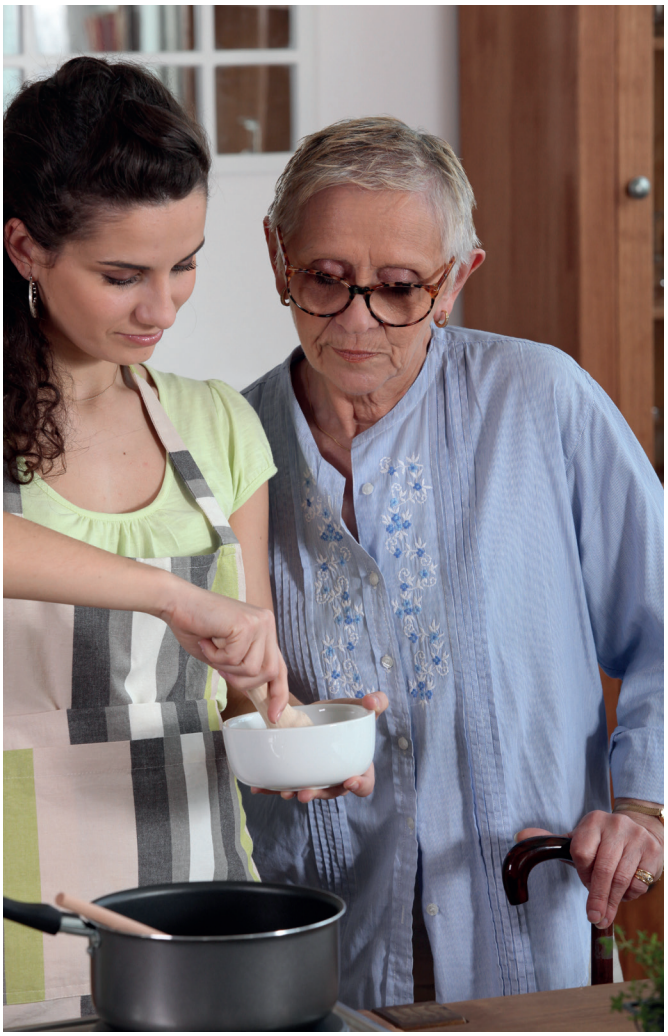
the Good Care group

Improving Wellbeing through Care at Home

An evidence-based analysis of live-in care versus residential care

Contents



Abstract / Summary

This paper reviews studies and evidence of care for older people, including those with dementia, examining the case for live-in care as opposed to residential care in a care home.

In addition to evaluation of existing research and studies, and expert opinion on the topic, it reviews new data collected independently by The Good Care Group. This data reveals the significant positive impact that person-centred home care can have on health outcomes including:

- Improved quality of life and wellbeing
- Higher levels of happiness and satisfaction with care received
- Fewer hospital admissions
- Reduction in falls
- Reduced decline in function in people with dementia.

Overall, the evidence reviewed strongly supports the belief that home care is beneficial for older people needing care, with data to demonstrate that care at home can help increase quality of life and ameliorate decline – particularly with the condition of dementia – when compared to care within a residential home. The recommendation following this review will be that the provision of home care is explored before resorting to residential care.

Introduction

There are 14.9 million people over 60 in the UK, a number which is expected to rise to 20 million by 2030 (Age UK Later Life in the UK, 2015). Of these, 426,000 are currently in residential care (Care of Elderly People Market Survey, Laing and Buisson, 2014).

A large majority (80 per cent) of people living in care homes have a form of dementia and it is estimated that one third of all people with dementia are currently living in a care home. More than 800,000 people in the UK have dementia (Alzheimer's Society Dementia Update, 2015), and this is expected to grow to over one million by 2025 and over two million by 2051.

Despite the large residential care population, literature suggests that older people would prefer to stay at home (Iwarsson et al., 2007) with polls confirming that 97% do not want to move into residential care when they are older (One Poll, 2014).

This document will examine the evidence that person-centred care delivered in the home is most beneficial for health outcomes. The cost of home care is comparable to residential care homes, with the added advantage of maintaining asset appreciation, yet it evidently delivers a number of benefits for older people, including those living with dementia.

