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Regulator quality ratings and care home residents' social care-related quality of life

BSG2021 50th Anniversary Conference
8th July 2021

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Florin Vadean – PSSRU, University of Kent

Stephen Allan – PSSRU, University of Kent

Julien Forder – PSSRU, University of Kent

BACKGROUND

Using data from two studies:

- Measuring Outcomes of Care Homes study (MOOCH).
 - Funded by NIHR School for Social Care Research.
 - May 2015- Dec 2018.
 - Towers, A., Palmer, S., Smith, N. and Collins, G. & Allan, S. (2019). A Cross-sectional Study exploring the relationship between regulator quality ratings and care home residents' quality of life in England. Health and Quality of Life Outcomes. <https://doi.org/10.1186/s12955-019-1093-1>
- Measuring and Improving Care Home Quality (MiCare HQ)
 - Funded by NIHR Health Services and Delivery Research
 - July 2017-August 2020
 - <https://njl-admin.nihr.ac.uk/document/download/2028355>
 - Report submitted and in peer review.

PROJECT TEAMS

MOOCH (2015-2018)

Ann-Marie Towers (CHSS)

Nick Smith (PSSRU)

Sinead Palmer (PSSRU)

Grace Collins (PSSRU)

MiCare HQ (2017-2020)

Jackie Cassell (BSMS)

Ann-Marie Towers (CHSS)

Nick Smith (PSSRU)

Stephen Allan (PSSRU)

Florin Vadean (PSSRU)

Grace Collins (PSSRU)

Stacey Rand (PSSRU)

Stefania Lanza (BSMS)

Madeline Naick (PSSRU)

Julien Forder (PSSRU)

RESEARCH QUESTIONS

- Are CQC quality ratings associated with residents' Social Care Related Quality of Life?
 - Overall quality ratings
 - Key Lines of Enquiry (KLOEs)
- Which residents (by level of care needs) benefit more from care homes with higher quality ratings?

METHODS

- Both studies used a cross-sectional design:
 - 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.
 - We recorded the quality rating made closest to our data collection in each home.

