

CARE STANDARDS IN UK HOMES FOR PEOPLE WITH INTELLECTUAL DISABILITIES

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The UK Department of Health published national minimum standards as part of the reforms introduced by the Care Standards Act. The standards for care homes for younger adults apply to all registered care homes for people aged between 18 and 65.

They are intended to focus on achievable outcomes for service users - That is the impact on the individual of the facilities and services of the home. They are grouped into eight sections dealing with:

1. choice of home,
2. meeting individual needs and choices,
3. lifestyle,
4. personal and healthcare support,
5. concerns, complaints and protection,
6. environment,
7. staffing and
8. conduct and management of the home.

Performance of homes is assessed by inspectors from the Commission for Social Care Inspection (CSCI). **NOTE:** As from March 2009, "CSCI" became the "Care Quality Commission (CQC)". <http://www.cqc.org.uk/>

This study aimed to assess the extent to which the national minimum standards measure outcomes for people using services, making use of data collected in the course of a larger study of the quality of care provided by residential homes for people with intellectual disabilities. Since the ratings of standards for every home are published, it was possible to compare them with research measures of process and outcome.

The study therefore addressed two questions:

- Do inspectors judgements of care standards agree with objective measures of service user outcome and quality of service?
- If they do not, what characteristics of services and service users do they reflect?

The services included in this study were 52 registered care homes for adults with intellectual disabilities provided by a large national charity in England. Data collection was carried out in mid-2004.

The homes served 299 adults with intellectual disabilities, with a mean age of 47 years (range 31-66; SD: 7.5). Fifty-one percent were male, 97% were white British. Size of home ranged from 3 to 12 residents (mean 6). The average staff ratio (staff in post to service users) for these services was 1.5 (range 0.4-7.2).

Residents had a wide range of intellectual disabilities.

Information was collected on -

- the ability, social impairment and challenging behaviour of the people in each home (a survey based on the short form of the AAMR Adaptive Behaviour Scale Part 1., the Quality of Social Interaction question from the Schedule of Handicaps Behaviours and Skills and the Aberrant Behaviour Checklist).
- service users participation in tasks of daily living (assessed using the Index of Participation in Domestic Life).
- the extent to which service users were encouraged and helped to make choices in their everyday lives (using the Choice Making Scale)
- service user engagement in meaningful activity and staff contact and assistance to service users (using an observational momentary time-sample)
- the quality of staff support (using the Active Support Measure)
- the service setting, the quality of the environment in terms of homeliness, the systems and structures in place within the service to support service user involvement and activity and staff training (using the Revised Residential Services Setting Questionnaire)
- care standards ratings

Relationships between these measures were analysed using Spearman's product moment correlation coefficients and chi-square analysis.

In general, as in previous research, there was evidence of association between the research measures of outcome and process. The care standards ratings were also generally inter-correlated. However, there were few relationships between care standards ratings and the other measures of service quality and service user outcome.

There were no relationships between care standards ratings and a range of user and service characteristics including age, adaptive behaviour, challenging behaviour, homelikeness, number of residents and staff ratio.

The finding that, in general, measures of service user outcomes and related processes do not correlate with ratings made using the national minimum standards is, perhaps, surprising.

Given that the national minimum standards are supposed to be comprehensive and to reflect the outcomes experienced by service users, not to find a clear relationship **implies that Government intentions are not being given effect.**

It seems implausible that the standards could be measuring important outcomes which **were not reflected at all in the lived experience of residential care, as assessed by measures of engagement, activity and choice.**

These are outcomes of central importance in the day-to-day lives of people and to have **a national system of quality assurance which fails to capture them [outcomes]** may be difficult to defend. Lack of consistency between inspectors judgements may also contribute the result.

Further research could usefully include a wider range of research measures, client

groups and types of service. However, the findings of this study are quite clear. They suggest that the **assessment of services using the national minimum standards does not yet reflect important user outcomes**. The review and reform of the standards and inspection processes already announced by CSCI and the Department of Health is therefore timely and appropriate.

The full report of this study is available on:

http://www.kent.ac.uk/tizard/research/research_projects/beadlebrown_2005_care_standards_report_final.pdf

Email Contact: tizard-info@kent.ac.uk

Recent comment from the Tizard Centre: The quality rating of every residential home in England is published on the web. Examples are available on:-

<http://www.cqc.org.uk/registeredservicesdirectory/rsquicksearch.asp>.

Enter some search criteria to get the CQC (CSCI) individual establishment inspection reports.

There is an important caveat to this data - the national minimum standards on which the quality ratings are based are heavily process-oriented and do not adequately reflect outcomes - see:- Beadle-Brown, J., Hutchinson, A. and Mansell, J. (2008) Care standards in homes for people with intellectual disabilities. *Journal of Applied Research in Intellectual Disabilities*, 21, 210-218.

The Tizard Centre says the UK government has failed to revise the care standards, and Tizard are continuing to research the relationship between inspectors' ratings and resident outcomes.

LISA Comment: UK research was/is discovering service outcomes were/are not matching the intention of service standards.

This is just the situation here in Victoria in respect to DHS direct service provision. The department's head office produces good care policies, standards and values, but the direction, intention and spirit of these is not implemented consistently at their service points.

The equivalent of CQC (CSCI) here in Victoria is the Community Visitors Program (CVP), where similarly the inspection reports rarely reflect resident outcomes. This is not surprising, given the legislation has been watered down between the CVP under the IDPS Act and the CVP under the Disability Act 2006. And that the CVP and the DHS service it inspects, are under the same state government minister!

The Victorian Auditor General's Report, March 2008, says there is a disconnect between the new support model and the actual delivery of the model. The report says the DHS needs to monitor how well the new service model is being implemented and applied.

Our findings continue to show DHS head office produced care policies, standards and values are not fully and consistently implemented at their regional service points (SSAs), as DHS regional management are unable to set, monitor and maintain their direct care staff work value expectations within their job descriptions and departmental care policies, standards and values.