

An Evaluation of Assessment Tools Used for Older People with Complex Health and Social Care Needs.

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BACKGROUND

The National Service Framework for Older People (DoH, 2001), Single Assessment Process (DoH, 2001) and Quality Standards: Assessment and Care Management (SSI, 1999) will be utilized as the framework underpinning the research activity and in assessing the suitability of a variety of existing tools and frameworks.

The People First community care policy initiative (DHSS, 1990) came into effect in 1993, and introduced a new era in community health and social services. There was significantly increased funding, the creation of public home care services (as opposed to home help services), and mechanisms to co-ordinate health and social care services. The policy included provision for professionals to purchase with public funds a range of institutional, respite, day and home care services for individuals from private or voluntary as well as statutory providers. The policy includes all adults from their 18th birthday that are deemed to require complex social and health care services, including older people, those with learning or physical disabilities, and people with mental health problems. The largest group, in terms of the number of clients and budget, is older people, followed by those with learning disability.

It is estimated that approximately half a million older people currently reside in care homes in the U.K. (Royal Commission, 1999) and this figure is set to increase as the older population rises in the coming years (NISRA, 2007). In general, the past decade has seen increasing recognition of chronic as opposed to acute health care needs. The continuing growth in the population of older people, both absolute and relative, presents policy issues across the globe (SSI, 2001). These demographic changes have put ever-increasing pressure on community care services for older people. However it has been suggested that timely high quality assessment may impact on this rise, leading to more effective rehabilitation and associated increased independence of older people (Audit Commission, 1997; Royal Commission, 1999). The interplay between hospital and community services has also become increasingly apparent. A multi-disciplinary inspection stressed *“It is important that patient discharge is planned in order to provide*

adequate and effective support systems and alleviate the risk of further deterioration to the patient's health, or re-admission to hospital" (SSI, 1997).

A Standard Assessment Process

In relation to older people, the National Service Framework (DoH, 2001) proposes that in Great Britain there shall be "a single assessment process" so as to further Standard Two: Person-centred Care (Ford & McCormack, 2000). The basic principles of assessment and care planning apply with appropriate modification across all the adult client groups, and indeed children's services also (Taylor & Devine, 1993). A key aim is to ensure that the comprehensiveness of the assessment undertaken is appropriate to the level of needs of the older person. Properly targeted assessment and care plan development will help to promote independence through the prevention of deterioration and the achievement of realistic goals (DoH, 2002; DHSS, 1995). As a result it will reduce the burden on services through appropriate allocation of resources according to needs as well as offering more choice to the individual. The whole process should be continuous with regular assessments updating information to reflect change over time in individual circumstances.

A single proven assessment procedure would help to:

- facilitate information sharing and standardised principles of best practice among health and social services professionals
- promote independent living through prevention of deterioration and managing crises, and ensuring that services remain appropriate to needs
- flag up potential health or social problems beyond the immediate problem that may have an impact on the life expectancy and quality of the individual
- a focus on users, carers and families
- ensuring best use of care resources through effective and efficient assessment processes
- respect multi-cultural issues and make the assessor aware that race, culture, religion and needs impact on each other,

- ensure that the scale and depth of assessment is kept in proportion to the older persons' needs,
- provide information that is standardised across Northern Ireland for monitoring needs and strategic planning.

(cf. DoH, 2001).

Care Management Arrangements in Northern Ireland Boards and Trusts

The Department of Health (1990) described assessment as “the cornerstone of good quality community care” and care management following such assessment as a key element in provision of services and the coordination of input from the formal and informal sector to meet the social care needs of individuals (Sharkey, 2007).

The Northern Ireland Health and Social Services Boards determine policies for care management (including eligibility criteria for admission to institutional care in three of the four Boards) and parameters for the systems to be put in place by Trusts. Detailed procedures and staffing structures for assessment and care planning have been developed independently by the eleven Trusts that deliver community health and social services (SSI, 1995). Such policies, procedures and systems are pivotal in ensuring sound decision-making based on suitably comprehensive assessment, leading to effective care plans, whether at home or in an appropriate institution.

Each of the documentation currently used for assessment and care planning in each Trust is essentially unique and not validated. Most Trusts have revised their documentation on at least one occasion during the decade since the introduction of People First, many following the publication of the SSI report ‘Community Care: From Policy to Practice’ (1998). In general different documentation is used for different client groups, normally by programmes of care.

METHODOLOGY

Aim

The aim of the study is to examine current assessment instruments used in Northern Ireland used to assess the abilities and needs of older people. The objectives are:

- To examine the instruments general applicability according to accreditation principles outlined as good practice by the Department of Health.
- To examine the coverage of the instruments according to the nine domains and 40 sub-domains of the National Service Framework for Older people (DoH, 2001).

Sample collection

In January 2006 all Trusts providing community health and social care services were invited to participate in the analysis of documentation relating to the assessment of older people with complex health and social care needs. Eleven sets of instruments were received in total from the following Trusts;

- Armagh and Dungannon Health and Social Services Trust
- Causeway Health and Social Services Trust
- Craigavon Banbridge Community Health and Social Services Trust
- Down Lisburn Health and Social Services Trust
- Foyle Health and Social Services Trust
- Homefirst Community Health and Social Services Trust
- Newry and Mourne Health and Social Services Trust
- North and West Health and Social Services Trust
- South and East Health and Social Services Trust
- Sperrin Lakeland Health and Social Services Trust
- Ulster Community and Hospitals Trust

Instrument Analysis and Scoring

Instruments were presented by managers to represent current care management documentation, viewed by them as “comprehensive” or “complex” and therefore accepted to be the most detailed assessment instruments available.

There was a wide variation in the amount of documentation received from each area with the number of pages ranging from five to sixty-two. Presentation, structure and content also differed with the majority of sets of instruments appearing to be an amalgamation of specialist reports pertaining to specific professions, commonly Occupational Therapy, Physiotherapy, Nursing and Social work. Several Trusts included reports from specialist teams that differed from other areas. In documentation received from Integrated Trusts, similar information was captured but in a different format which could indicate repetition of assessment in the acute and community setting.

The volume of documentation within the instruments indicated that information gathered would be difficult to coordinate and complex to interpret in terms of care planning with few specialist reports giving recommendations specifically in relation to care management in a concise summary. Where forms were concise with minimal documentation, information requested was not gathered in detail. Despite the wide variation received researchers felt it was important to evaluate all sets of instruments against the same criteria.

Each set of instruments was allocated a letter to maintain the anonymity of the Trust documentation evaluated

Development of the Analysis Criteria

Each Trust’s documentation was assessed on two criteria generated from governmental legislation and codes of good practice:

Section One: Areas of Good Practice

A set of questions were developed based on guidelines developed by the Department of Health Single Assessment Instrument Accreditation Process (2003) which set out a fourteen item criteria against which the structure of assessment tools were to be evaluated. Only instruments that met the criteria were considered appropriate for older people assessment.

In order to evaluate Northern Ireland tools, the fourteen questions were further developed to enhance clarity and removed questions that did not apply to the Northern Ireland setting. Fifteen questions, similar to that of the Department of Health were produced. These covered areas of good practice and fell into six broad themes. These were;

- Involvement of the individual in the assessment process (questions 1-3)
- A person-centred approach highlighting abilities, strengths and future wishes (questions 4-5)
- The effects of personal circumstance on quality of life (question 6)
- The Usability of the instrument (questions 7-12).
- Supporting integrated working and holistic assessment (questions 13 – 14)
- Application of consent guidance (question 15)

Scoring of Each Question

Instruments were rated against the questions using a scale of “no”, “to some extent” and “yes” according to definitions given in an explanatory document (see Table 1). Where instruments scored “to some extent” an additional comment was made to clarify findings.

