THIS IS A REVISED REPORT.

THE FOLLOWING MINOR CHANGES WERE MADE TO THE ORIGINAL REPORT WHICH WAS PUBLISHED ON 28 OCTOBER 2014:

ON PAGE 17, IT WAS PREVIOUSLY STATED THAT THERE WERE 10,120 LONG STAY RESIDENTS AGED 75-84 IN CARE HOMES FOR OLDER PEOPLE. THIS FIGURE HAS BEEN REVISED TO 10,127.

ON PAGE 17, IT WAS PREVIOUSLY STATED THAT THERE WERE 14,822 LONG STAY RESIDENTS AGED 85-94 IN CARE HOMES FOR OLDER PEOPLE. THIS FIGURE HAS BEEN REVISED TO 14,833.

ON PAGE 18, IT WAS PREVIOUSLY STATED THAT 64% OF LONG STAY RESIDENTS AGED 75-84 IN CARE HOMES FOR OLDER PEOPLE HAD DEMENTIA (BOTH MEDICALLY AND NON-MEDICALLY DIAGNOSED) ON 31 MARCH 2014. THIS FIGURE HAS BEEN REVISED TO 65%.
# Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>2</td>
</tr>
<tr>
<td>Uses of Data</td>
<td>4</td>
</tr>
<tr>
<td>Related Health and Social Care Information</td>
<td>4</td>
</tr>
<tr>
<td>Key points</td>
<td>6</td>
</tr>
<tr>
<td>Results and Commentary</td>
<td>7</td>
</tr>
<tr>
<td>Glossary</td>
<td>26</td>
</tr>
<tr>
<td>List of Tables</td>
<td>28</td>
</tr>
<tr>
<td>Contact</td>
<td>30</td>
</tr>
<tr>
<td>Further Information</td>
<td>30</td>
</tr>
<tr>
<td>Rate this publication</td>
<td>30</td>
</tr>
<tr>
<td>A1 – Background Information</td>
<td>31</td>
</tr>
<tr>
<td>A2 – Publication Metadata (including revisions details)</td>
<td>33</td>
</tr>
<tr>
<td>A3 – Early Access details (including Pre-Release Access)</td>
<td>36</td>
</tr>
<tr>
<td>A4 – ISD and Official Statistics</td>
<td>37</td>
</tr>
</tbody>
</table>
**Introduction**

**Background**

This publication presents information on adult residents in Care Homes in Scotland collected as part of the annual Scottish Care Home Census (SCHC) held at 31 March 2014. The census covers all adult care homes in Scotland that are registered with the [Care Inspectorate](#) and data are collected via the Care Inspectorate’s web based “eForms” system. The data collected are at two levels:

- **Summary** care home level data includes the number of residents at the census date, along with the number of admissions, discharges and deaths that occurred in the preceding year and information on weekly charges per resident. A distinction is made between the following types of care based on the intention when the individual was admitted to the home. The types of care are:
  - Long stay
  - Respite care
  - Short stay
- **Individual** data on residents in the ‘long stay’ category.

For the purposes of the census, residents are classified as long stay, respite or short stay. Further information on the types of care can be found in the glossary.

The SCHC groups care homes into one of the following five main *client* groups:

- Older people (aged 65 or over)
- Adults with physical disabilities
- Adults with mental health problems
- Adults with learning disabilities
- Other (e.g. for adults with acquired brain injuries, alcohol related problems, drugs related problems, AIDS/HIV and other vulnerable groups).

It is important to note that, where data are shown by client group, this relates to the main client group of the home as designated by the Care Inspectorate. Many care homes provide care for a number of different types of client. The client group of an individual resident may differ from the main client group of the home.

There are three sectors responsible for running care homes: local authority/NHS, private and voluntary sector. The SCHC covers all homes, which are registered with the Care Inspectorate, from these three sectors.
Publication of Findings
The statistics contained in this release are presented by the local authority area in which the care home is situated.

The publication presents information on:

- **All Care Homes for Adults** - Information on residents in all types of adult care homes in Scotland (see Section 1)
- **Care Homes for Older People** – Information on residents in care homes for which the main client group is older people (see Section 2)
- **Care Homes for Other Main Client Groups** – Information on residents in care homes for which the main client group is adults with physical disabilities, adults with mental health problems or adults with learning disabilities (see Section 3)

The publication does not include a separate section on care homes for certain other types of user including homes whose main client group is adults with acquired brain injuries and alcohol and drug problems. This is due to the small numbers of homes in these categories. The section for all adult care homes (Section 1) does include information on these homes.

Excel tables
This report is accompanied by a series of excel tables which provide more in-depth information both at Scotland and local authority level. A link to the Excel tables can be found via the following link: Link to Excel Tables

Trend Data
Data on the number of care homes, places registered with the Care Inspectorate and residents is available from March 2000 to March 2014. Information on the types of care (i.e. long stay, respite care and short stay), as well as the detailed information on long stay residents is available from March 2005 to March 2014.

