

## Using ASCOT to improve care practice

### KEY POINTS FROM THE RESEARCH

- It was possible to use the Adult Social Care Outcomes Toolkit (ASCOT) to assess the social care-related quality of life (SCRQoL) of residents in care homes and use this information to sensitively provide feedback to staff and managers in the homes. SCRQoL is a term used to refer to the areas of quality of life most affected by social care and support.
- Staff and managers said they were able to use this feedback to make changes to practice that would hopefully improve residents' lives.
- The researchers were not able to directly detect improvements in SCRQoL in the homes when the ASCOT assessments were repeated three months after giving the feedback. However, this may be due to other factors, including the natural decline in the health of residents and that three months may not be enough time for changes to have taken effect.
- There may be scope for the use of ASCOT as a feedback tool to improve practice if the feedback relates directly to individual residents and can then be used to improve their care.
- An alternative to researchers gathering the data would be for care staff to make their own ASCOT ratings of residents' lives. This may have more impact on care practice but would be less objective from a research perspective.

### BOX 1: THE ASCOT OUTCOME DOMAINS

- control over daily life
- personal cleanliness and comfort
- food and drink
- accommodation cleanliness and comfort
- personal safety
- social participation and involvement
- occupation
- dignity

### BACKGROUND

Care homes are under increasing pressure to show how the care and support they provide affects people's quality of life. The Personal Social Services Research Unit (PSSRU), at the University of Kent, developed ASCOT ([www.pssru.ac.uk/ascot](http://www.pssru.ac.uk/ascot)) to measure the areas of quality of life most affected by social care services.

ASCOT measures eight quality of life domains (Box 1) and tells us what people's lives are like and how the care and support they receive affects their lives (for better or worse). There are different measures and methods of data collection for different client groups. A version for measuring SCRQoL in care homes was designed so that all residents could be included, even those who find it difficult to tell people about their own lives, such as those living with advanced dementia. Information is collected through observations of life in the home and interviews with residents, staff and relatives. A trained person then uses this to rate the SCRQoL of residents.

Some care home providers have suggested that the care homes toolkit might be helpful for improving care practice in their homes. One service manager used ASCOT to observe care home residents and staff in order to understand what life was like for residents and then gave staff feedback

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based on these observations. This project sought to systematically explore this approach and examine if staff and management found feedback about residents' SCRQoL helpful and whether it could be used to inform practice and improve outcomes for residents.

## THE STUDY

Using ASCOT, the research team measured the SCRQoL of 58 residents in four homes for older adults, two of which were registered for nursing, through observations and SCRQoL interviews with residents, family members and staff. Over a half of the residents taking part were recruited via personal consultees as they lacked the capacity to consent to the research themselves. Information about residents' needs and characteristics was also collected.

Using the ASCOT data, staff and management were given feedback about:

- The areas in which residents have a good quality of life and why;
- The impact of the care and support they delivered on residents' quality of life;
- The areas in which residents' quality of life could be improved.

During the feedback session(s) the research team used examples from observations and interviews to facilitate discussion among staff teams and help them identify ways in which they might be able to make improvements. They then returned 12 weeks later to measure the SCRQoL of those residents again and see if there had been any changes. Interviews were also carried out with managers to gather their views of the feedback and find out whether they had implemented any changes in practice because of it.

## FINDINGS

### Using ASCOT with care home staff

This is the first time the use of feedback based on ASCOT has been examined within care homes. It has the potential to influence practice by drawing care worker's attention to residents' quality of life and demonstrating how the care they receive affects it.

However, the process of improving practice is not straightforward. Observing practice can be perceived as threatening by staff. It is vital

staff feel supported by management and that any feedback is delivered sensitively. An alternative to feedback would be to use the ASCOT data to identify skills gaps and send the staff team on relevant training courses. There is mixed evidence linking staff training to improved practice; training courses alone can sometimes leave staff struggling with how best to turn principles into practice and are most effective when linked directly to issues in the home. ASCOT provides a mechanism for identifying the issues and the feedback to staff and managers has potential to be used as a springboard for addressing them.

