

Care home Fees Questionnaire

- 1 Please provide your name and details/the name and details of the person you consider may have a claim and their relationship to you.**

- 2 Please provide (i) dates the person was in care (ii) the details of the care home(s) and (iii) state if the care is ongoing.**

- 3 Please provide details of the amount of fees which have been paid and the period to which this relates (if you are unable to provide an exact figure, please provide your best estimate and state that this is an estimated figure).**

- 4 Please state whether the person in question has ever had an NHS assessment for Continuing Care and if so when this was and what the outcome was. Please provide copies of the assessment(s) if relevant.**

- 5 Please describe in general terms the reasons the person in question went into care and the state of their health during the period they were in care. If it deteriorated, please give approximate dates of when any changes in their state of health occurred.**

- 6 Please describe the person's behaviour whilst in care? For example, is/was their behaviour challenging, did it pose a risk to themselves or others in the care home, are/were they violent or relatively calm and easy to manage?**

- 7 Please state whether the person suffers/suffered from any (i) memory problems (ii) confusion (iii) disorientation and if so how severely. Please give examples if appropriate.**

- 8 Please state whether the person has/had any awareness of risk to themselves or others.**

- 9 Please state whether the person can/could make any decisions about (i) key aspects of their lives (ii) their daily needs.**

- 10 Please describe the person's psychological and emotional state. For example, do/did they suffer from disturbed moods/anxiety/distress/depression?**

- 11 Does/did the person engage with relations or carers or are/were they withdrawn?**

- 12 Can/could the person communicate and if so how well?**

- 13 Can/could the person inform carers of their needs?**
- 14 How mobile is/was the person?**
- 15 If they are/were not independently mobile, please state whether they are/were able to co-operate or assist carers in transfers or re-positioning and whether a hoist is/was used.**
- 16 Please state whether the person has/had any falls and how often?**
- 17 Please state how the person eats and drinks/ate and drank? For example, can/could they feed themselves, is/was their food liquidized, are/were they PEG fed or fed intravenously, do/did they suffer from any eating disorder?**
- 18 Is/was the person continent of urine and/or faeces? If not, please describe their continence care and whether there are/were any problems with this.**
- 19 Please state whether the person has/had any skin problems. For example, did they have any skin conditions requiring regular monitoring and treatment, if so, please state what. Do/did they suffer from pressure sores/other wounds? Do/did they have any specialist skin dressing regime in place?**

- 20 Does/did the person suffer from any breathing problems? If so, please describe the nature of this and the treatment, for example, use of inhalers, nebuliser, oxygen therapy, masks, and tracheotomy. Please state how this affects/affected their daily life.**
- 21 Is/was the person able to administer their own medication or do/did they need assistance? If so, what type of assistance is/was required?**
- 22 Does/did the person's medication have to be monitored on a daily basis to alter the dose due to fluctuations in their condition?**
- 23 Is/was the person in pain and prescribed pain relief? If so, how severe is/was the pain and how much does/did it affect their daily life and their care generally?**
- 24 Does/did the person ever suffered from periods of unconsciousness? If so, how are/were these dealt with?**
- 25 Please add any additional information which you think may be relevant regarding the care needs of the person in question.**

26 Please complete the name and contact details of the person you wish to be contacted in respect of this questionnaire if it is any different from question 1 above.

Thank you for completing this questionnaire, please return this to Lanyon Bowdler, Chapter House North, Abbey Lawn, Abbey Foregate, Shrewsbury, SY2 5DE, email to info@lblaw.co.uk or fax to 01743 280342 marked for the attention of The Care Home Fee Team. If you have any questions, please call 01743 280280.