



# **your care rating**

**what customers say**



February 2014

# **your care rating**

**2013 survey**

**Ipsos MORI**



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# 1 foreword



## 1 foreword

I am delighted to introduce our second annual report, which contains the key highlights of the second Your Care Rating survey.

This year, 32 care provider organisations participated, representing more than 1,100 care homes, and over 20,000 residents responded. For the first time, the results are being published on a care home by care home basis. We have launched a new website with a search facility and this provides access to detailed results for each care home.

We are immensely grateful to all of the care organisations which participated. By taking part in Your Care Rating, they are demonstrating an open and transparent approach and a commitment to quality improvement through the feedback which the survey provides. We are particularly appreciative of the work undertaken by a sub-group of care providers that helped us to develop ways of improving access to the survey for residents suffering with dementia. This included the development of a number of resources, including picture help cards and different ways of engaging with residents, which were well used in the survey process.

In addition to the objective of facilitating and informing continuous quality improvement in the care sector, Your Care Rating was set up to provide an authoritative and benchmarked source of information for existing and prospective customers and other stakeholders. Central to this is a system that awards each care home an Overall Performance Rating (a score out of 1,000) and four sub-scores for key themes. Further information on this is provided in the body of this report.

I hope you will agree that the results show an encouraging picture of life for residents in the care homes which participated. However, there is no room for complacency and the detailed feedback will highlight areas for improvement.

We hope that Your Care Rating will continue to attract more care providers to participate in the scheme. The next survey will take place in September and October 2014.

Meanwhile, in order to ensure that Your Care Rating is independent of care providers as it develops, the composition of the Board has changed. The founder members which have an ongoing involvement with care organisations have stepped down. These are Jane Ashcroft CBE (Anchor), Carole Sawyers (Fremantle Trust), Mike Parsons (Barchester), Cedric Frederick (Avante), Belinda Moore (Care UK) and Roger Davies (MHA). I would take this opportunity to express our sincere gratitude to them for their invaluable support, advice and guidance in establishing Your Care Rating.

I am pleased to announce that Sylvie Silver, Director of the National Association of Activities for Older People (NAPA), has joined the Board and we hope to recruit further additional members during the course of the year.

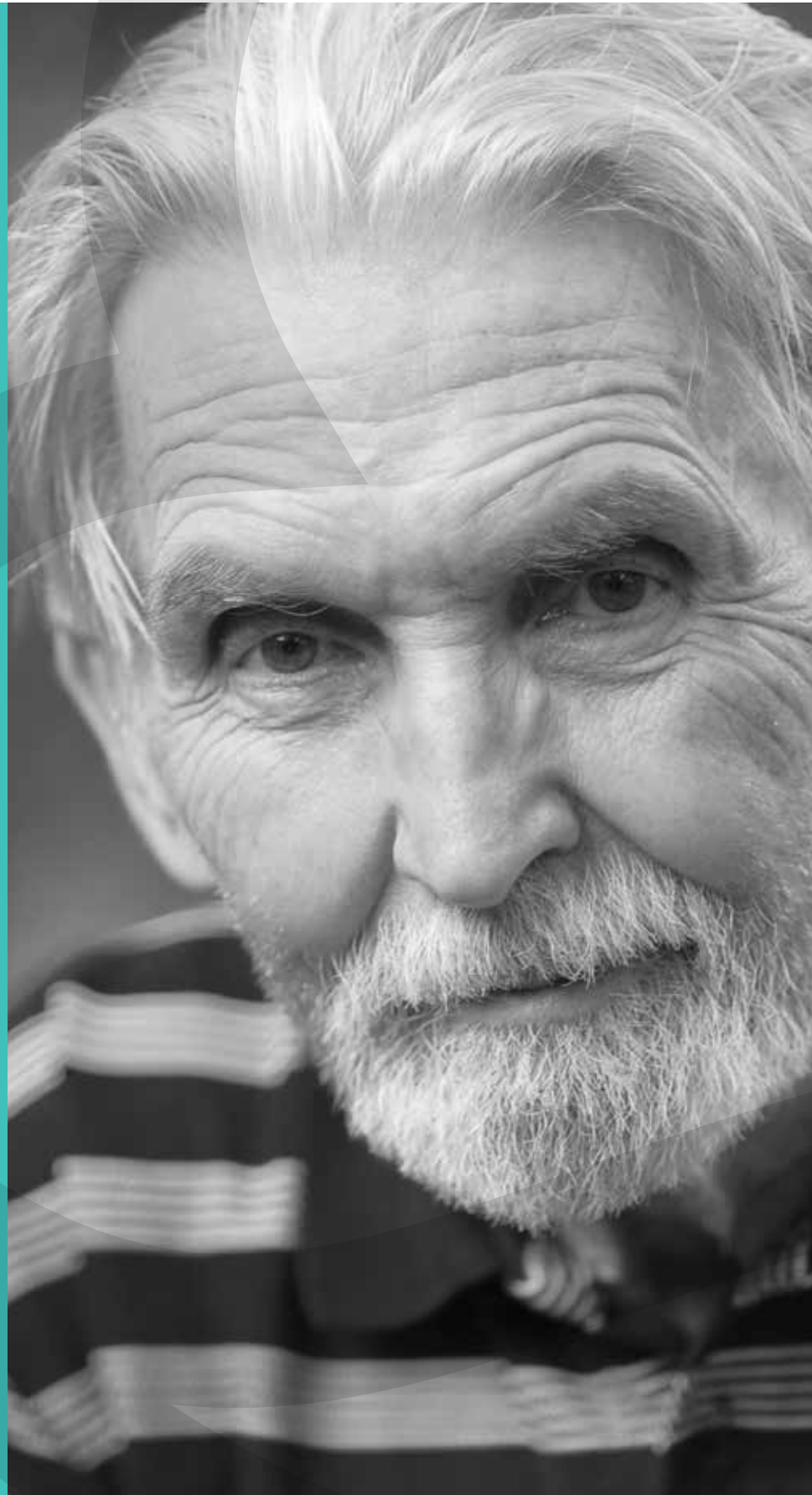
Finally, our thanks go to all who participated in the survey – especially to the residents – and to Ipsos MORI whose input and expertise has been invaluable.



**Douglas Quinn,**  
Chairman  
Your Care Rating



## 2 survey overview



## 2 survey overview

The publication of results from the 2013 Your Care Rating Survey represents a key step in the survey's development since it was first conceived in 2011. The survey has been designed with a great deal of thought and input from the sector and leading experts, and it provides an authoritative and systematic way for care home residents to have their say about their care home. With resident views for the first time published by individual care home, the 2013 results genuinely give residents a voice and help customers make decisions about one of the most important aspects of older life.

### The survey's development

Your Care Rating, an independent not for profit organisation established in 2011, commissioned Ipsos MORI to develop, pilot and run the first survey in 2012. Establishing a standardised survey of care home residents presented a number of challenges and therefore a need for careful planning, development and implementation<sup>1</sup>.

A significant challenge is ensuring as many residents as possible can take part in the survey – giving the biggest possible voice to care home residents. Making the survey accessible for residents with physical and cognitive impairments, while maintaining a high degree of insight and usefulness from the results, was a particular area of focus throughout the survey's design and implementation in 2012, and continues to be in its on-going development.

Accessibility is not the only challenge though. There are important considerations in the design of the survey around ensuring the process is both practical and ethical. In particular, the survey recognises the sensitivities and restrictions around access to personal/contact information and requirements under the Mental Capacity Act (2005) and the Market Research Society Code of Conduct.

From the first steps of its development in 2012, Your Care Rating has reflected the input of care sector professionals and residents in both the materials and methods used. This is no more evident than with the development of additional help materials ahead of the 2013 survey.

With an estimated 800,000 people in the UK with dementia, and projections of this rising to a million by 2021<sup>2</sup>, it is an important issue for care providers and the Your Care Rating Survey alike. Ahead of the 2013 survey the Your

**Your Care Rating is the first independent national care home resident survey, established so that all residents living within a care home are given the opportunity to provide views and feedback via an independent, confidential and standardised annual survey.**

<sup>1</sup> An overview of the development of the Your Care Rating Survey is presented in this report, with fuller details on the development and implementation throughout 2012 provided in the 2012 report; [www.ipsos-mori.com/DownloadPublication/1530\\_sri-your-care-rating-2012.pdf](http://www.ipsos-mori.com/DownloadPublication/1530_sri-your-care-rating-2012.pdf)

<sup>2</sup> Source: Alzheimers Society; [www.alzheimers.org.uk/infographic](http://www.alzheimers.org.uk/infographic)

Care Rating Board established a working group of care home providers<sup>3</sup> with responsibility for considering how the survey can be made more accessible for residents with dementia. This working group carefully considered the difficulty dementia presents and agreed that, for the 2013 survey, extra help materials for residents and those assisting residents in taking part should be developed. In addition, the positive role that relatives, friends, advocates and volunteers can play in helping residents to take part was recognised.

Ipsos MORI, working with the providers, developed additional guidance materials for residents, care home staff and those assisting residents to take part, emphasising the importance of giving assistance to residents while ensuring it is the resident's views that are reflected. In addition, a series of picture help cards to accompany the questionnaire were designed. Particular focus was given to developing the picture help cards as it was felt this could have a significant positive impact for many residents in helping them to understand the questionnaire. These cards, as the images to the right show, provide visual aids for each question.

