

Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly.

We would like to hear your views on these questions:

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

These four draft quality standards do reflect the key areas where we want to see real improvement in older people's experience of using social care services. We make a number of comments on the individual statements below but overall we believe the focus on needs assessment, control over purchasing, continuity of care and use of feedback back is comprehensive and covers the major aspects of using social care where we know improvement is vital.

2. If the systems and structures were available, do you think it would be possible to collect the data for the proposed quality measures?

While none of the quality measures are unmeasurable in theory, it is important to note how difficult it is to assess progress against these standards in reality. Throughout the draft quality standard, the most common data source suggested is 'local data collection' such as surveys on the experience of people using adult social care services. But we know very few local authorities actually implement these kinds of surveys in a consistent way. At a national level there is POET (Personal Outcomes Evaluation Tool for adults in receipt of social care support). Although this is a large scale survey (involving around 4000 adults) it has been embedded into processes of only a handful of local authorities. Currently if a local authority wants to track for example, how well assessments are taking into account an older person's personal strengths, aspiration and needs (statement one), they unlikely to have access to data that would tell them how they are doing against this quality measure. And in the current situation of extreme resource constraints for local authorities, the prospects for significant investment in further data collection are low.

The lack of consistent data to measure quality and outcomes in social care (particularly in contrast with NHS data) has long been recognised. In fact in 2015, the National Audit Office stated that it believes the Care Quality Commission does not have access to routine information about adult social care good enough to monitor risk or trigger inspections. We are keen that NICE acknowledges reality of limited data in social care when finalising this quality standard.

People's experience using adult social care services

Consultation on draft quality standard – deadline for comments 5pm on 16 August 2018 email: QSconsultations@nice.org.uk

Organisation name – stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):		Independent Age	
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.		n/a	
Name of commentator person completing form:		Anna Davies, Policy and Research Manager	
Supporting the quality standard - Would your organisation like to express an interest in formally supporting this quality standard? More information.		Yes	
Type		[office use only]	
Comment number	Section	Statement number	Comments
Insert each comment in a new row. Do not paste other tables into this table because your comments could get lost – type directly into this table.			
1	Quality Statement	1	We want to see a future care system where older people are able to thrive, not just survive. In our work on defining good quality residential care, older people told us how important it was to them that the care setting goes beyond basic care needs to meet their cultural, religious and lifestyle needs as well. While we welcome

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			<p>the emphasis in statement one on older people's 'personal strengths, preferences, aspirations and needs' we know that 'taking account' of these can quickly become a box ticking exercise which has little impact on the care package that is offered. We would recommend using language that instead talks about care assessments that are <i>centred on</i> the personal strengths, aspirations and needs of the person being assessed.</p> <p>We would also suggest adding that a care and support needs assessment must also be timely. We know from callers to our helpline that it is not unusual for older people to wait up to two months for an assessment. In the meantime, the older person may be living without the support they need and their health and wellbeing can quickly deteriorate. In our view the quality statement should also acknowledge the importance of a rapid assessment.</p>
2	Quality statement 2	2	<p>While giving people control over allocated funds to purchase care packages can help them achieve the outcomes important to them, we know that for some older people direct management of payments can be a stressful rather than liberating experience. This is particularly so for older people since they will often need to arrange care packages at a point of crisis. We were pleased therefore to see in the definition of terms that 'as much control as possible' has been defined as 'as much control that the person would like and that they are able to have based on their personal circumstances'.</p>
3	Quality statement 3	3	<p>We are pleased to see the emphasis on 'continuous and consistent' care. One of our eight quality indicators describes how in a good care home setting, staff will have knowledge of each individual resident and be familiar with their histories. Ideally this is achieved by having a consistent team of care workers. The quality standard also recognises the importance of detailed records of needs and preferences so that other members of a team can care for a person in a consistent way. The older people and families that we speak to often emphasise the importance of good handover as a key component of quality care.</p>
4	Quality statement 4	4	<p>While use of feedback is important, we would like to see this statement go further. Rather than just using people's views to improve services, the best quality care will involve people upfront in determining what the services look like in the first place. We would recommend this statement is expanded to cover involvement in the design of services as well as their evaluation.</p>

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Insert extra rows as needed

Checklist for submitting comments

- Use this comment form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include section number of the text each comment is about eg. introduction; quality statement 1; quality statement 2 (measure).
- If commenting on a specific quality statement, please indicate the particular sub-section (for example, statement, measure or audience descriptor).
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use
- For copyright reasons, comment forms do not include attachments such as research articles, letters or leaflets (for copyright reasons). We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments, but it must be received by the deadline.

You can see any guidance and quality standards that we have produced on topics related to this quality standard by checking [NICE Pathways](#).

Note: We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received from registered stakeholders and respondents during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.