

**QUALITY GREEN PAPER
CONSULTATION REPORT
OCTOBER 2012**



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1. EXECUTIVE SUMMARY

This report presents the findings of a consultation process which resulted in over 1,100 people sharing their views on the quality of social care services in Staffordshire. People were able to participate in the consultation via online surveys, self completion questionnaires and in focus groups. The results are representative of the communities of Staffordshire and provide a clear indication of the views across the county.

Overall respondents were **supportive of the definition of quality** which was put forward in the Green Paper (86%). Some 43% of respondents felt that a quality care service is currently being provided in Staffordshire. A further 39% felt that this is partially happening, which suggests that there is room for improvement. **Encouragingly when asked to provide descriptive feedback on their experience of social care in Staffordshire, many current service users commented positively.** There was **overwhelming support for the development of an agreed set of quality standards.**

Being treated fairly and with dignity, the behaviour and attitude of staff and the knowledge and skills of staff were seen as essential components for delivering a high quality care and support service These components, alongside listening to customers were also seen as needing improvement. Based on responses to the surveys and the focus groups, **four clear areas of improvement have emerged—listen to users/feedback mechanisms, care staff, personalisation and better information.**

Respondents to the consultation were **overall mainly supportive of the various proposals** put forward in the Green Paper to improve quality. Some 88% of service users/public were supportive of providing more involvement opportunities to capture people's experiences. In terms of proposals to support care staff, there was greatest support for working with the voluntary and independent organisations to make sure carers and caring staff receive an acceptable wage (64%).

Providers and Commissioners were **generally supportive of the process/procedural proposals** put forward in the Green Paper. They were most supportive of the suggestion to ensure that service providers have a complaints procedure which includes details of the county council's complaints service (100% of Commissioners and 93% of Providers). Other key suggestions put forward by Commissioners and Providers include—**reviewing contract and tender management processes, regular quality monitoring visits, development of common standards and better relationships between Commissioners and Providers.**

There was **generally good support for rewarding excellent quality.** The most popular proposal was providing access to free/subsidised training (60%). Service users/public were also **keen to see poor quality driven out** by having clear consequences and actions when this happens.

Only 41% of service users/public felt it was easy for people to give their views on the quality of services provided and only 26% felt that their views were taken into account when measuring quality. Current service users did have a slightly more positive view than all respondents.

The majority of Commissioners neither agreed nor disagreed (63%) that they had access to the insight they needed to make commissioning decisions which reflected the needs of Staffordshire residents. Consequently, just one quarter (25%) agreed that commissioning decisions are informed by and reflect the views and needs of Staffordshire's residents.

KEY RECOMMENDATIONS

Analysis of the findings from this consultation process highlights the following key recommendations:

- There is a need to raise expectations of the quality of social care that people in Staffordshire should expect. This 'standard' needs to be clearly communicated to Staffordshire residents.
- The proposed definition of quality is adopted along with all proposals put forward in the Green Paper to improve the quality of care.
- Four key areas have been highlighted as specifically needing improvement:
 1. Listen to service users—this should be regular, systematic and used to inform commissioning and decision making. There is a need to review current mechanisms for service users to give feedback.
 2. Care Staff—this includes staffing levels, training, professionalism and ensuring that wherever possible caring staff remain consistent.
 3. Personalisation—service users must be at the centre of their care plan and feel they have control and flexibility over the support they receive.
 4. Better information—on what services and support are available and how people can access them.
- The following process/procedure improvements should be considered:
 1. Review contract/tender management processes to ensure that quality is at the heart of the process.
 2. Regular quality monitoring visits which are adequately resourced.
 3. Wherever possible the development of common standards across the sector.
 4. Development of better relationships between Commissioners and Providers.
- Provide access to free/subsidised training as a method of rewarding excellent quality.
- Development of an agreed set of quality standards for the sector.

2. INTRODUCTION

In Summer 2012, Staffordshire County Council published their ‘Green Paper for a Revolution in Care Quality’ The Green Paper sets out the county council’s future vision for a revolution in care quality to benefit the people of Staffordshire and makes recommendations to bring about a step change in care quality.

To inform the next step in developing a programme to revolutionise the quality of care, the county council opened up a consultation on the Green Paper. Members of the public, service users and professionals were encouraged to participate in the consultation.

3. METHODOLOGY

A mixed method approach was taken to ensure that the consultation reached as many of Staffordshire’s residents, as well as professionals working in the social care sector, as possible. The following consultation routes were established:

- Online survey aimed at Service Users/Public—including an Easy Read version
- Online survey aimed at Providers of social care services
- Online survey aimed at Commissioners of social care services
- Face-to-face completion of survey with Service Users/Public—undertaken by Engaging Communities Staffordshire (ECS) and it’s Provider Network
- Focus groups with Service Users/Public—undertaken by ECS and it’s Provider Network
- Focus groups with Providers/Commissioners—undertake by the Joint Commissioning Unit

Fieldwork ran from 23rd July 2012 to 16th September 2012. Via these different routes, over 1,100 people engaged in this consultation. A breakdown is presented in Table 1.

This report brings together and analyses the results from all the consultation methods , with a specific focus on the survey results. Caution needs to be noted when using the results from the Commissioner and Provider survey due to the small number of responses received.

Table 1: Number of responses/attendees by consultation method

		Number of Responses/Attendees
Service Users/Public	Online Survey	28
	ECS General Face-to-Face	792
	ECS Easy Read Face-to-Face	250
	ECS Focus Groups	58
Commissioners/Providers	Commissioners Online Survey	8
	Providers Online Survey	15
	JCU Focus Groups	31

Respondents to the surveys were most likely to be submitting their views as a resident of Staffordshire (59%) followed by family members of someone who is receiving care and support services (29%). Some 19% of respondents currently receive or have received care in the past, and 17% are carers.

