Adult social care services help people with care and support needs to live better lives. Local authorities receive more than 5,000 requests for care and support each day. This report considers how NICE’s evidence-based guidance contributes to improvements in adult social care.

People’s experience of adult social care and support  p4
Most people who have help from adult social care services are satisfied overall but surveys suggest that more could be done to help people feel in control of their lives.

Managing medicines  p9
Examples from our shared learning collection show how NICE’s guidance on managing medicines for adults receiving social care has been used to improve care.

Intermediate care including reablement  p11
Most people who use intermediate care services have a good outcome. Many more services are being commissioned in an integrated way as recommended by NICE, helping people to move between them depending on their needs.

Spotlight on using NICE quality standards to improve adult social care  p16
Providers and commissioners have used NICE quality standards to assess performance and make improvements, as shown in these examples.

Commentary  p18
Andy Tilden, interim CEO of Skills for Care, considers how NICE guidance can be used by people working in adult social care services.
Why focus on adult social care?

NICE impact reports review how NICE recommendations for evidence-based and cost-effective care are being used in priority areas of the health and care system, helping to improve outcomes where this is needed most.

Demand for adult social care is growing. People are living longer, and more people are living with complex care and support needs, including younger adults with a physical or learning disability. Local authorities in England spent nearly £18 billion on adult social care in 2017/18 and many people fund their own care and support, adding to the total spend. Nearly 1.5 million people are estimated to work in adult social care, across more than 21,000 organisations.

In 2013 NICE gained new responsibilities to develop guidance for people working in and using social care. Our social care guidelines make evidence-based recommendations on the effectiveness and cost-effectiveness of approaches and services. The social care guidelines included in this report were produced in collaboration with the Social Care Institute for Excellence (SCIE). All our social care guidance is co-produced with people who have lived experience of using social care.

In 2018 NICE published its first quick guide, providing key information for social care topics in a simple format. These are produced in collaboration with SCIE. We also develop health and public health advice and guidance, and many of these recommendations are also relevant to people who work in or use social care. All of our guidelines, quality standards and tools to help improve social care services are brought together on the NICE social care community page.

We routinely collect data which give us information about the use of our guidance. This report uses these data alongside real-life examples to look at how NICE’s recommendations might be making a difference in priority areas of adult social care. We’ve also looked at areas where there’s room for improvement.
People’s experience of care and support

Adult social care and support helps people to achieve the outcomes that matter to them. People’s experience of care and support, and how much they feel supported to live their life the way they want, is of key importance.

Around two-thirds of people said they were extremely or very satisfied with the care and support they received from adult social services in 2017/18. This is according to NHS Digital’s Personal Social Services Adult Social Care Survey in England, which asked over 65,000 people what they thought about the local authority funded or managed care and support they received.

Adult social care is delivered by thousands of different provider organisations. This means that there is very little information about how well care processes recommended by NICE are being carried out nationally, and so we have used these survey results to look at outcomes for people using care and support services.

People’s control over their daily life

Although most people said they were satisfied overall, only around a third of survey respondents said they can spend their time and have as much control over their daily life as they want.

NICE’s guideline and quality standard on people’s experience using adult social care services aim to help people understand what care they should expect, and improve their experience by supporting them to make decisions about their care and support. We say that people’s preferences and needs should be the basis on which to provide care and support to live an independent life.

Adult social care is provided in 3 main settings: residential care homes, nursing care homes and in the community. People using community services live at home; this includes homes such as supported living and sheltered housing.

‘I was really disappointed with the care I got at first. I didn’t like having someone in my home and they seemed to come and go. But things got better when the same carer came more often and she knew what I needed help with.’

John, aged 81

Most people who have help from adult social care services are satisfied overall, but surveys suggest that more could be done to make sure people feel in control of their lives.

Our quick guide on what to expect during assessment and care planning helps people using adult social care services understand that services should help them live their life the way they want to. It’s a quick, easy way to access key information from NICE.

QUICK GUIDE

What to expect during assessment and care planning

A quick guide for people using adult social care services

‘People’s experience in adult social care services remains the highest of priorities, and what matters most is supporting a life and not just providing a service’

Clenton Farquharson, Chair of TLAP

Most people who have help from adult social care services are satisfied overall, but surveys suggest that more could be done to make sure people feel in control of their lives.

