

Care Home Checklist

| Care Ho | me Date Date |
|---------|--|
| | |
| ARRIVIN | NG AT THE HOME |
| | Were you welcomed when you arrived? |
| | Are the furnishings and decoration in good condition? |
| | Is the home fresh, clean and welcoming? |
| | Are the residents active and happy? |
| | If there are visitors there, do they seem comfortable and happy? |
| | Are the residents dressed nicely with clean shoes and neat hair? |
| | |
| COMMU | INAL FACILITIES |
| | Are there sitting rooms with and without TV? |
| | Is there a separate dining room? |
| | Are there separate mens / womens toilets near the lounge? |
| | Are there books, magazines and newspapers available? |
| | Are the gardens attractive? |
| | Are the gardens accessible with plenty of places to sit? |
| | Can you get involved with the gardening if you wish? |

| BEDRO | DMS |
|-------|--|
| | Is there a choice of single or shared rooms? |
| | Are the rooms light and attractive, with nice views from the window? |
| | Can you adjust the heating or open a window? |
| | Can you bring in your own furniture and personal effects? |
| | Can you re-decorate or re-carpet the room? |
| | Can you have a TV and telephone in your room? |
| | Is there a call button for help or emergencies? |
| | Can you lock your room, or keep valuables locked away? |
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| BATH | HROOMS |
| | Are the bathrooms en-suite or shared? |
| | Are the baths/showers adapted and the bathrooms properly |
| _ | equipped? |
| Ш | Are the bathrooms clean and hygienic? |
| | |
| PERS | SONAL CARE |
| | Can the home meet your personal and cultural needs? |
| | Will you have a nominated carer? |
| | Can you choose when to get up and when to go to bed? |
| | Can you have a bath / shower when you wish? |
| | Can your relatives be involved in your care? |
| | What extra services are available (hairdressing, chiropody etc)? |
| | What are the arrangements for laundry? |
| | What happens if your care needs increase? |
| | What are the arrangements if English is not your first language? |

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| LIFE | IN THE HOME |
|--------|---|
| | Can you make / take phone calls at any time in private? |
| | Are there any rules about going out / returning? |
| | Are there smoking and non-smoking areas? |
| | Is there are residents committee? |
| | How involved can residents be in the running of the home? |
| | Is alcohol served or permitted? |
| | Are there facilities to make a cup of tea or a snack? |
| | What arrangements are there for religious observance? |
| | Can you bring pets to stay or to visit? |
| | What are the arrangements for handling your own money? |
| ACCESS | Is the home properly adapted to meet current and future care needs? Are wheelchairs and walking aids available? Are all areas accessible for wheelchairs? Is there adequate provision for people with sight or hearing loss? |
| HEAL | TH What happens if you get ill? Can you keep your own GP? (check if your doctor will visit there) What happens about dental, optician or outpatient appointments? What happens about longer hospital stays? How is medication handled? |
| | |

| MEAL | .S |
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| | Ask to see recent menus – is there good choice and variation? |
| | Are special dietary needs catered for? |
| | Can you have meals or snacks in your room? |
| | Can you choose when you eat and who you sit with? |
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| VISIT | ORS |
| | Are visitors welcome at all times? |
| | Can visitors stay for meals? |
| | Can visitors stay overnight? |
| | Is there somewhere private where you can talk with your visitors? |
| STAF | F Are the staff friendly and welcoming? Do the staff chat to the residents? Are they respectful? What staff are available during the day and the night? |
| ACTI\ | /ITIES |
| | Does the home have its own transport? |
| | Can you get out to the shops or other amenities? |
| | Are escorts available if necessary? |
| | Is there a good range of activities / entertainment organised? |
| | Is there a library service available? |
| | Can you pursue your own hobbies? |
| | Do you have to take part in the activities? |

| TERMS AND CONDITIONS | | |
|----------------------|---|--|
| | Are the fees within your price range? | |
| | How and when do fees change? | |
| | Do the fees include extra care, toiletries, activities? | |
| | Is the notice to terminate reasonable? | |
| | Can you keep your room if you are on holiday / in hospital? | |
| | Can you have a short stay / trial period? | |
| | Can you see an example of a typical contract? | |
| | | |
| NOTES: | | |

finding a care home has never been easier