Selecting and moving into a care home
About this booklet

A person with dementia will need more care and support as their condition progresses. There may come a time when they will need to move into a care home. This could be because a care home may be more able to provide the care that a person needs, or because a change in personal circumstances makes it difficult for them to stay in their own home.

Choosing the right care home can feel daunting, but this booklet will help. It has been written for a carer or family member who is looking for a care home on behalf of a person with dementia. However, it may also be useful for someone with dementia who wants to plan ahead and find the right care home for when they need it. It explains the process you will need to go through, and includes checklists of things to consider. It also has tips for moving in and how to handle other issues that may arise.

If you are unsure about whether someone is ready to move into a care home, or who should make that decision, see factsheet 476, Care homes: when is the right time and who decides?

If you want to know about paying for care home fees, see factsheets 532, Paying for care and support in England, W532, Paying for care and support in Wales, or NI532, Paying for care and support in Northern Ireland.
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How to find a care home
Types of care home

Different types of home provide different levels of care. The type of home that a person with dementia requires will depend on their individual health and care needs.

- Residential care homes look after a person’s general living requirements, such as accommodation and meals, as well as helping with personal care, such as washing and bathing.

- Nursing homes provide nursing care as well as personal care. They have a registered nurse on site 24 hours a day.

- Some care homes are registered as dementia care homes. They specialise in providing care and support for people with dementia. These can be either residential or nursing homes.

- Some care homes will only support people over the age of 65, while others will support younger people with dementia. This will depend on how care homes are registered with their country’s regulatory body for health and social care (see page 7). For more information see the section ‘Choosing a care home for a younger person with dementia’ on page 47.
Finding a care home

Looking for the right care home can be stressful, particularly when you don’t know where to start or have to do it quickly. The first step is to find a list of care homes in the area, and then you can begin to work out which one is the best option for the person with dementia.

The national regulatory body that covers where you live will have details of care homes that you can look through, as well as the latest inspection reports. Not all care homes will be registered to provide care for people with dementia, but it is possible to narrow down your search to find ones that are.

Depending on where you live, your regulatory body will be:

- Care Quality Commission (CQC) in England
- Care Inspectorate Wales
- Regulation and Quality Improvement Authority (RQIA) in Northern Ireland.

Their contact details are listed in ‘Other useful organisations’ on page 61. Your local authority adult social services department may also have details of care homes in your area.
You might find it helpful to speak to a health or social care professional such as a doctor or social worker about finding a suitable home. You may want to ask friends or relatives who have experience of care homes. Your local Alzheimer’s Society, Age UK or other charities or voluntary organisations may be able to advise on what to look for, but they are unlikely to be able to recommend or comment on particular homes.

Websites such as www.carehomeadvisor.com provide lists and maps of care homes in your area, with availability and some information about each home. For more information see ‘Other useful organisations’ on page 61.

**Who arranges a place in the care home?**

Deciding who arranges a place in a care home will depend on who is paying. Sometimes the local authority, health and social care trust or the NHS will fund a person’s care. In this case, these organisations may organise a care home place. If the person is paying for their own care, they or someone acting on their behalf, can arrange a place independently. Someone paying for their own care can also ask the local authority to arrange it for them but there will be administration costs.
If the local authority, health and social care trust or NHS is funding the person’s care, it will sometimes provide a list of suitable care homes that the person can choose from. In this instance a care home is suitable if it:

- meets the person’s needs
- meets the local authority’s or health and social care trust’s budget
- has a place available.

The choice of suitable care homes may be restricted because of the cost of the home, but the primary focus should be on meeting the person’s needs. The care home must also be willing to sign a contract with the local authority or trust.

The next section deals with finding a care home independently. If you have been given a choice of care homes by the local authority, this advice will also be helpful for you.

For more information on who pays for a care home see factsheets 532, Paying for care and support in England, W532, Paying for care and support in Wales, and NI532, Paying for care and support in Northern Ireland.
Choosing the right care home
The process

Once you have a list of homes in your area, you will need to decide which is the right one for the person with dementia. If you are unsure how to go about this, the following tips should help.

