

**NATIONAL INSTITUTE FOR HEALTH AND CARE
EXCELLENCE**

**People's experience using adult social care
services**

NICE quality standard

Draft for consultation

19 July 2018

This quality standard covers the experience of adults using social care services. It applies to all settings where people use social care services, including people's own homes, residential care and community settings. Its aim is to help people understand what care they can expect and to improve their experience by supporting them to make decisions about their care. It describes high-quality care in priority areas for improvement.

It is for commissioners, service providers, health, public health and social care practitioners and the public.

This is the draft quality standard for consultation (from 19 July to 16 August 2018). The final quality standard is expected to publish in December 2018.

Quality statements

[Statement 1](#) People using adult social care services have a care and support needs assessment that takes into account their personal strengths, preferences, aspirations and needs.

[Statement 2](#) People using adult social care services have as much control as possible over their allocated funds for purchasing care packages.

[Statement 3](#) People using adult social care services have continuous and consistent care and support.

[Statement 4](#) People using adult social care services' views are used to inform service improvement.

NICE has developed guidance and quality standards on patient experience in adult NHS services and service user experience in adult mental health services (see the NICE pathways on [patient experience in adult NHS services](#) and [service user experience in adult mental health services](#)), which should be considered alongside these quality statements.

Other quality standards that should be considered when commissioning or providing adult social care services include:

- [Medicines management for people receiving social care in the community](#) (expected publication July 2018) NICE quality standard
- [Intermediate care including reablement](#) (expected publication August 2018) NICE quality standard
- [Transition between inpatient mental health settings and community or care home settings](#) (2017) NICE quality standard QS159
- [Oral health in care homes](#) (2017) NICE quality standard QS151
- [Transition from children's to adults' services](#) (2016) NICE quality standard QS140
- [Transition between inpatient hospital settings and community or care home settings for adults with social care needs](#) (2016) NICE quality standard QS136

- [Social care for older people with multiple long-term conditions](#) (2016) NICE quality standard QS132
- [Home care for older people](#) (2016) NICE quality standard QS123
- [Medicines management in care homes](#) (2015) NICE quality standard QS85

A full list of NICE quality standards is available from the [quality standards topic library](#).

Questions for consultation

Questions about the quality standard

Question 1 Does this draft quality standard accurately reflect the key areas for quality improvement?

Question 2 Are local systems and structures in place to collect data for the proposed quality measures? If not, how feasible would it be for these to be put in place?

Question 3 Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources needed to deliver them? Please describe any resource requirements that you think would be necessary for any statement. Please describe any potential cost savings or opportunities for disinvestment.

Local practice case studies

Question 4 Do you have an example from practice of implementing the NICE guideline that underpins this quality standard? If so, please submit your example to [NICE local practice case studies](#) on the NICE website. Examples of using NICE quality standards can also be submitted.

Quality statement 1: Care and support needs assessment

Quality statement

People using adult social care services have a care and support needs assessment that takes into account their personal strengths, preferences, aspirations and needs.

Rationale

A care and support needs assessment that focuses on the person's strengths, preferences, aspirations and needs helps people using adult social care services to highlight the outcomes that are important to them. During the assessment, the person can identify how their needs impact on their wellbeing and ability to live an independent life, as well as their goals and preferred outcomes. They can then agree a care and support plan that supports them in this with the person carrying out the assessment.

Quality measures

Structure

a) Evidence of local arrangements to ensure that care and support needs assessments include a discussion with the person that focuses on their strengths, preferences, aspirations and needs.

Data source: Local data collection, for example staff training records and care and support needs assessments protocols.

b) Evidence of local arrangements to ensure that people have enough time with an independent advocate, if they want one, before the care and support needs assessment takes place so that they can prepare for it.

Data source: Local data collection, for example records of independent advocacy use and surveys on the experience of people who have had a care and support needs assessment.

Process

a) Proportion of people using adult social care services whose care and support needs assessment included a discussion of their strengths, preferences, aspirations and needs.

Numerator – the number in the denominator who had a discussion about their strengths, preferences, aspirations and needs included in their assessment.

Denominator – the number of people using adult social care services who had a care and support needs assessment.

