

Article

# Care homes and estimating the self-funding population, England: 2021 to 2022

An estimation of the size of the self-funding population in care homes in England. Provides data covering the period 1 March 2021 to 28 February 2022, broken down by geographic variables and care home characteristics.

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# 1 . Main points

- From 1 March 2021 to 28 February 2022, there were an estimated 360,792 care home residents in England, which is a 7.9% reduction from before the coronavirus (COVID-19) pandemic (2019 to 2020; 391,927); of these, 34.9% (125,954) were self-funders, which is a 12.4% drop compared with pre-coronavirus pandemic (143,774; 36.7% of the total).
- The South East had the highest proportion of self-funders in care homes (44.1%), which is statistically significantly higher than the North East, which had the lowest (21.5%).
- Care homes located in the least deprived areas had a statistically significantly higher proportion of self-funders (52.5%) than care homes in the most deprived areas (18.7%).
- Smaller care homes, with 1 to 19 beds, had the lowest proportion of self-funders (12.5%), which is statistically significantly lower than all other care home sizes.
- Care homes providing care for older people had the highest proportion of self-funders (47.1%), which was statistically significantly higher than all other care home types; care homes for younger adults had the lowest proportion of self-funders (1.9%).
- The coverage of the care home population has improved in this release (68.6%) compared with the previous release (39.1%); statistical comparisons between years cannot be made because of differing response rates from care homes in each year.

## 2 . Overview

Last year, we developed a [new experimental method to understand the size of the self-funding population in care homes](#) in England. We have used the same method to produce estimates for the period 1 March 2021 to 28 February 2022 (inclusive). This article contains data from the adult social care (ASC) [provider information returns](#) (PIR) for residential services (care homes with or without nursing), which are collected by the Care Quality Commission (CQC).

The data have been weighted up to an annual estimate for England because of incomplete coverage of the care home population (68.6% after data cleaning); however this coverage is an improvement compared with our previous release, [Care homes and estimating the self-funding population, England: 2019 to 2020](#) (39.1%). Please see the [Glossary](#) for the definition of "self-funder" used in this publication, which is based on the guidance provided to care homes from the CQC when distributing a PIR.

We will make comparisons to the period before the coronavirus (COVID-19) pandemic (August 2019 to February 2020) where relevant, however we cannot make statistical comparisons because of differing response rates from care homes in each year. For the full breakdown of pre-coronavirus pandemic estimates, please see our previous release.

New for this release are:

- [Section 7, Care homes for working age adults](#)
- [provider size](#), which has been calculated differently in the current release to account for whether the provider is part of a brand
- [care home rating](#), which now includes a No rating category

### 3 . Self-funding population of care home residents

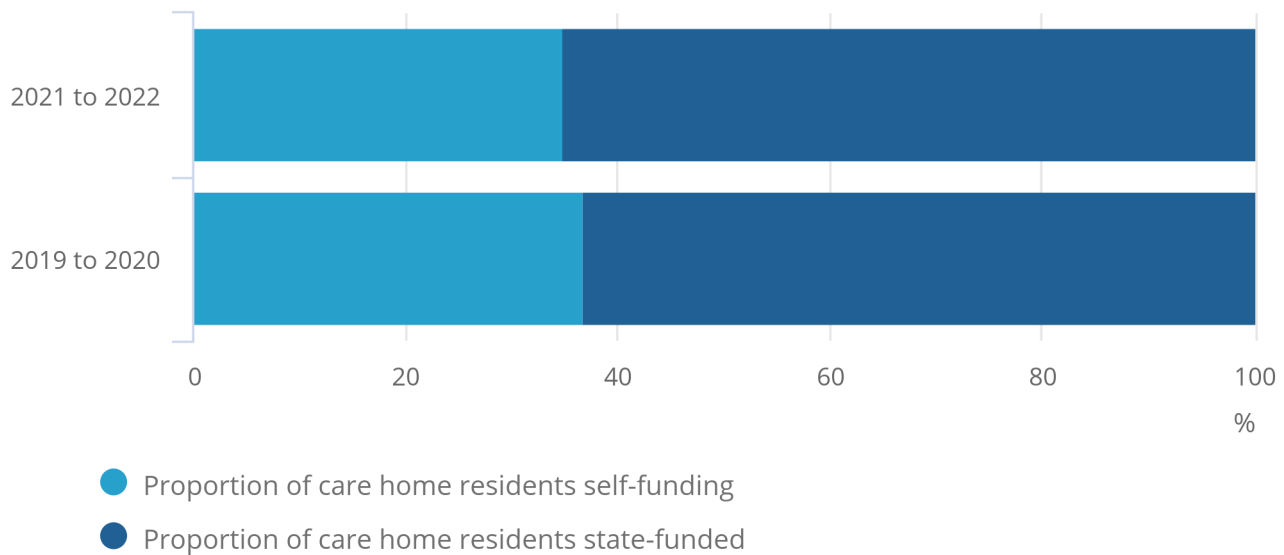
There were an estimated 360,792 care home residents from 1 March 2021 to 28 February 2022, occupying 77.8% of care home beds. Approximately 125,954 (34.9%) of care home residents were classified as self-funders, compared with 234,838 (65.1%) state-funded residents. This is similar to the [proportion of self- and state-funded care home residents seen before the coronavirus \(COVID-19\) pandemic](#), although the overall care home resident population and occupancy has decreased.

**Figure 1: The proportion of self-funding care home residents is similar to before the coronavirus (COVID-19) pandemic**

Total care home resident population by the proportion of self- and state-funded care home residents, England, 2019 to 2020 and 2021 to 2022

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Total care home resident population by the proportion of self- and state-funded care home residents, England, 2019 to 2020 and 2021 to 2022



Source: Care Quality Commission - Provider information returns, Office for National Statistics

Notes:

1. Figures are weighted annual estimates based on the Care Quality Commission (CQC) provider information return (PIR) data collected between 1 August 2019 and 29 February 2020, and 1 March 2021 and 28 February 2022.

