

ORIGINAL ARTICLE

What is good service quality? Day service staff's perspectives about what it looks like and how it should be monitored

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Abstract

Background: Australian disability services must comply with quality standards defined by federal government. Standards are abstract, focus on paperwork and rarely describe what good service quality looks like in practice. This research explored front-line day service staff's perceptions of good service quality to identify ways that it may be better monitored.

Methods: Using a constructivist grounded theory methodology, semi-structured interviews were conducted with 9 frontline staff from 3-day services. Interviews were recorded, transcribed and analysed for themes using constant comparison and line-by-line coding.

Results: Five categories of good practice were identified: collaborative hands-on leadership, well-planned services, respect for people with intellectual disabilities and their carers, a culture of continuous improvement and professionalization of the support worker role.

Conclusions: Results align with research undertaken in accommodation services for people with intellectual disabilities, suggesting commonalities in frontline staff's perceptions of quality in both day and accommodation services.

KEYWORDS

day service, intellectual disability, service quality

1 | INTRODUCTION

For over three decades, funded Australian disability services have had to comply with quality standards defined by government in order to be registered to provide services to people with intellectual disabilities. These standards specify the principles embedded in legislation that are considered by government to underpin 'good' quality service provision (McEwen et al., 2014). To date, adherence to quality standards has been predominantly determined by periodic audits. The audit process typically involves review of pre-existing records and observations of the way processes are enacted, to judge whether or not they match the expectations set out within quality standards (Ellis & Whittington, 1993).

Despite government efforts to define and monitor service quality in disability services, abuse and neglect of people with a disability are believed to be 'rife' (Parliament of Victoria, Family and Community Development Committee, 2016, p. 40). Many examples of alleged abuse by staff within disability services have been documented since quality standards have been in place. At the times this abuse occurred, it is likely that the organizations involved were deemed to be compliant with quality standards (McEwen et al., 2019).

It is unclear why audit processes designed by government to assure the quality of the support provided to people with intellectual disabilities have failed to identify poor-quality care, and in extreme

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cases, abuse and neglect. However, one reason may be that too little attention has been paid to observing the quality of the support provided to people with intellectual disabilities. This theory is supported by Beadle-Brown et al. (2008), who found that standards designed to monitor the quality of support provided to people with intellectual disabilities in residential care homes, failed to reflect important service user outcomes. Furthermore, McEwen et al. (2014) found that the paperwork held by services such as their policies and records is the dominant form of evidence used during audits to determine compliance against quality standards. Standards are also often written in high-level abstract concepts, with little attention paid to evidence-based behavioural expectations of good practice (Bigby et al., 2019).

A small amount of research provides insight into how some of the concepts described within quality standards (e.g. respect, engagement and choice) might present in practice and therefore be observed and monitored. For example, research conducted in accommodation services for people with intellectual disabilities points to the way the practice of Active Support encapsulates these concepts, and in turn its positive impact on service quality if used consistently by staff (Flynn et al., 2018). Active Support is a practice designed to improve the quality of life experienced by people with intellectual disabilities through enabling engagement in meaningful activity and social relationships (Mansell & Beadle-Brown, 2012). In a recent study, Bigby et al. (2019) identified the factors that were associated with high levels of Active Support including front line practice leadership, staff training in Active Support, staff confidence in management and staffs' ability to adapt support to a person's abilities. Elements of front line practice leadership include the organization of staff on every shift, ensuring a continued focus on the quality of life outcomes of service users in staff's day to day practice, effective team work and regular feedback on staff practice through individual supervision, observation and coaching (Beadle-Brown et al., 2015).

Unlike accommodation services, very little research has been conducted within day services about service quality. In Australia, day services facilitate activities for people with intellectual disabilities who are unable to access mainstream education and employment (Australian Institute of Health and Welfare, 2019). Activities typically aim to facilitate hobbies and skill development (Ashman et al., 1995), for example, cooking, shopping, swimming or art such as painting or craft. The absence of empirical research in day services about service quality means it is difficult to know how to monitor the quality of the support people with intellectual disabilities receive in these settings.

1.1 | Research aims

The aim of this research was to explore frontline day service staff's perceptions of good service quality, to identify how practice might be better observed and monitored.