PARTICIPATING HOMES



54 homes from 4 LAs in South East
30 nursing, 24 residential



Varied in size from 10 – 120 beds
Mean size = 49 beds

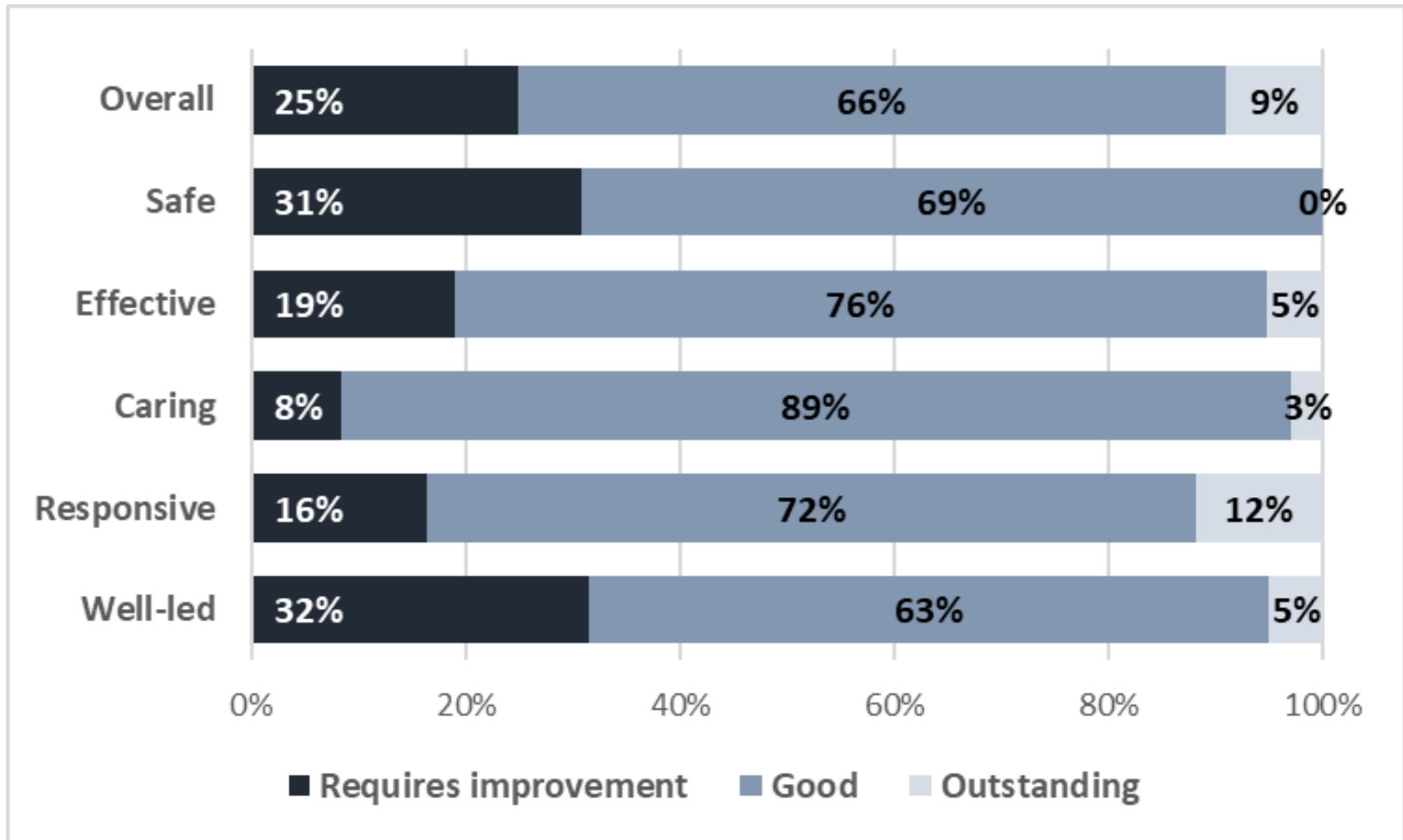


47 homes (87%) were private sector
7 homes (13%) were voluntary sector
Mean weekly fee = £817

SAMPLE CHARACTERISTICS

	SAMPLE N=475	MOOCH N=293	MiCARE HQ N=182
Female, % (N)	67% (472)	67% (293)	68% (179)
Mean Age (SD, N)	84.33 (8.63, 448)	84.63 (8.63, 273)	83.87 (9.15, 175)
Self-funded, % (N)	49% (403)	45% (244)	55% (159)
Mean indep. ADLs (SD, N)	3.12 (2.69, 442)	3.40 (2.72, 271)	2.68 (2.60, 171)
Dementia, % (N)	53% (451)	55% (275)	49% (176)
Mean SCRQoL (SD)	0.75 (0.17)	0.77 (0.16)	0.74 (0.18)

CQC Quality Ratings



CQC RATINGS AND QUALITY OF LIFE

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

CQC RATINGS AND QUALITY OF LIFE

- OLS estimation results were run for 5 models of current SCRQoL.
- Model A replicated the significant findings of MOOCH:
 - Positive relationship between residents SCRQoL and 'Good/Outstanding' vs 'Requires Improvement'
 - Positive relationship being female and able to do more ADLs independently.
 - Negative relationship with cognitive impairment.

CQC RATINGS AND QUALITY OF LIFE

Subsequent models found:

- 'Expected SCRQoL' (needs in absence of services) is better at capturing impairment/social care needs than ADLs and cognitive impairment.
- No evidence that self-funders get better outcomes than publicly funded residents.
- High needs residents have greater capacity to benefit from better quality homes:
 - *A high needs resident would have a 0.09 ($p=.028$) higher current SCRQoL if their home was rated outstanding/good rather than requires improvement (equivalent to 12% of the average quality of life of the sample)*

KEY LINES OF ENQUIRY (KLOEs)

- Safe, Effective, Caring, Responsive, Well-led
- *Caring* and *Well-led* most related to SCRQoL.
- *Caring* (residents treated with compassion, kindness, dignity, respect) strongly related to ASCOT higher order domains.
- *Well-led* particularly associated with SCRQoL for high needs residents.
 - Good management important to generating good outcomes for those with highest needs – perhaps through effective working environment and staff skill development?

Limitations

- Analysis restricted to homes in the South East of England.
- High number of self-funders in MiCare HQ sample.

DISCLAIMERS

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.

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