## 4 . Geographic breakdown of self-funders in care homes

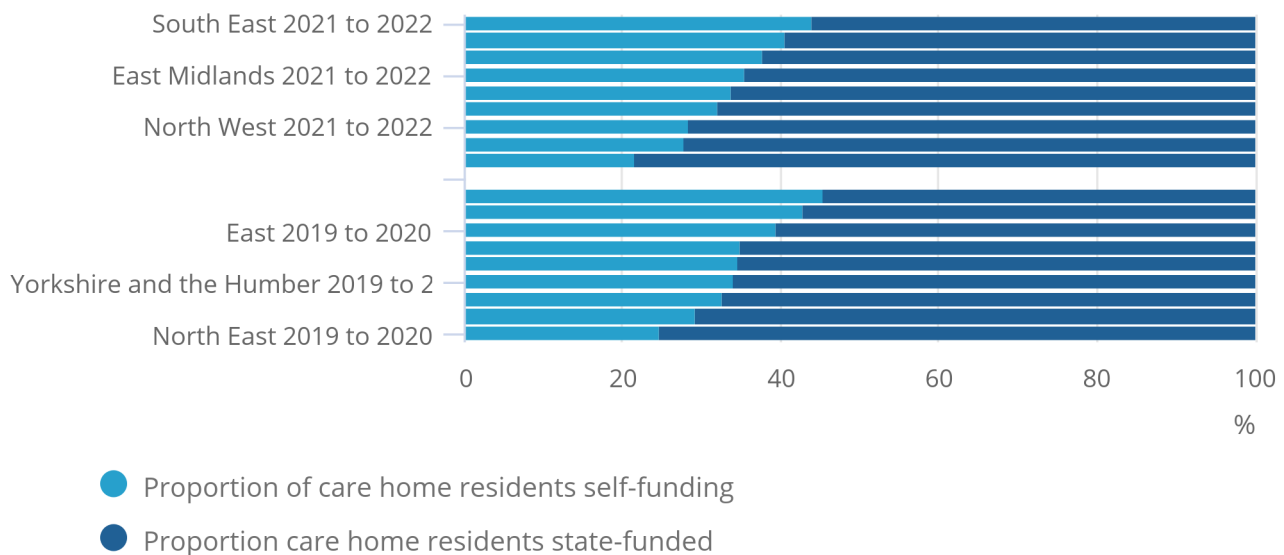
The South East remained the region with the highest proportion of self-funders (44.1%) and the North East remained the lowest (21.5%), which is a statistically significant difference. The overall pattern was the same as pre-coronavirus (COVID-19) pandemic (Figure 2). Regional differences may occur as the value of an individual's property can be considered in the financial assessment for the funding of care, and average property value varies by region. When averaging data from the [UK House Price Index published by HM Land Registry](#) from March 2021 to February 2022, the region with the highest average house price was London (£508,801). This was followed by the South East (£361,213), and the lowest average house price was in the North East (£146,860).

**Figure 2: The proportion of self-funders was highest in care homes in the South East**

Regions by the proportion of self- and state-funded care home residents, England, 2019 to 2020 and 2021 to 2022

Figure 2: The proportion of self-funders was highest in care homes in the South East

Regions by the proportion of self- and state-funded care home residents, England, 2019 to 2020 and 2021 to 2022



Source: Care Quality Commission - Provider information returns, Office for National Statistics

**Notes:**

1. Figures are weighted annual estimates based on the Care Quality Commission (CQC) provider information return (PIR) data collected between August 2019 and 29 February 2020, and 1 March 2021 and 28 February 2022.
2. Region is based on where the care home is located as identified in the latest [National Statistics Postcode Lookup File](#) at the time of data analysis (August 2021 and February 2022).

Excluding local authorities (LAs) that have been suppressed as part of disclosure control, the highest proportion of self-funders is in Sevenoaks (71.7%) in the South East. The lowest proportion of self-funders is in Halton (6.8%) in the North West. This is a statistically significant difference.

The other four LAs (Hart, Brentwood, Three Rivers and Rutland) with the highest proportion of self-funders were in the South East, East, or East Midlands regions. The other four LAs with the lowest proportion of self-funders were all in the London region (Hackney, Lambeth, Redbridge and Greenwich). Although the LAs in the top and bottom five positions have changed, the LAs are in similar regions to pre-coronavirus pandemic. The low proportion of self-funders in London, despite the high average house price, may be explained by the relatively young age of the London population and high proportion of privately rented dwellings (see [Section 3 of our article Care homes and estimating the self-funding population, England: 2019 to 2020](#)).

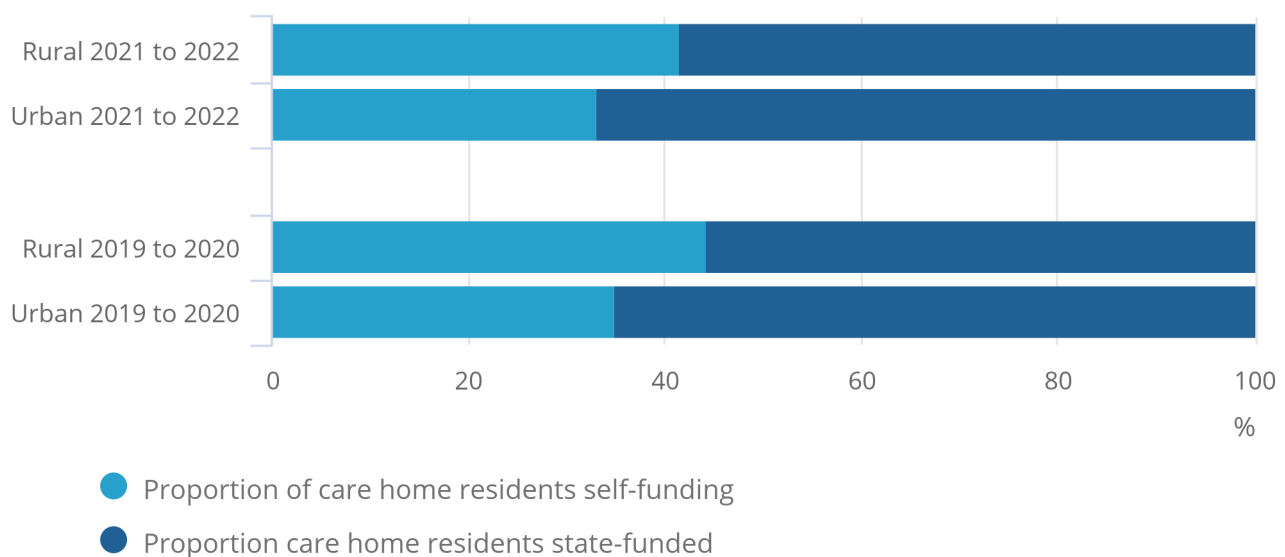
Rural areas continued to have a statistically significantly higher proportion of self-funders (41.6%) compared with urban areas (33.2%), the same as pre-coronavirus pandemic (Figure 3).