- It will generally be useful to contact a number of homes before visiting them. This gives you the opportunity to ask about the level of care they provide for people with dementia, a rough estimate of the fees and whether there is a waiting list. You can then decide which care homes you want to visit.

- If you are able to, visit a few different homes. This will give you a good idea of the different types available, and will also help you decide what is best for the person with dementia. Spend long enough in the home to get a feel for the place and see how it is run. Perhaps stay for a meal. You may want to arrange a second or even third visit before making a decision. You might want to visit at different times of the day to get a better idea of how the home is run.

- If you are a carer looking at homes on behalf of the person with dementia, you may want to visit on your own first. If you think it is suitable, you can then arrange for the person to visit.

- You can turn up unannounced and ask to have a look around. This will give you a feel for what the home is really like.
Choosing the right care home

If you are visiting with the person with dementia you may want to discuss in advance things that are important to them and make a note of any questions they have. While you are there, try to get the person’s opinion on the home and how they feel about it.

Some care homes may suggest a trial period to see how the person feels about the home, how the home supports the person and whether it is a ‘good fit’.

Read the most recent inspection report for the home. It will tell you how the regulator has rated it. The home should be able to give you a copy. Alternatively, reports are available from CQC, Care Inspectorate Wales or RQIA (see ‘Other useful organisations’ on page 61 for contact details).

‘I can honestly say that the “strangers” who began providing care for my dad quickly became familiar to him and me – all the staff had learned dad’s name within days and have stood by him through some challenging times which I would have been unable to cope with on my own. They now not only provide care for dad, they support me and they care about us both.’

Carer for a person with dementia
What to look for when visiting a care home

When you visit a home it helps to be prepared. It is a good idea to spend some time looking around and talking to those in charge, as well as other staff and residents. Don’t be afraid to ask questions. It may help to take a list of specific things you want to find out.

Above all, don’t be afraid to ask questions about how staff would support the person. It may help to describe challenges the person has and how they might behave when they’re having a bad day, and the support they need to get through these times. The response from staff may give an indication of how they would manage.

On the following pages there are lists of questions you may want to consider. These cover:

- first impressions
- residents
- washing, dressing and personal care
- staff
- visitors
- location
- security, safety and access
- toilets, bedrooms and living areas
- food and drink
- health and wellbeing
- activities
- contracts
- end of life care.
First impressions

First impressions can be a good sign of how the home is run.

- Are you greeted in a friendly way when you arrive?
- Is the atmosphere homely and welcoming?
- Is the home clean, and pleasantly decorated and furnished?
- Is the decoration appropriate? For example, not too much clutter, unpatterned carpets and walls, good use of contrasting colours especially on walls and furniture.
- Are there any unpleasant smells?
- Is the environment stimulating for residents – for example, are there features or activities that the person can engage with?
- Is there appropriate signage to support people with dementia? For example, signs with pictures and words for toilets.
- Does the home have plenty of natural light, and is the lighting suitable? For example, not too bright or too much glare.
Residents

The best way to tell if a home is good is to look at how well the residents are treated and their general wellbeing. You may want to speak to residents and those who support them to find out about this.

- Are residents treated with dignity and respect? For example, are they addressed by their preferred name, and in a friendly and respectful manner?

- Are they involved in meaningful activities, such as listening to music they enjoy or socialising with one another?

- Are residents encouraged to do as much for themselves as they can? How are staff supporting this?

- Are residents involved in decision making, such as what they would like to eat or wear or what they like to do?

- Does the home see the person as an individual and take an interest in their hobbies and relationships, rather than focusing on their condition? This is sometimes known as providing ‘person-centred care’. You might want to ask if the home has a statement explaining what person-centred care means, and look to see if the behaviour of the staff reflects this principle. You may get a feeling for the home which makes you feel comfortable.
What are the home’s routines like? Can people go to bed when they want? What if they get up at night? What if they are hungry at night?

Do residents have a care plan (a document that summarises how staff can meet the needs of the person with dementia)? How often is it reviewed? Who is involved in the review?

Does the home use digital or electronic care plans? Can these be shared with relatives?

Can residents be involved in the running of the home – for example, is there a residents’ committee? What sort of decisions do they make? Are there minutes of meetings?
Washing, dressing and personal care

A good care home will ensure residents look well and attend to their personal grooming.

