



A quality framework for care homes for adults

For use in self-evaluation, scrutiny, and improvement support

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How will this quality framework be used on inspections?

The quality framework will be used by inspectors in place of the older approach of 'inspecting against themes and statements'. Inspectors will look at a selection of the quality indicators. Which and how many quality indicators will depend on the type of inspection, the quality of the service, the intelligence we hold about the service, and risk factors that we may identify, but it is likely that we will always inspect Quality Indicators 1.1, 1.2, 1.3 as well as 5.1. We will use the quality illustrations, which are based on the Health and Social Care Standards, in our professional evaluations about the care and support we see.

One of the quality indicators, 1.4, looks beyond the practice of an individual care service and introduces elements about the impact of planning, assessment and commissioning on people experiencing care. This is important because these practices impact on people's experiences and the extent to which they experience wellbeing. This quality indicator may help us during an inspection to find information or intelligence which is relevant to practices in commissioning partnerships, but our overall inspection evaluations (grades) will reflect the impact and practice of the care service itself.

We will provide an overall evaluation for each of the key questions we inspect, using the six point scale from unsatisfactory (1) to excellent (6). This will be derived from the specific quality indicators that we inspect. Where we inspect one quality indicator per key question, the evaluation for that quality indicator will be the evaluation for the key question. Where we inspect more than one quality indicator per key question, the overall evaluation for the key question will be the lower of the quality indicators for that specific key question, recognising that there is a key element of practice that makes the overall key question no better than this evaluation.

How will you use the six-point scale?

The six-point scale is used when evaluating the quality of performance across quality indicators.

6	Excellent	Outstanding or sector leading
5	Very Good	Major strengths
4	Good	Important strengths, with some areas for improvement
3	Adequate	Strengths just outweigh weaknesses
2	Weak	Important weaknesses – priority action required
1	Unsatisfactory	Major weaknesses – urgent remedial action required

An evaluation of **excellent** describes performance which is sector leading and supports experiences and outcomes for people which are of outstandingly high quality. There is a demonstrable track record of innovative, effective practice and/or very high quality performance across a wide range of its activities and from which others could learn. We can be confident that excellent performance is sustainable and that it will be maintained.

An evaluation of **very good** will apply to performance that demonstrates major strengths in supporting positive outcomes for people. There are very few areas for improvement. Those that do exist will have minimal adverse impact on people's experiences and outcomes. While opportunities are taken to strive for excellence within a culture of continuous improvement, performance evaluated as very good does not require significant adjustment.

An evaluation of **good** applies to performance where there is a number of important strengths which, taken together, clearly outweigh areas for improvement. The strengths will have a significant positive impact on people's experiences and outcomes. However improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

An evaluation of **adequate** applies where there are some strengths but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve. Performance which is evaluated as adequate may be tolerable in particular circumstances, such as where a service or partnership is not yet fully established, or in the midst of major transition. However, continued performance at adequate level is not acceptable. Improvements must be made by building on strengths while addressing those elements that are not contributing to positive experiences and outcomes for people.

An evaluation of **weak** will apply to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect people's experiences or outcomes. Without improvement as a matter of priority, the welfare or safety of people may be compromised, or their critical needs not met. Weak performance requires action in the form of structured and planned improvement by the provider or partnership with a mechanism to demonstrate clearly that sustainable improvements have been made.

An evaluation of **unsatisfactory** will apply when there are major weaknesses in critical aspects of performance which require immediate remedial action to improve experiences and outcomes for people. It is likely that people's welfare or safety will be compromised by risks which cannot be tolerated. Those accountable for carrying out the necessary actions for improvement must do so as a matter of urgency, to ensure that people are protected and their wellbeing improves without delay.

How can this quality framework be used by care services?

