

Older people in care homes

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Published: 18 February 2015

Introduction

This briefing summarises NICE's key recommendations for local authorities and partner organisations on the health and care of older people in care homes. It also highlights relevant quality standards. It is particularly relevant to health and wellbeing boards, scrutiny panels, councillors and adult social care commissioners.

The term 'care home' includes all residential and nursing homes registered with the Care Quality Commission where mainly older people live. Because some younger people may also live in these homes, parts of this briefing may also apply to them.

For the purposes of this briefing, 'older people' are defined as people who need social care support, primarily as a result of the ageing process.

Local authorities have a key role in the integration of health and care services in their local communities. The advice and associated links provided in this briefing will help with work towards person-centred, integrated care.

Note: this briefing is limited to some of the key areas where NICE guidance and quality standards are currently available. It does not include other sources of information that might be relevant. Other related NICE guidance can be found on the [NICE website](#).

Care homes – background

Local authorities have a range of responsibilities towards care home residents, both as commissioners of services (with a 'duty of care' towards those residents) and as a result of general statutory safeguarding and wellbeing duties under the [Care Act 2014](#). This applies whether or not they run the homes themselves and regardless of whether a resident pays their own fees or not (Care Act 2014 Section 1).

Older people often move to a care home as a result of a crisis, with no preparation and little or no planning. Even when someone needs a lot of support they can have a 'positive life' in a care home or elsewhere and managers of older people's care homes can learn from the care provided in other care settings (see the Joseph Rowntree Foundation's [Older people's vision for long term care](#) and [Learning for care homes from alternative residential care settings](#)).

The National Institute for Health and Care Excellence (NICE) is an independent organisation providing guidance and advice to improve health and social care.

For further information on how to use this briefing and how it was developed, see [about this briefing](#).

What can local authorities achieve by helping to improve the health and wellbeing of older people in care homes?

Ensure wellbeing and safeguarding responsibilities are met

Provide meaningful, person-centred activities

The Department of Health's 2014 [fundamental standards for health and social care providers](#) emphasise the importance of person-centred care, including the provision of 'meaningful' activities that promote mental stimulation and can improve general health.

Such activities can also help avoid challenging behaviours. As the North West Dementia Centre 2005 paper on [activities in care homes for people with dementia](#) states: 'Everyone has an inbuilt need to participate in activity and what we do makes us who we are.'

In addition, providing meaningful activities can help ensure local authorities meet their safeguarding responsibilities, as a lack of meaningful activity can often be part of a wider pattern of neglect.

Reduce medication errors

Policies to ensure the safe, effective use of medicines will help reduce medication errors – a major source of concern in the care home sector ([The state of health and adult social care in England 2012/13](#) Care Quality Commission). This will not only improve the health and wellbeing of residents, but will help care homes meet:

- Care Quality Commission requirements.
- Adult Social Care Outcomes Framework indicators, particularly on 'people who use services and feel safe' (4A) and 'people who say that the services they use make them feel safe and secure' (4B). (For more details on this framework, see later in this section).

Monitor for malnutrition

Malnutrition affects over 10% of people over the age of 65 ([Malnutrition among older people in the Community: policy recommendations for change](#) European Nutrition for Health Alliance). Without proper care and attention, older people in care homes can develop malnutrition and this can lead to a hospital admission. Care homes need to be aware of the need to provide residents with a balanced, healthy diet and to be aware of the signs of malnutrition.

Prevent falls

Falls and fractures among people aged 65 and over account for over 4 million hospital bed days each year in England alone ([Falls prevention exercise: following the evidence](#) Age UK). The associated healthcare costs are estimated at £2 billion per annum.

Falls resulting in injury are the leading cause of accident-related mortality among older people. After a fall, an older person has a 50% chance of having seriously impaired mobility and a 10% chance of dying within a year.

Reduce healthcare-related infections

Older people in care homes are particularly susceptible to contracting infections such as urinary tract infections ([Optimal management of urinary tract infections in older people](#) Beveridge et al. 2011). Good care and good infection control can significantly reduce the risk and impact of infections occurring.

Avoid delirium and monitor for depression

Delirium is a common and serious illness among people in care homes and can arise from a variety of causes including dehydration, constipation and infections.

