

The process of assessments

Geriatric Depression Score

- Not always an easy measure to start with, it could be a difficult start to the assessment asking some sensitive questions, for example 'Do you feel pretty worthless the way you are now?'. It was particularly difficult if the resident was depressed.

European Quality of Life-5 Dimensions

- Probably the 'friendliest' measure to administer and was occasionally used first if the resident was very anxious or needed encouragement to respond. Some of the questions don't work very well, for example Mobility – either response allows 'some problems walking about' or 'confined to bed' – nothing in between.

Mini Mental State Examination

- We all felt the measure needed to be administered sensitively; some residents got concerned that they couldn't answer questions, so we all wanted to make residents feel as comfortable as possible.

Short Physical Performance Battery

- It could be difficult to assess balance for those residents who had leg deformities – they needed to get feet together, and some found this very difficult.
- Chairs in homes were all different heights so we generally tried to find dining style chairs with no arms but sometimes this was not possible and we had to make do with what chairs were available.
- Occasionally difficult to find four metres of clear floor to use for the timed walk; it may have meant the resident walking through a door frame or needing to turn.

Confidentiality issues

- It was sometimes very difficult to get residents into private areas for assessments owing to their immobility, or because they didn't want to move from where they were. We always checked that they were happy to be assessed in a communal area but it sometimes felt inappropriate.

Carers' forms

- Generally, carers were very happy completing the carers' forms. The wording of the questions could be difficult for some carers, especially the Social Engagement Scale.
- In some homes one person completed all of the forms and other homes several different carers completed them. Occasionally, we had to go back for forms because staff were too busy to complete them.
- We all appreciated the very difficult role carers have both physically and emotionally.

Follow-up

- There was some discussion on the accuracy of the health professional visit data, not always clearly documented in care home notes. This is now being double checked by the primary care trust, and concerns raised that we may have spent a lot of time collecting useless data.
- It was very time challenging following up homes when new homes were still being recruited.