NICE National Institute for Health and Care Excellence

NICE quality standard

Mental wellbeing of older people in care homes

Quality standard

Published: 12 December 2013
nice.org.uk/guidance/qs50

Contents

This standard is based on CG103, CG123, CG159, PH16 and CG42.

This standard should be read in conjunction with QS1, QS8, QS13, QS15, QS30, QS85, QS14, QS53, QS63, QS87, QS132 and QS137.

Introduction

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 elements that are key to optimum functioning and independence, such as life satisfaction, optimism, self-esteem, feeling in control, having a purpose in life, and a sense of belonging and support[1]. For more information see the mental wellbeing of older people in care homes overview.

Why this quality standard is needed

The average age of the UK population is increasing. The proportion of people aged 65 and over in the UK population increased from 15% in 1985 to 17% in 2010, an increase of 1.7 million people. It is projected that by 2035 people aged 65 and over will account for 23% of the total population[2]. It is estimated that in England there are more than 400,000 older people living in care homes[3]. This includes people receiving care in residential and nursing accommodation funded by Councils with Adult Social Services Responsibilities and people who either partially or fully fund their own care.

Evidence from the Institute for Public Policy Research suggests that many older people are dissatisfied, lonely and depressed, and many are living with low levels of life satisfaction and wellbeing. These problems are widespread in older people living in care homes.[4] Research by the Alzheimer's Society has shown that many care homes are still not providing person-centred care for older people.[5] One of the major problems identified was that older people in care homes do not have access to enough activities or ways to occupy their time.[5] It has also been reported that many care home residents have problems accessing NHS primary and secondary healthcare services.[6] A lack of activity and limited access to essential healthcare services can have a detrimental impact on a person's mental wellbeing.

Older people in care homes should be treated with dignity and as individuals who have choice and control over how they live their lives and the care they receive. Empowering older people in care homes to be involved in all decisions about their lifestyle and care is fundamental to their mental wellbeing.

How this quality standard supports delivery of outcome frameworks

NICE quality standards are a concise set of prioritised statements designed to drive measureable quality improvements within a particular area of health or care. They are derived from high-quality guidance, such as that from NICE or other sources accredited by NICE. 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** **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 the mental wellbeing of older people in care homes specifies that services should be commissioned from and coordinated across all relevant agencies encompassing all of the person's needs and their 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 healthcare professionals 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. Healthcare professionals and social care practitioners should be aware of the Code of Conduct and National Minimum Training Standards for healthcare support workers and adult social care workers (Skills for Care, 2013).

Role of family and carers

Quality standards recognise the important role family and carers have in supporting older people in care homes. If appropriate, healthcare professionals and social care practitioners should ensure family and carers are involved in the decision-making process about all aspects of their care.

[1] NHS Health Scotland (2006) Mental health improvement programme, background and policy context.

[2] Office for National Statistics (2012) Census 2011

[3] Care Quality Commission (2012), The state of health care and adult social care in England in 2011/12

[4] Institute for Public Policy Research (2008) Older people and wellbeing.

[5] Alzheimers Society (2007) Home from home.

[6] British Geriatrics Society (2011) Quest for Quality.

List of 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.

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

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.

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.

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

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

Quality statement 1: Participation in meaningful activity

Quality statement

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

Rationale

It is important that older people in care homes have the opportunity to take part in activity, including activities of daily living, that helps to maintain or improve their health and mental wellbeing. They should be encouraged to take an active role in choosing and defining activities that are meaningful to them. Whenever possible, and if the person wishes, family, friends and carers should be involved in these activities. This will help to ensure that activity is meaningful and that relationships are developed and maintained.

Quality measures

Structure

Evidence of local arrangements to ensure that older people in care homes are offered opportunities during their day to participate in meaningful activity that promotes their health and mental wellbeing.

Data source: Local data collection.

Outcome

a) Feedback from older people in care homes that they are offered opportunities to take part in activity during their day.

