

Putting NICE quality standards into practice

Using quality standards to improve practice in care homes for older people

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Introduction

This resource explains how you can make use of NICE quality standards, and sets the improvement opportunities offered by the quality standards in the context of the Care Quality Commission's new framework for inspection. The resource outlines how quality standards fit with other improvement initiatives, and suggests ways you can use NICE quality standards to improve practice, including preparing for inspection. It also identifies which quality standard statements are likely to be most relevant for each of CQC's 5 key questions.

Improving the quality of care – who does what?

Improving standards of care and support for older people is a priority for the sector. Managers of care homes cannot do this in isolation and will want to involve people living in the care home, their friends and family, other professionals and the wider community in improving the service. Changes to the regulatory system and the number of quality improvement initiatives can make it confusing to know where to start.

As well as checking whether care homes meet national required standards, the CQC has a role in service improvement. It will use its new questions to assess the quality of the services and rate them as 'inadequate', 'needs improvement', 'good' or 'outstanding'. Inspectors will start by looking for evidence that the service is 'good', setting their expectations above the minimum acceptable standards needed for registration. Managers therefore need to:

- know what a 'good' service looks like
- have a clear understanding of their service and how it is performing
- gather evidence to support their self-assessment

- have plans for improvement in place.

Local authority commissioners are guided by the priorities in the [Adult Social Care Outcomes Framework \(ASCOF\)](#) and the requirements of the Care Act 2014. The ASCOF priorities focus on:

- enhancing the quality of life for people with care and support needs
- making sure people have a positive experience of care and support
- safeguarding adults.

As the [Care Act 2014](#) is implemented there will be an increased focus, through commissioning, on wellbeing and prevention, quality services, sustainability, choice and co-production (when the person receiving care is involved as an equal partner in designing the support and services they receive), as well as strengthened safeguarding arrangements. Commissioners are therefore interested in how care homes can demonstrate that their service is improving in these areas, and being able to provide evidence for this is crucial.

Where NICE fits in

In 2013, NICE was given [new responsibilities in social care](#). NICE produces a range of guidance and advice and tools that can help you make sure your care home provides the best service, and focus on ways to improve it further (see box on next page).

Using NICE guidelines and quality standards will help provide evidence that the service is well-led, with a focus on quality improvement and developing a capable workforce.

This information focuses on how you can use NICE quality standards to improve the quality of care beyond the standard needed for registration. For example, in its recent themed inspection of the care of people with dementia in care homes and hospitals, the CQC reported that inspectors looked to see who knew about, and was making use of, the 2 NICE quality standards on dementia.

NICE guidance, quality standards

- NICE guidelines – recommendations on ‘what works’, which can be used by organisations that provide, commission and provide services to ensure services are safe, effective and value for money.
- Quality standards – a concise set of statements designed to drive and measure improvement in quality. They are based on national guidelines (including NICE guidelines) and can be used to review services, highlight areas where quality needs to be improved, and prioritise work to make improvements.
- Tools to help put guidance and quality standards into practice.
- Local practice examples – case studies showing how organisations have improved their work using NICE guidelines or quality standards.

See the [care homes page](#) for links to relevant guidance.

How you can use NICE quality standards to improve your care home

You can use quality standards in a number of different ways, and this can be one source of evidence that the service is well-led, with a focus on quality improvement and a capable workforce.

Demonstrate commitment to quality improvement

Quality standards help you focus on service improvement and demonstrate that this is happening. You can use them to:

- assess the performance of the care home against the quality statements
- develop an action plan to achieve the levels of quality outlined in each statement
- continuously monitor performance and strive for improvement.

The [mental wellbeing of older people in care homes](#) quality standard offers a framework for reviewing the current service and planning improvements. A [resource for managers of care homes for older people](#) gives additional detail about why each statement is important,

suggestions as to how changes could be made, and provides resources and case studies to help.