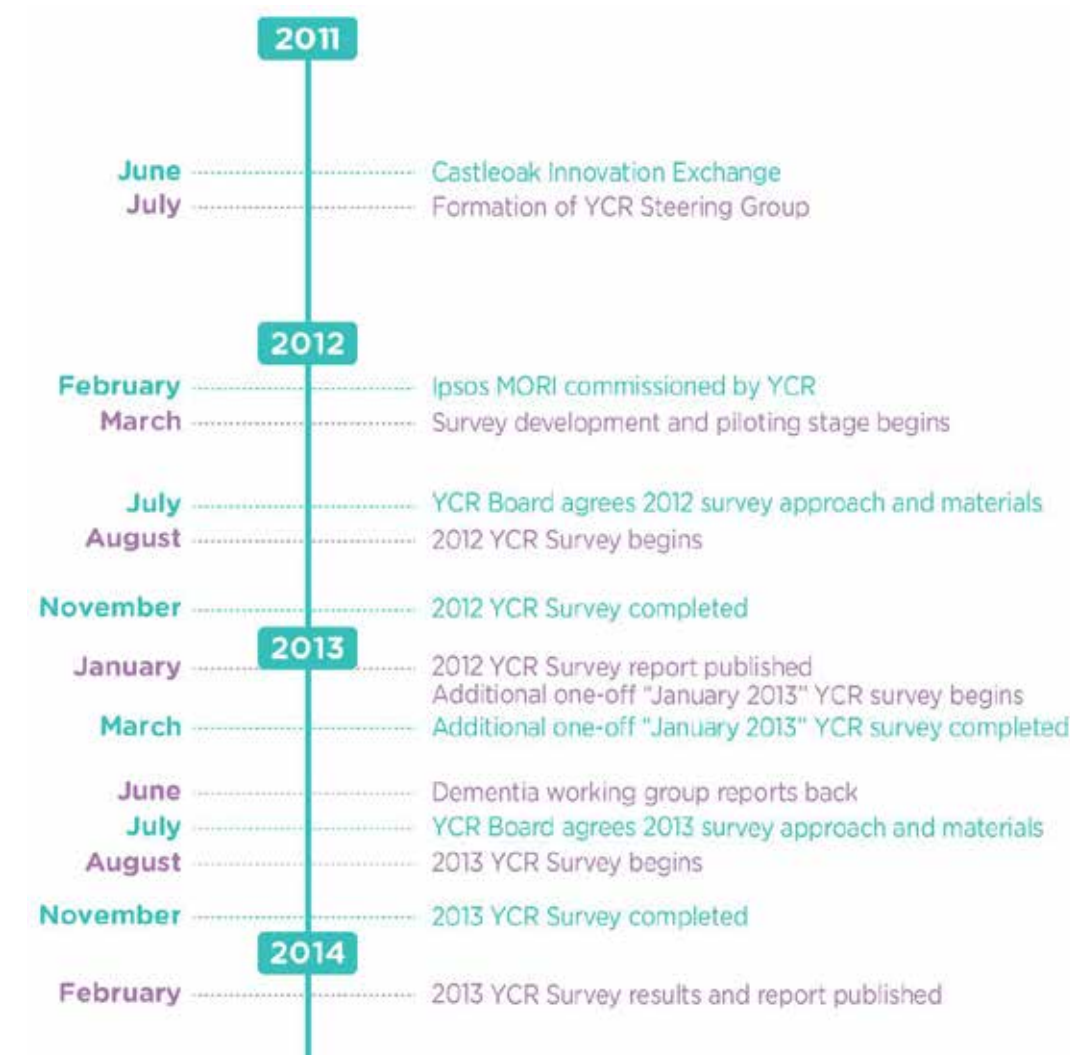
Addressing the challenge that dementia presents does not stop at the work completed so far. Feedback on the additions for the 2013 survey, in particular the picture help cards, has been positive, but Your Care Rating will continue to strive to make the survey as accessible and useful as possible. While it is not possible to conduct a survey of all care home residents – regardless of the methodology used, for the many residents who lack the cognitive function to participate, direct research with them is simply not possible – Your Care Rating will continue to give as many residents as possible the chance to have their say by encouraging providers to take part and ensuring the survey is as accessible possible.



<sup>3</sup> Norse Care, The Abbeyfield Society, HC One, Borough Care, Orders of St John Care Trust, Springhill Care, Maria Mallaband Care Group, St Monica Trust, Coverage Care

Figure 2.1 below shows the key stages of the development of the Your Care Rating Survey from 2011 to date, but of course this process continues.

Figure 2.1 – Your Care Rating Survey development timeline



## The 2013 survey

The 2013 Your Care Rating Survey was open to care homes across the UK. It is designed to be conducted in care homes that primarily serve older people (aged 65 or over), but is open to younger adults living in such care homes as well.

The survey uses a postal self-completion methodology, with packs of questionnaires and freepost return envelopes sent to care homes. Care home staff assess if each resident can provide informed consent to take part, and if so give them a copy of the questionnaire and assistance to find a relative, friend or volunteer to help them take part if needed (staff are not involved in helping residents to complete the questionnaire itself). All those involved in the survey are provided with tailored guidance materials explaining the process and giving them contact details for Ipsos MORI

1,123



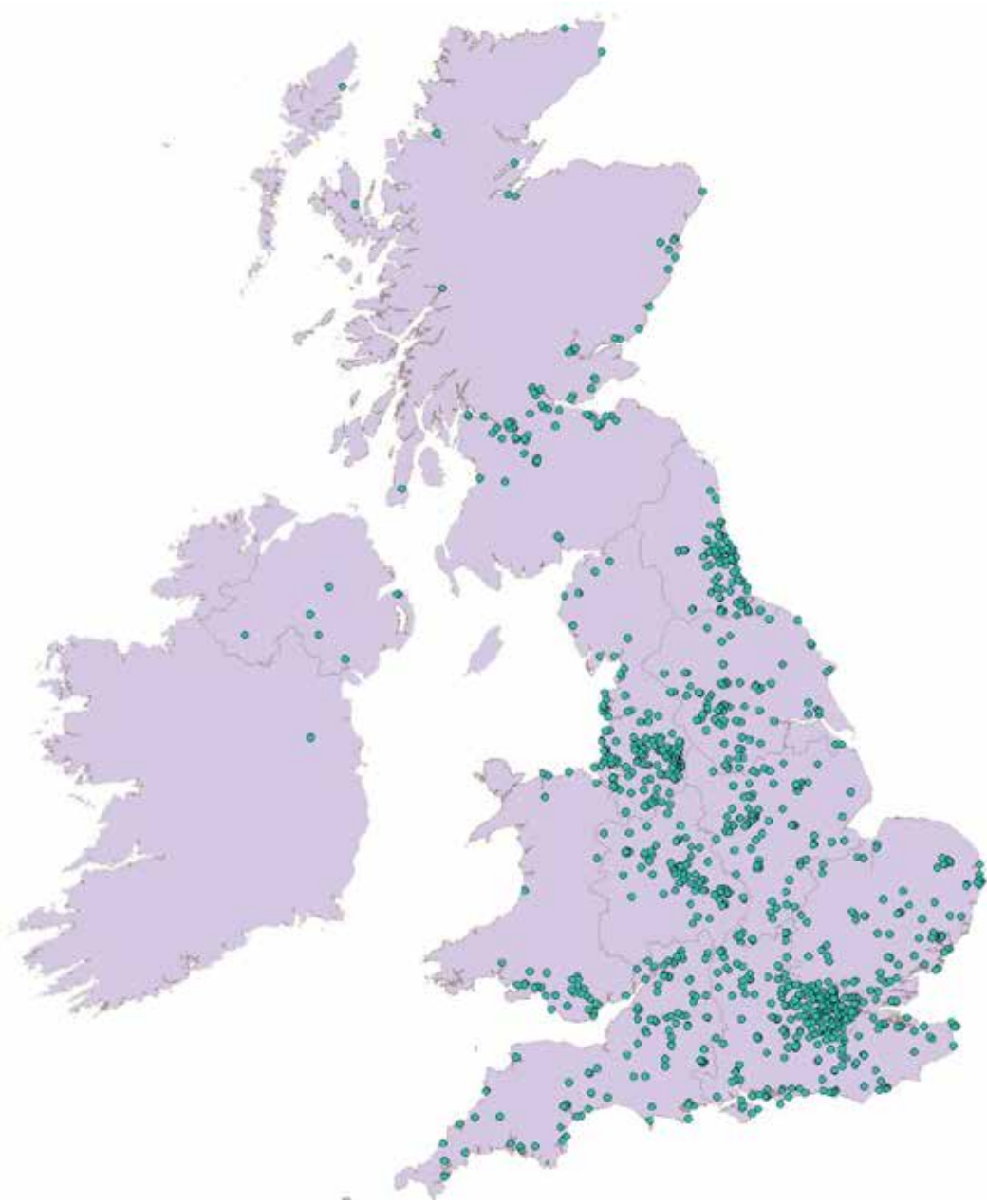
**Number of care homes included in the 2013 Your Care Rating Survey**



should they need any assistance. The survey was conducted between September and November 2013.

For the 2013 survey the number of providers taking part has more than doubled, rising to 32 (figure 2.3 opposite shows a table of participating providers). Questionnaire packs were sent to 1,123 care homes, covering 60,478 registered places. Figure 2.2 below shows the distribution across the UK of the care homes taking part in the 2013 survey<sup>4</sup>.

