

Care Home Staffing Project

A revised questionnaire suitable for use in care homes for older people has been designed based on the Indicator of Relative Need (IoRN). The revised questionnaire has taken account of the increased dependency of residents of Care Homes, compared to the client group that the IoRN was designed for (living in the community); additional questions have been added to the original IoRN questionnaire. The questionnaire has been designed, tested and validated during the course of the study on over 3,300 care home residents.

Care Home Staffing Project Questionnaire

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Introduction

This guidebook contains all that is needed to conduct the Care Home Staffing Project interview.

It contains the questions with all the appropriate guidelines to help the interviewer to complete the interview.

In addition there are guidelines to the staffing estimate and any queries that may concern the staffing form.

Interview Preliminaries

This covers the preliminary administration that the interviewer must deal with before commencing the interview.

Initial Prompts

This covers the general guidelines for the interview and any additional emphasis required.

Questions

All the questions involved in the interview with guidelines for each one.

Staffing Estimate

This covers the details concerning the staffing estimate and how to complete it.

End of Interview

What to do once the interview is complete.

Glossary of Medical Terms

At the end there is a small glossary of terms that the interviewer may come across.

Interview Preliminaries

Now once you are settled and your laptop has been set-up with Excel open. Ask:

Do you have the form we sent?

This will have the codes for each resident with details of the residents sex, age and whether they are there for respite care. Enter all these details from the form. Confirm any vacancies on the day and whether any of the residents are currently in hospital or not.

Have all the residents been here for all of the past seven days?

If some of them have not do not include them in the interview.

Do you have the staffing information?

Work your way through the staffing form. You need to confirm that all members of staff have been entered and that all the information concerning them is complete and clear.

- If there are any uncertainties in what the data means make notes concerning them.*
- If there are missing data make sure they cannot get that data from other sources.*
- Where there are sessional workers find out how much they are paid overall.*
- Delineate management time from care time if the managers do both.*
- Make a note of any abbreviations that are used.*

Initial Prompts and Guidelines

Once you are set up and ready give them the general guidelines card for them to read say:

I'll give you some time to read over the guidelines.

Then once they have read them:

The following questions are all multiple choice. When you have read the question I will read through the codes and if you just give me the number or number and letter. If there are any queries just ask.

Then re-iterate:

Remember these questions are over the last seven days and that the questions are based on the resident's health and social care needs drawing on mental health as well as physical needs

Then hand them the first card and begin the interview.

Make sure you concentrate on the answers and always query the number if you have misheard it or missed it for whatever reason.

If you are asked a query:

- Listen fully to what they are saying.*
- Ask questions to clarify what they are telling you.*
- If you know the answer then explain what you think.*
- If they agree put that answer but make a note if you are at all unsure.*
- If you don't know the answer look at the guidelines.*
- If all else fails make notes and deal with it when you return to the office.*

General Guidelines

- **It is important that you know the residents well, that's why we ask the questions over the last seven days. So if you just think about the last seven days with each question.**
- **Please respond to these questions based on your professional judgement as to the resident's ability to perform the task regardless of whether or not the opportunity exists for them to do so or whether or not they choose to do so.**
- **The responses to the questions are in no particular order therefore do not assume that dependency scores increase as you go down the list.**
- **Answer the questions based on the resident's health and social care needs drawing on mental health as well as physical needs.**
- **If resident's needs fluctuate between two differing categories, choose the one that has applied most often out of the last 7 days.**

Question 1 – Eating

This question relates to a resident's ability to obtain appropriate nutrition. When eating a meal, the resident:

- 1 – Eats without help, prompting or assistance with or without using special/adapted utensils**
- 2 – Eats with some help to modify the texture or size of the food OR Eats with encouragement, prompting or supervision**
i.e. needs food cutting up, pureeing, does not generally need physical help but needs someone present in order to perform the task, because the resident lacks confidence/motivation
- 3 – Requires complete assistance OR Receives nutrition by tube or infusion**
i.e. needs physical assistance from another person in bringing utensils to the mouth or is fed by gastrostomy, intravenously or by syringe

Guidelines

This question relates to a resident's ability to obtain **appropriate nutrition**.

Select 1:

- If the resident eats using ordinary utensils or adapted utensils without help, prompting or supervision, even if the meal must be prepared by someone else.