4. EXPERIENCE OF CARE SERVICES

4.1 Which of the following care and support services do you have experience of?

The services which respondents had most experience of were day opportunities, assisted technology in the home and home care. Those who had experience of all three of these services were far more likely to be over the age of 50. Respondents to the Easy Read survey were far more likely to class themselves as disabled (59%) and these respondents were more likely to have experience of certain types of care, with day opportunities being used by 56% and care and support at home being accessed by 41%. Respondents over the age of 50 were far more likely to have experience of care and support services.

Commissioners and providers also shared their views on the services they provide or commission. Commissioners were more likely to be involved in commissioning the full range of services.

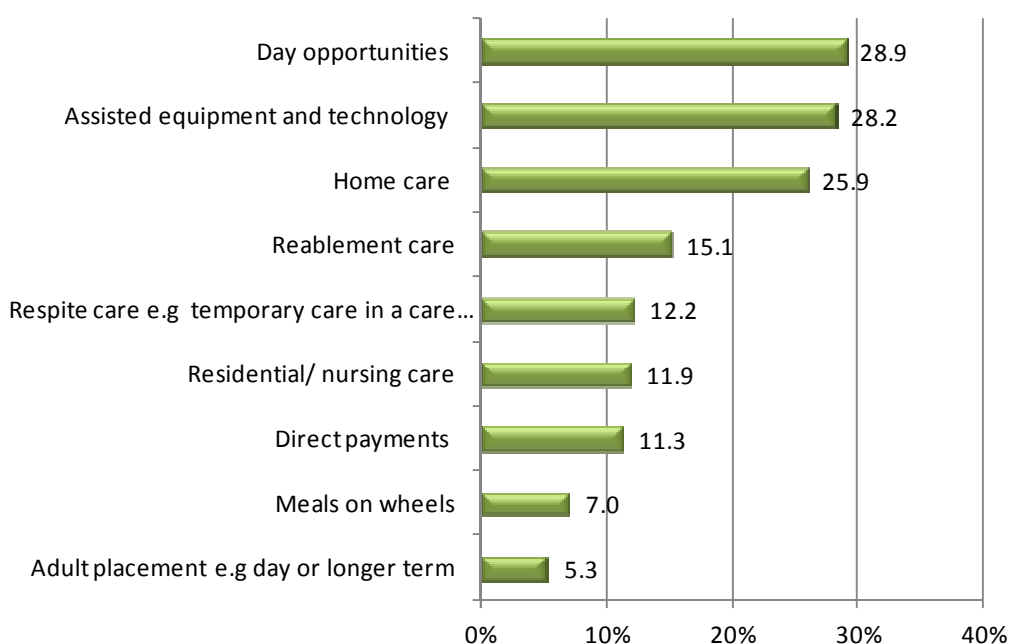
Services that they were most likely to be involved in commissioning are outlined below:

- Residential and nursing care / respite care (63%)
- Home care / Day opportunities / Adult placement (50%)
- Direct payments (38%)
- Assisted equipment and technology / Reablement (25%)

Providers were focused on specific key care and support services and those that they were involved in providing services are listed below:

- Residential and nursing care / Day opportunities (29% each)
- Home Care (21%)
- Adult Placement / Direct payment / Reablement (7% each)

Figure 1: Which of the following care and support services do you have experience of using? - Service users/public



Both Commissioners and Providers shared their qualitative feedback through the surveys and focus groups on whether they felt that people's expectations of a quality service were being met. As well as outlining examples of what they felt is and is not currently working, they also provided a steer on standards which should be developed. They highlighted that these standards need to be communicated to service users so they are clear on what they can and cannot expect to receive as part of a quality service provision and are able to confidently raise an issue when standards are not being met.

Commissioners were mostly likely to feel that service provision and quality is "**patchy**", commenting that "*the Green Paper recognises this*" and will go "*a long way towards addressing this*" with one being concerned that "*shortcuts*" are often taken in relation to the service provided "*in favour of profit*". "*Moorlands Home Link*" was highlighted as an example of current "*high quality care*" provision.

Others felt that service users have become "*used to a poor level of service provision*" and consequently their "**expectations are too low**". They need to be educated and "*informed*" of the standards that they should "*expect*" to receive as part of "*a quality care service*". Conversely, quality standards are also needed where service users "*expect more*" than can actually be provided highlighting the importance of being clear about what people should expect in terms of quality care standard.

It was also felt that the quality of care is often dependent on "*individual members of staff*" and it can currently be a lottery as to whether "*good quality care is received or not*".

Residential/nursing care and care services for older people are currently regularly monitored but there is "**very little quality monitoring by Staffordshire County Council**" of other services, and this is something which needs to be developed to ensure quality care standards are met.

Providers feel that services need to be "**accessible**" in the first instance. One provider felt that service users were generally happy at the point when they were actually using the service but felt that many had "*no idea*" how to "*access services in the first place*". Raising awareness of service is therefore of fundamental importance and a "*key first step*" towards the provision of great quality care.

Providers felt that there was a current "**lack of resourcing**", commenting that there has been "*no increase in funding over the last three years*" and this is now undoubtedly having "*an effect on the ability to finance improvements*" e.g. "*within homes*". Another raised a concern that "*day centres are being run down*" in the hope that "*private providers will take these over*" regardless of whether they provide a quality service or not.

Another commented specifically on care homes and raised the issue of current poor quality standards in relation to dental hygiene. Their concern was that patients teeth are currently not being cleaned and dental standards of cleanliness are not being adhered to. They felt that a community dental service should be procured to "*teach staff how to clean patients teeth*" and compliance with this should be "*monitored*" on a regular basis.

A further Provider also felt that some service users don't currently receive decisions "*as quickly as they should do*". For example, it is often a "*slow*" process to get "*new equipment*" to service users who need them and the provider felt that **decisions should be undertaken in a more timely manner**.

