BUT CAN I BRING MY CAT?

AN ANALYSIS OF BROCHURES PRODUCED FOR
OLD PEOPLE ENTERING RESIDENTIAL AND NURSING HOMES
IN SCOTLAND

Jeremy Taylor
Research Officer

SCOTTISH CONSUMER COUNCIL

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Glasgow G3 8XW
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This report looks at the brochures and handbooks provided for old people who may be moving into residential or nursing homes in Scotland and want to know what to expect. The Scottish Consumer Council has always argued that consumers need good written information on which to base their choice of goods and services. The needs of disadvantaged and inarticulate consumers are of special concern to us and old people all too often fall into this category.

This is a new area of work for SCC and we are glad to be tackling an issue which is at the heart of our consumer principles and which has allowed us to expose the need for quite radical improvements.

We are dissatisfied with many of the brochures we have seen and are making strong recommendations, for example that all those who run homes for the elderly should be required by law to produce informative handbooks. Equally importantly, however, we wish to influence by persuasion and example as we have always done. We hope that everyone who runs a residential or nursing home in Scotland will read this report, note the examples of good brochures included and be convinced by the message that good written information for consumers is not the icing on the cake, but an essential ingredient of the cake.

I know that in some cases we will be preaching to the converted. We could not see the brochures of all homes in Scotland and undoubtedly some proprietors and officers-in-charge are already doing excellent work in producing information for residents. Some of the Social Work Departments and Health Boards are also now taking a more enlightened approach to the provision of information. To all these people I hope this report offers encouragement and perhaps some new ideas.

My thanks to the officers-in-charge and proprietors of homes who were kind enough to send us their brochures and to all the Regional Social Work Departments and Health Boards which provided us with information and comments. Especial thanks to Rosemary Bland of Stirling University, whose work is an integral part of this report, to Mary Marshall and Averil Osborn of Age Concern Scotland and to Valerie Lobban of the Social Work Services Group. Their comments and encouragement were greatly appreciated.

Barbara Kelly
Chairman
SECTION 1. INTRODUCTION

This survey is an analysis of the brochures produced for intending residents of a sample of old people's homes and nursing homes in Scotland. It tries to assess how useful and informative these brochures are. The survey also includes an analysis of Regional Council and Health Board policies on the provision of information.

1.1 consumer principles

The Scottish Consumer Council has a long-standing interest in written information and in the past has carried out analyses of such diverse materials as tenants' information packs, insurance proposal forms and school handbooks. A fundamental consumer principle is the right of choice between services and goods on offer. Choice is meaningless unless it is informed choice. Hence the importance of information for consumers. Oral information can often make up for deficiencies in written information, but it is essentially transitory. Written information can be taken away, studied, discussed with others and used as a basis for further questions. It is also a permanent record of what service providers promise to deliver and, as such, can be a means of holding them to their side of their bargain.

1.2 homes in Scotland

There are two main types of home for the elderly - residential homes and nursing homes. Together they house about 20,000 people or some 2% of the population over the age of 65 in Scotland.

The 12 Regional and Islands Councils run residential homes as part of their duties under the Social Work Scotland Act 1968 (as amended) to provide "such facilities (including the provision or arranging for the provision of residential and other establishments) as they may consider suitable and adequate..."

Voluntary organizations and private individuals also run residential homes and these homes must be registered and inspected by Regional and Islands Social Work Departments under the same Act.

The vast majority of nursing homes are run by private proprietors and must be registered and inspected by 15 Health Boards in Scotland under the terms of the Nursing Homes Registration Scotland Act 1938 as amended. Not all residential and nursing homes are exclusively for the elderly.

The main feature which distinguishes residential from nursing homes is that the latter provide nursing care by trained nursing staff on the premises. (Residents are consequently referred to as "patients", although in this report the word "residents" will be used to refer those living in both kinds of home.) In other respects there are considerable similarities between
residential and nursing homes. So much so that bodies like Age Concern Scotland have argued that the distinction in legislation between the two kinds of home is anomalous and untenable.

In the last few years there has been a considerable growth in the numbers of private residential and nursing homes in Scotland (although not to the same extent as in England and Wales.) The government has encouraged the private sector to meet the growing demand for institutional care. In 1983, the DHSS took over from local authorities the responsibility for supplementing residents' fees. Elderly people of limited means are now subsidised for entering private as well as voluntary homes, as long as they meet DHSS criteria, and this has made it more profitable for private individuals to set up new homes. Scottish Office statistics published in 1987 show that between 1985 and 1986 the total number of residential homes alone grew in Scotland by 33 to 502. This growth was accounted for entirely by new private homes.

At first glance, the increase in homes would seem to make the problem of consumer choice and hence the need for information less pressing. This is not the case. There is no evidence that the growth in overall provision has put individual old people in any stronger position to exercise choice than previously. In fact potential residents of nursing or residential homes are an extremely vulnerable group of consumers.

The physical and mental limitations imposed by old age and the power and strong wishes of relatives and professionals mean that potential residents may have little say either in the general decision to move into a home or in the specific choice of home. What is more, they may never be informed of the full choice of provision in their area. A social worker trying to find a vacancy in a local authority home has no obligation to tell a client about the private homes nearby. A person who chooses a private home on the recommendation of her doctor may not find out about the excellent local authority home in the same road.

The decision to move into a particular home is a crucial one. For many, it is the choice of their last residence - the place in which they will die. It is the right of all old people that this should be as much as possible their choice.

As a start, potential residents must be given all the information they need to assess the relative merits of different establishments and to understand their rights, responsibilities and choices within any one establishment. Good practice by social workers and other professionals involves the careful preparation of the old person for what she can expect in care. An important component in this is the provision of accurate, detailed, honest and easily readable brochures by residential and nursing homes, which can be used both as a means of comparing different homes and as handbooks for new residents.
1.3 national recognition of the importance of written information

Scotland lags behind England and Wales in terms of national guidelines on the provision of information. In neither part of Britain is there a statutory requirement for homes to produce written information, but south of the Border "Home Life", a voluntary code of practice for the running of residential homes, is quite explicit about the kind of information which should be produced. "Home Life" was drawn up by a DHSS Working Party to accompany the Registered Homes Act 1984 which covers both residential and nursing homes in England and Wales. Under the heading "admission procedures" "Home Life" states:

"all homes should make available a brochure or prospectus which sets out the aims and objectives of the management, including the type of resident catered for, the extent to which illness or disability can be accommodated and any restrictions relating to age, sex, religion etc. The brochure should also accurately describe the facilities, staffing and accommodation offered and may include terms and conditions (of residence)."

Later on, the code of practice lists the terms and conditions of residence which should be put in a written statement (or the brochure). These include fees, circumstances in which a resident could be asked to leave, procedures for making complaints and procedures on the death of a resident.

