

# Choosing a care home for a person with dementia



**Alzheimer's  
Society**

Together we are help & hope  
for everyone living with dementia



## About this booklet

This booklet is for carers or family members who are looking for a care home on behalf of a person with dementia. It may also be useful for someone with dementia who wants to plan ahead.

It explains your options and the process of applying. It also includes a checklist of things to look out for when visiting a care home.

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# How do care homes work?

## 1

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# What are the different types of care home?

There are two types of care home. These provide different levels of care. The type of home that someone requires will depend on their individual health and care needs.

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- **Residential care homes** are for people who need prompting, supervising or supporting when doing daily tasks. These include eating, dressing, going to the toilet, washing and bathing.
- **Nursing homes** are for people who have nursing care needs. These might be difficulty moving, issues with continence or medical needs. Nursing homes have a registered nurse on site during the day and at night. This means that they can provide nursing care as well as supporting with daily living needs.



If you're not sure what level of support is needed, you can arrange a care needs assessment. This shows what needs the person has and what level of care and support will meet those needs. The person will also need to have a care needs assessment if the local authority or trust are contributing to their care costs.



For more information on how to arrange this, see our **Assessment for care and support factsheets 418** (England), NI418 (Northern Ireland) and W418 (Wales).

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## Dementia care homes

Some residential and nursing homes are registered as 'dementia care homes'. In these homes, the staff should be trained to provide the different types of care that people with dementia may need.

However, there is no standard level of training that a home needs to meet to be registered as a dementia care home. For this reason, it's always worth asking how staff are trained to support people living with dementia when you visit the home.



Call our Dementia Support Line on **0333 150 3456**

# Who arranges a place in the care home?

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When a person with dementia has a care needs assessment, they are likely to be classed as having a ‘primary need’ for social care (support with daily living), rather than healthcare (medical support). Social care is means-tested, which means that the amount of care fees the person pays will depend on their income and savings (known as ‘capital’).

To decide this, the local authority or trust will complete a financial assessment. This will determine if the person can afford to pay for all their care fees, or if not, how much they would be able to contribute.



For more information on the financial assessment, see our **Paying for care and support** factsheets 532 (England), NI532 (Northern Ireland) and W532 (Wales).

Whoever is paying for the person’s care will usually arrange the care home place. This could be the local authority or trust, the NHS or the person themselves.



## Care funded by the local authority or trust

If the local authority or trust are paying or contributing to the person's care fees, they will find suitable care homes for the person with dementia. A care home is suitable if it:

- has a place available
- is willing to sign a contract with the local authority or trust
- is within the budget (or 'standard rate') allocated to the person by the local authority or trust
- meets the person's eligible care needs.

**Eligible care needs are outlined in the support plan that was made for the person following their care needs assessment (see page 5). The local authority or trust have a duty to meet these eligible needs.**

The local authority or trust should also consider the needs and preferences of the person and their family when picking a care home. This could affect the location of the home that is chosen – for example, how far the care home is from the person's family. Each local authority or trust will have their own policy on this.



You may have limited options to choose from. In England, the local authority only legally have to offer the person one care home, as long as the home can meet the person's eligible care needs. In Wales, the local authority should offer more than one option. In Northern Ireland, there is no set number of homes that must be offered. If the local authority offer a list of several suitable care homes to choose from, you can use the advice in this booklet to help you pick the right home. See 'Finding the right care home' on pages 16–35.

### **Is it possible to reject the home chosen by the local authority or trust?**

There are actions you can take if you're not happy with the care home that is picked. These will depend on your reasons for wanting to reject the home. If you feel that the care home cannot meet the person's eligible care needs set out in their support plan, you should raise this immediately. The local authority or trust have a duty to meet the person's eligible needs, so the care home they find must provide the required level of support.

You may wish to complain directly to the local authority, identifying which needs you don't feel can be met and why. Do this in writing (by email or letter), so you have a record of what was said.

If the matter isn't resolved that way, the complaint can be escalated to the Local Government and Social Care Ombudsman in England, the Northern Ireland Public Services Ombudsman or the Public Services Ombudsman for Wales.





An ombudsman is a public official who has been appointed to look into complaints. See ‘Other useful organisations’ on pages 76–80 for contact details.

You may feel that the care home being offered can meet the person’s eligible needs, but isn’t a good fit for other reasons. Discuss this with the social worker and give clear reasons. For example, if the care home is too far for family to visit regularly, explain how this could impact the wellbeing of the person with dementia. The local authority or trust may not offer another home, but you may be able to find a solution by working with the social worker.



Call our Dementia Support Line on **0333 150 3456**

It can also be helpful to speak with the care home. If you share information about the person's needs, the care home may be able to personalise what support they offer. This can make a big difference. For example:

- if the person doesn't like the way the home is decorated, ask whether you could make changes to the way their bedroom looks
- if you are worried about the food, speak to the kitchen staff and share information about what the person likes and dislikes
- if you are not sure about the quality of care, ask what training the staff have received.

See more questions to ask the care home from page 40.