Select 2:

- If the resident requires food to be cut up or its consistency to be modified in order to eat.
- If the resident has difficulties eating a meal because of frailty, disability or lack of awareness and so requires prompting supervision and guidance.
- If the resident needs staff to give an initial prompt to start eating a meal but then needs little further help with the meal.
- If the resident needs frequent prompts to encourage them to continue to eat, or repeatedly needs to be encouraged to sit down at the table.

Select 3:

- If the resident requires physical assistance in bringing utensils to the mouth.
- If, because of injury, disability or illness, the resident must receive nutrition intravenously, by gastrostomy or by syringe.
- If the resident will not eat.

Question 2 – Transferring Position

When transferring from a position of lying down to a position of sitting in a nearby chair or wheelchair the resident...

1 – Transfers independently and safely with or without using equipment or adaptations

e.g. bed assist rail, adapted chair, selected chair

2 – Needs the physical assistance OR Encouragement, prompting or supervision of one person

i.e. needs observation because of lack of awareness or risk/fear of falling or needs equipment or adaptation set up or its use supervised

**3 – Needs the physical assistance of two or more people
OR**

Does not transfer from bed to chair

e.g. confined to bed

Guidelines

This question relates to a resident's ability to transfer from a position of lying down to a position of sitting in a nearby chair.

Select 1:

- If the resident is able to transfer independently and safely with or without the use of any equipment or adaptations, e.g. bed assist rail, specially adapted chair.

Select 2:

- If the resident requires physical assistance from one person, irrespective of whether equipment is required.
- If the resident requires encouragement, prompting or supervision, but does not require physical assistance.
- If the resident uses any equipment or adaptation that requires one person to set it up or to supervise its use.
- If the resident requires observation because of a risk or fear of falling.
- If the resident has difficulties transferring because of frailty, disability or lack of awareness.

Select 3:

- If the resident requires the physical assistance of two or more people, irrespective of whether equipment is required.
- If the resident is confined to bed and/or does not sit in a chair because of illness, injury or physical disability.

Question 3 – Moving Location

When moving from one location to another within the home or from bedroom to the lounge the resident...

- 1 – Moves independently and safely with or without using equipment or adaptations**
e.g. stick, walking frame, calliper, wheelchair

- 2 – Needs the physical assistance OR Encouragement, prompting or supervision of one person**
i.e. needs an initial prompt or supervision because of lack of awareness or risk/fear of falling or needs equipment or adaptation set up but no further help.

- 3 – Requires the physical assistance of two or more people OR Does not move location**
e.g. confined to bed

Guidelines

This question relates to a resident's ability to move around the home.

Select 1:

- If the resident is able to move independently and safely with or without the use of any equipment or adaptations, e.g. stick, walking frame, calliper or wheelchair (manual or electric).

Select 2:

- If the resident requires physical assistance from one person, irrespective of whether equipment is required.
- If the resident requires encouragement, prompting or supervision, but does not require physical assistance.
- If the resident uses any equipment or adaptation that requires one person to set up or to supervise its use.
- If the resident requires observation because of a risk or fear of falling.
- If the resident has difficulties transferring because of frailty, disability or lack of awareness.

Select 3:

- If the resident requires the physical assistance of two or more people, irrespective of whether equipment is required.
- If the resident is confined to bed and/or does not move in a chair because of illness, injury or physical disability.

Question 4 – Toileting

This does not include moving to the toilet/commode OR continence.

When using the toilet/commode (transferring on and off, adjusting clothing and attending to perineal hygiene) the resident...

1 – Is independent with or without a catheter, colostomy or continence pad

e.g. raised toilet seat, hand rails

2 – Needs physical assistance, complete assistance OR Encouragement, prompting or supervision from one person

i.e. performs majority of the tasks, needs some assistance in transferring or adjusting clothing, positioning continence pad or needs an initial prompt or supervision because of lack of awareness or risk/fear of falling or needs equipment or adaptation set up but no further help.

3 – Requires complete physical assistance from two or more people OR Does not use the toilet OR Requires assistance to manage their catheter or colostomy

Guidelines

This question relates to a resident's ability to use a toilet or commode.

Select 1:

- If the resident is able to use the toilet or commode independently with or without the use of any equipment or adaptations, e.g., raised toilet seat, handrails, etc. This includes those residents who independently manage a catheter or colostomy or continence pads.

Select 2:

- If the resident requires minimal physical assistance from one person to use the toilet or commode, but performs the majority of the tasks themselves, e.g., if the resident needs a small amount of assistance in transferring on and off the toilet, or in adjusting clothing (including positioning of continence pad).
- If the resident requires encouragement, prompting or supervision to use the toilet or commode because of a lack of motivation, fear of falling, confusion or memory loss, but does not require physical assistance.
- If the resident uses any equipment or adaptation that requires one person either to set it up or to supervise its use.
- If the resident has difficulties using the toilet because of frailty, disability or lack of awareness.