In Scotland, the only national statement on written information that could be found occurs in a set of model local authority guidelines for the registration and inspection of private and voluntary residential homes produced by the Association of Directors of Social Work in 1985. This advocates that:

"Proprietors and Managers should be encouraged to prepare an Objectives of Establishment Paper in brochure form, setting out details relating to their establishment, so as to give intending applicants and their families a view of the facilities available and any additional information which they may require."

This short survey assesses the extent to which these messages have been absorbed and acted upon by a sample of individual residential homes in the private, voluntary and local authority sectors and by private nursing homes. It also looks at how well social work departments and health boards - the registering authorities - are endorsing and promoting these messages.
SECTION 2. THE BROCHURES

2.1 collecting a sample of brochures

In February 1987 all the social work departments in Scotland were approached for examples of brochures used in their residential homes for the elderly.

A randomly selected half of all the private and voluntary homes in Tayside were asked for copies of their brochures, as were a randomly selected half of all the private nursing homes in Lothian. We chose these two regions for homes outwith the public sector in order to generate a sample which represented both urban and rural areas but which was quite small. (It was originally intended that this would form a pilot sample. Shortage of time prevented us from later sampling more widely.)

A) Regional and Islands Social Work Departments. 11 of the 12 social work departments replied, of which 7 were able to furnish examples of brochures used in their homes. Four Regions, Borders, Central, Lothian and Tayside, now use standard brochures for all their homes and copies of these were sent. (Tayside sent a prototype). Strathclyde, Fife and Highland Regions also sent sample brochures of individual local authority homes.

B) Tayside voluntary and private homes. Of the 25 homes contacted 18 replied. 9 homes said they did not have brochures and 7 homes sent copies of their brochures.

C) Lothian private nursing homes. Of the 18 homes contacted 12 replied. One home said it did not have a brochure and 10 homes sent copies of their brochures.

There was thus a total sample of 28 brochures. 17 were obtained by approaching a total of 44 private and voluntary residential homes and private nursing homes. 11 came from 7 Regional social work departments: four Regions sending their standard brochure and three other Regions sending sample brochures from individual homes.

Though the sample was small, there seems to be no reason to suppose that it was not broadly representative of the quality of brochures available in homes for the elderly throughout Scotland. We suspect that the worst of what we found was as bad as could be found anywhere, although it is possible that brochures of much greater quality than any in our sample could have slipped through the net.

The response of the private and voluntary homes was disappointing and suggested that many of these residential and nursing homes had no brochures at all. If this is so, it is deplorable. Of course there may be local authority homes, in those Regions where there is no standard brochure, which also lack written information. One would hope that this is not the case, but our sample cannot tell us this.
2.2 analysing the contents of the brochures

The brochures were examined to see how many of 43 particular categories of information they contained. The checklist of 43 categories was derived largely from a new consumer guide to residential homes - "Residential Care - Is it for me?" which invites the prospective resident to ask many questions about life in a particular home. (See Further Reading section.) All the items in the checklist apply equally to residential and nursing homes.

This list should not be regarded as exhaustive or as the definitive test of the quality of brochures. However, it covers a very wide range of aspects of institutional life which one would reasonably expect to see discussed in a brochure: from details about meal times to fundamentals like the degree of self-determination enjoyed by residents or patients. A brochure which scores badly on this test cannot be deemed a good brochure. The full checklist is set out in table 1 over the page.

Three different codings were used to denote varying degrees of explicitness about each item of information. A coding of "no" meant there was no mention of a particular issue. "Yes adequate" meant that the issue was raised and explained reasonably fully. "Yes inadequate" meant that there was partial explanation, but with important questions were left unanswered.

Naturally there was a subjective element in drawing the distinction between "yes adequate" and "yes inadequate", but as much as possible the line was drawn with respect to certain objective criteria. Thus a coding of "yes inadequate" for room allocation generally means that the brochure reveals the existence of both single and shared rooms, but fails to specify how these are allocated. Similarly "yes inadequate" for "GP arrangements" implies that the brochure gives information about doctors who visit the home but does not specify the circumstances in which one may continue to have the services of one's own GP. A list of the criteria for coding "yes inadequate" is given in appendix 2.

2.3 findings for the whole sample

(a) no information

The brochures as a whole were distinguished by what they failed to state. No brochure had information in all the categories of the checklist. Indeed the most informative of all the brochures still had details for only 28 of the 43 categories. The worst brochure contained only 4 of the categories. On average the brochures recorded information for only 18 of the categories, i.e. considerably fewer than half the categories. (This divided into an average of 8 categories coded "yes adequate" and 10 coded "yes inadequate")
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<td>arrangements for visitors</td>
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<td>social events</td>
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<td>books, newspapers</td>
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<td>telephone</td>
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<td>bed/getting up times rules</td>
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<td>39.</td>
<td>details on night staff</td>
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<td>40.</td>
<td>how long is bed kept?</td>
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<td>41.</td>
<td>death arrangements</td>
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<td>42.</td>
<td>complaints procedure</td>
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<td>43.</td>
<td>quitting home</td>
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Least likely to appear on the brochures was information on whether residents could lock their rooms, what procedures there were in the event of the death of a resident and whether there was a process to review how well a resident was settling in after admission. Each of these subjects was raised by only one brochure (not the same brochure) of the 28.

Eleven of the items appeared so infrequently that none of them could be found in more than five brochures. These were: arrangements or rules about alcoholic drinks, baths, bed and arising times, maintaining privacy in shared bedrooms, handling complaints and handling residents who wish to leave the home. Also included in these rare items was information on whether residents’ places were kept if they had to go into hospital, whether residents were expected or encouraged to help with domestic chores, whether the home had a policy of stimulating residents and whether residents were allowed any say in the running of the home.

The next most infrequent items occurred in each case in no more than any 8 of the 28 brochures, being: whether one could smoke, do one’s own laundry or cooking, or keep valuables in a lockfast place, how admissions were handled and the delicate issue of who retained possession of residents’ medicines and pension books (i.e. the staff, residents or relatives etc.)

Each of the following items appeared in no more than any 11 brochures: whether residents were allowed to leave the home for holidays and visits, whether the home made efforts to allow residents to pursue their hobbies and interests and whether there was a telephone that residents could use.

No more than any 14, or half, of the brochures mentioned each of these issues: meal times, charges, arrangements for meeting residents’ religious and spiritual needs, and whether residents were allowed out of the grounds of the home unaccompanied.

Only five categories of information were considered so important that one could count on finding each of them in at least three quarters of the brochures. Brochures were most likely to have something to say about room arrangements, with 25 mentioning some details. (However, most of this information was inadequate. See later). The other four most commonly recorded categories were the home’s rules on visiting (23 brochures), details about chiropodist services (22), arrangements for GP services (21) and details about night staff (21).

