



‘Community Integrated Care’s use of ASCOT, Quality of Life Outcomes in our Care and Support Plan Documents’





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Why we chose to use ASCOT

- Recognised that we had an outdated care & support planning system
- Cumbersome, not effective in demonstrating outcomes and not person centred
- We had regulatory and legal changes to meet – i.e. Care Act 2014, CQC (KLOE) also requirements in Scotland and our own internal personalisation agenda
- We looked at a range of other outcome frameworks
- We knew we needed an outcome framework that linked to the wellbeing descriptors in the Care Act 2014

Why we chose ASCOT

- It had consulted with people who use services and other experts capturing aspects of SCRQoL that are valued by people who use our services
- SCRQoL refers to those aspects of people's QOL that are relevant to, and the focus of Social care interventions
- Applicable across a wide range of user groups and care and support settings.
- It is researched based and has empirical evidence of success at measuring the impact of services on people we support
- We were looking at ASCOT as a quality benchmark tool anyway and felt that if we could integrate the two we may be able to triangulate the evidence to demonstrate the effectiveness and impact of services at an individual, service, regional and company level

How we Plan to use the ASCOT Domains in our Documents.



- Cross referenced the ASCOT SCRQoL domains with the Care Act (2014) well-being descriptors.
- Integrated the ASCOT domains into our own care & support planning process; using person centred thinking tools.
- This allows us to use the ASCOT tools to benchmark our care & support.
- Use of the same domains throughout our assessment, planning and review processes helps maintain a consistent approach to assessing quality.

Key Benefits

- The range of ASCOT tools available, offers a wide variety of choice when benchmarking the effectiveness or impact of the support we deliver.
- The ASCOT tool is the only framework we felt would meet the needs of our organisation when used together with our person centred care & support planning process.
- It's evidence based and widely recognised by local authorities and regulatory bodies. This offers credibility.
- Will allow us to demonstrate that our person centred approach does positively impact the people we support's quality of life.
- It involves the people we support and their families & friends in the assessment of the quality of our services and can help drive strategic improvements.

Next Steps

- Evaluate our current pilot of care & support planning.
- Develop our assessment process to use the ASCOT SCRQoL needs measures.
- Re-test