**Figure 3: Rural areas have a higher proportion of care home residents who are self-funding compared with urban areas**

Rural and urban classification by the proportion of self- and state-funded care home residents, England, 2019 to 2020 and 2021 to 2022

Figure 3: Rural areas have a higher proportion of care home residents who are self-funding compared with urban areas

Rural and urban classification by the proportion of self- and state-funded care home residents, England, 2019 to 2020 and 2021 to 2022



Source: Care Quality Commission - Provider information returns, Office for National Statistics

Notes:

1. Figures are weighted annual estimates based on the Care Quality Commission (CQC) provider information return (PIR) data collected between 1 August 2019 and 29 February 2020, and 1 March 2021 and 28 February 2022.
2. The rural and urban classification of care homes is based on the 2011 rural or urban classification at output areas using the latest geographies from [National Statistics Postcode Lookup File](#) available at the time of data analysis (August 2021 and February 2022).

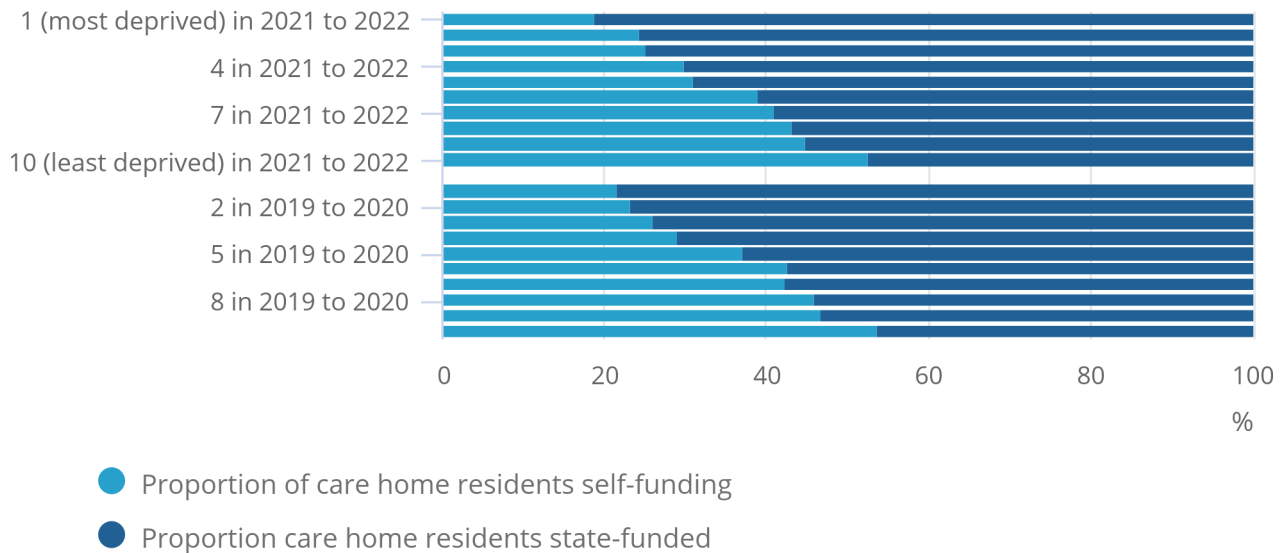
Figure 4 shows that care homes in the most deprived areas (decile 1; see [Glossary](#) for further explanation) had a lower proportion of self-funders (18.7%) than care homes in the least deprived areas (decile 10; 52.5%). This difference was statistically significant, and the overall pattern of results was similar to pre-coronavirus pandemic.

**Figure 4: The most deprived areas had a lower proportion of self-funders when compared with the least deprived areas**

Indices of multiple deprivation by the proportion of self-funding care home residents, England, 2019 to 2020 and 2021 to 2022

Figure 4: The most deprived areas had a lower proportion of self-funders when compared with the least deprived areas

Indices of multiple deprivation by the proportion of self-funding care home residents, England, 2019 to 2020 and 2021 to 2022



Source: Care Quality Commission - Provider information returns, Office for National Statistics

Notes:

1. Figures are weighted annual estimates based on the Care Quality Commission (CQC) provider information return (PIR) data collected between 1 August 2019 and 29 February 2020, and 1 March 2021 and 28 February 2022.
2. These groupings are based on the 2019 [Index of Multiple Deprivation \(IMD\)](#) for England, ranging from 1 (most deprived) to 10 (least deprived).
3. Figures are based on care home location identified in the latest [National Statistics Postcode Lookup File](#) available at the time of data analysis (August 2021 and February 2022).
4. Details on the linkage between IMD and PIR can be found in the supporting [methodology](#).

## 5 . Comparing the proportion of self-funders by care home characteristics

This section analyses self-funders broken down by care home type, care home size, provider size, care home rating and nursing care provision.

