



your  
care  
rating  
what customers say



# your care rating

**2012 survey**  
January 2013

Ipsos MORI





# contents

## foreword 04

## your care rating an overview 06

Background and objectives	06
Challenges	08
Implementation	09
Looking ahead	09

## developing the your care rating survey 10

Development stages	10
Rapid evidence review	11
Cognitive interviewing	12
Pilot survey	16
Interviews with pilot care home staff	17
Taking the development forward	17

## your care rating 2012 survey results 18

Conducting the survey	18
Survey questionnaire	20
Response rates	21
Validating the survey	22
Understanding and using results	23
Measuring performance – an overall performance rating	24
Survey results	27
Summary findings	37

# foreword

Your Care Rating was established to provide residents living in care homes with the opportunity to provide their views and feedback via an independent, confidential and standardised annual survey.

The outcomes of the survey will ultimately be used to:

- Facilitate and inform continuous quality improvement in individual care homes and the sector more widely; and
- Provide an authoritative and benchmarked source of information for existing and prospective customers and other stakeholders.

Your Care Rating, a not for profit organisation, has commissioned leading market research organisation Ipsos MORI to develop and implement the survey. It is currently aimed at care homes that primarily serve older people (aged 65 or over) in England, Scotland, Wales and Northern Ireland. However, where younger adults live in such care homes, they are also included.

Considerable progress has been made during our first year of operation:

- 13 care providers have joined the scheme and entered all of their care homes into the survey – covering more than 45,000 residents in over 850 homes;
- A survey process has been designed and piloted by Ipsos MORI;
- A survey distributed to all residents in participating care homes has been undertaken, with nearly 14,000 responses; and
- A rating system has been developed which, in the future, will provide an Overall Performance Rating for each care home, with four sub-ratings for the key themes which have been identified as driving overall resident satisfaction.

The costs of the survey were borne by the care providers based upon a fee per registered bed.

This first survey was effectively an extended trial – to test

the questionnaire and the associated processes and methodology. The detailed results have been reported back to each care provider organisation and, in turn, care homes including staff and residents. The results are now being analysed by participating care providers and used to inform measures to improve the quality of care and life as experienced by residents.

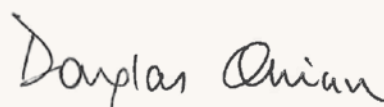
The aggregate results from the survey are contained later in this report. Now that the survey process has been thoroughly tested, the results of future surveys will be published on our website, on a care home by care home basis.

Looking to the future, our priorities for the next year are to:

- Extend the coverage of the survey to include as many care providers and care homes as possible;
- Implement a second annual survey in September 2013;
- Embed the Overall Performance Rating benchmarking system within this survey and the reported results;
- Develop our website to facilitate the hosting of the results; and
- Collaborate with other stakeholders in the sector who share similar aims.

Longer term, following requests from a variety of organisations, we intend to explore the extension of Your Care Rating into other areas of care such as young adults and domiciliary care.

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



**Douglas Quinn**

*On behalf of the Board of Your Care Rating*

# your care rating

# an overview

Your Care Rating is the first independent national care home resident satisfaction 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.

## background and objectives

The White Paper 'Caring for our future: reforming care and support' sets out the vision for a reformed care and support system, outlining a new 'person centred' system which ensures people are given clear information, that their views are heard, and that they can exercise choice<sup>1</sup>.

In addition, and in recognition of the gap in information for the public about how well care services are performing, the Health Secretary, Jeremy Hunt, has recently initiated a review to assess the merits of a system of ratings for hospitals and care homes to enable consumers to access an easy to understand, independent and expert assessment of how well hospitals and care homes are doing relative to others<sup>2</sup>.

Your Care Rating, therefore, comes at a timely point for the care sector. It is an industry led initiative seeking to:

- Give care home residents a voice, putting their views at the heart of understanding how well care homes perform;
- Champion continuous quality improvement in the care sector; and
- Provide an authoritative source of information for existing and prospective customers and other stakeholders, supporting informed choices.

Your Care Rating is a standardised survey designed to collect resident views across different providers and care homes. The survey was commissioned by Your Care Rating

Ltd, an independent not for profit organisation established by eight care sector organisations in 2011. Ipsos MORI was commissioned in early 2012 to establish and conduct the survey.

The survey has been developed by Ipsos MORI in conjunction with the organisations taking part, with the input of care home residents and with the support of the National Care Forum (NCF) and the English Community Care Association (ECCA).

The survey is open to care homes across the UK. It has been 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.



## challenges

The Your Care Rating Survey results are an objective measure of care quality as perceived and experienced by care home residents. The survey is designed to collect the views of residents across a number of providers and care homes. It is a large scale survey that uses a standardised approach and survey materials. It therefore presents a number of challenges both in terms of its design and implementation. The key challenges are:

- A challenging research audience;
- Standardised survey materials used across different (and geographically dispersed) providers and care homes; and
- Its initial scale and the need for future scalability.

The most challenging aspect of the survey is ensuring accessibility for the research audience - it is estimated that around two thirds of care home residents have some form of cognitive impairment, and added to this are residents with physical impairments. Requirements under the Mental Capacity Act for respondents to be able to provide informed consent to take part, and sensitivities and restrictions regarding access to personal/contact details, present additional challenges too. As such, conducting the research requires careful consideration of the methodology and survey instruments to ensure residents can participate.

Regardless of the methodology used, conducting research among care home residents is extremely difficult, and for many residents who lack the cognitive function to participate, direct research with them is simply not possible. In these cases observational research is the only viable option. This means that there will always be a segment of the care home resident population for whom direct research (i.e. collection of their personal views) is not possible.

The standardised nature of the survey across geographically dispersed providers (and care homes), as well as the initial scale and requirement for scalability, presented additional challenges when designing Your Care Rating.

With these issues in mind, Ipsos MORI proposed a postal self-completion method based on the distribution of questionnaire packs to individual care homes for internal distribution among their residents. This methodology presented a further complexity, namely the direct involvement of care home staff in the administration of the survey. By moving away from a direct mail approach to one where individual care homes have responsibility for the internal distribution of questionnaires, an element of control in the survey process is lost.

In addition, and in light of the difficulties some residents may face in taking part without assistance, a self-completion methodology of this type presented a challenge in ensuring the views of the resident are captured.

In recognition of the scale, complexity and importance of Your Care Rating, Ipsos MORI undertook a staged process of development, implementation, validation and reporting. The purpose of this approach was to:

- Ensure that careful consideration was given to how the survey would be conducted and the design of the materials used;
- That the approach and materials were tested prior to the survey in September/October 2012; and
- That sufficient controls (such as a validation stage) were built into the survey process to address any concerns or limitations and provide confidence in the method and results.

The key aspects and timings for the design and implementation of the Your Care Rating Surveys are outlined in the table below and commented on further, later in this report.

It is important at this stage of the report to recognise the benefits and limitations of the Your Care Rating Survey. It offers a unique opportunity for residents to have their say and help to improve the services they receive. It does not, however, provide total coverage of the entire care home sector, nor of all residents within individual care homes (for example, those with a cognitive impairment such as dementia may be unable to take part in any direct research).

Stage	Timings	Details
Development stage	February to August 2012	Rapid evidence review, cognitive testing, pilot survey and care home staff interviews
Implementation stage	September to November 2012	Redesign of survey materials, fieldwork, data processing
Validation stage	October to November 2012	Response monitoring, data checking, telephone interviews with care home staff
Reporting stage	November 2012 to January 2013	Provider level reporting, national level reporting



## implementation

The 2012 Your Care Rating Survey was open to all care providers in the UK. The survey was conducted between September and October 2012, using a postal self-completion methodology. Questionnaires were sent to 857 care homes, covering 45,951 registered beds, across 13 providers.

The table below presents details of the 13 care providers taking part in the 2012 Your Care Rating Survey.

Across these 13 organisations, a total of 13,886 responses were received from residents in 791 care homes. This is a significant number of responses which, together with the extensive development and validation processes, provides strong reassurance about the validity and robustness of the survey data. As such, the 2012 survey provides valuable insights into what care home residents think about where they live and the staff that provide their care and services.

Care provider	No. of care homes	No. of registered beds
Anchor*	93	4,097
Avante Partnership	15	920
Barchester Healthcare*	181	11,271
Borough Care Ltd	12	496
Care UK Residential Care Services*	87	5,450
Community Integrated Care	26	1,154
Coverage Care Services Limited*	10	532
Greensleeves Homes Trust	17	595
Guinness Care and Support	7	168
HC-One	241	12,883
MHA*	87	4,513
The Fremantle Trust*	11	624
The Orders of St John Care Trust*	70	3,248
<b>Total</b>	<b>857</b>	<b>45,951</b>

\*Care homes from these providers also took part in the development stage (cognitive testing and/or pilot survey).

## looking ahead

One of the key objectives for Your Care Rating is to provide an authoritative source of information for consumers about how well care homes are performing. To meet this objective, from September 2013 onwards, survey results by care home will be published on the Your Care Rating website and an Overall Performance Rating (OPR) will be developed to provide a robust and comprehensive benchmarking score at the care home level. This will give consumers the opportunity to compare care homes on an objective basis. Further details of the work undertaken so far in developing this OPR are provided later in the report.

The 2012 survey has provided a great deal of understanding about how such a large scale, standardised survey works across so many different providers and, particularly, care homes. These findings are being taken forward by Ipsos MORI and Your Care Rating into an interim survey in early 2013 (for providers who wish to trial the survey), and then on into the 2013 full survey, due to be conducted in September 2013.

Throughout this report we point to the continual development of the Your Care Rating Survey from its inception in late 2011, to implementation in autumn 2012. This process will continue moving forward, ensuring that the processes and materials employed enable as many care home residents as possible to take part, and that the survey provides a valuable and credible source of information for consumers and providers alike.

