

EXPLANATORY MEMORANDUM TO
THE CARE STANDARDS ACT 2000 (ESTABLISHMENTS AND AGENCIES)
(MISCELLANEOUS AMENDMENTS) REGULATIONS 2006

2006 No. 1493

1. This explanatory memorandum has been prepared by the Department of Health and is laid before Parliament by Command of Her Majesty.

This memorandum contains information for the Joint Committee on Statutory Instruments.

2. **Description**

- 2.1. The Care Standards Act 2000 (Establishments and Agencies) (Miscellaneous Amendments) Regulations 2006 make changes to the regulations governing registered adult social care establishments and agencies as part of the Government's policy to ensure that regulation is risk-based and proportionate. They also make changes to the Care Home Regulations 2001 intended to increase price transparency for residents in care homes.
- 2.2. The amendments introduce a requirement for registered providers to establish a system for evaluating the quality of their services and to produce a quality assurance assessment when requested to do so by the Commission for Social Care Inspection (CSCI). They also require registered providers to produce an improvement plan if requested by CSCI.
- 2.3. The amendments clarify the information care homes are to provide in their service user's guide about fees and related services. This will assist prospective residents to support the initial choice of care home. They also clarify the information care homes are to provide to residents about fees, including notification of any increases in fees.
- 2.4. These changes supplement changes to the statutory inspection frequencies for these services which were introduced from 1st April 2006 by the Commission for Social Care Inspection (Fees and Frequency of Inspections) (Amendment) Regulations 2006 (S.I. 2006/517).

3. Matters of special interest to the Joint Committee on Statutory Instruments

- 3.1. These regulations amend regulation 5A to the Care Homes Regulations 2001, as inserted by the Care Homes (Amendment No. 2) Regulations 2003 (S.I 2003/1703). These regulations were reported for defective drafting by the JCSI in the 29th Report of the 2002-03 session (<http://www.publications.parliament.uk/pa/jt200203/jtselect/jtstatin/175/17503.htm#a1>). The defect was that the requirement to give service users a statement in relation to fees could not work in relation to people who became service users prior to those Regulations coming into force on 1 September 2003. The Care Standards Act 2000 (Establishments and Agencies) (Miscellaneous Amendments) Regulations 2006 address that defect through the amendments made to regulation 5A and the transitory provisions set out in new regulation 5B.

4. Legislative Background

- 4.1. CSCI is required under the Care Standards Act 2000 to register and inspect social care establishments and agencies. Regulated establishments and agencies within the scope of the Care Standards Act 2000 are required to comply with regulations for each type of service. These regulations amend the regulations which impose requirements in respect of care homes, nurses agencies, domiciliary care agencies and adult placement schemes.

5. Extent

- 5.1. This instrument applies to England.

6. European Convention on Human Rights

As the instrument is subject to negative resolution procedure and does not amend primary legislation, no statement is required.

7. Policy background

- 7.1. The policy intention underlying the changes relating to quality of services is to enable the Commission to focus its inspection activity on providers about which it has the greatest level of concern, rather than treating both high quality and poorer quality providers in the same way. This helps to

meet the Government's aim that regulation should be risk-based and proportionate. These changes relate only to registered adult social care services.

- 7.2. From 1st April 2006, the minimum frequency for inspection of premises used for the purposes of registered adult social care services was changed from once in every twelve months to once in every three years (see S.I. 2006/517) These amendments to the regulations governing specific adult social care services are closely linked. They put in place a statutory requirement for registered providers to produce a quality assurance assessment when requested to do so by CSCI. They also require registered providers to produce an improvement plan if requested by CSCI. These requirements form an essential part of an overall process of assessing of the quality of services in an effective and risk-based way, to accompany a reduction in inspection frequencies.
- 7.3. The Government's objective is also to secure transparency about the price of residential care and nursing care provided by care homes, in the light of concerns raised by the Office of Fair Trading in its report on the market for care homes for older people in the UK published in May 2005. This study followed an informal 'supercomplaint' from the Consumers' Association. The OFT report and the Government's response can be found at <http://www.dti.gov.uk/ccp/topics2/carehomes.htm>. The Government's intention is that all residents in care homes, regardless of the resident's age or needs, should have access to clear information about the price of their care. The Government consulted on these changes from December 2005 to February 2006. The changes were broadly welcomed as an appropriate response to the OFT findings. A summary of the consultation responses is included in the Regulatory Impact Assessment attached to this memorandum.
- 7.4. The Department of Health currently has no plans to consolidate the regulations amended by these Regulations.

8. Impact

- 8.1. Two Regulatory Impact Assessments are attached to this memorandum:
 - "Changes to Regulations on the Regulatory Framework for Adult Social Care Service Providers", which also relates to changes in inspection frequencies, and
 - "Care Homes: Provision of information about prices/fees".

9. Contact

- 9.1. Tony Bennett at the Department of Health, Tel: 020 7972 4126 or e-mail: tony.bennett@dh.gsi.gov.uk can answer any queries regarding the instrument.



FULL FINAL REGULATORY IMPACT ASSESSMENT

TITLE: Changes to Regulations on the Regulatory Framework for Adult Social Care Service Providers

PURPOSE AND INTENDED EFFECT

Objective

1. The objective is to enable Commission for Social Care Inspection (CSCI) to operate a more risk-based, proportionate model of regulation, in accordance with the principles of the Hampton Report¹, and to focus its inspection activity on providers about which it has the greatest level of concern, rather than treating both high quality and poorer quality providers in the same way. The Government also wants to make it more explicit in the statutory framework that providers of services have a responsibility for the quality of their services.
2. The objective of introducing more flexible inspection frequencies for adult social care providers is achieved by regulation 5 of the Commission for Social Care Inspection (Fees and Frequencies of Inspection) (Amendment) Regulations 2006. A separate set of regulations introducing a requirement for annual quality assurance assessments for all adult social care providers (The Care Standards Act 2000 (Establishments and Agencies) (Miscellaneous Amendments) Regulations 2006) is intended to be made shortly to come into force later in April.

BACKGROUND

¹ In March 2005 Philip Hampton published his report: '*Reducing administrative burdens: effective inspection and enforcement*'. The Review proposes entrenching the principle of risk assessment throughout the regulatory system, so that the burden of enforcement falls most on highest-risk businesses and least on those with the best records of compliance

3. CSCI are currently required to inspect providers of adult social care services in line with statutory inspection frequencies set out in regulations. The legislative provisions governing inspection frequencies are set out in the Care Standards Act 2000, section 31(7), which enables the Secretary of State to prescribe the occasions or intervals at which providers may be inspected. The Commission for Social Care Inspection (Fees and Frequencies of Inspection) Regulations 2004 determine the inspection frequencies for the various regulated services. These are unchanged from those which were applied to CSCI's predecessor body, the National Care Standards Commission (NCSC) prior to CSCI's creation in 2004.
4. The regulations specify that care homes must be inspected twice a year and other providers of adult social care once a year. The inspection frequencies were based on existing practice in the previous inspection regime (operated by local councils and health authorities), an assessment of perceived risk, the desire for a level playing field between the sectors involved – private, voluntary and public – and a wish to minimise frequencies (and thus cost and fees).

