

# Finding excellence in adult social care services

An overview of selected approaches  
to excellence in social care  
October 2010

## CONTENTS

1. Introduction
2. Scope of this paper
3. Outcomes-focused services and quality of life
4. The concepts of quality and excellence
5. Measuring social care outcomes in practice
  - SPRU outcomes programme
  - ASCOT tool
6. The difficulties of measuring quality of life for particular service users and settings
7. Some international quality models
8. Some national quality models
9. Quality frameworks and assessment tools for specific social care settings and user groups
  - Care homes
  - Home care
  - People with dementia
  - Carers
10. Some case examples

*References*

## **1. Introduction**

The brief for this background paper was to locate examples of social care outcomes-based tools and quality frameworks to help inform a definition of excellence for different service types, settings and user groups within the adult social care sector, as part of the care Quality Care Commission's (CQC) new quality information scheme. The definition should focus on outcomes as defined by the person using the service. Examples included derive from a health context as well as social care as the two areas overlap in terms of service provision.

## **2. Scope of this paper**

The following caveats should be noted. Firstly, this is not a literature review and therefore, it is not based on a systematic and exhaustive search of examples and research, but derived from a time-limited search of material and suggestions provided by practitioners in the field.

Secondly, the paper has not developed a systematic framework for analysing the concepts behind the tools, frameworks and approaches and, as a result, their strengths and limitations have not been systematically assessed. Links and references have been provided for further follow-up of material.

## **3. Outcomes-focused services and quality of life**

Any discussion about quality and excellence in service provision should consider the relationship between outcomes-focused services – which aim to achieve the aspirations, goals and priorities identified by people who use services<sup>1</sup> – and an individual's quality of life. Reed<sup>2</sup> notes that quality of life is interrelated with quality of care in that a high standard of care can promote quality of life. However, paradoxically she also asserts that quality of life can be quite independent of the standard of care an individual receives so that a person may be receiving a high standard of care, but experience a poor quality of life and vice versa.

Quality of life is a difficult concept to define not least because of the complex way it encompasses our everyday lives and its synonymous use with other terms such as wellbeing and life satisfaction. Measuring quality of life can also be challenging and the more universally accepted domains (such as physical wellbeing and social interaction), which can be relatively simple to translate into assessment tools, may fail to capture the complexity of an individual's circumstances. An 'excellence tool' therefore should be able to go some way to capturing this intricacy.

## **4. The concepts of quality and excellence**

Focusing on high quality services and defining quality in terms of the experience of the person using the service has been a key aspect of Government initiatives in recent

years, one of the most significant being the white paper *Our health, our care, our say*<sup>3</sup>. This gives clear reference to what constitutes a high-quality outcome-based social care service, set out in seven strategic outcomes identified by people who use services: **improved health; improved quality of life; making a positive contribution; increased choice and control; freedom from discrimination or harassment; economic wellbeing; and personal dignity.**

In more current policy agenda, the new Coalition Government has spelt out its intention to develop outcomes frameworks for the NHS, public health and social care<sup>4</sup>.

The link between quality and 'excellence' is made by Moullin who states that the latter has many similarities with quality, but is broader in scope. '*Whereas quality tends to be defined in terms of outcomes (e.g. customer satisfaction), excellence also includes process factors and additional results outcomes including financial and society results*<sup>5</sup>. [page 96]

## 5. Measuring social care outcomes in practice

In terms of work to establish an outcome measure which reflects the preferences of people who use services, this work has been carried out in two particular UK research units: the Social Policy Research Unit (SPRU) in York and the Personal Social Services Research Unit in Kent and London. The work is based on the importance of measuring service outcome according to the priorities of people who use services<sup>6</sup>. The SPRU work has largely been used for testing the quality of service provision in the context of regulation and inspection<sup>7</sup>.

### SPRU Outcomes programme

The SPRU Outcomes programme of research, which was commissioned by the Department of Health, has focused on the outcomes of social care for different groups of people who use services: working age disabled adults; frail older people; carers; and severely disabled children and their families. Projects have investigated and defined social care 'outcomes' in association with users in terms of outcomes involving **change**; outcomes that **maintain quality of life or prevent deterioration in quality of life**; and outcomes that are related to the **process** of receiving services.

Qureshi et al's work<sup>8</sup>, for example, was based on conceptualising and implementing an outcomes-focused approach in care settings for older people and carers. Older people identify social care service outcomes which are significant to their independence and wellbeing as described in the table below.

### Outcomes for older people (Qureshi et al. 1998)

#### **Outcomes involving change:**

- ✓ improvements in physical symptoms and behaviour
- ✓ improvements in physical functioning and mobility
- ✓ improvements in confidence and skills
- ✓ improvements in morale.

#### **Outcomes involving maintenance or prevention:**

- ✓ meeting basic physical needs
- ✓ ensuring personal safety and security
- ✓ having a clean and tidy home environment
- ✓ keeping alert and active
- ✓ having social contact and company
- ✓ having control over daily routines.

#### **Service process outcomes** (ways that services are accessed and delivered) include:

- ✓ feeling valued and respected
- ✓ being treated as an individual
- ✓ having a say and control over services
- ✓ value for money
- ✓ a good 'fit' with other sources of support
- ✓ compatibility with, and respect for, cultural and religious preferences.

SPRU's work also addressed how to consistently communicate outcomes information to service providers and introduce outcome-related approaches into assessment, review and care planning activities that are valued by people who use services.