Prepare for inspection

The Care Quality Commission has introduced a new framework for inspection, asking whether each service is safe, effective, caring, responsive and well-led. NICE quality standards are one way to provide evidence of the quality of care being given and identify areas for improvement. [CQC questions and related NICE quality standards](#) take the quality standards likely to be most relevant to care homes, and links specific statements to each of CQC's 5 key questions: Is this service safe? Is it effective? Is it caring? Is it responsive? And is it well-led? You can use this information to:

- review your current service against the specific statement.
- record the ways in which it does and doesn't meet the set level of quality.
- plan the changes needed.

Guide workforce recruitment and development

You can use the statements in quality standards as a framework to assess whether applicants have the right knowledge, attitude and approach when you are recruiting staff. Staff need to demonstrate competence to do the work, an appreciation of the challenges involved and an understanding of what makes up a quality service. The standards can help establish this.

You can also use quality standards as a framework for staff induction and training. The standards make clear what care and support staff should aim to provide and can be used to identify gaps in knowledge and skills.

Support requests for help to other services

Many of the quality standards include statements about responding to concerns about mental health, physical health and sensory loss. They also include information about ensuring access to healthcare and specialist support and equipment. You can therefore use them to remind other professionals of their responsibility to provide care to people living in care homes.

Inform people looking for a care home

People looking for a place in a care home will be reassured to know that a care home is actively committed to continuous improvement. Using quality standards can help you demonstrate this.

Local authorities, clinical commissioning groups and mental health commissioners will be looking for evidence that care homes understand and implement the changes required to improve care before purchasing the service to support older people. Quality standards can be used to show this understanding and provide evidence in response to tender documents.

Other resources and advice from NICE

Further details and suggestions about how you can put NICE quality standards into practice can be found in our [Into practice](#) guide. You can find help to understand and overcome barriers to change in 'How to change practice: understand, identify and overcome barriers to change', which is on the [same page](#).

CQC questions and related NICE quality standards

CQC question	What this includes	NICE quality standards and statements
Is this service safe?	Safeguarding Human rights and diversity Behaviour that challenges others Managing risk Suitable staff Managing medicines Managing premises and equipment Preventing and controlling infection	<p>Dementia</p> <p>Quality statement 7: Non-cognitive symptoms and behaviour that challenges</p> <p>Delirium</p> <p>Quality statement 1: Assessing recent changes in behaviour</p> <p>Quality statement 3: Use of antipsychotic medication for people who are distressed</p> <p>Infection prevention and control</p> <p>Quality statement 2: Organisational responsibility</p> <p>Quality statement 3: Hand decontamination</p> <p>Quality statement 6: Educating people about infection prevention and control</p> <p>End of life care</p> <p>Quality statement 4: Holistic support – physical and psychological</p> <p>Quality statement 9: urgent care</p> <p>Quality statement 11: Care in the last days of life</p> <p>Managing medicines in care homes</p> <p>See NICE's guideline on managing medicines in care homes while the quality standard for this topic is being developed.</p>

<p>Is it effective?</p>	<p>The right staff to meet people's needs</p> <p>Mental Capacity Act and Deprivation of Liberty Safeguards</p> <p>Healthcare</p> <p>Design and adaptation of environment</p> <p>Nutrition and hydration</p>	<p>Mental wellbeing of older people in care homes</p> <p>Quality statement 1: Participation in meaningful activity</p> <p>Quality statement 3: Recognition of mental health conditions</p> <p>Quality statement 4: Recognition of sensory impairment</p> <p>Quality statement 5: Recognition of physical problems</p> <p>Quality statement 6: Access to healthcare services</p> <p>Supporting people to live well with dementia</p> <p>Quality statement 1: Discussing concerns about possible dementia</p> <p>Quality statement 2: Choice and control in decisions</p> <p>Quality statement 6: Physical and mental health and wellbeing</p> <p>Quality statement 7: Design and adaptation of housing</p> <p>Quality statement 9: Independent advocacy</p> <p>Dementia</p> <p>Quality statement 1: Appropriately trained staff</p> <p>Quality statement 5: Decision making</p> <p>Delirium</p> <p>Quality statement 2: Interventions to prevent delirium</p> <p>End of life care</p> <p>Quality statement 4: Holistic support – physical and psychological</p> <p>Quality statement 8: Coordinated care</p> <p>Quality statement 9: Urgent care</p> <p>Quality statement 15: Workforce training</p>
<p>Is it caring?</p>	<p>Person centred care</p> <p>Communication</p> <p>Kindness, respect, compassion, dignity and empowerment</p> <p>End of life care</p>	<p>Mental wellbeing of older people in care homes</p> <p>Quality statement 2: Personal identity</p> <p>Quality statement 4: Recognition of mental health conditions</p> <p>Supporting people to live well with dementia</p> <p>Quality statement 9: Independent advocacy</p>