RATIONALE FOR CHANGE

5. In the context of the Government's reform of public service inspection there is now a recognition that risk assessment is a viable means of identifying where intervention is needed by inspectorates. The "one size fits all" approach which is represented by the current statutory framework, whereby all providers regardless of their quality are inspected routinely on the basis of set frequencies, now looks outmoded. A proportionate inspection system is inconsistent with this. It is also important that the system keeps down the cost of inspection, which is borne by the taxpayer and by regulated providers. The use of inspectorate resources must be effective and efficient. It is arguable that, as an independent regulator, CSCI should be enabled to decide how and where to focus its inspection effort.
6. In relation to adult social care regulation, the Government's public service inspection agenda has been taken forward through two related processes:
 - a review of the adult social care national minimum standards (NMS) and their associated regulations, announced in October 2004 by Stephen Ladyman MP; and
 - the CSCI initiative "Inspecting for Better Lives" which focuses on streamlining their methodologies and making their regulatory activity more proportionate to risk.
7. But CSCI would not be able to reduce its inspection activity sufficiently or modernise its methodology without specific intervention by the Government in the form of changed regulations. Without this the Department of Health would not be able to fulfil the Government's inspection agenda, which requires inspection to be

proportionate to risk, and the Department's arm's-length bodies review implementation, requiring efficiency savings, would be jeopardised.

CONSULTATION

Within government

8. The Department for Education and Skills, which has similar objectives in respect of the regulation of children's services, has been closely involved in the development of these proposals. The Cabinet Office (Better Regulation Executive) have also been involved. CSCI itself has played an important role in contributing to the policy development process and in developing changed methodologies to back up the proposed regulation changes.

Public consultation

9. A full public consultation was conducted by the Department of Health between 14 October 2005 and 14 January 2006. The consultation resulted in some 210 responses. Overall, the proposed changes met with approval by respondents, in some cases overwhelmingly, although responses varied by type of respondent. The consultation document posed a set of specific questions for respondents, and in all cases a majority of respondents responded by making clear their support for the proposals. Details of the responses are set out in this RIA in the relevant sections below.
10. In general, there was significant support for the proposed changes to the statutory framework from provider organisations, subject to the general point that a reduction in inspection frequencies could only be successful if the other parts of the system – the risk assessment process – is robust and transparent. There was significant opposition from a few major service user organisations. These were not numerically dominant (because of the number of individual providers responding) but strongly argued that, because of the vulnerability of service users, particularly care home residents, inspection should be frequent, and at least annual.
11. The general support for the proposals from the consultation has reinforced DH Ministers' wish to proceed with the preferred option set out below.

OPTIONS

- | | |
|----------|---|
| Option 1 | Leave things unchanged. |
| Option 2 | Remove the current requirement for inspections every year, but retain a requirement that all providers are inspected at least once every three years. |

Make it a legal requirement for registered providers to produce an annual quality assurance assessment, describing:

- how well, in their estimation, they deliver good outcomes for those using the service
- how they have taken the views of people who use their service into account in shaping what they do
- where, in their estimation, they believe they need to improve the service
- the action they will take to improve the service
- how they have responded to previous inspection recommendations or requirements.

Make it is legal requirement for care providers to produce an improvement plan if requested by CSCI. This would not apply to providers whom CSCI assess as providing a good quality (or better) service.

These changes will be supported by a robust risk assessment process adopted by CSCI which is not itself the subject of legislation.

- Option 3 Set no minimum inspection period at all, otherwise as Option 2.
- Option 4 Specify a period of five years rather than three as the minimum inspection period, otherwise as Option 2.
- Option 5 Keep annual frequencies but allow CSCI to undertake the absolute minimum activity where services are good, otherwise as Option 2.

COSTS AND BENEFITS

Sectors and groups affected

12. The proposals affect all adult social care providers registered with CSCI: care homes (some 20,000), domiciliary care agencies (over 4,000), nurses agencies (about 900) and adult placement schemes (130). They do not affect registered children's services regulated by CSCI, for whom the inspection arrangements are the policy responsibility of the Department for Education and Skills.

Benefits (social, environmental and economic)

13. Option 1 - Leave things unchanged: benefits would be limited. In social terms the benefits would derive from continued reassurance to service users and their families that might be obtained from continued twice-yearly inspection of care homes and yearly inspection of other providers.

14. The publication of annual inspection reports, which would continue, is regarded by some providers and many service users as useful information, either for publicising the services (a social benefit for service users as well as an economic benefit for providers), or enabling choices to be made between different services.
15. Economic benefits to providers from not being required to produce annual quality assurance assessments would be negligible as they would be offset against the continuing need for providers to complete pre-inspection questionnaires instead. Economic benefits to providers from not being required to produce an improvement plan would be negligible as in practice CSCI make this a requirement under the current system: the proposal is simply to give this legislative force. No environmental benefits have been identified.
16. Option 2 - Remove the current requirement for inspections every year, but retain a requirement that all providers are inspected at least once every three years; legal requirement for providers to produce an annual quality assurance assessment, and to produce an improvement plan when requested by CSCI: This is the preferred option. Social benefits are in the greater proportionality in the regulatory system that would follow. CSCI would be enabled to determine how often they inspect particular providers, using a robust system of risk assessment. This would therefore enable CSCI to focus their inspection activity on providers about which they have the greatest level of concern, rather than treating both high quality and poorer quality providers in the same way. CSCI would still be able to carry out random inspections and would, as now, respond vigorously to complaints and whistleblowing. This would lead to better protection for service users.
17. Economic benefits would accrue from savings in regulation costs. The proposed reduction in inspection activity of CSCI is a significant contribution to the cash savings for Government which are projected as part of the DH arm's-length bodies review and the central Government inspection agenda. Those savings have not been finalised but we can state that the overall operating cost of CSCI will be smaller by at least £18m in cash terms by 2008, a saving on average of £6m per year over the three years 2006/07 to 2008/09.
18. For providers the proposal would have benefits in that CSCI would dispense with their current use of a pre-inspection questionnaire. Against this, the effort needed for producing an annual quality assurance assessment would need to be offset. But since the proposal allows greater proportionality it means that the better quality providers would receive less actual inspection, and therefore need to spend less time preparing for an inspection and actually dealing with it (see costs below). The precise economic effects of the new risk assessment process adopted by CSCI, which is not itself the subject of legislation, but which is essential to underpin the regulation changes, cannot be quantified.
19. Option 3 - Set no minimum inspection period at all, otherwise as Option 2. There would be some support from service providers for this in the expectation that it would

mean less inspection, but the economic and social benefits would not effectively differ from Option 2.

