Quality of care in nursing homes: a qualitative study

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BACKGROUND

- In the face of the UK's rapidly aging population, the demand for nursing homes has increased.

- Despite a growing patient group, not enough is known about what 'quality' means to care providers within this setting.

- Quality of care is a multi-facetted, evolving concept essential to addressing the NHS Outcomes Framework.

- Quality of life and thus quality in care is difficult to define because it's influenced by a variety of factors and is person, and practice specific (1).
  - A factor in the creation of 6 NHS Vanguards for Enhanced Health in Care Homes (EHCH)
  - Vanguards worked closely with the NHS, local authorities, carers and families to optimise the health of their residents.
  - The EHCH framework is based on lessons learned in Vanguards and highlights interventions which have had the most significant impact on quality of care (6).

Table 1. Principles of the successful EHCH model

1	Person-centred change
2	Co-production (co-delivering the model of care alongside local governments, community and voluntary care home sectors)
3	Quality (as a driving factors for change)
4	Leadership (a joint shared vision of better care)

- Different perspectives influence our understanding of care quality, and its abstract nature means that definitions inherently rely on the value judgements of individuals (1).

Figure 1: Four principles of person-centred care (7)

- In nursing homes, quality of care can include the attractiveness of the environment, family involvement, food, and recreational activities (2).

- In addition to privacy, dignity, independence, choice, rights, fulfilments, recognition of individuality and diversity, expression of beliefs and safety (1).

- The Senses Framework was developed in response to Nolan's identification of the 'six senses' approach to care (3, 4)

Aims

- This study aims to explore how staff and providers understand what is meant by 'good quality care' in the nursing home setting. It also looks at the complex and broad concept of 'good care' and how it can be put into practice in this setting.

