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Regulator Quality Ratings and Care Home Residents' quality of life

ILPN Conference, 11th September 2018, WU Vienna

Ann-Marie Towers, Sinead Palmer, Nick Smith and Grace Collins

THE STUDY

- Measuring Outcomes of Care Homes study (MOOCH).
- Funded by NIHR School for Social Care Research.
- May 2015- Dec 2018.
- Aims:
 - Understand the quality of life of care home residents.
 - Explore the relationship with staff factors, such as job satisfaction (not presented here today).
 - **Explore the relationship with the new regulator quality ratings (controlling for confounding factors).**

BACKGROUND

- Care Quality Commission (CQC) undergone period transformation, moving from basic min standards to a system based on quality.
- Aim to inform user choice and drive up quality.
- October 2014 - February 2017 all services given a rating
- Outstanding, good, requires improvement or inadequate.
- But how well do quality ratings reflect the quality of life of residents?
- Previous research showed relationship in residential but not nursing homes (Netten, Trukeschitz et al, 2012).

SAMPLING

- Study was powered to detect differences in SCRQoL for a sample of 210-340 residents in 30-35 homes
- Random sample of homes in 2 local authority areas in England, stratified by registration category.
- 119 homes were invited to take part to achieve sample of 34 homes (29% response rate).
- Within homes, convenience sampling to recruit 5-10 residents per home (18-36% of an average sized home).
- In very large homes, more were recruited to achieve similar proportions.
- All permanent residents eligible to participate, including those with dementia.

METHOD

Cross-sectional study (April 2016-November 2017):

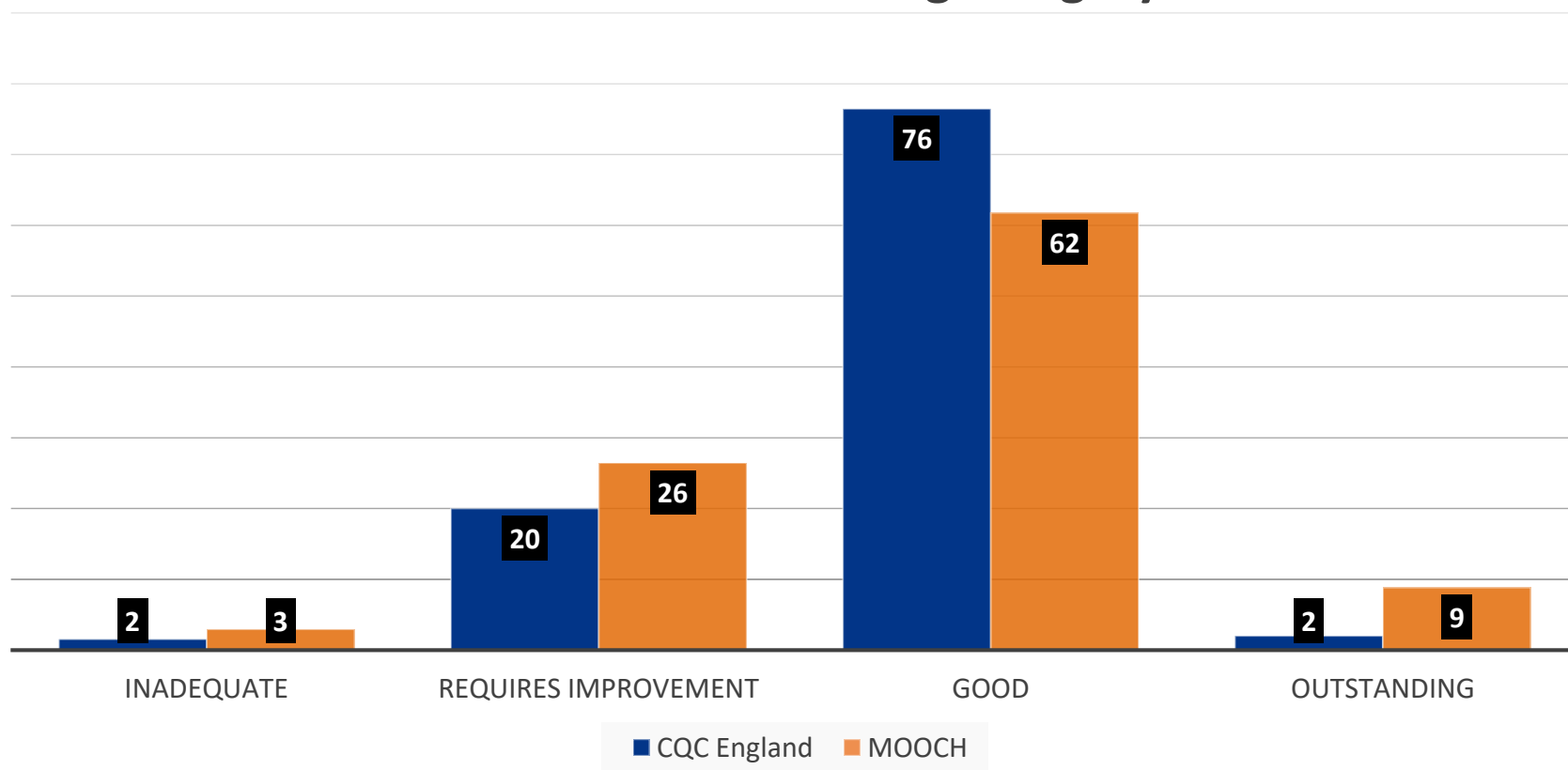
- Questionnaires completed by care staff about residents' needs and characteristics.
- Researchers collected data about residents' social care-related quality of life using the ASCOT care home tool.
- Quality ratings still being awarded during fieldwork.
- We recorded the quality rating made closest to our data collection in each home and controlled for time differences in analysis.

