

How older people and their families and carers use information to choose a care home in England, The Netherlands and Spain

Summary of research findings

July 2013

Key Messages

What did people tell us about choosing a care home?

- People found it difficult to talk about what might be important about choosing a care home before they need residential care.
- People move from their own homes or hospital and timeframes can be short.
- People are not always aware that care homes make the final decision on who to accept.
- In Spain, people move between care homes until they find the right one. In England and The Netherlands people tend to stay unless their needs change.

What did people tell us about quality information on care homes?

- People tend to rely on collecting information through visits.
- They also value advice from family and friends, as well as personalised information and face-to-face advice from professionals.
- The quality of professional support experienced varied widely.
- The information provided on the Internet is different in each country and between regions.
- People who had already chosen a care home highlighted the importance of having information on cost, location, staff quality and friendliness, atmosphere, social activities and the features of the bedroom.
- The most popular quality information about care homes in our workshops was residents' reports of being treated with dignity, relatives' views that a home is pleasant, and residents' social care related quality of life.

What did people tell us could be improved?

- People would like more time to make decisions, a chance to talk to people who have chosen a home, and more information about processes and funding.
- Older people should be able to 'try out' care homes for longer than just a few hours, and ways should be found to support those who cannot visit, such as 'virtual tours'.
- Better communication and teamwork is needed between professionals.

Background

This summary describes key findings from research into how older people and their families and carers use information to choose a care home. The aim was to find out how older people choose a care home and what information and advice they use and would like to be available. The findings will be useful for policymakers, local councils and care home providers. We explored the process in England, The Netherlands and Spain to see if people in different European countries have different experiences and views about choosing a home.

What we found out from the interviews and group workshops

People make decisions under different circumstances

In Spain, there are less social care services in the community so older people appear to enter care homes with lower levels of need than in the other two countries. In England and The Netherlands older people are encouraged to stay in their own homes for as long as possible. This means that the older person can be too frail or ill to be directly involved in decisions when residential care is needed. Selecting a home in England is made more difficult by the widespread view that care homes are a 'last resort'. This attitude may be linked to the following observations:

- People do not want to think about care homes before they have to.
- Carers describe the process as *'heart-breaking'* and the *'most difficult decision'*. A social worker said the decision is made more difficult because *'we're asking people to make really difficult decisions at a horrible time and mixing it up with money'*.

People moving from hospital may have to choose a care home within a few days. Older people moving from their own home may move within four weeks, or as quickly as overnight if professionals think they are at risk of harm.

Care homes in England reported using waiting lists less than in the past. In both Spain and The Netherlands waiting lists are commonly used, although an emergency admission can bypass a waiting list. In The Netherlands, waiting lists are operated by care homes and in Spain by

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regional social services. In Spain, older people and their families nominate up to 5 care homes and it is common practice to move to one care home temporarily until a place is available in a preferred home.

In England and The Netherlands, it is usual for people to move directly to a 'chosen' home on a permanent basis and 'stay put'. The option to move again exists but is rarely taken up.

Different sources of information and support are available and people report a range of experiences with professional help

In England, local councils are currently the main providers of written information about local care homes. Some publish 'how to find a care home' advice, but the provision of information varies across councils and care homes. Other agencies provide online directories and the Care Quality Commission provides online inspection reports. Comparison websites were being launched during the study. Care home providers produce brochures and websites, although the information provided varies.

In The Netherlands, care offices, run by health insurance organisations, contract with care homes and help people identify a home. Intake officers in care homes are responsible for helping potential residents and their relatives. A wide range of quality information has been available since 2005, on www.kiesbeter.nl, which means '*Choose better*'.



In Spain there are regional social workers, and care homes employ their own 'social workers' to provide information and tours, and look after new arrivals. Some care homes have been involved in a project to publish their quality scores on a website, which is aimed more at providers and professionals than the general public.

Most relatives and carers in England reported using council directories to create lists of care homes to visit. None reported using written information on 'how to choose' a care home.

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Few older people or relatives reported using the Internet to look for quality reports or reviews, a result also found in The Netherlands. When the internet was used, it was often by the younger relatives of the older person.



Most relatives reported visiting several care homes, with a few relatives in England visiting up to 15 or 20, sometimes with multiple visits at different times of the day. Visits appeared to be the most popular way of gathering quality information about care homes.

