People's experience in adult social care services: improving the experience of care for people using adult social care services

NICE guideline: short version

Draft for consultation, August 2017

This guideline covers the care and support of adults, including people with learning disabilities, physical disabilities, sensory impairment and mental health or physical conditions. It applies to all settings where care is delivered, including people's own homes, and residential care and community settings. It also takes into account a range of inequalities that people may face, as identified in the equality impact assessment. It does not include health services, including clinical mental health services, or services and support specifically aimed at carers.

Who is it for?

- Practitioners working in adult social care services in all settings
- Care managers and providers (statutory and non-statutory) of adult social care services
- People using services, their families, carers, advocates and the public
- Commissioners of adult social care services.

This version of the guideline contains the draft recommendations, context and recommendations for research. Information about how the guideline was developed is on the guideline's page on the NICE website. This includes the guideline committee's discussion and the evidence reviews (in the full guideline), the scope, and details of the committee and any declarations of interest.

Contents

Context

Background

In 2015-16, there were over 800,000 people receiving long-term care and support (more than 12 months) from adult social care. Services also responded to a further 1.8 million new requests for care and support (including short-term support) (Community Care Statistics: Social Services Activity, England - 2015 to 2016 Report NHS Digital). The core purpose of adult care and support is to help people achieve the outcomes that matter to them in their life. People's experiences of care and support, and the extent to which they feel supported to live their life as they want to, are therefore of key importance.

In 2016, 64% of respondents to the annual personal social services adult social care survey said they were either extremely or very satisfied with the care and support they received. However, only 33% said that they had as much control as they wanted over their daily life, 18% said they had some control but not enough, and 6% had no control at all.

This guideline covers the care and support of adults, including people with learning disabilities, physical disabilities, sensory impairment, and mental health or physical conditions. It aims to improve peoples' experiences of social care services. It is based on evidence about the views of people who use services on what is important to them in their care and support.

What is the status of this guidance?

The application of the recommendations in this guideline is not mandatory. Different types of NICE guidance have a different status within the NHS, public health and social care. Although there is no legal obligation to implement our health and social care guidance, health and social care practitioners are actively encouraged to follow our recommendations to help them deliver the highest quality care. Our recommendations are not intended to replace the professional expertise and judgement of practitioners, as they discuss care and support options with people.

How does it relate to legal duties and other guidance?

This guideline does not replace statutory duties and good practice as set out in relevant legislation and guidance, including:

- Care Act 2014 and associated guidance
- Equality Act 2010
- Mental Capacity Act 2005
- Accessible Information Standard
- UN Convention on the Rights of Persons with Disabilities.

This guideline aims to complement legislation and guidance by providing evidence-based recommendations about how to improve people's experiences of care. Actions already required by law, or recommended in guidance, are not replicated here unless there was evidence to suggest that these were not happening in practice, or were of particular importance to people's experiences of care.

More information

The following sentence is for post-consultation versions only]You can also see this guideline in the NICE pathway on [pathway title]. [Note: this should link to the specific topic pathway, not to the overarching one.]

To find out what NICE has said on topics related to this guideline, see our web page on adult social services.

[The following sentence is for post-consultation versions only]See also the guideline committee's discussion and the evidence reviews (in the full guideline), and information about how the guideline was developed, including details of the committee.

Recommendations

People have the right to be involved in discussions and make informed decisions about their care, as described in your care.

Making decisions using NICE guidelines explains how we use words to show the strength (or certainty) of our recommendations, and has information about professional guidelines, standards and laws (including on consent and mental capacity), and safeguarding.

1.1 Overarching principles

1.1.1 Treat each person who uses services as an individual. Use each person's needs, strengths, preferences and aspirations as the basis on which to provide care and support to live an independent life.

[This recommendation is adapted from the NICE guideline on patient experience in adult NHS services.]

1.1.2 Support people to maintain their independence as far as possible. This means finding out what people want from their life, including participating in their community, and providing the support and assistance they need to do so.

[This recommendation is adapted from the NICE guideline on patient experience in adult NHS services.]

Enabling people to make decisions about their care

1.1.3 Respect people's right to make their own decisions, and do not make assumptions about people's capacity to be in control of their own care (for example, if the person is severely disabled).

1.1.4 Actively involve the person in all key decisions that affect them.

1.1.5 If a person lacks the capacity to make a decision, the provisions of the Mental Capacity Act 2005 must be followed.

