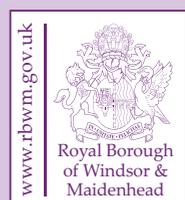




Choosing and Paying for Care in a Care Home (Includes advice on private funding & third party payments)

*The figures quoted are valid up
to 31st March 2019*

Ref: Fin/April 2018



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INTRODUCTION

The aim of the booklet is to provide information to people, their families and carers who may be considering entering a Care Home. We hope this booklet will answer any questions you may have about choosing and paying for care in a Care Home, and that it will enable you to make an informed choice about an important decision in your life. Definitions of some of the words we use are given towards the back of this booklet.

A booklet of this length cannot cover everything you may need to know about entering a Care Home, so we have included some useful phone numbers and website addresses at the end of this leaflet should you require further information.

GETTING HELP

Please contact Adult Services by telephone on 01628 683744. If you are in hospital, please ask the ward staff to contact Social Services. A social care practitioner can give you free, confidential, impartial advice and undertake an assessment of your needs. You will then be able to decide which options will work best for you.

If you do not need financial support and would like to arrange and pay for your own care home fees, you may still ask a social care practitioner for free, confidential and impartial advice.

You may want to discuss your needs with someone who is already involved in your care, for example, your doctor or district nurse. Alternatively, you may want to get advice on a particular point from a relative, friend, solicitor, accountant, or a voluntary organization such as Age UK or The Citizens Advice Bureau.

FINANCIAL CONSIDERATIONS

Most people in care homes pay towards the cost of their care; either paying in full themselves (self-funding) from income or capital, or contributing towards the costs according to nationally set means-test rules.

If you can afford to pay for a place in a care home yourself, and you are able to make all your own arrangements, then you do not need to have an assessment by Adult Services.

Instead, you can approach the care home you would like to live in and make the financial arrangements directly with them.

However, if after time you no longer have the resources to pay for your care you can approach the Local Authority, but you may be required to move to an alternative care home as there is a limit to how much the Royal Borough will agree to contribute towards the care home.

What if I (or my relative) am not a resident of Windsor & Maidenhead but I (or my relative) want to come and live in the area?

You or your relative will need to contact their local Adult Services department to see if they will assist with the funding.

Windsor & Maidenhead will only assist with funding for those people who are ordinarily resident in Windsor & Maidenhead and who meet the eligibility criteria for Community Care Services.

How can I get financial help to pay for care in a residential care or nursing home?

Whatever your financial situation, the social care practitioner is there to help you and discuss your circumstances and the choices that are available to you. You don't have to accept any of the choices that you are offered. If we agree that you need residential care, and if you want financial help to pay for this care, then you will have to fill in a financial assessment form. Filling in this form does not automatically entitle you to financial help. A social care practitioner or the Assessments & Intervention Team (Social care) Tel. 01628 68 3137 or 683113 or 683231, can explain the details of this procedure to you. If someone else manages your finances for you, please tell your social care practitioner.

Based on the information you give us, the Assessments & Intervention Team (Social Care) will be able to tell you how much you will have to contribute.

When you know how much you will have to pay, you may want to reconsider your options. If you are not prepared to pay you may choose not to enter residential care. But there may be practical and financial limits to the community care that is available to support you in your own home. The social care practitioner will be able to discuss the alternatives with you.

Free Nursing Care - The NHS will normally contribute towards the cost of nursing care for all residents in care homes with nursing and in receipt of nursing services. The amount the NHS currently contributes is £158.16 per week.

The Free Nursing Care amount is reviewed regularly by the NHS and may be subject to change.

100% health funding (Continuing Care) - In some circumstances, when there is a particularly high level of nursing care needed, the NHS may agree to pay the full cost of your care within the care home. This is assessed by a registered nurse employed by the Primary Care Trust against national criteria. If you need more assistance please ask the ward staff or care home Manager for further details.

Advice will also be available from your allocated social care practitioner or at www.rbwm.gov.uk.

CHOOSING A CARE HOME

All care homes are required to be inspected and registered by The Care Quality Commission (CQC). The term 'care home' describes any establishment that provides accommodation with personal care or nursing care.

