ALDRIDGE COURT
NURSING HOME

The Family Guide to Choosing a Care Home

Plain answers to the questions every family asks — care types, fees, funding, visits, and making the move

ALDRIDGE COURT NURSING HOME

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IMPORTANT NOTE — PLEASE READ FIRST

This guide is general information, not financial or legal advice. It is deliberately brief and written in plain English, so it cannot cover every circumstance — do not rely on any fact stated here without checking it. Care funding rules, capital limits, NHS rates and benefits are set by government and the NHS and change regularly; the figures given were checked when this edition was prepared, but we cannot guarantee they remain current when you read this. Please confirm current figures with your local authority, the NHS, or an independent adviser (Age UK and Citizens Advice are excellent free starting points), and take proper professional advice before making decisions. Nothing here replaces a professional assessment of your relative's needs. Contains public sector information licensed under the Open Government Licence v3.0.

A word before we begin

If you are reading this, you are probably facing one of the hardest decisions a family ever makes. It usually arrives suddenly — a fall, a hospital stay, a diagnosis — and you are expected to understand a whole world of care types, regulators, fees and funding rules overnight, while worried sick about someone you love.

This guide exists to slow that panic down. It explains, in plain English, how care homes work in England, who pays for what, what to look for when you visit, and how to make a move go gently. It is written by the team at Aldridge Court Nursing Home.

One reassurance to hold on to: families who visit homes in person, ask direct questions and trust what they see almost always choose well. This guide gives you the questions.

1. Recognising when the time has come

There is rarely one single moment. More often it is a pattern, and families usually see it before the person does. Signs that daily life at home is no longer safe or kind include:

- Falls, or near-misses, especially at night
- Weight loss, missed meals, an emptying fridge or one full of spoiled food
- Medication muddles — doses missed, doubled or hoarded
- Confusion with money, unpaid bills, or vulnerability to doorstep callers
- Wandering, or getting lost on familiar routes

- Carer exhaustion — a husband, wife, son or daughter running on empty
- Hospital admissions becoming more frequent, with less recovery each time

Two or three of these together usually mean the current arrangement is failing. Acting before a crisis gives you choice; acting after one often means taking whatever bed is free.

2. The types of care, untangled

Residential care means help with daily living — washing, dressing, meals, medication, companionship — from trained care staff.

Nursing care means all of the above plus registered nurses on duty around the clock, for people with medical needs: complex medication, wounds, catheters, PEG feeding, conditions that can change quickly. A nursing home is a care home with nurses always in the building.

Dementia care can be provided in either setting; what matters is whether the team is genuinely trained and experienced in dementia, not just willing.

Respite or short-stay care is a temporary stay — a week or several — to give a family carer a rest, to convalesce after hospital, or simply to try a home before any long-term decision.

If in doubt between residential and nursing: a person whose needs might grow is usually better placed in a nursing home from the start, because it avoids a second, harder move later.

3. Respite: the wise first step

If you are unsure, do not make a permanent decision. Book a short stay. Two weeks in a home tells a family more than twenty brochures: how staff speak to residents at 7am, whether the food is genuinely good, whether the person you love is calmer or unhappier there. Many families use respite exactly this way, and the person often makes the long-term decision themselves once the fear of the unknown is gone. Any good home will welcome a respite stay with no obligation whatsoever.

And don’t forget — you can always do a trial. At Aldridge Court we make this easy: ask about our current Try-Us Respite Week offer when you call (01922 455 731), or see aldridgecourt.co.uk for the current terms.

4. Finding and shortlisting homes

Three sources, used together, will give you a true picture:

- The CQC register (cqc.org.uk) — every care home in England is inspected and rated by the Care Quality Commission: Outstanding, Good, Requires Improvement or Inadequate, overall and across five areas. Read the latest report, and note how long the rating has stood.
- Reviews — Google reviews carry thousands of family experiences. Look for patterns, not one-offs, and note whether the home responds.
- Your own eyes — nothing replaces a visit. Homes that welcome unannounced visits are telling you something important: they have nothing to stage.

