

Kent Academic Repository

Full text document (pdf)

Citation for published version

Towers, Ann-Marie and Palmer, Sinead and Smith, Nick and Collins, Grace (2018) CQC Quality Ratings and Care Home Residents' Quality of Life. In: British Society of Gerontology 47th Annual Conference, 4-6 July 2018, Manchester, UK. (Unpublished)

DOI

Link to record in KAR

<https://kar.kent.ac.uk/78502/>

Document Version

Presentation

Copyright & reuse

Content in the Kent Academic Repository is made available for research purposes. Unless otherwise stated all content is protected by copyright and in the absence of an open licence (eg Creative Commons), permissions for further reuse of content should be sought from the publisher, author or other copyright holder.

Versions of research

The version in the Kent Academic Repository may differ from the final published version.

Users are advised to check <http://kar.kent.ac.uk> for the status of the paper. **Users should always cite the published version of record.**

Enquiries

For any further enquiries regarding the licence status of this document, please contact:

researchsupport@kent.ac.uk

If you believe this document infringes copyright then please contact the KAR admin team with the take-down information provided at <http://kar.kent.ac.uk/contact.html>

CQC Quality Ratings and Care Home Residents' quality of life

British Society of Gerontology 47th Annual Conference 2018

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
- 2015-2018
- Aims:
 - Understand the quality of life of care home residents
 - Including weekends and evenings
 - Explore the relationship between residents' outcomes and the new CQC quality ratings (controlling for confounding factors).

BACKGROUND

- Care Quality Commission introduced new quality ratings in 2013.
- All adult social care services were rated between October 2014 and February 2017.
- Greater focus on quality of life
- “Mum test” – would you want someone you love to live in or use the service?
- Rated as outstanding, good, require improvement or inadequate.
- Previous research showed relationship with QoL in residential but not nursing homes.

METHOD

Cross-sectional study:

- Aiming for 210-340 residents in 30 homes
- 2-4 days in each home (depending on size of home)
- Questionnaires completed by care staff about residents' needs and characteristics
- Researchers collected data about residents' social care-related quality of life through interviews and observations
- Homes were being inspected with the new CQC quality during the fieldwork period.
- We recorded the quality rating at the closest time to the fieldwork.

DATA COLLECTED

- Resident level data

- Demographic information (age, gender, marital)
- Health (diagnosis of dementia, continence)
- Cognitive performance (MDS cognitive performance scale)
- Ability to perform activities of daily living (washing, dressing)
- Communication (Dementia Communication Difficulties Scale)
- Social care-related quality of life (ASCOT)

- Home level data

- Size (number of beds)
- Registration (residential/nursing)
- Sector (profit/not-for-profit)
- CQC ratings

SAMPLE

- **34 homes** from 2 local authorities (29% response rate)
 - 20 nursing, 14 residential
 - 20-120 beds (mean = 50 beds)
 - Most were 'for-profit' with only 7 being not-for-profit
- **293 residents**
 - Mostly women (67%)
 - Aged between 50 and 103 (mean = 85 years old)
 - Mostly white (98%)
 - Mostly widowed (53%) (but around a quarter still married)
 - Around half diagnosed with dementia (52%)

RESIDENT CHARACTERISTICS

MEASURE	SCALE	RANGE	MEAN (SD)
ADL count (independently)	0–9	0-9	3.57 (2.96)
Cognition (MDS CPS)	0–6*	0-6	1.94
Communication (DCDS)	0–39*	0-38	8.54 (9.11)
Social care related quality of life (ASCOT)	-0.17-1	.31-1	0.77 (0.16)
*higher scores = worse cognition or communication			