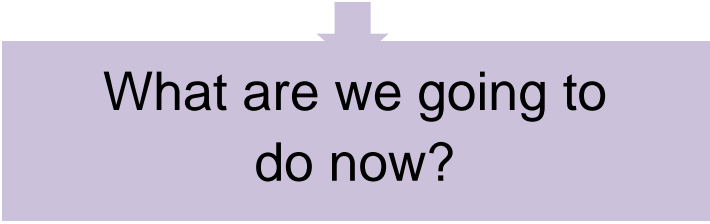
The framework is primarily designed to support care services in self-evaluation. During 2018 and 2019, we will work with care services and sector-wide bodies to build the capacity for self-evaluation, based on this framework.

Self-evaluation is a core part of assuring quality and supporting improvement. The process of self-evaluation, as part of a wider quality assurance approach, requires a cycle of activity based round answering three questions:

- **How are we doing?**
This is the key to knowing whether you are doing the right things and that, as result, people are experiencing high quality, safe and compassionate care and support that meets their needs, rights and choices.
- **How do we know?**
Answering the question 'how we are doing' must be done based on robust evidence. The quality indicators in this document, along with the views of people experiencing care and support and their carers, can help you to evaluate how you are doing. You should also take into account performance data collected nationally or by your service.
- **What are we going to do now?**
Understanding how well your service is performing should help you see what is working well and what needs to be improved. From that, you should be able to develop plans for improvement based on effective practice, guidance, research, testing, and available improvement support.

Using this quality framework can help provide an effective structure around self-evaluation. The diagram below summarises the approach:





What are we going to do now?

Irrespective of our role as the national scrutiny and improvement body, care providers will want to satisfy themselves, their stakeholders, funders, boards and committees that they are providing high quality services. We believe this quality framework is a helpful way of supporting care and support services to assess their performance against our expectations of outcomes for people, outwith an inspection and as part your own quality assurance. We are promoting this approach as we believe it adds value and we consider it important that care and support providers do not take actions merely to satisfy the inspection process.

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The quality indicator framework

Key question 1: How well do we support people's wellbeing?	Key question 2: How good is our leadership?	Key question 3: How good is our staff team?	Key question 4: How good is our setting?	Key question 5: How well is our care planned?
1.1. People experience compassion, dignity and respect	2.1. Vision and values positively inform practice	3.1. Staff have been recruited well	4.1. People experience high quality facilities	5.1. Assessment and care planning reflects people's needs and wishes
1.2. People get the most out of life	2.2. Quality assurance and improvement is led well	3.2. Staff have the right knowledge, competence and development to care for and support people	4.2. The setting promotes and enables people's independence	
1.3. People's health benefits from their care and support	2.3. Leaders collaborate to support people	3.3. Staffing levels and mix meet people's needs, with staff working well together	4.3. People can be connected and involved in the wider community	
1.4. People are getting the right service for them	2.4. Staff are led well			
Key question 6: What is the overall capacity for improvement?				

Key question:

How well do we support people's wellbeing?

This key question has four quality indicators associated with it. They are:

- 1.1. People experience compassion, dignity and respect
- 1.2. People get the most out of life
- 1.3. People's health benefits from their care and support
- 1.4. People are getting the right service for them

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Quality Indicator 1.1: People experience compassion, dignity and respect

Key areas include the extent to which people experience:

- compassion
- dignity and respect for their rights as an individual
- help to uphold their rights as a citizen free from discrimination.