Table 1. Questions, Answers and Rationale for scoring of Section One

	Questions	Answers	Rationale of answer
1	Would the wording of the tool facilitate verbal and written communication with the older person?	YES	The tool facilitates a conversational approach which is person-centred while also capturing professional judgment. The tool should be well structured and avoid a predominantly service-led, clinical focus where jargon is minimal
		NO	The tool has a predominantly service-led and clinically-focused language with assessments written solely in specialist jargon.
2	Does the tool make the contribution of the older person to their assessment and care plan explicit?	YES	The tool gives evidence of full involvement of the older person in both assessment and care planning. The level of the older person's ability to participate in the assessment and care plan should be explicit.
		NO	The tool has no facility or prompts to capture the views of the older person in their own words. The level of the older person's ability to participate in the assessment and care plan is not explicit.
3	Does the tool capture the source of information or the method of assessment used?	YES	There is a facility to capture the source of information and method of assessment used
		NO	There is no facility to capture the source of information and method of assessment used
4	Does the tool capture the older person's future wishes regarding their care?	YES	The tool captures the older person's wishes, choices, goals, motivations and plans or directives made for the future.
		NO	The tool does not capture the older person's wishes, choices, goals, motivations and plans or directives made for the future.
5	Does the tool capture the older person's strengths and abilities?	YES	The tool emphasizes the person's strengths and ability to participate in care.
		NO	The tool emphasizes functional disability and level of dependence. The tool does not capture the older person's level of ability to participate in their care
6	Are the effects of disability on the person's quality of life captured explicitly?	YES	The older person's views on effects of disability on their quality of life are captured
		NO	The older person's views on effects of disability on their quality of life are not captured
7	Does the tool contain a satisfactory balance of structured and unstructured questions to enable a reliable response from care managers?	YES	The tool combines free text, with prompts for potential areas of discussion and appropriate "tick box" and rating scales to support standardized assessment
		NO	The tool has a predominance of either "free text" with no prompts, or use of "tick box" and rating scales which does not support standardized assessment
8	Does the tool facilitate a clear link to identification of risk and care planning?	YES	There is clear identification and analysis of risk throughout the assessment that links to care planning
		NO	There is no clear identification and analysis of risk throughout the assessment that links to care planning

9	If all components of the tool were required, does the length and complexity of material have the potential to effect clarity of information?	YES	The tool is an amalgamation of assessments which in combination are lengthy and complex
		NO	The length and complexity of components of the tool does not affect clarity of information
10	Is there duplication in generic information and information across domains within component specialist assessments and care management documentation?	YES	Generic information and information across domains is duplicated in specialist reports and care management documentation
		NO	Generic information and information across domains is not duplicated in specialist reports and care management documentation
11	Does the tool enable referral to specialists and agencies?	YES	There is referral documentation with rationale for specialist assessment
		NO	There is no referral documentation with rationale for specialist assessment
12	Is a summary of specialist assessment available in a format easily understood by care managers?	YES	A specialist summary is provided with information relevant to care management of the older person. Specialist jargon is minimal
		NO	No specialist summary is provided. Information given contains specialist jargon for interpretation by the care manager
13	Does the tool show balance in the detail of information gathered under particular domains?	YES	The tool provides a balance of information gathered in all domains
		NO	The tool does not provide a balance of information gathered in all domains
14	Is there an element of this tool designed for use by a wide range of health and social care professionals even if not in a care management role?	YES	The tool has an element suitable for completion by a wide range of health and social care professionals
		NO	The tool is an amalgamation of specialist assessments completed by staff with the appropriate professional background.
15	Is the older person's consent to share information captured?	YES	The tool contains an explanation of how information will be shared and verbal or signed consent recorded
		NO	The tool has no indication of how consent to share information is given by the older person

Section Two: Domains of Assessment

Section two analysed each set of instruments in greater detail in an attempt to define the extent to which they covered domains chosen as representative of areas that would be included in a holistic, comprehensive assessment of the older person. Domains were derived from those identified in the National Services Framework for Older People (DOH, 2001) covering nine areas. These are:

- The user perspective
- Clinical background
- Disease prevention
- Personal care and physical well-being
- Senses
- Mental health
- Relationships
- Safety
- Immediate environment and resources

Scoring of Each Domain

Each domain consists of sub domains providing forty areas of assessment altogether. Each assessment instrument was comprehensively scanned and contents compared to the domains and sub domains outlined in the National Service Framework. Each sub domain was categorized as one of three ratings: low coverage, moderate coverage; or high coverage. Each category was assigned a score of 1, 2 and 3 respectively. The scores of all sub-domains were merged together and a mean score for the overall domain calculated and classified according to the same scoring system of low, moderate or high. The results are displayed in table 2.

The findings from both section one and two are presented in the following results section.

RESULTS SECTION

Section One: Areas of Good Practice

Overall the analysis of the Northern Ireland instruments indicated many areas of very good practice. Each assessment instrument varied in length, structure and content but reflected a clear link from assessment to care planning and allocation of resources. In this way all instruments serve the purpose for which they were designed and reflect current policy and guidelines.

There was a broad range of scores across all fifteen questions. Thirty-five percent of the trusts answers were scored as being assessed by the instruments (see figure 1). A further six percent were measured to some extent. The remaining fifty-nine percent were no measured at all.

Most instruments had a balance of structured and unstructured questions, ease of referral by the care manager to other specialists and services, ability to capture the individual's future wishes and consent to share information. The least positively scored themes were in relation to effects of disability on quality of life, the inclusion of the older person in their assessment and the complexity of information and duplication of information within the instruments.

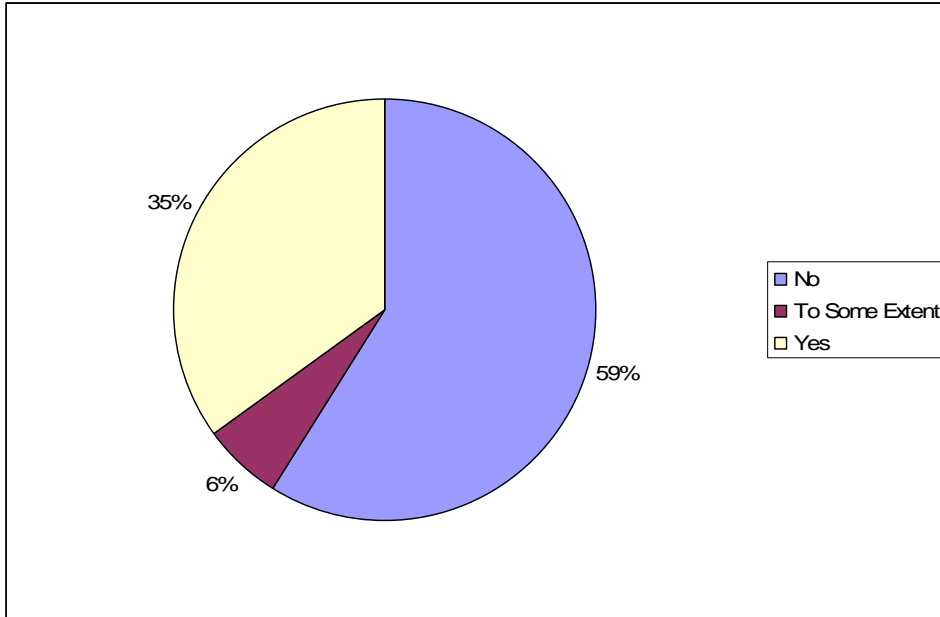


Figure 1. Category Responses to the Fifteen Questions expressed as a Percentage

The findings from each of the fifteen questions are reported in the following six sections. Each section reflects one of six broader themes and the questions are grouped together to provide an explanation of commonality of each theme. Each of the six themes is explained using graphical displays of individual question scores and tables to highlight differences between Trust instruments.

Involvement of the individual in the assessment process (questions 1-3)

Two thirds of the instruments failed to facilitate written and verbal communication with older people (Figure 2). A third of the instruments promoted the contribution of the individual in the assessment process and care plan generation. However, nine of the eleven instruments (82%) failed to make explicit the source of the information or the method of assessment used.