#### **Ascot tool**

Work at the PSSRU has taken outcome measurement a step further by developing a tool for use evaluating social care in both service and research settings.

The Older People's Utility Scale for Social Care (OPUS) is a measurement of outcome of social care that reflects older people's preferences. The OPUS work took a top-down perspective to identify objectives of social care for older people but closely correlated these with domains of outcome identified by people who use services. Using an approach known as 'discrete choice conjoint analysis', the researchers investigated the relative importance of the core domains of social care, from the point of view of older people.

In a subsequent project, the PSSRU is building on OPUS to attempt to emulate the health sector, which uses a single measure of health-related quality of life. Historically, social care has had no equivalent measure for the impact of services on people's quality

of life. The main aim of the project, known as OSCA (Outcomes of Social Care for Adults), is to develop a gold standard preference weighted measure of social care outcomes that can be used in a range of circumstances including social care evaluations including economic analysis<sup>9</sup>. Crucially, the OSCA work aims to develop a measure of social care outcomes for all groups for people who services that captures all relevant domains and in doing so the team seeks to explore how views of people who use services differ from the general population and what affects preferences across both groups. The measure, known as the ASCOT measure, establishes the effect that a social care intervention has had on a person's quality of life. The crucial difference between this and the approach used in health is that ASCOT (Adult Social Care Outcomes Toolkit) is designed to capture information about people's *social care-related quality of life*. 'Quality of life' in this context is defined by the following 'domains';

- **Accommodation, cleanliness and comfort** – The person using the service feels their home environment, including all the rooms, is clean and comfortable.
- **Control over daily life** – The person using the service can choose what to do and when to do it, having control over their daily life and activities.
- **Dignity** – The negative and positive psychological impact of support and care on the personal sense of significance of the person using the service.
- **Food and nutrition** – The person using the service feels they have a nutritious, varied and culturally appropriate diet with enough food and drink they enjoy at regular and timely intervals.
- **Occupation** – The person using the service is sufficiently occupied in a range of meaningful activities whether it be formal employment, unpaid work, caring for others or leisure activities.
- **Personal cleanliness and comfort** – The person using the service feels they are personally clean and comfortable and look presentable or, at best, are dressed and groomed in a way that reflects their personal preferences.
- **Safety** – The person using the service feels safe and secure. This means being free from fear of abuse, falling or other physical harm and fear of being attacked or robbed.
- **Social participation and involvement** – The person using the service is content with their social situation, where social situation is taken to mean the sustenance of meaningful relationships with friends, family and feeling involved or part of a community should this be important to them.

One of ASCOT's greatest virtues is that these domains were identified through extensive consultation and focus group work with people who use services, experts and policy-makers<sup>10</sup>. Interviews with people who use services indicated that the measure captures aspects of social care-related quality of life (SCRQOL) that are valued by people who use services (and policy-makers). It is also important to highlight that the social model of disability informs the conceptual basis of ASCOT, which recognises that for people with impairments, quality of life is often limited by their ability to pursue the different aspects of SCRQOL, often due to environmental and sometimes financial barriers. This is addressed in the measure through wording the questions around each domain to reflect both capabilities (whether people are where they would like to be) *and* functioning (what people are actually doing).

ASCOT is still under development and the final toolkit will be published in spring 2011. Further testing is required to establish whether ASCOT can reliably capture quality of life information for people with mental health problems and work to establish domain weighting by people who use services remains. Nevertheless progress to date indicates that the measure represents a massive advance for the social care sector. ASCOT is unique in offering a single measure of the impact of services on people's quality of life that is applicable across a wide a range of user groups and care and support settings. Most fundamentally, quality of life is conceived from the perspective of people using services.

## 6. The difficulties of measuring quality of life for particular settings and people who use services

Measuring outcomes and quality of life for some groups of people who use services and in certain service settings can present a challenge. This includes people with multiple and complex needs, frail older people, people from black and minority ethnic communities and individuals from lesbian, gay, bisexual and transgender communities. In terms of service settings, it can be notoriously difficult to measure outcomes in long-term care settings such as care homes and supported accommodation. Where a user experiences a combination of 'negative' factors, interpretation and assessment of outcomes and quality of life can pose major challenges. So for instance, in spite of all the work on quality of life and dementia, considerable gaps in knowledge remain; and areas that need further investigation include quality of life variation by ethnicity, and differences in quality of life in diverse settings such as in the community and in care homes<sup>11</sup>.

## 7. Some international quality models

The following international quality models reflect examples from a range of different settings and users groups.

### IAHSA

The IAHSQA Quality Movement is a global quality improvement initiative for older people's services that creates a common definition of quality and promotes a positive image of service providers around the world. As part of its role in assessing the needs of the international community, IAHSQA reviewed various international and regional quality initiatives and found that many of these programmes share common elements. Quality of life for residents and the quality of life for organisations are identified as priority themes and to promote these goals the movement has adopted the following principles: **person-directed care; continuous quality improvement; workforce excellence; leadership and integrity; innovation; and community involvement.** Visit <http://www.iahsa.net/> for more information.

### **E-Qalin**

This is a comprehensive, innovative and dynamic quality management system in Europe designed for care homes for older people, social and health care services and for people with disabilities. It was initiated in 2004 by the collaborative efforts of professionals from various countries and promotes organisational learning by means of a self-assessment process.

