Mental wellbeing of older people in care homes

NICE quality standard

Draft for consultation

July 2013

This quality standard covers the mental wellbeing of older people (65 years and over) receiving care in all care home settings, including residential and nursing accommodation, day care and respite care. This quality standard uses a broad definition of mental wellbeing, and includes areas such as life satisfaction, optimism, self-esteem, feeling in control, having a purpose in life, and a sense of belonging and support. For more information see the mental wellbeing of older people in care homes overview.

Why this quality standard is needed

In March 2012, there were 219,700 people receiving care in residential and nursing accommodation funded by Councils with Adult Social Services Responsibilities. The total number of older people (aged 65 years and over) receiving care in residential accommodation is significantly higher because approximately 170,000 (45%) of the registered care home places in England are occupied by people who fund their own care ('self-funders'). It is estimated that there are more than 400,000 older people living in UK care homes.

The population of the UK is becoming increasingly older. In 2011 there were 10.3 million people aged 65 years or over in the UK and this number is expected to rise to 16 million in the next 20 years (an increase of 48.7%). The growing numbers of older people living to advanced years increases the demand for places in care homes.

Older people in care homes have individual needs, which vary in complexity, and so need to be treated as individuals. Empowering older people in care homes to be involved in all decisions about their care is fundamental to their mental wellbeing.

How this quality standard supports delivery of outcome frameworks

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. They draw on existing guidance, which provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement. This quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following 3 outcomes frameworks published by the Department of Health:

- The Adult Social Care Outcomes Framework 2013–14 (Department of Health, November 2012)
- NHS Outcomes Framework 2013/14
- Improving outcomes and supporting transparency: a public health outcomes framework for England 2013–2016, Part 1 and Part 1A.

Tables 1–3 show the outcomes, overarching indicators and improvement areas from the frameworks that the quality standard could contribute to achieving.

Table 1 The Adult Social Care Outcomes Framework 2013–14

Domain	Overarching and outcome measures
1 Enhancing quality of life for people with care and support needs	***Overarching measure*** 1A Social care-related quality of life* ***Outcome measures*** **People manage their own support as much as they wish, so that are in control of what, how and when support is delivered to match their needs.** 1B Proportion of people who use services who have control over their daily life **Carers can balance their caring roles and maintain their desired quality of life**. 1C Proportion of people using social care who receive self-directed support, and those receiving direct payments 1D Carer-reported quality of life* **People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation**. **New measure for 2013/14:1I. Proportion of people who use services and their carers, who reported that they had as much social contact as they would like.**
2 Delaying and reducing the need for care and support	***Overarching measures*** 2A Permanent admissions to residential and nursing care homes per 1000 population ***Outcome measures*** **Everybody has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs.** **Earlier diagnosis, intervention and re-ablement mean that people and their carers are less dependent on intensive services.** 2B Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services** New placeholder 2F Dementia – a measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life**

3 Ensuring that people have a positive experience of care and support	***Overarching measure*** **People who use social care and their carers are satisfied with their experience of care and support services.** 3A Overall satisfaction of people who use services with their care and support 3B Overall satisfaction of carers with social services New placeholder 3E Improving people's experience of integrated care** ***Outcome measures*** **Carers feel that they are respected as equal partners throughout the care process.** 3C The proportion of carers who report that they have been included or consulted in discussions about the person they care for **People know what choices are available to them locally, what they are entitled to, and who to contact when they need help.** 3D The proportion of people who use services and carers who find it easy to find information about support **People, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of each individual.** This information can be taken from the Adult Social Care Survey and used for analysis at the local level
4 Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm	***Overarching measure*** 4A The proportion of people who use services who feel safe* ***Outcome measures*** Everyone enjoys physical safety and feels secure. People are free from physical and emotional abuse, harassment, neglect and self-harm. People are protected as far as possible from avoidable harm, disease and injuries. People are supported to plan ahead and have the freedom to manage risks the way that they wish. 4B The proportion of people who use services who say that those services have made them feel safe and secure New placeholder 4C Proportion of completed safeguarding referrals where people report they feel safe
Aligning across the health and care system * Indicator complementary ** Indicator shared	

