

This series of briefings summarises work undertaken by the Centre for Policy on Ageing on

## RESIDENTIAL CARE AND OLDER PEOPLE

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### STANDARDS GUIDANCE

#### **Key work**

Codes of good practice for care homes

- Home Life: a code of practice for residential care (1984)
- A Better Home Life: a code of good practice for residential and nursing home care (1996)
- Fit for the Future? National Required Standards for Residential and Nursing Homes for Older People (Published by the Department of Health, 1999).

CPA first published standards guidance for care homes in 1984 with **Home Life** which was adopted by government as official guidance for the inspection of care homes under the Registered Homes Act 1984. In 1996, reflecting the major changes that had taken place in all aspects of continuing care for older people, CPA published a revised code of practice. This code, **A Better Home Life: a code of good practice for residential and nursing home care**, provides clear guidance on aspects of care and management, underpinned throughout by the recognition of the right of older people to be treated as individuals, and to be treated with dignity and respect.

In 1998 the Department of Health commissioned CPA to develop national minimum standards for residential and nursing homes for older people. The standards were designed to be: robust; measurable; enforceable; consistent; the floor below which no home must fall; and, standards against which homes can be held to account. The Department of Health subsequently published the CPA proposals, along with its own introduction and Regulatory Impact Assessment, as a consultation document **Fit for the Future? National Required Standards for Residential and Nursing Homes for Older People**. The aim of the standards was to:

- protect the interests of frail vulnerable people from possible exploitation, abuse and indifference;
- ensure that providers have a clear view and understanding of what is required of them;
- ensure that inspectors carry out their duties fairly and even-handedly;
- protect staff in carrying out their duties;
- ensure that care of quality is provided in an environment of quality.

The Department of Health published the new national standards, **Care Homes for Older People: National Minimum Standards**, largely based on the standards developed by CPA.

#### **Publications:**

*(1984) Home Life: a code of good practice, London: Centre for Policy on Ageing. £5.00 + p&p ISBN 0904139379.*

*(1996) A Better Home Life: a code of good practice for residential and nursing home care for older people, London: Centre for Policy on Ageing. £9.95 +p&p ISBN 0904139913.*

*(1999) Standards Matter, London: Centre for Policy on Ageing. £12.50 + p&p ISBN 1901097501.*

*Available from Central Books, 99 Wallis Road, London E9 5LN Tel: +44 (0)845 458 9910.*

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## THE TRAINING OF CARE ASSISTANTS

### *Background*

Concerns over the quality of care in homes for older people have frequently led to calls for higher levels of training and qualification of care assistants. These calls have prompted various government initiatives on training. Not a great deal, however, is known about levels of training among care assistants who have traditionally been seen as largely untrained, poorly paid and difficult to recruit. There has been little research conducted in this field.

In this context, CPA has undertaken research, funded by the Nuffield Foundation, in order to address the following questions:

- what is the range of training available to the care home sector and what are the broad characteristics of this range, in relation to scope, depth, costs, and availability?
- does access to training vary according to the type of care home (eg. size, status of the provider, philosophy of care)?
- what are the key factors which determine whether a home makes use of training (eg. cost, attitude of the proprietor, type of care provided)?
- what are the demonstrable benefits of training (eg. improved staff morale, better quality of care)?
- in practice, how many care assistants currently working in homes are qualified?

The study included a literature review, a postal questionnaire survey of 1200 independent sector and local authority homes and field visits to a number of selected homes. It revealed a very mixed picture, as the key findings show:

### *Outcomes*

- there is no shortage of training provision across the country but it is uneven in its availability and probably of varying quality;
- some homes provided little or no training while others had well-developed strategies;
- there were some glaring gaps in the range of training undertaken, with some care assistants having no training in fire safety, moving and handling and other core requirements;
- more positively, at least a fifth of care assistants had some form of additional (NVQ or equivalent level) training qualification;
- local authority homes contrasted favourably with independent sector homes at the lower skill levels but not at the higher levels;
- not for profit sector homes had a more comprehensive and thorough-going approach to the training of their staff;
- there was little idea of the cost of training and yet many homes argued that they could not offer training *because* of the cost;
- nearly all homes believed that trained staff have a beneficial effect on the quality of care delivered;
- over three quarters of homes felt that a further benefit of training is that it leads to an improvement in staff morale.