Data source:Local data collection. Adult Social Care Outcomes Toolkit. The following documents from the toolkit include questions about choice and control, social participation and involvement, occupation and dignity: CHINT3 care home interview schedule and CHOBS3 care home observation schedule.

The Personal Social Services Adult Social Care Survey (England). This survey collects data on service users' views and opinions over a range of outcome areas, including satisfaction with social

care and support and quality of life. Appendix F of this report provides a link to model questionnaires.

b) Feedback from older people in care homes that they have taken part in activity during their day that is meaningful to them.

Data source: Local data collection. Adult Social Care Outcomes Toolkit. The following documents from the toolkit include questions about choice and control, social participation and involvement, occupation and dignity: CHINT3 care home interview schedule and CHOBS3 care home observation schedule.

The Personal Social Services Adult Social Care Survey (England). This survey collects data on service users' views and opinions over a range of outcome areas, including satisfaction with social care and support and quality of life. Appendix F of this report provides a link to model questionnaires.

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

Organisations providing care ensure that opportunities for activity are available and that staff are trained to offer spontaneous and planned opportunities for older people in care homes to participate in activity that is meaningful to them and that promotes their health and mental wellbeing.

Social care, health and public health practitioners ensure that they offer older people in care homes opportunities during their day to participate in spontaneous and planned activity that is meaningful to them and that promotes their health and mental wellbeing.

Local authorities and other commissioning services ensure that they commission services from providers that can produce evidence of activities that are undertaken within the care home and can demonstrate that staff are trained to offer spontaneous and planned opportunities for older people in care homes to participate in activity that is meaningful to them.

What the quality statement means for service users, family, friends and carers

Older people in care homes have opportunities during their day to take part in activities of their choice that help them stay well and feel satisfied with life. Their family, friends and carers have opportunities to be involved in activities with them when the older person wishes.

Source guidance

- Dignity in care (SCIE guide 15) Choice and control
- Mental wellbeing in over 65s: occupational therapy and physical activity interventions (NICE public health guidance 16), recommendation 1
- Personalisation: a rough guide (SCIE guide 47)

Definitions of terms used in this quality statement

Care homes

This refers to all care home settings, including residential and nursing accommodation, and includes people accessing day care and respite care. [Expert consensus]

Meaningful activity

Meaningful activity includes physical, social and leisure activities that are tailored to the person's needs and preferences. Activity can range from activities of daily living such as dressing, eating and washing, to leisure activities such as reading, gardening, arts and crafts, conversation, and singing. It can be structured or spontaneous, for groups or for individuals, and may involve family, friends and carers, or the wider community. Activity may provide emotional, creative, intellectual and spiritual stimulation. It should take place in an environment that is appropriate to the person's needs and preferences, which may include using outdoor spaces or making adaptations to the person's environment. [Adapted from SCIE guide 15, Choice and Control, Living well through activity in care homes: the toolkit (College of Occupational Therapists) and expert consensus]

Mental wellbeing

Mental wellbeing includes areas that are key to optimum functioning and independence, such as life satisfaction, optimism, self-esteem, feeling in control, having a purpose in life, and a sense of belonging and support. [Adapted from the Mental health improvement programme, background and policy context (NHS Health Scotland)]

Equality and diversity considerations

Staff working with older people in care homes should identify and address the specific needs of older people arising from diversity, including gender and gender identity, sexuality, ethnicity, age and religion.

When tailoring activities to the needs and preferences of older people, staff should be aware of any learning disabilities, acquired cognitive impairments, communication and language barriers, and cultural differences. 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). Staff should ensure that they are aware of the needs and preferences of older people who are approaching the end of their life.

When collecting feedback from older people about whether they have been offered opportunities for meaningful activity, staff should consider using alternative methods for older people who find it difficult to provide feedback. For example, tools such as Dementia Care Mapping can be used, and/or feedback from people who are considered suitable to represent the views of the older person, such as family members, carers, or an advocate.

