Jackie Pool Assessment: a baseline audit within the Mental Health for Older People Service

Cilla Kuzmanov¹ MSc OT, Dip. COT, SROT & Seema Jassi² BSc(Hons)
¹Head Occupational Therapist, Mental Health for Older People Service (MHOP)
²Clinical Data Analyst, Clinical Audit & Effectiveness Team
Bedfordshire & Luton Mental Health & Social Care Partnership NHS Trust

Introduction

‘You don’t stop doing things because you grow old. You grow old because you stop doing things’
(Dame Thora Hird 2002)

The National Service Framework refers to age discrimination, person centred care, prevention, rehabilitation and increased choice (DH 2001). Standard 8 emphasises the health and well-being of older people, highlighting the need to improve and aspire to enhanced services that promotes an improving quality of life for our older citizens.

Occupation promotes health for people of all ages. In fact, the art and science of occupation now underpins the theories of occupational science (Hurtly 2004), reinforcing the view of humans as occupational beings.

During recent years, services for older people within the Trust have been changing and evolving in accordance with national legislation towards person-centred practice. Occupational therapists can influence and support the necessity for the occupational involvement of service-users with other disciplines. Furthermore, the responsibility for occupational engagement does not need to remain exclusively with occupational therapy.

A recent development guide from the Department of Health reinforces the necessity for appropriate regular therapeutic activities for service-users in enhancing their recovery. For this, adequate staffing is a vital requirement (DH 2005).

Historically, there have been limited occupational therapy resources. There is currently only a small staffing establishment to meet the Trust’s developing demands. Occupational therapists have therefore needed to be creative in exploring ways of bringing about a cultural change that involves care staff in being more proactive in the daily occupation of service-users.
Perrin (2004) challenges the ‘old culture’ that activities are not just the remit of occupational therapy but the remit of all disciplines in the care setting. Any care worker with good interpersonal skills should have the ability to engage a person in an activity. Care staff, irrespective of discipline, empower, negotiate and facilitate towards a therapeutic end. The sharing of personal resources thus leads to mutuality and a satisfactory conclusion.

This paper explains the theoretical background to the occupational profile and outlines an important practice and audit initiative, from which a series of conclusions and actions have been developed.

The Pool Activity Level Instrument

The Pool Activity Level (PAL) Instrument was first published in 1999 and is intended as a practical resource for carers of people with cognitive impairments (Pool 2002). It is designed to enable carers at home and in formal care settings to use the PAL Instrument to engage people with cognitive impairment in meaningful occupation. Although it was originally designed for people with dementia, it is now being used to form occupational profiles for people who have had strokes and those with learning disabilities.

The PAL Instrument includes:

- a Life History Profile
- a Checklist that describes the way that an individual engages in occupations
- an Activity Profile with general information for engaging the person in a range of meaningful occupations
- an Individual Action Plan that includes directions for facilitating the engagement of the person in activities of daily living
- an Outcome sheet

The PAL Instrument draws from several models of understanding human behaviour: the Lifespan Approach to human development (Erickson); the Dialectical Model of a person-centred approach to the interplay of social, neurological and psychological factors (Kitwood); and, the Cognitive Disability Model (Allen). The instrument combines the information from Allen’s Cognitive Disability Model with Vygotsky’s insights into the importance of providing appropriate assistance and support to the individual while s/he engages in the activity. It also combines the Cognitive Disability Model with the Socio-Psychological Model by focusing the user on the biography of the individual and using this information as a guide to facilitating activities that are meaningful to him/her. It is presented in a form that is accessible to those without an occupational therapy qualification and provides the user with a self-interpreting assessment in the form of guides for creating and maintaining environments.

The assessment entails a close study of the person’s activity in order to gauge an accurate picture of their personal schedules, routines, behaviours and preferences. By completing these, practitioners and carers are able to accurately determine the person’s capacity and hence able to assign activities that are more suited to their capabilities – for example, assessments may reveal that the person has a greater ability than previously detected. This can help staff to more effectively and appropriately identify the person’s occupational needs and plan their future care.
Aim
To evaluate the effectiveness of using the Jackie Pool Assessment Tool.

Objectives
- To ensure that all staff are confident in using the tool.
- To improve the use of the tool across all staff groups.
- To identify staff training needs.
- To assess staff views on the effectiveness and appropriateness of the tool within the day hospital and in-patient settings.

Methodology
The tool was originally implemented during a pilot phase with service-users of Sheridan Day Hospital and Farley Hill Day Hospital, and was then extended to service-users of Fountains Court. One of the carers at Fountains Court was very interested in the Jackie Pool Assessment Tool and subsequently attended the staff training programme and joined the audit group, which provided a valuable carer perspective.

The audit group felt that it would be interesting to monitor how the instrument would develop in the in-patient setting of Fountains Court, as residential care would enable a process of continual and consistent assessment that is not always viable with those who attend a day hospital.