Figure 2.2 – 2013 Your Care Rating Survey care homes map



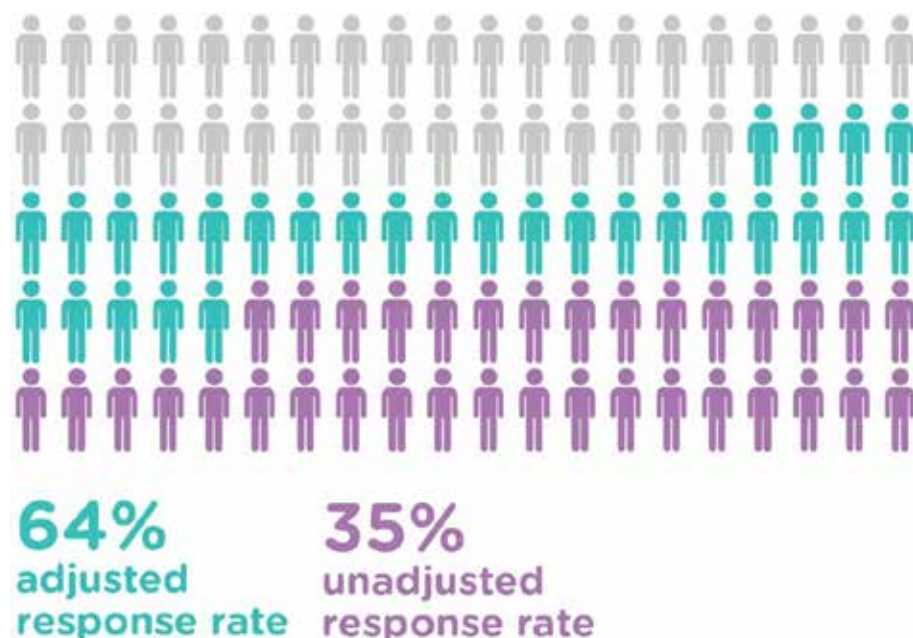
<sup>4</sup> Three care homes in Jersey were also included in the 2013 YCR survey, as well as one care home in the Irish Republic (shown in figure 2.2).

Figure 2.3 – 2013 Your Care Rating Survey table of providers

Care provider	No. of care homes	No. of registered beds
Anchor	94	4,164
Avante Partnership	15	880
Barchester Healthcare	195	12,358
Belong Villages	4	277
Borough Care Limited	11	462
Care UK	106	6,166
CLS Care Homes	26	988
Coverage Care Services Limited	13	717
European Care Limited	60	3,529
Gold Hill Care Group	1	38
Gracewell Healthcare	9	593
Greensleeves Homes Trust	17	608
Guinness Care and Support	7	167
Hallmark Care Homes	17	1,237
HC-One	228	12,382
Helen McArdle Care	14	897
Jewish Care	10	641
Maria Mallaband Care Group	63	3,220
Methodist Homes (MHA)	91	4,630
Newlyn Residential Home	1	13
Northgate Health Care Ltd	2	80
Prospect House (Malpas) Limited	1	48
RMBI	17	1,090
Rosclare Residential Home Ltd	1	19
St Leonard's Rest Home	1	15
St Monica Trust	3	144
Sussex Grange Care Home	1	20
Sussex Housing & Care	4	134
The Abbeyfield Society	26	727
The Fremantle Trust	14	860
The Orders of St John Care Trust	70	3,344
The Willows Residential Care Home	1	30
Total	1,123	60,478

With 21,190 care home residents taking part in the 2013 Your Care Rating Survey, the results provide a unique opportunity to gauge the perceptions of care home residents about their home and the staff who provide care and support. This represents a 35% unadjusted response rate<sup>5</sup>, but a 64% adjusted response rate<sup>6</sup> once the effect of unoccupied places and questionnaires not given to residents who couldn't give their informed consent to take part are accounted for. These responses were received from residents in 1,055 care homes, 94% of all those taking part in the survey.

Figure 2.4 – 2013 Your Care Rating Survey response rates



While the number of respondents to the survey increased considerably between 2012 and 2013<sup>7</sup>, encouragingly the response rates have also increased<sup>8</sup>. The proportion of residents taking part and the proportion of care homes from which they come are important measures of the success of the survey. The increases seen in 2013 reflect the continued success of the survey and the invaluable input from providers and care home staff in helping to organise the survey, volunteers, friends and relatives in helping residents to take part, and of course residents themselves.

<sup>5</sup> The unadjusted response rate is calculated on the basis of the total number of responses vs the total number of registered places.

<sup>6</sup> The adjusted response rate is calculated based on the total number of responses vs the total number of questionnaires distributed to residents (based on figures for homes where the number of questionnaires distributed is known).

<sup>7</sup> Up by over seven thousand residents, in large part due to the increase in the number of providers from 13 in 2012 to 32 in 2013

<sup>8</sup> The 2012 unadjusted response rate was 30%, the adjusted response rate was 61% and the proportion of care homes from which responses were received was 92%.

In order to provide a credible and robust measure of how well care homes perform, the Your Care Rating Survey incorporates a substantial 'validation' stage conducted both during and immediately after the fieldwork period.

The validation stage includes a number of targeted actions to monitor the survey process closely and to identify and address any issues or concerns. In addition it helps to generate learning points to inform future design of the survey, ensuring those involved are given the support and guidance they need so that as many residents as possible are given the opportunity to take part.

The validation process involves three key aspects:

- Detailed fieldwork monitoring, including email and telephone follow-ups with care homes to verify receipt and distribution of survey packs and input from providers about specific care homes;
- Detailed analysis of survey results to identify outliers and patterns of unusual results; and
- Telephone interviews with staff at up to 10% of care homes about the survey process to identify best practice, process and compliance issues, and to gain feedback.

Detailed fieldwork monitoring and follow-ups with care homes and providers were conducted throughout the fieldwork period, and data was checked and approved by the Ipsos MORI project team. Validation interviews were conducted with over 100 care homes in October and November 2013. Homes to validate were chosen to ensure coverage across all 32 providers and to focus on care homes where fieldwork monitoring and data analysis suggested further follow up was necessary (for example, where a care home had a very high or very low response rate).

The validation process provided, as well as strong reassurance about the validity of the survey results, valuable feedback on how best to engage staff with the survey process and improve response rates. As a result of the validation of the 2013 survey, four care homes have been excluded from benchmark figures due to concerns about the way in which the survey was carried out.





# 3 survey results



## 3 survey results

Your Care Rating serves to provide care home residents with a voice and presents the opportunity to understand what residents think about the care and services they receive. Results for individual care homes, including benchmark figures, have been published separately via the Your Care Rating website<sup>9</sup>. The analysis presented in this report focuses on the average result across individual care homes and the range of results. This analysis identifies areas where performance is highly rated and some areas requiring more focus<sup>10</sup>.

One of the key purposes of Your Care Rating is to provide an independent and robust way for the public to understand what residents themselves think of their care home. Having a consistent and clear measure of performance is an important element of this. To facilitate this, Ipsos MORI developed an 'Overall Performance Rating' (OPR). The OPR is derived from the survey results using rigorous statistical methods<sup>11</sup> and is designed to be easily accessible to a range of audiences. Each care home (and provider) has an OPR score out of 1,000, based on the rating each individual resident gives.

Each resident responding to the survey has an OPR score calculated, based on how they rate individual aspects of their care home. These individual aspects are grouped into four underlying themes, derived from a statistical process known as factor analysis. This process combines statistically related (correlated) aspects, such as the laundry service and keeping the home clean and tidy, together into "themes". Within each of these themes, every aspect has an associated weight, dependent on the degree of importance it has within the theme. For each resident, the four themes each have their own score out of 1,000, based on results for the individual aspects, with the more important aspects within a theme counting more towards the score than less important aspects.

Each resident's OPR score is then calculated using another statistical technique known as regression analysis<sup>12</sup>. This is used to identify the importance of each theme in shaping an individual's likelihood to be satisfied with the standard of the care home. The OPR is a score out of 1,000, based on the four theme scores, weighted by their importance.

871  
out of 1,000



Average Overall  
Performance Rating  
(OPR) score

<sup>9</sup> [www.yourcarerating.org](http://www.yourcarerating.org)

<sup>10</sup> Results are based on analysis of data for individual care homes, in line with published results on the Your Care Rating website. Results are based on 988 care homes where five or more responses were received and whose results were included in benchmark figures following validation. All overall results are presented as the average result achieved by these care homes (and are not the overall result of all respondents, as presented in the 2012 report).

<sup>11</sup> A full explanation of the OPR calculation process is provided on the Your Care Rating website; [www.yourcarerating.org](http://www.yourcarerating.org)

<sup>12</sup> This can establish that a set of independent variables explains a proportion of the variance in a dependent variable at a significant level (through a significance test of  $R^2$ ), and can establish the relative predictive importance of the independent variables (by comparing beta weights).



Results for a care home are based on the average of its residents' individual scores. In this way, the theme and OPR scores reflect what residents think across a range of aspects, weighted by how important those aspects are in shaping residents' overall perception of the care home.