Coverage & Estimation

**Summary Data**
The number of operational Care Homes registered with the Care Inspectorate at the 31 March 2014 census was 1,249. Full or partial responses were received from 1,187 operational care homes giving a response rate of 95 per cent. For those care homes who did not submit data, the figures are imputed based on either previous records available for the care home in question or an average for other care homes of similar size and main client group who did submit a response.

**Long Stay Resident Data**
At 31 March 2014, data were returned for 81 per cent (28,247) of ‘long stay’ residents. Further details of how the total number of long stay residents is estimated in the overall population can be found in Appendix A1.
Uses of Data

The information contained in the publication, alongside other health and social care data, is used for a variety of purposes. It is used by the Scottish Government, NHS Boards and local authorities to monitor policy obligations, both locally and nationally.

The data have been used to monitor elements of Scotland’s national dementia strategy (e.g. measuring levels of formal and informal diagnosis of dementia).


The data are used to facilitate benchmarking with other areas to help share best practice as well as supporting enhanced performance through improved efficiency. The statistics are used alongside other health and social care data in discussions that take place between NHS Boards and local partnerships to inform service planning discussions.

The data are used on an annual basis in the National Records of Scotland (NRS) model used to calculate household projections in Scotland.

The information is used by academics for research projects. For example, the Centre for Policy on Aging used data contained in this report for a project looking at the changing role of care homes and future projections of care home population in the UK.

http://www.cpa.org.uk/information/reviews/changingroleofcarehomes.pdf

A short summary report on the uses of the Care Home Census information is available in this report.

Related Health and Social Care Information

ISD publish other information that helps to measure the shift in the balance of care to ensure that older people are cared for in their own homes or in a homely setting in the community, wherever possible.

For most patients, following completion of health and social care assessments, the necessary care, support and accommodation arrangements are put in place in the community without any delay in the patient's safe and appropriate discharge from hospital. A ‘delayed discharge’ is a hospital inpatient who has been judged clinically ready for discharge by the responsible clinician, in consultation with all agencies involved in planning the patient’s discharge, who continues to occupy a bed beyond the ready for discharge date. These patients are clinically ready to move on to a more appropriate care setting either within or out with the NHS e.g. patient’s home, care home. Further information can be found at the following link:

http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Delayed-Discharges/
The NHS Continuing Care Census identifies all patients who were receiving NHS Care on the census date. NHS Continuing Care is defined as on-going, non-acute care, delivered as an inpatient, and often over an extended period, either in hospital, hospice or care home. In addition to supporting the need for information about shifting the balance of long term care for older people, these data are also used to inform on the application of the NHS Continuing Health Care guidance. A link to the latest report can be found here: http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/NHS-Continuing-Care/

In June 2013, in response to concerns raised in the media regarding the application of the NHS Continuing Health Care guidance contained in CEL 6(2008) by NHS Boards in Scotland, the Cabinet Secretary for Health and Wellbeing commissioned an independent panel to review the delivery, monitoring and governance of NHS Continuing Healthcare in Scotland. The independent review of NHS Continuing Care was published in May 2014 (http://www.scotland.gov.uk/Publications/2014/03/2480) and makes a number of recommendations about how this type of care is provided, including recommendations about the data collection method. The Scottish Government have accepted the recommendations and committed to review the current guidance in time for implementation from April 2015.

The Scottish government publish other information relating to service provision for older people and this can be found at the following website: http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/Data

Information on home care statistics can also be found at the above link as well as information on free personal and nursing care.
Key points

Care Homes for All Adults

- As at 31 March 2014 there were 1,249 care homes for adults in Scotland providing 42,502 places to 36,751 residents.
- The majority of care homes for adults, 711 (57 per cent), were run by the private sector, 353 (28 per cent) were run by the voluntary sector and 185 (15 per cent) were run by local authorities or NHS Boards.

Care Homes for Older People

- As at 31 March 2014 there were 902 care homes for older people (those aged 65 or over) providing 38,441 places to 33,187 residents, of whom 31,943 were long stay residents (96 per cent).
- The total numbers of short stay and respite care residents increased from 789 at March 2005 to 1,244 at March 2014, an increase of 58 per cent.
- 53% of long stay residents in care homes for older people had a formal diagnosis of dementia. This is an increase of 79 per cent since the March 2005 census. Over the same time period the percentage of residents who have been identified as having dementia but not formally diagnosed has decreased from 14 per cent to 8 per cent.
- At 31 March 2014 around a third of residents had been in the care home for more than three years. The median length of stay is around two years and has remained unchanged for the last ten years.
- The average weekly charge for self-funding long stay residents without nursing care was £683 per week, an increase of 4 per cent since the last census period. The average weekly charge for self funding long stay residents with nursing care was £754, which is also an increase of 4 per cent from the previous year.