20. It would be presentationally very difficult, since service users and their representatives tend to want more inspection rather than less. They would argue that many providers would never receive an inspection. This would not be true, as CSCI would inspect as it saw fit. In terms of its effect on the inspection process, this option is therefore indistinguishable from the preferred option, but carries a significant presentational disadvantage. It could also undermine public confidence in the regulatory system. The Department does not therefore favour it.
21. Option 4 - Specify a period of five years rather than three as the minimum inspection period, otherwise as Option 2. Although DH Ministers have recently agreed this in respect of the Healthcare Commission's inspection of private and voluntary healthcare (PVH) providers, in private healthcare there is lesser risk: users of services have a more fleeting contact with the service and generally choose to use it, unlike users of social care services whose contact is more constant and will be determined both by need and by what is available. CSCI advise that they would in any case inspect providers at least every three years regardless of any statutory minimum. In practice it is therefore pointless to set a five-year period and it would, as with the previous option, give rise to serious concern from service users. Economic benefits do not therefore significantly differ from Options 2 and 3. Social benefits are less, because of the presentational difficulties whereby service users would see this as a diminution of inspection (even if it is not that in practice) and undermining assurance about quality of services.
22. Option 5 - Keep annual frequencies but allow CSCI to undertake the absolute minimum activity where services are good, otherwise as Option 2: This option would make it difficult for CSCI to reduce its inspection activity sufficiently, therefore significantly constraining economic benefits for the better quality providers which would occur under Option 2. It would also be out of line with the Government's inspection agenda, which requires inspection to be proportionate to risk, because it would remain a requirement for all providers to be inspected annually regardless of their quality. It is also arguable that the value of a "minimal" inspection would be negligible, providing little social benefit and affording little real protection for vulnerable service users, although it would superficially provide some reassurance to service users, who generally support more inspection rather than less. In summary the economic and social benefits are negligible under this option.

Costs (social, environmental and economic)

23. Option 1: Significant costs would be incurred by Government in comparison with the other options, as the proposed reduction in inspection activity of CSCI could not take place (see under Option 2 below), and the savings in CSCI's operating costs that have been earmarked could not be achieved (an average of at least £6m per year over the period 2006/07 to 2008/09). No additional costs would be incurred by providers.

The current requirement for a pre-inspection questionnaire would stay in place, and the amount of inspection would be unchanged.

24. Option 2: This option would enable the Government to achieve significant savings in the grant to CSCI although the level of these savings are not yet finalised (see under benefits above). The measures under this option would significantly improve the proportionality of the current system. Good providers who deliver quality outcomes to people who use their services will have the burden of regulation and inspection minimised. Consistently good providers who know how to evaluate their services and deliver ongoing improvement will have significantly less routine inspection. Where services need substantial improvement there will be an onus on the provider to take greater responsibility to prove to CSCI that they are able to manage their service. Such providers will be required to produce evidence of how improvement will be achieved, through a statutory requirement for improvement plans.
25. The impact of these changes in terms of cost is difficult to quantify because the precise effect would depend on the quality of services as evaluated by CSCI. Clearly some providers will have reduced activity in preparing for inspections and in the follow-up activity, which will lead to savings in administrative costs. In the care home sector, for example (the largest group of service providers regulated by CSCI by far – some 20,000) those homes regarded as providing “good quality” or better amount to some **35 per cent** of homes (this can of course change and would be expected to increase), and these would generally have less inspection. They would also not be required to produce an improvement plan.
26. For the 35% of care home assessed as "good quality" or better, the administrative costs connected with a physical inspection itself might (once the new arrangements are fully operational) be about one-sixth of their current levels, because the legal minimum inspection will be **once every three years** instead of **twice every year**. For other good quality providers whose current inspection frequency is once a year rather than twice (all except care homes) the costs would be about one-third of their current levels. Some savings from this would be offset by the fact that some good quality providers would receive random inspections during the three year period.
27. For the providers regarded as “satisfactory” by CSCI, we can also assume some reduction in the costs associated with physical inspection, although the frequency of their inspection would depend upon the risk assessment by CSCI. As a working assumption they could be inspected once every 12-18 months, i.e. incurring costs at between half and one-third of their current level. Providers who need to improve could receive more than two inspections a year, ie. an increase over the current requirement. For them the administrative burden would increase because CSCI would be focusing more of their effort on them, which is a key policy objective of the changes. The costs associated with twice as much inspection would of course be double the current level.

28. Regulated service providers will be required under the preferred option to complete an annual quality assurance assessment in a form specified by CSCI (see para 9). For many existing providers the quality assessment requirement will dovetail with their current quality processes and would not impose any additional costs. For other providers with less well developed quality review processes, this requirement will help to build their capacity to be reflective and analytical about their need for improvement. The number of providers regarded by CSCI as providing less than a “good” quality service, and who might be expected to need to beef up their quality assurance procedures, would amount to some **65 per cent** to start with, but this figure would be expected to reduce. Those providers would also need to complete an improvement plan, but this is already part of CSCI’s activity and the preferred option simply gives it statutory force.
29. The administrative costs of producing the annual quality assurance assessment would be broadly comparable to the current pre-inspection questionnaire. Where a provider is assessed as good quality, they would need to produce the assessment every year, even though their physical inspection would reduce. It can be assumed that 35% of providers have effective quality assurance procedures already, so the net effect of the new arrangements would be savings from the abolition of pre-inspection questionnaires. For other providers, needing to improve quality assurance procedures, the effect would be roughly neutral as the new quality requirement would be offset against the cost of completing pre-inspection questionnaires.
30. It is possible to identify approximately £5m of savings per year for providers as a result of the annual assessment having to include service users’ views about the service. Currently providers are required to provide this information for inclusion in inspection reports by CSCI, and for care homes that would be twice yearly. Work undertaken in respect of the Government’s administrative burdens reduction programme has identified the cost to care homes of providing that information as about £10m per year. Providing it once a year in the annual assessment would therefore reduce these costs by half.
31. Option 3: as Option 2.
32. Option 4: as Option 2.
33. Option 5: Costs are not quantifiable as these would depend on the “minimum” activity which CSCI might be able to undertake. This would be determined by their assessment of the safety and quality of services. However, the costs for Government and providers can be stated to be less than those for Option 1, and greater than those for Options 2, 3 and 4.

Issues of Equity and Fairness

34. The proposals will mean that some providers receive more inspection, and more attention, from the regulator. However, this is not inequitable, since the inspection

programme of CSCI will be based on a robust, consistent system of risk assessment whereby the greater effort will be directed where it is most effective, to assist the poorer providers to improve. Providers themselves will have a key role to play in the risk assessment process by producing annual quality assurance assessments, whereby they themselves are able to describe the quality of their services and identify areas needing improvement, using the views of service users and their relatives to help to support these assessments.

