

Managing the transitions into a care home

This briefing sets out the key findings of a research review on ‘managing the transition into a care home’ undertaken by Fiona O’May in 2006 as part of the My Home Life programme¹. The briefing also provides examples of promising approaches for improving practice within this area.

The full review providing research references, further tools and examples of ‘best practice’ can be accessed at the My Home Life website (www.myhomelife.org.uk). The review is currently being updated.

Introduction

Moving to a care home is a major life change, often the last move people will ever make. It can mean the loss of relationships as well as of an environment in which many emotions and memories are invested.

For many, the move may be necessary because of a decline in physical and mental health, a reduction in or the end of independence, or the death of a partner. However, while such a move often has negative connotations, if properly planned and managed it may bring benefits and a better quality of life.

There are various ways to make the change a positive one, including avoiding pressure being brought on the older person; ensuring that the decision about where to live is jointly made by the older person and their family; providing relatives and the prospective resident with adequate information; and allowing the older person to retain control over decision making. The ‘try it and see’ approach, where potential residents are able to stay in care homes for a few hours or even a few days, is a useful way in

- which residents can start to make an informed choice.
- Older people and their carers need to feel supported in managing any feelings of guilt, sorrow, loss, grief or anger associated with the change.
- Overall, the process of entering a care home should be considered as much an opportunity to realise new opportunities and challenges as it is a result of some form of loss of independence or health status.

Main points

- Older people can be proactive in choosing to move into a care home and choosing which one they prefer. Where an admission is planned and where residents are involved in the decision-making process, the adjustment to care is easier.
- The decision to move into a home can be particularly difficult when it is triggered by need rather than desire. Additionally, there is evidence that inappropriate admissions occur. This has obvious financial implications but it also raises the question of whether people are sometimes being placed in care homes unnecessarily.

Decision making

- Ideally, any decision should be made jointly between the older person and relatives/ carers, with involvement and input from health and social care professionals and care home staff. The most positive way is where ‘making the decision’ is a relatively pro-active and planned approach that leads to deciding that a placement is necessary. Less positive

¹NCHR&D Forum (2007) ‘My Home Life: Quality of life in care homes. A review of the literature’, Help the Aged, London, available at: www.myhomelife.org.uk.

is 'reaching the decision', which happens without a planned or rational basis, and the least positive is 'realising the inevitable', which usually occurs following a crisis and is often making the best of the situation.

Many carers continue to try to care for loved ones at home until they reach 'breaking point'. The decision for their loved one to go into a care home can then be taken out of their hands.

Support from a 'broker' in finding a care home can be helpful but, without this, distress can be made worse and can even lead to the choice of an inappropriate home.

From the perspective of relatives, research suggests the transition has three stages: 'making the best of it', 'making the move' and 'making it better'.

These phases are sequential. They span the time leading up to the move, the period immediately before and after the move, and lastly relatives' efforts to engage care home staff and to contribute to the life of the new resident on an ongoing basis

No pressure/under pressure

Most admissions to care homes are made following a time in hospital or during an acute illness and, as a result, the older person and/or their relatives may have very little input in the decision-making process, which can be very traumatic.

Being in the know/working in the dark

Research shows that older people and their relatives are largely unprepared for the reality of care home life. You need information if you are going to make an informed choice. Too often, prospective residents and their carers do not realise that there is a plethora of information available to them. Part of the problem is that information is rarely comprehensive or held in one place. Additionally, there is a lack of qualitative information: for example that would help older people decide which establishment's atmosphere would feel most

like home to them.

- *Help the Aged produces a regularly updated free advice leaflet called Care Homes that outlines how to find and what to look for in a care home, and discusses care home fees.

- *Elderly Accommodation Counsel's Care Options Directory provides a tool to help people seeking care to establish their own priorities, a database of factual information about each UK home and qualitative descriptions to help people judge the likely suitability of homes available to them (www.housingcare.org)

- *Alzheimer Scotland has an extensive checklist to assist with choosing a home for a person with dementia; it focuses primarily on the practical but also covers personal and cultural aspects.

