

A new addition to quality monitoring? Development of a care home quality measure based on residents' quality of life

KEY POINTS FROM THE RESEARCH

- There is currently no summary measure of care home quality that specifically focuses on residents' social care-related quality of life. Such information is likely to be helpful for future care home residents and their families when choosing a care home but would only be considered trustworthy if published by an independent, trusted source.
- In consultations, local authorities said they would find the proposed measure useful for quality monitoring and improvement activities. However, they said they would not have the resources to keep ratings up-to-date and so were reluctant to make their ratings publicly available.
- Social care professionals, including providers of care homes, indicated that such a measure could be used by care homes for quality assurance purposes. Additionally, it could be used to demonstrate a commitment to quality improvement to the Care Quality Commission and local commissioners of social care services.
- Using the ASCOT care home's toolkit (CH3) as a starting point, a new draft toolkit (CH4-HL) was developed and piloted for quality monitoring purposes by one local authority in two care homes for older people. Feedback from the monitoring team was very positive,

This study set out to explore if professionals felt there was a need for a new care home quality measure based on residents' social care-related quality of life, as measured by the Adult Social Care Outcomes Toolkit (ASCOT).

The views of the public were collected as part of a linked project and are reported elsewhere (www.sscr.nihr.ac.uk/PDF/Findings/RF52.pdf).

especially about the domains of quality of life and the focus on observing the lived experience of residents.

- This project has developed a draft toolkit and demonstrated its relevance to local authorities, providers and members of the public. Further development and testing is now required before it can be considered a reliable and valid measure of care home quality indicator.

BACKGROUND

The Personal Social Services Research Unit (PSSRU), at the University of Kent, has developed the Adult Social Care Outcomes Toolkit (ASCOT) (www.pssru.ac.uk/ascot) to measure the areas of quality of life most affected by social care services. This is called the Social Care Related Quality of Life (SCRQoL).

ASCOT measures eight different quality of life domains and tells us what people's lives are like and how the care and support they receive affects their lives. There are different measures and

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methods of data collection for different client groups. In the care homes toolkit (ASCOT CH3), information is collected through observations and interviews with residents, staff and relatives. A trained person then uses this information to rate each individual resident's SCRQoL.

Local authorities told PSSRU they would like to adapt this approach for use in quality monitoring, collecting data at the home-level instead of the individual-level. This project set out to explore how such a measure might be used (and by whom) and carry out some initial, developmental testing.

FINDINGS

Where would the new measure sit in the current policy and regulatory landscape?

Information about the quality of care in care homes has historically been rather scarce in England, especially for people who fund their own social care (self-funders). The Care Act (2014) aims to address this by placing responsibilities on councils to provide people with better information about the quality of local services and by encouraging quality information to be made available on the NHS Choices website (www.nhs.uk).

With adaption (see below), ASCOT has potential to be used to help people compare and choose care homes. It was designed specifically to measure the impact of social care on quality of life and is a key indicator of well-being in the Adult Social Care Outcomes Framework (ASCOF). Indeed, ASCOT, and in particular the care homes' toolkit, is already recommended by the National Institute for Health and Clinical Excellence (NICE) as a method of collecting data on quality in care homes for older people. Furthermore, the domains of quality of life included in ASCOT map very well onto the new care standards proposed by the Care Quality Commission (CQC) and complement their approach to conceptualising good care in terms of person-centred services.

Would a quality indicator based on SCRQoL be helpful and to whom?

During the consultation phase of the project the project team asked professionals working

BOX 1: PROFESSIONAL STAKEHOLDERS INCLUDED IN THE CONSULTATION PHASE

- Care home providers and their representatives
- Local authorities
- Skills for Care, an organisation that works with adult social care employers to develop skills and knowledge in the sector
- HealthWatch, an independent consumer champion for health and social care
- NICE, National Institute for Health and Care Excellence, a non-departmental public body of the Department of Health that provides guidelines on a range of health and social care services
- SCIE, Social Care Institute for Excellence, a non-profit organisation with an aim to improve social care services with a focus on those that use them
- CQC, Care Quality Commission, the health and social care regulator

in social care for their views of the proposed measure, including who might use it and for what purpose (see Box 1).

There was a lot of positive feedback about the value of the proposed measure, although some professionals voiced reservations about whether a new judgement tool was needed and said they would ideally rely on regulator ratings from the CQC. Local authorities said it would be of use to them in their quality improvement role and that the focus on residents' outcomes fitted well with wider regulatory and policy changes. However, a lack of resources to keep ratings up-to-date and a desire to maintain good relationships with providers meant they were reluctant to make ratings publicly available. Some professionals thought the toolkit might be used by care homes to demonstrate a commitment to improving quality over time.

As an independent, consumer champion, HealthWatch was seen as unbiased and well suited to collecting information for the public. Although HealthWatch has statutory powers to conduct 'enter and view' visits, the success of this approach would depend on the capacity, skills and training of Healthwatch staff and volunteers. For the information to be truly of use to the public it must be available on all or most homes, not just a select few.