Sometimes, a person may refuse a care home. If the local authority or trust feel this decision is unreasonable, they may write to advise the person to make their own arrangements. The local authority will no longer be under a duty to arrange care for the person. They can only do this if they can show that the homes offered would have met the person's eligible needs. This should only be considered as a last resort, if they feel that they cannot meet the person's preferences – they should always try to take these into account where possible.



## Is it possible to choose a more expensive home?

If you or the person with dementia prefer a care home that charges more than the local authority or trust will pay, you can choose to cover the extra cost. This is often called a 'top-up' agreement because you are 'topping up' what the local authority or trust are willing to pay. This can give you more choice when picking a care home. The top-ups must come from a third party, such as a friend or family member. First party top-ups, paid by the person in care, are not usually allowed.

Top-up payments should only be made voluntarily. If the person's eligible needs can only be met in a more expensive home, the local authority should increase their budget. They should never ask someone to pay a top-up fee for a more expensive care home, if that care home is necessary to meet the needs outlined in the person's support plan.



## Care funded by the NHS

If the person has healthcare needs, they may be eligible for NHS funding for their care fees. This is not means-tested. The main types of healthcare funding for care home fees are:

- 1 **NHS continuing healthcare (CHC)** – if someone is assessed as having a ‘primary health need’, all of their fees are paid for by the NHS. Being eligible for CHC depends on the person’s assessed needs, not a particular diagnosis or condition
- NHS funded nursing care** – if someone requires placement in a nursing home, but doesn’t have a primary health need, the nursing care part of the care home fees is paid for by the NHS. This will be paid directly to the nursing home. The rest of the fees will be paid for by the person or by the local authority or trust. This will be decided by the financial assessment (see page 6).

To decide whether the person is eligible for this funding, an NHS continuing healthcare checklist must be completed by a health and social care professional. It is also known as a ‘nursing’ checklist. If this checklist hasn’t been completed and you think it should be, you can request it from your local authority or a medical professional.



Following the checklist, the person will either be told they do not meet the criteria for NHS continuing healthcare or that they need to have a full assessment to decide if they are eligible. The local authority or medical professional need to make this decision before they can decide on funded nursing care.

If the person is receiving NHS continuing healthcare, they should receive help to arrange a care home place. Responsibility for this depends on the country.

- In England, it is the local integrated care board.
- In Wales, it is the local health board.
- In Northern Ireland, it is the local trust.

They should offer the person a choice of different care settings, where possible.



To find out more about NHS-funded care in England, see booklet 813 **When does the NHS pay for care?**





## Care funded by the person

Some people with dementia will pay all of their own care home fees – this is known as being a ‘self-funder’. If the person is paying for their own care, they or someone acting on their behalf can arrange a place in a care home themselves. The person can still ask their local authority or trust to arrange a care home place for them, but they are under no duty to do so.

If the person is paying their own fees, they won't be limited to the homes within the local authority's standard rate. This means that people paying for their own care often have more choice about where to live.

However, it is important to think about how long the person will be able to pay for care home fees at a higher rate. If the person's finances change, or if their needs change, they may need local authority funding in the future. If their care home is above the local authority's standard rate and a top-up fee cannot be paid, the person with dementia may be asked to move to a cheaper home. It's worth bearing this in mind when picking a care home.

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# Finding the right care home

## 2

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## Where to look

If you have the option to choose the care home, this gives you more of a chance to make sure it's the right place for the person with dementia. However, it can also be stressful, particularly when you don't know where to start, or if you have to do it quickly.

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The first step is to find a list of care homes in your chosen area. It can be difficult to know which area to choose. It may be somewhere the person is familiar with, or somewhere closer to family or friends. Family members may have different opinions. It may help to talk to others – see 'Where to get advice' on page 19.

The national regulatory body that covers where you live will have details of care homes that you can look through. It will also have the latest inspection reports.

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

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

Their contact details are listed in 'Other useful organisations' on pages 76–80.

You can also find local care directories online and on the NHS website. If you don't have access to the internet, your local authority can provide you with a paper copy of the list of local care homes.



# Where to get advice

It can be hard to know where to start when looking through a list of care homes. It could be helpful to talk to others about the decision, especially if they have experience of care homes. This could include:

- **friends or relatives**
- **dementia professionals** involved in the person's care, such as a doctor or Admiral Nurse
- **social workers** – if the person's care is being funded by the local authority or trust, their social worker may be able to provide support
- **carers from local support groups** – search our online directory at **[alzheimers.org.uk/dementiadirectory](https://www.alzheimers.org.uk/dementiadirectory)** to find your nearest group
- **carers on online forums**, for example, our Dementia Support Forum – go to **[forum.alzheimers.org.uk](https://forum.alzheimers.org.uk)**
- **charities or voluntary organisations** are unlikely to be able to recommend or comment on particular homes, but they may be able to advise on what to look for – you could call our Dementia Support Line on **0333 150 3456** or see 'Other useful organisations' on pages 76–80 for details of other charities
- **care home comparison websites**, such as Care Sourcer, can provide information about care homes in your area, including availability and prices – see 'Other useful organisations' on pages 76–80 for details.

