

Moving to a Care Home: the impact on people's health and quality of life

The Issue

Practitioners often support older people when they (or their families and carers) are considering whether they should stay at home with more care or move to a residential or nursing care home. In weighing the pros and cons of such a move, it is useful to know what the impact on peoples' lives might be in moving to residential care.

What we wanted to find out

What impact does moving to a care home have on the health and quality of life of service users?

What we did

We searched for relevant reviews and research studies evaluating health and quality of life outcomes for people moving to a care home.

We assessed the quality of the evidence using CASP tools.¹

What we found

We found three systematic reviews. Two examined the impact of moves for older people, one comparing outcomes of home care versus other forms of care,² and the other synthesizing the evidence on the experiences of service users,³ and the third synthesized research into the LGBTQ+ communities' perspectives and experiences of care/nursing homes.⁴

We also found a literature review focused on people with dementia⁵ and a mixed methods study on older people published after a systematic review.⁶

What the evidence suggests

Moving into a care home

For people with dementia, feeling a lack of control over moving to a care home leads to anxiety and has a negative effect on wellbeing, mental health and quality of life. Care home orientation for the person and their family and a buddy system for new residents are suggested as strategies to improve quality of life. Collaborative care planning between care home staff and families is recommended to promote personalised care.⁵

Impact on Health

Overall, little is known about the effects on the health of older people of a move to residential care.² For those with dementia, moving to a care home may have a short-term positive impact on their physical health.

However, people with dementia living in care homes may experience depression resulting in a lower quality of life. People with dementia and depression are more likely (than those without depression) to lack stimulating activity, company and support for memory and/or sensory impairment that may result in a lower quality of life⁵.

Impact on Quality of Life

Quality of life is associated with individual preferences in relation to independence and structure. Rigid routines appear to reduce independence and lead to a poorer quality of life for some residents. For others, the predictability of routines support feelings of safety and being cared for, having to do more for themselves was associated with a lower quality of care.³ Care home residents value being able to make decisions about their care. Engaging in activities important to them including volunteering or assisting with tasks, creates a sense of purpose.

Older people report that culturally appropriate meals, meal-time practices and meeting spiritual needs are important to their quality of life.³ Cultural differences in the care home compared to the home environment including language, foods and celebrations can hinder people with dementia adapting to living in a care home.⁵

Qualitative studies suggest that the physical environment may have a significant impact on health and wellbeing for people with dementia. Smaller care homes with home-like environments, outdoor areas, better lighting and easy access to toilets improves quality of life.⁵

Older LGBTQ+ people experience and perceive care homes as heterosexual environments and are fearful of revealing their identity. They can face discrimination and abuse from staff and other residents, and experience social isolation and lack of common experiences.⁴ For example, people feel unable to talk about their life, fear not being able to wear their preferred clothing or connect with their existing social networks. Co-production in the planning of services and training for staff on LGBTQ+ issues may improve the experience of older LGBTQ+ people living in care homes.⁴

Care Home Ratings and Quality of Life

The Care Quality Commission (CQC) inspects and rates the quality of care homes using the judgements 'inadequate', 'requires improvement', 'good' and 'outstanding'. Residents with higher needs, who lived in homes rated 'good' or 'outstanding' were found to have a significantly better quality of life than those living in homes 'requiring improvement'.⁶ Such homes raise the quality of life of their residents by ensuring residents are treated with dignity, feel in control of their daily life, are engaged in activities and their social needs are met. In particular, those care homes considered by inspectors to be 'caring' and 'well led' were associated with better quality of life of the residents. Care homes that have better working conditions and lower staff turnover provide better quality and outcomes for residents.⁶

Quality of the evidence

We are reasonably confident in the quality of the evidence. The systematic reviews assessed the quality of studies and compared data appropriately. Cited studies were from developed countries, but two of the three systematic reviews only included papers published in the English language. The mixed methods study was undertaken in England.

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References

1. Critical Appraisal Skills Programme. *CASP Critical Appraisal Checklists*, Available at <https://casp-uk.net/casp-tools-checklists/>. 2020.
2. Boland L, Légaré F, Perez MM, et al. Impact of home care versus alternative locations of care on elder health outcomes: an overview of systematic reviews. *BMC Geriatr*. 2017;17(1):20.
3. Gilbert AS, Garratt SM, Kosowicz L, Ostaszkiwicz J, Dow B. Aged Care Residents' Perspectives on Quality of Care in Care Homes: A Systematic Review of Qualitative Evidence. *Research on Aging*. 2021;43(7-8):294-310.
4. Skeldon L, Jenkins S. Experiences and Attitudes of the LGBTQ+ Community on Care/Nursing Homes. *Journal of Homosexuality*. 2022:1-33.

5. Sury L, Burns K, Brodaty H. Moving in: adjustment of people living with dementia going into a nursing home and their families. *Int Psychogeriatr*. 2013;25(6):867-876.
6. Towers A-M, Smith N, Allan S, et al. Care home residents' quality of life and its association with CQC ratings and workforce issues: the MiCareHQ mixed-methods study. *Health Services and Delivery Research*. 2021;9(19):1-188.