In particular, the home-care approach allows older people to maintain consistency and familiarity – especially important for those with dementia. People receiving care at home also benefit from one-to-one help from carers who can deliver care based around their individual needs, rather than the less personalised structure of a care home. This individual attention will result in a higher level of supervision, as well as a potentially stronger patient-carer relationship and improved outcomes such as greater happiness, fewer adverse events and better general health and wellbeing.

Studies of wellbeing in care homes vs staying in own home

Several studies have reported on the negative consequences of going into a care home (Ball et al., 2000; Scocco, Rapattoni, & Fantoni, 2006; Holder & Jolley, 2012):

- Institutionalisation is overwhelmingly not by the patient's choice, but under force of circumstances, leading to feelings of loneliness and marginalisation, and even to a more severe emotional state described as 'move trauma'.
- After 6 months, the MMSE (Mini Mental State Examination) and ADL (Activities of Daily Living) scores of the majority of patients declined.
- Clinical condition of the patients worsened, and mortality was high.
- Overall, moving to a nursing home did not bring about improvement or stabilization; instead, psychiatric symptoms worsened and quality of life was perceived more poorly.

But to date, only a handful of studies comparing wellbeing in care homes versus home care have been completed. One of the most comprehensive (Nikmat, Hawthorne, Al-Mashoor) examined the hypothesis that living arrangements play an important role in determining the quality of life for people with dementia.

This research involved a cross-sectional study of people with dementia, comparing those who were cared for at home with those in a care home. The research looked at a number of indicators for quality of life including social connectedness and physical functioning.

The key findings of the study were that older adults with mild dementia living at home, and thus in the community, rather than in a nursing home, experienced:

- greater social connection
- better physical functions
- better overall quality of life.

They also found that those who were living at home had higher independence with ADLs (Activities of Daily Living) compared to those in care homes. In light of these findings, the authors recommended that people with dementia were cared for at home where possible.

Despite the number of studies that have directly compared quality of life of home-care dementia patients to institutional care being relatively small, there are a number of previous studies that also support the findings, with two (Missotten et al., 2009; te Boekhorst et al., 2009) concurring that the place of residence is a considerable factor in quality of life.

More universally (though dementia patients represent a significant portion of those in care, as we have seen), other studies support the finding that, generally, older people in residential nursing homes, regardless of medical condition, are more likely to be lonely than those receiving home care in the community (Hawthorne, 2006; Holmen, Ericsson, & Winblad, 2000). Being separated from a partner while in a care home also understandably increases feelings of insecurity and isolation (Beal, 2006; Glaser, Tomassini, Racioppi, & Stuchbury, 2006; Thomopoulou, Thomopoulou, & Koutsouki, 2010).

End-of-life care at home

A systematic review of literature completed by Public Health England (What We Know Now, PHE, 2013) found that home is the place where the majority of people would wish to die. A survey by the Office for National Statistics supports this, reporting that 71% of people would prefer to reach the end of life in their own home (National Bereavement Survey, VOICES, 2011). Despite this clearly expressed majority preference for staying at home, nearly a fifth (18%) of deaths in England currently occur in a residential or nursing care home (ONS 2008-10 data) – and of course, significantly more in hospitals, many of which could be avoided through home care.

In addition, several studies have reported that those receiving palliative care show increased satisfaction with care received at home compared to receiving care elsewhere. A study published in the Journal of the American Geriatrics Society found that in-home palliative care significantly increased patient satisfaction while also reducing use of medical services and costs of medical care at the end of life (Increased Satisfaction with Care and Lower Costs: Results of a Randomized Trial of In-Home Palliative Care, Journal of the American Geriatrics Society, 2007).

There are also studies which have found that care at home can be beneficial for those in advanced stages of dementia. The 'Hope for Home' study (Adamis, Treloar and Crugel) demonstrated that good, home-based palliative care of dementia can be achieved with very positive outcomes. The study found the key factors that contributed to the success of home care in the later stages of dementia were access to appropriate equipment and relevant expertise. A report by the Alzheimer's Society (Support. Stay. Save, 2011) also strongly supported these findings, demonstrating that over 80% of carers and those with dementia felt that living at home was very important and beneficial, and that access to sufficient support and care were vital.

