  - Help from a carer with tasks like washing, dressing or taking medication
  - Meals on wheels
  - Residential care in a care home.


### 10 Questions to discuss with your loved one

- What kind of place would you like to live when you're older?
- How would you want to be looked after should you become ill or diagnosed with dementia
- What kind of experience would you like as you grow older?
- What are our concerns and what are the consequences if we don't do anything about it?
- I'd like to talk about retirement living and care options in later life and I'd like to get your point of view, is now a good time?
- What is your thinking on retirement living and care options?
- What is most important to you in the future?
- I have just filled out a workbook about my wishes for future health care and I want to share it with you
- My health is good right now, but I want to talk to you about what I'd want if I was sick and needed you to make decisions for me
- My doctor wants me to think about my future care and to make an advance care plan. Will you help me?



### Your Conversation Starter Kit


### CLOSER TO NEEDING CARE (CONTENT 2.2)



### Paying for care

- Care and support services in a care home aren't free and most councils charge for providing them.
- If your local council agrees that you have care and support needs, they will then look at your finances to see how much you will have to contribute towards the cost of your care.
- If the total amount of savings, any property you own and any shares exceeds the amounts below you may need to self-fund your care home costs,

	England	Scotland	Wales	N.Ireland
Upper means test level	£23,250	£26,250	£30,000	£23,250
Lower means test level	£14,250	£16,250		£14,250



Board 3

**NHS**  
Aged 40 - 74?  
find out about our  
**FREE NHS**  
Health Checks

We help loved ones stay in their own homes, retain their independence and receive **One-to-One** trusted 24/7 care and support designed around individual needs.

**Retire? Not me**  
Diane Judd Powell's secrets to staying active

**Power of Attorney**

**LAST WILL AND TESTAMENT**

**fine Gardening**  
Go beyond green in the SHADE  
7 ways to build BETTER SOIL  
Introducing BENEFICIAL INSECTS  
Improved protection of FAVORITE PLANTS

**carehome CATERING**  
WHEELS OVER WINGS  
Food Angels deliver hot meals to the community out of an Extra Care kitchen

**Evergreen**  
THE UNIVERSITY OF THE THIRD AGE

**U3A**  
THE UNIVERSITY OF THE THIRD AGE

Learn more about the changes to the Age Pension at a free seminar.

Reserve your seat

**your community your care**  
developing Buckinghamshire together

## Board 4

### Needs Assessment

- Who can have a needs assessment?
- How do I get it for the person I look after?
- How will it be carried out?
- How will the council decide whether the person you look after is eligible for support?
- What help might the person I look after get?
- What will the person you look after have to pay?



### How to make a choice

1. Get a care needs assessment
2. Shortlist suitable care homes
3. Check care home inspection reports
4. Ask friends and family for recommendations
5. Contact suitable care home

### Ratings and regulatory reports



- Are they safe?
- Are they effective?
- Are they caring?
- Are they responsive to people's needs?
- Are they well-led?
- What's the food like?
- Are they nice people?



### Myth Busting

Through this week we hope to bust some myths about care homes and tell their vast number of good news stories.

#### Common myths:

- Carers are unskilled
- There is no choice in what care is provided
- Care homes don't provide the level of care needed
- A care home is the last resort
- You give up all your independence
- No care homes serve nutritious or tasty food



### Reviews from residents & relatives



### Funding care

#### The Local Authority financial assessment

	England	Scotland	Wales	N.Ireland
Upper means test level	£23,250	£26,250	£30,000	£23,250
Lower means test level	£14,250	£16,250		£14,250

State funding

Third part top-ups

State benefits for self-funders

12 week property disregard

NHS funded care

Board 5

**carehome.co.uk** theBedBureau

**Search**

**carehome.co.uk** Care Homes, Jobs, News & Events, Products & Services, Training and Care Homes For Sale

**trustedcare.org** **HousingCare.org** *empowering the right choices to care* Information for older people

**Start your search here**

**Accommodation** **Home Services**

**FirstStop** **Independent Age** *advice and support for older age*

**One-stop-shop**

**NHS choices** *Your health, your choices*

**ageUK** *Love later life* Call our advice line **0800 678 1174**

**Telephone helplines**

**NHS choices** *Your health, your choices*

**Call the Carers Direct helpline**

You can call the Carers Direct helpline on **0300 123 1053** if you need help with your caring role and want to talk to someone about what options are available to you.

**Care home brochures + adverts**

**Care Home Week events**

**Carers Week** **CARE HOME WEEK** *PEOPLE PLACE POTENTIAL* 13-18 June 2017

Board 6



Board 7

**Online planning resource e.g. questions to ask oneself**

**LA help and support**

**SUPPORT**

**Isle of Wight ageUK Care Navigators**

**Care advisers**

**“Tailored, personalised care to ensure that the specific needs of residents are met in full – and this means that our care does not come in the form of ‘off the shelf’ packages.”**

*Offer advice to assist people aged 50+, as well as families and carers.*

*Visit people in their homes, listen to them and discuss how to achieve their goals.*

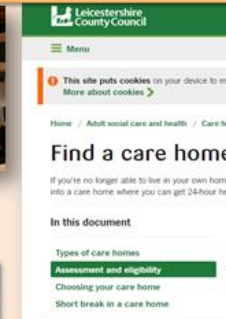
*Promote independence, self-confidence and self-management.*

## Board 8

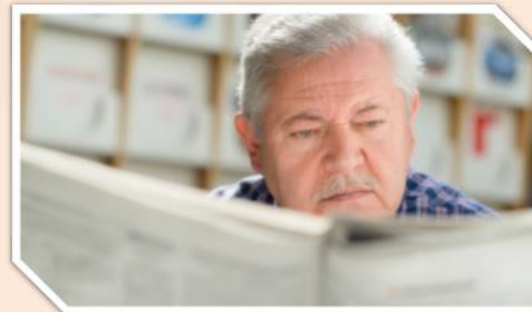
### What help do you need?



### Assessment, choosing a home



### Outline of the options available



### Information about costs and funding


Room Type	Total Weekly Fee
Ground Floor Room – Dementia Care	£998.00
First Floor Single Room – Residential Care	£866.00
First Floor Premium Room – Residential Care	£950.00
1 Bed Care Suite – Single Occupancy	£1149.00
1 Bed Care Suite Shared Occupancy	£1440.00
2 Bed Care Suite – Single Occupancy	£1464.00
2 Bed Care Suite Shared Occupancy	£1860.00

### Help to have a difficult conversation?

- Before you start
  - When and where to talk
  - Who should be there
  - Be prepared
- How to begin
- How to manage the conversation
- Anticipating reactions

# Board 9

## Feedback



**Making feedback an expected part of the process**


Northumbria Healthcare NHS Foundation Trust		
OVERALL	SAFE	Good <span style="color: green;">●</span>
Outstanding	EFFECTIVE	Outstanding <span style="color: green;">★</span>
	CARING	Outstanding <span style="color: green;">★</span>
	RESPONSIVE	Outstanding <span style="color: green;">★</span>
	WELL-LED	Outstanding <span style="color: green;">★</span>



**Residents'/relatives' panels**



**Proactive customer service**  
E.g. Calls every 6 months



**IHCA**  
Independent Health Complaints Advocacy


**Advocates**



**Anonymous feedback**  
E.g. Comments cards, iPads, apps




**Publicising complaints channels**  
E.g. What types of complaint to take to which channel (CQC, LA, etc.)



**Support from an intermediary working within the system**  
E.g. PALS



**Publicising how to complain/your rights**  
E.g. Which?



1. Raising awareness of the problem
2. Escalating a complaint: self-funders
3. Escalating a complaint: local authority-funded care
4. Keeping records
5. Writing a letter of complaint
6. Making complaints count



## Complaints





### 3.2.19 APPENDIX E – FIELDWORK SCHEDULE.

Country	Depth interviews	Family group discussions
England	35	6
Wales	15	2
Scotland	15	2
Northern Ireland	15	2

3.2.20 The report includes anonymised verbatim quotes from respondents which are labelled to give the reader an indication of their socio economic or funding status. Those who *had made* decisions about care on behalf of an older person are labelled with the funding status of the cared for person; those who *had yet to make* decisions about care on behalf of an older person, or themselves are labelled with the socio economic background of the person concerned.

### 3.3 A note on methodology

Qualitative samples are purposive and quota-driven in nature; they are designed to achieve specific outcomes. Consequently, they have no quantitative accuracy in terms of identifying proportions of populations holding stated views.

For these methodological reasons, it is not appropriate to present qualitative findings in terms of the numbers of respondents expressing certain views. The findings in this report are therefore described in qualitative terms, by sample group.

### 3.4 Research content

At the beginning of the project, a draft topic guide and stimulus was piloted with a sample of 10 respondents. After discussion of the pilot findings, as well as after both analysis sessions (as described in section **3.1.4**) amendments to the clarity of the

questions and stimulus were made. The topic guides are appended in **APPENDIX C – TOPIC GUIDES**. The stimulus is appended in

Stimulus was developed by RWL in collaboration with the CMA project team, with the use of materials identified by the CMA project team as well as identified by RWL. The stimulus was intended to broaden respondents' thinking about the issues, and to give them ideas to respond to (whether positively and negatively). The stimulus included:

- **Area 1: – information provision:** prompts for encouraging people to think about care and support in later life; the type of information about care and support in later life that might be useful/helpful'; potential channels for communicating this information; and suggested provenance of this information.
- **Area 2: - navigation:** potential range of ideas for helping consumers to navigate the system.
- **Area 3: Encouraging people to consider their longer-term care needs:** prompts for encouraging people to think about care and support in later life; potential touchpoints for engaging people with the idea of care and support in later life; potential channels for communicating these prompts; and suggested provenance of these prompts.
- **Area 4: Complaints and redress:** suggested ways of making it easier for consumers to offer feedback and make complaints.

## **4. Main Findings**

### **4.1 Consumer context**

Findings from this consumer study clearly indicate that the consumer context for the recommendations is challenging in a number of ways. The consumer

context is described below in order to explain the nature of these challenges, which have informed the conclusions described in section 5.

**4.1.1 The consumer research suggests that the extent to which consumers felt they could exercise choice within a social care ‘marketplace’ varied.**

4.1.1.1 Broadly speaking, respondents felt that self-funded consumers were perceived to have a broader range of choices than State-funded consumers. As a result, any activity focussed on facilitating consumer choice may not feel as relevant to those who are State-funded. The impact and relevance of activity promoting consumer choice is therefore likely to be restricted to self-funders.

4.1.1.2 There was regional variation regarding the extent to which consumers are likely to perceive themselves as having consumer choice. The proportion of care home residents who are state funded is higher in the devolved nations than England, but the proportion of residents who are state funded varies considerably across the regions of England. It is lowest in the South East, and highest in the North East.<sup>5</sup>

4.1.1.3 Amongst the sample with experience of choosing a care home in the past 12 months in Scotland, Wales and Northern Ireland, greater reliance on State-funding and assumptions about the availability of State-funding was noticeable, particularly compared to England where it was easier to recruit respondents from a broader range of funding backgrounds. Overall, those in the devolved nations had greater expectations as well as experience of State-funded care.

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<sup>5</sup>

September 2014. Source: LaingBuisson, Care of Older People UK Market Report 27th edition.

4.1.1.4 Lack of availability and therefore a perceived lack of choice was particularly identified by respondents in Northern Ireland, for whom this was a cause for concern. In Scotland, news about State-funded care home closures had made an impact on respondents. Perceptions of a care home 'market' were therefore more limited in Scotland, Wales and Northern Ireland when compared to England.

4.1.1.5 Moreover, even self-funders' perception of choice was limited by the availability of appropriate provision within their local area. All respondents prioritised local options, which naturally limited the range of choices available to them. This was particularly the case for those seeking dementia care who, once they started to look for local options, found that their choices were more limited.

**4.1.2 Overall, the consumer research suggests that the extent to which care homes are perceived as a market is influenced by funding status (which varies by region), as well as local provision and availability. 'Local, relevant options' are more of a consumer focus for both those who are self and State-funded than a broader sense of 'choice' per se.**

**4.1.3 Consumers from across the sample resisted thinking about their future potential care needs.** At this broadest level, asking consumers to consider their longer-term care needs (objective 3, as described in section 2.1.5) when they are unwilling to consider living to a much older age (i.e. into their eighties and nineties) in potentially poor health is likely to be challenging.

4.1.3.1 There was little appreciation of the need to plan for additional care and support needs at a much older age, or appetite to do so:

*"I'm overweight, but my blood pressure and cholesterol is fine and I don't*

*suffer with anything really other than minor ailments, so I've never really considered that I might get to a stage where I can't cope or anything." (Male, not started to consider own long-term care needs, 50-59 years old, C2DE)*

*"I get on with it. Certainly it [care and support needs in older age] isn't something that I would be thinking about. I do sometimes catch myself and wonder how I got to be this age. (Male, not started to consider long-term care needs, 50-59 years old, ABC1)*

*"Ultimately it's about death. We all know what's coming, but we don't want to think about it." (Female, not started to consider own long-term care needs, 50-59 years old, C2DE)*

*"For me nothing has prompted me to think about care in the future" (Male, not considering own future care and support needs, 55+ years old, C2DE)*

4.1.3.2 Even those with experience of choosing a care home on behalf of an older relative – and who therefore had an insight into the benefits of planning ahead – reported that although they had *thought* about their future care needs, they had not taken any *action*:

*"I always joke that when we're old and grey we [respondent and her group of friends] will sell our properties and live in one house together ... You still think you've got plenty of time, and people feel young, so it seems a very long way off." (Female, with experience of choosing a care home in the past year for a person aged 65+ years old, self-funded)*

*Has your experience of caring encouraged you to think about your future?*

*"No, it hasn't to be honest. You don't like to think about things like that do you? I'm pretty much a 'live for the moment' person anyway. But I don't think I'm the only one. It's just not something you discuss. Not even with my husband. It's probably fear. You don't want to look there really." (Female,*

*with experience of choosing a care home in the past year for a person aged 65+ years old, State-funded)*

*Has your experience of caring encouraged you to think about your future? “It does and it doesn’t ... It worries me, but I think I’ll cross that bridge at the time.” (Female, with experience of choosing a care home in the past year for a person aged 65+ years old, State-funded)*

4.1.3.3 Other barriers to considering one’s longer-term care needs emerged, in addition to simply not wanting to. These included:

- The perceived difficulty of planning for the unknown:

*“I don’t know that our children aren’t going to take me in ... I had breast cancer, so I don’t even know if I’ll live long enough to get to old age. There are so many ifs and buts.” (Female, considering the future care needs of an older person from a C2DE background)*

*“When it comes to your health, you never know what your health needs will be in later life – so that makes it very hard to plan for.” (Female, not started to consider potential long-term care needs, 50-59 years old, ABC1)*

*“It’s too far in the future. You always think you won’t need it – and I hope I don’t!” (Male, considering own future care and support needs, 55+ years old, C2DE)*

- Complacency about the level of planning or savings required or State support that would be available:

*“I live in a Council house so I haven’t got any means of funding anything, so it will be State-funded for me.” (Female, with experience of choosing a care home in the past year for a person aged 65+ years old, State-funded)*

*“I’ve got my pension sorted and paid off the house so we should be OK financially. We have a relatively modest lifestyle anyway, but it’s not something I’ve given a great deal of thought to.” (Male, not started to consider long-term care needs, 50-59 years old, ABC1)*

*“I wish that about 15 years ago, when they were 70-ish and still fit and able, someone had given us more information about their long-term situation, other than just downsizing their home.” (Female, considering the future care needs of an older person from an ABC1 background)*

**4.1.4 Overall, the consumer research suggests that a fundamental change in attitude will be required in order to encourage consumers to prepare for their care and support needs in the long-term.**

**4.1.5 Consumers without experience of the care system did not understand how the social care system works, starting with a lack of awareness about entitlements (i.e. whether they would need to pay for care or make a contribution).** Consumers without experience of choosing a care home did not understand how to go about choosing a care home, nor the options available to State-funded and self-funded individuals. This lack of knowledge increases the burden on activities focussed on making information accessible (recommendation 2, described in section **2.1.5**) and activities aimed at supporting decision-making (recommendation 1, described in section **2.1.5**) to deliver outcomes.

4.1.5.1 Consumers who were considering the care needs of an older person described:

- Not knowing where to start:

*“I now have the number for social services to ask for advice [from a friend who is a paid carer] but before that I wasn’t sure where to go. If she hadn’t given*

*me the number, I'd have gone to the doctor. I don't think it's that easy. There's not a lot of information out there." (Male, considering the care needs of an older person from a C2DE background)*

*"I started with a visit to the council office, then went online. It was a wasted journey. What we got we didn't understand. I eventually worked out the information I needed, but it took some doing." (Female, considering the care needs of an older person, from a C2DE background)*

*"I don't know how the system works. The GP didn't know of anything and said to go online and look homes up and find reports about them." (Female, considering the care needs of an older person, from an ABC1 background)*

*"There is too much going on in people's lives, in my case caring for my wife, to actually spend any time thinking you know what I'm going find out how this is all put in place." (Male, considering the future care and support needs of their spouse, C2DE background)*

- And not knowing what their entitlement would be.