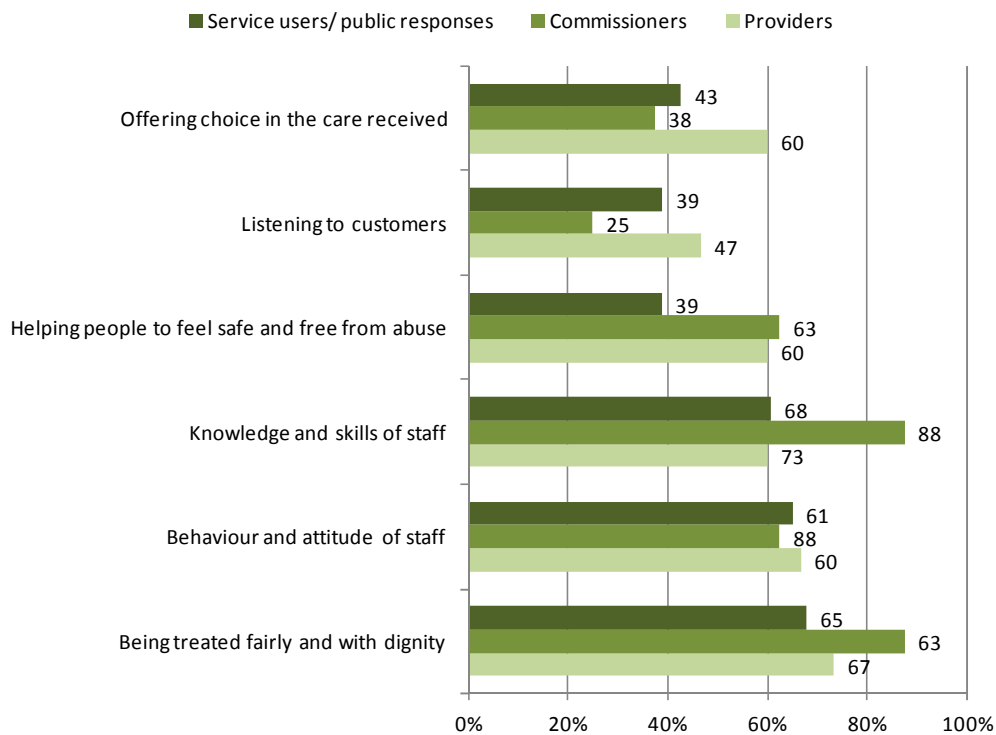
4.4 Which services are essential in delivering high quality care and support services?

Respondents identified the below three as the most essential components in the delivery of a high quality care and support service:

- Being treated fairly and with dignity
- The behaviour and attitude of staff
- The knowledge and skills of staff

Commissioners attributed slightly more importance to two of the top three essential components; the knowledge and skills of staff and being treated fairly and with dignity, than Providers and service user/public respondents did.

Figure 4: What's important in delivering a high quality care service?



Respondents to the Easy Read survey highlighted that feeling safe (68%) was most important to them, followed by getting support to live in your own home (56%) and being treated fairly (43%).

4.4 Which services are most in need of improvement?

Service users/public were most likely to feel that improvements needed to be made in the way that staff treat customers. The most needed improvements were in relation to:

- The behaviour and attitude of staff
- Needing to be treated fairly and with dignity
- The knowledge and skills of staff
- Listening to customers

Figure 5: % who feel that services need improving—Service users/public

Behaviour and attitude of staff	43%	Supporting people to live in their own homes	30%
Being treated fairly and with dignity	40%	Helping people to feel safe and free from abuse	27%
Knowledge and skills of staff	39%	Responding to feedback/issues quickly	25%
Listening to customers	39%	Providing access to information & advice	23%
Offering choice in the care received	36%	Quality of buildings and equipment	18%
Delivering on promises made	34%	Value for money	17%
Getting it right first time	32%	Using modern technology	9%
Providing a responsive service	31%		

Those respondents who currently receive care and support services or have done in the past had similar views to respondents to the public survey overall. They felt that the way they were treated was important: with the knowledge and skills of staff (36%), being treated fairly and with dignity (36%) and the behaviour and attitude of staff (32%) also ranking highly as priorities for improvement. Users of services and Commissioners were however, more likely than respondents overall to recognise the value of offering choice in the service provided, with 40% of service users feeling this should be a priority for improvement and 75% of Commissioners saying the same.

Commissioners did have stronger views on what they thought needed improving the most. They were certain that offering a choice in the care which people receive was by far the most needed improvement in care and support services (75%). Their views were similar to public respondents in that both felt that the knowledge and skills of staff needs improving, with Commissioners feeling more strongly about this (63%) than respondents in general (39%). Both also felt that listening to customers needed improving with Commissioners being more likely to support this (50%) than service user/public respondents (39%).

Provider's main priority for improvement was distinctly different to both those who responded to the public survey and to those of Commissioners. The majority of Providers felt that providing a responsive service was the improvement which was needed the most (67%). In terms of their second priority for improvement, their views were more in line with those of Commissioners with 60% of Providers feeling that it was important to get things right first time and half of Commissioners (50%) also said the same. This was less of a priority for improvement with respondents to the public survey.

Delivering on promises made and getting it right first time were less of a priority in terms of being essential for good quality service provision for service users / public respondents. However, they were slightly more likely to feel that these need improving with Providers also prioritising these two aims and providing a responsive service.

Figure 6: Additional priorities—Service users/public

	% who feel this is essential	% who feel this needs improving
Delivering on promises made	27%	34%
Getting it right first time	24%	31%

5. DEFINITION OF QUALITY

As part of the consultation, Staffordshire County Council put forward the following proposed definition of quality:

"A quality service is one which people who use it rate highly, meets peoples needs fully and promotes choice and control; one which focuses on listening to the people that use it, and makes their views central to driving quality improvement."

The definition received strong support from the majority of people who responded to the consultation.