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Call our Dementia Support Line on **0333 150 3456**



# How to make a shortlist

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

- **Narrow down your search.** Look for care homes that are registered to provide care for people with dementia (not all of them are – see page 5 for more information). Contact the care homes to see which of them have vacant rooms available. If you are not on a tight deadline, some care homes may have waiting lists that you can join.
- **Consider the person's specific needs.** As much as possible, the home should provide care that is tailored to the person's needs and interests. Keep these in mind when looking through care homes. For more tips on finding the right home, see 'Picking a home that suits the person's needs' on page 24.
- **Compare the costs of different care homes.** A person's budget will be a big part of the decision about which care home they will move to. If the person is funding their own care, the care homes you shortlist should be affordable for the person. If the person's care is being partly or fully funded by the local authority or trust, look for homes within their approved budget.

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- **Consider the person's finances going forward.**  
If someone is paying all of their own fees, it's important to work out how long the person will be able to fund their place for. If the local authority will soon be contributing to the costs, they are unlikely to fund a more expensive care home unless it is for a specific need. This could mean that the person needs to move to another home or a top-up fee is needed.
  - **Consider the location of the care home.** If the person likes their neighbourhood and knows it well, it's worth looking into homes in that area. If they go on local trips, the familiarity of the area could be reassuring to them. Transport links are also important for visits from friends and family. If you're the person's primary carer and you live far away from them currently, you could also look at homes nearer to you. If the local authority are funding the person's care, you will have to discuss this option with them.
  - **Read the most recent inspection report for the homes.**  
This will tell you how the regulator has rated them. You should be able to find the reports on the regulator's website – see 'Other useful organisations' on pages 76–80 for contact details. You could also ask the home to show you a copy when you visit.

Once you have a shortlist, you can then decide which care homes you want to visit. See 'Visiting a care home - things to look out for' on pages 36–65 for tips on planning a visit and a checklist of questions to ask.



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**The home mum was in was old-fashioned and a bit scruffy, but the care was excellent and it had a homely atmosphere, so I was willing to forgive them. Nowhere will be perfect.**

Family member of a person with dementia

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# Picking a home that suits the person's needs

Every person with dementia has unique needs, backgrounds and abilities. These will affect your choice of care home.

## 2

### Cultural considerations when choosing a care home

Care homes benefit from being places where people bring different experiences and should feel able to be themselves. However, a person who is Black, Asian or from a minority ethnic community may face additional challenges when they move into a care home. This can be for different reasons.

- The person may not be comfortable speaking English, and may prefer to speak their first language. If no one is able to speak the person's language, this could leave them feeling isolated.
- Care home staff may not understand particular aspects of the person's care, such as skincare, clothing or haircare routines.
- Care home staff may not understand or encourage the person's religious or spiritual practices.
- The person may struggle with unfamiliar food in the care home.



- The person may worry about staff assuming that every part of their care relates to their culture. They may worry people from the same culture will be supported in the same way, instead of caring for the person as an individual with their own needs.

If you are choosing a care home for a person with dementia who is from a particular community, you might consider looking at care homes suited to the person's religion, culture or lifestyle.

In cases where you are looking at care homes which are not designed for a specific community, consider asking the following questions:

- Do staff receive cultural competency training to help them support people from different cultural and ethnic backgrounds?
- Do staff have an awareness of the importance of a person's cultural background when providing care? Do they appear interested in learning about this? Ask them how they would support someone's cultural needs. This could include clothing and appearance, hygiene practices, religious practices, and celebration of festivals and holidays.
- Does the care home serve food from the person's culture? Are you able to see a sample menu?
- Do staff ask residents how they prefer to relate to other people (for example, preferring to stay with their own gender group)?



- Do staff have an awareness of historical events relevant to the person's culture, and how these might affect them? For example, if they are using reminiscence around World War II, this may have very different significance for someone who is Jewish or Roma.
- Are staff willing to work with friends and family to understand the person's life history? Will they 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 living there or speak in their first language. This could then cause distress and confusion for the person. How would the care home provide appropriate support for this?

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- If the person is not comfortable speaking English, are there members of staff who speak their main language? If not, how will they communicate with the person? Do they have communication aids, such as picture cards? What measures would they put in place to ensure the person doesn't feel isolated?
- Does the care home have links with local groups from the person's community?
- Does the care home provide opportunities to celebrate cultural and religious festivals?
- Do staff at the care home reflect the diversity of the community?
- What is the home's equality and diversity policy? Ask how this is reflected in their day-to-day work.

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## Choosing a care home for an LGBTQ+ person with dementia

When a person who is lesbian, gay, bisexual, trans or queer (LGBTQ+) moves into a care home, it is important that their identity and needs are understood without stigma or discrimination. The move may be more difficult or frightening for an LGBTQ+ person for several reasons.

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- Care home staff may assume that the person is heterosexual or cisgender.
- The person may worry about staff assuming they are the same as other LGBTQ+ people, instead of considering their unique experience and needs.
- LGBTQ+ people may feel that they will become isolated from the things that are important to them. They may worry about being lonely because their experiences are different to other residents'.
- LGBTQ+ people may be worried about having to disclose their sexual orientation or gender identity, or feel they have to hide these aspects of their identity. They may be worried about whether it will impact their care or attitudes towards them.
- If the person is trans, they may be concerned about how staff will treat them, especially if they haven't surgically transitioned. They may be worried about receiving personal care.



