



'Feeling Special': Quality Care for Nursing Home Patients

DEVELOPING NATIONAL STANDARDS WHICH FOCUS ON OUTCOMES

Looking at What Really Matters

What matters to you most if you or a relative are admitted to a nursing home? Is it whether the room covers 10.375 square metres? Or is it receiving high quality nursing care which meets your expectations?

Such questions lie at the heart of the current debate about national standards for nursing homes. Proposals put forward by the *Centre for Policy on Ageing* fail to put sufficient emphasis on the outcomes of care. Rather, they concentrate too much on administrative processes and 'technicalities'.

The *Registered Nursing Home Association* (RNHA) strongly supports the principle of robust national standards. However, they should be standards which focus on the needs of patients, not rigid bureaucratic rules secondary to patients' health and well-being.

Nursing homes are already strongly regulated – by the Registered Nursing Homes Act 1984 and a wide range of other legislation on medicines, drugs, health and safety, employment, fire precautions and food hygiene. If new national standards simply duplicate or extend existing regulations, it will be an opportunity missed.

Three Key Principles

So exactly what should national standards seek to achieve? The RNHA believes they must reflect three key principles:

1. Services should always be designed to meet patients' needs and protect them from harm.
2. Nursing homes should strive continuously to improve the outcomes of care.
3. The 'culture', environment and methods of working in nursing homes should be designed to ensure that better care outcomes are achieved.



In other words, the patient must be the starting point. Each has special, individual needs. Each must be made to feel 'special'. Each must be regarded and treated as an individual – and as a partner in the decisions which influence the care provided.

What *really* matters is that nursing home care should contribute to the health and well-being of patients, not the application of bureaucratic rules.

KEY FACTS AND FIGURES

Age Profile of Nursing Home Patients

Around 41% of patients in nursing homes are aged over 85.

Rising Numbers of Older People

Government estimates suggest that the number of people aged over 85 will rise from around 950,000 in 1997 to 1.6 million in 2030. It is this age group who are the most likely to need nursing care. Currently, about a quarter are in residential or nursing home care.

The Level of Future Need

The projected rise in the population over retirement age could mean a 60% increase in the total number of people who need places in residential or nursing homes.

Care Provided in Nursing Homes

Studies have shown that nursing homes:

- * **generally care for individuals with high levels of dependency;**
- * **provide more physiotherapy than local authority homes or private residential care homes;**
- * **have less need than local authority homes or private residential care homes for visits by GPs, hospital consultants, district nurses or health visitors;**
- * **can help reduce re-admissions to hospital.**

Making an Impact on Care

The RNHA proposes four types of outcomes to underpin future national standards for registered nursing homes:

1. The patient's health and quality of life must be ensured at all times.

This means striving to maintain patients' health or prevent a further decline in their condition when admitted to a nursing home, taking full account of their safety and comfort and meeting their physical, psychological, emotional and spiritual needs. Patients' dignity must be respected at all times.

2. The services provided by nursing homes must meet patients' needs as assessed by qualified nursing staff and agreed by patients and their relatives.

This means developing an individualised care plan, with a named nurse responsible for ensuring that all aspects of the plan are put into practice.

Complaints, queries and suggestions from patients and their relatives must be responded to promptly and constructively. Potential risks to patients' health



and well-being must also be properly assessed and acted upon in a timely, professional and efficient manner.

3. Any changes made to the level and type of care provided to an individual patient must aim to meet their changing health needs and produce a demonstrable benefit.

This means that changes to the care package provided for an individual patient must be justified on the evidence of positive benefit to their health and well-being. Any changes agreed must be implemented in line with best practice and their impact on the patient must be constantly assessed and reviewed.

4. Nursing homes must be organised to deliver models of care appropriate to their patients' needs.

This means that nursing homes must exhibit the key attributes of a well-performing organisation - with emphasis on people, participative leadership, and flexible and innovative approaches to the organisation of work.

National Accreditation for More Consistent Care

Nursing care and nursing needs know no geographical boundaries.

Assessment of patients' needs should be to a national standard which guarantees that, regardless of where they live, people receive the same level of care appropriate to their needs.

