TEN YEARS ON

BRIEFING 2 | February 2016

Our vision is a world where all care homes are great places to live, die, visit and work.

Care homes cannot be seen in isolation; they are part of a system. To work well they need to be welcomed into and supported by the system.[11]

In this briefing we explore the current care home landscape in the UK and some of the implications.

The Current Care Home Landscape in the UK

In the UK as of 2014 there were 17,688 (12,535 residential care and 5,153 nursing homes) care homes for older people and 433,000 residents[1] with approximately 405,000 aged 65+2. The vast majority (90% across the UK) of care homes are independently owned, either by private companies or charitable organisations.[3]

Alongside the mixed economy of providers, a mixed economy of care home residents has also emerged. Older people with capital, including property, beyond a certain threshold (which varies across the UK from £23,250 to £26,250) must meet their care home fees in full (in Scotland this is limited to 'hotel costs' as nursing and personal care is free). In contrast, publicly funded older people contribute to care home fees from their pensions and any other income, and local authorities fund the balance,[4] covering the full costs of care for 37% of the UK care home population.[5]

In 2015, 41% of older people living in care homes in the UK (approx. 177,530) were self-funding their care[6] and so the majority of care homes still depend heavily on local authority funding. Care homes have however become the focus of targeted cost reduction efforts as part of austerity measures, both by driving down unit costs in real terms and decreasing the number of publicly funded places. In some places the contracted rate for publicly funded residents does not cover running costs for small and medium homes[7]. This has resulted in some care homes cross-subsidising publicly funded residents' costs from their self-funding counterparts. Care home fees for older people who self-fund are variable and also higher. Some care homes, particularly in more affluent areas, are now catering solely for self-funding residents, sparking concerns about the emergence of a two-tier system[8].

Implications for the Care Home Population

Older people living in care homes have widely differing needs, aspirations and priorities and there is often variability in individual functional abilities day to day. However, policy emphases on people being cared for in their own home for as long as possible, coupled with more recent moves to promote earlier hospital discharge, have resulted in people entering care homes much later, when they are older, more frail, often with complex, multiple and more advanced conditions and increasingly high levels of cognitive impairment[9]. Relatives, particularly spouses and siblings, may also be older and in declining health. Coming into the care home is often the final stage of an already traumatic journey through the health and social care system for the person and their family. Death is inevitably more commonplace, which has an impact on everyone within the care home, and the increasing presence of dementia has major implications for experiences of dying.

1 Laing and Buisson (2015) *Care of Older People* – 27th edition
2 Age UK estimate calculated from Laing and Buisson (2014) *Care of Elderly People Market Survey* 2013/14
3 Laing and Buisson (2015) ibid
4 ISD Scotland (2014) *Care Home Census 2014: Statistics on Adult Residents in Care Homes in Scotland.*
5 Laing and Buisson (2015) ibid
6 Laing and Buisson (2015) ibid
7 Scottish Government (2014) *The Future of Residential Care in Scotland*: Taskforce Report
8 Scottish Government (2014) ibid
9 Age UK, February 2016 *Later life in the UK*

Responses to the Changing Care Home Population

Meeting the increasingly complex needs of older people living in care homes has asked more of care home staff, but this has not been reflected in staffing levels, skill mix, pay or conditions[10]. Care work remains the lowest paid sector and some care homes reliant on public funding have already been forced to make cut backs in staff pensions, sick pay and paid leave.

'Regulation' has largely been confined to inspecting what takes place inside the home rather than regulating the market as a whole, and has been subject to several revisions since the millennium. Managers and staff are expected to understand and implement each new round of increasingly complex legislation and protocols. In addition, record keeping detracts from direct contact time with residents and places unnecessary stress on workers[11].

The transfer of responsibility from hospital to community has taken place without significant reorganisation or funding of community NHS healthcare services. Consequently, older people living in care homes have inequitable access to NHS primary healthcare support.[3] Further, the difficulties faced in recruiting and retaining enough staff of sufficient quality undermines efforts to develop practice and establish caring relationships.[11]

Alongside this, the growing emphasis on independence, autonomy and consumer choice in policy gives little consideration to the everyday ethical and practical dilemmas encountered in trying to balance the duty to protect, the duty to care and the duty to respect autonomy, particularly in a group living setting. These developments have impacted significantly on the status and confidence of the sector.

Implications for Care Work

Working in a care home is not like working in a hotel. The care home as a community has to deal daily with loss, pain, anxiety and death. Do we recognise this? [11]

The complexity of care is further compounded when severe cognitive impairment is layered on top of an already physically frail body, whereupon everyday undertakings such as hair washing, brushing, nail cutting, shaving or changing a catheter may be misunderstood and resisted[12].

Going Forward

Care homes are, and look set to remain, a vital part of the care spectrum. Despite persistent systemic challenges, quality of care is improving and the care home sector is emerging as having the potential to enable our frailest citizens to live well in the changed circumstances of old age, and to die well. However, the complexity of care homes must be more widely recognised and the care home workforce must be better supported and valued.

My Home Life is working directly with care home managers and staff to facilitate positive culture change and enable them to professionalise and articulate their expertise.

10 Audit Scotland (2015): Accounts Commission for Scotland 2015,
11 http://www.ageuk.org.uk/home-and-care/care-homes/social-care-funding-changes/care-cap-and-means-test-changes/

12 Watson, J, E. (2015), *Developing the Conceptual Underpinning of Relationship Centred Palliative Dementia Care: Doctoral Thesis*