Quality statement 2: Personal identity

Quality statement

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

Rationale

It is important that staff working with older people in care homes are aware of the personal history of the people they care for and respect their interests, beliefs and the importance of their personal possessions. Older people should be involved in decision-making and supported and enabled to express who they are as an individual and what they want. They should be able to make their own choices whenever possible. Enabling older people to maintain and develop their personal identity during and after their move to a care home promotes dignity and has a positive impact on their sense of identity and mental wellbeing.

Quality measures

Structure

Evidence of local arrangements to ensure that older 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 their personal identity is respected.

Data source: Local data collection. Adult Social Care Outcomes Toolkit. The following documents from the toolkit include questions about choice and control, personal cleanliness and comfort, social participation and involvement, occupation and dignity: CHINT3 care home interview schedule and CHOBS3 care home observation schedule.

The Personal Social Services Adult Social Care Survey (England). This survey collects data on service users' views and opinions over a range of outcome areas, including satisfaction with social care and support and quality of life. Appendix F of this report provides a link to model questionnaires.

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

Organisations providing care work to embed a culture built on dignity and choice in care homes and ensure that staff are trained to work in partnership with older people in care homes in order to enable them to maintain and develop their personal identity.

Social care, health and public health practitioners work with older people in care homes to tailor support and opportunities to their needs and preferences, with the aim of maintaining and developing their personal identity.

Local authorities and other commissioning services ensure that they commission services from providers that can produce evidence of the actions they have taken to embed a culture of dignity and choice, and that staff are trained to work in partnership with older people in care homes in order to enable them to maintain and develop their personal identity.

What the quality statement means for service users

Older people in care homes are given support and opportunities to express themselves as individuals and maintain and develop their sense of who they are.

Source guidance

- Dignity in care (SCIE guide 15) Choice and control, Social inclusion
- GP services for older people living in residential care: a guide for care home managers. (SCIE guide 52) Residents' entitlements and requirements: Being seen as an individual.
- Personalisation: a rough guide (SCIE guide 47).

Definitions of terms used in this quality statement

Care homes

This refers to all care home settings, including residential and nursing accommodation, and includes people accessing day care and respite care. [Expert consensus]

Enabled

'Enabled' refers to actions taken by staff working with older people in care homes to ensure that older people can maintain and develop their personal identity. This may include using life history to tailor support and opportunities to the needs and preferences of the individual. Staff should ensure that older people are able to choose their own clothes, have their most valued possessions with them and choose where to sit while they are eating. It may be necessary to adapt the older person's environment and provide access to outdoor spaces. Staff should facilitate social inclusion by promoting and supporting social interactions and access to social networks, involvement with the community, and existing and new relationships. [Adapted from Dignity in care (SCIE guide 15), Choice and control and Social inclusion, and expert consensus]

Personal identity

This refers to a person's individuality, including their needs and preferences, and involvement in decision-making in all aspects of their life. Maintaining a sense of personal identity can involve using life history to maintain and build a meaningful and satisfying life, as defined by the person themselves. Central to personal identity is the feeling of having a purpose in life, feeling valued, having a sense of belonging and a feeling of worth. Relationships, including those with family, carers and friends, are an important aspect of a person's identity and can have a significant impact on mental wellbeing. An individual's personal identity may change as their circumstances alter. [Adapted from Personalisation: a rough guide (SCIE guide 47), My Home Life: Promoting quality of life in care homes, 'Voice, choice and control' in care homes (Joseph Rowntree Foundation); and expert consensus]

Equality and diversity considerations

Staff working with older people in care homes should identify the specific needs arising from diversity, including gender and gender identity, sexuality, ethnicity, spirituality, culture, age and religion.

When ensuring that older people are enabled to maintain and develop their personal identity be aware of any learning disabilities, acquired cognitive impairments, communication or language barriers or cultural differences. Staff should ensure that they are aware of the needs and preferences of older people who are approaching the end of their life.

When collecting feedback from older people about whether they have been enabled to maintain and develop their personal identity staff should consider using alternative methods for older people who find it difficult to provide feedback. For example, tools such as Dementia Care Mapping

can be used, and/or feedback from people who are considered suitable to represent the views of the older person such as family members, carers, or an advocate.

