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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).

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• 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.

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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
• **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

<table>
<thead>
<tr>
<th>Measure</th>
<th>Scale</th>
<th>Range</th>
<th>Mean (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADL count (independently)</td>
<td>0–9</td>
<td>0-9</td>
<td>3.57 (2.96)</td>
</tr>
<tr>
<td>Cognition (MDS CPS)</td>
<td>0–6*</td>
<td>0-6</td>
<td>1.94</td>
</tr>
<tr>
<td>Communication (DCDS)</td>
<td>0–39*</td>
<td>0-38</td>
<td>8.54 (9.11)</td>
</tr>
<tr>
<td>Social care related quality of life (ASCOT)</td>
<td>-0.17-1</td>
<td>.31-1</td>
<td>0.77 (0.16)</td>
</tr>
</tbody>
</table>

*higher scores = worse cognition or communication
Diferences 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
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

- INADEQUATE: 2 (CQC England), 3 (MOOCH)
- REQUIRES IMPROVEMENT: 20 (CQC England), 26 (MOOCH)
- GOOD: 76 (CQC England), 62 (MOOCH)
- OUTSTANDING: 2 (CQC England), 9 (MOOCH)

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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****
Residents’ Care-related Quality of life

<table>
<thead>
<tr>
<th>Category</th>
<th>Residential</th>
<th>Nursing</th>
</tr>
</thead>
<tbody>
<tr>
<td>OUTSTANDING/GOOD</td>
<td>0.8</td>
<td>0.78</td>
</tr>
<tr>
<td>REQUIRES IMPROVEMENT</td>
<td>0.72</td>
<td>0.71</td>
</tr>
</tbody>
</table>

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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.
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