

Using ASCOT to inform care practice

**Nick Smith, Ann-Marie Towers, Sinead
Rider and Elizabeth Welch**
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ASCOT tools

- All the ASCOT tools began life as research instruments

BUT

- Can they be used to inform care practice?

Care homes version of ASCOT (CH3)

- Measures individual current SCRQoL, expected SCRQoL and SCRQoL gain
- 3 levels (no needs, some needs, high needs)
- Rates 8 domains (control over daily life, personal care, food and drink, safety, social participation, occupation, accommodation, dignity)
- Uses a mixed methods approach (observations and interviews)

Care homes version of ASCOT (CH3)

But also provides

- 'rich' data about residents' 'lived' experience and care practice
- Has potential for practice improvement

ASCOT: improving care practice

Project funded by NIHR School for Social Care Research (SSCR)

- ASCOT feedback intervention study (AFIS)

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- Background – anecdotal evidence from ASCOT users
- Feasibility study of using feedback from CH3 to improve the quality of life of care home residents

ASCOT feedback intervention study (AFIS)

- 4 care homes (2 nursing/2 residential) plus 2 pilot homes
- ASCOT CH3 used to measure participating residents' SCRQoL at two time points 3 months apart
- After the first time point staff were given detailed (and anonymised) feedback on residents' SCRQoL

AFIS feedback

- Aim was to share information on residents' SCRQoL and their 'lived' experience with all staff
- Foster a discussion on the findings and how SCRQoL can be improved

Food and drink feedback home 02

No needs	60%
Some needs	33%
High needs	7%

Food and drink feedback home 02

- Some didn't always get timely or adequate food and drink – but no health risk
 - This was mainly down to residents saying they did not have enough choice/limited choice

Food and drink (1)

(observation notes)

- Menus on each of the tables, today's lunch a choice of haddock or scampi for lunch...
- The menu for today is only fish haddock or scampi – this is the same as before?
- Lunch menu steak pie or chicken supreme..
- DS is still sitting at a table, another resident in a wheelchair is pushed to the table, and seat next to DS. DS glass is empty. New resident is offered a drink, DS isn't offered a drink.

Food and drink (2)

(resident interview)

Int: What's the food like here?

Res: Not at all bad, you know, not at all bad. Not princely, but you know, satisfying usually.

Int: Yeah. Do they do things that you like?

Res: Hmm?

Int: Do they do meals you like here? Do you get a choice of meals or?

Res: Well, not much.

Int: Not much choice?

Res: No. No not really. But it's a choice of take it or leave it I suppose.

Occupation feedback home 04

No needs	47%
Some needs	44%
High needs	9%

Occupation feedback home 04

- A few residents who had high needs – did almost nothing they enjoyed
 - Residents who we saw do no activities and staff confirmed they did not do anything
 - Residents who feels very bored and clearly states she does nothing

Occupation (1)

(resident interview transcript)

INT: What sort of things do you like to do here?

RES: Well not a great--, not a great deal. I think it's up to ourselves to, er, make sure that we're involved with something.

.....

RES: If you're sitting in one room all the time--, all the time like this, you--, there's just nothing to do. You just sit-.... the people that come to and fro, they haven't got time to stop and chat to you, they're busy doing something every time. And it does get very, very bored ... It's just, you're in here and it's a dead silence sort of thing.

Occupation (2)

(observation notes)

10.50 In a chair in the bay window (in the lounge), sleeping. Legs are up on stool, large cushion behind her.

11.15 In chair as before, half awake, dozes, then looks around then back to light sleep. No interaction with the three other residents in this lounge

11.30 still napping

11.50 awake and sitting in the lounge. The only resident in there. Moving feet in time with the clock. Earlier she had told the manager how bored she was

12.00 still alone, looks out of the lounge window as she eats.

12.15 still in chair, eating pudding.

Note: checked back in the afternoon (3ish) KM was still in the same chair in the lounge.