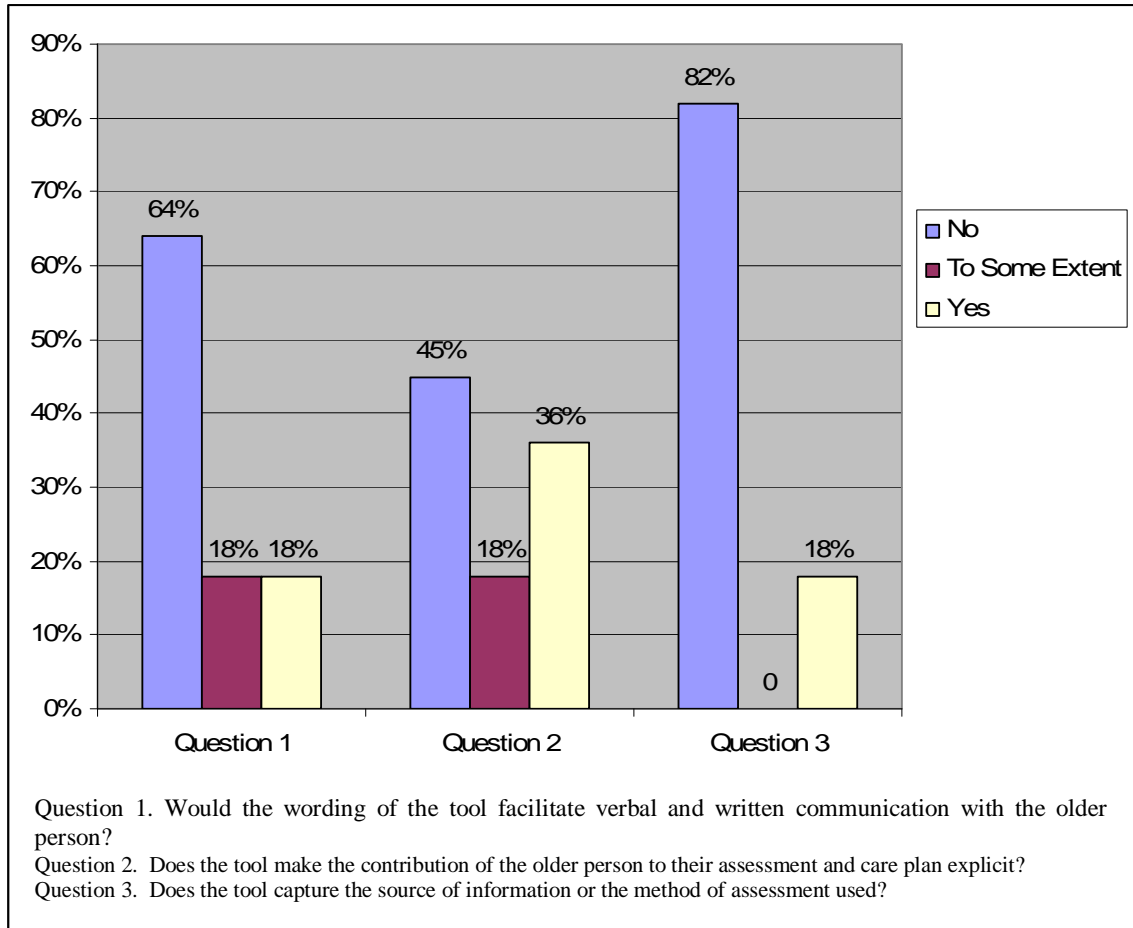


Figure 2. Percentage scores of questions relating to ‘Involvement of the individual in the assessment process’.

A review of the findings (see table 2) shows that no Trust was deemed to effectively measure the involvement of the individual. Trust H involved the individual in the assessment process, scoring high on two questions and to some extent on a third. Five instruments did not show a definite pattern in this area, with each showing a combination of results ranging from high levels of involvement to low, therefore a certain level of individual participation and involvement in their assessment is reflected. Where “to some extent” was scored researchers found in general across the sets of instruments only one piece of documentation reflected participation and this was not seen throughout all specialist assessments. Five sets of instruments did not facilitate a conversational approach using professional jargon, make the contribution of the individual to their assessment and care plan explicit or capture the source of information.

TABLE 2. Scoring of the questions relating to the validation of Older People Assessment tools

QUESTIONS		TRUST										
		A	B	C	D	E	F	G	H	I	J	K
1	Would the wording of the tool facilitate verbal and written communication with the older person?	Yes	To some extent	No	No	yes	No No		To some extent	No	No	No
2	Does the tool make the contribution of the older person to their assessment and care plan explicit?	Yes	Yes	No	No	To some extent	No	To some extent	Yes	Yes	No	No
3	Does the tool capture the source of information or the method of assessment used?	No	No	No	No	No	No	No	Yes	Yes	No	No

A person-centred approach highlighting abilities, strengths and future wishes (questions 4-5).

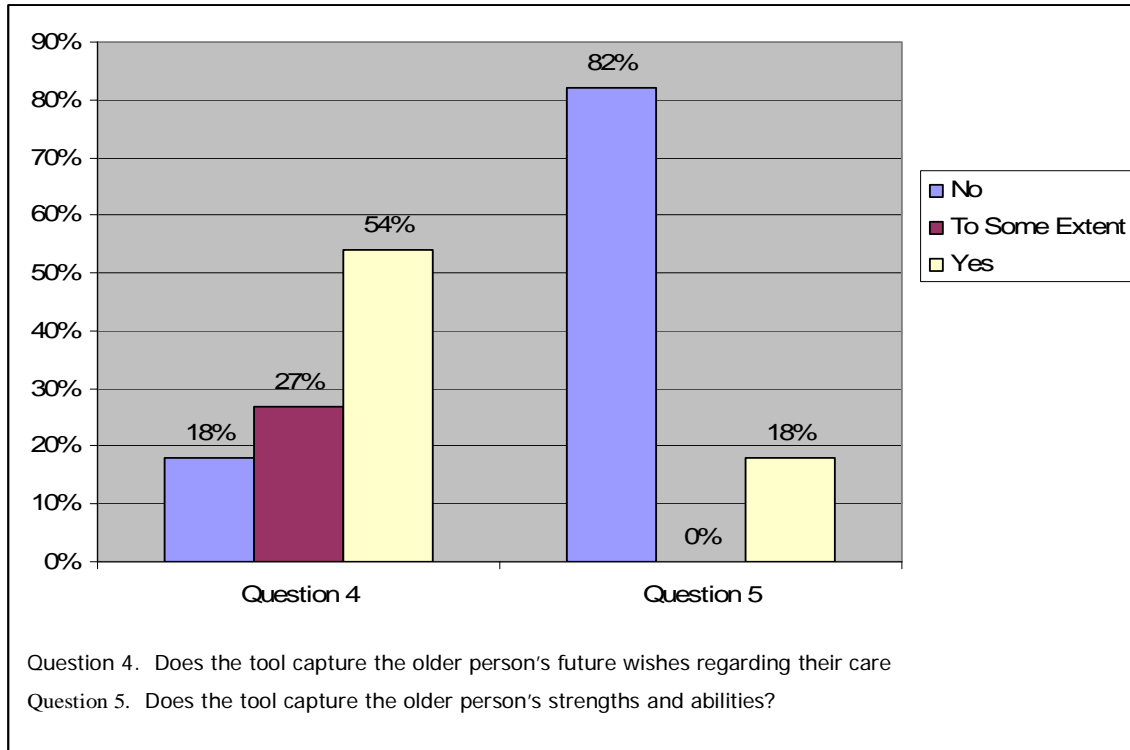


Figure 3. Percentage scores of questions relating to ‘A person-centred approach’

The majority of instruments captured the older person’s future wishes or did so “to some extent”. More than half (54%) of the instruments captured the individuals desire and wishes for the future, with 27% of the instruments capturing this information to some extent. However this was mainly in terms of choice in living arrangements when change of domicile had been recommended and did not relate to potential rehabilitation or wish to participate in their care. Questions regarding the availability of “living wills” or power of attorney were included. The older person’s strengths and abilities were captured in only two out of the eleven sets of documentation (18%, see figure 3). A strong emphasis on a model of disability and level of assistance required gave the remaining documentation a professional, service-led focus.