Care homes that are registered to provide nursing care are known as 'care homes with nursing' (formerly known as nursing homes). Those that do not are 'care homes' (formerly residential homes). Some homes have a dual registration that means they have some beds that are also registered for nursing care.

What should I look out for when choosing a home?

If you do not already have a home in mind and are unsure of how to find one there are several publications available to assist you. CQC can provide you with details of registered homes in the area you are considering (and provide details of Inspection reports for each home <http://www.cqc.org.uk>). Your social care practitioner will be able to give you a copy of the Berkshire care services directory that lists all registered care homes within the county. This is also available on the RBWM website.

If you are assessed by a social care practitioner as needing residential or nursing care, and you are entitled to receive financial help from us, you may choose any home we have accredited, up to our financial limit of support for your assessed need.

You may choose a home that costs more than our financial limit, if a relative, friend or charity agrees to pay the excess over our financial limit. (See contributions by relatives, friends or charities below).

Once you or your representative have identified possible homes that can meet your needs, it is advisable to visit the home in advance in order to meet the staff and other residents and find out about the services provided by the home:

Other information you should be able to acquire may include:

- what services are included within their charge
- what extras services they can offer and how much they will cost
- what notice you need to give if you want to move
- what reasons the home can give to ask you to leave.

If you are in hospital, waiting for a home of your choice, the hospital may require you to be discharged before your chosen place becomes available. In this case you may be moved to what is known as an “interim care” bed. You will still be required to pay towards the cost of this care.

If you are assessed as needing care in a care home and you are not entitled to receive financial help from us because you have capital and savings of more than £23,250, you may make your own arrangements to choose any home and pay the full cost of your care. **Should your capital and savings fall below £23,250 at a future date you may contact us again to request financial help. We may not be able to continue to pay for the care in your choice of home if the fees are above our financial limit of support for your level of care needs.** You should discuss this with the manager or the owner of the care home. We will tell you what our fee levels are. You may find it useful to read the section ‘Contributions by friends, relatives or charities’ on page 15 of this booklet to help you with your planning.

If you are assessed as not requiring care in a care home, you may still choose to go into an independent home if you pay the full cost of your care.

If you want to go into a particular home, even if it is in another part of the country, or if you would like to know more about the choices that are available, please discuss this with a social care practitioner.

Care Home Fees:

Fees are based on a ‘room rate’ which includes a rate for care needs. Some homes offer large rooms with ensuite facilities whereas in other homes room sizes may be smaller and bathroom facilities may be shared. This obviously affects the rates charged.

Before deciding on which homes you would like to consider looking at, it is advisable to check whether you will be:

1. Fully funding your care (self funding)

or

2. Requiring financial assistance from Adult Services to meet the costs of your care

Self Funders are:

- People who are able to pay the full cost of the home fees from their own resources.
- People who have a property to be sold, after the end of the 12 week disregard period, including those who enter into a deferred payment agreement.

If you can afford to pay for a place in a care home yourself, and you are able to make all your own arrangements, then you do not need to have an assessment by Adult Services. Instead, you can approach the home you would like to live in and make the financial arrangements directly with them.

The following points are worth considering:

- You may wish to consider seeking advice from Adult Services before going ahead and moving into the care home, as there may come a point when you can not afford to pay the fees yourself, (when your savings fall to the upper savings limit or less), and you need to seek financial help from your Local Authority. The Adult Services' own assessment procedures and eligibility criteria would then be applied.
- If you only have sufficient resources to fund yourself independently for approximately two years, you may want to arrange to have an assessment by Adult Services to make sure that help can be provided once your capital reduces and check if the care home owner will then continue to accommodate you at Adult Services rates. If the care home costs more than Adult Services usually pays, this could put you in the position of either having to find a source to pay a 3rd party topup or having to move to alternative accommodation (which could be unsettling and detrimental to your health and well-being).