Care Homes for Other Main Client Groups

- The number of ‘long stay’ residents in care homes for adults with learning disabilities fell from 2,333 in March 2005 to 1,539 in March 2014, a decrease of 34 per cent.
- The majority of registered places for adults with physical disabilities, 440 (68 per cent) were provided by the voluntary sector.
**Results and Commentary**

**Section 1 - All Care Homes for Adults**

This section provides summary information on all care homes for adults in Scotland and includes:

1.1 Numbers of care homes, places and residents
1.2 Main client group of the care home
1.3 Sector providing care

**1.1 Number of Care Homes, Residents and Places for All Adults**

As at 31 March 2014 there were 1,249 care homes for adults providing 42,502 places to 36,751 residents. Figure 1 presents information on the number of care homes, registered places and residents for all adults in care homes over time. It shows that the number of care homes has been steadily falling from 1,669 in March 2000 to 1,249 in March 2014, a decrease of 25 per cent. Between March 2000 and March 2014, the number of residents has fallen by 3,503 (9 per cent). Whilst the number of residents being cared for in care homes has fallen between 2000 and 2014, figures from the National Records of Scotland show that over the same time period the number of people aged 65 and over has increased from around 799,500 in 2000 to around 946,862 in 2013, an increase of 18 per cent.

The number of older people being cared for in other care settings has increased over the same time period. For example, recent figures from the Scottish Government show that the proportion of people aged 65 and over receiving intensive home care (10+ hours a week) as a percentage of all older people receiving long term care has increased from 29.3% in 2005 to 34.0% in 2013. These figures reflect the shift in the balance of care agenda (i.e. a move from care homes towards more care being provided in people’s own homes).

[http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/Data/CareData](http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/Data/CareData)

**Figure 1: Number of Care Homes\(^1\), Registered Places\(^1\), Residents\(^2\) for All Adults, March 2000 – March 2014**

1 Source: Care Inspectorate
2 Source: ISD, Scottish Care Home Census (SCHC)
Figure 2 shows that the average number of residents per home has increased from 24 residents in March 2000 to 29 residents in March 2014. The average number of registered places per home shows a similar trend: it has risen from 27 places to 34 over the same time period. This could be due to the closure of some very small homes and the building of some large purpose built facilities in recent years. In March 2000, 48 per cent of care homes had 20 or fewer registered places, which compares to 35 per cent in March 2014.

The average occupancy at the census point in each year has remained at between 86 and 91 per cent between March 2000 and March 2014. It is important to note that the occupancy rate is likely to vary through the year and the figures represent a snapshot at a point in time. As at 31 March 2014 around 362 (29 per cent of homes) were operating at full capacity.

**Figure 2: Average Number of Registered Places per Home, Residents per Home and Percentage Occupancy, March 2000 – March 2014**
1.2 Main Client Group of Residents in All Care Homes for Adults

Figure 3 presents the number of residents by the main client group of the care home over time. As at 31 March 2014, 33,187 (90 per cent) of residents were in care homes where the main client group was older people, a decrease from 34,433 at March 2000 (4 per cent).

Figure 3 shows that the number of residents in care homes for adults with learning disabilities has decreased substantially from 3,295 in 2000 to 1,821 in 2014, a decrease of 45 per cent. This is in line with the recommendations outlined in the “The Same as You?” Report, published in May 2000 to ensure people stay in their own homes as far as possible. The number of care homes for adults with learning disabilities has fallen from 380 to 220 over the same time period. The Scottish Consortium for Learning Disability (SCLD) collects additional statistics on the provision of care for people with learning disabilities and can be accessed at the following website: http://www.scld.org.uk/scld-projects/essay The data collected by SCLD and the Scottish Government shows that since 2001 the number of adults with learning disabilities receiving home care services has increased from nearly 1,500 in 2001 to nearly 4,300 in 2013.

Figure 3: Number of Residents by Main Client Group\(^1\) of the Care Home, March 2000 – March 2014

\(^1\) Designated by the Care Inspectorate
1.3 Number of Care Homes, Registered Places and Residents for All Adults by Sector

Care homes are currently run either by the local authority/NHS, the private sector or by voluntary organisations.

As at 31 March 2014:
- 185 (15 per cent) care homes were run by a local authority or by the NHS, providing 4,763 places to 4,071 residents.
- 711 (57 per cent) were privately owned providing 31,856 places to 27,297 residents.
- 353 (28 per cent) were in the voluntary sector providing 5,883 places to 5,383 residents.

Figure 4 presents the number of adult care homes over time by the sector providing care. All sectors have shown a decrease in the number of care homes over time, with the largest fall seen in the voluntary sector with a 41 per cent decrease (600 homes in 2000 compared to 353 in 2014). The number of LA/NHS homes has fallen 32 per cent and private sector homes have fallen by 11%.