The objective of the care home model, for instance, is to ensure that quality of care is central, and is driven by a culture of organisational development that harnesses staff involvement at all levels. This creates a learning environment which promotes key themes such as, **effective leadership, development of personality, empowerment, and participation/ownership**. E-Qalin certification is aimed at developing services that are resident and user-centred and improve quality of life as well as deliver higher satisfaction for staff and users. See <http://www.e-qalin.net/index.php?id=18&L=1> for more information.

### **CQL Personal Outcome Measures**

The US based organisation and accrediting body, Council on Quality and Leadership (CQL) leads in providing person-centred support and services for people with disabilities, people with mental health problems and older adults.

The CQL developed Personal Outcome Measures, which are fundamental to the organisation's work, and defined as those outcomes that are important to people using services. The CQL accreditation process with the Personal Outcome Measures is centred on interviews with people who use services and understanding how each person defines the outcomes for themselves. This information is used for the organisation to evaluate how well it delivers person-centred services and support. There are 21 Personal Outcome measures as follows: **People are connected to natural support networks; People have intimate relationships; People are safe; People have the best possible health; People exercise rights; People are treated fairly; People are free from abuse and neglect; People experience continuity and security; People decide when to share personal information ; People choose where and with whom they live; People choose where they work; People use their environments; People live in integrated environments; People interact with other members of the community; People perform different social roles ; People choose services; People choose personal goals; People realize personal goals; People participate in the life of the community ; People have friends; and People are respected.**

More detail is available at: <http://www.thecouncil.org/>

### **European Foundation for Quality Management (EFQM) Excellence model**

EFQM is a global not-for-profit membership foundation located in Belgium. The EFQM Excellence model has been used widely by the UK public sector and is relevant to the modernisation agenda in public services. It is designed to enable organisations to assess themselves against set criteria for excellence and provides a rigorous structured approach to organisational improvement. It also provides a comprehensive language for diverse organisations so is readily acceptable by non-clinical and clinical staff. The

model is focused on patients, social care users and carers. Criteria measured include: **leadership; people development; partnership development; processes; and continuous learning**. See <http://www.efqm.org/en/> for more information.

### **Qual A Sess**

The Qual A Sess is a quality management system which was developed by German and UK institutions to measure the quality of care provided in care homes and mechanisms by which to improve this through the development of action plans. These action plans involve residents, relatives and staff in assessment of key areas of service provision including: **policy and strategy; people management; processes – implementation and outcomes of operational policy; information; assessment and planning; direct care and health services; physical environment; catering services interests and activities; and consumer satisfaction**<sup>12</sup>. One of the strengths of the system is its empowering approach to people who use services involved in undertaking assessments.

### **The Quality Standards for Health and Social Care**<sup>13</sup>

The Quality Standards for Health and Social Care are part of a wider framework to improve the quality of health and social care services in Northern Ireland. An ‘essential’ standard is the absolute minimum to secure safe and effective practice, whilst a ‘developmental’ standard helps to promote improved practice. The Quality Standards for Health and Social Care are classed as essential. There are five quality themes on which the standards have been developed; these are:

- 1. Corporate leadership and accountability of organisations**
- 2. Safe and effective care**
- 3. Accessible, Flexible and responsive services**
- 4. Promoting, protecting and improving health and social wellbeing**
- 5. Effective communication and information.**

See <http://www.dhsspsni.gov.uk/spsd-standards-quality-standards>

### **Observable Indicators of Nursing Home Care Quality instrument**<sup>14</sup>

As a result of the inadequate nature of existing measures, this instrument was produced by the University of Missouri-Columbia through extensive collaborative research between care homes (with nursing) and their residents. It consists of seven elements of quality: **care; communication; staff; environment; family involvement; home; and central focus** which have been translated into a user-friendly instrument that can be administered relatively easily by an external assessor.

## **8. Some national quality models**

The following models cover health, social care, housing-related support services and other public provision.

### **NICE quality standards**

NICE quality standards relate to the treatment and prevention of diseases and conditions. They are a set of specific, concise statements that provide patients and the public, health and social care professionals, commissioners and service providers with definitions of high-quality care. The standards are developed independently by NICE, in partnership with the NHS, social care professionals, people who use services and other stakeholders and are derived from NICE guidance and other robust evidence sources.

Of particular interest is the NICE quality standard on dementia. There are 10 quality standards that cover the treatment, care and support of people with dementia and their carers. These include: how care should be delivered and by whom; referral to memory assessment clinics for early suspected cases of dementia; the use of advance statements and advance decisions to refuse treatment for people who have dementia but have capacity; and respite care for carers and people with dementia. Other published NICE quality standards include those for stroke and venous thromboembolism (VTE) prevention with forthcoming standards due to be published during 2010/11. For more detail see the link below.

<http://www.nice.org.uk/aboutnice/qualitystandards/dementia/dementiaqualitystandard.jsp>

### **Supporting People Quality Assessment Framework (QAF)**

Introduced in 2003, the Quality Assessment Framework is a group of standards published by the Department of Communities and Local Government in respect of Supporting People services. It includes methods by which Supporting People services can evidence their performance and enhance quality standards in services delivering housing-related support. The QAF was updated in April 2009 and now places greater emphasis on self-assessment. The core service objectives are: **Assessment and Support Planning; Security, Health and Safety; Safeguarding and Protection from Abuse; Fair Access, Diversity and Inclusion;** and **Client Involvement and Empowerment**. More detail is available at the Department for Communities and Local Government website at: <http://www.communities.gov.uk/corporate/about/>

### **Commissioning for Quality and Innovation (CQUIN) payment framework**

Introduced in 2009, the CQUIN payment framework is a national framework for locally agreed quality improvement schemes in the NHS in England, which makes a proportion of providers' income conditional on the achievement of quality improvement goals and innovations agreed between commissioner and provider. As part of the culture of continuous improvement, CQUIN schemes should reflect both local priorities and priority areas set out in the NHS Operating Framework. The schemes are also required to include goals in the three areas of quality: **safety, effectiveness** and **patient experience**. See the Department of Health website below.

