august 2009

“we’re helping care organisations to focus on outcomes”

towards an outcome focused care service - a training toolkit

supported by Care Sector Alliance Cumbria

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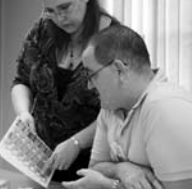

this toolkit is made of up the following:

preface
Including acknowledgements and introduction

part 1
guidance on using the toolkit
how to use this toolkit, preparing for the training and suggestions

part 2
towards an outcome focused care service
information for the trainer in two sections

part 3
outcomes in practice
example exercises

part 4
presentation material
powerpoint presentation and web-based material.
Download this from www.skillsforcare.org.uk/northwest

preface

acknowledgements

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Mary Bradley - Age Concern North West, Lesley Gill - Care Sector Alliance Cumbria, Barbara Redshaw - Risedale Retirement and Nursing Homes; and Diane Smillie - Cumbria View Care Services.

introduction

Central government are committed to a social care agenda that focuses upon value for money and services that impact upon the quality of life of people using social care and support services. There is recognition that the aspirations of people using services and those who support and represent them are changing. These changes have had a bearing on how social care services will be purchased, provided and regulated.

The arms of government, namely local authority commissioning departments and the Care Quality Commission (formerly the Commission for Social Care Inspection), are taking an active role in ensuring that standards are being met and people using services are getting an individualised quality service. In order to achieve this emphasis in social care services has shifted from the measurement of outputs to the measurement of outcomes. In effect these bodies want to see evidence that needs and preferences of people using services are being addressed and met.

A review of outcomes focused care services carried out by the University of York (2006) found that a number of services were involved in outcomes activity, but very few were residential services.

This is hardly surprising. Unlike rehabilitation services and to some degree home care services where changes in the situation of a person using the service can be measured as a result of the service provided, it is much more difficult in residential care where the major part of the service is about maintaining and preventing deterioration in the health of people who use the services and their quality of life. This is not to say that that an outcomes focused service would not be of benefit to both people who use the service and providers. It may well mean that that the outcomes achieved may not be as dramatic but to the person using the service they may be equally as important.

The drivers for change will not only come from a needs assessment but also from an assessment of personal preferences. This in turn will lead to identifying what the individual wants in the statement of an outcome that can be measured and how the operation of the service will be organised to achieve it. The service will then be able to measure its effectiveness and its impact on the lives of people who use the service.

This toolkit is a first step to the attainment of an outcomes focused service. It will enable providers to have a clear understanding of the meaning of outcomes and how they will be set and measured.

part 1 - introduction and aim of the toolkit

part 1 - introduction and aim of this toolkit

The toolkit will be available to employers of residential care homes, domiciliary care agencies and other support services to enable them to train staff in the area of outcomes and their application in a social care setting.

The training toolkit is designed to:

- give employers and staff a clear understanding of outcomes in social care
- to help employers understand the differences between outcomes and outputs
- be useful to employers in demonstrating outcome achievement to Care Quality Commission (CQC) and commissioning requirements
- provide methods of measuring the effectiveness of outcomes
- to link the approach of outcome setting and achievement to person centred planning.

This toolkit provides the starting point for providers and employers to extend and develop their own examples particular to their own requirements. The examples initially provided are based mainly on the requirements for services for older persons, but the content is applicable to both older persons and adults (18-65), and both can be adapted for services for children and young people.

using the toolkit

The toolkit is primarily intended for use on a short (1/2 day to full-day) training course. The provider should identify a facilitator who would be in charge of running the day.

As the facilitator you should prepare by:

1. Ensuring you are **familiar and understand the material,** the presentations and the suggested exercises

2. Deciding **who is being trained and why** you are carrying out this training

   By the end of the training do you wish the group of staff being trained to have a broad understanding of outcomes? Or are you training staff who are to carry out outcomes-based assessments and monitoring?

   Depending on the size of your organisation, you may wish to carry out the training in two groups.

3. Deciding on the **amount of time** required to run the course

   This depends on how familiar you feel staff may be with some of the concepts and the expected learning goals for the group.

   Note that as the content of the training is in two sections the course can usefully be run in two sessions.

4. **Tailoring the suggested exercises** to include further examples from their own service

   This is recommended as the toolkit is intended to be extended by providers.

   This is particularly important for the role play. Depending on the skill of the facilitator, the mood and character of the people involved, role playing can be a useful or dreadful experience! Only use role play if you feel comfortable to do so, and if you can suggest suitable profiles for the participants.

5. Note that the session on applying **Service User Preferences Assessment (SUPA) to your service's Person Centred Plan (PCP)** can be one of the most valuable to your staff and service

   Do prepare for this by looking closely at the template care/ support/ person centred plan used in your organisation, and consider other resources (e.g practicalities & possibilities examples) suggested in Part 2.

6. Preparing for **discussions, feedback and closing summary**

   Decide on how you wish to run your presentation: would you welcome questions at any time? Would you prefer to invite questions at certain points in your presentation? Do prepare questions to start off discussions and encourage interaction.

   Find out what the staff felt about the training and the day – both by welcoming feedback throughout the day and by using a final feedback questionnaire. A feedback questionnaire is provided at the back of this document.

   Do carry out in the closing summary a final recap on the day: what was covered and what exercises were done. Remember the adage: "tell them what you are going to tell them about, tell them about it and tell them when you have told them".

7. Choosing a **date and location** for the training day

   The room should be suitable for training purposes, i.e. fairly quiet and where the training can be carried out without interruption.

   Additionally do have flexible seating so that pairs and small breakout groups can be arranged easily.

8. Planning a **timetable** – allow sufficient time for breaks and discussion

   On page 9 you will find a suggested timetable to be adapted for your use. The actions above are only suggestions. Each facilitator will have their own style and experienced trainers will of course already know of the above tips and more.

presentation

Part of the toolkit is a powerpoint presentation (available separately as Part 4 of this toolkit) that is to be used by the facilitator to direct the training day. The content of the slides is based on the contents of Part 2, is split in two sections and indicates when to introduce each exercise.

Each Part of this toolkit can be downloaded from the Skills for Care website:
www.skillsforcare.org.uk/northwest

towards an outcome focused care service timetable

Time	Suggested time allowed
10:00 Arrival & coffee & introductions	
Facilitator to explain the timetable and aims of the toolkit	5-10min
Optional warm up role play by Facilitator Facilitator to act as a person who uses the service and invite the group to ask questions to identify what would make a difference to that individual's quality of life.	
10:30 Part 1 Understanding the meaning of Outcomes	
Including the powerpoint presentation (1st section)	45 min
Exercise 1 - flash cards	10 min
Exercise 2 - sticky notes	10 min
Optional Exercise 3 - role play	20 min
End with open discussion	20 min
12:15 Lunch	
13:00 Part 2 Setting and measuring Outcomes	
Including the powerpoint presentation (2nd section)	45 min
Exercise 4 - KISSing and being SMART	10 min
Exercise 5 - boning up on outcomes and actions	10 min
Exercise 3 - sticky notes again	10 min
14:15 Tea & coffee break	
14:30 Part 3 Applying SUPA	
Exercise 6 - your service's person centred plans	60 min
End with open discussion including suggestions for improvements for your service	15 mins
15:45 Closing summary A review of what's been covered and completing the feedback questionnaire	
16:00 End of day	

a feedback questionnaire

Place of training/service name	Date:	Name of facilitor:

question:	please delete as applicable:	comments:
Did the training and this toolkit provide you with a good understanding of what outcomes are?	Yes / no / don't know	
Do you feel confident that you are now able to set outcomes?	Yes / no / don't know	
Do you feel able to measure and report on outcomes?	Yes / no / don't know	
About the toolkit and contents:		
Was the guidance manual easy to understand?	Yes / no / didn't read the manual	
Was the content of the manual (Parts 1 and 2) easy to understand?	Yes / no / don't know	
Were the slides in the presentations easy to follow?	Yes / no / don't know	
Were the exercises useful and helpful?	Yes / no / don't know	
Would you change anything about the guidance manual, content of the manual, slides or exercises?	Yes / no / don't know	Please write ideas over the page
About the training day:		
Was the training carried out in a reasonable amount of time?	Too long / just right / too short	Please give an estimate of the length of the training day:
Was the location comfortable and the appropriate equipment/ resources available?	Yes / no / don't know	
Was the training carried out as a group or individually?	Groups / individuals	Please indicate approximate size of group:

If you wish to receive a response to any of your comments above, please provide your name and if necessary a contact telephone/email:

Name:.....