**Figure 4: Number of Care Homes for All Adults by Sector, March 2000 – March 2014**
Figure 5 presents the number of registered places by the sector running the care home. Whilst the number of care homes provided in the private sector has fallen (as seen in Figure 4), the number of registered places in the private sector has increased from 29,373 in March 2000 to 31,856 in March 2014, an increase of 8 per cent. The number of registered places in both the local authority/NHS and voluntary sectors has fallen steadily over time. Private sector care homes tend to be larger with an average registered capacity of 45 places, compared to an average registered capacity of around 26 places for local authority/NHS homes and 17 for voluntary sector care homes.

Figure 5: Number of Registered Places for All Adults by Sector, March 2000 – March 2014
Section 2 - Care Homes for Older People

As previously reported at 31 March 2014, 90 per cent of residents in Scotland were in care homes whose main client group is older people. Ninety per cent of long stay residents in care homes are aged 65 and over (see section 2.6). This section looks in more depth at those residents and includes information on:

2.1 Sector providing care
2.2 Type of care (long stay, respite, short stay)
2.3 Admissions and discharges of long stay residents
2.4 Source of admission for long stay residents
2.5 Destination on discharge for long stay residents
2.6 Age profile and selected characteristics (medically and non medically diagnosed dementia) of long stay residents
2.7 Length of stay of long stay residents
2.8 Average gross weekly charges for long stay residents

It is important to note that while a home has been classified as a home for older people it may also provide care for residents in other client groups.

2.1 Sector

Figure 6 shows that the number of residents in care homes for older people run by the private sector has increased from 24,337 at March 2000 to 25,886 at March 2014, an increase of 6 per cent. This increase has been more marked from March 2009 onwards. However, the number of residents in both the local authority/NHS and the voluntary sectors has fallen steadily over the same period by 33 and 20 per cent. Private sector care homes for older people tend to be larger with an average registered capacity of 47 places, compared to an average registered capacity of around 30 places for both local authority/NHS and voluntary sector care homes.

Figure 6: Number of Residents in Care Homes by Sector for Older People, March 2000 – March 2014
2.2 Type of Care (long stay, respite, short stay)

As at 31 March 2014 there were 31,943 long stay residents in care homes for older people accounting for 96 per cent of the total number of residents in older people care homes.

Figure 7 presents the number of long stay, short stay and respite care residents in care homes for older people. The number of short stay plus respite care residents has increased from 789 at March 2005 to 1,244 at March 2014, an increase of 58 per cent. Over the same time period the number of long stay residents has decreased from 32,770 at March 2005 to 31,943 at March 2014, a decrease of 3 per cent.

**Figure 7: Number of Long Stay, Respite and Short Stay Residents in Care Homes for Older People, March 2005 – March 2014**
2.3 Admissions and Discharges of Long Stay Residents in Care Homes for Older People

Figure 8 shows the trend in the annual number of long stay admissions, discharges and deaths throughout each census year in care homes whose main client group is older people. The number of admissions is clearly closely correlated with the number of discharges (including deaths), which lead to registered places becoming available. The number of long stay admissions during the year April 2005 to March 2006 was 13,849, compared to 13,056 in the period April 2013 to March 2014.

Figure 8: Number of Long Stay Admissions, Discharges and Deaths, Census period 2005 - 2014
Individual resident information is collected for long stay residents only. The remainder of this section will look at long stay residents in care homes where the main client group is older people.

It should be noted that from 2007 figures are based on data received by care homes that were able to provide individual level information and percentages are calculated based on the data received. Prior to 2007 figures for care homes who were unable to provide individual level information were estimated based on data from care homes in a similar area and of similar size.

2.4 Source of Admission of Long Stay Residents in Care Homes for Older People

Figure 9 shows the source of admission to care homes for long stay residents. This covers all long stay residents admitted in each census period between 2005 and 2014.

In the latest census period the largest proportion of residents were admitted to care homes from hospital (46 per cent, which accounts for around 6,000 long stay resident admissions). The information gathered from the SCHC does not allow identification of the type of hospital a resident is admitted from. A further 33 per cent were admitted from their own home, which accounts for around 4,300 long stay residents. The distribution of all sources of admission has remained fairly steady since the March 2005 census.

Figure 9: Source of Admission of Long Stay Residents in Care Homes for Older People, April 2005 – March 2014
2.5 Destination on Discharge for Long Stay Residents in Care Homes for Older People

Figure 10 shows the destination of long stay residents who were discharged from care homes in each census period. In the latest census period, 79 per cent of discharges were due to death. A further 16 per cent were discharged to either another care home or hospital. Very few long stay residents (2.4 per cent) returned to their own home or supported accommodation / sheltered housing.

