

Ratings of current and expected SCRQoL by domain (CH4)

General principles

For each person, please make two 'ratings' per domain: current social care-related quality of life (SCRQoL) and expected SCRQoL (in the absence of services). Dignity is the exception, as we only make a rating of current SCRQoL for this domain. Altogether, you will make 15 ratings per resident and each one should have a short description justifying why you have chosen this outcome state.

We have prepared Ratings Tables in an editable word document to make this easier for you. To indicate the rating you think best describes the person's situation, place a tick or a cross next to one outcome state (ideal, no needs, some needs, high needs) and then use the text box underneath to record your evidence. Save one document per resident, using the unique identifier/code you have used when collecting the data (not their name). Save this securely because it is research data and these ratings will be entered into a spreadsheet or software for quantitative analysis.

This guidance is to help you make your ratings. It is not an exhaustive list but the examples should help you, especially when you first start using the mixed-methods toolkit.

The ASCOT domains are ordered as follows:

1. Food and drink
2. Accommodation cleanliness and comfort
3. Personal cleanliness and comfort
4. Social participation and involvement
5. Occupation
6. Control over daily life
7. Personal safety
8. Dignity

| General definitions of the ASCOT outcome states |
|---|
| <p>Ideal The individual's wishes and preferences in this aspect of their life are fully met.</p> |
| <p>No needs The individual has no or the type of temporary trivial needs that might be expected in this area of life of someone with no impairments.</p> |
| <p>Some needs Some needs are distinguished from no needs by being sufficiently important or frequent to affect an individual's quality of life.</p> |
| <p>High needs High needs are distinguished from low-level needs by having mental or physical health implications if they are not met over a period of time. This may be because of severity or number.</p> |

Ratings of current and expected SCRQoL by domain (CH4)

1. Food and drink - current

| Key indicators and examples | |
|---|---|
| <p>Ideal The individual's wishes and preferences in this aspect of their life are fully met.</p> | <p>Person gets all the food and drink they like when they want.</p> <p>This is beyond simply eating a well-balanced meal. It's about personal preferences and choice being taken into account.</p> <p>The resident is offered choices at each meal. The way choices and preferences are supported can include access and preparation. For example, some residents might be able to self-serve from dishes placed in the middle of the table (family style dining), other might order 'restaurant' style from a menu. In some homes, people might be able to make their own snacks in between meals (e.g. in small kitchen areas) or at least help themselves to fruit/biscuits/drinks.</p> <p>Oral feeding should be supported for as long and as much as possible and only discontinued when a multi-disciplinary team deem it absolutely necessary for the individual. Where artificial feeding (non-oral) is required, a person might still be able to reach the ideal state if they are orally receiving palliative food mostly for enjoyment. Care workers may have been specially trained to support residents with specific and complex needs, to maintain oral feeding for as long as possible.</p> |
| <p>No needs The individual has no or the type of temporary trivial needs that might be expected in this area of life of someone with no impairments.</p> | <p>Person gets adequate food and drink at ok times.</p> <p>Person eats a well-balanced diet and has access to food and drink as needed/desired. Diet is adjusted for cultural/ethnic needs or medical conditions but little personal preference accounted for beyond that. For example, meal choices are limited and often made a day or so in advance (e.g. order on Monday what you are having for lunch on Wednesday). Person is supported to drink regularly during the day (e.g. a jug of water/cold drink in their room, within easy reach and with a glass/cup; reminded to drink if needed). Person may also have snacks in their own room (biscuits, fruit etc).</p> <p>Ideally oral feeding should be supported for as long and as much as possible and only discontinued when a multi-disciplinary team deem it absolutely necessary for the individual. Where artificial feeding (non-oral) is required, as a last resort, people receiving good quality support from staff at regular and timely intervals would also have no needs for food and drink.</p> |
| <p>Some needs Some needs are distinguished from no needs by being sufficiently important or frequent to affect an individual's quality of life.</p> | <p>Person doesn't always get adequate or timely food and drink.</p> <p>Person is offered three meals a day, which are reasonably well-balanced but are not particularly tailored to individual needs or preferences (e.g. person wanted peas not beans; or only choice is between ham or cheese salad – no hot food offered for that meal). Menus are not accessible for that resident and it's not clear how choice has been taken into account.</p> |