Data source: Local data collection, for example care and support needs assessment records and surveys on the experience of people who have had a care and support needs assessment.

b) Proportion of people having a care and support needs assessment who have access to an independent advocate.

Numerator – the number in the denominator who have access to an independent advocate.

Denominator – the number of people who have a care and support needs assessment.

Data source: Local data collection, for example care and support needs assessment records, independent advocacy records and surveys on the experience of people who have had a care and support needs assessment.

Outcome

a) Satisfaction of people using adult social care services with the extent to which the care and support needs assessment promoted their interests and independence.

Data source: Local data collection, for example, surveys on the experience of people who have had a care and support needs assessment.

b) Satisfaction of people using adult social care services on the support they receive to achieve their self-defined outcomes.

Data source: Local data collection, for example audits of care and support needs assessment records and surveys on the experience of people who have had a care and support needs assessment.

What the quality statement means for different audiences

Service providers (such as managers and owners of adult social care services) ensure that the care and support needs assessment focuses on the person's strengths, preferences, aspirations and needs, and how these impact on their wellbeing. They ensure that the practitioners carrying out the assessments have been trained to make the assessment person-centred. If people having the assessment would like an independent advocate, or they would benefit from having one, arrangements are made to ensure they are present and have had time to speak to the person about the assessment before it takes place.

Social care practitioners (such as social workers, occupational therapists and registered nurses) who are carrying out care and support needs assessments focus the assessment on the person's strengths, preferences, aspirations and needs to identify the outcomes that are important to them. They find out what people want from their day-to-day life and their long-term goals and have a good understanding of all of the services available that can help to achieve this.

Commissioners (local authorities) ensure that they commission services that focus care and support needs assessments on the person's strengths, preferences, aspirations and needs.

People having a care and support needs assessment are involved fully in the assessment, with an independent advocate if they would like one. This gives them the opportunity to explain their personal strengths, preferences and needs, what they would like to be able to achieve in their day-to-day life and their long-term goals.

Source guidance

[People's experience in adult social care services: improving the experience of care and support for people using adult social care services](#) (2018) NICE guideline NG86, recommendations 1.1.1 and 1.3.4

Definitions of terms used in this quality statement

Care and support needs assessment

Under the Care Act 2014, local authorities must carry out an assessment of anyone who appears to require care and support. The aim of assessment is to understand the person's needs and goals. After carrying out the assessment, the local authority consider whether any of the needs identified are eligible for support.

The assessment:

- focuses on the person's needs and how they impact on their wellbeing
- focuses on the outcomes they want to achieve in their day-to-day life
- involves the person and, if they want, their carers in discussions and decisions about their care and support
- takes into account the person's personal history and life story
- takes a whole family approach
- takes into account the needs of carers
- takes into account the person's housing status, and where and who they want to live with
- is aimed at promoting their interests and independence
- is respectful of their dignity
- is transparent in terms of letting people and their families and carers know how, when and why decisions are made
- takes into account the potential negative effect of social isolation on people's health and wellbeing.

[Adapted from NICE's guideline on [People's experience in adult social care services: improving the experience of care and support for people using adult social care services](#), terms used in this guideline and recommendations 1.3.3 and 1.3.4]

Equality and diversity considerations

People who are having a care and support needs assessment may have several needs, for example help with communication. Services should ensure that people have the help they need, for example through an independent advocate or communication aid, to participate fully in the assessment.

People should be provided with information about the care and support needs assessment that they can easily read and understand themselves, or with support, so they can communicate effectively with health and social care services about the assessment. Information should be in a format that suits their needs and preferences, for example produced in Braille format. It should be accessible to people who do not speak or read English, and it should be culturally and age appropriate. People should have access to an interpreter or independent advocate if needed.

For people with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in NHS England's [Accessible Information Standard](#).

People aged 18-24 who are in transition between children's and adult services may still be cared for under children's services. The assessment should take account of this and ensure there is continuity in their care during the transition process.

Quality statement 2: Empowering people to manage their care package funds

Quality statement

People using adult social care services have as much control as possible over their allocated funds for purchasing care packages.

Rationale

Giving people control over their allocated funds to purchase care packages allows them a real opportunity to exercise influence over how their care and support is provided. By empowering people to choose the types of services and support they access, they are more likely to achieve the outcomes identified as important to them.