For care home type, the largest drop in the proportion of self-funders since before the coronavirus (COVID-19) pandemic is evident in care homes providing care for younger adults (aged 18 to 64 years). The proportion of self-funders in care homes providing care for younger adults was 1.9% from 1 March 2021 to 28 February 2022 and statistically significantly lower than all other care home types. This proportion was 4.8% pre-coronavirus pandemic. The overall pattern is the same as pre-coronavirus pandemic. When comparing the proportion of self-funders within each care home type, care homes providing care for older people (aged 65 years and over) have a statistically significantly higher proportion of self-funders (47.1%) compared with the proportion of self-funders in all other care home types (Figure 5). For more information about care home types please refer to [our Care homes and estimating the self-funding population, England: 2019 to 2020 - methodology](#).

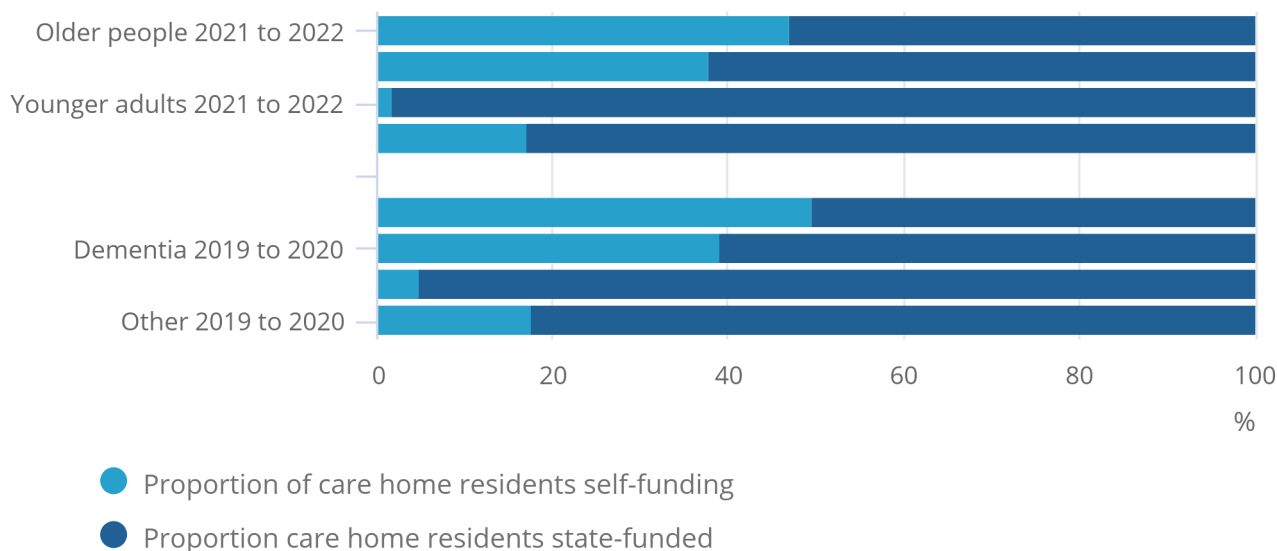
It should be noted that the majority of self-funders (78.6%), and the majority of all care home residents (72.6%), are resident in care homes providing care for dementia; although not every resident in these homes will necessarily have dementia.

**Figure 5: Care homes providing care for older people have a higher proportion of self-funders than all other care home types**

Care home type by the proportion of self- and state-funded care home residents, England, 2019 to 2020 and 2021 to 2022

Figure 5: Care homes providing care for older people have a higher proportion of self-funders than all other care home types

Care home type by the proportion of self- and state-funded care home residents, England, 2019 to 2020 and 2021 to 2022



Source: Care Quality Commission - Provider information returns, Office for National Statistics

Notes:

1. Figures are weighted annual estimates based on the Care Quality Commission (CQC) provider information return (PIR) data collected between 1 August 2019 and 29 February 2020, and 1 March 2021 and 28 February 2022.
2. Care home types are derived using the [Care directory](#) service user band variables (see [Glossary](#)). Older people are those who have reached their 65<sup>th</sup> birthday onwards, and younger adults includes people from their 18<sup>th</sup> birthday to the day before their 65<sup>th</sup> birthday. For more information on care home types, see our [methodology paper](#).

Care homes with 1 to 19 beds had the smallest proportion of self-funders (12.5%; Figure 6). This was statistically significantly lower compared with all other care home sizes. Other care home sizes did not differ significantly from each other, the same pattern as pre-coronavirus pandemic.