The intention for Your Care Rating is to widen participation in the survey to more care providers, both large and small, throughout the UK.

# developing the

# your care rating survey

Your Care Rating has been established to provide a robust, reliable and credible assessment of customer satisfaction among care home residents. While many care providers conduct surveys of residents or relatives, nothing of the nature of Your Care Rating - in terms of its scale and standardised approach across providers - had been attempted in the sector before. As such it was important that sufficient time and resources were devoted to the design and development of the survey.

The development work produced a large amount of evidence on how best to carry out the survey.

In this section we outline the key findings from the development stage.

## development stages

Ensuring that the criteria used to measure performance are robust and that the survey instrument used to collect the data is fit for purpose are key considerations for a successful study. This is particularly the case in designing a standardised survey for care home residents. In doing so we faced a number of challenges to achieving the inter-related goals of:

- Maximising participation and minimising burden on residents;
- Maximising support from, and minimising the burden on, care home staff;
- Meeting the information needs of care home providers; and
- Ensuring the legitimacy of the survey in the eyes of consumers, staff and wider interested bodies.

With this in mind Ipsos MORI conducted an extensive development stage, working closely with the Your Care Rating Steering Group<sup>3</sup>, incorporating the following aspects:

- A rapid evidence review, including discussions with Professor Julianne Meyer on existing evidence, approaches and best practice;
- Questionnaire development, including in-depth, cognitive testing interviews with 14 residents in 3 care homes;
- A pilot survey of 945 residents across 15 care homes;
- Follow-up telephone interviews with 13 care home managers in pilot survey homes; and
- Extensive contributions from the Steering Group members throughout.





## rapid evidence review

The rapid evidence review incorporated a selection of recent academic papers and reports, alongside examples of questionnaires administered in care home settings, and subsequent 'customer satisfaction' reports made available by care home providers. In addition, it drew on market/social research and methods literature, specifically relating to postal self-completion methodologies, and Ipsos MORI's wider research experience. The rapid evidence review also included invaluable input from Julianne Meyer, Professor of Nursing and Care for Older Adults at City University London and Executive Director of the My Home Life Programme, a UK-wide initiative to promote quality of life for those living, dying, visiting and working in care homes for older people<sup>4</sup>.

One of the key findings from this part of the development stage was to confirm the suggested postal, self-completion methodology as the most practical data collection approach (based on existing practice and its overall cost in comparison to interviewer administered methodologies such as in-home face to face interviews).

While confirming the importance of collecting residents' own views on the service they receive (and legal requirements not to allow 'proxy' interviews), the review also asked the Steering Group to consider to what extent non-resident data (relatives, carers etc.) would be useful.

In concluding on the most appropriate distribution method, the rapid evidence review gave us confidence that engaging care home managers in the distribution process and providing clear guidance to them would ensure we could manage the process of disseminating questionnaires.

The rapid evidence review also pointed to the need for the Steering Group to consider whether there was further value in seeking external ethical approval for this research programme given the desire to develop high-profile outputs and the potential scale of the survey.

Following the presentation of the review paper, the Steering Group agreed the following decisions:

- To focus the survey on collecting the views of residents only at this stage (relative and care home staff surveys may be explored in future years);
- To use an eight page questionnaire, carefully designed to incorporate sufficient questions to meet providers information needs but to limit the burden on residents;
- That responsibility for distribution of the questionnaire and for assessing consent to participate should rest with care home managers, who are best placed to make judgements about the ability of residents to give informed consent; and
- That given the proposed development stages and desire to maintain impetus, that Your Care Rating would not seek ethical approval.

The findings from the rapid evidence review and the subsequent decisions and input by the Steering Group (prioritising questions from a suggested questions bank) fed into the design of the materials for use in the pilot survey and cognitive testing.

## cognitive interviewing

Cognitive interviewing involves face-to-face interviews with typical respondents to a survey. In each, the participant is asked to complete the questionnaire, while being observed by an experienced Ipsos MORI moderator. The respondent is probed to establish any problems they had with understanding or answering of questions, and to establish their understanding of what is being asked.

The purpose of the cognitive interviewing, therefore, is to test the questionnaire design and content in-depth to achieve a greater understanding of residents' ability to complete the questionnaire, to ensure questions are clear and unambiguous, and to test that questions are relevant to respondents.

Fourteen in-depth cognitive interviews were carried out with residents in three different care homes. Care homes were selected to provide a range of sizes and care services (including those that provide care for a range of different conditions, such as those offering specialised care for dementia or elderly and frail residents).

Care home residents from a range of backgrounds were interviewed, including those with early stages of dementia where informed consent was obtained. The pilot version of the questionnaire (designed for use in the pilot survey, conducted alongside the cognitive interviewing) was used for initial testing, with revisions made to the questionnaire and tested in further sessions.

The diagrams on the following page illustrate the evolution of the questionnaire throughout the development stage, drawing on the inputs from the Steering Group, our experience, and, crucially, the findings from the cognitive interviewing.

As indicated in the diagram, changes were made to both the content and layout of the questionnaire after each stage of cognitive interviewing to ensure testing of a range of options, the cumulative evidence from which was incorporated into the revised questionnaire submitted to the Steering Group for final approval. As part of this, variations of each of the following aspects were included for testing during the cognitive interviewing stage:

- Question wording;
- Statement wording and length;
- Response scale (including degree of granulation, wording and inclusion of 'No opinion' option);
- Inclusion of graphic aids to response scales (happy and sad faces);
- Spacing, font sizes and use of white space; and
- Inclusion of open-ended questions.

While the overall length of the questionnaire was not specifically tested (i.e. a four page version was not tested for comparison), careful consideration was placed on how cognitive interviewees responded to the length of the questionnaire.

A key finding from the cognitive testing was that the questionnaire should be of as little burden to the residents as possible (i.e. as simple and short as possible) to encourage and enable a response from as many residents as possible. A higher level of response increases the size of the sample data and with this the confidence in results as well as the ability to look at results for key sub-groups (such as individual care homes). This is an important consideration for the legitimacy of the survey too, with a higher degree of inclusion helping to underline the robustness of the survey results.

**To test the questionnaire design and content in-depth to achieve a greater understanding of residents' ability to complete the questionnaire**

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Version 1: Pilot questionnaire

Five point agree / disagree (Likert) scale, plus 'No opinion'

Longer, more detailed statements

Open-ended question after each section

YOUR VIEWS: LIVING HERE

Q1

To what extent do you agree or disagree with each of the following...?  
PLEASE TICK ONE CIRCLE ONLY FOR EACH ROW

	Strongly agree	Tend to agree	Neither	Tend to disagree	Strongly disagree
Overall, I am happy living here	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This home is a safe and secure place to live	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My privacy is respected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can take part in activities / hobbies if I want to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can have visitors when I want to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can have enough of my own things around me (photos, ornaments etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q2

Are there any comments you would like to make on the above?  
PLEASE WRITE IN BELOW

Page 3

Version 2: Post cognitive testing 1

Three point agree / disagree scale, plus 'No opinion'. Inclusion of graphic scale

Reduced number of statements

Open-ended question after each section

YOUR VIEWS: LIVING HERE

Q1

To what extent do you agree or disagree with each of the following statements?  
PLEASE TICK ONE CIRCLE ONLY FOR EACH ROW

	Agree 😊	Neither 😐	Disagree 😞	No opinion
Overall, I am happy living here	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe living here	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My privacy is respected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a good choice of activities / hobbies I can do here in the home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can have visitors when I want to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can have enough of my own things around me (photos, ornaments etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q2

Are there any comments you would like to make on the above?  
PLEASE WRITE IN BELOW

Page 3

Version 3: Post cognitive testing 2

Three point yes / no scale, excluding 'No opinion'. Inclusion of graphic scale

Simplified, shortened statements

Open-ended questions moved to the back of the questionnaire

YOUR VIEWS: LIVING HERE

Q1

For each statement below about living here please tick one circle to tell us how you feel.

	Yes 😊	I'm unsure 😐	No 😞
Overall, I am happy living here	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe living here	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My privacy is respected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a good choice of activities / hobbies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can have visitors when I want to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can have enough of my own things around me (photos, ornaments etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q2

And for each of the following statements please tick one circle to tell us how you feel.

	Yes 😊	I'm unsure 😐	No 😞
The home is clean and tidy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The laundry service is good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The food served at mealtimes is of good quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The menu offers a good variety of choices each day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have access to a pleasant garden /outdoor area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q3

Are there any comments you would like to make on the above?  
PLEASE WRITE IN BELOW

Page 3

Version 4: Post cognitive testing 3

Five point agree / disagree (Likert) scale, excluding 'No opinion'

Max. 6 shortened, simplified statements. Greater spacing

Open-ended question after each section

YOUR VIEWS: LIVING HERE

Q2

To what extent do you agree or disagree with each of the following...?  
PLEASE TICK ONE CIRCLE ONLY FOR EACH ROW

	Strongly agree	Tend to agree	Neither	Tend to disagree	Strongly disagree
Overall, I am happy living here	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe living here	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My privacy is respected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can take part in activities / hobbies if I want to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can have visitors when I want to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can have enough of my own things around me (photos, ornaments etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q3

Are there any comments you would like to make on the above?  
PLEASE WRITE IN BELOW

Page 3

| 13

**The balance between the respondent experience and the information needs of the provider was one of the key challenges when designing the Your Care Rating Survey questionnaire**

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The survey must also deliver on the information needs of the care home providers. The survey results are a crucial measure of performance now and, as the survey continues, of the direction of travel for each organisation. The survey must, therefore, include a sufficient bank of questions to identify areas of good or poor performance, and must provide results which allow detailed analysis of perceptions (especially the level of granulation of responses). Ensuring the survey delivers robust and useable data is also an important means by which its legitimacy can be demonstrated.