Table 2: Percentage of respondents who agreed with the definition of quality

		%
Service User/Public	All respondents	86%
	Respondents receiving care	87%
Commissioners	Respondents who are carers or family members	87%
	Commissioners	100%
Providers		93%

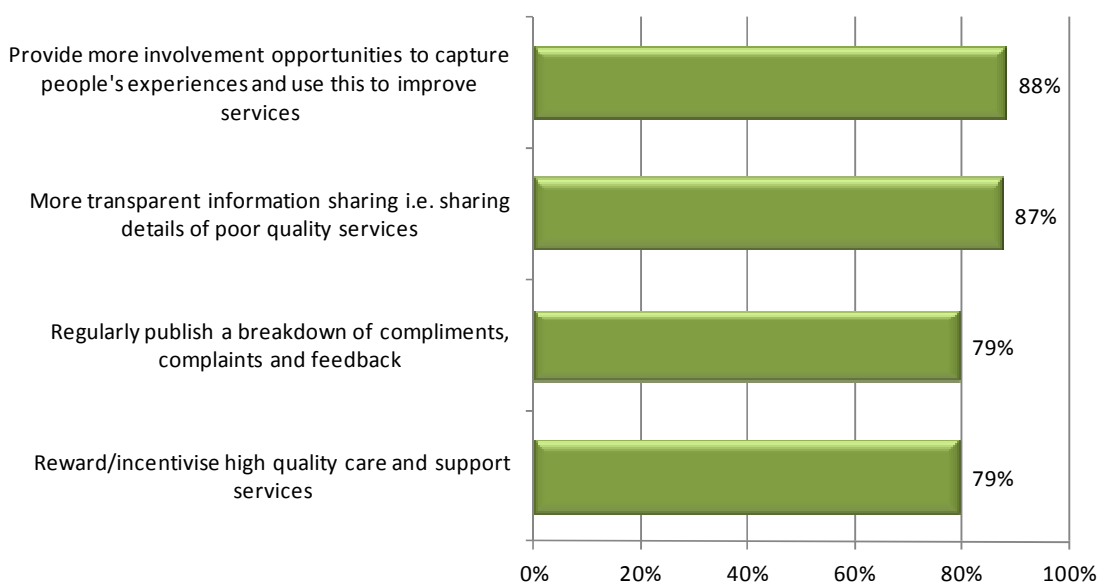
6. IMPROVING THE QUALITY OF CARE

The Quality Green Paper included a number of proposals as to how the quality of care can be improved in Staffordshire.

6.1 Overall Proposals

All types of respondents were supportive of all the proposals put forward to improve the overall quality of care and support services. The most support was for the proposal to provide more involvement opportunities to capture people's experiences and use this to improve services.

Figure 8: How far do you agree that the following proposals will improve the overall quality of care and support services in Staffordshire? - Service users/public



Respondents to the surveys and participants in the various focus groups were asked to put forward their suggestions as to how we can improve the quality of care and support services. Key themes/suggestions are highlighted on the following page.

Listen to users/feedback mechanisms

Service users/public, providers and commissioners highlighted the need to keep listening to users, service users and their families need to be *“regularly and systematically asked their opinions on the services they receive.”* *“Take on board people’s comments and feedback. Even if things can’t be changed; let them know why.”*

Some respondents felt frustrated that their views and opinions were being ignored:

“Get care services to listen to family members, instead of largely ignoring them and thinking they know best.”

Staffing levels, pay and professionalism

A key theme highlighted across the consultation was a need for more care staff, including informal support via volunteers. Concern was also raised regarding the salary/wages of care staff—*“pay good wages to ensure good quality staff.”*

Consistency of care staff was something which service users/public respondents felt was vital to ensure a good quality service:

“I have a different carer every week, I just want the same person each time.”

“Keeping carers consistent is very important. They often change within the same week and it’s like having strangers in your home.”

“I just want one single point of contact for all my care needs.”

The quality of care staff/professionalism of staff was also an area which was seen as in need of improvement:

“Life can be much improved with a good social worker.”

“Care needs to be seen as an excellent profession to enter.”

Care staff aren’t necessarily given the time to deliver a quality service and some respondents felt that it was *“care by the clock”*. Training and development of care staff was also raised as an area for improvement *“perhaps experienced staff could mentor new staff”*.

Personalisation

Care that is defined by needs and *“puts the person at the heart of the care plan”* was seen as critically important by respondents. Service users need to be involved in the design of their care plan and *“not simply consulted at the end.”* Social workers should be able to discuss with service users the various different care options available to them so that service users get *“the right care, at the right time.”* Care packages also need to change and evolve with the service area—*“it needs to change to suit the individuals needs rather than being rigid and inflexible.”*

Better information

A number of respondents felt there was a need for better information for service users and their families on what care is available and how they can access support:

“People don’t know what they are entitled to.”

“There is little information for those starting off on the journey of social care.”

“Providing more knowledge to not only carers but other family members.”

“Remove the need to be a fighter to enable access to good care services”

Other issues/suggestions highlighted include:

- More funding
- Equality/consistency in care provision and commissioning
- Better communication between hospitals and social care—help support a smoother transition
- Transport to and from services –especially in rural areas of the county
- Assessment process—the process takes too long and needs to be quicker, paperwork can also be difficult to understand.
- Utilising voluntary organisations to support care in the community—care providers can learn from the voluntary and community sector.

Figure 9: How can we improve the quality of care and support services in Staffordshire?



6.2 Supporting Care Staff Proposals

In terms of proposals put forward to support care staff in delivering high quality services, 64% of service user/public respondents felt that the county council working with voluntary and independent organisations to make sure carers and caring staff receive an acceptable wage, would help care support staff. All of the proposals put forward received good support for service users/public.

Providers who responded to the survey had good support to all the proposals to help care staff. Commissioners also generally supported all the proposals, apart from developing more support groups, which only two Commissioners supported.

Figure 10: Which of the following proposals do you think will help care support staff to focus on delivering high quality services? - Service users/public



Respondents to all three surveys were asked for their comments on how we can help care staff to deliver high quality services:

The Commissioners had similar ideas on how to help staff deliver a high quality service. Six commented on the issue of care work being a **“low paid profession”** with **“little basic support or training”**. Two mentioned **“staff retention problems”** in the sector as well as the low morale of many care support staff. **Domestic care in the community** was also mentioned by three of the Commissioners, both discussing problems with the working conditions in this setting such as **“high petrol cost”** and unpaid travelling time, as well as **“little scope for support plans to incorporate any 'social time”**. These issues result in the quality of care varying **“enormously according to the support worker allocated”**.