### How did homes find taking part in the research?

There was generally a positive view from staff and managers on the data collection process, although interviews with staff about residents' SCRQoL were sometimes viewed as a strain on staff time. Managers felt that their staff were comfortable with researchers being present to observe life in the homes and one suggested that the discreet observational techniques used by fieldworkers meant they did not affect either residents' "day-to-day routine" or "their relationships with anybody else in the environment" (Care Home Manager Independent). Although some family members did not want their relative lacking capacity to consent to take part in the research, they did not object to the study in general.

### Did staff make any changes to practice following the feedback?

During the feedback sessions, staff often expressed support for the findings and, in one case, a desire that the research team ensure that management were made aware of the findings. Managers felt that they had been able to use the feedback to put in place changes in the home that they hoped would improve quality of life for the residents. In one home the impact of feedback on care practice was fundamental:

I completely changed the whole setup of the working day. So I looked at smaller groups of residents, because the staff were coming back to me and saying, 'We haven't got time to complete all of our tasks with so many residents.' ...They now have more time to spend with the residents in terms of social care; the little things, painting nails,

and so on and so forth, and the lipstick and it's all very, very important. So that took the onus off of a task-orientated workload (Care Home Manager, Nursing National Chain).

### Were there any improvements in social care-related quality of life?

Despite some changes to practice being made, SCQoL assessed three months later did not change following the feedback. There are a number of reasons why this might be the case: three months does not seem sufficient for significant changes to be put in place and lead to noticeable improvements in residents' SCRQoL; and the research team's feedback might have had a greater impact had it been specifically referring to individual residents, instead of given in a general way about life in the care home to protect people's anonymity.

The research team also found that across all homes, those taking part in the study became increasingly frail over the course of the research. Care staff had to adjust the level of care and support they provided to continue to meet residents' increasing needs. They managed to do this and residents' SCRQoL declined slightly but possibly not as significantly as it might have otherwise.

### Integrating ASCOT into care planning

This study needed to anonymise the data, potentially lessening its impact on residents' lives. Given the positive comments about the toolkit and the domains, there is scope for providers themselves to use ASCOT and make their own ratings of residents' lives, as part of their routine care-planning. This has potential benefits for improving practice and might be used by homes to demonstrate a commitment to quality improvement and a focus on residents' outcomes.

### CONCLUSIONS

The older participants in this study declined significantly in terms of their health and social care needs during the three month period between giving the feedback and collecting the follow-up data. Despite this, their overall SCRQoL remained largely the same. Thus, homes maintained residents' quality of life but did not improve it, which itself is an achievement.

#### ABOUT THE STUDY

The study was conducted between June 2012 and March 2014 by researchers at the Personal Social Services Research Unit, University of Kent.

Four care homes for older adults in one local authority region in England took part in the study, two from a large national chain and two from a small independent provider. All staff were invited and encouraged to take part in the research. All permanent residents were invited to take part in the research, including people with cognitive impairments and communication difficulties.

Data was collected in two phases, the second phase three months after the first. At both these times researchers spent up to five days in each home, conducting interviews with key staff and residents and undertaking observations of residents using ASCOT to rate residents' SCQoL. Feedback from the first phase was given to care home staff two weeks after it was collected.

Ethical approval for the study methods was obtained from the Social Care Research Ethics Committee.

Further details are available on the SSCR website: [www.sscr.nihr.ac.uk/PDF/ProjectOutlines/PO42.pdf](http://www.sscr.nihr.ac.uk/PDF/ProjectOutlines/PO42.pdf) or alternatively for further details contact Ann-Marie Towers: [a.towers@kent.ac.uk](mailto:a.towers@kent.ac.uk), 01227 827 954

This study did not include a control group, and so it is difficult to draw any conclusions about whether the feedback had a role to play in this. However, the ASCOT feedback was well-received, considered valid by staff, and managers reported making changes they hoped were improvements to practice because of it.

Research looking for improvements in quality of life needs to consider the fact that most people using social care services have conditions that involve a permanent (and often declining) loss of functional ability. While it is expected that good services will meet residents' needs, despite these challenges, within care homes the decline is often rapid, leading to frequent fluctuations in health and social care related quality of life. Under these circumstances, it is advisable to also look at how much residents are gaining from the care they receive, not just what their current situation is. ASCOT gives us the means to do both.