Expert opinion

Professor David Oliver, Consultant Geriatrician at the Royal Berkshire NHS Foundation Trust, recommends a shift to prevention and proactive care, and has proposed a 10-part integrated person-centred approach to care. This includes helping people to live well and independently in the community as well as providing support for complex co-morbidities, such as dementia and frailty, avoiding complications wherever possible.

In a report for The King's Fund (2014) Oliver highlights the importance of providing expert care for people with dementia. At present, 41% of people in care homes could not access specialist dementia services and residents are often admitted to hospitals for avoidable emergencies (British Geriatrics Society, 2012). Instead, admissions to long-term care should be avoided, with alternatives such as enhanced support at home or age-friendly housing fully considered.

The British Geriatrics Society (BGS) also recognises that many older people with frailty in crisis will manage better in the home environment, but only with support systems which are suitable to fulfil all their health and care needs. They recommend that older people should always undergo holistic assessments, taking into account medical, functional, psychological and social needs for the possible presence of frailty during all encounters.

Data from The Good Care Group

The Good Care Group offers 24/7 live-in care provided by expertly trained carers. Three quarters (75%) of clients supported by The Good Care Group are living with dementia – roughly commensurate with the general percentage of those in care with dementia and so forming a good representation of the care population. Of these, many are in the advanced stages of dementia, and experiencing complex psychological and behavioural symptoms.

The Good Care Group is committed to improving client outcomes and has been collecting and analysing data on the wellbeing and health outcomes of individuals cared for in their own home. This original data provides further evidence for the positive impacts of consistent, one-to-one person-centred care in the person's own home, including activities which promote personal wellbeing and individual worth, rather than just care needs. The newly gathered evidence demonstrates that after receiving this holistic care, the majority of those cared for by The Good Care Group showed improvements in health and wellbeing. Person-centred care was provided by highly-trained, consistent carers on a one-to-one basis, enabling them to fully understand the individuals' needs as a whole person, to help them to enjoy a familiar environment (with their own possessions, and pets), and to support them in remaining part of their own community.

The data collected falls into five categories of indicators: behavioural challenges, hospital admission, urinary tract infections, falls and quality of life.

Behavioural challenges

Behavioural symptoms are particularly common in those with dementia, with up to 90% of all people living with dementia experiencing difficult behaviour patterns at some point.

The Good Care Group's care approach to dealing with behavioural challenges is person-centred, focusing on listening to the person and striving to understand their difficulties. Carers are carefully selected and receive specific behaviour-related training, on everything from falls prevention to communication skills and promoting enjoyment and activities, as well as specialist training in understanding medical conditions. This enables quality caring for people with a range of conditions which may affect mental and physical behaviour, including dementia, Alzheimer's, Parkinson's, Multiple sclerosis, and frailty.

Each The Good Care Group client benefits from a personalised care plan, which takes into account their social, physical and emotional needs and sees behaviours as a way of expressing needs and wishes. Behavioural challenges are seen as indicating unmet needs which the person is trying to express, therefore plans of care look for triggers and use observational techniques to identify what is acceptable or unacceptable to a client with dementia.

Reducing behavioural challenges by 80%

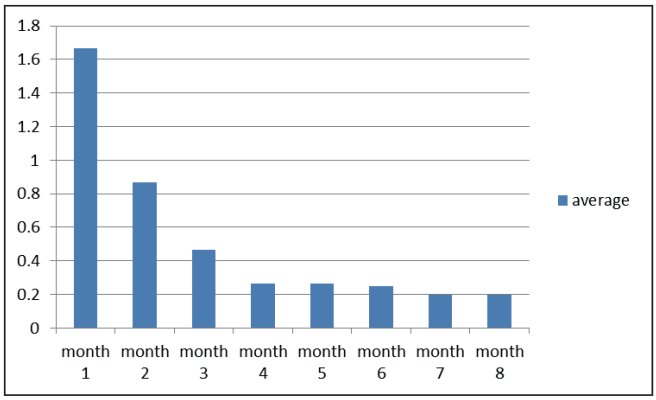
Behavioural challenges are frequently a precursor to hospitalisation and admission to care homes, so reducing behavioural challenges is an important health outcome.