Quality Illustrations

Very Good	Weak
<p>Staff demonstrate the principles of the Health and Social Care Standards in their day-to-day practice. This means people experience care and support with compassion as there are warm, encouraging, positive relationships between staff and people living in the care home, which help people to achieve their individual outcomes.</p> <p>People feel respected and listened to as their wishes and preferences are used to shape how they are supported, including if they wish to decline an aspect of their support. People experience support that promotes independence, dignity, privacy and choice. They feel connected as they are enabled to maintain and develop relationships within and outside the care home.</p>	<p>People's views and preferences are not actively sought when planning and delivering care and support. People's views and preferences are not reflected in daily practice. Care and support is delivered around routines and tasks with little regard for individual needs and wishes.</p> <p>The rights of people in making choices and maintaining their independence, for example, freedom of movement, are not promoted and a risk averse approach is prevalent.</p> <p>Staff interact with people in ways which are impersonal or abrupt.</p>
<p>People's rights are respected. They are treated fairly and staff actively challenge any form of discrimination. Where people's independence, choice and control are restricted, they are well informed about these and legal arrangements and appropriate supports are in place. Restrictions are kept to a minimum and carried out sensitively.</p>	<p>There are a limited range of opportunities for everyone to be involved in decisions about the care home. Where views are gathered, people still feel they are not listened to and there is little evidence to demonstrate how their views have been taken into account.</p> <p>Restrictions placed on people's choice or independence are not designed to benefit the individual, or are not linked to risk.</p>
<p>People are well informed about their citizenship rights, including voting. They are actively supported to exercise these rights.</p> <p>People are involved in decisions about the care home in ways which are meaningful to them.</p> <p>People feel empowered because their voice is heard, including opportunities to use independent advocacy.</p>	<p>Staff are unclear about the purpose or do not actively seek consent from people or their representatives.</p> <p>Staff are not clear about how the principles of the Health and Social Care Standards should inform their practice.</p> <p>People may experience stigma or feel as though they are judged because of their circumstances.</p>

Scrutiny and Improvement Toolbox

Scrutiny and improvement support actions	Key improvement resources
<ul style="list-style-type: none"> • Carry out a SOFI 2 observation • Observe practice and interactions • Review how the confidentiality policy, procedure and practice is managed, such as whether all information is held confidentially and maintained by staff including during discussions • Discussion with – people living in the care home <ul style="list-style-type: none"> - relatives, friends and visitors - staff • Examine review / meeting minutes, action plans and evidence change in practice • Examine advocacy links and support for people and if advocates are available, speak with them • Examine how policies, procedures and practice ensure that people are not subject to discrimination based on protected characteristics, including disability, gender, age, sexuality • Examine policies / procedures and practice for restriction of liberty • Identify how communication support tools are used in gathering people's views and decision-making 	<p>The Health and Social Care Standards: www.newcarestandards.scot</p> <p>Information from the Scottish Human Rights Commission: http://www.scottishhumanrights.com</p> <p>Rights, Risks and Limits to Freedom, and Human Rights in Mental Health Services, Covert medication, Working with the AWI Act. All from the Mental Welfare Commission: https://www.mwscot.org.uk/publications/good-practice-guides</p> <p>World Health Organisation – QualityRights: Human Rights and Recovery in mental health https://www.who.int/mental_health/policy/quality_rights/guidance_training_tools/en/</p> <p>The Keys to Life http://keystolife.info/</p> <p>Same as You – Scottish Government</p> <p>SCLD – Using scrutiny to drive outcomes and associated resources https://www.sclد.org.uk/wp-content/uploads/2017/03/Scrutiny-Report-1.3.17.pdf</p> <p>Autism Strategy for Scotland http://www.autismstrategyscotland.org.uk/</p> <p>Mental Health Strategy for Scotland https://www.gov.scot/publications/mental-health-strategy-2017-2027/</p> <p>Scottish Recovery Consortium https://www.scottishrecoveryconsortium.org/index.php?id=787</p> <p>Guidance for care providers in Scotland using CCTV http://hub.careinspectorate.com/media/758375/cctv-guidance.pdf</p> <p>Mental Welfare Commission advice note – Hidden Surveillance https://www.mwscot.org.uk/media/300499/hidden_surveillance_v3.pdf</p>

Quality Indicator 1.2: People get the most out of life

Key areas include the extent to which people:

- make decisions and choices about how they spend their time
- are supported to achieve their wishes and aspirations
- feel safe and are protected but have the opportunity to take informed risks.