2 | METHODS

2.1 | Study design

This research was guided by a grounded theory methodology and a constructivist epistemology, which allowed data to be collected and analysed using a systematic and inductive approach (Charmaz, 2014). Grounded theory was chosen because the researcher wanted to explore more deeply the way in which frontline staff conceptualized the topics explored, including the conclusions they drew from their unique experience and knowledge of the subject matter. The university human ethics committee provided permission to undertake this research.

2.2 | Participants

Purposeful sampling was used to invite services to participate in the study who had previously demonstrated interest in this research. The criteria for inclusion were that services were located in Melbourne, provided day services to people with intellectual disabilities and were of moderate size, employing between 20 and 50 employees. Moderately sized services were selected for this research as they are the most common sized service in Victoria, where this study was conducted. Furthermore, moderately sized services were not large enough to exceed the resources allocated for this study, and not small enough to make recruiting participants too difficult. Three day services were invited to participate and all accepted. Participating day services provided support to over 70 adults with intellectual disabilities.

Frontline staff members within participating day services were invited to participate via letter. Nine staff agreed to participate, including seven support workers (SWs) and two Team Leaders (TLs); all were responsible for providing direct support to people with intellectual disabilities. TLs held additional responsibilities, which involved supervising a team of SWs and completing administrative tasks. It was difficult to recruit frontline staff for this study as they worked specific hours which were predominantly used to provide direct support to people with intellectual disabilities, with little time for administration tasks or meetings.

Age, qualifications and work experience varied markedly across the nine frontline staff interviewed; four had university-level qualifications (including three SWs and one TL) and the remaining five staff members had completed high school diplomas and/or college certificates. Two participants (SWs) had worked in day services for 10 years or more and seven for 5 years or less. Five of the staff interviewed were female, four were aged between 40 and 55 years, two between 30 and 40 years and three between 23 and 30 years of age. All participants signed consent forms allowing interviews to be recorded, transcribed and used for the purposes of this research. Participant's names and the services they worked for have been replaced with pseudonyms to protect their anonymity.

2.3 | Data collection and analysis

Semi-structured interviews were conducted by the first author with all participants, each lasting between 1 and 1.5 hours. Interviews were conducted in the day services staff worked for, during the times they were available. Open-ended interview questions were aimed at eliciting information from staff about their perceptions of good service quality. Questions included 'what do you think good service quality looks like?' and 'how do you know if you have delivered a good quality service?' The first author kept field note records of behaviours, activities and practices she observed before, during and after interviews that provided context to the data collected. Interviews were recorded and transcribed.

Consistent with the study's constructivist grounded theory methodological framework (Charmaz, 2014), analysis moved through a process of data-driven open and focused coding, identification of emergent categories and exploration of patterns between these categories using the method of constant comparison. Initially, the first author examined verbatim transcripts and textual excerpts were coded to reflect the meaning of the words recorded. As the data from each successive interview were compared and contrasted in an iterative process and refined through discussion with the second and third authors, codes became increasingly focused until clear categories emerged, as illustrated in Table 1.

Categories were reviewed against the original transcripts to ensure they maintained the voice of the participants and were anchored in their experience. Categories were refined in discussion with the second and third authors.

3 | RESULTS

The way staff perceived good service quality was based on their personal experiences of working within day services, in particular, what they perceived to be poor-quality day services. Consequently, many

of their perceptions of good service quality stemmed from their ideas and beliefs about how the services they had worked for could be improved, and barriers to good service quality removed. Findings revealed 5 categories which describe the practices and characteristics staff believed contribute to 'good service quality': collaborative hands-on leadership, well-planned services, respect for people with intellectual disabilities and their carers, a culture of continuous improvement and professionalization of the support worker role. Each category consisted of several subcategories that provided detail about the practices and employee attributes that staff believed contributed to good service quality, as illustrated in Table 2.

3.1 | Collaborative, hands-on leadership

There was a common belief amongst staff that good service quality was best achieved under leaders (typically in managerial positions) who worked collaboratively with them on the frontline. Collaboration involved managers working 'hands-on' with service users whilst guiding staff practices and working in partnership to problem solve issues as they arose, as support workers Mary and Mark explained.

Yeah, someone who has worked in the field, with clients before, they understand.

(Mary, SW)

They come in and participate in programs and the leaders have all come from a program up so they have a good understanding.

(Mark, SW)

Collaborative hands-on leaders were also described by staff as people who valued their feedback and included them in the evaluation of the supports that people with intellectual disabilities received.

