Improving quality of life for people with dementia living in residential aged care.

Findings from the INvestigating Services Provided in the Residential care Environment for people with Dementia (INSPIRED) study.
The Investigating Services Provided in the Residential care Environment For Dementia (INSPIRED) study examined the resource use, costs and outcomes of different models of residential aged care in Australia with a focus on people living with dementia. It is the first study to measure quality of life, medications, resource use and costs in a home-like, clustered domestic model of care compared to a more standard model of care.

An important component of the study is that people with cognitive impairment and dementia were not excluded. In order to look at service use outcomes, only people who were long-term residents (12 months or longer) were included.

<table>
<thead>
<tr>
<th>Study participants</th>
<th>States in Australia</th>
<th>Residential aged care facilities from 5 NFP organisations</th>
</tr>
</thead>
<tbody>
<tr>
<td>541</td>
<td>4</td>
<td>17</td>
</tr>
</tbody>
</table>

- Average age range: 48-104 yrs
- 83% participants with cognitive impairment
- 10 different medications prescribed on average per participant
- # beds per facility: 40 - 155
- 12 months of service use data
- 13 ethics committee approvals

# beds per facility: 40 - 155

12 months of service use

13 approved

Ethics committee approvals
What did we find?

The INSPIRED study has shown that the cost of providing residential aged care in Australia is higher for people living with dementia compared to those without (approximately $88,000 for people living with dementia and $84,000 for those without dementia).

Internationally, models of residential aged care are changing with more emphasis being placed on providing care in an environment that looks and feels more like a home. In Australia, facilities which provide a home-like model of care have better outcomes for residents including:

• higher quality of life
• higher consumer-rated quality of care
• fewer hospitalisations
• fewer potentially inappropriate medications

These home-like models provide these benefits without an increase in the facility running costs.

People living in residential care facilities that go outside daily and participate in physical activities have a better quality of life, but simply living in a facility with independent access to the outdoors or a facility which offers more activities does not impact quality of life.

Within the INSPIRED study, residents and their family members identified characteristics of residential care which are most valued to them. From these findings we have developed an evidence-based instrument to measure the quality of care from the consumer perspective: the Consumer Choice Index-six-dimension instrument (CCI-6D).

**WHICH MODEL OF CARE PROVIDES BETTER OUTCOMES?**

- **FACILITIES WITH HOME-LIKE MODEL OF CARE**
  - Better consumer-rated quality of care
  - Lower rate of being admitted to hospital
  - Less likely to be prescribed a potentially inappropriate medication
  - Lower chance of an emergency department presentation
  - Better quality of life

- **STANDARD AUSTRALIAN CARE FACILITIES**
  - Similar running costs to standard care facilities

---

**INSPIRED Study**

The INSPIRED study has shown that the cost of providing residential aged care in Australia is higher for people living with dementia compared to those without (approximately $88,000 for people living with dementia and $84,000 for those without dementia).
What is a home-like, clustered domestic, model of care?

Traditionally residential aged care settings tend to be large facilities based on a medical model. However, there has been recognition internationally that residential aged care may be better provided in an environment that is more like a domestic home which encourages independence for the residents.

In the INSPIRED study, the home-like model is centred on small clustered houses and residents have more flexibility in their care and activities.

Facilities were identified as having a home-like model of care if they met 5 or more of the following criteria:

1) Small size (up to 15 residents in a living unit)
2) Accessible outdoor areas which residents can use independently
3) Consistent care staff allocated to each unit
4) Meals cooked within the units
5) Meals put on table for self-service
6) Residents assist with meal preparation.

Does a home-like model of care benefit the residents?

Consumers (residents and their family members) rated the following as better in home-like models compared to standard models:

- access to outdoors
- flexibility in care
- quality of care

This indicates that a home-like model of care is preferred by consumers.

The infographics to the right show some of the important outcomes for residents associated with living in a home-like model of care.
What is important to residents?

Residents and their family members have identified which characteristics of residential aged care facilities are of highest value to them:
- feeling ‘at home’ in their own room and shared spaces
- flexible care routines
- care staff being available to spend time with residents
- having easy access to the outdoors and gardens
- opportunities to feel valued

There were some differences in priority between family members and people with dementia. Family members identify the importance of a supportive physical environment in residential aged care whereas the residents themselves identify maintaining a connection with family as an important contributor to care.

What other aspects of care can benefit the residents?

A better quality of life was seen in residents who:
- Went outdoors daily
- Participated in physical activities

However, facilities simply providing independent access to the outdoors and a higher number of activities may not be enough to achieve these potential benefits.

Facilities should consider the importance of staff and the physical design of the environment to encourage and enable residents to get outdoors and participate in activities offered.
What is the cost of providing residential aged care in Australia?

Residents living with dementia have a high level of care needs compared to residents without dementia. The cost of care, considering both health care and aged care costs, is higher for residents with dementia.

Residential care costs constitute 93% of total care costs. Residents with dementia access fewer health care services and so they have lower health care costs.

What is the cost of a home-like model of care?

Facility running costs were similar between the home-like model and a more standard model of care.

However, residents in a home-like model were different to those in a standard model (e.g. there were more residents with dementia and behavioural symptoms). After accounting for differences, it is estimated that it would cost approximately $12,962 per person per year more to care for these same residents in a standard model of care.

How can we measure good quality residential aged care?

Previous measures of the quality of aged care homes have focussed on the perspectives of staff or independent assessors with little focus on the perspectives of residents themselves.

Therefore, within the INSPIRED study a tool for evaluating the quality of residential aged care from the perspective of residents and their families was developed (the Consumer Choice Index-six-dimension instrument (CCI-6D)). The CCI-6D has been proven to be associated with resident quality of life.

This simple 6-item questionnaire can be completed by residents themselves or their family members to rate the quality of care of a facility. Their responses can be used to get a summary score on a scale of 0 to 1.
Why does this matter?

- With the ageing population, more people will need to access aged care services.
- Caring for people living in residential aged care facilities (RACFs) costs the Australian government about $11.5 billion each year.
- An estimated 52% of people living in residential aged care are also living with dementia.
- It is predicted that approximately 900,000 people will be living with dementia by 2050, with more than 250,000 needing residential care.
- Therefore, a significant financial investment will be required to meet this demand.

Ensuring the delivery of higher quality aged care services will improve quality of life for the residents.

This can be achieved by providing a model of residential care which encourages independence for the residents in an environment that is similar to a domestic home, without an increase in costs.
References


Funding

This study and the researchers are supported by funding provided by the National Health and Medical Research Council Cognitive Decline Partnership Centre (Grant no. GN19100000). The contents of the published materials are solely the responsibility of the administering institution, Flinders University and the researchers, and do not reflect the views of the National Health and Medical Research Council or any other funding bodies or the funding partners.