Figure 10: Destination on Discharge of Long Stay Residents in Care Homes for Older People, Census period 2005 – 2014
2.6 Age Profile and Selected Characteristics of Long Stay Residents in Care Homes for Older People

Figure 11 shows the age group of long stay residents over time in care homes for older people. Since March 2005, the numbers of long stay residents in the 75-84 age group has been steadily falling, from 11,958 to 10,127 at March 2014, a decrease of 15 per cent. Over the same time period the numbers of long stay residents in the 85-94 age group has been increasing at a similar rate from 12,961 to 14,833 at March 2014, an increase of 14 per cent.

Figure 11: The Number of Long Stay Residents in Each Age Group, March 2005 – March 2014

Figure 12 shows the number of long stay residents with dementia (both medically and non-medically diagnosed). The number of residents with medically diagnosed dementia has increased from 9,450 at March 2005 to 16,955 at March 2014, an increase of 79 per cent. Over the same time period the number of residents with a non medical diagnosis of dementia has fallen from 4,494 to 2,421, a decrease of 46 per cent. These figures reflect recent recommendations outlined in Scotland’s National Dementia Strategy\(^1\) to increase the numbers of people with a formal diagnosis of dementia. The overall number of residents with dementia has been increasing steadily since March 2005.

Figure 12: Number of Long Stay Residents in Care Homes for Older People with Dementia, March 2005 – March 2014

Figure 13 shows the percentage of residents with dementia (both medically and non-medically diagnosed) within each age group at 31 March 2014. In all age groups over 65 the percentage of long stay residents with dementia has been increasing at similar rates in recent years. The largest increase has been in the 75-84 age group, which has increased from 44 per cent at March 2005 to 65 per cent at March 2014.

Figure 13: Percentage of Long Stay Residents with Dementia (medically or non medically diagnosed) by Age Group for All Care Homes for Older People, March 2005 – March 2014
2.7 Length of Stay for Long Stay Residents in Care Homes for Older People

For the Scottish Care Home Census the length of stay has been calculated in two different ways - 'complete' or 'incomplete'. A ‘complete’ length of stay is calculated for any resident who left the care home during the year prior to the census point (it does not include those residents who were still in the care home at the census point). An ‘incomplete’ length of stay is calculated for everyone who is resident in the care home on the census date and calculates the length of time the individual has been resident in the care home up to the census point. The figures are based on length of stay within a particular care home and will not take account of length of stay in previous care homes.

Figure 14 presents information on both complete and incomplete length of stay in years for long stay residents in care homes for older people. The median complete length of stay has remained fairly constant across the period. The median incomplete length of stay has, with the exception of March 2006, been steadily increasing since March 2005.

**Figure 14: Length of Stay for Long Stay Residents in Care Homes for Older People; years**

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2.8 Average Gross Weekly Charge for Long Stay Residents in Care Homes for Older People

This section looks at average weekly charges for long stay residents in care homes where the main client group is older people.

The Scottish Care Home Census requests a breakdown of the charges applied to long stay residents in the following categories:

- Publicly funded, without nursing care
- Publicly funded and receiving nursing care
- Self funders, without nursing care
- Self funder and receiving nursing care

For the year 2013/14, publicly funded residents are those whose capital is less than £15,500. Publicly funded residents contribute to care home fees from their pensions and any other income and local authorities fund the balance. The fees for publicly funded residents are covered in the National Care Home Contract (NCHC), which was developed and introduced in 2007/2008. The rationale for developing the NCHC was to standardise the terms, conditions and fees for publicly funded clients, and to incentivise improvements in quality. The Convention of Scottish Local Authorities (COSLA) negotiates annually with Scottish Care, the representative body of the independent care home sector, to review the terms of the contract and set appropriate and consistent fee levels across Scotland for publicly funded clients.

For 2013/14, self funders are residents with capital, including property, worth £25,250 or more. The resident must meet his or her care costs in full (over and above any assessed entitlement to free personal and nursing care).

Weekly costs include any money received from the resident, relations or third parties. It also includes any money received from local authorities or NHS Boards whether for personal care, nursing care or accommodation costs.

Figures 15 and 16 show the average weekly charges across Scotland for long stay residents in each of the above categories. At the 31 March 2014 census the average weekly charge for publicly funded long stay residents was £499 per week without nursing care and £580 per week with nursing care, in line with the rates agreed in the National Care Homes contract (see glossary for further explanation). The average weekly charge for self-funding residents was £683 per week without nursing care and £754 per week with nursing care.

It is important to note that any comparisons between local authority areas should be interpreted with caution. Charges may vary for a variety of reasons such as size of rooms or those with or without en-suite facilities. The charging information presented in this publication does not distinguish between these factors. Please also note that for self funders charges are agreed on a contractual basis between the individual and the care home provider.
As there are now National Standard Rates for publicly funded residents this information is not presented by local authority area.