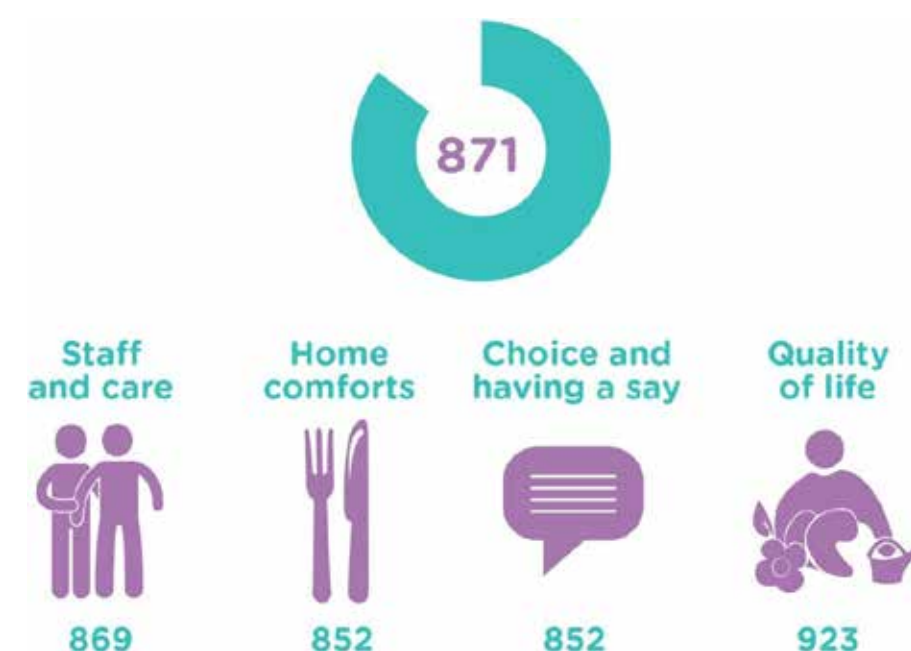
### Calculating the OPR score – an overview

- 1) Residents complete the survey, rating their care home against 22 individual aspects and three general measures, including a rating of how satisfied they are with the standard of their care home.
- 2) For each resident, their ratings across the 22 individual aspects are used to calculate four theme scores, each out of 1,000. The 22 aspects are divided across four themes using a statistical process. The more important an aspect is, the more it contributes towards the theme score.
- 3) The four theme scores are then used to calculate the resident's overall performance rating of their care home. A second statistical process identified which of the four themes has more influence over whether a resident is satisfied with the standard of their care home. This strength of influence (importance) is used to weight the four theme scores to calculate the OPR score, with the more important themes contributing more towards the OPR score.
- 4) A care home's OPR score is based on the average of the OPR scores from each resident.

Results for both the OPR and theme scores show generally positive ratings of care homes by residents<sup>13</sup>. A majority of care homes score 800 or more for their OPR result, with an average OPR score of 871 out of 1,000. Underlying this, the average scores for the four themes<sup>14</sup> range from 852 to 923 (figure 3.1 below).

There is a range of 406 points between the highest care home OPR score (991) and the lowest care home score (585), with 55% of homes achieving a score equal to or above the average of 871 (figure 3.2 overleaf). Ten homes achieved an OPR score of 700 or below.

Figure 3.1 – Average OPR and theme scores



<sup>13</sup> Results based on 988 care homes achieving five or more responses.

<sup>14</sup> The four themes are:

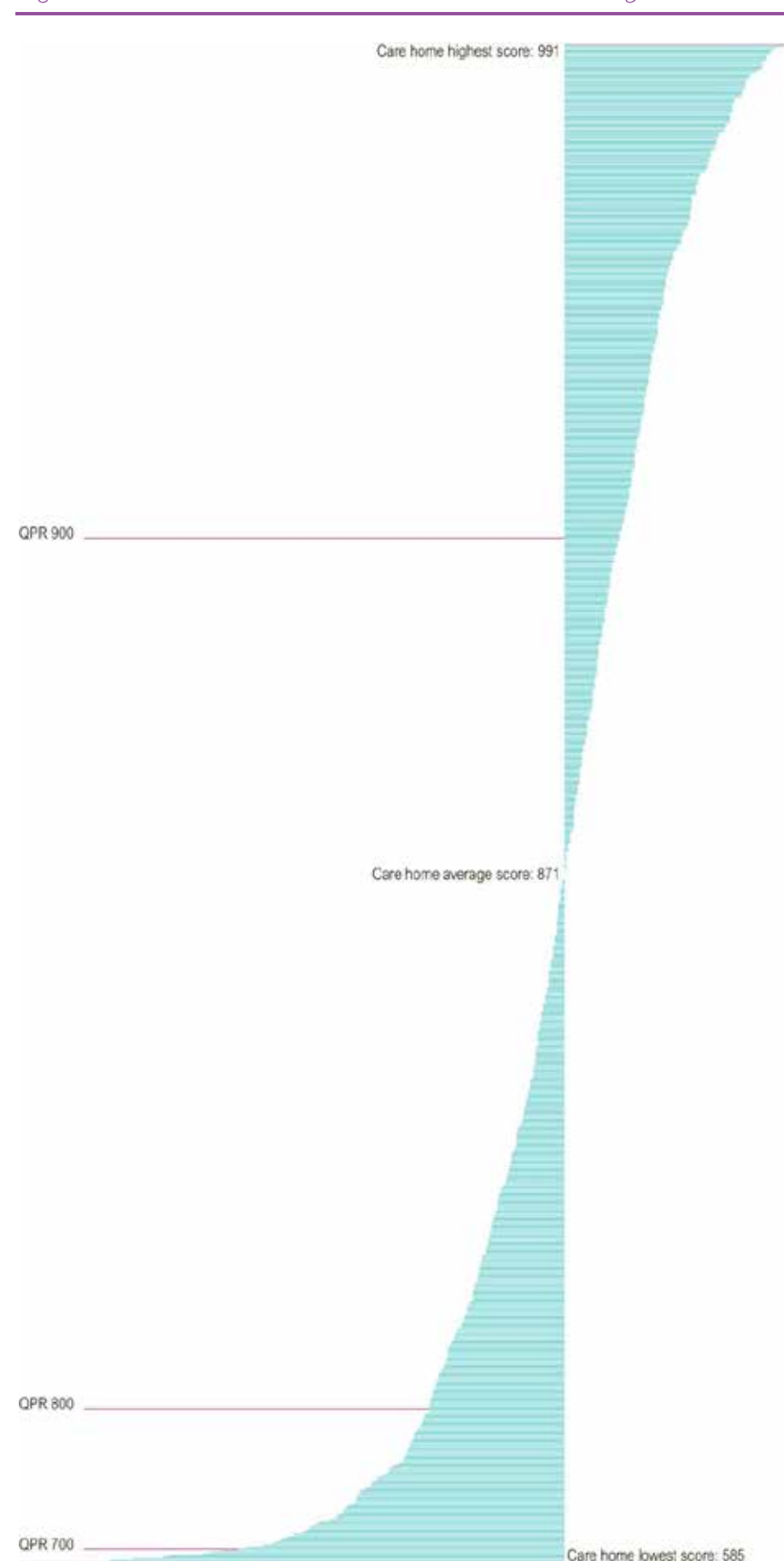
**Staff and care:** the care which staff give – capability; availability; treating residents individually with kindness, dignity, respect and sensitivity; having time for residents. Access to medical professionals and follow up on concerns and complaints.

**Home comforts:** the quality and choice of food, quality of the laundry service, cleanliness and tidiness of the home.

**Choice and having a say:** access to home manager/ senior managers who will listen to residents, having a real say in care and support, choice about bed time and wake up time and easy access to garden / external space.

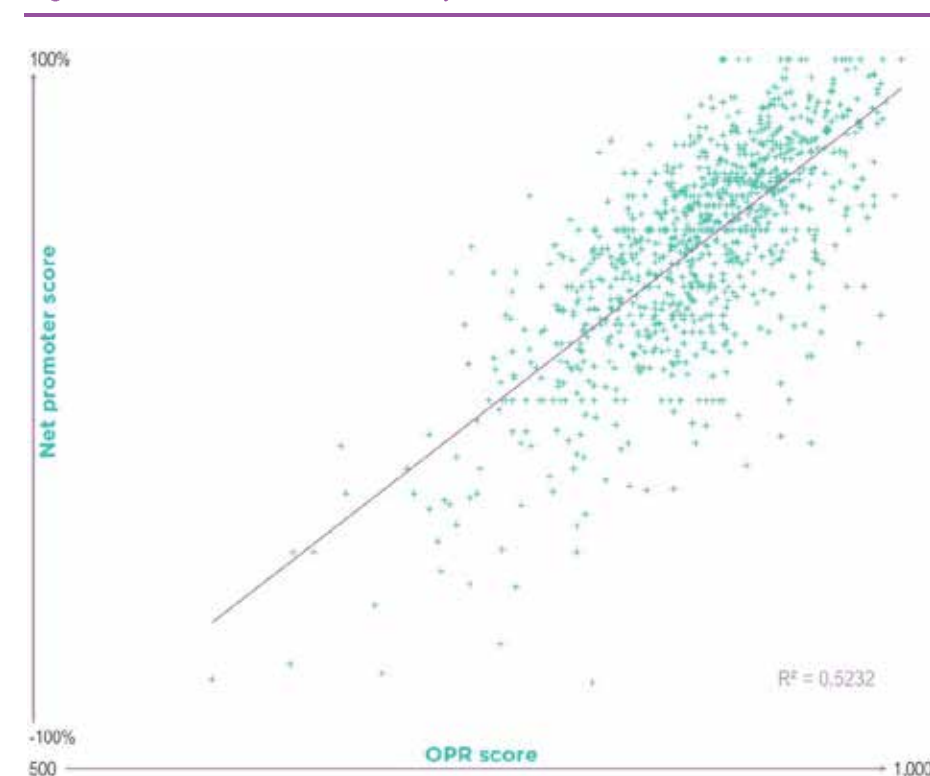
**Quality of life:** having visitors when residents want, having the possessions residents love around them, taking part in hobbies and activities they enjoy, respecting residents' privacy and feeling safe and secure.

Figure 3.2 – Individual care home OPR scores vs. the average OPR score



OPR scores for each care home can also be compared to other key results to show the relationship between the overall performance rating of the care home and what residents think about specific issues<sup>15</sup>. The Net Promoter Score (NPS)<sup>16</sup> for a care home is an important measure of how well a home is doing as it reflects how likely residents are to recommend their home to friends and family. Results from the 2013 Your Care Rating survey show that there is a strong relationship between the OPR score a care home receives and how likely residents are to recommend it (figure 3.3 below).