- If you are moving into a care home with nursing and are self-funding, you are entitled to the extra cost of nursing paid for by the NHS, through the Free Nursing care payment if you are assessed as eligible
- As your capital approaches the £23,250 limit, you should contact Adult Services to advise them of the situation. If you are in a home that charges more than Adult Services would normally pay, you may be required to move to less expensive accommodation.

If you are self-funding and move to another area, and become eligible for Adult Services assistance with funding, you will need to apply to the local authority in the area to which you have moved. They will assess your needs and apply their own eligibility criteria.

OTHER QUESTIONS YOU MAY HAVE

How do you assess my contribution?

Currently, financial help from us towards the cost of care in a care home is usually available to people who:

- Have less than £23,250 in capital, savings and investments;
- and
- Have been assessed as needing care in a care home by Adult Services.

We carry out a financial assessment to determine the amount that you must pay towards the cost of a place in a registered care home.

This assessment takes account of your income, capital & savings, and allowances; the following are typical examples of what is included;

Income

- All state benefits (except for the mobility component of Disability Living Allowance or Personal Independence Payment)
- Occupational or private pensions
- Trust income

Annuities

- Any other income (except for interest on bank and building society accounts and income from investments, which will be treated as capital)

Capital Assets & Savings, for example

Bank and building society accounts, including current accounts, National Savings accounts, income bonds, savings certificates, Premium Bonds, stocks and shares, PEPs, ISAs and investment bonds, and property that is not your main residence.

We will also take account of the value of your property (main residence) 12 weeks after you go into the home permanently - see 'What about the value of my home?' on the next page.

If you have savings and investments valued between £14,250 and £23,250 you are assumed to have "tariff income" of £1 per week for every £250 (or part) above £14,250 which is the lower capital limit.

Example

Mr X has savings and investments valued at £17,000. The tariff income on this value is £11 per week. This is calculated as follows - £17,000 is £2,750 above the lower capital limit £14,250. £2,750 divided by £250 is 11)

Allowances

A personal expenses allowance of £24.90 (2018/2019 rates) a week is given to you within your financial assessment. This allowance is for you to spend on personal things for yourself, such as toiletries, hairdressing, newspapers, etc. This amount is determined by government guidance and is reviewed annually.

What happens if there are any changes to my income or capital?

You should let us know if the amount of money, income or capital you have changes. For example you should let us know if you inherit money, or if your capital falls below £23,250, or if your income falls and it is not enough to pay all the fees. In these circumstances we will reassess your financial position and inform you of any changes in your entitlement to our financial support. We suggest that you talk to us when you have less than £26,500 of capital and savings remaining, as this will give us time to undertake an assessment by a social care practitioner and a financial assessment and make appropriate arrangements, before your capital reduces to £23,250.

How do you assess my contribution if I am married or living with a partner?

If you are married or living with someone as a couple and you alone are going into a care home, we will only assess your financial resources. If both you and your partner are going into care, we will assess your finances

individually to work out how much you will each have to contribute towards the cost of your own care.

If you have a partner and you are going into a care home, and receive an occupational pension, personal pension or payments from a retirement annuity contract, we will ignore 50% of that pension for the purposes of the financial assessment if you are currently transferring that share to your partner who is staying at home. This may affect the state benefits that your partner can receive and you may want to get independent advice in this matter.

If I reduce my capital, will this reduce the contributions I make to my care?

If you reduce your capital, for example by buying a new car for your relatives, or giving them either money or your house, in order to reduce the amount you pay for your care, then we may still charge you as if you still held all such money or capital. If you reduce your capital or savings within six months of going into care, the person who received these assets will have to pay us.

What about the value of my home?

In some circumstances the value of the house in which you live in before you enter a care home is taken into account when assessing the amount you will have to pay.

The value of your home will not be taken into account in the following circumstances:-

- For the first 12 weeks of a permanent stay
- If you are a temporary resident, i.e. if you go back to your home or intend to return home. (This can continue for up to 52 weeks).
- If your partner is still living in your home
- If a relative, who is over 60, is still living in your home
- If a relative, who is incapacitated, is still living in your home
- If a child under 16, maintained by you, is still living in your home
- If a former partner (estranged or divorced), who is a lone parent with a dependent child is still living in your home.