Therefore the balance between the respondent experience and the information needs of the provider was one of the key challenges when designing the Your Care Rating Survey. As such, considerable time was put into testing different options for the key aspects mentioned earlier in this section (such as the response scale and type of statements).

The findings from the cognitive interviews showed that some residents may struggle, if completing the questionnaire alone, with a five point scale. Initial cognitive interviews and discussions with care home managers indicated that some residents may find this scale daunting and confusing to complete. It was observed that some participants were only indicating agreement or disagreement with the statements, and struggled to differentiate between the 'strongly' and 'tend to' options. Options to simplify the scale and include graphic prompts (such as ☺ representing a positive response) were therefore tested.

However, while the cognitive testing pointed to some difficulties for residents using a five point scale, the results from the pilot survey indicated a desire and ability among most respondents

to use this scale. As three quarters of residents received some assistance (from relatives, friends or other volunteers/advocates) in completing the questionnaire, our conclusion was that the right balance between the complexity of the scale to provide detailed results and the simplicity of the scale to aid the resident was to use a five point, agree / disagree scale, removing the 'No opinion' option. An initial instruction to residents to leave any question blank that they do not wish to answer or that is not relevant to them was added.

In addition, and in part to balance the use of a more detailed scale, but also in response to specific feedback from the cognitive interviews, we recommended shortening and simplifying each statement to ensure it can be read and understood by as many residents as possible. Related to this, one of the key findings from the cognitive interviewing was the additional difficulty some residents had in answering "concept" statements – for example "I feel valued by staff". The interviewing indicated that it is harder for some residents to understand and interpret these types of statements. Particular focus was therefore applied to shortening and simplifying these statements, and to removing some where the concept was too complicated to convey clearly enough in a short statement ("I feel valued by staff" being one such example).

As part of the redesigning of the questionnaire, attention was also paid to reducing the overall impact of each page by limiting the number of statements to six (as well as limiting their length) and retaining the open-ended question after each section. This serves to both break up the questionnaire into manageable sections and to provide timely spaces for residents to record additional feedback when answering each section.

The overall effect of these changes was to reduce the amount of text on each page to try to encourage residents to take part (reducing the perceived burden), whilst retaining sufficient statements and granulation within the response scale to provide detailed results for perceptions of key services.

In addition to changes to the four main banks of statements, changes were also made to the overall views section. The cognitive interviewing (and Pilot Survey results) suggested that some residents struggled to understand and respond to the value for money<sup>5</sup> question as many residents have very limited input into payment for their care. This question was therefore removed from the survey (as was the classification question asking about how their care was funded, for the same reasons).

The cognitive interviewing also considered the introductory pages, finding that these worked well. Participants reported that the instructions were clear and understandable. However, when participants were handed the questionnaire to complete themselves it was noted that some did not read through the instructions fully, or at all, turning straight to the start of the questionnaire.

Most of those who took part in the cognitive interviews (and the majority of those completing the pilot survey) needed help in completing the questionnaire, and this was often because of difficulty in reading the text. With this in mind, both the covering letter and instructions were shortened and reordered to ensure the key information only was included (this information is both for the resident and, where relevant, a helper such as a relative – for example a clear instruction that the survey is gathering the residents' own views).





## pilot survey

The purpose of the pilot survey was to conduct an “as real” pilot of the Your Care Rating Survey, from design stages, through production, dispatch, distribution, fieldwork and data processing, obtaining feedback directly from care home staff and from residents through actual survey data.

Members of the Your Care Rating Steering Group provided Ipsos MORI with contact details for a range of care homes, selected to take part in either the pilot survey or cognitive interview testing. Of these, 15 care homes were selected for the pilot survey to gain a good mix by size of care home and type of resident.

Using the questionnaire developed during the rapid evidence review stage, pilot survey packs were distributed to the 15 care homes in June 2012. Care home managers were asked to distribute the survey to their residents using the guidance provided (this guidance outlined the process for the survey and the basis on which the questionnaires should be distributed – namely ability to provide informed consent to take part).

Residents were given up to three weeks to complete and return the questionnaire directly to Ipsos MORI, who also processed all data from the survey. In total 355 responses were received, representing an unadjusted response rate of 38%<sup>6</sup>. Responses were received from residents in 14 out of 15 pilot care homes.

The pilot survey data was analysed to identify patterns of response to questions, helping to identify the suitability or otherwise of the questions used. This analysis was used in conjunction with the cognitive interviews to make further recommendations on the survey questionnaire.

The pilot survey results indicated that, overall, residents did not struggle with the questionnaire, and in particular with the five point scale used. While the majority of residents were positive in their response, it was clear that residents sought to differentiate between being very positive (strongly agree) and being somewhat positive (tend to agree). In light of this, and given the very low proportion of respondents who were negative in their response, the importance of being able to analyse the differences in the degree of positivity between questions was clear.

Results from the pilot survey suggested that the pilot questionnaire worked well, but some specific areas for change were identified. For example, a comparatively smaller proportion of residents were positive about the two statements relating to activities and hobbies. Feedback from the cognitive interviews indicated some residents had difficulty responding to questions about activities as they are not able to take part themselves or do not wish to do so, suggesting a somewhat different interpretation of the question wording. However, retaining a question about hobbies and activities was identified as important, and therefore a single activities related question was retained for the revised questionnaire, with the wording amended to “I can take part in activities / hobbies if I want to”.

Further changes to statements and question wording were made on the basis of the pilot survey data and wider findings from the development stage.

The pilot questionnaire included open ended questions after each section for residents to give further information that may not be captured by closed questions.

As is often the case in self-completion surveys, we would expect many of these to be left blank. However, in certain cases the content of the information given was significant and detailed, adding richness to the results that may not otherwise have been captured. Feedback from the Steering Group also highlighted the importance of open-ended responses in their use of the data. It was therefore identified as important for residents to be able to provide additional responses outside of the closed questions.

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“

**Staff always look at the positive and celebrate birthdays”**

“

**I like that I can do small jobs to help out. It keeps me active”**

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## interviews with pilot care home staff

Piloting the survey as real ensured that an accurate picture of how well the process, from printing through to data processing, worked, including the efficacy of the guidance materials provided to care home staff. To obtain detailed feedback on the process and materials employed, pilot care home managers were contacted by telephone to conduct a 10-15 minute interview about their experience of administering the survey.

Of the 15 care homes taking part in the pilot survey, 13 care home managers were available to give their feedback. Managers generally supported and understood the aims of the survey, with a clear desire to see the results for their care home. Managers also reported in several homes that the reception from residents was positive, despite the potential for survey fatigue where residents had recently completed a similar survey.

Generally managers seemed comfortable with the requirements placed on them when receiving and distributing the questionnaire (including the process to assess informed consent), and that instructions were straight forward and easy to understand. A number of the care homes involved volunteers and advocates in assisting residents where necessary, and it was the norm for relatives or other helpers to assist residents in completing the questionnaire, for example by reading out the questions<sup>7</sup>. This highlighted the importance of the support mechanisms surrounding the survey, feedback that fed into the final wording of guidance for care homes and providers.

The interviews also identified the diverse ways in which care homes went about administering the survey initially, with some placing responsibility

in an individual member of staff and others opting to engage all staff via an initial staff meeting. Given the large number of care homes taking part in the 2012 survey, and the range of circumstances for these, it was deemed important to allow care homes some flexibility to conduct the distribution of questionnaires as they see best, based on their knowledge of their residents and available resources. This, however, was accompanied by re-iteration of the very strict principles upon which the survey is conducted (for example that all residents should receive a copy of the questionnaire if they can provide informed consent to take part, rather than based on any judgement of ability to take part).

The interviews also highlighted the important role staff play in ensuring residents receive a copy of the questionnaire and appropriate assistance to take part. The guidance materials issued to care homes were updated to reflect this important (but restricted) role for staff. Instructions were clear that care home staff should not assist residents when completing the survey.

## taking the development forward

The development stage for the Your Care Rating Survey provided a wealth of evidence about how best to design and carry out the survey.

Overall, the findings showed that the suggested methodology, questionnaire design and survey materials and processes were appropriate, and that the survey would work in practice. Some specific changes were identified to improve the survey.

The key findings from the development stage were incorporated into amended survey materials and processes. The findings were presented to the Your Care Rating Steering Group for approval in August 2012, ahead of the main 2012 survey in September.

# your care rating

# 2012 survey results

Your Care Rating serves to provide care home residents with a voice, and the results from the 2012 Your Care Rating Survey present a unique opportunity to understand what residents think about the care and services they receive. With close to 14,000 respondents, the survey provides an authoritative picture of resident views and, through the analysis presented in this section, some of the potential areas of focus for the sector.

## conducting the survey

Prior to presenting the results from the 2012 survey, we set out key information about how the survey was conducted.

### Survey methodology

The Your Care Rating Survey was carried out by Ipsos MORI during September and October 2012. The survey was conducted using materials and processes developed through an extensive scoping stage by Ipsos MORI, in conjunction with Your Care Rating.

The survey uses a postal, self-completion methodology, incorporating a 'pack distribution' approach. For each care home involved in the survey, a copy of the questionnaire was sent for every registered bed to ensure an opportunity for all residents to take part in the survey. Each survey pack contained:

- A questionnaire for each registered bed at the home;
- A covering note containing key information about the survey and important dates; and
- Freepost envelopes for residents to return their completed questionnaires directly back to Ipsos MORI.

In addition to the survey pack, each home received (electronically) a more detailed set of instructions explaining how care home managers should administer the survey. Once care homes had received their survey packs, they were asked to assess the capacity of each resident to provide informed consent to take part in the survey. Questionnaires were distributed to all residents who could give informed consent and care home staff were encouraged to help residents find some assistance to complete the questionnaire where necessary (for example, engaging a relative, friend or volunteer to assist the resident). Care home staff themselves were instructed not to be involved in helping to complete the questionnaire.