In the general population, 22.5% of people with dementia are prescribed antipsychotic medication, rising to 40% of care home residents (Margallo-Lana et al., 2001). Within The Good Care Group, only 6% of clients with dementia are taking antipsychotic medication. Antipsychotic drugs are not licensed and should only be used as a last resort to manage behaviour as they come with serious side effects.

As a result of working closely with GPs and community mental health teams to put psycho-social care strategies in place which promote wellbeing, The Good Care Group has successfully reduced behaviours that challenge carers, without the need for medication. Using this approach enabled The Good Care Group to reduce behavioural challenges by 80% in just three months and only 45% of The Good Care Group clients experience behavioural challenges despite many living with advanced dementia.

Graph: Management of Behavioural Challenges in Dementia

Month 1 is taken as the date of the first incident at which point The Good Care Group Behavioural Challenges Intervention was implemented.



Hospital admissions

One in ten care home residents are admitted to hospital each year with potentially avoidable conditions including bone fracture, dehydration, pneumonia or respiratory tract infection (CQC State of Care Report 2013). The Good Care Group has a proactive approach to managing health and minimising hospital admissions, and as such has achieved a lower potentially avoidable hospital admission rate of 1%.

Furthermore, in care homes, 12% of residents admitted to hospitals are dehydrated (Journal of the Royal Society of Medicine, 2015) while only 0.3% of The Good Care Group's clients were admitted to hospital for dehydration.

Urinary Tract Infections

Urinary Tract Infections are the most common non-respiratory infection in care homes, with 50% of residents likely to suffer from an infection (Nicolle LE, 2000). Through staff training and risk management planning, The Good Care Group have managed to achieve an incidence rate of only 35% for Urinary Tract Infections among their clients.

Falls

Falls are the most common cause of accidental injury in over 65s, and the most common reason for over 65s to be admitted to hospital, costing the NHS over £2 billion per year (Snooks et al., 2011). Over a million older people have accidents falling each year, with 95% of hip fractures occurring as a result of a fall.

Falls are responsible for 85% of accidental home deaths in this age group, yet 79.4% of people over 65 who fall report that their strength or balance had not been checked by a doctor or nurse (ELSA, 2009).

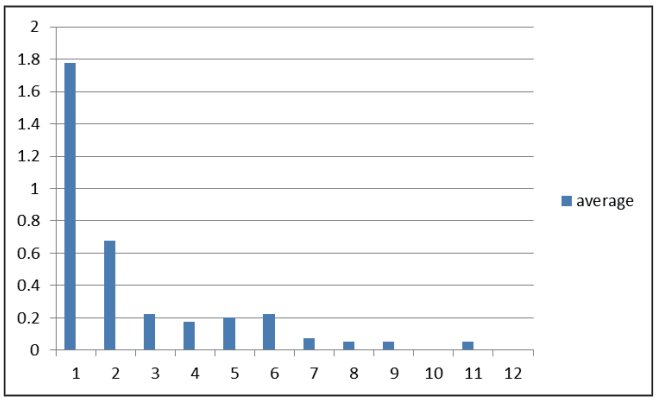
Reducing falls is a key priority in the WHO Health 2020 strategy, as there is evidence that many falls are preventable, and falls (and fear of vulnerability to falling) are the underlying cause of many older people going into residential care. Within care homes, between 50-75% of care home residents fall annually, twice the number of falls for older people living in the community (Todd and Skelton, 2004). In addition, those who fall in care homes are more likely to result in hospitalisation than those who fall at home.

