CAPA Programme Evaluation 2019-2020

Background

The Care Inspectorate is the national scrutiny and improvement support body for social care and social work services in Scotland.

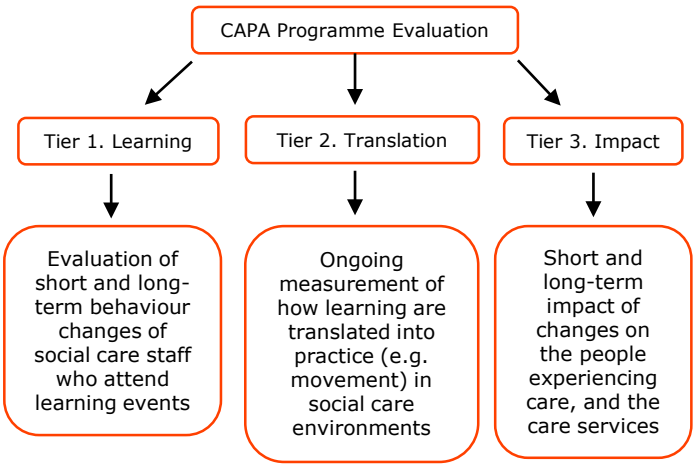
In 2016 the Care Inspectorate was commissioned by the Scottish Government to deliver the Care…About Physical Activity (CAPA) improvement programme which aimed to improve the health and wellbeing, independence, and overall quality of life of older people experiencing care across Scotland. This is done by empowering care staff with the confidence, knowledge and skills to promote and enable opportunities for movement for older people experiencing care.

From 2018-2019 the programme was initially delivered across eight partnership areas, involving up to 140 care services including care homes, reablement, day care, sheltered housing and care at home services. In the second phase, the programme (2019-2020) was expanded to another eleven partnership areas, bringing the total to 19, and including care services in island locations and local hospital wards.

309 care services and over 2,000 social care professionals, among other professionals, participated in the CAPA programme.

Measurement and Evaluation

The evaluation of CAPA utilises a dynamic, flexible, and multi-tiered framework approach to understand and evidence the impact of the programme. This framework includes:



Findings and Discussion

Tier 1. Learning

Two Learning Events (LEs) took place for social care professionals between April and November 2019. These focused on upskilling professionals to enable daily movement in their care services. Data was captured on 'perceptions of movement' and 'confidence to enable movement' through questions, collected pre (before) and post (after) the LEs. Statistical modelling was used to determine the significances of changes.

Prioritisation of movement

At both LEs social care professionals showed statistically significant improvements ($p<0.001$) in how often they reported encouraging movement and how much of a priority they felt promoting movement was in their role, both in the short (pre to post) and long term (LE1 to LE2). The magnitude of improvement was greatest for 'priority of promoting movement'.

Perceptions of movement

All 'perceptions of movement' showed statistically significant ($p<0.001$) improvements in the short (pre to post) and long term (LE1 to LE2). Short term improvements tended to be greater at LE1 than LE2. This was particularly the case for 'feeling qualified to promote movement', 'feeling knowledgeable to promote movement', and 'having confidence to support an older person to move more'. Areas that saw the smallest improvements were around 'having time in ones role to promote movement' and 'having a movement supportive culture'. The latter factors may only see small changes over time because they take longer to become embedded.

Confidence to enable movement

'Confidence to enable movement' showed statistically significant ($p<0.001$) improvements in the short (pre to post) and long term (LE1 to LE2). This suggests that taking part in LEs boosts the confidence levels of social care professionals in the short term by providing them with knowledge, guidance and best practice of how to enable movement. The areas with the greatest improvement included 'confidence to assess an older person's readiness to move', 'take action again barriers that prevent movement' and 'create an active environment for an older person'. Only small changes were seen from LE1 to LE2 indicating that most of the learning is accumulated at LE1.

Social care professionals were most likely to promote and encourage movement through activities of daily living (ADL), independence and personal care. They focused on making small steps and small changes to the daily routines of people experiencing care by listening to their needs. The greatest challenges to enabling movement were a lack of time, resource, or movement positive attitudes from staff.

Tier 2. Translation

Qualitative data collection (focus groups and case studies shared by care staff) was used to understand how learnings were translated into practice.

Knowledge and understanding

Services learnt…

… about how to support those with dementia by encouraging old hobbies or activities of daily living.

… about making small cultural changes centred around routines that already occur.

… to be adaptable to their care service.

… about the importance of support by spreading the message to other staff.

… about developing an evidence-base to improve buy in from staff and families.

Implementation and practice

Services have…

… started to plan activity into care plans.

… become more risk enabling by re-evaluating risks and understanding some are acceptable.

… gone back to the code of practice and aligned practice to the Health and Social Care standards.

… used communication to explain CAPA.

… use the power of leadership to encourage buy in and support.