Ratings of current and expected SCRQoL by domain (CH4)

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|---|--|
| | <p>No evidence of easy access to snacks in between meals and no access to drinks other than those brought round at set times. Alternatively, fruit/snacks/drinks are available but resident requires support to eat/drink and this is not forthcoming.</p> <p>Meal times may not be 'protected', meaning that there are not enough staff in place to provide the support required to adequately meet the person's needs. For some people with dementia the pre-oral phase is vulnerable to changes in conduct and behaviour, agitation, restlessness, loss of appetite, changes in the response to food, and problems using cutlery and cooperating with carers, all of which might lead to some or even high needs without adequate support from skilled staff.</p> |
| <p>High needs High needs are distinguished from low-level needs by having mental or physical health implications if they are not met over a period of time. This may be because of severity or number.</p> | <p>Person does not always get adequate or timely food and drink and there is a risk to their health.</p> <p>As outlined in some needs, protected meal times may not be in place. Meals may not be well-balanced, varied and/or culturally appropriate. There is little or no choice. Person not offered regular drinks or not given help appropriate to their needs to stay well hydrated (e.g. drinks left untouched and cleared away because person has not been encouraged or helped to drink them).</p> |

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Ratings of current and expected SCRQoL by domain (CH4)

2. Food and drink - expected

| Key indicators and examples | |
|---|--|
| Think about the person's ability to prepare and eat the meals they like, without help and support from services. | |
| <p>Ideal The individual's wishes and preferences in this aspect of their life are fully met.</p> | <p>Without the help and support of the home, person would get all the food and drink they like when they want.</p> <p>To be rated as ideal for expected SCRQoL, the person would have to be very able, requiring no support in this area of their life, even if the home currently prepares their food. They would be able to do everything outlined in 'no needs' but would describe their quality of life as good/ideal in this domain.</p> |
| <p>No needs The individual has no or the type of temporary trivial needs that might be expected in this area of life of someone with no impairments.</p> | <p>Without the help and support of the home, person would get adequate food and drink at ok times.</p> <p>Person would be able to buy and prepare simple hot and cold meals safely with some basic knowledge about what is healthy, even if the home currently prepares their food. Person would make him/herself drinks and snacks and be satisfied with their quality of life in this domain.</p> |
| <p>Some needs Some needs are distinguished from no needs by being sufficiently important or frequent to affect an individual's quality of life.</p> | <p>Without the help and support of the home, person would not always get adequate or timely food and drink.</p> <p>Person would buy and prepare very simple food, such as sandwiches, fruit, pre-prepared/ready meals but would not have a very varied or well-balanced diet and/or would not be able to safely cook their own meals from scratch. Person would be unhappy with their quality of life in this domain.</p> |
| <p>High needs High needs are distinguished from low-level needs by having mental or physical health implications if they are not met over a period of time. This may be because of severity or number.</p> | <p>Without the help and support of the home, person would not always get adequate or timely food and drink and there would be a risk to their health.</p> <p>Person would have a very limited diet or perhaps not be able to eat and drink at all without the support and help of carers. Person may not be able to mentally plan, prepare and cook a meal or make a sandwich, they may forget to eat or they may be too physically impaired to be able to buy, prepare and eat the food without support. Person may be unable to receive food orally, or require support to do so, meaning that they would very quickly be at risk without help and support from services.</p> |

Ratings of current and expected SCRQoL by domain (CH4)