- How often do residents bathe or shower? Can a person decide what they would prefer? Can the person choose when they bathe?

- Are residents able to choose – for example, their favourite shampoo? Do staff use it when washing the person’s hair?

- Are residents encouraged and supported to brush their teeth on a regular basis? Does the home arrange dental appointments?

- How does the home manage a person’s dentures? Are they cleaned overnight?

- Are residents’ clothes clean? Can they choose what they like to wear and get help with getting dressed, if necessary?

- If aspects of a person’s appearance are important to them because of religious or cultural reasons such as covering their hair or wearing a crucifix, do staff respect this and know what to do?
Do residents have access to a hairdresser? Can they carry on using their own hairdresser in the community? How is shaving managed?

Will the person have access to a podiatrist or nail care services? There may be a cost to these and hairdressing – if so, ask how much.
Staff

Having helpful and friendly members of staff is important when a person moves into a care home.

- Ask the manager if all staff have training and experience in dementia care.

- Is there a full assessment of the person’s needs before they move into the home?

- Do staff seem to address the person with dementia in the way the person prefers – for example, by their first name, nickname, or formally?

- Are staff friendly and caring towards residents and do they treat them with respect?

- Do they respect people’s privacy? Do they knock on doors before entering? A home should never show a visitor into a resident’s bedroom, especially when they are not there.

- Are staff patient and understanding towards residents – for example, not rushing them along?

- Do staff make time to sit and chat to residents, or talk to them (and not each other) while they are helping residents with physical tasks such as washing and dressing?
■ Do they show an interest in learning about residents’ backgrounds, habits and interests?

■ Do staff engage with the person’s friends and family? Do they view them as important in complementing the support and care offered by the home?

■ Will the person with dementia have a staff member or members who are particularly responsible for their care? What if they don’t get on? Can residents choose if they want to be helped by a man or a woman?

■ Does the manager have a friendly manner with staff and residents?

■ Are staff able to answer your questions openly? Do they respect your concerns?

■ Are staff approachable?

■ What happens if you want to make a complaint? Can you see the home’s complaints policy?

■ Are residents involved in the recruitment of staff?
Visitors

It is important for those close to the person, such as family and friends, to be able to visit them regularly.

- Are visitors welcome at any time?
- Are there quiet areas where visitors can spend time with residents?
- Are visitors encouraged and supported to take residents out, or join them for a meal? Some homes allow visitors to come and eat with their relative.
- Can visitors make drinks for themselves and the resident?
- Are children who visit the home made to feel welcome? Are there activities or ways for children to be involved?
- Are pets allowed?
- Is information about how the person is doing, and any changes in circumstances, readily shared with those close to the person? How is this done?
- Are those close to the person supported to become involved in the life of the home – for example, is there a relatives’ support group?

- Can residents use Skype (or other similar technology) as a way of keeping in touch with relatives and friends?
Location

Where a home is can be an important factor in deciding whether it is suitable.

■ Is the home in a good location for the person with dementia and people who will visit them?

■ Are there shops, a park, a pub or place for worship nearby for residents who enjoy going out?

■ Is the home in an area where there is a lot of outside noise, such as traffic?

■ Do other people from the community come into the home – for example, a local choir, religious leader (such as a priest or imam), schoolchildren or volunteers?

‘Getting to know staff is important not just for person in the home but also for reassurance that the person is getting the care we would hope.’

Carer for a person with dementia
Security and safety

It’s important to know that a person with dementia will be in a safe and supportive environment. However, life can never be completely risk-free and they should also be supported to take appropriate risks and live as normal a life as possible. A care home can help a person stay safe.

Consider the following.

- What safety and security measures are in place to keep residents safe?

- Are people overly restricted? Are they prevented from doing lots of things in order to keep them safe? Are restrictions applied to everyone in the home in the same way without their individual circumstances being thought about?

- What measures are taken to reduce the risk of falls? Does the home use motion sensors to help prevent falls?

- Is the home a supportive environment? For example, is there good lighting and grab rails?