Objectives

1. How quality of care is understood;
2. Identifying challenges in achieving good quality care;
3. Factors that facilitate good quality care.
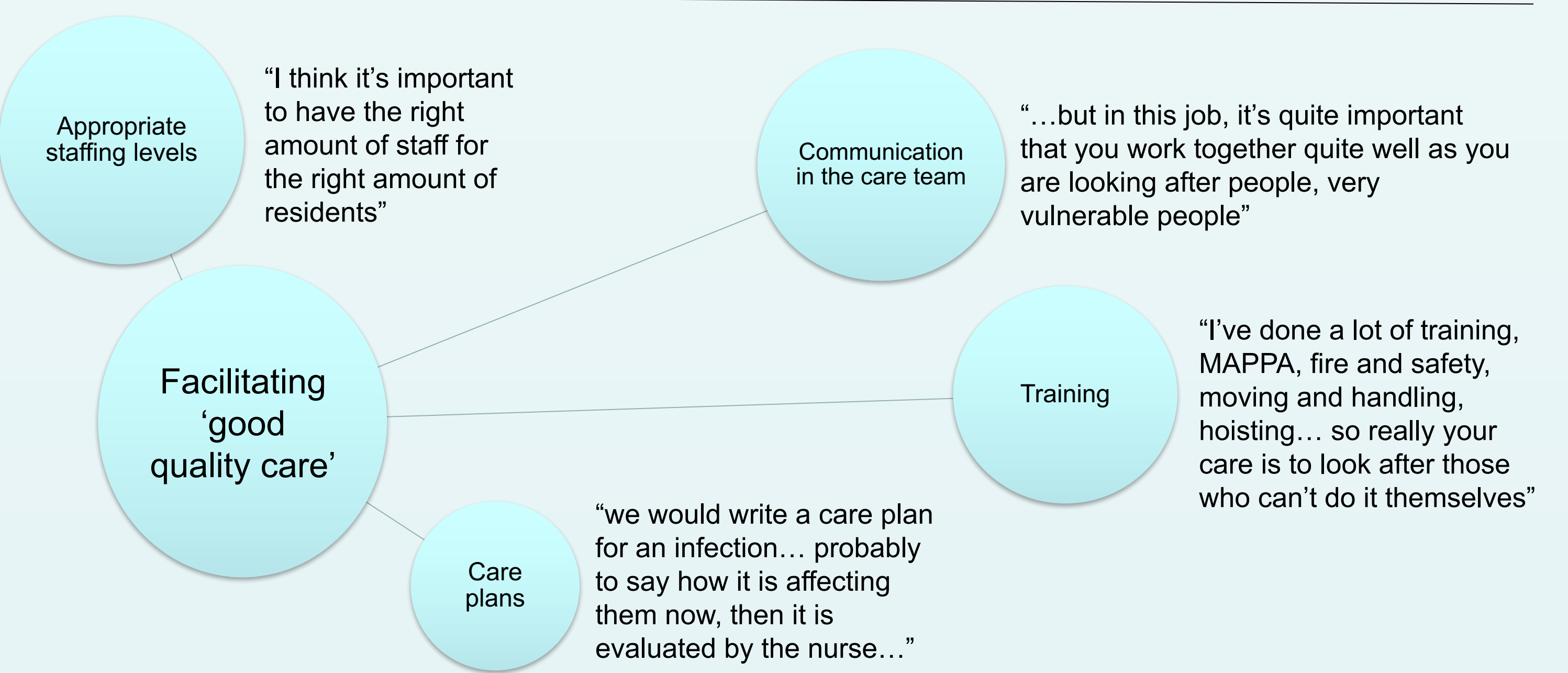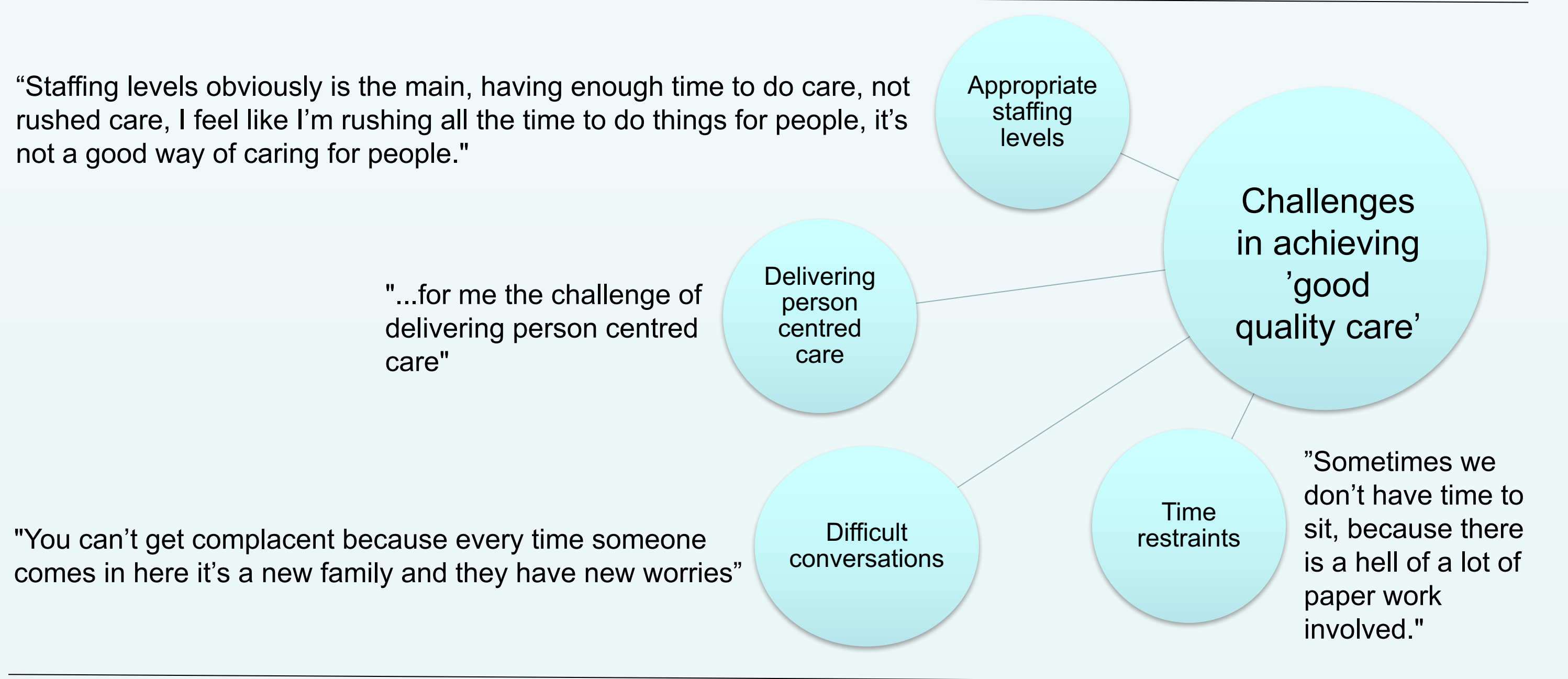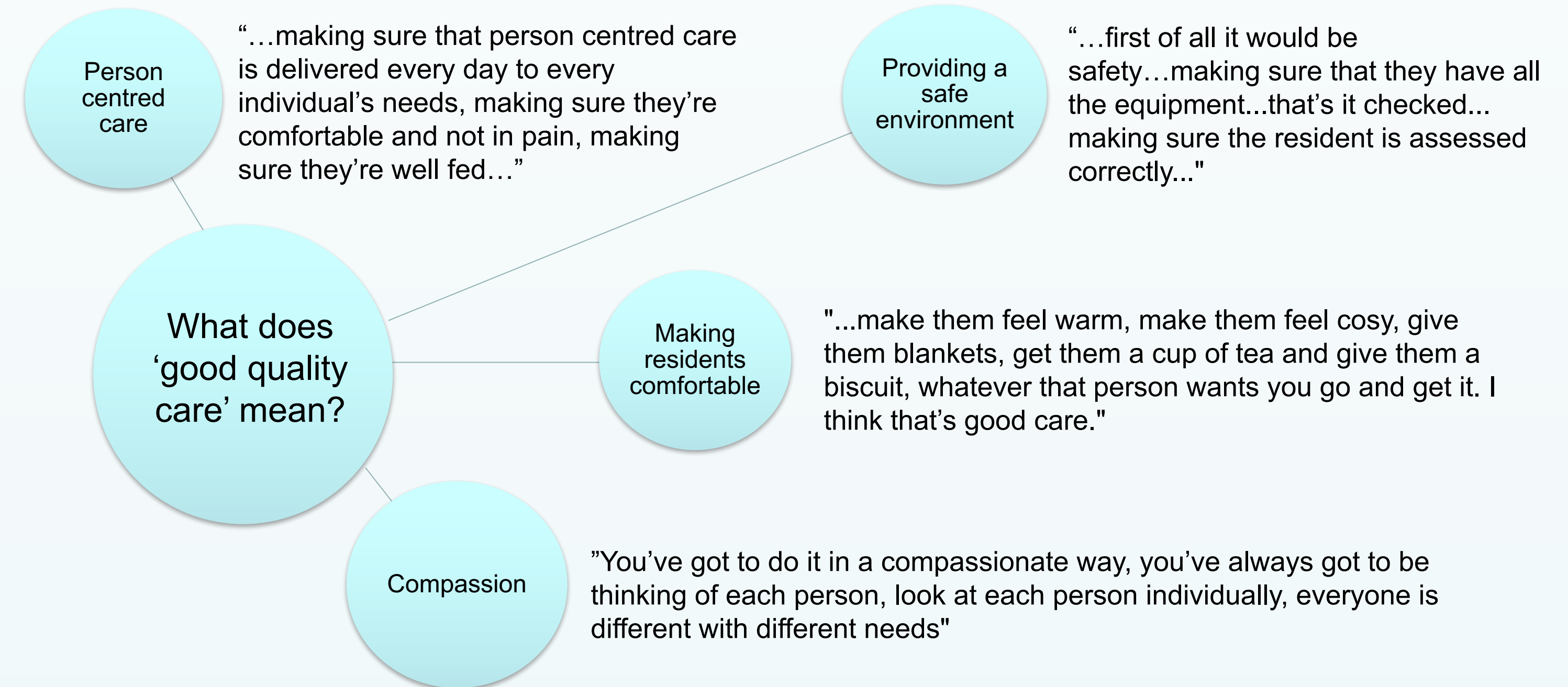
METHODS