There may be other reasons why you think your house value should be disregarded. For example, where a previous carer or companion remains in your home. Please let us know about these.

Where none of the above apply the value of your property will be included as a capital asset after the first 12 weeks of a permanent stay. If this means that the value of your capital assets and savings exceeds £23,250 you will be required to fund your own care home fees.

If you are unable to sell your home during the 12 week property disregard period, and have explored all other possibilities for funding your fees with no success, the Council may be able to assist with the fees for a short period as a repayable loan. During this period you will be required to contribute your assessed charge, based on your income and non property capital. If this is the case please speak to your social care practitioner.

What are Deferred Payments?

The Deferred Payments Scheme is designed to help you if you have been assessed to pay the full cost of your residential care, but cannot afford to pay the full weekly fees because most of your capital is tied up in your home and you do not wish to sell your home.

The scheme offers you a loan from the Royal Borough of Windsor and Maidenhead using your home as security. It doesn't work in exactly the same way as a conventional loan, as the Council doesn't loan you a fixed sum of money when you join the scheme, but instead pays your weekly care home fees for as long as is necessary.

You will still be required to pay a weekly contribution towards your care that you have been assessed as being able to pay from your income and other savings. The Council loans you that part of your weekly fees that you can't afford until the value of your home is realised.

The part the Council lends is your 'deferred payment', and this is set up through a legal agreement between you and the Council.

The deferred payment builds up as a debt, which is cleared when your home is eventually sold. The debt may be repaid at any time if funds become available.

Therefore, you do not have to sell your home during your life time if you don't want to.

There is a setting up of fee of £900 and annual fees of £300 per annum to cover the cost of administering the agreement. Additionally interest is charged on the loan.

Full details of the scheme are set out in the Council's 'Deferred Payments' leaflet, which is available from your social care practitioner, the Council's Assessments and Intervention Team or on www.rbwm.gov.uk.

Taking a deferred payment is a major financial decision. The Council strongly recommends that before you proceed you should take independent financial and legal advice to help you decide the best way of financing your care home fees.

More information regarding independent financial advice is available in our deferred payment leaflet and on www.rbwm.gov.uk.

The choice you make may affect your entitlement to income support or pension credit (see the section relating to benefits).

How will my state benefits be affected?

As a general rule if you are entitled to state benefits before you enter a care home, you should remain entitled to receive these benefits after you enter a home. Conversely if you are not entitled to state benefits before you enter a care home, it is unlikely that that you will be entitled to them when entering a home. If you are entitled to benefits but have not claimed them, you will lose out because when we carry out your financial assessment, we assume that you are receiving all of the benefits to which you are entitled. The contribution towards your care costs that we ask you to pay is assessed accordingly.

The main impact on your benefit entitlement when entering a care home will be if you are in receipt of Attendance Allowance, the care component of Disability Living Allowance or Personal Independence Payment. If you are receiving these benefits it is your responsibility to inform the Department for Work and Pensions when you enter the care home. If the council is paying towards the cost of your care, then these benefits will normally be suspended four weeks after you move into care, inclusive of any hospital admissions. If you receive the Severe Disability Premium in your Pension Credit, Income Support or Employment Support Allowance the premium will also be suspended so the amount of these benefits will reduce or cease depending on your own circumstances.

Disability benefits will continue to be paid if you:

- Are paying for care yourself; or
- You have entered into a deferred payment or interim funding arrangement with the Council, whereby you receive a refundable loan from the Council towards the cost of your Care Home fees.

You must advise the relevant Department of Work and Pensions offices for all the benefits you receive when you move into a Care Home.

Please contact the RBWM Assessment & Intervention's (Social care) Team (Tel 01628 683137 or 01628 683113) if you need any more information about the effect on your benefits when you move into a Care Home.

Paying the Costs Yourself - Benefits

If you are self-funding in a care home, you may be entitled to Disability Living Allowance, Personal Independence Payment or Attendance Allowance. You may also be entitled to Pension Credit.