Table 2 NHS Outcomes Framework 2013/14

Domain	Overarching indicators and improvement areas
1 Preventing people from dying prematurely	***Overarching indicators*** 1a Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare i Adults 1b Life expectancy at 75 i Males ii Females ***Improvement areas*** **Reducing premature death in people with serious mental illness** 1.5 Excess under 75 mortality rate in adults with serious mental illness*
2 Enhancing quality of life for people with long-term conditions	***Overarching indicator*** Health-related quality of life for people with long-term conditions** ***Improvement areas*** **Ensuring people feel supported to manage their condition** 2.1 Proportion of people feeling supported to manage their condition** Improving functional ability in people with long-term conditions 2.2 Employment of people with long-term conditions Reducing time spent in hospital by people with long-term conditions*** **Enhancing quality of life for carers** 2.4 Health-related quality of life for carers** **Enhancing quality of life for people with dementia** 2.6i Estimated diagnosis rate for people with dementia* ii A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life***
4 Ensuring that people have a positive experience of care	***Improvement areas*** **Improving access to primary care services** 4.4 Access to i GP services **Improving experience of healthcare for people with mental illness** 4.7 Patient experience of community mental health services **Improving people's experience of integrated care** 4.9 An indicator is under development***
Alignment across the health and social care system * Indicator shared with Public Health Outcomes Framework (PHOF) ** Indicator complementary with Adult Social Care Outcomes Framework (ASCOF) *** Indicator shared with Adult Social Care Outcomes Framework	

Table 3 Public health outcomes framework for England, 2013-2016

Domain	Objectives and indicators
1 Improving the wider determinants of health	***Objective*** Improvements against wider factors that affect health and wellbeing and health inequalities ***Indicators*** *1.6 Adults with a learning disability/in contact with secondary mental health services who live in stable and appropriate accommodation* *1.16 Utilisation of outdoor space for exercise/health reasons* *1.18 Social isolation*
2 Health improvement	***Objective*** People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities ***Indicators*** 2.23 *Self-reported wellbeing*
4 Healthcare public health and preventing premature mortality	***Objective*** Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities ***Indicators*** *4.9 Excess under 75 mortality rate in adults with serious mental illness* *4.12 Preventable sight loss* *4.13 Health-related quality of life for older people (Placeholder)* *4.16 Estimated diagnosis rate for people with dementia*

Coordinated services

The quality standard for mental wellbeing of older people in care homes specifies that services should be commissioned from and coordinated across all relevant agencies encompassing the whole care pathway. A person-centred, integrated approach to providing services is fundamental to delivering high-quality care to older people in care homes.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality. Commissioners and providers of health and social care should refer to the library of NICE quality standards when designing high-quality services. Other quality standards that should also be considered when choosing, commissioning or providing a high-quality service for older people in care homes are listed in ‘Related quality standards’.

Training and competencies

The quality standard should be read in the context of national and local guidelines on training and competencies. All health and social care practitioners involved in assessing and caring for older people in care homes should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard.

List of quality statements

Statement 1. Older people in care homes have opportunities during their day to participate in meaningful activities that promote health and mental wellbeing.

Statement 2. Older people in care homes are assessed for common mental health conditions.

Statement 3. Older people in care homes are assessed for sensory impairment and have their needs recorded in a care plan and addressed.

Statement 4. Older people in care homes have their specific physical problems identified and recorded in a care plan.

Statement 5. Older people in care homes are enabled to maintain and develop their personal identity.

Questions for consultation

Questions about the quality standard

Question 1 Does this draft quality standard accurately reflect the key areas for quality improvement?

Question 2 If the systems and structures were available, do you think it would be possible to collect the data for the proposed quality measures?

