

People's experience using adult social care services

Quality standard

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[nice.org.uk/guidance/qs182](https://www.nice.org.uk/guidance/qs182)

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This standard is based on NG86.

This standard should be read in conjunction with QS173, QS171, QS159, QS151, QS140, QS136, QS123 and QS85.

Quality statements

Statement 1 People's personal strengths, preferences, aspirations and needs are discussed when they have a care and support needs assessment.

Statement 2 People using adult social care services have as much control as they would like over their personal budget.

Statement 3 People using adult social care services have continuity of care and support.

Statement 4 People using adult social care services have their views used to inform service improvement.

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

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

- [Intermediate care including reablement](#) (2018) NICE quality standard 173
- [Medicines management for people receiving social care in the community](#) (2018) NICE quality standard 171
- [Transition between inpatient mental health settings and community or care home settings](#) (2017) NICE quality standard 159
- [Oral health in care homes](#) (2017) NICE quality standard 151
- [Transition from children's to adults' services](#) (2016) NICE quality standard 140
- [Transition between inpatient hospital settings and community or care home settings for adults with social care needs](#) (2016) NICE quality standard 136
- [Social care for older people with multiple long-term conditions](#) (2016) NICE quality standard 132
- [Home care for older people](#) (2016) NICE quality standard 123
- [Medicines management in care homes](#) (2015) NICE quality standard 85

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

Quality statement 1: Care and support needs assessment

Quality statement

People's personal strengths, preferences, aspirations and needs are discussed when they have a care and support needs assessment.

Rationale

A care and support needs assessment that focuses on the person's strengths, preferences, aspirations and needs helps people to highlight the outcomes that are important to them. During the assessment, the person can identify how their needs impact on their wellbeing and ability to live an independent life, as well as on their goals and preferred outcomes. This ensures that they have autonomy in deciding what is important to them. They can then agree a care and support plan that supports them to achieve their goals and outcomes, with agreed timescales to review the plan to ensure it is still suitable for their needs. This is particularly important for people whose condition means that their needs can fluctuate.

Quality measures

Structure

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

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

b) Evidence of local arrangements to ensure that people who have substantial difficulty with involvement and no appropriate individual to support them, as defined by the [Care Act 2014](#), have enough time with an independent advocate before the care and support needs assessment takes place so that they can prepare for it.

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

Process

a) Proportion of care and support needs assessments where a discussion and agreement of the

person's strengths, preferences, aspirations and needs is documented.

Numerator – the number in the denominator where a discussion and agreement of the person's strengths, preferences, aspirations and needs is documented.

Denominator – the number of care and support needs assessments.

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

b) Proportion of care and support needs assessments where people who have substantial difficulty with involvement and no appropriate individual to support them, as defined by the [Care Act 2014](#), have access to an independent advocate.

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

Denominator – the number of care and support needs assessments where people have substantial difficulty with involvement and no appropriate individual to support them, as defined by the Care Act 2014.

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

Outcome

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

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

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

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

What the quality statement means for different audiences

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

Commissioners (local authorities) ensure that they commission services that focus care and support needs assessments on the person's strengths, preferences, aspirations and needs. Their services ensure that the care and support needs assessment focuses on the person's strengths, preferences, aspirations and needs, and how these impact on their wellbeing. They ensure that the practitioners carrying out the assessments have been trained to make the assessment person centred. If people having the assessment would like an independent advocate, or they would benefit from having one, arrangements are made to ensure they are present and have had time to talk to the person about the assessment before it takes place.

People having a care and support needs assessment are involved fully in the assessment, with an independent advocate if they need one, based on the Care Act 2014. This gives them the opportunity to explain and agree their personal strengths, preferences and needs, what they would like to be able to achieve in their day-to-day life, and their long-term goals.

Source guidance

[People's experience in adult social care services: improving the experience of care and support for people using adult social care services](#) (2018) NICE guideline NG86, recommendations 1.1.1, 1.3.3 and 1.3.4

Definitions of terms used in this quality statement

Care and support needs assessment

The aim of the care and support needs assessment is to understand the person's needs and goals. After carrying out the assessment, the local authority should consider whether any of the needs identified are eligible for support.