Tel or email:.....

part 2 - understanding outcomes

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1.0 outcomes what are they?

According to the Social Care Institute for Excellence (SCIE 2007): outcomes refer to the impacts or end results of services on a person's life.

Outcomes-focused services therefore aim to achieve the aspirations, goals and priorities identified by people who use the service – in contrast to services whose content and/or forms of delivery are standardised or are determined solely by those who deliver them (Gendinning et al, 2008).

Outcomes are by definition individualised, as they depend on the priorities and aspirations of individual people.

The Care Quality Commission (CQC) use the word outcome to describe the impact of a care service on the person using it. In other words: does the care service achieve what the individual needs and wants?

Although these are sound definitions of outcomes in a care service, the concept of an outcome does not come easy to the understanding of some providers within care services. Some consider them as person centred service goals, aims, objectives, etc. There is a good chance that many of the staff involved in assessments and care planning are already identifying personal outcomes, but might very well be calling these by another term. The aim of this training is to provide a consistent use of the term as well as robust model for identifying and measuring personal outcomes.

There is also some confusion by people involved in the delivery of care services when trying to distinguish the difference between an outcome and an output.

1.1 processes, outputs and outcomes

If you are to gain a clear understanding of an outcome you will need to recognise the difference between processes, outputs and outcomes. These differences are significant and important as can be seen in example 1 (see page 14).

In other words processes deliver outputs and the end product of a process is an output. ISO 9001:2000, clause 3.4.1, defines a process as 'a set of interrelated or interacting activities that transform inputs into outputs'. An outcome is the result that the output has on the person using the service.

Within a care service there are a number of process headings that will be familiar to you, for example:

- personal care – to include supporting personal hygiene, getting up and going to bed, etc
- catering – preparation of meals, nutrition, etc
- medication and health – support with self-medication, exercise, etc
- interests and activities – maintaining family relationships, social activities within the home, access to community activities, etc.

People who use the service and/or their representatives have expectations about both the process and the output (how they get what they want, and what is delivered) and this expectation is expressed as a desired personal outcome (what they want to get).

example 1. process-output-outcome

process	output	outcome
Recruitment of staff	Staff appointed	Satisfactory appointment
Preparation of meals for people who use the service	The meals	People who use the service express their satisfaction with meals
Mangagement of social activities	Evening activities including tea dances are arranged	Mr Smith is able to continue with his hobby of dancing every week

1.2 that's where outcomes fit in

An outcome is a level of performance, or achievement. In other words how effective is the care service in delivering its services and is it achieving what the person using the service wants. Outcomes imply **quantification** of performance.

Take for example the newly appointed member of staff in Example 1. It may be found that the person is a poor timekeeper or does not have the skills to carry out the job. Or, using the example of preparing meals, the meals may be too hot or cold, poorly presented in the eyes of the person using the service, or there is too much or not enough to eat.

Because outcomes are about performance levels, you need to specify clearly what the expectations of the person using the service are and how you can demonstrate to your stakeholders that the outcome has been achieved.

The outcomes approach will also help you to improve your services. If you measure the effectiveness of your processes in achieving outcomes, this will help you to identify what you need to do to improve the performance of the care services processes.

1.3 why do you need to know the difference?

If you want to improve your care service's performance, you need to be able to describe the outcomes you want to achieve (or have to achieve if you are to comply with the requirements of the National Minimum Standards and CQC).

You need to be able to express outcomes quantitatively, so you can track progress over time. Then, you can decide which of the care service's processes will impact on each outcome. At that point, you will know what the outputs are that also impact on the outcome.

1.4 outcomes required by different stakeholders

Care services have to provide evidence of their performance to a number of different stakeholders including:

- people who use the service (outcomes to achieve their needs and wants)
- care inspectors and regulators (outcomes to achieve CQC requirements and NMS)
- commissioners (outcomes that meet contractual and service specifications)

In the Department of Health's White Paper 'Our Health, Our Care, Our Say' (DoH, 2007), groups of similar outcomes that relate to a particular aspect of a person's life have been brought together. These are usually referred to as the seven outcome domains:

- improved health and emotional wellbeing
- improved quality of life
- making a positive contribution
- increased choice and control
- freedom from discrimination and harassment
- economic wellbeing
- maintaining personal dignity and respect.

Commissioners wish to see changes in services to better meet the priorities and preferences of people using services. Contract compliance officers monitor and evaluate services to ensure they meet desired personal outcomes.

The Practicalities & Possibilities project (HSA, 2007) quoted the seven dimensions to achieving a 'good life' which had been identified in an unpublished report by the Older People Programme (OPP, 2002):

1. being active, staying healthy and contributing
2. continuing to learn
3. friends and community- being valued and belonging
4. the importance of family and relationships
5. valuing diversity
6. approachable local services
7. having choices, taking risks.

understanding the meaning of outcomes

The British Institute of Learning Disabilities have identified, as part of their Quality Network (BILD 2008), the following important general outcomes that are important to people with learning disabilities:

1. I make everyday choices
2. I make important decisions about my life
3. people treat me with respect
4. I take part in everyday activities
5. I have friendships and relationships
6. I am part of my local community
7. I get the chance to work
8. people listen to my family's views
9. I am safe from bullying and abuse
10. I get help to stay healthy.

Glendinning et al (2008) summarises the results of work by Qureshi et al. (1998) on research on outcomes desired by older people who use care services and two clusters of outcomes are defined, which could be applied across all types of people who use services:

Change outcomes which relate to improvements in physical, mental or emotional functioning, including confidence and morale. Outcomes here are about increasing independence and improving quality of life.

Maintenance outcomes are those outcomes that prevent or delay deterioration in health, wellbeing or quality of life, such as ensuring that basic needs (clean homes, personal hygiene, etc) are met, keeping safe and secure, maintaining good family and personal relationships and a social network. These are known to be very important for older people.

The Social Care Institute for Excellence (2007) and Glendinning et al (2008) also identify a further set of **process outcomes** that are related to the service itself. These are the outcomes that affect how the person using the service feels about finding and getting services, as well as the delivery of the service. Although these can be very important in terms how the people using the service may feel, these are not the focus of this training.

The focus here is on outcomes based on the wants of the person using the service (preferences) - **personal outcomes**, and can include change or maintenance outcomes.

example 2. change, maintenance, prcoess outcomes

outcome	comments	type
The person using the service is assisted to manage continence.	Most healthcare outcomes may be assumed to be about maintenance in general.	Maintenance
He is supported to take part in community activities.	The person using the service has not been able to go out into the community.	Change
Her meals are provided on time.	This outcome is unlikely to be an expressed preference of any individual person using the service.	Process
Mrs Jones is able to use the library.	This is an example of a specific outcome. It is a change outcome if Mrs Jones hasn't been able to get to the library for some time.	Change
Mr Smith prefers brown toast.	Many preferences are expressed when in the past the individual has not been given the choice.	Maintenance
Alice is supported in travelling to continue her further education course.	This outcome is useful to the person using the service, but is about is about the service and not about what he wants ultimately.	Process
Robert is given information on the possible support services quickly.	This outcome is useful to the person using the service, but is about is about the service and not about what he wants ultimately.	Process

The exact headings or groupings chosen do not in themselves matter. The headings serve to support the process of identifying personal outcomes for a person using the service, so what matters is that they cover all the areas that are important to the person using the service.