TABLE 3. Scoring of the questions relating to the validation of Older People Assessment tools

QUESTIONS		TRUST										
		A	B	C	D	E	F	G	H	I	J	K
4	Does the tool capture the older person’s future wishes regarding their care?	Yes	Yes	To some extent	No	Yes	No	Yes	To some extent	Yes	To some extent	Yes
5	Does the tool capture the older person’s strengths and abilities?	No	No	No	No	No	No	Yes	No	Yes	No	No

Only two of the 11 Trusts assessment instruments favoured a person-centred approach to assessment (See table 3); two Trusts did not facilitate this approach at all; and the remaining seven Trusts facilitated it to some degree.

The effects of personal circumstance on quality of life (question 6).

No instrument successfully captured the effects of presenting disability of the individual on their quality of life (figure 4). This information is considered as a core strand of a fuller, person-centred assessment process. Yet no current Northern Ireland instrument successfully addressed the individual’s quality of life.

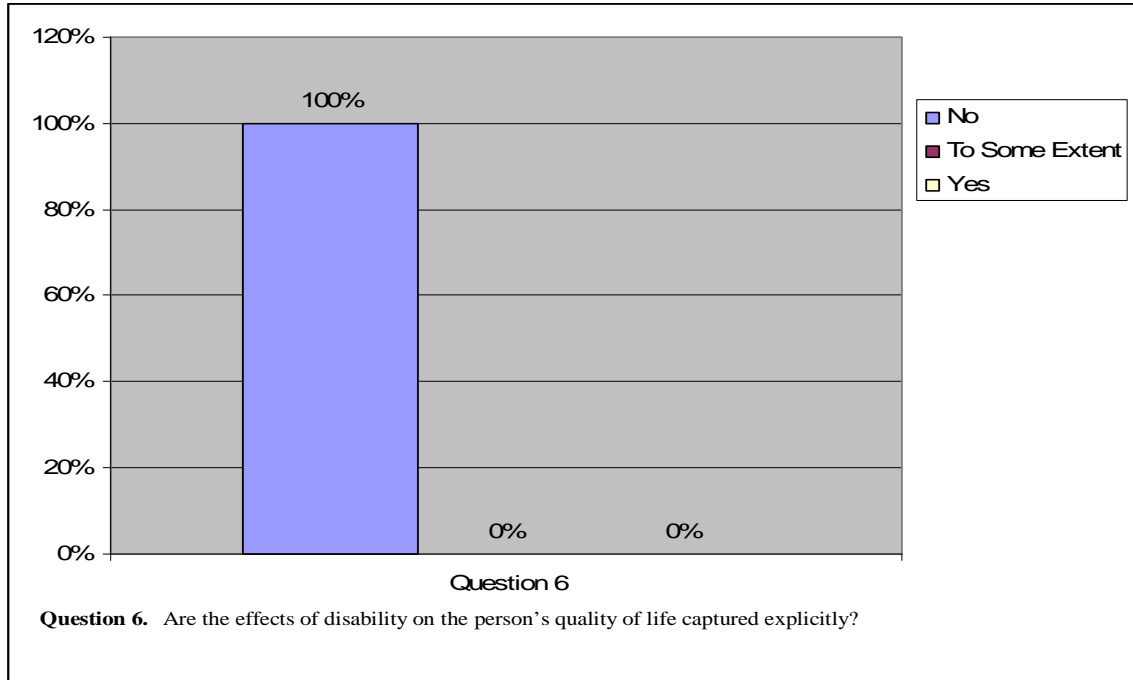


Figure 4. Percentage scores of questions relating to ‘The effects of personal circumstance on quality of life’

TABLE 4. Scoring of the questions relating to the validation of Older People Assessment tools

QUESTIONS		TRUST										
		A	B	C	D	E	F	G	H	I	J	K
6	Are the effects of disability on the person's quality of life captured explicitly?	No	No	No	No	No	No	No	No	No	No	No

Usability of assessment instruments (questions 7 – 12)

Nine out of eleven instruments (82%, see figure 5) contained a balance of structured questions in “tick box” format and free text (question 7) . Five instruments (45%) clearly linked assessment and identification of risk to care planning and two did so “to some extent” (question 8). Over half (63%) of the instruments did not have concise or non-complicated material to assist with the clarity of the information (question 9). Nine of the eleven (82%) of the instruments contained duplication of the individuals basic information throughout the assessment instrument. There was a distinct divergence in whether the Trust assessment tools enabled referral to specialists and/or agents. Almost half, 45% failed to do so, compared to 55% that did. No trust scored as doing so to some extent.

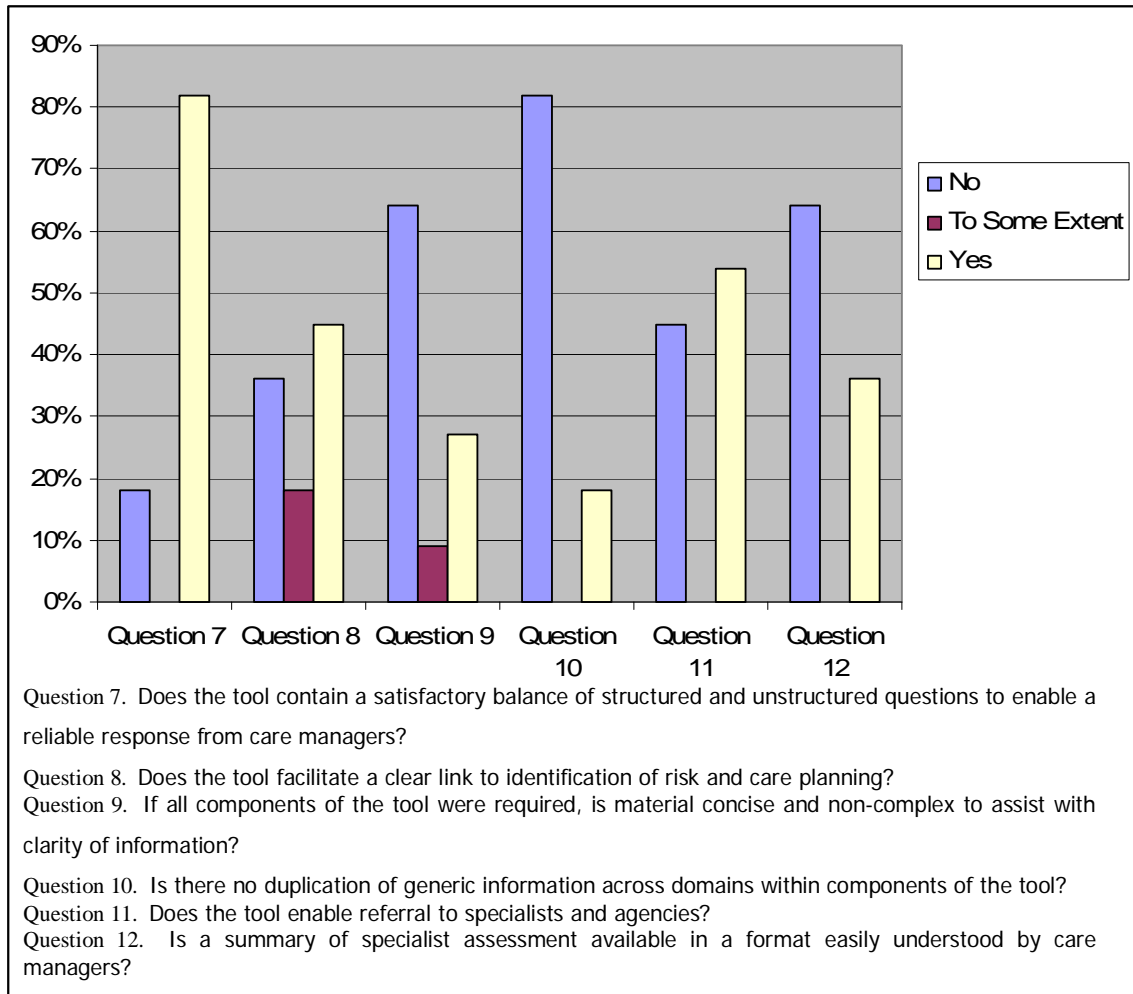


Figure 5. Percentage scores of questions relating to ‘Usability of assessment instruments’.