Figure 3.3 – OPR scores vs. NPS by individual care home



The better a home does on its OPR score the more likely it is to be recommended. With this in mind, the question then is what makes a care home more likely to achieve a high performance rating? Our analysis of survey data often shows a relationship between the profile of participants and their responses, and therefore looking at the average OPR scores by

<sup>15</sup> Correlation is a bivariate measure of association (strength) of the relationship between two variables. It varies from 0 (random relationship) to 1 (perfect linear relationship) or -1 (perfect negative linear relationship). It is usually reported in terms of its square ( $R^2$ ), interpreted as percent of variance explained. For instance, if  $R^2$  is .25, then the independent variable is said to explain 25% of the variance in the dependent variable.

<sup>16</sup> NPS is based on the question "If somebody you knew needed similar care to you, how likely would you be to recommend this care home?", using a numeric scale of 0 (representing 'not at all likely' to recommend) to 10 (representing 'extremely likely'). The use of a 0 to 10 scale allows for the calculation of three distinct groups, as well as the 'Net Promoter Score':

- Promoters – those responding 9 or 10;
- Passives – those responding 7 or 8; and
- Detractors – those responding 0 to 6.

The Net Promoter Score is calculated by subtracting the proportion of Detractors from the proportion of Promoters. For example, if 50% of residents answer 9 or 10, and 30% answer between 0 and 6 (with the other 20% answering 7 or 8), then the NPS is 50% - 30% = 20%.

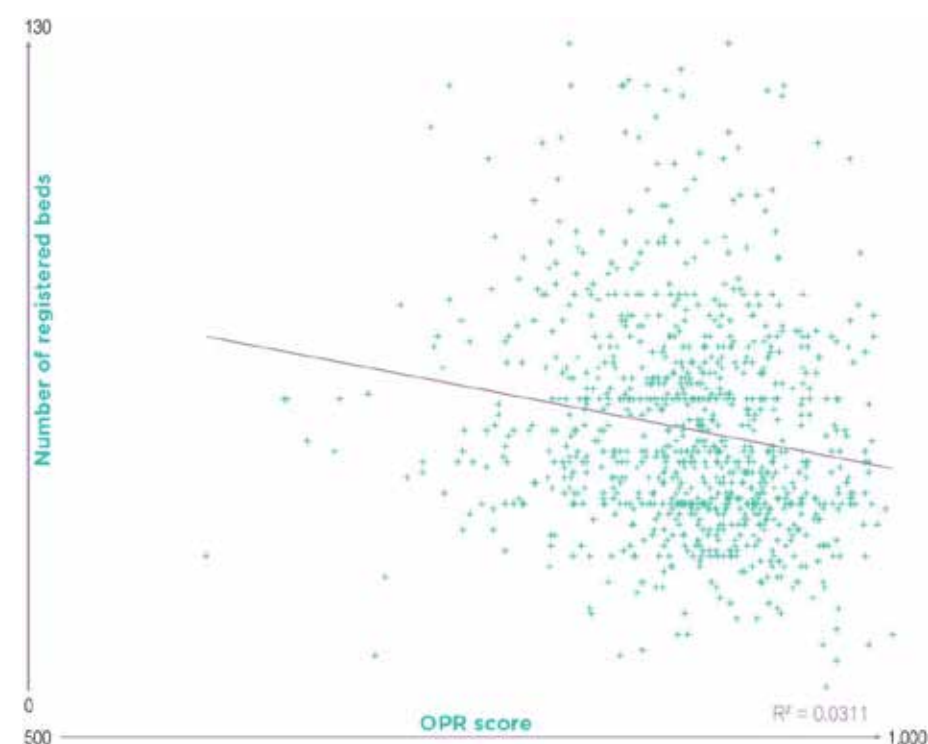


age group and gender may shed some light on what makes a care home more likely to achieve a high OPR score. Can high OPR scores be fully explained by differences in the profile of residents?

The 2013 Your Care Rating Survey results show a relationship between the age of residents and their OPR. Older residents are more likely to have a high OPR – the average score for those aged 85 or over is 877 compared to 864 among those aged under 65. Results show a small difference too between men and women, with women more likely to have a higher OPR score; although this is to a degree explained by female residents responding to the survey being more likely to be older (64% of female residents vs. 45% of male residents responding to the survey are aged 85 or over). So this shows that, in particular, care homes with older residents are more likely to achieve higher OPR scores, but this alone does not explain why some care homes score more highly than others.

One other factor may be the size of the care home. Are smaller homes better able to meet the needs of the residents? Or do larger homes have more access to modern facilities and a greater number of staff perhaps? Results from the survey show a weak relationship between the size of the home and the OPR score achieved. Figure 3.4 shows that many larger care homes also achieve relatively high OPR scores. So, while size of home may be factor in some cases, it does not fully explain what makes a care home more likely to achieve a high OPR score.

Figure 3.4 – OPR scores vs. size of care home



While demographics and care home characteristics, as well as personal circumstances and expectations, will go some way to explaining why a home scores highly or not, residents' perceptions of their home, the staff and services they receive will also be important. To get a better understanding, therefore, of what makes a care home more likely to be highly rated by its residents requires further analysis of results by the four themes and individual aspects.

In order to calculate the OPR score, Ipsos MORI conducted regression analysis using the four themes and residents' ratings of how satisfied they are with the overall standard of their care home. This analysis was conducted to provide a weight for each theme when calculating the OPR score to ensure that what are most important in shaping residents' overall views of the care home are most important within the OPR score. The other benefit of this approach is in providing valuable insight into what is most likely to make a care home highly rated.

As figure 3.5 shows, the four themes have different levels of influence on overall satisfaction with the standard of the care home. A good rating from a resident by aspects within the Staff and Care theme, such as staff treating residents with kindness, dignity and respect and staff having time to talk to residents, will more likely mean that resident is satisfied with the standard of the care home than a good rating of aspects within any of the other themes. The Staff and Care theme has almost twice as much influence as the Home Comforts theme, and over three times as much influence compared to the Choice and Having a Say theme. This is not, though, to say that only those aspects within the Staff and Care theme are important. For an individual care home, residents may have different priorities based on what is important to them and what that care home does well and less well. But this analysis does give an important indication of what, if care homes do well in them, will most likely positively shape their residents views of them.

Figure 3.5 – Regression analysis (four themes against overall satisfaction)



So doing well in the aspects within the Staff and Care theme will most likely yield a high OPR score. But it is, of course, important to do well across all of these aspects and to understand what the residents of each care home specifically want and expect. As part of the 2013 survey reporting, “Dashboards Reports”<sup>17</sup> outline each care home’s results against Your Care Rating benchmark figures for the OPR and theme scores as well as individual aspects. Alongside this each home receives a report outlining the open comments their residents left with their response to the survey, providing greater insight into what their residents want and expect. Together, these reports are a powerful aid for care homes (and providers) to understand how well they are performing against wider benchmarks, against the most important aspects in shaping overall resident perceptions and, significantly, against their residents’ expectations.

The report now turns its attention to how care homes have performed for aspects within each of these four themes.

## Staff and Care

The Staff and Care theme is made up of nine aspects including those relating to being treated with kindness, dignity and respect, the standard of the care and support received, and the availability of staff and medical professionals. As this theme has the strongest influence on overall residents’ perceptions it is important for care homes to do well. It is also important as many of the open comments residents include with their responses (both positive and negative) relate to having access to staff and to staff treating them well.

Staff treating residents with kindness, dignity and respect continues to be a key area of focus for the health and social care sector<sup>18</sup>. Positively, for the majority of care homes taking part in the 2013 survey, results show that an average of 97% of residents agree they are treated with kindness, dignity and respect, with just an average of one percent disagreeing (figure 3.6 opposite). While there is a high rating of care homes on this aspect, a quarter (25%) of residents say they tend to agree that they are treated with kindness, dignity and respect, showing that there is still room for improvement on these positive results. Another positive result is the high number of care homes achieving 100% of residents agreeing they are treated with kindness, dignity and respect (657 homes), whilst there are no homes with fewer than half of residents agreeing.

“

**All the staff are very friendly and wonderful with all the residents. A lovely atmosphere in this home**

“

**Main staff are wonderful. Agency staff not very good**

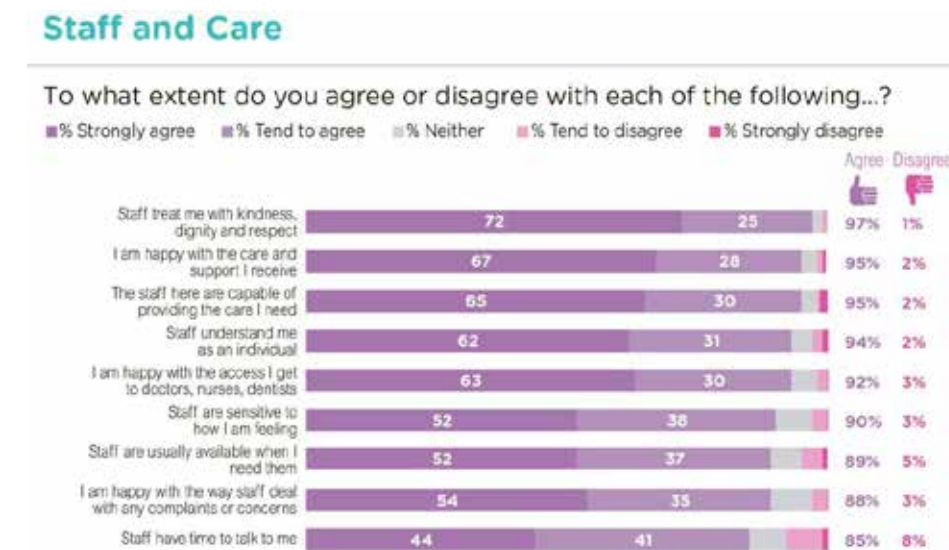
“

**The staff are very special people. Not everyone could do this job**

“

**I can be left alone for a considerable amount of time with no access to a bell, therefore no way of getting attention when needed**

Figure 3.6 – Staff and Care theme individual aspect scores



One aspect with clear potential for improvement is staff having enough time to talk to residents; where agreement is lower (85%), with around half of this figure strongly agreeing (44%) and half saying they tend to agree (41%). In comparison to the best rated aspects in this theme, treating residents with the kindness, dignity and respect, the strength of positive sentiment is therefore slightly weaker.