1.5 outcomes, the NMS and CQC

The Care Quality Commission (then known as the Commission for Social Care Inspection CSCI) have identified outcomes that follow the National Minimum Standards (NMS) for different types of services: care homes for adults, domiciliary care agencies, adult placement schemes and others (CSCI 2008).

It is the CQC outcome groups that are often of immediate interest because of the requirement to report against these for the Annual Quality Assurance Assessment (AQAA) reporting.

The CSCI/CQC outcome groups for care services for older people are defined in the KLORA guidelines:

1. choice of home
2. health and personal care
3. daily life and social activities
4. complaints and protection
5. environment
6. staffing
7. management and administration.

The outcome groups defined for care homes for adults (18-65 years) are:

1. choice of home
2. individual needs and choices
3. lifestyle
4. personal care and healthcare support
5. concerns, complaints and protection
6. environment
7. staffing
8. conduct and management of the home.

For domiciliary care agencies, the outcome groups are:

1. user focused services
2. personal care
3. protection
4. managers and staff
5. organisation and running of the business.

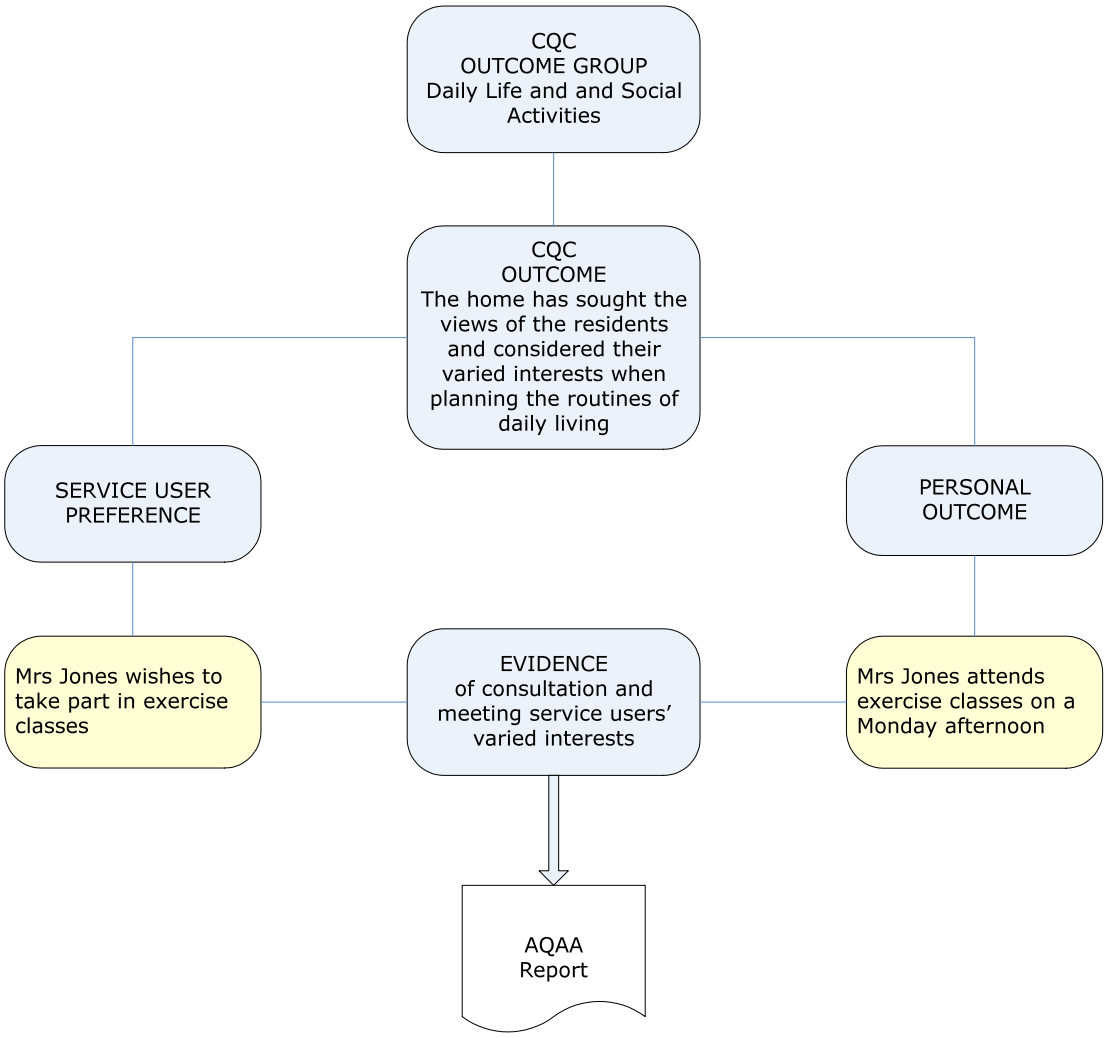


FIGURE 1 relationship between CQC outcomes and personal outcomes (for older persons)

1.6 needs, wants, outcomes and satisfaction surveys

In assessments and person centred planning, often the main aim is to identify the needs of people who use services, but it is important to ensure that their wants, preferences and personal choices are also addressed. The Practicalities & Possibilities toolkits (HSA 2007) make this clear:

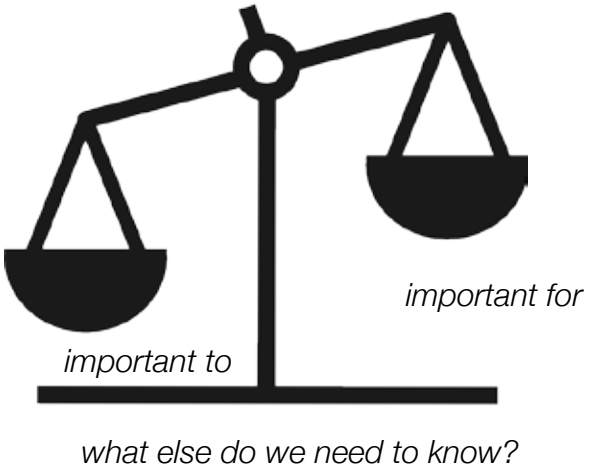


Figure 2-balancing preferences (important to) versus needs (important for)

There is also a clear distinction between outcomes and satisfaction surveys of people who use the service.

Personal outcomes capture the changes and benefits experienced by people who use the service as a result of the services that have been provided by the care service.

Satisfaction surveys seek the views of people who use the service about the services they have received and ideas for improvements. Whilst satisfaction surveys are a valuable tool to gain people's views and ideas, they are not the same as outcome measures.

It is not unusual for people to be afraid of seeming to complain, or in the case of people with learning difficulties who use services, research has shown that their expectations can be low; both situations lead to reported satisfaction even when the quality of life of the people using services is poor (OSCA 2002).

It is also perfectly possible to be satisfied with a service because it meets some of the perceived wants of the person who uses the service but to have poor outcomes as a person who uses the service because the balanced combination of needs and wants are not satisfied, and vice versa.

1.7 pre-requisites for the implementation of an outcomes-focused care service

Before the care service commences the implementation of outcome focused service it must ensure that:

- management are committed to outcomes-based planning and performance measurement
- outcomes-based planning and performance measurement are seen as regular activities in the care service's day-to-day operation and part of every staff member's job
- people who use the service are included in the planning and design of the outcomes and performance measurement system, ensuring it is practical, relevant, and useful
- management and staff believe that the needs and wants of people who use the service can be converted into measurable outcomes that will improve the quality of life of the people using the service, and by extension the effective running of the care service
- staff time is dedicated to outcomes-based planning and measurement activities
- staff receive training in outcomes-based planning and measurement activities to build confidence and skills
- stakeholders, who review the results, discuss the implications, and use the information for further improvement to service.