Select 3:

- If the resident requires complete assistance with all aspects of using the toilet.
- If the resident does not use the toilet or alternative receptacle because of physical disability or injury, or because they require assistance to manage their catheter or colostomy or continence pad.

Question 5 – Dressing

Is the resident able to put on, take off, secure and unfasten all garments in an appropriate manner including following the use of the toilet, putting on and taking off braces, artificial limbs or other surgical appliances...

1 – Dresses without difficulty with or without using equipment or an adaptation
e.g. hand rails, shoe horn

2 – Needs physical assistance, complete assistance OR Encouragement, prompting or supervision from one person

i.e. needs physical help with one or more aspect of the task (e.g. putting on socks, fastenings) or needs someone present in order to start the task, because the person lacks confidence/ motivation or has a fear of falling or other anxiety or has forgotten how to perform the task.

3 – Requires complete physical assistance from two or more people

i.e. needs physical help with one or more aspect of the task due to disability even if it is minimal, or does not perform the task because of disability

Guidelines

This question relates to a resident's ability to dress appropriately.

Select 1:

- If the resident is able to dress independently with or without the use of any equipment or adaptations, e.g., handrails, etc.

Select 2:

- If the resident has difficulty with one aspect of the task (e.g., putting on socks and shoes), even if they have no difficulty with another aspect (e.g., putting on trousers or shirt).
- If the resident lacks confidence or motivation to perform the task, but is able to do so when prompted or encouraged. This includes, for example, someone who requires clothing to be laid out for them, but is able to dress themselves once this has been done.
- If the resident will not perform the task without someone present because of a fear of falling, a phobia or other anxiety disorder.
- If the resident has forgotten how to perform the task, or is unable to perform it *safely* because of cognitive impairment or confusion.

Select 3:

- If the resident requires physical assistance or support from others (for whatever reason), even if it is minimal.
- If the resident requires physical assistance for one aspect of the task (e.g., putting on socks and shoes), even if they require no assistance for another aspect (e.g., putting on trousers or shirt).
- If the resident does not perform the task because of disability.

Question 6 – Incontinence

Which of the following statements have applied to this resident in the last 7 days...

The resident is incontinent of urine:

A1 – Never

A2 – More than once a week but not daily

A3 – Once in each 24-hour period

A4 – Two or three times in each 24-hour period

A5 – Four times or more in each 24-hour period

The resident is incontinent of faeces:

B1 – Never

B2 – More than once a week but not daily

B3 – Once in each 24-hour period

B4 – Two or three times in each 24-hour period

B5 – Four times or more in each 24-hour period

Guidelines

What if incontinence pads are worn?

What would happen if there was no intervention?

What if the resident is catheterised/? has a urosheath?

How often is the resident actually wet? e.g. has it bypassed?

Deliberate wetting?

Count as wetting. Point out that the question asks how often they are actually wet irrespective of why this happens.

How would you classify dribbling?

Is it sufficient to cause a change of clothes or attention? If yes then counts as wetting.

What if the residents are regularly taken to the toilet and therefore don't soil themselves?

How often do they actually soil themselves?

Deliberate soiling?

Counts as soiling.

How would you classify slight soiling of clothes or attention?

Is it sufficient to cause a change of clothes? If yes, then counts as soiling.

What if the residents are given suppositories and only soil themselves after having them? why

Point out that the question asks how often the resident soils themselves irrespective of this happens.

What if the respondent raises a query about rectal medication?

Point out that the question is only about soiling but do take a note of the medication.

What if the resident has a colostomy/ileostomy?

Although this question is quite separate from that of toileting, if a resident has a stoma, colostomy or ileostomy that is malfunctioning or leaking causing incontinence, the appropriate response

should be made above.

Mental Health Guidelines

At this stage give them these Guidelines emphasis the change in timescale from seven days to thirty days.