Quality statement 3: Recognition of mental health conditions

Quality statement

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

Rationale

Mental health conditions are highly prevalent among older people in care homes, but are often not recognised, diagnosed or treated. Ageing with good mental health can make a key difference in ensuring that life is enjoyable and fulfilling. The recognition and recording of symptoms and signs of mental health conditions by staff who are aware of the role of the GP in the route to referral can help to ensure early assessment and access to appropriate healthcare services.

Quality measures

Structure

Evidence of protocols to ensure that staff are trained to recognise the symptoms and signs of mental health conditions in older people, and record them in their care plan.

Data source: Local data collection.

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

Organisations providing care ensure that staff are trained to be alert to the symptoms and signs of mental health conditions in older people in care homes and to record them in a care plan.

Social care, health and public health practitioners look for symptoms and signs of mental health conditions and record them in the older person's care plan.

Local authorities and other commissioning services commission services from providers that can produce evidence of protocols for training staff to be alert to the symptoms and signs of mental health conditions in older people in care homes and to record them in a care plan.

What the quality statement means for service users

Older people in care homes are cared for by staff who recognise the symptoms and signs of mental health conditions (such as depression and anxiety) and record them in their care plan.

Source guidance

- Common mental health disorders (NICE clinical guideline 123), recommendations 1.3.1.1 (key priority for implementation), 1.3.1.2 (key priority for implementation) and 1.3.2.1.
- Delirium (NICE clinical guideline 103), recommendations 1.2.1 and 1.4.1.
- Dementia (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.
- GP services for older people living in residential care: a guide for care home managers. (SCIE guide 52) Managers' responsibilities and the NHS reforms: Actions as a result of listening to residents and relatives; Accurate, up-to-date recording. Workforce development, standards and regulation: Developing trained, confident care workers.
- Social anxiety disorder (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

Care homes

This refers to all care home settings, including residential and nursing accommodation, and includes people accessing day care and respite care. [Expert consensus]

Mental health conditions

These includecommon mental health conditions such as depression, generalised anxiety disorder and social anxiety disorder, and may also include dementia and delirium. People may have more than one mental health condition at a given time. (See the NICE guidelines on dementia (NICE clinical guideline 42), depression in adults (NICE clinical guideline 90), depression in adults with a chronic physical health problem (NICE clinical guideline 91), delirium (NICE clinical guideline 103), common mental health disorders (NICE clinical guideline 123) and social anxiety disorder (NICE clinical guideline 159) for more information.)

Recognised

Recognised in this context relates to staff observing and recognising the symptoms and signs of mental health conditions, and sharing information and concerns with healthcare professionals, including GPs. Staff should be continually alert to new or worsening symptoms and signs. Observation of behaviour should happen on an ongoing basis and in response to the presentation of relevant symptoms. [Expert consensus]

Trained staff

This refers to staff who have been trained to recognise and record the symptoms and signs of mental health conditions when caring for older people. Staff should be alert to the presentation of new symptoms and signs and aware of existing conditions. Staff should also be competent in recognising when older people need a referral for assessment and management of the mental health condition. [Expert consensus]

Equality and diversity considerations

When looking for symptoms and signs of mental health conditions, be aware of any learning disabilities, acquired cognitive impairments, communication and language barriers, sensory impairment and cultural differences. Staff should ensure that they are aware of the needs and preferences of older people who are approaching the end of their life.

It is important that staff are aware that older people in care homes have the same right to access healthcare as people living independently in the community. This is stated in the NHS Constitution.

Quality statement 4: Recognition of sensory impairment

Quality statement

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

Rationale

Mild but progressive sight and hearing losses are a common feature of ageing and may go unnoticed for some time, but can have a serious effect on a person's communication, confidence and independence. The recognition and recording of needs arising from sensory impairment by staff who are alert to the symptoms and signs and aware of the role of the GP in the route to referral can help to ensure early assessment and access to appropriate healthcare services. For older people in care homes this is essential to improve their quality of life and avoid isolation, which can have a detrimental effect on mental wellbeing.