*"I've assumed that because of his circumstances it would all be paid for, which would limit where he could go. I haven't thought about the money side of it at all." (Male, considering the care needs of an older person from a C2DE background)*

*"We don't know much about it ... It's very complicated. We're assuming his house is going to pay for his care. I don't know any other way around it. I don't know how the government paying for it works." (Male, considering the care needs of an older person from a C2DE background)*

*"We didn't know the difference between residential care and nursing care and who pays and who doesn't pay. It's very complicated. I have a degree, I am*



*not stupid but it was very difficult.” (Female, with experience of choosing a care home placement in the past year for a person aged 65+ years old, state-funded)*

4.1.5.2 Consumers with experience of choosing a care home on behalf of an older person described the difficulty of trying to engage with a wealth of information about how the system works.

4.1.5.3 State-funded individuals tended to struggle to understand entitlement and the choices that were available to them, even with the support of a social worker:

*“The social worker informed us about the different types of nursing homes we could choose from. You go there, they tell you they can accommodate her, but then tell you it will be x amount on top. We haven’t got a penny to put towards the funding.” (Female, with experience of choosing a care home in the past year for a person aged 65+ years old, State-funded)*

*“I don’t think social services were particularly forthcoming with options and suggestions. I expected them to be more helpful and recommend homes that might be more suitable for her needs – mental as well as physical.” (Male, with experience of choosing a care home in the past year for a person aged 65+ years old, State-funded)*

*“I think if we had had a bit more information about what was available and whether you were allowed to choose. I don’t know if we could have said, oh no I don’t want that one, I want this one. I just assumed that because it was government funded, it was like this is what’s available.” (Female, with experience of choosing a care home placement in the past year for a person aged 65+ years old, state-funded)*

4.1.5.4 Self-funded individuals (whether wholly or partly self-funded) tended to struggle with understanding how to finance care and how funding worked:

*“If you’re part-funded it’s really difficult. It’s confusing what you pay, what they pay, top up etc ... everyone’s different, there’s different tiers.” (Female, with experience of choosing a care home in the past year for a person aged 65+ years old, part State, part self-funded)*

*“It’s not obvious what happens with the person in question’s money. Does it all go to the care home in a big sum? Is someone responsible for looking after his money and paying the care home monthly?” (Male, with experience of choosing a care home in the past year for a person aged 65+ years old, self-funded)*

4.1.5.5 Amongst those without recent experience of engaging with the social care system, it was clear that there was a broad lack of awareness about what the State offers. Those who had experience of the social care system had only become aware of how the system works when they reached the point of need i.e. when the older person they were caring for needed to access social care services urgently. As previous consumer research has described<sup>6</sup>, this is a market which emerges (and tends to overwhelm) at a critical point of need.

**4.1.6 Overall, the consumer research suggests that the general public need to first understand what type of consumers they are (i.e. entirely State-funded, part-State/part-self funded or entirely self-funded) before they can start to properly navigate their way towards relevant and useful information.**

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<sup>6</sup> <https://assets.publishing.service.gov.uk/media/599d9563e5274a28b5790976/ipsos-mori-care-homes-consumer-research.pdf>

**4.1.7 Very different attitudes towards and perceptions about receiving care at home or care in residential accommodation emerged.** Broadly speaking, receiving care at home was perceived positively. Respondents tended to feel that home care would maintain their independence and sense of control. By contrast, receiving care in a residential setting was perceived negatively. In this setting, consumers focussed on deficits i.e. a loss of independence and control.

4.1.7.1 Care in one's own home was regarded as an extension of existing consumer lifestyle choices. Consumers could appreciate that they might need help around their house, which could become a need for more support with daily tasks, which could eventually become a need for personal care. Since this process was based in home, consumers felt that they would be maintaining their independence.

4.1.7.2 In reality, it was clear that the success of this process was influenced by the extent to which families/friends were prepared to support individuals in their own homes. As needs increased, the importance of continued and/or increased goodwill of family and friends also increased. This was particularly the case for older people with dementia, where the pressure on carers quickly became intense:

*"I want to help her out [older friend with care and support needs], but I don't want to become her carer. We've had the discussion about a warden assisted place ... There's a big difference between helping a friend and helping family. It's almost intruding to ask about her financial situation, but it's important as otherwise I don't know which way to go." (Female, considering the future care and support needs of an older person from an ABC1 background)*

*"Mum's not happy about moving [into a care home]. We've talked about her moving into my house, but it isn't big enough and neither of us is keen to live*

*together full time.” (Female, considering the future care and support needs of an older person from an ABC1 background)*

4.1.7.3 Respondents from some ethnic minority backgrounds reported that there was more of an expectation that older people would be cared for at home within their cultures. Families might be perceived as not looking after their older relatives if they were moved to a care home setting:

*“It was grandma who started looking into care homes specifically for Asian women, which some of the family were against because it’s frowned upon in the Asian community if you don’t take care of your own family.” (Male, considering the future care and support needs of an older person from a ABC1 background)*

*“In our community there’s a stigma about going into a home. You should stay with the family and the family should care for you. We don’t usually put our elders in residential homes, because the elders are still held in high esteem.” (Male, considering the future care and support needs of an older person from a ABC1 background)*

4.1.7.4 A small number of respondents in Northern Ireland also expressed a firm view that their family would be looking after them when their care and support needs increased:

*“Surely he [character in a case study with care and support needs] would have his family’s support. Family’s family.” (Male, not considering own care and support needs, 55+ years old, C2DE)*

4.1.7.5 Consumers without experience of choosing a care home had largely negative perceptions about care in residential settings. Inexperienced consumers from across the sample had extremely poor perceptions of residential care and made negative assumptions about what the experience would be like:

*“I don’t know much about them [care homes], and I’ve been put off by what I’ve heard in the press.” (Female, considering the future care and support needs of an older person from a ABC1 background)*

*“I think there’s such a fear now, because there are so many stories about homes. I wouldn’t want someone to stick me somewhere, because of the stories.” (Male, not started to consider potential long-term care needs, 50-59 years old, ABC1)*

*“We’re concerned about alarming stories of poor care in some homes” (Male, considering the future care and support needs of an older person from a C2DE background)*

*“You hear the horror stories, and you still worry about the mistreatment of patients.” (Female, with experience of choosing a care home placement in the past year for a person aged 65+ years old, state-funded)*

**4.1.8 Overall, the consumer research suggests that the factors likely to encourage consumers to consider care in their own home (independence, sense of control), may undermine arguments for considering residential care.** There is a risk that positive messaging encouraging consumers to consider home care may undermine messaging encouraging consumers to consider care in residential settings. This creates a tension for activities focussed on encouraging consumers to consider their longer-term care needs (recommendation 3, described in section 2.1.5) in both home care and care home settings.

4.1.8.1 The experience of some who have chosen care homes on behalf of older relatives after a period of time using home care suggests that notions of what ‘independence’ and ‘control’ mean may need to be challenged e.g. do

individuals really have more independence and control in their own homes once their needs have increased and/or changed?

*“My mum lived in sheltered accommodation, which was fabulous for her because she was a lot more independent.” (Female, considering the future care and support needs of an older person from a C2DE background)*

**4.1.9 Given the contextual challenges for any recommendations, there is a need for sustained and coordinated effort rather than one off ‘interventions’.** This use of terminology describes some initial starting points to address a wider market and systemic issue with regards to social care and the individual’s and carer’s experiences of it. Ultimately, the benefits of this sustained and coordinated effort (if successful) would be helping people to be better prepared for the decision-making process and to reduce any potential distress.

4.1.9.1 From our experience of conducting the research, RWL feels that this report identifies some ‘starting points’ for addressing the issues presented by the care homes market. Our assumptions would be that the sustained and coordinated effort will need to be consistent, with long-term involvement from a wide range of organisations (public sector, private sector and third sector).

4.1.9.2 More specifically, the perceived lack of a source of coherent information about care and support will require collaboration between government, local government, providers and third sector organisations. To change attitudes and behaviours in the longer term, any messaging will need to be consistently communicated via a wide range of channels and from a wide range of organisations.

**4.2 Areas 1 and 2: Support with navigating the system and information provision**

#### **4.2.1 Information provision (Area 1)**

4.2.1.1 The research brief (informed by previous consumer research<sup>7</sup>) describes how the circumstances of entering into a care home often require people to make quick decisions. There are many sources of information and advice available, but these appear to be rarely used. Typically, people find it difficult to find what they need to know about how the system works and the related funding arrangements. There is a need to identify the type of support prospective residents and their friends and families would benefit from; whether they need more support in understanding their entitlement to funding and making the necessary financial arrangements, or finding and/or comparing and choosing care homes or other avenues of care such as home care and support.

During the course of the market study, the CMA wanted to commission further consumer research to explore what more might be done to ensure that information about care homes is timely, more easily accessible and appears in a consistent format.

4.2.1.2 Findings from this consumer research suggest that there is potential to extend information seeking *across* a longer consumer journey (as described in conclusions, Section 5), if consumers can be encouraged to consider their longer-term care needs (see section 4.3). Ideally, this learning process would reduce the pressure on families to make quick decisions.

#### **4.2.2 Navigating the system (Area 2)**

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<sup>7</sup> <https://assets.publishing.service.gov.uk/media/599d9563e5274a28b5790976/ipsos-mori-care-homes-consumer-research.pdf>

4.2.2.1 The research brief (informed by previous consumer research<sup>8</sup>) explains that many consumers felt ‘left alone’ in searching for and finding a care home, and also in navigating the different funding options available to them; many people found it challenging to make decisions about care under the stressful and time pressured circumstances which generally apply. The CMA wanted to look at what more could be done to provide support and accessible information in a way and at a time that consumers could engage with.

4.2.2.2 As described in section 4.1.3, it is not only the wealth of information about social care that has created a need for help with navigation, but also a lack of understanding about how the current social care system works (and funding in particular) and therefore a lack of understanding about what information to look for.

**4.2.3 Ideally, consumers wanted to choose between a limited number of local options (making a decision based on visiting homes).** This approach – shortlisting a limited range of relevant local options – depends on consumers understanding a number of factors: their funding status (i.e. entirely State-funded, part-State/part-self funded or entirely self-funded); individual care needs as well as local provision and availability. Some searching for dementia care found that their short-list was limited by the specialist provision available locally.

**4.2.4 Consumer feedback suggests that two levels of support are needed, in order to support consumers navigate the care home market:**

- Firstly, it was clear that consumers did not know how the system worked or what their entitlements were (i.e. whether they would need to pay for care or make a contribution). They therefore did not know what information would be relevant to them i.e. what information to search for.

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<sup>8</sup> <https://assets.publishing.service.gov.uk/media/599d9563e5274a28b5790976/ipsos-mori-care-homes-consumer-research.pdf>



- Secondly, it was clear that consumers wanted to know what the relevant local options were for them, based on their funding status, care needs and local provision and availability.

**4.2.5 Support with understanding the system and entitlement:** as described in section 4.1.3, consumers without experience of the care system did not understand how the system works, and lacked awareness about entitlements (i.e. whether they would need to pay for care or make a contribution):

*“I need the government to be transparent about the costs and make the information easily available. Is there any State support once his money runs out?” (Female, considering the future care needs of an older person from an ABC1 background)*

*“Do I pay for it? Does the State pay for it? Do my kids pay for it? How do you pay for it?” (Male, considering own future care and support needs, 55+ years old, C2DE)*

4.2.5.1 Clear communications (national/local government messaging supported by an online guide) were perceived to be needed, specifically regarding how the system works and what funding is available. Individuals felt that they needed to know what type of care consumer they are and therefore what choices they have available to them when they are choosing a care home:

*“I assume we’d have to apply for a grant? Or is it paid direct to the care home? Don’t know. It’d be better to have an entitlement discussion first so we only look at homes in the price range.” (Female, considering the future care needs of an older person from a C2DE background)*

*“I think we should have more specific information regarding funding. We got confused about who was going to pay for our aunt. I don’t understand how it*

*works and we didn't know if the home was State-funded or private. I didn't understand the bit about having £23,000 before having funding. Does that count for your property? Does the payment they give depend on how much money you do have? It needs to be clearer.” (Female, with experience of choosing a care home in the past year for a person aged 65+ years old, self-funded)*

4.2.5.2 These communications would ideally provide a baseline understanding of rights, entitlements and thresholds in relation to paying for care – and it would be best delivered from the age of 40 i.e. when people are thinking about planning care for their parents/older relatives/older friends. As described in section 4.3.3, the life stage with most potential to prompt thought about future care needs was when becoming aware of parents'/older relatives'/older friends' increasing care and support needs:

*“Mum and dad needing care prompted us to think about life insurance. We're planning to see a financial adviser. I don't want us to be a burden to our children.” (Female, considering the care needs of an older person from a C2DE background)*

*“I think that what happens is, whenever your parents or elderly relatives begin to die, or they begin to show signs of deterioration, or they begin to show signs of dementia or whatever, it is then that it occurs to you that times are changing.” (Male, not started to consider long-term care and support needs, 50-59 years old, ABC1)*

**4.2.6 Understanding relevant, local options:** it was very clear that consumers prioritised local care homes that could provide the right type of care to meet the older person's needs. Local options were prioritised so that family and friends were able to visit easily, particularly those who had cared for older friends and relatives in their own homes and were still supporting them in residential accommodation:

*“If we had to travel, that’s costly, so it worked out better to have him close by.” (Female, with experience of choosing a care home in the past year for a person aged 65+ years old, State-funded)*

4.2.6.1 Beyond being local, there was also a need for some to source specialist care e.g. for those with dementia, or for those with particular cultural needs. For these groups, the relevance of the options was as important as the locality.

4.2.6.2 Consumers with experience of choosing a care home reported that they felt more confident in their decision-making when they had spoken to someone with professional knowledge of the system (i.e. a social worker) or first-hand experience of choosing a care home local (i.e. an ‘expert by experience’).

4.2.6.3 Consumers without experience of choosing a care home commonly suggested that they would ask the advice of a healthcare professional, typically a GP about local care options, given a perceived lack of other sources of information.

4.2.6.4 Consumers reported that this type of input had helped them create a short-list of local care homes, which they had found helpful:

*“We got recommendations from friends. They’d tell us which ones had bad reports. Maybe we shouldn’t take other people’s recommendations, but if they know of somebody there, I think it’s better than going in and not knowing anything ... We didn’t look at the website at all. We were just very happy with what we saw, and when we went back to the social worker she said we’d made a good choice.” (Female, with experience of choosing a care home in the past year for a person aged 65+ years old, State-funded)*

*“Social workers ease the way for you a little bit. They know who to talk to and the type of language to use. If you’re not in that field, you don’t know where*

*to start. Social workers can gently point you in the right direction and show you which homes are suitable.” (Female, with experience of choosing a care home in the past year for a person aged 65+ years old, State-funded)*

However, not everyone had access to a knowledgeable individual:

*“It would be good if you had a point of contact, someone to guide you, there to give you advice about your specific situation who you can trust and call on throughout your journey.” (Female, with experience of choosing a care home placement in the past year for a person aged 65+ years old, self-funded)*

4.2.6.5 Ideally, consumers envisaged a multi-channel solution which included access to a person (either an ‘expert by profession’ or an ‘expert by experience’) who could be accessed face-to-face or by telephone:

*“I’d want to speak to somebody personally about it. Sometimes, if I don’t understand something, just reading the sentence again isn’t going to make it any clearer. Having someone to explain it in a different way would help me.” (Female, considering the future care and support needs of an older person from a C2DE background)*

4.2.6.6 Due to a greater reliance on State-funded care and assumptions about State-funded care, respondents in Northern Ireland, Wales and Scotland were more focussed on using existing advisers (e.g. Care Advisers and Social Workers to fulfil this role). Across these areas, there was clearly interest in in some kind of ‘care navigator’ – however, in Scotland in particular, there was an expectation that a service like this would be signposted by their GP (i.e. they wouldn’t be expected to locate the ‘care navigators’ themselves).