Delirium often shows as confusion, difficulties with understanding and memory, or personality changes. It usually develops over 1 or 2 days and is usually temporary – and can be prevented and treated if dealt with urgently.

Older adults in care homes can also be subject to other mental health conditions. Depression, for example, can be a significant problem, particularly among people with chronic physical health conditions. But it is not an inevitable consequence of getting older and, once recognised, can be overcome with the right support.

Reduce the costs of care

The Department of Health's [National Dementia Strategy](#) identified that a third of people with dementia live in care homes and at least two-thirds of all people living in care homes have a form of dementia. Objective 11 of that strategy is 'Living well with dementia in care homes'.

A research project undertaken for the Alzheimer's Society ([Home from home](#)) identified the need for higher staffing levels and more staff training to deal with the levels of aggression that they may sometimes face from people with dementia in care homes. This clearly has an effect on costs – as does the level of staff injuries incurred. Keeping residents fit, well and mentally alert increases their independence and reduces the level of support that they require.

Local authorities may be involved in a number of safeguarding investigations, all of which can be costly: over a third of all adult abuse alerts arise in care home settings. In 2012/13, for example, this amounted to more than 39,000 investigations ([Abuse of vulnerable adults in England 2012–13: experimental statistics final report](#) The Health and Social Care Information Centre).

Improving the health and wellbeing of people in residential care will help reduce these investigations and the subsequent costs.

Help tackle inequalities

Help people retain their independence and identity

Supporting care home residents to go at their own pace and participate in activities they enjoy is part of helping them retain their independence and identity. Respecting their right to make their own decisions (unless they lack capacity) for example, in relation to medication, is also part of this process.

It is also important to recognise that residents come from a wide variety of backgrounds and support their diverse needs.

The Department of Health white paper [Caring for our future; reforming care and support](#) emphasised the importance of 'people maintaining their independence as much as possible and for as long as possible'. Supporting people to do this will become a duty for local authorities under the [Care Act 2014](#).

Support people with dementia

Ensuring residential homes recognise and support diversity, for example, by providing adequate provision for people with dementia, will help local authorities meet their obligations under equalities legislation.

The public sector equality duty (established by the [Equality Act 2010](#)) includes a requirement that all public bodies consider how different groups of people (including disabled people with 'a substantial physical or mental impairment') will be affected by their policies and services.

Meet indicators in the Adult Social Care Outcomes Framework

Providing a regular daily programme of meaningful group and individual recreational and physical activities, and reducing medication errors, can help ensure local authorities meet some

of the key indicators in the Adult Social Care Outcomes Framework. In particular, the outcomes on:

- social care-related quality of life (1A)
- service users with control over their lives (1B)
- service users with as much social contact as they would like (1I)
- people who use services and feel safe (4A)
- people who say that the services they use make them feel safe and secure (4B).

What NICE says

This section highlights NICE's recommendations, including those used to develop NICE quality standards, most relevant to the care of older people in care homes published up to February 2015. Following these recommendations and quality standards will help you make the best and most efficient use of resources to improve the health of people in your area.

Local authorities and other bodies involved with commissioning or delivering services are advised to read them in full by following the links below to NICE's pathways on:

- [dementia](#)
- depression ([care for adults with depression](#))
- [managing medicines in care homes](#)
- [mental wellbeing and older people](#)
- [nutrition support in adults](#)
- [falls in older people](#)
- [prevention and control of healthcare associated infections.](#)

The links below are to recommendations and quality statements that are particularly relevant to supporting older people in care homes.

Set clear policies and plans for older people in care homes

- Ensure care home policies cover all the activities offered to older people. They should respect their rights and the rights of their families and recognise diversity. See NICE's pathway on dementia for:
 - [principles of care](#) (the principles apply to all older people living in residential care)
 - [promoting choice](#) (the principles on choice are particularly important when considering mental capacity and the deprivation of liberty)
 - [promoting independence and maintaining function](#).
- When commissioning or refurbishing care homes, ensure the design follows the principles outlined in [living arrangements and care home placements](#) (see NICE's pathway on dementia).
- Ensure care homes have a planned programme of activities (see [providing regular sessions based on occupational therapy principles to aid daily routines and activities](#) in NICE's pathway on mental wellbeing and older people).
- Make it a condition of contracts that care homes have policies for the safe and effective use of medicines, developed in close collaboration with their local clinical commissioning group (see [developing a medicines policy](#) and [medicines related incidents and safeguarding in care homes](#) in NICE's pathway on managing medicines in care homes).
- Use the quality statement on [assessment and personalised care plans](#) from NICE's dementia quality standard to ensure people in care homes with dementia have an assessment and an ongoing personalised care plan.