3. Accommodation cleanliness and comfort – current

| Key indicators and examples | |
|---|---|
| <p>Ideal The individual's wishes and preferences in this aspect of their life are fully met.</p> | <p>Person's home (and particularly their bedroom) is as clean and comfortable as they want.</p> <p>The difference between 'no needs' and the 'ideal state' is the level of personalisation and degree to which the resident seems happy with their environment.</p> |
| <p>No needs The individual has no or the type of temporary trivial needs that might be expected in this area of life of someone with no impairments.</p> | <p>Person's home (and particularly their bedroom) is adequately clean and comfortable.</p> <p>The communal areas and the person's bedroom are clean and tidy (regardless of whether the resident is supported to keep it clean themselves or because domestic staff are doing a good job). There are no bad odours and furniture is comfortable and appropriate to the needs of the people living there. Person appears content with their environment but more could be done with regard to making the environment homely or more personalised.</p> |
| <p>Some needs Some needs are distinguished from no needs by being sufficiently important or frequent to affect an individual's quality of life.</p> | <p>Person's home (and in particular their bedroom) is not quite clean or comfortable enough.</p> <p>The home might generally be a bit dirty, cluttered rooms, worn/stained furniture or furnishings, with some odours near bathrooms etc.</p> <p>Alternatively, the communal areas might seem fine, but the resident's room may have an odour/dusty shelves, stains on carpet/soft furnishings. Some of the furniture (but not all) is uncomfortable or unsuitable for person's needs.</p> |
| <p>High needs High needs are distinguished from low-level needs by having mental or physical health implications if they are not met over a period of time. This may be because of severity or number.</p> | <p>Person's home is not at all clean or comfortable.</p> <p>The home and/or person's room are dirty and/or messy and cluttered to the point where there are concerns over safety (falls etc). There may be dirty sheets, strong odours from spills/dirt on furniture/ linen/carpet. The furniture may be old and unsuitable for their needs (chair too small or too low; bed very hard or soft so that it causes discomfort etc).</p> |

Ratings of current and expected SCRQoL by domain (CH4)

4. Accommodation cleanliness and comfort – expected

| Key indicators and examples | |
|---|--|
| Think about the person's ability to keep their home environment clean and comfortable, without help and support from services. | |
| <p>Ideal The individual's wishes and preferences in this aspect of their life are fully met.</p> | <p>Without the help and support of the home, person's home would be as clean and comfortable as they would want.</p> <p>To make this rating, think about how well this person would be able to keep their own room/home clean and comfortable without the care and support of staff.</p> |
| <p>No needs The individual has no or the type of temporary trivial needs that might be expected in this area of life of someone with no impairments.</p> | <p>Without the help and support of the home, person's home would be adequately clean and comfortable.</p> <p>Think about this person's level of functioning and whether they would be physically and mentally able to keep their home clean, tidy and comfortable without help.</p> |
| <p>Some needs Some needs are distinguished from no needs by being sufficiently important or frequent to affect an individual's quality of life.</p> | <p>Without the help and support of the home, person's home would be less than adequately clean and comfortable.</p> <p>Some light household jobs might be done (e.g. dusting or sweeping) but heavier jobs (changing bed sheets and vacuuming or mopping) would be difficult or only happen very infrequently. Dishes, for example, may be washed poorly and remain dirty due to poor eye sight or difficulty with fine motor skills. There would not be an immediate health risk but it would have a negative impact on quality of life.</p> |
| <p>High needs High needs are distinguished from low-level needs by having mental or physical health implications if they are not met over a period of time. This may be because of severity or number.</p> | <p>Without the help and support of the home, person's home would not be at all clean and comfortable.</p> <p>Person would not be able to keep their home because of severe physical or mental disability/frailty. Home would be very dirty, quickly. Sheets/chairs would be soiled and left unwashed. There would very quickly be a strong odour coming from furniture, linen and areas because no cleaning would be done. There would be a health risk.</p> |

Ratings of current and expected SCRQoL by domain (CH4)