# survey questionnaire

The final designed, eight page questionnaire is divided into four key sections:

- **Living here**, which asks about aspects of life and services in the care home;
- **Staff**, focusing on care and support in the care home;
- **Overall views**, asking residents to rate their care home at an overall level; and
- **Other information**, including questions about residents' characteristics (e.g. age).





## your care rating – committed to quality

<<PROVIDER NAME>> is committed to providing the best possible service. The **Your Care Rating Survey** is an opportunity for you to tell us what you think about a range of issues.

Your Care Rating is being carried out by independent research company Ipsos MORI. Your care home will not be told who has replied; nor will your individual views be revealed. Overall results from the survey will be published so that you can see what residents think as a whole (not individually).

Taking part in the survey will benefit you by helping your care home to continue to improve. It is fine for you to ask for the help of a relative, friend or someone else but **we want to get your views**.

Once you have completed your questionnaire, **please return it to Ipsos MORI by 19<sup>th</sup> October 2012** using the freepost envelope provided, or return it to a member of staff/the manager, remembering to seal the envelope.

Staff are on hand to answer any questions about the survey or you can contact Stephen Finlay, Research Director at Ipsos MORI using the details below. If you have any other issues or concerns about the care you receive please speak with the home manager or contact the care home's head office.

Thank you for your help.

Ipsos MORI is carrying out this independent survey of residents. This is an opportunity for you to have your say. If you require a copy in LARGE PRINT or have any other requirements please contact the Ipsos MORI Helpline on 0808 238 5301 or email [yourcarerating@ipsos.com](mailto:yourcarerating@ipsos.com)

Page 1

1234567890

BARCODE

M

COMPLETING THE QUESTIONNAIRE

1. For most questions please tick one circle for each row like this ☒

2. If you wish to change your answer, fill in the circle like this ☐ and tick your chosen one.

3. If you do not want to answer a question or it is not relevant to you, please leave it blank

4. There are no right or wrong answers. We are **interested in your opinion** whatever it is.

5. It is fine for you to ask for the help of a relative, friend or someone else but **we want to get your views**.

6. **Staff are on hand to answer any questions about how to take part but should not be involved in filling in the questionnaire with residents.** This will make it easier for you because several of the questions are about staff.

7. Please remember that your responses to the survey will be kept completely confidential and will only be used for research purposes. Your care home provider will not be told who has replied; nor will individual resident views be revealed. Ipsos MORI work to the Market Research Society Code of Conduct and the Data Protection Act.

8. Please note that the information you provide in the grey boxes will be available to your care home so you should only include names or personal information if you wish these to be known.

Page 2

YOUR VIEWS: LIVING HERE

Q1 To what extent do you agree or disagree with each of the following...?  
PLEASE TICK ONE CIRCLE ONLY FOR EACH ROW

	Strongly agree	Tend to agree	Neither	Tend to disagree	Strongly disagree
Overall, I am happy living here	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This home is a safe and secure place to live	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My privacy is respected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can take part in activities / hobbies if I want to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can have visitors when I want to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can have enough of my own things around me (photos, ornaments etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q2 Are there any comments you would like to make on the above?  
PLEASE WRITE IN BELOW

Page 3

# response rates

Across the 857 care homes participating in the survey, 45,951 questionnaires were provided to ensure that each registered bed was covered. Overall, 13,886 completed questionnaires were returned to Ipsos MORI. This represents an unadjusted response rate of 30%.

The unadjusted response rate is based on the number of responses and the total number of questionnaires sent to care homes. It should be noted that many homes contained empty beds, meaning that the total number of residents in many homes was smaller than the number of questionnaires provided.

In addition, some residents did not receive a copy of the questionnaire due to a lack of capacity to provide informed consent to take part.

Therefore in order to provide a more accurate picture of the proportion of residents taking part, an estimated adjusted response rate has been calculated, based on the total number of responses vs. the total number of questionnaires distributed to residents<sup>8</sup>. The adjusted response rate is 61%.

One further important measure of how well the survey performed in this first year is the proportion of homes from which residents took part. Overall, Ipsos MORI received responses from 92% of care homes (791 of the 857 homes who were sent survey packs). For a number of care homes, due to the circumstances of their residents (e.g. residents with dementia), no responses to the survey were received. In addition, two care homes closed during the survey and were therefore unable to participate in the process.

**13,886 care home residents, from 791 care homes, took part in Your Care Rating.**

The following table presents the overall response rate figures alongside the high and low figures observed for individual providers.

Response rate measure	Overall	Provider high	Provider low
Unadjusted response rate <sup>9</sup>	30%	65%	22%
Adjusted response rate <sup>10</sup>	61%	89%	49%
Care homes with responses received <sup>11</sup>	92%	100%	83%

# validating the survey

Reflecting the important requirement for the survey to provide a credible and robust measure of how well care homes perform, and reflecting the chosen methodology, the Your Care Rating Survey incorporates a 'validation' stage.

The validation stage included a number of targeted actions to monitor the survey process closely, identify any issues or concerns and address these. In addition it helps to generate learning points to inform future design of the distribution process and survey materials, ensuring that care home staff are given the support and guidance they need to carry out the required tasks, ultimately, so that as many residents as possible are given the opportunity to take part in the survey.

**The validation process provided both valuable feedback on how the survey, in this first trial year, worked in practice, but also provided strong reassurance about the validity of the survey results.**

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The validation process involved three key aspects:

- Detailed fieldwork monitoring, including email and telephone follow-ups with care homes to verify receipt and distribution of survey packs;
- Detailed analysis of survey results to identify outliers and unusual results; and
- Telephone interviews with staff at 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 were conducted throughout the fieldwork period, and data was checked and approved by the Ipsos MORI project team.

Analysis of response rates and survey data indicated that the survey process had been carried out by care homes in accordance with the prescribed process, and provided strong reassurance about the validity and robustness of the data.

Further reassurance, and feedback on the survey process, was sought through targeted telephone interviews with care home staff. Validation interviews were conducted with 80 care homes in October 2012. Homes to validate were chosen at random, mainly from within a group of homes who had the highest (70%+) and lowest (below 20%) response rates, divided between the 13 different care home providers.

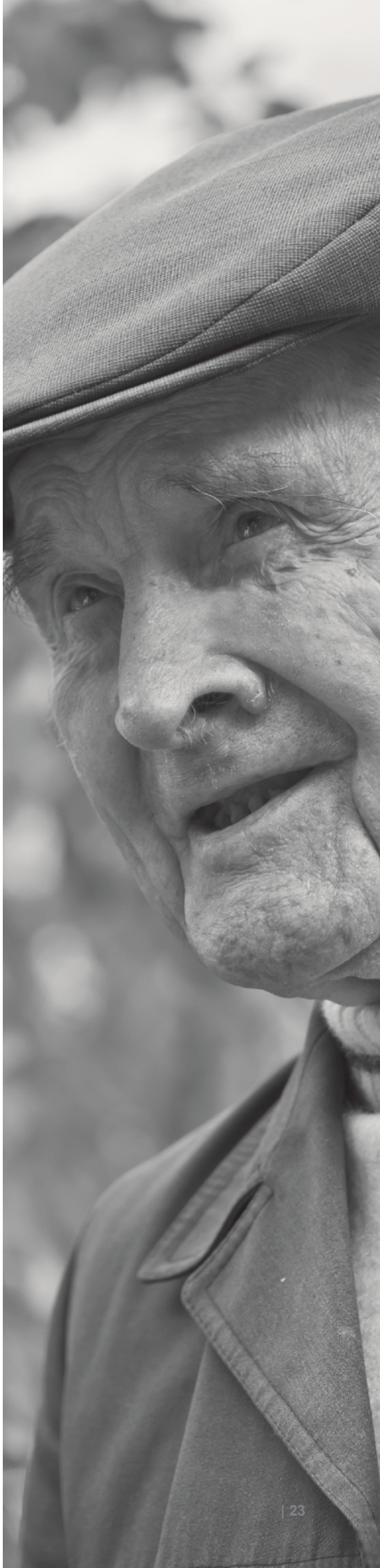
Care home managers, or other staff who had been involved in the administration of the survey, were asked a series of questions about their experience of the survey to establish how they had found the process, the instructions, determining ability to consent, the amount and source of

help needed by residents and whether they were aware of any comments by residents relating to the survey.

The validation process provided both valuable feedback on how the survey, in this first trial year, worked in practice, but also provided strong reassurance about the validity of the survey results. The validation process has enabled us to determine the factors which are likely to promote high response rates, and those which have a negative effect on response rates, as well as key learning points on how to ensure care home staff are engaged with the survey and its requirements. For example, care home staff did not report significant problems in determining ability to consent to take part in the survey, as they are familiar with the issue of consent and requirements under the Mental Capacity Act through a wide range of daily functions. Some staff did, however, indicate confusion about the role of relatives in the survey, particularly where a significant proportion of their residents were unlikely to be able to provide informed consent. Additional guidance was provided to care homes throughout the survey.

Detailed findings from the validation process, and wider learning points from this first year of the Your Care Rating Survey, will be submitted to Your Care Rating and used as part of the continual improvement of the survey processes and materials.





# understanding and using results

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).

We can, however, predict the variation between the sample results and the “true” values from knowledge of the size of the samples on which the results to each question are based and the number of times a particular answer is given. The confidence with which we can make this prediction is usually chosen to be 95% - that is, the chances are 95 in 100 that the “true” value will fall within a specified range.

The table below illustrates the predicted ranges for different sample sizes and percentage results at the “95% confidence interval”.