Quality measures

Structure

a) Evidence of local arrangements to ensure that people using adult social care services are informed they have the option to control their allocated funds to buy the services that are important to them.

Data source: Local data collection, such as audits of care and needs support assessments and care and support plans.

b) Evidence of local arrangements to ensure that people using adult social care services are informed of the different options for managing their allocated funds.

Data source: Local data collection, for example audits of care and needs support assessments and care and support plans.

c) Evidence of local arrangements for accessible information on direct payments and personal budgets and peer support on using them.

Data source: Local data collection, for example information services, audits of the availability of peer support such as user-led centres for independent living, and surveys on the experience of people using adult social care services.

Process

a) Proportion of people using adult social care services who can decide how the money in their personal budget is spent.

Numerator – the number in the denominator who have can decide how the money in their personal budget is spent.

Denominator – the number of people using adult social care services who have a personal budget for purchasing care packages.

Data source: [Personal Outcomes Evaluation Tool for adults in receipt of social care support](#). Local data collection and surveys on the experience of people using adult social care services can also be used.

b) Proportion of people using adult social care services whose views were included when their support was planned.

Numerator – the number in the denominator whose views were included during planning.

Denominator – the number of people using adult social care receiving support.

Data source: [Personal Outcomes Evaluation Tool for adults in receipt of social care support](#). Local data collection and surveys on the experience of people using adult social care services can also be used.

Outcome

a) People using adult social care services being confident using their funds to purchase their own care packages.

Data source: Local data collection such as surveys on the experience of people using adult social care services.

b) Satisfaction of people using adult social care services with the assistance they receive to use allocated funds to get the support that is the most important to them.

Data source: The [Personal Outcomes Evaluation Tool for adults in receipt of social care support](#) includes questions on the choice and control that people using adult

social care services have on how their personal budget is spent. Local data collection such as surveys on the experience of people using adult social care services.

What the quality statement means for different audiences

Service providers (such as managers and owners of adult social care services and peer-support services, including centres for independent living) ensure that systems are in place to advise people how they can use allocated funds for social care services and that support is available to help people manage the funds. This support and advice should cover the different ways that allocated funds from local authorities are provided, for example direct payment or personal budget.

Social care practitioners (such as social workers, occupational therapists and registered nurses) are aware of the types of allocated funding available for social care services. They explain to people using adult social care services the options for using the funding and the different types of support they can access to help them with this. This will give people the opportunity to consider how they wish to spend the funds and how they would like the funds to be held, for example if they will receive a personal budget or use direct payments.

Commissioners (local authorities) ensure that they commission services and supply funding to voluntary and peer services that allow and support people to manage their allocated funds for social care.

People using adult social care services are told about the different types of funding they can receive to pay for their social care and the different options they have to use these funds. They can choose how they would like to receive these funds and how they would like to use them to pay for their social care. They have support to help them make these decisions if they wish.

Source guidance

[People's experience in adult social care services: improving the experience of care and support for people using adult social care services](#) (2018) NICE guideline NG86, recommendation 1.3.19

Definitions of terms used in this quality statement

As much control as possible

This is the amount of control that the person would like and that they are able to have based on their personal circumstances. The person will agree this with their social care practitioner when they are jointly developing the care and support plan. [Expert opinion]

Allocated funds

Funds allocated by the local authority to be used to pay for services to address the needs identified in the person's care and support needs assessment. [Expert opinion]

Care package

An agreed package of services the person can use to address the needs identified in their care and support needs assessment. [Expert opinion]

Equality and diversity considerations

People using adult social care services may have several needs, for example help with communication. Services should ensure that people have the help they need, for example through an independent advocate or communication aid, to understand the different options for using their allocated funds and supported to manage them as far as is possible.

People should be provided with information about the options they have to control and use their allocated funds for purchasing care packages that they can easily read and understand themselves, or with support, so they can communicate effectively with health and social care services about this. Information should be in a format that suits their needs and preferences, for example produced in Braille format. It should be accessible to people who do not speak or read English, and it should be culturally and age appropriate. People should have access to an interpreter or independent advocate if needed.

For people with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in NHS England's [Accessible Information Standard](#).

People in the travelling community may not be resident in the same area for a long period of time. Practitioners should consider how to support people from the travelling community to manage allocated funds when they move to another area.