- If it is more apparent that the person is trans, they may be worried that they won't get to decide whether to disclose their gender identity or not.

For all of these reasons, it is important to find a care home that is LGBTQ+ aware, and where the person will feel comfortable, understood and respected. Consider the following questions:

- Have the care home staff had LGBTQ+ awareness training?
- Are the brochures or website inclusive of people from the LGBTQ+ community?
- Look for services and care settings that are LGBTQ+ aware. They may have a kitemark or a sign that shows this (usually the rainbow sign or flag).
- Does the home have an anti-discrimination and equal opportunities policy?
- What does the home's confidentiality or privacy agreement say? Will LGBTQ+ people be given the same treatment and privacy as heterosexual or cisgender people?
- Will the person be able to express their sexual orientation and gender identity? Will they be treated with respect and have relationships without feeling threatened?



- What is the home's culture? Is it inclusive? Do they organise activities for all residents? Do they include LGBTQ+ events in their activities (for example, LGBTQ+ History Month)?
- Are there any other openly LGBTQ+ residents currently living in the home?
- Does the home record sexual orientation and gender identity? If so, how do they use that information?

## 2

You may be able to get advice on choosing a care home from Stonewall Housing, which provides housing advice for LGBTQ+ people – see 'Other useful organisations' on pages 76–80 for contact details.



For more detailed information and advice on living with dementia as an LGBTQ+ person, see booklet 1511 **LGBTQ+: Living with dementia** and factsheet 480 **Supporting an LGBTQ+ person with dementia**.



## Choosing a care home for a younger person with dementia

When a person develops dementia before the age of 65, this is known as 'young-onset dementia'. Younger people with dementia 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 have the experience of supporting younger people or the services designed to do so. For example, the activities may be based on the needs or interests of older residents, and not be suitable for a younger person.

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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 for people with young-onset dementia. There may be others in the group who have experience of care homes and who can share information and advice. They may also have details of suitable homes nearby. Search our online directory for local groups – **[alzheimers.org.uk/dementiadirectory](https://www.alzheimers.org.uk/dementiadirectory)**
- Look at Dementia UK's website for details of some care homes for younger people with dementia at **[dementiauk.org](https://www.dementiauk.org)**
- Join the Young Dementia Network to speak to others affected by young-onset dementia. They may be able to offer support and advice on finding an appropriate care home – see 'Other useful organisations' on pages 76–80 for contact details.
- 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? Is it possible for residents to regularly spend time out of the care home?



- Ask whether staff have training in supporting younger people. Do they feel comfortable managing the needs of a younger person? Some care home comparison websites, such as Care Sourcer, allow you to search for homes that specifically cater for people under the age of 65 – see ‘Other useful organisations’ on pages 76–80 for details.
- Ask staff if they are willing and able to work with the person’s family or friends to develop care for the person based on their needs, interests and age.

Some of this information may be available on the care home’s website or in their brochures. You could also discuss these points with the care home manager or staff over the phone or during a visit.

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## If the person is discharged from hospital into a care home

Sometimes, a person will need to be discharged from hospital straight into a care home. If this happens, you may have to find a care home in a rush.

This can be a very stressful situation, especially if you had already found a suitable care home but it can't accept the person immediately. Unfortunately, the person will not be able to wait in the hospital until a place becomes available. This may mean that you have to find a different care home for them.

If the local authority, trust or NHS are funding the person's care, they will find a care home for the person. This can be difficult, as you may feel you have limited input in the decision and worry that the chosen home is not a good fit for the person.

Some people in this situation move to a care home on a temporary basis. This means they can leave the hospital and receive the care they need, but have the option to move to their preferred home if a space becomes available. Although repeated moves can be difficult for some people with dementia, this can be an option if it is in the person's best interests.

Talk to the hospital discharge team and the person's social worker about your concerns. If you need emotional support, call our Dementia Support Line on **0333 150 3456**, or get advice from others by joining our Dementia Support Forum – **forum.alzheimers.org.uk**



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**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.**

Family member of a person with dementia

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# Visiting a care home – things to look out for

## 3

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## What to consider

When visiting care homes, it helps to be prepared. Here are some things to consider when planning your visit:

- If you are able to, visit a few different homes. This will give you a good idea of the different places available, and help you decide what is a good fit for the person with dementia.
- Spend long enough in the home to get a feel for the place and see how it is run.
- Have a look around and talk to those in charge, as well as other staff and residents. It may help to take a list of specific things you want to find out – see ‘Questions to ask’ on page 40 for ideas of things to look out for during your visit.
- Don’t be afraid to ask how staff would support the person. It may help to describe challenges the person has and the support they need at those times. The response from staff may give you an idea of how they would manage.
- 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 with you.