For the large care-population majority with dementia, one of the biggest barriers to enabling more control and empowerment in their lives is an overly cautious approach to risk (Clarke et al., 2009; Nuffield Council on Bioethics, 2009). The Good Care Group used a collaborative assessment process to manage the individual degree of risk. Each client worked with their Care Manager to create a falls management plan which aims to reduce risk without compromising freedom.

97% reduction in falls

In order to reduce the incidence of falls, The Good Care Group implemented a falls management programme. Through the use of a one-to-one staffing ratio, plus an individual approach to risk assessment and care, a completely successful reduction in falls was achieved by The Good Care Group. The introduction of the falls management program saw a 97% reduction in falls within nine months and 100% reduction within 12 months in clients who were vulnerable to falls.

In total only 38% of The Good Care Group clients (average age, 82) fell at least once over the course of a year, compared to 50-75% of care home residents. Of these, 1% resulted in a fracture, but none were neck or femur fractures and none were fatal.



Graph: Fall reduction

Month 1 is taken as the date of the first fall at which point The Good Care Group Falls Management Intervention was implemented.

Quality of life

The findings that care at home can improve quality of life are also echoed in The Good Care Group data. Public perception of care homes is low (Alzheimer's Society, Low Expectations report, 2013) with only 30% of the public believing people are treated well in care homes and only 41% of those in care homes saying they are enjoying 'a good quality of life'. In contrast, a quality of life survey using the QOL-AD in July 2014 showed that 74% of The Good Care Group clients had fair, good or very good quality of life and 90% felt that the care had improved their life quality (The Good Care Group Client Satisfaction survey, 2015). At The Good Care Group, 90% would recommend the care service to a friend, and 94% of clients felt that their carer was kind and thoughtful, treated them with dignity, understood and supported their lifestyle, has high standards, could be trusted and was skilled and confident.

Government/ social care policy

The Public Health Outcomes Framework set out by the Department of Health demonstrates a shift in public health policy. The focus has moved away from process targets and instead the focus is now on achieving positive health outcomes and reducing inequalities for the whole of the UK.

The framework sets out two primary high-level outcomes for the public health system, focusing not only on how long people live, but on how well they live at all stages of life. These are:

- Outcome 1: Increased healthy life expectancy.
- Outcome 2: Reduced differences in life expectancy and healthy life expectancy between communities.

There is growing support for a person-centred approach to care in the community. The WHO Health 2020 mandate states that there is more that can be done to create better people-centred health systems for older people. Among the strategic goals is "*to empower older women and men to remain fully integrated in society and to live in dignity, independent of their health or dependency status*". A primary intervention set out in the strategy is a focus on home care, especially for people with dementia.

The 'Ready for Ageing' report (2013) prepared for Parliament also recommends personalised care at home wherever possible. The report

recommends that older people only go into hospitals or care homes when essential and the home remains the hub of care and support. However, a significant transformation will be required in NHS services for these goals to become a reality, including the provision of additional funding and additional staff hiring, 24/7 operation of health and care services, and care services co-ordinated around the full range of an individual's needs.

Conclusion

There is significant evidence both from existing studies and The Good Care Group data that quality of life and health outcomes for older people can be improved with person-centred care, delivered in the home. As well as leading to a higher overall quality of life, amelioration of the disease progression (retaining greater ADLs and social ability for longer) is clearly linked to being able to continue living with partners and the wider community, and the dignity, freedom and familiarity of remaining in one's own home. Person-centred home care can also successfully improve health outcomes, including: reducing the risk of falls and reducing the risk of infections, dehydration and hospital admissions, plus reducing behavioural challenges and removing the need to take potentially damaging anti-psychotic medication for those with dementia.

Home care has also been shown to be beneficial for end-of-life care, with those who received palliative care at home reporting improved satisfaction over those cared for elsewhere.

The clear recommendations for care in the home, from the WHO Health 2020 strategy, and the 'Ready for Aging' report prepared for the UK Government, have not yet resulted in any definite policy to improve council-provided care provision. Therefore, the work of highly-trained, 24/7 carers such as those provided by The Good Care Group becomes even more essential, as the elderly population continues to grow, and the cases of need for care, and particularly dementia, to increase.

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