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_091443](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_091443)

## Quality, Innovation, Productivity and Prevention (QIPP)

QIPP establishes the context for the future development and planning of clinical teams and NHS organisations. It operates at a national, regional and local level and supports progress in terms of quality of care and efficiency savings. At a regional and local level there are QIPP plans and these are supported by 12 national workstreams. Five broadly cover **how care is commissioned** in relation to long-term conditions, right care, safe care, urgent care and end of life care. Five cover **how organisations are run, staffed and supplied** and focus on productive care (staff productivity), non-clinical procurement, medicines use and procurement, efficient back office functions and pathology rationalisation. Two **enabling workstreams** cover primary care commissioning and contracting and the role of digital technology in delivering quality and productivity improvement. See <http://www.dh.gov.uk/en/Healthcare/Qualityandproductivity/index.htm> for detail.

## Customer Service Excellence – the Government Standard <sup>15</sup>

As part of its drive to ensure customer-focused change in public services, the Government has developed the Customer Service Excellence standard, which through the use of a self-assessment tool, promotes continuous improvement in services and staff development in areas that service users identify as important to them. These cover:

1. **Customer insight** – this focuses on developing an in-depth understanding of users of services.
2. **Culture of the organisation** – which addresses support for customer-focused approaches at all levels of the organisation and includes two key drivers related to staff behaviour – professionalism and attitude.
3. **Information and access** – this is important, not only in its own right, but also as part of an effective communication plan for consulting and involving users.
4. **Delivery** – this relates to service delivery including outcomes for users.
5. **Timeliness and quality of service** – this concerns the organisation's standards with emphasis on what people who use services identify as the key factors necessary for excellent customer services.

For detailed information visit the Cabinet Office website:

<http://www.cse.cabinetoffice.gov.uk/homeCSE.do>

## A Quality Network review

A 'Quality Network' supports its members to review services for people with learning disabilities and in the process build a culture of continuous learning, quality improvement and better outcomes for people who use services. A review is based on 10 outcomes which have been developed by the British Institute of Learning Disabilities in association with people who use services, family carers and support staff and from evidence from inspection and regulation. The 10 outcome measures are **choices; being involved in decisions; being respected; involvement in everyday activities; friendships and relationships; involved in local community; opportunity to work; family's views being heard; safety from bullying and abuse; and staying healthy**<sup>16</sup>. More information can be found at: [http://www.bild.org.uk/tqn/tqn\\_about.htm](http://www.bild.org.uk/tqn/tqn_about.htm)

### **Scottish Commission for Regulation report on excellence<sup>17</sup>**

Introduced in 2008, this regulatory system for grading the 15,000 registered adults and children's services in Scotland, encourages services to work towards better performance. At each inspection services are graded for the following quality themes: **Quality of care and support; Quality of environment; Quality of staffing; Quality of management and leadership; and Quality of information.** Each of these themes is graded on a six-point scale from 'Excellent' to 'Unsatisfactory'. For a service to attain a level of excellence, all aspects of the quality theme/statement should have been met or exceeded. In such a service, users experience very high quality provision and are consulted about quality improvement, whilst high performance levels are sustained or maintained. This compares with the other end of the spectrum where an unsatisfactory grading means that aspects of the quality theme/statement have been unmet and in such a way as to raise cause for concern; this may include issues in respect to the experience of people who use services.

### **Quality Accounts**

Quality Accounts, which aim to drive up organisation standards, are yearly reports to the public from providers of NHS healthcare services about the quality of their services. *High quality care for all*<sup>18</sup>, published in June 2008, established the vision for quality to be the guiding principle for the NHS within the context of a National Quality Framework. This framework consists of seven interrelated elements: **Bring clarity to quality; Measure quality; Publish quality performance; Leadership for quality; Recognise and reward quality; Safeguard quality ensuring that essential standards are met; and Stay ahead through innovation**<sup>19</sup>. Quality Accounts are part of the 'publish quality performance' element. They highlight the strengths of the organisation in terms of performance; areas in need of quality improvement; the organisation's priorities for quality improvement and how people who use services and other stakeholders have been involved in this process. See the DH website below: [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_112359](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_112359)

### **Voice, choice and control**

A lack of voice for older people makes it very difficult for them to exercise choice and control over services and support. In particular, the voices of older people with high support needs in care homes and other supported accommodation are virtually silent, where it can be difficult to articulate feelings. Joseph Rowntree Foundation (JRF) research<sup>20</sup>, which included consultation with older people with high support needs, professionals, and other stakeholders, led to the conceptualisation of a framework for a good life based on what older people said was important to them. **Personal identity and self-esteem** are integral to the framework (without which choice and control are undeliverable) and five other elements hinge on this. These other elements are: **personalised care and support; meaningful daily and community life; home and personal surroundings; personal authority and control; and meaningful relationships.** The research concludes that despite strategies and policies designed to

address the issues in long-term care for older people, more fundamental change is required which is essentially grounded in the elements of this framework for a good life.

## 9. Quality frameworks and assessment tools for specific social care settings and user groups

This section provides an outline of some quality frameworks in relation to care homes, domiciliary care and people with dementia.

