

Care Home name/postcode:

## Registered Places & Occupancy

**How many REGISTERED PLACES does the home have, and how many OCCUPIED, VACANT, and UNAVAILABLE PLACES have you TODAY out of your Registered Places?**

**This information is requested for data analysis only, and will remain confidential to LaingBuisson. Only aggregated, anonymised data is released to third parties.**

**The figures you enter for (b), (c), (d), and (e) below should add up to the figure you have entered for (a).**

**Where the answer is nil or not applicable, please enter a 0 (zero).**

(a) No. of REGISTERED PLACES?

(b) No. of OCCUPIED PLACES - NURSING CARE?

(c) No. of OCCUPIED PLACES - RESIDENTIAL CARE?

(d) No. of VACANCIES?

(ie. places which are available and unoccupied)

(e) No. of UNAVAILABLE PLACES?

(ie. any registered places not currently available for occupation, for instance due to rooms currently undergoing refurbishment)

## Sources of Funding

Please give the **NUMBER of RESIDENTS** today which are **FUNDED** from each **SOURCE** listed below.

'Source' means the actual source of the cheque, cash or bank transfer.

'3rd party top up' means money paid by the family, friend, or charity to meet the shortfall between the care home fees and what the local authority is willing to pay.

The figures you enter for each funding source (a), (b), (c), (d) and (e) should add up to the Total Residents Today figure you enter in (f).

If no residents are funded from a particular source, please enter a 0 (zero) or leave blank.

(a) No. funded by LOCAL AUTHORITY SOCIAL SERVICES WITHOUT 3<sup>rd</sup> PARTY TOP UP

(b) No. funded by LOCAL AUTHORITY SOCIAL SERVICES WITH 3<sup>rd</sup> PARTY TOP UP

(c) No. funded by the NHS

(ie. fees are paid in full by the NHS. Self-payers in receipt of

NHS 'free nursing' should be included in (d) Self-pay below)

(d) No. of residents who are SELF FUNDED

(resident, family, friends, or their representatives)

(e) No. of residents funded from OTHER SOURCES

(eg. insurance, charities)

**(f) TOTAL RESIDENTS TODAY**

(this figure should add up to the sum of the above figures)

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## Places & Rooms

**How many PLACES does your home have in each of the ROOM CATEGORIES below?**

**Important! The total number of registered places in shared rooms should be entered even if some rooms are regularly used for single occupancy only (i.e. it is expected only even numbers are entered in the number of places in shared room fields.)**

**Where you have no places in a particular type of room, please enter a 0 (zero).**

**Throughout this survey there is no requirement to enter 'not applicable' (as NA, N/A etc.) Answer fields should either be left blank or a 0 should be entered where advised.**

(a) No. of PLACES in SINGLE Rooms?

WITH en-suite WC

WITHOUT en-suite WC

(b) No. of PLACES in SHARED Rooms?

WITH en-suite WC

WITHOUT en-suite WC

(c) **Comments**

**If any explanation is required about the figures supplied above please enter details here.**

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## Weekly Fees

What are your WEEKLY FEES for RESIDENTIAL CARE and for NURSING CARE?

(Residential care also means 'personal care' or 'care home without nursing').

If there are separate fees applicable to dementia care (residential and/or nursing), please enter in the dementia weekly fees fields.

Care homes that do not provide nursing care should ignore (c), (d), (g) and (h).

Fees for nursing care are the full fee, gross of any 'free nursing' contribution from the NHS.

Where a question is not applicable eg. you do not provide nursing care, you do not have shared rooms, please leave the relevant box blank.

There is no need to enter £ (pound) signs.

(a) RESIDENTIAL Care SINGLE Weekly Fees

From (Min) £

To (Max) £

(b) RESIDENTIAL Care SHARED Weekly Fees

From (Min) £

To (Max) £

(c) NURSING Care SINGLE Weekly Fees

From (Min) £

To (Max) £

(d) NURSING Care SHARED Weekly Fees

From (Min) £

To (Max) £

(e) DEMENTIA RESIDENTIAL Care SINGLE Weekly Fees

From (Min) £

To (Max) £

(f) DEMENTIA RESIDENTIAL Care SHARED Weekly Fees

From (Min) £

To (Max) £

(g) DEMENTIA NURSING Care SINGLE Weekly Fees

From (Min) £

To (Max) £

(h) DEMENTIA NURSING Care SHARED Weekly Fees

From (Min) £

To (Max) £

(i) Comments

Please enter any comments or explanations about your fees or the figures you have entered

(j) Are you able to accept residents at your local SOCIAL SERVICES FEE RATE WITHOUT TOP UP?

Please answer YES if you are able to do so sometimes, if not always

Yes

No

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Thank you

**This is the end of the online survey. Thank you very much for your time.**

**If the person to whom the email was addressed is no longer at your care home or it is incorrect, please enter the correct name, their position, and any alternative email address below.**

**Clicking on 'Completed' below, or 'Exit the Survey' above will close the survey form. Your answers will have been saved.**

Name

Position

Alternative Email Address

Comments about the Online Survey