5. Personal cleanliness and comfort - current

| Key indicators and examples | |
|---|--|
| <p>Ideal The individual's wishes and preferences in this aspect of their life are fully met.</p> | <p>Person is clean and able to look/dress in a way that reflects their own personal preferences and tastes.</p> <p>This is beyond simply having their needs met (see no needs). Look for evidence of the following: wearing own personal accessories (e.g. jewellery, scarves), after-shave/perfume or perhaps have nails painted, hair coloured/permed or beard/facial hair trimmed.</p> |
| <p>No needs The individual has no or the type of temporary trivial needs that might be expected in this area of life of someone with no impairments.</p> | <p>Person is and feels clean and presentable.</p> <p>Person receives the right amount of support to enable them to perform self-care activities, such as; washing, dressing, going to the toilet, or has these needs met by staff and/or equipment in the home. If person is incontinent, this is well managed and personal hygiene maintained discretely.</p> |
| <p>Some needs Some needs are distinguished from no needs by being sufficiently important or frequent to affect an individual's quality of life.</p> | <p>Person is not and/or does not <i>feel</i> adequately clean or presentable.</p> <p>Person is dressed and reasonably clean but may not look well groomed (e.g. not supported to shave or brush their hair). The person's basic needs are met (e.g. taken to the toilet/ incontinence pads changed) but there is no evidence that staff have paid attention to the appearance of the person.</p> |
| <p>High needs High needs are distinguished from low-level needs by having mental or physical health implications if they are not met over a period of time. This may be because of severity or number.</p> | <p>Person is not and/or does not feel at all clean or presentable.</p> <p>Person is dirty and disheveled. Basic personal hygiene needs are not being met (e.g. incontinence not managed or person left sitting in their own excrement following an accident). If bedridden, the person may not be turned; if they cannot walk, they may be left in same chair for very long periods of time. There would usually be strong odours if a person has high needs for this domain.</p> |

Ratings of current and expected SCRQoL by domain (CH4)

6. Personal cleanliness and comfort - expected

| Key indicators and examples | |
|---|--|
| Think about the person's ability to keep themselves clean and presentable, without help and support from services. | |
| <p>Ideal The individual's wishes and preferences in this aspect of their life are fully met.</p> | <p>Without the help and support of the home, person would be clean and able to look/dress in a way that reflects their own personal preferences and tastes.</p> <p>To be rated as ideal for expected SCRQoL, the person would have to be very able, requiring no support in this area of their life.</p> |
| <p>No needs The individual has no or the type of temporary trivial needs that might be expected in this area of life of someone with no impairments.</p> | <p>Without the help and support of the home, person would be and feel adequately clean and presentable.</p> <p>Person would be able to carry out self-care tasks, such as washing and dressing, without help and support, and be content with the outcome.</p> |
| <p>Some needs Some needs are distinguished from no needs by being sufficiently important or frequent to affect an individual's quality of life.</p> | <p>Without the help and support of the home, person would be and/or feel less than adequately clean or presentable.</p> <p>Person might be restricted in what they could wear because of mobility issues or cognitive impairment (e.g. only in clothes that pull on, without zips/buttons). They may not be that clean (body odour, dirty hair) and/or be unhappy with the way they look and feel in this domain.</p> |
| <p>High needs High needs are distinguished from low-level needs by having mental or physical health implications if they are not met over a period of time. This may be because of severity or number.</p> | <p>Without the help and support of the home, person would not be and/or feel at all clean or presentable.</p> <p>Person might be incontinent and unable to manage this without help. Might be unable to wash or dress themselves and/or would feel very unhappy with how they look and feel in this domain.</p> |

Ratings of current and expected SCRQoL by domain (CH4)