Quality statement 1: Participation in meaningful activities

Quality statement

Older people in care homes have opportunities during their day to participate in meaningful activities that promote health and mental wellbeing.

Rationale

It is important that older people in care homes have the opportunity to take part in activities that help to maintain or improve their health and mental wellbeing. These can range from daily activities or routines, to social activities that are meaningful to the individual and staying active.

Quality measures

Structure

Evidence of local arrangements to ensure that older people in care homes have opportunities during their day to participate in meaningful activities that promote health and mental wellbeing.

Data source: Local data collection.

Outcome

Feedback from older people in care homes that they have been offered opportunities during their day to take part in activities that are meaningful to them.

Data source: Local data collection. Adult Social Care Outcomes Toolkit. The following documents contain questions relevant to the outcome measure: SCT4 four-level self-completion tool, INT4 four-level interview schedule, ST3 three-level self-completion tool, CHINT3 care home interview schedule, and CHOBS3 care home observation schedule.

Local data collection. The Personal Social Services Adult Social Care Survey (England). Section 2 Your Quality of Life. This survey collects data on service users' views and opinions over a range of outcome areas.

What the quality statement means for organisations providing care, health and social care practitioners, local authorities and other commissioning services

Organisations providing care ensure that older people in care homes have opportunities during their day to participate in meaningful activities that promote health and mental wellbeing.

Health and social care practitioners ensure that older people in care homes are offered opportunities during their day to participate in meaningful activities that promote health and mental wellbeing.

Local authorities and other commissioning services work with providers to ensure that the services they commission enable older people in care homes to have opportunities to participate in meaningful activities that promote health and mental wellbeing.

What the quality statement means for service users and carers

Older people in care homes have opportunities during their day to take part in activities that are meaningful to them and promote their health and mental wellbeing.

Source guidance

- Dignity in care (SCIE guide 15) Choice and control
- Mental wellbeing and older people (NICE public health guidance 16), recommendation 1.
- Personalisation: a rough guide (SCIE guide 47)

Definitions of terms used in this quality statement

Meaningful activities Meaningful activities include physical, social and leisure activities that are tailored according to the needs and preferences of the individual. Activities can range from activities of daily living to leisure activities such as reading and listening to music. They can be structured or spontaneous and for groups or individuals. These activities may provide: emotional, creative, intellectual and spiritual stimulation. Activities should take place in an environment that is appropriate to the needs and preferences of the individual.

Wellbeing Wellbeing includes areas such as life satisfaction, optimism, self-esteem, feeling in control, having a purpose in life, and a sense of belonging and support.

Care homes This refers to all care home settings, including residential and nursing accommodation and includes people accessing day care and respite care.

Equality and diversity considerations

Health and social care staff should identify and address the specific needs of older people arising from diversity, including gender, sexuality, ethnicity, age and religion.

When tailoring activities to the needs and preferences of older people, staff should be aware of any learning disabilities or acquired cognitive impairments. Staff should have the necessary skills to include people with cognitive or communication difficulties in decision-making (from Dignity in care [SCIE guide 15]: Choice and control).

Quality statement 2: Assessment for common mental health conditions

Quality statement

Older people in care homes are assessed for common mental health conditions.

Rationale

There is considerable variation in the severity of common mental health conditions, which often go unrecognised, but all can be associated with significant long-term disability. The recognition of common mental health conditions, by competent staff that are alert to the symptoms and are aware of the referral options, can help to ensure early assessment and access to appropriate healthcare services.

Quality measures

Structure

a) Evidence of protocols to ensure that staff are trained to recognise common mental health conditions in older people and are aware of the referral options.

Data source: Local data collection.

b) Evidence of local arrangements to ensure that older people in care homes are assessed for common mental health conditions.

Data source: Local data collection.

Process

Proportion of older people in care homes who are assessed for common mental health conditions.

Numerator – the number of people in the denominator who are assessed for common mental health conditions.

Denominator – the number of older people in care homes.

Data source: Local data collection.