Trust K was deemed to be the most usable of all the 11 instruments. It was deemed usable on all six questions (see table 5). Trust B scored lowest with only one score rated ‘to some extent’. The majority of the remaining assessment instruments achieved at least two positive scores on the six questions.

TABLE 5. Scoring of the questions relating to the validation of Older People Assessment tools

QUESTIONS		TRUST										
		A	B	C	D	E	F	G	H	I	J	K
7	Does the tool contain a satisfactory balance of structured and unstructured questions to enable a reliable response from care managers?	Yes	No	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
8	Does the tool facilitate a clear link to identification of risk and care planning?	To some extent	To some extent	No	Yes	Yes	Yes	No	Yes	No	No	Yes
9	If all components of the tool were required, is material concise and non-complex to assist with clarity of information?	No	No	No	No	No	To some extent	Yes	No	Yes	No	Yes
10	Is there no duplication of generic information across domains within components of the tool?	No	No	No	No	No	No		No	No	No	Yes
11	Does the tool enable referral to specialists and agencies?	No	No	No	Yes	No	Yes	No	Yes	Yes	Yes	Yes
12	Is a summary of specialist assessment available in a format easily understood by care managers?	No	No	Yes	Yes	No	Yes	No	No	No	No	Yes

Supporting integrated working and holistic assessment (questions 13 – 14)

Four (36%) out of eleven instruments showed a balance of detail covered in each domain which would indicate holistic assessment (see figure 6 and table 6). The remaining instruments emphasized assessment in clinical background, functional ability, immediate resources and safety in all specialist reports with mental health, disease prevention, senses and relationships given low coverage or only captured in one specialist assessment.

No instrument was specifically designed to be used by a wide range of health and social care professional. The majority of instruments were an amalgamation of specialist reports indicating professional assessment carried out in isolation and then coordinated to identify needs with none designed for use by a wide range of professionals.

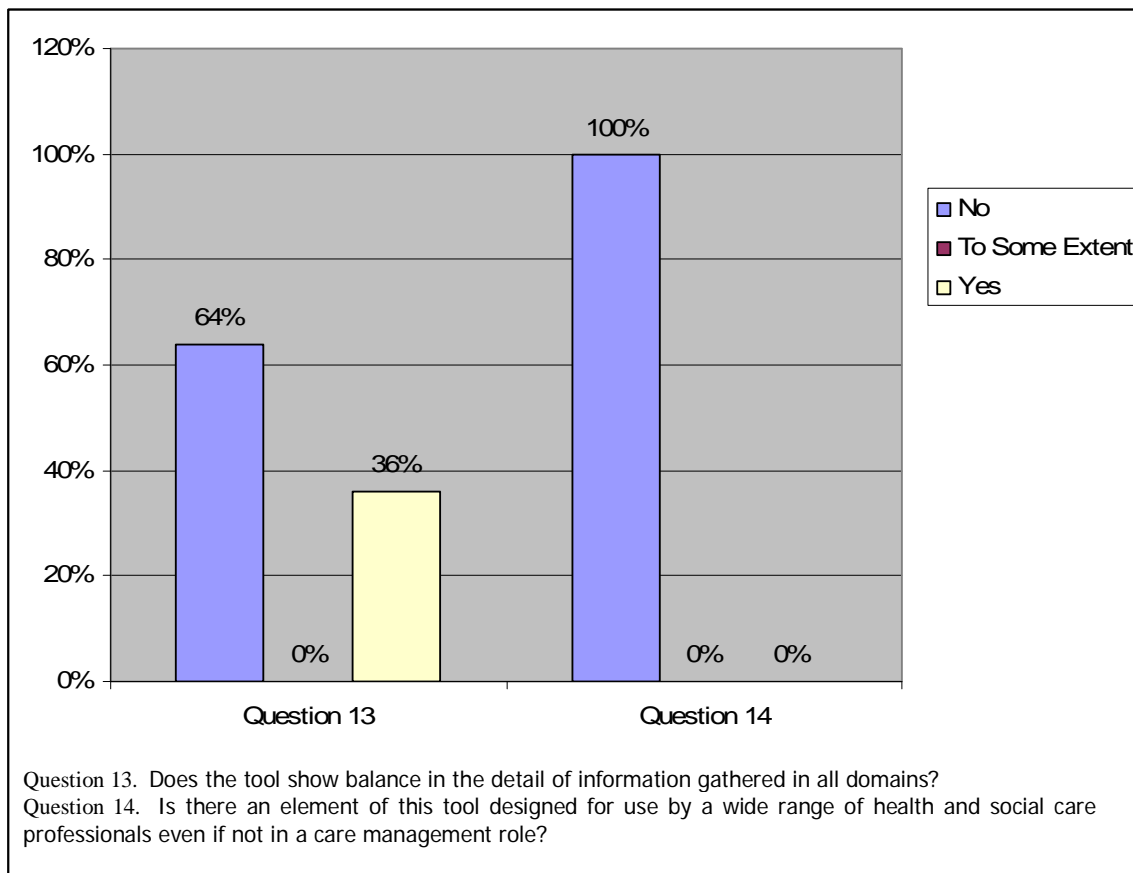


Figure 6. Percentage scores of questions relating to ‘Supporting integrated working and holistic assessment’

TABLE 6. Scoring of the questions relating to the validation of Older People Assessment tools

QUESTIONS		TRUST										
		A	B	C	D	E	F	G	H	I	J	K
13	Does the tool show balance in the detail of information gathered in all domains?	Yes	Yes	No	Yes	No	Yes	No	No	No	No	No
14	Is there an element of this tool designed for use by a wide range of health and social care professionals even if not in a care management role?	No	No	No	No	No	No	No	No	No	No	No

Application of consent guidance (question 15)

Eight out of eleven (72%) of the instruments explicitly captured the older person’s consent to share information. In three instruments (27%) consent was only sought from professionals regarding their willingness to share their assessments with others including the older person.

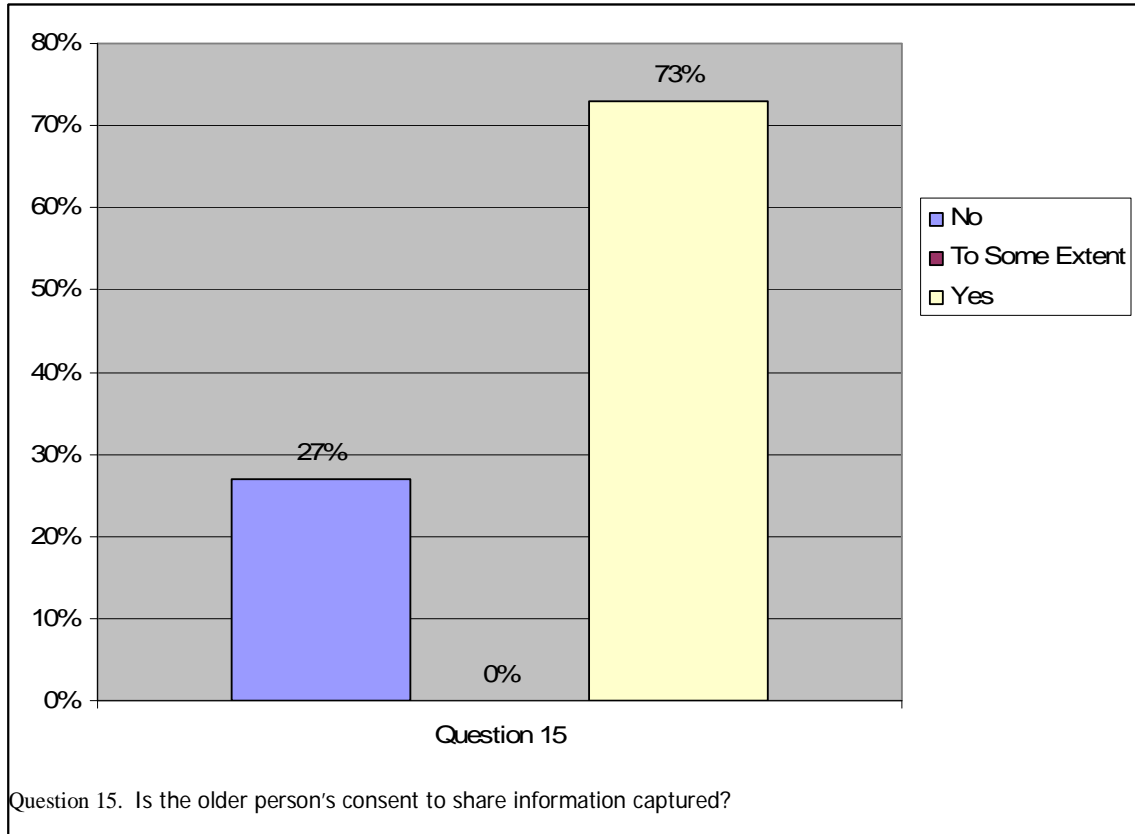


Figure 7. Percentage scores of questions relating to ‘Application of consent guidance’