For example, where 70% give a particular answer, the chances are, 19 in 20, that the “true” value will fall within

the range of  $\pm 0.8$  percentage points from the survey result (i.e. between 69.2% and 70.8%).

With such a large sample of responses, the Your Care Rating Survey provides a unique opportunity to gauge accurate perceptions of care home residents about their home and the staff who provide care and support.

Each provider participating in Your Care Rating has received a number of reporting outputs, providing a range of ways to use and disseminate their results. Results, including benchmark figures, have been produced to allow each provider to understand how they, and each of their care homes, are performing. The outputs from the survey include both the survey data and open question responses from residents.

At the time of writing this report, providers are analysing their results and disseminating these to staff, residents and relatives. Results from the survey are being used to identify areas of success and areas for improvement, details of which are being incorporated into action plans for individual care homes and organisations as a whole.

Size of sample on which survey result is based	Approximate sampling tolerances applicable to percentages at or near these levels*		
	10% or 90%	30% or 70%	50%
	±	±	±
13,886 responses	0.5	0.8	0.8

*\*Sampling tolerances assume a purely random sampling approach. In practice, margins of error may be slightly larger.*

# measuring performance – an overall performance rating

One of the key long-term purposes of Your Care Rating is to provide an independent and robust way for consumers to compare care homes. To facilitate this, Ipsos MORI has developed an 'Overall Performance Rating' (OPR). The OPR is derived from the survey results using rigorous statistical methods, and is designed to be easily accessible to a range of audiences.

As part of developing this OPR, Ipsos MORI has conducted a series of statistical tests, identifying which aspects of the care home and staff most closely correlate with each other, and which aspects/groups of aspects are most important in shaping overall resident perceptions (satisfaction with the standard of the care home). The findings from the statistical analysis have provided a useful insight into what residents think and how care homes are performing.

The development of the OPR has involved two statistical processes<sup>12</sup>:

## 1. Factor analysis

This combines aspects (such as food and laundry services) which are most closely correlated into underlying "themes". These themes are created automatically as a result of the analysis. Within each of these themes, each aspect has an associated weight, dependent on the degree of importance it has within the theme.

## 2. Regression analysis

Having identified these themes, a further statistical process known as regression (key drivers) analysis<sup>13</sup> is used to identify the importance of each theme in shaping an individual's likelihood to be satisfied with the care home overall.

The factor analysis identifies four underlying themes (groups of aspects). These are the aspects that most strongly correlate with each other. These are:

### Factor analysis – underlying themes

#### Theme A – Staff and Care

Q.5.2	Staff understand me as an individual
Q.5.3	I am happy with the care and support I receive
Q.5.1	Staff treat me with kindness, dignity and respect
Q.5.5	The staff here are capable of providing the care I need
Q.7.2	Staff are sensitive to how I am feeling
Q.5.4	Staff are usually available when I need them
Q.7.3	I am happy with the way staff deal with any complaints or concerns
Q.7.1	Staff have time to talk to me
Q.5.6	I am happy with the access I get to doctors, nurses, dentists

#### Theme B – Facilities and Home

Q.3.3	The food served at mealtimes is of good quality
Q.3.4	The menu offers a good variety of choices each day
Q.3.2	The laundry service is good
Q.3.1	The home is clean and tidy

#### Theme C – Choice and Control

Q.7.5	I can speak to senior members of staff if I need to (e.g. the manager)
Q.7.4	I have a real say in how staff provide care and support to me
Q.3.6	I can choose what time I get up and go to bed
Q.3.5	I have access to a pleasant garden / outdoor area

#### Theme D – Security and Procedures

Q.1.5	I can have visitors when I want to
Q.1.6	I can have enough of my own things around me (photos, ornaments etc.)
Q.1.2	This home is a safe and secure place to live
Q.1.4	I can take part in activities / hobbies if I want to
Q.1.3	My privacy is respected

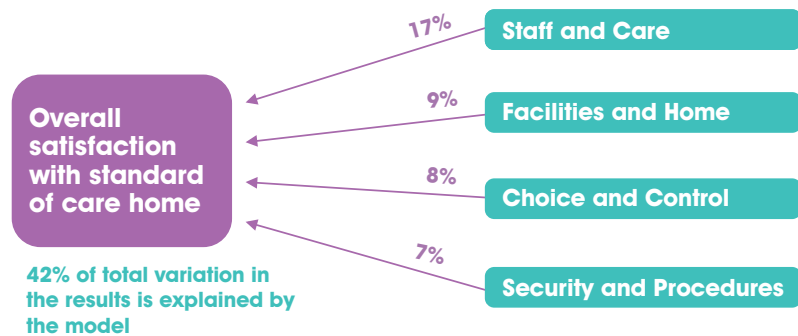


The regression analysis finds the combination of responses which can best explain the dependent or target variable - in this case resident satisfaction with the standard of their care home. In this way, it identifies the statistical relationships between each theme and overall satisfaction, and how much influence each theme has in shaping overall satisfaction.

The statistical model developed through this analysis explains 42% of the variance in overall satisfaction. A model that explains 30% or more of the variance in overall satisfaction (or other dependent variable) is considered a good predictor of perceptions.

As the following chart shows, the four themes differ in the extent to which each influences residents' overall satisfaction, with Staff and Care identified as most influential, and Security and Procedures the least. While all of the aspects asked about on the Your Care Rating Survey will have some influence over residents' overall perceptions, it is important to note that those within the Staff and Care Theme, such as staff having an understanding of the resident as an individual or being treated with kindness, dignity and respect, are likely to have the greatest influence in shaping residents' overall views.

## Key Drivers Analysis



**Staff and care is identified as the theme with greatest influence on overall satisfaction.**



Each resident taking part in the survey has a score, out of 100, calculated for each theme. The theme scores are calculated based on their responses for each aspect within the theme, with the contribution of each aspect to the theme score weighted by its importance within the theme. The OPR is calculated using the four theme scores, which are weighted by their respective influence on overall satisfaction, again giving a score out of 100.

The graphic below shows the average OPR and theme scores, alongside provider and care home high and low scores. The average OPR across all respondents to the survey is 87.52, with a range of around nine percentage points between the highest and lowest OPR for individual providers. The range between the high and low scores across individual care homes is much wider (between 54.11 and 100.00). Results for each theme are similar to this pattern.

As discussed earlier in the report, from September 2013 onwards, survey results by care home will be published

on the Your Care Rating website, including the OPR. This will provide a robust and comprehensive means for consumers to benchmark performance at the care home level, helping them make informed choices. The OPR remains under development ahead of the 2013 survey.

The statistical processes undertaken as part of the process towards developing an OPR provide valuable insights into which aspects of the care and services residents receive most strongly influence how satisfied they are with their care home overall.

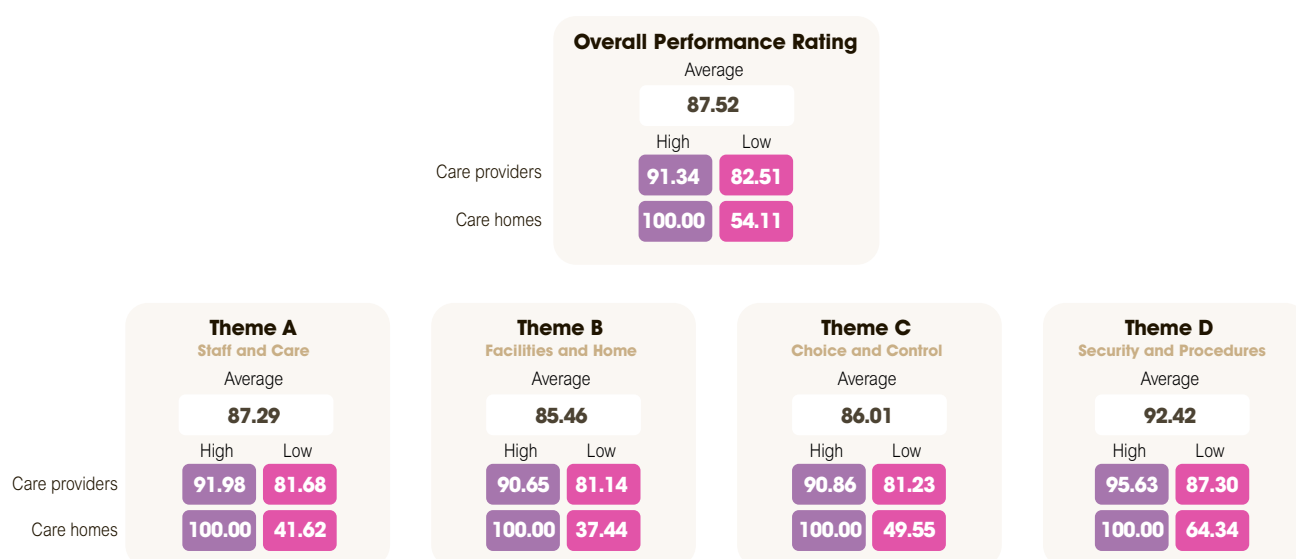
In the remainder of this section, the results from the 2012 Your Care Rating Survey are presented, focusing firstly on overall measures of resident perceptions, followed by analysis of results for aspects within each of the four themes identified above. Throughout, examples of the open comments residents provided on their questionnaire have been included to illustrate the types of additional information given (both positive and

negative comments have been provided to illustrate the range of comments and suggestions provided). Each care provider participating in the survey has a full database of the comments given by their residents for more detailed analysis.

Please note the following technical details:

- Data are unweighted;
- Results are shown for all valid responses (excluding blank responses to questions);
- Where figures do not add up to 100% this is the result of computer rounding or multiple responses;
- Combined figures are based on the constituent parts (e.g. % agree = % strongly agree + % tend to agree). These figures are also subject to the effect of rounding; and
- An asterisk indicates a score less than 0.5%, but greater than zero.