It was a sign of the poor quality of the brochures that in the course of the analysis only one item of information was found that had not been anticipated or included in the original checklist. One brochure stated that pets were welcome in the home. No other brochures mentioned arrangements about pets. Given that we are said to be a nation of animal lovers and that many old people are very attached to their pets, this is most surprising.
(b) Inadequate information

Where information was given about a particular aspect of home life, it was
the norm for this information to be inadequate in some way. The average
number of categories for which there was inadequate information was 10,
compared to 8 for adequate information. In fact, of the 43 categories, only
10 were more often detailed adequately than inadequately.

The worst example of vagueness was information on the allocation of rooms.
Whilst the vast majority of brochures listed the numbers of single and shared
rooms, fully 18 of the 28 failed to specify how these rooms were allocated or
what chance a new resident could expect of being given a single room. A
couple of the local authority brochures made some mystifying allusions to the
process of allocation such as "single rooms will be allocated on the basis of
need".

16 brochures were vague about meal contents either by not stating whether a
choice of food was offered or by not specifying what special diets could be
catered for.

Half of the brochures gave inadequate information about the staff, failing to
mention the numbers of staff and/or explain the different job titles,
responsibilities and general significance of the people working in the home.
(How many people, for example, would have any clear conception of what a
"care assistant" is?) Similarly, 43% of the brochures gave inadequate
information about night staff. (Often there was no more said than that there
was 24 hour care).

12 brochures gave inadequate information about social events in the home.
Here the fault tended to be one of over-eagerness to impress with the range
of activities going on in the home. The effect was often to suggest that
residents had no choice but to take part in these activities and brochures
too often omitted to inform residents of their right not to participate.

(c) Adequate information

There were only 7 categories of information which could be found, in each
case, in as many as a third of the brochures or more. Brochures were
particularly informative about their rules on visitors, with 19 giving clear
details about when visitors were and were not welcome. (Most homes adopted
an open visiting policy.)

15 brochures gave adequate information about the number of residents in the
home. (In this case, however, there was little sense in which the
information could be inadequate, if recorded at all).
12 brochures were fairly clear about the circumstances in which residents could continue to use their own GP, for example if the practice were not too far away from the home. 11 brochures gave adequate details about worship which usually included a statement that residents' own ministers were welcome to visit the home. It is worth noting though that there was not a single reference in the 28 brochures to non-Christian religions. In an increasingly multi-cultural society, this must be considered a failing.

9 brochures had adequate details about the home's policy on allowing residents to bring personal items of property into the home, and 10 had adequate details about laundry arrangements (as opposed to specifying whether one could do one's own washing).

9 brochures were coded adequate for their information on the physical layout of the home. In retrospect, however, these codings were probably too lenient, given the specific concerns of disabled people about mobility. A disabled person might find that they have moved into a home that is actually less well-adapted for their physical needs than the house they have left. Much more detailed information is needed about such features as commodes, bathroom layouts, doorwidths, lifts and general wheelchair access, than could be found in any of our sample of brochures.

2.4 differences between the homes

The sample is too small to allow any detailed comparison of brochures from the different kinds of home. A defensible distinction that can be drawn, however, is that between local authority and non-local-authority homes.

The brochures for private and voluntary residential homes and for nursing homes were often very brief - sometimes little bigger or more informative than calling cards. Local authority brochures, especially the standard ones for use in all the local authority homes in one Region, contained more and better information. One reason for this may be that social work departments are keen to explain how their practices and policies reflect what they see as an enlightened approach to care for the elderly. On the other hand, some private proprietors may believe that a lot of hard information could put potential clients off.

Whilst the average number of items of information for the whole sample was 18, for the local authority brochures the average was 21, whereas for the other brochures it was as low as 14 items.

Similarly, whilst the average number of items of adequate information was 8 for all the brochures, this masks a considerable disparity between the local authority brochures, with an average of 11 items of adequate information, and the private sector brochures, with an average of only 5 items.
The brochure with the greatest amount of information and the largest number of items coded "yes adequate" was a local authority brochure. The least informative brochure was that of a private nursing home.

A final note about standard brochures. These were of two kinds: The Borders and Central brochures gave general information about what could be expected in all the local authority homes in each of these Regions. The Lothian and Tayside brochures also had a number of spaces for filling in by hand information specific to individual homes. The advantage of the latter kind of brochure is that it can be much more tailored to the individual home. The disadvantage is that the quality and quantity of specific detail is likely to vary from home to home depending on the competence and attitudes of individual officers-in-charge.

2.5 summary

On the whole the sample of brochures was very uninformative. Out of the 43 categories of information searched for one could expect to find, in the average brochure, only 18. The majority of brochures lacked information on the aims and objectives of the institutions, the extent to which residents were given choice, independence and freedom in the different aspects of home life and the various procedures such as admissions, placement reviews, complaints and the handling of serious illnesses and deaths.

Where information was given it usually begged further questions. Brochures were notably reticent about how single and shared rooms were allocated to new residents. Only two items of adequate information appeared in more than half the brochures. These were: the number of residents in the home and the homes' policies on visitors.

It seemed to be no accident that some of the most important items of information - about deaths, complaints, residents leaving the home or going into hospital, the allocation of rooms and so on - were particularly likely to be missing from brochures. It is hard to accept that the writers of brochures could have failed to appreciate the importance of such information. Rather, we believe that omissions were often made to spare the feelings of potential residents.

This practice, though perhaps well-intentioned, is misguided. Why protect people on the threshold of a major change in their lives from issues which are doubtless already occupying their minds? Most old people, like most people generally, are fairly robust and are likely to be more reassured than put off by statements such as this (sadly atypical) one from a private home brochure: "Although we prefer new residents to be mobile and continent we do not ask them to leave because they are no longer so." It is better to be blunt than silent. And falling between the two stools of bluntness and silence can be as bad as deliberate obfuscation. "Single rooms will be allocated on the basis of need" is a good example of the confusion that can result from this kind of compromise.
SECTION 3  STYLE AND LANGUAGE

3.1 assessing the quality of style

The styles in which the brochures were written were harder to judge than the contents. The criteria used by the Scottish Consumer Council for assessing the style of written information are clear enough - we favour plain, direct, friendly English, free from professional jargon or any signs of a lack of regard or respect for the audience.

However, where a brochure does not conform to these standards, the style may paradoxically act as a useful signal about the atmosphere of the home. Thus the brochure which announced that "the (social) evening ends with tea and "goodies" and a real "old blether"", or the various brochures which record the administration of "wee cuppas" and "tender loving care" (their quotation marks, not mine) might appear patronising to some people, but these same people may have learned enough about this home to know it is not for them.

Conversely, many prospective residents may be reassured by open declarations of staff goodwill, even if the efforts to be well-meaning are so blatant as to be embarrassing, for example: "... We welcome your suggestions and your talents - yes you must have some. You may even have some talent of which you are not yet aware!" Or, from the same local authority brochure: "(this) is now your home...so that we can endeavour to make this your home....please let us know your thoughts - remember it is your home."