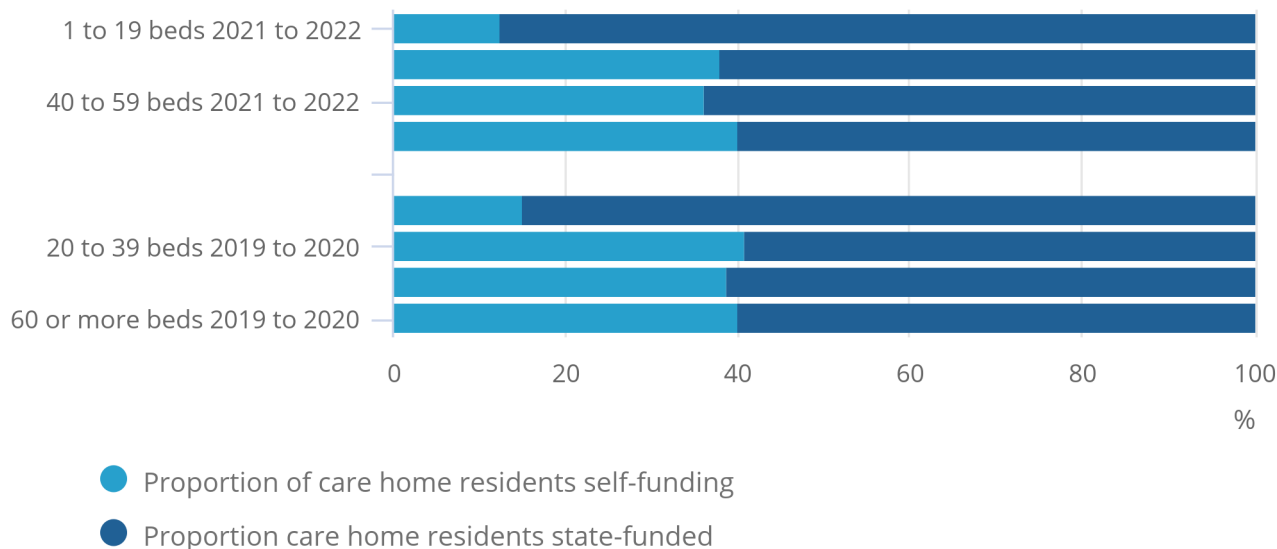


**Figure 6: Care homes with 1 to 19 beds had a lower proportion of self-funders, compared with other care home sizes**

Number of care home beds by the proportion of self- and state-funded care home residents, England, 2019 to 2020 and 2021 to 2022

Figure 6: Care homes with 1 to 19 beds had a lower proportion of self-funders, compared with other care home sizes

Number of care home beds by the proportion of self- and state-funded care home residents, England, 2019 to 2020 and 2021 to 2022



Source: Care Quality Commission - Provider information returns, Office for National Statistics

Notes:

1. Figures are weighted annual estimates based on the Care Quality Commission (CQC) provider information return (PIR) data collected between 1 August 2019 and 29 February 2020, and 1 March 2021 and 28 February 2022.
2. Care home size has been determined based on the number of care home beds reported in the [Care directory](#).

Care homes are categorised according to provider size using the Provider ID and Brand ID variables in the [Care Quality Commission \(CQC\) Care directory](#). Care homes are either labelled using the Brand ID (if they are part of a brand of care providers) or Provider ID. If the Brand or Provider ID is associated with more than one care home, they are categorised as being managed by providers that run multiple care homes. If the Brand or Provider ID is associated with a single care home in the directory, they are categorised as being managed as a single care home. Following feedback from users, this is a different categorisation process to [our previous release Care homes and estimating the self-funding population, England: 2019 to 2020](#). Therefore, the provider size figures presented here are not directly comparable with the provider size figures pre-coronavirus pandemic.

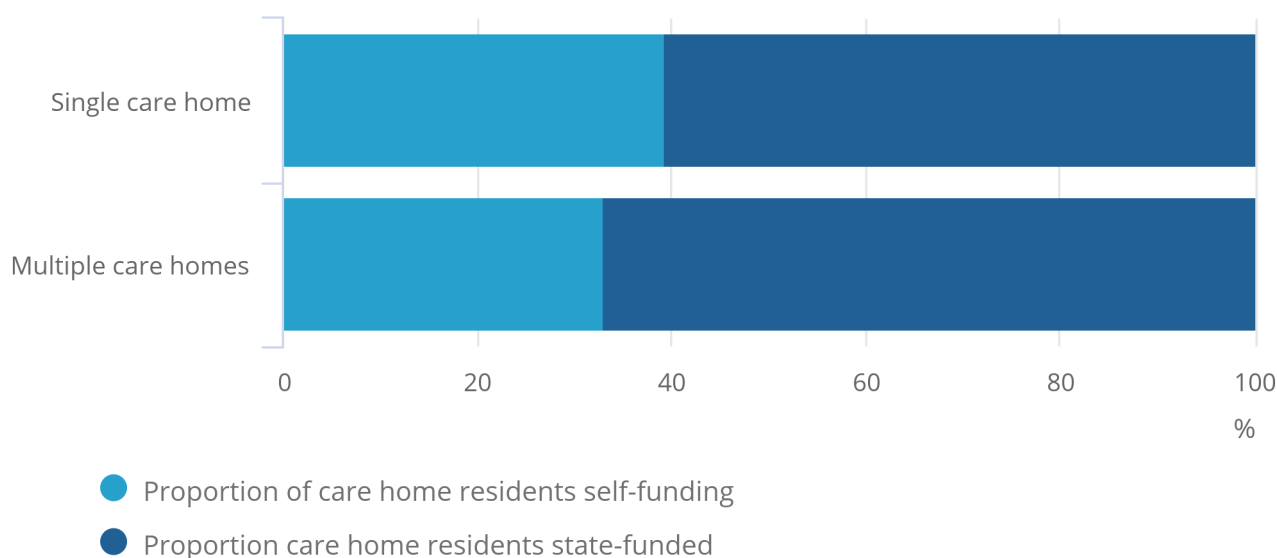
Care homes run by providers that have a single care home have a statistically significantly higher proportion of self-funders (39.2%) than those managed by providers that run multiple care homes (33.1%; see Figure 7).

## Figure 7: Care homes run by a provider with a single care home had a higher proportion of self-funders than providers running multiple care homes

Provider size by the proportion of self- and state-funded care home residents, England, 2021 to 2022

### Figure 7: Care homes run by a provider with a single care home had a higher proportion of self-funders than providers running multiple care homes

Provider size by the proportion of self- and state-funded care home residents, England, 2021 to 2022



Source: Care Quality Commission - Provider information returns, Office for National Statistics

#### Notes:

1. Figures are weighted annual estimates based on the Care Quality Commission (CQC) provider information return (PIR) data collected between 1 March 2021 and 28 February 2022.
2. Provider size has been determined by the number of care homes run by a provider or brand reported in the [Care directory](#).

