



What to consider when choosing a good care home

It will be important for you to first consider the care and support services that will allow you to continue living independently in your own home. If, however, after an assessment and/or proper consideration you require residential or nursing home care to meet your needs, this checklist gives a number of pointers and questions to help you make the right choice of care home. Some factors listed will be important for everyone, while others are a matter of personal taste and/or interest. To help you in this important decision, you can rate each care home you visit on a scale of 0-5, and where relevant yes/no.

Before visiting care homes, it is suggested that you read the advice and guidance in the West Sussex Care Guide. The choice of care home is an important decision, and you are advised to carefully consider which home will best meet your needs and preferences. It is suggested that you visit more than one care home, and visit more than once. Ask a lot of questions and trust your own feelings about the places you visit.

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Home 5

Home 6

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1. General impressions

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|---|--|--|--|--|--|--|
| Are you asked to sign in on arrival? | | | | | | |
| Is the home's Care Quality Commission (CQC) certificate of registration and current rating displayed? | | | | | | |
| Is the most recent CQC Inspection Report available/on display? | | | | | | |
| Does the care home feel friendly and homely? | | | | | | |
| Is the home well-decorated and well maintained? | | | | | | |
| Is the care home fresh, clean and odour free? | | | | | | |
| Is the home a comfortable temperature for residents? | | | | | | |
| Do residents seem active, content and engaged in activities? | | | | | | |
| Are residents addressed according to the name they prefer e.g. as Mr, Mrs or by their first name? | | | | | | |
| Are residents treated with respect? | | | | | | |
| Do care staff seem caring and attentive towards residents? | | | | | | |
| Do care staff wear name badges? | | | | | | |
| Is the home able to meet your communication/language needs? | | | | | | |
| Are there sufficient staff on duty to give everyone individual attention? | | | | | | |
| Is the call bell answered promptly? | | | | | | |
| Do staff knock before entering rooms and wait for an answer? | | | | | | |
| How do staff answer the phone when the home is called? | | | | | | |

2. Location of the care home

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|--|--|--|--|--|--|--|
| Is the home in an area where your family/friends can visit? | | | | | | |
| Is it close to local amenities (library, shops, place of worship)? | | | | | | |
| Is there good access to public transport? | | | | | | |

3. Environment

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|--|--|--|--|--|--|--|
| Can any person with limited mobility access buildings, rooms and facilities (including workers)? | | | | | | |
| Are there places where electric wheelchairs can be stored? | | | | | | |
| Is there more than one floor? If so, is there a passenger lift and level access or a stair lift to other floors? | | | | | | |
| Are there call bells in the bedrooms, bathrooms and in the communal areas? | | | | | | |
| Are rooms, stairs and corridors bright, light and airy? | | | | | | |
| Are rails along corridors clearly visible so that people with sight problems can see them? | | | | | | |
| Does the home have an accessible garden for residents' use? | | | | | | |
| Are external doors secured? | | | | | | |

4. Accommodation

Bedrooms

| | | | | | | |
|---|--|--|--|--|--|--|
| Are you able to have a single room if you want one? | | | | | | |
| Are there rooms with en-suite toilet, wash-basin and shower? | | | | | | |
| Are there rooms for use by couples? | | | | | | |
| Can you go to your room freely at anytime? | | | | | | |
| Can you bring some of your own furniture and belongings? Is there room for mobility aids? | | | | | | |
| Is the door of your room lockable? | | | | | | |
| Can you have your own television/radio in your room? | | | | | | |
| Would people under 75 years old need their own TV Licence? | | | | | | |
| Can you have a telephone installed? | | | | | | |

Bathrooms and toilets

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|--|--|--|--|--|--|--|
| Are toilets, baths and showers suitable for your needs? | | | | | | |
| Can you choose between a bath or shower and the frequency? | | | | | | |
| Is there a toilet in your room or within easy reach of your bedroom? | | | | | | |
| Are toilets within easy reach of the lounge and dining room? | | | | | | |

Communal rooms (lounge and dining room)

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|--|--|--|--|--|--|--|
| Is the furniture in the lounge arranged comfortably? | | | | | | |
| Is there a choice of lounge/communal areas? | | | | | | |
| Is there more than one television room? | | | | | | |
| Is there a quiet room? | | | | | | |
| Does the home have a loop system (can people who have trouble hearing, hear the TV, radio or audio system) | | | | | | |

5. Daily Living

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General

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|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Will you be able to have a say in what happens in the home? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there a residents' committee? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there regular home meetings? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are relatives invited to home meetings? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Will a particular member of staff take a special interest in your care? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you comfortable with the 'house rules' e.g. smoking, alcohol or pets? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is a copy of the home's complaints policy displayed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are the home's insurance certificates and food standards rating displayed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Domestic arrangements

