

Independent Living Centre Service review
Carried out by ILP Ltd
2012

Introduction:

The Independent Living Centre (ILC) Service is currently led by Health Profession Council registered Occupational Therapists who provide the service alongside regularly supervised Trusted Assessors – the service is mainly used by people living with long term conditions, carers supporting people with dementia and older people experiencing mobility loss.

Our aim is to: -

- A) Provide an excellent quality service that meets the needs of the people it serves.
- B) Meet the requirements of service level provision standards at a Local and National level.

Background:

The Independent Living Partnership has annually reviewed its ILC service for the past 6 years, methods used have included; drop in sessions, focus groups, questionnaires and the use of a standardised Occupational Performance Measure. The most successful response rate and useful feedback has proven to be with questionnaire use; information received has been consistent regarding client satisfaction, accessibility and value of the service.

The ILP questionnaire created in 2011 (**Appendix A**) was modified slightly in 2012 (**Appendix B**) to get feedback and gain information on specific service delivery aspects.

Questionnaire used: (Appendix B)

Participants were given the opportunity to respond as either 'a client' or carer 'on behalf of a client'

Five areas were explored:-

Question 1:

Five options regarding 'ease of making an appointment' were given ranging from Extremely Dissatisfied to Extremely Satisfied.

Question 2:

In this section seven statement choices were offered for random selection:

Three choices were given to establish whether visiting the ILC had made any difference to a person managing what they perceived to be their initial difficulty.

The fourth choice aimed to establish whether information giving and signposting were significantly received.

Fifth choice, aimed to get feedback regarding the Direct Payment Option.

The final two choices asked whether a person felt that their independence level or quality of life has improved.

Question 3:

Five options regarding 'satisfaction with ILC visit' were given ranging from Extremely Satisfied to Extremely Dissatisfied.

Question 4:

A qualitative data section requesting reasoning for 'satisfaction with ILC visit' score was also available.

Question 5:

This option considered aspects of Social Return and what actual differences the ILC visit had made in a persons life.

Question 6: Invited comment or suggestions about how the service may be improved.

Review Process:

The Questionnaire was sent out to each person, 14 days after his or her consultation from 1st to the 31st October 2012. A stamped addressed envelope was included for return.

A letter explaining the questionnaire and informing of anonymity was included **(Appendix C)**

Review Findings:

88 questionnaires sent – 46 returned = 52% response

63% responses from Client

26% responses on behalf of Client

11% omitted a response.

Question 1:

(Appendix D)

'Ease of making an appointment'

100% were extremely satisfied with the ease of making their appointment. (Figure 1)

Question 2:

(Appendix D)

Whether ILC visit has made a difference (Questions - a,b,c)

1% of the total sample found ILC visit 'no benefit at all'.

11% felt that their difficulty remained 'the same'.

39% felt that they now had a clear plan to resolve the experienced difficulties.

People who had a 'clear plan to resolve their difficulty' were considered to have been either referred on to adaptation OT service or not eligible for equipment/adaptation provision or again, considering financing solutions privately. 90% of the respondents who chose this statement were extremely satisfied with their ILC visit.

10% were fairly satisfied.

Whether people were more aware of products and services available to them (Question – d)

63% responded positively.

'Was direct payment option valued?' (Question – e)

24% response indicated that this was important for some ILC visitors, for others this would not have been discussed for example - if equipment was considered a solution or if not eligible using fair Access to care eligibility criteria (FACS).

Increase in independence and or quality of life? (Question – f)

46% felt that managing more independently was a significant statement for them.

'Quality of life improvement?' (Question – g)

52% felt that improved quality of life was significant for them.

Question 3:

(Appendix D)

Satisfied/dissatisfied with visit?

74% were extremely satisfied with their visit.

13% were fairly satisfied

2% were neither satisfied nor dissatisfied

4% were fairly dissatisfied and

4% were extremely dissatisfied.

Question 4:

Why satisfied/dissatisfied?

Extremely satisfied - reasons for being extremely satisfied – included '*during the discussion certain suggestions were made which I had not thought about, so making the visit worthwhile*' '*they were really helpful, sensitive towards me and made me feel in control*'. Also – '*I was able to have an appointment quickly at a time suitable to me, different choices were explained and demonstrated*'. Most references were made to the helpfulness and competence of staff.

Fairly satisfied - reasons for being fairly satisfied – '*fact finding visit concerning bath versus shower –this has helped to decide*'. '*Information given to read was helpful*'. '*Good visit, helped – be good to know likely to take 1-1/2 hours before*'. '*Walking better but still having difficulty using stairs and bathing*'.

Neither satisfied nor dissatisfied – comment made related to looking at facilities to help husband with disability.

Fairly dissatisfied responses made comments regarding the fact that a person was waiting for a shower assessment at home and had not been seen at home – another that their life was easier and they '*felt great comfort from the services and advice*'.

Extremely dissatisfied comments made included feeling '*that they were now able to have a shower in confidence*' another '*found what I wanted but weeks later I have not received it*'.