## OPR and theme results



# survey results

## Overall views

The survey included three questions for participants regarding their overall views on living at their respective care homes.

These three questions provide different ways of measuring how well care homes are performing, focusing on residents' overall views of the standard of the care home, how likely they are to recommend it, and how happy they are generally living there.

### Overall satisfaction with standard of care home

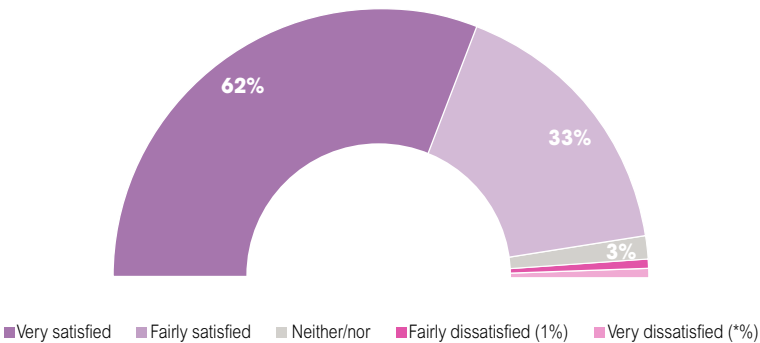
On the first of these measures, results are positive, with an overwhelming

majority (96%) of residents saying they are satisfied with the overall standard of their care home. Just two per cent say they are dissatisfied, with three per cent not having an opinion either way. More than three in five (62%) are very satisfied with the overall standard of their care home.

Across the 13 providers, the proportion of residents who say they are satisfied with the standard of their care home ranges from a high of 98% to a low of 92%.

Provider high	Provider low
98%	92%

## How satisfied or dissatisfied are you with the overall standard of your care home? (Q9)



Base: 13520 care home residents. Fieldwork conducted September/ October 2012.

“

Keep up the good work!”

“

Those in charge are very nice and helpful people”

“

The home is not very clean. I don’t know how it passes CQC report”

“

It depends on how staff are feeling as to how the home is run”

“

A residential care home is not a natural surrounding for anyone, but could be made much less distressing by having the correct level of staff to attend to people’s needs”



### **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. This form of question is undergoing review and will be rolled out across many NHS services in April 2013.

The aim of the question is to enable every patient to give feedback on the quality of their care. The question is already in use among some NHS services (although question wording and scales vary, making comparisons problematic), and a similar style of question, known as net promoter, has been used for a long period among private sector organisations to measure customer perceptions of services.

To provide an additional measure of care home performance, the Your Care Rating Survey included the following question:

***“If somebody you knew needed similar care to you, how likely would you be to recommend this care home?”***

The question used a numeric scale of 0 (representing ‘not at all likely’ to recommend) to 10 (representing ‘extremely likely’). This question was designed to be suitable for use among care home residents, but allow comparison to available benchmark data if possible.

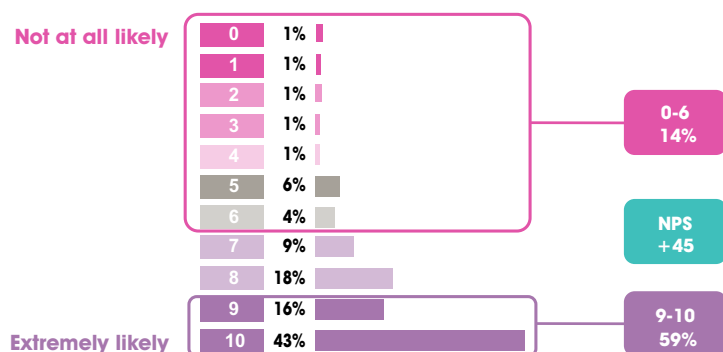
The use of a 0 to 10 scale allows for the calculation of three distinct groups, as well as the ‘Net Promoter Score’:

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

The Net Promoter Score (NPS) is calculated by subtracting the proportion of Detractors from the proportion of Promoters.

$$\text{NPS} = 9\text{-}10\% - 0\text{-}6\%$$

## NPS – Friends and Family: ‘If somebody you knew needed similar care to you, how likely would you be to recommend this care home?’ (Q10)



Base: 13236 care home residents. Fieldwork conducted September/ October 2012.

A majority of the survey participants are promoters – 59% responded either nine or ten out of ten that they would recommend their care home. Around one in seven (14%) give a score of between zero and six; this creates an NPS score of +45.

Across the 13 providers, there is a considerable range in scores, with the highest NPS being +67 and the lowest +28.

Provider high	Provider low
+67	+28

NPS is highest among residents who agree they have a real say in how staff provide care and support (+57) and among those who agree that staff have time to talk to them (+56).

NPS is lowest among those who disagree that staff are capable of providing the care they need (-71) and among those who disagree that they are

happy with the care and support they receive (-68). These results indicate the importance of staff having time to listen to residents and the capability to provide the care and support they expect.

While the Friends and Family Test has been used across the NHS, available benchmarks are sporadic and problematic due to differences in wording, response scale and methodology.

Our own benchmarks, across a range of private organisations and local public services<sup>14</sup> indicate that an NPS score of +45 is positive. Across private sector organisations in the UK, the comparable NPS scores range from +36 to -29, and scores for Local Authorities (-56), Fire and Rescue Services (+14) and Local Police Services (-21) show the Your Care Rating score in an equally favourable light.

“

I would like to say it is a fantastic place. I would recommend it to anyone”

“

I don’t know of anyone who needs to go into a home, but if I did I would recommend [this home]”

“

I visited 6 care homes. None came up to this. Best structure, lay out, ambience, appearance of the home. Feeling of home so welcoming, warm and friendly”

“

I appreciate the kind care and support given to me by staff. [It’s] like being at home”

“

The food is the main reason for a score of 4”



“

**Not enough staff available”**

“

**I feel safe and very well cared for. I can have my own things and furniture around me, and family can visit as and when they need to see me”**

“

**I am secure and happy here”**

“

**I appreciate the kind care and support given to me by staff. [It's] like being at home”**

“

**As reception is located opposite the main entrance, security could be improved by manning this 24 hours a day”**

## Happiness living in the care home

Care home residents were also asked if they agreed or disagreed that, overall, 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, staff and services but also the wider personal circumstances and expectations of each individual participant.

The vast majority of participants say they are happy living in their respective care home. More than nine in ten (92%) agree that this is the case, with over half (55%) agreeing strongly.

Just three per cent disagree that they are happy living in their care home, while five per cent do not have an opinion either way.

The highest average result for an individual provider is 95%, whilst the lowest average result is 88%.

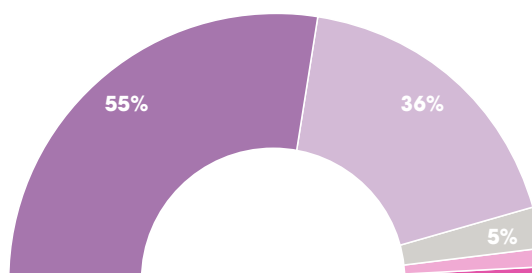
Provider high	Provider low
95%	88%

If residents are negative in their response about an aspect of the care home or staff, they are more likely to respond negatively about how happy they are living there. Across a range of aspects, those who disagree with the respective statement are more likely to disagree that they are happy living in their care home. This is most strongly observed in relation to feeling safe and secure, and in relation to feeling happy with the care and support they receive.

Over half (55%) of those who disagree their care home is a safe and secure place to live also disagree that overall they are happy living in their care home, while just three per cent of those who agree their care home is safe and secure say they disagree that they are happy living in their care home.

Similarly, half (50%) of those who disagree they are happy with the care and support they receive also disagree that overall they are happy living in their care home, while just two per cent of those who agree they are happy with their care and support say they disagree that they are happy living in their care home.

## To what extent do you agree or disagree that 'overall, I am happy living here?' (Q1.1)



■ Strongly agree ■ Tend to agree ■ Neither/nor ■ Tend to disagree (2%) ■ Strongly disagree (1%)

Base: 13588 care home residents. Fieldwork conducted September/ October 2012.

## Staff and Care

In terms of influencing resident perceptions of their care home, together the aspects identified as part of the Staff and Care theme, including aspects such as being treated with kindness, dignity and respect, the standard of the care and support received, and the availability of staff and medical professionals, are most important. In total, nine aspects are identified within the Staff and Care theme.

Results for these aspects, ranked by the proportion of residents agreeing with the statement for each, are presented in the chart below.

In general, responses relating to Staff and Care show a majority of participants agree with the relevant statements. For example, 97% of participants agree they are treated with kindness, dignity and respect (ranging between 94% and 99% across the 13 individual providers), with 96% agreeing they are happy with the care and support they receive and that staff are capable of providing the care they need (ranging between 91% and 98%, and 91% and 99% respectively).

A lower proportion of residents (86%) agree staff have time to talk to them. The highest provider result for this aspect is 92% agreeing, with 80% of residents in the lowest performing provider agreeing. Here 13% of residents disagree that staff have time to talk to them.

These results indicate that care providers are performing best in relation to the way residents are treated and the standard of care and support, but that more work can be done to ensure staff are available and have time to talk to residents.

In relation to being treated with kindness, dignity and respect, results from the Ipsos MORI and Department of Health Perceptions of the NHS Tracker Survey<sup>15</sup> showed that the general public are unsure as to whether users of social care services are treated with dignity and respect (44% agreed with dignity and respect, with 28% disagreeing and the same proportion saying they don't know or not stating). It is positive, therefore, that the Your Care Rating Survey results show that a high proportion of residents who took part in the survey agree they are treated with kindness, dignity and respect.