Race equality issues

35. No race equality issues are raised by these proposals.

SMALL FIRMS IMPACT TEST

36. We do not envisage the proposals under any of the options as having any particular adverse effect on small businesses. Good quality small businesses would experience less routine inspection under all options except Option 1. Equally, under all options except Option 1 it is unlikely that small businesses would all be able to avoid some short term effort to put in place a quality assurance system to enable them to comply with the requirement to produce an annual quality assurance assessment. However, CSCI are committed to developing good practice templates and guidance for providers who do not at present have sufficiently well-developed quality assurance arrangements, and to work with providers on this to minimise the impact upon them.

37. This will deal with the concern expressed in response to the consultation by small businesses that there should be a standardised format for annual quality assurance assessments and improvement plans, and that appropriate support should be given to providers.

COMPETITION ASSESSMENT

38. The proposals affect various markets in the social care sector, of which the largest by far is the care home market. There are over 20,000 care homes, of which the majority are in the private sector, with a substantial number also provided by voluntary organisations. Among other regulated services, domiciliary care agencies are the biggest group with over 3,000, mostly private or voluntary sector.

39. The proposals apply to providers who will have already acquired registration so do not affect the process of market entry. Options 2-5 are all aimed at ensuring that good quality providers receive less routine inspection, with poorer quality providers probably receiving more. Any disincentives to enter the market as a result are acceptable in the context of the Government's policy to drive up the quality of services and to protect those people who use them.

ENFORCEMENT, SANCTIONS AND MONITORING

40. CSCI has powers to enter and inspect premises under section 31 of the Care Standards Act 2000 and it is a criminal offence to obstruct the exercise of that power.
41. Enforcement of the requirements relating to annual quality assurance assessments or an improvement plan if requested by CSCI, is achievable through the same process as applies to existing regulations governing care homes and other providers. The new regulations would be subject to penalties for infringement (using the standard scale, as applies currently to infringement of the existing regulations). In addition non-compliance – as for the existing regulations – would attract enforcement action by CSCI.

IMPLEMENTATION AND DELIVERY PLAN

42. Changes to inspection frequencies are achieved through The Commission for Social Care Inspection (Fees and Frequencies of Inspection) (Amendment) Regulations 2006 which will come into force on 1 April 2006. The introduction of a statutory requirement for an annual quality assurance assessment by providers and for an improvement plan if requested by CSCI is intended for implementation in a separate set of regulations (The Care Standards Act 2000 (Establishments and Agencies) (Miscellaneous Amendments) Regulations 2006) which it is planned will be made and laid very shortly and come into force later in mid-April.
43. These changes will be supported by a revised inspection and assessment methodology by CSCI using a robust risk assessment process. This will create an annual process of assessing the quality of service providers and the risk to service users of less inspection. As a result CSCI will be able to determine whether or not to inspect a particular provider in the following year.

POST-IMPLEMENTATION REVIEW

44. The Government will keep the operation of the revised framework under review, and will request CSCI to provide regular feedback on its operation and to identify any shortcomings or adverse effects, taking into account the views of providers and service users.

SUMMARY AND RECOMMENDATION

45. The costs and benefits of the options are summarised in the table below.

Option	Total benefits (p.a.)	Total costs (p.a.)
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1	Negligible	No additional costs to providers. Cost to Government of at least £6m per year as a result of having to fund CSCI at a higher level than that already earmarked.
2	Greater proportionality and focus on services where most needed therefore benefit for service users (not quantifiable). Savings to Government over current cost of CSCI – at least £6m per year. Lower costs to providers from physical inspection dependent on assessed quality of provider (not quantified). Savings probably significant for good quality providers. About £5m of savings per year for providers as a result of the annual assessment having to include service users' views about the service.	Higher costs (not quantified) for poor quality providers from increased physical inspection. Higher costs (not quantified) for possibly 65% of providers (reducing over time) from requirement for annual quality assurance assessment – offset against abolition of pre-inspection questionnaire therefore overall effect neutral.
3	negligible	As option 2, with additional presentational difficulty leading to potential loss of confidence in regulatory system.
4	negligible	As option 2, with even greater risk of loss of confidence
5	negligible	Greater costs to Government and providers than options 2, 3 and 4, and less than option 1, because it involves more physical inspection (not quantifiable).

46. Option 2 is preferred as the best solution available to ensure a more proportionate regulatory regime whilst retaining necessary protection and assurance for service users.

Declaration

I have read the Regulatory Impact Assessment and I am satisfied that the benefits justify the costs

Signed: Ivan Lewis

Date: 6th June 2006

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Regulatory Impact Assessment

Title: Care Homes: Provision of information about prices/fees

Purpose and intended effect

Objective

1. To support informed choice for people considering moving into a care home in England and increase clarity for residents about what is covered by the fees, by increasing the transparency of care home fees.

Background

2. On 18 May 2005, the Office of Fair Trading (OFT) published a report on the market for care homes for older people in the UK. This study followed an informal 'supercomplaint' from the Consumers' Association. The OFT report and the Government's response can be found at <http://www.dti.gov.uk/bbf/competition-law/market-studies/Care%20Homes/page17612.html>.
3. The OFT market study stressed the importance to people deciding on a care home of being able, as far as possible, to compare the services and fees offered by different care homes. However, they found that the information provided by care homes varies in quality and completeness and is often not provided within a useful timescale (i.e. prior to moving into the care home or at the time the older people need to make a decision about which care home to enter into). Some care homes failed to provide some basic information about prices, even after persistent prompting by the OFT researchers. Others did not provide information about what was included in fees, what extras were on offer and simple contract information such as penalties for absence.
4. The OFT recommended² that the government should amend the relevant regulations to include a requirement that care homes should provide the price in writing of accommodation and residential or nursing fees promptly and prior to the older person making the decision to enter a home.
5. In its response to the OFT report, the Government committed³ to consult in 2005 upon the most appropriate way to create a clear requirement for care homes to provide information about prices prior to the individual choosing a care home.