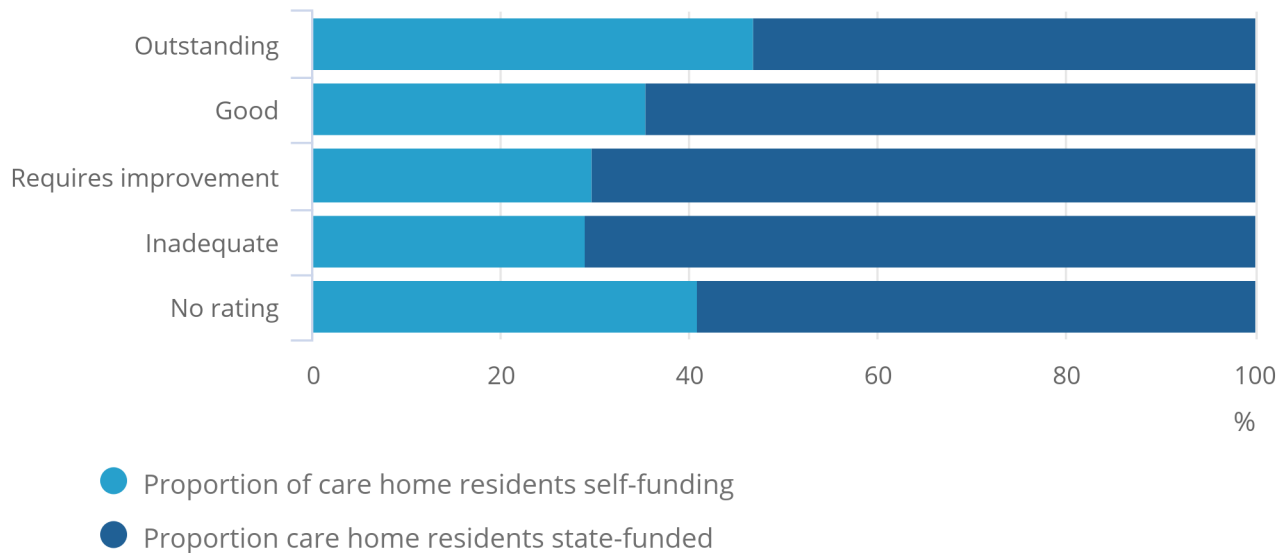
Care homes rated outstanding had the highest proportion of self-funders (47.0%), which is statistically significantly higher than all other ratings, except for those care homes with no rating (see Figure 8). Care homes rated inadequate had the lowest proportion of self-funders (29.0%), however this was not statistically significantly different to care homes rated good (35.4%), care homes rated requires improvement (29.8%) or care homes with no rating (41.0%). These figures cannot be compared with pre-coronavirus pandemic figures as prior to 2021, the provider information return (PIR) was only sent to care homes that had been inspected at any point since provider registration. Therefore, there are no care homes with no rating for the pre-coronavirus pandemic data.

**Figure 8: Care homes rated outstanding had a higher proportion of self-funders, compared with care homes with other ratings**

Care home rating by the proportion of self- and state-funded care home residents, England, 2021 to 2022

Figure 8: Care homes rated outstanding had a higher proportion of self-funders, compared with care homes with other ratings

Care home rating by the proportion of self- and state-funded care home residents, England, 2021 to 2022



Source: Care Quality Commission - Provider information returns, Office for National Statistics

Notes:

1. Figures are weighted annual estimates based on the Care Quality Commission (CQC) provider information return (PIR) data collected between 1 March 2021 and 28 February 2022.
2. Care home rating is based on the [Care directory](#).

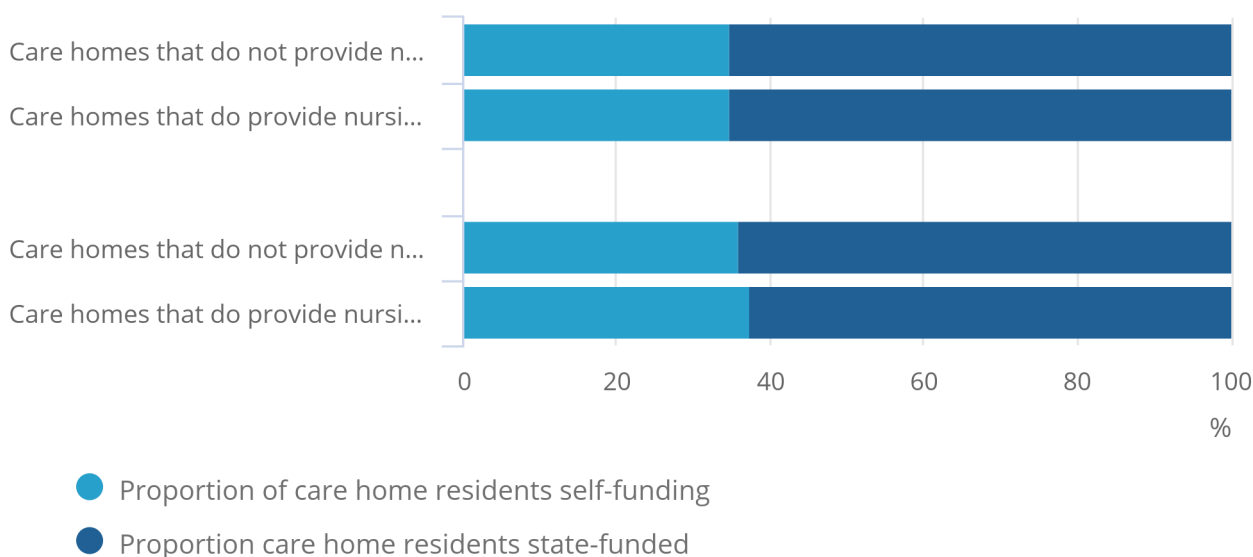
In both care homes that do provide nursing care, and care homes that do not provide nursing care, 34.9% of residents are self-funded (Figure 9). It is important to note that not all individuals living in care homes that provide nursing care are necessarily receiving nursing care.