4.2.6.7 When described as a ‘care navigator’ in the interviews, expectations of the service to be provided by the ‘expert by profession’ or ‘expert by experience’

increased. Analysis of responses to the term 'support intermediary' suggests that this title seems less likely to create such high expectations:

*"I'd expect the care navigator to be there when I need them. I'd expect them to be informative, to support my relatives, to be at the forefront of the process." (Female, considering the future care and support needs of an older person from a C2DE background)*

*"Yes, you ideally need someone to guide you. We were lucky as we had the same social worker dealing with my Aunt when she was in and out of hospital. This helped when we had to look for a care home" (Female, experience of choosing a care home for an elderly person aged 65+, C1, state funded)*

*"It needs to be an individual professional assigned to your case who can provide care and compassion, and support the family and individual through this situation and guide them through the process face-to-face." (Female, considering the future care and support needs of an older person from a C2DE background)*

4.2.6.8 Consumers envisaged a multi-channel solution including:

- **Web-based information**, which was perceived as a good starting point: *"I think an online planning resource would give you an idea of what you wanted to ask further down the line and point you in the right direction." (Female, considering the future care and support needs of an older person from an ABC1 background)*
- **Webchat**, known to provide instant access to support, a transcript of the conversation, as well as direct links to relevant information: *"I quite like that – online chat is almost better than telephone. It gives me time to think about it. As long as you don't get, 'our advisers are busy' and a long wait. You could*

*have a list of questions ready to ask.” (Female, considering the future care and support needs of an older person from an ABC1 background)*

- **Telephone**, which was a practical and accessible channel for those using social care services and carers: *“You’re out on your own when you’re doing it. Maybe if there was a phone number you could call who could take you through what you need to do? Maybe a helpline? There isn’t really much help out there.” (Female, considering the future care and support needs of an older person from a C2DE background)*
- **Written information**, which was perceived to have a role in initiating conversations with older people with support and care needs: *“I’d phone up and ask for a brochure because I’d prefer a hard copy and it would be nicer for grandpa to see a brochure.” (Female, considering the future care and support needs of an older person from a C2DE background)*
- **A ‘support intermediary’**: those with experience of choosing a home had found conversations with ‘experts by profession’ and ‘experts by experience’ helpful which was, as explained in section 4.2.6.2. The option to talk to a person was also driven by a need for the multi-channel solution to provide emotional support for users during a difficult decision-making process at a stressful time: *“My grandpa was living with us, and he had dementia and we couldn’t do it all. You never really want to admit that you can’t cope, but we didn’t have an option. We didn’t want to admit that he needed a home, it’s guilt I think ... He didn’t have a lot of money or a house to sell. My dad had cancer, so he wasn’t working, so it was a hard old time. It was a hard process to go through, especially when you don’t want to do it in the first place.” (Female, with experience of choosing a care home in the past year for a person aged 65+ years old, State-funded)*

4.2.6.8 Consumers were asked whether a 'one stop shop' solution would be helpful.

There was some concern that a 'one stop shop' could be overwhelming, unless there was a clear consumer pathway through the information provided:

*"They could set out your journey almost. It could ease you in to it. Sometimes, you think you just don't know what to do next. It's a daunting task." (Female, with experience of choosing a care home in the past year for a person aged 65+ years old, State-funded)*

*"If the information or the options for the future were in categories, you could see what category your parent fitted into and get a list of contacts or information." (Female, considering the care needs of an older person from an ABC1 background)*

*"If there was an online directory run by the local government of all the care homes in the area it would be quite a nice thing. You know, when you are looking for car insurance on a comparison site, although perhaps not as clinical as that. If that was possible, it could have a check list of all the things you need to think about." (Female, with experience of choosing a care home in the past year for a person aged 65+ years old, State-funded)*

4.2.6.9 Consumers also worried about the possibility that, despite all of the information being available, it could be missed – due to all being in one place. Ideally, a 'one stop shop' would require numerous points of access.

**4.2.7 Indicative cost information, such as ball park weekly/monthly fees, was welcomed by prospective consumers, particularly self-funding or part-State/part self-funded consumers, although some respondents did not feel that indicative costs would be the most important part of the decision (and did not want to be perceived as focussed on price).**

4.2.7.1 Self-funders quickly realised that care homes cost a lot of money and

generally started assessing their options for paying for care, typically by selling property:

*“Yes, it would be useful because it would be dependent on the amount of care needed, and if you’ve got a nice big double aspect room as opposed to a broom cupboard.” (Female, with experience of choosing a care home in the past year for a person aged 65+ years old, self-funded)*

*“How are we going to judge what we will be able to afford? I can’t say to my children that I want to live in a particular place when I don’t know how it would be paid for.” (Male, considering the future care and support needs of an older person from a C2DE background)*

*“It was quite mind-boggling. People I knew started telling me how it would work, roughly, but even then I was looking for an answer: what am I going to be paying?” (Male, with experience of choosing a care home in the past year for a person aged 65+ years old, self-funded)*

4.2.7.2 Self-funders thought about how they were going to fund their preferred option, typically from the cared for person’s house or savings and/or pension income:

*“We went with the best quality, with the price to match.” (Male, with experience of choosing a care home in the past year for a person aged 65+ years old, self-funded)*

*“The one mum liked from respite care came forward and had a place for both my parents and said they could pay with the proceeds for the house once it was sold.” (Female, with experience of choosing a care home in the past year for a person aged 65+ years old, self-funded)*

*“My grandfather’s property is rented out and the rent goes towards his fees.”*



*(Male, with experience of choosing a care home in the past year for a person aged 65+ years old, self-funded)*

4.2.7.3 Longer-term budgeting did not appear to be as much of a consideration as getting a place at their preferred home, at least at the point when the cared for person went into the home. However, some respondents had thought about the longer-term:

*“My mum had her own home which we would have to sell to pay for it. You get 6 weeks respite before you need to start paying ... We did sell the house fairly quickly and now we pay £3,000 per month. That will go on until there is £23k left of her money. So we only have 3 or 4 years left to pay. And if the money runs out they may move her to a cheaper home, which is still £775 a week.” (Male, with experience of choosing a care home in the past year for a person aged 65+ years old, self-funded)*

*“The fall-back was that, whether you like it or not, the point will come when he’ll no longer be self-funding. Are care homes going to take that Local Authority support? I know some of them don’t, but as it turns out, this one will.” (Female, with experience of choosing a care home in the past year for a person aged 65+ years old, self-funded)*

4.2.7.4 Consumers extended the idea of indicative costs, such as ballpark weekly/monthly fees, to include optional other indicative costs i.e. indicative ‘top up’ costs for those likely to be part self-funded and part State-funded; and indicative costs for ‘extras’ such as haircuts for the State funded. This suggestion has the potential to extend the reach of this type of information:

*“The social worker didn’t tell us the top-up. It’s only because I asked. He apologised and told us about the top-up, at which point we said that neither option was affordable for us. So, he went back to the Council and arranged for another two within the Council allowance of £900 a week.” (Male, with*

*experience of choosing a care home in the past year for a person aged 65+ years old, State-funded)*

*“The home my mum was in had a pack with prices in – what was included, what wasn’t included – for the families.” (Female, with experience of choosing a care home placement in the past year for a person aged 65+ years old, self-funded)*

4.2.7.5 Respondents with experience of choosing care homes expressed what they felt were the limitations of this of information. They explained that indicative costs, by nature ‘indicative’, were unlikely to satisfy the very personal and often intangible elements of care that were prioritised by carers, and cannot necessarily be itemised or even costed.

4.2.7.6 Some consumers resisted conversations about the benefits of indicative costs from an ethical/moral perspective. This group wanted to do the best they possibly could for their older person, and this was not perceived to involve budgeting or ‘shopping around’ for their care.

*“We just wanted the best care. We started with what’s available. We were going to have to make a decision and make a decision quick” (Female, with experience of choosing a care home in the last 12 months, part-State, part-self funded)*

*“Unfortunately her dementia progressed quicker than we thought. In the end we had to come to a hard decision to put her in the best possible place where she would get the best care.” (Female, with experience of choosing a care home in the last 12 months, part-State, part-self funded)*

4.2.7.7 Indicative cost information will also need to be communicated sensitively to avoid alarming those who know they will not be able to afford to self-fund and will therefore be reliant on State-funded care. It was noticeable that those who had started to consider their future care and support needs who did not

own their own properties were worried about their futures (particularly those with long-term conditions):

*“I know I won’t be able to afford a Care Home at £45,000 per year. My house is only worth about £90,000 so there would be no way I could even consider affording it.” (Female, considering own future care and support needs, 55+ years old, ABC1, Wales)*

*“I got struck down with arthritis and my partner is my carer at the moment. I am not in a position to pay anyone to look after me and my partner is unpaid. The government won’t do anything until there is no one there to look after me.” (Male, considering own future care and support needs, 55+ years old, C2DE, Wales)*

**4.2.8 There was a range of views about which organisations would be most suited to providing this type of information and navigation, and who consumers would trust to provide them with this support.** There was no clear, single answer as to which organisations consumers saw as trustworthy sources of information. Responses suggest that a mix of organisations will be required to provide support and increase trust amongst different groups of consumers (including those who are part self-funded and State-funded, those who are entirely State funded and those who are entirely self-funded).

4.2.8.1 State-funded respondents expected Local Authority involvement, and more generally, central or local government endorsement was regarded positively by consumers of all funding types, though many were aware of the tight budgets that Local Authorities face:

*“I would definitely trust local government. It must be OK, it’s the government.” (Female, considering the future care and support needs of an older person from a C2DE background)*

*“We trust the government, so you’re looking for government agencies to suggest things and tell you the places you can find care.” (Male, not started to consider long-term care needs, 50-59 years old, ABC1)*

4.2.8.2 Charities were consistently felt to be trustworthy. Charities had been used by both State-funded and self-funded consumers from across the sample. However, there was concern about them being overburdened if expected to do more. Consumers were concerned that there was a risk of weakening their support if their resources became spread too thinly:

*“You’ve given to charities all your life and now they’re giving back to you. You feel like they’re going to help you without having anything to sell.” (Female, considering the future care and support needs of an older person from an ABC1 background)*

*“{Charity} is the one that I know of and they have been helpful to me before and they are one I would trust. It needs to be someone independent. And they seem able to relate to the people they are dealing with.” (Female, considering own care and support needs, 55+ years old, C2DE)*

4.2.8.3 Faith groups were felt to be a useful channel for publicising information about care homes for specific communities. These organisations could provide information relevant to these specific needs.

4.2.8.4 In the context of a multi-channel information and navigation solution, providers (i.e. care home providers) were the least trusted option. They were widely assumed to be acting directly in the interests of their own profit over everything else:

*“I certainly wouldn’t want it to be from the nursing home. The homes have been more interested in taking my mum than my dad as she has savings and he*

*doesn't." (Female, considering the future care and support needs of an older person from a C2DE background)*

### **4.3 Area 3: - Encouraging people to consider their long-term care needs**

4.3.1 The research brief (informed by previous consumer research<sup>9</sup>) explains that many consumers are unaware of how social care systems work and also find it difficult to contemplate needing residential care or discussing this potential future need with family. The CMA wanted to understand if decision-making would be easier if people had some opportunity to understand the system and think about their care options before reaching the point of need. The CMA wanted some insight into how to help people prepare for future decisions and consider possible care options (including but not limited to residential care) in advance.

#### **4.3.2 Two target audiences for this area emerged from this consumer research:**

- Firstly, a younger audience who had not thought about their own future care needs (in this sample, particularly those in their forties, fifties and early sixties);
- And an older audience (already using care and support services) who had not thought about their longer-term care needs.

4.3.2.1 As the next section explains, the naturally occurring opportunity to encourage younger people to consider their future care and support needs is when parents'/older relatives'/older friends' care and support needs start to increase and change. This window for opportunity will vary, but is likely to include people in their forties, as well as people in their fifties:

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<sup>9</sup> <https://assets.publishing.service.gov.uk/media/599d9563e5274a28b5790976/ipsos-mori-care-homes-consumer-research.pdf>

*“Your parents die in your 40s or 50s. The age of 40 sounds like a good age to begin suggesting to people that they need to plan.” (Male, not considering own future care and support needs, 55+ years old, ABC1)*

4.3.2.2 The age of the older audience depended on circumstances. The older audience was characterised by already being users of care and support services, to a greater or lesser extent. This included respondents in their seventies, eighties and nineties. Regardless of age or the level of care and support they were currently using (or their funding status), this group had not considered their future care and support needs i.e. when their care and support needs had increased or changed:

*“Her stroke was quite sudden. She wasn’t sick and was still working – she’s only 60. So she hadn’t thought about planning.” (Female, experience of choosing a care home within the past 12 months, State-funded)*

**4.3.3 For the younger audience, there was clearly a period of time when thinking about their own future came sharply into focus.** Respondents were consistently affected by the experience of their older relatives - particularly parents - when they were starting to need or use care and support services i.e. both home care and residential care. This life stage offers a naturally occurring, sobering and personal window of opportunity to prompt forward planning. During this time, respondents tended to have thoughts about what they didn’t want to happen to them (i.e. if their perception of their relative’s care situation was negative); or what they did want to happen to them (i.e. when their perception of their relative’s care situation was positive).

**4.3.4 The consumer research indicates that two types of messaging are likely to be required in order to encourage this younger audience to reflect on their longer-term care and support needs.**

4.3.4.1 Firstly, broad messaging about changing social structures and their implications will be required to support and normalise the process of individual reflection. For example, there could be messages encouraging consumers to reflect on the implications of changing social structures for themselves e.g. how our situation will differ from our parents and our grandparents.

4.3.4.2 Secondly, more specific messaging encouraging consumers to plan and prepare will be required to move consumers from 'thinking/reflecting' to 'doing/taking action':

*"When the experience is fresh you think, 'I hope my kids don't have to do this for me'. But as time goes by you think, 'I'll get around to it'. Will you though? It's quite a sensitive subject if someone broaches it with you because it implies you're getting older." (Female, with experience of choosing a care home in the past year for a person aged 65+ years old, State-funded)*

*"The moment has gone now. There was possibly a time when I was searching for homes for my mother. Now my wife is at work and we go over to London all the time for our boys. It's not something I have time to think about." (Male, not thinking about own future care and support needs, 50-59 years old, ABC1)*

4.3.4.3 Several respondents reported taking action to 'protect' the proceeds of their homes being used to pay for care costs. There was no evidence to suggest that these respondents had reflected on the implications of limiting the amount of savings or assets they had to pay for their potential future care costs:

*"My parents have arranged security: if they go into a home, half the house value will be kept protected for their children to inherit." (Male, with*

*experience of choosing a care home in the past year for a person aged 65+ years old, State-funded)*

*"I signed everything over to my son two years ago ... If someone has under x amount of money and no property, then the government tops it up. They get the same type of care as the next person." (Male, not considering own future care and support needs, 50-59 years old, ABC1)*

The motivation for 'protecting' property proceeds was based on a belief that National Insurance *should* cover our care and support needs in later life:

*"I've paid tax and National Insurance all my life and I don't like the thought of giving everything I have back to the government to pay for my care needs." (Male, considering the future care and support needs of an older person from a C2DE background)*

**4.3.5 In terms of specific plans and preparations, options for maintaining independence and facilitating choice were welcomed, such as:**

- Financial 'solutions' (i.e. savings and insurance options) for the younger audience;
- Housing options, such as different types of accommodation as well as potential adaptations (relevant for this younger audience as carers of older people and, by extension, their future selves);
- 'Things to be aware of' (again, relevant for this younger audience as carers and, by extension, their future selves).

**4.3.6 In theory, a menu of financial 'solutions' to cover potential care needs could be positioned alongside services also focussed on maintaining control e.g. Will writing, retirement planning, power of attorney, funeral planning.**



4.3.6.1 Respondents warmed to the concept of an insurance scheme, mainly because they felt that it could be forgotten about. However, when considered seriously, respondents felt that there were challenges presented by an insurance option, including: what would be covered? How early would it need to be taken out? And how long would the insurer pay out for? For example, would an insurance product pay out for dementia care for an extended period of time?

*“An insurance policy may be of interest to me. I live in a council house, so I don’t have any fall back for when I can’t cope any more. I can see some people wanting an insurance policy for that. Some people can’t afford mortgages, so it may be available for us sort of people.” (Male, considering own future care and support needs, 55+ years old, C2DE)*

*“It depends on what it costs and what they are offering. I would look to see what they excluded, because none of us know what is actually going to happen and how long we will go on for. So, you would probably want to know how long it would pay out for, as my mother lived into her 90s.” (Female, considering own future care and support needs, 55+ years old, C2DE)*

Overall, appetite for an insurance solution could not be gauged, given the unknowns involved e.g. provider, level of premium, cover offered. Consumer appetite for an insurance solution would need to be tested by further research.

4.3.6.2 Saving was generally perceived to be a good idea, although respondents felt that they were already saving as much as they could. Respondents did not feel that they would feel motivated to save, either by a care specific savings product or by general savings goals and reminders:

*“You don’t work hard your whole life just to look after yourself when you’re elderly and no longer capable.” (Male, considering own future care and support needs, 55+ years old, ABC1)*

4.3.6.3 Overall, consumers’ response to being told that they needed to save for their long-term care and support needs was to suggest a long-term financial solution - and preferably one with which they do not actively need to engage (i.e. similar to existing models e.g. National Insurance and pensions products).