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John, aged 81

Adult social care is provided in 3 main settings: residential care homes, nursing care homes and in the community. People using community services live at home; this includes homes such as supported living and sheltered housing.
When people were asked about having control over their lives and how they spend their time, the survey results varied depending on the setting where care and support was delivered. People using nursing care or community services were less likely to give a positive answer to these questions.

**I have as much control over my daily life as I want**

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<thead>
<tr>
<th></th>
<th>Community</th>
<th>Residential</th>
<th>Nursing</th>
</tr>
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<tbody>
<tr>
<td>Control</td>
<td>32%</td>
<td>42%</td>
<td>26%</td>
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**I’m able to spend my time as I want, doing things I value or enjoy**

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<tr>
<th></th>
<th>Community</th>
<th>Residential</th>
<th>Nursing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>34%</td>
<td>50%</td>
<td>33%</td>
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**Good care and support**

Less than half the survey respondents said they have as much social contact as they want with people they like. NICE says that people should be helped to maintain the personal relationships and friendships that matter to them. People using community services were least likely to agree with this statement. So, while everyone could be helped to have more social contact with people they like, more could be done for this group in particular.

More people said they feel clean and able to present themselves the way they like, with 58% of all respondents agreeing with this statement. Making sure that people’s personal care needs are responded to in a dignified manner is a key part of NICE-recommended care. Although these results were better overall, less than half the respondents using nursing care said they feel clean and able to present themselves the way they like.
More could be done to make sure that everyone using care and support services has enough social contact and feels clean and able to present themselves the way they like.

**Do you have as much social contact as you want with people you like?**

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<th></th>
<th>Community</th>
<th>Residential</th>
<th>Nursing</th>
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<tbody>
<tr>
<td>42%</td>
<td>59%</td>
<td>49%</td>
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**Do you feel clean and able to present yourself the way you like?**

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<th></th>
<th>Community</th>
<th>Residential</th>
<th>Nursing</th>
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<tbody>
<tr>
<td>56%</td>
<td>66%</td>
<td>47%</td>
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**Supporting adults with learning disabilities**

Seventy-eight percent of adults using learning disability support services said they’re satisfied with the care and support they receive, but not everyone is able to spend their time as they like.

NICE has published a suite of guidance, standards and advice to help support people with learning disabilities to live well. Our guideline on the care and support of people growing older with learning disabilities aims to support people to access the services they need as they get older. It does not give a specific age range in the recommendations because adults with learning disabilities often experience age-related difficulties at a younger age.

‘Being involved in my care is very important to me. I don’t like people making decisions about me without involving me. I like to be kept up to date with what is happening after I’ve been assessed. I don’t like not being told the reasons for decisions. I would like to discuss where I could live when I need extra support as I get older. I would like support to help me shower every day instead of once a week because I use incontinence pads.’ Patricia Charlesworth, who is growing older with a learning disability.
Overall, adults using learning disability support services say they have satisfactory experiences of care. Most people (78%) said that the way they are helped and treated makes them think and feel better about themselves.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>I am extremely or very satisfied with the care and support services I receive</td>
<td>78%</td>
</tr>
<tr>
<td>I have as much control over my daily life as I want</td>
<td>43%</td>
</tr>
<tr>
<td>I’m able to spend my time as I want, doing things I value or enjoy</td>
<td>65%</td>
</tr>
<tr>
<td>I have as much social contact as I want with people I like</td>
<td>62%</td>
</tr>
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</table>

There is still more that can be done, particularly around making sure that people have as much control over their lives as they want. NICE says that practitioners should help people with learning disabilities to think about what they want from life as they age, and should ensure that care and support is tailored to their needs, strengths and preferences.

**Using NICE social care guidance to improve the quality of care**

Healthwatch Isle of Wight used NICE’s guideline on older people with social care needs and multiple long-term conditions to help improve the quality of care in local residential care and nursing homes. When they looked at Care Quality Commission (CQC) inspection results, they found that the quality of care provided on the Isle of Wight compared badly with other areas in England.

