

Putting NICE quality standards into practice

Working together to support the mental wellbeing of older people in care homes: report of a roundtable discussion at the Royal Hospital Chelsea

**Putting into practice the NICE quality
standard on mental wellbeing of older
people in care homes (QS50)**

Published: June 2014

Introduction

"You run your own life here." (Ron Ward, Chelsea Pensioner)



The National Institute for Health and Care Excellence (NICE) became responsible for producing quality standards for social care in April 2013. This role is part of the government's work to improve people's experience of, and outcomes from, social care. NICE published a quality standard on the mental wellbeing of older people in care homes in December 2013.

On 11 March 2014 a roundtable event took place in Royal Hospital Chelsea. The event was organised by the NICE Collaborating Centre for Social Care (NCCSC) to discuss how the NICE quality standard can help to improve the lives of older people in care homes and to encourage collaborative working with care homes. This report tells the story of the roundtable and what will happen next. It includes examples of what people are already doing to implement the quality standard and can be read alongside a film showing highlights of the roundtable discussion (see further information, page 17).

The report provides a template for other, similar discussions. Throughout the report (and summarised at the end) are hints and tips about how you could organise and run your own event, using the quality standard as a framework to help improve local practice.

"The aim is to bring the quality standard to life." (Sharon Blackburn, Policy and Communications Director, National Care Forum)

Who is this report for?

- People living in care homes, carers, families and advocates.
- Care home staff, managers and owners.
- Health and social care commissioners.
- Practitioners, sector improvement bodies and services that work with people living in care homes.

How can you use this report?

You can use this report to:

- Find out more about NICE and quality standards in social care.
- Learn about this quality standard and how it can help to improve lives.
- Learn from others about how to implement the quality standard.
- Find out where to get more information and support about the quality standard.
- Run your own event, using the quality standard to improve local practice.

“The quality standard provides an agenda for a conversation...it obliges us to work together.” (Professor Finbarr Martin, Consultant Geriatrician and Non - Executive Director, NICE)

About the roundtable

“We are hoping to learn something from you and we hope that you will take something from us.” (Laura Bale, Matron and Director of Care, Royal Hospital Chelsea)

The roundtable was hosted by a care home – the Royal Hospital Chelsea – so that residents and staff could take part and give the benefit of their experience. People invited have expressed a desire to improve the mental wellbeing of older people in care homes. These include organisations that have signed up to support the quality standard, practitioners who were involved in developing it, experts by experience, carers and people whose role strongly links to the quality standard – providers, health and social care

commissioners and the Care Quality Commission (see list of participants on pages 17 – 18).

- ◆ Hold your discussion about the quality standard somewhere that works for people living in care homes and their representatives.
- ◆ Invite the people who will need to be involved to make the quality standard work in practice – start with the enthusiastic ones.

About the quality standard

“NICE has a longstanding history of developing standards that do improve practice.” (Sharon Blackburn, Policy and Communications Director, National Care Forum)

The roundtable discussion began with an introduction about what NICE is, its role in social care, and the purpose of the quality standard. NICE quality standards for social care are a concise set of statements that focus on the services and interventions that support the social care needs of service users.

For this quality standard, NICE worked with an independent advisory committee and consulted a wide range of stakeholders. The advisory committee included carers, practitioners, providers and commissioners, together with the quality standards team from NICE. This group looked at the evidence from the relevant NICE guidelines and other NICE accredited guidance. NICE guidelines are a set of systematically developed statements, based on the best available evidence, that include recommendations intended to guide decisions in health and social care. The other guidance accredited by NICE was assessed by the NICE accreditation programme which looked at the processes used to produce this guidance.

The group also considered additional evidence about variation in practice to identify the key areas for quality improvement. These areas were developed into 6 statements (actions that people can follow) that increase older people's wellbeing so that older people in care homes:

- are offered opportunities during their day to participate in meaningful activity that promotes their health and mental wellbeing

- are enabled to maintain and develop their personal identity
- have the symptoms and signs of mental health conditions recognised and recorded as part of their care plan
- who have specific needs arising from sensory impairment have these recognised and recorded as part of their care plan
- have the symptoms and signs of physical problems recognised and recorded as part of their care plan
- have access to the full range of healthcare services when they need them.