Shortlist two or three homes within realistic travelling distance for the people who will visit most. A wonderful home nobody can get to becomes a lonely one.

5. The visit: what to look for and what to ask

Trust your senses first. Does it smell fresh? Is it warm? Are residents up, dressed, engaged — or parked in silence? Do staff crouch to speak to people at eye level? Do they know residents by name? Is there laughter anywhere in the building?

Questions worth asking any home

- Who would care for our loved one day to day, and what is the staff-to-resident ratio, day and night?
- How long has the manager been here? How long do staff stay? (Stability is the single best proxy for quality.)
- Are nurses on site 24 hours? (In a nursing home the answer must be yes.)
- How do you assess someone before admission, and what happens in the first 72 hours?
- What exactly is included in the fee, and what costs extra?
- How do you tell families about a fall, an illness, a change? How quickly?
- Can we visit whenever we like, unannounced?
- Can we see this week’s menu — and could we stay for lunch?
- Can we see the activity schedule for this week?
- Who cooks the food — and can we stay for lunch to taste it?
- How many lounges are there? Is there somewhere quiet as well as somewhere lively?
- What happens at night — who is on duty, and how do residents call for help?
- How long have the staff been here? Ask who has served longest.
- How are fees reviewed, and how much notice is given of any change?

- If we are unhappy about something, who do we speak to — and how were past concerns handled?

Take this guide with you, and take notes. Visit your favourite twice, once unannounced.

6. Understanding fees: what you are actually paying for

Nursing-home fees vary widely with the level of care needed. Our own fees start from £1,295 per week — there is no set upper figure, because every fee is agreed on a bespoke basis, depending on the level of care — and every home should give you its exact figure in writing after assessment. That figure understandably shocks families until it is unpacked: it covers 24-hour staffing including registered nurses, every meal and drink, laundry, heating, activities, and the running of a building that never closes — care homes are staffed at 3am on Christmas morning.

Always ask for the fee in writing, itemised: what is included, what is extra (commonly hairdressing, chiropody, newspapers, some outings), how and when fees are reviewed, and what notice applies. A home that is transparent about money will usually be transparent about everything else.

Most homes also ask for a deposit or fees in advance — commonly a sum of one to two weeks' fees — and many hold a small separate float for personal expenses so residents can have small purchases made for them. Ask how each is accounted for and returned.

7. Who pays: the funding rules in plain English

This is the part families find hardest, so here it is stripped to essentials. Every figure below changes from time to time — treat them as a guide and check the current rates (see the important note at the front).

Self-funding

In England, if the person's capital and savings are above the upper capital limit (£23,250 for some years now), they pay their own fees in full. The home contracts directly with the resident or family.

Local authority funding

Below the upper limit, the council carries out a financial assessment (means test). Between the lower limit (£14,250) and the upper limit, the person contributes from income plus a tariff from capital; below the lower limit, capital is ignored and they contribute from income only (pensions and benefits), with the council paying the balance of its agreed rate. Crucially, the council pays its own standard rate, which is often lower than the fee a home charges. Two consequences follow.

Top-up fees

Where a family chooses a home costing more than the council's rate, a third party — usually family — can pay the difference. This is called a top-up (formally a third-party top-up), it is entirely lawful and very common, and it must be agreed in writing so everyone knows the amounts.

Mixed funding

Real funding packages are often a blend: part council, part NHS, part family top-up, with different bodies paying different elements. A good home's administrator deals with this weekly and will help you assemble the pieces — ask.

NHS-funded nursing care (FNC)

If the person is in a nursing home and needs nursing care, the NHS pays a flat weekly contribution — £267.68 a week for 2026-27, set nationally each April — direct to the home for the nursing element. This applies whoever pays the rest of the fee, including self-funders. The home arranges the assessment.