- Topic prompts were developed from existing literature and piloted. No significant changes were made to prompts.

- Semi-structured interviews were conducted in nursing homes in the West Midlands area, with a range of staff including managers, nurses, care assistants and activity coordinators.

- Interviews were transcribed and analysed using a thematic analysis.

- Interview prompts:
  - What do you think good quality care means in the nursing home setting?
  - How do you think it can be measured?
  - What are some of the challenges to, and factors that facilitate, good quality care?
  - CQC fundamental standards and the NHS outcomes framework.
  - Participant thoughts on staff incentives for improving care quality.

- A thematic analysis involved extracting key themes from interviews and evolving explanations for recurring patterns and associations (5) (Table 3).

- Features within the data set were coded in a systematic way and collated into themes.

- Major themes corresponding to 'six senses framework' were identified.

Table 3. Six phases of thematic analysis (5)

Phase 1: familiarising self with the data
Phase 2: generating codes for analysis
Phase 3: searching for themes within the data set
Phase 4: reviewing established themes
Phase 5: defining and naming themes
Phase 6: producing final report

RESULTS

Person centred care — "…making sure that person centred care is delivered every day to every individual's needs, making sure they're comfortable and not in pain, making sure they're well fed…"

Providing a safe environment — "…first of all it would be safety…making sure that they have all the equipment...that's it checked... making sure the resident is assessed correctly..."