² Para 1.24, Care homes for older people in the UK, A market study, Office of Fair Trading, May 2005

³ Para 19, Government response to OFT care homes study, August 2005

6. The introduction of NHS funded nursing care in October 2001 highlighted the need for an amendment to the Care Homes Regulations 2001 to ensure that service users are made aware of the fees that they are expected to pay and the source and amount of funding that will be paid in respect of their care from external sources. The Care Homes (Amendment No. 2) Regulations 2003 (the 2003 Regulations) were intended to deliver those changes in respect of care homes that provided nursing care.
7. However, the Joint Committee on Statutory Instruments reported concerns regarding the drafting of the 2003 Regulations⁴ on the basis that the requirement to give service users a statement in relation to fees could not work in relation to people who became service users prior to those Regulations coming into force on 1 September 2003.
8. All care homes in England are regulated (registered and inspected) by the Commission for Social Care Inspection (CSCI). CSCI regulates care homes in accordance with regulations and National Minimum Standards (NMS). The regulations set out what care home providers must do by law. The NMS set out clearly what care homes are expected to provide to demonstrate that they conform with the regulations. CSCI has strong enforcement powers and will take action to protect the welfare of care home residents.
9. The NMS and Care Homes Regulations 2001 (as amended) already require care homes to produce a “service user’s guide”, in a format suitable for intended residents, and to make this available on request. Among other things, the guide must include the terms and conditions in respect of accommodation to be provided for service users, including the amount and method of payment of fees. However, there is no guidance on the minimum level of information on fees care homes must include in the guide, or how quickly they must provide it when requested.
10. The Care Homes Regulations 2001 (as amended) also require that, where nursing care is provided by the care home, the service user must be provided with information relating to the care home’s fees, including notification of any variation in the fees. There is currently no equivalent requirement for care homes that do not provide nursing care.
11. Stephen Ladyman, former Health Minister, announced in October 2004 a review by the Department of Health of the NMS and associated legislative framework for adult social care. The focus of the review is on ensuring that the NMS and regulations are targeted and proportionate and deliver high quality outcomes for service users. We intend to issue revised NMS and regulations for consultation in early summer 2006, with the intention of implementing changes from April 2007. We are satisfied that addressing the objective set out in paragraph 1 in advance of that review is

⁴ JCSI 29th Report of the 2002-03 session,
<http://www.publications.parliament.uk/pa/jt200203/jtselect/jtstatin/175/17503.htm#a1>

appropriate. This is due to the worrying nature of the OFT's findings, and because the objective is consistent with the focus of the broader review

12. Although the OFT recommendation related to care homes for older people, the Care Homes Regulations 2001 apply to all care homes, regardless of the age of the residents.

Rationale for Government Intervention

13. Generally, the care home market is working well, but the OFT report highlighted, among other issues, the following concerns:

- **Price transparency** – many older people and their representatives lack information about care homes' fees and services offered, and about terms and conditions for living in a care home. Older people and their representatives need this information quickly, prior to making a decision about moving into a care home, and in an easily accessible and high quality format. 12% of care homes approached failed to provide information about fee levels, even after persistent prompting⁵. This could mean that there are instances where residents choose a home that is more expensive than they would ideally have been looking for.
- **Contracts** – a large number of contracts appear potentially unfair or have unclear fee related terms, giving care homes scope to introduce arbitrary fee increases. OFT also found that many contracts are unnecessarily complex or unclear, making it difficult to assess the true rights and obligations of the older person and of the care home under the contract. A survey for the OFT report suggested that providers are of the view that nearly all residents have either a written contract or a statement of terms and conditions, yet the OFT's survey of older people in care homes found that only some older people say they were given these documents⁶.

14. The conditions under which the decision to move into a care home are made are clearly key. Often people have to make the decision under time pressure related to a crisis in the prospective resident's life. Around half of people moving to a care home do so from hospital⁷. It is also common for family members to gather information on the range of options available rather than the prospective resident⁸.

15. Once a person becomes resident in a care home, it is uncommon for them to move even if they become dissatisfied with the home⁹. This makes them particularly vulnerable.

⁵ Annex G to OFT Market Study, pg 10, Mystery Shopping Exercise

⁶ Annex E to OFT Market Study, survey of care home providers; Annex F to OFT Market Study, survey of older people in care homes

⁷ Literature review, Annex G to OFT Market Study

⁸ Para 5.63, OFT Market Study

⁹ Para 5.10, OFT Market Study

16. If the Government does nothing to address these concerns, there is unlikely to be any improvement in the situation with the impact that people continue to make life-changing choices with significant financial and personal consequences based upon incomplete information.

Consultation

17. The Government's action plan in response to the recommendations that OFT directed at central Government in England was prepared in consultation with the relevant Government Departments. The Government also consulted with the Commission for Social Care Inspection, the Association of Directors of Social Services and Local Government Association.

18. The Government previously consulted on the Care Homes (Amendment No 2) Regulations 2003, and initially proposed that the requirement to provide a statement of fees to residents should apply to all residents. In the light of concerns expressed by care homes and their representative bodies, the final regulations were narrower in scope, so that they only apply to care homes providing nursing care rather than all care homes. Those who opposed the introduction of the 2003 Regulations felt that a combination of enforcement of the minimum standards and market forces would be the best approach. Even so, most providers seemed to be content with an obligation to provide a statement of fees.

19. The OFT study provides evidence that a large proportion of the contracts they obtained as part of their research appear potentially unfair or include no fee related terms, giving care homes scope to introduce arbitrary fee increases. This lends weight to the view that there is a need to clarify for care homes what information about fees they should be providing for residents.

20. The Government issued its detailed proposals for public consultation on 19 December 2005. The consultation period ended on 10 February 2006. In all, 123 people/organisations responded to the consultation, with almost half (61) of the responses from care homes. Respondents generally welcomed the proposals. Most concerns raised were of detail rather than fundamental disagreement. The final regulations reflect some of the points raised. A summary of the views expressed in the consultation responses and the related adjustments to the policy proposal is attached.

Options

Option 1: Do nothing

Option 2: Encourage improvements through inspection against existing regulations and National Minimum Standards

Risks

21. CSCI is currently designing a self-assessment process for care homes, for implementation from 2006, which they will use to prompt care homes to confirm that they are complying with the regulations. CSCI will validate the self-assessments through their inspection process, but they also plan to carry out some random or themed inspections to check on specific areas.
22. However, while the CSCI work should ensure greater compliance with the existing regulations and National Minimum Standards, it will not address the promptness with which information should be provided, the level of detail that should be provided about fees or the provision of fee information to residents in care homes which do not provide nursing since these are not covered by the existing regulations. The risk is that this approach is therefore unlikely to fully achieve the objective. As the existing requirements have been in place since September 2003 (and for some aspects since April 2002), it seems likely that problems will remain in at least some care homes.

Option 3: Amend regulations to:

- *clarify the information about fees to be included in the service user's guide. This will require care homes to include in the service user's guide the total fee payable (which may be a range) for the standard package of services offered by the home, as well as a description of what is included in the standard package and arrangements for paying for any services additional to the standard package. Care homes will also be required to indicate whether different terms and conditions will apply to residents depending on the source of funding for their care (e.g. where a local authority contributes to the cost of the care).*
- *specify the speed with which care homes must make available the information in the service user's guide. The regulations will allow a maximum of five working days.*
- *specify the information about fees that care homes must provide to all residents before they move in (i.e. by the day of moving in at the latest), and in relation to any fee changes. Fee increases must be notified, where practicable, at least one month in advance, and must be accompanied by a statement of the reasons for the increase.*

Risks

23. The key risk with this option is that, as with the existing requirements, not all care homes will comply with the proposed regulations. In addition, there is a risk that care homes interpret the maximum allowable times as good practice, rather than the absolute limit of acceptable practice. However, amending the regulations in combination with the CSCI inspection activity described in Option 2, should mean that this approach is most likely to achieve the objective. In addition, as the proposal is to clarify and build on existing requirements, rather than creating entirely new ones, this should

make it easier for care homes to know that they have complied with the requirements, while minimising the burdens associated with doing so. The Department of Health is working with CSCI to explore how best to help care homes to understand what is required to comply with the regulations.