- If you are visiting with the person with dementia, 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.
- You may want to arrange a second or third visit before making a decision. If you are able to do this, try to visit at different times of the day to get a better idea of how the home is run.
- You could also try turning up unannounced and ask to have a look around. This will give you a good feel for what the home is like. However, if you go at busy times, such as mealtimes, you may have to wait to be let in or shown around.
- Some care homes may suggest a trial period to see how the person feels about the home and whether they can be supported there. The local authority will sometimes provide this as respite care – see our **Respite care** factsheets 462 (England), NI462 (Northern Ireland) and W462 (Wales).



## Questions to ask

On the following pages, there are lists of questions you may want to ask when visiting potential care homes. 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
- activities
- health and wellbeing
- end of life care.

These questions are simply a guide – you don't need to ask them all on your visit, and you may not want to ask some of them at all. Instead, focus on what is most important to you and to the person with dementia. For some people, having access to a garden may be key to their wellbeing. For others, keeping their usual hairdresser will be very important.





Different things will matter to different people. Think about what the person needs to feel comfortable, safe and fulfilled. These things will be most important when it comes to making a care home feel like the person's home. Consider making your own list that you can take on your visit.

It's unlikely that a care home would meet all of the points in this section. Your choice may also be limited by cost and availability. Try to focus on what the person needs most and use these questions as a way to start the conversation.



Call our Dementia Support Line on **0333 150 3456**

## First impressions

First impressions can be a good sign of how the home is run. Consider the following points during your visit:

- Are you greeted in a friendly way when you arrive?
- Is the atmosphere homely and welcoming?
- Is the home clean, pleasantly decorated and furnished? Are there any unpleasant smells?
- Is the decoration appropriate for someone living with dementia? For example, the carpets and walls are unpatterned, there is good use of contrasting colours on walls and furniture, and there isn't too much clutter.
- Is there appropriate signage to support people with dementia? For example, there are signs with pictures and words that show where the toilets are.
- Is the environment stimulating for residents? For example, are there features or activities that the person can engage with?
- Is the home well lit? Does it have natural light coming through windows? Are lamps and overhead lighting suitable for someone living with dementia – not too bright and without too much glare?



## Residents

A good way to check the quality of a care home is to look at how well the residents are treated and their general wellbeing. If it's appropriate, you could speak to residents and those who support them to find out about this.

- Are residents treated with dignity and respect? Are they addressed in a friendly and respectful manner?
- Are residents encouraged to do as much for themselves as they can? How are staff supporting this?
- Can residents decide about aspects of their care, such as what they would like to eat or wear?
- 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?
- Are residents involved in meaningful activities? These might include listening to music they enjoy or socialising with one another.
- 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 records of what was discussed in previous meetings?



- Will staff see the person as an individual? Will they take an interest in the person's hobbies and relationships, rather than focusing on their condition? This is sometimes known as providing 'person-centred care'. Ask if there is a statement explaining what person-centred care means to the staff.

### Order a copy of our free tool **This is me**<sup>®</sup>

We produce a free tool called **This is me**<sup>®</sup> (code 1553), which can be used to record information about the person with dementia. 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](https://alzheimers.org.uk/thisisme)** or call **0300 303 5933**.



## 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 wash?
- Are residents able to choose the way their personal care is done? For example, can they pick the shampoo they use? Do staff use it when washing the person's hair?
- Is appropriate care provided for the person's hair type?
- 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? Are they supported with getting dressed, if necessary?
- If aspects of a person's appearance are important to them because of religious or cultural reasons, do staff respect this and know what to do? This might include covering their hair or wearing a crucifix.



- Do residents have access to a hairdresser or barber? Will the person have to pay for this? Can they carry on using their own hairdresser in the community?
- How is shaving managed?
- Will the person have access to nail care and foot care? Will they have to pay for this?

## Staff

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

3

- Do all staff have training and experience in dementia care?
- Are staff friendly and caring towards residents and do they treat them with respect?
- Do staff seem to address the person with dementia in the way the person prefers? For example, do staff use the person's preferred name and pronouns?
- Do they respect people's privacy? Do they knock on doors before entering? Staff 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?  
Do they talk to residents (and not simply to other staff members) while they are helping them 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? Can the person decide who that staff member is?
- 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?
- Ask about staff retention. Are the same people likely to be working at the home for the time the person is staying there? If the care home employs carers from agencies, how will the home make sure that the person's care is consistent?
- Are staff able to answer your questions openly?  
Do they respect your concerns?
- Are staff approachable?



- Are residents involved in the recruitment of staff?
- What happens if you want to make a complaint?  
Can you see the home's complaints policy?
- Is there a safeguarding policy? Do staff know what steps to take if they have any safeguarding concerns?

## Visitors

It is important for the person with dementia to be able to have regular visits from family and friends.

### 3

- 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 the person.
- 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 residents allowed to keep pets? If not, can a person's pet visit?
- Is information about how the person is doing, and any changes in circumstances, 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?
- If the home has to isolate itself (for example, due to an infectious virus), what is the policy for visiting? Can outdoor or screened visits be facilitated if indoor visits are not permitted? How do you register as the 'essential caregiver' for the resident if the home has to quarantine?
- Can residents use video call technology (such as Zoom or FaceTime) as a way of keeping in touch with relatives and friends? Can they receive help to do this?