What the quality statement means for organisations providing care, health and social care practitioners, local authorities and other commissioning services

Organisations providing care ensure that older people in care homes are assessed for common mental health conditions.

Health and social care practitioners ensure that older people in care homes are assessed for common mental health conditions.

Local authorities and other commissioning services work with providers to ensure that the services they commission enable older people in care homes to be assessed for common mental health conditions.

What the quality statement means for service users and carers

Older people in care homes are assessed for common mental health conditions.

Source guidance

- Common mental health disorders: Identification and pathways to care (NICE clinical guideline 123), recommendations 1.3.1.1 (key priority for implementation), 1.3.1.2 (key priority for implementation) 1.3.2.1, 1.3.2.4 and 1.3.2.5.
- Dementia: Supporting people with dementia and their carers in health and social care (NICE clinical guideline 42), recommendations 1.3.3.1 and 1.4.5.1.
- Dignity in care (SCIE guide 15) Specialist care: People with mental health issues.
- Social anxiety disorder: recognition, assessment and treatment (NICE clinical guideline 159), recommendations 1.2.1 (key priority for implementation), 1.2.2 and 1.2.3.

Definitions of terms used in this quality statement

Common mental health conditions These include depression and anxiety disorders, generalised anxiety disorder, panic disorder, obsessive-compulsive disorder, post-traumatic stress disorder (NICE clinical guideline 123) , dementia (NICE clinical guideline 42) and social anxiety disorder (NICE clinical guideline 159).

Assessed Assessed in this context relates to the recognition by care home staff of suspected common mental health conditions and the sharing and communicating of information and concerns to healthcare professionals, including GPs. Assessment should be carried out on an ongoing basis in response to the presentation of relevant symptoms.

Care homes This refers to all care home settings, including residential and nursing accommodation and includes people accessing day care and respite care.

Equality and diversity considerations

When assessing older people in care homes for common mental health conditions, be aware of any learning disabilities, acquired cognitive impairments, communication barriers or cultural differences.

It is important that care staff remain aware that older people in care homes have the same right to access healthcare as the general population. This is stated in the NHS Constitution.

Quality statement 3: Assessment for sensory impairment

Quality statement

Older people in care homes are assessed for sensory impairment and have their needs recorded in a care plan and addressed.

Rationale

Recognising the specific needs of people with sensory impairment in care homes is essential to improve their quality of life and avoid isolation. This is likely to include ensuring regular sight and hearing checks and actively supporting older people with combined hearing and sight impairment. It is essential that trained staff assess older people in care homes for sensory impairment on an ongoing basis and take steps to address these needs.

Quality measures

Structure

a) Evidence of protocols to ensure that staff are trained to assess older people in care homes for sensory impairment and to record their needs in their care plan

Data source: Local data collection.

b) Evidence of local arrangements to ensure that older people in care homes have any needs arising from sensory impairment addressed.

Data source: Local data collection.

Process

a) Proportion of older people in care homes who are assessed for sensory impairment and have their needs recorded in a care plan.

Numerator – the number of people in the denominator who are assessed for sensory impairment and have their needs recorded in a care plan.

Denominator – the number of older people in care homes.

Data source: Local data collection.

b) Proportion of older people in care homes who have their needs arising from sensory impairment addressed.

Numerator – the number of people in the denominator who have their needs arising from sensory impairment addressed.

Denominator – the number of older people in care homes.

Data source: Local data collection.

What the quality statement means for organisations providing care, health and social care practitioners, local authorities and other commissioning services

Organisations providing care ensure that older people in care homes are assessed for sensory impairment and have their needs recorded in care plans and addressed.

Health and social care practitioners ensure that older people in care homes are assessed for sensory impairment and have their needs recorded in care plans and addressed.

Local authorities and other commissioning services work with providers to ensure that the services they commission enable older people in care homes to be assessed for sensory impairment and have their needs recorded in care plans and addressed.