- Are call systems in place if the person needs help?
How is assistive technology used and is it managed in a way that balances safety with privacy and freedom? Are people checked at night or monitored remotely? Does a light come on automatically in the toilet? Does the home use sensors or alarms?

Are there window restrictors on all the windows to prevent people from falling?

What happens if there is a fire? How does the home manage fire safety? Have they had guidance from the local fire brigade?
Access

If the person with dementia has specific requirements because of their mobility or aspects of their behaviour, you might need to look out especially for the following points.

- Are the corridors and toilets wide enough for a walking frame or wheelchair?

- Are there suitably adapted toilets and baths fitted with grab rails?

- Are there ramps or a lift?

- Are the main doors locked at all times? Does the home have a locked doors policy? Can residents have the key code?

- How are restrictions on the freedom of residents managed? For more information see ‘Deprivation of Liberty Safeguards’ on page 39.

- Are the rooms on different floors? Is there any support for residents to easily get to different floors – for example, stair lifts?
Toilets

Difficulties with using the toilet, accidents and continence can all be problems for some people with dementia, particularly as their condition progresses.

Consider the following.

■ Are there enough toilets within easy reach of the bedrooms and living areas?

■ Are toilets appropriately signed, so people can find them easily?

■ Are staff trained to notice when someone needs to go to the toilet?

■ How do staff help people use the toilet and change incontinence pads?

■ When does the home decide to use incontinence pads and catheters?

■ Can residents choose if they want to be helped by a man or a woman?

■ Are residents assessed by a continence adviser if they need it?
Bedrooms

The person with dementia should have a bedroom that is comfortable and meets their needs. They should feel that the room is their own.

- Are residents encouraged to bring in some of their own furniture and possessions?

- Is there an en-suite toilet or an en-suite shower with the room? If not, where is the nearest toilet or shower? Are people expected to use a commode at night?

- Are the bedrooms well-lit and appropriately decorated? Can residents decorate their room if they want to?

- Can residents go to their rooms when they want to be alone?

- Are they given space and privacy to be physically intimate with their partner, if they wish?

- Can residents keep pets in their rooms, or in other areas of the home?

- Do the staff respect people’s right to privacy by knocking on bedroom doors before entering?

- Is there suitable seating for when people come to visit?

- Is there enough storage space?
- Is there somewhere to keep personal possessions and valuables safe?

- Is there WiFi in the bedrooms?

- Is there a phone?

- Are residents allowed to have music systems and TVs in their room? Are they able to watch programmes they enjoy?
Living areas

The communal living areas of the home may be where a person spends most of their time. These should be set up so people feel engaged and supported.

- Are chairs arranged in small groups to encourage socialising, rather than placed around the outside of the room?

- Is there more than one room where residents can sit? Is there somewhere they can have some quiet time or see visitors?

- Does the home allow smoking? Is there a room or place where the person can smoke? What if they want to get up at night and have a cigarette?

- Are there areas for the person to do things like read or play a card game?

- Is there outdoor space for people to use? Is it dementia friendly – for example, having a clear path, places to sit and shaded areas? Are doors to the garden open or locked?
Choosing the right care home

Food and drink

Many people with dementia need some support to make sure they are eating and drinking properly.

- Does the home cater for people with special diets? Are residents' likes and dislikes as well as medical, religious and cultural requirements taken into account? For example, how do they support people who are vegetarian or vegan, or living with diabetes?

- Is a choice of food offered at mealtimes? Ask whether you can see the current menu.

- Are meals offered in the home healthy and well balanced?

- Can residents eat in their rooms, or eat at different times if they prefer? How is this managed?

- Is alcohol offered at mealtimes?

- Are there facilities for making snacks if a resident gets hungry?

- Are staff trained to sensitively help people eat, if necessary?

- Are people encouraged to drink enough liquids? For example, are there jugs of water or squash available around the home? Are people able to have tea, coffee and soft drinks when they want them? Can they make their own?

- How does the home support someone who needs puréed food?
Health and wellbeing

People with dementia who are living in a care home are likely to have a range of health and care needs. The right home should be able to support these.

- What happens if residents are unwell or need medication?

- What medical services do residents have access to, for example, doctors, community mental health teams, continence advisers, physiotherapists, opticians and dentists?