## Location

The location of the care home can be an important factor in deciding whether it is suitable.

- Is the home in a good location for people who want to visit the person? Is it close to local transport links? Is there a place to park if someone visits by car?
- Are there places for the person to visit nearby if they enjoy going out? For example, are there shops, a pub, a park or a place of worship near the home?
- If the home is in a familiar location, does this prompt positive memories for the person?
- Is the home in an area where there is a lot of outside noise, such as traffic?
- Does the home have links with organisations from the local community who may visit the residents? This could be a choir, a religious leader (such as a priest or imam) or the local school.



**Getting to know staff is important not just for the 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 secure and supportive environment.

- What safety and security measures are in place to keep residents safe?
- How many staff members are working during the day and night? Are there enough staff on duty to cater to the needs of all the residents?
- What measures are taken to reduce the risk of falls?
- Is there good lighting and grab rails?
- Are call systems in place if the person needs help?
- How is assistive technology used? 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?



A care home should help a person stay safe, but they shouldn't limit the person's ability to live as they would like to. The person should be supported to take appropriate risks. Consider the following points.

- Are people overly restricted?
- Are they prevented from doing a lot 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?

## 3



## 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, they may not be able to agree to the care home keeping the doors locked.

Depending on the circumstances, this may mean the care home needs to get authorisation from the local authority under what are called 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.

For more information, see factsheets 460 **Mental Capacity Act 2005** and 483 **Deprivation of Liberty Safeguards (DoLS)**.

3



## Access

If the person with dementia has specific mobility needs, consider 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 rooms on different floors? Is there any support for residents to easily get to different floors – for example, stair lifts?
- Are the main doors locked at all times? Does the home have a locked doors policy? Can residents have the key code?
- Who is responsible for the maintenance of walking aids or other devices to help people with limited mobility?
- Are there individualised evacuation plans for each person in case of an emergency, such as a fire?

**The person with dementia may have accessibility needs, such as sight loss or hearing difficulties. Ask the care home what they could do to support the person's independence and wellbeing. For example, does the care home have a hearing loop system or offer sensory activities?**



## Toilets

As their condition progresses, people with dementia may have incontinence or difficulties using the toilet. Staff in the care home should know how to support the person with this.

- 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?
- Are people expected to use a commode at night?
- 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?

3



## 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?
- Are double or twin rooms available for couples or relatives who choose to share?
- Is there an en-suite toilet or an en-suite shower with the room? If not, where is the nearest toilet or shower?
- 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 residents given space and privacy to be physically intimate with their partner, if they wish? Are there double rooms where the person and their partner can both stay?
- Can residents keep pets in their rooms, or in other areas of the home?
- Do staff respect people's right to privacy by knocking on bedroom doors before entering?

3



- 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 choose which programmes they watch or listen to?

## 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?
- Where is smoking allowed on the premises? What if the person wants to get up at night to smoke?



- 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 the space appropriate for people living with dementia – for example, does it have a clear path, places to sit and shaded areas? Are doors to the garden open or locked?

## Food and drink

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

3

- Does the home cater for people with specific diets? Are residents' likes and dislikes taken into account? Are any medical, religious and cultural requirements considered? For example, how do they support people who are vegetarian or vegan, or living with diabetes?
- Is a choice of food offered at mealtimes? Are different types of food, such as finger food, available? Ask whether you can see the current menu.
- Are the meals that are offered 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? Does the home have equipment to support this?
- Are people encouraged to drink enough liquids? For example, are there water dispensers 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 an adapted diet due to difficulty swallowing?



## 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 do things outside of the home if they want to – for example, going to a place of worship or visiting their local pub?
- Are there any organised trips and outings?
- Does the home celebrate special events such as birthdays or cultural events – for example, Diwali or Easter?
- 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?
- If the person doesn't want to take part in social or group activities, will this be respected?

## 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.

- Is there a full assessment of the person's needs before they move into the home?
- What medical services do residents have access to? These could include doctors, community mental health teams, continence advisers, physiotherapists, podiatrists, opticians and dentists.
- Can the person with dementia keep 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?

3





- What happens if residents are unwell or need medication? Do staff routinely check for signs of this?
- 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?



- Do residents have personalised care plans that show how staff can meet their needs? How often are these reviewed? Who is involved in the review?
- Does the home use digital or electronic care plans? Can these be shared with relatives? Is it possible to see a blank care plan as an example?
- 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?
- Does the care home also offer nursing care? What happens if the person's needs change and they require this type of care in the future? Would they need to move to a nursing home?
- Does the care home discuss with the person how they would like to be cared for at the end of their life? How do they ensure the person is given the information they need to make informed choices? Are family involved where appropriate?
- If someone chooses to make an advance decision to refuse treatment or an advance statement, where is it kept and recorded? How are staff aware which residents have made one and which haven't? See factsheet 463 **Advance decisions and advance statements** for more information on these.



## End of life care

It isn't easy thinking about the person with dementia approaching the end of their life. It may seem a while in the future, but planning ahead early on can ease some of the pressure of that painful and difficult time. Discussing a person's end of life needs when they move into a care home means their wishes will be known and they should be well supported when the time comes.

