

A Comparative Exploration of Quality of Life in Care Homes and Home Care Among Older Adults in the United Kingdom

Introduction

The United Kingdom has a growing older population, and many people aged 65 and over need long-term support. Care is usually provided either in residential care homes or through home care in a person’s own home. Each type of care has its strengths and limitations. Care homes can offer constant support and shared activities, while home care helps people remain independent in familiar surroundings. This study explores how these different care settings affect the Quality of Life of older adults in the UK.

Aim

To explore and compare the Quality of Life experienced by older adults living in residential care homes and those receiving domiciliary (home-based) care in the United Kingdom.

Objectives

- To explain how Quality of Life is understood within older adult care.
- To examine experiences of older people receiving care in both residential and home settings.
- To identify the social, emotional, environmental and care-related factors that influence Quality of Life.
- To bring together UK-based evidence to support practical recommendations.

Methodological Approach

This project uses a qualitative secondary research method, based on published studies, national reports and reputable organisations. No primary data were collected. The study reviews existing evidence to understand what shapes Quality of Life for older adults in care homes and in their own homes.

Search Strategy

A clear and structured search strategy was used. Key terms included: “quality of life”, “older adults”, “care homes”, “residential care”, “home care”, “domiciliary care”, “United Kingdom”.

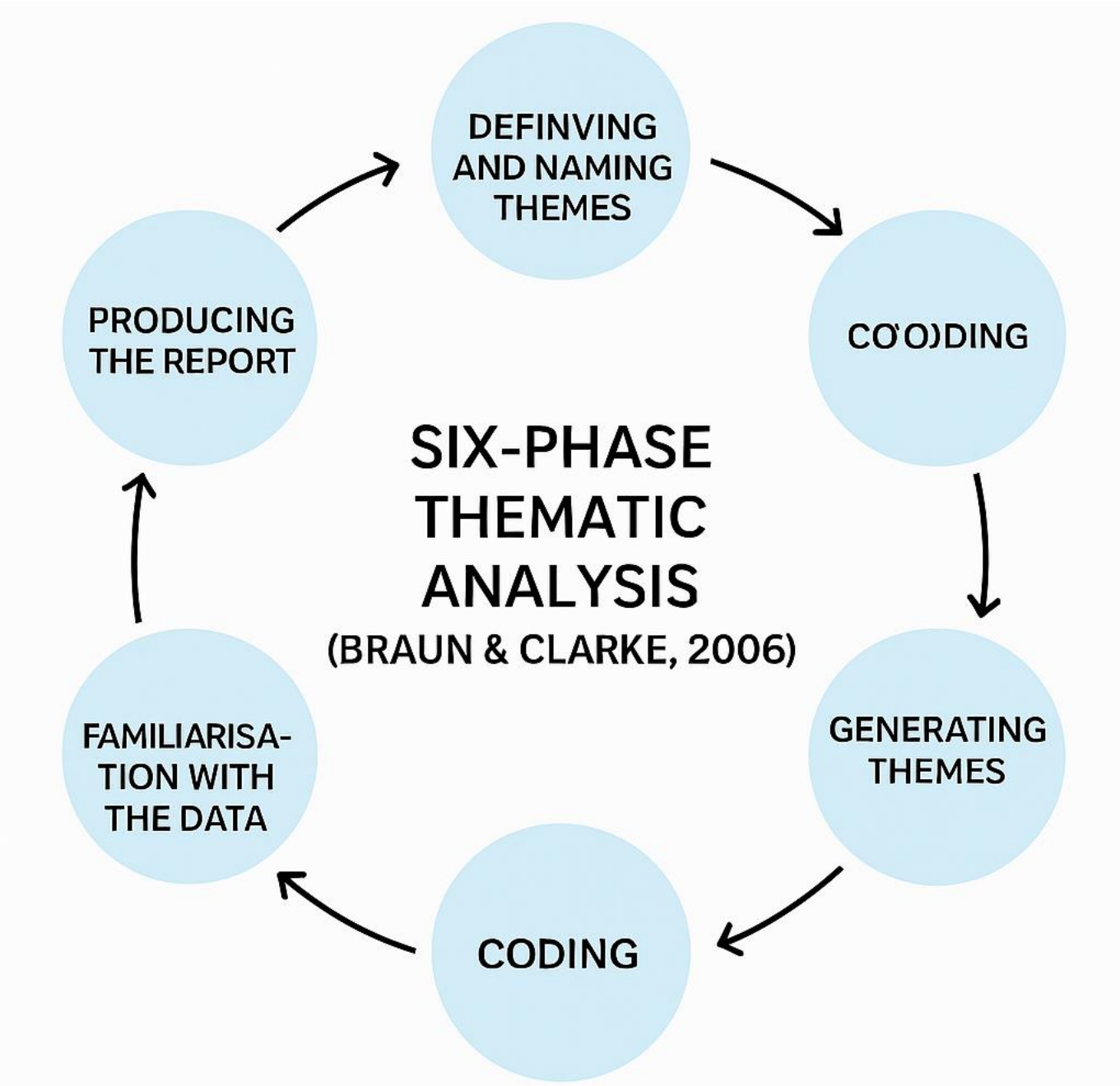
An example of a search string used is: “quality of life” AND “older adults” AND (“care home” OR “home care”) AND “UK”.