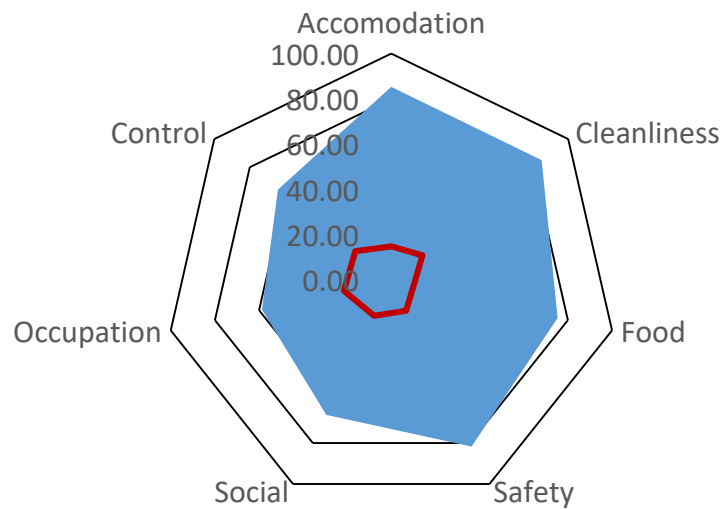
DIFFERENCES BY TYPE OF HOME

Compared with people living in residential care, nursing home residents were:

- Younger
- More likely to be **male**
- More likely to be **married** (vs widowed)
- More likely to have a diagnosis of **dementia**
- In **poorer health** (e.g. continence, pain)
- Less able to **self-care** (washing, dressing)
- Less likely to be **self-funding** all of their care

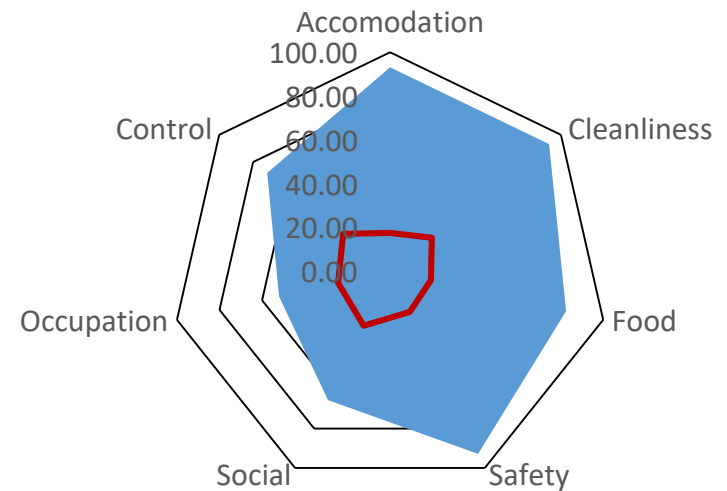
SCRQOL OF RESIDENTS

MOOCH homes



■ Current SCRQoL □ Expected SCRQoL

National care home data (2010)