Quality Illustrations

Very Good	Weak
<p>People are recognised as experts in their own experiences, needs and wishes. This means they are central to decisions about the care and support which affect them. People choose where and how they spend their time and benefit from maintaining and developing their interests and what matters to them. People express a sense of worth and engagement with life.</p> <p>The impact of people's health condition or diagnosis is taken into account when supporting people to identify outcomes which build their aspirations.</p>	<p>People experience care and support at a basic level, focussed on tasks and routines which does not treat adults living in the care home as individuals entitled to personalised care. The quality of people's experience is negatively affected because staff do not know the person or use their personal plan to enhance both the care provided and social interactions. There is a lack of recognition of people's interests, culture or past life, including sexuality, spirituality or important relationships, with little acknowledgement of the importance of this for each person.</p>
<p>People are enabled to get the most out of life with options to maintain, develop and explore their interests and skills, which may include education and learning, employment and leisure. There are opportunities to connect with family, friends and contribute to the local community, in a variety of ways. People with specific communication needs or cognitive impairment are supported to participate in ways which suit them best.</p> <p>People are supported to build and maintain meaningful relationships with others, within and outwith the care home.</p> <p>People are able to choose how they spend their money or receive the right support to manage it.</p>	<p>People who communicate in different ways are disadvantaged because staff have difficulty understanding and supporting them or lack the resources to respond appropriately.</p> <p>Opportunities for meaningful activity are sparse and may only include group or indoor activities at set times of the day or week. Choices are limited and people's aspirations are restricted by assumptions of what is safe or possible.</p> <p>The service does not provide appropriate structure or stimulation to enable people to have a sense of purpose and direction.</p>
<p>People feel safe and staff demonstrate a clear understanding of their responsibilities to protect people from harm, neglect, abuse, bullying and exploitation. Measures are in place to prevent this happening, and if concerns are identified, they are responded to appropriately.</p> <p>People's right to make choices and take informed personal risk is fully embedded within the culture of the care home. Staff have the skills and understanding to support people to exercise this right, enabling ambitious and aspirational choices.</p>	<p>People may not be, or may not feel safe and staff are unclear of their role in identifying and reporting concerns about the safety and wellbeing of people. Appropriate assessments, supports and referrals may not be made. Harm may be ignored or not identified, for example as a result of assumptions that altercations between people are inevitable.</p> <p>Staff may participate in or accept poor practice without considering the impact on people's emotional wellbeing and dignity.</p> <p>The culture makes it hard to report poor practice which may lead to people being at risk of unsafe care and support.</p>

Scrutiny and Improvement Toolbox

Scrutiny and improvement support actions	Key improvement resources
<ul style="list-style-type: none">• Carry out a SOFI 2 observation• Observe staff practice and interactions• Discussion with – people living in the care home, relatives, friends and visitors<ul style="list-style-type: none">- staff• Review meeting minutes and action plans for people, relatives and staff • Review how care and support plans are informing care and evidence change• Review the adult protection procedure, training, knowledge and referrals made• Look at how people spend their time and any policies which relate to this	<p>Good Communication Standards https://www.rcslt.org/news/docs/good_comm_standards</p> <p>Scottish Recovery Network – Peer Support https://scottishrecovery.net/wp-content/uploads/2011/09/srn_exe_form.pdf</p> <p>Wellness Recovery Action Plan http://mentalhealthrecovery.com/</p> <p>Developing Recovery Enhancing Environment Measure https://recoverydevon.co.uk/resources/</p> <p>Mental Health Foundation – Recovery Checklist https://www.mentalhealth.org.uk/</p> <p>Disability Rights UK – doing sports differently https://www.disabilityrightsuk.org/doing-sport-differently</p>

Quality Indicator 1.3: People's health benefits from their care and support

Key areas include the extent to which people experience:

- care and support based on relevant evidence, guidance, best practice and standards
- the right healthcare from the right person at the right time
- food and drink that meets their needs and wishes.