- Can the person with dementia remain with their own GP or will they need to register with one that the home uses?

- Will residents have regular sight and hearing tests? How are these carried out?

- How does the home look after residents’ personal medical items, such as glasses, hearing aids or mobility aids?

- Can a friend or relative stay overnight if the person is unwell?

- What is the procedure if residents need help with taking medication?

- Are changes in medication discussed with the person’s family or carers?
What happens if the person’s needs change? Is the home able to manage? Is there anything that the home won’t be able to address – for example, changes in a person’s behaviour or their nursing needs?

What support is available to help with planning for the person’s future care needs? For example, does the home have links with a local hospice or community palliative care team? Do they encourage conversations about advance care planning?

How does the care home handle an advance decision to refuse treatment? For example, where is it kept and recorded, and are staff aware if someone has made one?

For more information see factsheet 463, Advance decisions and advance statements.
Activities

Residents should have the opportunity to take part in stimulating activities, both individually and in groups, if they want to.

- Does the home provide personalised activities that are suitable and engaging for the person?
- Is there an activities programme? Is it varied and enjoyable for residents? Does it make allowances for individual needs – for example, seated exercises for less mobile residents?
- Are residents supported to continue with past hobbies and interests, and begin new ones, if they want to?
- Are there opportunities for residents to help staff with tasks, such as setting the tables or gardening?
- Do staff support residents to get outside the home and do things outside of the home – for example, going to a place of worship or visiting their local pub – if they want to?
- Are there any organised trips and outings? Do they celebrate special events such as birthdays or cultural events – for example, Easter or Diwali?
- Are residents encouraged and supported to exercise?
- Are residents able to choose what they want to do when they feel like it – for example, listening to music or taking a walk outside?
Contracts

If the person’s place at the home has been arranged through the local authority, there will be a contract between the home and the local authority. You can ask to see a copy.

If you are arranging a home independently, make sure you have a contract with the home. If you need to, get advice from a solicitor or Citizens Advice (see ‘Other useful organisations’ on page 61) before signing any agreement.

- Is there an up-front charge that needs to be paid when the person moves in? Is the deposit refundable?

- What is included in the weekly fee? What may be charged as ‘extras’?

- How much notice is given if the fees are raised?

- What kind of care and services can residents expect?

- What happens if a resident’s condition worsens? Can they remain in the home and, if not, how are alternative arrangements made?

- How much notice of a wish to end the terms of the contract has to be given on either side?
Deprivation of Liberty Safeguards (DoLS)

Some people who move into a care home may not have the ability (known as ‘mental capacity’) to agree to the arrangements that are made for them, for example, keeping the door of the care home locked.

Depending on the circumstances, this may mean the care home needs to get authorisation from the local authority under the Deprivation of Liberty Safeguards (DoLS).

This is an extra protection for the person with dementia to ensure their freedom is not restricted more than necessary. You can ask the care home how they manage this process and how you can be involved.

DoLS only apply currently in England and Wales. In Northern Ireland there is interim guidance pending the introduction of new mental capacity law.

For more information see factsheet 483, Deprivation of Liberty Safeguards (DoLS).
End of life care

When a person with dementia is approaching the end of their life, it can be a painful and difficult period for everyone involved.

This is why it’s important to discuss a person’s end of life care needs when they move into a care home. When the time comes, this means they should be well supported and everyone will be aware of their wishes. There are several things you may want to consider.

- Are staff trained and experienced in supporting people who are at the end of life?

- Is the home able to support the person’s end of life wishes and any advance care plans they have made?

- What outside support is available for the home when a resident reaches this stage? For example, do they have links with a local hospice? Can they access the local palliative care team?

- What support or care is given to family or other carers?

For more information on this topic see factsheet 531, End of life care.
Choosing the right care home

Cultural differences when choosing a care home

Care homes benefit from being places where people bring a diversity of experiences and feel able to be themselves. However, sometimes a person who is black, Asian or from a minority ethnic community and moves into a care home can face some challenges. This can be for different reasons. For example, the person may have experienced stigma if, in their culture, dementia is seen as ‘madness’ or there is no word for it.