### Care homes

The research on care homes and outcomes is quite limited. A systematic review and meta-analysis of the evidence suggests that not-for-profit facilities provide higher quality care than for-profit homes<sup>21</sup>.

JRF's review<sup>22</sup> is prominent in that it synthesises research on improving care in care homes as the needs of older people increase. It highlights key messages for policy-makers and practitioners, and areas for future research. Seven themes emerge which relate to provision of care: **residents' and relatives' views on care; clinical areas for improvement; medication; medical input into care homes; nursing care in care homes; interface between care homes and other services; and care improvement in care homes.**

### The Senses Framework

Nolan et al<sup>23</sup> developed the Senses Framework in response to concern that work in care homes lacked a sense of therapeutic direction for staff and was more concerned with the practical elements of care. The framework, which promotes high quality of care, proposes that the senses play a significant part in creating an 'enriched' care environment for residents, staff and family. The six elements of this framework are sense of: **security; continuity; belonging; purpose; fulfilment; and significance.** Since the original conception of the model, the Senses Framework has been developed further to explore quality of care for older people in other care settings including acute hospitals and community settings and consequently, the 'fulfilment' element was replaced by a '**sense of achievement**'. The Senses Framework has the potential to promote understanding of the feelings of others, and therefore improve communication and collaborative working. It is also now accepted that being able to achieve the elements of this framework also depends on other factors such as adequate resources and a good physical environment<sup>24</sup>.

### My Home Life

My Home Life led is a major evidence-based initiative led by the care home sector together with Age UK, City University and the Joseph Rowntree Foundation. It aims to improve the quality of life of those who are living, dying, visiting and working in care homes for older people and its vision is based on a review of best practice undertaken by the National Care Homes Research and Development Forum (NCHR&D Forum). It is

underpinned by the concept of relationship-centred care and the Senses Framework. A subsequent programme of ongoing research and development identified eight best practice themes which collectively form a vision for care homes in the 21st century: **managing transitions; managing identity; creating community; shared decision making; improved health and healthcare; supporting good end of life; keeping workforce fit for purpose; and promoting a positive culture**<sup>25</sup>.

### **Relationships, Care and Community Home Standard**

The Resident Centred Care Home Standard (RCC Home Standard) is a standard of excellence in person-centred care and the first diagnostic quality improvement method designed for care homes. It is based on three sets of inter-related key themes focused on residents, staff and relatives. Each theme has a set of outcome standards and associated performance criteria. **The Resident's Standards are: Receiving person-centred care; Opportunities for social and occupational activity; Influencing meals, food and drink; Meeting spiritual and religious needs; and Resolving concerns and complaints**<sup>26</sup>. The aims and outcomes of the RCC Home Standard overlap with many other initiatives concerning the quality of life of older people, including My Home Life and the Six Senses Framework on relationship centred care. The standard also connects with the 10 principles set out in the Government's Dignity Challenge<sup>27</sup>.

### **The MDS-RAI (Minimum Data Set Resident Assessment Instrument for Long Term Care Facilities)**<sup>28</sup>

The MDS Resident Assessment Instrument (MDS/RAI) for Long Term Care Facilities consists of a number of directly comparable assessment instruments developed by interRAI, [www.interrai.org](http://www.interrai.org) (an international research and development collaboration) and 18 Resident Assessment Protocols (RAPs). It is designed to improve quality of care through a comprehensive standard assessment of older and disabled adult residents' needs by trained health and social care staff.

The LTCF consists of core screening and assessment items in domains including: **socio-demographic information, cognitive ability, communication/hearing, vision, mood and behaviour, psychosocial wellbeing, physical functioning and structural problems, bladder and bowel continence, and health conditions**. Particular item responses indicate the need for additional assessment using the Resident Assessment Protocols (RAPs). The RAPs contain guidelines for in-depth assessment of potential problem areas that may require care planning. RAPs are available for conditions including: **delirium, cognitive loss, visual function, communication, activities of daily living (ADL) function/rehabilitation, psychosocial wellbeing, depression and anxiety, activities, falls, nutritional status, dental care, physical restraints and pain management**.

MDS/RAI reports contain valid and reliable data that can be used to compare standards of care between care homes but take-up of this instrument in the UK has been sparse.

### **CARE profiles (Combined Assessment of Residential Environments)<sup>29</sup>**

This CARE profiles practice tool considers the perspective of all those involved in creating a positive home environment by building on the Senses Framework model. The CARE profiles represent a relatively new approach to quality improvement in care homes for older people. The tool seeks to gain the views of residents, relatives and staff, and identify areas for change based on these experiences. However, further development of the tool is needed to accommodate the experiences of cognitively impaired residents in the assessment process.

### **NHS National End of Life Care Programme – Quality markers for care homes<sup>30</sup>**

These quality markers help providers assess their progress in delivering improvements in end of life care provision. The 12 measures that care homes have to demonstrate include: **development of an action plan for end of life care that is compatible with the local PCT strategic plan; mechanisms for advance care planning; regular assessment and review of residents' needs for end of life; assignment of a key worker to residents; putting dying residents on a care pathway; family and carer involvement in end of life care decisions in accordance with the wishes of the resident; supporting other residents in the event of the death of a fellow resident; and managing the training needs of staff.**

### **Home care**

It is known that standard home care provision is often inflexible and based on time-limited task oriented outputs, therefore an outcome-based approach is fundamental to achieving more person-centred services and promoting user independence<sup>31</sup>. The following are two examples of such assessment tools used in home care.