*“Some kind of insurance system so that everyone ends up able to fund their old age linked to their NINO growing in your lifetime. So that way everyone is prepared for it.” (Female, with experience of choosing a care home in the past year, self-funded)*

*“Talking about it makes you think about it more. I think it would be good to make part of your pension automatically go towards financing care that you get back with the rest of our pension if you don’t need it” (Female, considering the future care and support needs of an older person from a C2DE background)*

**4.3.7 When children move out of home and retirement approaches, respondents became open to thinking about housing more flexibly as part of a changing lifestyle.** Downsizing was known to release money (that could potentially be used for future care). Respondents were also open to considering bungalows and other options that would allow them to remain independent:

*“Grandad left it too late [to downsize] and then he couldn’t cope with it. It prompted my mum and dad to move to somewhere more manageable.”  
(Female, considering the future care and support needs of an older person from a C2DE background)*

4.3.7.1 Some respondents had experience of creating an annex within their house for a relative; others were open to this idea in order to save money and feel ‘in control’:

*“I was out cycling and had an embolism, was rushed to hospital and only survived because I am fit. I live on my own and one of my daughters decided she would move by me. We have just got planning permission for her to build an annex, to be there if I have any problems.” (Female, considering own future care and support needs, 55+ years old, C2DE)*

Housing adaptations were a popular option for those currently looking after older relatives in order to avoid care fees and to prevent relatives having to go into a care home:

*“We downsized him a while ago, from the large family home with a big garden to a one bed flat with a small communal garden that he can potter in. Now we’ve installed a rail in his shower.” (Female, considering the future care needs of an older person from an ABC1 background)*

**4.3.8 There was also an appetite for information and advice on general ‘things to be aware of’ in regards to future planning for a relative and, by extension, younger respondents themselves.**

4.3.8.1 As discussed in section 4.2.7, indicative costs were valued, particularly for those who envisaged self-funding. Some amongst this younger group suggested that an online indicative cost tool demonstrating how costs vary according to needs and preferences would be useful.

4.3.8.2 As discussed in section 4.1.3, information about entitlements (i.e. whether consumers would need to pay for care or make a contribution) was perceived as very important. Some carers within the sample explained that they only

found out about entitlements (e.g. Carers' Allowance) serendipitously, and a long time after they had become entitled.

4.3.8.3 Respondents were asked to consider whether case studies about life in residential care would be a useful way of challenging negative perceptions. The response to creating a new image of residential care was positive, particularly in terms of reassuring respondents about the future:

*“Myth busting would be helpful, because care homes go through quite a bad press. This would be a way of addressing preconceptions and misconceptions.” (Male, with experience of choosing a care home in the past year for a person aged 65+ years old, State-funded)*

*“There’s so much adverse publicity, you never hear the good stories.” (Male, considering own future care and support needs, 55+ years old, C2DE)*

4.3.8.4 Ideally, respondents suggested that the case studies should cover a wide range of circumstances in order to reflect a wide range of potential needs (e.g. dementia care, nursing care), as well as direct links to further information.

4.3.8.5 For example, within this sample, some respondents described how case studies could illustrate how care homes meet particular religious or cultural requirements in order to reassure consumers that the market can meet their needs:

*“We’d need to know that a home can support grandma with her religious beliefs and being able to follow her religion as she would have at home.” (Male, considering future care and support needs of an older person from an ABC1 background)*

*“It was always thought that the family would care for you, but more and more Asian people are going into care homes. Although, you would have to have a*

*local family member to take in special meals.” (Male, considering future care and support needs of an older person from an ABC1 background)*

*“There’s a cultural aspect for us ... the food she’s used to, the hair care she needs.” (Female, considering the future care and support needs of an older person from an ABC1 background)*

**4.3.9 A number of channels were suggested as useful for communicating both types of messaging i.e. broad messaging and specific messaging (as described in section 4.3.4).**

4.3.9.1 Specific touchpoints, such as writing a will, taking (or giving) power of attorney, and making or developing pension plans, were seen as pertinent times for messaging about financial plans and preparations.

4.3.9.2 For broader messaging about changing social structures, housing, entitlements and case studies, magazines, noticeboards, posters and leaflets in GP surgeries, scheduled events such as Carers Week, and open days at care homes, were perceived to be useful opportunities.

**4.3.10 For the older audience described in section 4.3.2, the key challenge was perceived to be initiating a conversation about change.** Those caring for existing older users of social care services reported that broaching the issue of future care and support needs was considered extremely difficult, particularly for those with gradually deteriorating health and increasing care and support needs and particularly for those with dementia:

*“She refuses to discuss going into a home, says don’t put me in.” (Female, considering the care needs of an older person from C2DE background)*

*“I’ve eased him into a conversation about respite care, but I’m not really sure he understands what I mean. His only response was, ‘I don’t like bingo’. He*

*doesn't see why he would need to go and spend time in respite care and I could never tell him it's because I need a break." (Female, considering the care and support needs of an older person from an ABC1 background)*

*"There was an open day at one [local care home] a few months ago, so we went in and had a look around. He vowed he'd never be put in a home, so it's a big threat to him. He assumed that we could move in with him and he was quite excited. I explained that it was only for retired people and that took him aback a bit." (Female, considering the future care and support needs of an older person, C2DE background)*

Within this sample, some respondents spoke about expectations within their culture in terms of family care:

*"I've spoken to mum about her future care needs, but she's hoping she has enough family members to take care of her at home, as is usual in the Asian community." (Male, considering the care and support needs of an older person from a C2DE background)*

*"My uncle doesn't think it's right for her [his sister, respondent's grandmother] to go into an Asian care home because of how it might reflect on the family." (Male, considering the care and support needs of an older person from a C2DE background)*

4.3.10.2 Currently, health events (i.e. changes in health that have a long-term impact on and individual's health and support needs such as strokes, falls, heart attacks) were considered to be points at which older individuals with care and support needs could legitimately be encouraged to talk more openly about their situation. In these situations, carers felt that the evidence for needing to take action (i.e. the health event) was compelling.

4.3.10.3 Respondents with current or previous experience of caring for an older

person with care and support needs were asked to consider whether conversational prompts (in the sense of conversation starters) would be useful for initiating conversations about future care and support needs. The feedback was that 'conversations starters' were unlikely to be, unless coming from an external, independent person (e.g. a healthcare professional or paid carer).

4.3.10.4 Respondents with experience of choosing a care home reported that it had often been a health event that had precipitated a move from home care to a care home (via hospital and an intervention from a health care professional and/or social worker):

*"We didn't envisage that she would have all these fits and cardiac arrests. She declined quicker than we thought. Before that, she was fine on her Zimmer. We had carers in and that was going really well, but once she was in hospital, all her mobility went." (Female, with experience of choosing a care home in the past year for a person aged 65+ years old, State-funded)*

4.3.10.5 In the absence of a health event, respondents currently considering the care and support needs of an older person explained that there were no touchpoints to prompt consideration of future care needs and therefore no opportunities for interventions from healthcare professionals or social workers. Respondents aligned the experience with other experiences, such as their children going to school or when they were pregnant, where there was an established pathway and they had received information about what to do in the future:

*"When your children are 3, you have letters to say, 'Your children are starting school soon, this is what you need to look at'. If you're at the GP because of elderly issues, they should be saying, 'Have you considered any of these options?'" (Female, considering the future care and support needs of an older person from a C2DE background)*

*“Something like a Bounty Pack [a pack given to pregnant women and women who have just given birth, full of information and free product samples] when you get older. So maybe when you get to 65 years old, you get sent an elderly person type Bounty Pack with information about what you need to do.”*  
*(Female, with experience of choosing a care home in the past year for a person aged 65+ years old, self-funded)*

4.3.10.6 Respondents expected health professionals to be mindful about care, as well as health. However, currently there is no formal structure that requires healthcare professionals or home carers to flag safeguarding issues and prompt reconsideration of an older individual’s care and support needs. The lack of ‘pathway’ became clear when comparing the experience of those with medical needs (e.g. cancer, Parkinson’s) and those without.

**4.3.11 The research suggests that there could be an opportunity to create a point-of-contact for a healthcare professional to review an individual’s care and support needs and current provision.**

**4.3.12 When considering in which areas sustained and coordinated efforts are required, it became clear that carers themselves need to be supported as well as older individuals with care and support needs.** Feedback from those with experience of choosing a care home suggests that this type of activity seems more likely to improve experience of the journey rather than change outcomes.

4.3.12.1 Suggestions for how to support carers included: case studies about care homes (to build carers’ confidence in what they perceived to be an inevitable outcome, and to also raise awareness of entitlements such as carer’s allowance); sources of support for in-home care (e.g. how to adapt homes, the different types of care and support available locally); as well as hints and tips



from other carers e.g. what can you do to encourage older individuals with care and support needs to consider residential care?

#### **4.1 Complaints and redress (Area 4)**

**4.4.1 The research brief (informed by previous consumer research), describes how residents, their family members and friends are reluctant to raise issues, particularly formally, about consumer issues such as fees and charges and promised services being delivered.** The brief suggests that this may be because they do not want to complain against those who care for them, fear of retaliation if they do make a complaint, or they do not consider worrying about consumer issues being important enough in the context of the declining health of the resident.

4.4.1.1 The CMA wanted to explore ways of making it easier for residents to express concerns about consumer issues and to give residents confidence that their concerns will be acted upon. In particular, the CMA wanted to understand any barriers preventing residents from expressing concerns or complaints and how these might be addressed.

4.4.1.2 This consumer research sample identified more concerns about care quality, rather than consumer issues:

*“She did have a fall and hit her face. We don’t know what happened. It wasn’t put in her book as her carers were not there when it happened. It did go in the accident book. I complained to say that we should have been informed, because we didn’t get told.” (Female, experience of choosing a care home within the last 12 months, self-funded)*

*“I did go in recently and he was sat in wet pants. They told me he had run out of the pads. How can a care home run out of pads? We will be talking to the*

*manager, she's lovely." (Female, experience of choosing a care home within the last 12 months, self-funded)*

4.4.1.3 This may be, at least in part, a result of sampling: respondents with experience of choosing a care home had all done so within the past year which is a relatively short timescale for some consumer issues (e.g. price increases) to arise. Moreover, respondents were clear that the health and wellbeing of the resident was their key concern, thus fee increases were not likely to be identified as significant issues.

*"That was the most important thing, that mother could get there, so they could both be happy seeing each other." (Female, experience of choosing a care home within the last 12 months, Self-funded)*

4.4.1.4 The type of complaints that respondents with experience of choosing a care home in the past year had made were related to concerns about the standard of care and safety (as in the examples quoted above), but also issues that residents had relayed e.g. having things taken from their room by other residents:

*"Often we find things in her wardrobe that aren't hers, and her clothes sometimes go missing..." (Female, experience of choosing a care home within the last 12 months, Self-funded)*

#### **4.4.2 Feedback and complaints about care issues**

4.4.2.1 Residents and their family members claimed that they were largely comfortable with the idea of providing feedback as a concern occurred. Although complaining on behalf of their relative was treated differently, with a sense that this would happen *if they felt it was really necessary*. This finding suggests a reluctance to complain about issues until the point at which they became critical.

4.4.2.2 A minority were less comfortable with the idea of complaining, due to the associated risk to their relative in care; that is, the perceived risk of them being mistreated:

*“You do have to be careful that there are no repercussions on your family member. It’s being choice with your words. But the fear that there could be repercussions might deter people from complaining or expressing a concern about something.” (Female, experience of choosing a care home within the last 12 months, State-funded)*

*“I wouldn’t like to complain, because you don’t want to be earmarked as a complainant.” (Female, experience of choosing a care home within the last 12 months, part-State, part-self funded)*

4.4.2.3 There was a particular barrier for those potentially complaining on behalf of an older person with dementia. In these circumstances, family and friends were unsure whether what they were being told by the resident was true, and felt that they would need substantiating evidence before providing feedback or making a complaint:

*“I suppose people are reluctant to complain as I would say you can’t do so unless you are really sure. If we really believed that there was some kind of situation then we would take steps to prove it, then maybe take it further.” (Female, experience of choosing a care home within the last 12 months, part-State, part self-funded)*

4.4.2.4 Typically, respondents said that, in the event of an issue, they would request a conversation with the care home manager. They would expect their concern to be resolved quickly, and to be kept informed:

*“If you have a concern, the first person you have to talk to is the manager of the care home. Before making it into a big thing, speak to them first.”*  
*(Female, experience of choosing a care home within the last 12 months, part-State, part-self funded)*

4.4.2.5 When prompted to think about other channels for feeding back and making complaints, respondents did not typically think beyond the care home. The channels identified were for complaints, and these were rather remote or misinterpreted: for instance the Ombudsman, or CQC (England only).

4.4.2.6 There was assumed to be an Ombudsman for social care, since there were assumed to be Ombudsmen for various different sectors e.g. health. CQC (England only) was associated with monitoring standards in care homes and respondents tended to assume that CQC also had a complaints function.

**4.4.3 Ideally, a range of in-home feedback channels would encourage dialogue between residents, relatives and care homes.** The following channels for feedback were identified: residents’/relatives’ panels; touchpoints where residents’/relatives’ feedback is proactively sought e.g. customer service calls every 6 months; and optional anonymous feedback channels e.g. comments cards, iPads, apps:

*“I think that the residents’/relatives’ panel, that could be the first port of call. I think you would go to that to see if it wasn’t just something my mum had a problem with, but to see if other people had the same concerns. It might be just a one-off and to raise awareness.”* *(Female, experience of choosing a care home within the last 12 months, self-funded)*

*“I like the idea of going on to an app and writing that feedback, or alternatively, that it was an expected part of the process, then it would be something that would be generated every three or six months.”* *(Male, experience of choosing a care home within the last 12 months, self-funded)*

4.4.3.1 This consumer research suggests that care homes can proactively initiate and maintain dialogue, since there were lots of good practice examples from within the experience of those who had chosen a care home within the previous 12 months. This practice was perceived as a basic business hygiene factor, especially for a service dealing with vulnerable people:

*“I sit down with the care home every 6-8 weeks to update on how grandma is doing.” (Male, experience of choosing a care home within the last 12 months, part-State, part-self funded)*

*“At this home they had residents’ meetings and meetings where family could go as well, so if they did have any concerns, it could all be brought out. It included everyone. I went to one of them. They was no pressure on anyone, but they asked if anyone had any concerns, and a few people did say. They said that if they don’t know, they can’t do anything about it.” (Female, experience of choosing a care home within the last 12 months, self-funded)*

4.4.3.2 In future, the research suggests that care homes can promote feedback channels by talking new residents and their families through their various feedback channels, when welcoming them to the home. Care homes could also ‘norm’ the idea that dialogue is expected by making feedback and complaints channels visible (e.g. on websites and noticeboards) and accessible (e.g. via infographic rather than text).

4.4.3.3 The idea of being able to use an independent, neutral party, operating locally across care homes was well received, when respondents were prompted with the idea. Within this process, problems could be reported across care homes, instead of within a specific home (where risks of negative repercussions were perceived to be higher).

4.4.3.4 Within this type of service, respondents expected to be able to access different types of support, depending on individual preferences. There was an expectation that consumers would be able to access independent advocates to deal with specific issues, as well as support to complain anonymously, if preferred.

#### **4.4.4 Feedback and complaints about consumer issues**

4.4.4.1 The sample with experience of choosing care home places had all done so within the last year. As a result, all were still feeling relieved that they had found a place in a home. In this context, any potential financial glitches were perceived as less important than achieving a care home place and the safety and well-being of the older person.

4.4.4.2 As described in section **4.4.1.3**, it is possible that sampling may have limited respondents' experience of fee changes, as well as concern that they may be perceived as more interested in cost than the wellbeing of the user (as described in section **4.2.6.2**).

4.4.4.3 However, it seems reasonable to suggest that the longer-term self-funding audience will benefit from greater awareness of terms and conditions (cancellation fees, price rises etc.), given the type of (albeit limited) consumer complaints that emerged from this sample:

*"I think because we've had three stages, carers coming in the morning and evening from one company, then we've the night sitters from a different company, so in some ways we're quite used to raising things, or querying a bill if we've been double charged. This has been happening for a couple of years now, so we'd have no hesitation in raising a concern." (Male, experience of choosing a care home within the last 12 months, self-funded)*

4.4.4.4 When prompted about their envisaged reaction to fee increases, respondents with experience of choosing a care home felt that although they might ask a question about it (e.g. why have the fees increased?), they were unlikely to challenge the care home.

