

Quality measurement: setting standards

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Background

This workshop describes the dilemmas and options facing local authorities seeking to set standards for domiciliary care providers. North Yorkshire has a twin track approach, with a voluntary Standards Council promoting industry-wide standards, and its own service specifications for purchasing care.

Dilemmas and options for SSDs

The state of development of a social services department's purchasing strategy for domiciliary care can be measured by their progress in facing up to the need to set and measure the quality standards of in-house and purchased provision. Although publishing a purchasing plan for domiciliary care is now a statutory requirement for community care plans, the extent to which this is an issue will be affected by:

- the committee's attitude to the independent sector (partnership, regulation, distance, non-engagement)
- how developed the market is (number and size of providers, local authority market share)
- what the role of the local authority service is
- how service users view the independent sector.

There is no statutory basis for local authorities to set standards for domiciliary care. Some have opted for voluntary registration schemes, but face real issues about their status and the cost of enforcement if a statutory scheme were to be introduced. Other approaches taken include:

- provider screening (select lists, preferred provider arrangements)
- adopting service specifications and contract standards (the approach currently favoured by the Department of Health)
- extending in-house SSD adopted standards to external providers.

Any approach needs also to be sufficiently flexible to address personal assistance schemes, linked to direct payments by SSDs, to gain and promote the confidence of potential self-funding users.

The North Yorkshire approach

The North Yorkshire approach, under the auspices of the *Caring for People who Live at Home* Initiative, is based on two parallel activities:

- promoting an independent Standards Council; and
- developing purchasing and contracting standards, service specifications, and parallel in-house standards.

The North Yorkshire Standards Council for Care at Home

The council will be a voluntary association of providers, which is intended to include the department's home help service. Its current, interim status (Standards Council 1994) brings together interested parties to agree standards and criteria for membership. The social services department has provided a start-up grant to facilitate its development.

The purpose of the Standards Council will be:

- to promote high standards in domiciliary care
- to give reassurance to users of domiciliary services
- to provide a forum for domiciliary care providers
- to provide an interface between domiciliary care providers and the county council and other purchasers
- to be coterminous with the boundaries of the County of North Yorkshire
- to encourage cooperation, especially on training; and
- to raise the profile of domiciliary care.

Full membership will be open to bona fide organisations of all sizes which provide domiciliary care in the county and meet the requirements of the Standards Council. Associate membership will be open to organisations concerned about the provision of high quality domiciliary care, such as user and carer groups, individuals, and organisations which are, or may be in the future, providers but cannot yet meet the criteria for full membership.

The council will have its own independent complaints mechanism for issues raised about its members that cannot be resolved by internal arrangements.

Purchasing and contracting standards

The social services department, as a purchaser of domiciliary care, has developed its own standards for contracting with providers. These are reflected in:

- model contracts and terms
- service specifications; and
- the model for screening providers for a select list.

How standards have been developed

These have been devised through the work of the Yorkshire and Humberside ADSS Group which explored the desirability of voluntary registration schemes; through a Departmental group looking at standards within direct home help provision; and a multi-agency task group formed under the *Caring for People who Live at Home* Initiative, including independent sector providers.

The first product of this work is a definition of *fitness of purpose*, including the fitness of the owner, manager, the business, the care workers and the premises.

The second is a definition of *core standards of service for users*, comprising:

- individual care planning
- assessment and review arrangements
- work allocation policies
- practical management support and guidance for care workers
- code of practice
- code of conduct
- policy on circumstances where services may be withdrawn.

Having explored the literature and discovered much rhetoric about definitions of quality standards, how to control and measure them, but not much in the way of implementing effective quality procedures and assuring quality outcomes, the inter-agency group's approach was to devise a practical tool, a *Checklist of Quality Assurance*.

The checklist has been drafted in table form with columns headed:

- standards/targets
- performance indicator
- timescale – when implemented or when to be developed
- comment column.

It was considered important that the checklist did not simply record quality measures as being in place, but gave an opportunity to note progress towards achieving them. The advantage of a checklist for new or smaller agencies is as a prompt to the issues around quality, and a guide to the systems and standards which should be developed.

The checklist's contents are:

- customer rights/underpinning values
- access to services
- needs-led service
- confidentiality
- equal opportunities
- information to service users
- monitoring the standards
- recruitment/selection
- workers' rights
- user satisfaction and evaluation
- contract compliance, monitoring and review
- purchaser/provider confidence
- publicity

The function of the checklist as a practical tool can be to:

- enable the local authority to assess qualification for its provider or preferred lists and to monitor the progress of the independent market in achieving these standards;
- enable the Standards Council to use a variant of it as part of its membership eligibility criteria and possibly in awarding its 'kitemark';
- provide a self-monitoring and internal quality control mechanism for the organisation itself;
- respond to the size/nature of the organisation and its fitness for purpose, not so much as a statement of where the organisation is now but a target for it to aim at;
- assure public sector purchasers of conformity of agencies with their own service level requirements;
- form part of the canon of information and published standards, promoting user confidence; and
- harmonise approaches to standards by all interested North Yorkshire organisations, reducing the risks inherent in contracting with a variety of different operators, securing the best possible service for service users as consistently as possible.

Conclusions

Because of the nature of domiciliary work, the difficulties of applying rigid quality checks, appropriate to other types of work, are magnified without the cooperation and conformity of contracted partners. North Yorkshire social services department seeks partners to work with who share its common values and who will put themselves forward voluntarily to conform to shared standards. It is acknowledged, however, that standards

will not guarantee the quality that local authorities will demand from the independent market, but in the right climate of partnership they will go some considerable way to achieving them.

Note

Copies of the Checklist are available on request from Janet Crampton, Principal Officer (Contracts & Service Specification), North Yorkshire Social Services Department, County Hall, Northallerton, North Yorkshire, DL7 8DD.