LIVING WELL

How to Choose a Care Home That Fits

A good choice starts with the help someone needs, then tests whether a home can reliably provide it now and later.

Begin with the day that needs fixing

You can tour a beautiful building and still leave knowing almost nothing. The useful place to begin is not the furniture, the menu or the first impression. It is an ordinary day in the life of the person who may move there: getting out of bed, bathing, dressing, eating, taking medicines, moving around and using the bathroom. Where does the day become difficult, unsafe or exhausting?

Write those moments down before you look at homes. Assisted living-also called residential care-is intended for people who need some help with daily care but do not need the medical care provided by a nursing home. That distinction matters. A welcoming assisted-living home is still the wrong setting if the person needs a level of medical care it cannot provide.

The dividing line may not be obvious to a family already doing a great deal. Caregiving can include cooking, housework, errands, transport to appointments, help with bathing and eating, medicine support, arranging medical care and making health decisions. What looks like "managing at home" may depend on one person quietly holding the whole arrangement together.

This is also where choosing a care home stops being only a housing decision. If you are unsure whether assisted living can meet the person's medical needs, ask their health professional what level of care is appropriate. A tour cannot answer that clinical question, and neither can a polished brochure. Get the level of care right before comparing the places that offer it.

Translate needs into services

Care homes do not all provide the same package. Assisted-living services can include meals, personal care, medicine help, housekeeping, laundry, supervision, security, on-site staff, activities and transport. Homes may offer several levels of care, with higher levels costing more. Services can also differ from one state to another.

Turn each need you identified into a direct question. If getting in and out of a chair is difficult, ask what assistance is available. If medicines are becoming hard to manage, ask exactly what

"medicine help" means there. If appointments depend on someone else driving, ask whether transport includes medical and dental visits. Do not let a broad promise of "support" stand in for a clear description of what staff actually provide.

Size does not settle quality, but it can change what is available. A 2010 national survey found that larger residential care facilities were more likely than smaller ones to provide occupational therapy, physical therapy, social-services counselling and case management. Nearly all facilities in that survey offered basic health monitoring, incontinence care, activities, special diets and personal laundry. Those figures are historical, so use them as a reason to ask rather than an assumption about any home today.

Physical activity deserves a specific question, not a glance at an activities calendar. A 2023 systematic review covering 147 studies and 11,609 residents found that exercise interventions were associated with better physical function in older people living in residential care. The studies varied considerably, and no one exercise type was clearly superior. The practical question is whether movement is routinely supported in a way the prospective resident can join.

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Ask what happens when needs change

A home has to fit more than move-in day. This is especially important when the person has Alzheimer's disease or another dementia. Alzheimer's disease changes memory, thinking and judgment, and people need increasing help as it progresses. Planning while the person can still take part in decisions preserves their voice in a choice that will shape daily life.

Ask what the home can manage if the resident later needs more help with bathing, eating, mobility or medicines. Find out whether higher care levels can be added in the same home and what those levels include. If memory care is relevant, ask whether it is available there; some nursing homes have special memory-care units, but not every setting does.

The point is not to predict every possible change. It is to discover the home's boundaries before a crisis finds them for you. Ask what needs would require a move, who makes that decision and how families are involved. If the answers remain vague, you still do not know whether the home can support the person through the changes you already have reason to expect.

Listen to your own limits as well. Caring for someone with Alzheimer's disease can be stressful and overwhelming, and eventually one caregiver may not be able to do everything alone. Home

care, adult day care, respite care, assisted living and nursing homes are different forms of help. Considering residential care is not proof that you have failed. It may be recognition that one person cannot indefinitely provide a whole system of care.

Look past size and ownership

Care homes range widely in size. Assisted-living facilities may have as few as 25 residents or 120 or more, while the broader residential-care category also includes much smaller homes. Residents commonly have a private room or apartment and share common areas. The right scale is the one that can deliver the required support; small is not automatically personal, and large is not automatically impersonal.

The best national snapshot in the supplied evidence is old but revealing. In 2010, about half of residential care facilities had four to ten beds, yet most residents lived in larger settings. Eighty-two per cent of facilities were private and for profit, while 38 per cent belonged to a chain, group or multifacility system. None of those labels tells you, by itself, how a particular resident will be helped on a difficult morning.

Payment requires the same precision as care. In that 2010 survey, about four in ten facilities had at least one resident receiving some or all long-term care services through Medicaid. That does not mean every place accepted the same arrangements or that every resident's costs were covered. Ask what is included at the expected care level, what changes at a higher level and which payment arrangements the home currently accepts.

A useful comparison therefore stays concrete. Put the person's needs beside the home's answers. Meals matter if eating is difficult. Laundry matters if no one else can do it. Transport matters if appointments would otherwise be missed. Case management matters if care has become hard to coordinate. A long list of amenities cannot compensate for the absence of the one service that holds the day together.

Make one page before Monday

Your next step takes a sheet of paper and a pen. Draw three headings: "Help needed now," "Help likely later" and "Questions for each home." Keep it to one page. This is not paperwork for its own sake. It is a way to stop an attractive tour from rearranging your priorities.

Under the first heading, list the daily tasks that currently require help: bathing, dressing, eating, getting out of bed or a chair, moving around, using the bathroom, taking medicines, housekeeping, laundry and transport. Include only what applies. Under the second, note

changes you already have reason to plan for, particularly increasing help associated with Alzheimer's disease or another condition.

Under the final heading, ask whether the home provides each required service, what level of care includes it, whether that support costs more and what would trigger another move. Add questions about on-site staff, supervision, security, activities, transport and opportunities for physical activity where those matter to the person.

Take that same page to every conversation. If possible, include the person who may move while they can still make decisions. By the end of next week, you may not have chosen a home. But you can have something more valuable than a stack of brochures: comparable answers to the needs that actually shape a day.

Where this comes from

- Assisted Living

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/assistedliving.html
- Alzheimer's Caregivers

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/alzheimerscaregivers.html
- Data Briefs - Number 78: Residential Care Facilities (RCFs) (including assisted living facilities)

  Centers for Disease Control and Prevention · https://www.cdc.gov/nchs/products/databriefs/db78.htm
- Effects of physical exercise on physical function in older adults in residential care: a systematic review and network meta-analysis of randomised controlled trials.

  The lancet. Healthy longevity, 2023 · https://pubmed.ncbi.nlm.nih.gov/37182530/