The assessment:

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

[Adapted from NICE's guideline on people's experience in adult social care services, terms used in this guideline and recommendations 1.3.3 and 1.3.4]

Equality and diversity considerations

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

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

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

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

Assessors should be confident discussing and assessing the specific needs of people of all sexual orientations, taking this into account when planning people's subsequent care.

Quality statement 2: Empowering people to manage their personal budget

Quality statement

People using adult social care services have as much control as they would like over their personal budget.

Rationale

Giving people who have a personal budget for social care services, funded by the local council, control over their budget allows them to exercise influence over how their care and support is provided. It can enhance the person's quality of life by allowing them to choose the services they believe they would benefit from. They are then more likely to engage with services and participate fully with them, which means they can achieve the outcomes identified as important to them.

Quality measures

Structure

a) Evidence of local arrangements to inform people who have a personal budget for social care services funded by the local council and who are using adult social care services that they have the option to control their budget to buy the services that are important to them.

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

b) Evidence of local arrangements to inform people who have a personal budget for social care services funded by the local council and who are using adult social care services of the different options for managing their budget.

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

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

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

using adult social care services.

Process

Proportion of people using adult social care services who have a personal budget for social care services funded by the local council and whose views were included when their support was planned.

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

Denominator – the number of people using adult social care services who have a personal budget for social care services funded by the local council.

Data source: The [Personal Outcomes Evaluation Tool for adults in receipt of social care support](#) includes a question on whether people's views were included when their support was planned.

Outcome

Satisfaction of people using adult social care services who have a personal budget for social care services funded by the local council with the help they receive to use their budget to choose the support that is the most important to them.

Data source: The [Personal Outcomes Evaluation Tool for adults in receipt of social care support](#) includes a question on the choice and control that people using adult social care services have on how their personal budget is spent. Local data collection such as surveys on the experience of people using adult social care services can also be used.

What the quality statement means for different audiences

Service providers (such as peer-support services including centres for independent living) ensure that systems are in place to advise people who have a personal budget for social care services funded by the local council how they can use their budget and that support is available to help people manage this. This advice and support should cover the different ways that the personal budget from local authorities can be provided.

Social care practitioners (such as social workers and occupational therapists) are aware of the options for people who have a personal budget for social care services funded by the local council to use their budget for social care services. They explain to people using adult social care services the options for using the budget and the different types of support they can access to help them

with this. This will give people the opportunity to consider how they wish to spend their budget and how they would like it to be held.

Commissioners (local authorities) ensure that they commission services and supply funding to voluntary and peer services that allow and support people who have a personal budget for social care services funded by the local council to manage it. They ensure that systems are in place to advise people who have such a budget how they can use it and that support is available to help them manage this. This advice and support should cover the different ways that the personal budget can be provided.

People using adult social care services who have a personal budget for social care services funded by the local council are able to influence and exercise control over how their budget is managed. They receive information on the different ways their personal budget can be managed and the different options they have to use it. They can choose how they would like to receive their personal budget and how they would like to use it to pay for their social care. They have support to help them make these decisions if they wish.

Source guidance

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

Definitions of terms used in this quality statement

Personal budget

Money that is allocated by the local council to pay for care or support to meet a person's assessed needs. People can take their personal budget as a direct payment, or choose to let the council arrange services (sometimes known as a managed budget) or a combination of the two. An alternative is an individual service fund, which is a personal budget that a care provider manages on the person's behalf.

[Adapted from Think Local, Act Personal's care and support jargon buster and expert opinion]

Equality and diversity considerations

People using adult social care services may have several needs, for example help with communication. Services should ensure that people have the help they need, for example through

an independent advocate or communication aid, to understand the different options for using their personal budget and supported to manage this as far as is possible.

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

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

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

Quality statement 3: Continuity of care and support

Quality statement

People using adult social care services have continuity of care and support.

Rationale

If care workers know the person, their preferences, and their care and support needs, it helps to ensure continuity of care. Having continuity of care and support has a considerable impact on a person's wellbeing and quality of life, as it can lead to them forming positive relationships with their care workers. All of this will help the person achieve the outcomes they identified as important to them in the care and support needs assessment. This can include taking part in activities or being able to reduce or stop using adult social care services if their condition means they do not need care and support on a long-term basis.