4.4.4.5 There were a number of reasons why respondents felt that they would be reluctant to challenge a care home about fee increases. Firstly, they assumed that there would be legitimate reasons to increase fees (e.g. to cover increasing costs, to improve costs) and that it would not be appropriate to challenge these types of incremental increases. Secondly, respondents felt that challenging a care home about fees would be underpinned by a willingness to go to another home (a decision that would not be taken lightly).

4.4.4.6 Although there was little evidence of complaints being made about consumer issues amongst this sample, there were some - albeit limited – comments from those amongst the self-funded audience, which may suggest an emerging confidence to complain about consumer issues over time:

*“At first my mum dressed herself and had her hair done every week and looked immaculate. One day – I don’t think she was feeling very well – she didn’t look right. I was fuming. I told them, ‘We don’t pay £1,000 a month for her to go around looking like a ragbag.” (Female, experience of choosing a care home within the last 12 months, self-funded)*

*“There was an occasion when he had to go to hospital. The ambulance that came to take him was totally unsuitable, it was a Range Rover. The staff asked us to come and get him or arrange suitable transport. My view is, they received £1,000 a week to care for him. We arranged transport ourselves and we’ll be complaining to the care home.” (Male, experience of choosing a care home within the past 12 months, self-funded)*

4.4.4.7 In future, respondents felt that feedback and complaints about consumer issues could be channelled via the same range of in-home touchpoints and external support (as discussed in section **4.3.3**).

## **5 Conclusions**

Given the contextual challenges for any recommendations, the research suggests that there are areas for sustained and coordinated effort rather than one off 'interventions', as described below. These efforts will need to be consistent, with long term involvement for a wide range of organisations (public sector, private sector and third sector). This research also suggests that it is not so much a need for specific interventions, as it is about developing understanding and attitudes.



## 5. Conclusions

In the future, there are a range of opportunities for encouraging the younger audience (in their forties, fifties and early sixties) to consider their longer-term care needs by *extending* the learning and decision-making process, as described in *table i* below:

<i>Table i</i>	<b>'Norming' the idea that we all need to plan and save for later life</b>	<b>Creating early opportunities to prompt thought about later life</b>	<b>Taking action by making specific plans to fund care and support needs in later life</b>	<b>Prompting thought about how to maintain an independent life at home</b>	<b>Raising awareness of social care</b>	<b>Choosing a care home</b>
<b>Area for sustained and coordinated effort</b>	Creating a broad awareness of the need to plan and save for later life and creating a broad understanding of how the system works	Prompting action, based on the need to plan and save for later life	The need to save to support choice in later life	Thinking flexibly e.g. adaptations, downsizing, range of potential care options	How the system works (i.e. whether they would need to pay for care or make a contribution) and positive stories of care home life	Local multi-channel support about relevant options (including support intermediary)
<b>Target age group</b>	All	18-39 years old	40-60 years old (it's not 'too late' to save)	50s onwards, but throughout time living at home – potentially until late 80s/90s	Prospective residents, 70s onwards	
<b>Channels</b>	Public, private and third sector organisations communicating the same message via local/national media	General messaging + specific prompts from financial providers when financial planning	General messaging + specific prompts from financial & legal providers (e.g. Wills, Power of Attorney)	Public, private and third sector organisations communicating a range of messages via age targeted media	Third sector led, LA/govt endorsed. Many access points to capture different groups e.g. faith groups	

There is a group of consumers who are currently using social care services in-home (but not residential care services), who have not considered their future care and support needs. There are opportunities to support this group (both individuals using social care services and those caring for them) through their journey, as described in *table ii* below:

<b>Table ii</b>	<b>Establishing how it works</b>	<b>Reviewing care and support needs</b>	<b>Providing support for those providing care in home</b>	<b>Choosing a care home</b>	<b>Going in to residential care</b>
<b>Area for sustained and coordinated effort</b>	How the system works, care costs, entitlements	Are current care and support needs appropriate?	Positive stories of care home life, sources of support, hints and tips	Local multi-channel support about relevant options (including support intermediary)	Are current care and support needs appropriate?
<b>Target age group</b>	Prospective residents, 70s onwards	Anyone receiving care at home	In-home carers	Prospective residents, 70s onwards	Anyone receiving care at home
<b>Channels</b>	Communications from national govt and LA	Regular review by a healthcare professional following a pathway (similar to a clinical pathway)	Local multi-channel support, plus content generated by other carers and publicised in the media (local and national)	Third sector led, LA/government endorsed. Needs many access points to capture different groups e.g. faith groups	Regular review by a healthcare professional following a pathway (similar to a clinical pathway)

This consumer research suggests that there is a reluctance to formally complain about issues until the point at which they became critical. In order to encourage feedback and complaints, consumers would prefer a choice of options:

- Firstly, there was a clear appetite to be able to provide feedback via identifiable in-home channels (including scheduled touchpoints initiated by the provider). The research suggests that care homes can promote feedback channels by verbally introducing them when residents first move in, as well as making feedback and complaints channels visible (e.g. on websites and noticeboards) and accessible (e.g. via infographic rather than text).
- Secondly, there was also an appetite to be able to raise issues or complain via an independent, neutral party operating locally across care homes. This type of organisation could report problems across care homes, instead of within a specific home (where risks of negative repercussions were perceived as higher). Once again, consumers preferred choice: anonymity could be optional within such a service; however, access to independent advocates to deal with specific issues would also be needed.

## Research Report Appendices

### **APPENDIX A – RESEARCH OBJECTIVES IN FULL**

#### **1. Support with navigating the system:**

- a) Understand the experience of those who have gone through the process of finding a home, including the advice and support available to them and, with the benefit of hindsight, to what extent they were in the end able to exercise informed choice, what further advice and support would have been helpful.
- b) At which points prospective residents, and their friends and families would benefit from more advice and support.
- c) On what matters prospective residents and their friends and families would benefit from support, e.g. if it is understanding their entitlement to funding and making the necessary financial arrangements or finding and/or comparing and choosing care homes etc.
- d) How prospective residents and their families might be made aware of and directed towards this support.
- e) Who or which organisations could be most suited to provide this support, for example who would consumers trust to provide them with this support.
- f) How this advice and support should be delivered to be most beneficial (e.g. would each prospective resident be allocated an advocate to help them navigate the system, if so would this be face to face, how much support would this involve and over what time period, would people welcome a one-stop-shop option or could this be overwhelming or could this increase the risk that people are unaware of information etc available to them or unable to find the information etc they need).
- g) How this need for support and the arrangements for providing it could differ between people, with different care needs and entitlement to LA or NHS funding.

## 2. Information<sup>10</sup> provision, and ways to compare care homes:

- a) Understand the experience of those who have gone through the process of finding a home of searching and, whether they felt they were able to make a fully informed choice, with the benefit of hindsight, what further information would have been helpful.
- b) Understand what information consumers seek currently, both the formal and informal sources of information and how they become aware of available information. What are the different types of information (e.g. more specific to their situation or more general), and can this be gathered from single or multiple sources? 'Hard' vs 'soft' information e.g. number of rooms vs ambience. Is it possible for the soft information to be assessed?
- c) Views of prospective and existing residents and their friends and families on the accessibility of this information and how the presentation could be improved so that prospective residents and their friends and families are better able to make informed choices in the short timeframes.
- d) How useful would indicative pricing information for individual care homes have been? How much detail on the breakdown of prices would be most useful to help people make a decision?
- e) What consumers see as a trustworthy sources of information, if there are any trusted brands that could be used to support this/increase trust amongst consumers, if there are any professional groups whom consumers trust.
- f) How/by whom prospective residents and their friends and families could be made aware of and directed towards reliable sources of information. How would this vary between people (for example, residents who move from hospital into a care home as compared with those who were living at home until moving into a care home).
- g) If the information provided needs to be adapted depending on different needs. For example, for dementia care. The information required may also differ by funding type.
- h)

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<sup>10</sup> Information covers a broad range of aspects such as understanding care needs, the funding system and aspects around choosing a care home, such as quality and inspectorate ratings.

### **3. Encouraging people to consider their longer-term care needs:**

- a) Ask people who have not been through the process of finding a home – but might need to do so in the near future – how much planning ahead they have done and explore with them reasons why people may not plan ahead and/or have discussions about their own or a relative/friend's future care needs
- b) For existing residents, with the benefit of hindsight,
  - a. were there points when the residents or their friends and families could have been usefully prompted to start thinking ahead. How might this have impacted on outcome?
  - b. on what matters related to care homes and/or other care options would forward planning have been helpful? How would this have impacted on later experience?
- c) What information and support people would need to feel more confident that they will be in a better position to choose the care option with the best available outcome when needed.
- d) What prompts, support and information would they need to engage in forward planning? How could these prompts be most effectively delivered?
- e) What form would this take? At its simplest it could be conversations between family members? Who would be involved?
- f) Explore interest in financial products (eg if savings or insurance products were available, which they currently are not) to cover the costs of care and factors that would determine take-up, and whether their existence whether used or not might prompt people to consider care choices in advance.
- g) How planning may need to differ by individual needs and if the time when someone could be encouraged to think about planning may differ by need. The timing and nature/extent of planning may also differ by the way in which the resident is to be funded. How adaptable this planning would need to be dependent on changing medical needs/changing family circumstances etc.

#### **4. Complaints and redress:**

- a) What deters care home residents and their family members and friends from raising issues about the care home provision they are receiving.
- b) How care home residents and their family members and friends could feel more empowered and comfortable about providing feedback and complaints.
- c) Who care home residents and their family members and friends feel they can provide feedback and complaints to, both within the care home and outside the care home.

d)

## APPENDIX B – RECRUITMENT QUESTIONNAIRES

### J2042 CMA Care Homes PROJECT ONE – Planning for Future Care Needs Recruitment Screener FINAL

***Good morning/afternoon/evening, my name is \_\_\_\_\_, from Research Works, an independent market research agency. We are conducting a survey on behalf of the Competitions and Markets Authority and looking to speak with people about planning for the future, in particular looking ahead as you and/or your family and friends may start to need more help and support and even more specifically those considering long term residential or nursing care. We need to talk to a good cross section of people so would you mind answering a couple of questions?***

Q1 Have you ever taken part in a market research depth interview or group discussion before?

Yes 1 Ask Q.2  
No 2 Ask Q.4

Q2 When did you last take part?

Within 6 months 1 **CLOSE**  
-----  
Longer than 6 months ago 2 Ask Q.3

Q3 How many groups/depths have you ever attended? \_\_\_\_\_  
\_\_\_\_\_

**Recruiter: respondents should not have attended, in total, more than 3 groups/depths (ever).**

Q4 We need to interview people in certain trades and professions. Could you please tell me if you or any of your close friends or family work in one of the following: **READ OUT**

Advertising	1	<b>Close</b>
Market Research	2	<b>Close</b>
Marketing	3	<b>Close</b>
Journalism	4	<b>Close</b>
Public Relations	5	<b>Close</b>
Department of Health or Public Health England or NHS staff	6	<b>Close</b>
Other healthcare professionals	7	<b>Close</b>



Local Authority/public health officials	8	<b>Close</b>
Social care worker or social care professional/care home	9	<b>Close</b>
<u>Medical/healthcare support staff</u>	<u>0</u>	<u><b>Close</b></u>
None of the above	Y	<i>Continue</i>

**Recruiter – if in doubt, please check with this office first**

Q5 Can you see that a family member or a close friend will need more support in the next few years, perhaps struggling in their own home or may need to move into a retirement or care home at some stage?

Yes 1  
*Cont to Q6a depths 1-20 and groups 1 & 4*

-----  
No 2 **Go to Q11**

Q6a Whose care needs are you thinking of?

Spouse/partner	1	<i>Check quota</i>	
Parent	2	<i>Check quota</i>	
Other relative	3		<i>Check quota</i>
Friend	4	<i>Check quota</i>	

**Obtain spread**

Q6b And is that a man or a woman?

Man 1  
*Cont to Q6*

-----  
Woman 2 *Cont to Q6*

Q6c Please record social grade of the person that care is considered for: (RECORD FULL DETAILS)

Job: \_\_\_\_\_ Industry: \_\_\_\_\_ Company: \_\_\_\_\_

Record Social Grade: \_\_\_\_\_

A	1	<i>Check quota</i>
B	2	<i>Check quota</i>
C1	3	<i>Check quota</i>
C2	4	<i>Check quota</i>
D	5	<i>Check quota</i>
E	6	<i>Check quota</i>

Q6d Which of these would you use to describe the ethnic group of the person you are considering care for?

White	1
British	2
Irish	3
Other White background (specify)_____	4
Mixed	5
White and black Caribbean	6
White and black African	7
White and Asian	8
Other Mixed background(specify)_____	0
Asian or Asian British	X
Indian	V
Pakistani	Y
Bangladeshi	A
Other Asian background (specify)_____	B
Black or black British	C
Caribbean	D
African	E
Other black background (specify)_____	F
Chinese	G
Other ethnic background (please specify)_____	H

Q7 Which of these care needs can you see coming up?

Mobility issues	1
Personal care issues	2
Emotional issues	3
Issues related to health conditions	
i. Arthritis	4
ii. Dementia	5
iii. Heart problems	6
iv. Parkinsons	7
v. Stroke / after effect of	8
vi. Other health issues	9
Please write in: _____	

### **Some to code 5 – Dementia**

Q8a To what extent, if at all, has the person you are thinking about changed their lifestyle in order to meet their changing needs?

The person I am thinking about has made some changes to their lifestyle in order to meet their changing needs

1 Ask Q.8b

-----  
The person I am thinking about has not yet made any changes to their lifestyle in order to meet their changing needs 2 Ask Q8c

**Recruiter to recruit respondents at a range of stages in the decision-making process**

Q8b What changes has the person you are thinking about made?

Adapted their home 1  
Sourced help to maintain their home 2  
Moved home 3  
Other 4  
Write in: \_\_\_\_\_

**Recruiter to recruit respondents at a range of stages in the decision-making process**

Q8c Have you discussed residential care of some sort with the person you are thinking about e.g. care home, nursing home?

Recruiter please prompt respondents to choose one of the following statements.

I've thought about it, but I've not discussed it with them or taken any action 1  
  
I've had general discussions about it with them 2  
  
I have actively looked into care home choices on their behalf e.g. I've had conversations about care home choices in the area and looked into how their care would be financed 3

**Recruiter to recruit respondents at a range of stages in the decision-making process – check quota**

Q9 Please could you indicate your age?

Under 55 years old 1 *Check quota*  
-----  
55 – 59 years old 2 *Check quota*

-----  
60 – 64 years old                      3                      *Check quota*  
-----

65+ years old                          4                      *Ask Q10*

***Check quota on job sheet for how many 65+ to include.  
Otherwise obtain spread of codes 1 - 3***

Q10 Has your experience of considering the care and support needs of a family member or close friend prompted any thoughts about planning for your own potential care and support needs in later life?

Yes    1                      Ask Q16

No    2                      Ask Q16

**A mix of codes 1 and 2 to be included in depths 1 -20**

Q11 Please could you indicate your age?

55 – 59 years old                      1                      *Ask Q13*

-----  
60 – 64 years old                      2                      *Ask Q13*

-----  
65+ years old                              3                      *Ask Q12*

Q12 Do you have any of the following types of long-term conditions?

Diabetes    1

Cardiovascular conditions e.g. hypertension, angina    2

Respiratory conditions e.g. asthma, COPD    3

Neurological conditions e.g. MS    4

Chronic pain e.g. arthritis    5

Other long-term conditions e.g. IBS, cancer, depression    6

Please write in: \_\_\_\_\_

None of the above    7

Q13 Please record social grade: (RECORD FULL DETAILS)

Job: \_\_\_\_\_ Industry: \_\_\_\_\_ Company: \_\_\_\_\_

Record Social Grade: \_\_\_\_\_

A    1                      *Check quota*

B    2                      *Check quota*

C1    3                      *Check quota*

C2    4                      *Check quota*

D    5                      *Check quota*

E    6                      *Check quot*

Q14a To what extent - if at all - have you started thinking about how to maintain your lifestyle and independence in later life e.g. financial planning, downsizing, help around the house and garden?

Not at all	1	Recruit for depths 21-30
-----		
A little bit	2	Recruit for groups 2, 3, 5 & 6
Quite a lot	3	Recruit for groups 2, 3, 5 & 6

Q14b Thinking about your future lifestyle, after retirement: to what extent, if at all, have you already started to make changes?

I have already started to make changes to my lifestyle	1	Ask Q14c
I have not started to make any changes to my lifestyle	2	Ask Q15

**Recruiter to recruit respondents at a range of stages in the decision-making process**

Q14c What sort of changes have you already started to make?

