

Local Government & Social Care **OMBUDSMAN**

Common Charging
Complaints

Presenters: Mark Smart

Michael Williams

Welcome to the Social Care
Ombudsman's Provider Event
2021 Workshop

Common Charging Complaints



Top-up Fees



Transitioning from self-funding to state funding



Funded Nursing Care



Lifestyle Payments

Top-up Fees - What are they?

People have the right to a choice of care home, so if a person chooses a more expensive care home than the council will pay, someone must be willing and able to pay the difference between the amount the council will pay (which includes the resident's contribution) and the full cost of the placement. This is called a 'top-up'

- Normally a third party, such as a relative, will pay the top-up



Common complaints about Top-up fees

- ❑ Councils abdicating responsibility for top-ups

Some councils routinely leave care homes to enter into top-up agreements with residents or third parties

- ❑ Care Providers charging top-ups 'behind the council's back'

Complaints show that some care providers will charge a top-up, despite having agreed with the council to accept a placement at an affordable rate

- ❑ Introducing top-ups when someone is health-funded

In some of the complaints we have seen, care providers have charged a top-up fee when someone is health funded e.g. eligible for NHS-continuing healthcare funding

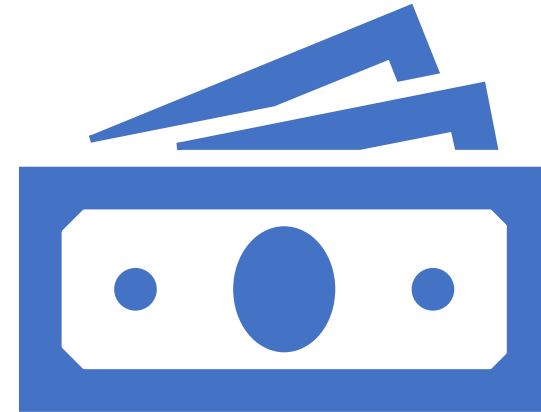


Transitioning from self-funding to state funding

Once receiving care in a home, a resident could switch between self-funding to state funding

What should care providers ensure they do?

- ☐ Treat residents and their representatives fairly and provide clear information
- ☐ Provide key information about fees upfront so residents can make informed decisions
- ☐ Ensure contracts are fair
- ☐ CQC – the care provider must provide a statement specifying the terms and conditions for services provided to residents (regulation 19)



Common complaints about transitioning from self-funding to state funding

- ☐ Confusing information about fee differentials
- ☐ Charging self-funders more than state funded users
- ☐ Moving residents to a different room once they become state funded
- ☐ Charging a top-up when someone becomes eligible for full healthcare funding



Funded Nursing Care Payments (FNC)

What are FNC payments?

- NHS-Funded Nursing Care is the funding provided by the NHS to care homes with nursing, to support the provision of nursing care by a registered nurse for those assessed as eligible for NHS-funded Nursing Care.
- Payments are administered by a resident's local Clinical Commissioning Group and are made directly to the care provider. The resident does not receive any money directly.
- Standard rate is £187.60 as of 1 April 2021



Common complaints about FNC

- ❑ Ambiguous contract and unclear information

Our starting point with FNC complaints is to look at the contract

- ❑ Unclear written costs or information about fees not given in writing

The care provider should set an overall fee for care and accommodation including any registered nursing care provided

- ❑ Contract does not clearly explain what happens when FNC is awarded

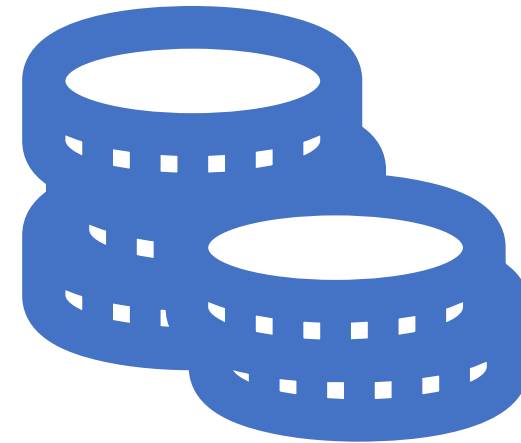
Contracts between individuals and providers should have transparent terms including what happens if a resident dies or goes into hospital



Lifestyle Payments

What are Lifestyle Payments/Charges?

- ❑ Care providers may offer additional goods and services that are not covered by the contract with the commissioners – both for Council and NHS-funded service users
- ❑ Care Providers commonly charge for services such as hairdressing and chiropody but may also charge for premium quality rooms and other additional or 'lifestyle' items.



Common complaints about Lifestyle Payments

- ☐ Charging a resident extra for services which should be provided as standard
- ☐ Not explaining what the additional lifestyle payment fee is for
- ☐ The decision to purchase additional private care services or lifestyle premiums should always be the residents choice rather than as a condition to provide a state funded service to them



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Questions or comments