TABLE 5. Scoring of the questions relating to the validation of Older People Assessment tools

QUESTIONS		TRUST										
		A	B	C	D	E	F	G	H	I	J	K
15	Is the older person's consent to share information captured?	Yes	Yes	No	No	Yes	Yes	No	Yes	Yes	Yes	Yes

Analysis of the fifteen Questions according to individual Trusts

An analysis was conducted to compare the grading of ‘yes’, ‘no’ and ‘To some extent’ across all the trusts. The findings are presented in Figure 8.

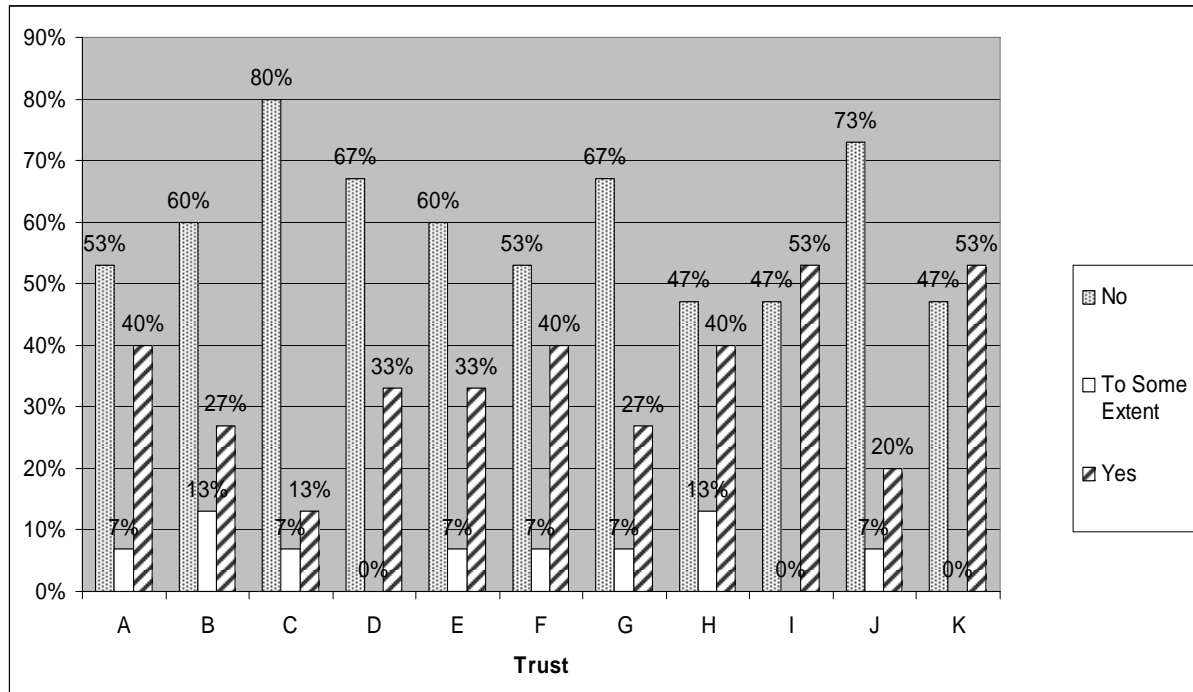


Figure 8. Trust scores according to the fifteen questions

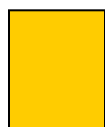
As Figure 8 shows the highest rated Trust assessment tool were Trusts I and K, achieving positive scores to over half (53%) of the fifteen questions. Both Trusts grading were identical. The lowest scored Trust was Trust C with at 80% of the questions being graded as ‘No’. There was considerable variability across the remaining eight Trusts.

No Trust effectively and comprehensively assessed Older People on all fifteen questions. Each Trust had its inherent strengths and weaknesses. Some Trust’s assessment instruments may be considered better than others. It can be extrapolated from this fact that the quality of assessment of older people can be dependent on the Trust in which the assessment is conducted.

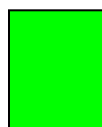
Table 3. Comprehensive coverage of the Northern Ireland Assessment Instruments

DOMAINS	TRUSTS	Trust A	Trust B	Trust C	Trust D	Trust E	Trust F	Trust G	Trust H	Trust I	Trust J	Trust K
User's Perspective		Moderate	High	Low	Moderate	Low	Moderate	Moderate	Moderate	Low	Moderate	Low
Clinical Background		Moderate	Moderate	Moderate	Moderate	Moderate	Moderate	Moderate	Moderate	Moderate	Moderate	Moderate
Disease Prevention		Low	Low	Low	Low	Low	Low	Low	Moderate	Low	Low	Low
Personal Care and Physical Well-being		High	Moderate	Moderate	Moderate	Moderate	Moderate	Moderate	Moderate	Moderate	Moderate	Moderate
Senses		Moderate	Moderate	High	High	Moderate	Moderate	Low	Moderate	Moderate	Moderate	Moderate
Mental Health		Moderate	Moderate	Moderate	High	Low	High	High	Moderate	Moderate	High	Low
Relationships		Moderate	High	Moderate	Moderate	Low	Moderate	Moderate	High	Moderate	Moderate	Low
Safety		Moderate	Moderate	Moderate	Moderate	Moderate	Moderate	Low	High	Moderate	Moderate	Low
Immediate Environment and Resources		Moderate	Moderate	Moderate	Moderate	Moderate	Moderate	High	Moderate	Moderate	Moderate	Low

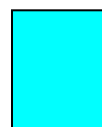
Scoring Key:



Low coverage



Moderate coverage



High coverage

Section 2 Domain Results

Domain coverage across all domains by all instruments showed an overall even spread in coverage. Almost a third (32%) of the 99 domains was scored as low and the same amount as high.