## Figure 9: Care homes that do and do not provide nursing care had the same proportion of self-funders

Care homes that do and do not provide nursing care by the proportion of self- and state-funded care home residents, England, 2019 to 2020 and 2021 to 2022

### Figure 9: Care homes that do and do not provide nursing care had the same proportion of self-funders

Care homes that do and do not provide nursing care by the proportion of self- and state-funded care home residents, England, 2019 to 2020 and 2021 to 2022



Source: Care Quality Commission - Provider information returns, Office for National Statistics

#### Notes:

1. Figures are weighted annual estimates based on the Care Quality Commission (CQC) provider information return (PIR) data collected between 1 August 2019 and 29 February 2020, and 1 March 2021 and 28 February 2022.
2. Care home types are derived using the [Care directory](#). For information see our [methodology paper](#).
3. Care homes reported as a Service type - care home service with nursing; in the [Care directory](#) are defined as providing nursing care (nursing homes). All other care homes in the population are defined as not providing nursing care.

## 6 . Care homes for older people and dementia

A subset of variables was analysed for only care homes that provide care for older people, individuals with dementia or both, based on care home type rather than age of residents (see [our Care homes and estimating the self-funding population, England: 2019 to 2020 - methodology](#)).

The proportion of self- and state-funders were calculated for:

- region
- Index of Multiple Deprivation
- care home size
- care home rating
- upper tier local authority
- nursing care provision

Please see our [accompanying datasets](#) for these data.

Looking more closely at care home size, rating and nursing provision variables, the proportion of self-funders in the 1 to 19 beds category (34.5%) was statistically significantly lower than in the 20 to 39 beds category (41.2%), but not statistically significantly different from the other categories. The proportion of self-funders in the 20 to 39 beds category was also statistically significantly higher than in the 40 to 59 beds category (36.5%). This is in contrast to the findings from the whole sample (see Figure 6) but follows a similar pattern to care homes for older people and dementia before the coronavirus (COVID-19) pandemic.

For care home rating, the pattern of findings is similar to the full sample (see Figure 8). However, in care homes for older people and dementia, care homes rated good (40.0%) have a statistically significantly higher proportion of self-funders than care homes rated requires improvement (31.7%).

For nursing care provision, there was a statistically significant higher proportion of self-funders in care homes that do not provide nursing care (42.5%) compared with those that do (35.7%), which is the same pattern as last year. This was not statistically significantly different in the full sample (see Figure 9).

## 7 . Care homes for working age adults

A subset of variables was analysed for only care homes that provide care for younger adults (aged 18 to 64 years), based on care home type rather than age of residents (see [our Care homes and estimating the self-funding population, England: 2019 to 2020 - methodology](#)).

The proportion of self- and state-funders were calculated for:

- region
- Index of Multiple Deprivation
- care home size (the three larger categories were collapsed together because of small sample sizes)
- care home rating (outstanding and good were collapsed together, and requires improvement and inadequate were collapsed together, because of small sample sizes)
- nursing care provision

Please see our [accompanying datasets](#) for these data.

## 8 . Estimates of self-funding population in care homes data

[Care homes and estimating the self-funding population, England](#)

Dataset | Released 30 May 2022

An estimation of the size of the self-funding population in care homes in England, using an experimental method. Weighted annual data broken down by geographic variables and care home characteristics.

## 9 . Glossary

### Care home resident

An individual who receives care in a place where personal care and accommodation is provided together. In this publication a care home refers to care homes with or without nursing care, however specialist college services are not included in this definition. You can find more information in [our Care homes and estimating the self-funding population, England: 2019 to 2020 - methodology](#).

### Self-funded care home residents ("Self-funders")

The provider information return (PIR) defines a self-funder as an individual who pays for their own care privately. They can receive this in a number of ways.

#### Organised by themselves or through the local authority

- This is where an individual is over the saving or income threshold and therefore organises their care themselves or requests the local authority to arrange the care for them, but the individual still funds the full cost.

#### Organised by a charity

- Individuals who receive care in a charity-run care home are also defined as self-funders, as the term charity refers to the organisation running the care home, but individuals who do not meet the eligibility criteria for state-funding will still be fully or partially self-funding.

#### NHS-funded nursing care

- If an individual is in receipt of NHS-funded nursing care in a care home, they will have an amount paid for by the NHS, deemed to be the cost of the nursing care they receive. However, the rest of the cost could be self-funding, depending on their financial situation, therefore have been included in this definition.
- It is important to note that not all individuals in receipt of NHS-funded nursing care will be self-funding, they could also be in receipt of local authority support. NHS-funded nursing care should not be used to directly measure the size of the self-funding population.

#### State-funded care home resident:

The PIR defines a state-funded care home resident as an individual whose care is funded in full or in part by the local authority and/or the NHS. This includes the following.

#### Paying user charges when funded by local authority

- This is where the local authority has assessed an individual as having care and support needs and the individual has savings or income below the upper savings or income threshold and is funded by a local authority. However, the individual may pay additional cost to the local authority (a user charge).

## NHS continuing healthcare

- This is where an individual's needs have primarily been deemed as health-based, as per the decision support tool, and therefore care is fully funded by the NHS (state).

## Personal budget

- This is where an individual has been assessed through the local authority as having care and support needs and has savings or income below the threshold, so is given a budget to arrange care themselves, for example through a personal assistant; however, care is still funded through the local authority.

## Third-party top up

- This is where an individual has been assessed through the local authority as having care and support needs and has savings or income below the threshold, therefore is state funded. However, their care may be more expensive than the local authority is willing to pay, so a third party pays an additional cost (this is not categorised as a self-funder, as this cannot be paid for by the individual).

## Care home types

Care homes have been categorised into four different groups based on the users that they provide care for. Users are derived by the service user band variables in the [Care Quality Commission Care directory](#), which a care home is required to specify when registering as a provider. You can find more information in [our Care homes and estimating the self-funding population, England: 2019 to 2020 - methodology](#). The groups are defined as:

- dementia (all ages)
- older person (aged 65 years and over)
- younger adults (aged 18 to 64 years)
- other

A variable that combines the "older people" and "dementia" care home type categories has also been created. This contains an estimate of the proportion of self-funders in care homes that provide care to older people, care homes that provide dementia care, and care homes that provide both. These breakdowns are available in our [accompanying dataset](#).

