

Quality measurement: setting standards

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Anne Whiteley and Susan Younger-Ross
Devon Social Services Department

This paper sets out Devon County Council social services department's approach to setting and using quality standards in practice. It covers both the policy and operational aspects of the process and comments on future development.

The process of setting standards

In 1990 Devon social services developed a *policy for quality* with the following aim: 'to stimulate and support the development of high quality social care services – in the public, private and voluntary sectors – in order to ensure a range of choice to consumers'. The policy set out key expectations of services. They should be:

- effective and efficient and based on the needs of users;
- flexible, sensitive and responsive to the changing needs of users;
- reliable and consistent, with continuity of delivery;
- based on clear aims;
- consistent with our own agreed standards;
- continuously improved and developed by monitoring, evaluation and inspection;
- provided by people with a high standard of professional knowledge and practical skills;
- encouraging, enabling and maintaining of the link with the family and friends of the service users;
- supportive of users in making full use of activities and resources within local communities;
- valuing user rights to confidentiality;
- open to user participation, encouraging users to become involved in decisions affecting the care and support they receive;
- respectful of users' rights to personal independence and responsibility.

We would highlight here, for the purposes of this paper, the expectation that services are ‘consistent with our own agreed standards’, which establishes the expectation that there will be, for all services (including internal and support functions) agreed standards, but that complying with these is seen as only part of fulfilling our expectations of what a good quality service is.

What are standards?

This is a more complex question than it might at first appear. They are certainly ‘clear and explicit statements about key elements of a given service’; they say ‘this is how things should be in this service’ and ‘this is what we (the purchaser and user) have the right to expect’. They can be expressed as statements of how much, how well, how often or how quickly something happens and can be percentages, numbers, frequencies or cost. In practice we have few standards expressed as numbers or other quantities, because we intend above all that standards should be focused on outcomes for users, usually expressed at the individual level.

Standards have certain qualities. They must be: as explicit and precise as possible; justifiable and logically sound; acceptable (to the stakeholders); validated; practicable; and written in plain language (including the ‘plain language’ required by people who do not read printed English easily for whatever reason).

What are standards for?

Standards show the agreed requirements for a service and help build in quality by enabling us to:

- provide a clear direction for services
- know whom to do business with
- promote a shared vision and common understanding
- form a baseline for local service specifications
- provide a basis for monitoring, inspection, evaluation and future planning.

Who are standards for?

Standards are for all stakeholders in services – purchasers, providers, users, carers, other agencies, members of the council and members of the general public who pay for them – but they are written for users and carers. This is because by empowering users and carers – who are the most disempowered of the stakeholders but also the people with the most important experience of the service – we are also empowering everyone else.

How do you set standards?

From the above it will be clear that our view of what standards are provides a clear direction for the process of setting them. Once written, quality standards are policy, and therefore an appropriate policy officer is identified as the lead officer for each standard. A clear brief is made available on content, process and style. Generally a workshop is included in the development process to allow stakeholders' perspectives to be shared and standards developed.

Stakeholders are identified for each standard – users, carers, planners, purchasers and providers. Others are also included as appropriate, for example, regulators where these exist, and other agencies, for example, health and housing authorities.

In all cases, draft standards are subject to rigorous internal scrutiny and internal/external consultation. Social services committee approval, and therefore county council approval, is sought for each.

It follows that although we can make available our Directory of Quality Standards (which is copyright) we would strongly maintain that if another authority used the standards we have set, this would not constitute a quality approach to standard setting. In our view, if standards are to be valid, they must be developed in the setting in which they are intended for use, and with at least representatives of local stakeholders, or they will not be of real and lasting value. Furthermore, they require a local process of continuous improvement and review, and a systematic approach to implementation to make them worthwhile. The second part of this paper describes how we set about implementing quality standards in Devon.

Implementing quality standards

Devon has adopted a general approach to contracting for services based on quality. Our approach to implementing standards is 'accreditation', which we define as 'a process of working with providers to ensure that they can and do meet standards before services are purchased'.

The implementation of this approach required the development of sets of tools which effectively translated the standards into indicators which could be used to measure attainment against the standards and make sense to providers, since the standards are, as we have said, addressed primarily to users and carers. This highlights the importance of one critical aspect of the accreditation process – the accrediting officer must talk to users in addition to staff and managers, separately and alone.

Our first efforts at accreditation were undertaken with residential and nursing homes because we required a sensible way of establishing a relationship with them. In Devon we have over a thousand homes, not

counting small homes, and we were anxious that in an over-supplied market quality should be a key feature of the way the market operated. However, the same approach has been used with providers of day and domiciliary services and will also be adopted in respect of other services as the opportunity arises.

The difficulties of this approach are:

- it requires a substantial organisational commitment;
- achieving consistency and equity is difficult with multiple judges (an inevitable feature of the devolved structure that exists in Devon);
- monitoring and accountability require a further commitment of time when purchasing organisations are often hard pressed. Unforeseen problems arise, for example in relation to independent purchasers of services. We find the most difficult things to deal with are attitudinal differences, since they are often difficult to substantiate satisfactorily (in a Court of Law), but make all the difference to the user.

The strengths of this approach are:

- expectations are clarified;
- cultural changes result – a concern for and consciousness of quality has developed among care managers, and quality is more the common currency of debate with providers than previously;
- it helps achieve consistency in contracting, particularly important for a devolved organisation;
- it is a tool to shape the market, helping providers understand identified needs and developing quality in ways desired by the authority;
- it incorporates all areas of activity, including care management;
- it assists in driving out poor quality providers.

Development

In the longest established area of accreditation activity – residential and nursing home care – the authority is coming under pressure from the representatives of the providers, the Devon Health Care Group, to tighten the accreditation criteria which were developed from the standards. This relates to market pressures, as homes which consider that they have incurred costs in achieving quality seek to protect themselves against competition they consider unfair from homes which may have barely made the grade in their eyes. The authority is considering with them whether this is feasible and how it can be done.

The department is conscious that it needs a sustainable strategy for monitoring and review of quality in all areas of work, but particularly provider services. The competing pressures for care management time and

Making it work

stringent financial pressures on social services departments are relevant here.

Taking these pressures into account Devon is continuing to investigate how to support the development of quality assurance systems involving service users with agreed points/outputs which can be monitored by purchasers on a periodic basis.