The RNHA believes the time has come to establish an integrated approach linking quality assessment to regulation and inspection. This should aim to:

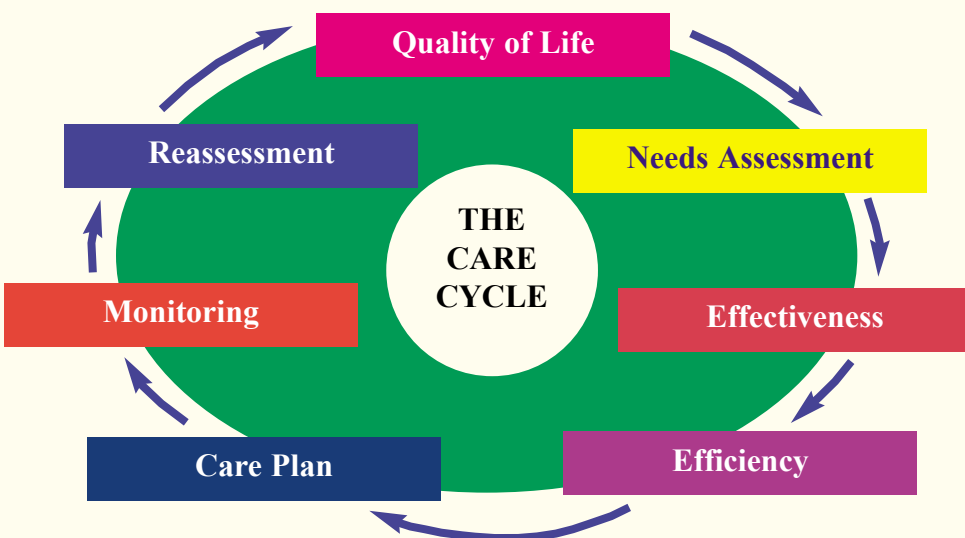
- * reduce variations in type and quality of care provided across the country for people with similar health needs;
- * ensure greater consistency between the providers of nursing care;
- * achieve greater transparency and openness in decision-making about people's needs.

There is a need for a system of national accreditation of nursing homes based on objective assessment of their commitment to achieving high standards.

To qualify for membership of the RNHA, nursing homes must meet expected quality standards. This principle should be applied to all nursing homes through a nationally agreed framework supported by all the key stakeholders, including the Government, health authorities, local authorities, patients' organisations and the providers of nursing home care.



A Model for Linking Nursing Care to Standards



RNHA VALUES



No Second Class Citizens

Throughout their lives, everyone should expect the best health care that society can provide.

Older people should not be treated as second class citizens. They have just as much right to help and support in maintaining their health as anyone else in the community.

A Choice of Care Setting

People in old age with continuing health needs should have a choice of where they are cared for.

Helping People to Live

The choice of care should be a positive one. People come into nursing homes for a better quality of life.

In other words, they come to 'live', not to die.



What's Wrong with the Proposed National Standards?

It is with a firm commitment to quality that the RNHA has appraised the value and relevance of the national standards proposed by the Centre for Policy on Ageing.

The Association, which represents over one thousand nursing homes across the UK, is disappointed that the standards which have so far been put forward are overly prescriptive process measures.

For example, one standard is specifically concerned with minimum room size. Yet whether a room is 10 or 12 square metres is in itself no guarantee of appropriate care.

Another standard is about single occupancy of rooms. Yet some patients express a preference to share with someone else because they value the companionship. A standard prescribing single rooms would simply restrict choice and flexibility in meeting individuals' needs.

Let us take another example - a standard laying down the need for written policies and procedures on certain specified activities. Fine, as far as it

goes. But pieces of paper in their own right do not provide proof of outcomes. Evidence that they are being implemented, and that they are having a beneficial effect on patient care, should be sought.

As they stand, the proposed standards fail to address one of the most important issues of all - the way in

which people's needs are assessed and the criteria for determining where and how those needs should be met.

In simple terms, no amount of regulation and standard-setting can protect or help a patient who is inappropriately placed in the wrong care setting.

Any meaningful national standards must start at this point. They must be

designed to ensure that individuals' rights to appropriate care are protected.

If, for example, someone has significant nursing needs which cannot be met in their own homes, the appropriate placement would be in a nursing home with qualified nurses, not in a residential care home which cannot provide the right level of support to the person concerned.

Where Do We Go From Here?

The Registered Nursing Home Association is prepared to work in partnership with the Government, NHS, local authorities and other interested parties to develop national quality standards.

A first useful step would be to convene a policy development conference to move the discussion forward. A possible agenda for such an event might be:

Seeking a consensus on appropriate 'outcome measures' which could form the basis for future national standards.

Exploring suitable machinery to ensure that the placement of patients in different care settings is based on agreed standards and methods of needs assessment.



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More detailed information about the Registered Nursing Home Association's approach to national standards and quality outcome measures is available in the following publications:

- * *Fit for the Future? National Required Standards for Residential and Nursing Homes for Older People: A Response by the RNHA (January 2000)*
- * *Working Together for Quality Outcomes: Towards Outcome-Based Better Regulation and Inspection in Nursing Homes (RNHA, April 1999)*
- * *Building Bridges in Long-Term Care and Nursing (RNHA, June 1998).*