

Moving from hospital to a care home

Information for patients, families and carers

Our commitment

When someone is admitted to hospital, our aim is always to support their recovery and help them return home wherever possible.

Sometimes, following an assessment and having talked with a patient and the people important to them, it becomes clear that they can no longer be cared for safely at home.

When this happens, a residential care home or nursing home may be the best place to receive ongoing care and support.

We understand that moving to a care home is a major life change. We are committed to ensuring that patients, families and carers are treated with dignity, respect, compassion and honesty throughout the process.

The following information explains what you can expect if a long-term care home placement is being considered after a stay in hospital.

Understanding Pathway 3

If a patient or their loved one is put on Pathway 3, this means a person is expected to need ongoing 24-hour care and support after being discharged from hospital.

This pathway is designed for people who:

- Have complex care and support needs.
- Need care and supervision at all times.
- Are unlikely to be able to live independently again.
- May need long-term residential or nursing care.

The aim is to ensure people receive the right care, in the right place, at the right time.

Putting you at the centre of decisions

We are committed to ensuring that:

- ✓ You are involved in decisions about your future care wherever possible.
- ✓ Your family, carers or advocate (someone speaking on your behalf) are involved where appropriate.
- ✓ Information is provided clearly and at the earliest opportunity.
- ✓ All options for staying independent are fully explored.
- ✓ Decisions are based on your care needs, safety and what is best for you.



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How your needs are assessed

Your needs will be assessed by a multidisciplinary team (MDT), a group of health and social care staff who work together to plan your care.

The team may include:

- Doctors
- Nurses
- Physiotherapists
- Occupational Therapists
- Social Workers
- Care Coordinators
- Other specialist professionals

The team will consider:

- Medical needs
- Mobility
- Personal care requirements
- Ability to manage everyday tasks
- Potential to recover and regain skills
- Mental capacity and any legal issues that may affect decision-making
- Any concerns about safety or protection from harm

How the assessment process works

A joint assessment will be carried out by the multidisciplinary team to identify the level of care and support needed for a safe discharge (leaving hospital).

The joint assessment will include patients and, where appropriate, their families, carers or representatives will be involved throughout the assessment.

Funding and financial assessments

The cost of living in a care home can be paid for in different ways depending on a person's circumstances.

Where needed, a financial assessment will be done to find out if a patient is responsible for paying towards the cost of their care or is eligible for Local Authority financial support. The assessment, which will be completed by our Local Authority colleagues, will determine who is responsible for arranging and paying for the placement.

Funding options include:

- Local Authority funding.
- NHS Continuing Healthcare funding.
- Health and Local Authority joint funding arrangements.
- Self-funding.

Additional cost payments

If the care home costs more to live in than the usual rate agreed by the Local Authority, or extra services are requested, an Additional Cost Payment may be needed. If this is the case, any arrangement must follow Local Authority rules and be agreed before the move takes place.



Self-funding arrangements

Patients who are not eligible for Local Authority financial support may need to pay the full cost of their care home placement.

Where patients are self-funding:

- Advice and support must still be provided.
- Suitable care home options should be identified based on assessed needs.
- The chosen provider must confirm it can meet the patient's needs.
- Patients may ask the Local Authority to help arrange the placement on their behalf.

Self-funding patients may also need to accept an interim (temporary) placement when their preferred home does not have an available vacancy.

NHS Continuing Healthcare (CHC)

As part of planning for discharge from hospital, the team assessing your ongoing care needs will always consider whether you may be eligible for NHS Continuing Healthcare (CHC). This is when the cost of health and social care is arranged and funded entirely by the NHS.

A full CHC assessment is not carried out while you are in hospital because the hospital environment may not accurately reflect your long-term care needs.

Once you have moved to the most suitable care setting, your needs will continue to be reviewed. If there is evidence that your main needs are health-related rather than social care needs, a full CHC assessment may be arranged at that stage.

Important:

Leaving hospital should not be delayed while CHC eligibility is being considered. If needed, any future assessment can take place once you have moved to the most suitable setting for your ongoing care and support needs.

Funded Nursing Care (FNC)

If a person is not eligible for NHS Continuing Healthcare (CHC) but has been assessed as needing care from a registered nurse, they will be eligible for Funded Nursing Care (FNC).

FNC:

- Is an NHS payment made directly to a registered nursing home to fund registered nursing care element for eligible residents.
- Is awarded when an assessment shows that the person needs care from a registered nurse and that a nursing home is the best place to meet their needs.
- Is not means-tested, meaning eligibility is not affected by a person's income, savings or property value.



Choosing a care home

You have the right to be involved in choosing a care home that can meet your assessed needs.

You and your family will receive:

- Information about suitable care homes.
- Advice about vacancies.
- Support to help you choose the right home for your needs.
- Information about funding and financial assessments.
- Guidance throughout the process.

The home selected must be able to meet your assessed health and care needs safely.

The process of choosing a care home is usually completed within three weeks, although this may vary depending on individual circumstances.

During this period, patients and families will be supported to identify suitable care home options.