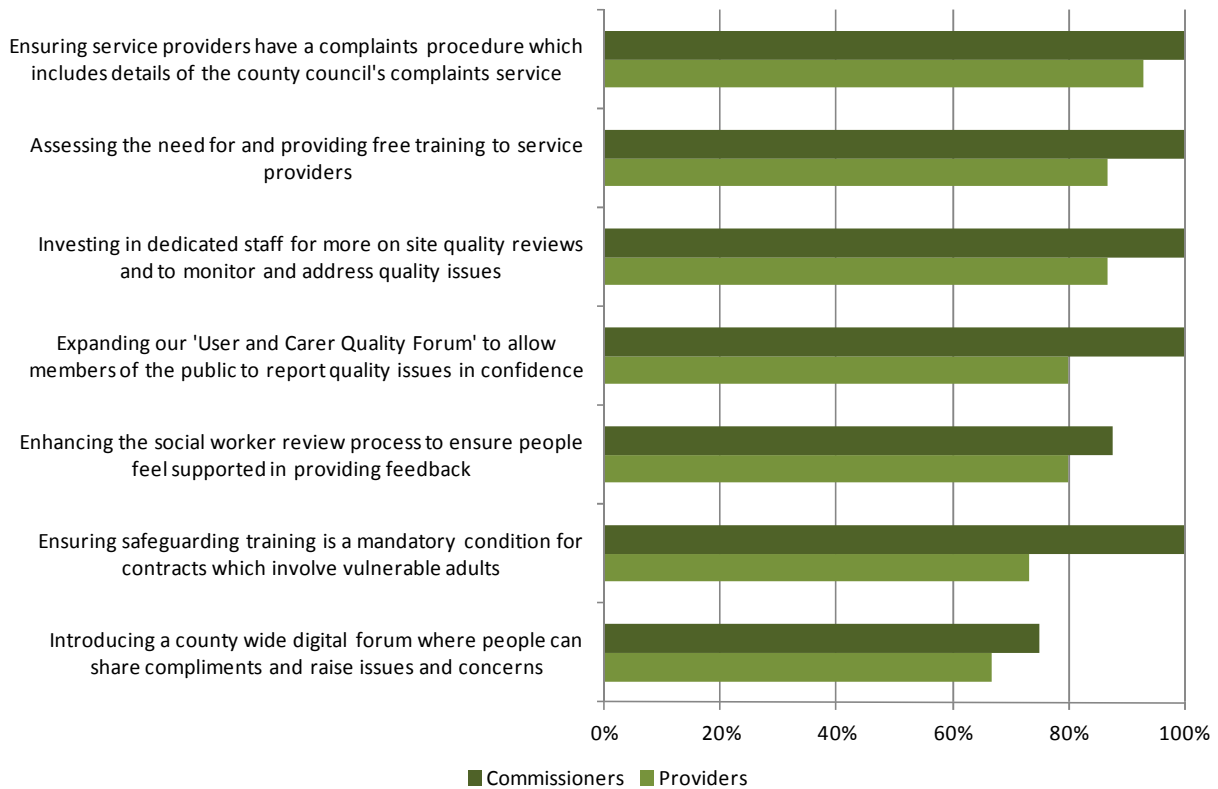
One Commissioner commented that the introduction of provider forums should be **“across all providers not just the same service types”**.

Key themes put forward by Providers include **“valuing skilled staff”** and rewarding them with higher wages; providing support and training and allowing for professional development. This will **“provide a good workforce which ultimately drives up the quality of the care”**. Specific monitoring of and training in dental care across all services would also raise the quality of the service.

6.3 Provider and Commissioner Proposals

Providers and Commissioners were asked their views on a specific list of process/procedure proposals to improve the overall quality of care in Staffordshire. Both Providers and Commissioners were generally supportive of all the proposals suggested. However 'ensuring service providers have a complaints procedure which includes details of the county council's complaints service' received the most support.

Figure 11: Process/procedure suggestions—how far do you agree?



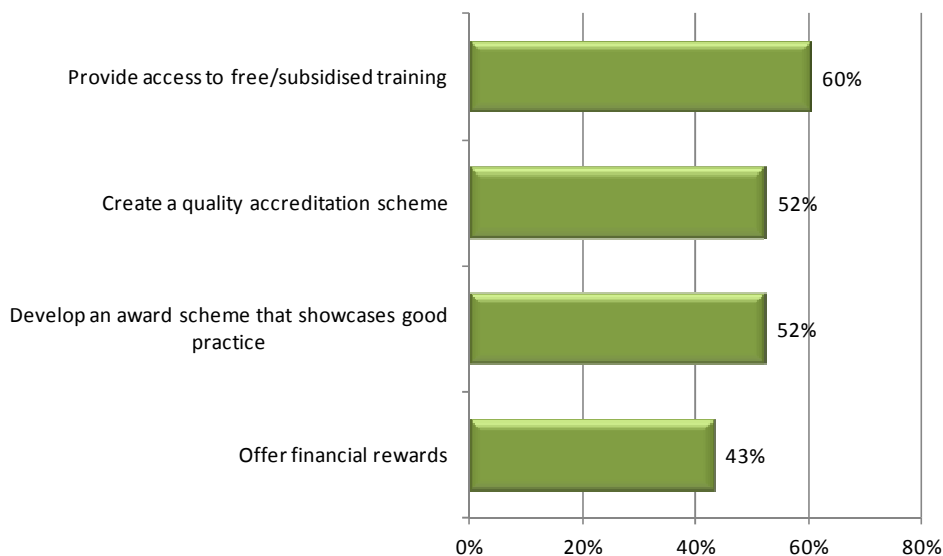
Other suggestions put forward by Commissioners and Providers include:

- Better contract/tender management
- Regular quality monitoring—this needs to be resourced properly
- Better relationships between Commissioners and Providers, ensuring that open, honest two-way feedback is achievable.
- Clear contact points between Commissioners and Providers.
- Support Providers with succession planning and staff training—particular need to ensure that management has the right skills.
- Common induction standards and code of conduct for care workers.
- Opportunity to share best practice—however potential issue of commercial sensitivities.
- Development of a 'TripAdviser' website for service users to rate their experience.