Costs and benefits

Sectors and groups affected

24. There are around 23,000 care homes in England, of which the vast majority are provided by the private or voluntary sector. Around 5% of care homes are provided by local authorities. The private and voluntary sector is made up of a variety of providers: some national or regional providers; some single site; small businesses and national and local voluntary sector bodies. National providers account for less than 5% of the total market.
25. Most providers consider the quality of brochures and information and fees to be important in attracting new residents to their care homes. They also feel that fees are an important factor in retaining existing residents¹⁰. It is therefore reasonable to assume that improving the quality of information about the services provided by a care home and the fees charged for them could lead to greater success in attracting and retaining residents.
26. There are around 470,000 places in care homes in England. Entering a care home is a major decision that will have an ongoing effect on the person's daily quality of life. Care home fees can represent a significant annual commitment for individuals and their families (upwards of £20,000 per year).
27. We have considered all of the options for race equality issues and found that, although there is some evidence that admission rates to care homes among ethnic minority groups may be higher than average¹¹, the options raise no specific race equality issues.
28. People living in rural areas may particularly benefit from the availability of written information when they are choosing a care home, as they may be some distance from the potential homes. It is not possible to quantify this effect; however, we would expect both Options 2 and 3 to offer some benefits.

Benefits

- Option 1:* No benefits for potential care home residents or their families.
- Option 2:* Prospective care home residents and their families should benefit from greater enforcement of the existing requirements,

¹⁰ Annex E to OFT Market Study, survey of care home providers

¹¹ Annex K to OFT Market Study, para 2.6

through clearer contracts and the availability of general information about fees.

Option 3: About a fifth of care homes charge people funding their own care more than residents receiving public funding. The OFT recognised that it can be seen as unfair when older people are charged different prices for the same standard of accommodation and level of care. Of course, there may be simple explanations for such differences in charges, e.g. differences may result from local authorities negotiating a favourable price for a block-contract. However, the OFT reported that increased price transparency will make it easier for prospective residents to identify which care homes undertake this practice so that they can avoid them if they wish. This may lead to some savings to individuals who make a final decision to choose a care home that has lower fees than a rival provider.

Prospective residents will benefit from homes making the service user's guide available promptly, to help them choose the home that is best for them.

The requirement to provide a statement of fees to residents in care homes which do not provide nursing will ensure they enjoy the same protection from unannounced fee changes already in place for residents in care homes with nursing. In addition, residents in all care homes will benefit from an explanation of the reasons for fee changes, which we know anecdotally is a source of some stress for residents and their families.

Costs

Option 1: No costs to care homes. Unquantifiable costs to prospective and actual care home residents.

Option 2: In theory, this should have no costs to care homes, as they should already be meeting these requirements. However the OFT findings indicate that compliance with the existing requirements in terms of providing fee information and clear contracts may fall well short of 100%. The cross-Government Administrative Burdens Reduction (ABR) project has engaged with care homes to determine the cost of the administrative burdens imposed on businesses via regulations and Codes of Practice/National Minimum Standards. The work is nearing completion. Using the figures from this work, we estimate that the annual cost to a care home of preparing the service user guide is £279 and of providing contracts/statements of terms and conditions is £114.93. Assuming that 12% of care homes currently fail to provide the service user guide and 25% fail to provide contracts/statements of terms and conditions, we estimate the additional annual cost to care homes who are

currently not complying with regulations would be in the region of £4.9million.

Option 3: Limited additional costs to care homes as it should be straightforward to incorporate the required information into existing service user's guides, and the timescale does not require any additional activity. Fair contracts should already include a statement of fees and arrangements for managing increases in fees. Using the figures from the ABR work, we estimate that the annual cost of a care home of providing a statement of fees is £47.58. Given that 75% of care homes already meet or exceed the National Minimum Standards relating to contracts, we estimate the additional annual cost to care homes without nursing would be approximating £180,000.

Small Firms Impact Test

29. The majority of care home providers are small businesses. However, the cost of complying with the proposed regulations is minimal. Making available on demand information on their prices and services is not a new requirement. The statement of fees for residents is a new requirement for care homes without nursing, however this is information that should routinely be available to the care home providers during the normal operation of their business.

Competition assessment

30. The care home market in England is diverse, ranging from providers with one small home (1-3 beds) to a few national providers with less than 5% of the total market share. The majority of capacity is in care homes run by small businesses operating one or two homes. The largest impact is likely to fall on small providers that have a high turnover of residents and a greater number of admissions. The information that is to be provided for prospective residents and residents is available to providers during the course of operating their business. The regulations will not affect the structure of the market and would apply equally to new and existing providers in the sector. Indeed, they remove an inequity that exists currently between care homes that provide nursing and those that do not. There are no restrictions on the sector's ability to decide the price, quality, range or location of their care homes.

Enforcement, sanctions and monitoring

31. For all of the options, responsibility for ensuring compliance with the regulations rests with the Commission for Social Care Inspection. The Commission examines this as part of its programme of inspections and determines the appropriate enforcement action. The ultimate sanction for non-compliance would be a criminal prosecution and/or loss of registration.

Implementation and delivery plan

32. The new requirements will take effect three months after the Care Standards Act 2000 (Establishments and Agencies)(Miscellaneous Amendments) Regulations 2006 are laid before Parliament. This is to allow care home providers a transition period in which to make any necessary amendments to existing service user's guides and to put in place the systems to provide statements of fees to new and existing residents, where they do not already exist. Care home providers will be allowed a further month to issue the statements of fees to existing residents.

Post-implementation review

33. The Government will consult later this year on the review of the National Minimum Standards (NMS) and associated regulations for adult social care which govern CSCI's regulatory activity. This includes the NMS and regulations for care homes. The focus of the review is on ensuring that the NMS and regulations are targeted and proportionate and deliver high quality outcomes for service users. This will provide an opportunity for feedback on the early experience of implementing these changes.

