Assessing the Needs of Older People in Care Homes: Use of the Minimum Data Set/Resident Assessment Instrument (MDS/RAI)

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Assessment is the key to good practice in long-term care. The Department of Health has recognised the importance of assessment in care homes through its citation of two such approaches on its website, as part of the single assessment process (Department of Health, 2002). One of these recommended approaches is the MDS/RAI.

The MDS/RAI

The MDS/RAI was developed in the US in the late 1980s, in response to concerns about a series of scandals relating to quality of care. The MDS/RAI consists of the Minimum Data Set, a structured assessment tool, and Resident Assessment Protocols (RAPs), which guide the assessor through areas of potential need so as to ascertain whether further action is required. These are shown in boxes 1 and 2.

Thus, the MDS is a collection of items covering the range of domains of need appropriate for assessing the needs of vulnerable older people in care homes, and for developing required care plans. It is completed as an admission assessment and then periodically during the course of care in a residential or nursing home, providing a baseline assessment and regular review. The RAPs are a series of protocols, which are designed to guide the assessor through good practice in ascertaining whether a potential problem is in fact real, and then in care planning for addressing the more common problems faced by older residents such as vision difficulties or depression. The RAPs are triggered by responses to individual items or sets of items within the MDS assessment tool, thereby identifying areas of risk and potential need.

The primary role of the MDS/RAI is, of course, the assessment of residents on admission to a home and their reassessment at regular intervals, or where a significant change occurs in a resident’s status. However, information collected from the use of the instrument also has value in a wide range of other areas. These include resource use and casemix analysis, monitoring quality of care and assessment of risk, training and comparative research and monitoring.

The MDS/RAI in the UK

A pilot study of the assessment tool in the UK found that 78% of staff reported that they had learned new information about the resident. In general it was seen as a good comprehensive assessment document, which had the potential to indicate changes in residents’ needs through time. It also improved staff perceptions about the need for rehabilitation and other possible interventions to improve care (Challis et al., 1999).

Following the pilot study, the Joseph Rowntree Foundation commissioned the PSSRU to produce a full UK version of the MDS manual for use in care homes, which has been published as: UK Long Term Care Resident Assessment Instrument User’s Manual, MDS/RAI UK by D. Challis, K. Stewart, D. Sturdy and A. Worden, interRAI UK, York, 2000. This is available from York Publishing Services Limited, 64 Hallfield Road, York YO31 7ZQ, or can be ordered online at www.jrf.org.uk.
Implementing the National Service Framework for Older People: looking at older people and carer involvement

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The National Service Framework for Older People refers to the importance of involvement of older people and their carers in the planning and implementation of health and social care. Local implementation teams made up of representatives from local primary care trusts, hospital trusts, social services departments, borough councils, the private sector, voluntary organisations and older people and carer representatives have been set up to take this forward.

It is anticipated that different approaches to involvement and outcome will be discernable, which the study will attempt to identify and categorise. In addition, it will examine the perceptions of older people and carers involved in the work of the local implementation teams and whether different approaches to involvement lead to different outcomes. The study also aims to assist in the development of user and carer participation in policy implementation at a local level. To this end, it is planned to produce a good practice guide to user and carer participation and a self-evaluation tool to enable local implementation teams to monitor their performance.

This research is being conducted in the North West of England. The study has three stages:

- Detailing and analysis of the ways in which local implementation teams are currently involving older people and carers.
- Examination of whether different approaches lead to different outcomes.
- Translation of evidence about effective involvement from local implementation teams into a good practice guide.

The study has been predicated by the development of standards of practice. These have been validated by user groups who have also contributed to the formulation of desired outcomes in respect of each standard.

The study will attempt to typologise approaches to consultation and examine the relationship if any between strategy, emergent priorities, satisfaction and outcome. In this way, it aims through systematic investigation to provide better evidence about effective involvement and consultation. Dissemination of the findings will include a good practice guidance, relating to the involvement of users and carers in the strategic planning and commissioning of services.