The lower rating of staff having time to talk to residents is particularly important given the scrutiny staff availability receives across the sector and the range of comments received on this issue.

The lowest result for an individual care home is seven percent of residents agreeing staff have time to talk to them. Staff availability is clearly an issue here, with 87% of residents disagreeing, showing the power of the Your Care Rating Survey to highlight an area of concern for individual care homes. With just 185 care homes achieving 100% of residents agreeing on this statement, this shows that generally staff availability is an area for focus and improvement.

<sup>17</sup> Results for individual care homes, including Dashboards Reports, are published via the Your Care Rating website; [www.yourcarerating.org](http://www.yourcarerating.org)

<sup>18</sup> The Care Quality Commission (CQC) “The State of Care 2012/13” report raised concerns that, across all social care settings, care does not always live up to the standards necessary to maintain people’s dignity and to treat them with respect; [www.cqc.org.uk/public/publications/reports/state-care-2012/13](http://www.cqc.org.uk/public/publications/reports/state-care-2012/13)



## Home Comforts

The second most important theme is Home Comforts, comprising four aspects – a clean and tidy home, good quality food, the variety of food available and a good laundry service. Figure 3.7 below shows positive results across these four aspects, albeit with some variation.

Care homes achieve an average of 97% of their residents agreeing that the home is clean and tidy. This includes over two thirds (69%) of residents who say they strongly agree.

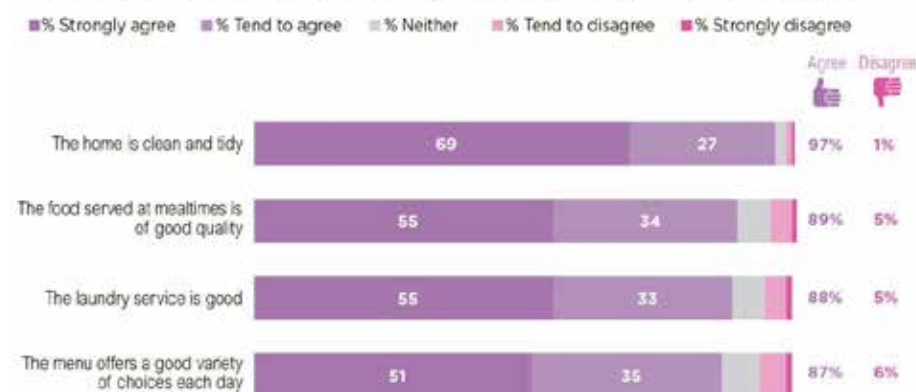
Results for food and laundry services are lower, with slightly fewer than nine in ten residents for each of these agreeing on average. The lowest of these, *the menu offers a good variety of choices each day*, still achieves an average of 87% of residents agreeing though. For these three aspects, while over half of residents say they strongly agree, these figures are lower than the 69% who strongly agree their home is clean and tidy.

The lowest result for a care home is 11%, and 16 homes have fewer than half of residents agreeing there is a good variety in the food offered.

Figure 3.7 – Home Comforts theme individual aspect scores

### Home Comforts

To what extent do you agree or disagree with each of the following...?



“

We have a very good head cook who always tries to provide something nice

“

Quality of food and portion sizes can be inconsistent at weekends

“

Laundry tends to come back grey (whites) and sometimes not at all



## Quality of Life

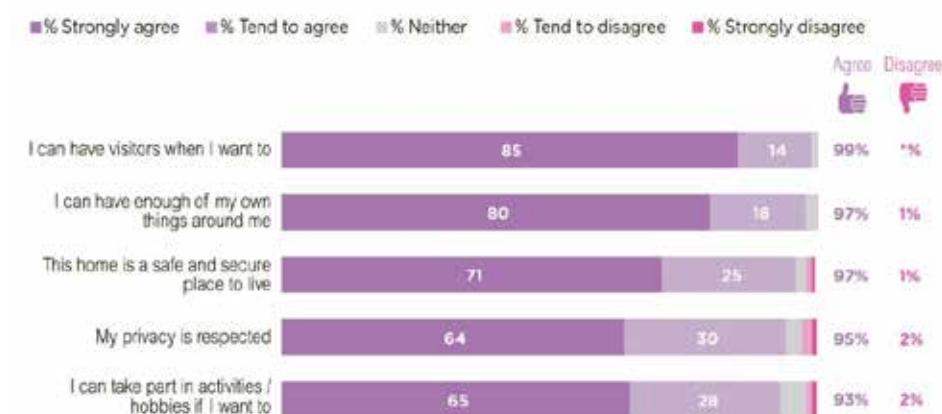
Some of the highest results are observed in relation to aspects within the Quality of Life theme. For instance, an average of 99% of residents agree that they can have visitors when they want to, and an average of 97% agree that they can have enough of their own things around them and that their home is a safe and secure place to live. An average of 95% agree that their privacy is respected. Within this theme, the lowest result is an average 93% of residents who agree they can take part in activities and hobbies if they want to, and across each aspect the proportion of residents who strongly agree is around two thirds or higher (as high as 85% for having visitors when they want to).

Results for the vast majority of care homes are positive, with in most cases half or more residents agreeing with these aspects. Across these five measures there are just seven instances of a care home achieving fewer than 50% of residents agreeing. The lowest recorded result for an individual care home is seven percent of residents agreeing their privacy is respected.

Figure 3.8 – Quality of Life theme individual aspect scores

### Quality of Life

To what extent do you agree or disagree with each of the following...?



“

Activities are thin when the organiser is away. The organiser is enthusiastic and does her best, [but] I would like more board game activities, and DVDs in the main lounge

“

I love the poetry corner on a Wednesday

“

I enjoyed the sing-along garden party. I will never forget it

“

At times when there are no staff around, it is not a safe place to be

## Choice and Having a Say

Results for Choice and Having a Say again show a generally positive picture, with one key service standing out as achieving lower results: residents having a real say in how their care and support are provided. It is important to recognise the scope for improvement on this measure given the importance placed on delivering person-centred care<sup>19</sup>.

An average of around nine in ten residents agree they can speak to senior members of staff if they need to, can choose what time they get up and go to bed, and have access to a pleasant garden or outdoor area (91%, 90% and 89% respectively).

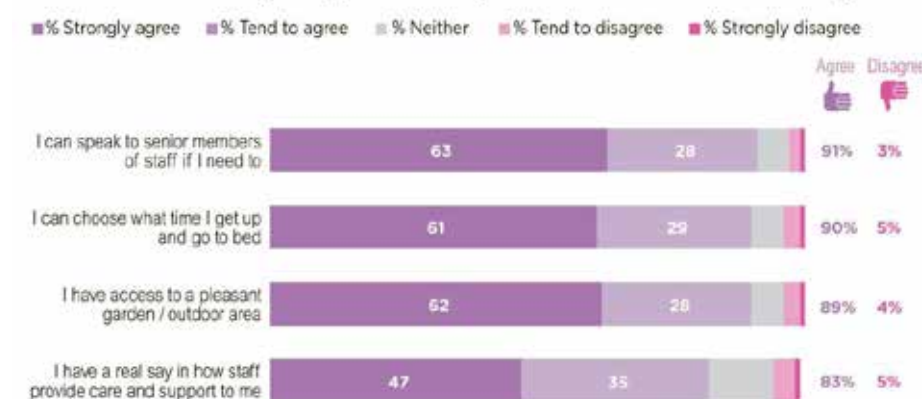
A significantly lower proportion of residents (83%) agree that they have a real say in the care and support they receive. This is in large part due to the smaller proportion of residents saying they strongly agree – just under half (47%) compared to over 60% for each of the other three aspects within this theme. This was equally an area identified as needing improvement from the 2012 survey results, suggesting this continues to be an important point of focus for care homes.

There are 22 care homes where fewer than half of residents say they have a real say in their care, with one home achieving zero percent, although it should be noted that the percentage disagreeing was equally low – in this home residents appear uncertain as to whether they have a real say or not.

Figure 3.9 – Choice and Having a Say theme individual aspect scores

### Choice and Having a Say

To what extent do you agree or disagree with each of the following...?