If the person with dementia is black, Asian or from a minority ethnic community, you might want to think about the following things.

- Are all staff interested in learning about the person’s background and culture?

- Do staff have an awareness of the importance of a person’s cultural background when providing care? You could ask them how they would support someone’s cultural needs, such as their food and drink preferences, clothing and appearance, hygiene practices or religious observance, festivals and holidays.
Do staff receive cultural competency training to help them support people from different cultural and ethnic backgrounds?

Do staff ask residents how they prefer to relate to other people – for example, preferring to stay within their own gender group?

Are staff willing to work with friends and families to understand the person’s life history and use this to provide appropriate care and support? For example, if the person grew up in a different country, they may sometimes think they are back there or go back to speaking and thinking in their first language, and this may mean they become confused and distressed.

Do staff understand the cultural implications of the person being in a care home? For example, in some cultures having to move into care can be seen as a failure on the part of the family.

Do staff have an awareness and understanding of significant cultural events relevant to the person, and how they might affect people? For example, if they are using reminiscence around World War II this may have very different significance for someone who is Jewish or Roma. Similarly thinking about childhood could be difficult for someone if this takes them back to a time or place where there was conflict or unrest.
If the person’s first language is not English, are there members of staff who speak that language? If not, how will they communicate with the person? Do they have communication aids such as picture cards?

Does the care home have any links with local culturally appropriate community groups?

Do staff at the care home reflect the diversity of the community?

Ask to see the home’s equality and diversity policy, and ask what this means in practice day to day.
Choosing a care home for an LGBT person with dementia

It is important for lesbian, gay, bisexual or trans (LGBT) people who move into a care home that their identity and needs are understood without stigma or discrimination. Some care home staff may assume that people are heterosexual, or that LGBT people want to be treated ‘the same as everyone else’, rather than as unique individuals with their own experiences and needs.

- LGBT people may feel that they will become isolated from the things that are important to them, and may worry about being lonely because their experiences are different to other people’s.

- LGBT people may also be worried about having to disclose their sexual orientation or gender identity, or having to go back ‘in the closet’. They may be worried about whether it will impact their care or staff attitudes to them.

- Trans people in particular may be concerned about how staff will treat them, especially if they haven’t surgically transitioned. It may be more apparent that someone is trans, and this can mean they don’t get to decide whether to disclose their gender identity or not. They may also be worried about receiving personal care and staff attitudes towards them.
For all of these reasons, it is important to find a care home that is LGBT aware, and where the person will feel comfortable, understood and respected. Consider the following questions.

- Are the staff friendly and accommodating? Have they had LGBT awareness training?

- Do the brochures or information packs include pictures of people from the LGBT community?

- Look for services and care settings that are LGBT aware. They may have a kitemark or a sign (usually the rainbow sign) that shows this.

- Does the home have an anti-discrimination and equal opportunities policy?

- What does the home’s confidentiality or privacy agreement say? Will LGBT people be given the same treatment and privacy as heterosexual people?

- Will the person be able to express their sexual orientation and gender identity, be treated with respect and have relationships without feeling threatened?

- What is the home’s culture? Is it inclusive so that they organise activities for all residents? Are they happy to support and include LGBT events in their activities (for example, LGBT history month)?
Selecting and moving into a care home

- Are there any other openly LGBT residents currently living in the home?

- Does the home record sexual orientation and gender identity? If so, how do they use that information?

For more detailed information on this subject, and the legal rights of LGBT people, see booklet 1511, LGBT: Living with dementia, and factsheet 480, Supporting a lesbian, gay, bisexual or trans person with dementia.
Choosing a care home for a younger person with dementia

Younger people with dementia (those under 65) will have different needs, expectations and abilities to older people. They require services that meet their needs and cater to their abilities.

Although there are care homes that cater for younger people with dementia, it can be hard to find the right care home for someone under the age of 65. Some larger care homes may have a dedicated area or floor just for younger residents. However, these are not widely available, and the nearest one may be a long way away.

Some care homes for people aged over 65 may accept a younger person. However, they may not be ideal. They may not have the experience of meeting the needs of younger people or the services designed to do so. The activities may be based on the needs or interests of older residents, and not be suitable for a younger person.