“

It is such a pleasure to be able to talk to staff. I find they are so helpful and friendly – nothing seems too much trouble. [I’m] very pleased to be here. I feel very lucky”

“

The staff are always rushed. [They] have very little knowledge about my past or complicated mental health issues. There are some very good, kind staff, but there are also some who are rude and do not treat us residents with respect or kindness”

“

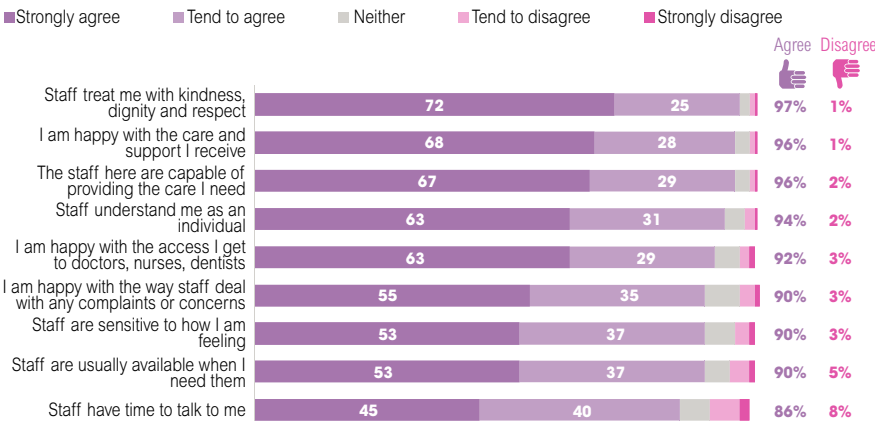
Although the staff are always pleasant and caring, they are so busy that they do not have time to sit and chat”

“

Staff tend to be busy but will do their best to find time”

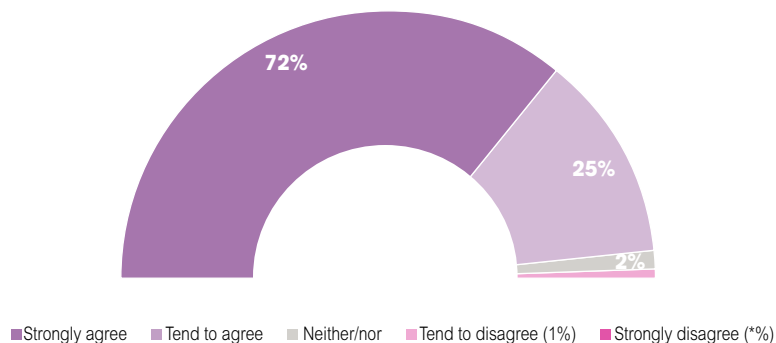
### Theme A: Staff and Care

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



Base: Care home residents. Fieldwork conducted September/ October 2012.

## To what extent do you agree or disagree that 'staff treat me with kindness, dignity and respect?' (Q5.1)



Base: 13614 care home residents. Fieldwork conducted September/ October 2012.

This result is also particularly important given the emphasis placed on this across the sector and by the regulator, the Care Quality Commission (CQC). In its recent "The state of health and social care in England" report<sup>16</sup>, CQC states that across all social care settings, care does not live up to the standards necessary to maintain people's dignity and to treat them with respect. Based on CQC inspections, seven percent of residential care homes did not meet the

standard for providing respectful and dignified care, rising to 15% among nursing homes.

It should be noted that whilst the overwhelming majority of respondents to the Your Care Rating Survey agree they are treated with kindness, dignity and respect, this is based on the views of residents who were able to and wished to take part. The CQC report emphasises the particular problem of

residents who are not able to speak for themselves not being treated with dignity and respect (for example residents with a learning disability). This highlights the importance of inspections in conjunction with obtaining residents views directly in any assessment of how well care services are provided.

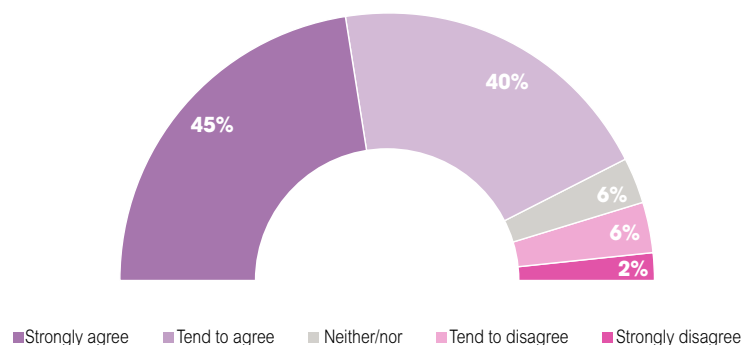
Compared to the other aspects within the Staff and Care theme, the proportion of participants who agree that staff have time to talk to them is lower, at 86%. Just under one in ten (8%) of participants say they disagree that staff have time to talk to them.

In addition to a relatively higher proportion of residents who disagree with this statement, the proportion of those who strongly agree is also significantly lower - 45% of participants strongly agree with this statement, compared to, for example, the two thirds (67%) of participants who strongly agree that staff are capable of providing the care and support they need.

These results suggest this aspect is a key area for focus.



## To what extent do you agree that 'staff have time to talk to me?' (Q7.1)



Base: 13447 care home residents. Fieldwork conducted September/ October 2012.



# Facilities and Home

The second most important theme in shaping overall satisfaction is Facilities and Home, comprising of four aspects – a clean and tidy home, good quality food, a good laundry service and the variety of food available. The following chart shows positive results across these four aspects, albeit with some variation.

The service relating to facilities and home where performance is clearly highest is the cleanliness and tidiness of the home. A large majority (97%) of participants agree their home is clean and tidy, with seven in ten (70%) strongly agreeing. For one of the 13 providers, 100% of residents agree the home is clean and tidy, but for the lowest performing provider on this aspect this figure is 91%.

Around nine in ten (89%) participants agree that the food served at mealtimes

is of good quality (ranging between 86% and 94% for individual providers) and that the laundry service is good (ranging between 82% and 94%).

A slightly lower proportion agrees that the menu in their care home offers a good variety of choices each day (87%). Six percent of participants disagree that the variety of choices each day is good. On this aspect, the highest proportion of residents who agree the menu offers variety is 95%, with the lowest 84%.

Choice and variety of food appear strongly linked; 54% of participants who disagree that the variety of choices is good also disagree that the quality of the food is good. Comparatively, 97% of participants who agree the variety of food is good also agree the quality of the food is good.

“Laundry is not that reliable. Although our labelling is good, the distribution is often not. Often the wrong items arrive, and others are missing”

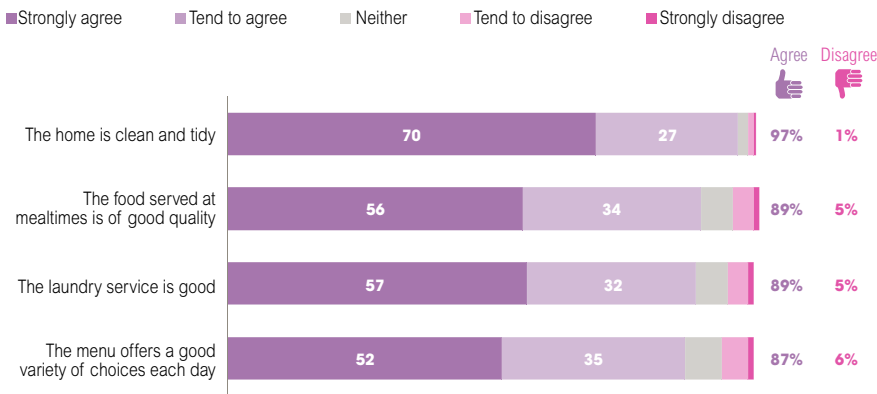
“Menu and meals are of a very basic standard, no consideration to choice, seasoning and quality of food given. Served cold and often congealed”

“More choice on the menu. For example world foods or themed meals (Indian, Italian, Chinese)”

“My daughter has her Sunday lunch with me which she enjoys. I enjoy her company”

## Theme B: Facilities and Home

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



Base: Care home residents. Fieldwork conducted September/ October 2012.

“

**I was surprised when the manager came in one day and asked if she could share some time with me. She was interested to know if I'd settled and was at peace. Such kindness”**

“

**I have no say in how staff provide my care and despite numerous complaints issues with which staff provide my care remain unresolved”**

“

**I am involved in writing and reviewing the care plan but the things I ask for are not done”**

“

**Staff are pushed because they are so busy but always make time to talk”**

## Choice and Control

Results for the third theme, Choice and Control, are presented below, and again show a generally positive picture, with one key service standing out as achieving lower results. Choice and Control encompasses four aspects: access to a pleasant garden/outdoor area, access to senior members of staff, choice over when to get up and go to bed, and having a real say in how care and support are provided.

Around nine in ten (92%) participants agree they have access to a pleasant garden or outdoor area. There is a range of 11 percentage points between the highest and lowest performing providers on this aspect (the highest result for an individual provider is 98%, with the lowest at 87%).

A similar proportion agree that they can speak to senior members of staff if necessary (91% overall and ranging between 84% and 98% across the 13 providers) and that they can choose what time they get up and go to bed (90% overall and ranging between 88% and 95%).

These results indicate that for many residents, care providers are doing well in ensuring choice and control in relation

to specific aspects, such as access to senior staff.

When asked if they agree they have a real say in the care and support they receive, a significantly lower proportion of participants agreed (83%).