Although staff felt competent at completing checklists, there were some concerns regarding the complexity of the checklist for carers who may have had to complete these on their own at home. It was therefore agreed that the Clinical Audit Department (CAD) would produce a simplified version. These were sent to teams for distribution. The CAD also began work on constructing a draft questionnaire for surveying staff opinions and attitudes on their impressions of the tool and for gaining feedback regarding its implementation. CAD members visited Fountains Court to conduct individual interview sessions with staff who had participated in Jackie Pool assessments, using the approved questionnaire.

Progress was slow within the day hospitals due to staff shortages, staff changes and pending service closures. This affected staff enthusiasm towards this project and reduced the number and completeness of assessments. Although the same questionnaire format was used to collect the opinions of day hospital staff, sections of the questionnaire were not applicable as staff had not always completed full assessments.

Some carers were also approached at the day hospitals as staff had frequently reported on the positive comments received from them, particularly around the completion of life histories. Life histories are assessments which focus on retrieving information about the service-user’s past – some teams had created elaborate folders for these with illustrations and photographs, so as to create a memento which service-users could retain for the future.

Findings
The main findings of the evaluation survey are summarised in Table 1.

Of the members of staff who had been surveyed, most had attended the internal Jackie Pool training. Most staff felt more confident at completing the assessment checklists than at retrieving personal histories. Of those staff who attended the training, some felt the
### Table 1: Summary of Findings

<table>
<thead>
<tr>
<th>No</th>
<th>Criteria</th>
<th>Fountains Court N=5</th>
<th>Sheridan Day Hospital N=3</th>
<th>Farley Hill Day Hospital N=4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Staff attending Jackie Pool training (Including trainers)</td>
<td>80%</td>
<td>66.6%</td>
<td>75%</td>
</tr>
<tr>
<td>2</td>
<td>Staff feeling very confident/confident in taking personal history from clients</td>
<td>50%</td>
<td>100%</td>
<td>50%</td>
</tr>
<tr>
<td>3</td>
<td>Staff feeling very confident/confident in completing checklists</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>4</td>
<td>Staff feeling that there were areas of training which needed expanding</td>
<td>75%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>5</td>
<td>Staff experiencing unexpected difficulties in implementing the tool, which were not addressed at the training</td>
<td>75%</td>
<td>66.6%</td>
<td>50%</td>
</tr>
<tr>
<td>6</td>
<td>Staff having the opportunity to have any queries answered by way of follow up training</td>
<td>100%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>7</td>
<td>Staff finding the assessment a bit time consuming or difficult to fit in alongside their daily tasks</td>
<td>60%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>8</td>
<td>Staff finding the completion of the 2 week assessment quicker and simpler as they became more experienced</td>
<td>80%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>9</td>
<td>Staff stating that all/most of the checklists were relevant to their client group</td>
<td>60%</td>
<td>100%</td>
<td>50%</td>
</tr>
<tr>
<td>10</td>
<td>Staff stating that all/most of the checklist sections were pertinent to their client group</td>
<td>60%</td>
<td>100%</td>
<td>50%</td>
</tr>
<tr>
<td>11a</td>
<td>Staff who feel they have learned more about their client’s personal history</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>11b</td>
<td>Staff who feel they have learned more about their client’s likes and dislikes</td>
<td>80%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>11c</td>
<td>Staff who feel they have learned more about their client’s abilities</td>
<td>60%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>12</td>
<td>Staff feeling that they have learned something to focus or improve the care of a particular client</td>
<td>40%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>13</td>
<td>Staff feeling that using Jackie Pool has enabled them to improve the care or focus attention on clients who have not yet been assessed</td>
<td>60%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>14</td>
<td>Staff feeling that conversations with carers and relatives of assessed clients have improved since using Jackie Pool</td>
<td>40%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>15a</td>
<td>Staff having cases where treatment changed subsequent to Jackie Pool assessments to improve care delivered</td>
<td>20%</td>
<td>100%</td>
<td>75%</td>
</tr>
<tr>
<td>15b</td>
<td>Staff having cases where treatment was unchanged subsequent to Jackie Pool assessments as assessment reinforced best care already in place</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>
session could have been more extensive and comprehensive.

Verbal feedback highlighted a need for an update or regular update sessions, particularly if this could include staff from other bases who were using the Jackie Pool tool. Some staff experiencing unforeseen difficulties, highlighting the need for a training update. Most staff felt that they had experienced some unexpected difficulties in implementing the tool, much of which related to uncovering aspects of the person’s history that were distressing to them and the consequent difficulties of dealing with this. Other staff commented on the importance of ‘bringing’ service-users back to the present day by reminding them that they had just participated in an activity, a recalling/reminiscing exercise, to ensure that they do not remain within that historical time frame.

Although the majority of staff felt that assessments were time consuming and difficult to fit in with daily activities, they found that completion became easier as they became more experienced over the two-week period. However, there was mixed opinion with regard to the relevance and pertinence of checklist sections and checklist options for particular client groups. Day hospital staff commented on the irrelevance of the ‘Bathing and Washing’ / ‘Getting Dressed’ sections, as these activities take place before service-users arrive at the day hospital.