Ensure older people in care homes retain their independence and identity

- Ensure care plans include:
 - consistent and stable staffing
 - retaining a familiar environment

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- minimising relocations
 - flexibility to accommodate fluctuating abilities
 - assessment and care-planning advice about independent toileting skills
 - support to allow people to go at their own pace and participate in activities they enjoy.

See [promoting independence and maintaining function](#) in NICE's pathway on dementia.

- Anticipate and manage risk and behaviour that challenges. See NICE's pathway on dementia, specifically:
 - [interventions for non-cognitive symptoms and behaviour that challenges](#)
 - [non-pharmacological interventions](#)
 - [pharmacological interventions](#)
 - [behaviour that challenges requiring urgent treatment](#).
- Assume residents can look after and administer their own medication unless there are clear indications otherwise. See NICE's pathway on managing medicines in care homes for:
 - ways that care homes can [support residents to make informed decisions](#) about medicines
 - how to [help residents to take their medicines themselves](#)
 - how to involve residents in their [medication review](#)
 - [prescribing for residents](#)
 - plans for [when residents are away from the care home](#).
- Provide occupational therapy and opportunities for exercise, along with information on health and personal care. See NICE's pathway on [mental wellbeing and older people](#).
- Use the quality statement on [personal identity](#) from NICE's mental wellbeing in care homes quality standard to ensure residents can maintain and develop their personal identity.

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- Provide a regular daily programme of meaningful group and individual recreational and physical activities, tailored to meet individual needs, as outlined in the [mental wellbeing of older people in care homes](#) quality standard.
 - After a [multifactorial falls risk assessment](#) ensure the recommended [interventions](#) are followed and residents are offered [falls education and information](#). See NICE's pathway on falls in older people.

Work with residents to deliver person-centred care

- Ensure care is person-centred. It should:
 - take into account the person's needs and preferences
 - involve family members and carers
 - promote choice and control
 - not discriminate (that is, not exclude people with dementia from services to which others might have access)
 - involve the person in care planning
 - take account of the person's lifestyle
 - take account of the effect of dementia on relationships.

For details see [support residents to make informed decisions](#) and [record-keeping and sharing information](#) in NICE's pathway on managing medicines in care homes. Also see [promoting choice](#), [providing support](#) and [integrated and coordinated care and service provision](#) in NICE's pathway on dementia.

- Ensure staff training emphasises the importance of person-centred care. See [training for those working with older people in primary, community and residential care](#) in NICE's pathway on mental wellbeing and older people. Also see [providing support](#) in NICE's pathway on dementia.
- Use the quality statement on [participation in meaningful activity](#) from NICE's mental wellbeing in care homes quality standard to ensure older people in care homes can choose the activities they take part in.

Provide equal access to services

- Ensure older people receive equal treatment and equal access to services. For example, do not exclude people with dementia from services because of their diagnosis. See [principles of care](#) in NICE's pathway on dementia.
- Use the quality statements on [recognition of mental health conditions](#), [recognition of sensory impairment](#) and [recognition of physical problems](#) from NICE's mental wellbeing in care homes quality standard to ensure the symptoms and signs of mental, sensory and physical health conditions are recognised. These should be recorded as part of the resident's care plan.
- Use the NICE quality statement on [access to healthcare](#) from NICE's mental wellbeing in care homes quality standard to ensure older people in care homes have access to the full range of healthcare services when they need them.