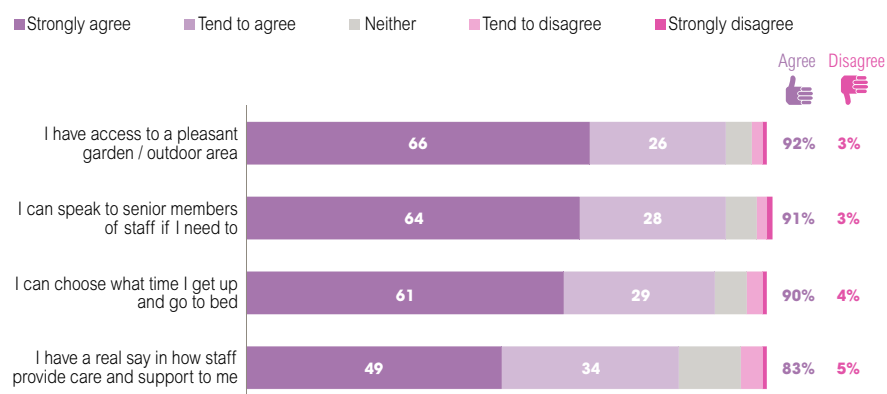
While the proportion who disagree is only slightly higher than for the other aspects within this theme (5% disagree with this statement), the proportion that neither agree nor disagree is much higher, at 12%. This suggests that there is work to be done to ensure residents feel able to have influence over their own care and support.

Indeed, results differ significantly between the 13 providers, with a high of 92% agreeing they have a real say for one provider, to a low of 74% agreeing for another, a range of 18 percentage points.

This is a particularly important finding given the emphasis on this within the sector. The CQC essential standards of quality and safety<sup>17</sup> state that those delivering services should encourage service users to express their views on what is important to them to involve them in decisions relating to their care or treatment.

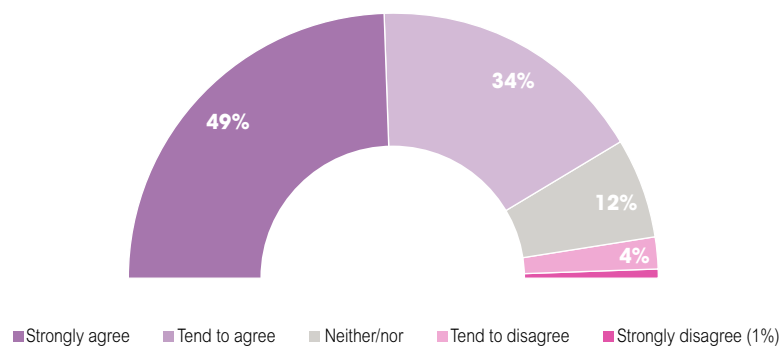
### Theme C: Choice and Control

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



Base: Care home residents. Fieldwork conducted September/ October 2012.

**To what extent do you agree or disagree that ‘I have a real say in how staff provide care and support to me?’ (Q7.4)**



Base: 13034 care home residents. Fieldwork conducted September/ October 2012.

In its report published in June 2012<sup>18</sup>, the Commission on Dignity in Care for Older People identifies the issue of involvement in decision making and delivering “person-centred” care as a key part of securing dignity in care for older people. In taking the results from the 2012 Your Care Rating Survey forward, and using resident feedback to improve services, it will be important for care providers to recognise the importance of ensuring residents have a real say over their care and support and the improvement possible in this respect.



## Security and Procedures

“

**More activities needed, especially at weekends”**

“

**Members of staff come into my room at any time without notice, which is very awkward and embarrassing if I happen to be in intimate conversation with a visitor”**

“

**I feel safe and very well cared for. I can have my own things and furniture around me, and family can visit as and when they need to see me”**

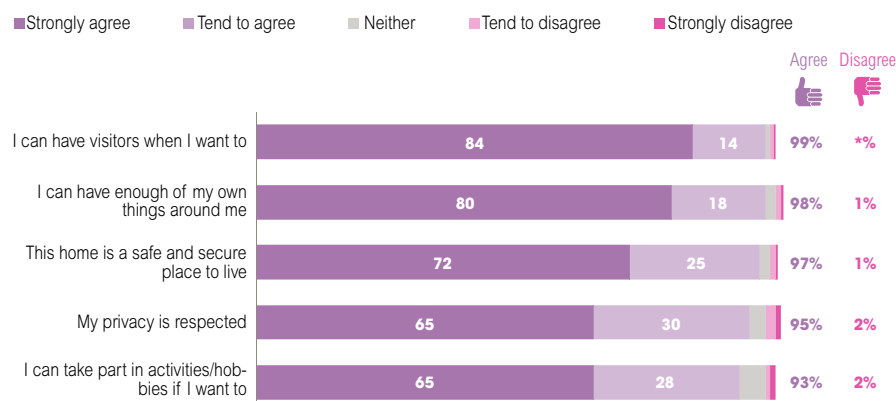
Some of the highest results are observed in relation to aspects within the Security and Procedures theme. Whilst this theme has the least amount of influence over overall satisfaction of the four, it nevertheless still helps to shape overall perceptions and the aspects within it will be important for many residents.

It is therefore positive that 99% of survey participants agree that they can have visitors when they want to, and that 98% agree they can have enough of their own things around them. A similar proportion (97%) say they agree that their home is a safe and secure place to live, while 95% agree that their privacy is respected. Within this theme the lowest result is 93% of participants who agree they can take part in activities and hobbies if they want to.

As with other aspects, though, there are significant differences between results for individual providers. For example, results range between 87% and 99% who agree their privacy is respected across the 13 providers, and between 86% and 98% agreeing they can take part in activities or hobbies if they want to.

### Theme D: Security and Procedures

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



Base: Care home residents. Fieldwork conducted September/ October 2012.

## summary findings

**Overall, the results from the Your Care Rating Survey 2012 show a positive picture. Across the 13 providers taking part in the survey, 96% of residents who took part say they are satisfied with the overall standard of their care home, and 92% are happy living in their care home.**

While it should be noted that the challenges of conducting research among care home residents (previously discussed) 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, the results from the survey nevertheless present a unique opportunity to see what residents themselves think of services. This direct feedback, both through the responses to the survey questions and the open comments provided by participants, will be extremely useful for each provider (and care home) that was part of the 2012 survey, helping them to celebrate success and to address areas for improvement.

Our analysis has identified four key underlying themes across the 22 aspects of care and support asked about on the questionnaire, and indicates the degree of importance these have in influencing residents' likelihood to be satisfied overall. This analysis shows that, together, aspects relating to Staff and Care, including treating residents with kindness, dignity and respect, and staff having time to talk to them, have the greatest influence on overall views, but that other aspects, such as Facilities, Control and Security, all play a part.

The areas that show the highest levels of performance include aspects relating both to the environment residents' live in, the services they receive, and the way they are treated by staff.

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### Areas showing the highest level of performance

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- Access for visitors (99%);
  - Being able to keep personal belongings around them (98%);
  - Cleanliness and tidiness of the home (97%);
  - Being treated with kindness, dignity and respect (97%); and
  - The home is a safe and secure place to live (97%).
- 

The areas that show a relative need for improvement relate to the access to staff and the way resident views are taken into account, as well as specific services like food and laundry.

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### Areas identified as most needing improvement

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- The variety (87%) and quality (89%) of the food;
  - The quality of the laundry service (89%);
  - Staff having time to talk to residents (86%); and
  - Residents having a real say in their care and support (83%).
- 

**Results from the survey are now being taken forward by individual care providers, and the 2013 survey will provide an extremely valuable opportunity to measure whether services and care have improved or not.**

## endnotes


- 1 <http://www.dh.gov.uk/health/2012/07/careandsupportwhitepaper/>
- 2 <http://mediacentre.dh.gov.uk/2012/11/28/hunt-orders-review-into-ofsted-style-ratings-for-nhs-and-social-care/>
- 3 The Your Care Rating Steering Group included members/representatives of the Your Care Rating Board and other participating care providers.
- 4 [www.myhomelife.org.uk](http://www.myhomelife.org.uk)
- 5 15% of pilot survey respondents gave a response of 'no opinion' or did not answer the value for money question, compared to just 1% for the overall satisfaction question.
- 6 A further explanation of response rates is provided later in the report.
- 7 As the results from the pilot survey showed, 76% of respondents had some assistance with taking part in the survey.
- 8 The adjusted response rate is an estimate based on figures for homes where the number of questionnaires distributed is known (59% of care homes confirmed the number of questionnaires distributed). Across 509 homes confirming the number of questionnaires distributed (a total of 15,127), 9,180 responses were received, an adjusted response rate of 61%.
- 9 The unadjusted response rate is calculated on the basis of the total number of responses vs the total number of registered beds.
- 10 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).
- 11 This figure represents the percentage of homes included in the survey from which at least one response (completed questionnaire) was received).
- 12 Due to the general correlation between aspects included on the survey questionnaire, it was not possible to conduct key driver analysis against overall satisfaction (Q9) for each individual aspect. This is in part the reason for conducting the initial factor analysis to identify underlying groups of aspects (themes).
- 13 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).
- 14 Various Ipsos MORI surveys; 2011.
- 15 [http://www.ipsos-mori.com/DownloadPublication/1469\\_sri-health-public-perceptions-of-the-NHS-and-social-care.pdf](http://www.ipsos-mori.com/DownloadPublication/1469_sri-health-public-perceptions-of-the-NHS-and-social-care.pdf)
- 16 <http://www.cqc.org.uk/public/reports-surveys-and-reviews/reports/state-care-report-2011/12>
- 17 [http://www.cqc.org.uk/sites/default/files/media/documents/essential\\_standards\\_of\\_quality\\_and\\_safety\\_march\\_2010\\_final\\_0.pdf](http://www.cqc.org.uk/sites/default/files/media/documents/essential_standards_of_quality_and_safety_march_2010_final_0.pdf)
- 18 [http://www.nhsconfed.org/Publications/Documents/Delivering\\_Dignity\\_final\\_report150612.pdf](http://www.nhsconfed.org/Publications/Documents/Delivering_Dignity_final_report150612.pdf)





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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)