



COMMUNITY CARE  
PROVIDERS SCOTLAND

# APPROACHES TO QUALITY IN VOLUNTARY SECTOR SOCIAL CARE SERVICES

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SUMMARY OF A SURVEY OF  
MAJOR SERVICE PROVIDERS

## INTRODUCTION

In January 2007, Community Care Providers Scotland (CCPS) conducted a survey of major voluntary sector social care service providers. The survey was designed to elicit quantitative and qualitative information regarding providers' approaches and activities relating to organisational and service quality.

The survey was conducted as part of the CCPS response to the publication of the *Changing Lives* report and the public service reform agenda. These initiatives provided a new impetus for improving the quality of social care services, and the CCPS Working Group on Quality felt that the time was right to determine where service providers are 'at' in relation to some of the developing thinking around quality.

This report summarises the findings of the survey. The survey questionnaire was distributed to the 60 members of CCPS, whose membership comprises all of Scotland's most substantial voluntary sector providers of social care and support services. The response rate was 53%, representing 32 service providers.

The findings demonstrate that voluntary sector service providers are engaged in a significant amount of activity relating to service quality, and have a wide range of systems in place to monitor, evaluate and improve quality. The CCPS Working Group on Quality is using the findings of the survey to develop and design a programme of work to further develop providers' understanding of service quality and to increase levels of activity in relation to it, in particular collaborative working, learning and sharing with other providers in the voluntary sector.

## SUMMARY FINDINGS

### FORMAL ACCREDITATION

- 84% of providers are accredited, or working towards accreditation, by a recognised external scheme:
  - Investors in People (53%)
  - EFQM (16%)
  - SQMS (9%)
  - Charter Mark (9%)
  - Health/Mental Health at work (9%)
  - Positive about disabled people scheme (9%)
  - Others (3% each scheme): Big Picture, Business Excellence, Balanced Scorecard, Ways to Quality, Quads, Homeless link quality toolkit.
- In 85% of cases, the scheme covers the whole organisation.
- Providers gave a wide range of reasons for pursuing accreditation, including
  - external recognition of achievement
  - model for self-evaluation and service improvement
  - demonstration of commitment to staff
  - demonstration of user focus/involvement
  - assistance with recruitment (especially IiP)
  - access to funding (SQMS)
- Providers do not believe that accreditation brings any commercial advantage in the market for social care. Providers note that this may be changing, as authorities are increasingly seeking, in 'Approved Provider' and tendering processes, evidence that the organisation subscribes to a specific quality model. It is not clear to providers, however, how (or even whether) authorities use this information in decision-making about Approved Provider status or contract awards.

### QUALITY ASSURANCE AND SELF-ASSESSMENT

- 69% of providers have designed their own quality assurance scheme. Many of these link to national care standards and most involve feedback from people who use services.
- Providers felt that such schemes were necessary, in many cases in addition to external accreditation schemes, because external schemes can be "too general" and not specific enough in relation to providers' own field of activity or the people they support. There was also a view that organisations

may be more likely to be self-critical where external scrutiny is not a factor.

- 72% of providers have other methods of self-assessment or self-audit apart from external accreditation or formal internal quality assurance schemes. These include user satisfaction surveys and other user feedback methods; service reviews; quality advisory groups; financial audit; best practice benchmarking; major performance management programmes; staff development reviews; risk management consultancy; audit of outcomes identified in support plans; and complaints monitoring,

## ASPECTS OF QUALITY: STANDARDS, OUTCOMES, PERSONALISATION AND INVOLVEMENT

- 94% of providers apply internally-devised standards to the services they provide. This is in addition to national care standards (applied by 100% of providers); standards set by purchasers (90%); and standards set by a range of other bodies in relation to services or to the whole organisation, including the SSSC, Communities Scotland, OSCR and the HSE.
- 87.5% of providers have made an attempt to begin to measure the outcomes that their services achieve for individuals, and the impact that they have within communities.
- 80% of providers have systems in place to ensure that services are 'personalised'. Many of these relate to the development of personal support plans and person-centred planning tools and methodologies.
- There is a significant degree of consensus among providers about what the term 'personalisation' means, with the following emerging strongly:
  - services that meet the specific needs of an individual
  - services that relate to the expressed wishes of an individual (and/or those close to them)
  - services that focus on what kind of life an individual wants to lead, putting support in place to make it happen
  - rejection of "best fit" approach to service provision
  - placing the individual at the centre of all design, planning and delivery of a service.
- Providers do not perceive the term as meaning that an individual bears a 'personal responsibility' in relation to maintaining their health, or arranging their own care and support. There is some concern that the term is neither well defined in policy documents nor properly understood by all stakeholders.
- 100% of providers have systems or activities in place that ensure people who use services are involved in making decisions about the service or about the organisation more widely. These range from fairly simple feedback methods to complex systems involving (for example) the paid employment of people who use services to co-ordinate involvement throughout the organisation, and in some cases, dedicated seats on the governing body.

## DEMONSTRATING QUALITY

- 100% of providers consider the following elements to be important in relation to the quality of their services:
  - user involvement
  - outcomes for users
  - best practice in staff management
  - personalisation
  - social impact.
- Providers report that the majority of purchasers require evidence of some of all of these; however providers also report that purchasers ask for additional or other information not related to these elements (for example staffing levels) and that purchasers sometimes concentrate on policies and procedures rather than the elements of quality that providers consider to be most important.
- 93.5% of providers feel that neither purchasers' contract compliance requirements nor the current Care Commission (or other) regulatory regimes are sufficient to assess service quality.

## ABOUT CCPS

Community Care Providers Scotland (CCPS) is the national voice for social care and support service providers in Scotland's voluntary sector. It exists to identify, represent, promote and safeguard the interests of voluntary sector and not-for-profit providers, so that they can maximise the support they offer to the people who use their services.

CCPS aims

- to be a recognised and respected source of expertise on issues affecting service providers
- to be an influential body able to use the collective experience of members to effect change
- to act as a key source of information and advice
- to champion service quality and promote the central role of providers in quality improvement
- to support providers in improving the experience of people who use their services, and their quality of life
- to promote and champion the role of voluntary organisations as service providers, ensuring diversity and choice.

CCPS has sixty members, comprising Scotland's most substantial providers of social care and support services to children and families, adults and older people.

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