### **MDS/RAI tools for home care<sup>32</sup>**

The Home Care assessment instrument, or HC, was created to assess the health and social care needs of frail older and disabled people on admission to a home care programme or prior to hospital discharge in relation to functioning and quality of life. It is compatible with the MDS(RAI) tool for care homes. It consists of the Minimum Data Set for Home Care for care in the community (MDS-HC) and Client Assessment Protocols (CAPs). The MDS-HC assesses information on various domains that are central to caring for individuals in the community, including items related to **cognition; communication/hearing; vision; mood and behaviour; social functioning; informal support services; physical functioning; continence; disease diagnoses; health conditions; preventive health measures; nutrition/hydration; dental status; skin condition; environment/home safety; service utilisation; medications; and socio-demographic/background information.** Some MDS-HC item responses can prompt further assessment using a specific CAP. In use internationally, it has been accredited by the DH for use in England and Wales in the Single Assessment Process. [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4070322](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4070322)

### **The Client-centered Care Questionnaire<sup>33</sup>**

The Client-centred Care Questionnaire is a 15-item tool which assesses to what extent older people experience person-centred home care. The questionnaire was rigorously

developed from theory and qualitative research about user views on person-centred care. The advantage of the tool is that it is relatively easy to administer and not time consuming. One of the limitations however, is that the tool has been only tested on a small sample of older people with a high mean age who do not appear to show signs of cognitive impairment. This raises questions about the reliability of the tool over time and its application in long-term and dementia care settings.

### **People with dementia**

The assessment of quality of life for people with dementia is complex but that is not to say that individuals, including those with more severe dementia, are not able to communicate what matters to them in terms of their quality of life. In addition, it should be noted that there are many factors outside a person's dementia (such as relationships and finance) that affect their quality of life. Alzheimer's Society research<sup>34</sup> which uses evidence that draws directly on the views and experience of people with dementia highlights 10 key QOL indicators: **relationships; environment; physical health; sense of humour; independence; ability to communicate; sense of personal identity; ability or opportunity to engage in activities; ability to practise faith or religion; and experience of stigma**. The research also indicates that there is often a discrepancy between views of people with dementia and their carers in terms of what quality of life means for the person with dementia.

### **People with dementia in care homes**

Little is known about the quality of life of people with dementia living in care homes. The Quality of Life in Alzheimer's Disease scale (QoL-AD)<sup>35</sup> measures quality of life in dementia and can be completed by both patient and caregivers. It contains 13 items, which include domains relevant to **physical and mental health, personal relationships, finances and overall life quality**. The QoL-AD scale has been found to have good reliability and validity and can be used with people with mild, moderate and severe dementia and is an effective measure of quality of life for many people with dementia in residential homes.

### **Dementia care mapping (DCM)**

This is the most widely used tool for assessing quality of dementia care and is based upon Tom Kitwood's theory of dementia<sup>36</sup>. It is most frequently used in care homes. DCM is an observational tool that uses four predetermined coding frames that enables an observer to view the world from the point of view of the person with dementia. Coding frames of DCMs are as follows: **mood enhancers; behaviour categories; personal detractors; and personal enhancers**. Each of these frames is subdivided into various items and categories. The strength of the tool lies in the fact that it can provide a more realistic understanding of what quality of life means for the person with dementia compared to many other available measures<sup>37</sup>. The limitation of the tool however is its time-consuming nature and its inability to provide a comprehensive evaluation of care.

### **Alzheimer's Society Person-Centred Standards<sup>38</sup>**

Developed in 2001, this approach to promoting quality of care and improving services for people with dementia living in care homes was designed by the Royal College of

Nursing in collaboration with the care home sector. Standards are grouped under six headings: **person-centred care; staff issues; care processes; life in the home; relationships; and environment.**

### **Carers**

To deliver a quality service, social care services need to meet the needs of carers as well as service users. Carers' needs include: **wellbeing of the person being cared for; freedom to have a life of their own; maintaining their own health; a say in services; and confidence in services**<sup>39</sup>. For many carers, flexible, client-centred services are essential to the sustainability of the caring role. Nicholas<sup>40</sup> provides a framework for the evaluation of outcomes for carers. The framework comprises four dimensions: **quality of life for the person for whom they care; quality of life for the carer; managing the caring role; and service process outcomes.**

## **10. Some case examples**

There are numerous examples of where localities have started to develop their own evaluation tools to assess wellbeing and quality of life. Below are a few selected ones.

### **Dorset Partnership for Older People Project (POPP)**

Dorset POPP places older people at the very centre of a county-wide partnership to improve older people's services and preserve independence and quality of life, through the development of responsive, person-centred local services and activities. The programme has engaged extensively with older people, and is able to support and develop other initiatives including those in health and social care. The Evaluation Programme assessing the impact of services in the Dorset POPP is conducted by older people. This assessment is made against eight desired outcomes for older people developed by the POPP which are: **having housing suitable for individual needs; being socially integrated; making a positive contribution and experiencing fulfilment as a result; feeling secure and safe; feeling free from discrimination; financial security; being in good health in mind and body; and dignity, choice and control throughout life.** See website for further information.

<http://www.creatingexcellence.org.uk/regeneration-renewal-article248-p1.html>

### **Putting People First examples**<sup>41</sup>

Under Putting People First policy, councils with social services responsibilities have been in the process of implementing significant changes in social care. This includes co-designing and implementing (with users and families) local systems for assessing outcomes for users in personalisation, prevention and early intervention to promote improved quality in services. Work on understanding outcomes is happening at various levels, so for example, the Department of Health has been involved with councils in developing new performance indicators<sup>42</sup>.