The same argument applies to the use of authoritarian language. Many may take offence at the tone of this brochure from a voluntary home, which warns that "television sets and transistors will be regulated to avoid disturbing others. The abuse of alcohol will not be tolerated. Behaviour undermining peace and harmony will be followed by a verbal warning which, if unheeded, will be followed by a written warning, leading to dismissal...In view of the respectful service required of the employees in the fulfilment of their duties, you are equally obliged to treat them with respect and consideration." But if the regime is as rigid as it sounds, we are as well to be forewarned. And it may well be better to nail one's colours to the mast as blatantly as this than to leave implications of restrictions and obligations dangling in the air as in "Residents will be encouraged to participate in a selection of the following (activities)..." or "we hope that all the residents and their families will help as much as they are able to, sewing, knitting and being involved in the events themselves."

Thus one cannot be too squeamish or superior about lapses from plain and respectful English. In many cases the style used in a brochure may be more informative and revealing than the factual content.

As far as jargon and clumsy language are concerned, most of the brochures were mercifully free of these, though one nursing home brochure did refer to its residents as "geriatric patients" and even "geriatric cases", which is inexcusable.
The Borders Region standard brochure, however, contained social work language of doubtful appropriateness. A statement of the rights of residents had been borrowed wholesale from a document originally produced by East Sussex Social Services Department. Since this statement was theoretical and not related to the actual running of local authority homes in the Borders, it is hard to know how useful potential residents would find it. Certainly, there seems little point in affirming that "residents have the right to personal privacy, for themselves, their belongings and their affairs" when the same brochure also makes it clear that most bedrooms are shared and that there are no lockfast places.

A final point about style: a couple of brochures were clearly addressed to relatives, rather than potential residents themselves. While families will obviously need to read brochures, and may in many cases have more need of them than will their elderly relatives, it is a basic discourtesy to impute to the consumer (who is, after all, the old person and not the relative) an indifference to, or inability to read and comprehend written information.

3.2 model brochure

It is very useful to be able to highlight good practice as a standard to which others may aspire. Though not ideal, the booklet used by homes in Central Region can be regarded as exemplary in its style and tone. It was also one of the highest scorers in the number and adequacy of items of information. It has therefore been included as an appendix.

3.3 other issues

The analysis of these brochures could not fail to raise interesting issues which are outwith the scope of this study and, indeed, which merit research studies in their own right. We would have liked to have known how widely available written information for potential residents is in practice. How many people actually get to see the excellent Central Region brochure? Are doctors and social workers - the main gatekeepers of institutional care - well armed with these materials, and if not, why not?

It would also have been very interesting to know how accurate, honest and up-to-date most of these brochures were. It is important that procedures for regular reviewing are built in to any process of disseminating factual information to the public.

Finally, although our concern was with what homes said they were like and not what they were actually like, one could not but be depressed by the grim picture of institutional life painted by some of these brochures. The quality of life in homes is too wide an issue to tackle here but, clearly, when we advocate that people's dignity should be fully respected in providing
information, it follows that their dignity should be respected in the
delivery of the service itself. To give just two examples: it is appalling
that residents and patients do not have the automatic right to a single room
and it is an affront that when staff deduct fees directly from the residents'
pensions (itself a questionable practice) the remainder which is handed back
to the residents is referred to as "pocket money".

SECTION 4
OFFICIAL POLICIES ON THE PROVISION OF WRITTEN INFORMATION

At the time that the sample of brochures was being collected, the Regional
social work departments and health boards in Scotland were asked to send all
the policy documents relating to residential and nursing care of the elderly.
The documents received were scrutinised for references to the provision of
information.

4.1 social work department guidelines for the running of local
       authority homes

Of particular interest were policies concerning information from those
authorities which had not adopted, or were not in the process of adopting
standard brochures. (Those which have done so have already signalled their
attitudes to the importance of information). In fact, the only regional
councils with practice guidelines to send were Borders, Central and Lothian,
all of which use standard brochures.

4.2 social work department guidelines for the registration of private and
       voluntary residential homes for the elderly

8 of the 12 social work departments sent their copies of this document. The
3 Islands Councils did not have such documents because of the absence or
rarity of private and voluntary homes on the various Islands.

Of the 8 policy documents only 3 made reference to written information.
Strathclyde and Lothian had both adopted the Association of Directors of
Social Work model guidelines, which encourage homes to prepare an:

"...Objectives of Establishment Paper in brochure form, setting out details
relating to their establishment, so as to give intending applicants and their
families a view of the facilities available and any additional information
which they may require."
Grampian Region suggested that applicants for registration:

"may find it of considerable help to set down in writing the objectives and type of environment it is intended to offer." Later the guide goes on to say, "This can take the form of a brochure setting out clearly, not only the services that will be provided, but also the exact fees to be charged and what will constitute "extras". It should also include any retaining fees chargeable if residents are on holiday or in hospital."

4.3 Health boards’ guidelines for the registration and inspection of nursing homes.

Six of the health boards said that they did not have such guidelines and five health boards sent copies. Only Lothian’s guidelines referred to written information, saying:

"Residents must at all times be able to exercise their rights and be allowed to assume responsibilities within their capacities. Each nursing home should provide a residents’ handbook listing these rights and responsibilities. The handbook should also provide details of the facilities provided, the daily routine, and other matters of general interest and concern."

It is worth noting that those social work departments and health boards which explicitly promote written information go no further than encouraging, as opposed to exhorting or even obliging homes to produce brochures. The information which they recommend for inclusion is spelt out in the broadest terms, with no detailed examples given of facts which at a minimum should be included.

4.4 Recent developments in official policy and practice

In commenting on the draft version of this report the registering authorities were able to inform us of a number of developments which have occurred since February 1987. These changes indicate an encouraging growth of official concern about the quality of written information for potential residents.

Examples of change are the current designing and redesigning of brochures for local authority residential homes by the Social Work Departments in Tayside, Dumfries and Galloway and the Western Isles. Lothian Region has set up a working party to consider the drafting of contracts of admission. Ayrshire and Arran Health Board is reviewing its guidelines for the registration and inspection of nursing homes. Officers-in-charge of Strathclyde Region residential homes attended a training exercise in April 1987 which included the raising of awareness about the information that residents need. Highland Region Social Work Department now recommends
"...that homes and prospective residents enter into a written agreement containing clear statements relating to the admission and review of residence and to procedures to follow in the event of discharge to another setting or in the event of death so that there is a clear understanding of the expectations of both parties at the time of admission and of their continued expectation during the life of the resident within the establishment."

SECTION 5 CONCLUSIONS

5.1 the brochures

In an exploratory study, 28 brochures from residential and nursing homes for the elderly were examined to assess the quantity and quality of information they contained. 11 brochures were from local authority homes in 7 Regions, 10 from private nursing homes in Lothian and 7 from private and voluntary residential homes in Tayside Region. Though the sample was small, there is no reason to believe that it was not broadly representative of the kinds of brochures generally produced by establishments caring for old people in Scotland.