HOME CHARACTERISTICS

- 34 care homes
- 20 nursing, 14 residential
- Mean size = 50 beds (min 20- max 120)
- 80% were for-profit, which is representative
- Recruited a range of CQC ratings

CARE HOME QUALITY RATINGS

% of homes in each CQC rating category

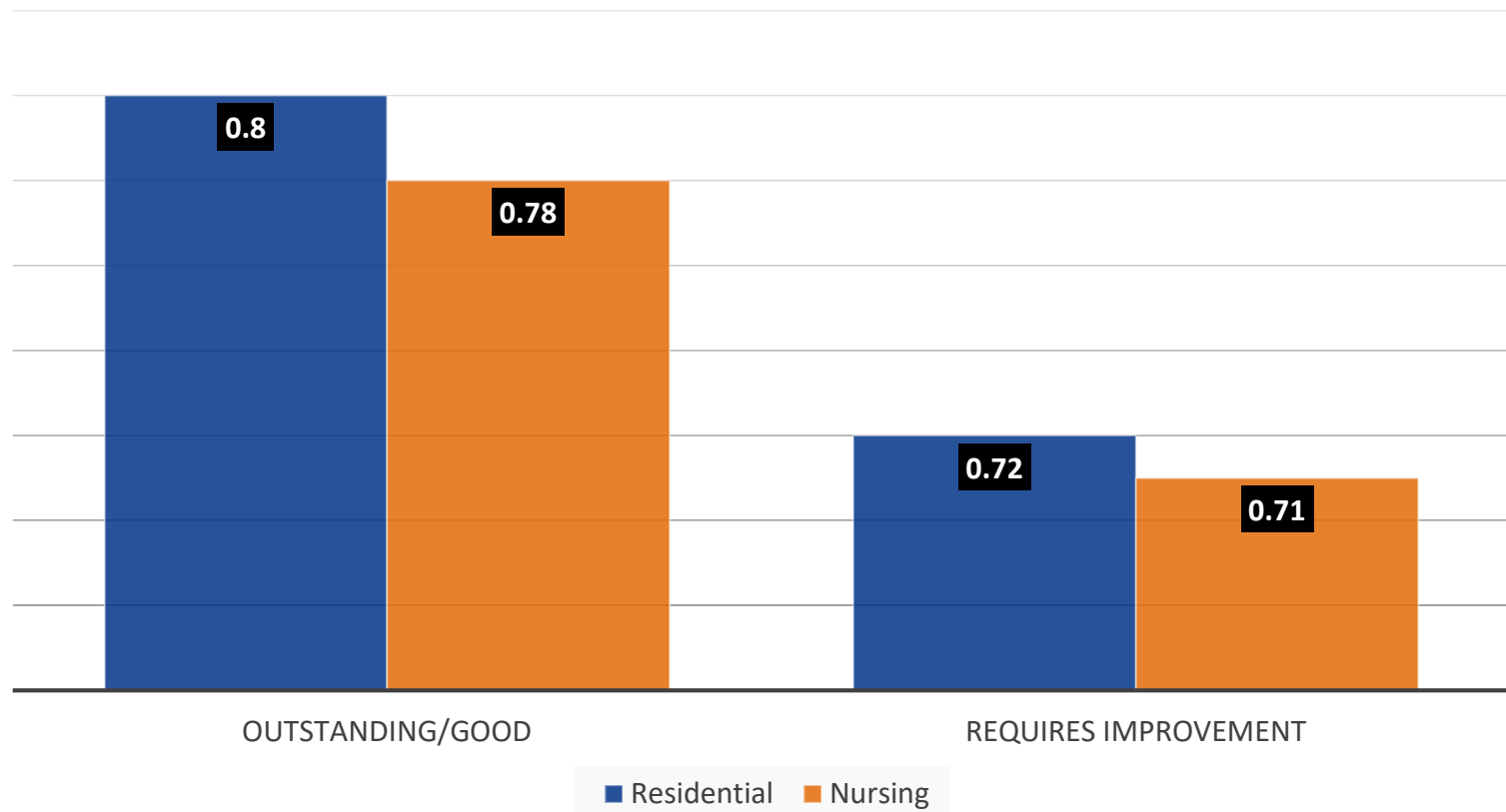


RESIDENT CHARACTERISTICS

	SAMPLE	REQUIRES IMPROVEMENT	GOOD/ OUTSTANDING	
Female, n (%)	197 (67)	65 (70)	132 (66)	$X^2=.44, p=.51$
Mean age (SD)	85 (8.66)	84 (8.30)	85 (8.85)	$X^2=-.35, p=.73$
Mean independent ADLs (SD)	3.57 (3)	3.59 (3.13)	3.57 (2.88)	$t=.05, p=.96$
Dementia, n (%)	152 (52)	59 (63)	93 (47)	$X^2=5.03, p=.03$
Mean DCDS (SD)*	8.54 (9.11)	9.68 (9.00)	8.00 (9.13)	$t=1.43, p=.15$
Mean SCRQoL (SD)	0.77 (.16)	0.71 (.17)	.79 (.16)	$t=-3.73, p<.001$
*higher scores = worse cognition or communication				