7. Social participation and involvement - current

| Key indicators and examples | |
|---|---|
| <p>Ideal The individual's wishes and preferences in this aspect of their life are fully met.</p> | <p>Person has as much social contact as they want with the people they like.</p> <p>The difference between the 'ideal state' and 'no needs' is the extent to which the person is happy with their current level of social participation/contact. For example, the resident might be supported to attend a social activity outside of the home (e.g. a choir or social club) and maintain contact with their community.</p> |
| <p>No needs The individual has no or the type of temporary trivial needs that might be expected in this area of life of someone with no impairments.</p> | <p>Person has adequate social contact with people.</p> <p>Person has opportunities/support to meet family, friends and acquaintances. Their level of seeing people and participating in social occasions is mainly within their own control and, although not perfect, person appears content with the situation, whatever the actual levels of social participation (because some people choose to do less than others).</p> |
| <p>Some needs Some needs are distinguished from no needs by being sufficiently important or frequent to affect an individual's quality of life.</p> | <p>Person has some social contact with people, but not enough.</p> <p>Person is not content with the amount of social contact they currently have and it is having a negative impact on their quality of life. Person might say that they <i>sometimes</i> feel lonely.</p> <p>Person takes part in <i>some</i> social activities (e.g. specific organised activities within the home) and has some daily conversation with other residents, staff or visitors but not enough. May sit in a communal lounge with other residents but there is little or no conversation. Friends and/or family visit occasionally, but not as much as they would like. Rarely leaves the home for social activities.</p> |
| <p>High needs High needs are distinguished from low-level needs by having mental or physical health implications if they are not met over a period of time. This may be because of severity or number.</p> | <p>Person has little social contact with people and feels socially isolated.</p> <p>Almost all interactions are with staff and these are limited due to lack of time and/or communication difficulties. Interactions are typically brief and task driven, such as being around the delivery of personal care tasks and meal times. Never really goes out, has few or no visitors and no effective links with other residents, family or friends. Appears lonely/says they are lonely.</p> |

Ratings of current and expected SCRQoL by domain (CH4)

8. Social participation and involvement - expected

| Key indicators and examples | |
|---|---|
| Think about the person's ability to initiate and maintain social relationships with the people they like, without help and support from services. | |
| <p>Ideal The individual's wishes and preferences in this aspect of their life are fully met.</p> | <p>Without the help and support of the home, person would have as much social contact as they wants with the people they likes.</p> <p>To be rated in the ideal state in the absence of services, person would have to be able to organise and maintain social contact with family, friends and acquaintances in a variety of settings, without support from services.</p> |
| <p>No needs The individual has no or the type of temporary trivial needs that might be expected in this area of life of someone with no impairments.</p> | <p>Without the help and support of the home, person would have adequate social contact with people.</p> <p>To be rated as no needs in the absence of services, person would have to be able to maintain good social relationships with family and friends without support from services.</p> <p>Difference between no needs and ideal state is that for 'no needs' the frequency or range of contacts might be limited slightly, meaning it is not 'ideal' but is also not affecting quality of life (which would push it down into some needs).</p> |
| <p>Some needs Some needs are distinguished from no needs by being sufficiently important or frequent to affect an individual's quality of life.</p> | <p>Without the help and support of the home, person would have some social contact with people, but not enough.</p> <p>Person would have a limited range of social activities without care and support from the home, impacting the quality of life.</p> |
| <p>High needs High needs are distinguished from low-level needs by having mental or physical health implications if they are not met over a period of time. This may be because of severity or number.</p> | <p>Without the help and support of the home, person would have little social contact with people and would feel socially isolated.</p> <p>Person would not able to initiate social contact/activities without staff support and would be isolated.</p> |

Ratings of current and expected SCRQoL by domain (CH4)

9. Occupation - current

| Key indicators and examples | |
|---|---|
| <p>Ideal The individual's wishes and preferences in this aspect of their life are fully met.</p> | <p>Person is able to spend their time as they want, doing things they value or enjoy.</p> <p>The difference between 'no needs' and 'ideal state' is the extent/degree to which the person is engaging in activities they enjoy. In the ideal state, the person is completely happy with how they spend their time and the activities they engage in.</p> |
| <p>No needs The individual has no or the type of temporary trivial needs that might be expected in this area of life of someone with no impairments.</p> | <p>Person is able to do enough of the things they value or enjoy with their time.</p> <p>In 'no needs' the person is doing many of the things they enjoy, most of the time, but there are some restrictions preventing it from being ideal.</p> <p>For younger adults this may include going to college or even work, but for the majority (especially in older adult services) it will be leisure activities (reading, exercise classes, playing cards, knitting, watching TV) or perhaps some household chores and activities (including gardening/setting the table at meal times).</p> |
| <p>Some needs Some needs are distinguished from no needs by being sufficiently important or frequent to affect an individual's quality of life.</p> | <p>Person does some of the things they enjoy with their time but not enough.</p> <p>Person is engaged in activities around the home some of the time, but would like to do more or would like to take part in different activities (little attention to choice/preferences). Person is not helped to access other forms of occupation in the community (e.g. work, college, church, clubs etc).</p> <p>Person may say they feel bored.</p> |
| <p>High needs High needs are distinguished from low-level needs by having mental or physical health implications if they are not met over a period of time. This may be because of severity or number.</p> | <p>Person doesn't do anything they value with their time.</p> <p>Person does very little, sitting doing nothing for most of the day. They spend most of the time sleeping and/or appear sad and withdrawn.</p> <p>This is beyond just feeling bored. This is severe enough to affect a person's mental health and wellbeing.</p> |