1.1.6 Provide support to people if they need it to express their views, preferences and aspirations in relation to their care and support. This could include:

- advocacy support
- an independent interpreter (that is, someone who does not have a relationship with the person or the services they are using) to enable people to communicate in a language they can readily converse in, including sign language
- communication aids (such as pictures, videos symbols, large print, Braille)
- use of evidence-based techniques for communication.

1.1.7 Use plain language and communication to encourage and enable people to be actively involved in their care and support. If technical language or jargon has to be used, or complicated ideas are being discussed, check that the person understands what is being said.

Access to care

1.1.8 Ensure that everyone with social care needs has access to services based on their needs, taking account of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation, and socio-economic status or other aspects of their identity.

[This recommendation is adapted from the NICE guideline on service user experience in adult mental health.]

1.1.9 Service providers should be aware of the cultural and religious needs of people who use services, and provide care that meets these needs. Examples include food choice and preparation, enabling people to dress in accordance with their culture or religion, personal grooming, or changes in timing of services around religious festivals, for example, during Ramadan.

1.1.10 Commissioners and service providers should consider seeking advice from voluntary and community sector organisations with expertise in equality and diversity issues to ensure that they can deliver services that are appropriate to the needs and preferences arising from:

- gender, including transgender
- sexual orientation and sexuality
- disability
- ethnicity
- religious and cultural practices.

1.1.11 Ensure that people who use services and have caring responsibilities receive support to access social care services, including information about childcare where appropriate.

[This recommendation is adapted from the NICE guideline on service user experience in adult mental health.]

Co-production

1.1.12 Local authorities and service providers should work with people who use adult social care services to co-produce:

- the information they provide
- organisational policies and procedures
- staff training.

Involving carers, families and friends

1.1.13 Ask the person at the first point of contact whether and how they would like their carers, family and friends to be involved in discussions and decisions about their care and support, and follow their wishes. Review this regularly (every 6 to 12 months).

[This recommendation is adapted from the NICE guideline on service user experience in adult mental health.]

1.1.14 If the person would like their carers, family and friends involved:

- explain the principles of confidentiality, and how these are applied in the best interests of the person
- discuss with the person and their carers, family and friends what this would mean for them
- share information with carers, family and friends as agreed.

1.2 Coordinating care

1.2.1 Local authorities and providers should consider providing people with a named coordinator who:

- acts as the first point of contact for any questions or problems
- contributes to the assessment process
- liaises and works with all health and social care services involved with the person, including those provided by the voluntary and community sector
- ensures that any referrals needed are made and are actioned appropriately.

1.2.2 Support people to make decisions about entering a new care setting or moving to a different setting. For guidance on transitions between particular settings, see the NICE guidelines on:

- transition from children's to adults' services for young people using health or social care services
- transition between inpatient hospital settings and community or care home settings for adults with social care needs
- transition between inpatient mental health settings and community or care home settings.

1.2.3 Commissioners and managers should consider putting the following in place to support collaborative working between services:

- a local policy for sharing information relevant to people's care within and between services in line with the Caldicott principles

- joined-up policies, processes and systems.

1.3 Information

1.3.1 Provide people with information they can easily read and understand in line with the Accessible Information Standard.

1.3.2 In line with the Care Act 2014, local authorities must provide information about care and support services including:

- the types of care and support available
- how to access that care and support
- how to get financial advice about care and support.

Local authorities should also provide information about options available for people to control their own funding.

1.3.3 Local authorities should ensure that information about care and support services (see recommendation 1.3.2) is widely and publicly promoted – for example, in GP surgeries.

1.3.4 Local authorities should provide information about the circumstances in which independent advocacy is available, and how to access it.

1.3.5 Local authorities should consider providing comprehensive information about other support groups, including voluntary organisations.

1.4 Care and support needs assessment and care planning

1.4.1 Local authorities must provide independent advocacy to enable people to participate in care and support needs assessment and care planning who would otherwise have substantial difficulty in doing so, in line with the Care Act 2014.

1.4.2 People who are supported by an independent advocate during care and support needs assessment and care planning should have enough time with their advocate:

- for preparation before the assessment or care planning session
- to ensure they have understood the outcome afterwards.

Needs assessment

1.4.3 Local authorities must ensure that care and support needs assessment under the Care Act 2014 for people who use or who may need social care services focuses on the person's needs and how they impact on their wellbeing, and the outcomes they want to achieve.