- 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 process is followed for notifying family and friends that someone is approaching the end of life?
- What changes are made to the visiting policy?
- What support or care is given to family or other carers?
- What is the home's policy for residents who die in the care home? What procedures do they follow? How much will you be involved?





For more advice and support on end of life in a care home, see factsheet 531 **End of life care**.



# Applying for a place in a care home

## In this section

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## What is the process for applying?

Once you have found a care home that suits the needs of the person with dementia, you will have to apply for a place there. The process for this varies, but is likely to involve:

- putting the person's name on a waitlist
- paying a deposit
- providing evidence that the person has the money to fund the fees for a certain amount of time.

### 4

Applying for a place in a care home doesn't guarantee that the person will be able to move there. The home will need to assess the person to confirm that they can meet their needs. When they do this, the care home will consider their staff levels and capacity, as well as the needs of current residents.

As part of the assessment, the care home manager will usually visit the person to talk through what they may need help with and how best to care for them. It's important to be honest about how the person's dementia affects them. It isn't in anyone's best interests to move to a home which isn't equipped to manage the person's needs. Mention any examples of behaviour which you may find challenging and explain how you would usually handle a difficult situation.



If the care home manager does not feel that they can meet the person's needs, they will not offer the person a place. This can feel disappointing, especially if it is a home that you or the person really liked. You can ask the care home manager for their reasons and if their position is likely to change in the near future. For example, they may be unable to take the person due to staff shortages, lack of equipment, or because of the needs of another resident. They may be able to offer the person a place if these circumstances change.

Remember that if the care home cannot adequately care for the person, it is not the right place for them. It is better to know the care home's decision before the person moves.

If there is a space and the care home manager feels that the home can meet the person's needs, they will send a contract and offer the person a place.

4



## Care home contracts

If the person's place at the home has been arranged through the local authority, trust or the NHS, they will have the contract with the home. You can ask to see a copy of this. The local authority or trust must be satisfied that the home can meet the person's eligible care needs, as identified in their support plan.

If the person is receiving funded nursing care (see page 12) and is applying for a place in a nursing home, ask for a written explanation of how the funded nursing care payments are affecting the overall fees. You should be able to clearly see how the funded nursing care payment reduces the overall bill.

If you are arranging a place in a care home independently, make sure there is a contract between the person and the care home.

If the person lacks mental capacity to enter into a contract, it is normally signed by someone on their behalf who has access to their finances. This could be:

- an attorney under a Lasting power of attorney for property and affairs
- an attorney under an Enduring power of attorney
- a financial deputy
- a controller (in Northern Ireland).

If you are not one of these, you should only sign the contract if you have agreed to guarantee the fees from your own money.



## Things to look out for in a care home contract

Read the contract through carefully. These are some of the points you should consider:

- Is there an upfront 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 often are fees increased? What reasons does the home give for increasing fees? How much notice is given if fees are raised?
- Are valuable items that go missing covered under the home's insurance policy?
- Does the person have to pay for their room in the care home if they go into hospital?
- If the person dies, how quickly does the room need to be cleared of belongings to avoid additional charges?
- What are the duties of the care home, as outlined in the contract?
- Does the care home have rules for residents and visitors?



- 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 has to be given if either the person or the care home want to end the contract?

For more information on your rights when choosing a care home, the Competition and Markets Authority provides guidance on consumer rights for residents and families – see 'Other useful organisations' on pages 76–80.

If you need support to check through the contract, consider getting advice from a solicitor or Citizens Advice – see 'Other useful organisations' on pages 76–80 for contact details.

4

“

**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

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# Notes

Use the following pages for your notes and questions.





Call our Dementia Support Line on **0333 150 3456**

# Other useful organisations

## **Age UK**

0800 678 1602 (advice line, 8am–7pm Monday–Sunday)  
[www.ageuk.org.uk](http://www.ageuk.org.uk)

## **Wales – Age Cymru**

0300 303 44 98 (advice line, 9am–4pm Monday–Friday)  
[advice@agecymru.org.uk](mailto:advice@agecymru.org.uk)  
[www.ageuk.org.uk/cymru](http://www.ageuk.org.uk/cymru)

## **Northern Ireland – Age NI**

0808 808 7575 (advice service, 9am–5pm  
Monday–Friday)  
[advice@ageni.org](mailto:advice@ageni.org)  
[www.ageuk.org.uk/northern-ireland](http://www.ageuk.org.uk/northern-ireland)

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

## **Association of Lifetime Lawyers**

020 8234 6186 (9am–5pm Monday–Friday)  
[www.lifetimelawyers.org.uk](http://www.lifetimelawyers.org.uk)

The Association of Lifetime Lawyers (previously Solicitors for the Elderly) is a national organisation of lawyers who provide specialist legal advice for older people, their families and carers. They can advise on issues relating to care homes.