Using feedback from the public, they identified themes and trends including poor personalised care, poor access to activities, and poor management of nutrition and fluids. They used NICE guidance to describe good care and highlighted this to service providers, council members and members of the public so that everyone knew what they should expect.

A team of Healthwatch authorised representatives visited 13 nursing and residential care homes and spoke to staff, residents and their families about their experiences. After sharing what they heard with the local authority, Clinical Commissioning Group and CQC, steps have been taken to improve care.
For example, residents now have a say in the types of activities they want to do, which has helped improve their quality of life. Thanks in part to Healthwatch Isle of Wight’s efforts, most care and nursing homes have since received a good CQC rating and no homes are rated as inadequate. Healthwatch Isle of Wight have described their project, and what they learned during it, in a NICE shared learning example.

The oral health of people who live in care homes

The CQC recently carried out a review of oral health care, asking staff in 100 homes whether they were aware of NICE’s guidance and were offering care in line with our recommendations. This is important because poor oral health can affect people’s ability to eat, speak and socialise. NICE’s guideline and quality standard aim to maintain and improve the oral health of people who live in care homes.

The CQC found that more than 60% of interviewees had heard of NICE’s guidance, although only 28% said they’d read it. Some care homes were offering care in line with NICE guidance, even when they were not aware of this. Nearly three-quarters of interviewees said that residents had their oral health assessed on admission and 70% said each resident has an oral health section within their care plan.

However only a quarter of interviewees said their care home has a policy that sets out plans and actions to promote and protect residents’ oral health. Nearly half said that their staff did not receive specific training in oral health care. We hope that the CQC review will draw attention to this important area of care and raise awareness of NICE’s guidance.

Implementing NICE guidance in a local authority

To help provide excellent social care to people in Coventry, the city council have established a NICE implementation group. It aims to improve the quality of social care provision by making sure that services and the people working in them are aware of national policies and evidence-based practice. The group, which was set up by the principal social worker, carries out assessments to understand how services align with NICE recommendations and then monitors the implementation of actions.

By completing baseline assessments and relating outcomes to other data, such as data from complaints, the group has produced a robust assessment of the services they provide and raised the profile of social care within the council. They’ve also increased their understanding of different service areas by working together. More information about how the group works, and the key things they’ve learned, are available in a NICE shared learning example.
Managing medicines

Up to 1 in 10 hospital admissions in older people are medicines related, and as many as 50% of people don’t take their medicines as intended. The risk of medicines-related problems can be reduced by supporting health and social care staff, people receiving social care and their families and carers to manage medicines effectively.

Many people receiving social care have multiple long-term conditions. It’s important that people who are able to take and look after their own medicines are receiving all the help they need. It’s also important to make sure health and social care staff can assess people’s medicines support needs, and systems and processes are in place to make sure that people receive the medicines they need in a safe and effective way.

NICE has published guidelines and quality standards on managing medicines for adults receiving social care in care homes and in the community. These examples show how our guidance has been used to improve care and support.

Using NICE guidance to help manage medicines in the community

Castle Supported Living, a homecare provider, used NICE guidance to help them improve the support they give to adults with a learning disability. They carried out a baseline assessment of their service against the NICE guideline and put in place NICE recommendations such as identifying a medicines lead. They discovered that staff needed and wanted more training so all staff, including managers, have now received training and competency assessments.

After carrying out medicine support assessments, every person they support now has a detailed plan and easy-read information about their medicines. The organisation had support from other professionals during the process and this has led to increased partnership working with GPs, community pharmacists and the local medicines support team.
Managing medicines in care homes

In Wigan, a team of pharmacists and pharmacy technicians helped local care homes improve their management of medicines, which has been reflected in better Care Quality Commission (CQC) ratings in 13 homes. The project was supported by one of NICE’s medicines and prescribing associates; a group of professionals who work with us to help support and promote high quality, safe, cost-effective prescribing and medicines optimisation.

The team worked with residential and nursing homes and local GPs to carry out structured medicine reviews for people living in care homes. In under 3 years the team completed medicine reviews for 749 people. They made an average of 4 recommendations per person, such as stopping medicines or changing the dose.