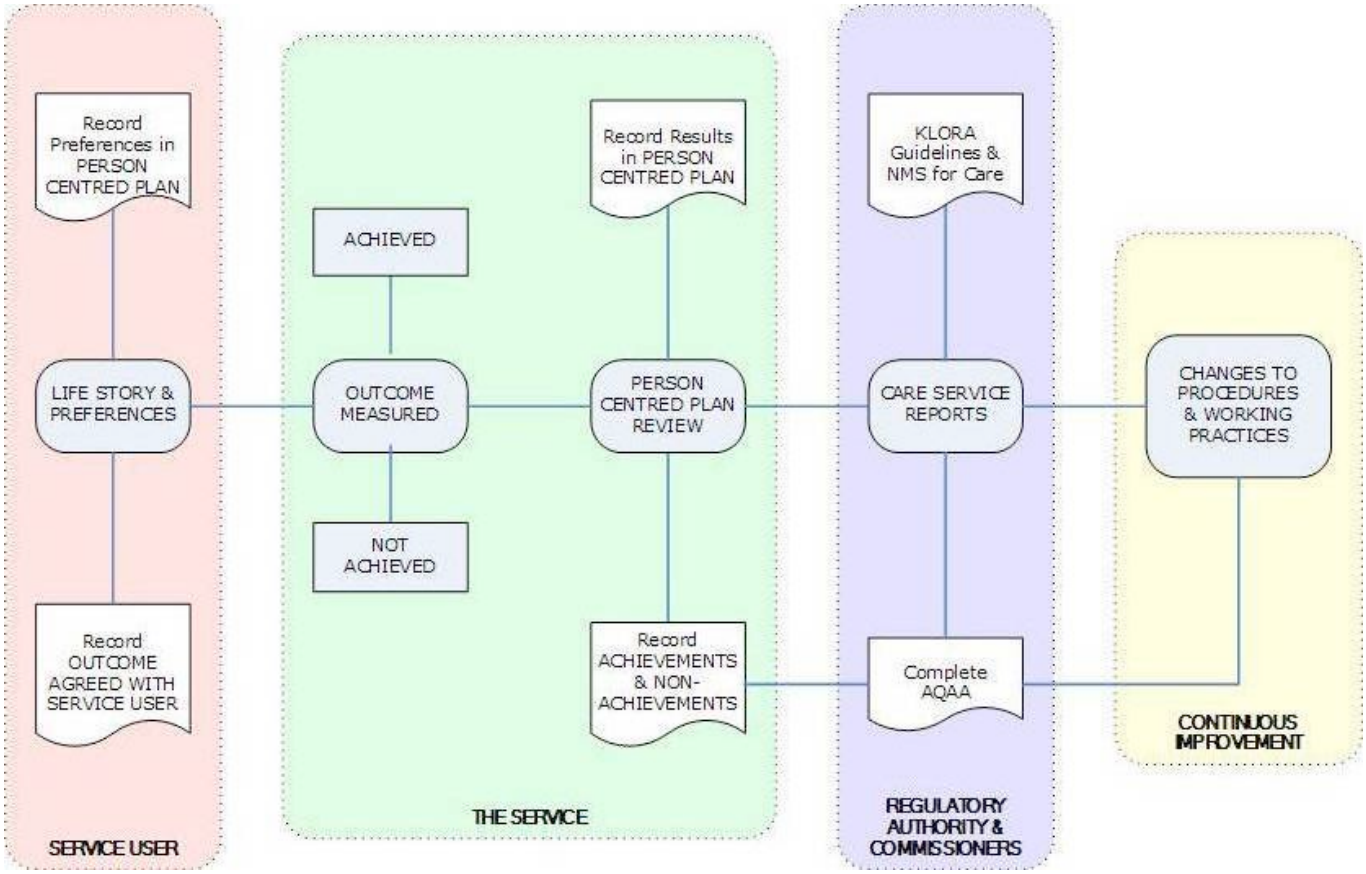
1.8 benefits of an outcome-focused service

An outcome-focused service is one that ensures it meets wants and needs of the people using the service, as opposed to one which 'fits' the services it can provide to the requirements of the people using it.

- outcomes help the service to improve its understanding of the impact of services on the lives of people who use them
- it can provide evidence that the delivery of care produces results and achieves satisfaction of the person who uses the service
- it encourages people who use the service and staff to engage in a professional working relationship
- it brings about cultural changes to the working practices of care workers
- tracking, monitoring and auditing outcomes identify improvements required in the care service's processes
- understanding whether or not the service is meeting personal outcomes informs the development of the care service's processes.

Regulatory authorities, such as CQC and commissioners, seek evidence that people who use the service achieve a 'good life' and this is dependent on meeting their personal choices and preferences, over and above their needs and requirements.

1.9 overview of an outcomes-focused care service



2.0 getting started

The starting point is getting to know the person who uses the service. This may include writing down the person's life story.

The Practicalities & Possibilities toolkits (HSA, 2007) can be used here, in particular by providing suitable questions and prompts that will help you get to know the individual.

At the time of the first assessment and creation of the care plan/person centred plan, the person who uses the service should be encouraged to identify their own preferences.

The assessment should focus not only on the assessment of need or requirements, but on what, the person wants from the service. This we could name Service User Preference Assessment - SUPA (BQC 2009).

example 3. questions, responses and outcomes

questions to Mrs Williams	response	outcome
What type of social activities would you like to participate in?	Mrs Williams wishes to take part in exercise activities	Mrs Williams is taking part in exercise activities when she wishes to do so
Do you have any particular food preferences?	Mrs Williams likes chicken Mrs Williams does not like red meat	Mrs Williams receives chicken but no red meat in her menu
How can we support you to do the things you like to do in your community?	Mrs Williams likes to visit a social club on Wednesdays	Mrs Williams continues to visit the social club on Wednesdays

2.1 outcomes valued by people using services

For a summary of the type of social care outcomes desired by people using services, please see 1.4 "outcomes required by different stakeholders" (see page 15) and Annex A.

The assessment process should ensure that each type of social care outcome is considered and covered when discussing with the person who uses the service their needs and wants.

- in example 3 the questions link closely to the outcomes set by CQC for care homes for adults
- the care plan/person centred plan is detailed enough to identify the person's preferences
- the outcome is specific
- the outcome is measurable (ideally it either happens or it doesn't, or there is some scale that expresses how well it was achieved)
- it is attainable (dependant on the resources or service processes).

In the assessment, the CSCI (now CQC) Adult Social Care Outcomes Framework (2005) may be used as a framework for questions. As another way of ensuring that most areas are covered in questions, the provider could use the different processes in the service, i.e.

- personal care
- catering
- medication and health
- interests and activities.

example 4. processes and personal outcomes

process heading	outcome
Personal care	Mrs Williams takes a shower every morning
Catering	Mrs Williams receives chicken but no red meat in her menu
Medication and health	Mrs Williams is taking part in exercise activities when she wishes to do so
Interests and activities	Mrs Williams continues to visit the social club on Wednesdays

Note that in this example, the outcome on exercise activities (third row) could be related to the interests and activities process heading. It is important to decide on one process, as setting it against two processes will mean that it is counted twice when reporting (see later).

2.2 KISS and be SMART

One of the most important things to remember in outcome setting is to Keep It Simple, Sam (KISS). When asking the person who uses the service what it is that they require from the service ensure that the outcomes defined and agreed are simple, but of course they must be important to the person who uses the service.

The acronym **SMART** from project management helps, in the context of social care services, to set outcomes that make sense:

Specific and significant to the person's quality of life: the outcome should be well defined and clear to the person who uses the service and all staff within the care service.

Measurable and meaningful to the person: will you know when the outcome has been achieved or why it hasn't?

Agreed upon as attainable and achievable: both the person who uses the service and the care service must agree on the outcome.

Realistic, relevant, reasonable, rewarding, results-oriented: is it possible given the care service's available resources, knowledge and time?

Time-based, where applicable, and trackable: set a time by which the outcome is to be achieved, or alternatively, set times when the outcome is to be monitored.

example 5. KISS

A description of a preference: The person who uses the service wishes to feel less isolated and lonely.

Applying KISS: Mrs Williams will be supported in social activities of her choice.

example 6. be SMART

Outcome (proposed wording)

Mrs Williams will be supported in taking part in social activities of her choice.

