

POLICY TITLE:	Service User and Carer Involvement
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Policy Owner:	Colin Quick, Chief Quality Officer
Ratified by:	Kath Mason, Associate Director of Patient Safety & Experience Kelly Mendis-Gunasekera, ADoQ, Adult care
Responsible signatory:	David Watts, Director of Risk Management
Outcome:	<p>This policy sets out:</p> <ul style="list-style-type: none"> • National drivers for service user involvement • Benefits, both to service users and the organisation, of involving service users in decisions about services and care • Situations in which service user involvement should be sought and encouraged • Methods which can be used to involve service users • Ways in which service user's information is utilised • Methods of providing feedback to service users once information has been acted upon • Adaptations which need to be considered to ensure methods of obtaining service user information is inclusive
Cross Reference:	OP03 Complaints OP09 Priory Governance Framework OP29.1 Accessible Information (Including Interpreters)
EQUALITY AND DIVERSITY STATEMENT	
<p>Priory is committed to the fair treatment of all in line with the Equality Act 2010. An equality impact assessment has been completed on this policy to ensure that it can be implemented consistently regardless of any protected characteristics and all will be treated with dignity and respect.</p>	

In order to ensure that this policy is relevant and up to date, comments and suggestions for additions or amendments are sought from users of this document. To contribute towards the process of review, email legalandcompliancehelpdesk@priorygroup.com

SERVICE USER AND CARER INVOLVEMENT

1 INTRODUCTION

- 1.1 For the purpose of this policy, a service user is any person receiving treatment or care within a Priory site or service. This includes patients and people in residential and nursing care.
- 1.2 National guidance and policies have increasingly identified the benefits to individuals and organisations, of involving service users in decisions about their care and the way services are provided. For further details of see NICE guideline CG136.

2 EXPECTATIONS AND BENEFITS

- 2.1 Our service users can provide us with invaluable information that allows us to understand their expectations, experiences and needs.
- 2.2 Benefits to service users include:
 - (a) Being given opportunities to choose and influence the care they receive
 - (b) Increased confidence and feeling of self-worth through being listened to and included
 - (c) Improved morale
 - (d) Increased acceptance of change
 - (e) Strengthened relationships between service users and staff
 - (f) Treatment and care tailored to needs
 - (g) Increased motivation and engagement
 - (h) Develops skills such as cooperation and communication, and encourages service users to take responsibility.
- 2.2.1 Benefits to the organisation include:
 - (a) Better understanding of service users' perspectives
 - (b) Increased acceptance of change
 - (c) Development of services which reflect service users' needs and preferences
 - (d) Demonstrates the organisation's accountability and openness
 - (e) Improves organisational learning
 - (f) Demonstrates commitment to providing quality services.
- 2.3 Each of our Regulators requires evidence of service user involvement and feedback mechanisms. This element of our services will be included in the inspection process. Current regulatory bodies are detailed below:
 - (a) Care Quality Commission (CQC)
 - (b) Care Inspectorate Wales (CIW)
 - (c) Healthcare Inspectorate Wales (HIW)
 - (d) Care Inspectorate Scotland (CIS)
 - (e) Healthcare Improvement Scotland (HIS)
 - (f) Regulation and Quality Improvement Authority (RQIA) (Northern Ireland)
 - (g) OFSTED
 - (h) Estyn
 - (i) Education Scotland

3 INVOLVING SERVICE USERS

- 3.1 Service user experience may be related to a person's individual care, for example how they feel about the care they receive and their ability to take an active role in making decisions about their care and treatment, or to their experience of the organisation in general, for example their experience of the complaints system or operational policies.
- 3.2 Service users should, as far as possible, always be involved in their treatment and care, e.g. Care Programme Approach/Care and Treatment Planning review meetings and

multidisciplinary team reviews, individualised care planning, risk assessment and consent – “No decision about me, without me”.

