Improving Care for Older People in Acute Hospitals

Observation recording guidance for inspectors

Person centred care:

Care which demonstrates compassion, dignity, privacy, clear communication and shared decision making
Introduction

About this guidance

This guidance has been created in support of the programme of inspections for older people’s care in acute hospital settings in Scotland.

The guidance will help you to use an observation tool called the Quality of Interaction Schedule (QUIS).

The Quality of Interaction Schedule (QUIS)

The Quality of Interaction Schedule (QUIS) is a method of systematically observing and recording interactions without becoming involved (non-participant observation). It is a technique that was first developed for use in long term mental health settings, but has since undergone many refinements and has been adapted for general use in care homes and hospital settings. The tool described in this guide has been designed to help inform evaluations of the type and quality of interaction that takes place between staff and older people and their visitors in an acute hospital setting.

Using observation during inspection visits

During inspection visits the views and experiences of people who use services are central to helping us make a judgement. A number of different tools will be used to allow patients and visitors to share their views and experiences with us without fear of reprisal. These tools include patient and visitor questionnaires, face to face interviews and walk rounds together with existing sources of feedback.

We know that, irrespective of the condition that brought older people into the acute hospital setting, more than half will have a long or short term mental health disorder such as dementia, depression, delirium or cognitive impairment. We also know that interviews and questionnaires are unlikely to capture the experiences of cognitively frail older people.

Observation is a practical and proven method that can help us to build up a picture of the care experiences of older people in a given care setting, including people who are unable to tell us themselves and who are most likely to have the greatest care needs.

The limitations of observation

Person centred care is care which demonstrates compassion, dignity, privacy, clear communication and shared decision making. Not all aspects of person centred care can be observed and not all observations can be interpreted without additional information.

The focus of the observation is also restricted to the way that staff respect and interact with older people and their visitors.

Observation data will therefore be used alongside findings from other methods and ‘triangulated’ to provide a more complete picture of the care of older people and to put the observation data in context.
### Questions and Considerations

| When should I use observation during the visit? | • There will be a timetable which will ensure that each of the different methods (questionnaires, interviews, walk rounds and observations) are used at the most useful, unobtrusive and appropriate times during the visit.  
• Observations will generally be carried out at times of day when speaking with older patients or handing out questionnaires would be inappropriate or obtrusive. |
| What do I need to carry out the observation? | To carry out the observation you will need:  
• a watch  
• observation Recording Sheets (4 or 5 should be sufficient), and  
• a pen. |
| Where should I carry out the observation? | • You will be allocated a ward or bay as your observation area.  
• The ward staff will have been given an information sheet and asked to ensure that older patients and staff know what you are doing.  
• Speak to ward staff to find a position in the observation area that gives you a clear view, that is unobtrusive and where you will be able to record what you see and hear without interruption.  
• Introduce yourself to staff and patients in the observation area. Ask staff and older patients to try to ignore your presence as much as possible.  
• Tell them to let you know if you are in the way.  
• Always observe in a communal area.  
• Do not follow older patients, staff or visitors out of the observation area. |
| How should I conduct myself during the observation? | • It is important that you observe in an unobtrusive way that preserves people’s dignity and human rights.  
• If anyone becomes distressed by your presence you should immediately stop observing.  
• If you see that a person is in danger you should take action as detailed in the managing concerns procedure.  
• Always respond in a person centred and open way to anyone who speaks to you while you are observing, whether it is a member of staff, an older patient or a visitor.  
• If anyone is concerned about confidentiality assure them that this will be respected.  
• Do not start any interaction with an older patient or visitor during |
| **What should I observe?** | The focus of the observation is **interaction**:<br>• All *staff – patient interactions* that take place within the ward during the period of observation should be recorded.<br>• Any *staff – visitor interactions* that take place within the ward during the period of observation should be recorded.<br>• **NOTE:** Staff – staff, older patient – older patient and older patient – visitor interactions should *not* usually be recorded. If however you feel there is something significant to record, use the *events* column in the *recording sheet* to make a note of the interaction.<br>• During your observations you may see things that indicate that people’s diversity is or is not promoted and respected. All equality and diversity issues must be noted in the *recording sheet*. |
| **How many people should I observe?** | The number of people you can observe will be determined by:<br>• the number of older patients being cared for in the observation area<br>• the layout of the ward or bay<br>• your observation position, and<br>• the level of ward activity.<br>Typically not more than six older patients will be observed. |
| **How long will the observation last?** | • Each observation period will last for 20 minutes.<br>• You should observe continuously during the 20 minute period. |
| **How do I rate the quality of interaction?** | The 3 quality rating categories: positive social, basic care/neutral and negative are described, with examples, in the *quality rating prompts* sheet. When rating an interaction you should:<br>• Rate each observed interaction immediately.<br>• Be consistent when rating the quality of interaction, bearing in mind your agreed consistency with your colleagues.<br>• Negative interactions must always be identified, even as part of a ‘better’ whole interaction.<br>• In all other cases where interactions are of mixed quality, aim to give a fair picture of the overall quality of interaction.<br>• You can use the *quality rating prompts* sheet in this guidance to help you decide how to rate the quality of interaction.<br>• Your rating will be checked with that of your paired observer to ensure consistency and enhance the reliability of the data. You and your paired observer should then complete the consensus...
What if I am concerned about something I observe?