Quality Illustrations

Very Good	Weak
<p>People benefit from a comprehensive holistic health assessment, screening and care and support, based on best practice and evidence-based guidance. People have as much control as possible over their medication and benefit from a robust medication management system which adheres to good practice guidance. People's medication is regularly reviewed to ensure that their medication meets current health outcomes. People experience a range of opportunities and health education that can promote health and wellbeing. People have control of their own health and wellbeing by using technology and other specialist equipment.</p>	<p>People's care and support may be compromised because health assessments are basic and do not reflect evidence based practice, or do not involve the appropriate people.</p> <p>The support which people receive and how they spend their time has limited links to health promotion, recovery and/or harm reduction. There is limited access to equipment and technology and its use is often focused on assisting staff rather than on allowing people to have more control over their life.</p>
<p>Where relevant, people benefit from registered nurses leading on the delivery of high quality nursing care. People benefit from regular healthcare assessments, access to community healthcare and treatment from competent trained practitioners, including prevention and early detection interventions. Any treatment or intervention which people experience is safe and effective.</p> <p>People are fully involved in making decisions about their care and support through their personal plans, including long term and life-limiting conditions.</p>	<p>Access to appropriate healthcare in their local community may be limited. Even where there is access to healthcare professionals, people's healthcare needs are not reliably followed through. This may result in people experiencing reactive or disjointed care and support, which could impact on health outcomes.</p> <p>People may not always receive the right medication or treatment at the right time, with the potential to affect health outcomes. The use of 'as required' medication may not be clearly laid out or in line with good practice guidance.</p> <p>Where people's medication needs to be given covertly, the relevant legal powers, consent and processes are not in place.</p>
<p>People experience a range of opportunities which promote health education, including sexual health.</p> <p>People are central to the planning, budgeting, shopping, and preparation of food as part of their daily life, and these are used as an opportunity to build skills and independence.</p> <p>People can prepare healthy meals, snacks and drinks which reflect their cultural and dietary needs and preferences, including fresh fruit and vegetables.</p> <p>People enjoy their meals in an unhurried, relaxed atmosphere when and where they want to. People benefit from a wide range of aids and have the required support.</p>	<p>People only access health or sexual health education in response to specific issues, rather than as part of the service's ethos of health promotion.</p> <p>People have insufficient opportunities to be involved in purchasing, growing, preparing and serving their own food. Options for meals, snacks and drinks are limited and do not always reflect people's cultural and dietary needs. People often do not enjoy their meals and do not always receive the right support to help them eat the best diet for them. There are limited methods used to help people make choices at mealtimes resulting in others often making the choices for them. Staff may control access to food and drink without professional rationale, and as a result people may not be able to eat or drink when they want or need to.</p>