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|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Can you choose when to go to bed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Will your room be cleaned every day? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Will your bed be made for you or can you make your own bed with support if necessary? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Can you help around the home if you want to? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is it possible to buy small items in the home e.g. toiletries, stamps, sweets? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are newspapers/magazines delivered? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are laundry arrangements explained fully? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Personal possessions

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|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Is there a secure place where valuables can be safely stored? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the home have insurance for residents' possessions? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Meals

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|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| What choice of menu is there? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do the menus appear to be balanced, tasty and nutritious? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the home cater for special diets? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do menus include food that you particularly like? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| What time is the last meal of the day served? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are snacks or drinks available whenever residents wish? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How flexible are meal times? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have the choice of eating meals in your own room? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you given the opportunity to prepare a drink or food for yourself where appropriate? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Leisure

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|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Are social events and outings organised frequently? Is there an additional cost for these? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there regular planned activities e.g. exercise, music, handicrafts? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Will you be able to continue with the hobbies that you enjoy? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Can you choose books from the mobile library? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Religion

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|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Can you practise your own religion? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

Telephone/Internet

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|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Is there a phone you can use in private? How much is the charge? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there a phone you can use that meets any special requirements you may have e.g. amplification? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there internet or Wi-Fi access available? How much is the charge? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Visitors

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|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Are visitors welcome at any reasonable time? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there places where residents can spend time in private with their visitors? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Can you offer visitors refreshments or a meal? Can they stay overnight? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| What checks are done to stop unwanted people from entering the home? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. Care

Personal care

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|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| How will you have a say in the way you receive your care? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there help with personal care e.g. washing, bathing or going to the toilet? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Can relatives or friends help you with personal care if you want them to? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does a hairdresser visit the home regularly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| What happens if your needs change? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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Health care

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|---|--|--|--|--|--|--|
| Will you be able to keep the same doctor/nurse? | | | | | | |
| Will your support plan contain the name of the nurse responsible for your care? | | | | | | |
| Is there a local doctor who accepts patients from the home? | | | | | | |
| Does a doctor visit the home regularly? | | | | | | |
| If your health gets worse, can you continue to live at the home? | | | | | | |
| Is the equipment available suitable for your needs? | | | | | | |
| Does a chiropodist visit the home regularly? | | | | | | |
| How can you access a dentist or optician? | | | | | | |
| How are external health visits charged? | | | | | | |
| Will staff accompany you to external health visits? Will this be at an additional cost? | | | | | | |

7. Management of the home

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| Who runs the home? Are they the owner or the manager? | | | | | | |
| How long have they been running the home? | | | | | | |
| Is the manager registered with the CQC? | | | | | | |
| Is a manager/senior member of staff on duty/on call at all times? | | | | | | |
| How many residents live at the home? | | | | | | |
| Are night staff awake or sleeping-in and on call? | | | | | | |
| Can families/friends be invited to care reviews? | | | | | | |
| What are the arrangements for making sure that people are safe in the event of a fire? | | | | | | |

8. Terms, conditions and costs

| | | | | | | |
|--|--|--|--|--|--|--|
| Were you shown a copy of the home's Statement of Purpose and Service User Guide? | | | | | | |
| Were you given a copy of the Home Agreement/Contract? | | | | | | |
| Will you have a trial period? | | | | | | |
| How many weeks' notice must be given if you want to leave the home? | | | | | | |
| How many weeks' notice must be given to you by the home if you are asked to leave? | | | | | | |
| How much is the weekly fee for the care you need? | | | | | | |
| How are fees calculated? | | | | | | |
| Is the fee breakdown clear? | | | | | | |
| Do local authority funded residents and privately funded residents pay the same? | | | | | | |
| How are fees collected? | | | | | | |
| What does the weekly charge cover? (Tick items included in the charge) | | | | | | |

- Outings and social events Transport Meals for visitors Use of home's telephone Internet/Wi-Fi
- Laundry Dry cleaning Chiropody Dentist Optician
- Clothing TV Licence Medical supplies Physiotherapy Newspapers
- Luxury or personal items Hairdressing

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|---|--|--|--|--|--|--|
| Are there any additional charges? | | | | | | |
| Are fees payable in advance or arrears? | | | | | | |
| Are fees payable monthly/weekly? | | | | | | |
| How often do fees increase? When will you be notified of an increase? | | | | | | |
| What happens about keeping your room if you have to go into hospital? | | | | | | |
| In what circumstances might you be asked to leave? | | | | | | |
| Were you recommended to access specialist financial advice about paying for long-term care to ensure you are able to continue paying the care fees for as long as needed? | | | | | | |
| What happens if you run out of funds? | | | | | | |
| What happens when you die? Are any fees payable? | | | | | | |

9. Problems

| | | | | | | |
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| What happens if you are unhappy with the home after you have moved in? | | | | | | |
| How do you make a complaint? | | | | | | |
| Is there access to advocacy services? | | | | | | |
| How does the home let family and friends know if you are taken ill? | | | | | | |