

**Annual Consultation Report**  
**Service User Satisfaction within Community Care & Health 2005 - 2006**

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## **1. Introduction**

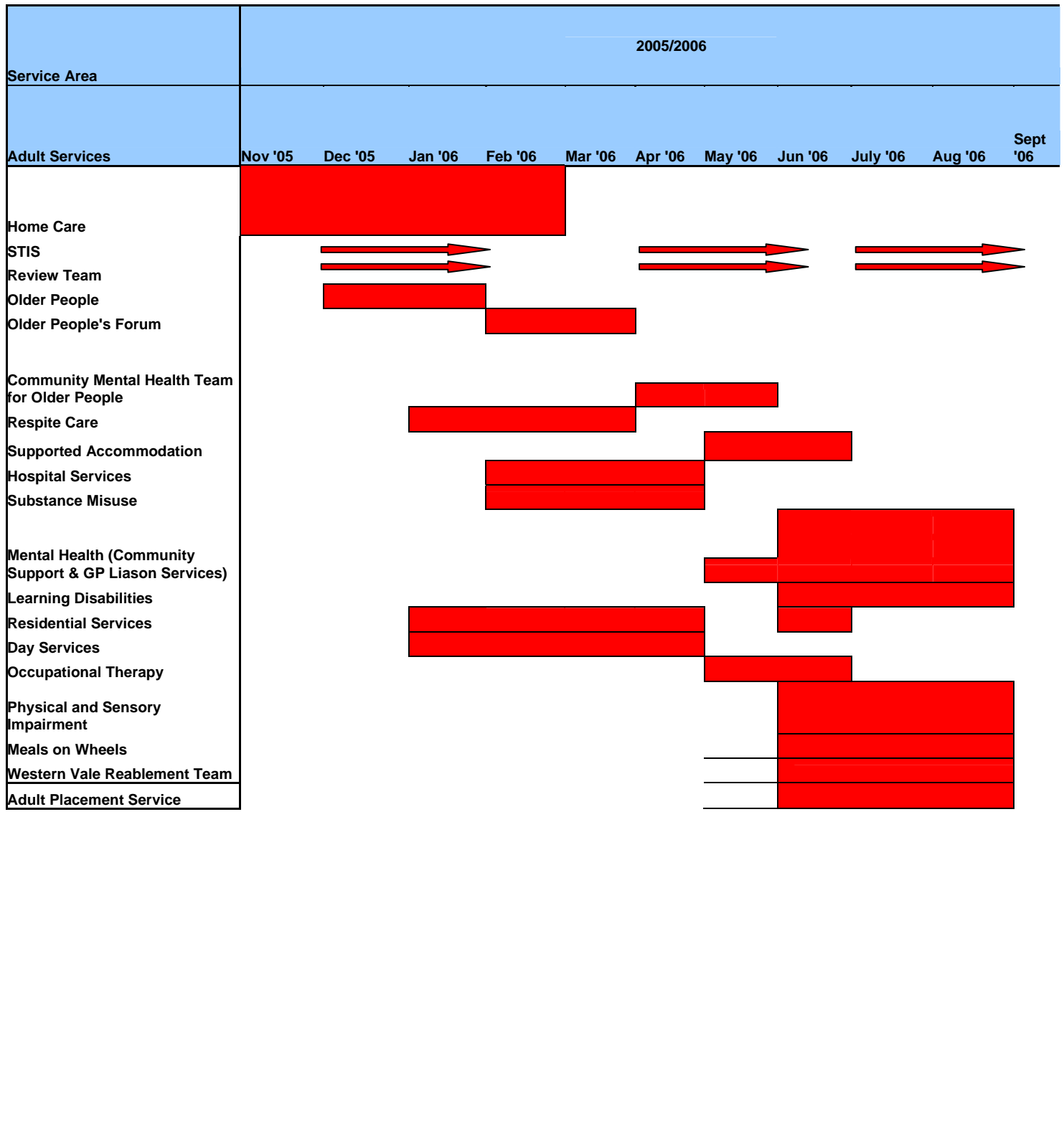
The Vale of Glamorgan Council Community Services Department is committed to consulting with its service users in order to identify areas of good practice and also where improvement and development may be required. As part of this commitment a two-year rolling programme for consultation into user satisfaction has been developed and was implemented in April 2004. During the first year of the cycle, surveys were carried out with users of Children and Family Services and during the second year were completed within Community Care and Health.