1.4.4 Care and support needs assessment should:

- take into account the person's personal history and life story
- be aimed at promoting their interests and independence
- be respectful of their dignity
- be transparent in terms of letting people and their families and carers know how, when and why decisions are made.

1.4.5 Local authorities should consider the person's preferences in terms of the time, date and location of the care and support needs assessment, and consider conducting the assessment face to face where possible.

1.4.6 Local authorities should ensure that:

- the person is given details of the care and support needs assessment process and timescale at the start
- the person is able to bring someone they choose with them
- the assessment uses up-to-date information and documentation about the person
- the person does not have to provide the same information in subsequent assessments.

1.4.7 If a person who uses services has caring responsibilities, their care and support needs assessment should take account of this. They should also be offered a separate carer's assessment.

1.4.8 Ensure that care and support needs assessment documentation about the person is accurate, up to date and well maintained and clarifies what services will be provided.

1.4.9 Tell the person that they may have a copy of any or all of the care and support needs assessment documentation if they want to.

Care and support plans

1.4.10 Build in flexibility to the care and support plan to accommodate changes to a person's needs and preferences – for example, by using direct payments (see recommendation 1.4.14) and agreeing a rolling 3-monthly budget so that people can use their money differently each week.

1.4.11 Local authorities and providers should ensure that the person's care and support plan includes clear information about what involvement from others (carers, family and friends) they want in their care and support, in line with the Care Act 2014. (See also recommendation 1.1.13.)

1.4.12 Ensure there is a transparent process for 'matching' care workers to people, taking into account:

- the person's care and support needs **and**
- the care workers' knowledge, skills and experience **and**
- if possible and appropriate, both parties' interests and preferences.

Ensure care workers are able to deliver care in a way that respects the person's cultural, religious and communication needs.

[This recommendation is adapted from the NICE guideline on home care.]

1.4.13 Care plans should record and address the specific needs of people in relation to equality and diversity issues.

[This recommendation is adapted from the NICE guideline on dementia.]

Personal budgets and direct payments

1.4.14 Local authorities should:

- inform people that they have the option to control their own funding to buy different sorts of care **and**
- give people the opportunity to exercise as much control as possible over the way they use any allocated funds to purchase a care package.

1.4.15 Local authorities should ensure that the direct payment process is:

- transparent about how the level of funding is decided
- straightforward
- accessible to all adult social care users eligible for local authority funding.

1.4.16 Local authorities should provide accessible information about direct payments, and peer support for people to use them. For example, this could be provided through user-led Centres for Independent Living.

1.4.17 Local authorities should ensure that local peer support services are sufficiently resourced. Their contribution could include:

- financial support for local peer support services
- providing physical space for people who give peer support to hold meetings with people who use services
- helping peer support services with applying for grants for funding.

Personal assistants

1.4.18 If people have eligible needs that could be met by employing a personal assistant, the local authority should ensure that this option is discussed with the person and understood by them at the care planning stage.

1.4.19 In line with the Care Act statutory guidance, local authorities should inform people employing personal assistants about where to get support with:

- recruitment and retention of staff

- their role and responsibilities as an employer (for example, payroll and background checks).

1.4.20 Local authorities should consider the following to deliver support for people who employ personal assistants:

- user-led Centres of Independent Living
- other peer-support arrangements.

1.4.21 In line with the Care Act 2014, local authorities should work with people who use social care services to develop the market for personal assistants. For example, this could be done by providing training opportunities for people who are interested in becoming personal assistants. Training should be co-produced with people who use services.

1.5 Providing care and support

1.5.1 Service providers, with oversight from the local authority, should build a culture that enables practitioners to respect people's individual choices and preferences by:

- co-producing policies and protocols with people who use services (see recommendation 1.1.12)
- ensuring that there are open channels of communication between practitioners and people who use services
- supporting people to take managed risks to achieve their goals, for example, taking part in hobbies or sports that are perceived to be risky
- ensuring that there are systems in place for reporting concerns or abuse
- ensuring that practitioners have the time to build relationships with people
- training and supporting practitioners to work in this way, and checking they are doing so.

1.5.2 Practitioners working in all settings where care is delivered should take time to build rapport with the people they support. For example, they should:

- talk to them about topics other than the service being provided
- take an interest in their hobbies or work with them on an individual or group project, for example, creating memory boards.