Is it **S**pecific? What social activities would she prefer? Perhaps a social club?

Is it **M**easurable? Have you set the outcome in a way so that you know how to measure whether it has been achieved or not?

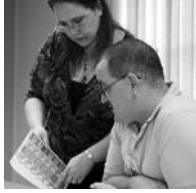
Is it **A**chievable? Would there be any barrier beyond your control in getting Mrs Williams to the social club?

Do we have the **R**esources? Is there a careworker and transport to take Mrs Williams to the social club?

Is it **T**ime-based? When would she like to go? How often?

Outcome (agreed wording)

Mrs Williams is to be taken to the social club every Wednesday.



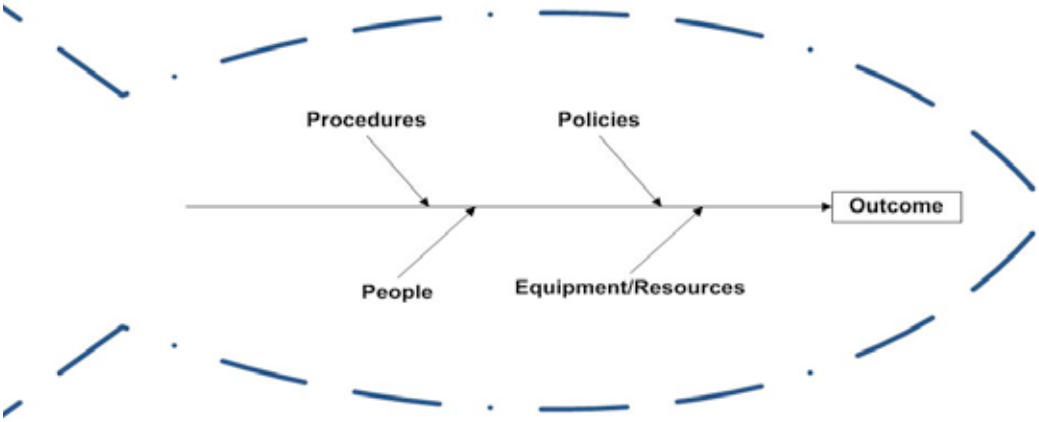
2.3 how are outcomes achieved?

Having carried out the assessment the care worker must consider if the care home can deliver the requirements of the outcome before it is agreed.

The service needs to ensure that the people, equipment and other resources and the policies and procedures allow the outcome to be met.

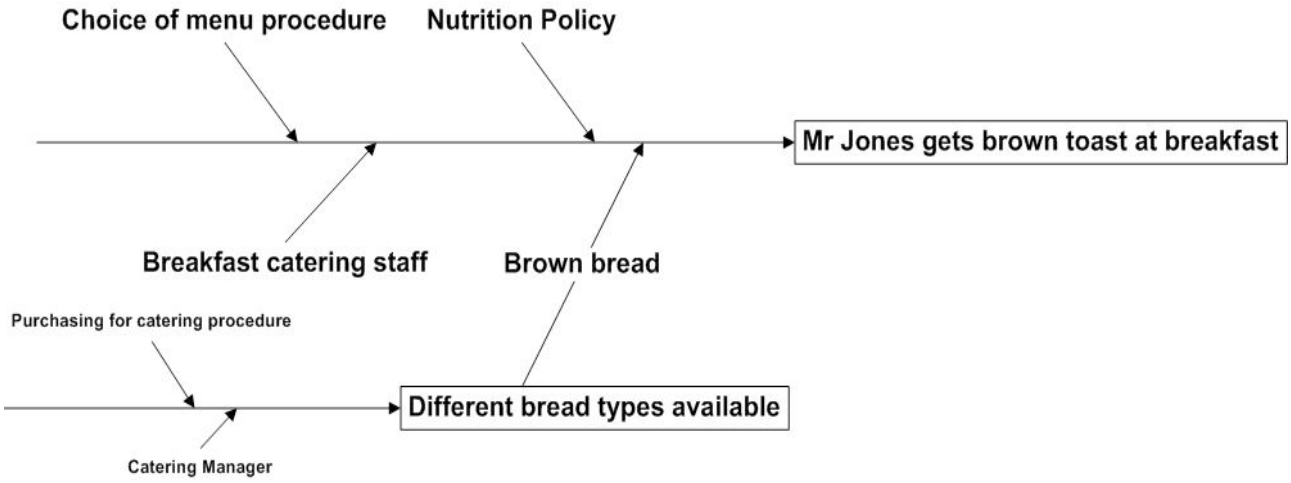
Where the outcome cannot be met, identifying the barrier will enable the provider to change working practices to meet the desired outcomes. Alternatively, if in fact and given the current resources, it may just not be possible to meet this particular personal preference.

A so-called **fishbone chart** may help in checking that an outcome can be met. In this type of chart, you attempt to identify the ***causes*** leading to the ***effect,*** or in this case the personal outcome.



Each cause in turn could itself be a result (or effect) of other causes.

example 7. fishbone chart



2.4 measuring outcomes

Outcome measurement is often seen as a daunting task. Providers are concerned about the added burden that it will place on staff who they see as already carrying heavy workloads. But without measurement, how do you know how successful the service is in achieving those outcomes?

Outcome measurement does not have to be elaborate - nor does it require a major expenditure of funds.

Successful outcome measurement can become a sustainable practice that is integrated into the day-to-day practice of the care service. It helps the service to develop a performance-based learning culture. Learning about what people using the service want and measuring the effectiveness of the service in meeting outcomes will lead to changes in the service processes and a focus on continuous improvement.

2.5 why measure outcomes?

There are essentially five key reasons why care services should undertake outcome measurement:

- to demonstrate to people using the service and their representatives the effectiveness of the care organisation's service delivery
- to satisfy the requirements of contractors, commissioners or fee-people who use the service, as well as requests for evidence that the service merits continued funding
- to demonstrate to CQC inspectors and contract compliance officers the impact of the service on the lives of people who use the services and the meeting of National Minimum Standards
- to make improvements in how the service is delivered
- to identify what constitutes success and how it achieves that success.

2.6 how to measure outcomes

It is a common misconception that it is not possible to measure everything and, in particular, that it is difficult if not impossible to measure how well the needs and wants of people using the service are being met.

But measuring anything is NOT about the numbers - instead it is about:

- understanding what it is that we do that is good
- finding out if we can improve on what we do now
- trying to be more successful.

Numbers happen to be an easy way of measuring. We all understand that a provider who provides the evidence that out of 20 people using the service 19 are reported to be satisfied has probably achieved more than the provider with only nine out of 20 who report satisfaction.

In measuring outcomes for an individual person using the service, however, it is usually best to consider the simplest scale:

Yes - the outcome being considered was achieved

No - the outcome was not achieved

Alternatively you may wish to use the ranges as defined in the National Data Sets for recording whether or not "quality of life" or "goal" outcomes have been achieved (refer to Annex B). The Evaluation Toolkit produced by Age Concern (2006) indicates that there are other ways of measuring the achievement of outcomes, but by keeping to specific personal outcomes, it is possible to reduce the problem to counts of Yes / No only.

Considering the numbers of met and unmet outcomes gives providers and stakeholders valuable information on the effectiveness of the service and opportunities for improvement. For an individual person using the service, you can determine whether or not the needs and wants of the person are being, on the whole, met by the service provided.

2.7 seeking evidence of outcome achievements

There are in general terms five ways of seeking evidence of outcomes:

- care plan/person centred plan reviews, which would include interviews with the person using the service
- the perceptions of people using the service through surveys, or evaluations, such as questionnaires as proposed in the Age Concern Evaluation Toolkit (2006)
- observation and self-assessments
- monitoring and tracking the progress of the outcomes
- auditing of care plan/person centred plan records.

The clearest evidence of achievement of outcome is provided by the first in the list above, i.e. by asking the person using the service directly at reviews. Service self-assessments and self-evaluations by people using the services provide further evidence and ensure that the full range of possible outcomes, not just those expressed by people using your service, are considered.