Financial changes e.g. drawing pension income	1
Changes to living arrangements e.g. moved house, downsized	2
Employment changes e.g. working part-time	3
Domestic changes e.g. getting more help at home e.g. cleaner, gardener	4
Other	5
Write in: _____	

**Recruiter to recruit respondents at a range of stages in the decision-making process**

Q15 We may wish to re-contact you:

- with a couple of follow up questions after your interview (max 10 mins over the phone) OR
- via your recruiter to take part in further stages of this research project – would that be acceptable to you?

Yes	1	<i>Continue</i>
-----		

No

2

*Continue*

Q17 This discussion may be audio and video recorded, and may be observed in person or via a video link **[AS APPROPRIATE]** for market research purposes only. Could you tell me if that is acceptable to you?

Yes

*Continue*

-----

No

**Close**

**RECRUITER PLEASE NOTE; The respondent will be asked to sign an acceptance form at the beginning of the group.**

**Thank respondent and invite to take part in the relevant group/ depth.**

**NAME OF RESPONDENT:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**TELEPHONE NO:** \_\_\_\_\_

**INTERVIEWERS DECLARATION:**

**I certify that I have carried out this interview according to instructions received from Research Works Limited and confirm that they are in line with the rules and regulations set out by the MRS and the respondent is not a relative/friend of mine.**

**I have also informed the respondent of the Data Protection Act and the MRS Code of Conduct.**

**INTERVIEWER'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**J2042 CMA Care Homes  
Project Two – Choosing a Care Home  
Recruitment Screener FINAL**

***Good morning/afternoon/evening, my name is \_\_\_\_\_, from [Research company], an independent market research agency. We are conducting a survey on behalf of the Competitions and Markets Authority and looking to speak with people about how they consider and choose Care Homes, residential and nursing for long term care. We need to talk to a good cross section of people so would you mind answering a couple of questions?***

Q1 Have you ever taken part in a market research depth interview or group discussion before?

Yes	1	<i>Ask Q.2</i>
No	2	<i>Ask Q.4</i>

Q2 When did you last take part?

Within 6 months	1	<b>CLOSE</b>
-----		
Longer than 6 months ago	2	<i>Ask Q.3</i>

Q3 How many groups/depths have you ever attended? \_\_\_\_\_

**Recruiter: respondents should not have attended, in total, more than 3 groups/depths (ever).**

Q4 We need to interview people in certain trades and professions. Could you please tell me if you or any of your close friends or family work in one of the following: **READ OUT**

Advertising	1	<b>Close</b>
Market Research	2	<b>Close</b>
Marketing	3	<b>Close</b>
Journalism	4	<b>Close</b>
Public Relations	5	<b>Close</b>
Department of Health or Public Health England or NHS staff	6	<b>Close</b>
Other healthcare professionals	7	<b>Close</b>
Local Authority/public health officials	8	<b>Close</b>

Social care worker, social  
 Care, care home professional 9 **Close**  
Medical/healthcare support staff 0 **Close**  
 None of the above

Y

*Continue*

**Recruiter – if in doubt, please check with this office first**

Q5 Have you been involved in finding and choosing a care home for someone **aged over 65** in the past year or so?

**[NB we mean choosing a care home placement for a longer term stay rather than just respite care.]**

Yes	1	Q6
-----		
No	2	<b>Close</b>

Q6a Who were you choosing a care home for?

A spouse/partner	1	<i>Check quota</i>
Elderly relative	- parent 2	<i>Check quota</i>
	- other 3	<i>Check quota</i>
-----		
Friend	4	<i>Check quota</i>
Other (WRITE IN)	5	<i>Check quota</i>

Q6b Can I check is the person still currently residing in a care home?

Yes	1	Continue
-----		
No	2	<b>Close</b>

Q7 And which if any of these care/health needs made you consider a care home?

Health conditions	
vii. Arthritis	3
viii. Dementia	4
ix. Heart problems	5
x. Parkinsons	6



- xi. Stroke / after effect of 7
  - xii. Other Health issues 8
- Please write in: \_\_\_\_\_

**Depths & groups : include range of care needs**

Q8a How clear were you about what type of care was needed when you started looking?

- Definitely needed nursing care 1 *Continue*  
-----
- Probably needed nursing but wasn't clear 2 *Continue*  
-----
- I wasn't sure at all 3 *Continue*  
-----
- Probably just residential 4 *Continue*  
-----
- Definitely only needed residential 5 *Continue*

Q8b What type of care did you choose in the end?

- Nursing care 1 Check quota  
-----
- Residential care 2 Check quota

Q9 Can you tell me the gender of the person you were choosing a care home for?

- Male 1
- Female 2

Q10 Can I just ask about the funding for the care that [this person] received:

Do you know if it was state-funded? (***Paid for by the Local Authority in full or part funded***), or

Did they have to pay for it themselves (***This is when they receive invoices for their care***)?

**[Recruiter: if necessary, reassure respondents that this is just to ensure we represent a range of scenarios within the research project overall and that this won't be a major part of the research discussion]**

State-funded	1	<i>Check quota</i>
-----		
Self-funded/own money	2	<i>Check quota</i>

Q11 Please record social grade of the person that care was sought for:  
(RECORD FULL DETAILS)

Job: \_\_\_\_\_ Industry: \_\_\_\_\_ Company: \_\_\_\_\_

Record Social Grade: \_\_\_\_\_

A	1	<i>Check quota</i>
B	2	<i>Check quota</i>
C1	3	<i>Check quota</i>
C2	4	<i>Check quota</i>
D	5	<i>Check quota</i>
E	6	<i>Check quota</i>

**ASK Q12a/b FOR DEPTHS ONLY. GROUPS GO TO Q13**

Q12a Have you had any concerns about the service at the care home chosen for example....

Yes 1

Such as

Clean, fresh, well maintained environment	2
Level of autonomy – independent choices	3
Fees – clear and fair	4
Food – range and quality	5
Laundry	6
Security / possessions going missing	7
Other residents	8

No 9 *Go to Q13*

Q12b Did you ever make a complaint as a result of your concerns?

No didn't make complaint	1	Check quota
-----		
Yes - complained about care received	2	Check quota
- complained about fees/charges	3	Check quota
- other complaint (SPECIFY)	4	Check quota

**Check quota on job spec for number of those with concerns/complaints within your quota.**

**ASK ALL, GROUPS & DEPTHS**

Q13 Which of these would you use to describe the ethnic group of the person being cared for?

- White 1
- British 2
- Irish 3
- Other White background (specify)\_\_\_\_\_ 4
- Mixed 5
- White and black Caribbean 6
- White and black African 7
- White and Asian 8
- Other Mixed background(specify)\_\_\_\_\_ 0
- Asian or Asian British X
- Indian V
- Pakistani Y
- Bangladeshi A
- Other Asian background (specify)\_\_\_\_\_ B
- Black or black British C
- Caribbean D
- African E
- Other black background (specify)\_\_\_\_\_ F
- Chinese G
- Other ethnic background (please specify)\_\_\_\_\_H

Q14 We may wish to re-contact you:

- with a couple of follow up questions after your interview (max 10 mins over the phone) OR
- via your recruiter to take part in further stages of this research project – would that be acceptable to you?

Yes	1	<i>Continue</i>
No	2	<i>Continue</i>

Q15 This discussion may be audio and video recorded, and may be observed in person or via a video link **[AS APPROPRIATE]** for market research purposes only. Could you tell me if that is acceptable to you?

Yes *Continue*

---

No

Close

**RECRUITER PLEASE NOTE; the respondent will be asked to sign an acceptance form at the beginning of the depth/group.**

**Thank respondent and invite to take part in the relevant group/depth.**

**NAME OF RESPONDENT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE NO:** \_\_\_\_\_

**INTERVIEWERS DECLARATION:**

**I certify that I have carried out this interview according to instructions received from Research Works Limited and confirm that they are in line with the rules and regulations set out by the MRS and the respondent is not a relative/friend of mine.**

**I have also informed the respondent of the Data Protection Act and the MRS Code of Conduct.**

**INTERVIEWER'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**APPENDIX C – TOPIC GUIDES**

**CMA CARE HOMES MARKET STUDY – OUTLINE TOPIC AREAS  
PROJECT 2 – EXPERIENCE OF ADDRESSING CARE NEEDS (Final)**

**1. Introductions and explanations**

- Introduce self and RWL, an independent market research company
- Explain that we are conducting research on behalf of the Competition and Markets Authority, who are exploring how the experience of finding the appropriate care and support to meet someone's needs could be made easier.
- Explain MRS Code of Conduct and Data Protection Act, particularly anonymity
- Ask permission to record the session

**2. Experience of searching for care and support**

- I'd like to start with your experience of searching for care and support
- Who is the person involved? How did you become involved?

- Would you mind talking me through the experience of searching for care and support?
- Reflecting on your experience: to what extent, if at all, did you feel that you were able to make a fully informed choice?
- What would have helped you make a choice? *Probe: further information?*

### 3. Views about forward planning

- Reflecting on your experience: were there points when it might have been helpful for the individual or those around them to start thinking ahead? If so, when and why?
- On what care and support matters would forward planning have been helpful?
- How would this have impacted on the individual's later experience?
- In a similar situation, to what extent, if at all, could people be encouraged to start thinking ahead? If so, how?

#### **Ideas for prompting thought about long-term care needs**

- Use following ideas for prompting people closer to needing care and support to consider their care and support needs:
  - o Conversation starters (use board 1.3 examples)
    - a. Case Studies (use suggested example to prompt discussion)
    - b. Conversation supported by a health/care professional
- To what extent, if at all, would any of these suggested prompts encourage people to consider their future care and support needs be effective? If so, please describe how they would work?
  - o Case studies – who would they be? Where would they come from?
  - o Conversation supported by a health/care professional – who? Where? How would it come about?
- **Has this experience encouraged you to reflect on your own care needs at all? If so, how?**
- Are there any times in your life where you have considered your future care needs?
- To what extent, if at all, could you be prompted to consider your future changing needs?
- If yes, what prompts would be needed to encourage you to think about forward planning? For example, conversations with family, messages about how much state pension will provide, etc
- When would prompts be most effective? *Probe, at any major life time events, such as moving house/city, getting married, starting a new job, writing a will, someone in the family/friend falls ill, falling ill yourself, retiring.* (Use stimulus board 1.2 to prompt)
- Could you describe why you think these might be good times?

#### 4. Making information accessible<sup>11</sup>

- Thinking back to your experience of seeking care and support, what information – if any – did you search for and when? In your search, to what extent did you shortlist potential homes? **If so**,
  - *How did you create this initial shortlist (How did you find out about the homes and then how did you shortlist them?)*
  - *What information was missing at this stage?*
  - *At what point did you go and visit the care homes (if at all)?*
  - *What information did you find useful when visiting the care homes?*
  - *Was anything lacking when visiting the care homes?*
  - *How did you decide on the final care home? Probe: what type of information were you looking for? Probe: general or specific to your situation?*
  - *Hard (e.g. number of rooms) or soft information (e.g. ambience)*
- Did you find the information you were looking for?
- If so, how did you become aware of what information was available?
- How useful was it? *Probe: is it possible to assess softer information?*
- What channels did you use to source information? *Probe: formal and informal*
- What were the most useful sources of information? Why? *Probe: did you use one main source, several or multiple?*
- Overall, how easy was it to find the information you wanted?

#### **Content (stimulus board 4)**

- Thinking back to your experience of seeking care and support, what information would have been useful?
- For example: was indicative pricing information for individual care homes available?
- If yes, was it useful? Would it be useful to receive this information earlier?
- If not, would indicative pricing information for individual care homes be useful?
- **(Share stimulus)** If yes, how much detail – in terms of a price breakdown – would be useful? If not, why not?
- How would you feel if the care turned out to be more expensive than initially envisaged?
- For example: would availability of care homes be useful? Why/not?
- What information would have been most useful or least useful? Prompt: choose the top 3 most useful information ideas which would help a person choosing a care home in the future?

---

<sup>11</sup> Objective: what more might be done to ensure that information about care homes is easily accessible and in a consistent format? NB: how this recommendation may differ depending on circumstances will emerge during analysis

- In future, how could the presentation of the information be improved to support people to make informed choices in limited timescales?

**Channels (stimulus board 5)**

- Thinking back to your experience of seeking care and support, how would you have liked to have found out this information?
- In future, how could the information be made more accessible, to support people to make informed choices in limited timescales?
- Please ask respondents to describe a solution, thinking about how all the different channels could contribute to making information more accessible, bearing in mind that
  - o Users may well be distressed
  - o The solution needs to support people in a wide range of situations

**Provenance (stimulus board 6)**

- Thinking back to your experience of seeking care and support, who would you have wanted to inform you about it?
- Who do you feel are trustworthy sources of information? *Probe both organisations and individuals*
- What makes particular sources more/less trustworthy? How would you feel if you received a message related to care homes from this source? Which of these sources do you feel you would trust the most?
- How do you want to be directed towards these organisations/individuals?
- Please ask respondents to describe a solution, thinking about how all the different potential information providers could contribute to making information more accessible, bearing in mind that:
  - o Users may well be distressed
  - o The solution needs to support people in a wide range of situations

**5. Help with navigating the system<sup>12</sup>**

- Explain that we have some ideas for how to support people make choices (stimulus **board 7**)

for For anyone who has experience of being supported to navigate the system, example, by a social worker or care adviser:

- How did you become aware that there was this type of support available?
- How did they support you?
  - o *Probe: with what tasks?*
  - o *Probe: via which channels e.g. face-to-face, telephone, email*
- What, if anything, was useful/helpful about this type of support?
- What, if anything, needs to be improved about this type of support?

In future

---

<sup>12</sup> Objective: what more can be done to provide support and accessible information to consumers searching for and finding a care home in a way and at a time that they can engage with? *NB: how this recommendation may differ depending on circumstances will emerge during analysis*

- How should this type of advice and support be delivered? *Probe: by an adviser, by LA, via the web*
- *Moderator, please ensure that all types of support are covered, not just care navigators.*
  
- For each idea: how would this support be delivered?
  - o *Adviser probe on route (e.g. face-to-face), amount of support required, length of time offered, whether an entitlement or paid for service, type of person in role (e.g. professional or 'expert by experience'). Moderator, please ask respondent to describe how this service would work.*
  - o *LA probe: channel (e.g. directories/telephone), amount of support required, length of time*
  - o *Web: what structure?*
- Reactions to a 'one-stop-shop' for advice/support (whether adviser, LA or web)? Would this be helpful or unhelpful e.g. overwhelming?
- Who or which organisations would be most suited to provide this support?
- How would this support and the arrangements for providing differ between people? *Probe: those with different care needs and entitlement to LA or NHS funding.*

## 6. Making it easier to express concerns about consumer issues<sup>13</sup>

- Have you ever expressed any concern about any care home issues?
- **If yes**, what was your concern? How did you raise it?
- **If not**, have there been any times when you have wanted to raise a concern? If yes, what was your concern and why did you decide not to raise it?
- What reasons can you give for not raising consumer issues?
- Overall, how would you feel about raising a concern?
  
- To what extent have you considered (or would you consider) raising issues with:
  - o fees (increases, unexplained, unexpected, opaque, unreasonable), along with the associated notice periods?
  - o non-provision of services, activities not as advertised, not included without an extra charge?
- What, if anything, could encourage you to raise a concern about one of these issues?

---

<sup>13</sup> How could it be made easier for residents to express concerns about consumer issues, and how could residents be made to feel confident that their concerns will be acted upon? How could the barriers to expressing concerns or complaints be addressed? *NB: how this recommendation may differ depending on circumstances will emerge during analysis*



- If not raised by respondent, explain that previous research has identified that some people are reluctant to raise concerns about contractual issues or congoing/recurring issues in this environment.
- Do you have any ideas about what deters people from raising issues?

### **Share potential topics and channels (stimulus board 9)**

#### For less serious issues:

- If a relative or resident wanted to provide feedback, what would be a good way of doing so? Refer to stimulus board for examples e.g. comments boxes
- *Probe: should the feedback be identifiable or anonymous?*
- Would it help if the care home checked your thoughts on different aspects of the service, for example: clean, fresh, well maintained environment; level of autonomy – independent choice; Fees – clear and fair; Food – range and quality; Laundry; Security / possessions going missing; behaviour of other residents?

#### For more serious issues:

- Ask respondents to consider a serious scenario (e.g. a fall) and ask them to consider:
  - i. What outcome they would like to achieve in this circumstance (e.g. reassurance, money back, improvements)
  - ii. What channel they would want to use to resolve the issue?
  - iii. What information/support would need to know in order to achieve these outcomes?
    - o *Probe: is there a role for independent support to help people raise concerns with care homes, to be resolved with the care home?*
    - o *Probe: is there a role for independent support to help people escalate concerns with care homes i.e. to be resolved at a higher level, beyond the care home? What kind of issues would you escalate?*
      - a. Probe: issues about safeguarding

#### For feedback/complaints

- To what extent is there a role that a third party could play to encourage feedback to be
  - o **Acting as a sounding board** for the representative or as via consumer champions (*Probe: this could be in anonymous way, so that representatives do not fear and repercussions*)?
    - Explore awareness of PALs as an example
  - o (If issue remains unresolved), **acting as an advocate** for the representative or encouraging the representative to escalate the issue themselves and providing guidance on the necessary steps to do this?