1.5.3 Practitioners working in all settings where care is delivered should ask the person using services, their carers, family and friends what name they prefer to be called, and use their preferred name.

[This recommendation is adapted from the NICE guideline on service user experience in adult mental health.]

1.5.4 Practitioners working in all settings where care is delivered should respond flexibly to the priorities a person might identify each day. For example, a person might ask a home care worker to spend more time helping them get dressed and less time on other tasks if they have a special event to attend.

1.5.5 Day care and residential care providers should offer a choice of activities that are led by the person's needs, preferences and interests, including activities that motivate them, support them to learn new skills and increase their level of independence. Recognise that preferences are not fixed and may change.

Continuity and consistency

1.5.6 Service providers in all settings, with oversight by commissioners, should review staffing numbers and skill mix regularly to ensure that staffing and skill levels are sufficient.

1.5.7 Commissioners and managers in all settings should ensure that there is continuity in care and support for people, including:

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

1.5.8 Providers and managers in all settings should ensure that:

- people are informed in advance if staff will be changed
- any changes to care, for example, when visits will be made, are negotiated with the person.

Personal care

1.5.9 All practitioners providing personal care should ensure that personal care needs are responded to in a timely, appropriate and dignified manner in line with the person’s wishes and their support plan – for example, making sure that people can go to the toilet when and how they want.

Promoting positive relationships between people who use services

1.5.10 Service managers and practitioners in day care and residential settings should promote a sense of community and mutual support.

Residential settings

1.5.11 Practitioners and managers in residential settings should:

- ensure that the environment allows for people's preferences, self-expression and choice – for example, enabling people to have their own furniture and pictures
- deliver care and support in a personalised and friendly way
- give people privacy, especially when delivering personal care
- treat people with dignity and respect.

1.5.12 When designing residential services, providers should ensure that environments:

- create space where practitioners and residents can have positive interactions
- are stimulating, while not creating additional challenges for residents, including those with sensory impairments or dementia (for example, if the layout is frequently changed)
- enable positive risk taking (for example, being able to use outside spaces)
- support residents' autonomy (for example, by adapting kitchen facilities for people with physical disability).

1.5.13 Ensure that support in residential care is based on a good understanding of people's needs, including:

- providing appropriate practical and emotional support
- accommodating speech and communication needs
- helping people to maintain the personal relationships and friendships that are important to them
- supporting people to take part in activities that they want to be involved in, both in the residential setting and in the community
- preventing behaviour that challenges.

1.5.14 Practitioners should support people to participate fully in tasks and activities by ensuring that:

- the environment is conducive to their needs
- they have access to the equipment they need (for example, hoists or recliner chairs).

1.5.15 Managers should ensure that practitioners are trained to support residents to use any equipment they need.

End of life support in residential settings

1.5.16 Managers in residential settings should co-produce with people who use services a policy on end of life care including:

- a named lead in the residential setting
- training on supporting people at the end of their lives, tailored to different staff groups and updated regularly
- ongoing support to enable practitioners to support people near the end of their lives, including creative ways of engaging people in discussions (for example, opportunities to discuss end of life care with peers).

1.5.17 Managers in residential settings should consider making available someone who is independent and not part of the usual staff team to discuss end of life issues, for people who want to do this.

1.6 Staff skills and experience

1.6.1 Have a transparent and fair recruitment and selection process that:

- uses values-based interviews and approaches to identify the personal attributes and attitudes essential for a caring and compassionate workforce **and**
- ensures workers have the necessary language, literacy and numeracy skills to do the job.

[This recommendation is adapted from the NICE guideline on home care.]

1.6.2 Local authorities should ensure that people undertaking needs and eligibility assessments have the knowledge and skills to carry out assessments as described in recommendations 1.4.3 to 1.4.6.

1.6.3 Service providers should consider involving people who use services (‘experts by experience’) in the recruitment and training of staff. For example:

- being on interview panels

- contributing to development and delivery training
- helping to develop job descriptions
- supporting and training others to be experts by experience.

1.6.4 Consider providing opportunities for practitioners to learn from the personal experiences of people who use services, in all settings where care is provided. This could be through:

- forums within residential and day care services
- audit, planning and evaluation of services
- practitioners being mentored by people who use services.

1.6.5 Service providers should ensure that practitioners are aware, and understand the function, of other services that they may need to work with, such as other health and social care service providers.

1.6.6 Service providers should provide opportunities for practitioners to take part in inter-professional learning and development.