- **The next set of questions refer to the last four weeks rather than seven days.**
- **The responses to the questions will clearly be subjective in nature. However, in all cases, they should be based on the professional judgement of the respondent.**
- **If a resident presents a particular behaviour, please indicate this. In some cases, the presentation of certain behaviours may not pose a problem to the resident or others.**
- **Indicate the frequency with which the behaviour is presented, irrespective of whether it poses a problem to the resident or to others**
- **Please remember that these questions are over the last four weeks. If a resident has been living in the care home for less than four weeks, please give the most appropriate answer based on the time since the resident moved into the home.**
- **Focus only on the last four weeks, even if the person has displayed certain behaviours frequently in the past, but not in the last four weeks. It is recognised that the successful treatment and management of certain mental illnesses may result in a reduction in the frequency of some behavioural problems.**

Question 7 – Verbal Aggression

Is the resident verbally aggressive towards other people, animals or objects...

1 – Never, or less than three times in the last four weeks

2 – More than once a week but not daily

3 – Once a day, on average

4 – More than once a day

5 – Throughout the day

Guidelines

Question 8 – Co-Operation

Is the resident uncooperative or resistant to help with their care...

Such as:

- refusal to co-operate with their care
- being consistently unavailable at the time the care is due to be delivered
- or because of cognitive impairment and/or confusion will only co-operate with treatments/interventions such as medications when given repeated explanation and encouragement

1 – Never, or less than three times in the last four weeks

2 – More than once a week but not daily

3 – Once a day, on average

4 – More than once a day

5 – Throughout the day

Guidelines

Resistiveness may include not only a resident's active refusal to co-operate with their care, but also to situations where a resident apparently agrees to receive care, but then is consistently unavailable at the time the care is due to be delivered or who because of cognitive impairment and/or confusion will only co-operate with treatments /interventions such as medications when given repeated explanation and encouragement.

Question 9 – Risk

Has the resident's behaviour constituted a risk of harm to themselves or others including dangers relating to accidental explosion, fire, poisoning (including medication, food), scalding, disorientation in the home, wandering, absconding, falls, inappropriate sexual behaviour, abuse (e.g. emotional, verbal, physical, financial, sexual) etc...

- 1 – Never, or less than three times in the last four weeks**
- 2 – More than once a week but not daily**
- 3 – Once a day, on average**
- 4 – More than once a day**
- 5 – Throughout the day**

Guidelines

Question 10 – Immediate Intervention

Have there been episodes of a problem behaviour so severe, risky or disruptive that care staff have had to drop what they are doing to intervene immediately including accidental explosion, fire, poisoning (including medication, food or carbon monoxide poisoning), scalding, wandering, absconding, falls, inappropriate sexual behaviour, abuse (e.g. emotional, verbal, physical, financial, sexual) etc...

- 1 – Never, or less than three times in the last four weeks**
- 2 – More than once a week but not daily**
- 3 – Once a day, on average**
- 4 – More than once a day**
- 5 – Throughout the day**

Guidelines

End Of Interview

Now that the interview is over

Double check that you have the staffing form, that all questions have been answered, that the staffing estimate has been completed and that all the details from the resident form has been added to the spreadsheet.

Now you can ask them if they feel the SCRUGs or IoRN group fits the pattern of dependency in the home.

Make sure that they will keep the form with the codes on so that they can be referred to if need be.

Then you can let them know that they will receive feedback in the form of a listing with the questions for each resident and staffing details with number of staff in each grade with the hours worked. This is so they can double-check the results and that they are happy with them.

After that you can tell them that they will receive a feedback report containing the information we have collected that day.

Glossary Of Medical Terms

Gastrostomy

Is an operation on the stomach to make an opening from the front of the abdomen into the stomach so that fluid food can be passed into the organ. Such an operation is usually necessary because the patient has lost the ability to swallow following a stroke. The care staff will be required to pour the feed into the tube with appropriate regard to precautions and method, or to prime and monitor a machine for this purpose.

Nasogastric Tube

A small plastic or rubber tube passed into the stomach through the nose, down the back of the throat. It is used to pass food or drugs into the stomach. As with the gastrostomy, the care staff will be required to pour the feed into the tube with appropriate regard to precautions and method, or to prime and monitor a machine for this purpose.

Colostomy

Creates an artificial opening into the bowel to act as an artificial anus, which allows the bowel to function when there is an obstruction or disease in the colon or rectum.

Catheter

Is a hollow tube that is passed along the urethra into the bladder. It draws off urine in the management of incontinence and loss of bladder control.

Stoma

An opening constructed when the bowel has to be brought to the skin surface to convey gastrointestinal contents to the exterior. The stoma is drained into a disposable plastic bag. (See colostomy: also used as a means to drain the bladder).

Look-up table for staff mix suggested by number of weighted residents

To Add – table