**Figures 15: Average Weekly Charge in Care Homes for Long Stay Residents in Care Homes for Older People by Source of Funding and with and without Nursing Care, March 2007 - March 2014**

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1. Residents with capital of less than £15,500 (at 31 March 2014). A publicly funded resident contributes to the care home fees from their pensions and any other income and the local authority funds the balance.

2. Self funders are residents with capital, including property, worth £25,250 or more. The resident must meet his or her care costs in full (over and above any assessed entitlement to free personal and nursing care).

**Figure 16: Average Weekly Charges for Long Stay Residents in Care Homes for Older People by Funding Source**

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Section 3 - Care Homes for Other Main Client Groups

This section contains summary information on care homes for the other main client groups as follows: adults with physical disabilities, adults with mental health problems and adults with learning disabilities. As at 31 March 2014 there were:

- 40 care homes for adults with physical disabilities providing 645 places to 537 residents.
- 64 care homes for adults with mental health problems providing 1,040 places to 944 residents.
- 220 care homes for adults with learning disabilities providing 2,028 places to 1,821 residents.

3.1 Sector Providing Care

As at 31 March 2014 there were:

- 395 adults with physical disabilities in voluntary sector care homes, 128 in private sector care homes and 14 in LA/NHS sector care homes.
- 396 adults with mental health problems in voluntary sector care homes and 548 in private sector care homes.

Figure 17 shows that for all other main client groups the majority of residents as a proportion of the total were in care homes run by the voluntary sector with the highest proportion in care homes for adults with physical disabilities (74 per cent). This is in contrast to care homes where the main client group is older people where the majority of residents are in care homes run by the private sector (see Figure 6).

Figure 17: Number of Residents in Care Homes by Sector for Other Main Client Groups, at 31 March 2014
3.2 Long Stay Residents in Care Homes for Other Client Groups

Figure 18 presents the number of long stay residents in care homes for other main client groups. The number of long stay residents in care homes where the main client group is adults with learning disabilities has declined since 2005 (34 per cent). The numbers of long stay residents in homes for adults with mental health problems has decreased by 17 per cent during the same period. The numbers of long stay residents in homes for adults with physical disabilities has remained the same.

**Figure 18: Number of Long Stay Residents in Care Homes for Other Client Groups, March 2005 to March 2014**
Figure 19 presents the age profile of long stay residents in care homes for the other main client groups at 31 March 2014. Twenty-eight per cent of long stay residents in care homes where the main client group is adults with physical disabilities were aged between 45 and 54. Thirty one per cent of residents in care homes where the main client group was adults with mental health problems were aged over 65.

Figure 19: The Percentage of Long Stay Residents in Each Age Group, as at 31 March 2014
3.3. Length of Stay of Long Stay Residents

Figure 20 shows the incomplete length of stay for long stay residents in care homes for the other main client groups compared to care homes for older people. Seventy-two per cent of long stay residents in care homes where the main client group was learning disabilities had been resident in the care home for 5 years or more. This compares to 42 per cent in care homes where the main client group is adults with mental health problems and 18 per cent in care homes for older people.

Figure 20: The Percentage of Long Stay Residents in Care Homes by Main Client Group and Incomplete Length of Stay category, at 31 March 2014
Glossary

**Long Stay Residents:** Residents whose intention when they entered the home was to stay as a permanent resident, regardless of how long they stayed, are counted as a long stay resident. In addition, it may be that some long stay residents entered the home with the intention of only staying for a short time. If there were any residents whose intention was only to stay for a short time but were resident for more than six weeks, then those residents would also be counted as long stay residents for the purposes of this census.

**Respite residents:** Respite residents are those whose predominant reason for admission was to provide respite or holiday relief for the resident and for their carer. Periods of respite will normally be short, overnight or for a weekend or a few weeks at the most.

**Short-stay residents:** Residents are counted as short stay if
1. their intention at admission was to stay less than six weeks; and
2. at the time of the census or their discharge they did in fact stay less than six weeks; and;
3. the predominant reason for admission was not respite care.

**Mean:** The mean is an average of a set of data, e.g. the numbers of residents in a set of care homes. The mean is the grand total divided by the number of data points, e.g. the average number of residents per home in a set of care homes.

**Median:** The median is the middle value in a sample sorted into ascending order. If the sample contains an even number of values, the median is defined as the average of the middle two.

**Complete Length of Stay:** A ‘complete’ length of stay is calculated for each resident who has left the care home during the year prior to the census. It includes residents who were in the home for short lengths of stay as well as those who had been in the home a long time.

**Incomplete Length of Stay:** An ‘incomplete’ length of stay is calculated for everyone resident in the home at the census date and covers the length of time the individual has been resident in the home up to the census point. These figures are based on length of stay within a particular care home and will not take account of length of stay in previous care homes.

