

## Towards a national system for continuing assessment in care homes

Assessment of elderly people in nursing and residential care homes is assuming increasing importance with a growing recognition of wide variations in the charging costs and quality of care required for individuals over time. However, there is no standard system in place for continuing assessment to inform both the development of individual care plans and broader institutional management. A study by a team at the University of Kent examined the role of assessment and addressed the potential for a standard assessment system that could be used in care homes on a nation-wide basis. Key findings of this study are:

- f** Assessment occurs at the point of entry to nursing and residential homes for those who are publicly funded; however, little attention has been paid to continuing assessment after entry.
- f** A review of assessments from local authorities revealed wide variation in the content and quality of information. Collaboration between health and social services staff appears to be rare and there is no clear linkage between identifying specific problems for individuals and formulating a response.
- f** The focus of assessment has generally been prior to placement, looking at professional practice issues rather than quality assurance, costs or management; true multi-disciplinary approaches are rare.
- f** Assessment of quality in residential homes currently focuses on measuring management and staff quality in the context of the mix of needs in the home as a whole. There is very little focus on individual care plans or residents.
- f** The researchers conclude that:
  - A single assessment system is needed which can be used for tasks at different levels: individual care planning, management, supervision, analysis of different levels of need within homes, cost and quality assurance.**

**The American Minimum Data Set/Resident Assessment Instrument has the potential to address these different tasks and should be piloted for use in the UK in continuing care settings - residential homes, nursing homes and hospitals.**

### Assessment as a policy issue

Policies on services for older people are converging across many countries, with a shift in the balance of care towards community-based support, with less reliance overall on institutional care. This has led to more careful targeting of admissions to residential and nursing homes, with assessment consequently playing a critical role. The goal of long-term care for elderly people is to maintain as high a quality of life as possible in the presence of chronic physical, cognitive and social disabilities, which commonly deteriorate over time. Older people's lives are also frequently punctuated with episodes of acute problems which may be medical, cognitive, behavioural or social. Hence, assessment is important not only at the point of entry to continuing care, but on regular occasions thereafter.

This study examined the role of assessment and ways of moving towards a common system for residents in care homes, which can assess individual care needs, assist in constructing care plans and provide appropriate information to permit costing the level of care provided. Such an assessment process could offer a common basis for agreeing levels of care across organisations and localities, be acceptable to both health and social services staff, be focused upon the personal needs of the resident and be readily incorporated into a computer software package.

### Assessment systems in practice

Assessment has been used for identifying eligibility for services, clarifying the needs, problems and preferences of individuals and their carers, particularly at key points such as deciding whether someone should move into residential care, and for reviewing needs over time.

The study's review of the literature found that assessment prior to admission to institutional care can identify problems which can then sometimes be resolved, making admission unnecessary; it can also reduce deaths and highlight the needs of carers. However, despite their desirability, true multi-disciplinary approaches to assessment are relatively rare. Furthermore, few studies have examined the use of assessment and reassessment following admission to long-term care.

### Assessment documentation

A detailed evaluation of assessments from 50 local authorities found they varied greatly in the extent to which information was structured, although many covered to some extent most of the areas considered important. However, there appeared to be a lack of integration of health and social services assessment

information in the documents used. Only 24 per cent of forms were used jointly by health and social services, the remainder by social services departments only. The review revealed a wide variation in content and quality of information and no clear linkage between identifying problems and formulating a proper response.

Very few documents were designed for assessing or reviewing the needs of elderly people once they were living in residential or nursing homes and there was a very variable coverage of care needs, depression/anxiety, problems of cognitive impairment and behavioural patterns. 'Activities of Daily Living' assessment is reasonably consistent in content but not always structured.

There are a number of standardised assessment systems which are relevant to the care of elderly people. Most of these have been designed for use in a research setting, often with a focus on particular areas, such as activities of daily living, cognitive function, or quality of life. There are few integrated standardised assessments useable in everyday practice, which address all these topics.

### The broader role of assessment

Assessment information has uses beyond those of individual care planning. Although, assessment needs to begin at the level of the individual, this information may be subsequently aggregated to give indicators of needs for care and the quality of processes and outcomes relative to costs for a whole home.

Assessment of quality in residential settings currently focuses to a large extent on standards measuring regime, staff quality and casemix using aggregated home level information. There is very little individual care plan or resident focus to quality assurance, using resident assessment information.

### Towards a standard assessment system

There is clearly a need for assessment information to be useable for a range of different purposes and at different levels of aggregation. The requirement for the UK is a single system which can be used for at least six different tasks: individual care planning, management, supervision, assessing the implications of individuals' mixed needs within one home 'casemix', cost and quality assurance.