NHS Continuing Healthcare (CHC)

Where someone's needs are primarily health needs — complex, intense or unpredictable — the NHS can fund the entire placement. Assessment is via a checklist then a full multidisciplinary assessment. It is not means-tested. Fewer people qualify than hope to, but if the needs are severe, always ask for the checklist. Our separate plain-English guide to NHS Continuing Healthcare explains the whole process — ask us for a copy.

The property, briefly

The value of the person's home is disregarded for the first 12 weeks of permanent care, and disregarded entirely while a spouse or certain relatives still live in it. Councils also offer deferred payment agreements, letting fees be secured against the property and settled later rather than forcing a rushed sale. Take advice before selling anything.

Benefits that continue

Attendance Allowance (a non-means-tested benefit for over pension age with care needs, roughly £70–£110 a week depending on rate) continues for self-funders in a care home and is worth claiming; it generally stops where the council funds. State and private pensions continue as normal.

8. Legal basics every family should have in place

- Lasting Power of Attorney (LPA) — the legal authority to act for someone in finance and/or health decisions. If capacity remains, put both LPAs in place now; it costs little and prevents enormous difficulty later. Without one, families may need a Court of Protection deputyship — slower and costlier.

- Mental capacity — capacity is decision-specific. A person may be able to choose their lunch but not manage a tenancy. Homes and councils must involve the person as far as they are able.
- DoLS — where a person who lacks capacity is cared for in ways that restrict their liberty for their own safety, the home must apply for a Deprivation of Liberty Safeguards authorisation. Hearing that a DoLS is in place is normal and protective, not sinister.

9. Making the move gently

Once a home is chosen and the assessment done, the practical list is short:

- Label clothing; pack familiar things — photographs, a chair-side blanket, the radio, the biscuit tin. Familiarity settles people faster than anything staff can do.
- Hand over the full medication list and repeat prescriptions, GP details, and any hospital letters.
- Tell the home the small things: how they take their tea, what name they answer to, lifelong habits, what frightens them, what soothes them. Write it down — good homes will ask for exactly this.
- Agree how the first fortnight's contact will work. Some people settle better with a few days' space; be guided by the staff, who have done this hundreds of times.

Expect a wobble in the first days — it is near-universal and it passes. Judge the placement at week four, not day three.

10. Staying involved

A move into care is not the end of the family's role; it is a change in it. Visit at different times of day. Come to events. Join residents for a meal now and then. Ask to see the care plan and contribute to its reviews. Raise small concerns while they are small — good homes actively want that. And look after the carer who has just been relieved of duty; the guilt of relief is real, and undeserved.

A short glossary

- CQC — Care Quality Commission, the regulator that inspects and rates every care home in England.
- Care plan — the working document describing a resident's needs, preferences and how they are met, reviewed regularly.
- FNC — NHS-Funded Nursing Care, the NHS weekly payment for the nursing element in a nursing home.
- CHC — NHS Continuing Healthcare, full NHS funding where needs are primarily health needs.

- Top-up — the lawful family contribution bridging a council rate and a home's fee (local-authority placements).
- LPA — Lasting Power of Attorney. DoLS — Deprivation of Liberty Safeguards.
- Respite — a short, temporary stay in a home.

About Aldridge Court

Aldridge Court Nursing Home is a 59-bed nursing home in Aldridge, Walsall, rated Good by the Care Quality Commission (published 23 July 2019: four areas Good, with Well-led rated requires improvement — ask us about it, we'd rather tell you ourselves), providing nursing, dementia and respite care. Over 40 years of caring by the same family — probably a record these days.

We keep one habit we would recommend you test on every home you consider: come without an appointment. Any day, between 9am and 5pm, knock on the door and ask to look round. And for families of our own residents, the answer to the visiting question in this guide is simple: welcome at all times — the 9am–5pm window is only for first-time look-rounds. We do not tidy up for visitors, because we do not need to.

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