**Publicly funded:** Residents with capital of less than £15,500 (at 31 March 2014). A publicly funded resident contributes to the care home fees from their pensions and any other income and the local authority funds the balance.

The fees for publicly funded residents are covered in the National Care Home Contract (NCHC), which was developed and introduced in 2007/2008. The rational for developing
the NCHC was to standardise the terms, conditions and fees for publicly funded clients, and to incentivise improvements in quality. The Convention of Scottish Local Authorities (COSLA) negotiates annually with Scottish Care, the representative body of the independent care home sector, to review the terms of the contract and set appropriate and consistent fee levels across Scotland for publicly funded clients.

**Self funders:** Residents with capital, including property, worth £25,250 or more. The resident must meet his or her care costs in full (over and above any assessed entitlement to free personal and nursing care).

Where capital falls between £15,500 and £25,250 a resident will be expected to contribute a proportion of his or her assets and income towards the cost of care, and the balance will be made up by the local authority. These residents are also known as publicly funded.
### List of Tables

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<tr>
<td>Table 1</td>
<td>Care Homes, Registered Places, Residents and Occupancy by Main Client Group</td>
<td>March 2000 – March 2014</td>
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</tr>
<tr>
<td>Table 2</td>
<td>Care Homes, Registered Places, Residents and Occupancy by Sector</td>
<td>March 2000 – March 2014</td>
<td></td>
</tr>
<tr>
<td>Table 3</td>
<td>Local Authority Comparison, by Main Client Group</td>
<td>March 2000 – March 2014</td>
<td></td>
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<tr>
<td>Table 4</td>
<td>Local Authority Comparison, by Main Client Group and Sector</td>
<td>March 2000 – March 2014</td>
<td></td>
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<tr>
<td>Table 5</td>
<td>Comparison For a Selected Local Authority and Main Client Group (All adults and Older people only)</td>
<td>March 2000 – March 2014</td>
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</tr>
<tr>
<td>Table 6</td>
<td>Information at Scotland level on Residents in Care Homes (All Adults and Older People)</td>
<td>March 2005 – March 2014</td>
<td></td>
</tr>
<tr>
<td>Table 7</td>
<td>Local Authority Level: Weekly Charges</td>
<td>March 2014</td>
<td></td>
</tr>
<tr>
<td>Table 8</td>
<td>Information on Long Stay Residents in Care Homes (All Adults and Older People)</td>
<td>March 2005 - March 2014</td>
<td></td>
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<tr>
<td>Table 9</td>
<td>Information on Long Stay Residents in Care Homes (All Adults and Older People)</td>
<td>March 2005 - March 2014</td>
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<tr>
<td>Table 10</td>
<td>Information on Long Stay Residents in Care Homes (All Adults and Older People)</td>
<td>March 2005 - March 2014</td>
<td></td>
</tr>
<tr>
<td>Table 11</td>
<td>Local Authority Comparison for Selected Key Statistics (Types of Residents and Resident Characteristics)</td>
<td>March 2005 - March 2014</td>
<td></td>
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<tr>
<td>Table 12</td>
<td>Local Authority Comparison for Selected Key Statistics (Age, Gender and Length of Stay)</td>
<td>March 2005 - March 2014</td>
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<tr>
<td>Table 13</td>
<td>Information for Scotland (Other Main Client Groups)</td>
<td>March 2005 - March 2014</td>
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<tr>
<td>Table 14</td>
<td>Registered Places by Local Authority per 1,000 Population Aged 65+, Care Homes for Older People, Comparison Between 2000 and 2012</td>
<td>March 2000 and March 2014</td>
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Contact

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Further Information
Further information can be found on the ISD website

Rate this publication
Please provide feedback on this publication to help us improve our services.
Appendix

A1 – Background Information

The Scottish Care Home census is intended to cover all adult care home establishments that are registered with the Care Inspectorate. The Care Inspectorate is responsible for regulating a wide range of social services and was established under the Regulation of Care (Scotland) Act 2001.

This census was first issued in March 2003 and replaced two previous surveys. It combined the former ‘Residential Care Home Census – R1’ (run by the Scottish Government) and the ‘Private Nursing Homes Census’ (run by ISD Scotland). In March 2006 some of the data collection, relating mainly to care home places, was taken over by the Care Inspectorate. Therefore, this publication excludes tables relating to places in single rooms, en-suite places and occupancy rates that have been published in statistics releases prior to 2006.

Prior to 2010, most census forms were printed and returned to the Scottish Government as paper forms. From 2010, Care Inspectorate collected this information on behalf of the Scottish Government using their web based “eforms” system, though some Care Homes continued to return the survey electronically (using an Excel spreadsheet) direct to the Scottish Government.