Scrutiny and Improvement Toolbox

Scrutiny and improvement support actions	Key improvement resources
<ul style="list-style-type: none"> • Carry out a SOFI 2 observation • Observe care and support at mealtimes • Assess tools used for people to identify / monitor health needs • Review how care and support plans are used to promote people's health, including specific plans to support people with for example, epilepsy or behaviour support plans • Discussions with people, staff, relatives/carers • Key areas for adults experiencing life-limiting conditions that must be looked at are skin care, nutrition (including special diets, weight loss, fluid intake), medication, where people are fed using PEG • Speak with other professionals who provide support to the home or individual. Contact and seek views of GP and visiting nurses, mental health officer, dieticians, and any other professionals as appropriate. • Mental health supports – do staff know which aspects of their support is covered by compulsory measures under the MHCTA and what their responsibilities are, including under the principles of the Act? Where residents are subject to current MHCTA powers, is there a copy of the order and the RMO's care plan? 	<p>NICE guidance on Medicines Management in Care Homes, 2014 https://www.nice.org.uk/guidance/sc1</p> <p>Safe and Secure handling of medicines https://www.rpharms.com/recognition/setting-professional-standards/safe-and-secure-handling-of-medicines</p> <p>Guidance about medication, personal plans, review, monitoring and record keeping in residential care services http://hub.careinspectorate.com/media/52042/medication-recording-july-2012-web.pdf</p> <p>Learning from adverse events through reporting and review: A national framework for Scotland 2015: http://www.healthcareimprovementscotland.org/our-work/governance_and_assurance/management_of_adverse_events/national_framework.aspx</p> <p>Notifications about controlled drugs: guidance for providers, 2015 http://www.hub.careinspectorate.com/media/226266/notifications-about-controlled-drugs-guidance-for-providers-v1-.pdf</p> <p>Mental Welfare Commission good practice guide – Covert Medication https://www.mwscot.org.uk/media/140485/covert_medication_finalnov_13.pdf</p> <p>Mental Welfare Commission good practice guide – ARBD https://www.mwscot.org.uk/media/438968/arb_d_pg.pdf</p> <p>Pressure ulcer Prevention and Management standards 2018 Tissue viability toolkit Tissue viability evidence gathering tool Model policy – pressure ulcer prevention and management All available at: www.pressureulcer.scot</p> <p>SCLD Healthy Eating Healthy Living Pack https://www.sclld.org.uk/healthy-eating-healthy-living-pack/</p> <p>Spotlight on food and fluid / bowel and bladder health – the Hub http://hub.careinspectorate.com/improvement/spotlight-on-improvement-for-adults-and-older-people/spotlight-on-food-and-fluid/</p>

Supporting psychological wellbeing in adults with learning disabilities – an educational framework on psychological interventions

<https://www.nes.scot.nhs.uk/media/4148312/LDFramworkPDF.pdf>

Autism Hospital Passport

<https://www.autism.org.uk/about/health/hospital-passport.aspx>

Building Bridges to a Good Life

<https://www.sclد.org.uk/wp-content/uploads/2017/01/Final-report-web-version.pdf>

See Hear – framework for meeting the needs of people with a sensory impairment

<http://hub.careinspectorate.com/media/179158/sq-see-hear-sensory-impairment-strategic-framework.pdf>

BBV Sexual Health Framework 2015-2020

<https://www.gov.scot/publications/sexual-health-blood-borne-virus-framework-2015-2020-update/#res484414>

Jenny's Diary – supporting conversations about dementia with people who have a learning disability

<http://www.learningdisabilityanddementia.org/jennys-diary.html>

Promoting Excellence in dementia care (includes people with a learning disability and dementia)

<http://www.sssc.uk.com/workforce-development/supporting-your-development/promoting-excellence-in-dementia-care>

'Transforming Psychological Trauma: A Knowledge and Skills Framework for the Scottish Workforce'

<https://www.nes.scot.nhs.uk/media/3971582/nationaltraumatrainningframework.pdf>

Rights, respect and recovery: alcohol and drug treatment strategy

<https://www.gov.scot/publications/rights-respect-recovery/>

Standard Expectations of care and support in drug and alcohol services

<https://www.gov.scot/publications/quality-principles-standard-expectations-care-support-drug-alcohol-services/>

Quality Indicator 1.4: People are getting the right service for them

Key areas include the extent to which people:

- are fully involved in the professional assessment of their holistic needs
- can choose the care and support they need and want
- experience high quality care and support as result of planning, commissioning and contracting arrangements that work well.