“This is a clear list of entitlements, and it is really quite a powerful one...It is a tool that allows people to ask for what they need.” (Adam Gordon, Honorary Secretary, British Geriatrics Society)

◆ Start your discussion by reviewing why we need quality standards and why having quality standards that are based on evidence can improve practice.

Quality standards and the Care Quality Commission (CQC)

“Why do we need NICE when we have the CQC?” (Tony Head, Chelsea Pensioner)

NICE and the CQC work closely together but have very different remits. The CQC inspects health and care services to make sure that they provide good care that is safe, effective, caring and responsive to people’s needs. CQC inspectors will also assess if a service is well-led. NICE uses evidence to develop recommendations and quality standards on what good care looks like. Organisations are required to meet CQC fundamental standards. NICE quality standards are not mandatory. However, the CQC is using this quality standard and others to identify good and outstanding care. The quality standard will help providers to know what to aim for and help people living in care homes and others to identify when they are getting an outstanding service. Through striving to meet the quality standard, services will improve.

“We encourage services to improve. The reason I’m interested in this and other quality standards is it helps us to understand what good looks like and what we should be looking for when going in and inspecting adult social care services.” (Andrea Sutcliffe, Chief Inspector of Adult Social Care, Care Quality Commission)

- ◆ Consider how this quality standard can help you identify good and outstanding care, and where you need to improve practice.

Learning from each other

“It’s great to have diversity, to hear others and to come together.” (Mandy Thorn, Managing Director, Marches Care)

Participants in the roundtable split into small groups to talk about each statement, and to identify why the statement matters and what can be done to make it a reality. Each group had a mixture of residents, carers, providers and practitioners, with a chair and note taker. The aim was for everyone to have their say and for all the learning to be recorded.

- ◆ Ensure that everyone has a chance to share their experience about each statement.
- ◆ Ask about why each statement is important, what gets in the way, and what helps.
- ◆ Ensure that the all the ideas and examples are captured.

Quality statements

Statement 1: Older people in care homes are offered opportunities during their day to participate in meaningful activity that promotes their health and mental wellbeing

“The problem is time – you have so much time on your hands.” (Ron Ward, Chelsea Pensioner)

Why is this statement important?

Participants told us that meaningful activity is an essential part of feeling purposeful. Individuals need activities, whether alone or with others, to express their individuality and to feel satisfied. Physical activity has wide health benefits and should be seen as an entitlement. Meaningful activity helps to build relationships within the home and to link residents to the community.

What gets in the way?

Fixed routines, lack of staff time, and staff focusing on tasks rather than individuals are barriers to activities being meaningful. Exaggerated concerns that organisations have about health and safety can prevent people from taking part in activities. It can also be a big change for staff to move from doing things for people to doing things with them.

What helps?

- Different people want different things so it is essential to understand and ask about individual choice.
- While working, all staff can listen to residents and find out what is important to them.
- It is important to encourage people to try things out: “come and see what we’re doing.”
- Remember that individual activities such as getting dressed or reading can be fulfilling.
- Residents can help with daily activities such as preparing lunch.
- A wish tree, where people can put notes about what they would like to do, allows residents and families to say ‘I wish I could...’

“We strive to make sure that everybody has something they can look forward to every day.” (Laura Bale, Matron and Director of Care, Royal Hospital Chelsea)

Statement 2: *Older people in care homes are enabled to maintain and develop their personal identity*

“I have pictures from when I was a baby, through my school days to when I was a soldier.” (Douglas Hassall, Chelsea Pensioner)

Why is this statement important?

The groups felt that care home residents can lose their individuality and their relationships with people outside of the care home. Understanding someone's life history is an essential part of supporting them well.

What gets in the way?

Health and care services can end up focusing only on physical needs. People may want to express themselves in ways that others don't approve, for example by smoking. There can be a lack of privacy and residents can find it difficult to ask for things. Care homes vary a great deal in terms of size and resources to support individual choice.

What helps?

- Schools and communities can visit care homes and ensure that residents are connected.
- A one-page profile – setting out who someone is and what matters to them – helps everyone to recognise their individuality.
- Routine is important and homes can help people to keep the routine they are used to.
- Reminiscence groups help people to share their stories.
- Internet phone calls, mobile phones and tablets help people to stay in touch with their families.
- Visitors should be welcome at all times.
- Difficulties with lifestyle choices can be overcome through discussion, for example taking people to a smoking room.