TABLE 1 Coding example of frontline staff's perceptions of good service quality

Interview data	Focused codes	Category
'The clients really enjoy coming, they enjoy the mateship the camaraderie of their friends and generally speaking I think they really value being here'—Mark, SW	Relationships are prioritized	Respect for people with disabilities and their carers
'It's about forming trust and positive relationships with clients'—Lucy, TL		
'A lot of this work, to me, is about relationships, it takes a long time I think to build that up'—Leo, SW		
'Between me and another staff member, we've got 10 people in our contact group, so at the end of each day we go through the list; did you have a good day today? Was there anything that made you upset?'—Leo, SW	People with disabilities are co-evaluators of their support	
'I try and, throughout the day, gauge how it was - not just a simple how was your day, did you enjoy it? I try and do it a couple of times throughout the day. Did you enjoy this?'—James, SW		

TABLE 2 The 5 categories and associated subcategories that emerged from this research

Categories	Subcategories				
Collaborative hands-on leadership	Leaders listen to frontline staff	Frontline staff are supervised	Leaders care about and monitor the outcomes of service users		
Well-planned services	Leaders ensure staff are appropriately matched to services	Flexible hours allow for individualized support	Staff have admin/ planning time	Adequate funds are provided for programme resources	Leaders ensure adequate staffing
Respect for people with intellectual disabilities and their carers	Staff recognize and report all acts of abuse and neglect	Staff treat service users as adults and peers	Parent/carer contributions to planning/ evaluating services are welcomed	Relationships are prioritized by staff and leaders	People with disabilities are 'co-evaluators of their support'
A culture of continuous improvement	Leaders and staff have a strong understanding of quality and evaluation methods	Collaboration and benchmarking with other services is undertaken	Critical reflection is a part of everyday practice		
The support worker role is professionalized	The limitations of the role are clear	Staff and leaders have a strong understanding of disability	Qualifications are recognized and rewarded		

If staff are feeling heard they're feeling valued, I feel they are then going to perform at their very best for a quality service.

(Lucy, TL)

Because you'll get managers that will go on programs and try to iron out issues and put staff with who they enjoy working with rather than putting staff who don't enjoy working together, that can make for a very tough day.

(Mark, SW)

Staff felt that there was a connection between good service quality and being listened to by managers. For example, many spoke about the negative consequences of speaking up to managers about poor staff practices. Staff believed that managers were not interested and when they did listen, rarely acted on what they heard. As a consequence, staff described a culture of 'under reporting', where poor service quality was accepted or ignored by both staff and their managers.

You can make yourself unpopular sometimes by speaking for a client, a lot of people, management don't really appreciate it, neither do some of the staff. It's not always, received well or acted upon.

(Mary, SW)

Management is probably better off coming and spending time and seeing how things can be sorted out, according to what they see, not just this is how it should be.

(Holly, TL)

Being supervised by managers who took an interest in the support people with intellectual disabilities received was an important issue for frontline staff. Staff believed that when they were properly supervised by experienced managers, they were more accountable for their actions and provided better quality services.

I think the management should be checking what's on paper with what's actually being done in the program.

(Mary, SW)

I see firsthand the issues or the feedback that we're given whereas I think holistically they're [Managers] getting the feedback by their surveys and so forth.

(Lucy, TL)

Many staff expressed frustration towards the lack of leadership they had experienced in their roles. Staff drew particular attention to managers who worked predominantly from their office and did not appear to be interested in frontline issues. Staff believed that 'office managers' had a detrimental effect on service quality, because they regularly made decisions that conflicted with staff and service user's needs.

I don't think Helen has ever worked with clients directly, I think she's always been "office," I mean I think she is very good at management stuff but I don't know if she's done any hands-on work. I went to her about a client the other day and she didn't know the client I was talking about, I had to show her a photo,

it was frustrating because you want to think the management would know the client by name

(Mary, SW)

They're measuring something but it's not the important thing and that's because you probably don't get people managers, they are just organisational managers, administration officers and that's all they understand.

(Mark, SW)

Staff reflected on the lack of consequences imposed on support workers for delivering poor-quality support or for neglecting service user's needs. This lack of consequences was largely because their managers were removed from the frontline and relied on staff to relay information about service quality, rather than witness it themselves. Staff believed that this directly contributed to a culture of poor-quality service provision.

A program that's sitting in the back room, a lot of staff on their phones, driving around, they're not quality. So I think that for quality in a centre, the management need to keep a better eye, everyone needs to be more accountable about what they are doing in programs.