Quality Illustrations

Very Good	Weak
<p>The care and support people are experiencing is right for them, based on their needs, rights and choices.</p> <p>People are involved in a comprehensive assessment of their needs in a meaningful way and this has informed the care and support they experience. Where relevant, the assessment involves other people, families, friends and professionals, to help shape the decision about the suitability of the placement. People and professionals are involved in reviewing the assessment.</p>	<p>People have limited or no involvement in their assessment and review processes. There may be limited involvement of other relevant people, including professionals, to help shape the decision about the appropriateness of placement.</p> <p>The assessment process does not fully capture people's current needs or take account of their future needs and preferences.</p>
<p>People have been able to choose the care and support they wish to use, based on their assessed needs.</p> <p>People are involved in planned care reviews and evaluations in a meaningful way to determine whether the care and support meets their needs. Where there are identified changes to their needs, appropriate measures are taken to address these.</p>	<p>The commissioned service which people are experiencing does not meet their needs, rights or choices.</p> <p>People's choices about their care and support are limited or undermined by pressure on resources.</p> <p>Decisions about their care and support arrangements are made for people, without appropriate legal powers, or without taking into account the principles of relevant legislation.</p>
<p>People benefit from strong links between the provider and the health and social care partnership to ensure that current and future care needs are met and planned for.</p> <p>If the person's needs change so that the current support setting is no longer appropriate, there is a co-ordinated and planned approach to look at suitable alternative support which takes account of their wishes and preferences</p>	<p>People do not always benefit from planned reviews and evaluations of care, involving relevant others, which means that their needs are not being fully met. There may be delays in responding to their changing needs.</p> <p>If someone is living in a care home which doesn't fully meet their needs, there may be a lack of a coordinated and planned approach to look at alternative care and support taking account of their wishes and preferences.</p>

Scrutiny and Improvement Toolbox

Scrutiny and improvement support actions	Key improvement resources
<ul style="list-style-type: none">• SOFI 2 observation• Observation of staff practice and interactions• Discussions with people, staff, relatives/carers and other professionals• Review notes and action plans• Care Plans• Meeting minutes and action plans people, staff and relatives• Advocacy Links and discussion with advocacy in the care home.• Policy / Procedure for accessing other services	<p>Understanding Personal Outcomes, from the Scottish Social Services Council: http://learningzone.workforcesolutions.sssc.uk.com/course/view.php?id=39</p> <p>Supported Decision Making, from the Mental Welfare Commission https://www.mwcscot.org.uk/publications/good-practice-guides/</p>

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Key question:

How good is our leadership?

This key question has four quality indicators associated with it. They are:

- 2.1. Vision and values positively inform practice
- 2.2. Quality assurance and improvement is led well
- 2.3. Leaders collaborate to support people
- 2.4. Staff are led well

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Quality Indicator 2.1: Vision and values inform practice

Key areas include the extent to which:

- vision, values, aims and objectives are clear and inform practice
- innovation is supported
- leaders lead by example and role model positive behaviour.

Quality Illustrations

Very Good	Weak
There is a clear vision that is inspiring and promotes equality and inclusion for all. Leaders are aspirational, actively seeking to achieve the best possible outcome for people and this is shaped by people's views and needs. The aims and objectives of the care home inform the care and support provided and how people experience this.	The vision is unclear; it lacks clarity, collective ownership and does not focus sufficiently on improving outcomes. There is no, or limited, evidence that equality and inclusion are embedded either within policies, procedures and plans or from observing staff practice. Staff's awareness or knowledge of the vision, values and aims are minimal and do not inform practice.
The culture encourages creative contributions from staff and people living in the care home. Staff are empowered to innovate and provide person-led care and support, fostering a culture of positive risk-taking. Learning from this is shared, including when things go wrong. In the spirit of genuine partnership, all relevant plans, policies and procedures reflect a supportive and inclusive approach. Leaders and staff recognise the importance of an individual's human rights and choices, and embrace the vision, values and aims to support these being met.	Where improvements are needed, there is limited innovative thinking and staff do not feel confident in contributing to or implementing improvement. Staff may not think creatively about how to change practice in order to meet people's needs and wishes and may be unable or unwilling to tailor care and support for individuals.
Collective leadership is evident, with capacity for leadership being built at all levels. Leaders ensure that the culture is supportive, inclusive and respectful and they confidently steer the care home through challenges where necessary. Leaders are visible role models as they guide the strategic direction and the pace of change.	People using the service, their relatives and staff do not have confidence in leaders. Leaders are not visible role models, and not well known to staff, people and relatives. Their leadership may lack energy, visibility and effectiveness.