Quality measures

Structure

Evidence of protocols to ensure that staff are trained to recognise specific needs arising from sensory impairment in older people, and record these needs as part of their care plan.

Data source: Local data collection.

Process

Proportion of older people in care homes who have regular sight tests.

Numerator – the number of people in the denominator who have had a sight test within the past 2 years.

Denominator – the number of older people in care homes.

Data source: Local data collection.

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

Organisations providing care ensure that staff are trained to be alert to specific needs arising from sensory impairment in older people in care homes and to record them in a care plan.

Social care, health and public health practitioners are alert to and recognise specific needs arising from sensory impairment in older people in care homes and record them in their care plan.

Local authorities and other commissioning services commission services from providers that can produce evidence of protocols for training staff to be alert to specific needs arising from sensory impairment in older people in care homes and to record them in a care plan.

What the quality statement means for service users

Older people in care homes are cared for by staff who recognise needs that occur because of sight or hearing problems and record these as part of their care plan.

Source guidance

- Dignity in care (SCIE guide 15) Communication, Choice and control.
- GP services for older people living in residential care: a guide for care home managers. (SCIE guide 52) Managers' responsibilities and the NHS reforms: Actions as a result of listening to residents and relatives; Accurate, up-to-date recording. Workforce development, standards and regulation: Developing trained, confident care workers.

Definitions of terms used in this quality statement

Care homes

This refers to all care home settings, including residential and nursing accommodation, and includes people accessing day care and respite care. [Expert consensus]

Recognised

Recognised in this context relates to the recognition by staff working with older people in care homes of the needs arising from sensory impairment and the sharing of information with

healthcare professionals, including GPs. Staff should be continually alert to new and existing needs. This should involve monitoring of existing impairments and recognition of new sensory impairments. This is likely to include ensuring regular sight and hearing checks are arranged, cleaning glasses, and changing hearing aid batteries, or referral to an appropriately trained professional. [SCIE research briefing 21 and expert consensus]

Regular sight test

Adults are normally advised to have a sight test every 2 years. However, in some circumstances, the ophthalmic practitioner may recommend more frequent sight tests, for example in people who:

- have diabetes
- are aged 40 or over and have a family history of glaucoma
- are aged 70 or over. [NHS Choices]

Sensory impairment

Sensory impairment most commonly refers to sight or hearing loss. It includes combined sight and hearing loss, which is frequently referred to as dual sensory impairment or deafblindness. [Adapted from Basic Sensory Impairment Awareness (NHS Education for Scotland) and Social care for deafblind children and adults (Department of Health)]

Trained staff

This refers to staff who have been trained to recognise and record the symptoms and signs of sensory impairment when caring for older people. Staff should be aware that there are many different types of sight and hearing loss, with a large variation in the degree of impairment. Staff should also be competent in recognising when older people need a referral for assessment and management of the sensory impairment. [Expert consensus]

Equality and diversity considerations

Sensory impairment is common in older people. It is frequently perceived as an expected feature of ageing rather than as potentially disabling. It is important that sensory impairment is not considered as acceptable for older people in care homes. This may need to be emphasised during training to increase awareness and recognition of sensory impairments.

When looking for signs or symptoms of sensory impairment, be aware of any learning disabilities, acquired cognitive impairments, communication and language barriers, and cultural differences. Staff should ensure that they are aware of the needs and preferences of older people who are approaching the end of their life

It is important that staff are aware that older people in care homes have the same right to access healthcare as people living independently in the community. This is stated in the NHS Constitution.

Quality statement 5: Recognition of physical problems

Quality statement

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

Rationale

Physical problems can cause discomfort and affect activities of daily living, participation in social activities and independence, and therefore mental wellbeing. The recognition and recording of the symptoms and signs of physical problems by trained staff who are aware of the role of the GP in the route to referral can help to ensure early assessment and access to appropriate healthcare services. This is essential to improve the quality of life and mental wellbeing of older people in care homes.