Question 5:

Considering aspects of Social Return and what actual difference the ILP visit had made in a persons life, resulted in an 85% response rate. The majority in response rate order related to people being able to:

- walk around their environments without fear of falling
- manage their personal care
- manage sleeping

- manage seating
- manage kitchen tasks
- manage dressing

Question 6:

Random comments or suggestions received to improve service were varied – consistent comments received were:

59% of the respondents made a comment/suggestion to help improve the service.

63% of those respondents commented on the excellence of the service and how they could not think of a way to make improvement.

22% of the respondents commented on promoting and publicising the service to increase awareness.

9% felt that the wait for an appointment or consultation outcome was too long.

4% felt that there was too much paperwork.

4% felt that the service review was ridiculous.

Conclusion:

Question responses gave good insight into clients' perception of the Independent Living Partnership's ILC service.

Information giving and signposting were clearly significantly received – ILC procedures link with statutory and voluntary services; relevant referrals are made and people are informed of support that is available to them.

Clients are now offered cancellation appointments and whilst 9% considered that the wait for an appointment or the outcome of their consultation to be implemented was 'unreasonable' – 11% voluntarily made comment about the speed or their appointment or implementation of their outcome.

In Question 4 and 'Fairly satisfied' client feedback regarding 'knowing how long an assessment would be likely to take' – the conclusion made is that:- discussion to inform clients or referrers of the likely length of time an appointment will take (1-2 hours) is standard and a letter confirming this posted with appointment and contact details. In considering the problem of a client not knowing how long their appointment was going to be for - practical third party information sharing would need to come from the referrer and /or client

Actions planned:

Question 4 – fairly satisfied feedback - Client reference to still experiencing problems after resolving their mobility difficulties may be significant and is an area that will be explored and discussed in Clinical Supervision sessions with staff.

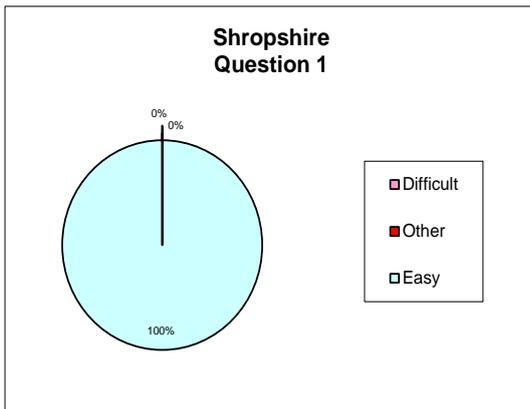
Question 4 – extremely dissatisfied feedback - With reference to people waiting for equipment to arrive – ILP is introducing a pilot where a clear plan is to be agreed during consultation and recorded regarding dealing with the arrival of equipment and its suitability.

Client wait for appointment continues to be an area that ILP is aware of - strategies to reduce this are always being considered with the resources available.

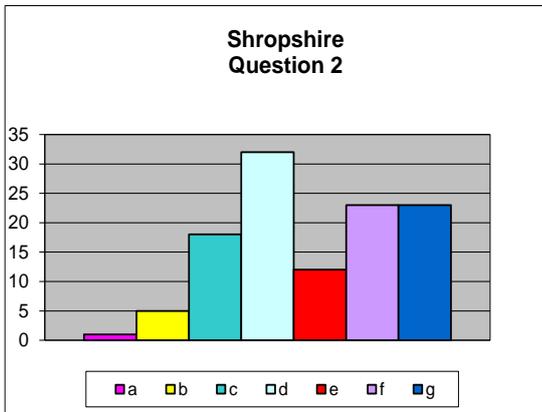
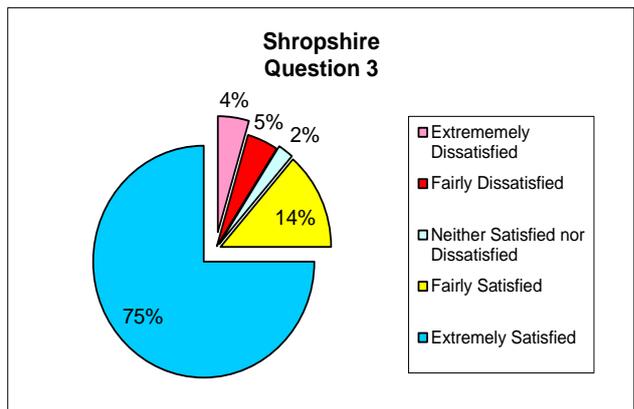
2013 service review will aim to find out if the implementation of actions planned increase further; satisfaction with the ILP service.

Appendix D Annual Service Review 2012 for Shropshire

Q 1: How easy was it to make your appointment with us



Q 3: How satisfied were you overall with your visit to ILP



Q 2: Which of the following statements apply to you as a result of your visit

- a) My visit was of no benefit to me at all
- b) I still have the same difficulty
- c) I have a clear plan to resolve the difficulties I have been experiencing
- d) I am now more aware of services and products that are available to help
- e) I liked being able to choose different styles of equipment with the Direct Payment option
- f) I am managing more independently now
- g) My quality of life has improved