

Observing and understanding the 'lived experience' of care home residents

We're using structured observations to measure the quality of life for care home residents that is related to their social care. We're exploring how homes use feedback from these observations to improve residents' day-to-day lives.

Opportunities to improve day-to-day lives in care homes can easily be missed. Care home staff may be too busy with multiple tasks to spot a problem. Meanwhile, increasingly frail, elderly residents can find it difficult to express their experiences and preferences.

Good feedback could benefit many. Family and friends, who may hastily seek a care home for an elderly person, often do not have much by which to judge them. When picking a home in which a loved one will spend their remainder of their lives, relatives and friends want to know that residents are socially active and spend their time doing things they enjoy, as well as being safe and having their personal care needs taken care of. This kind of information is also helpful for inspectors, including the care home regulator and local authority quality monitoring teams, because it gives a snapshot of the 'lived experience' of residents.

With these issues in mind, a team from the University of Kent, led by Ann-Marie Towers, is studying whether skilled observation of what happens in a care home – followed by feedback – improves practice. High among their concerns are the activities available to residents.



'We did a national study of care homes and found that only 10 per cent of residents' time was spent engaging in social activity with other residents, staff and visitors in the home. Over 50 per cent of their time was spent completely

disengaged or sleeping. Other than the occasional organised activity taking place in the home, most activity was around self-care or very passive activities, such as watching television, and involved very little assistance from staff.'

Anecdotally, feedback can make a difference. 'Someone told us that they carried out these observations within their own organisations and observed a member of staff talking to a resident at 10.30am and then that resident sat alone, with no further contact from staff, for nearly two hours. For that period the person sat in a chair, doing nothing,' explains Ms Towers. 'The staff were shocked when they were given this feedback and things have since changed. Staff now feel they had been given permission to go and talk to residents, whereas, previously, they always felt they should be doing something else.'

The current research tests this anecdotal evidence to see whether feedback makes a difference to practice. The team is observing what life is like for residents in four care homes (two with nursing and two without). Using evidence collected through observation and interviews, each home will be given face-to-face feedback about what life is like for the people living there. The researchers will then return 12 weeks later to see if anything has changed.

The research team is using the 'Adult Social Care Outcomes Toolkit' (ASCOT). This is a measure of social care-related quality of life, looking at the basics – access to food and drink, safety, cleanliness and comfort. But other issues

are also quantified, such as how people spend their time, how much choice and control they have over their daily lives, whether they are treated with dignity and respect by staff, and whether residents have social contact with friends, family and staff.

'Recent care home scandals have highlighted the pitfalls of relying on paper-based monitoring when judging residents' quality of life.

Observations and interviews offer a richer picture of residents' lived experiences.

Ann-Marie Towers, researcher

This approach may prove to be useful for the 'Provider Quality Profiles' that the Government recently started. These profiles, currently voluntary, give care homes the opportunity to highlight what they do well. As consumers demand better information, they are likely to be standard. All this has the potential to aid user choice. 'For example, relatives choosing a care home for a person with dementia might first want to know that their relative is going to be safe and have their basic personal care needs met,' explains Ms Towers. 'However, knowing that these things are taken care of, people may then want to compare how well different homes keep residents active and occupied throughout the day, doing things they value and enjoy.'

Project: [ASCOT Feedback Intervention Study \(AFIS\): exploring the feasibility of an outcomes-focused intervention on care home practice](#)

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