7. REWARDING EXCELLENT QUALITY

Rewarding excellent quality and driving out poor quality is key to the County Council's proposals. Respondents were asked their views on proposals/initiatives to reward excellent quality. The most popular proposal was providing access to free/subsidised training. This received support from service users/public, Commissioners and Providers. Some 43% of service users/public supported offering financial rewards, support was higher amongst Providers (60%) and Commissioners (75%).

Figure 12: Which of the following would you like to see in place as a way of rewarding excellent quality services and providing an incentive to improve? - Service users/public



Respondents were asked for further suggestions as to how we reward excellent quality.

Service users/public felt it was important that good work was recognised, and many felt that **awards** would be a useful way to do this. Many also commented that giving care workers **fair pay** and **promotion opportunities** was also a way in which excellent quality needed to be rewarded. Service users/public also put forward suggestions as to how we drive out poor quality. There needs to be greater accountability by care providers and **“clear consequences when the quality of care is poor.”** As such, quality should be part of their contractual requirements.

Providers' suggestions on rewarding excellent quality included **direct awards to staff** and recognition of high quality work. Driving out poor quality can be achieved through **constant monitoring**; increasing staff capacity and staff support; registering providers and introducing an accreditation standard. **On-going investment** was thought important to encouraging excellent quality, with one provider commenting that without it the commissioners are **“contributing to the existence of poor quality”**.

Commissioners highlighted that they felt that **poor management** by the providers is behind poor quality service. **Incentivising staff** and reducing the turnover of staff is highlighted as a way to improve **“the quality to service users and morale of staff”**. Four commissioners felt that rewards would drive up quality, whilst one did not. The need to monitor all types of service to ensure basic quality levels are reached was considered important. In addition, one commissioner felt that providing clear feedback and information to providers on what good quality service looks like could be effective.

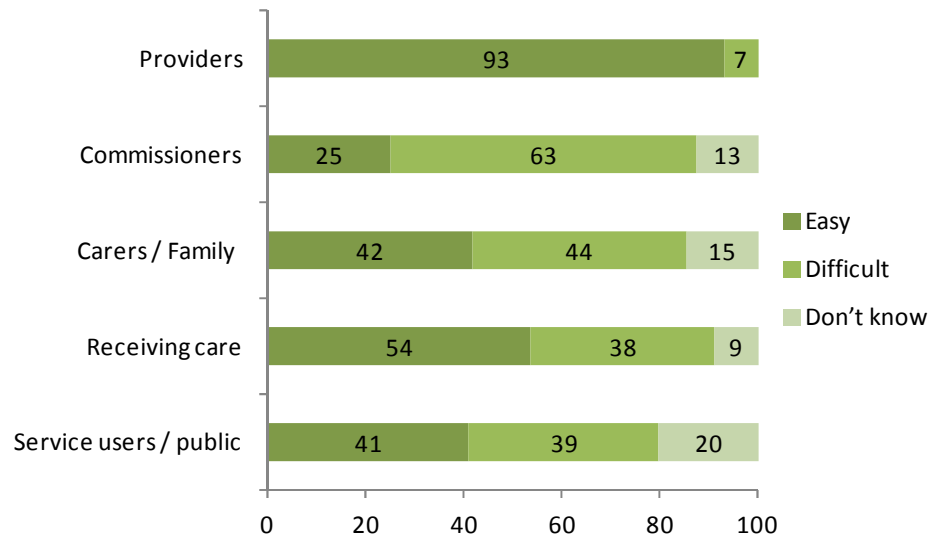
8. FEEDBACK AND INSIGHT

8.1: How easy is it for people to give their views on the quality of care services provided?

Service users/public were evenly split on whether it was easy or difficult for them to give their views on the quality of services provided. They were also the group most likely to say that they didn't know whether it was easy or difficult for them to share their views.

Commissioners and Providers had very diverse views from services users/public and from each other. The majority of Providers felt that it was easy for people to be able to share their views, whilst the majority of Commissioners were more likely to feel that it was difficult for people to be able to share their views.

Figure 13: Views on whether it is easy or difficult for people to give their views on the quality of services provided



Half of respondents to the Easy Read Survey (50%) felt they had a chance to have their say on their care and support.

Service users/public respondents who found it difficult to share their views were asked to explain the reasons why, and those that were mentioned most frequently are listed below:

- Views are not “*listened*” too or are “*ignored*”.
- It’s never been explained how this could be done
- They don’t like “*criticism*”.
- They are “*not willing to change*”.
- It’s not easy for “*vulnerable people*” to give feedback.
- Fear “*repercussions*”.
- Need “*one point of contact*”.

Commissioners felt that it would be easier for people to give their views if there were “*engagement events with service users, carers, families and the public*”. They also felt that more effort should be directed towards “*listening to the voices of those who really need to be heard*” and not just “*those who shout the loudest*”. In addition, Commissioners stressed the importance of including the views of “*Providers*” feeling they should be listened to because they are “*innovative*”.

8.2: Are views taken into account when measuring the quality of care and support services?

Service users/public had mixed opinions on whether their views were taken account of when measuring the quality of services. Those who have been directly in receipt of care are more likely to feel that their views were taken into account (40%). Providers and Commissioners were far more likely to feel that people’s views were taken into account when measuring the quality of services provided.

Those who disagreed where asked to explain their reasons why.

Service users / public were most likely to feel that their views **“were not listened to”**, with others doubting whether or not they would be **“taken into account”**. Others felt that **“promises had not been kept”** and that there was **“a lack of funding”** to act on views, with others also saying that their **“complaint had been dismissed”**.