Occupation feedback home 04

- Fed into a new set of activities – designed by a company who run dementia specific services.
- Themed sessions, music, movement, remembering, sharing, visual, words

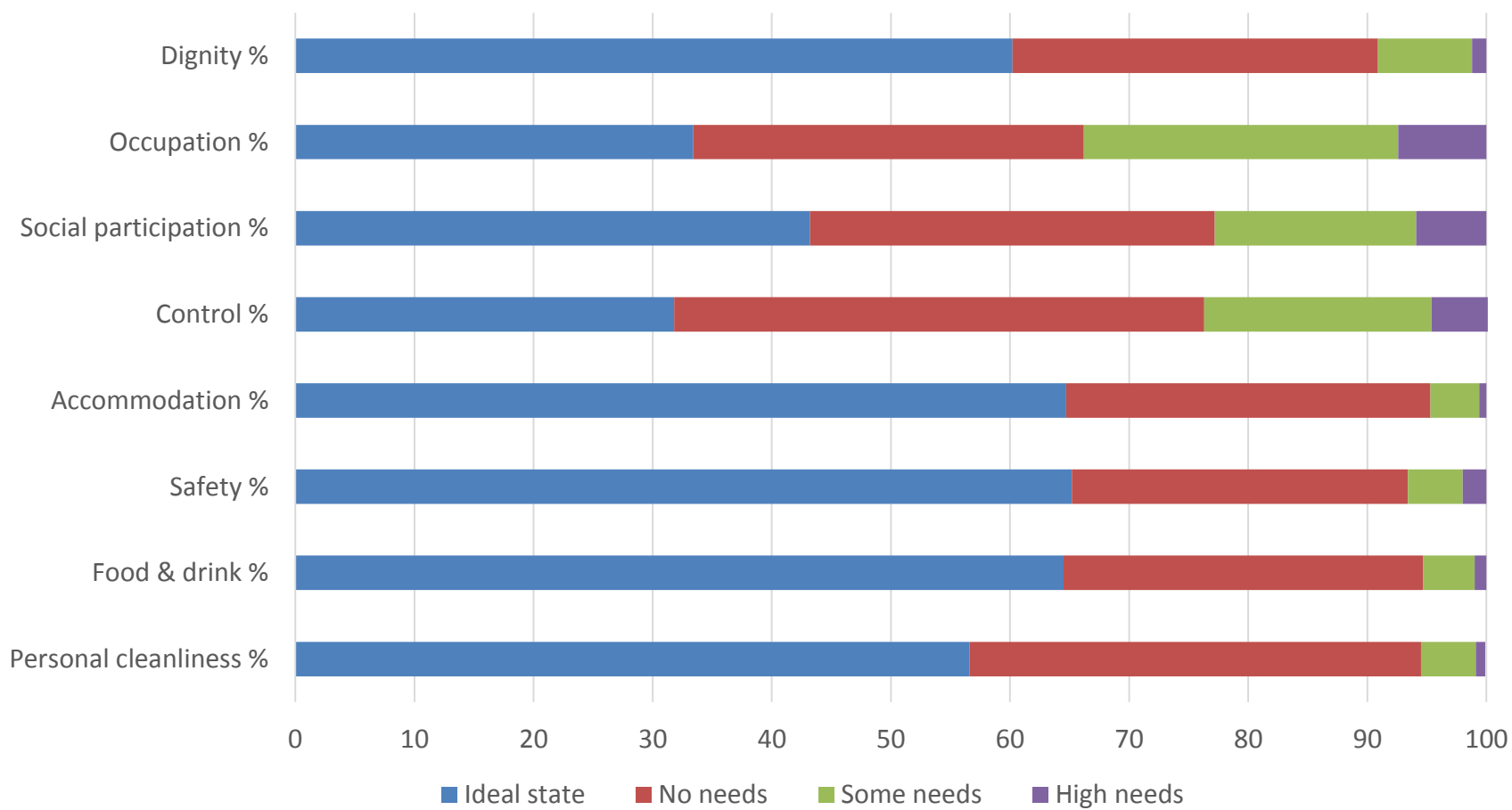
The impact of AFIS feedback

- *“I completely changed the whole setup of the working day. So I looked at smaller groups of residents, because the staff were coming back to me and saying, ‘We haven’t got time to complete all of our tasks with so many residents.’ They now have more time to spend with the residents in terms of social care; the little things, painting nails, and so on and so forth, and the lipstick and it’s all very, very important. So that took the onus off of a task-orientated workload.” (Care Home Manager Nursing National Chain)*

Improving care practice and other versions of ASCOT

- Self-completion version (SCT4)
- Structured interview (INT4)

Improving care practice: SCT4 data (Adult Social Care Survey 2012-13)



Improving care practice and other versions of ASCOT

- Identification of areas where further in depth work on care practice might be needed
- ASCOT alongside other data?

Concluding remarks

- ASCOT has the potential to be used as a tool to improve care practice.
- AFIS demonstrated the impact CH3 can have on practice
- Further work to explore this and the impact on outcomes

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