Quality measures

Structure

Evidence of protocols to ensure that staff are trained to recognise the symptoms and signs of physical problems in older people in care homes, and record them as part of their care plan.

Data source: Local data collection.

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

Organisations providing care ensure that staff are trained to be alert to symptoms and signs of physical problems in older people in care homes and to record them in a care plan.

Social care, health and public health practitioners look for symptoms and signs of physical problems in older people in care homes and record them in their care plan.

Local authorities and other commissioning services commission services from providers that can produce evidence of protocols for training staff to be alert to the symptoms and signs of physical problems in older people in care homes and to record them in care plans.

What the quality statement means for service users

Older people in care homes are cared for by staff who recognise the symptoms and signs of physical problems (such as pain, dizziness, problems with walking, constipation and continence problems) and record them in their care plan.

Source guidance

- Dignity in care (SCIE guide 15) Pain management
- GP services for older people living in residential care: a guide for care home managers. (SCIE guide 52) Managers' responsibilities and the NHS reforms: Actions as a result of listening to residents and relatives; Accurate, up-to-date recording. Workforce development, standards and regulation: Developing trained, confident care workers.

Definitions of terms used in this quality statement

Care homes

This refers to all care home settings, including residential and nursing accommodation, and includes people accessing day care and respite care. [Expert consensus]

Physical problems

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

- joint and muscular pain
- undiagnosed pain
- incontinence
- dizziness
- constipation
- urinary tract infection
- reduced ability to move without support
- unsteady gait. [Expert consensus]

Recognised

Recognised in this context relates to the recognition by staff working with older people in care homes of physical problems and the sharing of information with healthcare professionals, including GPs. Staff should be continually alert to new physical problems and should monitor existing physical problems. [Expert consensus]

Trained staff

Trained staff refers to staff who have been trained to recognise and record the symptoms and signs of physical problems when caring for older people. Staff should be alert to the presentation of new symptoms and competent in recognising when older people need a referral for assessment and management of physical problems. [Expert consensus]

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 and language barriers, and cultural differences. Staff should ensure that they are aware of the needs and preferences of older people who are approaching the end of their life.

It is important that staff are aware that older people in care homes have the same right to access healthcare as people living independently in the community. This is stated in the NHS Constitution.

Quality statement 6: Access to healthcare services

Quality statement

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

Rationale

Older people in care homes typically have greater and more complex health needs than those living in the community, and these needs can affect their wellbeing if they are not addressed. Many care home residents experience problems accessing NHS primary and secondary healthcare services, including GPs. It is important that care homes have good links with GPs and referral arrangements, so that services can be accessed easily and without delay when they are needed. This is essential to prevent unmet healthcare needs from having a negative impact on mental wellbeing.

Quality measures

Structure

Evidence of referral arrangements to ensure that older people in care homes are given access to the full range of healthcare services when they need them.

Data source: Local data collection.

Outcome

Feedback from older people in care homes and from their family, friends and/or carers that they are satisfied with the care they have received.

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

Organisations providing care ensure that they work in partnership with healthcare organisations to implement effective arrangements for access to primary, secondary, specialist and mental health services for older people in care homes.

Social care, health and public health practitioners facilitate access to primary, secondary, specialist and mental health services for older people in care homes by referring the person to the required service when they need it.

Local authorities and other commissioning services commission services from providers that can produce evidence of arrangements with local healthcare organisations which facilitate access to primary, secondary, specialist and mental health services for older people in care homes.

What the quality statement means for service users

Older people in care homes can see their GP and use hospital services when they need them.

Source guidance

- GP services for older people living in residential care: a guide for care home managers. (SCIE guide 52) Residents' entitlements and requirements: Access to quality GP services; Protection of residents' rights. GPs' role in relation to the resident, the home and the wider NHS: The GP as point of access to primary and secondary care; Managing relationships; Role of nursing staff in facilitating joint working.