## Statistical significance

The term "significant" refers to statistically significant changes or differences. Significance has been determined using the 95% confidence intervals, where instances of non-overlapping confidence intervals between estimates indicate the difference is unlikely to have arisen from random fluctuation. See our [statistical significance](#) page.

## Index of Multiple Deprivation (IMD)

National deciles of area deprivation are created through ranking small geographical populations known as Lower layer Super Output Areas (LSOAs) based on their deprivation score from most to least deprived and grouping them into 10 divisions based on the subsequent ranking.

[The Index of Multiple Deprivation \(IMD\)](#) is a score based on the area as a whole, and not everyone within a LSOA necessarily experiences the same level or type of deprivation. For example, some unemployed individuals live in less deprived LSOAs, while some higher-income individuals live in more deprived LSOAs. Similarly, deciles are a broad grouping and the levels of deprivation and the underlying factors determining the LSOA-level deprivation score will vary within the decile. Those LSOAs at the higher and lower end of each specific decile may vary considerably from each other.

## 10 . Data sources and quality

For a full description of our methods, please see [our Care homes and estimating the self-funding population, England: 2019 to 2020 - methodology](#).

Completion and submission of [provider information returns \(PIRs\)](#) was voluntary between March and June 2021 inclusive. After this period, from 1 July 2021, completion and submission was mandatory. Analysis includes data from PIRs submitted within the period of 1 March 2021 and 28 February 2022. Care homes are not sent a PIR during this period if they:

- have been registered for fewer than 10 months and have not yet been inspected
- are dormant
- are deemed to be under pressure

There were 13,629 care homes which were sent a link to an online PIR form, of these, 11,169 (82.0%) care homes responded. Of these, 11,091 responses were from care homes that were still active two months after they submitted the PIR, and therefore could be linked to the [Care Quality Commission \(CQC\) Care directory](#) with registered beds, producing a final response rate of 81.4%. After validating, cleaning and editing the data, the final sample was 10,494 care homes, which is 68.6% of all care homes that were registered in the relevant time period (15,304 care homes). As part of the cleaning process, 175 care homes without a rating in the Care directory were assigned a rating based on information from the CQC website (see [Section 7, Care homes without a rating in our methodology](#)) and the remaining care homes were categorised as having no rating.

Table 1 shows the differences between the distributions in cleaned and all other care homes in the Care directory. For more information on cleaning and potential bias in the sample, please refer to our methodology paper.



Table 1: Distribution by English region, care home rating, size, and type for the cleaned provider information return (PIR) data and all other care homes in the April 2022 Care directory

	<b>Cleaned care homes that completed a PIR (N=10,494)</b>	<b>All other care homes (N=4,810)</b>	<b>Absolute Percentage Difference</b>
<b>Percentage of care homes by region (%)</b>			
<b>East</b>	11.2	10.2	1.0
<b>East Midlands</b>	9.5	11.2	-1.6
<b>London</b>	9.1	8.6	0.4
<b>North East</b>	5.3	3.8	1.5
<b>North West</b>	11.5	14.7	-3.1
<b>South East</b>	19.4	18.5	1.0
<b>South West</b>	13.0	13.1	-0.1
<b>West Midlands</b>	10.7	11.4	-0.7
<b>Yorkshire and The Humber</b>	10.2	8.6	1.6
<b>Percentage of care homes by latest quality rating (%)</b>			
<b>Outstanding</b>	4.6	3.5	1.1
<b>Good</b>	77.6	70.5	7.1
<b>Requires improvement</b>	15.4	17.2	-1.8
<b>Inadequate</b>	1.2	2.3	-1.1
<b>No rating</b>	1.2	6.5	-5.3
<b>Percentage of care homes by care home size (%)</b>			
<b>1-19 beds</b>	41.3	43.0	-1.6
<b>20-39 beds</b>	27.8	24.9	2.8
<b>40-59 beds</b>	17.1	16.2	0.9
<b>60+ beds</b>	13.8	15.9	-2.1
<b>Percentage of care homes by care home type (%)</b>			
<b>Care homes for older people</b>	12.0	9.5	2.5
<b>Care homes providing dementia care</b>	49.7	51.2	-1.5
<b>Care homes for younger adults</b>	13.4	14.3	-0.9
<b>Other types of care homes</b>	24.8	24.9	-0.1

Source: Care Quality Commission - Provider information returns, Office for National Statistics

Notes

1. Percentages may not add to 100% because of rounding.
2. The region variable was derived from the February 2022 National Statistics Postcode Lookup File (NSPL) which is linked to the Care directory. Where a region was not specified by the Care Quality Commission (CQC), the actual location of the care home was obtained from the NSPL.
3. Care home rating, size (number of beds) and types are derived using the Care directory. For more information see our methodology paper.

## 11 . Related links

### [Care homes and estimating the self-funding population, England: 2019 to 2020 methodology](#)

Methodology | Released 15 October 2021

Describes the development of a new experimental method estimating the size of the self-funding population in care homes in England. Includes how the data are collected, processed and produced as well as definitions and data sources.

### [Accessing adult social care in England](#)

Methodology | Released 15 October 2021

Summary, including diagram, of the different routes into residential and community care in England.

### [Adult Social Care Statistics in England \(PDF, 348KB\)](#)

Report | Released 16 January 2020

An in-depth review of Adult Social Care Statistics in England from the Office for Statistics Regulation (OSR). Includes an overview of adult social care in England, existing statistics available and the identified gaps in evidence.

### [UK adult social care statistics](#)

Website | Updated monthly

This tool compiles official statistics relating to adult social care across the four nations: England, Northern Ireland, Scotland, and Wales, into one location. The landscape is updated each month with new publications from the previous month.