

Development of a care home quality measure based on residents' quality of life: Views of relatives and members of the public

KEY POINTS FROM THE RESEARCH

- Members of the public, with and without experience of helping someone choose a care home, were shown imaginary care home quality ratings, based on the quality of life domains included in the Adult Social Care Outcomes Toolkit (ASCOT) and asked for their views.
- The ASCOT domains were considered relevant to people choosing care homes, but participants recommended some modifications to make the wording easier to understand.
- To be considered accurate, reliable and trustworthy, relatives and carers recommended that the:
 - Data be collected by an independent, credible and trustworthy source
 - Ratings include the views of residents and relatives
 - Ratings be updated regularly (preferably every six months).

BACKGROUND

The Adult Social Care Outcomes Toolkit (www.pssru.ac.uk/ascot) measures the areas of quality of life most affected by social care services. We call this Social Care Related Quality of Life (SCRQoL).

ASCOT measures eight different quality of life domains and tells us

The study linked to another NIHR SSCR study, which focused on developing a care home quality measure based on residents' quality of life (www.sscr.nihr.ac.uk/PDF/Findings/RF51.pdf).

The aim of this project was to explore the views of members of the public, with and without experience of helping someone choose a care home, and ask how it might be useful to them.

what people's lives are like and how the care and support they receive affects their lives. There are different measures and methods of data collection for different client groups. In the care homes toolkit (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 us 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 was linked to a larger project which explored how such a measure might be used (and by whom), and carried out some initial, developmental testing with a local authority quality monitoring team (www.sscr.nihr.ac.uk/PDF/Findings/RF51.pdf).

The focus of this linked project was to explore whether such a measure would be of use to people choosing a care home. Relatives are key users of provider quality information, and younger relatives may particularly be involved in searching for quality information online when helping

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older family members find a home. As such, it was important to include relatives and carers of older people in the study.

The study aimed to recruit: relatives and carers of older people living in care homes already (experienced group); relatives and carers of older people who have experience of social care services and support; and older adults (over 65) who may have to choose a care home in the future. Interestingly, despite these broad groups, all but two of our focus group participants had some experience of helping a relative choose a care home already.

FINDINGS

Members of the public would find the measure useful for shortlisting homes

Focus group participants said they would find comparative information about how well care homes support residents' quality of life useful when shortlisting homes to consider. They also noted that it may encourage care homes to improve. Some participants described how they would use the measure: to look at aspects of quality of life that they, or the older person, prioritise and, if more than one home scores equally well on those, compare homes across the other domains; and to look at how well homes were doing overall across the domains to get a sense of which homes offered the 'best care' in terms of quality of life.

Participants said they would use the information alongside other sources, including personal recommendations, and information about staff levels, turnover, qualifications, 'caring-ness' and communication with residents and families.

The ratings need to be up to date and collected by a trustworthy source

The public's views of the measure would be influenced by who had collected it (made the ratings) and how up-to-date it was. Participants suggested: an independent body, carer and relative volunteers, lay people, mystery shoppers, and/or people with concealed cameras. Unannounced spot checks were suggested. The importance of including the views of residents and their families was emphasised. There was a consensus that the

ABOUT THE STUDY

The study was conducted in 2013–2014. Seventeen members of the public took part in three group interviews. Two local voluntary sector carer organisations and a University network of adults interested in research involvement assisted with participant recruitment. Ethical review was gained from the national Social Care Research Ethics Committee (SCREC).

Thirteen women and four men took part. Two people were 45–54 years old, eight were 55–64, five were 65–75, and one was older than 75. All were White. Eleven identified themselves as carers, three of whom reported caring for 20 or more hours a week. Despite attempts to recruit a group of adults with no previous experience of helping choose a care home and who might be most likely to use internet-based quality information in the future, fifteen had experience of helping a parent/parent-in-law or spouse move into a care home.

The research was carried out by Jacquetta Holder, Ann-Marie Towers, Elizabeth Welch, Tanya Crowther and Rosalyn Bass at the Personal Social Services Research Unit, University of Kent.

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data should be updated every six months to be considered current and reliable.

The ASCOT domains were considered relevant, but some modifications were suggested to simplify the wording

Participants found each of the ASCOT quality of life domains relevant and important. They suggested some modifications to the domain labels to clarify meaning (see Table 1), and how definitions of them could be adapted to the care home level.

Despite some comments around the simplification of the language, participants' expectations of what the domains would cover corresponded well with what was intended. They also equated 'excellent' outcomes with personalised care. The new domain headings and definitions are reported in the Findings document for the main project: www.sscr.nihr.ac.uk/PDF/Findings/RF51.pdf.

Table 1: Original (CH3) labels for quality of life areas and relatives' views

Original (CH3) domain labels	Participants' responses
1. Control over daily life	Some said it was unclear whose 'control' this referred to and that they would like choice to be included in this main domain heading, not just the definition.
2. Personal cleanliness and comfort	Suitable for care home-level measure.
3. Food and drink	Suitable for care home-level measure.
4. Personal safety	Suitable for care home-level measure.
5. Social participation and involvement	This prompted lots of discussion. Social life was suggested but dismissed. Overlap with 'Occupation' was discussed. Desire for simpler language expressed.
6. Occupation	This could be seen as a subset of 'social participation and involvement'. The word 'occupation' on its own was considered ambiguous and as meaning paid work. Language needs to reflect the fact this domain also includes leisure or everyday household activities.
7. Accommodation cleanliness and comfort	Suitable for care home-level measure.
8. Dignity	Label and domain suitable to adopt in care home-level measure. Participants noticed that dignity goes across all the other domains.