(Mary, SW)

I enjoy being on programs and doing face to face stuff. I mean they [managers] still get face to face time but not part of a program, they're in their office doing rostering and this and that.

(Leo, SW)

Staff expressed concern that it had become 'easy' for frontline staff to wilfully do the wrong thing (e.g. neglect service user's needs) without detection or consequence.

"Not that I would go and break a rule, there are just things that you have to do that are just more than they [Managers] realise I think'.

(Jordan, SW)

Everybody pushes that fine line at times. You're given that free reign. I mean if you don't do the right thing you'll get found out eventually.

(Mark, SW)

3.2 | Well-planned services

The way that services were planned and the adequacy of that planning was a recurring issue raised by staff, which they believed directly affected service quality. Staff described well-planned

services as those which took into account the skills and knowledge staff possessed, and used it to match staff with activities or individuals.

With the autism program, we preferred the staff that came in that knew about autism, not people who don't know anything about autism.

(Mary, SW)

There's some groups that would be fine, for a call-in to just stroll in because the clients would assist them but then there's some groups where I would actually say that their personal safety could be at risk.

(Jordan, SW)

Staff gave many examples of being rostered to provide support that required competencies they did not possess as a result of managers being unaware of their skills and background. For example, Leo, a support worker talked about how he witnessed staff being rostered on to work within a swimming programme supporting several people with intellectual disabilities, despite the fact that they did not know how to swim.

It just makes it harder when the staff are put somewhere they're not happy or people that don't swim get put into swimming programs.

(Leo, SW)

They [Managers] expect call-ins to do the same job as someone who has worked with clients for years, or have the same results at the end of the program.

(Jordan, SW)

Staff also felt that well-planned services needed to be tailored to meet service users' needs and preferences, including their interests and goals.

The best quality service would be where the client is reaching their goals.

(Lucy, TL)

If they like music they'll join a music program or if they like swimming, go swimming.

(Natalie, SW)

The ability to plan services that met people's needs and preferences was described by staff as a skill they had acquired during their career. If done well and given adequate time to do so, staff believed planning could be used to forecast and control risks and ensure that people engaged in meaningful experiences that they enjoyed.

I'll plan a couple of days for a social studies program that maybe lasts an hour, because it gets people

happy or engaged. So a little bit more effort on my part is not the end of the world.

(James, SW)

It just takes time to set up everything and work it out, you know, the setting conditions, the economics and everything.

(John, SW)

However, many staff expressed frustration that they were rarely afforded time to plan the support they provided. As a consequence, staff felt that they had to either accept that they would deliver poor-quality support, or work in their own time to plan support that they knew people would enjoy.

It burns me out a bit, to be honest, because it means I'm putting a lot of effort into stuff.

(James, SW)

We just can't keep up with what needs to be addressed, it's the day to day stuff that pops up so much that the goals can't be implemented or even looked at.

(Holly, TL)

3.3 | Respect for people with intellectual disabilities and their carers

Staff believed that the way support workers perceived people with intellectual disabilities had a profound impact on the quality of the services they provided. Specifically, where staff saw similarities between themselves and the people they supported, they were more likely to show respect and empathy towards them. Where support workers viewed people with intellectual disabilities as different from themselves, staff believed they were more inclined to deliver poor-quality services.

I suppose it's treat someone how you wish to be treated. If you don't want to be spoken to in a nasty manner, or left in a dirty incontinence aid for 5 hours, then you're not going to do that to anyone else.

(Natalie, SW)

If that was your son or daughter or family member, you'd want them to be treated with respect and dignity.

(Mary, SW)

Staff described the way they showed respect for people with intellectual disabilities through their actions and behaviour,

including involving people in the planning and evaluation of the supports they received. Staff believed that service user's feedback about the supports they received was critical when making determinations about service quality, including identifying poor-quality support.

A general measurement is them [clients] coming back and being happy, approaching staff members and getting involved.

(Mark, SW)

I try and, throughout the day, gauge how it was - not just a simple how was your day, did you enjoy it? I try and do it a couple of times throughout the day. Did you enjoy this?

(James, SW)

Staff described the valuable contribution that family members and carers make towards the quality of the supports people receive, through sharing information about how to meet their needs and preferences. However, many also expressed their frustration with managers discouraging contact with family members and carers, which they felt had a detrimental effect on service quality.