Summary and recommendation

34. The costs and benefits of the options are summarised in the table.

Option	Total benefit per annum	Total cost per annum
1	None.	No costs to providers. Unquantifiable costs to prospective and existing care home residents arising from provision of incomplete information about fees.
2	Providers would benefit from greater success in attracting and retaining residents through improving the quality of information about their services and fees. Unquantifiable benefits from lower turnover and vacancy rates. Prospective residents would benefit through clearer contracts and the greater availability of general information about fees.	Costs to providers should be negligible, as they should already be meeting these requirements. However, OFT findings indicate compliance with the existing requirements may fall well short of 100%. Estimated costs of full compliance in the region of £4.9million.
3	As for option 2, providers would benefit from attracting and retaining residents. Prospective residents would benefit through clearer contracts and the greater availability of information.	Limited additional costs to providers as it should be straightforward to incorporate the required information into existing service user guides. Fair contracts should already

	<p>In addition, prospective residents would benefit through the prompt provision of information which would enable them to avoid care homes charging higher fees than they wished to pay. This may lead to some savings to individual who make a final decision to choose a care home with lower fees. The statement of fees will ensure the protection from unannounced of unexplained fee changes.</p>	<p>include a statement of fees and arrangements for managing increases in fees. Otherwise, the information required should be available to the providers homes during the course of operating their business. Estimated costs in the region of £5million.</p>
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35. Option 3 is preferred as the best solution available to improve the availability of information about fees.

Declaration and publication

36. I have read the regulatory impact assessment and I am satisfied that the benefits justify the costs.

Signed: Ivan Lewis

Date: 6th June 2006

Parliamentary Under Secretary of State for Care Services, Department of Health

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Consultation: Summary of responses

Introduction

1. On 19 December 2005 the Department of Health commenced a public consultation exercise on changes to the regulations governing the provision by care homes of information about prices/fees. The consultation period ended on 10 February 2006. The consultation asked for views on the proposed changes to regulations.
2. 123 people/organisations responded:
 - 20 local authorities
 - 61 care homes
 - 8 representative groups
 - 6 care home residents
 - 4 relatives/friends
 - 24 other
3. The consultation asked four questions. Respondents were also free to add additional comments on any aspect of the proposals.

Responses to the four consultation questions

Question 1: Do you agree that the service user's guide should specify:

- **the fees payable for the provision of the following services (either individually or as a total):**
 - **accommodation, including the provision of food**
 - **personal care and**
 - **where available, nursing care**
- **the overall care and services covered by the fees in (a) and whether the fees are net of any Registered Nursing Care Contributions paid by the NHS, and**
- **the arrangements for charging and paying for services over and above those included in (a) and (b)**

within three months of the regulations coming into effect?

4. Overall, four out of five of those who replied agreed with the proposal. The lowest level of agreement was from the care homes that replied, where three out of four still agreed with the proposals.
5. Many respondents stressed the need for clarity, but recognised that care homes may not have all the information to hand particularly where the individual's circumstances would be dependent on assessments by local authorities or PCTs that had not yet been completed at the point when homes were initially approached.

6. The point was made that Registered Nursing Care Contribution (RNCC) assessments were often completed after the resident had moved into a home. A number of suggestions were made about how to tackle this, e.g. requiring the assessment to be completed before a person could be discharged from hospital, specifying where fees quoted were inclusive or exclusive of RNCC. ***We have amended the regulations to clarify that the total fee quoted in the service user's guide should be exclusive of any RNCC.***
7. Some, primarily care homes or their representative organisations, pointed out that fees would generally be a range rather than a single figure, were not static, and that in some cases would be personalised. This led ECCA to suggest that a personalised letter rather than including standardised information in the service user's guide would be a better way to meet the information need. ***We consider that the service user's guide is intended to provide general information about the home promptly, and in our view providing a range of fees would satisfy the requirement.***
8. Some care homes suggested that fee information should not be provided until the point of entering into a contract. However this approach would appear to ignore price as a factor in the choice of which care home to contract with, so ***we have not made any amendment to the regulations in response to these comments.***
9. While responses from organisations representing service users argued for a requirement that fees be broken down to show accommodation, personal care and nursing care separately, responses from care homes pointed out the scope for great variability in how the breakdowns were calculated. They suggested that this would make them of limited value in terms of making comparisons between homes. In addition, they made the point that people would in any event choose a home based on the overall cost of the package of services rather than individual elements. A number of respondents suggested that detailed guidance would be needed if that option were pursued. ***On balance, we have decided not to make an amendment to the regulations to require a breakdown of fees to be included in the service user's guide.***
10. Some queried whether requiring the provision of information about fees was appropriate for all service users, although this is of course already required in a less defined form by the existing regulations. One large provider argued that they should only be required to provide information on fees to people fully funding their own care. However, this fails to reflect the approach taken in the Directions on Choice, where prospective residents and their families will need to be able to establish prices of care homes and ***we have decided not to amend the regulations in response to these comments.***
11. The issue of third party top-ups was raised, including the suggestion that care homes provide a statement of their policies in relation to residents

receiving funding from local authorities. A small number of responses raised, for residents where some or all of their care is funded by a local authority or PCT, the interaction between the terms and conditions of the care home and the terms and conditions of the local authority/PCT. One large provider argued that they should not be required to provide their "private" terms and conditions to publicly funded residents. In practice however, the terms and conditions will often cover different types of issues. In addition, in cases where third party top-ups are paid, the terms and conditions of the care home will be important in terms of helping the resident and their representatives to understand what the top-up covers.

12. ***In response to these concerns, we have amended the regulations to require care homes to include in the service user's guide a statement as to whether services, terms and conditions and fees vary according to the source of funding for a person's care. This will alert prospective residents to seek further information if required.***

13. A few concerns were expressed about allowing only three months for making the necessary changes, but generally this was regarded as fair.

Question 2: Do you agree with the timescale for care homes to give access to the service user's guide within two working days?

14. Just over three-quarters of those who replied agreed with this proposal. Again, the lowest level of agreement was from the care homes that replied, where seven out of ten still agreed with the proposals.

15. Some care homes expressed concern about the service user's guide being provided to anybody on request. This has been a requirement since 2003, although no connection appeared to have been made between experience and the concerns raised. There did seem to be a level of confusion that we intend personal information about residents to be made available to anybody on request, however this is not the case and indeed would raise data protection issues.

16. Many respondents stressed the need for the information in the service user's guide to be available very quickly, given that decisions to move into a care home are often made in the context of a crisis. Many felt that two days was appropriate. However, some were concerned that failure to comply would be an offence. This led to the suggestion that two days would be appropriate for making the information available in the home, and five days to send the information. ***In the light of these comments, we have amended the regulations to allow five working days for both of these. This reflects that the regulations represent the longest allowable time, whereas two days would be good practice.***

17. A number of respondents made the point that the two day timescale should also apply to local authorities providing information, particularly about the "usual price" they would pay for care.

18. Another respondent queried what "working day" means in the context of a 24/7 service provider. ***We have amended the regulations to clarify what "working day" means.***

Question 3: Do you agree that care homes should provide information about fees to all new residents no later than the day on which they become a resident, and to all existing residents within three months of the regulations coming into effect, and that care homes should provide notification of any increases in the fees, including a statement of the reasons for the increase, at least one month in advance?

19. Four out of five of those who replied agree with this proposal. Again, the lowest level of agreement was from care homes, where just under three-quarters agreed.