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Databases Consulted

- CINAHL
- PubMed / MEDLINE
- Scopus
- Web of Science

Grey literature came from CQC, NICE, Department of Health and Social Care, and Age UK.



Inclusion Criteria

- Published between 2018 and 2025
- United Kingdom focus
- Adults aged 65+
- Peer-reviewed studies, government reports and trusted third-sector publications
- English-language full text

Exclusion Criteria

- Studies outside the UK
- Participants under 65
- Opinion pieces without evidence
- Publications before 2018
- Non-English sources

Reference

Age UK (2024) *Later Life in the United Kingdom: Key Facts*. London: Age UK.

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Braun, V. & Clarke, V. (2006) ‘Using thematic analysis in psychology’, *Qualitative Research in Psychology*, 3(2), pp. 77–101.

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Care Quality Commission (CQC) (2023) *The State of Health Care and Adult Social Care in England 2022/23*. London: CQC.

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Department of Health and Social Care (DHSC) (2022) *People at the Heart of Care: Adult Social Care Reform White Paper*. London: DHSC.

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Glendinning, C., Jones, K., Baxter, K. & Rabiee, P. (2021) ‘Home care reablement services for older people in England: comparing costs, user outcomes and stakeholder views’, *Health & Social Care in the Community*, 29(1), pp. 77–87.

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Kitwood, T. (1997) *Dementia Reconsidered: The Person Comes First*. Buckingham: Open University Press.

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Maslow, A.H. (1943) ‘A theory of human motivation’, *Psychological Review*, 50(4), pp. 370–396.

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National Institute for Health and Care Excellence (NICE) (2022) *Home care: delivering personal care and practical support to older people living in their own homes*. NICE guideline NG21. London: NICE.

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Woolford, M., Steel, D. & Johnson, E. (2020) ‘Older people’s perspectives on life in care homes: a qualitative review’, *British Journal of Social Work*, 50(4), pp. 1123–1141.

Validation of Sources

All sources were checked using the **CRAAP Test**, which looks at currency, relevance, authority, accuracy and purpose. Only reliable and up-to-date sources were included, such as CQC (2023), NICE (2022), Woolford et al. (2020) and Glendinning et al. (2021).

Data Analysis

Braun and Clarke’s six-stage thematic analysis guided the study. The steps included reading the literature, coding key ideas, grouping similar findings, refining themes and producing a final summary.

Initial codes—such as autonomy, social contact, continuity and safety—were developed into three final themes:

- Autonomy and Independence
- Social Interaction and Emotional Wellbeing
- Quality and Continuity of Care

Microsoft Excel was used to organise and compare the data.

Ethical Considerations

No direct participants were involved because the study is based on existing literature. Ethical standards were maintained through honest reporting, correct referencing, avoiding bias and respecting copyright. UWTSD

Harvard referencing was followed throughout.



CARE HOME



HOME CARE