- If you observe an incident of concern this should be reported in accordance with the standard procedure for managing and escalating concerns: managing concerns

Rating the quality of interactions: person centred interactions

You will record a short description of each observed interaction between staff and older patients or between staff and visitors during the observation period, including verbal and non-verbal interactions. You will also rate the quality of interaction using one of three categories: positive social interaction, basic care/neutral interaction or negative interaction.

Before thinking about the three rating categories, it is important that you have a clear understanding of what 'person centred care' entails. The following questions are provided to prompt you to think about the kind of interactions that capture the essence of person centred care.

They are examples of positive social interactions that might be observed in any acute hospital.

The prompts are not a checklist. They are simply suggestions that you might take into consideration when rating the quality of the interactions that you observe during inspection.

As many cognitively frail older patients may be unable to respond verbally, references to ‘having a say’ or ‘conversations’ should not be interpreted literally.

Do staff try to actively engage with people as they go about their work?

- Having caring ‘conversations’ (even if the person is unable to respond verbally)
- Taking an interest in the older patient as a person, rather than just another admission
- Smiling or laughing together
- Checking with people to see how they are and if they need anything

Do staff treat people with respect?

- Addressing older patients and visitors respectfully
- Giving timely assistance in meeting comfort needs, e.g. toileting and pain relief
- Explaining why if unable to do something right away

Do staff respect older people’s privacy and dignity?

- Speaking quietly with older people about private matters
- Not talking about an individual’s care in front of others
- Making appropriate use of curtains or screens and checking before entering a screened area
- Respecting personal space and property
<table>
<thead>
<tr>
<th><strong>How are tasks carried out?</strong></th>
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<tr>
<td>• Carrying out personal care with discretion</td>
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<td>• With encouragement and accompanying ‘conversation’</td>
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<td>• With enjoyment, warmth and enthusiasm</td>
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<td>• At a pace that matches the older person’s needs and abilities</td>
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<td>• Caring about rather simply caring for the person</td>
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<tr>
<th><strong>How is information about care and treatment communicated to older people who use services?</strong></th>
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<tr>
<td>• Considerate language used, simplicity of language/non-verbal if appropriate</td>
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<td>• Appropriate tone of voice</td>
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<td>• Explanations provided, such as advising what will happen next</td>
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<td>• Communication tailored to the individual/checking understanding</td>
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<tr>
<th><strong>What opportunities are given to older people to make choices and have ‘a say’ in how their care or treatment is delivered?</strong></th>
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<tr>
<td>• Offering choices or seeking preferences at mealtimes, around personal care</td>
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<tr>
<td>• Offering choices of where, when and with whom to have care and treatment</td>
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<td>• Respecting/acting on choices made</td>
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<tr>
<th><strong>Are adjustments made, where appropriate, to enable older people to be involved in decision-making about their care?</strong></th>
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<tr>
<td>• Supporting explanations provided</td>
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<td>• Involving family, friends or other advocates as appropriate in discussions</td>
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<tr>
<td>• Communication tailored to the individual, use of communication supports, pace of presenting information</td>
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<tr>
<td>• Offering opportunities to experience or learn about options before deciding</td>
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<th><strong>Do staff promote older people’s autonomy and independence?</strong></th>
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<td>• Supporting or encouraging older people to do things for themselves, but providing assistance where needed</td>
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<tr>
<td>• Supporting older people’s preferences and choices</td>
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<td>• Recognising and acknowledging older people’s achievements</td>
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### Quality of Interaction Schedule (QUIS): Rating Prompts

#### Positive social interactions (PS)

These interactions:
- show warmth, are respectful and enabling
- provide older people with a feeling of safety and significance
- are sensitive and assist individuals to make choices and be in control.