Ratings of current and expected SCRQoL by domain (CH4)

10. Occupation - expected

| Key indicators and examples | |
|---|--|
| Think about the person's ability to spend their time as they want, without help and support from services. | |
| <p>Ideal The individual's wishes and preferences in this aspect of their life are fully met.</p> | <p>Without support from the home, person would be able to spend their time as they want, doing things they value or enjoy.</p> <p>The difference between 'no needs' and 'ideal state' is the extent/degree to which the person would be able to engage in activities they enjoy. In the ideal state, the person would be completely happy with how they spend their time and the activities they do.</p> |
| <p>No needs The individual has no or the type of temporary trivial needs that might be expected in this area of life of someone with no impairments.</p> | <p>Without the help and support of the home, person would be able to do enough of the things they value or enjoy with their time.</p> <p>Person would be able to do many of the things they value or enjoy, most of the time, but there would be some restrictions preventing it from being ideal (e.g. because they need support to do some things).</p> |
| <p>Some needs Some needs are distinguished from no needs by being sufficiently important or frequent to affect an individual's quality of life.</p> | <p>Without the help and support of the home, person would be able to do some of the things they value or enjoy with their time, but not enough.</p> <p>Person would be able to occupy himself/herself some of the time, doing some of the things she/he enjoys. However, the forms of occupation chosen would be simple, perhaps more passive (e.g. reading or watching TV) or of shorter duration (walk to the end of the road but not get into town).</p> |
| <p>High needs High needs are distinguished from low-level needs by having mental or physical health implications if they are not met over a period of time. This may be because of severity or number.</p> | <p>Without the help and support of the home, person would not do anything they value or enjoy with their time.</p> <p>Without services this person would sit unoccupied and there would be a clear risk to the person's mental health and wellbeing.</p> |

Ratings of current and expected SCRQoL by domain (CH4)

11. Control over daily life - current

| Key indicators and examples | |
|---|--|
| <p>Ideal The individual's wishes and preferences in this aspect of their life are fully met.</p> | <p>Person has as much control over their daily life as they want.</p> <p>Person makes choices and decisions relating to every aspect of their daily life and appears very content/happy. To be rated as the ideal state, the person should be experiencing everything outlined in no needs but with greater scope, frequency and regularity.</p> |
| <p>No needs The individual has no or the type of temporary trivial needs that might be expected in this area of life of someone with no impairments.</p> | <p>Person has adequate control over their daily life.</p> <p>Person makes regular choices about everyday things and seems content with life. Choices are offered in a way that enables the person to understand and communicate decisions.</p> |
| <p>Some needs Some needs are distinguished from no needs by being sufficiently important or frequent to affect an individual's quality of life.</p> | <p>Person has some control over their daily life, but not enough.</p> <p>Person is offered choices by staff for certain activities but not all. Communication could be improved to enable the person to understand the choices being offered or communicate their decisions. Some opportunities to offer choice and control are missed and it is affecting the person's quality of life.</p> <p>Some needs might also be used when the service is restricting the person's choice and control. For example, person may express a wish to go into the garden but staff do not allow it because they feel a member of staff needs to go outside too and they do not have the capacity that day,</p> |
| <p>High needs High needs are distinguished from low-level needs by having mental or physical health implications if they are not met over a period of time. This may be because of severity or number.</p> | <p>Person has no control over their daily life.</p> <p>Person is simply processed with no regard for their sense of control. When they do try to make choices, these choices are not noticed or not respected. Person is completely disempowered by staff or by the lack of support for choice making.</p> |

