

# Choosing the right care

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**For a subject that most of us put off thinking about until we have no alternative, choosing the right care for our needs can be bewildering. Below is an insider's personal view of the market which may help you to sort the wheat from the chaff.**

## Types of care

### Homecare

Homecare, provided in the client's own home, can range from simple companionship visits and housekeeping, to more complex nursing interventions. This can be an excellent solution for many, but may not always be able to adequately address the risks faced by elderly clients living at home, and can have the effect of trapping them in a prison of loneliness.

### Respite Care

Respite care normally involves a stay in a care home for a limited period with the objective of returning the client to a state of health where they can return home. It can also be provided in the person's own home. It might be chosen where the person has become unwell or where their main carer needs a break themselves. Respite care can be an excellent way to experience first-hand the reality of residential care which is often refreshingly different to the widely held public perception.

### Transitional Care

Similar to respite care, transitional care will normally involve a stay in a care home following a period in hospital for the purpose of assisting a client back to a state of health where they can return home. Again, it can also be provided in the person's own home.

### Residential Care

Residential care involves the client leaving their own home to take up residence in a care home, which may additionally provide nursing services in-house. This solution can go a long way to removing risk and loneliness, but inevitably requires some level of compromise.

## Types of provider

There are as many different types of provider as there are types of care.

### Voluntary

These are not-for-profit organisations whose focus is therefore on the quality of service rather than external shareholders.

### State

Once a dominant provider in the industry, local authorities tend to have far smaller provisions now, principally relying on the private sector for all but the most specialist care.

### Independents

Independents also used to be a far-larger presence than now, with many having been bought up by groups and investment vehicles. However, those that remain have typically retained their independence because they are vocationally motivated.

### Groups

Groups include a collection of different sites and vary in their focus on quality and profits depending on ownership.

### Franchises

Franchises are companies who seek to sell their expertise and the promise of profits to budding entrepreneurs, often with little industry experience.

### Investment Vehicles

Often backed by hedge funds or other forms of venture capital, investment vehicles buy up numerous independents and groups to achieve economies of scale to maximise profits and resale value.

### Conglomerates

Conglomerates are companies with an established track record in one area of business who are looking to 'sweat their asset' by rolling out into the care industry.

## Focus & accountability

Each of these organisations will often focus in some way, such as by client need or funding

source, but larger providers often take a scatter-gun approach to meet shareholder profit expectations. This typically means that the needs of private clients have to fit around dominant Government block contracts.

Clients will also have differing customer experiences when things are not going to plan, ranging from immediate access to the owners to being caught in a faceless complaints system that seems to have little purpose other than to frustrate them into being less demanding.

### Choosing the right solution for you

The decision to choose care is often driven out of a need to manage some form of risk. As with most mitigations, there are both desirable and undesirable consequences.

#### Home Care

This is an excellent way to maintain a sense of independence, however, what we often crave most in life is the company of others, and if this is missing our homes can feel like a prison. As Jeremy Hunt, the Secretary of State for Health (Bennett, 2012), points out, this “is a pressing health issue, increasing the risk of heart disease, blood clots and dementia”. So whilst the risks of remaining at home can often be satisfactorily mitigated by a well-formed care plan, the consequence of loneliness is harder to manage.

#### Residential Care Home

When the balance is no longer in favour of staying at home, either through unacceptable risk or loneliness, a well-matched care home can give the client an improved quality of life and, for the vast majority of people, will provide them with a home for life.

#### Nursing Care Home

Because of their focus on nursing care, these homes tend to be very different to non-nursing

care homes. When intensive nursing is required beyond that which can be provided by visiting District Nurses, or where specialised respite care is required, they can be a good short-term choice. For the longer term they tend to be rather impersonal and institutional.

#### Extracare

Extracare is a form of sheltered housing whereby the operator brings care to you, in a similar way to home care. Sheltered accommodation can be available to rent or buy, although often with restrictive resale clauses, and can have implications for affording care if the capital tied up in the client’s former property were required.

#### Omnicare

Omnicare facilities are typically either large care homes or more complex living arrangements, often similar to Extracare facilities. Those that are large care homes tend to segregate clients by need through moving them between floors or to different parts of the building. However, there is a risk in placing clients with different care needs in close proximity which can have the unintended consequence of accelerating health issues (please see *Why small is beautiful* for further details).

### Further information

If you are considering care for yourself or a loved one, you may be interested to read *A home for life*, *Why small is beautiful*, *The transition to residential care* and *Funding care*.

#### About the author

Nick Bruce is a part-time doctoral student at the University of Liverpool and, with his wife, owns two small, specialist care homes and a homecare service.

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[www.nightingales.co.uk](http://www.nightingales.co.uk)

## References

Bennett, Rosemary (2012) ‘Loneliness is a growing cause of health problems and must be tackled’, *The Times*, 22nd November.