What the quality statement means for service users and carers

Older people in care homes are assessed for sensory impairment and have their needs recorded in a care plan and addressed.

Source guidance

- Dignity in care (SCIE guide 15) Communication, Choice and control.
- Falls: assessment and prevention of falls in older people (NICE clinical guideline 161), recommendations 1.1.2.1.

Definitions of terms used in this quality statement

Sensory impairment Sensory impairment most commonly refers to sight or hearing loss. It includes combined sight and hearing impairment which is frequently referred to as dual sensory impairment or deafblindness (Department of Health 2001).

Trained staff Trained staff refers to staff who have been trained to be aware of and recognise the symptoms of sensory impairment when caring for older people. Staff should be aware that there are many different types of sight and hearing loss which span across a wide spectrum. Staff should also be competent in recording symptoms in care plans and recognising when older people need a referral for management of the sensory impairment.

Assessed Assessed in this context relates to the recognition by care home staff of sensory impairment and the sharing and communicating of information to healthcare professionals, including GPs. Assessment should be undertaken on an ongoing basis and in response to the presentation of relevant symptoms.

Addressing needs Needs arising from sensory impairment may be addressed by care home staff making minor adjustments (for example, by holding conversations in well-lit areas and ensuring regular sight and hearing checks are arranged), or by referral to an appropriately trained professional.

Care homes This refers to all care home settings, including residential and nursing accommodation, and includes people accessing day care and respite care.

Equality and diversity considerations

Sensory impairment in the form of sight and/or hearing loss is a common experience for older people. It is frequently perceived as a normal feature of ageing rather than as potentially disabling. It is important that sensory impairment is not considered as normal for older people in care homes. This may need to be emphasised during training to increase awareness and recognition of sensory impairments.

When assessing a person for sensory impairment, be aware of any learning disabilities or acquired cognitive impairments.

It is important that care staff remain aware that older people in care homes have the same right to access healthcare as the general population. This is stated in the NHS Constitution.

Quality statement 4: Identification of physical problems

Quality statement

Older people in care homes have their specific physical problems identified and recorded in a care plan.

Rationale

Physical problems are common among older people in care homes and can have a substantial impact on mental wellbeing. Addressing these issues can improve a person's quality of life. The recognition of physical problems, by trained care home staff, who are alert to the symptoms, specific needs and referral options, can help to ensure access to appropriate healthcare services.

Quality measures

Structure

a) Evidence of protocols to ensure that staff are trained to recognise, identify and record in care plans the needs of older people with physical problems.

Data source: Local data collection.

b) Evidence of local arrangements to ensure that older people in care homes have their specific needs relating to physical problems identified and recorded in care plans.

Data source: Local data collection.

Process

Proportion of older people in care homes who have their specific physical problems identified and recorded in their care plan.

Numerator – the number of people in the denominator who have their specific physical problems identified and recorded in their care plan.

Denominator – the number of older people in care homes.

Data source: Local data collection.

What the quality statement means for organisations providing care, health and social care practitioners, local authorities and other commissioning services

Organisations providing care ensure that older people in care homes have their specific physical problems identified and recorded in care plans.

Health and social care practitioners identify the specific needs of older people in care homes with physical problems and record them in care plans.

Local authorities and other commissioning services work with providers to ensure that the services they commission enable older people in care homes to have their specific physical problems identified and recorded in care plans.

What the quality statement means for service users and carers

Older people in care homes have any physical problems identified and recorded in their care plan.

Source guidance

- Dementia: Supporting people with dementia and their carers in health and social care (NICE clinical guideline 42), recommendation 1.1.1.4.
- Faecal incontinence: The management of faecal incontinence in adults (NICE clinical guideline 49), recommendations 1.1.4.
- Falls: assessment and prevention of falls in older people (NICE clinical guideline 161), recommendation 1.1.2.1.

Definitions of terms used in this quality statement

Physical problems Examples of physical problems that could potentially affect a person's mental wellbeing include, but are not limited to:

- joint and muscular pain/undiagnosed pain
- incontinence
- constipation
- reduced ability to move without support

- unsteady gait.