20. A number of responses pointed to the need to allow for changes outside the care home's control, where one month notice may not always be possible, e.g. changes to RNCC rates/bandings, changes to LAs usual rate, need to respond to sudden change in resident's needs. This is a requirement in the current regulations applying to care homes providing nursing care, however respondents appear to have identified a problem with that approach. ***We have amended the regulations so that care homes are required to provide one month notice where practicable, and otherwise to notify increases as soon as possible.***

21. There were also some comments from care homes and their representative organisations, that care homes could not be expected to provide information to residents about the contributions from local authorities or PCTs. While we understand that it is for LAs to inform residents of contributions that they must make to their own care, and for PCTs to notify residents of the outcome of RNCC assessments and changes in payments, care homes are well-placed to provide information to residents on where the payments for their care are coming from. ***We have not therefore amended the regulations to reflect these comments.***

22. The regulations allow three months for care homes not providing nursing to begin providing information on fees to new residents. All care homes are allowed a further month after this to provide the information on fees to existing residents, where they have not already provided it.

Question 4: Do you agree that failure to comply with any of these requirements should be an offence?

23. Overall, just less than three out of five of those who replied agreed with the proposal. About a third disagreed and one in ten respondents were not sure. The care homes that replied had equal numbers who agreed and disagreed that it should be an offence, with almost one in five who were not sure.

24. A number of respondents pointed out that the problems identified by the OFT report suggested that firmer action needed to be taken, and that making these requirements an offence seemed appropriate.
25. Concern about making these requirements an offence seemed to arise particularly in relation to the requirement to provide the service user's guide on request within two working days. ***We have amended the regulations to allow five working days for this.***
26. In addition, there was a general concern for clarity about how all the requirements will be enforced and what the penalties would be. However, a number of those who expressed concern were looking for reassurance that prosecution would be a last rather than a first resort, and that appropriate opportunities would be allowed to improve.
27. When preparing regulations in the light of all the responses to the consultation exercise, it became clear that we would achieve the changes through amendments to the existing regulations 5 and 5A. As failing to comply with these regulations is already an offence, we do not think that it is appropriate or practical to single out these new changes as less important than the existing requirements in respect of the service user's guide and statement of fees for residents. There is no automatic requirement for the Commission for Social Care Inspection (CSCI) to prosecute the commission of any of the specified offences. It is for CSCI to determine an appropriate prosecution policy based on the facts of each case.

Breakdown of responses by type of respondent

	Local authority (20)			Care home (61)			Representative group (8)			Care home resident (6)			Relative/friend (4)			Other (24)			Total (123)		
Question	A	D	N	A	D	N	A	D	N	A	D	N	A	D	N	A	D	N	A	D	N
1. Should guide include fees, overall care arrangements for charging/paying?	17	1	0	42	12	3	7	1	0	1	0	0	4	0	0	9	2	0	80	16	3
2. Do you agree with the timetable?	14	2	0	40	15	1	6	1	0	1	0	0	3	1	0	9	2	0	73	21	1
3. Should all residents receive financial information?	15	3	0	40	11	3	6	1	0	5	1	0	4	0	0	10	1	0	80	17	3
4. Should failure to comply be an offence?	13	5	0	23	23	10	7	1	0	1	0	0	4	0	0	9	2	0	57	31	10

Note: Not all respondents gave agree/disagree/not sure answers to some or all of the questions.

Key:

A = Agree
D = Disagree
N = Not sure

List of respondents

Adapt Barley Wood Treatment Centre
Adept Care Group
Age Concern England
Age Concern Hillingdon
Agudas Israel Housing
All Hallows Nursing Home
Alzheimers Society
Anna Victoria Nursing Home
Anson Care Services
Arranmore Park Ltd, Arranmore Park Res Home
Askham House
Association of Charity Officers
Association of Directors of Social Services - Older Peoples Committee
Beacon Centre for the Blind
Benmotor & Allied Trades Benevolent Fund
Bennfield House
Blackpool Council
Bondcare Group
Bradford Independent Health Care Group
Brighton and Hove Older Peoples Council
Bristol & South West Primary Care Trust
BUPA Care Homes
Calderdale Metropolitan Borough Council
Capio Neurological Services
Care Unlimited - Surrey
CareAware
Cedars Nursing Home
Ceders Health Care Ltd
Citizens Advice – Pentonville Rd Ldn
City of Sunderland
Hetty M Coe, Relative
Community Mental Health Partnership
Commission for Social Care Inspection
Mrs J Cummings, Relative
Davenportmanor Nursing Home Ltd
Derby City Council
Direct Consultants Ltd
Dorset & Somerset Strategic Health Authority
Dorset County Council
Ealing Primary Care Trust
Elsenham House - Cromer
Enfield Council
English Community Care Association
Essex Strategic Health Authority
Flixton Manor Nursing Home
Galleon Care Homes
Greater Peterborough Primary Care Partnership
GT Care Services Ltd

Harker Grange Nursing Home
Heart of England
Help the Aged
Henwick Grange Nursing Home Ltd
HICA Care Homes
Highgrove House Residential Home
Holme Lea Care Home
Island Healthcare Ltd
Jewish Care
JGS Associates (Scotland) Ltd
John Grooms
Kentwood House Nursing Home Ltd
Lancashire Care Association
Mrs J Lewis, Relative
Local Government Association
London Borough of Croydon
London Borough of Greenwich Social Services
Loyalty Care Ltd
Maesbrook Nursing Home
Magdalene House
Mendip Primary Care Trust
Meridian Healthcare Ltd
Michael Yoakley's Charity
Moorlands Rehabilitation Ltd
National Care Forum
North Lincolnshire Council
Norfolk Norwich Association for the Blind
Normanhurst - Bexhill
Orbit Housing Association
Orchard Lodge Nursing Home
Parkinson's Disease Society of the UK
Pegron - Southampton
Pendleton Care Ltd
Plymouth Primary Care Trust
Poplars Nursing Home
Pressbeau Ltd
Radway Lodge Partnership
RAF Benevolent Fund
Real Life Options
Red Rocks Nursing Home
Redholme Memory Care Ltd
Registered Care Providers Assoc(Somerset)
RNID
Sandwell Metropolitan Borough Council
Shedfield Lodge
Sheffield Royal Society for the Blind
Silverleigh Cedars
Solihull Metropolitan Borough Council
South & East Somerset Patient and Public Involvement Forum
South Essex NHS Trust

Southern Cross Healthcare
St Katherines House
St Monica Trust
Staffordshire Social Care & Health
Sue Ryder Care
The Langston Oxon
The Morris Care Centre
The Royal British Legion
The Yelverton Nursing & Residential Home
Two Acres Nursing Home
Mr C P Vellenoweth, Independent Advisor
Verulam Healthcare Ltd, Verulam Nursing Home
West Gate Care Home Ltd
Westbourne Nursing Home Ltd
Western Counselling
Western Health & Social Services Board
Westgate House Ltd
Willowdale Nursing Home
Wiltshire County Council

Six respondents asked for their responses to be kept confidential.