



Home Support for People with Dementia:

**Determining the Ingredients of a good
service, and measuring their application
using a self audit tool**

The Fidelity Index Project



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- Key stages of the Fidelity Index project:
 - **Literature review** – what does the literature say about how good services should be organised and commissioned.
 - **Building a Service Template** – Listing the principal factors that enable the delivery of a good service.
 - **Designing a measuring tool (a Fidelity Index)** – What questions should be asked in order to determine the efficacy of a good home care service.
 - **Testing the measuring tool** – asking a number of providers to use the Fidelity Index tool to evaluate their service, and then seeking feedback on the utility and effectiveness of the tool.
 - **Triangulation** - using a questionnaire to look at the extent to which other stakeholders share the provider's perspective on the efficacy of the service.

Ten things the literature suggests enable a good service (Our **Service Template**)



- **Commissioning** (a dementia specific service)
- **Integration, coordination and care management** (joined up care)
- **Person and relationship centred care** (services designed around the client and carer rather than the commissioner and embrace the person's unique biography).
- **Continuity of care** (Allocation of the same care worker(s) to the client in order to build a trusting relationship).
- **Support for carers** (Early home care may allow the carer to acclimate to the range of demands placed upon them and can be extremely cost effective).
- **Care planning** (Attention is often paid to 'secondary purposes' such as legal standards which produce a plan that is 'document centred' rather than client focused (Keenan *et al*, 2008)
- **Training** (One of the attributes regarded as being of most value in supporting someone with dementia)
- **Support for staff**
- **Flexible and responsive services** (Staff are afforded the necessary time and flexibility)
- **Organisational factors** (Policies, procedures, processes, systems and culture)

'Not Just a Number' – The CQC's Themed Inspection Programme



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Characteristics of good care ('Not Just a Number' CQC, 2013):

- Providers and commissioners manage identified issues together
- Relatives and carers are routinely involved in decisions about care
- Care plans are kept up to date, reviewed and adjusted in response to changing needs and preferences
- There is continuity of care workers
- Staff have a good understanding of dementia and are not asked to undertake tasks unless they have the necessary knowledge and skills.
- There are regular staff and team meetings, and regular information and updates for staff
- Managers carry out systematic quality checking. They capture feedback from staff and use it to improve services, survey results are acted on and inform improvements

Measuring application of the Template

The **Fidelity Index**



- A series of question statements scored on a five point scale
- Participants asked to provide objective evidence to support their response
- Space provided to record improvement activity
- A series of equivalent stakeholder questionnaires



Fieldwork

- Thirty services asked to use / test the Fidelity Index tool
- Questionnaires circulated to key stakeholders (staff, carers and professionals)
- Interviews with key staff to seek feedback on the usefulness of the FI tool

Findings

Two main parts



Findings Part One:

- **How did providers rate their service?** Service managers tended to answer most questions positively, i.e. they had generally indicated that a particular area of good practice 'Usually' or 'Always' happened within their service.
- **How did stakeholders rate the service?** The equivalent stakeholder questionnaires tended to show a similar pattern of positive responses from care workers. Responses from principal carers' were generally much lower across the range of questions.

How did providers answer these 10 questions:



1. We act directly on requests to change the way that the service is provided	81.3%
2. There is someone who coordinates the client's care plan with other services	81.3%
3. The care plan takes into account the client's unique background and circumstances	81.3%
4. Caseloads are managed to minimise the number of different care workers calling on the client	90.7%
5. The service is responsive to the needs of the client's principal carer	84.4%
6. The client's care plan is reviewed at least every three months and whenever care needs change	65.6%
7. Care workers allocated to clients with dementia have sufficient knowledge of their care needs	93.8%
8. All care workers have a named supervisor who acts as a role model for their staff	96.9%
9. Care workers are able to use their time with the client flexibly and as needed by them	46.9%

How did stakeholders answer similar questions?



	Care staff	Carer
1. Can change the way that the service is provided or organised when and if needed	87.7%	64.7%
2. Services for the client (e.g. district or other nurses) are effectively coordinated	52.47%	35.37%
3. The service takes into account the client's unique background and circumstances	100%	58.87%
4. Allocation of same care workers for most visits	95.2%	35.2%
5. Someone from the service talked to the carer about their own care and support needs	85.8%	23.5%
6. The client has a written care plan that care workers follow	66.6%	52.9%
7. Care workers are knowledgeable about the care needs of PWD	76.2%	41.2%
8. Care workers have access to support from their managers when they need it	76.2%	58.8%
9. The time allocated to the client by the home support service can be used flexibly and as needed	80.9%	58.8%



- **Usefulness of the Fidelity Index tool**

The majority of participants stated that they had found the process of answering the questions useful. A minority however felt that it had not been helpful, as it was yet another commitment in an already busy schedule.

- **Context**

Managers appeared to work hard to meet client need, however, their narratives suggest a complex sector under pressure:

- *“Unless you work in the business, you don’t understand the constraints, the financial constraints, the regulations we have to work by. It’s hard work, you are swimming in treacle, basically”.*



- **Recruitment**: *“I take on eight care workers and lose four - each month”. This means that agencies: “are always recruiting, because we never have enough carers”.*

- **Retention**: *“The pay, and the travelling costs, the travelling costs are horrendous, and also the zero hours contract, if a service user cancels [their] call, then that carer doesn’t get paid, because social services don’t pay us”.*

- *“The poor pay that is the one thing that underlies all of our difficulties”.*

- **Service delivery**: *“We seem to get a lot of 15 minute calls now. By the time the carer has logged in, taken their coat off, you haven’t got a lot of time left have you – and then when you’ve done what you’ve got to do, you have all of the notes to write.....”*

- **Partnership working**: *“We find a lot of aggression from the NHS, not so much from the NHS as a Trust, but from the district nurses.....They really, really don’t like us for some reason.....”*

Conclusion



- The research findings resonate with the CQC's 2012 inspection programme, which suggests that many managers work hard, and attribute some of the problems to the way local authorities commissioned their services (CQC, 2013).
- The CQC identify feedback from key stakeholders as an important aspect of service improvement. The stakeholder questions, developed to accompany the FI tool, could provide service managers with valuable insights.
- Whilst **outcomes** are important, they are the result of **processes** that take place *prior to the outcome*: commissioning, recruitment, training, having the right facilities in place, and the right organisational culture. A suitably designed and used Fidelity Index tool could help services to identify and to manage improvement activity.

Thank you and any questions



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- Details about the project and those involved can be found by visiting our web page: <http://tinyurl.com/dementiaforum>

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