

Residential /Nursing Home Checklist

| | |
|-------------------------|--|
| Homes Name | |
| Homes address | |
| Homes telephone number | |
| Name of Manager/ Matron | |
| Date of visit | |

General Points

What level of care do you provide?

How many residents does the home cater for?

Is there a waiting list?

How good was the last report by the Commission for Social Care Inspection? (Ask for a copy or you can obtain it by visiting www.csci.org.uk)

Is there a residents / relatives committee?

| | | |
|---|----------|--|
| Residential <input type="checkbox"/> Nursing <input type="checkbox"/> Both <input type="checkbox"/> | | |
| | | |
| No <input type="checkbox"/> Yes <input type="checkbox"/> | How Long | |
| | | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | | |

Care

Is care available 24 hours a day?

If a nursing Home how many registered nurses does it have?

What is the carers / resident ratio?

| |
|--|
| Yes <input type="checkbox"/> No <input type="checkbox"/> |
| |
| Number of Carers & Nurses |
| Number of Residents |

General Accommodation Standard

How many rooms are there?

If 2 people require care, do you have any double rooms If so how many and are any available?

Are there any grounds / gardens that residents can have access to?

If so are there any emergency call facilities for the residents to use to summons help whilst out there?

Are all floors level and easy to negotiate with a wheelchair?

| |
|---|
| |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Number |
| Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Yes <input type="checkbox"/> No <input type="checkbox"/> |

Individual Room Accommodation

Will you have to share a room?
Would the room be on a ground floor or higher floor (if applicable)?
What would be provided?
Does it have en-suite washroom facilities?
Does it have its own Television, Radio, and Telephone?
If not can they be brought in / installed?
If so would there be any extra cost?
How many wardrobes / drawer units?
If you have a pet can you bring it with you?
If you are a smoker can you smoke in your own room?
Does the general state / size of the room meet your needs?
Can meals be taken in own room or only in the dining room?

| |
|--|
| Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Which Floor |
| |
| Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Yes <input type="checkbox"/> No <input type="checkbox"/> £ |
| |
| Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Yes <input type="checkbox"/> No <input type="checkbox"/> If not, Where |
| Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Own room <input type="checkbox"/> Dining only <input type="checkbox"/> |

On Site / Visiting Facilities

Is there a hairdresser on site or visits?
Does a dentist visit?
Is there a shopping trolley service from which day to day needs can be purchased?
Does the home have a mini bus and use it for trips out for residents?

| |
|--|
| Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Yes <input type="checkbox"/> No <input type="checkbox"/> |

General Atmosphere/ Activities

Can residents choose their own times to go to bed?
Can visitors visit at anytime or only during certain hours?
What activities, if any, do they organise?
Are there any special Interest groups?

| |
|---|
| Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Yes <input type="checkbox"/> No <input type="checkbox"/> |
| |
| No <input type="checkbox"/> Yes <input type="checkbox"/> What |

Meals

How many meals a day are provided?
Do residents get a choice of meals?
Is there a hot choice at every mealtime?
If you have any dietary preferences –does the home cater for it?
What does the kitchen look like – is it clean? (Ask to see it)

| |
|--|
| Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Yes <input type="checkbox"/> No <input type="checkbox"/> |

Security

Would the resident have any lockable facilities in their room to keep money / valuables?

| |
|--|
| Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--|

Terms and Conditions

How much are the fees? And how often are they billed?

| | |
|---|---------------------|
| £ | monthly / quarterly |
|---|---------------------|

How often do they increase and by how much normally?

| |
|-------------|
| % per annum |
|-------------|

If they do go up

| |
|--|
| |
|--|

What's extra, if anything?

| |
|--|
| |
|--|

Are you willing to allow the resident time to sell their property before demanding first payment?

| |
|--|
| No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, how long? |
|--|

After visit conclusion

What was your overall impression of:

Staff – were they polite and helpful

| Very good | Good | Poor |
|-----------|------|------|
|-----------|------|------|

| | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|

Facilities – were they clean, free of Bad smells etc

| | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|

Residents – did they seem happy or not?

| |
|--|
| Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--|

Would you want to visit frequently and be willing to bring any children in to visit grandparents?

| |
|--|
| Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--|

Would you want to be a resident here?

| |
|--|
| Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--|

Affordability

Fees

- Ongoing Income expected (Private) / Local Authority Budget (If State)

| | |
|---|------|
| £ | p.a. |
|---|------|

Additional funding requirement

| | |
|---|------|
| £ | p.a. |
|---|------|

| | |
|---|------|
| £ | p.a. |
|---|------|

For a free initial assessment on how to meet such additional cost and preserve assets, please contact Advice on Care on 0118 958 5571.

**Advice on Care
8A Richfield Avenue
Reading
RG1 8EQ**

www.adviceoncare.co.uk

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