The following points may be helpful when looking for a care home for a younger person with dementia.

- Speak to staff where the person was diagnosed, such as a dementia adviser or admiral nurse. They may know if there are care homes that cater for younger people with dementia in the area.
Contact a local support group. If the person has a less common type of dementia, such as frontotemporal dementia, other people in the group may have experienced something similar and will be able to share information. They may also have details of suitable homes nearby.

YoungDementia UK have details of some care homes for younger people with dementia on their website. See ‘Other useful organisations’ on page 61 for more information.

Speak to care homes about the care, support and services they provide for younger people with dementia. Can they support active and physically able people? Are there areas for the person to walk about? Are they able to provide activities that engage younger people? Is there access to community groups?

Ask whether staff have training in supporting younger people. Do they feel comfortable managing the needs of a younger person?

Are staff willing and able to work with the family or friends to develop care for the person based on their needs, interests and age?

Can a professional, such as a dementia specialist nurse or social worker, visit the home with you?
3 Moving into a care home
Once you and the person with dementia have made a decision about the care home, it will be time to think about moving in. This can be a very emotional time, both for the person with dementia and those close to them. It’s good to remember a care home can provide better care and support for the person to meet all of their needs.

It may take the person a while to settle in to new surroundings. Carers may also struggle to adjust to the situation and a change in roles. It can take a lot of support and time for everyone to feel settled.

For more information see factsheet 523, Carers – looking after yourself.

The following may help when the person moves into the care home.

- Consider a trial period or day visit before the person moves in. This can help them get a bit used to the home.

- Ask the home how they usually settle in new residents.

- Take familiar objects such as photos, books or mementoes to personalise the person’s room.

- If it feels appropriate, involve the person in the move – for example, ask them when they want to move, or how they want their furniture to be arranged.
Memory boards, memory boxes and life story work can help staff to understand more about the person. This means they will be able to interact with the person more easily and on a more personal level, helping the person to feel more settled.

For more information about techniques such as life story work see factsheet 526, Coping with memory loss.

Talk to staff about the person and what they can do to support them. For example, tell staff about the person’s routines, their likes and dislikes, and any particular needs they have. Alzheimer’s Society produces a simple form called ‘This is me’ where you can record this information – see below.

This is me

This is me is a simple form that enables someone who isn’t able to communicate easily to receive person-centred care while in a care home or hospital. It provides an easy and practical way of recording who the person is. It includes space for details on the person’s cultural and family background, events, people and places from their lives, and their preferences and routines. Staff can use this to understand the person better and deliver care that is tailored to them.

To order or download a free copy go to alzheimers.org.uk/thisisme or call 0300 303 5933.
Asking to go home

The person with dementia may often ask to go home. This could be because they feel scared, anxious or unsettled. ‘Home’ may not always mean a particular place, but rather is expressing a need to feel safe and secure.

If the person often asks to go home it can be distressing both for them and for those supporting them. You may feel guilty that the person has had to move into care, or that you have done the wrong thing. It might be a good idea to talk to someone, such as a support group or professional, about how you’re feeling. Remember that the decision to move into care is a difficult one, but you are doing what you think is best for the person.

The following can help if the person is asking to go home.

■ Don’t argue with them or tell them that they are home – this is likely to cause them more distress.

■ Try to deal with any emotions that might be behind what the person is saying. For example, if they feel unsafe, is there something (perhaps an object or activity) that would help them to feel safer?

■ Try to offer the person reassurance. Small things like physical contact and engaging them in conversation can help.
Try to see if there are any triggers for the person wanting to go home – does it happen at the same time or in the same place? If so, it might be possible to work out what is making them feel unsettled. Making some small changes might help the person feel more at ease.

If the person is particularly distressed or upset, engaging them in something they enjoy might help to take their mind off it. You could try going for a walk, listening to music or doing a hobby.
Moving between care homes

There may come a time when a person will need to move from one care home to another. This could be because the current home is no longer able to meet their needs, or because of a change in funding. Alternatively, they may want to move to a home that is closer to friends and family. Sometimes the local authority might want to move a person to a different care home, or the person or their family might request a move. The local authority will first carry out an assessment that considers the impact that the move could have on the person.