The combined value of these benefits, and any pensions or assistance from family or friends, may make self-funding a viable option in certain circumstances.

You should seek professional advice if you have any doubts about entitlement to benefits.

www.gov.uk provides more information about benefits, how to apply and contact details.

Alternatively please contact RBWM 's Assessment & Intervention's (Social care) Team (Tel 01628 683137 or 01628 683113)

How will I make payments for my care?

You, or someone acting on your behalf, will be notified of the amount you are assessed to pay. This can take a while to sort out. Therefore your first bill may include a backdated charge. Thereafter you will receive a bill for your assessed contribution every four weeks.

Unless you have personally arranged and are fully funding your care, Adult Services will ensure that the residential home is paid promptly, in full, for the services that you receive.

What if I need a short period of care in a care home?

You may need a short stay in a care home. This may be for respite (a short break for either you or your carer) or this could be due to an emergency.

Planned respite to give your carer a break may be provided to you through a Personal Budget, which is an amount of money allocated to you to pay for the cost of your services. To receive a Personal Budget you will have an assessment of all of your needs and, if you are eligible, you and your social care practitioner will plan your services. You may choose to receive your Personal Budget as a Direct Payment if you, or your carer, wish to arrange the respite yourself.

You will be financially assessed to determine your financial contribution under the Royal Borough's 'Contribution Policy'. The leaflet called 'Paying for My Care & Support' explains this in more detail. If you already have a Personal Budget you will already have received a financial assessment.

You will be advised if the inclusion of respite affects the amount you are charged for your Personal Budget.

Different charging rules apply to unplanned temporary stays in care homes, if for example your carer is unexpectedly admitted to hospital. If you arrange your own services you will be responsible for paying the Care Home. If the Council arranges your services you will be charged as follows:

If you are a self funder because you have savings over the capital limit of £23,250 you will be charged £705.50 per week if you are an older person, or £155 per night if you have learning disabilities.

If you are not a self funder and you already have a personal budget, you will be charged your normal charge for the first 14 days.

If you are not a self funder and you do not have a personal budget, you will not be charged for the first 14 days.

From the 15th day, non self funders will be financially assessed, using the charging rules that apply for care home accommodation.

Can I, personally, pay for more expensive care and accommodation?

You may pay for more expensive accommodation than the council will usually fund if:

- you are paying all of the care costs yourself - OR
- you have entered into a Deferred Payment agreement - OR
- you are really able to meet the full cost of the home yourself but are eligible for the 12 week Property Disregard.

If you have capital and savings of less than £14,250, then these are disregarded from your financial assessment. You may not use capital assets disregarded in this way to pay for a more expensive residential home, except where a Deferred Payment Agreement is entered into or where a 12-week property disregard is agreed. In no circumstances should your personal allowance be used to pay for more expensive accommodation.

These rules are complex. Our Assessments & Interventions (Social Care) Team can help you with detailed queries. Telephone 01628 683137 or 01628 683113

Third Party Payments - Contributions by relatives, friends, or charities

A third party payment will only be required if:

You choose a different care home than the one offered to you by Adult Services and

- The fees are more expensive than the Borough would normally expect to pay for someone with your needs

The Borough is obliged to offer a place in at least one care home that will accept Local Authority rates. If it cannot do so then it must pay the required fees.

If you wish to move into a home where the fees are higher than Adult Services will pay, and someone else agrees to pay a top-up, then it is important to consider what will happen when the fees go up in the future.

It should be noted that increases would not necessarily be shared equally.

A contract will need to be signed by both the Local Authority and the third party. The third party must provide evidence that they are able and willing to make these payments for the duration of your stay. If the third party stops making payments, we may ask you to move to another home whose charges are at the level we would usually expect to pay.

It is important to understand that if a relative, friend or charity pays the ‘extra cost’, this payment will be ADDITIONAL to the payment you will have been assessed to pay from your own resources.

What if I go into hospital after going into a home?

If you are permanently resident in a care home and need to go into hospital, you will still be charged for your place at the home for as long as you continue to receive benefits. If you no longer need residential care your place in the care home will be given up.