In parallel to this is work to support councils to develop improved local systems to measure and improve outcomes. The following examples illustrate examples of such outcomes-focused approaches with disabled people, older people and their families.

- **Self-directed support outcomes evaluation framework** – the development of this framework was undertaken by *In Control*, councils and disabled people and families. This framework helps local authorities and other interested bodies, understand the impact of personal budgets on people. The framework is designed to measure the effectiveness of self directed support and allows people to assess effectiveness against the areas of: **dignity in support; choice and control; feeling safe; being a partner in planning support; and key relationships**. Available at [www.in-control.org.uk](http://www.in-control.org.uk)
- **‘Three wishes – developing a new way to measure success in public services’** – the aim of this work was to develop a new performance measure to assess the effectiveness of public services in helping people achieve the outcomes that they value. This is led by Oxfordshire County Council. A number of councils, disabled people and carers collaborated on developing a process for carrying out person-centred reviews, which included a question on the three most important outcomes. Contact [Michael.Varrow@oxfordshire.gov.uk](mailto:Michael.Varrow@oxfordshire.gov.uk)
- **Working together for change** – is a simple six-stage process that uses the aggregated information from person-centred reviews or support plans for strategic decision-making and commissioning. One of its uses is to help ensure that the principles of Putting People First are co-designed, co-produced and co-evaluated with people using services and their families. See *‘Working together for change: using person-centred information for commissioning’* published by DH at [www.personalisation.org.uk](http://www.personalisation.org.uk)

All the Putting People First examples above can also be found in the Department of Health resource indicated in the title of this section.

---

## References

- <sup>1</sup> Glendenning, C., Clarke, S., Hare, P., Kotchetkova, I. Maddison, J. and Newbronner, L. (2006) *Outcomes-focused services for older people*. London: Social Care Institute for Excellence  
[http://www.dhcarenetworks.org.uk/\\_library/Outcomes\\_focused\\_services\\_for\\_older\\_people.pdf](http://www.dhcarenetworks.org.uk/_library/Outcomes_focused_services_for_older_people.pdf)
- <sup>2</sup> Reed, J. (2007) Chapter 2. Quality of Life in The National Care Homes Research and Development Forum Quality of life in care homes: A review of the literature London: Help the Aged <https://www.city.ac.uk/sonm/dps/research/MHL%20Lit%20Rev.pdf>
- <sup>3</sup> Department of Health (2006) *Our health, our care, our say: a new direction for community services*. London: Department of Health
- <sup>4</sup> Department of Health (July 2010) *Equity and excellence: liberating the NHS*. London: Department of Health
- <sup>5</sup> Moullin M. (2002) *Delivering excellence in health and social care*. Buckingham: Open University Press
- <sup>6</sup> Francis, J. (2009) *SCIE's Approach to Economic Evaluation in Social Care*. London: Social Care Institute for Excellence, forthcoming
- <sup>7</sup> SPRU *Outcomes in Community Care Practice Series (1996 – 2001)* York: University of York, Social Policy Research Unit <http://www.york.ac.uk/inst/spru/pubs/occp.htm>
- <sup>8</sup> Qureshi, H., Patmore, C., Nicholas, E. and Bamford C. (1998) *Outcomes in Community Care Practice No. 5 Overview: Outcomes of social care for older people and carers*. York: University of York, Social Policy Research Unit  
<http://www.york.ac.uk/inst/spru/pubs/occp/occp5.pdf>
- <sup>9</sup> Netten, A., Malley, J., Forder, J., and Dennett, J. (2008) *Outcomes of social care for adults (OSCA): Outline of a research project funded by Health Technology Assessment (HTA) NIHR*. Kent: University of Kent, Personal Social Services Research Unit
- <sup>10</sup> Netten, A., Burge, P., Malley, J., Potoglou, D., Brazier, J., Flynn, T. and Forder, J. (2009) *Outcomes of Social Care for Adults (OSCA): Interim Findings*. Kent: PSSRU DP2648/2
- <sup>11</sup> Banerjee, S., Samsi, K., Petrie, CD., Alvir, J., Treglia, M., Schwam, EM., and del Valle M. (2009) 'What do we know about quality of life in dementia? A review of the emerging evidence on the predictive and explanatory value of disease specific measures of health related quality of life in people with dementia'. *International Journal of Geriatric Psychiatry*. vol 24, no 1 pp 15-24