**Care Quality Commission (CQC)**

03000 616161 (8.30am–5.30pm Monday–Friday)

[enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)

[www.cqc.org.uk](http://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 (CIW)**

0300 790 0126

[ciw@gov.wales](mailto:ciw@gov.wales)

[www.careinspectorate.wales](http://www.careinspectorate.wales)

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

**Care Sourcer**

[www.caresourcer.com](http://www.caresourcer.com)

Care Sourcer is an impartial digital marketplace 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.

**Citizens Advice**

0800 144 8848 (advice line England, 9am–5pm  
Monday–Friday)

0800 702 2020 (advice line Wales, 9am–5pm  
Monday–Friday)

[www.citizensadvice.org.uk](http://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.

**Competition and Markets Authority (CMA)**

[www.gov.uk/government/publications/care-homes-short-guide-to-consumer-rights-for-residents](http://www.gov.uk/government/publications/care-homes-short-guide-to-consumer-rights-for-residents)

The CMA protects people from unfair trading practices, including where there is unequal bargaining power between providers of services and consumers. They have produced a guide to consumer rights for residents in care homes.

**Elderly Accommodation Counsel (EAC)**

[www.eac.org.uk](http://www.eac.org.uk)

[www.housingcare.org](http://www.housingcare.org)

The EAC helps older people make informed choices about meeting their housing and care needs.

**Local Government and Social Care Ombudsman**

0300 061 0614 (10am–1pm Monday, Tuesday, Thursday, Friday; 1pm–4pm Wednesday)  
[www.lgo.org.uk/how-to-complain](http://www.lgo.org.uk/how-to-complain)

This Ombudsman investigates complaints about social care services in England, for example, complaints about local authority social services.

**Northern Ireland Public Services Ombudsman**

0800 34 34 24 (10am–2pm Monday–Friday)  
[nipso@nipso.org.uk](mailto:nipso@nipso.org.uk)  
[nipso.org.uk/nipso/making-a-complaint](http://nipso.org.uk/nipso/making-a-complaint)

This Ombudsman investigates all complaints about public services in Northern Ireland, including about health and social care trusts.

**Public Services Ombudsman for Wales**

0300 790 0203 (10am–12.30pm and 1.30pm–4pm Monday–Friday)  
[ask@ombudsman.wales](mailto:ask@ombudsman.wales)  
[www.ombudsman.wales/how-to-complain](http://www.ombudsman.wales/how-to-complain)

This Ombudsman deals with all complaints about public services in Wales, including about local councils and the NHS.

### **The Regulation and Quality Improvement Authority (RQIA)**

028 9536 1111 (9am–5pm Monday–Friday)

[info@rqia.org.uk](mailto:info@rqia.org.uk)

[www.rqia.org.uk](http://www.rqia.org.uk)

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

### **Society of Later Life Advisers (SOLLA)**

0333 2020 454

[admin@societyoflaterlifeadvisers.co.uk](mailto:admin@societyoflaterlifeadvisers.co.uk)

[www.societyoflaterlifeadvisers.co.uk](http://www.societyoflaterlifeadvisers.co.uk)

SOLLA can provide details of independent financial advisers who specialise in later life financial issues.

### **Stonewall Housing**

0800 6 404 404 (advice line, 10am–1pm Monday–Friday)

[info@stonewallhousing.org](mailto:info@stonewallhousing.org)

[www.stonewallhousing.org](http://www.stonewallhousing.org)

Stonewall Housing is the specialist LGBTQ+ housing advice and support provider in England.

### **Young Dementia Network**

[youngdementianetwork@dementiauk.org](mailto:youngdementianetwork@dementiauk.org)

[www.youngdementianetwork.org](http://www.youngdementianetwork.org)

The Young Dementia Network is a community of people seeking to improve the lives of people with young-onset dementia.

Last reviewed: June 2023

Next review due: June 2026

Reviewed by: Maggie Lee, Lead Occupational Therapist, Harrow Older Adults, Northwick Park Hospital, Sarah Mattock, Lead Occupational Therapist, Kensington, Chelsea & Westminster Older Adults Mental Health Older Adult CMHT, Christopher Barrett, Strategic Lead for Adult Social Care and Hospital Integration, Gloucestershire County Council and Karan Jarvis Keysell, Care Sector Workforce Officer, Adult Social Care and Health, Kent.

This booklet has also been reviewed by people living with dementia.

To give feedback on this booklet, or for a list of sources, please contact **[publications@alzheimers.org.uk](mailto:publications@alzheimers.org.uk)**

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At Alzheimer's Society we're working towards a world where dementia no longer devastates lives. We do this by giving help to everyone who needs it today, and hope for everyone in the future.

We have more information on **Care homes**.

For advice and support on this, or any other aspect of dementia, call us on **0333 150 3456** or visit **alzheimers.org.uk**

Thanks to your donations, we're able to be a vital source of support and a powerful force for change for everyone living with dementia. Help us do even more, call **0330 333 0804** or visit **alzheimers.org.uk/donate**



Patient Information Forum



**Alzheimer's  
Society**

Together we are help & hope  
for everyone living with dementia

Alzheimer's Society  
43-44 Crutched Friars  
London EC3N 2AE

**0330 333 0804**  
**enquiries@alzheimers.org.uk**  
**alzheimers.org.uk**

Booklet code 690