Ratings of current and expected SCRQoL by domain (CH4)

12. Control over daily life - expected

| Key indicators and examples | |
|---|---|
| Think about the person's ability to be in control over their daily life, without help and support from services. | |
| <p>Ideal The individual's wishes and preferences in this aspect of their life are fully met.</p> | <p>Without the care and support of the home, person would have as much control over their daily life as they want.</p> <p>Person would be able to make complex decisions/choices and carry them out without support. To be rated as 'ideal' in the expected, person would have to be very able, requiring no support in this area.</p> |
| <p>No needs The individual has no or the type of temporary trivial needs that might be expected in this area of life of someone with no impairments.</p> | <p>Without the care and support of the home, person would have adequate control over daily life.</p> <p>They would be able to make every day decisions and choices and mostly carry them out without support.</p> |
| <p>Some needs Some needs are distinguished from no needs by being sufficiently important or frequent to affect an individual's quality of life.</p> | <p>Without the care and support of the home, person would have some control, but not enough.</p> <p>Person would be able to make basic decisions for him/herself and carry out very simple, every day tasks unaided but would not have control in other areas because they require support. A person requiring support from staff to make decisions and/or carry them out would have at least some needs in the absence of services.</p> |
| <p>High needs High needs are distinguished from low-level needs by having mental or physical health implications if they are not met over a period of time. This may be because of severity or number.</p> | <p>Without the care and support of the home, person would have no control over daily life.</p> <p>Person would not be able to make choices or exercise control without staff support. A person requiring considerable or critical care and support would usually have high needs in expected SCRQoL.</p> |

Ratings of current and expected SCRQoL by domain (CH4)

13. Personal safety - current

| Key indicators and examples | |
|---|---|
| <p>Ideal The individual's wishes and preferences in this aspect of their life are fully met.</p> | <p>Person is safe and feels safe.</p> <p>As well as being and feeling safe when inside and outside the home (from abuse, falling and other physical harm), strategies are in place to manage risks so that they can take part in activities in the home and community without being or feeling unsafe.</p> |
| <p>No needs The individual has no or the type of temporary trivial needs that might be expected in this area of life of someone with no impairments.</p> | <p>Person is and feels adequately safe.</p> <p>Person is and feels adequately safe from abuse, falling and other physical harm. However, their activities are restricted to achieve this. For example, they may not use the garden because there are not enough staff on duty to support him/her to do so safely, without falling/wandering etc.</p> |
| <p>Some needs Some needs are distinguished from no needs by being sufficiently important or frequent to affect an individual's quality of life.</p> | <p>Person is and/or feels less than adequately safe.</p> <p>If person feels safe but there is evidence that they may not always be safe (e.g. you observe some potentially unsafe situations in the home), please code some needs.</p> <p>If person appears safe (no evidence to the contrary) but they tell you or appear to sometimes feel unsafe (e.g. anxious in the presence of some staff or in some situations), also code some needs.</p> |
| <p>High needs High needs are distinguished from low-level needs by having mental or physical health implications if they are not met over a period of time. This may be because of severity or number.</p> | <p>Person is not and/or does not feel at all safe.</p> <p>Sometimes people may feel safe because they are unaware of danger or forget they have been frightened by something or someone recently. If there is evidence that they are unsafe (for example; a kettle of hot water left beside someone who is likely to pull it over themselves; a wheelchair user left sitting near the top of the stairs; a person with dementia unsupervised and putting themselves in danger; no staff nearby when a person has an epileptic fit), code high needs and make a detailed record of the evidence to back this up.</p> <p>Sometimes, person may appear to be safe but they do not feel safe. For example, they may say they feel frightened/scared; may look anxious/nervous around certain people or certain situations (crying/screaming/ shaking). If so, code high needs and make a detailed record in the evidence.</p> <p>If high needs are identified, please follow your agreed procedures for reporting these and ensuring the safety of the individual(s).</p> |

Ratings of current and expected SCRQoL by domain (CH4)