## **7. Summing up**

- Of all the things we have discussed today, which, if any, would have made a difference to your experience of choosing care and support – and why?

- Which, if any, would have made you feel like you were making a more informed decision?

## PROJECT 1 – MY PROSPECTIVE CARE NEEDS (Final)

### 1. Introductions and explanations

- Introduce self and RWL, an independent market research company
- Explain that we are conducting research on behalf of the Competition and Markets Authority, who are exploring how the experience of finding the appropriate care and support to meet someone's needs could be made easier.
- Explain MRS Code of Conduct and Data Protection Act, particularly anonymity
- Ask permission to record the session

### 2. Respondent introduction - for those thinking/not thinking about their own care needs:

- To what extent, if at all, have you started thinking about how to maintain your lifestyle and independence in later life?
  - o *Probe: financial issues*
  - o *Probe: health issues and therefore the support needed*
- If not, what are the difficulties associated with thinking about your changing lifestyle in later life?
- To what extent, if at all, have you already made changes to your lifestyle? If yes, what changes have you made?
  - o *Probe: financial planning? Do you have different 'pots' for different purposes?*
  - o *Probe: living situation e.g. downsizing*
  - o *Probe: more help around the house and garden*
- If not, why not?
- What are the difficulties, if any, associated with making changes to your lifestyle?

### 3. Encouraging respondents to consider their long-term care needs<sup>14</sup>:- for those thinking/not thinking about their own care needs:

- Are there any times in your life where you have considered your future care needs?
- To what extent, if at all, could you be prompted to consider your future changing needs?
- If yes, what prompts would be needed to encourage you to think about forward planning? For example, conversations with family, messages about how much state pension will provide, etc.
  - o (refer to the thresholds on board 2.2)

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<sup>14</sup> Objective: how could consumers be encouraged and helped to prepare for future decisions and to consider possible care options (including but not limited to residential care) in advance? *NB: how this recommendation may differ depending on circumstances will emerge during analysis*

- When would prompts be most effective? *Probe, at any major life time events, such as moving house/city, getting married, starting a new job, writing a will, someone in the family/friend falls ill, falling ill yourself, retiring.* (Use stimulus board 1.2 to prompt)
- Could you describe why you think these might be good times?
- In particular, explore interest in financial products (e.g. if savings or insurance products were available, which they currently are not) to cover the costs of any future changes to your lifestyle in order to meet any changing needs?
- Would this type of product appeal to you? Why/not?
- Which factors would influence whether you used these types of financial products?
- What effect would these types of products have on the extent to which you thought about how to meet any future changing needs? *Probe: would you be more or less likely to consider care and support needs in advance?*

#### **Prompts (stimulus board 1)**

- What prompts would be needed to encourage you to think about forward planning? For example, conversations with family, messages about how much state pension will provide
- When (i.e. at what points) if any, would prompts be most effective?

#### **Channels (stimulus board 3)**

- How would these prompts be delivered?
- Who would deliver these prompts?
- Who would you trust most to deliver these prompts? Why do you find these sources more trustworthy? How would you feel if these prompts were delivered by these messengers?

#### **4. Scenarios to prompt thought about prospective care needs**

We would like to share with you some examples of people who could be at the point of needing to consider their future changing needs. (Share scenarios)

- What do you think this person might need to start thinking about?
- Which, if any, of these personal circumstances might affect what someone might want to think about? *Probe: religious beliefs, sexual orientation ....*
- If faced with this situation (on behalf of someone else), where would you start?
  - o *Probe: how would you try to raise the issue with them*
  - o *Probe: what information might be useful and where would you look for it? Which information would be most useful?*
  - o *Probe: what further help, if any, might you need to make choices?*

- Use following ideas for prompting people closer to needing care and support to consider their care and support needs:
    - o Conversation starters (use board 1.3 examples)
      - a. Case Studies (use suggested example to prompt discussion)
      - o Conversation supported by a health/care professional
  - Having looked at a range of these situations, to what extent, if at all, would any of these suggested prompts encourage people to consider their future care and support needs be effective? If so, please describe how they would work?
    - o Case studies – who would they be? Where would they come from?
    - o Conversation supported by a health/care professional – who? Where? How would it come about?
  - If so, would the type and timing of the prompt need to differ by personal circumstances?
    - o *Probe: financial situation*
    - o *Probe: health situation*
    - o *Probe: family situation*
5. **Making information accessible<sup>15</sup> for those thinking/not thinking about their own care needs:**  
 Explain that we'd like to discuss how the experience of finding the appropriate care and support to meet someone's needs could be made easier.

To demonstrate how much information is available, show respondents top 10 Google results for Care Homes in their area so they can see the type of information available.

**Choose one of the scenarios to work with. In this situation:**

**Content (stimulus board 4)**

- Thinking about the scenario: what information would be useful?
  - For example: would indicative pricing information for individual care homes be useful? **(Share stimulus)** If yes, when would this information be helpful? *Probe: when searching for homes, after a visit?* How much detail – in terms of a price breakdown – would be useful? If not, why not?
  - For example: would availability of care homes be useful? Why/not?
  - Which information would be most useful? Which information would be least useful?
- In future, how could the presentation and accessibility of the information be improved to support people to make informed choices in limited timescales?

**Channels (stimulus board 5)**

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<sup>15</sup> Objective: what more might be done to ensure that information about care homes is easily accessible and in a consistent format? *NB: how this recommendation may differ depending on circumstances will emerge during analysis*

- Thinking about the scenario: how would you like to find out this information?
- In future, how could the information be made more accessible, to support people to make informed choices in limited timescales?
- Please ask respondents to describe a solution, thinking about how all the different channels could contribute to making information more accessible, bearing in mind that
  - Users may well be distressed
  - The solution needs to support people in a wide range of situations

**Provenance (stimulus board 6)**

- Thinking about the scenario: where should this information be available?
- Who do you feel are trustworthy sources of information? *Probe both organisations and individuals*
- What makes a particular source more/less trustworthy? How would you feel if you received a message related to care homes from this messenger? Which of these messengers do you feel you would trust the most?
- How could people be made aware of and directed towards reliable sources of information?
- How might this vary (e.g. for people in hospital, living at home, living in sheltered accommodation?)
- Please ask respondents to describe a solution, thinking about how all the different potential information providers could contribute to making information more accessible, bearing in mind that:
  - Users may well be distressed
  - The solution needs to support people in a wide range of situations

## 6. Help with navigating the system<sup>16</sup>

- Explain that we have some ideas for how to support people make choices (stimulus board 7)
- When might this support be useful? *Probe: at what point or points?*
- How should this type of advice and support be delivered? *Probe: by adviser, by LA, via web*
- *Moderator, please ensure that all types of support are covered, not just care navigators.*
- For each idea: how would this support be delivered?
  - o *Adviser probe on route (e.g. face-to-face), amount of support required, length of time offered, whether an entitlement or paid for service, type of person in role (e.g. professional or 'expert by experience'). Moderator, please ask respondent to describe how this service would work.*
  - o *LA probe on route (e.g. directories/telephone), amount of support required, length of time*
  - o *Web: what structure?*
- Reactions to a 'one-stop-shop' for advice/support (whether adviser, LA or web)? Would this be helpful or unhelpful e.g. overwhelming?
- Who or which organisations would be best suited to providing this support? Why?
- What would you expect the navigational support to provide? (stimulus board 8)
  - o *Probe: entitlements to funding?*
  - o *Probe: choosing a care home*
  - o *What support would be most useful?*
- How could people be made aware of and directed towards this support?
- Who or which organisations would be most suited to provide this support?
- How would this support and the arrangements for providing differ between people? *Probe: those with different care needs and entitlement to LA or NHS funding.*

## 7. Summing up

- Of all the things we have discussed today, which, if any, do you think have potential to encourage people to consider their future care and support needs – and why?

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<sup>16</sup> What more can be done to provide support and accessible information to consumers searching for and finding a care home in a way and at a time that they can engage with? *NB: how this recommendation may differ depending on circumstances will emerge during analysis*

## PROJECT 1 – PROSPECTIVE CARE NEEDS OF SOMEONE ELSE (Final)

### 1. Introductions and explanations

- Introduce self and RWL, an independent market research company
- Explain that we are conducting research on behalf of the Competition and Markets Authority, who are exploring how the experience of finding the appropriate care and support to meet someone's needs could be made easier.
- Explain MRS Code of Conduct and Data Protection Act, particularly anonymity
- Ask permission to record the session

### 2. **Respondent introduction** - for those thinking about the care needs of someone else:

- Who is the person we are thinking about? How did you become involved?
- How much thought, if any, has the person you are thinking about given to their prospective care and support needs? Why/not?
- If not, what are the difficulties associated with thinking about their prospective care and support needs?
  
- To what extent, if at all, has the person you are thinking about made changes to their lifestyle in order to meet their changing care and support needs?
- If so, what changes have they made and why?
- If not, why not? What are the difficulties associated with them making any changes?
  
- To what extent, if at all, have you discussed this person's future care and support needs with them?
- If so, what have you discussed with them? How did you raise the subject?
- If not, what are the difficulties associated with discussing their future care and support needs with them?
- To what extent have you raised your concerns, and asked the older person what they would like to do, discussed options, etc? *Probe: does this happen over a series of occasions?*
- 
- To what extent, if at all, has your experience of considering someone else's care and support needs prompted any thoughts about your own future care and support needs?
- If yes, what thoughts has it prompted?
- If no, why not? What are the difficulties associated with thinking about your own potentially changing needs in later life?
- Are there any times in your life where you have considered your future care needs?
- To what extent, if at all, could you be prompted to consider your future changing needs?
- If yes, what prompts would be needed to encourage you to think about forward planning? *Probe, conversations with family, messages about how much state pension will provide, etc.*
- When would prompts be most effective? *Probe, at any major life time events, such as moving house/city, getting married, starting a new job, writing a will, someone in the family/friend falls ill, falling ill yourself, retiring.* (Use stimulus board 1.2 to prompt)
- Could you describe why you think these might be good times?



**3. Encouraging respondents to consider their long-term care needs<sup>17</sup>:for those thinking about the care needs of someone else:**

**Prompts (stimulus board 2)**

- To what extent, if at all, could the person you are thinking about be prompted to consider your future changing needs?
- If so, what prompts would be needed to encourage the person you are thinking about to think about forward planning? For example, conversations with family, messages about how much state pension will provide
- When (i.e. at what points) would prompts be most effective?

**Channels (stimulus board 3)**

- How would these prompts be delivered?
- Who would deliver these prompts?
- Who would you trust most to deliver these prompts? Why do you find these sources more trustworthy? How would you feel if these prompts were delivered by these messengers?

**Ideas for prompting thought about long-term care needs**

- Use following ideas for prompting people closer to needing care and support to consider their care and support needs:
  - o Conversation starters (use board 1.3 examples)
    - a. Case Studies (use suggested example to prompt discussion)
    - b. Conversation supported by a health/care professional
- can we try and understand if there are differences between groups about having the conversation about care (e.g. married, children, different cultures etc). some groups may be more reluctant to talk about money for example?
- To what extent, if at all, would any of these suggested prompts encourage people to consider their future care and support needs be effective? If so, please describe how they would work?
  - o Case studies – who would they be? Where would they come from?
  - o Conversation supported by a health/care professional – who? Where? How would it come about?

**4. Scenarios to prompt thought about prospective care needs**

We would like to share with you some examples of people who could be at the point of needing to consider their future care and support needs. (Share scenarios)

- What do you think this person might need to start thinking about?
- Which, if any, of these personal circumstances might affect what someone might want to think about? *Probe: religious beliefs, sexual orientation ....*

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<sup>17</sup> Objective: how could consumers be encouraged and helped to prepare for future decisions and to consider possible care options (including but not limited to residential care) in advance? *NB: how this recommendation may differ depending on circumstances will emerge during analysis*

- If faced with this situation (on behalf of someone else), where would you start?
  - o *Probe: how would you try to raise the issue with them*
  - o *Probe: what information might be useful and where would you look for it? Which information would be most useful?*
  - o *Probe: what help might you need to make choices?*
- Having looked at a range of these situations, to what extent, if at all, would a prompt encouraging people to consider their future care and support needs be effective?
- Having looked at a range of these situations, would the type and timing of the prompt differ by personal circumstances?
  - o *Probe: financial situation*
  - o *Probe: health situation*
  - o *Probe: family situation*

**5. Making information accessible<sup>18</sup> for those thinking about the care needs of someone else:**

- What information have you searched for so far (if any)?
- **If yes**
  - *Probe: what type of information were you looking for?*
    - o *General or specific to your situation?*
    - o *Hard (e.g. number of rooms) or soft information (e.g. ambience)*
  - Did you find the information you were looking for?
  - If so, how did you become aware of what information was available?
  - How useful was it? *Probe: is it possible to assess softer information?*
  - How did you use to source information? *Probe: formal and informal routes*
  - What were the most useful sources of information? Why? *Probe: did you use one main source, several or multiple?*
  - Overall, how easy was it to find the information you wanted?
  - **For those quite far into the search, who may have visited care homes:** In your search,
    - o Did you shortlist potential homes?
    - o *If so, how did you create this initial shortlist (How did you find out about the homes and then how did you shortlist them?)*
    - o *What information was missing at this stage?*
    - o *Did you then go and visit the care homes?*
    - o *What information did you find useful when visiting the care homes?*
    - o *What did you feel was lacking when visiting the care homes?*
- o **If no**, what do you think you might need to find out about?

**Content (stimulus board 4)**

- Thinking about the other person's care needs: what information would be useful?
  - For example: would indicative pricing information for individual care homes be useful? **(Share stimulus)** If yes, when would this information be helpful? *Probe: when searching for homes, after a visit?* If yes, how much detail – in terms of a price breakdown – would be useful? If not, why not?

---

<sup>18</sup> Objective: what more might be done to ensure that information about care homes is easily accessible and in a consistent format? *NB: how this recommendation may differ depending on circumstances will emerge during analysis*

- For example: would availability of care homes be useful? Why/not?
  - Which information would be most useful? Which information would be least useful?
  - In future, how could the presentation of the information be improved to support people to make informed choices in limited timescales?
- Channels (stimulus board 5)**
- Thinking about the other person's care needs: how would you like to find out this information?
  - In future, how could the information be made more accessible, to support people to make informed choices in limited timescales?
  - Please ask respondents to describe a solution, thinking about how all the different channels could contribute to making information more accessible, bearing in mind that
    - o Users may well be distressed
    - o The solution needs to support people in a wide range of situations

**Provenance (stimulus board 6)**

- Thinking about the other person's care needs: where should this information be available?
- Who do you feel are trustworthy sources of information? *Probe both organisations and individuals*
- Why do you think particular sources are/aren't trustworthy? How would you feel if you received a message related to care homes from this messenger? Which of these messengers do you feel you would trust the most?
- How could people be made aware of and directed towards reliable sources of information? How might this vary (e.g. for people in hospital, living at home, living in sheltered accommodation?)
- Please ask respondents to describe a solution, thinking about how all the different potential information providers could contribute to making information more accessible, bearing in mind that:
  - o Users may well be distressed
  - o The solution needs to support people in a wide range of situations

**6. Help with navigating the system<sup>19</sup>**

- Explain that we have some ideas for how to support people make choices (stimulus board 7)
- When might this support be useful? *Probe: at what point or points?*
- How should this type of advice and support be delivered? *Probe: by adviser, by LA, via web*
- *Moderator, please ensure that all types of support are covered, not just care navigators.*
- For each idea: how would this support be delivered?
  - o *Adviser probe on route (e.g. face-to-face), amount of support required, length of time offered, whether an entitlement or paid for*

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<sup>19</sup> What more can be done to provide support and accessible information to consumers searching for and finding a care home in a way and at a time that they can engage with? *NB: how this recommendation may differ depending on circumstances will emerge during analysis*

*service, type of person in role (e.g. professional or 'expert by experience'). Moderator, please ask respondent to describe how this service would work.*

- *LA probe on route (e.g. directories/telephone), amount of support required, length of time*
- *Web: what structure?*
- Reactions to a 'one-stop-shop' for advice/support (whether adviser, LA or web)?  
Would this be helpful or unhelpful e.g. overwhelming?
- Who or which organisations would be best suited to providing this support? Why?
- What would you expect the navigational support to provide? (stimulus board 8)
  - *Probe: entitlements to funding?*
  - *Probe: choosing a care home*
  - *What support would be most useful?*
- How could people be made aware of and directed towards this support?
- Who or which organisations would be most suited to provide this support?
- How would this support and the arrangements for providing differ between people?  
*Probe: those with different care needs and entitlement to LA or NHS funding.*

## **7. Summing up**

- Of all the things we have discussed today, which, if any, do you think have potential to encourage people to consider their future care and support needs – and why?