Ensure residents are safe

- Ensure there are clear [processes for safeguarding and handling medicines errors](#) and to [report and record safeguarding and medicines-related incidents](#) (such as missed medication). This includes a process for consulting qualified health staff when errors have occurred. See NICE's pathway on [managing medicines in care homes](#).
- Investigate all safeguarding incidents to [identify the root cause of the incident](#) and address it. [Record keeping and sharing of information](#) is also an important part of resident safety. See NICE's pathway on [managing medicines in care homes](#).
- Care homes with residents who have dementia should have systems in place to identify factors that may cause challenging behaviour and for using pharmacological and non-pharmacological interventions. See NICE's pathway on dementia, specifically:
 - [interventions for non-cognitive symptoms and behaviour that challenges](#)
 - [non-pharmacological interventions](#)
 - [pharmacological interventions](#)
 - [behaviour that challenges requiring urgent treatment](#)

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- [integrated and coordinated care and service provision](#)
 - [staff training](#).
- Use the quality statements on [appropriately trained staff](#) and [non-cognitive symptoms and behaviour that challenges](#) from NICE's dementia quality standard to ensure people are properly assessed and cared for.
 - Use the quality statements on [screening for the risk of malnutrition](#) and [documentation and communication of results and nutrition support goals](#) from NICE's nutrition support in adults quality standard to screen residents to see if they are malnourished, and to ensure everyone who is screened are given the results and nutrition support goals (if applicable).
 - Use the quality statement on the [review](#) of nutrition support from NICE's nutrition support in adults quality standard to ensure people receiving this support are given full details at planned intervals.

Screen residents to identify those with the relevant clinical concerns for malnutrition. See [screening for malnutrition and risk of malnutrition](#) in NICE's pathway on nutrition support in adults.

Prevent falls among residents

Reduce and prevent the risk of older people falling in care homes. See [assessment and intervention, information and support](#) and [sharing information across services](#) in NICE's pathway on falls in older people.

Prevent infections among residents

- Use the [standard principles of prevention and control of healthcare-associated infections in primary and community care](#) in NICE's pathway on prevention and control of healthcare-associated infections to minimise the chances of people or staff becoming infected by a healthcare-related infection.
- See [long-term urinary catheters: prevention and control of healthcare-associated infections in primary and community care](#) in NICE's pathway on prevention and control of healthcare-associated infections to minimise the risk of infection for residents who use catheters.

- Use the quality statements on [antimicrobial stewardship](#), [organisational responsibility](#), [hand decontamination](#), [urinary catheters](#) and [educating people about infection prevention and control](#) in NICE's infection prevention and control quality standard to raise and improve standards of infection and control.

Prevent and manage delirium

Monitor residents on their arrival at the home and continue to check for signs of delirium where there is an identified risk (see [preventing and diagnosing delirium](#) in NICE's delirium pathway).

Developing an action plan

The table below poses a range of questions arising from the NICE guidance that can be asked when developing a plan to help providers deliver good standards of care for older people in care homes.

Assessing opportunities to improve the quality of care in residential care homes	Links to NICE recommendations
1. Do care homes for older people have processes in place to ensure policies on all the therapeutic activities needed are put into practice?	Principles of care Promoting choice Promoting independence and maintaining function
2. Is the design and layout of care homes for older people suitable for all residents including those with dementia?	Living arrangements and care home placements Principles of care
3. Do care homes have a planned programme of activities for all residents and activities tailored for individuals?	Providing regular sessions based on occupational therapy principles to aid daily routines and activities Promoting choice Promoting independence and maintaining function

4. Do care homes provide occupational therapy where needed, and opportunities for exercise for all residents?	Mental wellbeing and older people Promoting choice Promoting independence and maintaining function
5. Do care home contracts specify the need for a medicines policy developed in conjunction with the local clinical commissioning group?	Develop a medicines policy Medicines related incidents and safeguarding in care homes
6. Does the care home medicines policy start from the premise that residents can look after and administer their own medication, unless there are clear indications otherwise?	Support residents to make informed decisions Help residents to take their medicines themselves
7. Does each resident have an individual care plan? Do care plans anticipate the likelihood of behaviour that challenges and set out what would be an appropriate response?	Promoting independence and maintaining function Interventions for non-cognitive symptoms and behaviour that challenges Non-pharmacological interventions Pharmacological interventions Behaviour that challenges requiring urgent treatment
8. Is each resident monitored for the risk of falls and do they have a multifactorial falls assessment?	Falls in older people
9. Are care homes aware that residents may be vulnerable to malnutrition and do they monitor them for it? Do the care planning and review processes outline the possible impact of malnutrition and how to deal with it?	Nutrition support in adults
10. Are residents monitored and supported to avoid episodes of delirium?	Delirium

Costs and savings

Maintaining the mental and physical wellbeing of care home residents can lead to a range of cost savings.