### **Publication:**

*Dalley, G and Denniss, M (2001) Trained to Care? the skills and competencies of care assistants in homes for older people, London: Centre for Policy on Ageing. £15.00 + p&p. ISBN 1901097609. Available from Central Books, 99 Wallis Road, London E9 5LN Tel: +44 (0)845 458 9910.*

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## OLDER PEOPLE'S VIEWS OF RESIDENTIAL CARE

### *Background*

The experience of moving into and living in residential homes for older people has rarely been reported as being positive. With it seeming likely that something equivalent to residential care will need to be provided well into the future for large numbers of older people, CPA was commissioned by the not for profit care home provider Methodist Homes for the Aged (now MHA Care Group) to explore resident experience in relation to moving into and living in a Methodist care home.

The study of a hundred residents between the ages of 75 and 103 living in ten Methodist homes across England in 1999 focused on the attributes of a good residential home. In guided conversations, the residents talked about the process of coming to a decision to move into residential care and how they decided that a Methodist Home would be the best for them. Residents also talked about living in a Methodist home, in particular staff practices and the organisation of the home.

### *Outcomes*

The key findings of the study, which point to important lessons about good experiences of care, were that:

- the residents believed that Methodist Homes residential care is of the highest standard;
- it was felt that this high standard of provision enables residents to remain in touch with their whole lives and to retain a sense of self;
- the social atmosphere characterised by 'mutuality' [friendliness and sociability] – between resident and resident; between resident and staff member – emerges from the data as a unique and crucial structure of care which is special, though perhaps not unique, to Methodist homes;
- mutuality is seen as being increasingly fragile because of shifts in the intake of residents since it depends primarily upon what residents bring into the care setting.

### **Publication:**

*Kellaher, L (2000) A Choice Well Made: 'mutuality' as a governing principle in residential care, London: Centre for Policy on Ageing/Methodist Homes. £15.00 + p&p. ISBN 1901097404. Available from Central Books, 99 Wallis Road, London E9 5LN Tel: +44 (0)845 458 9910.*

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## RISING EXPECTATIONS? QUALITY AND THE CLOSURE OF CARE HOMES

### *Background*

Since the late 1990s and the apparent rise in the number of care homes deciding to close, there has been a growing concern that the prospect of the introduction of minimum standards, particularly in relation to the physical environment in care homes, might be one of the causes. Another explanation might lie in the fact that people are no longer willing to put up with poor quality in residential care (i.e. the closure of homes is an outcome of people's rising expectations).

CPA, in partnership with the Centre for Health Economics at the University of York, was commissioned by the Department of Health to explore and test the assumption that there may be a link between poor quality and the closure of care homes. The research sought to:

- identify the extent to which the assumption of rising expectations rests on any direct evidence (for example, strategic developments within the care home sector and/or studies of the attitudes of existing and prospective residents) or on other evidence drawn from parallel examples;
- examine, by looking at inspection reports of closed and open homes, using a fourfold scoring mechanism, the extent to which those homes that have closed were in fact of poor quality.

*Outcomes*

- there did not appear to be any difference between open and closed homes in terms of quality of care alone when taken as a single measure;
- there were strong differences in terms of quality of the physical environment in favour of open homes;
- using a 'good/moderate/poor' rating system, it was found that almost as many 'good' homes closed as 'poor' homes;
- when sharing rooms was taken as a measure of quality, more closed homes had had greater numbers of residents sharing than did open homes.

In considering the methodological approach adopted, the study concluded that aggregating a variety of quality factors, ranking them accordingly and cross-tabulating them with harder measures can provide a robust means of making comparisons of performance across homes and could be usefully employed in further research.

**NB. This report is not available for distribution**

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**For further information contact:**

**Publications Officer  
Centre for Policy on Ageing  
25-31 Ironmonger Row  
London EC1V 3QP**

**Email: [publications@cpa.org.uk](mailto:publications@cpa.org.uk)  
Tel: +44 (0)20 7553 6500  
Fax: +44 (0)20 7553 6501**

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