SCRQoL BY CQC RATING

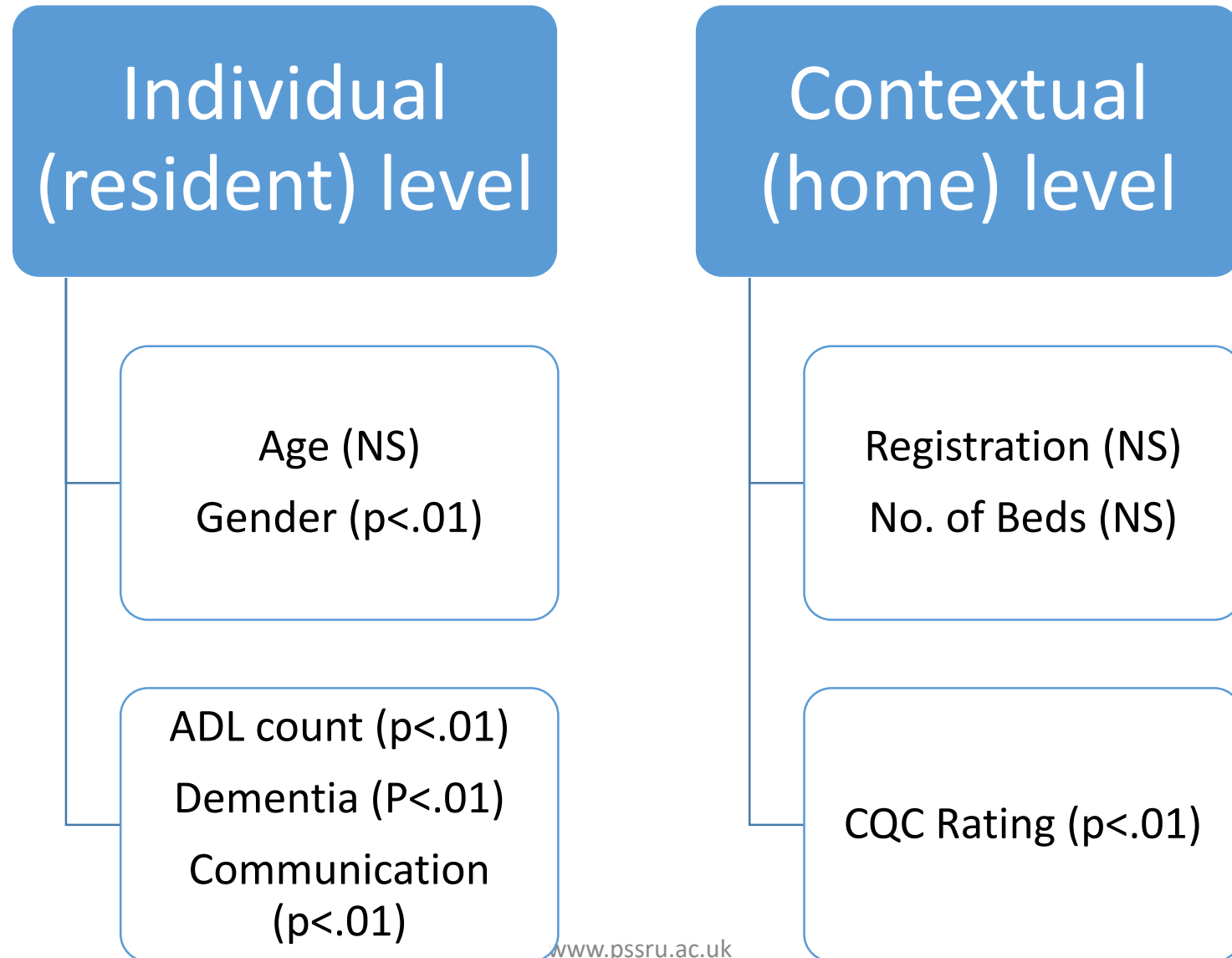
Residents' Care-related Quality of life



CQC RATINGS AND QUALITY OF LIFE

Do people living in “outstanding and good” care homes have better care-related quality of life than people living in homes “requiring improvement”?

FINAL MULTILEVEL MODEL



CONCLUSIONS

- First look at the relationship between new CQC quality ratings and residents' quality of life.
- Results indicate positive relationship with better quality of life in outstanding and good homes.
- Quality ratings are used by the public as an indicator of residents' quality of life so this is promising.
- But not a national study and no homes rated inadequate (very difficult to recruit and capture these homes)
- Important to try and replicate these findings for greater generalisability.

DISCLAIMER

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