Commissioners felt it was extremely important that people’s views should be taken into account but they felt this didn’t always happen and that services do not currently **“gather information consistently”** with some collecting more than others. Another felt that views were considered when **“inspections”** were underway but that a great deal **“more feedback”** could be obtained in the longer term. Commissioners highlighted that decisions are often decided based on **“what can be afforded”** rather than people’s views. Some also expressing concerns that Providers think that **“quality is not important but low cost is”**.

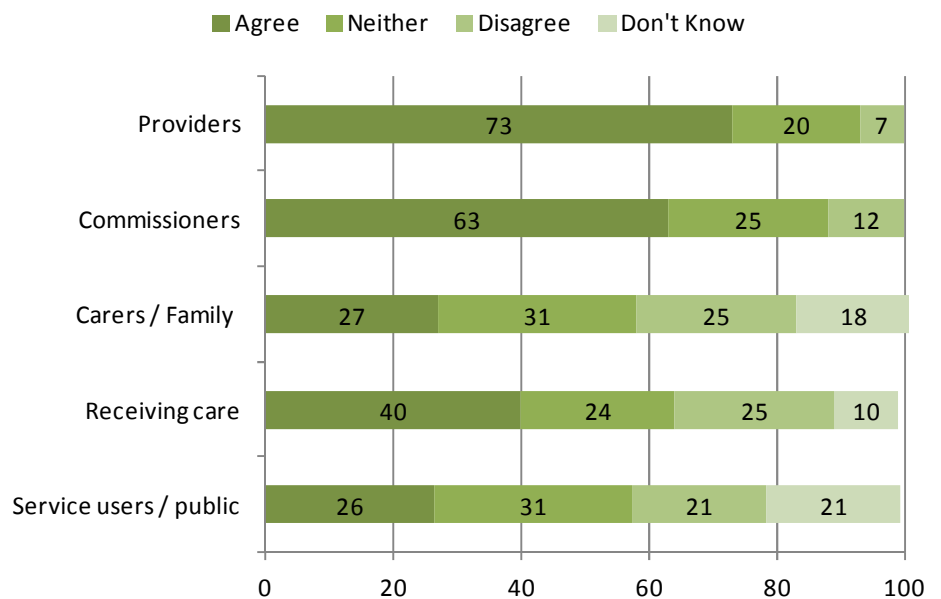
Providers who felt that views weren’t currently being taken into account felt that people’s views do matter. However, when **“budget cuts”** are being enforced it can be difficult to take people’s views on service quality into account. A further Provider also felt that the current way of collecting data is **“biased”** in that **“compliments”** are never used to balance out **“criticism”** on service quality.

8.3 Do Commissioners have the insight they need to make commissioning decisions?

The majority of Commissioners neither agreed or disagreed (63%) that they had access to the insight they needed to make commissioning decisions which reflected the needs of Staffordshire residents. This suggests that they are unsure what insight is currently available, and that there is a role for further raising the profile of insight and developing the insight available to ensure it meets their needs.

In a similar vein, just one quarter (25%) agreed that commissioning decisions are informed by and reflect the views and needs of Staffordshire’s residents. The majority of Commissioners (75%) neither agreed nor disagreed with this statement.

Figure 14: Are views taken into account when measuring quality?

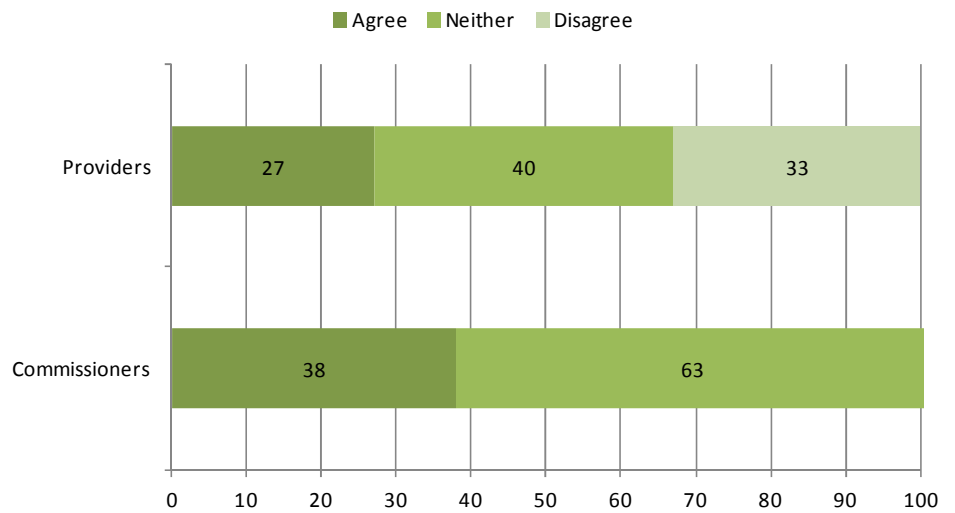


The largest proportion of Providers also neither agreed nor disagreed that they had access to the information they needed to make decisions which reflected the views of Staffordshire residents. One third of Providers (33%) expressed a concern that they didn't have access to the information that they needed.

Providers who felt that opinions weren't currently being taken into account did stress that people's views

matter. Efforts to include the views of people who actually "use services" as well as those of staff who actually "provide care" should be sought. It is crucial to **listen to staff** who have detailed knowledge of actually "doing the job". In addition, there need to be established routes for providing **confidential feedback** to ensure that everyone is willing to provide much needed feedback. Service users should also be included in "evaluations". In particular it would be useful to collect the views from services users who are no longer receiving care. Often, service users themselves are uncomfortable about being honest when they are receiving poor levels of care, so collecting the views of those who have recently finished receiving care e.g. respite or reablement, would be a valuable way of ensuring the collection of "**honest feedback**", which could be used to inform the commissioning approach.

