

NORTH LINCOLNSHIRE COUNCIL

**ADULT SERVICES
CABINET MEMBER**

**NORTH LINCOLNSHIRE'S PERSONAL SOCIAL SERVICES
USER SURVEY 2007-08**

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 To inform the Cabinet Member of the results of the recent Personal Social Services Research Units (PSSR) user survey for 2007 – 2008 of people receiving major, minor and sensory equipment and minor adaptations funded by Social Services.
- 1.2 Over 80% of respondents were very satisfied or extremely satisfied with the equipment/minor adaptation to their home received from Social Services.
- 1.3 Over 80% of respondents felt that they had a choice about what equipment or adaptation they received.
- 1.4 Over 70% of respondents stated that the equipment/adaptation had made their quality of life much better.

2. BACKGROUND INFORMATION

- 2.1 The Personal Social Services (PSS) User Survey is a practical model research survey tool developed by the Office for National Statistics (November 2000) and commissioned by the Department of Health.
- 2.2 The Department of Health requires all local authorities to carry out a PSS User Survey's on a regular basis. The survey attempts to identify issues that are important to service users and to ask specific questions that address their concerns.
- 2.3 The 2008 –2009 survey is the first time that a PSS User Survey has been carried out to learn more about whether or not community equipment and minor adaptations are helping service users to live safely and independently in their own home.

- 2.4 The survey was carried out in February 2008, but preparations began back in October 2007. Questionnaires were sent to 600 people, of these 433 responded this equates to a 72% response rate.

3. OPTIONS FOR CONSIDERATION

- 3.1 None – report for information only.

4. ANALYSIS OF OPTIONS

- 4.1 None – report for information only.

5. RESOURCE IMPLICATIONS (FINANCIAL, STAFFING, PROPERTY, IT)

- 5.1. The collating, gathering and editing of the self-assessment survey does not have any resource implications outside of standard resources available.

6. OTHER IMPLICATIONS (STATUTORY, ENVIRONMENTAL, DIVERSITY, SECTION 17 - CRIME AND DISORDER, RISK AND OTHER)

- 6.1 Statutory implications – statutory requirement to complete PSS User Surveys.
- 6.2 There are no other implications.

7. OUTCOMES OF CONSULTATION

- 7.1 Several consultation meetings were held prior to and during the distribution and collation of the surveys. The consultation meeting included Senior Managers, Service Managers, Occupational Therapy staff, members of the Information Team, members of Sensory Services and Operational Support workers.
- 7.2 The results of the survey are to be presented at Adult Social Services Quarterly Performance Review in August 2008.
- 7.3 Senior Management Team will consider the results of the survey to address any areas of concern that service users who received major, minor or sensory equipment and minor adaptations funded by Social Services included in the survey had.
- 7.2 The results of the survey can be found in the corresponding paper.

8. RECOMMENDATIONS

- 8.1 That the Cabinet Member for Adult Services is informed of the results of the survey and of any further action to be taken to improve the service.

SERVICE DIRECTOR ADULT SOCIAL CARE

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Background Papers used in the preparation of this report:

PSS User Survey 2008 – full results for Cabinet

PSS USER SURVEY 2008: RESPONSES

Q1 How satisfied are you with the equipment/minor adaptation to your home you received from Social Services?

| Response | Number | % |
|------------------------------------|---------------|----------|
| Extremely satisfied | 200 | 46.2% |
| Very satisfied | 148 | 34.2% |
| Quite satisfied | 52 | 12.0% |
| Neither satisfied nor dissatisfied | 18 | 4.2% |
| Quite dissatisfied | 8 | 1.8% |
| Very dissatisfied | 2 | 0.5% |
| Extremely dissatisfied | 5 | 1.2% |
| Total respondents | 433 | 100.0% |

Q2 How were your equipment and adaptation needs discussed with you?