Trained staff Trained staff refers to staff who have been trained to be aware of and recognise the physical problems of older people and to record them in care plans on an ongoing basis. Staff should be perceptive to the presentation of new symptoms. Staff should also be competent in recognising when older people need a referral for management of the physical problem.

Identified Identified in this context relates to care home staff recognising and recording in care plans the specific needs that arise from the symptoms of physical problems.

Care homes This refers to all care home settings, including residential and nursing accommodation, and includes people accessing day care and respite care.

Equality and diversity considerations

When identifying an older person's needs arising from physical problems, be aware of any learning disabilities, acquired cognitive impairments, communication barriers or cultural differences.

It is important that care staff remain aware that older people in care homes have the same right to access healthcare as the general population. This is stated in the NHS Constitution.

Quality statement 5: Personal identity

Quality statement

Older people in care homes are enabled to maintain and develop their personal identity.

Rationale

It is important that older people in care homes are recognised as individuals and can maintain and develop their personal identity by retaining control and choice in their life. Enabling older people to maintain their personal identity has a positive impact on their sense of identity and mental wellbeing.

Quality measures

Structure

Evidence of local arrangements to ensure that people in care homes are enabled to maintain and develop their personal identity.

Data source: Local data collection.

Outcome

Feedback from older people in care homes that they feel they have a sense of personal identity.

Data source: Local data collection. Adult Social Care Outcomes Toolkit. The following documents contain questions relevant to the outcome measure: SCT4 four-level self-completion tool, INT4 four-level interview schedule, ST3 three-level self-completion tool, CHINT3 care home interview schedule, and CHOBS3 care home observation schedule.

Local data collection. The Personal Social Services Adult Social Care Survey (England). Appendix D of this report contains a model questionnaire. Section 2 of this questionnaire includes questions relevant to this outcome measure.

What the quality statement means for organisations providing care, health and social care practitioners, local authorities and other commissioning services

Organisations providing care ensure that older people in care homes are enabled to maintain and develop their personal identity.

Health and social care practitioners enable older people in care homes to maintain and develop their personal identity.

Local authorities and other commissioning services work with providers to ensure that the services they commission enable older people in care homes to maintain and develop their personal identity.

What the quality statement means for service users and carers

Older people in care homes can maintain and develop their personal identity.

Source guidance

- Dignity in care (SCIE guide 15) Choice and control, Social inclusion
- Personalisation: a rough guide (SCIE guide 47)

Definitions of terms used in this quality statement

Enabled Enabled refers to actions taken by care providers to ensure that older people in care homes can maintain and develop their personal identity. This includes, but is not limited to, using life history to tailor support and opportunities according to the needs and preferences of the individual. It also involves staff in care homes facilitating social inclusion by promoting and supporting access to social networks.

Personal identity This refers to a person's individuality, including their needs and preferences in all aspects of their life. Personal identity is about building a meaningful and satisfying life, as defined by the person themselves (Personalisation – a rough guide [SCIE guide 47]). An individual's personal identity may change as their circumstances alter.

Care homes This refers to all care home settings, including residential and nursing accommodation, and includes people accessing day care and respite care.

Equality and diversity considerations

Care home staff should identify the specific needs of older people arising from diversity, including gender, sexuality, ethnicity, spirituality, culture, age and religion.

Status of this quality standard

This is the draft quality standard released for consultation from 5 July to 2 August 2013. It is not NICE's final quality standard on mental wellbeing of older people in care homes. The statements and measures presented in this document are provisional and may change after consultation with stakeholders.

Comments on the content of the draft standard must be submitted by 5pm on 2 August 2013. All eligible comments received during consultation will be reviewed by the Quality Standards Advisory Committee and the quality statements and measures will be refined in line with the Quality Standards Advisory Committee's considerations. The final quality standard will be available on the NICE website from December 2013.