2.8 if the outcome was not achieved

It is important to establish the reasons that prevented the achievement of the outcome. The information gained can help in the setting of outcomes with the people using the service and identify improvements to the service's processes.

The following lists some of reasons relating to the perspective of a person using the service (reasons one to four) and service processes (five to eight).

1. person using the service was unclear about the outcome
2. person using the service unable to engage with support provided
3. person using the service unwilling to engage with support provided
4. person using the service did not wish to continue with outcome
5. the outcome was not specific enough
6. staff did not understand the requirements of the outcome
7. insufficient planning was carried out to meet the outcome
8. staff did not track, monitor, audit or review the outcome

It is recommended then that a list of reasons is compiled and recorded when measuring outcomes. This in turn may lead to a change in procedures and service processes.

The example on page 31 shows a possible form for a report on unmet outcomes across all people using the service, but other forms are possible such as the form for each person using the service suggested in Annex 3.

example 8. recording reasons for unmet outcomes

individuals name	unmet outcome	comment	reason code
Mrs Ahmed	Meals should be hot	Food is plated too early.	7
Mr Jones	More activities were requested	Mr Jones feels not enough activities outside the home are made available, although he has enjoyed the extra Scrabble and music evenings.	5
Mrs Williams	Support to wash in the morning.	Mrs Williams is being offered support to wash every morning, but she was expecting a full bath.	1

NOTE: For interpretation of Reason Codes - refer to list in section 2.8.

2.9 reporting on outcomes

Measuring individual outcomes tells you whether or not that single outcome has been met, and in turn about the improvement in the quality of life for an individual using the service.

The next step is to aggregate this data into meaningful reports about the service's achievements and need for improvement for:

1. the management of the care service
2. CQC as part of AQAA reporting
3. commissioners.

One way is to collect all the outcomes for all people using the service for each category or domain group of interest.

For CQC and AQAA reporting, personal outcomes should be mapped to KLORA outcomes as shown in Example 9 overleaf. The preferences of people using the service and personal outcomes would be recorded in the person centred plan. In reports to CQC, the number of personal outcomes met would be recorded against the KLORA Domain Groups (the NMS Outcome Areas) as evidence of what your service is doing well.

In reporting to other stakeholders, the outcomes would be grouped according to their chosen headings, e.g. for the management of a care service, you may group outcomes according to the service's processes; and for Commissioners, according to the outcome headings they have identified (see examples overleaf).

Note that even if two people using the service share the same stated personal outcome, e.g. both Mr Jones and Mrs Ahmed would like brown toast at breakfast, these are counted as two separate outcomes.

National Minimum Standard (NMS) Outcome area: daily life and social activities covering NMS standards 12-15 for care homes for older persons

example 9. mapping personal outcomes to CQC outcomes

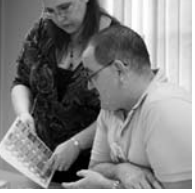
standard	description	CQC/KLORA outcome	individual preference/choice	personal outcome
12.1	The routines of daily living and activities made available are flexible and varied to suit expectations, preferences and capacities of people using the service	The home has sought the views of the residents and considered their varied interests when planning the routines of daily living and arranging activities	The home consults people using the service to establish personal preferences as part of person centered planning	The home can demonstrate how it has consulted and acted upon individual preferences
12.2	People using the service have the opportunity to exercise their choice in relation to: leisure and social activities and cultural interests	The home focuses on involving residents in all areas of their life, and actively promotes the rights of individuals to make informed choices	Mrs Jones wishes to use the community library on Wednesdays	Mrs Jones uses the library on Wednesdays
12.2	Food, meals and mealtimes	Meals are very well balanced and highly nutritional and cater for varying cultural and dietary needs of residents	Mrs Jones prefers potato mash with her fish rather than chips	Mrs Jones has potato mash with her fish
12.2	Routines of daily living	The home has sought the views of the residents and considered their varied interests when planning the routines of daily living	Mrs Jones wishes to take part in the exercise classes on a Monday afternoon	Mrs Jones attends exercise classes on a Monday afternoon
12.2	Personal and social relationships	People using the service maintain contact with family/ friends/ representatives and the local community as they wish	Mrs Jones wants to meet her friends at the bowling club on a Tuesday afternoon	Mrs Jones meets her friends at the bowling club on a Tuesday afternoon
12.2	Religious observance	People using the service find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious needs	Mrs Jones wishes to attend church on Sunday mornings	Mrs Jones attends church on Sunday mornings

The following shows a few examples of the information relating to personal outcomes that may be included in an AQAA report.

The section on "Our evidence to show that we do it well" would include reference to the numbers of personal outcomes achieved compared to unmet outcomes recorded in care and PC Plans.

example 10. reporting outcomes data for CQC

NMS outcome area	what we do well	no of personal outcomes achieved	no of unmet personal outcomes	what we could do better	how we have improved in the last 12 months	our plans for improvement
Choice of home	People using the service and prospective people using the service report being given sufficient information to make an informed choice	10	0	People using the service are not asked at admission what bedding/furniture they would prefer	Improved the design and readability of the Service Users Guide and the service's brochure	Ensure that initial assessment includes questions on bedding and furniture choices
Health and personal care	All people using the service report being made comfortable. People using the service are being supported to ensure they are healthy	40	4	Choices of toiletries are not always being met. Staff do not always know what exercise each person using the service wishes/ requires	Our records show that the numbers of met personal outcomes has increased in past 12 months. People using the service report more options being provided for exercise	Ensure orders for toiletries include requests by people using the service. Amend procedures to ensure that records are kept on the required level of exercise
Daily life and social activities	Preferences regarding choice of food are being met. The service organises and runs a number of successful internal activities that meet with people using the services' requirements	30	15	Food temperature is still an issue Requests for community activities are not being met	We have increased the number and variety of activities within the home	Need a plan to ensure food arrives hot at the table. Member of staff to be made responsible for community links to enable more activities to be run
Complaints and protection	All people using the service report knowing how to report problems and how to make complaints	3	3	We are not able to meet individuals' preferences regarding holding of keys to their rooms	We have met requests to increase the lighting in the corridors at night. People using the service report feeling safer	Meet with people using the service who are requesting that their keys are not available to all staff to explore ways of resolving this issue



example 10. reporting outcomes data for CQC (cont)

NMS outcome area:	what we do well	no of personal outcomes achieved	no of unmet personal outcomes	what we could do better	how we have improved in the last 12 months	our plans for improvement
Environment	Satisfaction surveys show that people using the service are happy with the general décor in communal areas and standards of cleanliness throughout the home	10	4	Some people using the service want the choice of blankets and sheets instead of duvets. Requests for extra armchairs in people's rooms are not being met	Levels of satisfaction with the cleanliness of rooms has increased	Provide more choices in bedding. Investigate possibility of having a small stock of armchairs/ small items of furniture for use in people's rooms when requested
Staffing	Our staff team reflects the cultural mix of our people using the service	2	1	We are not always able to meet staff gender preferences for personal hygiene tasks		Investigate ways of increasing number of male care workers
Management and administration assessment	N/A for personal outcomes			N/A for personal outcomes		

The following is a report using outcome groups as required for the management of the care service.

example 11. reporting outcomes for other stakeholders

outcome group	no of outcome achieved	no of unmet outcomes	achievements or what we have done well	personal outcome
Personal care	15	3	All people using the service report being made comfortable	Choices of toiletries are not always being met
Catering	20	5	Preferences regarding choice of food are being met	Food temperature is still an issue. Need a plan to ensure food arrives hot at the table
Medication & health	25	1	People using the service are being supported to ensure they are healthy	Ensure that a required level of exercise is recorded
Interests & activities	10	10	The service organises and runs a number of successful internal activities that meet with the requirements of people using the service	Requests for community activities are not being met. Member of staff to be made responsible for community links to enable more activities to be run

2.10 SUPA - assessment and reviews of person centred plans

Assessments and reviews currently identify the needs of people using services as a matter of course.