On the whole the brochures were very uninformative. They contained on average less than half of the 43 items of information which had been considered important to disclose and the information that was given was usually inadequate. Most brochures failed to make explicit the aims and policies of the establishments, the extent to which residents could exercise choice, independence and self-determination in all aspects of life in the home and the procedures for handling admissions, placement reviews, complaints and deaths.

Local authority homes produced better brochures than private or voluntary homes and the standard booklets for use in all local authority homes in Borders, Central, Lothian and Tayside Regions were amongst the most informative examples in the sample. Outwith the local authority sector, it was common to find thin leaflets (equivalent to a single sheet of A4 paper or smaller) or glossy brochures which were obviously intended to impress with colour photographs rather than hard information.

5.2 official policies

The four Regions which had produced standard brochures for their own homes - Borders, Lothian, Strathclyde and Tayside - demonstrated in a practical way their attitudes to information. Regrettably, none of the other Regional Councils had a written statement of policy concerning the provision of written information in local authority homes. Three Regional councils endorsed the production of brochures in their guidelines for the registration of private and voluntary residential homes. They were Grampian, Lothian and
Strathclyde. They did not specify in any detail what information such brochures should contain. Of the Health Boards, only Lothian had a written statement, in its guidelines for the registration and inspection of nursing homes, that homes should provide a residents' handbook listing rights and responsibilities. Again there was little specification of the items of information to be included.

However, from official responses to the draft of this report, it is clear that a number of Social Work Departments and Health Boards are now introducing or examining new ways of improving the provision of information in the homes they run and register. It is very encouraging that the evolving climate of opinion about the need for written information now seems to be in line with our views.

SECTION 6 RECOMMENDATIONS

1. Every residential and nursing home for old people should be required by law to produce a brochure or handbook for residents and potential residents.

Legislation does not currently give registering authorities the power to require homes to produce written information, or to refuse or revoke registration if homes do not do so. Amendments need to be made to the Social Work (Scotland) Act 1968 and to the Nursing Homes (Scotland) Act 1938 so that, for private and voluntary residential homes and nursing homes respectively, the provision of written information to a standard approved by the registering authority becomes a condition of registration.

The Social Work (Scotland) Act also needs to be amended to require Social Work Departments to ensure that their own homes all have an individual brochure.

For local authority homes, a standard brochure or handbook which is used for all the homes in one Region should not be deemed an adequate substitute for individual brochures or handbooks, although local authorities should by all means be encouraged to develop such brochures or improve existing ones as a complement to individual brochures, if they wish.

It is unlikely that standard brochures, however well designed, can fully highlight the differences between the local authority homes in one Region or capture the special features, idiosyncrasies and atmosphere of any particular home. For example, an individual brochure can include photographs of the home and be written in an individual style which reflects the attitudes and approaches of the officer-in-charge. This is not to say that individual
brochures should not contain standard information on such matters as the Regional policy on admissions. Indeed, such information should be included as a matter of course.

To help individual homes to produce their own brochures, Regional social work departments could follow the example of Strathclyde Regional Council and organize training sessions for care staff of local authority homes to raise their awareness of the importance of good written information. Similar training sessions could be organized for the staff of private and voluntary residential homes and nursing homes.

2. Brochures must inform residents and potential residents as fully as possible of all aspects of daily life in a home, with particular reference to the rights, choices and opportunities which residents are given.

At a minimum this means giving clear information about the admissions process, the allocation of bedrooms, the arrangements for maintaining privacy of residents and the security of their belongings, and the limits of choice and freedom with respect to bedtimes, getting up times, meal times, menus, smoking and alcohol, retaining pension books and medicines, making one's own meals, doing one's own laundry, leaving the grounds of the home unaccompanied, having visitors and participation in the life of the home.

Residents should be told to what extent they may expect continuity with their former lives as far as doctors, ministers and interests and activities are concerned.

Specific policies and practices, for example encouraging residents to do chores or organizing daily stimulation activities, should be made clear and residents should have an idea of the extent of their right not to go along with these.

Brochures should give details of complaints procedures including not just the procedure to be followed, but how complaints are generally viewed and dealt with. It should also be made clear to what extent - and how - residents can influence the running of the home.

Details must be given about the physical layout of the home, with prominence given to the kind of information which is particularly useful for disabled people, for example bathroom layouts and wheelchair access.

Writers of brochures should not fall into the trap of omitting information to spare people's feelings. Potential residents are bound to have concerns about the handling of deaths, illness, complaints, transfers to other homes, the allocation of rooms and so forth, and it is misguided and patronising to try to hide these issues from them.

Generally, writers of brochures should aspire to cover all the items in the checklist in Table 1 (between pages 5 and 6)
Brochures should be written in plain, unpatronizing English. In this respect the standard booklet used in residential homes run by Central Regional Council can serve as a model.

3. The officers-in-charge and proprietors of all homes should be required to consult with old people and their representatives, including residents, about the style and content of brochures or handbooks.

This requirement should be added to the requirement in Recommendation 1 in amendments to the Social Work (Scotland) Act 1968 and to the Nursing Homes (Scotland) Act 1938.

Such a requirement is the best way to ensure that the final form of any brochure reflects the priorities of old people in the area of the home. It is important that consultees include both residents and non-residents. People who have stayed in a home for more than a short time may well have forgotten the things they wished they had known at the time of admission. Their present familiarity with the home could make it hard for them to recapture the priorities and perspectives they had as incomers. Conversely, residents are better placed than others to point out aspects of the home which outsiders may not think of asking about.

Clearly, then, there is a role for both insiders and outsiders in deciding what should go into a brochure. Homes and outside groups such as local Age Concern groups should be encouraged to liaise with each other on this matter.

4. Residential and nursing homes should be required to make their brochures and handbooks widely available for potential residents and their families

Again, this requirement should be included in amendments to the legislation governing the running and registering of homes. There is little point in producing exemplary written information if there is no means of ensuring that people actually have a chance to read it.

All homes should lodge copies of their brochures with local GPs, libraries and advice agencies. Registered homes should lodge copies of their brochures with the relevant registering authorities. In addition, nursing homes should be encouraged to supply relevant social work departments with copies of their brochures. Area social work teams should ensure that they have copies of all the local authority homes within their boundaries.

5. Social Work Departments and Health Boards must consider how their guidelines for the registration and inspection of homes can be made more explicit about written information which homes should provide.

Whether or not legislation is passed requiring the provision of written information by individual homes, there will be a continued need for detailed guidelines which put flesh on the bones of the law. It is very encouraging that a number of the Social Work Departments and Health Boards are showing a
growing concern about written information. Current guidelines could nevertheless say a lot more than they do at present about the quality of brochures and handbooks which homes should provide.

The Scottish Consumer Council would welcome the move towards a standardisation of guidelines for the registration and inspection of homes. We welcome the model guidelines produced by the Association of Directors of Social Work in Scotland and would support cooperation between the Association and Scotland's Health Boards in drafting a code of practice for standards within all homes. For many aspects of homes, particularly the provision of brochures and handbooks, there is no good reason why residential and nursing homes should conform to different standards.

