

Findings, April 2011

This work was funded by Skills for Care and Development. The aim was to develop a way for employers and other stakeholders to measure the impact of workforce development on care home productivity.

The study was a follow-on piece of research to a large-scale study of care homes for older adults (OA) and people with learning disabilities (LD), commissioned as part of the Measuring Outcomes of Public Service Users (MOPSU) project, which was funded by HM Treasury under the Invest to Save initiative and led by the Office of National Statistics (ONS). The study built on a previous feasibility study commissioned by Skills for Care and Development.

The ASCOT tool is designed to capture information about an individual's social care-related quality of life (SCRQOL). SCRQOL refers to those aspects of people's quality of life that are relevant to, and the focus of, social care interventions. The aim is for the measure to be applicable across as wide a range of user groups and care and support settings as possible.

BACKGROUND

Investment in the workforce is vital for high quality care. However, identifying whether or not this investment has been successful in delivering improved productivity is far from straightforward. Skills for Care and Development funded a project whose overarching aim was the development of a framework for evaluation that would enable employers and other stakeholders to measure the impact of workforce development on care home productivity. The objectives were to answer a number of research questions.

- Is there a link between skills levels, qualifications and other characteristics of the workforce, and quality of care and outcomes for residents?
- Is there a strong relationship between quality of care and outcomes for residents, and workforce characteristics (such as higher levels of qualification and pay)?
- To what extent do additional factors influence, distort or skew the relationship between workforce characteristics and quality and outcomes?

We developed a model that provided us with a set of expected relationships between the characteristics and investment in the workforce, and quality and outcomes. This identifies key factors that we need to establish in order to link outcomes for residents to workforce development, including: level of resources available; workforce characteristics; staff motivation, attitudes, knowledge and skills; conditions of employment; and motivational context, including organisational characteristics.

METHODS

The Measuring Outcomes of Public Service Users (MOPSU) project collected detailed information about outcomes for residents, their experiences and quality of care. For this study, additional data were collected through follow-up telephone interviews with homes. These interviews covered pay rates, turnover and social care-relevant qualifications; information about resources available for training, level of in-service training provided, relevant accreditations such as IIP, and other factors relevant to workforce development and support.

In the MOPSU project we defined outcomes in terms of their social care related quality of life (SCRQOL), which include 'basic' aspects, such as food and nutrition, and 'higher-order' domains, such as control over daily life. We compared the characteristics of the workforce and quality of care and outcomes for residents using the Adult Social Care Outcomes Toolkit (ASCOT) measure of SCRQOL and a measure of engagement of residents. To reflect quality of care, we used an indicator of Active Support and the Nursing Home Quality Scale (NHQS) process score.

The study examined the quality of life of adults living in 125 residential care homes. The researchers investigated the factors that might affect quality of care, such as the care practices followed, and the training and qualifications that staff had completed.

Further work is building on this to develop a framework to help providers target their resources most effectively in improving outcomes for service users.

RESULTS

- In total, 125 homes took part in this follow-up study (76 per cent of those who were approached). There were some variations in the response rate, with nursing homes less likely to participate (and, as a result, fewer residents with nursing needs), but for the most part the overall sample of homes and residents appeared to be representative compared with the MOPSU sample. However, there were some indications that higher-quality homes were more likely to take part.
- Most managers (87 per cent) had at least some sort of management qualification and tended to have a background in social care management (54 per cent) and/or nursing (26 per cent).
- On average, they had been in post for over four years, although there was a very wide range, from a few months to over 25 years. On average, just over half (52 per cent) of care staff had NVQ2 and nearly a fifth (19 per cent) NVQ3. Half of senior staff had NVQ3.
- Most organisations had budgets for (88 per cent) and/or access to other resources related to training (82 per cent). All the responding homes had provided statutory training, and most in areas such as adult protection and administering medication.
- There was no simple explanation for how resident outcomes and staff care relate to all the factors we considered in this study. However, what was clear was that those who have the most severe disabilities had poorer outcomes in terms of engagement and current SCRQOL.
- There was not a lot of evidence of associations between training and qualifications and resident outcomes, but the overall direction of the effects found was positive.
- When a greater proportion of staff had or were working towards NVQs, outcomes and structural issues, such as how homelike the environment was, were better.
- Analysis of training effects produced a rather mixed pattern of results. Where senior staff had recently received training, the association with outcomes or care practices was often negative. This is likely to be linked to senior staff being less experienced and/or newly appointed in these services.
- Where care staff had recently received some training, the associations found were usually positive. Care practices were better in older people's services when staff had had training in person-centred dementia care, dementia, Parkinson's and healthy eating, but lower if staff had had training in diabetes. In LD services there were some mixed results, which probably reflected targeting of training where needs among residents were particularly high.
- The links between care practices and outcomes were not as strong as might have been predicted from other research, and there was no clear picture as to what was associated with active support. This may have been partially due to levels of active support not being very high, with a consequent lack of variation.
- In terms of motivation and support for staff, there was no evidence that regular training review for staff made any difference, but frequency of other