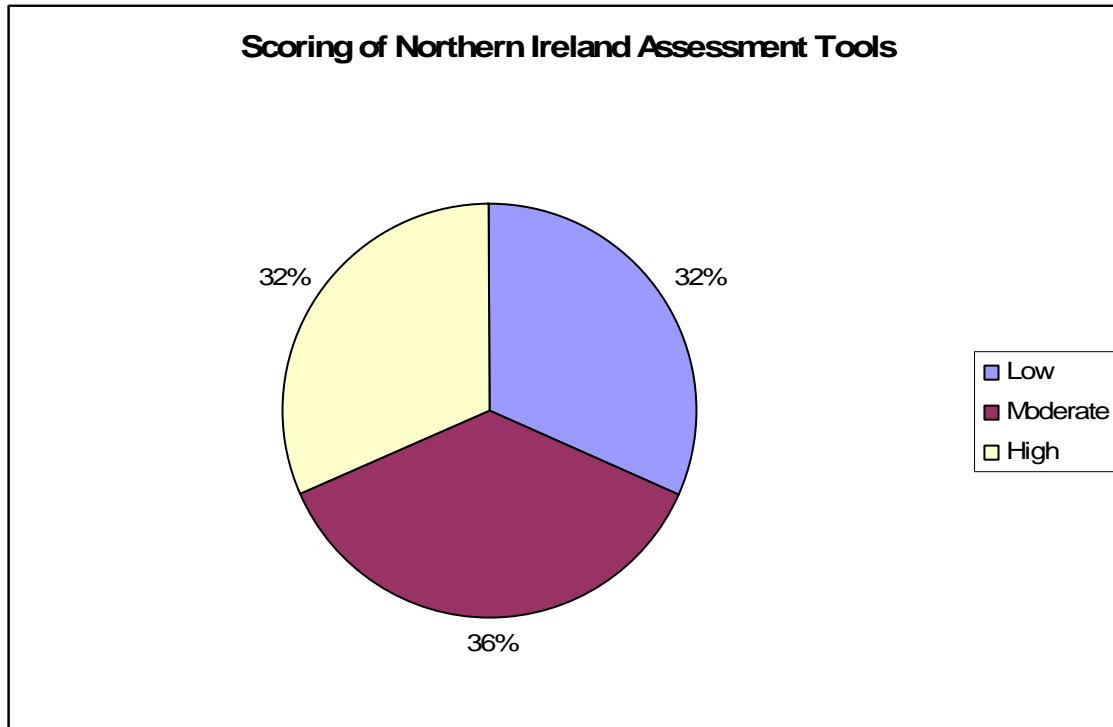


Figure 8. Domain coverage by all Northern Ireland Assessment instruments

The most comprehensively covered domains were concerning mental health, clinical background of the individual, the senses and personal care and well-being. Mental Health coverage includes the individual's cognitive abilities, dementia, depression and emotional difficulties. Figure 9 shows the percentage of Trusts coverage of the domain mental health. Clinical background refers to the medical conditions and diagnosis, history of falls; and medication. The Senses covered the individual's ability to effectively communicate. Personal Care and Well-being addressed the individual's ability to cope with the individual activities of daily living.

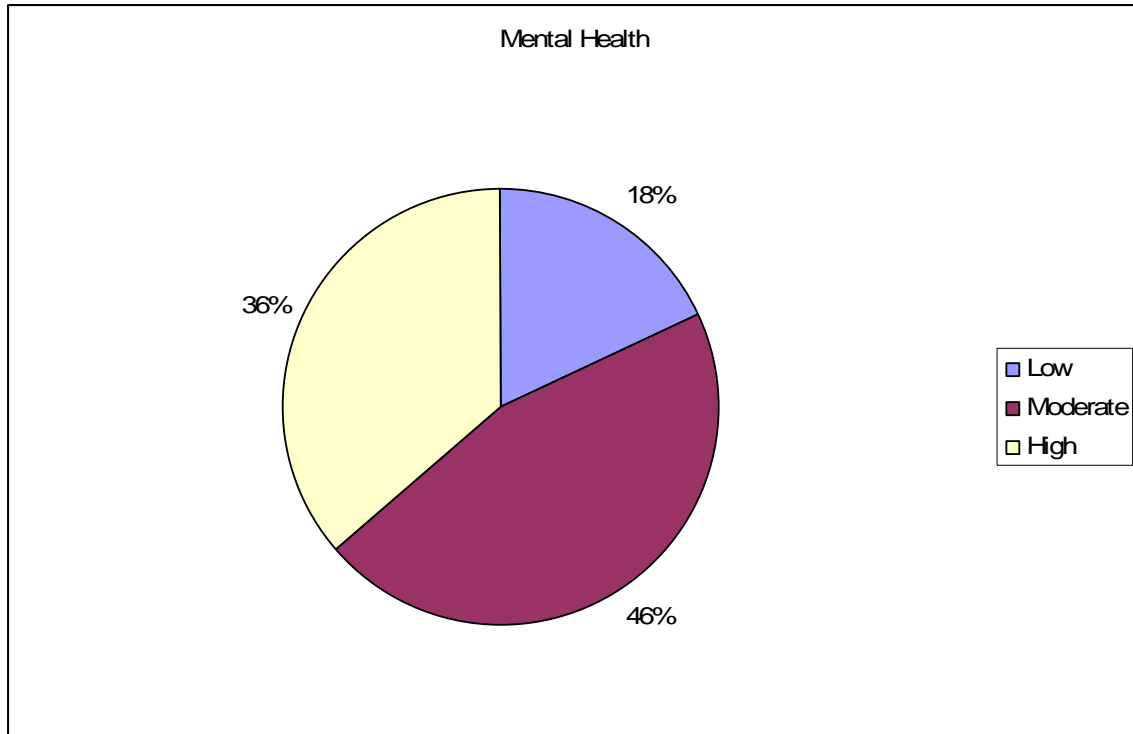


Figure 9. Coverage by all Northern Ireland Assessment instruments for the domain ‘Mental Health’

Interestingly the older person’s perspective was poorly measured by half of the Trusts involved in the study. Only one Trust comprehensively assessed the issues core to Person-centredness, that is addressing the needs and issues of the individual in their own words, the individual’s history, and the individual’s beliefs and life choices.

Disease prevention was poorly covered by all but one of the Trusts. This domain covered issues of disease history, nutrition and diet, smoking and drinking history. Almost all Trust (91%) scored low on their assessment of this domain (See Figure 10). Safety was also poorly covered, a domain that covered important issues of personal safety, abuse and neglect, and public safety.

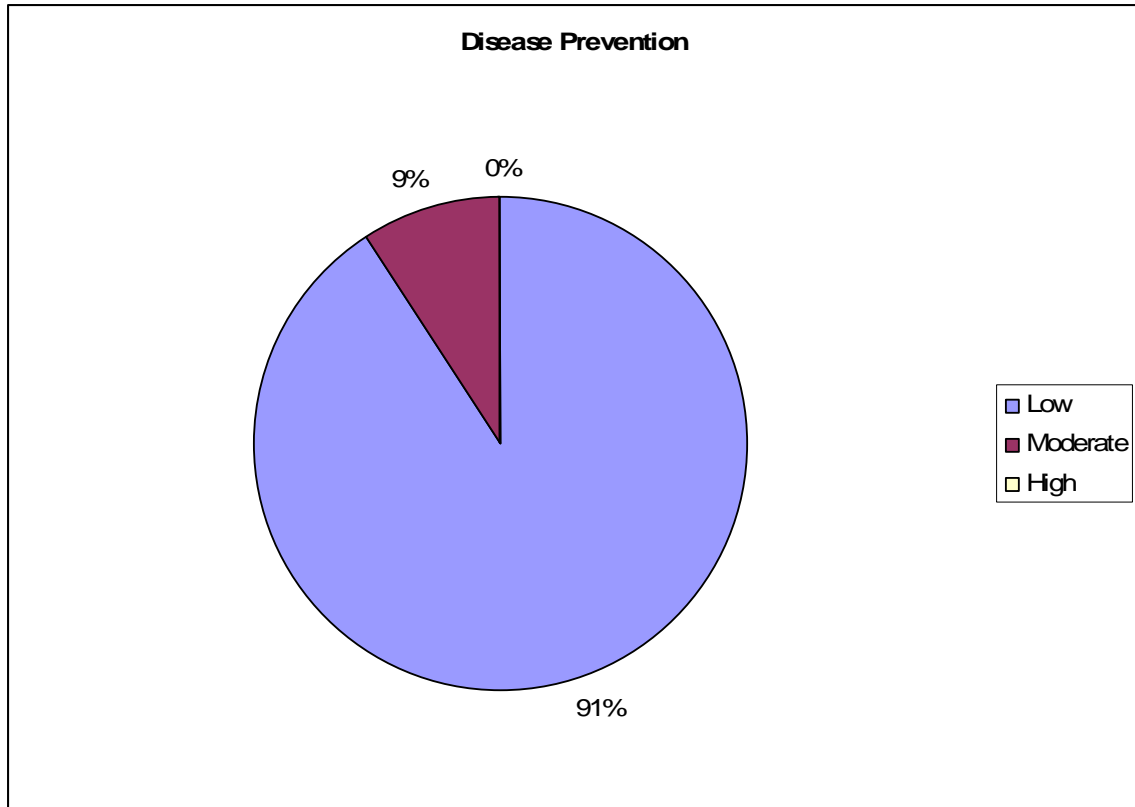


Figure 10. Coverage by all Northern Ireland Assessment instruments for the domain 'Disease Prevention'

Individual Trust Results

The Trust documents were anonymized and their coverage on each of the domains was classified as being low coverage, Moderate coverage or High coverage.