- A King's Fund report ([Exploring the system-wide costs of falls in older people in Torbay](#)) found that hospital, community and social care costs were 4 times higher after an older person has had a fall. It also found that the links between falls and dementia are significantly underestimated.
- Nationally, dementia costs over £23 billion per year. The average cost of care home placements for people with dementia is more than £32,000 per year ([Dementia 2012: a national challenge](#) Alzheimer's society).
- A Health Foundation report ([Spotlight on dementia care](#)) showed that £84 million a year could be saved if antipsychotic drugs were properly used.

Facts and figures

Below are other facts and figures on the care of older people in care homes.

- In 2013, 12,848 residential care (as opposed to nursing) homes for adults and older people in England were registered with the Care Quality Commission. The number of residential care home beds (declared at the point of registration) was 244,232. The number of registered nursing homes was 4664. The number of nursing home beds was 218,678 ([Annual report and accounts 2013/14](#) Care Quality Commission).
- Local authorities now operate fewer than 1000 residential care homes and between 40 and 50% of all older people living in residential care pay for themselves. But local authorities do have safeguarding responsibilities for all these residents ('Annual report and accounts 2013/14' Care Quality Commission).
- The Social Exclusion Unit reports that many older people continue to experience discrimination. This is despite the establishment of the Commission for Equality and Human Rights (including age equality) and the National Service Framework for Older People, which aims to stop age discrimination in health and social care ([National Service Framework for older people](#) Department of Health).

- Self-determination and a level of independence have been associated with health and wellbeing. Self-determination, in daily life, means ensuring people have as much choice as possible about personal routines and activities (for example, when they eat or sleep, get up, go out or spend time alone) ([Control, well-being and the meaning of home in care homes and extra care housing. Research summary 38](#) Personal Social Services Research Unit).

Support for planning, review and scrutiny

Local authority scrutiny activities can add value to strategies and actions to improve the public's care and support. Effective scrutiny can help identify local needs and check whether local authorities are working in partnership with other organisations to ensure good standards of care. NICE guidelines, quality standards and briefings provide a useful starting point, by suggesting some useful 'questions to ask' during the scrutiny process.

Other useful resources and advice

The following resources produced by other organisations may also be useful:

- [Care Quality Commission guidance on a new approach to inspecting and rating care services](#)
- [Health and safety in care homes](#) Health and Safety Executive 2014
- [Residential and nursing home resources](#) Social Care Institute for Excellence 2014
- [Palliative care in long-term care settings for older people](#) is one of a range of research reports on the needs of people in residential and nursing care published by the International Observatory on End of Life Care at Lancaster University.

Changes after publication

25 February 2015: Minor change made to background section in line with external comments

About this briefing

This briefing is based on a range of NICE guidelines and quality standards published up to February 2015 relevant to the care of older people in care homes (see the [NICE website](#) for

details of published briefings and briefings in development and our [quality standards list](#) for quality standards in development). It was written with advice from NICE's Local Government Reference Group and using feedback from local authority officers, councillors and directors of adult services.

It is for local authority officers and elected members and their partner organisations in the health and voluntary sectors, in particular, those involved with health and wellbeing boards. This includes commissioners and directors of adult social care. It will also be relevant to local authority scrutiny activities.

This briefing may be used alongside the local market position statement and the safeguarding adults and quality strategies.

This briefing is intended to be used online and it includes hyperlinks to sources of data and further information.

About NICE guidelines and quality standards

NICE guidelines offer:

- recommendations based on the best available evidence to help you plan, deliver and evaluate successful programmes
- an objective and authoritative summary of the research and evidence, reviewed by independent experts from a range of backgrounds and disciplines
- an assessment of the effectiveness and cost effectiveness of health and social care interventions.

NICE [quality standards](#) are concise sets of prioritised statements designed to drive measurable quality improvements within a particular area of health or care. They are derived from the best available evidence such as NICE guidance and other evidence sources accredited by NICE. They are developed independently by NICE, in collaboration with health and social care professionals, their partners and service users.

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ISBN 978-1-4731-0989-6