“You need to understand the life histories of residents and evolve what you do as residents change.” (Ian Turner, Chair, Registered Nursing Home Association)

Statement 3: *Older people in care homes have the symptoms and signs of mental health conditions recognised and recorded as part of their care plan*

“My Nan started to develop dementia in the care home. She used to buzz all the time so they hid the buzzer. She ended up in hospital.” (Victoria Percival, Member of the National Co-production Advisory Group)

Why is this statement important?

The discussion highlighted that signs of mental health problems can be treated as disturbances and be ignored. Many residents experience loss when they enter care homes. Recognising changes in someone’s mood or mental distress is an essential part of helping them to feel that this is their home.

What gets in the way?

It can be difficult to talk to people about how they feel. There can be an assumption that older people will naturally feel depressed. Staff don’t necessarily know how or when to refer them for professional help. There can be pressure to use medication to manage behaviour.

What helps?

- In care homes, staff can build relationships with residents that mean they will know if there is a change.
- Staff and visitors need to think about why someone is doing something new or different.
- Training helps staff to know what to look out for and to be confident asking about mental wellbeing.
- GPs with a specialist interest can support care homes.

“By knowing people, you can pick up on changes that are worrying.” (Julia Scott, Chief Executive, College of Occupational Therapists)

Statement 4: Older people in care homes who have specific needs arising from sensory impairment have these recognised and recorded as part of their care plan

“Most of us are deaf in the infirmary.” (Douglas Hassall, Chelsea Pensioner)

Why is this statement important?

Participants emphasised that difficulties with hearing or seeing can make people very isolated. Accidents can occur because residents don't understand or notice what is happening.

What gets in the way?

Deafness and sight loss can be seen as inevitable. In communal homes, people's hearing aids and glasses can be lost. Residents often can't easily access specialist hearing and vision assessments.

What helps?

- Staff need to know how to communicate with someone with sensory impairment.
- Staff and visitors can observe if someone is struggling to take part in conversations.
- Residents' hearing and vision should be monitored, and staff need to know how to refer for assessment if there are problems.
- Hearing aids and glasses should be cleaned regularly, with staff help if needed, and repaired if they are damaged.
- Homes can have a supply of batteries and check and replace these if someone is struggling.
- Homes can help families, friends and volunteers to know how to communicate; and they can support with writing and reading letters or describing TV programmes.

“The best tool for dealing with someone with sight or hearing loss is your knees - kneel down and talk to them.” (Dawne Garrett, Professional Lead for Care of Older People, Royal College of Nursing)

Statement 5: Older people in care homes have the symptoms and signs of physical problems recognised and recorded as part of their care plan

“We look out for each other. There’s comradeship.” (Audrey Merton, Chelsea Pensioner)

Why is this statement important?

The groups identified that the vast majority of people in care homes will experience physical problems such as pain or difficulty walking. Moving into a care home can also disrupt people’s health. Care homes need to get to know residents and understand what they are experiencing physically. Keeping physically well is important for mental wellbeing.

What gets in the way?

It can be difficult to balance the right to make choices, such as about what food to eat, with maintaining health. Spotting symptoms can be difficult when someone has dementia. Staff don’t necessarily know how to get help if they do notice a problem.

What helps?

- Staff need awareness of the early signs of problems.
- Training is not enough – staff need to have time to reflect and recognise any changes.
- Care homes should ensure regular reviews and arrange access to services such as community nursing.
- You can talk to people about what they want, the possible consequences and how to manage these for example talking to people with diabetes about their diet.

“Don’t train the heart out of people.” (Tony Head, Chelsea Pensioner)

Statement 6: Older people in care homes have access to the full range of healthcare services when they need them

It doesn't matter if I have one of (my previous practice's) 7 doctors or a new one, so long as I have confidence in them." (Tony Head, Chelsea Pensioner)

Why is this statement important?

The groups thought that access to a full range of healthcare services is an essential entitlement for all citizens wherever they live. Older people living in care homes can end up in hospital because they don't have access to essential primary health care. There is lots of variation in access because of commissioning arrangements.

What gets in the way?

GPs can be reluctant to contract with care homes because of the pressure of work. Out of hours care can be difficult. When people go into a care home, their relationship with previous services is often lost.

What helps?