Table 1: Home level domain titles and definitions

ASCOT-Home Level Domains	Home Level Definition
Accommodation Living in a clean and comfortable home	Residents live in a clean and comfortable home and like how it looks and feels. Bedrooms and shared areas are well designed, easy to get around and meet residents' health and social care needs.
Personal cleanliness and comfort Being clean and presentable	Residents are clean and comfortable. They are dressed in ways that meet their individual needs and wishes.
Food and drink Eating and drinking well	Residents eat and drink well. They get a balanced and varied diet, including food they like and need.
Personal safety Feeling safe and free from fear	Residents feel safe and free from fear of physical and psychological harm and are supported to manage risks.
Being sociable Spending time with people, being sociable	Residents spend time socialising with people they like and taking part in social activities. Close relationships with family, friends (from inside and outside the home), carers and people from the wider community are supported.
Being occupied Having things to do, being occupied	Residents spend time doing things they like, value and enjoy on their own or with others. They are supported as fully as possible in continuing activities that they have been involved in the past.
Choice and control over daily life Having choices, feeling in control	Residents have choice and control over their daily life. They feel they 'have a say' in their care, daily routine and activities and that their views are respected.
Dignity Being treated with dignity and respect by staff	Residents are treated with compassion, dignity and respect. Staff think about what they say and do and how they say and do things and consider the feelings of residents when giving care and support.

How was ASCOT adapted for use as a care home quality measure?


In response to feedback from stakeholders, explanatory subheadings were included in each domain and changes made to the language used in the domain definitions (Table 1).

Each domain is given a rating relating to one of four possible outcomes states (see Table 2). The research team considered several different labelling systems for the outcome states, including descriptions that were very similar to those now being used by CQC (outstanding, good, requires improvement, inadequate). During the consultation phase, some professionals thought it was unwise to use labelling so similar to CQC, as it might cause

confusion and others preferred a grading system (A–D) or simply a pictorial representation (e.g. a traffic light system). Testing which labelling system would work best and how this might relate to an overall 'score' was beyond the scope of this study but will be an important consideration in further research.

To be used at the home level, definitions need to account for variation in quality of life between residents in a home. To do this, we have included quantifiers such as 'all' and 'some' in the top level definitions and have provided additional guidance for those planning to use the toolkit to rate homes. For example, if any residents are experiencing poor or inadequate quality of life for a particular domain, the home cannot be

Table 2: ASCOT-HL quality ratings, from best to worst

 <p>Best</p> <p>Worst</p>	Residents have outstanding quality of life in this area. All residents are being cared for and supported in a consistently personalised way, meeting their needs with their wishes and feelings being taken into account.
	Residents have good quality of life in this area. All residents are cared for and supported in a way that meets their needs.
	Residents have an inadequate quality of life in this area. Some residents are not having their needs met and there are enough issues to adversely affect their quality of life, although there is no immediate risk to their health.
	Residents have a poor quality of life in this area. Residents' needs are not being met and their physical or psychological health is being put at risk because there are so many issues or because the issues are so serious.

awarded the best rating in that domain. For quality improvement purposes, homes would receive the domain-level ratings, contextualised with evidence from observations and interviews.

Piloting the draft measure for use in quality monitoring and improvement

Four quality monitoring (QM) officers from one local authority were trained to pilot the draft toolkit. Working in pairs, they spent one day in each home and collected evidence about SCRQoL through structured observation and interviews with residents and staff. Feedback from the QM team about the domains was very positive and they recognised the value of carrying out observations:

you can have the documentation that's brilliant but what you see in practice doesn't reflect that.... and what makes a difference to them [residents] on a day to day basis is the interaction... (FS2)

However, the skill of carrying out observations in an unobtrusive way was noted and the team recognised the importance of training before using this measure in care homes. No relatives were available for interviews. In future it might be of interest to explore the use of postal surveys to enable greater engagement with families.

CONCLUSIONS

There is currently no summary measure of care home quality based on residents' quality of

life. CH4-HL complements planned regulatory changes and existing quality frameworks and provides a mechanism for measuring quality, not just conceptualising it. The professionals that were consulted identified a number of different ways in which the measure might be used. However, before recommending its use more widely, further research would be needed to streamline the data collection process and check the reliability of the ratings.

ABOUT THE STUDY

The study was conducted between April 2013 and April 2014 by researchers at the Personal Social Services Research Unit (PSSRU) at the University of Kent.

Consultations were carried out with local authorities, care home providers and interest groups and the care homes regulator through a workshop, interviews and online survey. During the consultations, stakeholders were asked what they would like the measure to support, and issues and features of importance. A draft toolkit was developed and then tested by a local authority quality monitoring team in two homes for older adults. Ethical approval for the study was successfully sought from the Social Care Research Ethics Committee who confirmed it complied with the requirements of the Mental Capacity Act (2005).

Further details are available on the SSCR website: <http://sscr.nihr.ac.uk/PDF/ProjectOutlines/PO51.pdf> or alternatively, contact Ann-Marie Towers, Research Fellow, PSSRU (a.towers@kent.ac.uk).