Using ASCOT to improve care practice and monitor quality in residential care

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www.pssru.ac.uk
ASCOT tools

• All the ASCOT tools began life as research instruments

BUT

• The care homes version of ASCOT (CH3) has potential to be used as a tool for both improving practice and quality monitoring
Self-completion version of ASCOT (SCT4)

Thinking about the food and drink you get, which of the following statements best describes your situation?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>I get all the food and drink I like when I want</td>
<td>16%</td>
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<tr>
<td>I get adequate food and drink at OK times</td>
<td>25%</td>
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<tr>
<td>I don’t always get adequate or timely food and drink</td>
<td>53%</td>
</tr>
<tr>
<td>I don’t always get adequate or timely food and drink, and I think there is a risk to my health</td>
<td>6%</td>
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Care homes version of ASCOT (CH3)

- Measures individual current SCRQoL, expected SCRQoL and SCRQoL gain
- 3 levels (no needs, some needs, high needs)
- Uses a mixed methods approach (observations and interviews)
Care homes version of ASCOT (CH3)

Food and drink (current)

<table>
<thead>
<tr>
<th>No needs</th>
<th>45%</th>
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<tbody>
<tr>
<td>Some needs</td>
<td>55%</td>
</tr>
<tr>
<td>High needs</td>
<td>0%</td>
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Observational data

GH: Is sitting in the dining room, she is at a table on her own. Staff bring food round. It is a small roast dinner (chicken). GH doesn’t eat it. Staff, who are busy, tell her as they pass that it is a ‘tasty diner’ and that she should eat it. Resident talking to herself – she is saying she doesn’t eat meat. Staff haven’t heard and GH still not eating. After ten minutes a member of staff comes over. They engage in a discussion about the food. GH tells staff that she doesn’t eat meat, staff says they will get her something else. Five minutes later returns with a cheese sandwich. GH eats it, then eats a pudding (apple pie with custard).
Interview data

SA: I really like the food here. It is really good, but best of all there is always a choice and they know what I like and what I don’t like. They know that I can’t stand eggs. When I first arrived they were always asking me ‘do you want an egg for breakfast’ and I’d tell them ‘no’ but it wasn’t long before they all knew that. So I get a choice, they come round and ask me before every meal, but they never ask me if I’d like an egg.
Care homes version of ASCOT (CH3)

• Provides ‘rich’ data about residents’ ‘lived’ experience and care practice

• Has potential for use in quality monitoring and practice improvement
ASCOT: improving care practice and quality monitoring

2 projects funded by NIHR School for Social Care Research (SSCR)

• ASCOT feedback intervention study (AFIS)
  – Ann-Marie Towers, Nick Smith, Sinead Rider & Elizabeth Welch

• Care home quality indicator development
  – Ann-Marie Towers, Jacquetta Holder, Nick Smith, Elizabeth Welch, Tanya Crowther & Grace Collins
ASCOT feedback intervention study (AFIS)

• Background – anecdotal evidence from ASCOT users
• Feasibility study of using feedback from CH3 to improve the quality of life of care home residents
AFIS

• 4 care homes (2 nursing/2 residential) plus 2 pilot homes
• ASCOT CH3 used to measure participating residents SCRQoL at two time points 3 months apart
• After the first time point staff were given detailed (and anonymised) feedback on residents SCRQoL
AFIS feedback

• Aim was to share information on residents’ SCRQoL and their ‘lived’ experience with all staff
• Foster a discussion on the findings and how SCRQoL can be improved
## Occupation (current)

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<tbody>
<tr>
<td>No needs</td>
<td>47%</td>
</tr>
<tr>
<td>Some needs</td>
<td>44%</td>
</tr>
<tr>
<td>High needs</td>
<td>9%</td>
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</tbody>
</table>
Occupation (current)

• Just under half of the residents spent their time doing things they value and enjoy
  • Reading
  • Exercise sessions

• Just under half did some of the things they enjoyed but not enough
  • Long periods with no activity but did something later or we were told about other activities they do

• A few residents who had high needs – did almost nothing they enjoyed
  • Resident who we saw do no activities and staff confirmed they did not do anything
  • Resident who feels very bored and clearly states she does nothing
Occupation (current)

• Fed into a new set of activities – designed by a company who run dementia specific services.
• Themed sessions, music, movement, remembering, sharing, visual
Care home quality indicator development

• Interest from quality monitoring and improvement teams
• Like the CH3 tool but too time consuming to collect data on individual residents
• Development of a ‘home’ level tool
Care home quality indicator development

• Conceptual development
• Consultations with professionals (providers, local authorities, CQC, SCIE, HealthWatch, provider representatives)
• Piloting with Quality Monitoring team in one LA
The draft tool

• Measures how well a care home supports residents’ current SCRQoL
• 4 levels
• Mixed methods, combining observation and interviews
• Lots of potential but lots of questions about who would use this tool and how
• https://www.surveymonkey.com/s/GH2C3Q8
Concluding remarks

• The care homes version of ASCOT (CH3) has real potential to be used in to help improve practice and monitor quality

• ASCOT users and PSSRU projects are exploring possible uses
NIHR School for Social Care Research

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