Toolkits such as those in Practicalities & Possibilities work (HSA, 2007) provide support in recording the life story of a person using the service or detailed profile. The resulting profile can be used as the basis for outcomes-focused assessment.

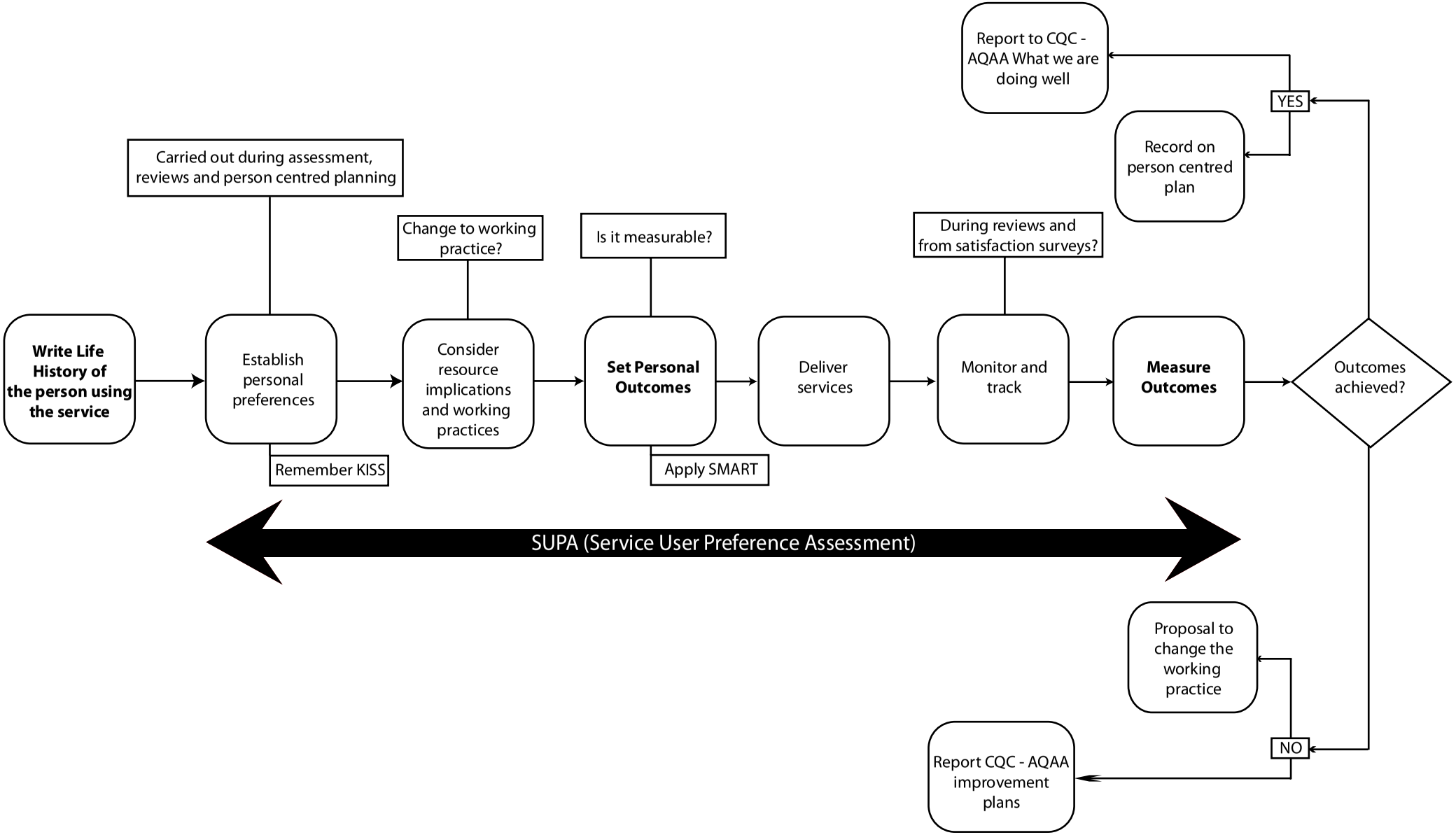
The aim in outcomes-focused assessment is to recognise those preferences that have an impact on the quality of life of people using the service and demonstrate their independence. This can be called SUPA – Service User Preferences Assessment.

Although the main output of an outcomes-based assessment is to identify personal outcomes that can be agreed, it is important to provide the person using the service with a “blank canvas”, that is to allow the person using the service to express preferences even for outcomes that cannot be agreed because resources cannot be made available. These preferences should still be recorded to enable management to review working practices to see if changes are needed.

A suggested SUPA form is provided in Annex C. The first three columns are completed when first identifying outcomes; the final columns are completed during reviews. The “If Unmet, Reason:” column allows a code to be recorded as described in section 2.8.

The SUPA form is an example of how to record preferences and can become part of the person centred plan or support plan.

2.11 the SUPA process



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further reading

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3.1 annex a. outcomes valued by older people

Taken from Outcomes-focused Services for Older People, Social Care Institute for Excellence, December 2006

Outcomes involving change

- improvements in physical symptoms and behaviour
- improvements in physical functioning and mobility
- improvements in morale.

Outcomes involving maintenance or prevention

- meeting basic physical needs
- ensuring personal safety and security
- having a clean and tidy home environment
- keeping alert and active
- having social contact and company, including opportunities to contribute as well as receive help
- having control over daily routines.

Service process outcomes - the ways that services are accessed and delivered - include:

- feeling valued and respected
- being treated as an individual
- having a say and control over services
- value for money
- a good 'fit' with other sources of support
- compatibility with, and respect for, cultural and religious preferences.

annex b. national datasets

To date, the National Datasets Service has included the following areas for, as an example, older people*

- continence
- falls
- mental health - dementia and depression
- SAP (single assessment process)
- stroke

In assessments and reviews, the National Minimum Dataset requirements are that the following, amongst other data, are recorded:

Quality of life outcome

A person's perception of the impact the factor (urinary/faecal incontinence, falls, mental health, stroke) has on their quality of life. The range of possible responses for each factor being reviewed is:

- improved
- no change - satisfactory for patient
- no change - unsatisfactory for patient
- worse

Patient goal outcome

A person's perception of whether or not they have achieved their goal for the factor (urinary/faecal incontinence, falls, mental health,stroke). The range of possible responses for each factor being reviewed is:

- met
- partially met
- not met

* From http://www.ic.nhs.uk/services/datasets/dataset-list/older-people, accessed 13 Feb 2009."

annex c. SUPA form

person using services - preference assessment

Description of person using the service's preference	Outcome agreed with person using the service	Actions / resources required to meet outcome	Met/ Unmet	If Unmet Reason	Date	Person using the service's signatures	Staff Signature

part 3 - example exercises

contents

exercise 1. flash cards

exercise 2. role play

exercise 3. sticky notes

exercise 4. KISSing and being SMART

exercise 5. actions for outcomes

exercise 6. applying SUPA to the service's person centred plan

exercise 1 - flashcards

aim:

Reinforcing a basic understanding of outcomes.

instructions:

As each card is turned over or held up, the participant(s) have to decide whether the card represents an outcome or other (process/input/output).

This can be carried out as group exercise, or as an individual exercise, keeping score if so wished.

A suggested score rating is:

- Under 50% - you will need to concentrate for the rest of the day
- Over 50% - OK
- Over 70% - a good understanding
- Over 90% - well-done!

Below are some ideas of phrases which could feature on flashcards:

Freedom to have life of own

Occupational therapy

Assistance to manage money, bills, pensions, benefits and legal matters

Improved confidence

Feeling valued and treated with respect

Reduced symptoms of ill health

Improving significant and close relationships

Physiotherapy

Chiropody

notes:

This is adapted from Age Concern, Evaluation Toolkit, March 2006.

The exercise can be run in many ways, and an element of competitiveness may be introduced by placing participants in two or three teams and asking each team in turn to identify the flashcard.

The facilitator should run this exercise as early as possible in the day to get participants involved and interacting.