1.6.7 Service providers should ensure that practitioners are able to use any equipment or devices people need, for example, hearing aid loops.

1.6.8 Service providers should ensure that practitioners are aware of issues relating to information sharing and confidentiality.

1.7 Involving people in service design and improvement

1.7.1 Local authorities must provide opportunities for people who use services to be involved if they want to in strategic decision-making about services, not just their own care, in line with the Local Government and Public Involvement in Health Act 2007. This should include involving people in:

- decisions about the way services are commissioned, run and are governed **and**
- checking that the service is delivering quality care.

Using people's views to improve services

1.7.2 All research into the views of people using care and support should be co-produced at all stages, including the research design, how it is carried out, and any resulting actions (for example, developing or refining quality indicators or developing monitoring tools).

1.7.3 Commissioners and service providers should communicate clearly the outcome that any exercise to collect people's views is aiming to achieve and what will be done as a result.

1.7.4 Commissioners and service providers should consider using a range of approaches to gather views and experiences (for example, focus groups, interviews or observation in addition to surveys), and use evidence from a range of sources. This could include:

- the lived experiences of people who use services
- information from third sector and voluntary organisations that represent people who use social care services
- existing sources of information, such as complaints.

1.7.5 Local authorities should consider gathering and analysing evidence on people's experience of services in collaboration with other health and social care organisations serving the same populations to reduce duplication and ensure economies of scale.

1.7.6 Organisations conducting research should consider from the outset how to ensure that all groups are able to participate, including people who may lack capacity. This may involve considering different research methods (see recommendation 1.7.4) or providing materials in a range of formats. If the participation or response rate for a particular group is low, take action to improve it (for example, by sharing a survey with third sector organisations to recruit participants).

1.7.7 Service providers should seek the views of people who use services about the extent to which the things that are important to them are being addressed. This should be done in such a way that the person feels safe to express their views, even if these are critical (for example, a care home resident may not want to give feedback directly to the manager).

1.7.8 Anyone who is gathering views should offer an independent advocate to enable people to give their views and experiences.

1.7.9 If a third party or advocate is supporting someone to give their views, ensure that enough time has been allowed for them to do it.

1.7.10 Service providers should consider employing people who use services to monitor people's experience of health and social care services, including conducting research. This could be done by:

- offering training to 'experts by experience' on how to conduct interviews with people who use services, including supporting them in applying ethical principles such as informed consent and confidentiality
- paying them to undertake exit interviews with people who have recently left a service or moved to another service.

[This recommendation is adapted from the NICE guideline on service user experience in adult mental health.]

1.7.11 Commissioners and providers should ensure that the results of research with people who use services are used to inform improvements to services.

1.7.12 Commissioners and service providers should make available the results of research with people who use services, using approaches developed with people who use services. This should include:

- publishing the results
- giving appropriate feedback directly to people who took part
- making public how they have responded to people's feedback – for example, by using 'you said, we did' tables or case studies.

Survey research

1.7.13 Consider using existing validated surveys before deciding to develop a new survey.

1.7.14 Local authorities should analyse the characteristics of people who did not or could not respond to surveys and:

- report on any under-represented groups in their published report of the survey and seek to understand the reasons for this
- develop ways to address these gaps in the future, for example, by considering alternative modes of response, such as a telephone response line
- ensure that information about under-represented groups is fed back to the survey designers.

1.7.15 Local authorities should ensure that people in their organisations who are responsible for interpreting and implementing survey findings have the necessary skills and capacity.

Terms used in this guideline

Care and support plan

A written plan after a person has had an assessment, setting out what their care and support needs are, how they will be met (including what they or anyone who cares for them will do) and what services they will receive. The person should have the opportunity to be fully involved in their plan and to say what their own priorities are.

Carer

A person who provides unpaid support to a partner, family member, friend or neighbour who is ill, struggling or disabled and could not manage without this help. This is distinct from a care worker, who is paid to support people.

Centre for Independent Living

A local organisation run by people with disabilities, that supports disabled people in their area to make choices about how and where they live their lives, with the assistance and support they need to live as independently as possible.

Communication aid

A communication aid helps a person to communicate more effectively with those around them. This could range from a simple letter board to a more sophisticated piece of electronic equipment.