Quality measures

Structure

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

Data source: Local data collection, for example service specifications and plans for service provision.

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

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

Process

Total number of care workers providing care to a person using adult social care services.

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

Outcome

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

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

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

Data source: The Personal Outcomes Evaluation Tool for adults in receipt of social care support includes a question on the impact of people's support on their quality of life and local data collection such as surveys on the experience of people using adult social care services.

What the quality statement means for different audiences

Service providers (such as independent home care agencies, residential care services and voluntary sector organisations) ensure that people using adult social care services experience care and support from a consistent team of social care workers who are familiar with their needs. People using these services should always be told in advance if new staff will be providing their care. The types of service being provided should be consistent and not withdrawn without reasonable notice and alternative arrangements being made.

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

Commissioners (local authorities) commission services that ensure that people using adult social care services experience continuity in their care and support, including seeing a consistent team of care workers who are familiar with their needs. They also ensure that the types of service being provided are consistent and not withdrawn without reasonable notice and alternative arrangements being made.

People using adult social care services have the same team of care workers who are familiar with their needs and preferences. People are told in advance if new staff will be involved in their care and support. The staff caring for them record details of the person's preferences and the care they

have had so that other members of the team can make sure they care for them in a similar way.

Source guidance

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

Definitions of terms used in this quality statement

Continuity of care and support

This includes ensuring that:

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

[Adapted from NICE's guideline on people's experience in adult social care services, recommendation 1.4.7]

Equality and diversity considerations

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

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

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

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

when they move to another area.

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

Quality statement

People using adult social care services have their views used to inform service improvement.

Rationale

Involving people in service improvement by obtaining and acting on feedback about their experience and how they would like the service to operate means that services can be more responsive to the people using them and adapt to their needs. It can help identify barriers to accessing services and ensure that more people can use them.

Quality measures

Structure

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

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

b) Evidence of local arrangements to implement the [single complaints statement](#) and encourage people using adult social care services to use it.

Data source: Local data collection, for example policies and initiatives on the [single complaints statement](#) and strategies for public involvement.

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

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

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

Data source: Local data collection, for example records of meetings with people using services, and

posters and leaflets explaining changes made as a result of feedback from people using services.

Process

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

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

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

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

Outcome

a) Improvements to adult social care services which are informed by feedback from people using services.

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

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

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

What the quality statement means for different audiences

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

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

Commissioners (local authorities) ensure that they commission adult social care services that ask

for feedback from people using the services to make improvements and report on how they have fed this back.

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

Source guidance

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

Definitions of terms used in this quality statement

People's views

The feedback provided by people using services, and their carers. This includes qualitative and quantitative data and can include:

- the lived experiences of people who use services
- information from voluntary organisations that represent people who use social care services, for example [Healthwatch](#)
- existing sources of information, such as [complaints](#)
- surveys and questionnaires of people using services and their carers
- information gathered through focus groups and meetings with people using services.

Different approaches to obtaining feedback and involving people who use services, and their carers, to improve services will be needed for different services. Agreement on how this will be done on a regular basis (for example annually) and before a significant change in a service or the development of a new one, can help ensure that improvements to services are made at the most suitable time.

[Adapted from NICE's guideline on [people's experience in adult social care services](#), recommendation 1.6.4 and expert opinion]

Used to inform service improvement

This feedback is used to inform decisions about the way services are commissioned, run and governed and to check that services are delivering quality care and support. It can also be used when new services are being designed and to adapt existing services to be more responsive to the people using them.

[Adapted from NICE's guideline on [people's experience in adult social care services](#), recommendation 1.6.1 and expert opinion]

Equality and diversity considerations

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

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

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

About this quality standard

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

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

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

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

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

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

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

Improving outcomes

This quality standard is expected to contribute to improvements in the following outcomes for people using adult social care services:

- Promotion of independence and quality of life
- Experience of people using adult social care services
- Choice and control using adult social care services.

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

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

Resource impact

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

Diversity, equality and language

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

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

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Endorsing organisation

This quality standard has been endorsed by The Department of Health and Social Care, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- [Skills for Care](#)
- [Think Local Act Personal](#)
- [Healthwatch England](#)
- [Disability rights UK](#)
- [British Geriatrics Society](#)