Whatever the reason for the move, it is important to consider the pros and cons of moving someone to a different care home. It is possible that the person’s dementia will seem to get a bit worse as a result of the move. A change in routine, people and places can increase a person’s confusion and make them more distressed. However, try to balance this against the positive aspects of the move, such as being in a more supportive environment, receiving better care or being closer to family and friends.

If the person with dementia does move to a new care home, the move should be well planned and you should involve the person as much as possible. They may want to visit the home in advance.
It may help to choose a room that is similar to the person’s previous room if this is possible – for example, one with a similar layout. Place familiar objects around the room, such as photographs or mementoes, to make it feel like home.

On the day of the move, it is better for the person to arrive during the daytime. This will help them settle into their new home and staff will be more likely to be available and prepared to welcome the person.

**Moving between local authorities**
If the person is moving to a care home in a different local authority, a dispute may arise about which local authority is responsible for the person’s funding. However, this should not lead to any period in which the person isn’t receiving the care they need. One of the local authorities must accept responsibility until their dispute has been resolved.

‘I really think that you need to get involved and treat the care home as your loved one’s home.’

Carer for a person with dementia
Selecting and moving into a care home

Notes

Use the following pages for your notes and questions.
Notes
Other useful organisations

Age UK
0800 169 8787 (general enquiries)
0800 169 6565 (advice line)
contact@ageuk.org.uk
www.ageuk.org.uk

Wales – Age Cymru
08000 223 444 (advice line)
enquiries@agecymru.org.uk
www.ageuk.org.uk/cymru

Northern Ireland – Age NI
0808 808 7575 (advice service)
info@ageni.org
www.ageuk.org.uk/northern-ireland

Age UK, Age Cymru and Age NI provide information and advice for older people in the UK.

Carehomeadvisor.com
www.carehomeadvisor.com

Carehomeadvisor.com is an impartial website that allows you to search for care homes in your area. It provides ratings and reviews based on information from independent government bodies such as the Care Quality Commission and Food Standards Authority.
Selecting and moving into a care home

**Care Quality Commission (CQC)**
03000 616161  
enquiries@cqc.org.uk  
www.cqc.org.uk

The CQC inspects and reviews all adult social care services in the public, private and voluntary sectors in England.

**Care Inspectorate Wales**
0300 790 0126  
ciw@gov.wales  
www.careinspectorate.wales

Care Inspectorate Wales registers, inspects and takes action to improve the quality and safety of services for the wellbeing of people in Wales.

**Citizens Advice**
www.citizensadvice.org.uk

Your local Citizens Advice can provide information and advice, including on care home contracts. To find your nearest Citizens Advice, look in the phone book, ask at your local library or look on the website (above). Opening times vary.

**Elderly Accommodation Counsel (EAC)**
0800 377 7070 (advice line)  
info@firststopadvice.org.uk  
www.eac.org.uk  
www.housingcare.org

The EAC aims to help older people make informed choices about meeting their housing and care needs.
Regulation and Quality Improvement Authority (RQIA) in Northern Ireland
0289 536 1111
info@rqia.org.uk

The RQIA registers and inspects health and social care services in Northern Ireland.

Solicitors for the Elderly
0844 5676 173
admin@solicitorsfortheelderly.com
www.sfe.legal

Solicitors for the Elderly is an independent national organisation of lawyers who provide specialist legal advice for older and vulnerable people, their families and carers. They can advise on issues relating to care homes.

YoungDementia UK
01993 776295
mail@youngdementiauk.org
www.youngdementiauk.org

YoungDementia UK is a national information and support charity that focuses specifically on young-onset dementia. It was created with and for younger people, families, friends and supporters.
Alzheimer’s Society is the UK’s leading dementia charity. We provide information and support, improve care, fund research, and create lasting change for people affected by dementia.

If you have any concerns about Alzheimer’s disease or any other form of dementia, visit alzheimers.org.uk or call the Alzheimer’s Society National Dementia Helpline on 0300 222 1122. (Interpreters are available in any language. Calls may be recorded or monitored for training and evaluation purposes.)