Commissioner

A person or organisation that plans the services that are needed by the people who live in the area the organisation covers, and ensures that services are available. Sometimes the commissioner will pay for services, but not always. The local council is the commissioner for adult social care. NHS care is commissioned separately by local clinical commissioning groups. In many areas health and social care commissioners' work together to make sure that the right services are in place for the local population.

Co-production

When a person who uses services is involved as an equal partner in designing the support and services they receive. Co-production recognises that people who use social care services (and their families) have knowledge and experience that can be used to help make services better, not only for themselves but for other people who need social care.

Day care services

Opportunities for people to do things during the day, while living in their own home. These may include social activities, education, or the opportunity to learn new skills. What the local council offers will vary, depending on what a person needs and what is available in that area. People who use services may have to pay something towards the cost.

Home care

Care provided in a person's own home by paid care workers to help them with their daily life. It is also known as domiciliary care. Home care workers are usually employed by an independent agency, and the service may be arranged by the local council or by the person that needs care (or someone acting on their behalf).

Joint commissioning

When 2 or more organisations in a local area – usually the NHS and local council – work together to plan services to meet the needs of people who live in the area. Together the commissioners plan what kind of services should be available, who should provide them and how they should be paid for.

Needs assessment

Under the Care Act 2014, local authorities must carry out an assessment of anyone who appears to require care and support. The assessment should focus on the person's needs and how they impact on their wellbeing, and the outcomes they want to achieve.

Peer support

The practical and emotional help and support that people who have personal experience of a particular health condition or disability can give each other, based on their shared experience. People support each other as equals, one-to-one or in groups, either face-to-face, online or on the telephone.

Personal assistant

Someone the person using services chooses to employ to provide the support they need, in the way that suits them best. This may include cooking, cleaning, help with personal care such as washing and dressing, and other things such as getting out and about in the community. A personal assistant can be paid through direct payments or a personal budget.

Personalised care

An approach that puts the person receiving care and support at the centre of the way care is planned and delivered. It is based around the person and their own needs, preferences and priorities. It treats the person receiving services as an equal partner, and puts into practice the principle of 'no decision about me without me'.

Sensory aids

A sensory aid helps a person when one of their senses is impaired. This may include hearing aids, eyeglasses, reading devices and telecommunication devices for people with a hearing impairment.

Single, named care coordinator

The person in an organisation who is responsible for coordinating support for the person and their family if needed, for example, a named social worker.

Residential settings

Accommodation where care and support are provided by staff. These settings can be run by the private sector, voluntary sector or local authority. Residential settings can include residential care homes and also include supported living.

Supported living

An alternative to residential care or living with family that enables adults with disabilities to live in their own home, with the help they need to be independent. It allows people to choose where they want to live, who they want to live with, how they want to be supported, and what happens in their home.

For other social care terms, see the Think Local, Act Personal Care and Support Jargon Buster.

Putting this guideline into practice

[This section will be finalised after consultation]

NICE has produced tools and resources [link to tools and resources tab] to help you put this guideline into practice.

Some issues were highlighted that might need specific thought when implementing the recommendations. These were raised during the development of this guideline. They are:

- Supporting people who use services to maintain their independence is a key requirement for wellbeing and is an achievable expectation, but it will require a significant change in practice for some services.
- Working with social care users to ensure that there is a well-developed 'market' for personal assistants (PAs) will lead to better outcomes for people who employ PAs and better use of resources. However, for some authorities this will involve a new focus on market development and a change of practice that will require staff to be re-trained.
- Making sure that people are supported in a residential setting that is appropriate to their needs and building a culture that enables staff to respect people's individual choices and preferences are essential factors in promoting a good quality of life for people who live in a residential setting. Services may find it challenging to implement these changes because they will involve a major rethink in their approach to service delivery.

Putting recommendations into practice can take time. How long may vary from guideline to guideline, and depends on how much change in practice or services is needed. Implementing change is most effective when aligned with local priorities.

Changes should be implemented as soon as possible, unless there is a good reason for not doing so (for example, if it would be better value for money if a package of recommendations were all implemented at once).

Different organisations may need different approaches to implementation, depending on their size and function. Sometimes individual practitioners may be able to respond to recommendations to improve their practice more quickly than large organisations.

Here are some pointers to help organisations put NICE guidelines into practice:

1. **Raise awareness** through routine communication channels, such as email or newsletters, regular meetings, internal staff briefings and other communications with all relevant partner organisations. Identify things staff can include in their own practice straight away.

2. **Identify a lead** with an interest in the topic to champion the guideline and motivate others to support its use and make service changes, and to find out any significant issues locally.