The study looked at a number of different systems currently in use and concludes that the American Minimum Data Set/Resident Assessment Instrument (referred to as the Instrument) has the greatest potential for use in the United Kingdom.

The Instrument was developed at the end of the 1980s in response to the concerns about quality of care

in United States nursing homes. The aim was to produce a system with a core of items necessary for comprehensive assessment, providing a structured framework that could be used to inform care planning. It was designed in such a way that it could be regularly updated and so that data from the assessment could be used for monitoring quality of care and costs of care both at the level of the individual and on a more aggregated basis at the level of the institution.

### ***The structure of the Instrument***

The Instrument is composed of a minimum dataset (MDS) and assessment protocols. It covers a wide range of subjects, including detailed assessment of physical function, mood, cognitive function and psychosocial factors.

Identified problems trigger assessment protocols which guide the assessor through best practice towards developing a care plan. The protocols do not stipulate the content of the care plan but rather prompt the assessor to address which areas should be considered. In this way, care plans remain tailored to individual needs.

### ***The Instrument in use***

The Instrument includes the variables required for a system that predicts resource requirements at the level of the individual which can then be aggregated to the level of the institution. Its validity and reliability has been demonstrated in a number of countries around the world, including in the United Kingdom in hospital settings, and it should meet the needs of nursing home and residential care settings.

Quality indicators have been systematically developed from the MDS and have been shown to be useful as measures of quality at either resident or institution level. The items have been validated for use specifically in measuring physical and cognitive function and quality of life.

Because of the detailed structure and extent of the Instrument, it has been used in teaching in the care of elderly people where it has been found to improve the expectation of job satisfaction of care staff and made significant changes to their views of elderly people, breaking down the barriers of ageism.

### ***The effects of implementation***

Use of the Instrument in the United States has led to a remarkable improvement in a number of areas. There were significant reductions in the prevalence of pressure sores, use of restraints and catheters, improvements in quality of life and reduction in the rate of transfer from long-term to acute care settings, with no increase in mortality. The accuracy and completeness of nursing records also improved.

### ***Modification for use in the UK***

Piloting of the Instrument in the United Kingdom in hospital settings has suggested that some modifications and additions are required before full-scale implementation. These include specifically:

- translating the system into UK English;
- including further items on pre-admission physical and cognitive abilities, social and financial circumstances, and home environment;
- including additional information on the participation and preferences of the resident, the informal carer and the family;
- allowing space for free text (although this could be included in the care plan rather than the assessment documentation).

### ***The Instrument and computer systems***

The Instrument has been designed for use with computers. There are several software applications available in the United States which have a range of functions from simply collecting data to providing figures and assessment protocols as well as casemix and quality indicators. A European developed package is available which would require further modification and development prior to implementation and evaluation in the UK.

### ***Conclusion***

The researchers conclude that the Instrument offers a tool which could address the needs identified for a standardised national assessment system for use in care homes and fill the gaps highlighted in the literature and from the study of current assessment documents. It could meet the needs of elderly people, formal and informal carers, and providers and purchasers of long-term care.

The researchers recommend a pilot study in two stages: first, an examination of the feasibility and acceptability of this approach in UK care homes, so as to modify the documentation in the light of local circumstances, reflecting the lessons gained in hospital settings; secondly, a full controlled trial, examining the costs and benefits of this approach to assessment in care homes, for individual residents, homes, managers and purchasers, compared with the alternative of current practice.

### ***About the study***

This study was undertaken by Professor David Challis, Iain Carpenter and Karen Traske at the University of Kent at Canterbury. The study included a literature review, a review of relevant UK and overseas care systems and procedures and an examination of existing assessment documents.

### For further information

A full report, Towards a National Standard Assessment Instrument for Residential and Nursing Home Care, is available from the Personal Social Services Research Unit, Cornwallis Building, The University, Canterbury, Kent, CT2 7NF, Tel 01227 764000.

### Related Findings

The following *Social Care Findings* look at related issues:

- 44** Pets and residential care (Dec 93)
- 69** Job satisfaction and dissatisfaction amongst residential care workers (Jun 95)
- 71** Adult placement services and the effect of the Registered Homes (Amendment) Act (Aug 95)
- 78** Regulating residential care for elderly people (Jan 96)

The following are also relevant:

**Social Care Summary 6** Care standards in the residential care sector (Sept 95)

**Briefings 1** Care assessment and 'dependency scoring' (Jun 93)

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