- 
- <sup>12</sup> Klein B. and Cook A. (1998) 'Concepts of Quality in Residential care and Nursing homes: UK and German Perspectives'. *Health Care in Later Life*. vol 3, no 1, pp 47–51
- <sup>13</sup> Roinn, A. (2006) *The Quality Standards for Health and Social Care: Supporting Good Governance and Best Practice in the HPSS*. London: Department of Health, Social Service and Public Safety
- <sup>14</sup> Rantz MJ., Jensdottir AB. and Hjaltadottir I. (2002) 'International field test results of the observable indicators of nursing home care quality instrument'. *International Nursing Review*. vol 49: pp 234–42
- <sup>15</sup> MORI Social Research Institute (2004) *The Drivers of Satisfaction with Public Services: Research Study Conducted for the Office of Public Services Reform at the Cabinet Office*  
<http://www.cse.cabinetoffice.gov.uk/homeCSE.do>
- <sup>16</sup> British Institute for Learning Disabilities (not dated) *Checking quality in person-centred ways* British Institute for Learning Disabilities  
[http://www.bild.org.uk/tqn/docs/tqn\\_publicity\\_leaflet.pdf](http://www.bild.org.uk/tqn/docs/tqn_publicity_leaflet.pdf)
- <sup>17</sup> Scottish Commission for the Regulation (2010) *Making the grade? Results from the first year of grading registered services – 2008/09*. Available at [www.carecommission.com](http://www.carecommission.com)
- <sup>18</sup> Cm 7432 (2008) *High Quality Care For All: NHS Next Stage Review Final Report* London: HMSO  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_085825](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085825)
- <sup>19</sup> Department of Health (2010) *Quality Accounts toolkit: Advisory guidance for providers of NHS services producing Quality Accounts for the year 2009/10*. London: Department of Health
- <sup>20</sup> Bowers, H., Clark, A., Crosby, G., Easterbrook, L., Macadam, A., MacDonald, R., Macfarlane, A., Maclean, M., Patel, M., Runnicles, D., Oshinaike, T. and Smith, C. (2009) *Older People's Vision for Long-term Care*. York: Joseph Rowntree Foundation.
- <sup>21</sup> Quality of care in for-profit and not-for-profit nursing homes: systematic review and meta-analysis [http://www.bmj.com/cgi/content/full/339/aug04\\_2/b2732](http://www.bmj.com/cgi/content/full/339/aug04_2/b2732)
- <sup>22</sup> Szczepura, A., Clay, D., Nelson, S., Wild, D., and Spilsbury, K. (2008) *Improving care in residential care homes: a literature review*. York: Joseph Rowntree Foundation
- <sup>23</sup> Nolan M., Davies S. and Grant G. (2001) (eds) *Working with Older People and their Families: Key issues in policy and practice*. Buckingham: Open University Press.

- 
- <sup>24</sup> Nolan M., Davies S., Brown J., Nolan J. and Keady J. (2006) *The Senses Framework: Improving care for older people through a relationship-centred approach. Getting Research into Practice (GRIP) Report No 2*. Sheffield: University of Sheffield.
- <sup>25</sup> The National Care Homes Research and Development Forum (2007) *Quality of life in care homes: A review of the literature*. London: Help the Aged  
<https://www.city.ac.uk/sonm/dps/research/MHL%20Lit%20Rev.pdf>
- <sup>26</sup> CSIP (2008) *The Resident Centred Care Home Standard Users' Guide*. Cranleigh Surrey: RCC Ltd.
- <sup>27</sup> Social Care Institute for Excellence (2006) *Dignity in care guide*. London: SCIE  
<http://www.scie.org.uk/publications/guides/guide15/standupfordignity/dignitychallenge/index.asp>
- <sup>28</sup> Stosz, L. and Carpenter, I. (2008) *Developing the use of MDS/RAI reports in UK Care homes* York: Joseph Rowntree Foundation
- <sup>29</sup> Faulkner, M. and Davies, S.(2006) 'The CARE (Combined Assessment of Residential Environments) profiles: a new approach to improving quality in care homes'. *Quality in Ageing*, vol 7, no.3, pp.15-25.
- <sup>30</sup> National End of Life Care Programme (2010) *Quality Markers for Care Homes Support sheet 5*. London: NHS  
<http://www.endoflifecareforadults.nhs.uk/publications/rtssupportsheet5>
- <sup>31</sup> Sawyer, L. (2005) 'An outcome-based approach to domiciliary care' *Journal of Integrated Care* vol 13, no 3.
- <sup>32</sup> Stosz, L. and Carpenter, I. (2008) *Developing the use of MDS/RAI reports in UK Care homes*. York: Joseph Rowntree Foundation.
- <sup>33</sup> De Witte L., Schoot T., and Proot I . 'Development of the client-centred care questionnaire'. *Journal of Advanced Nursing* 2006;56:62-68
- <sup>34</sup> Alzheimer's Society (2010) *My name is not dementia: People with dementia discuss quality of life indicator*. London: Alzheimer's' Society.
- <sup>35</sup> Logsdon, R. G., Gibbons, L. E., McCurry, S. M., et al (2002) 'Assessing quality of life in older adults with cognitive impairment'. *Psychosomatic Medicine*, vol 64, pp 510 – 519.
- <sup>36</sup> Kitwood, T. (1997) *Dementia reconsidered: the person comes first*. Buckingham: Open University Press.

---

37 Edvardsson D. and Innes A. (2010) 'Measuring Person-centered Care: A Critical Comparative Review of Published Tools'. *The Gerontologist* doi: 10.1093/geront/gnq047

38 Alzheimer's Society (2001) *Quality Dementia Care in Care Homes: person-centred standards*. London: Alzheimer's Society.

39 Department of Health (1999) *Caring about carers: A national strategy for carers*. London: Department of Health

40 Nicholas, E. (2003) 'An outcomes focus in carer assessment and review - value and challenge'. *British Journal of Social Work*, vol 33, no 1, pp 31-48.

41 Department of Health (2010) *Putting People First Transforming Adult Social Care Changing lives together: using person-centred outcomes to measure results in social care*. London: Department of Health  
<http://www.puttingpeoplefirst.org.uk/Topics/Browse/Measuringresults/ResearchandEvaluation/?parent=3966&child=7031>

42 Department of Health (2010) *Making policy count: Developing performance indicators for health and social care partnerships*. London: Department of Health