3. **Carry out a baseline assessment** against the recommendations to find out whether there are gaps in current service provision.

4. **Think about what data you need to measure improvement** and plan how you will collect it. You may want to work with other health and social care organisations and specialist groups to compare current practice with the recommendations. This may also help identify local issues that will slow or prevent implementation.

5. **Develop an action plan**, with the steps needed to put the guideline into practice, and make sure it is ready as soon as possible. Big, complex changes may take longer to implement, but some may be quick and easy to do. An action plan will help in both cases.

6. **For very big changes** include milestones and a business case, which will set out additional costs, savings and possible areas for disinvestment. A small project group could develop the action plan. The group might include the guideline champion, a senior organisational sponsor, staff involved in the associated services, finance and information professionals.

7. **Implement the action plan** with oversight from the lead and the project group. Big projects may also need project management support.

8. **Review and monitor** how well the guideline is being implemented through the project group. Share progress with those involved in making improvements, as well as relevant boards and local partners.

NICE provides a comprehensive programme of support and resources to maximise uptake and use of evidence and guidance. See our into practice pages for more information.

Also see Leng G, Moore V, Abraham S, editors (2014) Achieving high quality care – practical experience from NICE. Chichester: Wiley.

Recommendations for research

The guideline committee has made the following recommendations for research.

1 Methods and approaches for gathering the experiences of people who use adult social care services

When conducting research for the purposes of service improvement, what research methods are acceptable, appropriate and effective in meaningfully gathering the views and experiences of people who use services?

Why this is important

Current research methods for gathering the views and experiences of people who use services commonly include standardised surveys and measures (for example, PROMS; NHS and social care: public perceptions surveys; The National Adult Social Care User Experience Survey). However, the evidence reviewed for this guideline suggests that measures of this kind may have limitations in terms of how comprehensive and representative these people are who are typically willing and able to respond to these kinds of self-completion postal surveys. This means that some people's views and experiences of social care may not be included in surveys designed to support service improvement. Further research is needed to:

- Determine the extent to which frequently used research methods meaningfully engage people and provide an accurate picture of their views and experiences.
- Develop and test new or innovative methods for gathering views and experiences. This could include narrative methods and the use of technology such as apps. The methods would be compared in relation to how well they were able to provide accurate and detailed information on people's views and experiences of care and support.

2 Co-producing research into the views and experiences of people who use services

What approaches have been shown to work in supporting the co-production of research for the purposes of service improvement with people who use services?

Why this is important

Co-production is a key concept in the development of public services (Co-production in social care: What it is and how to do it, Social Care Institute for Excellence) and there are many examples in practice that highlight how individuals and communities can positively shape the way that services are designed, commissioned and delivered (Co-production in commissioning, Think Local Act Personal 2015). Co-produced research on the views and experiences of people who use services is a potential means of improving services. Co-producing all stages of the research process with people who use services is an important principle, which may signpost pertinent issues and questions that would have otherwise been neglected. However, there is little published evidence about how to put the principle of co-production in to practice in research, although it appears that there may be good practice occurring within the sector.

3 Identifying barriers and enablers to using the views and experiences of people who use services to improve services

What are the barriers and enablers to gathering, synthesising and applying data on the views and experiences of people who use services for the purposes of service improvement?

Why this is important

There are several examples of data gathering processes designed with the purpose of improving services – for example, annual mandatory local authority surveys, audit, and small-scale consultation at the individual organisation level. However, little is known about how the data from these exercises are translated into change and improvement in services, including:

- what capacity is needed within organisations to gather data and make use of it, and whether this is present?
- what factors determine whether the findings of research are implemented in practice?

4 Use of technology in providing care

What are the views and experiences of people who use adult social care services on assistive technologies?

Why this is important

Assistive technology is one means by which social care services can help people to maintain independence. These technologies include a wide range of devices, ranging from simple, low-cost devices such as pendant alarms, to more intricate home monitoring systems using electronic information and communication technology – for example, integrated systems of sensors, alarms and remote monitoring. Across all population groups, there is a paucity of evidence about how acceptable assistive technology is to people who use services, and the impact of the technology on their satisfaction with services. Issues that could be explored include the extent to which the technology is and can be personalised, anxiety that it may be used to scale back services and reduce human contact, loss of confidentiality where personal information is shared, and ethical questions around privacy and surveillance.

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