Quality statement 3: Continuity and consistency of care and support

Quality statement

People using adult social care services have continuous and consistent care and support.

Rationale

Having continuity and consistency of care and support has a considerable impact on a person's happiness and quality of life, as it can lead to them forming positive relationships with their care workers. If care workers know the person, their preferences and care and support needs, it helps to ensure continuity of care. This focus will help the person achieve the outcomes they identified as important to them in the care and support needs assessment, for example taking part in activities and participating in social groups.

Quality measures

Structure

a) Evidence of local arrangements to ensure continuity of care and support for people using adult social care services.

Data source: Local data collection, for example local care protocols on care worker handover arrangements.

b) Evidence of local arrangements to ensure consistency of care workers for people using adult social care services.

Data source: Local data collection, for example local care protocols on the organisation of care workers providing care and support.

Process

Proportion of people using adult social care services who experience care and support from a consistent team of care workers.

Numerator – the number in the denominator who experience care and support from a consistent team of care workers.

Denominator – the number of people using adult social care services.

Data source: Local data collection, for example audits of care records including names of care workers.

Outcome

a) Continuity of care provided to people using adult social care services.

Data source: Local data collection such as surveys on the experience of people using adult social care services and audits of care records.

b) Satisfaction of people using adult social care services with the continuity and consistency of their care and support.

Data source: The [Personal Outcomes Evaluation Tool for adults in receipt of social care support](#) and local data collection such as surveys on the experience of people using adult social care services.

c) Quality of life of people using adult social care services.

Data source: The [Personal Outcomes Evaluation Tool for adults in receipt of social care support](#) and local data collection such as surveys on the experience of people using adult social care services.

What the quality statement means for different audiences

Service providers (such as independent home care agencies, residential care services and voluntary sector organisations) ensure that people using adult social care services experience care and support from a consistent team of social care workers who are familiar with their needs. People using adult social care services should always be informed in advance if new staff will be providing their care. To ensure continuity of care, providers should ensure that staff are informed of the person's preferences and care and support needs before they see the person.

Social care practitioners (such as home care workers and personal assistants) ensure that they get to know the people they care for, including asking them how they prefer to receive their care and providing it in line with their preferences. They ensure they make detailed notes when they provide care and support so that other members of the team can care for the person in a consistent way.

Commissioners (local authorities) commission services that ensure that people using adult social care services experience continuity and consistency in their care and support, including seeing a consistent team of care workers who are familiar with their needs.

People using adult social care services have the same team of social care workers who are familiar with their needs and preferences. People are told in advance if new staff will be involved in their care and support. The staff caring for them record details of the person's preferences and the care they have had so that other members of the team can make sure there is continuity in their care.

Source guidance

[People's experience in adult social care services: improving the experience of care and support for people using adult social care services](#) (2018) NICE guideline NG86, recommendation 1.4.7

Definitions of terms used in this quality statement

Continuous and consistent care and support

This includes ensuring that:

- all practitioners involved with the person's care and support are familiar with how that person likes support to be given
- where possible, the same people support the person
- if the same staff are not available, there are good handover arrangements
- all staff supporting the person have similar levels of skills and competency.

[Adapted from NICE's guideline on [People's experience in adult social care services: improving the experience of care and support for people using adult social care services](#), recommendation 1.4.7]

Equality and diversity considerations

People using adult social care services may have several needs, for example help with communication. The staff they are in contact with should be aware of this and know how the person prefers to be cared for.

People aged 18-24 who are in transition between children's and adult services may still be cared for under children's services. During this transition period it is important that services provide care that is continuous and consistent.

People in the travelling community may not be resident in an area for a long period of time, therefore practitioners should ensure that transition and handover arrangements are put in place when they move to another area.

Quality statement 4: Using people's views to improve services

Quality statement

People using adult social care services' views are used to inform service improvement.

Rationale

Involving people in service improvement by obtaining and acting on feedback about their experience means that services can be more responsive to the people using them and adapt to their needs. It can help identify barriers to accessing services and ensure that more people can use them. Different approaches to obtaining feedback will be needed for different services. Agreement on how this will be done on a regular basis (for example annually) and before a significant change in a service or the development of a new one, can help ensure that improvements to services are made at the most suitable time.