Feedback from GPs, the local authority and CQC inspection reports suggested that staff in some care homes needed more support with the safe use and handling of medicines, so the team carried out baseline assessments of care homes against the NICE guideline. They then supported 29 care homes to put NICE guidance into practice, helping with areas such as documentation, medicines storage and the management of controlled drugs.

‘The NICE medicines management guideline and associated tools and resources have supported development of our knowledge, skills, competencies and medicines processes. We’ve improved our compliance against both internal and external audit from 76% to 99%, which has been sustained over the last 12 months. I would definitely recommend this guideline and resources, including free access to the BNF online. It has improved our practice significantly.’ Rachel Shortt, Registered Manager of The Garth Nursing and Residential Home

Supporting people who work in social care to put our medicines management guidance into practice

The NICE medicines team produced resources and training for NICE associates on our guidelines on managing medicines for adults receiving social care in care homes and in the community. They discussed local implementation plans at regional meetings and shared examples of good practice at national training days.

Associates have worked on a range of local and national projects in social care, from patient-led medication reviews, the development of local policies and assessment tools, to nationally available e-learning packages for care workers developed for Skills for Care.

Our medicines implementation consultants, working with the NICE field team, have delivered training on how NICE supports quality and safety in social care to staff working in care homes and social care across England.
Intermediate care including reablement

Admission to hospital and delayed discharge can affect people's physical and mental wellbeing and make them increasingly dependent on support services. Multidisciplinary intermediate care services have a crucial role to play in supporting people to recover and regain independence.

More people are living longer, often with complex or multiple medical conditions, putting increasing pressure on the NHS and social care services. NHS Digital’s *Health Survey for England* found that people aged 80 or over were more than twice as likely to need help with daily activities as people aged 65 to 69. Intermediate care and reablement services can help people, particularly older people, remain independent by:

- providing support and rehabilitation to people at risk of admission to, or who have been in, hospital
- helping make their transfer out of hospital as smooth as possible
- ensuring they don’t have to move into residential care until they really need to
- offering short-term support to people living at home who find daily activities difficult.

Intermediate care works. The NHS Benchmarking Network’s *National Audit of Intermediate Care* found that 93% of people receiving these services in England in 2018 improved or maintained their independence.

‘The occupational therapist came around the day after I came out of hospital and put rails up for me and a toilet seat. I felt much safer. Later in the day a really nice carer with a big smile on his face came in and said he would be coming three times a day for two weeks to help me spruce up, get meals, help me with my medicines and keep the place tidy. I felt more confident immediately and thought – yes – I can manage at home.’  Beatrice, aged 82
NHS Digital’s Adult Social Care Outcomes Framework found that 83% of people aged 65 and older who received reablement or rehabilitation services after being discharged from hospital were still at home 91 days later, but there’s a lot of variation across the country.

To improve outcomes, NICE’s guideline and quality standard set out how people should be referred and assessed for intermediate care including reablement, and how these services should be delivered.

Starting and ending intermediate care

The National Audit of Intermediate Care found that 17% of people who were referred for bed-based intermediate care waited more than 2 days for the service to start in 2018. NICE recommends 2 days as the maximum waiting time for this service because it’s likely to be less successful if there’s a delay. Only 44% of commissioners reported that they have a local waiting time target in their service specification for bed-based intermediate care.
Almost all people receiving intermediate care or reablement services said they were aware of what they were aiming to achieve and were involved in setting those aims. NICE recommends that people starting intermediate care discuss and agree personalised goals, which is important if they’re to regain their confidence and independence.

It’s also important that there’s a clear plan for what happens when the service ends. NICE says this should be agreed with the person and their family or carers. Most people (93%) receiving home-based intermediate care or reablement said they were given enough notice about when their care from the community team was going to stop. Nearly 9 in 10 people receiving bed-based intermediate care said they were involved in decisions about when they would go home.

Reablement services

The focus of reablement is on helping people relearn how to perform their daily activities, like cooking meals, washing and getting about, after a deterioration in their health or when they have increased support needs. It’s a community-based service, usually delivered to people in their own home.

Reablement has the highest proportion of social care staff of all intermediate care services. More than half the people working in it are social care support workers or social workers. Most reablement services provide support for up to 6 weeks and the average duration of service was 31 days in 2018.