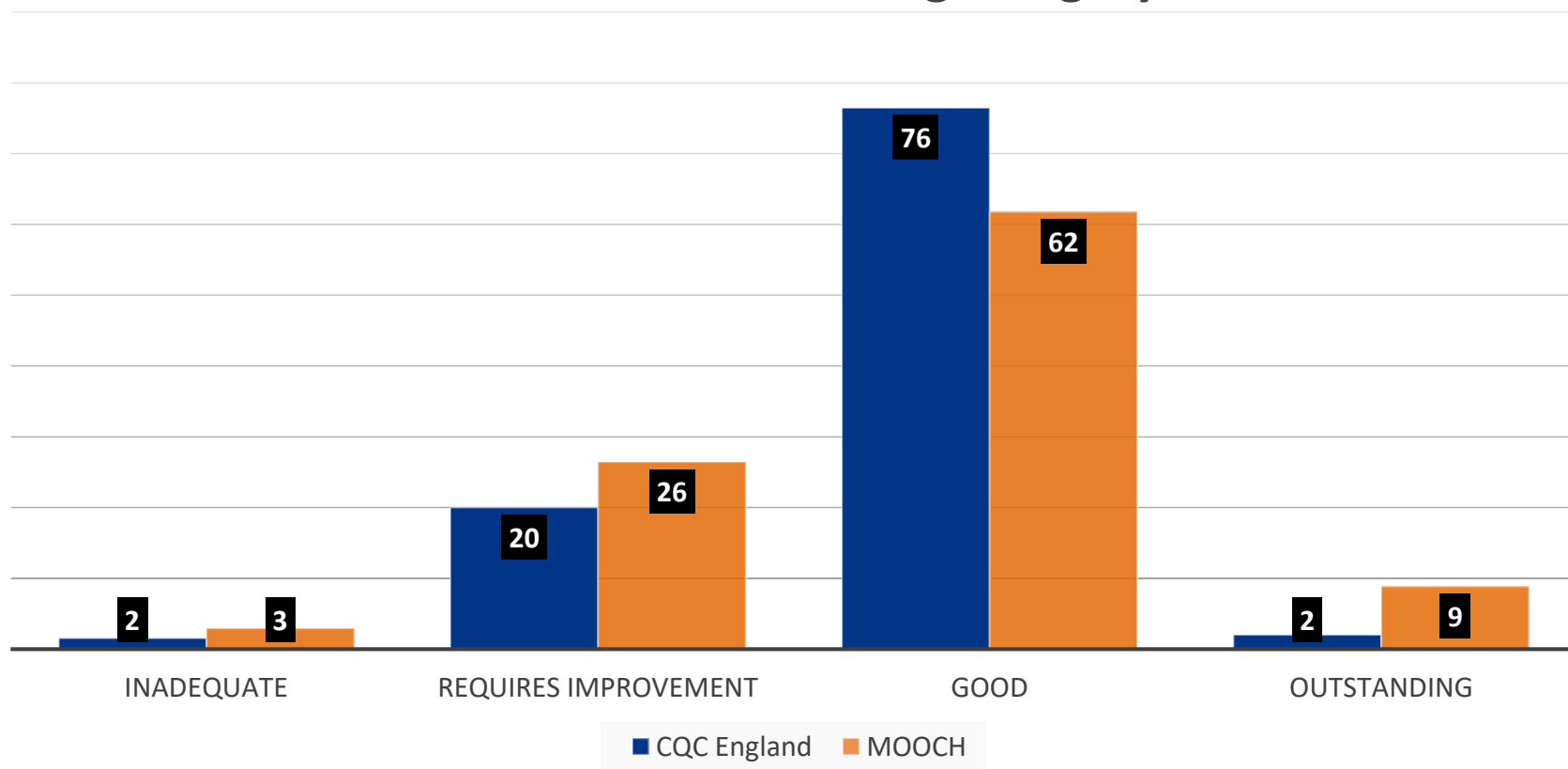
■ Current SCRQoL □ Current SCRQoL

CARE HOMES CQC RATINGS

- We were aiming for a **range** of quality ratings
- Most homes were rated as **'good'**
- We managed to recruit some **outstanding** and **requires improvement**
- One home was rated **inadequate** before the research but was re-inspected and rated as 'requiring improvement' a week later

HOW DO OUR HOMES COMPARE TO NATIONAL CQC RATINGS?

% of homes in each CQC rating category



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”?

