
CARE STANDARDS IN HOMES FOR PEOPLE WITH INTELLECTUAL DISABILITIES

a research report by

Julie Beadle-Brown, Aislinn Hutchinson
and Jim Mansell

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BACKGROUND

The 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 (i) choice of home, (ii) meeting individual needs and choices, (iii) lifestyle, (iv) personal and healthcare support, (v) concerns, complaints and protection, (vi) environment, (vii) staffing and (viii) conduct and management of the home. Performance of homes is assessed by inspectors from the Commission for Social Care Inspection (CSCI).

AIMS AND OBJECTIVES

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?

METHOD

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.

OUTCOMES

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 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 Department of Health is therefore timely and appropriate.

RESEARCH TEAM

Dr Julie Beadle-Brown (j.d.beadle-brown@kent.ac.uk)
 Aislinn Hutchinson
 Prof Jim Mansell

The full report of this study (Beadle-Brown J, Hutchinson A and Mansell J (2005) *Care standards in homes for people with intellectual disabilities*. Canterbury: Tizard Centre) is available on the Centre's website.

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