It is intended that that facilitator will prepare their own flashcards

exercise 2 - roleplay

aim:

To provide an understanding at an intuitive level of the reasons for an outcome-based assessment/ review.

instructions:

Each participant will have been asked to come to the training day with a profile of a person who uses the service. The profile can be of an actual individual using the service who they support, or of a person they are close to, or even of themselves as potential users of the service. Alternatively the facilitator may distribute ahead of time profiles of actual people who use the service, suitably anonimised.

The participants are paired.

In each pair, the participants are to take turns to be the "person using the service" and the "assessor".

The "assessor" will be directed to identify up to five things (which will become personal outcomes based on individual's preferences) that would make a difference to the quality of life of the person using the service.

Prompts and questions can be taken from other resources (e.g. Practicalities and Possibilities), as used or required by the service. Otherwise example questions to help kick off proceedings include:

1. what do you require or want from the service?
2. personal care: how can we support you in your personal care?
3. catering: can you tell me about your likes and dislikes about food, meals and mealtimes?
4. medication and health: do you need help with medication and your health? Do you have any concerns?
5. interests and activities: do you have hobbies and interests you would like to continue or start?
6. education and jobs: what are your aims? Do you need access to information and advice?

At the end of the session, the pair will write down what they have found out about the each other as the person using the service.

notes:

This is not a long exercise and so cannot pretend to provide a deep understanding. It is hoped however that it will develop in the participants an empathy towards outcomes-focused assessment.

The second "assessor" will have a slight advantage in that they will have seen the first assessor in action. The facilitator may want to bear this in mind in setting who goes first, and in commenting on the output from each pair.

exercise 3 - sticky notes

aim:

A brainstorming session to allow participants to try out ideas of what is meant by personal outcomes and what is true, or not, about personal outcomes.

instructions:

The following starting phrases (which can be found on the following page) are written on sticky notes and stuck to the bottom of a notice board or wall. The notice board is divided into **"personal outcomes are"** and **'personal outcomes are not'** or other similar headings – overleaf we suggest **"truths and untruths**".

Ask one person (or team) at a time to approach the board and take one sticky-note and put it in one of the two sections.

The rest of the participants (or the team) are asked to agree or disagree, and to decide whether the phrase is about outcomes or not. Some statements may require discussion (e.g. Why is it important to know the person before agreeing outcomes? Because knowing about the person, informs the types of questions the assessor may ask in order to indentify preferences and so appropriate personal outcomes.)

It is also intended that this exercise be run twice in the day. The second time is called **sticky notes again**. During the second run, each person/small group is given blank sticky notes to add new phrases that are about or not about outcomes. These may be notes they may have written through the day.

notes:

This is a quick and easy exercise, and is flexible in terms of the time required. As a side-effect, the participants have to move and get involved.

The grammar here is not important! It can be difficult to write phrases that together with the heading "Outcomes are.. " or "Outcomes are not.." make grammatical sense, so do not try. The phrases should be true or false of outcomes.

This exercise can be made as long or as short as required, and need not be run a second time if time is short.

Participants can be grouped into teams to introduce, again, an element of competitiveness.

sticky note phrases

TRUTHS about Personal Outcomes

Outcomes are simple

Outcomes are important

Outcomes are agreed with the individual

Outcomes are measurable

Outcomes are based on the needs and wants of the person using the service

An outcome makes a difference to the individual

An outcome can mean change for the individual

Measuring whether or not an outcome is being met is as important as agreeing the outcome

To agree on outcomes, it is important to know the person.

NON-TRUTHS about Personal Outcomes

Outcomes are general

The service writes the outcome

Outcomes are written in agreement with the GP and social worker

An outcome does not need to take resources into account

Outcomes are based on what the service can provide

An outcome can be agreed even if it is not possible

An outcome always means change for the individual and the service they receive

Satisfaction surveys are the best way to find out if outcomes are being met

The best way to set outcomes is to follow a list of questions.

exercise 4 - kissing and being smart

aim:

Practise in applying the principles that mean the agreed outcome is specific, achievable and measurable.

instructions:

Each team is provided with a list of descriptions of preferences (see below) and asked to apply KISS and SMART to set questions or highlight service requirements that would turn these into outcomes.

At the conclusion, the facilitator asks each team to present their results for a selected preference.

Results across teams should be compared. Are there any differences, or has each team derived similar outcomes?

notes:

As the person using the service cannot be asked the questions, the actual outcome cannot be defined fully. But the general idea for the final outcome statement should be the same. This is ideally small group work and can involve as many examples as time allows.

example description of personal preferences

Mr Jones would like fresher food at mealtimes.

Mrs Williams would like support in buying some new clothes.

Mrs Williams requests support with her finances.

Mrs Ahmed wants to take up a new interest.

Mr MacDonald has asked that no-one have access to the spare keys to his room.

Mrs Rodrigues would like to spend more time with her family.

Mrs Thompson would like staff to be more polite in addressing her.

Mrs Thompson does not like her soup cold.

Mr Simpson wants to have his bed made with blankets and sheets.

Alice asks for help to find out more about courses at her local college.

Mr Smith does not like cleaners messing around with the things and papers on his dining room table.

Mr Smith does not like people “barging in” his house, even if he is expecting them.

exercise 5 - actions for outcomes

aim:

Developing skills to plan or identify what actions the service needs to carry out to meet an outcome.

instructions

Teams of 2 or 3 participants are given two outcomes, one from each of the lists provided.

Using fishbone (cause-and-effect) charts, or any other method, the teams need to identify what are the processes and procedures, the people, the equipment/resources and the policies that would enable the outcome to be met.

lists of sample outcomes

list A

Mr Jones has fruit or salad each lunchtime.
Mrs Thompson has an extra armchair in her room in the care home for her friends to use when they visit.
The keys to Mr Williams' room are only available to the manager or senior person on duty.
Mrs Bulawayo is supported to tend to the flower-bed in her garden twice a week.
Care workers visiting Mr Smith always knock and wait for the door to be answered.
Robert is helped in finding initial information on the courses he is interested in from the colleges and universities of his choice.

list B

Mrs Jones attends exercise classes on Monday afternoons.
Mr Harrison has the same careworker (Pat) to support him with personal hygiene.
Mrs Ahmed is taken each Friday morning to the local adult education centre for her art class.
Mrs Williams is supported in visiting local clothes shops at least once a month.
Alice is accompanied when she requests and at most once a week in travelling to her college.

notes:

The lists above are meant to represent outcomes from the two extremes: List A are outcomes that most services would be able to meet without any major changes to their processes, while List B are outcomes that most services would find difficult to meet.

The facilitator may provide examples that have arisen within the service. This can be for whole group discussion and can involve as many examples as time allows.

exercise 6 - applying SUPA to the service's person centred plan

aim:

The provider and care workers are challenged to review their assessment procedure and Person Centred Plans and investigate whether or not the process supports identification and recording of the **preferences** of people using the service, as well as needs, and from these personal or specific outcomes.

instructions:

Each participant will be given a copy of

1. the service's standard template care / support / person centred plan (PCP)
2. the written assessment procedure.

The facilitator will lead the discussion.

A suggested approach to this exercise is to identify the outcome groups of immediate interest (i.e. the service's processes, CQC KLORA Outcome Domains for AQAA, or commissioning outcome categories) and to list these on a whiteboard for all the participants to see.

It is not expected that the group will complete an exhaustive review of the service's care plan! It is intended to be an open-ended and investigative exercise.

It is suggested that two or three of the outcome groups only should be considered, and the following questions asked:

- does the PCP allow recording of personal specific outcomes in that group or heading?
- If not, does the assessment procedure include some way of assessing against the outcome group?

It is expected that your service's PCP and assessment procedure allows recording of outcomes.

The conclusion of this exercise should NOT be that service needs to carry out wholesale changes in the way it carries out assessments and reviews. Instead the emphasis here is in finding ways to ensuring that the preferences of the person who uses the service are recorded and personal outcomes are agreed.

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