Most markets reward the better off consumer: if you can afford to pay more you will get a better product. In the care homes market however, there is no guaranteed link between cost and quality and, in many respects, better off consumers are at a disadvantage.

A report published in October by the Commission for Social Care Inspection (CSCI) has revealed that people who pay for a care home place out of their own pocket are often charged substantially more than the local authority rate for the same or similar quality of service. The range of fees within the same care home ranged from £650 per week for state-funded clients, to £1,500 for self-funded places, with people paying privately subsidising the lower rates paid by the local authority. Top-up fees, sometimes amounting to several hundred pounds a week, were also being imposed arbitrarily. One care home staff, quoted in the report, said decisions were based on how well-off the client’s relatives looked.

An overly complex system
A Fair Contract for Older People? draws on the experiences of over 1,700 people and their carers in choosing, paying for, and moving into a care home as well as evidence collected from care homes and local authorities. It reveals an overly complex system – confusing even to the professionals who work in it – which older people and their relatives find traumatic to navigate. Older people who are likely to fund their own care are, right from the first step of the process, at a disadvantage. Fifty per cent who responded to the CSCI’s survey did not have a care assessment, and four out of ten councils said people who funded their own care receive less support. Private payers were often not told they were eligible for an assessment, and if they were assessed given little further information or support.

Valerie Smith, the RCN’s independent sector adviser, knows from personal
experience just how daunting a task searching for a care home can be: ‘A while ago I had to find a nursing home for my husband’s elderly aunt. I knew the system and I found it extremely difficult. The information you get is very limited. For instance, social services gave me a list of care homes in the area but it didn’t identify which ones were nursing and which were residential – or if they had vacancies.’

The report found that care homes did make an effort to be open and provide information, a finding which reflects Ms Smith’s experience (“Once I got to the care homes, they were good”) but the quality of written information was patchy and they rarely gave a detailed breakdown of what would be covered by fees. Some people still did not know what they were getting for their money on the day they moved in.

The system does not work perfectly for state-funded older people – the CSCI found that knowledge of local care homes by care managers in councils is highly variable with only 21 per cent supporting people throughout the whole process – but they are less vulnerable than people who are paying their own way. Even the complaints procedure was weighted against self-funders: a state funded person can go through the local authority’s complaints, all the way up to the ombudsman; someone who is self-funded has to rely on the home’s internal complaints procedure.

‘It’s another example of people with money getting a worse deal,’ says Lizzy McLennan, social care policy at Help the Aged. ‘Having more money brings you some benefit because you have more choice of care homes, but you are a lot more vulnerable in many ways.’

A duty to provide information
Ms McLennan does not, however, view care homes as the villains of the story. ‘Local authorities have a duty to provide people with information regardless of who the service is funded by, so it is local authorities who are slipping up here, not care homes. We hear from people who have phoned up social services and said ‘My mum needs a care home,’ and the first question they are asked is, “Does she own her own home?”

If the answer is “yes” they say, “We can’t help you.”’ She acknowledges that local authorities are also under huge financial pressure but adds that they have got to stop ‘passing the buck’.

Unfair system must be addressed
Independent nurse consultant Linda Nazarko says individuals are suffering in a system which is unfair because it is under funded. Access to information about the care homes has to improve, but even with good information too many people are faced with choosing the least worst option. Better information and support in finding a care home needs to go hand in hand with more funding so that homes are adequately funded and the best homes are rewarded with higher fees.

The latest CSCI report has added to the mountain of evidence that the current system is unfair, and, in particular, penalises people who have saved for their old age. The government has promised a green paper setting out how it intends to reform adult social care system.

Valerie Smith does not expect it to deliver radical change. ‘It is too expensive a nettle to grasp.’

Thelma Agnew is a freelance writer

The future begins now
Nurses need to influence the direction of reform if the profession is to retain its core identity, says Rebecca Neno

The shape of nursing and nurses in years to come was the focus for the start of November as the Nursing and Midwifery Council (NMC) launched its consultation on the future of pre- and post-registration nurse education.

The consultation explores key principles such as whether nurses should be specialists or generalists, whether they should be graduates and how much of nurse training should be conducted in community settings.

Sarah Thewlis, chief executive officer and registrar at the NMC said: ‘The aim of this project is to establish how we can ensure nurse training is safe, effective and fit for purpose in a changing health care environment marked by an ageing population, advances in technology and changes in the way services are provided’.

The consultation document, Nursing: towards 2015, provides each and everyone one of us with an opportunity to influence the direction of nursing and nurse education frameworks.

However, the NMC has already stressed that the outcome must enable nurses to accumulate the knowledge and skills to meet needs:

- In a complex and diverse society where social inequity exists
- Inside and outside hospital and across health and social care
- Across public, private and voluntary health provider organisations
- Of an increasing older population
- Of those with long term conditions
- Across the patient care pathway
- In supporting lifestyle changes
- Using disease prevention and health promotional interventions
- By treating patients as partners in health care and maximising choice
- Through the use of technological advances