**Examples:**
- Giving encouragement during care tasks and recognising achievements.
- Giving options and respecting choice.
- Actively seeking engagement and participation – giving the opportunity to ask questions.
- Explaining and tailoring information to the individual, checking their understanding.
- Checking proactively to see if anything is needed (and responding accordingly).
- Smiling, laughing together – the human touch.
- Showing interest in and knowledge of the older patient as a person.
- Having caring ‘conversations’.
- Welcoming visitors into the ward.
- Responding warmly to visitors’ questions.
- Recognising and responding to older patient and visitor emotions.

#### Basic care or neutral interactions (BC)

These interactions:
- neither undermine nor enhance people
- are either part of carrying out care tasks adequately in order to get the job done, or
- involve a request, suggestion or information exchange without any of the features of positive social interactions.

**Examples:**
- Perfunctory completion of care tasks such as checking readings, filling in charts without any verbal or non-verbal contact.
- Offering brief verbal explanations and some encouragement, but only that necessary to complete the care task.
- Speaking to someone in a manner that lacks empathy but is not necessarily rude or disrespectful.
- Telling someone what is going to happen without offering choice or the opportunity to ask questions.
- Not showing interest in what the patient or visitor is saying.
- Actively avoiding conversation.
- Treating visitors with indifference.
- Indifference to patient and visitor emotions.
- Giving minimal responses to visitor questions.
**Negative Interactions (N)**

These interactions:
- lack warmth or respect
- undermine feelings of safety and significance, and
- are insensitive and can be disempowering

**Examples:**
- Ignoring or talking over an older person during conversations.
- Telling someone to wait for something without any explanation or comfort.
- Telling someone they can’t have something without good reason or explanation.
- Telling or instructing an older person to do something without discussion or offering assistance.
- Treating an older person in a child like or disapproving way
- Using child like language or ‘elder speak’.
- Not allowing an older person to use their abilities or make choices (even if said with ‘kindness’).
- Seeking choice but then ignoring or over ruling it.
- Being rude, short or unfriendly to older patients or visitors.
- Being angry with or scolding older patients.

**Events**

Older Patient: older patient, staff: staff or older patient: visitor interactions should not be usually be recorded unless you consider them significant.

**Examples:**
- Staff talking about an older patient or visitor in a rude or disrespectful manner.
- Staff engaging in caring conversations about each other or enhancing care on the ward.
- One older patient bothering another older patient.

You may also observe events which are critical to the overall quality of care, but which do not necessarily involve a direct interaction.

**Examples:**
- An older patient calling for attention without response.
- An older patient left inadequately clothed.
- A visibly upset older patient or visitor being ignored.
- An uneaten meal removed without attempts to encourage the older patient to try it.
### Before you start

**Initial observation**

<table>
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<tr>
<th>Question</th>
<th>Comment</th>
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<tbody>
<tr>
<td>1. Does the ward smell fresh?</td>
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<td>2. Do patients appear clean, well groomed and comfortable?</td>
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<td>3. Is the ward well lit and clutter free?</td>
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<td>4. Is the ward temperature comfortable?</td>
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<td>5. Are water jugs, patient call bells and mobility aids (if required)</td>
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<td>within easy reach of patients?</td>
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<td>6. Are personal items (eg. reading glasses and reading items)</td>
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<td>within easy reach of patients?</td>
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<tr>
<td>Time</td>
<td>Interaction Description</td>
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+ Positive Social Interactions that are warm, respectful, sensitive or enabling: Enhance feelings of significance and security  
= Basic Care or Neutral Interactions that get the job done but without any PS features: Neither enhance nor undermine older people  
- Negative Interactions that are cold, insensitive, or disrespectful and can be disempowering: Undermine feelings of significance and security
References


QUIS tool guidance adapted from Everybody Matters: Sustaining Dignity in Care. London City University. Available at: http://www.staff.city.ac.uk/~jacky/dignity/resource.htm