“

Anything I wanted to say, they listened

“

I get up when I choose, but I am taken to bed at a set time each day

“

Didn't know I could speak to the manager

“

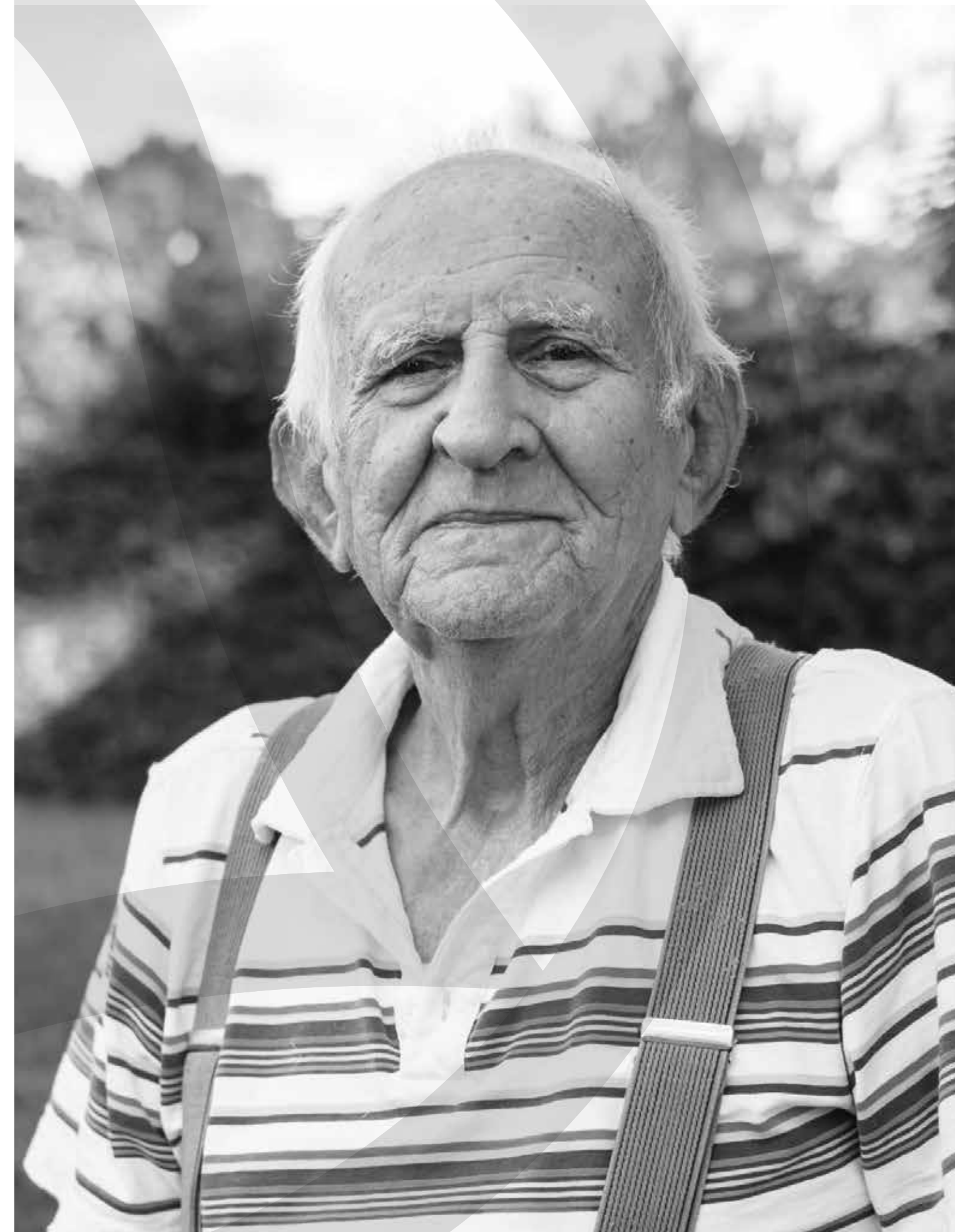
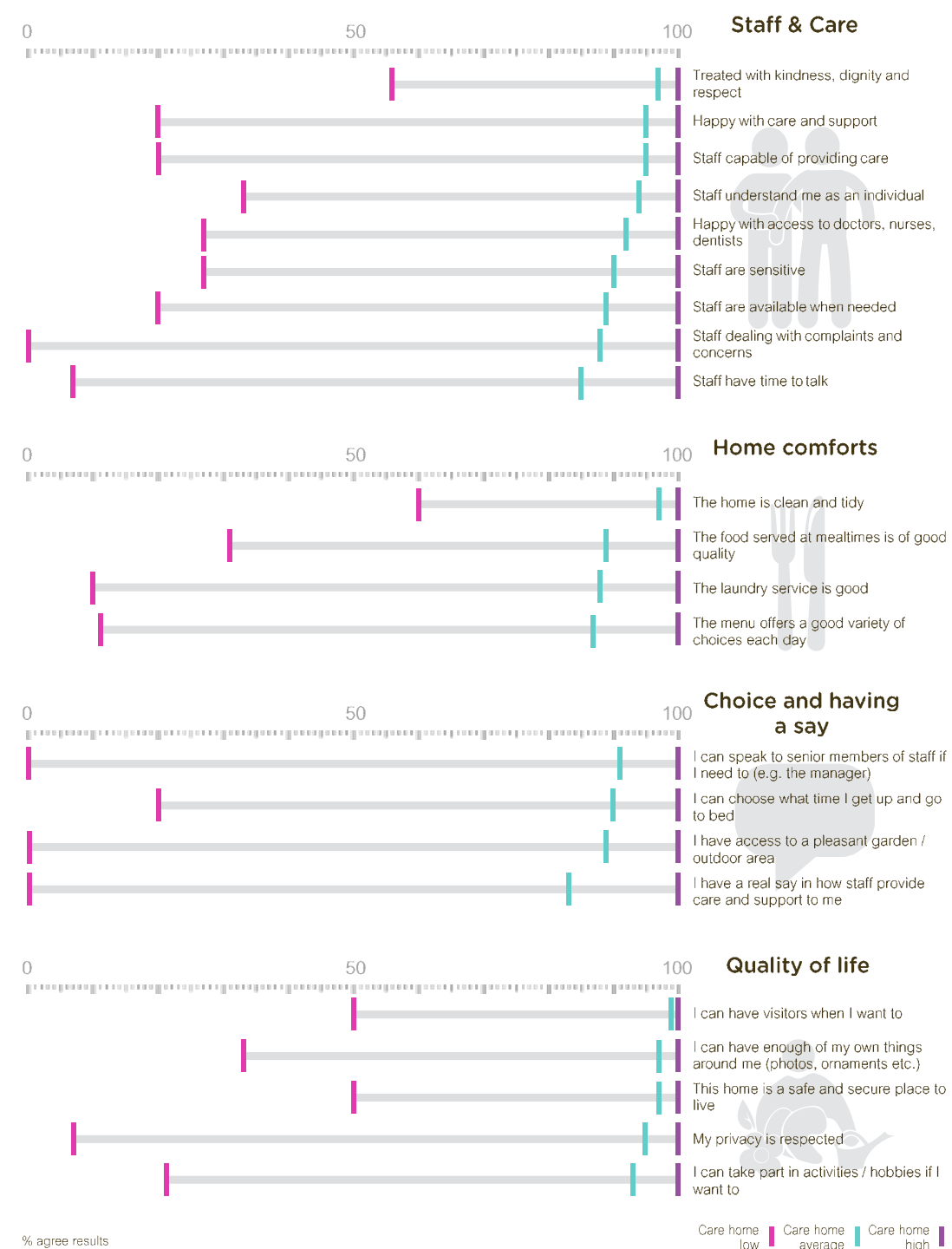
The outdoor area is very disappointing. Apart from occasional lawn mowing, no maintenance work is done. It is overgrown... which makes access for wheelchairs difficult

<sup>19</sup> CQC essential standards of quality and safety state that those delivering services should encourage service users to express their views as to what is important to them to involve them in decisions relating to their care or treatment.



Results across the 22 aspects also show variation by care home. As figure 3.10 shows, the care home average and high results across all aspects are above 80%, however there are some homes where feedback is less positive and where resident feedback identifies specific priority areas for that home. This feedback, coupled with the understanding the survey provides on what most influences how satisfied residents are overall, gives each care home powerful insights to act upon.

Figure 3.10 – Individual aspect care home high, average and low results



## Overall views

Your Care Rating included three questions for participants regarding their overall views on living at their respective care homes. These three questions focus on how happy they are living there generally, how likely they are to recommend it, and residents' overall views of the standard of the care home (results are presented in figure 3.11 opposite).

### Happiness living in the care home

On the first of these measures, on average nine in ten (91%) care home residents agree that they are happy living in their care home. This provides a more general measure of happiness, with residents' responses likely to include consideration about the care home and staff as well wider elements such as personal preferences and experiences. In some care homes 100% of residents agree that they are happy living there, but this is as low as 33% in one home.

### Recommendation – friends and family test / net promoter score

The Friends and Family Test is a question that seeks to determine whether service users would recommend the services they have used to their friends or family. The Net Promoter Score (NPS) is calculated on the basis of this question, with the percentage of residents answering between zero and six ("detractors") subtracted from the percentage of residents answering nine or ten ("promoters")<sup>20</sup>.

The average NPS for care homes is +45, but this ranges from a high of +100 (meaning all residents said they were highly likely to recommend the home to friends and family, answering nine or ten) to a low of -83 (due to just seven percent of residents answering nine or ten and 90% answering between zero and six in this home).