In days gone by workers had more of a bond between the parents and the client, now you don't seem to have that, you're virtually told that you shouldn't be talking to the parents, that's management's job.

(Mary, SW)

We could be better at regular contact with families and caregivers rather than contact when there is something wrong.

(Lucy, TL)

Staff believed that where support was viewed as a 'relationship' between service users and themselves rather than 'service provision', they were more likely to deliver good quality support.

[Service quality] It's about forming trust and positive relationships with clients. A lot of the time it's around being in a program because of their [a client's] connection to a staff member, it may not be about the program, it's because they have a staff member who they built a good relationship with.

(Lucy, TL)

It [service quality] should be built on a relationship with the people you're caring for so that your support is meaningful and it is tailored to their interests, their wants, their needs.

(James, SW)

3.4 | A culture of continuous improvement

Staff described critical reflection and evaluation practices as crucial tools that could be used to monitor the adequacy of the supports provided to people with intellectual disabilities. This involved engaging with the people they supported to determine how satisfied they were with the services they received, and where required, exploring where things had gone wrong to make necessary improvements.

I'm just trying to use that [client feedback] I guess that's your measure of how your program should go - your support should go. So if things are going well, then keep working well and try and build on that. You have a bad day; something didn't go right? Then you go back, work on it, try again.

(James, SW).

I guess it all relates to our interactions, the promises we make, or in saying yes we will endeavor to do x, y and z, when that's reviewed have we met the person's needs, did we meet that goal for them and how did we go about that?

(Lucy, TL).

However, many staff expressed frustration that managers evaluated service quality in a very different way, by measuring fluctuations in participant numbers and funding.

They measure money; they measure increasing clients, decreasing clients.

(Mark, SW)

I think [managers measure service quality] by having the funding in place, having it look good in the books.

(Mary, SW)

3.5 | Professionalization of the support worker role

Staff described frontline support work as the most influential role in determining the quality of the services that people received. Many described themselves as skilled professionals with specialist knowledge they had acquired through years of experience, training or study, which they used to better meet service user's needs and expectations.

I know that having done the cert 4 certainly made a difference, just for knowledge and to make you aware of what is expected¹. And I suppose too, going to that

level of the cert 4, it means you're more dedicated to the job and actually wanting to be there.

(Natalie, SW)

Getting to know clients is very difficult and it takes a lot of patience, time and effort.

(Jordan, SW)

However, many staff believed that managers did not perceive frontline support work as a profession which required specialist skills and knowledge. Consequently, staff felt they were offered little direction or training from managers who misconstrued their role to be 'easy' or 'straight forward'.

They talk about standards a lot. I don't think they specifically say, like when I started working they never specifically said 'we expect this'. I've kind of just slowly seen what is expected.

(Jordan, SW)

I don't know [if senior managers know about what frontline staff do], I couldn't tell you; possibly not because they're not doing it.

(Holly, TL)

Staff also talked about managers having low expectations about their conduct and failing to impose boundaries on the support worker role. In particular, staff described instances where colleagues had allowed too much of their personal selves into their professional roles, and as a consequence, became 'friends' with service users. Staff also described instances where their colleagues' behaviour had impacted negatively on service users. These instances included staff being loud and abrasive towards people on the autistic spectrum, or arguing with each other in front of service users and even 'clashing' with service users themselves.

When there is bickering between staff on the program, the clients endure that.

(Mark, SW)

There's lots of different personalities here where some staff are quite strong and that can clash with the needs of the individual because that person is a little bit shy, reserved or conservative and that is an issue for them to be in a program where there is a facilitator who might be a bit loud.

(Lucy, TL)

4 | DISCUSSION

This study captured for the first time, staff's insights about what good service quality looks like within day service organizations. A constructivist grounded theory methodology allowed the perspectives

¹Certificate 4 in Disability is a nationally recognized qualification in Australia aimed at preparing people for working within the disability sector, particularly as support workers in day and accommodation services, training resource centres, open employment services and other community settings (Australian Government, 2020).

of those directly responsible for supporting people with intellectual disabilities to be explored, including the way their experiences had shaped their perceptions about what good service quality was over the course of their career.