Choosing a care home timeline

Initial meeting with care coordinator

Your Care Coordinator will:

- Explain the outcome of the needs assessment.
- Discuss why moving to a care home is recommended.
- Explain the process and provide information about suitable care home options, including the expectation that you, your family or representative visit suitable care homes and confirm your choice within five working days.
- Discuss funding arrangements.
- Begin financial assessment processes where required.
- Explain timescales for discharge from hospital.

Week 1

Choose care home
5 working days



Follow-up meeting

Your Care Coordinator will:

- Review progress in finding a placement.
- Answer any questions.
- Offer additional support if needed.
- Check whether care needs have changed.
- Record discussions and decisions.

Week 2



Further action if needed

If suitable arrangements have still not been found despite support being offered:

- Further discussions will take place.
- Additional support may be offered.
- The Health Board and Local Authority may continue taking steps to ensure discharge arrangements can proceed safely.

Week 3

If your preferred care home is not available

We understand that families often have a preferred care home.

Where your preferred home cannot offer a suitable vacancy, an interim (temporary) placement will be identified. This allows:

- A safe move from hospital.
- The care and support you need.
- The chance to move to your preferred home later if a suitable vacancy becomes available.

An interim placement may sometimes be outside your immediate local area if this is necessary to meet your assessed needs.

Once a person is clinically ready to leave hospital and their assessment shows that residential or nursing care is needed, ongoing support is usually best provided in a care home where their long-term needs can be met.

Discharge cannot be delayed because:

- A preferred care home is unavailable or has not been identified.
- Financial assessments are still being completed.

Staying in hospital longer than necessary can increase the risk of infection, loss of independence and a decline in physical health.

The Health Board and Local Authority will continue to work with patients and families to support a safe move to the most suitable care setting.

Once a person is clinically ready for discharge and suitable arrangements have been identified, there is no entitlement to remain in an acute hospital bed solely because a preferred care home option is not immediately available.

Mental capacity and legal safeguards

Where required, decisions will be made in accordance with:

- Mental Capacity legislation.
- Deprivation of Liberty Safeguards (DoLS).
- Safeguarding procedures.
- Lasting Powers of Attorney.
- Court-appointed Deputies.
- Advance Decisions.

If a patient is unable to make decisions about where they live and the care they need, which is known as lacking mental capacity, decisions will be made based on what is considered best for them, with the involvement of family members, advocates and legal representatives where appropriate.

If a patient who lacks mental capacity is unhappy with or resists the proposed arrangements, additional legal processes, including Court of Protection applications, may be required.

If you have concerns

We recognise that decisions about long-term care can be difficult.

If you have concerns about the proposed discharge arrangements, we will:

- Explain the assessment findings.
- Provide information about available options.
- Discuss the advantages and disadvantages of each option.
- Answer questions and provide additional support, including help with choosing a care home or accessing information in another format or language.
- Work with you to resolve concerns wherever possible.

Frequently asked questions

Can I or my relative remain in hospital until a preferred care home has a vacancy?

No. Once a person is clinically ready for discharge, discharge should not be delayed because a preferred care home does not currently have a vacancy. An interim placement may be offered.

Can I or my relative move to a preferred care home later?

Yes. Where appropriate, a move can be arranged if a suitable vacancy becomes available.

Will financial assessments delay discharge?

No. Financial assessments can continue alongside discharge planning and should not prevent discharge arrangements from progressing.

What happens after moving to a care home?

Once you have moved to a care home, staff will continue to check that your care meets your needs. Staff will work with you, your family and other professionals to ensure your care remains appropriate. If your circumstances change, your care and support arrangements may also be reviewed.

Are there any organisations that can offer help and advice?

Hospital and social services staff can provide help and advice throughout the discharge process and your move to a care home. They can also direct you to other sources of information and support.

The following organisations provide helpful information and support:

Age Cymru

Age Cymru provides information and factsheets, including guidance on people's rights and choosing a care home.

Visit: agecymru.org.uk

Call: 0300 3034 498

The Older People's Commissioner for Wales

Information and advice about older people's rights.

Visit: olderpeople.wales

Call: 03442 640 670

Llais

Llais supports people using health and social care services and can help raise concerns through its independent advocacy and complaints support service.

Visit: llaiswales.org

Call: 029 2023 5558

Care Inspectorate Wales

Information about care homes in your area.

Visit: careinspectorate.wales

Call: 0300 7900 126

Care Homes Wales

Information about care homes in your area.

Visit: carehomes.wales

AskSARA

A free online self-assessment tool offering impartial advice, equipment recommendations and information to help people remain independent at home. It also provides guidance for carers and professionals, including support with hospital discharge and recovery at home.

Visit: swanseacouncil.livingmadeeasy.org.uk



Our shared goal

Patients, families, NHS staff and social care professionals all play an important role in ensuring people receive the right care, in the right place, at the right time.

By working together, we can support safe and timely discharge from hospital while ensuring ongoing care needs are met with dignity, respect, compassion and support for individual choice wherever possible.



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Better health
Better care
Better lives