Quality measures

Structure

a) Evidence of local arrangements to ask for feedback from people using adult social care services to inform service improvement.

Data source: Local data collection, for example records of individual and group meetings, surveys and comment forms.

b) Evidence of local arrangements for supporting people using adult social care services to provide feedback on their experience using services.

Data source: Local data collection, for example records of independent advocacy use.

c) Evidence of local arrangements for people who have provided feedback on adult social care services to be informed of improvements made as a result of their input.

Data source: Local data collection, for example records of meetings with people using services and posters and leaflets explaining changes made as a result of feedback from people using services.

Process

Proportion of people using adult social care services who are asked to provide their opinion of a service.

Numerator – the number in the denominator who are asked to provide their opinion of a service.

Denominator – the number of people using adult social care services.

Data source: Local data collection, for example engagement records.

Outcome

a) Services meeting the needs of people using adult social care services.

Data source: Local data collection, for example surveys of people using services.

b) Changes to adult social care services which are informed by feedback from people using services.

Data source: Local data collection, for example surveys of people using services

c) Accessibility of adult social care services.

Data source: Local data collection, for example audits of the groups of people using services, which could be based on geographical location, the type of needs people have or protected characteristics.

d) Satisfaction of people using adult social care services with the way their feedback has been used.

Data source: Local data collection, for example surveys of people using services.

What the quality statement means for different audiences

Service providers (such as managers and owners of adult social care services and voluntary sector organisations) ensure that people using services are encouraged to voice their opinions and that their opinions are actively sought, for example through drop-in sessions and comment cards. Engagement and feedback from people using services is included in published reports, such as the annual report. Service providers give regular updates on ways that feedback from people using services has been considered and used to improve services, for example through group meetings, leaflets and posters.

Social care practitioners ensure that they support people using services to give feedback on services and that people feel safe to do so. They can help to arrange independent advocacy if a person feels this would help them to express their views.

Commissioners (local authorities) ensure that they commission adult social care services that ask for feedback from people using the services to make improvements and report on how they have fed this back.

People using adult social care services have the opportunity to voice their opinions and these are taken into account when changes are being made to services. People receive feedback on how their opinions have influenced the changes and redesign of the services they use.

Source guidance

[People's experience in adult social care services: improving the experience of care and support for people using adult social care services](#) (2018) NICE guideline NG86, recommendations 1.6.7 and 1.6.10

Equality and diversity considerations

People using adult social care services may have several needs, for example help with communication. Services should ensure that people have the help they need, for example through an independent advocate or communication aid, to provide their feedback.

People should be provided with information that they can easily read and understand themselves, or with support, so that they can communicate effectively with health and social care services when providing feedback on services. The information should be in a format that suits their needs and preferences, for example produced in Braille format. It should be accessible to people who do not speak or read English, and it should be culturally appropriate and age appropriate. People should have access to an interpreter or independent advocate if needed.

For people with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in NHS England's [Accessible Information Standard](#).

About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about [how NICE quality standards are developed](#) is available from the NICE website.

See [quality standard advisory committees](#) on the website for details of standing committee 3 members who advised on this quality standard. Information about the topic experts invited to join the standing members is available on the [quality standard's webpage](#).

This quality standard has been included in the NICE Pathway on [People's experience in adult social care services](#), which brings together everything we have said on people's experience in adult social care services in an interactive flowchart.

NICE has produced a [quality standard service improvement template](#) to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and

Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

Improving outcomes

This quality standard is expected to contribute to improvements in the following outcomes:

- Quality of life of people using adult social care services
- Experience of people using adult social care services
- Unplanned hospital admissions and readmissions

It is also expected to support delivery of the Department of Health and Social Care outcome frameworks:

- [Adult social care outcomes framework](#)
- [NHS outcomes framework](#)
- [Public health outcomes framework for England](#).

Resource impact

NICE quality standards should be achievable by local services. The potential resource impact is considered by the quality standards advisory committee, drawing on resource impact work for the source guidance. Organisations are encouraged to use the [resource impact products](#) for the source guidance to help estimate local costs.

Diversity, equality and language

During the development of this quality standard, equality issues were considered and [equality assessments](#) are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations.

Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

ISBN:

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