Many of the characteristics of good service quality described by day service staff aligned with findings from research undertaken in accommodation services on similar issues, including the presence of frontline leadership that is hands-on, positive staff attitudes towards people with intellectual disabilities, well-planned services and cultures of continuous improvement. For example, frontline day service staff spoke about the importance of collaborative hands-on leadership. Research undertaken in accommodation services has identified a connection between better service quality and strong practice leadership. Practice leadership is characterized by managers spending time on the frontline, actively coaching and supporting staff in their day to day practice (Bigby et al., 2019). Day service staff perceived good service quality to be an outcome of 'well-planned services', which were characterized by supports that were organized to meet service users' individual needs and preferences. Similarly, Beadle-Brown et al. (2015) found that Active Support, associated with better service user outcomes, was more likely to be used by staff when the day to day use of staff time was organized in a way that met service users' needs and expectations. Dodevska and Vassos (2013) yielded similar findings from interviews with people with intellectual disabilities, suggesting that they valued staff who focused on their individual needs and choices.

Staff also thought that good service quality was more prevalent in services where support workers showed a genuine 'respect for people with intellectual disabilities and their carers'. The association between respect for the individual and good service quality has also arisen from previous research. For example, Bigby and Beadle-Brown (2016) explored the cultures of better performing group homes and found that better service quality was associated with staff who believed people with intellectual disabilities were 'like them' or 'similar' in their humanness. Clarkson et al. (2009) yielded similar findings from interviews with people with intellectual disabilities, suggesting that they valued empathy and understanding from their professional caregivers. However, unlike previous research, this study captured for the first time staff views in relation to carers, who they also perceived as recipients of support who warranted their respect. Respect was predominantly described by staff as treating the people they supported as they would want to be treated themselves, which they believed made them more attentive and empathetic towards the individuals they supported.

Staff's belief that good service quality was more prevalent in cultures committed to continuous improvement, particularly those which focus on monitoring service user's outcomes, aligned with findings from research undertaken by Beadle-Brown et al. (2015), who found that higher levels of Active Support and in turn, better service quality to be more common in services where there was a focus on service users quality of life outcomes. This aligns with Schalock's (2004) assertion that measures which focus on service user's quality of life provide a sense of guidance for organizations

about both service quality and individual wellbeing. Staff also associated the professionalization of the support worker role with good service quality, but felt that it depended on their manager's ability to see them as specialists who were required to meet high standards of conduct, despite a large proportion of the workforce lacking formal qualifications. These findings matched those identified in research conducted by Mansell et al. (1994), who proposed that managers need to provide staff with clear, consistent messages about the practice that is expected of them to achieve good service quality, with service user's quality of life outcomes being the focus of intent. Similarly, Bigby and Beadle-Brown (2018) proposed that staff required clearly defined procedures about the services they were to deliver in order to achieve good service quality, particularly in key areas such as skills teaching, activity planning, sexual rights and behaviour support. Blumenthal et al. (1998) made a similar suggestion, arguing that good working practices may be more likely to be present in services where staff roles were clearly established.

The similarities between day service staff's perspectives of service quality and findings from research in accommodation services suggest a universality in how frontline staff perceive it, which transcends service types (e.g. day or accommodation). Furthermore, similarities suggest that frontline day service staff have a strong intuitive sense of what good service quality looks like, and the factors which can impede or improve it. Finally, similarities suggest that day service staff's perceptions of what good service quality looks like warrant further exploration in other disability service contexts. Knowledge acquired from frontline staff in a variety of disability service contexts could be used to form the basis of less abstract, more grounded quality standards, designed to monitor service quality using observational methods in real time during service provision.

5 | CONCLUSION

With abuse, neglect and poor-quality care rife across the Australian disability sectors landscape, there has never been more of a need to explore new ways of defining and monitoring service quality (Parliament of Victoria, Family and Community Development Committee, 2016). This research has shown that frontline staff have valuable insights and knowledge that could prove useful in understanding the issues which contribute to or impede good service quality that warrant further exploration. Findings also support the suggestion by Quilliam et al. (2018) that frontline staff are a valuable source of information about possible ways in which service quality could be improved, and that they are critical thinkers who want to be part of the way in which service quality is understood and monitored in future.

This research has highlighted the need for the disability sector and governments to invest in practical ways of defining and monitoring service quality, which could be based on the perspectives of frontline staff. In doing so, it is possible that the quality of the supports that people with intellectual disabilities receive will be monitored better, and poor-quality support identified sooner.

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DATA AVAILABILITY STATEMENT

Research data are not shared due to ethical and privacy considerations.

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