- *Alzheimer Scotland offers ideas for helping residents adjust to living in a care home.

- It also has advice to relatives to help them during the transition and enable them to maintain a sense of control over their own lives.

- ACTION (Assisting Carers using Telematic Interventions to meet Older Persons' Needs) took an innovative approach to information provision through telematic technology. A programme called Planning Ahead helps family carers and frail older people think about and plan for the future, giving information on long-term care services provided by social services or different types of care homes. Its key aim is to give users direct access to education, information and support relevant to their individual needs. The web-based programme, viewed via a personal computer or on television, uses text-based information, video clips, maps, photographs and graphics to help older people and family carers think about ways of planning for the near or distant future. The programme can be used from home or before discharge from hospital.

- These resources can be used by care homes as a basis from which to develop other materials to help with choosing a home. Personal testimonials and information on care

philosophies could also be included.

A useful way to make an informed choice is the 'try it and see' approach, where potential residents are able to visit care homes and stay for a period of a few hours or even a few days

For many reasons, often practical ones, trial stays are not always an option but, where available, they can be highly effective. However, while a trial placement offers potential residents the opportunity to decide whether they feel the home is right for them, staff could possibly decide that the potential resident is not suitable for the home. Where relatives are asked to find an alternative placement, it can be difficult for them not to see this as a rejection of the older person, and to some extent of themselves.

Control and self-determination

Control and self-determination are different, according to some researchers. Choice is central to self-determination, not a mere perception of control over outcomes. Attitudes to control vary in people who live in care homes – some relish relinquishing control over some aspects of life, particularly when having too much control can lead to anxiety. This varies between individuals but the degree of frailty experienced will affect people's ability and motivation to carry out tasks, thus affecting their experience of choice and thus autonomy.

Feeling supported/feeling unsupported

The move to a care home represents a transition not only for the prospective resident, but also for their carer, who may be experiencing feelings of guilt, sorrow, loss, grief or anger. Whether their feelings and emotions are seen as valid and are supported can make a difference.

Care home staff need to be aware of factors influencing a relative's decision to move a relative to a nursing home and be sensitive to the range of feelings and emotions associated with this transition. Quite often relatives are asked to stay away for the first week or so to allow the person to 'settle in', but Alzheimer

- Scotland suggests this is not good practice as
- it denies the important role that the resident,
- the relative and staff members play during this
- crucial time.
- Appropriate emotional support from staff, when
- offered, is much appreciated by relatives and
- carers.
- Finally, although the initial transition into care
- home can be seen as complete once the
- resident feels settled in the home, in reality
- further transitions then begin in terms of
- maintaining a sense of identity, adjusting to
- a new community, maintaining health, and
- sharing decisions.

Practice examples

- Guidelines to assist staff in supporting
- adjustment for residents and relatives/carers
- were developed by Oleson and Shadick, who
- suggest that staff in care homes should:
- *establish an understanding of the meaning
- and personal significance of the situation to
- the resident;
- *help residents to confront reality and respond
- to the requirements of the situation;
- *assist residents to sustain relationships with
- family and friends, as well as other individuals
- who may be helpful in resolving the crisis and
- its aftermath;
- *help to maintain a reasonable emotional
- balance by managing upsetting feelings
- aroused by the situation;
- *preserve a satisfactory self-image; and
- *maintain a sense of competence and mastery.
- Counsel and Care suggests important things to
- know about new residents are:
- *what the resident wants to be called;
- *what they can do for themselves;
- *what they need help with;
- *what drinks they like and how they like them
- served;
- *the names of relatives and friends – those who
- visit and those in photographs;

- *their taste in alcohol;
 - *information about their lives;
 - *whether they are open and chatty or quiet and reserved;
 - *whether they like or dislike being woken up in the morning;
- *how they like to have their hair done; and adds
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 - *don't forget that people may change their minds over time.
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This summary was written by Christine Moss in partnership with Jan Reed for **My Home Life**.

The **My Home Life programme** is a UK-wide programme of work aimed at promoting the quality of life for those who are living, dying, visiting or working in care homes for older people.

More information can be found on www.myhomelife.org.uk