“Employers in our sector have long understood the value of developing the skills and competence of their staff. They understand that it helps workers to care for people more effectively. This research provides the evidence for that. At a time when budgets are under pressure, if we want to provide good quality care and achieve value for money, it is more important than ever that care staff are skilled and qualified to do their jobs well.”
Professor David Croisdale-Appleby OBE, Chair of Skills for Care and Development

“Employers and government need better evidence about the impact of workforce development. This is essential if we are to target resources more effectively, to maintain and improve the quality of care. This research helps us identify what works and Skills for Care and Development intends to use the results to do more to help employers evaluate and improve their investment in workforce development.”
Sarah McCarty, Executive Director of Skills for Care & Development

“There is no simple explanation for what leads to better resident outcomes. Our research shows that training and qualifications generally had a positive effect upon outcomes. But we will be working with Skills for Care and Development to help employers identify what works and how to improve the quality of care, as measured by quality of life outcomes for service users.”
Professor Ann Netten, Director of PSSRU

staff support systems, such as appraisal and team meetings, did appear to be positively associated with care practices.

A FRAMEWORK FOR EVALUATING WORKFORCE INVESTMENT

Drawing on our model and the results of this study, we propose a general framework for measuring the impact and productivity of investment in the workforce. Necessarily, this is still very broad but identifies the potential use of the ASCOT measure, which is now available on the internet (www.pssru.ac.uk/ascot). Further work is needed to validate the approach and further refine some indicators, but this provides us with a starting point.

Ideally we would keep the implementation of such a framework low-burden by using the links with routinely available data, but changes in the regulator (now the Care Quality Commission (CQC)), regulatory process and quality ratings mean that the next steps are to work with CQC rather than refine the (relatively weak) associations that were found in the MOPSU study.

However, the new National Adult Social Care User Experience Survey will be including ASCOT and covering all services, including care homes. While there are limitations on the scope of this in the shorter term (as it is a self-completion survey, people lacking capacity to consent will be excluded, and information will not be valid at individual service level), there is potential to draw on this in the future. Although the study has been conducted in England, we would expect the results to be applicable across other member countries of the UK. Should there be wider interest in applying the framework and making links with routine data, these would need to be country-specific.

Both the PSSRU and Skills for Care and Development would welcome feedback from participants in the previous research study. We are keen to translate our research into practical tools that employers can use to improve services and maximise value for money from workforce development.

REFERENCES

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WEB LINKS

For further information about the MOPUSU project, see www.ons.gov.uk/about-statistics/methodology-and-quality/measuring-outcomes-for-public-service-users/

For further information about Skills for Care, see www.skillsforcare.org.uk/

For further information about ASCOT, see www.pssru.ac.uk/ascot/

ABOUT THE PSSRU

The Personal Social Services Research Unit undertakes social and health care research, supported mainly by the Department of Health, and focusing particularly on policy research and analysis of equity and efficiency in community care, long-term care and related areas—including services for elderly people, people with mental health problems and children in care.

Further details of PSSRU research and publications (many of which are available for free download) are available from the PSSRU website or by emailing pssru@kent.ac.uk.

Views expressed in PSSRU publications do not necessarily reflect those of funding organisations.

ABOUT SKILLS FOR CARE

Skills for Care and Development (SfC&D) is the Sector Skills Council for the social care, early and children's workforce. It is a partnership of six organisations: the Care Council for Wales; the Children's Workforce Development Council; the General Social Care Council; the Northern Ireland Social Care Council; the Scottish Social Services Council; and Skills for Care.

The Skills for Care and Development partnership supports 60,000 businesses and 1.87 million workers. Skills for Care and Development's ambition is to create a world class workforce that delivers a world class quality of care and support.

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