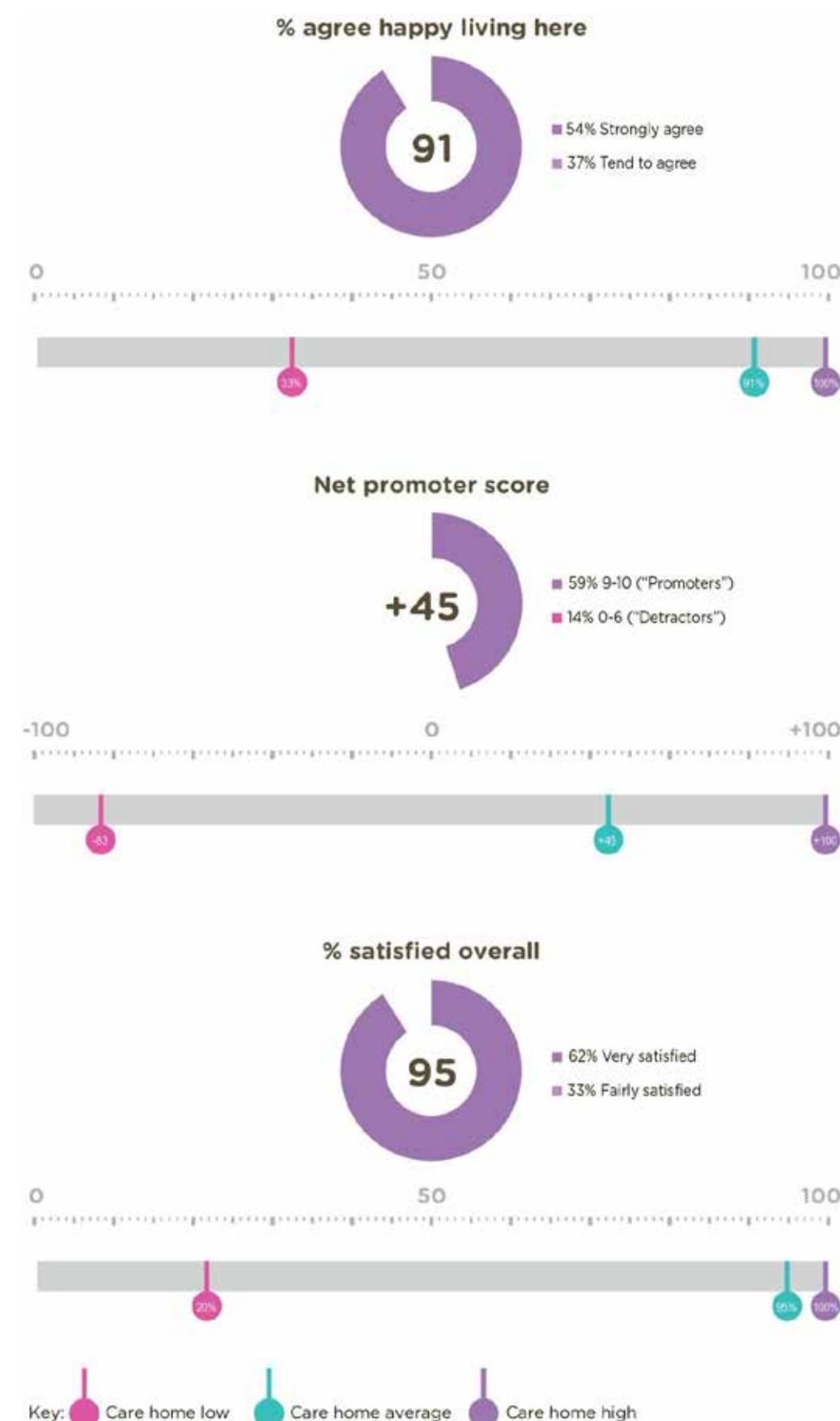
### Overall satisfaction with standard of care home

Care home residents were also asked how satisfied they are with the overall standard of their care home. Results from the 2013 Your Care Rating Survey are very positive, with an average of 95% of residents saying they are very or fairly satisfied.

Again some homes have 100% of their residents saying they are satisfied, but this falls as low as 20% among others. This said, it should be noted that 823 homes have more than 90% of residents saying they are satisfied with the overall standard of their care home.

<sup>20</sup> See footnote 15 for a full explanation of how NPS is calculated.

Figure 3.11 – Other overall measures





## Summary findings

For the first time, resident views on hundreds of care homes have been published. This marks a huge step forward for the care sector and the public in understanding what residents think of their care homes and in presenting a balanced picture of successes and areas for improvement.

The results from the 2013 Your Care Rating Survey broadly paint an encouraging picture of life in care homes from the majority of homes which took part, with an average OPR score for participating homes of 871 out of 1,000. The highest score achieved was 991. However, some homes achieved lower than the overall average result – the lowest OPR score was 585 and ten homes had an OPR score of 700 or below.

Across the 22 aspects that are used to calculate the theme (and subsequently the OPR) scores, results are also generally positive. For eight of these aspects, on average at least 95% of residents positively agreed with the question statement. In contrast, for eight aspects 90% or fewer positively agreed, although the lowest average result is still 83% of residents agreeing that they have a real say in how staff provide care and support to them.

A large number of care homes achieved 100% of residents positively agreeing about individual aspects. This is highest for residents being able to have visitors when they want to, with 80% of homes achieving a result of 100%. It is lowest, however, for residents having a real say in the care and support they receive, with just 16% of homes achieving a result of 100%. These figures correspond with the highest and lowest average results.

The strength of positive sentiment is also an important way to understand how well care homes are rated. The proportion of residents strongly agreeing is much lower for some aspects. Within individual care home results, staff can see not just what proportion of their resident agree, for example that they have a real say in their care and support, but what proportion strongly agree. A home may score highly for an individual aspect, but may still be able to improve the proportion of residents who strongly agree.

While it should be noted that the challenges of conducting research among care home residents<sup>21</sup> mean these results do not represent the views of care home residents as a whole, and nor does the survey cover the entire care home sector, they do give powerful insight (both through the responses to the survey questions and the open comments provided by participants) into successes and what aspects, according to residents themselves, they most need to focus on.

**The 2013 Your Care Rating Survey presents a generally positive picture of what residents think of their care home.**

**With over 20,000 residents taking part, and results for the first time published on a care home by care home basis, it is a powerful tool for consumers, care homes and the sector.**

As results show, there are a number of areas of success. There are, as well, two clear areas with, relatively speaking, scope for improvement – residents feeling like they have a real say in their care and that staff have time to talk to them. These are the same issues identified from the 2012 survey results and reflect significant areas of focus for the sector more widely.

Results also point to the area the sector should focus on to ensure residents are happy with their care home. Aspects relating to staff and care, such as being treated with kindness, dignity and respect and staff having enough time, have the greatest influence on residents' overall views of their care home. In contrast, aspects relating to choice and having a say, such as access to senior members of staff and having a real say, have the least influence. This does not, though, mean these elements are not important. The real value of the Your Care Rating Survey is to give care homes the tools to maintain and improve care provision.

Each care home taking part in Your Care Rating has a Dashboards Report and Verbatim Comments Report, showing what their residents think and say about their care home, and how well that home is doing compared to all the homes taking part.

Care homes are now using the survey results, in many cases supplemented by the input of staff, residents and relatives, to identify very specific actions, such as offering greater choice at mealtimes or finding ways to make staff more available to talk to, for their home.

At an organisational level, each care provider is able to assess their homes on objective data, and work out where they need to focus management effort and resources. They are also, through the additional benchmark data Your Care Rating provides, able to assess how they perform against their peers.

While the survey gives insight into areas for improvement, it also identifies reasons to celebrate success and for care workers and managers, who sometimes face criticism, to know that their hard work is appreciated and valued.

<sup>21</sup> See section 2 of this report and the 2012 Your Care Rating report.

## 4 technical notes



## 4 technical notes

Your Care Rating is open to care homes across the UK. It is designed to be conducted in care homes that primarily serve older people (aged 65 or over), but is open to younger adults living in such care homes as well. The 2013 survey was conducted across 32 providers, totalling 1,123 care homes and 60,478 registered places.

The survey uses a postal self-completion methodology, with packs of questionnaires and freepost return envelopes sent to care homes. Fieldwork was conducted between September and November 2013. All responses to the survey are processed by Ipsos MORI.

A total of 21,190 residents took part in the survey across 1,055 care homes. Responses are shown for all valid responses (excluding blank responses to questions). Data are unweighted.

Results presented in this report are based on analysis of data for individual care homes, in line with published results on the Your Care Rating website. Results are based on a total of 988 care homes where five or more responses were received and whose results were included in benchmark figures following validation. In addition, for an individual question any homes where fewer than five valid responses were received are excluded from the calculation. All overall results are presented as the average result achieved by these care homes and are not the overall result of all respondents, as presented in the 2012 report. Due to the difference in the calculation of results, and due to presenting results at a care home level for the first time in 2013 (the 2012 survey was carried out to test the implementation of the Your Care Rating Survey and results by care home were not, therefore, published), statistical comparisons with 2012 data have not been made.

For example, for question 3.6 "I can choose what time I get up and go to bed", of the 988 care homes with five or more responses overall and whose results are included in benchmark figures following validation, there are eight homes where only four residents answered the question (other residents who returned a questionnaire chose to leave this question blank). Therefore the average result (90% agree) is calculated as the average of the individual results from the 980 remaining care homes.

OPR and theme scores are shown out of a possible total of 1,000. Percentage scores are shown out of 100%. Where figures do not add up to 100%, this is due to computer rounding. An asterisk indicates a score less than 0.5%, but greater than zero.

When interpreting results from Your Care Rating, it is important to note that all results are subject to sampling tolerances and therefore not all differences are statistically significant. The residents who took part in the surveys are a sample of the total "population" of residents, so we cannot be certain that the figures obtained are exactly those that would have been reached where everyone had responded (the "true" values). Results for individual care homes are based on small base sizes and therefore differences in results will not, in most cases, be statistically significant.



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The Social Research Institute works closely with national governments, local public services and the not-for-profit sector. Its c.200 research staff focus on public service and policy issues. Each has expertise in a particular part of the public sector, ensuring we have a detailed understanding of specific sectors and policy challenges. This, combined with our methodological and communications expertise, helps ensure that our research makes a difference for decision makers and communities.



By taking part in the Your Care Rating survey, care providers are demonstrating very tangibly their commitment to:

- Hearing the views of residents
- Improving further the quality of their services

To recognise this, Your Care Rating will allow them to use the Quality Mark.

For further information visit [www.yourcarerating.org](http://www.yourcarerating.org)