6. Regional Councils, Health Boards and proprietors of individual private and voluntary homes should be encouraged to develop other kinds of literature for prospective residents.

The leaflet "Choosing a Suitable Voluntary or Private Residential of Nursing Home for the Elderly" produced jointly by Lothian Regional Council and Lothian Health Board (enclosed as an appendix) is an example of such literature. Although very brief, it introduces the reader to some of the things one should look for or ask about when assessing a home.

Lothian is the only Region which produces this kind of information. Booklets like it should be freely available to old people in all Regions from workers in the health and social services. In developing such booklets, use could be made of existing consumer guides to residential care published by the Consumers' Association and the College of Health, and of "Residential Care - Is it for me?"

There is also a good case for producing separate information leaflets about the financial aspects of moving into an establishment, because of the complexity of the subject. Some Social Work Departments, including Lothian's, have such a leaflet already.

Health Boards, Social Work Departments or local community and consumer groups could also be encouraged to compile directories of local residential and nursing homes, drawing on information in brochures and handbooks which could be collated in a standard format. The Scottish Consumer Council has already demonstrated the usefulness and popularity of an experimental directory of doctors' services and there is every reason to suppose that a similar facility for prospective residents and their families would be found equally helpful.
SECTION 7 FURTHER READING

Residential Care - is it for me?
Rosemary Bland
HMSO Books
Edinburgh 1987
ISBN 0 11 493412 6  Price: £2.95

The College of Health Guide to Homes for Elderly People
Monica Wilson
College of Health
London 1984

Choosing a Residential Care Home
Consumers' Association
London

Home Life. A code of practice for residential care
Centre for Policy on Ageing
London 1984
ISBN 0 904 139 37 9

Model Guidelines for the Registration and Inspection of Residential Homes for the Elderly
Association of Directors of Social Work
1985

Living in Homes: A Consumer View of Old People's Homes
L. Kellaher, S. Peace, D. Willcocks
British Association for Service to the Elderly
Newcastle-under-Lyme 1985
ISBN 0 9510320 0 3
APPENDIX 1

CRITERIA FOR CODING "YES INADEQUATE"
RATHER THAN "YES ADEQUATE"

1. admission process
   insufficient detail on criteria for admission or on trial stay period

2. process for reviewing how resident settling
   no detail beyond stating that such a review process exists

3. details on staff
   failure to specify numbers, job titles and responsibilities.

4. no. of residents
   never coded "yes inadequate"

5. physical layout of home
   failure to create good mental picture of home, or to convey how home is adapted to aid mobility

6. bedroom arrangements
   failure to specify on what criteria single and shared rooms are allocated.

7. privacy arrangements in shared rooms
   lack of detail beyond stating such arrangements exist

8. key to one's room?
   was never coded "yes inadequate"

9. can one bring belongings?
   not clear how many or what kind of belongings can be brought into home.

10. can one bring furniture?
    as for belongings

11. arrangements for keeping belongings safe
    lack of detail beyond stating such arrangements exist

12. who keeps pension book
    text implies that book is relinquished, eg talks of residual "pocket money" after charges paid, but does not state this openly

13. details on charges
    lacks detail on how these are calculated with respect to resident's means or how often paid

14. meals - times and place
    omits to say whether there is any choice in these arrangements
15. meals - content
fails to state if there is a menu to choose from, or else is very vague about the extent to which special diets are catered for.

16. can one make own food and drinks?
not clear if one can make the odd snack or substitute the home's own meals

17. policy on participation in chores
not clear whether one can opt out in homes where encouraged to help

18. laundry arrangements
how often done, will they wash everything, do clothes need labelling?

19. can one do own laundry?
not clear under what circumstances permissible

20. help with bathing, dressing
can one opt out of help with bathing etc in homes where this appears to be standard?

21. GP arrangements
not clear whether and in what circumstances one can keep one's own GP.

22. who keeps medicines?
implies without openly stating that residents must hand over all drugs to staff.

23. dentist arrangement
no detail beyond that of the kind "a dentist visits once a month"

24. chiropodist arrangement
as for dentists

25. hairdresser arrangements
as for dentists

26. rules on visitors
not clear what restrictions are imposed on visiting

27. can one go out of the grounds unaccompanied?
not clear what restrictions are placed or who decides when one is no longer fit to be unattended

28. arrangements for holidays, visits
not clear if there are limits to the number of times a year or length of time one can leave

29. arrangements for maintaining interests, hobbies
no detail beyond asserting that one is encouraged to keep up interests
30. social events
not clear if one can opt out of or pursue different activities to those laid on by home

31. books, newspapers
no detail about what kind offered

32. arrangements for worship
not clear if one can keep one's own clergyman

33. maintaining mental stimulation
imply through mentioning various more or less compulsory activities that staff practice stimulation, but do not state this openly

34. residents freedom to make decisions about running of home
state blandly that residents encouraged to make views heard - eg through residents meetings - but fail to state whether there is a proper mechanism for taking account of these views.

35. smoking rules
imply that there are restrictions but do not list these

36. alcohol rules
as for smoking

37. availability of telephone
state presence of phone but not clear if there is freedom of access, or whether it is a payphone or whether it takes incoming calls

38. rules on bedtimes/getting up
not clear if one can choose not to conform to the routine times (without incurring resistance)

39. details on night staff
as for details on staff

40. is bed kept if one has to go to hospital?
states bed will normally be kept but not clear at what point - eg if likely to be hospitalized for a very long time - this ceases to apply

41. death arrangements
never coded "yes inadequate"

42. complaints procedures
will mention who to approach with grievance, but not how this is likely to be dealt with

43. what if one wants to quit the home?
not clear what help and support one would receive in taking this step.
## APPENDIX 2

