

# What to look for when choosing a good care home

July 14 2017, by Claire Goodman

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Credit: AI-generated image ([disclaimer](#))

Although four out of five adult care homes in England evaluated in a recent [report](#) by the Care Quality Commission (CQC) were found to provide good care, it is the shocking reports of resident abuse, medication errors, under staffing and poor care that linger in the public consciousness.

So, when you need to choose a care [home](#) for yourself or friend or relative, how do you make sure that the one you choose is outstanding?

A systematic approach helps family conversations about what is almost always a [difficult process](#). Older people charities such as [Age UK](#) provide helpful pointers. Check the care home's latest [CQC report](#), visit the care home several times at different times of the day, and systematically ask questions both about the facilities and the daily routines. See if you can have a meal with residents – do the residents seem comfortable, alert and interested in what is going on around them? That is the start.

The leadership and culture of a care home affects the well-being of staff and residents. Has the manager been in post long, are they a visible, positive presence in the care home? Low staff turnover supports continuity of care. Do staff spend time with residents, or are the interactions only when they need to do something?

Consider if different residents' interests and preferences are catered for. From the day-to-day details of choosing when to get up, what to wear, what to eat, to whether decisions about a resident's future care and activities reflect their interests and personal biography. In some [care homes](#), residents may be well dressed, clean and well fed – but if this has been achieved through impersonal care that merely follows a routine, you need to think again.

Very few people enter a care home to die but almost everyone is near the end of their life. This is a [frail population](#) with complex needs. Ask about the expertise, recent training and qualifications of staff, for example have they completed accredited training in [dementia](#) and [end of life care](#)?

Access to health care is key. [Research](#) has found wide variation in how

the NHS works with care homes. It is a very good sign if care home staff regularly meet with GPs, community nurses, pharmacists or therapists to discuss residents' needs, plan care, receive training and access support when needed. It is not ideal if GPs and other [health care workers](#) only visit when there is a problem with individual residents, or if care home staff struggle to get NHS professionals to visit.

Consider the kind of care home that would suit you or your relative. Is a family-like environment, being with people with similar backgrounds or being able to express your faith important? Or, is the priority to maintain privacy? How essential is easy access into a garden, animals in the home or private rooms to host visitors? What delights one resident could alienate and distress another.

## **Not an island of the old**

The late nursing expert [Jan Reed](#) described how care homes can become islands of the old. A care home's links to its local community can be a good marker of how open and vibrant the culture is. Ask how and how often local organisations link with the care home.

Some care homes host mother and toddler groups and Family Sunday when residents' relatives and friends come for lunch. Others have visiting [drama](#) and music groups, support their residents to go to the pub and be in choirs or become members of the local church. At a national level, membership of a network focused on improving and celebrating good care, such as [My Home Life](#) or [ENRICH](#) (Enabling Research in Care Homes) might suggest that staff are curious and willing to learn. New [research](#) is continually being published about how to improve residents' care, so ask the care home how it keeps itself up to date on this emerging evidence.

Talking about choice assumes that you know what you are looking for.

But it also assumes that choices are available – and it is not always possible to guarantee this. Some excellent care homes are struggling to keep [staff](#) and deliver high-quality care within the state [funding allocations](#) for [residents](#) who cannot cover their own living costs.

Knowing what good practice looks like and asking for evidence raises everyone's expectations. It celebrates good care, changing the narrative of gloom, making explicit what can and should be achieved for people living and dying in care homes.

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