

CARING ABOUT CARE PLANNING: ASSESSMENT AND CARE PLANNING TOOLS AND PROCESSES IN LONG-STAY SETTINGS IN THE REPUBLIC OF IRELAND

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Background

The introduction by the Health Information Quality Authority of National Standards for Residential Settings for Older People (2009) was a milestone in the provision of care for older people in Ireland. Detailing requirements in relation to a variety of domains the standards prescribe the use of minimum data set tools for assessment and set down requirements around care planning. As such, they provide both a common framework for exploring and evaluating tools and processes in use in residential settings for older people and, represent a significant opportunity to examine the impact of an evolving regulatory process in an area that, in Ireland at least, has previously received scant attention.

Research Aims

To explore tools, processes and perspectives surrounding assessment and care planning in long-stay settings for older people in the Republic of Ireland.

Methods

Postal/online survey. The questionnaire was comprised of four sections. The first dealt with basic data about the centre (total number of residents and dependency levels). The second explored types of assessment tools in use at that centre. The third examined care planning related processes and training. The final section explored respondents' perspectives on the benefits, drawbacks and obstacles to care planning. The sample consisted of 250 centres and 106 centres responded (42.5%).

Progress to Date

Data collection is complete and the drafting of the report is in progress. Preliminary findings showed that a wide variety of assessment tools were in use across the domains of care. Some domains demonstrated an absence of standardised tools and in-house modification of tools was not uncommon. Responsibility for care documentation (setting up, updating and revisions) was almost exclusively the preserve of nursing staff. While respondents viewed care plans as contributing to quality care, 'time' (setting up, updating and revisions) was noted both as a drawback of care plans and an obstacle to their completion.

Dissemination

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