



New versions of ASCOT

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Measuring the Outcomes of Care Homes (MOOCH)

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New Versions of ASCOT,

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The research team

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Project overview

- Funded by NIHR School for Social Care Research
(<http://www.sscr.nihr.ac.uk/index.php>)
- May 2015-April 2018
- Follow-up to an exploratory study 2013-2014
- Paper from exploratory study now accepted by BMC Health Services Research (will be open access)

Background to the study

- Approached by some care home quality monitoring and improvement teams
- Less paper-based monitoring, greater focus on residents' lives
- Like the CH3 tool but too time consuming to collect data on individual residents
- Wanted a 'home level' version
- But is there demand and can we adapt the domains and outcome states to the home level?

Initial conceptual development

- Initial desk-based activity drawing on our own experience and use of the tool in homes
- Re-wrote the domains, descriptions and guidance at the home/service level
- Revised ratings for each domain

Consultations in 2013

- Workshops and interviews with professionals: providers, local authorities, CQC, SCIE, HealthWatch, provider representatives
- 3 focus groups with members of the public (n=17). Included older people, carers and people with experience of helping choose a home.
- Focused on demand, uses, features and issues
- Fed into further development of the draft measure (wording, descriptions)

Key messages

- Stakeholders sometimes had different priorities.
- The immediate demand is from local authority quality improvement teams but it might also be useful for providers (auditing service quality) and researchers.
- The public would like the information to be available to help choose a home but...
- Would only consider it valid and reliable if ratings were up to date and collected by a trustworthy source (not those who were perceived as having a bias).
- Language needed to be simplified, less abstract and focused around care home residents...

Domain name changes

ASCOT domain	Home level domain	Home level subtitle
Accommodation cleanliness and comfort	Accommodation	Living in a clean and comfortable home
Personal cleanliness and comfort	Personal cleanliness and comfort	Being clean and presentable
Food and drink	Food and drink	Eating and drinking well
Personal safety	Personal safety	Feeling safe and free from fear
Social participation and involvement	Being sociable	Spending time with people, being sociable
Occupation	Being occupied	Having things to do, being occupied
Control over daily life	Choice and control over daily life	Having choices, feeling in control
Dignity	Dignity	Being treated with dignity and respect by staff

Examples of domain definitions

- Residents are clean and comfortable. They are dressed in ways that meet their individual needs and wishes.
- Residents have choice and control over their daily life. They feel they 'have a say' in their care, daily routine and activities and that their views are respected.

Outcome states/levels

Best outcome	Residents have outstanding quality of life in this area. All residents are being cared for and supported in a consistently personalised way with their wishes and feelings being taken into account.
	Residents have good quality of life in this area. All residents are cared for and supported in a way that meets their needs.
	Residents have an inadequate quality of life in this area. Some residents are not having their needs met and there are enough issues to affect their quality of life although there is no immediate risk to their health.
Worst outcome	Residents have a poor quality of life in this area. Residents' needs are not being met and their physical or psychological health is being put at risk because there are so many issues or because the issues are so serious.

Piloted in two care homes

- QM teams asked for this measure, so tested with one team in 2 homes for older adults
- Trained 4 QM officers to use the draft toolkit
- Homes were known to the teams and happy to take part
- We then asked the quality monitoring team and the homes what they thought of the ratings and the draft measure.

Findings

- Data collection: needed further streamlining to fit with their timescales/capacity
- Observation was most helpful aspect of toolkit but important to follow-up with questions
- Domains and ratings intuitive and worked well
- Agreement was good between the team when they discussed it afterwards
- Home managers felt the feedback was helpful and the process was not too onerous for residents or staff.

New study: MOOCH

- Working with East Sussex County Council quality improvement team
- Will make further changes to home level toolkit with them and then train staff to use it in homes for older adults.
- Pilot the new measure (CH4-HL) in 30 homes
- Collect individual level data about 210-340 residents
- Compare home level ratings with outcomes of individual residents and new CQC star ratings.

Also an opportunity to....

- Compare residents' SCRQoL on the evening and weekends with 'office hours' (Nick Smith)
- Extend the original care homes toolkit (CH3) to 4 levels/outcome states (CH4) and pilot during this study.
- Going to try and recruit relatives who identify themselves as informal carers of the residents in our study and look at their outcomes too.
- Use the new carer measure....

NIHR School for Social Care Research

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