The National Audit of Intermediate Care shows how successful reablement is. Eighty-six percent of people completed their package of care and around two-thirds of those had no ongoing homecare needs after receiving the service.

‘Reablement is often someone’s first contact with social services. It’s a very important service and everyone should have the opportunity to engage. It’s always a pleasure when someone regains independence, often with the use of aids and techniques promoted by the reablement assistants.’ Claire G, Social Care Support Officer, Reablement, Lancashire County Council
Commissioning integrated services

The National Audit of Intermediate Care found that more integrated services are being commissioned. In 2017, NICE recommended that different intermediate care services, such as home-based and bed-based intermediate care, should be delivered in an integrated way. This can make it easier for people to move between services, depending on their changing needs.

Although there have been improvements in commissioning, many services are not yet delivering care in a fully integrated way. NICE lists some ways of delivering integrated care that services should be working towards, including a single point of access and assessment process. This can help make sure that people get the right care and support when they need it.

Most integrated services have improved their delivery of these NICE-recommended components of integrated care.

<table>
<thead>
<tr>
<th>Integrated home-based intermediate care and reablement services</th>
<th>Integrated home-based and bed-based intermediate care services</th>
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</thead>
<tbody>
<tr>
<td><strong>Single point of access</strong></td>
<td><strong>Single point of access</strong></td>
</tr>
<tr>
<td>2017: 54% 2018: 61%</td>
<td>2017: 51% 2018: 58%</td>
</tr>
<tr>
<td><strong>Single assessment process</strong></td>
<td><strong>Single assessment process</strong></td>
</tr>
<tr>
<td>2017: 37% 2018: 46%</td>
<td>2017: 42% 2018: 47%</td>
</tr>
<tr>
<td><strong>Single management structure</strong></td>
<td><strong>Single management structure</strong></td>
</tr>
<tr>
<td>2017: 29% 2018: 34%</td>
<td>2017: 33% 2018: 38%</td>
</tr>
<tr>
<td><strong>Regular multidisciplinary team meetings</strong></td>
<td><strong>Regular multidisciplinary team meetings</strong></td>
</tr>
<tr>
<td>2017: 72% 2018: 75%</td>
<td>2017: 61% 2018: 67%</td>
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</table>
Commissioning an integrated Home First service in Bristol

The city council, clinical commissioning group and community health provider in Bristol helped more people return home from hospital by working together and commissioning an integrated rehabilitation and reablement service. They used NICE guidance on intermediate care and transition between inpatient hospital settings and community or care home settings for adults with social care needs to help them address local issues.

The health and care partners in Bristol knew they had a higher rate of delayed transfers out of hospital than other areas. They also found that many people who hadn’t previously been known to social care were being transferred from hospital straight into long-term care. Their new Home First service aims to bring people out of hospital then assess and support them in their own home. Early results are encouraging. The integrated service supported 38 people to go home from hospital in the week before Christmas 2018, one of the busiest times of the year. The separate rehabilitation and reablement services had only been able to support between 20 and 25 people a week.

They’ve described how they set up the service, and what they learned along the way, in a NICE shared learning example.

‘Being able to reference that we used NICE guidance in our design processes and in creating our Standard Operating Procedures gave us the ability to give challenging messages with the backing of NICE credentials. This was particularly helpful when communicating changes with the acute providers.’ Richard Hills, Health and Care Interface – Partnership Manager, Bristol City Council

Improving access to community crisis response services

Crisis response is a community-based service, provided to people in their own home or a care home, which aims to avoid hospital admissions. It usually involves an assessment and may provide short-term interventions. NICE says that services should ensure that the crisis response can be started within 2 hours from receipt of a referral when necessary.

In line with this recommendation, NHS England’s Ageing Well Programme seeks to implement a new 2 hour waiting standard for crisis response services by 2023/24. The NHS Long Term Plan highlights that achieving this, through extra investment and productivity reforms in community health services, could free up over a million hospital bed days.
Spotlight on using NICE quality standards to improve adult social care

NICE quality standards set out priority areas for quality improvement. Each standard includes a set of statements to help improve quality, and information on how to measure progress.