For the census periods between 2003 and 2006 where census forms were not submitted the data was imputed. The average response rates in those years averaged at around 75 per cent. If resident details were missing from a particular home, a ‘similar’ home was identified, based on size and client group, for which resident details were available and the details of the missing records were estimated from these. From 2007 onwards, the data are treated as a sample and percentages are calculated based on the data received with no imputation. Further work will be considered to explore the benefits of different imputation options.

Estimated costs to care homes in responding to the care home census

As part of the UKSA assessment ISD were asked to publish an estimate of the cost of respondent burden. As part of a provider feedback survey care homes were asked to give an estimate of the time taken to complete the census. This was combined with an average hourly rate taken from the Annual Survey of Hours and Earnings (ASHE). The cost to 1,329 care homes was estimated to be around £104,000.

Feedback

In August 2011 Information Services Division (ISD) sent out a feedback survey to all care homes for adults in Scotland. The survey looked at ease of completing the Care Home Census, the usefulness of the guidance, the time taken to complete the census and any general comments. The findings from the survey are contained in this report.

A summary report on the uses of the Care Home Census information is available in this report.
The following report published in 2012 outlines issues relating to the quality/reliability of the Scottish Care Home Census statistics: [Quality reliability summary](#).
## A2 – Publication Metadata (including revisions details)

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<td>Description</td>
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<td>Each census relates to the financial year, e.g. the 2014 census covers the period between 1 April 2013 and 31 March 2014.</td>
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<td>Continuity of data</td>
<td>Prior to 2010, most census forms were printed and returned as paper forms. From 2010, the Care Inspectorate (formerly the Care Commission) collected this information on behalf of the Scottish Government using their eforms system, though some Care Homes continued to return the survey electronically (using an Excel spreadsheet) direct to the Scottish Government. The data has largely gone unchanged.</td>
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<td>Revisions statement</td>
<td>Validation checks on historical (previously unpublished) data have highlighted some inaccuracies. These have been revised and noted in the relevant tables. The revisions have a very limited impact on overall findings.</td>
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<td>Revisions relevant to this publication</td>
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<td>Concepts and definitions</td>
<td>Care Home Census data supplier guidance: <a href="http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Care-Homes/Census/">http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Care-Homes/Census/</a></td>
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<td>Relevance and key uses of the statistics</td>
<td>The results from the Scottish Care Homes Census are used by the Scottish Government, Local Authorities, private and voluntary service providers, academics and members of the public to get a clear picture of Care Home provision across Scotland. The information is used to look at the scale of Care Home provision across the country and to plan for the future.</td>
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<td>Accuracy</td>
<td>The data returns are cross checked with the Care Commission Registration details to validate the number of beds etc. The data are also checked against previous years submissions and any anomalies are discussed with the Care Home concerned.</td>
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<td>Completeness</td>
<td>For the aggregate data full or partial responses were received from 1,187 care homes giving a response rate for the survey of 95 per cent. For those homes who do not complete the census, data has been imputed either from the previous year or based on an average for the size and type of home (e.g. older people, mental health etc.). Long stay resident information was supplied by 81 per cent of the long stay population.</td>
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<td>Comparability</td>
<td>The Scottish Government also collect information on a quarterly basis on the number of residents aged 65+ supported by local authorities in care homes and those receiving free nursing and personal care (<a href="http://www.scotland.gov.uk/Resource/Doc/317110/0100996.pdf">http://www.scotland.gov.uk/Resource/Doc/317110/0100996.pdf</a>). The Scottish Care Home Census collects information on all adult residents in care homes regardless of their funding source and age. The Care Inspectorate’s Annual return. NHS Continuing Care census.</td>
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<td>Accessibility</td>
<td>It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines.</td>
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<td>Coherence and clarity</td>
<td>The publication includes sections on Introduction/background and key findings. The data are presented in tabular format.</td>
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A3 – Early Access details (including Pre-Release Access)

Pre-Release Access
Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD are obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access and, separately, those receiving extended Pre-Release Access.

Standard Pre-Release Access:
- Scottish Government Health Department
- NHS Board Chief Executives
- NHS Board Communication leads

Extended Pre-Release Access
Extended Pre-Release Access of 8 working days is given to a small number of named individuals in the Scottish Government Health Department (Analytical Services Division). This Pre-Release Access is for the sole purpose of enabling that department to gain an understanding of the statistics prior to briefing others in Scottish Government (during the period of standard Pre-Release Access).

- Scottish Government Health Department (Analytical Services Division)
A4 – ISD and Official Statistics

About ISD

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

**Purpose:** To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

**Mission:** Better Information, Better Decisions, Better Health

**Vision:** To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

Official Statistics

Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of ‘Official Statistics’. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD’s statistical publications are currently classified as one of the following:

- National Statistics (ie assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (ie legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (ie still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

Further information on ISD’s statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the ISD website.

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics. Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods, and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.