Definitions of terms used in this quality statement

Care homes

This refers to all care home settings, including residential and nursing accommodation, and includes people accessing day care and respite care. [Expert consensus]

Healthcare services

These include primary care, and acute and specialist physical and mental health services. [GP services for older people living in residential care: a guide for care home managers. (SCIE guide 52)]

Equality and diversity considerations

When deciding if access to healthcare services is needed, staff working with older people in care homes should be aware of any learning disabilities, acquired cognitive impairments, communication and language barriers, sensory impairment, and cultural differences. Staff should ensure that they are aware of the needs and preferences of older people who are approaching the end of their life.

It is important that staff are aware that older people in care homes have the same right to access healthcare as people living independently in the community. This is stated in the NHS Constitution.

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, healthcare professionals and social care practitioners, service users and carers alongside the documents listed in Development sources.

Information for commissioners

NICE has produced support for commissioning that considers the commissioning implications and potential resource impact of this quality standard. This is available on the NICE website.

Information for the public

NICE has produced information for the public about this quality standard. Patients, service users and carers can use it to find out about the quality of care they should expect to receive; as a basis for asking questions about their care, and to help make choices between providers of social care services.

Diversity, equality and language

During the development of this quality standard, equality issues have been considered and equality assessments are available.

Good communication between healthcare professionals and social care practitioners and older people in care homes and their family and carers is essential. Treatment, care and support, and the information given about it, should be both age appropriate and culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Older people in care homes and their families and carers should have access to an interpreter if needed.

When older people in care homes lack capacity, decisions made on their behalf under the Mental Capacity Act 2005 should be made in line with the accompanying code of practice.

Commissioners and providers should aim to achieve the quality standard 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 this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

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.

- GP services for older people living in residential care: a guide for care home managers. Social Care Institute for Excellence (SCIE) guide 52 (2013).
- Personalisation: a rough guide. SCIE guide 47 (2013).
- Social anxiety disorder. NICE clinical guideline 159 (2013).
- Common mental health disorders. NICE clinical guideline 123 (2011).
- Dementia. NICE clinical guideline 42 (2006, amended 2011).
- Delirium. NICE clinical guideline 103 (2010).
- Dignity in Care. SCIE guide 15 (2010).
- Mental wellbeing in over 65s: occupational therapy and physical activity interventions. NICE public health guidance 16 (2008).

Policy context

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

- Skills for Care (2013) Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England.
- Skills for Care (2013) National Minimum Training Standards for Healthcare Support Workers and Adult Social Care Workers in England.
- British Geriatrics Society (2012) Failing the Frail: A Chaotic Approach to Commissioning Healthcare Services for Care Homes.

- Care Quality Commission (2012), The state of health care and adult social care in England in 2011/12.
- Care Quality Commission (2012) Time to listen in care homes: Dignity and nutrition inspection programme 2012.
- Office for National Statistics (2012) Census 2011.
- British Geriatrics Society (2011) Quest for Quality.
- 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.
- Institute for Public Policy Research (2008) Older people and wellbeing.
- Alzheimers Society (2007) Home from home.
- Age Concern and Mental Health Foundation (2007) Improving services and support for older people with mental health problems: the second report from the UK inquiry into mental health and well-being in later life.
- 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.
- Du Feu M and Fergusson K (2003) Sensory impairment and mental health. Advances in Psychiatric Treatment 9: 95–103.

Definitions and data sources for the quality measures

- College of Occupational Therapists (2013) Living well through activity in care homes: the toolkit.
- Health and Social Care Information Centre (2012) Personal Social Services Adult Social Care Survey – England.
- Joseph Rowntree Foundation (2012) My home life: promoting quality of life in care homes.