Figure 15: Access to insight needed to make commissioning decisions (%)



9. DEVELOPMENT OF QUALITY STANDARDS

9.1: How helpful would it be for Staffordshire County Council to develop an agreed set of quality standards?

The majority of service users / public (86%) felt that it would be very or fairly helpful if the county council developed an agreed set of quality standards, with only 5% feeling that this wouldn't be a helpful approach. All (100%) of the Commissioners who responded to the survey felt that this would be a useful development, and the majority of Providers also said the same (93%). An agreed set of quality standards were considered important by service users/public because:

- Standards are important but currently variable—and a set of agreed quality standards would ensure consistency.
- People would know their rights and would know where they stand.

Commissioners also felt an agreed set of standards would provide a “focus” and ensure “consistency” and providers felt that a set of common agreed quality standards would also bring “clarity”, be “fair” and make things “easier” for service users.

9.2: How to ensure quality standards are being met and how to support services which need to improve?

The key theme which emerged from the consultation was *listening to the views of service users* and ensuring that they are able to provide confidential feedback, also allowing feedback from relatives. This feedback should then be used whilst working towards achieving the required standards and *rigorous monitoring of services* should become a regular part of service delivery. Staff should be provided with support to help them improve and there should be a focus on providing refresher training courses. Performance measurement should focus on areas of poor performance and *where poor quality persists, poor quality staff and providers should be removed*.

Figure 16: Views on how to meet quality standards and support services which need to improve



APPENDIX 1—SERVICE USER STORIES

Throughout the consultation process, Engaging Communities Staffordshire spoke to a large number of service users with stories to tell. The below presents a small selection of these stories to give a flavour of the issues and experiences that people have in Staffordshire.

“My husband suffers with dementia and also has some challenging behaviour issues. I have known for sometime that he needed to go into a care home to be cared for properly as his condition was becoming very difficult to manage. Having admitted him to two care homes and later removing him, I settled on one that offered a good staff ratio to client and a home that appeared to specialise in dementia and treat their residents well. The staff appeared well-trained, tidy and professional. They seem well equipped to treat him with dignity and respect and, given all his problems, to treat him as a human being. After two care homes misdiagnosing him I feel calm and in control for the first time in two years! I can begin to adapt to my new life safe in the knowledge that Graham is happy.”

A family member of someone who is receiving care and support services living in Staffordshire

‘My son has Down’s Syndrome....we hit brick walls at a local level, he would dearly like to have a job but no help seems to be available. But our carer goes way over the standard. He is not a time watcher and does not in fact sit watching TV and classing that as care. And most importantly he treats my family member as a true friend, so in my son’s eyes they are not carers but friends. After all they are working with real people who just need a bit more help than some. It seems that health care in Staffordshire is very hit and miss with some areas appearing to get better service than others.’

A family member of someone who is receiving care and support services living in Staffordshire

“A personalised budget allows my daughter to meet her needs in a flexible way. Generally have found the process in Staffordshire works well. We find the support staff are generally well motivated with pleasant attitudes but we do sympathise with their levels of pay. You need to provide a living wage for all members of staff.”

A family member of someone who is receiving care and support services living in Staffordshire

“Having received NHS care - I don't think there is often a lot of "quality control" checking up to see if a "quality service" is actually being received. There is often also a lot of forms/hoops to jump through in order to get help sometimes. I think apart from increasing the funding in caring there is little that will improve the care service - the only thing that can change this (beyond pay) is attitude of all staff involved, at all levels - if everything does their best and sees their work as important (inc managers/admin/councillors etc) then improvement will come.”

A young disabled woman living in Staffordshire

“My mother-in-law suffers with dementia and she is getting progressively worse. She is becoming an increasing worry to both me and my husband and we have become anxious about the situation just simply because we don't know what to do or who to turn to. We need information, advice and guidance from a reliable source and preferably one organisation. We want to know what the next steps are likely to be, where we can get access to funding if required, who can help us with a care package and my mother-in-law's assessment. She's coping at the moment and that seems to suffice for social services. How bad do things have to get before someone is able to intervene?”

A family member of someone who is receiving care and support services living in Staffordshire

“There is no regular review of whether my care needs are still adequate for me. With changes that have happened in the Service Team, I do not know the name of the person assigned to me! To me, the County Social Services direct a user to one or more voluntary groups and “leave the user to get on with it”.”

A disabled man living in Staffordshire

“Mum is safe whilst in day care. She gets a cooked meal each lunchtime and has company whilst we are all at work. The centre is brilliant. The problem was accessing it in the first place and the battles you have to go through with social services for it to be recognised that the person needs support.”

A family member of someone who is receiving care and support services living in Staffordshire

APPENDIX 2—DRAFT PROPOSED QUALITY STANDARDS

Using the results of this consultation, the following presents a draft suggested set of overall quality standards for social care. These standards reflect service user priorities and needs that have been highlighted through the consultation. It is recommended that they are adopted by both Commissioners and Providers of social care in Staffordshire to empower service users to understand the quality of services that they should expect to receive, and to help include service users in the monitoring of quality.

I can shape my care

- I am given the information I need to make the right choices for me on my care needs.
- I am listened to, can feed in my views on my care and am informed of what has happened with my feedback.
- I understand how I can complain about my care services.
- I'm in control of decisions that are made regarding my care.
- My care is flexible to meet my needs if and when they change.

I am treated with dignity and respect

- I feel safe with my carer/worker.
- I am treated as an individual.

I am cared for by staff I trust and who know me

- My carers/workers arrive and leave on time.
- As far as possible I have a consistent carer/worker. If my carer/worker needs to change I'm kept informed and I don't have to retell my life story
- I have carer/worker that gets to know me and my life.
- My carers/workers are appropriately trained and skilled to be able to support me.
- My carers/workers are given enough time to be able care for me effectively.

Nationally, NICE are undertaking a detailed Quality Standards Programme. This will look to develop more specific quality standards by social care condition/service. NICE are expected to report on this in 2013. It is recommended that Staffordshire reflects on the outcome of this work to take forward developing its own local service/condition specific standards.