Independent Advice on paying for Care

The Council works in partnership with “My Care My Home” to help you access independent financial information and advice about paying for care and support. Call free on 0800 731 8470 or email info@mycaremyhome.co.uk to discuss your financial options in more detail or arrange for an adviser to visit you at home. This service is free of charge. My Care My Home can also refer you to other financial advice services, including services regulated by the Financial Conduct Authority (FCA).

There may be a charge for independent financial advice services - My Care My Home will always advise you of this before making a referral. Please see the Council’s web site for more information - www.rbwm.gov.uk

COMMENTS, COMPLIMENTS AND COMPLAINTS

The aim of Adult Services is to make sure that local people get the best possible care at times when they need our help. However, there may be occasions when you are unhappy with what we are doing, or feel that you are being denied the help that you need.

If you have a complaint regarding care we would advise that you first contact your social worker. If the matter remains unresolved and you would like to make a complaint, please refer to the RBWM web site or contact the complaints co-ordinator on 01628 683857.

Written complaints can be sent to the: Complaints co-ordinator - Royal Borough of Windsor and Maidenhead, Town Hall, St Ives Road, Maidenhead SL6 1RF

If you disagree with the amount you are required to pay towards your social care or the outcome of your Deferred Payment application please contact the Assessments and Interventions Team Leader on 01628 683231 in the first instance.

If you remain dissatisfied with the outcome you can lodge an appeal. Appeals should be in writing, either by email or letter, clearly explaining why you disagree with the financial assessment. If you wish, we will support you to submit an appeal. Please let us know if you need any assistance.

Please send the appeal to the Assessments and Intervention's Team, who will arrange for your appeal to be forwarded to the Appeal Panel. The appeal is held internally by a panel made up of two senior officers, usually the Head of Service and Head of Commissioning. We will send you an acknowledgement letter on receipt of the appeal and you will receive a written response within 20 working days of the acknowledgement.

There is also a statutory complaints procedure. You can make a complaint at any time that you have an issue with a financial assessment or charging.

Please contact the complaints co-ordinator if you wish to make a complaint.

If you are still not satisfied with our response, you have the right to take your concerns to the Local Government Ombudsman.

COMPLIMENTS

If you are particularly happy with our service then please let us know. You can write, email, phone or tell us in person. We will then record your compliment and pass this on to the staff involved.

COMMENTS

We would like to hear from you if you have a suggestion on how we can improve our service. You can write, email or tell us in person. Suggestions will be passed on to a relevant manager.

You can call our Customer Care and Complaints Coordinator for an informal discussion or complaints leaflet on 01628 683857.

The information given in this booklet is for guidance only. It does not replace the charging regulations and legislation. You can only get information on your own circumstances from the Assessments & Interventions (Social Care) Team (see the “Useful contacts” section).

USEFUL CONTACTS

Optalis Adult Services Advice and Information Team 01628 683744
Town Hall, St Ives Road, Maidenhead, SL6 1RF
A first point of contact for advice and information

RBWM Assessment and Interventions (Social Care) Team 01628 683137
For information on how the contribution to your care costs will be assessed, and benefits advice 01628 683113
01628 683231

RBWM Finance Team 01628 683123
Town Hall, St Ives Road, Maidenhead, SL6 1RF
For enquiries regarding invoices

Optalis Hospital Team 01628 682918
Town Hall, St Ives Road, Maidenhead, Berks, SL6 1RF

My Care My Home - Independent Financial Advice 0800 731 8470

Berkshire Carers Service - Help and advice for Carers 0800 988 5462

INFORMATION SERVICES

Age UK England: National Information Line: 0800 169 2081

Age UK Berkshire: 0118 959 4242

Better Caring: Information on registered care homes 0845 644 1701

Care Quality Commission (who inspect care services) 0300 061 6161

WEBSITES THAT MAY BE USEFUL

RBWM website	www.rbwm.gov.uk
Optalis website	www.optalis.org
The leading national charity for older people	www.ageuk.org.uk
National site for Citizens Advice Bureau	www.citizensadvice.org.uk
Independent financial information and advice on paying for care	www.mycaremyhome.co.uk
Windsor, Ascot and Maidenhead Primary Care Trust	www.berkshire.nhs.uk
Inspection unit for care services the Care Quality Commission	www.cqc.org.uk
Other sites that provide information to assist in choosing a home	
www.carechoices.co.uk	www.carehomes.co.uk
www.bettercaring.co.uk	www.counselandcare.org.uk
www.firststopcareadvice.org.uk	