A few relatives reported receiving excellent help from council and care home staff, who drove people around to visit homes and ‘chased’ council staff for information. Other relatives felt they were *‘left high and dry’*. Some said they had been given incorrect information and that it was particularly difficult to get information on funding, prices and how to choose: *‘you want the very, very best, but you don’t really know how to find it’*.

The type of support received is influenced by various factors

Timing can limit information collection and use by older people, their families, and the professionals involved. This is also affected by whether the older person arrives from hospital or from their own home. Urgent admissions may mean there is little time for care home staff to assess people’s needs or draw up care plans. In England, formal assessments of need by councils help to identify the type of care needed, as well as eligibility for funding. However, these take time and can delay the search for a care home.

The provision of information and advice in England is affected by:

- Councils not being allowed to recommend individual care homes
- The organisation of social workers into community and hospital based teams
- Hospital policies and practices to avoid delayed discharges
- A lack of joint working between health and social care professionals
- The value placed by staff on quality information

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Some social workers and care home managers said people who pay for their own care should consider whether a home would accept the (generally lower) council agreed rate in the future, should their own money run out. Overall, people said that it was difficult to get information about care home prices, and how much support they would get if needs or finances changed. In England, care home managers said they have to make sure they can meet the specific needs of each older person and consider whether they will fit in with other residents. Relatives and residents appeared to be unaware of this.

Care homes in The Netherlands receive more money for frailer residents through a system of 'care packages' and there is a concern that care homes favour these clients.

Older people trust residents' and relatives' opinions

In England, the interviewees identified common issues as important when choosing a care home, including cost, location, proximity to family, friends and former homes, atmosphere, staff quality and friendliness, quality of care, social activities, cleanliness, and the room.

Workshops explored people's views of different quality information. After discussing the features of a good care home, participants were asked to rank 15 care home quality indicators by order of importance in helping them to choose a care home

(see table). In England, the care home quality indicators most frequently identified as the most and least important across the workshops were:

The list of quality indicators used

- *Quality of life*
- *Recommendations for the care home*
- *Quality of food*
- *Participation in activities*
- *Staff courtesy and respect*
- *Pleasant place to be*
- *Staff communication with family/carers*
- *Regulator overall star rating of home*
- *Resident pressure sores*
- *Resident weight loss*
- *Use of anti-psychotic medication*
- *Staff hours per resident per day*
- *Physical assessment of residents*
- *Financial stability of home*
- *Building design and way-finding*

Most important

- *Staff courtesy and respect*
- *Pleasant place to be*
- *Quality of life*

Least important

- *Resident pressure sores*
- *Resident weight loss*
- *Financial stability of home*

Some people in the workshops talked about the indicators as though they would have to try to find out the information themselves, instead of it being collected by others and made publicly available.

People in the workshops were also given information on three imaginary care homes and asked to choose their favourite. Scores were shown against each of the 15 quality indicators for each care home. People described different strategies for managing and processing the information. Some people said they tried to take account of all of the information provided, while others said they focused on aspects of quality that were important to them. Some people said all the indicators would be useful if they had to choose a care home in the future.

Conclusions and recommendations

This study highlights various factors that could be taken into account by providers of information and advice:

- More communication and publicity is needed about care home quality.
- Quality information should be provided in different ways to meet the needs and preferences of different people, including face-to-face advice and support.
- Providers of online and paper-based quality information should identify the optimal amount of information and its visual presentation. Too little quality information is unhelpful but too much can become bewildering.
- People value visits highly as a source of information.
- There should be more openness about the role of different professionals in the selection of homes and residents.
- Different teams – health professionals, social services and care homes – could work together better to support older people in choosing a care home.
- Choosing a care home in real life situations might be improved if people were encouraged to compare quality information with their own views about what is important.
- More research is needed to identify ways to encourage people to think much earlier about what is important to them if they have to choose a care home.

About the Project

In England, three local councils took part from London, the North, and the South East; 57 care homes were contacted to help recruit eligible residents or relatives or carers. Participants were also recruited from Catalonia (Spain) and in a south-east province of The Netherlands. Participants are shown in the table.

While the findings cannot be considered representative and generalisable, the study did include key information users and providers involved in selecting a care home and their experiences and views should be recognisable to other service users and professionals.

Number and types of participants			
	England	NL	Spain
Interviews			
Social services	13	4	2
Care home managers	8	9	2
Residents	13	7	10
Relatives	13	8	1
Group workshops			
Relatives	4	19	5
Older people with experience of social care	23	13	17
Total	74	60	37
Total number of participants = 171			

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