Almost a third (31%) of the domains were rated at a low level; fifty-seven percent were scored as moderate coverage; and 11% as comprehensive coverage. Trust H documentation was the most comprehensive instrument in coverage. It covered two of the nine domains very well and the remaining seven moderately well (see Figure 11).

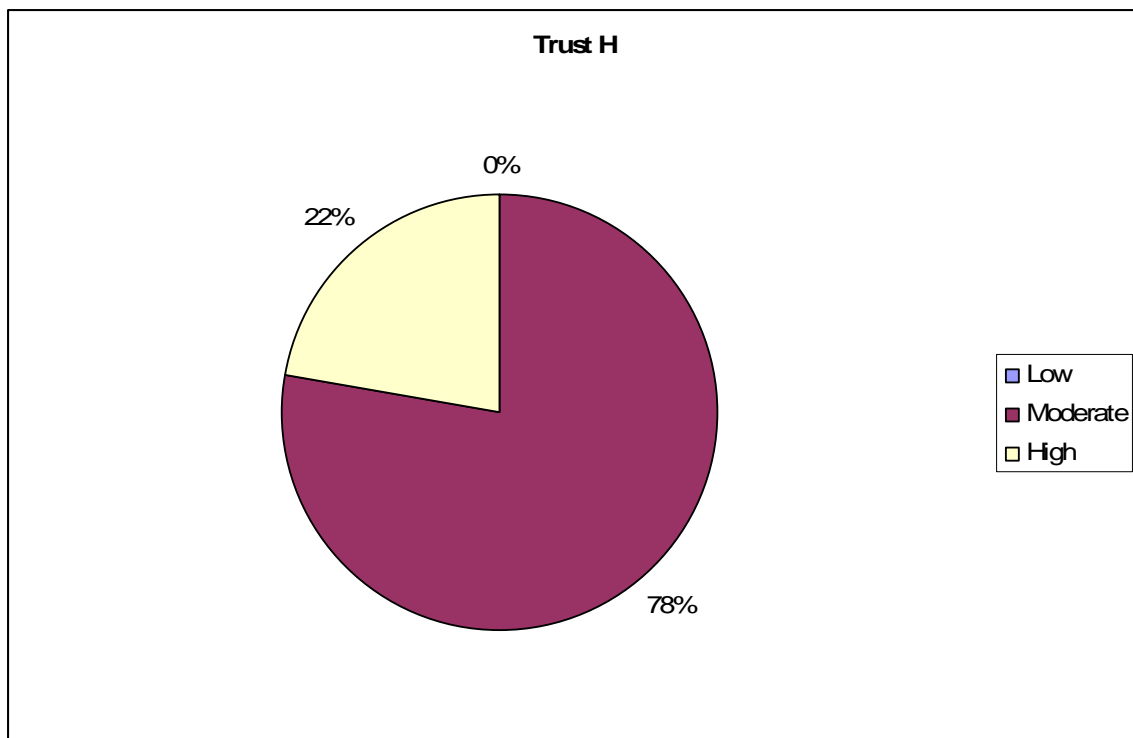


Figure 11. Coverage by Trust H assessment instrument against the 9 domains

Seven Trusts were classified as covering the assessment of the domains moderately well. That is the majority of the assessments of the domains were assessed at least at a moderate level. Two Trusts were rated as being the lowest of the eleven trusts yet they covered half of the domains at a sufficient level. Trust K was the lowest scoring with no

high coverage of any domains, and moderate coverage on a third of the domains (See figure 12).

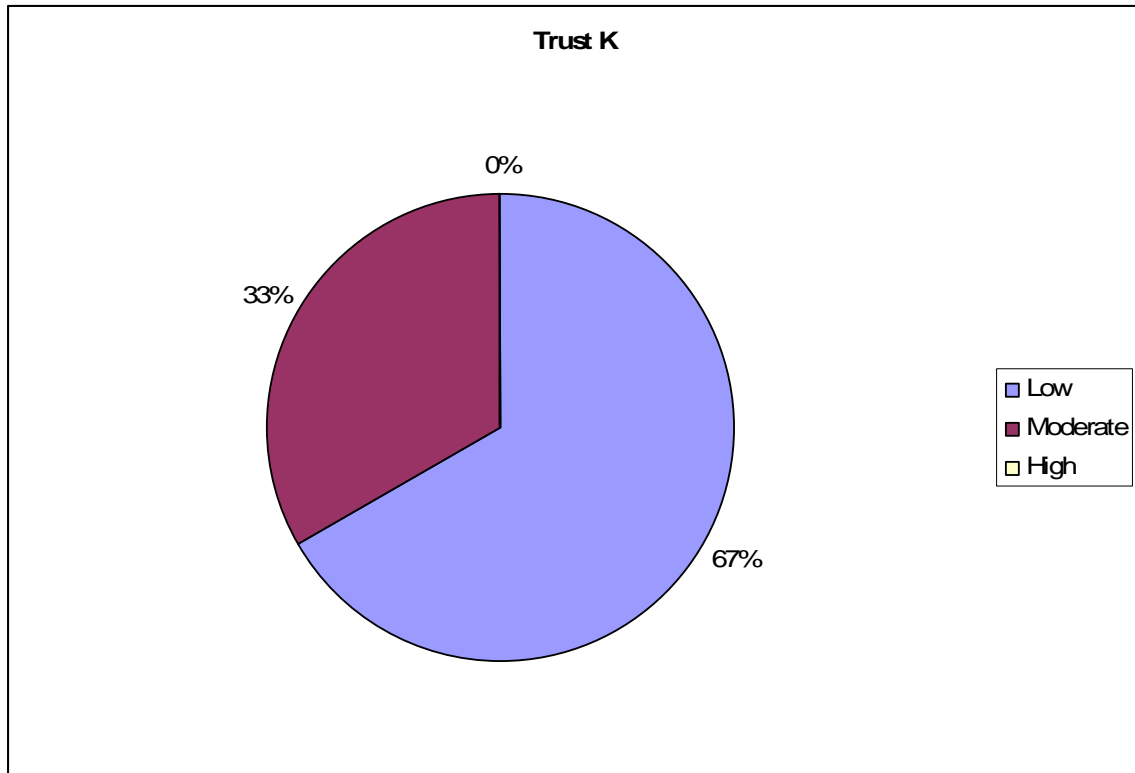


Figure 12. Coverage by Trust K assessment instrument against the 9 domains

Conclusion

All instrument gathered reflected good practice in relation to care management assessment. Documentation reflects guidelines and policy in place prior to recent Departmental guidance on good practice in assessment and the recommended content and structure of assessment instruments. The important conclusions to be drawn from this examination of assessment instruments are:

- In general assessment did not capture the perceptions of the older person regarding their health and social care needs or how their quality of life is affected by loss of ability
- The level of participation by the older person in their assessment was unclear, however where care plan were included in documentation, the views of the older person and their carer were recorded.
- Documentation indicated a strong professional and service-led approach with an emphasis on functional ability and assistance required with minimal focus on strengths, goals or health promotion.
- Documentation showed a considerable duplication in information gathered indicating an overburdening of assessment on the older person and a lengthy process for professionals completing this.
- The size of the majority of sets of instruments would certainly add to the complexity of the assessment process and the need for the care manager to interpret results of several reports where not relating and summarized specifically for care management
- There is considerable variability in the comprehensiveness of assessment coverage on all domains across the eleven trusts;
- There is considerable variability in the level of coverage on all nine domains within different Trust documentation.

The findings support the necessity for to develop a standardized instrument; standardized on the level of assessment on each domain and standardized across all trusts. This would promote a 'single assessment' process across Northern Ireland and help standardize training in the assessment of older people.

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