This report presents the key findings found during consultation with those receiving services from Community Care and Health. As part of this, the methodology used and lessons learned are also discussed. Full reports from consultation with each client group are attached as appendices 1-20.

Some issues had to be considered when planning this exercise:

- Many of the people who are referred to some of the teams and services do not see themselves as 'service users' and might consequently be unwilling to participate in user satisfaction surveys.
- Early in 2006 the Joint Review, in its sample of service users and carers during Phase 1, carried out its own satisfaction survey. These service users were left off our own sample list to avoid over consultation.
- Many of the service users had particular needs that had to be considered before contacting them. Every attempt was made to gain their views. Please refer to the appendices for the specific reports for each area.
- Any other consultation exercises planned with a client group were considered and joined-up where applicable to avoid duplication and over-consultation.

## 2. Work Programme



### **3. Methodology**

Initial meetings took place with Team Managers during October and November 2005 to discuss the most appropriate timing, methods and question areas for their specific client groups. Where there were areas that the team managers felt would be useful to gather information on, for service development purposes for example, these were incorporated where possible. It was agreed that it would be more effective if consultation was split into more recent referrals and assessments (via each social work team), and separate groups who had actually received services for a period of time. Service users were therefore contacted who had received an assessment and referral as recently as possible, and others who would have been receiving a particular service for a year or longer. This was to increase reliability of information provided and capture the breadth of experience with services.

Various options were explored to effectively capture viewpoints qualitatively and quantitatively. The circumstances and abilities of the client dictated the design of questionnaires, interviews and focus groups. The views of informal/unpaid carers and relatives of service users were sought in most areas because service provision affects their lives significantly.

Outlined below are the methods used to consult in each area:

#### **Assessment & Referral**

- 3.1**
- a) Older People's Team**
  - b) Hospital Social Work Team**
  - c) Community Mental Health Team for Older People**

Both questionnaires and structured interviews were carried out for the above groups of service users to gain a fuller, more detailed analysis. Swift was used to obtain a list of service users who had been referred and assessed in the previous 6 months. If this was not possible, or it was inadvisable to contact some service users, time frames were increased to gain a larger population sample. As representative a sample as possible was obtained in all cases.

#### **3.2 Occupational Therapy**

A list of service users was obtained from Swift and checked by the Team. This comprised those who had been referred and received assessments and minor adaptations in the past 6 months. In addition, questions were asked regarding the delivery and installation of their equipment and after care/follow up as part of the service received. Service users were contacted using questionnaires only.

### **3.3 Physical and Sensory Disabilities (Care Management and Specialist Referrals).**

Both questionnaires and interviews were used to consult service users who had recently been referred and assessed, and those who had also received specialist assessments (such as those with visual and sensory impairments) and rehabilitation equipment.

The specialist workers provided their own lists which were cross referenced to Swift records. Questions were asked specifically about care associated with their particular specialist assessment.

### **3.4 Adults with a Learning Disability (Adult Community Support Team)**

Various options were explored during this part of the consultation. Considering the needs of the client meant that we would be looking at how we would best capture viewpoints. Four methods were selected, with valuable input and assistance from other professionals who had prior experience of communicating with those with a learning disability. These were: questionnaires (to service users who were able to complete alone, and carers/relatives), symbolic questionnaires, structured interviews (arranged through Peoplefirst) and small focus groups at Maes Dyfan School. The Team was intending to consult service users about the information they had, or should be providing. Consultation activity was therefore joined up in this area, and findings shared.

## **Services Received**

### **3.5 Home Care**

All of those receiving Home Care were consulted using both questionnaire and interview. In addition to asking about services received, the sample was also asked about information and record-keeping during the service.

### **3.6 Short Term Intervention Service & Review Team**

As these services are shorter term for groups of people at a time, questionnaires were distributed to those who had come to the end of their service in the previous 3 months. This was repeated every quarter so that views could be obtained from multiple samples and over the 12 months.

### **3.7 Residential Services**

Questionnaires were distributed to a selection of service users, most of whom had lived in the residential home for 12 months or longer. With regard to the mental capacity of some service users, questionnaires were specifically tailored for relatives and carers to answer from their own and their relatives' viewpoint. Interviews were also carried out at all residential homes to gain as detailed an insight as possible. A focus group was also carried out with some residents.

### **3.8 Day Services**

Questionnaires were distributed to a selection of service users who had received services from Day Centres within the Vale of Glamorgan for 12 months or longer.

Interviews were also carried out with those who were willing, during the days on which they attended the day centres.