Sustainability

Services will…

… start small and think big by continuing feasible and realistic changes.

… maintain links with the local community to host activities and build meaningful relationships.

… continue to share best practice with others.

… continue to utilise and build relationships with other care services.

… upskill social care professionals by providing training, mentoring, and peer learning.

Tier 3. Impact

Data collected via questionnaire and physiological tests were used to evaluate the impact of the CAPA programme on the health and wellbeing of people experiencing care.

Physiological & Movement Impact

Physiological data collected through four physiological tests was used to measure the impact of the CAPA programme on the physical health of people experiencing care who took part. Data was collected from up to 254 individuals, aged between 76-96 years. Data was collected every 6-weeks across 6 time points with a baseline for each individual.

No significant changes in hand grip strength across the CAPA programme. → ⟷ **Changes in grip strength fluctuated throughout.**

A significant increase in the length of time people experiencing care could balance on one leg across the CAPA programme ($p<0.001$). → ↑ **Increases in leg balance.**

A significant increase in the number of sit to stands people experiencing care completed across the CAPA programme ($p<0.001$). → ↑ **Increases in leg strength.**

No significant changes in timed up and go scores across the CAPA programme. → ⟷ **No changes in timed get up and go.**

Individuals spent the majority of their time sitting. 1/5 of their time is spent moving. → ⟷ **Moving time fluctuated throughout and was between 4-5 hours per day.**

Collectively, the physiological test scores indicate that people experiencing care had the greatest opportunities to improve their mobility, leg endurance and leg strength. They also show a reduced likelihood of falls and rate of falls per person.

Fall risk & number of falls

Data on falls risk, number of falls and number of medical contacts due to falls was measured, alongside five questions that allowed quality-adjusted life years (QALYS) and health related quality of life (HRQoL) to be calculated.

A significant decrease in fall risk and the total number of people falling over the CAPA programme ($p<0.001$). → ↓ **Reduction in likelihood of falls and rate of falls per person.**

The total number of people experiencing care who had contact with medical services as a result of their falls reduced across the data collected from the CAPA programme. → ↓ **Reduction in contacts with medical services per person.**

The total number of medical service contacts reduced across the data collected from the CAPA programme. → ↓ **Reduction in total number of contacts with medical services.**

QALYs was collected over a period of 0.62 years (across 36-weeks). QALYs was 0.47 years. To have 'perfect health' QALYs has to match of exceed the period of 0.62 years. → ⟷ **People experiencing care were not experiencing perfect health.**

There was a small, significant improvement in HRQoL over the CAPA programme ($p = 0.003$). →

The proportion of people experiencing care who rated their health above 61 increased steadily over the course of CAPA (where 0 = worst health possible imagined and 100 = best health possible imagined). → ↑ **The calculated health related quality of life for people experiencing care improved, as did their perceptions of how healthy they felt.**

Psychological Impact

Focus groups were held with people experiencing care and social care professionals. Psychological impacts have been divided into mental wellbeing and individual development.

"I like to walk – it clears my mind. Doing activity is better than just sitting around doing nothing, that gets so boring."

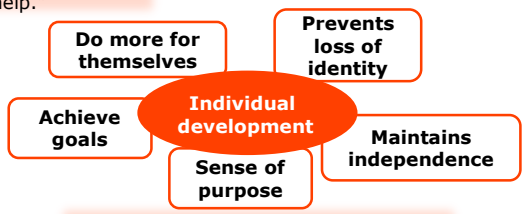
There was a significant improvement in loneliness scores ($p<0.001$), measured through a single-item question, over time for people experiencing care taking part in CAPA.

"I like the feeling after I've done the exercise that I have done it, it makes me feel more satisfied with myself".

There was a significant improvement in perceptions of feeling part of ones community over time for people experiencing care taking part in CAPA ($p<0.001$) .

"I feel like I can do more things by myself. Now I walk down the corridor instead of use my Zimmer and don't have to wait for help."

"I would lose my identity and confidence if I couldn't do things by myself. I am still here and thinking"



Doing activities that mattered to people experiencing care significantly improved across the delivery of CAPA ($p<0.001$). This was measured through a question about sense of purpose.

Conclusion & Recommendations

The CAPA programme model was able to fulfil its aim of making changes to the movement, wellbeing, independence and quality of life of people experiencing care. The measurement and evaluation framework put in place was successful at capturing data to evidence changes in these factors.

- The responsibility of sustaining CAPA is passed back to care services and partnership areas. It is recommended that services continue to share best practice and support.
- For any further learning and development opportunities for social care professionals it is recommended these adopt similar approaches to those of the CAPA learning event.
- Opportunities for people experiencing care to walk regularly, enhance balance and enhance strength should continue to maintain improvements.
- It is recommended that a similar model be rolled out across other home nations to support UK care services to incorporate daily movement into the lives of people experiencing care.