- It can be helpful to have one or a few GP practices covering a home – this needs discussion with residents to balance the benefits with the limitations on choice.
- Care homes can be supported to manage complex needs without admission to hospital through mechanisms such as flagging systems to help with out of hours care and advance care planning.
- Nursing staff can be trained to care for someone who is at the end of life in their care home, with support from community services.
- Health commissioners can use the quality standard to support them to commission appropriate services for care home residents.
- Care homes can work with clinical commissioning groups to ensure that residents get access to appropriate healthcare services.

Our GP practice has a statement that says: "we like working with care homes." (Mandy Thorn, Managing Director, Marches Care)

Opportunities and actions

“From a diverse group we got some common themes. For me, that’s a major step forward.” (Ian Turner, Chair, Registered Nursing Home Association)

The final discussion concentrated on what people could do to make the quality standard a reality. Each small group shared their main points and then there was a general discussion about what was already in place to build on.

◆ Ensure that all the learning is shared and discussed, so that the main implications can be identified.

People agreed that there is a lot of crossover between the statements and so there are some important areas that we can concentrate on:

- Older people living in care homes should have choice and flexibility in how they are cared for – this means that staff need to know about them and about their history.
- Individual care plans that are used and reviewed are crucial to maintaining identity and meaning.
- Care home staff and other practitioners need to know how to communicate with people with mental health issues, physical health problems and sensory impairment.
- Care home staff need the chance to reflect on their work and what they know about residents.
- Commissioners and providers need to work together to ensure access to essential services.
- Care homes need to share their good practice with each other.

“We need to think about the contribution that people can make – everybody has something they can give.” (Ann Macfarlane, Expert by Experience and SCIE Trustee)

The group identified some important actions to embed the quality standard in the social care sector:

- Share the quality standard with residents and their families, friends and advocates, with practitioners, providers and commissioners, through newsletters, groups and conversations.
- Use the quality standard as a residents' charter; involve residents in co-producing this.
- Make contact with national organisations that support older people and ask for their help.
- Use existing resources to help, for example from Sense about sensory impairment, from the College of Occupational Therapists about activities, from the British Geriatrics Society about commissioning services for care homes and from SCIE on a variety of relevant topics.
- Link the quality standard to local plans for example to joint strategic needs assessments and health and wellbeing plans. Share the quality standard with commissioners in local authorities and in clinical commissioning groups.
- Link the quality standard to other sector improvement programmes, for example the integration pioneers.

"We want our members to know about the standards and to implement them."

(Julia Scott, Chief Executive, College of Occupational Therapists)

At the end of the roundtable each individual identified something that they will do. They shared this action with another person to create a sense of accountability, and took the action away to carry out as soon as possible.

Actions included: to add information about the quality standard to their website, to share the quality standard with providers when visiting care homes, and to build the quality standard into training for care home staff.

Everyone will be contacted after 3 months to see how they are getting on with their action.

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| <ul style="list-style-type: none"> ◆ Ask everyone to commit to one thing, however small, to embed or to use the quality standard. ◆ Share actions and follow up with people to see if they have done them. |
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“We have a community of practice now, a common interest to move forward.”

(Adam Gordon, Honorary Secretary, British Geriatrics Society)

Key questions to support implementation of the quality standard

For older people, carers, families and advocates

- Have you let the care home know what is important to you?

For care providers

- Do you know what wellbeing means to the older people that you work with?

For commissioners

- How well do your contracts reflect the quality standard?

For other services and practitioners

- How can you support care homes to meet the quality standard?

For inspectors

- How are you using the quality standard to identify and encourage good and outstanding care?

For healthcare providers

- Are your services accessible to older people living in care homes?

For all

- What will you do to make the quality standard a reality?

Action points

- ◆ Read and reflect on the quality standard.
- ◆ Decide how the quality standard can help you.
- ◆ Talk about the quality standard with others – for those wishing to use the approach in this report, our ‘hints and tips’ summary (page 16) can help.
- ◆ Agree an action plan to implement the quality standard in your area.

Arranging a roundtable event to discuss the quality standard: 10 hints and tips.

