 **Promise Care Services Ltd**

**DIRECT PAYMENTS**

Scope

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Policy Statement

This type of payment was introduced in the mid-1990s, and they remain the government’s preferred mechanism for personalised care and support. These payments, along with personal budgets and personalised care planning, mandated for the first time in the Care Act 2014, provide the platform from which to deliver a modern care and support system. People should be encouraged to take ownership of their care planning and can be free to choose how their needs are met, whether through local authority (LA) or third-party provision, by direct payments, or a combination of the three approaches. This organisation is committed to working with direct payment holders to develop and deliver the services best suited to meet their assessed needs.

The Policy

Care Act 2014

The Care Act 2014 introduces different ways that direct payments can be used and gives detailed guidance to local authorities (LAs) on how to facilitate the changes.

The Act identifies the following conditions for direct payment to be accessed. These conditions need to be met to avoid the request to receive direct payments being declined.

The conditions are:

* The adult has the capacity to make the request and, where there is a nominated person, that person agrees to receive the payments.
* The LA is not prohibited by regulations from meeting the adult’s needs by making direct payments to the adult or nominated person.
* The LA is satisfied that the adult or nominated person is capable of managing direct payments either by themself or with whatever help the LA thinks the adult or nominated person will be able to access.
* The LA is satisfied that making direct payments to the adult or nominated person is an appropriate way to meet the needs in question.

These are nationally set conditions that apply to all local authorities.

Paying Family Members

This has been classified to include management/administration of the direct payment, but care is still excluded by those living in the same household. Any arrangement should be included in the care plan, detailing the payment amounts.

Care for a Service User in a Care Home

**Respite**

Currently, most councils allow respite care purchases of between 6 to 8 weeks. But they are usually only agreed in one or two week blocks. The four-week rule is in place because of social security rules, usually referred to as the 28-day rule, when it then turns into a permanent stay, and the personal benefits are then used as payments.

Direct payments are generally only allowed for a maximum of two weeks, but never more than four weeks which would then invoke the 28-day rule.

Important changes will be reflected in the care plans for direct payment holders and, again, the flexible arrangements that are required to meet the needs of the service user will be looked at on an individual basis with services developed accordingly.

As a general rule, direct payments should not be used to purchase services from the ‘home’ LA. This does not preclude people from purchasing services from other LAs.

The Future

For us, as providers, it simply means being clear about our role in recording, making sure we comply with our LA service specification requirements regarding direct payment service users, being vigilant in updating our guidance, and working together with our LA partners to provide the services that individuals need to meet their assessed needs

Related Policies

Personal Budgets

Related Guidance

Statutory Guidance Care Act 2014: Chapter 12: https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance

Training Statement

Staff will be updated on any changes being brought in by the Local Authorities.

Date Reviewed: May 2023

Person responsible for updating this policy: **IFEYINWA ODOEMENAM**

Next Review Date: May 2024