**NUMBERS OF BROCHURES CODED "NO", "YES INADEQUATE"**

**AND "YES ADEQUATE FOR EACH ITEM OF INFORMATION**

<table>
<thead>
<tr>
<th>no</th>
<th>yes inadequate</th>
<th>yes adequate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. admission process</td>
<td>20</td>
<td>6</td>
</tr>
<tr>
<td>2. review process</td>
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</tr>
<tr>
<td>3. details of staff</td>
<td>9</td>
<td>12</td>
</tr>
<tr>
<td>4. no. of residents</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>5. physical layout</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>6. bedroom arrangements</td>
<td>3</td>
<td>18</td>
</tr>
<tr>
<td>7. privacy arrangements</td>
<td>24</td>
<td>3</td>
</tr>
<tr>
<td>8. key to own room?</td>
<td>27</td>
<td>0</td>
</tr>
<tr>
<td>9. can one bring belongings?</td>
<td>12</td>
<td>7</td>
</tr>
<tr>
<td>10. can one bring furniture?</td>
<td>13</td>
<td>9</td>
</tr>
<tr>
<td>11. keeping belongings safe</td>
<td>21</td>
<td>4</td>
</tr>
<tr>
<td>12. who keeps pension book?</td>
<td>21</td>
<td>2</td>
</tr>
<tr>
<td>13. details on charges</td>
<td>14</td>
<td>6</td>
</tr>
<tr>
<td>14. meals - time and place</td>
<td>16</td>
<td>6</td>
</tr>
<tr>
<td>15. meals - content</td>
<td>10</td>
<td>16</td>
</tr>
<tr>
<td>16. can one make food?</td>
<td>20</td>
<td>7</td>
</tr>
<tr>
<td>17. arrangements for chores</td>
<td>24</td>
<td>3</td>
</tr>
<tr>
<td>18. laundry arrangements</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>19. can one do own laundry?</td>
<td>21</td>
<td>1</td>
</tr>
<tr>
<td>20. bath arrangements</td>
<td>25</td>
<td>3</td>
</tr>
<tr>
<td>21. GP arrangements</td>
<td>7</td>
<td>9</td>
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<tr>
<td>22. who keeps medicines?</td>
<td>21</td>
<td>1</td>
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<td>23. dentist arrangements</td>
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<td>24. chiropodist arrangements</td>
<td>6</td>
<td>15</td>
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<tr>
<td>25. hairdresser arrangements</td>
<td>8</td>
<td>14</td>
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<tr>
<td>26. arrangements for visitors</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>27. going out of the grounds</td>
<td>14</td>
<td>8</td>
</tr>
<tr>
<td>28. rules for holidays, visits</td>
<td>17</td>
<td>9</td>
</tr>
<tr>
<td>29. maintaining interests</td>
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<td>7</td>
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<tr>
<td>30. social events</td>
<td>13</td>
<td>12</td>
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<tr>
<td>31. books, newspapers</td>
<td>13</td>
<td>7</td>
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<tr>
<td>32. worship arrangements</td>
<td>14</td>
<td>3</td>
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<td>33. mental stimulation</td>
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<td>3</td>
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<tr>
<td>34. decision making powers</td>
<td>24</td>
<td>4</td>
</tr>
<tr>
<td>35. smoking rules</td>
<td>20</td>
<td>4</td>
</tr>
<tr>
<td>36. drinking rules</td>
<td>23</td>
<td>3</td>
</tr>
<tr>
<td>37. telephone</td>
<td>19</td>
<td>3</td>
</tr>
<tr>
<td>38. bed/getting up times rules</td>
<td>25</td>
<td>3</td>
</tr>
<tr>
<td>39. details on night staff</td>
<td>7</td>
<td>14</td>
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<tr>
<td>40. how long is bed kept?</td>
<td>23</td>
<td>3</td>
</tr>
<tr>
<td>41. death arrangements</td>
<td>27</td>
<td>0</td>
</tr>
<tr>
<td>42. complaints procedure</td>
<td>24</td>
<td>3</td>
</tr>
<tr>
<td>43. quitting home</td>
<td>25</td>
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INTRODUCTION

We hope this small booklet gives you and your relatives some useful information about life in Homes for the elderly. It is our aim to offer to all residents continued happiness and comfort, and we think this can be best achieved if you view the Home in which you may live as your own home and not just somewhere to be looked after.

Although you may need some help in caring for yourself, we hope you will continue to undertake those daily tasks you are able to do now. It has been our experience that the more residents are able to do for themselves and for each other, the happier they are.

If at the present time, or when you become resident in one of our Homes, you have any questions that are not answered in this booklet, please do not hesitate to contact your Social Worker or a senior member of staff in the Home.
Although there may be several Homes near to where you are now living, the choice may be very limited as we have so few vacancies. However we will do our best to offer you a place in a Home where your family and friends will be able to visit you without too much difficulty.

If a place is offered, and you accept, this will be for an initial period of one month where appropriate. At the end of this first month we hope to involve you and your family in a discussion about your future. Only after this can we consider offering you a permanent place; and until you do know that you can live in one of our Homes permanently, you should not give up your house or your possessions.

We would like to assure you that at any time during your stay you are free to leave, even once a permanent place has been made for you.

**ADMISSION**

We find it impossible to offer places in our Homes to all who would like them, and whether we can offer a place to you depends upon your needs compared with others. What normally happens is that your Social Worker, having discussed the matter with you and your family, consults with his colleagues, and if there is a possibility of a place being available in the near future, he will let you know.

At this point, a senior member of staff from the Home where there is a vacancy is likely to visit you and invite you to visit the Home and perhaps spend a day or two there. One of the important things to discuss at this time is what personal possessions, or pets, you could bring. Most people in our Homes find it comforting to have some familiar objects around them, which make their rooms much more homely.
If you consider bringing any pets, please discuss it with the Social Worker/Officer-in-Charge prior to your admission. You will appreciate that we will have to judge each request of this nature on its own merit as only a very limited number of pets could be contained in any one home. If your relatives are interested in helping in the care of your clothes, they would be most welcome. Further guidance on this could be obtained from the Officer-in-Charge.

MEDICAL ATTENTION AND PERSONAL CARE

We hope you will be able to keep your own doctor, but sometimes this is not possible due to the distance he would have to travel to see you. If at any time you feel you need medical attention, you may either contact your doctor yourself or ask a senior member of staff in the Home to do so on your behalf.

If your doctor prescribes any medicines or tablets for you, staff usually keep them and give them to you at the appropriate times, but you may if you wish, and with your doctor's permission, keep them yourself. As far as your personal care is concerned, staff in our Homes are trained to look after you and they can assist you with matters like bathing and using a toilet if you need their help. We shall also ask for help from the District Nurse where appropriate.

RELIGION

If you are not able to visit your Church by yourself, arrangements can be made for you to attend or for your Minister or Priest to visit you. Sometimes services can be arranged in the Home.

GOING OUT

If you are able to get about you can come and go as you wish, but when you do so please remember to let staff know, as they may be worrying about you.
If you are not fit enough to go out on your own, please talk to a member of staff about the possibilities of being taken out. In most Homes outings are arranged, and sometimes holidays can be arranged too.

**DAILY LIFE**

You may feel that entering a Home means that you will have to give up your independence, but we hope you will find this is not so. There are bound to be changes in your daily routine, but we seek to offer you as much choice as possible over personal matters, for example what time you get up or go to bed, or what you would like for some of your meals. Most of our Homes arrange daily life so that you will spend your time with a small group of people. You will probably get to know this group quite well and share with them, if you are able, such tasks as making a cup of tea or washing up.

**BEDROOMS**

In many of our Homes residents have their own rooms, but in other Homes they are shared. We are not able to offer a choice at the time of admission since we are limited by what places are available.

**MEALS**

Our Homes provide three meals each day – breakfast, lunch and high tea. The times of meals vary from Home to Home, at times convenient to you. Where it is possible we offer a choice of mid-day meal. It is our aim to provide a balanced diet and enjoyable meals, and we welcome your suggestions in preparing menus.