Results of multi-level model

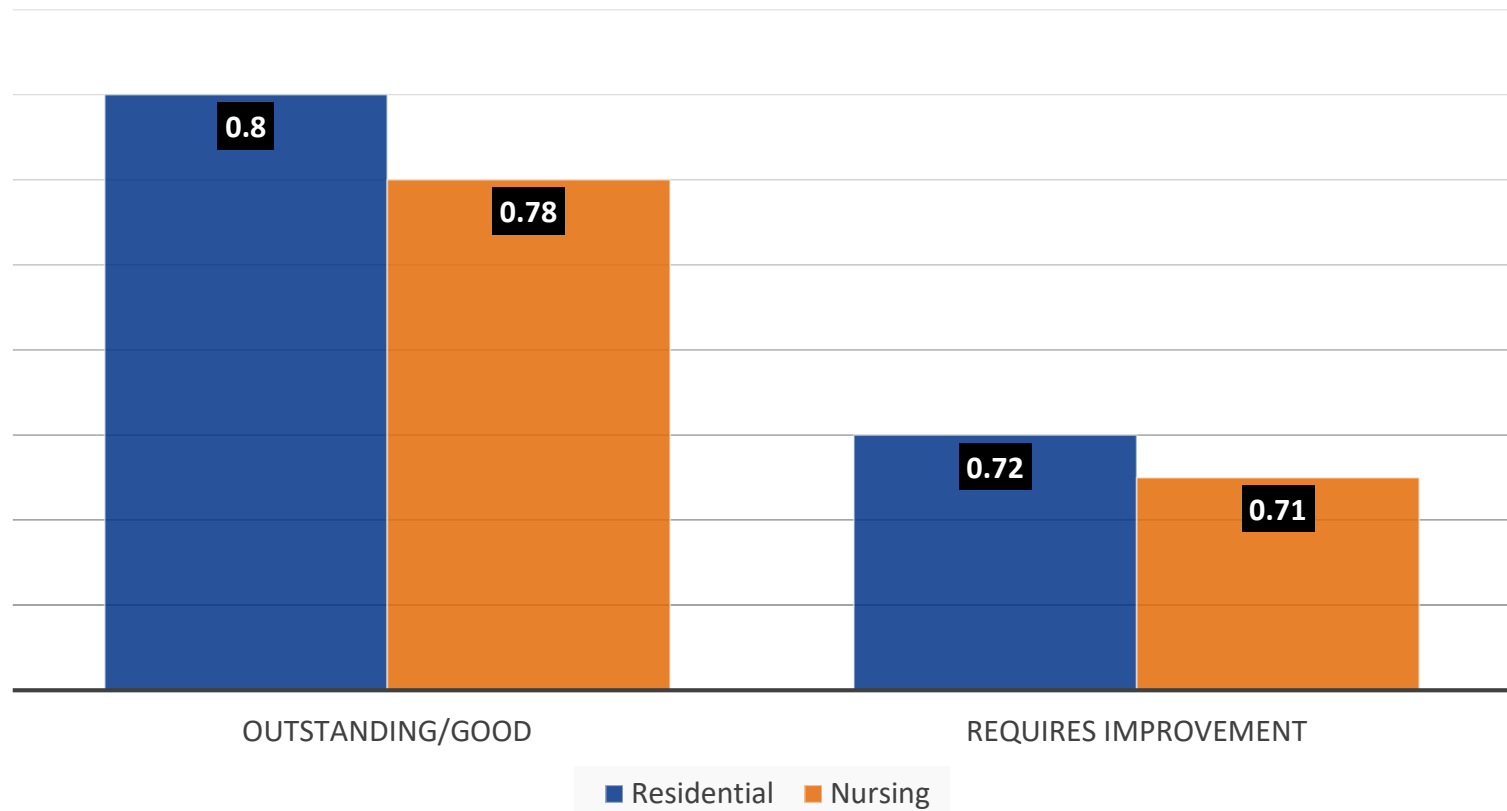
On average, people had **better care-related quality of life** in **outstanding/good homes**.

Even after controlling for other key variables
(not significant (NS), $p < .05^*$, $p < .01^{**}$):

AGE (NS)	GENDER*	ADL COUNT**	DIAGNOSIS DEMENTIA**
DCDS*	TYPE OF HOME (NS)	SIZE (NS)	CQC RATING**

SCRQoL BY CQC RATING

Residents' Care-related Quality of life



CONCLUSIONS

- First look at the relationship between 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

This paper reports on independent research funded by the National Institute for Health Research School for Social Care Research (NIHR SSCR). The views expressed in this presentation are those of the author(s) and not necessarily those of the NIHR, the NIHR SSCR, NHS or the Department of Health and Social Care or its arm's length bodies or other government departments.