14. Personal safety - expected

| Key indicators and examples | |
|---|--|
| Think about the person's ability to be and feel safe, without help and support from services. | |
| <p>Ideal The individual's wishes and preferences in this aspect of their life are fully met.</p> | <p>Without the help and support of the home, person would be and feel safe.</p> <p>This includes being free from the fear of abuse, falling and other physical harm. They would be able to live their life and take part in their usual activities without being or feeling unsafe.</p> |
| <p>No needs The individual has no or the type of temporary trivial needs that might be expected in this area of life of someone with no impairments.</p> | <p>Without the help and support of the home, person would be and feel adequately safe.</p> <p>They would be and feel adequately safe from abuse, falling and other physical harm. However, their activities may be restricted to achieve this. For example, without support they may no longer feel safe getting in and out of the bath and decide to take showers instead.</p> <p>If they have been physically, financially or verbally abused by someone else living or working in the care home, they may feel safer in their own home and so be rated as no needs in the absence of services.</p> |
| <p>Some needs Some needs are distinguished from no needs by being sufficiently important or frequent to affect an individual's quality of life.</p> | <p>Without the help and support of the home, person would be and/or feel less than adequately safe.</p> <p>If they are quite independent/able and generally manage safely around the care home, only needing support for certain activities (e.g. using public transport, accessing the community), then they may have some needs without that support.</p> <p>If they rely on the company, reassurance and support from staff and other residents to feel safe with services, they may feel less than adequately safe if they did not live in the home.</p> |
| <p>High needs High needs are distinguished from low-level needs by having mental or physical health implications if they are not met over a period of time. This may be because of severity or number.</p> | <p>Without the help and support of the home, person would not be and/or feel at all safe.</p> <p>This would be the appropriate rating for someone who is currently completely dependent on staff to stay safe or feel safe. This may be because they are unaware of danger (e.g. due to intellectual disability or cognitive impairment) or because they are physically dependent on staff to meet their basic needs and be/feel safe (e.g. because they are bedridden, need feeding etc).</p> |

Ratings of current and expected SCRQoL by domain (CH4)

Dignity – current

| Key indicators and examples | |
|---|--|
| <p>Ideal The individual's wishes and preferences in this aspect of their life are fully met.</p> | <p>The way this person is helped and treated makes them feel better about themselves.</p> <p>They are treated with respect at all times. Staff are friendly, call them by their preferred name and are considerate of their needs and feelings. The difference at this level, compared to no needs, is that staff go out of their way to make person feel valued.</p> |
| <p>No needs The individual has no or the type of temporary trivial needs that might be expected in this area of life of someone with no impairments.</p> | <p>The way this person is helped and treated does not affect the way they think or feel about themselves.</p> <p>The way they are treated is characterised by an absence of incidents that could have the potential to make them think and feel negatively about themselves. Person is treated with respect at all times. Staff are friendly, call person by their preferred name and are considerate of their needs and feelings.</p> |
| <p>Some needs Some needs are distinguished from no needs by being sufficiently important or frequent to affect an individual's quality of life.</p> | <p>The way this person is helped and treated sometimes undermines the way they think and feel about themselves.</p> <p>Person is usually treated with respect but not all the time. There are occasional examples of staff being inconsiderate or behaving inappropriately, although this is not malicious (e.g. they might talk about something personal in front of other people without thinking).</p> |
| <p>High needs High needs are distinguished from low-level needs by having mental or physical health implications if they are not met over a period of time. This may be because of severity or number.</p> | <p>The way this person is helped and treated completely undermines the way they think and feel about themselves.</p> <p>Person is processed without due care or thought as to how the care/support is provided. Care is delivered carelessly, roughly or without any consideration of their preferences. Look at the person's needs in the other domains: are they left on the toilet with the door open or are their personal care needs shouted about across the room?</p> <p>High needs in the dignity/respect domain is likely to be considered abuse or neglect.</p> <p>If high needs are identified in this domain, please follow your agreed procedures for reporting these and protecting the individual(s).</p> |

Ratings of current and expected SCRQoL by domain (CH4)

(c) PSSRU at the University of Kent

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