Our quality standards help people understand the quality of services and care they should expect. Providers and commissioners use them to assess performance and make improvements. These examples show how people have used NICE quality standards to improve the quality of the care they’re providing or commissioning.

Using NICE quality standards in social care commissioning

London ADASS (the London branch of the Association of Directors of Adult Social Services) have worked with a group of social care commissioners and the NICE field team to develop a commissioning quality schedule based on NICE quality standards. Standards for care homes have been agreed and rolled out across all 33 London local authorities, meaning all commissioners and all providers in the region are now using NICE quality standards. Standards for home care services are being developed and piloted with input from NICE and will be rolled out next year.

Improving quality in care homes

The Orders of St John Care Trust, a charity care provider, used 5 of our quality standards to create audit tools for their 70 care homes. These audits helped them identify areas for improvement, such as supporting people to live well with dementia. The audits also helped them confirm they were already following best practice in other areas and raised awareness of NICE standards and recommendations across the organisation.
Their audit template has now been revised to encourage homes to develop practice even further, in excess of the NICE quality standards. They've described how they developed their audits, what they’ve learned from the process and how they’re continuing to improve quality, in a NICE shared learning example.

A quality improvement project using NICE quality standards led to a reduction in unexpected hospital admissions from care homes in East Berkshire. The project used our quality standard on urinary tract infections (UTI) in adults, alongside recommendations from NICE guidelines. It was supported by one of NICE’s medicines and prescribing associates.

The project promoted hydration and correct diagnosis in 4 care homes which had a higher than average number of admissions for UTIs. It focused on training as well as introducing food and fluids charts and structured drinks rounds. Since it started, the incidence of UTIs has reduced.

The project’s already been rolled out to another 9 care homes in the local area and there's been lots of interest from other areas. More details, including how the project was implemented and what project leads did to make it so successful, are available in a NICE shared learning example.

Quality matters: working better together

The quality of adult social care matters, because people who use services should be able to expect person-centred care that is safe, effective, caring and responsive. The Quality Matters initiative is a shared commitment to high quality adult social care, co-led by partners from across the sector including NICE. It recognises that no single person or organisation can improve the quality of adult social care on their own.

To help local health and adult social care systems work better together to improve quality, NICE and our national partner organisations have produced the unlocking capacity: smarter together resource. It’s aimed at system leaders with the power to work differently. It shows how collaborative working between health and adult social care can improve outcomes for people and make better use of limited resources.

It includes case studies from local areas, and lists high level steps to support collaborative working. It also includes details of the offers and resources produced by national organisations, including NICE, to support local systems with collaborative work.
Commentary
Andy Tilden, May 2019

What this report reinforces is Skills for Care’s view that a skilled and knowledgeable workforce will be pivotal in making sure that people who need care and support in our communities can access services that will support them to live full lives in the way they want.

That might be enabling an older person to maintain their dignity or supporting a young adult with learning disabilities to be an active member of their local community. It is true that adult social care is, in the general public’s eye, an often invisible support system that can empower people to live life as independently as they can.

It is also true that improving outcomes for people supported by the social care workforce is nuanced. What constitutes a good care outcome is dependent on many factors, so what the person with care and support needs knows is a good outcome for them will not always be the same as a family member(s) perspective, or those supporting that individual.

Making sure workers in adult social care get the best out of NICE guidelines and quality standards is about framing guidance in a way that gives people the knowledge they need so they then have the confidence to act. The NICE social care quick guides provide evidence led information that will assist care workers in their decision making.

Looking at the work described in this report, both commissioners and providers have demonstrated how NICE quality standards can be used alongside CQC Key Lines of Enquiry to assess and improve standards of care and support. Sometimes it’s about confirming that existing practice is of good quality, and at other times it’s about challenging commissioners and providers to think and behave differently.

Skills for Care is an active NICE partner, locally and nationally, with a range of support and resources for social care employers and commissioners on our website that, when used alongside NICE guidance, can assist employers and commissioners with decision making around the issues raised in this report.
We would like to thank Andy Tilden and Jim Thomas at Skills for Care for their input, and we are grateful to the CQC and NHS Benchmarking for their contributions to this report. We would also like to thank all the people who spoke to us about their experience of care and support, or about using NICE guidance in practice, and allowed us to quote them in this report.

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