		<p>Quality statement 10: Involvement and contribution to the community</p> <p>End of life care</p> <p>All statements</p> <p>Dementia</p> <p>Quality statement 5: Decision making</p> <p>Quality statement 9: Palliative care needs</p>
<p>Is it responsive?</p>	<p>Personalised care, treatment and support</p> <p>Care planning</p> <p>Choice, control and independence</p> <p>Activity and relationships</p> <p>Access to external or alternative services</p> <p>Concerns, complaints and involvement</p>	<p>Mental wellbeing of older people in care homes</p> <p>All statements</p> <p>Supporting people to live well with dementia</p> <p>Quality statement 2: Choice and control in decisions</p> <p>Quality statement 3: Reviewing needs and preferences</p> <p>Quality statement 4: Leisure activities of interest and choice</p> <p>Quality statement 5: Maintaining and developing relationships</p> <p>Quality statement 6: Physical and mental health and wellbeing</p> <p>Quality statement 8: Planning and evaluating services</p> <p>Quality statement 9: Independent advocacy</p> <p>Quality statement 10: Involvement and contribution to the community</p> <p>End of life care</p> <p>Quality statement 3: Assessment, care planning and review</p> <p>Quality statement 4: Holistic support – physical and psychological</p> <p>Statement 5: Holistic support – social, practical and emotional</p> <p>Statement 6: Holistic support – spiritual and religious</p> <p>Quality statement 8: Coordinated care</p> <p>Quality statement 10: Specialist palliative care</p> <p>Dementia</p> <p>Quality statement 2: Memory assessment services</p>

		<p>Quality statement 4: Assessment and personalised care plan</p> <p>Quality statement 5: Decision making</p> <p>Quality statement 7: Non-cognitive symptoms and behaviour that challenges</p>
<p>Is it well-led?</p>	<p>Vision and values</p> <p>Positive culture</p> <p>Motivated and confident staff</p> <p>Consistent, supportive managers</p> <p>Quality assurance</p> <p>Partnership working</p> <p>Legal requirements</p>	<p>Mental wellbeing of older people in care homes</p> <p>Quality statement 6: Access to healthcare services</p> <p>Supporting people to live well with dementia</p> <p>Quality statement 8: Planning and evaluating services</p> <p>End of life care</p> <p>Quality statement 8: Coordinated care</p> <p>Quality statement 12: Care after death – care of the body</p> <p>Quality statement 13: Care after death – verification and certification</p> <p>Quality statement 15: Workforce training</p> <p>Quality statement 16: Workforce planning</p> <p>Dementia</p> <p>Quality statement 1: Appropriately trained staff</p> <p>Quality statement 4: Assessment and personalised care plan</p> <p>Quality statement 7: Non-cognitive symptoms and behaviour that challenges</p> <p>Quality statement 9: Palliative care needs</p> <p>Delirium</p> <p>Quality statement 4: Information and support</p> <p>Infection prevention and control</p> <p>Quality statement 2: Organisational responsibility</p> <p>Quality statement 4: Urinary catheters</p>

New quality standards that are relevant for care homes will be added to the [care homes page](#) on the website when they are published.

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