DEFINITIONS OF THE WORDS USED IN THIS BOOKLET (GLOSSARY)

12-week property disregard is where for the purpose of a financial assessment the value of your main residence, is disregarded for the first 12 weeks of your permanent stay in long-term care. If you have other savings and capital assets that exceed £23,250 then you will not qualify for the 12 week property disregard.

Assessment of need is the way we work out what care services a person needs.

Capital is the total value of your current accounts and savings, cash, house and investments, including National Savings Certificates, Premium Bonds, PEPs, ISAs, stocks and shares.

Deferred payment agreement and legal charge is a legal document which is attached to a property, similar to a mortgage that we can use to get back any money we are owed from the sale of that property.

Fee levels are the weekly fees paid by the local authority. Social and Caring Services agree usual maximum amounts for the different levels of care a person needs. We review the fees every year.

Incapacitated

A person is incapacitated when he or she is:

- receiving one or more of the following Social Security benefits - Incapacity Benefit, Employment & Support Allowance (Support Group)

- Severe Disablement Allowance, Disability Living Allowance, Attendance Allowance or Constant Attendance Allowance;
- receiving a similar benefit; or
- not receiving any of the benefits above but their incapacity qualifies for any one of these benefits.

The Department for Work and Pensions may need to see medical or other relevant evidence before they make a decision.

Income includes all regular payments that you receive, for example, earnings, state benefits, Income Support and Pension Credit, and occupational and private pensions.

Independent homes are run by voluntary or private organisations and may offer residential or nursing care (or both).

A Legal Charge is a legally binding agreement in respect of your home. This agreement allows us to make payments for your care on your behalf. These payments accrue against the value of your home. When your house is sold we recover the money due to us from the sale proceeds.

Care Homes with Nursing provide accommodation with 24-hour board and nursing care. They are registered and inspected by the Care Quality Commission. The homes must employ a registered nurse on the premises at all times during the night and day, and a doctor or consultant must supervise the medical care.

Personal expenses allowance (personal allowance) is the weekly amount that you have to spend as you want, after your board, care and accommodation is paid for.

Care homes provide accommodation with 24-hour board and personal care, but they do not need to employ a registered nurse. They are inspected by the Care Quality Commission (CQC) and include both registered independent homes and homes run by this Council.

Tariff income is a weekly contribution you pay if you have capital and savings between £14,250 and £23,250.

If you need the information contained in this Booklet in larger print, audio tape or other languages please contact Adult Services on 01628 683744 and we will be happy to help you.

ਜੇ ਤੁਹਾਨੂੰ ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਤਰਜਮਾ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੀਦਾ ਹੈ, ਤਾਂ 'ਟੂਸੀ' ਹੋਣਾ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਸਾਨੂੰ ਫੋਨ ਕਰੋ ਅਤੇ ਅੰਗਰੇਜ਼ੀ ਵਿਚ ਪੂਰੀ ਜਾਣਕਾਰੀ ਦਿਓ ਕਿ ਅਸੀਂ ਤੁਹਾਡੇ ਨਾਲ ਕਿਵੇਂ ਰਾਬਤਾ ਕਰੀਏ।

اگر آپ اس دستاویز کا بڑا پتی زبان میں ترجمہ کرنا چاہتے ہیں، تو براہ کرم ہماری خطی پیغام دینے والے پتے پر ہمیں خط لکھیں اور ساتھ میں رابطہ کے لیے اپنی پوری تفصیلات انگریزی میں تحریر کریں۔

Optalis, Adult Services Advice & Information,
Town Hall, St Ives Road, Maidenhead, Berkshire, SL6 1RF