The majority of staff felt that by completing Jackie Pool assessments they acquired more information regarding their service-user’s personal history, preferences and abilities. Some staff felt that because the Jackie Pool tool is such a thorough assessment, it revealed more about the person that helped in finding activities more suited to their needs and preferences. However, staff at Fountains Court felt that they already had a good understanding of their service-users and that the tool was just a more formal way of recording this information. This may be an effect of residential care, in having much more contact time to develop insights into their service-users. The treatment for Fountains Court in-patients was therefore largely unaltered as best care systems were already in place. Staff reported that discussions with carers and relatives, subsequent to the completion of assessments, were improved.
There was some variation in staff opinion regarding the advantages of PAL in comparison to previous systems, with some staff claiming that it was very beneficial, whilst others claimed that it was not very beneficial or that there was no change. Interestingly, some staff stated that there were no previous systems with which PAL could be compared.

The majority of staff stated that they would like to continue using the Jackie Pool assessment, with the remaining staff agreeing to use the tool if it was amended to increase its appropriateness for the client group. Most staff thought that the 'Personal History' section was adequate and that it covered most areas well. Some members of staff did point out that previous likes and dislikes may not be reflective of the person's current likes and dislikes and so some of the information collected may not be as relevant. Verbal feedback suggested that staff found the 'Life Histories' section particularly worthwhile, with service-users and carers finding them enjoyable and rewarding to complete. Reminiscing was pleasant for both carers and service-users and presented an opportunity for staff to learn about them. By following the question format for the life history section, staff triggered undesirable memories, on occasions, which caused some upset to the person. It is therefore important that staff are prepared and able to manage these situations when they arise.

Some staff felt that the statements in the checklist sections could be altered as they were too broad and too general, whilst some felt that it was difficult to allocate service-users to one category as their skills fell either into or between two categories or fluctuated between two categories at different times.

Comments were made regarding the lack of time to pilot the assessment – some staff felt two weeks was not sufficient enough to complete a thorough assessment, particularly when it needs to be completed alongside all of their normal daily tasks and duties. Checklists need to be more refined and adapted in ensuring their suitability for older people.

Staff also felt that Jackie Pool wasn’t just a tool for Occupational Therapy, that all staff can use this tool – thus a need to involve others and develop enthusiasm about the use of the tool.

Some staff commented on the variation in ability and mental state of the service-user within MHOP, as behaviour can vary quite significantly over the course of even a day and the recording of these fluctuations may therefore give an inaccurate picture of the person.

Carers were very positive about the use of PAL. Carers had generally only participated in completing the 'Personal Histories' section, but found these as being enjoyable, both for them and their relative/friend. They also felt that this was something that they could continue and further develop at home. Carers also commented on how creative and supportive staff had been in compiling personal histories.

It must be noted that the sample size for this audit was relatively small, owing somewhat to the problems encountered by day hospitals. This impacts on the extent to which the findings of this audit can be generalised.

Conclusions

Staff attending training feel more confident in completing Jackie Pool
Most staff felt that Jackie Pool is a useful tool for staff of all disciplines and that by creating more awareness and providing more training other staff will also become interested.

There are some concerns regarding the accuracy of the interpretation of assessments, as these may be misleading for new staff due to variation in the service-user’s mental state over time. Some staff also added that for those without family or friends, there is no way of verifying the details that the service-users give during life history sessions.

**Recommendations**

1. To commend staff on their great efforts in completing the pilot alongside the demands of their normal working day, particularly day hospital staff who also had the pressures of service closures and job insecurities to contend with.

2. For the project lead to discuss the audit findings at the MHOP Clinical Improvement Group (CIG) in deciding upon how to facilitate the implementation of PAL across MHOP, if deemed to be appropriate.

3. For the audit group to meet and discuss the format and required revisions to the tool in promoting suitability for the client group.

4. As Pool (2002) advocates PAL as being beneficial for people with learning disabilities, the CAD are to share the results of this audit with the Services for People who have a Learning Disability (SPLD) directorate.

5. To consider the possibility of providing additional PAL training sessions, to include staff from...
various locations.

6. To produce a leaflet to inform staff of some of the unexpected difficulties that can arise when completing PAL assessments e.g. uncovering sensitive issues and how to deal with these, and the need to de-brief service-users at the end of life-history sessions.

Current Progress

- This paper was presented at the Trust’s ‘Celebrating Success’ seminar in December 2005.
- The Jackie Pool life histories and checklist is being used within in-patient settings following Dementia Care Mapping activity. Training is being given to care staff.
- Life history and biographical work is being undertaken in the community by Occupational Therapy staff.

References


Acknowledgements: the authors would like to thank

Helen Patent (Senior Occupational Therapist),
Liz Crosbie (Senior Occupational Therapist),
Doreen Cove (Occupational Therapy Technical Instructor),
Andy Westcott (Occupational Therapy Technical Instructor),
Day Hospital nursing staff and carer support at Fountains Court,
Mandy Quarmby (Clinical Audit Manager), and
Ken Freshwater (Carer).