### **3.9 Respite Service**

Both interviews and questionnaires were used to consult with those who had been using the respite service. Interviews were carried out at Jane Hodge Hotel, where some of the service users were staying at the time. Parents/carers were sent questionnaires also to elicit their views about the service provided to their family.

### **3.10 Community Mental Health Team (GP Liaison)**

Those who had had any contact with GP Liaison Officers in the previous 12 months were sent questionnaires regarding the support and advice they had received. Lists of service users were obtained from the GP Liaison Officers. Questionnaires reflected issues such as the appointment and the signposting they had received before going on to receive other services.

### **3.11 Community Mental Health Team (Community Support)**

Service users who had been allocated a support worker from the team were contacted regarding the service they received during the previous 12 months. Names were checked by the Community Support Co-ordinator and those who were able to complete a questionnaire were sent one, and some service users were selected to interview at the Amy Evans Centre during their time with their support worker. Questions were asked regarding the activities and opportunities offered by the service.

### **3.12 Substance Misuse**

Service users who had attended sessions at Newland were given an opportunity to give views about the service they receive there. Questionnaires were offered to those who were willing to complete them at the end of their session. They were asked either to return the questionnaires to their key worker or leave them at reception. Over a period of 4 weeks questionnaires were distributed at Newland and the Policy & Consultation Officer returned to Newland to collect them.

### **3.13 Western Vale Reablement Team.**

A list of service users who had completed the reablement programme between January and June 2006 was obtained from the Team. Question areas were similar to those in the Short Term Intervention Service and Review Team questionnaires being aimed to find out exactly how the service had assisted their return to independent living.

### **3.14 Adult Placement Service**

Service users here were considered to comprise of two groups: Social work teams who used the service to provide care packages for their service users, and the service users themselves who had been placed with host families. The Adult Placement Team provided an up to date list of service users, indicating who

would be able to be interviewed and those who may respond to a questionnaire. They also identified which social work teams referred service users to Adult Placement regularly.

Social workers attended focus groups to discuss how effective the placements were, and service users themselves were interviewed at their host families homes about how the placements met their needs.

### **3.15 Meals on Wheels**

Questionnaires were sent to all service users who were receiving a meals service at the time of consultation (if appropriate). The Meals on Wheels co-ordinator was able to identify those who would be physically able to complete the questionnaires. Questions were asked about the meals themselves, the arrangements surrounding delivery and staff they had contact with.

### **3.16 Older Peoples Forum**

As a reference group and a voice for older people, the Older People's Forum provides an opportunity to those who deliver services to listen and learn from older people and to explore what independence means to them.

Forum members were approached to ascertain interest in attending a focus group to discuss community care service provision. Although they may not have had direct experience as service users, their knowledge informed the consultation, and they provided feedback about information provision from the viewpoint of potential service users.

#### 4. Response rates

Overall, response rates were below average, perhaps reflecting some of the issues discussed in the introduction. However, response rates varied across the teams as outlined below.

Service/Team	Distributed/ Contacted		Response		Overall Percentage response
	Service Users	Carers	Service Users	Carers	
	Service Users	Carers	Service Users	Carers	Service users and carers
<b>Home Care</b>	189	189	83	15	29%
<b>Short Term Intervention Team</b>	47	47	25	6	33%
<b>Review Team (over three consultation periods)</b>	55	55	34	10	68%
<b>Older People Social Work Team</b>	68	64	16	4	16%
<b>Western Vale Reablement Team</b>	24	24	19	2	44%
<b>Adult Placement Services</b>	15 (service users only)		5		33%
<b>Meals on Wheels</b>	42	8	21	4	50%
<b>Learning Disabilities</b>	48 (and 10 interviews)		27	12	67%
<b>Hospital Social Work Team</b>	24 (3 interviews)	23	14	5	38%
<b>EMI</b>	27	25	15	6	40%
<b>Day Care</b>	222		58	11	31%
<b>Residential Services</b>	63		39	13	82%
<b>Substance Misuse</b>	101 (service users only)		48		47.5%
<b>Occupational Therapy</b>	49		17	4	43%
<b>Physical/ Sensory Impairments</b>	<b>Specialist – 49</b>		29	4	67%
	<b>Care Management - 27</b> 2 interviews	27	16	4	34%