**CLOTHING**

The staff in the Home will help you care for your clothes and will assist you in replacing those items that become worn out. It would be helpful if you could put your name on articles before you arrive so as to avoid difficulties when they are laundered.
CHARGES FOR ACCOMMODATION

There is a charge for accommodation in all our Homes and residents pay according to their means. Your charges are re-assessed annually.

If your only income is a state pension and you have no capital, part of your pension will go towards your keep and the remainder will be given to you to spend as you wish.

We will try to give you some idea of what you will have to pay before admission; most questions you may have can be sorted out by your Social Worker.

YOUR FAMILY

Most residents in our Homes remain in close touch with their family. We think this is very important, and as well as calling to see you, we would like them to become involved in the life of the Home. They should feel free to come and go as they wish and if they would like to help us in any aspect of your care, please ask them to mention this to a senior member of staff.

We believe there is a lot about our Homes that makes them pleasant places in which to live, but some residents become unhappy simply because they lose touch with those who have been close to them. We would like to feel that your family will commit themselves to remaining in touch with you throughout your stay.
ACTIVITIES

Each week we try to arrange enjoyable activities and if there is something you are particularly interested in doing, please let staff know so that they can try to arrange it for you and for others. Each Home has radios and televisions and so you are able to continue to enjoy your favourite programmes. If you wish to bring your own radio or television for your bedroom, please feel free to do so.

VISITORS

Your visitors will be welcome in the Home at any time. We hope you will have many visitors, particularly in the early weeks of your stay. If your visitors wish to take you out for part or the whole of the day, or to have you at their home for the weekend, we would be extremely pleased and we will do all we can to meet any practical problem they might encounter. However, should they decide to spend the day with you we would welcome them joining you for meals, for which a small charge is made.

STAFF

In each Home there is a person in charge who is assisted by other senior staff. They are responsible for ensuring that the Home runs in a way that benefits you, and one of them is always available night and day. There are also Care Assistants who will look after your day-to-day needs, domestic staff to keep the Home clean, and kitchen staff who prepare your meals. During the night one Care Assistant or two (as appropriate) will be on duty, and if you need help she can be contacted by ringing the bell by your bed. All the staff are there for your benefit, and we would like to feel that you will get to know them and have confidence in them.

PROBLEMS AND DIFFICULTIES

Together with the staff in the Home, we hope you will be able to make life pleasant for yourself and for those around you.

Living with others involves some give and take, and while it is not quite like living at home, it can offer a way of life that can be very enjoyable.
If at any time there is anything to do with your life in the Home about which you are unhappy, please do not hesitate to discuss it with a senior member of staff, or ask to see someone in a senior position outside the Home.

WELCOME

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*
CHOOSING A SUITABLE
VOLUNTARY OR PRIVATE
RESIDENTIAL OR NURSING HOME
FOR THE ELDERLY
GIVING UP ONE'S HOUSE AND POSSESSIONS AND MOVING TO A HOME FOR A LONG TERM OR PERMANENT STAY IS A MOMENTOUS STEP. A FINAL DECISION TO DO SO SHOULD BE TAKEN ONLY AFTER ALL POSSIBILITIES OF REMAINING AT HOME WITH THE SUPPORT OF RELATIVES AND NEIGHBOURS AND DOMICILIARY AND COMMUNITY SERVICES (E.G. HOME HELPS, SHELTERED HOUSING) HAVE BEEN EXPLORED.

If, after all other possibilities have been considered, residence in a home is thought to be the best solution every effort should be made to find the home which best meets the needs. Adequate time should be allowed for the necessary inquiries which should include visits to potentially suitable homes by the person concerned or by relatives or friends on his or her behalf.

Below are suggestions on how to proceed to find a home and assess its suitability.

1. Get a list of registered Nursing Homes from the Lothian Health Board, 11 Drumsheugh Gardens, Edinburgh, EH3 7QQ Tel. 225-1341 and registered Residential Homes from Lothian Regional Council Social Work Department, Shrubhill House, Shrub Place, Edinburgh, EH7 4PD, Tel. 554-4301. (The lists give the names and addresses of the homes, the name of the proprietor or matron and the number of beds).

2. Identify the most convenient homes (e.g. near relatives, friends, the church etc.).

3. Gather opinions on the relative qualities of the chosen homes from as many and as varied sources as possible (e.g. persons already resident or their relatives and friends, voluntary bodies, ministers and church visitors, social workers, general practitioners).

4. Visit the homes, interview the owner and/or person in charge and check such matters as the following:-
   
   (a) surroundings - quiet, noisy, attractive; good garden space; patios, verandahs; near shops, cafes, pubs, church, etc.

   (b) the house - purpose built or adapted; odour on entering; stuffy or fresh atmosphere; state of decoration or repair; cleanliness; tidiness; physical warmth; lift; manageable stairs.
(c) food - see week's menus; check times of meals especially of breakfast and main evening meal; is choice of meals allowed.

(d) laundry - arrangements for bed linen and personal laundry.

(e) availability of television (choice of channels) and radio.

(f) personal possessions, small and large - are they permitted.

(g) adaptations for easier living; aids available in rooms, corridors, bathrooms, WCs (rails, hand-holds, chair-ramps etc.)

(h) easy movement possible within house and in the immediate environment.

(i) baths freely available; arrangements for physiotherapy; occupational therapy; chiropody; hairdressing.

(j) communal living space - adequate and attractive.

(k) the room which is to be available - amenities; comfort; facilities; lockable drawer or similar; privacy. In multiple-bed rooms identify the bed which is to be allocated; check adequacy of bed space; suitability and adequacy of curtaining for privacy; presence or bed-side lockers, clothes hanging and drawer space; convenience of location of washhand basin, WC, bathroom; call bell within easy reach.

(l) outside contacts - encouragement of visitors; separate rooms for entertainment of visitors to patients in multi-bed rooms; visits from church or voluntary workers; library arrangements; recreation and entertainment in the home; arranged outings.

(m) cost per week.

extras e.g. for chiropody, physiotherapy, laundry etc.

(n) proper arrangements for safe keeping and recording of receipt etc. of residents' personal money and valuables.

(Homes should not take responsibility for holding more than small amounts of money on behalf of residents; the residents relatives or lawyer should deal with all financial and legal matters).
quality of care; this is most difficult to assess adequately. Though the amenities provided are important, most important of all is a friendly, warm and caring attitude of the staff and the allocation of adequate time for them to arouse and maintain the residents' interest in their surroundings and in day to day happenings. Pointers are the presence of obviously responsible and well qualified staff at all times of the day; infrequent staff changes; a high proportion of full time staff; good supervision and training of junior staff. Are residents addressed by the staff as they wish to be addressed; does the staff foster the residents' dignity and self respect; are the residents happy and cheerful.

If possible a trial period of several weeks should be arranged for individuals to assess the suitability of a home. (Payment will be required).