- ◆ Hold your discussion about the quality standard somewhere that works for people living in care homes and their representatives.
- ◆ Invite the people who will need to be involved to make the quality standard work in practice – start with the enthusiastic ones.
- ◆ Start your discussion by reviewing why we need quality standards and why having quality standards that are based on evidence can improve practice.
- ◆ Consider how this quality standard can help you identify good and outstanding care, and where you need to improve practice.
- ◆ Ensure that everyone has a chance to share their experience about each statement.
- ◆ Ask about why each statement is important, what gets in the way, and what helps.
- ◆ Ensure that all the ideas and examples are captured.
- ◆ Ensure that all the learning is shared and discussed, so that the main implications can be identified.
- ◆ Ask everyone to commit to one thing, however small, to embed or to use the quality standard.
- ◆ Share actions and follow up with people to see if they have done them.

Further information

About NICE: <http://www.nice.org.uk/aboutnice/>

About NICE: Collaborating Centre for Social Care <http://www.scie.org.uk/nccsc/>

The full NICE Quality Standard: <http://guidance.nice.org.uk/QS50>

Access to the film with highlights from the roundtable event and further resources to support you in using this quality standard to improve practice: www.nice.org.uk/News/Article/new-video-to-support-mental-wellbeing-of-older-people-in-care-homes

Many of the participant organisations have also produced useful resources that can help. Some are referred to in this report. Website details are below.

Acknowledgements

We would like to thank all participants and their organisations for their contribution to this event. With particular thanks to:

Sharon Blackburn, Dwayne Johnson and Ann Macfarlane for co-chairing the roundtable and to residents and staff at the Royal Hospital Chelsea for hosting the event. Andrea Sutcliffe Chief Inspector for Adults Social Care, Care Quality Commission and Professor Finbarr Martin, Consultant Geriatrician and Non-Executive Director NICE who feature in the film.

The College of Social Work are a supporting organisation for this quality standard. They were not able to attend the roundtable event but have asked us to highlight their continued support for using the quality standard to improve practice locally.

Participants and supporting organisations

Association of Directors of Adult Social Services http://www.adass.org.uk/ Dwayne Johnson, Strategic Director of Communities, Halton Borough Council and Older Person's Policy Lead for ADASS
British Geriatrics Society http://www.bgs.org.uk/ Dr Adam Gordon, Honorary Secretary
Care Quality Commission http://www.cqc.org.uk/ Rebecca Bauers, Compliance Manager and Gale Stirling, Head of Regional Compliance
College of Occupational Therapists http://www.cot.co.uk/ Julia Scott, Chief Executive, College of Occupational Therapists
Life Story Network http://www.lifestorynetwork.org.uk/ Anna Gaughan, Chief Executive Officer
Marches Care Ltd http://www.marchescare.co.uk/ Mandy Thorn, Managing Director
National Care Forum http://www.nationalcareforum.org.uk/ Sharon Blackburn, Policy and Communications Director
National Co-production Advisory Group http://www.thinklocalactpersonal.org.uk/Browse/Co-production/National Co-production Advisory Group/ Victoria Percival, member
NHS Improving Quality http://www.nhs.uk/nhsimprovingquality/ Beverley Matthews, Transition Delivery Lead & Programme Director for LTC Year of Care Programme, NHS Improving Quality
NICE http://www.nice.org.uk/ Jane Silvester, Associate Director of Social Care
Registered Nursing Home Association http://www.rnha.co.uk/ Ian Turner, Chair, Registered Nursing Home Association
Royal College of GPs http://www.rcgp.org.uk/ Dr Peter Sims
Royal College of Nursing http://www.rcn.org.uk/ Dawne Garrett, Professional Lead for Care of Older People, Royal College of Nursing
Royal Hospital Chelsea http://www.chelsea-pensioners.co.uk/ Laura Bale, Matron and Director of Care Tony Head, Douglas Hassall, Ron Ward and Audrey Merton, Chelsea Pensioners
Sense http://www.sense.org.uk/ Nicola Venus-Balgorin, Project Manager: Older People with dual sensory loss awareness raising program
Social Care Institute for Excellence (SCIE) http://www.scie.org.uk/

Ann Macfarlane, SCIE Trustee and CQC expert by experience

The College of Social Work http://www.tcsw.org.uk/home/

About this tool

This report is designed to help improve sector understanding of NICE role in social care and to encourage collaborative working to improve the lives of people living in care homes. It accompanies the NICE quality standard and complements the NICE guideline on mental wellbeing of older people in care homes.

Issue date: 2014

This tool is not NICE guidance.

Promoting equality

Implementation of the guideline is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guideline, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in the guideline should be interpreted in a way which would be inconsistent with compliance with those duties.

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