<b>Mental Health (GP Liaison)</b>	141 (service users only)	19	0	13%
<b>Mental Health (Community Support Workers)</b>	93 questionnaires sent 3 Interviews carried out	22	3	26%
<b>Total contacted</b>	<b>Total literal response</b>	<b>Total percentage response</b>		
1764	610 (103 carers)	34.5% (17% carers)		

## **5. Key findings**

The question/discussion about referral and assessment four main areas, which were:

- **Information**
- **Referral & Assessment**
- **Your Views**
- **Equal Opportunities Monitoring.**

### **Assessment & Referral**

#### **5.1 Information**

Service users were asked whether they felt they had received enough information at the start and during the assessment and referral process. Generally information was readily available, however in some cases information had to be requested. The format of the information was raised in many cases. Photographs of the social work team or key worker were suggested to familiarize themselves. Financial information such as benefits and entitlement was often asked about; also the role of the key workers needed to be clarified further and the service users signposted to the appropriate services. Contact details and 'who's who' information was also suggested.

Most respondents had had a Care Plan developed, and agreed with them, and although many had received copies, some hadn't. This may have been due to confusion about different documents and what they were called.

Overall satisfaction was high regarding information provision at the initial contact, however some commented that this sometimes broke down later on during involvement.

#### **5.2 Assessment & Referral**

Not all respondents were able to remember how long they waited for initial contact from the team, however those who did were mostly satisfied with this time. A small number were dissatisfied, commenting that they had waited too long. One suggestion made in several of the areas consulted, was an acknowledgement or card posted to them to explain any delays and that they would be contacted in due course for example. Although waiting times throughout

involvement was raised many service users appeared to understand the pressures that teams and services were under.

Most service users reported having a key worker allocated to them, and that a Care Plan was developed and agreed with them. They were asked whether they had felt involved in this process, and again most did. Those who said they hadn't felt involved reported feeling that they were 'told' what they would receive and sometimes weren't listened to. In some cases service users couldn't be involved, as they were physically or mentally unable to.

Many felt that their families had been involved at this stage, and when informal carers were asked the same question, many also felt involved their responses backed this up.

There was a specific section within the questionnaires regarding the carers themselves. There were a large number of informal/unpaid carers who had not received a Carer's Assessment. In the cases where one had been carried out, an even lower number had not received a service as a result.

Service users were asked about their assessment and care packages that were arranged. Most felt that their assessment was comprehensive. In areas where specialist assessments were required, most were very satisfied with the knowledge and understanding displayed by the teams. They felt that their circumstances were taken into account, and that good advice and suggestions had been provided.

Service users were mostly satisfied with the packages of care they had been provided with. There was some dissatisfaction as some felt they needed further support but financial and staffing issues have prevented this. They felt they generally met their needs and that their lives had been improved in many ways.

Many respondents felt that members of the teams have displayed professionalism, had been understanding and very helpful. They felt they had received lots of support and moreover, they knew who to contact if needs changed. One very positive outcome is that this was reflected in the views of unpaid/informal carers and on behalf of families also.

### **5.3 Your Views**

Many respondents had never felt the need to complain about their involvement with teams, although many were unaware of the Complaints Procedure. The least beneficial positive issues tended to be about waiting times for referrals and appointments. Generally respondents were happy with the contact from the social work teams.

## **Services Received**

The question/discussion about services received comprised four main areas, which were:

- **Information**
- **Services Received**
- **Your Views**
- **Equal Opportunities Monitoring**

### **5.4 Information Received**

Most service users had received enough information about the service they were going to receive; however many would have preferred written information on a leaflet, for example. More information was also required about facilities in some cases. Very positive comments were made in cases where service users were physically able to visit the service, or had received visits at home before commencing the service. Suggestions for further information included a 'who's who' and clarification of the roles of staff.

Communication between staff, managers and service users was discussed as part of this section, and there were some issues raised about communication breakdown in some areas (delays, sickness or temporary staff changes, for example). Rotas/timetables and regular service plans provided in some service areas were very highly regarded, as long as they were kept up to date and understandable. Service users seemed to value having updates and 'news' about current events or changes.

Of those service users who would have liked information in an alternative format (Braille, other language, larger print etc), many did receive it - however some did not. Social Services is currently developing this however and increasing the range of formats available.

Satisfaction with information provision was generally very positive.