Making residents comfortable — "...make them feel warm, make them feel cosy, give them blankets, get them a cup of tea and give them a biscuit, whatever that person wants you go and get it. I think that's good care."

Compassion — "You've got to do it in a compassionate way, you've always got to be thinking of each person, look at each person individually, everyone is different with different needs"

What does 'good quality care' mean?

Appropriate staffing levels — "Staffing levels obviously is the main, having enough time to do care, not rushed care, I feel like I'm rushing all the time to do things for people, it's not a good way of caring for people."

Delivering person centred care — "...for me the challenge of delivering person centred care"

Difficult conversations — "You can't get complacent because every time someone comes in here it's a new family and they have new worries"

Time restraints — "Sometimes we don't have time to sit, because there is a hell of a lot of paper work involved."

Challenges in achieving 'good quality care'

Appropriate staffing levels — "I think it's important to have the right amount of staff for the right amount of residents"

Communication in the care team — "…but in this job, it's quite important that you work together quite well as you are looking after people, very vulnerable people"

Training — "I've done a lot of training, MAPPA, fire and safety, moving and handling, hoisting… so really your care is to look after those who can't do it themselves"

Care plans — "we would write a care plan for an infection… probably to say how it is affecting them now, then it is evaluated by the nurse…"

Facilitating 'good quality care'

Participant Demographics
Sex: Eight female participants, one male participant
Age: Two participants aged 26-35, five participants aged 46-55, two participants aged >55
Professional groups: Two Managers, Nurse Manager, Activities Coordinator, five Care Assistants

CONCLUSIONS

1. **How quality of care is understood:**

- Multiple themes and a variety of understandings.
- Almost all participants were motivated to provide person-centred care, whether they explicitly mentioned it or not – 7/9 participants.
- Care was universally understood as being much more than a quantitative measurement.
- Multiple holistic themes and outcomes were cited when describing good quality care.
- Equal numbers of staff reported resident contentedness as those that reported paperwork/toolkits and audits as integral to achieving quality care.
  - This supports understandings of 'good care' being reliant on value judgements of individuals.
- It appears that value judgements were influenced by professional role.

2. **Staff perceptions of challenges in achieving good quality care:**

- Similar ideas were shared across many participants.
- Most participants felt they could mitigate challenges in the workplace.
- Two thirds of participants cited appropriate staffing as integral to delivering good quality care.

3. **Factors that facilitate good quality care:**

- Appropriateness and consistency of staffing in delivering high quality, efficient and consistent care was a recurring theme.
- CQC fundamental standards mapped closely to major themes.
  - Person-centred care
  - Staffing and/or fit and proper staff
  - Safety
- Financial and non-financial incentives were discussed, and were often seen as inhibitory to good quality care.

Limitations and future study:

- Small preliminary study with limited discussion points and participants.
- Plans for future study
  - To increase number of nursing homes involved
  - Mapping homes to the area, paying attention to economic and geographical factors
  - A more diverse and representative cross section of participants

References
(1) Help the Aged, The National Care Homes Research and Development Forum. (2007). Quality of Life in Care Homes: Review of Literature. My Home Life.
(2) Szczepura. A, Clay. D. (Warwick Medical School), Nelson. S, Wild. D. (University West of England), Spilsbury. K (University of York). (2008). Improving care in residential care homes: a literature review. Joseph Rowntree Foundation, 1-4.
(3) Nolan M. (1999) Enhancing the quality of care in residential and nursing homes: more than just a professional responsibility. In Glendinning F, Kingston P (eds) Elder Abuse and Neglect in Residential Settings. The Haworth Press Inc.
(4) Nolan M, Davies S and Grant G (2001) Working with Older People and Their Families: key issues in policy and practice. Open University Press, Buckingham
(5) Braun, V. and Clarke, V. (2006) Using thematic analysis in psychology. Qualitative Research in Psychology, 3 (2). pp. 77-101. ISSN 1478-0887 Available from: http://eprints.uwe.ac.uk/11735
(6) NHS England. (206). The Framework for Enhanced Health in Care Homes. Available: https://www.england.nhs.uk/wp-content/uploads/2016/09/ehch-framework-v2.pdf. Last accessed 14th January 2018.
(7) The Health Foundation. (2014). Person Centred Care Made Simple. Available: http://www.health.org.uk/sites/health/files/PersonCentredCareMadeSimple.pdf. Last accessed 14th January 2018.