| Response | Number | % |
|---|---------------|----------|
| Somebody came to my home | 212 | 50.0% |
| I spoke to someone on the telephone | 60 | 14.2% |
| I had an assessment in a hospital | 56 | 13.2% |
| I went to a Living Disability Centre | 138 | 32.5% |
| I did a self assessment on the Internet | 2 | 0.5% |
| Other | 33 | 7.8% |
| Total respondents | 424 | 100.0% |

Q3 How happy were you with the way those who discussed your needs treated you?

| Response | Number | % |
|---|---------------|----------|
| Not Applicable, I didn't talk to anyone | 4 | 0.9% |
| I was very happy with the way they treated me | 386 | 90.6% |
| I was fairly happy with the way they treated me | 31 | 7.3% |
| I was fairly unhappy with the way they treated me | 1 | 0.2% |
| I was very unhappy with the way they treated me | 4 | 0.9% |
| Total respondents | 426 | 100.0% |

Q4 Did you feel that you had a choice about what equipment or adaptation you had?

| Response | Number | % |
|---|---------------|----------|
| Yes, I chose what I wanted | 195 | 46.0% |
| Yes, what I wanted played a role in what I got | 150 | 35.4% |
| No, what I wanted didn't really affect what I got | 15 | 3.5% |
| No, there wasn't any real choice | 28 | 6.6% |
| No, I didn't need a choice | 36 | 8.5% |
| Total respondents | 424 | 100.0% |

Q5 What were you given as a result of Social Services assessing your needs?

| Response | Number | % |
|---------------------------------|--------|--------|
| A single piece of equipment | 98 | 23.2% |
| A number of pieces of equipment | 293 | 69.4% |
| A minor adaptation to your home | 86 | 20.4% |
| Advice | 62 | 14.7% |
| Total respondents | 422 | 100.0% |

Q6 Did the length of time waiting for your equipment/minor adaptation to your home cause you any problems?

| Response | Number | % |
|------------------------------|--------|--------|
| No | 343 | 80.9% |
| Yes, but only minor problems | 65 | 15.3% |
| Yes, serious problems | 16 | 3.8% |
| Total respondents | 424 | 100.0% |

Q7 Were you shown how to use the equipment/minor adaptation to your home?

| Response | Number | % |
|---|--------|--------|
| No, but I did not need to be shown | 167 | 38.8% |
| No, and I think I should have been shown | 11 | 2.6% |
| Yes, but not as well as I should have been shown | 2 | 0.5% |
| Yes I was shown, but later, unsure how to use it | 6 | 1.4% |
| Yes, it was set up and demonstrated clearly and helpfully | 244 | 56.7% |
| Total respondents | 430 | 100.0% |

Q8 Did anyone contact you afterwards to check everything was ok?

| Response | Number | % |
|---|--------|--------|
| No I was not contacted | 90 | 21.0% |
| Yes, someone telephoned me | 214 | 49.9% |
| Yes, someone visited me | 70 | 16.3% |
| Yes, someone telephoned me and someone visited me | 27 | 6.3% |
| Don't know/can't remember | 28 | 6.5% |
| Total respondents | 429 | 100.0% |

Q9 Have you stopped using any of the equipment or adaptations you recently received?

| Response | Number | % |
|--|--------|--------|
| No, I use all of the equipment I was given | 346 | 81.2% |
| Yes, I no longer needed it | 25 | 5.9% |
| Yes, it did not help me | 20 | 4.7% |
| Yes, I found it too difficult to use | 16 | 3.8% |
| Yes, I did not like the look of it | 0 | 0.0% |
| Yes, it broke or was damaged | 1 | 0.2% |
| Yes, I did not know how to use it properly | 1 | 0.2% |
| Yes, it has been replaced by better | 6 | 1.4% |
| Yes, it felt unsafe | 2 | 0.5% |
| Other | 13 | 3.1% |
| Total respondents | 426 | 100.0% |