- NHS Choices (2012) Eyes, vision and hearing.
- SCIE (2012) Personalisation: a rough guide. SCIE guide 47.
- NHS Education for Scotland (2011) .
- Personal Social Services Research Unit (2011) Adult social care outcomes toolkit v2.1: main guidance.
- NICE (2009) Depression in adults. NICE clinical guideline 90.
- NICE (2009) Depression in adults with a chronic physical health problem. NICE clinical guideline 91.
- SCIE (2007) SCIE Research briefing 21: Identification of deafblind dual sensory impairment in older people
- 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).
- End of life care for adults. NICE quality standard 13 (2011).
- Depression in adults. NICE quality standard 8 (2011).
- Dementia. NICE quality standard 1 (2010).

In development

- Anxiety disorders. Publication expected February 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.
- Managing medicines in care homes.
- Physical activity.
- Social care of older people with more than one physical or mental health long term condition in residential or community settings.
- Transition between health and social care.

Quality Standards Advisory Committee and NICE project team

Quality Standards Advisory Committee

This quality standard has been developed by Quality Standards Advisory Committee 1.

Membership of this committee is as follows:

Dr Bee Wee (Chair)
Consultant and Senior Lecturer in Palliative Medicine, Oxford University Hospitals NHS Trust and Oxford University

Mr Lee Beresford
Director of Strategy and System Development, NHS Wakefield Clinical Commissioning Group

Dr Gita Bhutani
Professional Lead, Psychological Services, Lancashire Care NHS Foundation Trust

Mrs Jennifer Bostock
Lay member

Dr Helen Bromley
Consultant in Public Health, Cheshire West and Chester Council

Dr Hasan Chowhan
GP, NHS North East Essex Clinical Commissioning Group

Mr Philip Dick
Psychiatric Liaison Team Manager, West London Mental Health Trust

Ms Phyllis Dunn
Clinical Lead Nurse, University Hospital of North Staffordshire

Dr Ian Manifold
Clinical Lead for National Cancer Peer Review and Consultant Oncologist, National Cancer Action Team

Dr Colette Marshall
Associate Medical Director and Consultant General and Vascular Surgeon, NHS Coventry University Hospitals Coventry and Warwickshire

Mr Gavin Maxwell
Lay member

Ms Robyn Noonan
Service Manager, Joint Commissioning, Oxfordshire County Council

Ms Joanne Panitzke
Quality Assurance and Improvement Lead, South Devon & Torbay Clinical Commissioning Group

Dr Niraj Patel
GP Principal, Thamesmead Medical Associates

Mrs Karen Whitehead
Strategic Lead, Health/Families/Partnerships Children's Services, Bury Council

Ms Alyson Whitmarsh
Clinical Audit Programme Manager, The Health and Social Care Information Centre

Ms Jane Worsley
Chief Operating Officer, Advanced Childcare Limited

Mr Arnold Zermansky
General Practitioner, Leeds

The following specialist members joined the committee to develop this quality standard:

Mrs Sharon Blackburn
Policy and Communications Director/Registered General and Mental Health Nurse, National Care Forum, Coventry

Professor Carolyn Chew-Graham
General Practitioner, NHS Manchester and Professor of General Practice Research, Keele University, Staffordshire

Ms Jakki Cowley
Empowerment Matters, Merseyside

Mr Dwayne Johnson
Director of Adult Social Care, Halton Borough Council, Widnes

Dr Mo Ray
Senior Lecturer, Keele University, Staffordshire

NICE project team

Jane Silvester
Associate Director

Dylan Jones
Associate Director

Terence Lacey
Technical Advisor

Rachel Neary
Programme Manager

Julie Kennedy
Lead Technical Analyst

Esther Clifford
Project Manager

Lee Berry
Coordinator

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.

This quality standard has been incorporated into the NICE pathways for mental wellbeing and older people, dementia, common mental health disorders, social anxiety disorder, falls in older people and delirium.

ISBN: 978-1-4731-0389-4

Endorsing organisation

This quality standard has been endorsed by Department of Health, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- British Geriatrics Society

- College of Occupational Therapists
- College of Social Work
- Life Story Network
- Royal College of General Practitioners
- Royal College of Nursing
- Social Care Institute for Excellence
- Sense