# APPENDIX D – STIMULUS

## Board 1



### FINANCIAL PLANNING FOR LATER LIFE (1)

- 1**  
**Get prepared**  
Compare what you've saved to what you'll need
- 2**  
**Understand your options**  
Review the different options available to you
- 3**  
**Get help and guidance**  
See what support and help is available to you
- 4**  
**Make it happen**  
Put your retirement plan into action



### SETTING UP AN INSURANCE SCHEME







- Pensions
- Savings accounts



### HEALTH



## Board 1.1

<p>What would help prompt you to save?</p>	<p><b>Making future costs clear (1.1)</b></p> <p>Did you know that unlike health, care costs aren't covered by the NHS?</p> <p>A care home can cost up to £45,000 a year. It's a good idea to start planning now</p>    <ol style="list-style-type: none"> <li>1 <b>Get prepared</b> Compare what you've saved to what you'll need</li> <li>2 <b>Understand your options</b> Review the different options available to you</li> <li>3 <b>Get help and guidance</b> See what support and help is available to you</li> <li>4 <b>Make it happen</b> Put your retirement plan into action</li> </ol>
<p>What products would be useful to help you save?</p>	<p><b>An insurance scheme</b></p> <p>Insurance products that help protect you if you suddenly require a care home</p>  <p><b>A specific saving pot</b></p> <p>Creating a specific pot of savings for regular contributions to support your family's future care needs</p>  <p><b>Savings goals and text reminders</b></p> <p>Reminders and prompts to help you save for the future</p>  <p>Hi David, Good news – last week you reached your savings goal.</p>

## Board 1.2

### POTENTIAL TOUCHPOINTS FOR THOSE FURTHEST AWAY FROM CARE (1.2)



TIME TO RENEW  
YOUR MORTGAGE?



When taking out  
financial products



Fixed Deposit accounts

When making legal  
arrangements



When you or someone  
close to you is unwell



When considering  
moving,  
downsizing, single  
storey



When parents start  
to need more care  
and support



## Board 1.3

### POTENTIAL PROMPTS FOR THOSE CLOSER TO NEEDING CARE (1.3)

*"Do you feel worried about being left alone for periods of time?"*

*"Do some tasks sometimes feel a bit harder to do than they used to?"*

*"Have you thought about what kind living situation might be more suitable for you?"*

*"I feel like you are struggling with some tasks nowadays that you used to find easier..."*

*"I'm quite worried about you...and even if you tell me I shouldn't, it keeps me up at night..."*

*"Even though you are ok at the moment, I am worried that x may happen/that x may happen again..."*

*"I'm worried about you being alone for periods of time, in case something happens..."*

*Maybe we can just make it easier for you to stay in your home, have you thought about installing x?"*

*"How are they treating you here? Is there anything that you would like to be done differently?"*



## Board 2.1

### CLOSER TO NEEDING CARE (CONTENT 2.1)

#### Care options

- Where to look
- Choosing a care home to suit your care needs
  - Residential care homes
  - Care homes with nursing care
  - Care homes offering some residential and some nursing care places.
- Deciding your priorities
- Take a look



#### Options for maintaining independence

##### Age UK's local services


- Run a number of services at local Age UKs that aim to make older people's lives easier and safer – either at home or to improve their own wellbeing
  - Handyperson services
  - Home shopping delivery
  - Exercise classes
  - Lunch clubs
  - Computer classes



## Board 2.2

### Conversation strategies

- **Before you start**
  - When and where to talk
  - Who should be there
  - Be prepared
- **How to begin**
- **How to manage the conversation**
- **Anticipating reactions**




### Needs assessment

- Provided by social services department or your local council
- Aim is to work out what help you need with your care, and to think about how you might get it
- There are various types of help and support the assessment may suggest could help you, including:
  - Disability equipment or adaptations to your home, such as a stair lift
  - Telecare, such as a bed sensor or wearable alarm
  - Help from a carer with tasks like washing, dressing or taking medication
  - Meals on wheels
  - Residential care in a care home.


### 10 Questions to discuss with your loved one

- What kind of place would you like to live when you're older?
- How would you want to be looked after should you become ill or diagnosed with dementia
- What kind of experience would you like as you grow older?
- What are our concerns and what are the consequences if we don't do anything about it?
- I'd like to talk about retirement living and care options in later life and I'd like to get your point of view, is now a good time?
- What is your thinking on retirement living and care options?
- What is most important to you in the future?
- I have just filled out a workbook about my wishes for future health care and I want to share it with you
- My health is good right now, but I want to talk to you about what I'd want if I was sick and needed you to make decisions for me
- My doctor wants me to think about my future care and to make an advance care plan. Will you help me?



### Your Conversation Starter Kit


### CLOSER TO NEEDING CARE (CONTENT 2.2)



### Paying for care

- Care and support services in a care home aren't free and most councils charge for providing them.
- If your local council agrees that you have care and support needs, they will then look at your finances to see how much you will have to contribute towards the cost of your care.
- If the total amount of savings, any property you own and any shares exceeds the amounts below you may need to self-fund your care home costs,

	England	Scotland	Wales	N.Ireland
Upper means test level	£23,250	£26,250	£30,000	£23,250
Lower means test level	£14,250	£16,250		£14,250



Board 3

**NHS**  
Aged 40 - 74?  
find out about our  
**FREE NHS Health Checks**

We help loved ones stay in their own homes, retain their independence and receive **One-to-One** trusted 24/7 care and support designed around individual needs.  
[Find out more](#)

**Power of Attorney**  
I the undersigned  
(Full legal name)  
...residing at  
... (Address)  
... (Postcode)  
... (County)

**LAST WILL AND TESTAMENT**

**fine Gardening**  
Go beyond green in the SHADE  
7 ways to build BETTER SOIL  
Introducing BENEFICIAL INSECTS  
Improved protection of FAVORITE PLANTS

**carehome CATERING**  
WHEELS OVER WINGS  
Food Angels deliver hot meals to the community out of an Extra Care kitchen

**U3A THE UNIVERSITY OF THE THIRD AGE**  
Learn more about the changes to the Age Pension at a free seminar.  
[Reserve your seat](#)

**Evergreen**  
A Monthly of This & That & Things  
NUMBER 2015

**your community your care**  
developing Buckinghamshire together

## Board 4

### Needs Assessment

- Who can have a needs assessment?
- How do I get it for the person I look after?
- How will it be carried out?
- How will the council decide whether the person you look after is eligible for support?
- What help might the person I look after get?
- What will the person you look after have to pay?



### How to make a choice

1. Get a care needs assessment
2. Shortlist suitable care homes
3. Check care home inspection reports
4. Ask friends and family for recommendations
5. Contact suitable care home

### Ratings and regulatory reports



- Are they safe?
- Are they effective?
- Are they caring?
- Are they responsive to people's needs?
- Are they well-led?
- What's the food like?
- Are they nice people?



### Myth Busting

Through this week we hope to bust some myths about care homes and tell their vast number of good news stories.

#### Common myths:

- Carers are unskilled
- There is no choice in what care is provided
- Care homes don't provide the level of care needed
- A care home is the last resort
- You give up all your independence
- No care homes serve nutritious or tasty food



### Reviews from residents & relatives



### Funding care

#### The Local Authority financial assessment

	England	Scotland	Wales	N.Ireland
Upper means test level	£23,250	£26,250	£30,000	£23,250
Lower means test level	£14,250	£16,250		£14,250

State funding

Third part top-ups

State benefits for self-funders

12 week property disregard

NHS funded care

Board 5

**carehome.co.uk** | **theBedBureau**

**Search**

**carehome.co.uk** Care Homes, Jobs, News & Events, Products & Services, Training and Care Homes For Sale

**trustedcare.org** **HousingCare.org**  
Information for older people

**One-stop-shop**

**NHS choices** Your health, your choices

**ageUK** Call our advice line **0800 678 1174**  
Love later life

**Telephone helplines**

**NHS choices** Your health, your choices

Call the Carers Direct helpline

You can call the Carers Direct helpline on **0300 123 1053** if you need help with your caring role and want to talk to someone about what options are available to you.

**Care home brochures + adverts**

**Care Home Week events**

**Carers Week** | **CARE HOME WEEK** 13-18 June 2017

Board 6



Board 7

Online planning resource e.g. questions to ask oneself



LA help and support



SUPPORT



Care advisers

“Tailored, personalised care to ensure that the specific needs of residents are met in full – and this means that our care does not come in the form of ‘off the shelf’ packages.”



Offer advice to assist people aged 50+, as well as families and carers.

Visit people in their homes, listen to them and discuss how to achieve their goals.

Promote independence, self-confidence and self-management.

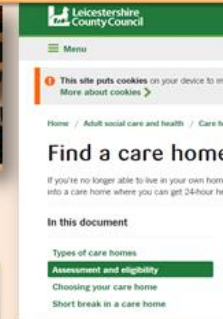


## Board 8

### What help do you need?



### Assessment, choosing a home

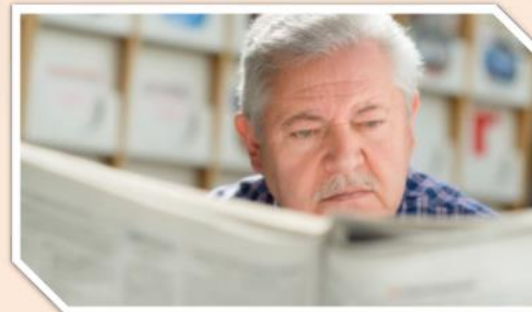


### Outline of the options available

**Factsheet**  
Health and Community Services

**Accommodation choices - choosing residential accommodation and paying top up fees**

This factsheet tells you about your rights to choose your accommodation if you need residential care and support, and when you can top up any council funding.



### Information about costs and funding

Room Type	Total Weekly Fee
Ground Floor Room – Dementia Care	£998.00
First Floor Single Room – Residential Care	£866.00
First Floor Premium Room – Residential Care	£950.00
1 Bed Care Suite – Single Occupancy	£1149.00
1 Bed Care Suite Shared Occupancy	£1440.00
2 Bed Care Suite – Single Occupancy	£1464.00
2 Bed Care Suite Shared Occupancy	£1860.00

### Help to have a difficult conversation?

- Before you start
  - When and where to talk
  - Who should be there
  - Be prepared
- How to begin
- How to manage the conversation
- Anticipating reactions



# Board 9

**Feedback**



**Making feedback an expected part of the process**

Northumbria Healthcare NHS Foundation Trust		
OVERALL	SAFE	Good
Outstanding	EFFECTIVE	Outstanding
	CARING	Outstanding
	RESPONSIVE	Outstanding
	WELL-LED	Outstanding



**Proactive customer service**  
E.g. Calls every 6 months



**IHCA**  
Independent Health Complaints Advocacy

**Advocates**



**Residents'/relatives' panels**



**Anonymous feedback**  
E.g. Comments cards, iPads, apps



**Publicising complaints channels**  
E.g. What types of complaint to take to which channel (CQC, LA, etc.)



**LOST BELONGINGS**



**Publicising how to complain/your rights**  
E.g. Which?



PALS can give you information about:

- the NHS
- the NHS complaints procedure, including how to get independent help if you want to make a complaint
- support groups outside the NHS

PALS also helps to improve the NHS by listening to your concerns and suggestions.

**Support from an intermediary working within the system**  
E.g. PALS



**Complaints**



**Which? Elderly Care**

1. Raising awareness of the problem
2. Escalating a complaint: self-funders
3. Escalating a complaint: local authority-funded care
4. Keeping records
5. Writing a letter of complaint
6. Making complaints count

## APPENDIX E – FIELDWORK SCHEDULE

### PILOT: 10 x depths

Date	Location	Method	Moderator	Sample Group	Quota
Tue 1 <sup>st</sup> August	Crawley	4 x depths	Amy Smith	<i>Had made a decision about care</i>	4 x choosing a care home
Wed 2 <sup>nd</sup> August	Stevenage, viewed at RWL*	3 x depths	Oliver Gent	<i>Yet to make a decision about care</i>	1 x not yet thinking about own care needs 1 x considering future care for someone else
				<i>Had made a decision about care</i>	1 x choosing a care home
Thu 3 <sup>rd</sup> August	West Richmond* viewed	3 x depths	Oliver Gent	<i>Yet to make a decision about care</i>	1 x not yet thinking about own care needs 1 x considering future care for someone else
				<i>Had made a decision about care</i>	1 x choosing a care home

### MAIN STAGE: 12 x groups & 70 x depths

Tue 8 <sup>th</sup> August	Liverpool	5 x depths	Amy Smith	<i>Had made a decision about care</i>	5 x choosing a care home
Wed 9 <sup>th</sup> & Thu 10 <sup>th</sup> August	Leeds - including some from rural areas	1 x family group	Amy Smith	<i>Yet to make a decision about care</i>	1 x considering needs of older relative
		5 x depths			1 x not yet thinking about own care needs 4 x considering future care for someone else
		1 x family group	Angie Ledgeway		<i>Had made a decision about care</i>

14 <sup>th</sup> & 15 <sup>th</sup> August	Old Sodbury, Gloucestershire, rural	1 x family group	Oliver Gent	<i>Yet to make a decision about care</i>	1 x – considering own care needs
		1 x family group	Oliver Gent	<i>Had made a decision about care</i>	1 x family choosing care home, self-funded residential
		5 depths	Oliver Gent		5 x choosing a care home
15 <sup>th</sup> & 16 <sup>th</sup> August	Birm'ham	1 x family group	Emily Moloney	<i>Yet to make a decision about care</i>	1 x considering needs of older relative
		5 x depths	Emily Moloney	<i>Yet to make a decision about care</i>	1 x not yet thinking about own care needs 4 x considering future care for someone else
		1 x family group	Emily Moloney	<i>Had made a decision about care</i>	1 x choosing a care home, self-funded nursing care
15 <sup>th</sup> & 16 <sup>th</sup> August	Cardiff	5 depths	Rachael Owen	<i>Had made a decision about care</i>	5 x choosing a care home
		1 x family group	Rachael Owen	<i>Had made a decision about care</i>	1 x choosing a care home, state-funded nursing care
17 <sup>th</sup> August	Nott'ham	5 depths	Angie Ledgeway	<i>Had made a decision about care</i>	5 x choosing a care home

Monday 21 <sup>st</sup> August	Bridgend (including rural)	1 x family group	Rachael Owen	<i>Yet to make</i> a decision about care	1 x considering own care needs, 65+ C2DE
		5 depths		<i>Yet to make</i> a decision about care	2 x not yet thinking about own care needs 3 x considering future care for someone else
Tuesday 22 <sup>nd</sup> – Thursda y 24 <sup>th</sup> August	Belfast	1 x family group	Emily Moloney	<i>Yet to make</i> a decision about care	1 x considering own care needs
		5 depths	Emily Moloney	<i>Yet to make</i> a decision about care	2 x not yet thinking about own care needs 3 x considering future care for someone else
		1 x family group	Emily Moloney	<i>Had made</i> a decision about care	1 x choosing a care home, state-funded nursing care
		5 depths	Emily Moloney	<i>Had made</i> a decision about care	5 x choosing a care home
Wed 30 <sup>th</sup> & Thu 31 <sup>st</sup> August	Glasgow	5 x depths	Neil Caffery	<i>Yet to make</i> a decision about care	2 x not yet thinking about own care needs 3 x considering future care for someone else
		1 x family group		<i>Yet to make</i> a decision about care	1 x considering own care needs
		1 x family group	Neil Caffery	<i>Had made</i> a decision about care	1 x choosing a care home, self-funded residential care
Thu 31 <sup>st</sup> August	South London	1 x depth	Oliver Gent	<i>Yet to make</i> a decision about care	1 x considering future care for someone else
		4 x depths	Oliver Gent	<i>Had made</i> a decision about care	4 x choosing a care home

Thu 7 <sup>th</sup> Sept	Scotland rural Borders - Peebles	5 x depths	Neil Caffery	<i>Had made a decision about care</i>	5 x choosing a care home
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Thu 14 <sup>th</sup> Sept	Herts rural	5 x depths	Oliver Gent	<i>Had made a decision about care</i>	5 x choosing a care home
	Kent	5 x depths	Emily Moloney	<i>Had made a decision about care</i>	5 x choosing a care home