- 3.3 Service users may be involved in the recruitment of staff as agreed through local procedures.
- 3.4 Service users and carers should be involved in decisions related to the environment (décor, personalisation of rooms where appropriate), meals and menus, activity programmes, both off site and on-site.
- 3.5 Service users will be involved in the development of pathways across the group.
- 3.6 Service users should be encouraged to participate in the Governance process through attendance at meetings and conferences.
- 3.7 In some cases, services users may be involved in the selection of other residential service users (e.g. Priory Adult Care small homes).
- 3.8 Outcomes from service user satisfaction surveys and relative satisfaction surveys will be taken into consideration when developing policies and procedures.
- 3.9 Many sites undertake various forms of charitable fundraising and service users should be involved in the planning and implementation of these projects.

4 COLLECTING FEEDBACK

- 4.1 Service user questionnaires and carer/family surveys should be carried out on a regular basis.
- 4.2 Where applicable, sites should have in place School Councils, Service User Forums/Focus Groups and/or Community Meetings.
- 4.4 All sites need to have clearly visible and easily accessible means of complaint or compliment with processes in place to record and action them.
- 4.5 In the regulatory process, incorporating discussions with service users into our internal inspections.
- 4.7 Other means of collecting feedback from our service users include:
 - (a) My Life Story – service users are able to tell their life experiences in their own words. Helps to develop an understanding of individuals, their behaviours, experiences and goals
 - (b) “Our Voice” – used within Priory Adult Care, is tailored to the individual and so can take many different forms including individual discussions, group meetings, observations or comment cards
 - (c) Buddy Schemes – partners colleagues with service users so that they can develop a greater understanding of issues from a service user perspective
 - (d) Your Views Form – on the internet there is a link to the form that anybody can access to leave feedback on any of Priory services.
 - (e) “You Said, We Did” Forums – where service users receive clear feedback on their ideas, suggestions and any concerns.

5 USING FEEDBACK

- 5.1 **Care planning** – using the information service users give in order to plan care that truly reflects their needs.
 - (a) Can lead to increased compliancy with treatment/medication/education and greater social inclusion, raise self-esteem and confidence, and alternative approaches to treatment
 - (b) Can improve the therapeutic relationship, reducing the stigma of mental illness by understanding how our service users feel

(c) Will inform service improvements and developing pathways across the services we provide.

5.2 **Transition planning** – including onward planning for career paths and discharge planning.

(a) Developing new pathways across our services and divisions to ensure a smooth transition from one part of the service and/or business to another. (This may be linked to 5.1(c) above)

(b) Prioritising improvements based on the feedback and comments we receive.

5.3 Our regulators across England, Scotland, Northern Ireland and Wales all require evidence of the service user feedback mechanisms as discussed in Sections 3 and 4 of this policy.

5.4 Service user feedback may be used in the development of policies and local procedures, particularly following a complaint or serious incident where changes to a policy may be required to ensure our services remain safe and effective.

5.5 Improving customer care and preserving and enhancing our reputation.

5.6 The results of service user satisfaction surveys are used for marketing purposes in our literature.

5.7 The results of service user satisfaction surveys can be used to triangulate other sources of information to provide a more holistic view of the services we provide.

5.8 Formal complaints, or service user responses, which raise serious concerns about services, treatment or care, can be investigated to identify lessons learnt and areas for improvement.

6 **FEEDING BACK TO SERVICE USERS**

6.1 Our service users are our experts by lived experience and an important step in the involvement process is feedback. If no feedback occurs following satisfaction surveys, service user forums, councils etc., service users and their families and carers will feel less engaged. Therefore, feedback is the most important part of the service user involvement process. We can provide feedback to the people who use our services, their families and carers in several ways.

6.2 Services and sites make use of notice boards to disseminate minutes of service user meetings, forthcoming events, 'You said – We did', and satisfaction survey results and action plans.