Using the quality standard

Quality measures

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of care in areas identified as needing quality improvement. They are not a new set of targets or mandatory indicators for performance management.

We have indicated if current national indicators exist that could be used to measure the quality statements. These include indicators developed by the Health and Social Care Information Centre through its Indicators for Quality Improvement Programme. If there is no national indicator that could be used to measure a quality statement, the quality measure should form the basis for audit criteria developed and used locally.

See NICE's What makes up a NICE quality standard? for further information, including advice on using quality measures.

Levels of achievement

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, NICE recognises that this may not always be appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

Using other national guidance and policy documents

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered by commissioners, providers, health and social care practitioners, service users and carers alongside the documents listed in 'Development sources'.

Development sources

Further explanation of the methodology used can be found in the quality Process guide on the NICE website.

Evidence sources

The documents below contain recommendations from NICE guidance or other NICE-accredited recommendations that were used by the Quality Standards Advisory Committee to develop the quality standard statements and measures.

- Falls: assessment and prevention of falls in older people. NICE clinical guideline 161 2013).
- Personalisation – a rough guide. SCIE guide 47 (2013).
- Social anxiety disorder: recognition, assessment and treatment. NICE clinical guideline 159 (2013).
- Common mental health disorders. NICE clinical guideline 123 (2011).
- Dementia: Supporting people with dementia and their carers in health and social care. NICE clinical guideline 42 (2006, amended 2011).
- Dignity in Care. SCIE guide 15 (2010).
- Mental wellbeing and older people. NICE public health guidance 16 (2008).
- Faecal incontinence: The management of faecal incontinence in adults. NICE clinical guideline 49 (2007).

Policy context

It is important that the quality standard is considered alongside current policy documents, including:

- Care Quality Commission (2012) Time to listen in care homes: Dignity and nutrition inspection programme 2012.

- Department of Health (2011) Delivering better mental health outcomes for people of all ages.
- Department of Health (2011) No health without mental health: a cross-government mental health outcomes strategy for people of all ages.
- Age UK (2010) Promoting Mental Health and Well-being in Later Life
- Centre for Policy on Ageing (2009) Ageism and age discrimination in mental health care in the United Kingdom.
- Age Concern and Mental Health Foundation (2006) Promoting mental health and well-being in later life. A first report from the UK Inquiry into mental health and well-being in later life.

Definitions and data sources for the quality measures

- Social Care Institute for Excellence (2012) Personalisation: a rough guide. SCIE guide 47.
- Health and Social Care Information Centre (2012) Personal Social Services Adult Social Care Survey – England.
- Netten, A, Beadle-Brown, J, Caiels, J et al. (2011) Adult social care outcomes toolkit v2.1: main guidance, Personal Social Services Research Unit (PSSRU) Discussion Paper 2716/3, University of Kent, Canterbury.
- NHS Health Scotland (2006) Mental health improvement programme, background and policy context.
- Department of Health (2001) Social care for deafblind children and adults.

Related NICE quality standards

Published

- Supporting people to live well with dementia. NICE quality standard 30 (2013).
- Patient experience in adult NHS services. NICE quality standard 15 (2012).
- Service user experience in adult mental health. NICE quality standard 14 (2011).
- Depression in adults. NICE quality standard 8 (2011).
- Dementia. NICE quality standard 1 (2010).

In development

- Anxiety. NICE quality standard. Publication expected March 2014.

Future quality standards

This quality standard has been developed in the context of all quality standards referred to NICE, including the following topics scheduled for future development:

- Domiciliary care.
- Falls in a care setting.
- Physical activity.

Quality Standards Advisory Committee and NICE project team

Quality Standards Advisory Committee

This quality standard has been developed by Quality Standards Advisory Committee 1. For further information about the standing members of this committee see the NICE website. The following specialist members joined the committee to develop this quality standard:

Ms Sharon Blackburn

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About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

The methods and processes for developing NICE quality standards are described in the quality standards process guide.

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