## 5.5 Services received

Service users were asked about how the service has met their needs and assisted in maintaining or regaining their independence. Most respondents experienced a vast improvement in daily living. In cases where there has been an intervention/equipment provided to them, most felt safer, more mobile and felt able to complete tasks they had previously hadn't been. Those attending Council facilities such as residential homes and day centres felt that their needs were well catered for. They were especially satisfied that assistance was on hand, and there was always somebody there if necessary. When asked about the opportunities and activities provided either by support workers or staff at the homes and day centres, most were very satisfied. There were a few issues about the activities where some service users weren't keen to be involved, but suggestions were made at interview and during discussion, which have been taken forward.

Service users were asked about the attitude, reliability and communication skills of staff they were involved with in all service area. There were very positive results here, with most feeling that staff were always or mostly courteous, and very reliable. If there had been any instance they had been delayed or the contact had been cancelled, they were generally satisfied with the reasons. One significant point raised was that employees have become more like friends to many service users. In some cases they are the only contact they have and visits/outings are much anticipated. There was very high regard for the staff in all services and cases where they were considered to have gone out of their way to help.

## 5.6 Your Views

In this section, service users were asked about their experience with making a complaint about any aspect of their involvement and service. Many people commented that they had never had cause to complain. There were various numbers who had felt the need to complain. However of these, most of the complaints made had been acknowledged and dealt with in a satisfactory manner.

In some cases, service users were unfamiliar with the complaints process and hadn't been advised about the procedure, which needs to be addressed. The benefits and negative aspects of services were explored. Despite some areas of dissatisfaction with services, overall there was a very high level of satisfaction amongst service users and their families/Carers. Staff in all areas were warmly praised and the emotional difference made to people's lives is very significant.

The main benefits were seen as that confidence levels have risen, and people feel more independent. Routines that the services provide add structure to the day and service users look forward to it.

Social contact seemed to be the aspect that most respondents mentioned. Many service users had made friends and felt less isolated. This particularly came across during the structured interviews carried out.

It was a great reassurance for them and their relatives to know that the service users were being cared for, and some commented that their family probably couldn't cope without the support they receive.

Less beneficial aspects commented on included lack of provision for some people to do activities they enjoyed. Some respondents felt that transport was often an issue, regarding trips and activities, and also daily transport to and from Community care services.

## **6. Conclusions**

Overall, results have been very positive and encouraging for services throughout Community Care & Health.

The way in which the questions were designed seems to effectively capture performance of individual teams. Information has been gained about how social worker teams are carrying out referrals and assessments, and also about how service is provided at the other end of the process. This is therefore valuable to team managers to inform their service improvement and development.

Improvements to the survey process will continue to be made to ensure that question areas are consistent, as there were variations in some service areas which may have affected responses.

Giving carers and relatives the option to respond from their viewpoint was an attempt both to gain as much perspective from those who are affected by the services and to encourage as informative a response as possible.

Low response levels in some areas will affect representation. Future consultation will have to take this into account and consider ways to improve this and increase engagement.

It was unfortunate that the consultation was carried out at the same time as the Joint Review as it excluded potential respondents. Moreover, the Fairer Charging Policy had recently been implemented, leaving some service users dissatisfied about additional costs, which was reflected in their responses.

By working in partnership in the present consultation, we have been able to explore both the perspective of case managers/social work teams and the services that their clients are using. Experience of the survey will provide the basis to explore views on services provided by external organisations, many of whom provide community care and the results will be valuable in further improving our services.

In conclusion, service users and carers/relatives feel that the Community Care and Health Division is fulfilling its objective of assisting people in the community to regain their confidence and independence at a time when they feel most vulnerable.

## **6. Recommendations**

- I. Issues logs will be developed after each consultation, outlining both positive and negative outcomes of the consultation exercises that team managers will provide responses to.
- II. The responses to the issues logs to be used to demonstrate outcomes from the consultation and to be used in feedback to participants
- III. The findings and resulting issues logs will provide a benchmark against which service satisfaction will be measured in future.
- IV. Methods of consultation will be further developed to gather the views of unpaid carers and relatives.
- V. Further attempts will be made to work with other organizations to engage hard to reach groups.
- VI. Methods for consulting directly with clients with a learning disability are further explored and developed between the Policy and Consultation Officer and the Learning Disability Team.
- VII. Information provision will be reviewed in each service area, continue to develop and improve both at initial contact and throughout the service that is received in the community.
- VIII. Further training to be provided to staff regarding the complaints procedure.
- IX. The Carers Development Officer will continue to promote Carers Assessments to underline their importance and the legal entitlement for carers to receive an assessment of their own needs.
- X. The Carers Assessments training programme for staff will be reviewed to ensure they provide staff with the necessary skills and local knowledge to support carers.