6.3 Newsletters are used as a method of disseminating results of service user satisfaction surveys, feedback received or actions from meetings as well as general news items and other items of interest. As well as various site newsletters, the Group uses the Weekly Brief to inform colleagues of the outcomes of experience surveys and lessons learnt from complaints.

6.4 The Priory websites are also used to provide information to current service users and their families and carers as well as potential service users, commissioners and the regulators.

7 **MAKING IT INCLUSIVE**

7.1 All service users should have the opportunity to voice their opinions, preferences and needs. Services users will be assisted and supported to do so by colleagues, advocates, relatives or carers.

7.2 Barriers to meaningful involvement such as language, communication difficulties and capacity must be addressed and accommodated. (Refer to OP29.1 Accessible Information (Including Interpreters))

- 7.3 The diversity and individuality of service users' needs to be recognised and necessary adaptations made so that all service users have the opportunity to contribute and be heard. The protected characteristics set out in the Equality Act (race, religion, gender, disability, age, sexuality, culture and ethnicity) must be considered.

8 DIVISIONAL ARRANGEMENTS

8.1 Priory Adult Care:

- (a) 'Our Voice' with a focus on individuals whose language is non-verbal
- (b) The roll out of active support in services nationally
- (c) Involving users and families (where appropriate) in outcome based planning
- (d) Dementia service users specific survey
- (e) Annual survey (revised format) for service users and families
- (f) Residents meetings

8.2 Healthcare:

- (a) Strengthen Real Time User Feedback – (included in the Service User Quality Walk Round). Explore ways of getting real-time feedback and analysing this for themes and trends across the division e.g. suggestion boxes at sites.
- (b) Set Minimum Standards for Service User Feedback Forums – such as community meetings and how issues identified should be flagged to SMT, ensuring progress is reported back to service users and threaded through the governance processes.
- (c) Explore ways to get feedback from those patients who find reading and writing difficult.
- (d) Provide appropriate/useful information for carers and families (e.g. Eating Disorders Carers Booklet)
- (e) Promote co-production of care planning and ensure reviews are service user led.
- (f) Involve service users in staff recruitment, induction and ongoing training.

8.3 Education & Children's Services:

- (a) Ensure children who are less able and non-verbal are able to participate.
- (b) Develop a rolling programme of focussed student surveys to enhance responsiveness to feedback.
- (c) Develop forums or tools specifically designed to capture the voices of looked after children as distinct to all other children.

9 MONITORING PROGRESS

- 9.1 Confirmation and a description of service user and carer involvement should be made in the relevant care records as required.
- 9.2 Divisional Directors of Quality will report service user satisfaction, involvement and engagement through the divisional business review process.
- 9.3 Service user experience reports to be included in the Quality Reviews as part of the corporate Governance framework. (Refer to OP09 Priory – Governance Framework)
- 9.4 A divisional quality report (quality accounts/outcomes report) will be produced for each division on an annual basis and a fundamental element of these reports will be service user satisfaction and involvement.

10 REFERENCES

- 10.1 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
Health and Social Care Act 2012
Mental Capacity Act 2005
Regulation and Inspection of Social Care (Wales) Act 2016

The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017
Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011

10.2

Guidance

CQC (2016) Better Care in My Hands: A review of how people are involved in their care
NICE (2011) Service User Experience in Adult Mental Health: Improving the experience of care for people using adult NHS mental health services. CG136
NICE (2011) Service User Experience in Adult Mental Health Services. QS14 (updated 2019)
NICE (2018) People's Experience in Adult Social Care Services: Improving the experience of care and support for people using adult social care services. NG86
DHSSPSNI (2011) Residential Care Homes Minimum Standards
DHSSPSNI (2015) Care Standards for Nursing Homes
Scottish Government (2018) Health and Social Care Standards: My support, my life

Associated Forms:

Service User Questionnaires
Carers Questionnaires
Local Recruitment Panel Application

Available from the On Line Print shop:
Eating Disorders Carers Booklet **PG04193**