Q10 How has the Equipment/adaptation affected the quality of your life

| Response | Number | % |
|--------------------------------|--------|--------|
| It has made it much better | 298 | 70.8% |
| It has made it a little better | 101 | 24.0% |
| It has not had any effect | 22 | 5.2% |
| It has made it a little worse | 0 | 0.0% |
| It has made it a lot worse | 0 | 0.0% |
| Total respondents | 421 | 100.0% |

Q11 What areas of your life are helped by the equipment/adaptation?

| Response | Number | % |
|--|--------|--------|
| Getting around within and out of your home | 156 | 38.3% |
| Moving around outside of your home | 128 | 31.4% |
| Looking after your personal care needs | 232 | 57.0% |
| Helping you prepare meals | 88 | 21.6% |
| Helping you communicate and keep in touch/others | 26 | 6.4% |
| Helping keep you safe | 62 | 15.2% |
| Helping others care for you | 40 | 9.8% |
| Help relieve pain/make you comfortable | 48 | 11.8% |
| Helping you have more control over your daily life | 164 | 40.3% |
| Helping you undertake leisure and work activities | 34 | 8.4% |
| Total respondents and non-respondents | 407 | 100.0% |

Q12 We would like to know if you receive any other help from Social Services?

| Response | Number | % |
|-------------------|--------|-------|
| Yes | 162 | 40.2% |
| No | 241 | 59.8% |
| Total respondents | 403 | 0.0% |

Q13 Which statement best describes your present situation?

| Response | Number | % |
|---|--------|--------|
| I feel in control of my daily life | 177 | 42.3% |
| With help I feel in control of my daily life | 185 | 44.3% |
| I have some control over my daily life but not enough | 40 | 9.6% |
| I have no control over my daily life | 16 | 3.8% |
| Total respondents | 418 | 100.0% |

Q14 Which statement best describes your present situation (look and feel)?

| Response | Number | % |
|--|--------|--------|
| I always feel clean | 237 | 55.8% |
| With help I always feel clean | 147 | 34.6% |
| I occasionally feel less clean than I would like | 33 | 7.8% |
| I feel much less clean, with poor personal hygiene | 8 | 1.9% |
| Total respondents | 425 | 100.0% |

Q15 Which statement best describes how safe you feel?

| Response | Number | % |
|--|--------|--------|
| I have no worries about my personal safety | 123 | 29.8% |
| I have support to ensure I have no worries about my safety | 169 | 40.9% |
| I have some worries about my personal safety | 109 | 26.4% |
| I am extremely worried about my personal safety | 12 | 2.9% |
| Total respondents | 413 | 100.0% |

Q16 How well do you think your home is designed to meet your needs?

| Response | Number | % |
|---|--------|--------|
| My home meets my needs very well | 188 | 44.8% |
| My home meets most of my needs | 163 | 38.8% |
| My home meets some of my needs | 59 | 14.0% |
| My home is totally inappropriate for my needs | 10 | 2.4% |
| Total respondents | 420 | 100.0% |

Q17 Has equipment/adaptation changed the amount of help you need from others?

| Response | Number | % |
|--|--------|--------|
| N/A as I don't need any help from others | 83 | 20.3% |
| The amount of help is the same as before | 209 | 51.1% |
| I now need less help from others | 91 | 22.2% |
| I now need more help from others | 26 | 6.4% |
| Total respondents | 409 | 100.0% |

Q18 Do you use any of the following?

| Response | Number | % |
|-------------------------------|---------------|----------|
| I use a wheelchair | 128 | 32.7% |
| I have had a major adaptation | 93 | 23.7% |
| I use Telecare | 65 | 16.6% |
| None of the above | 185 | 47.2% |
| Total respondents | 392 | 100.0% |

Q22 Did you complete questionnaire alone or with help

| Response | Number | % |
|----------------------------------|---------------|----------|
| I filled it in myself | 240 | 57.1% |
| I had help from a care worker/PA | 31 | 7.4% |
| I had help from someone else | 149 | 35.5% |
| Total respondents | 420 | 100.0% |