Scrutiny and Improvement Toolbox

Scrutiny and improvement support actions	Key improvement resources
<ul style="list-style-type: none"> • Observation of practice and interactions • Quality assurance of relevant policies, procedures, records and outcomes • Discussion with people, staff, relatives and other professionals • Meeting minutes and action plans • Examining how people quality assure what they do • Looking at improvement plans 	<p>Supervision guidance – SSSC: http://www.stepintoleadership.info/supervision.html</p> <p>Steps into leadership – SSSC: http://www.stepintoleadership.info/</p>

Quality Indicator 2.2: Quality assurance and improvement is led well

Key areas include the extent to which:

- quality assurance, including self evaluation and improvement plans, drive change and improvement where necessary
- leaders are responsive to feedback and use learning to improve
- leaders have the skills and capacity to oversee improvement.

Quality Illustrations

Very Good	Weak
<p>Staff continually evaluate people's experiences to ensure that, as far as possible, adults living in the care home are provided with the right care and support in the right place to meet their needs. People are well-informed regarding any changes implemented, and their views have been heard and taken into account.</p> <p>Leaders empower others to become involved in comprehensive quality assurance systems and activities, including self-evaluation, promoting responsibility and accountability. This leads to the development of an ongoing improvement plan that details the future direction of the care home. This is well managed, with research and good practice documents being used to benchmark measurable outcomes.</p>	<p>There are some systems in place to monitor aspects of service delivery, however there is confusion and a lack of clarity regarding roles and responsibilities. Quality assurance processes, including self evaluation and improvement plans, are largely ineffective. The approaches taken are not sufficiently detailed to demonstrate the impact of any planned improvement.</p> <p>There is little effective evaluation of people's experiences to ensure that their needs are being met. The lack of individualised care and aspirations to help people get the most out of life have a detrimental effect on people's overall wellbeing.</p>
<p>People are comfortable at giving feedback and raising any concerns as they know this will be acted on without negative consequences.</p> <p>Where things go wrong with a person's care or support or their human rights are not respected, leaders offer a meaningful apology and learn from mistakes. Leaders understand how the duty of candour will impact on their care and support.</p> <p>Leaders use learning from complaints to improve the quality of care and support.</p> <p>People are supported to understand the standards they should expect from their care and support and are encouraged to be involved in evaluating the quality of the service provided.</p>	<p>Leaders do not use success as a catalyst to implement further improvements. They may fail to motivate staff and others to participate in robust quality assurance processes and systems. The lack of information regarding the rationale and need for improvement may inhibit change. Changes may happen as the result of crisis management rather than through robust quality assurance and self evaluation.</p> <p>People are either unclear how to raise concerns or make a complaint, or do not feel supported to do so. Complaints and concerns may not drive meaningful change when they could or should. Where things do go wrong, leaders may be defensive and unwilling to learn from mistakes.</p>
<p>Leaders demonstrate a clear understanding about what needs to improve and what should remain, and they ensure that the needs and wishes of people living in the service are the primary drivers for change. Leaders at all levels have a robust and clear understanding of their role in directing and supporting improvement activities, and where to obtain support and guidance. The pace of change reflects the improvements needed.</p>	<p>There is insufficient capacity and skill to support improvement activities effectively and to embed changes in practice. The pace of change may be too slow.</p>

Scrutiny and Improvement Toolbox

Scrutiny and improvement support actions	Key improvement resources
<ul style="list-style-type: none">• Discussion with people, staff and relatives• Review minutes of meetings and action plans for people, staff and relatives• Quality assurance of relevant policies, procedures, records and outcomes• Look at the improvement plan• Review accident/incident records, audits and outcomes• Look at complaint and concerns records, audits and outcome• Understand how the service gathers feedback and action take, including how this is built into induction and supervision• Analysis / evaluations from participation methods/ activities	<p>The Model for Improvement and associated resources: http://hub.careinspectorate.com/improvement/</p> <p>Duty of Candour guidance: http://learningzone.workforcesolutions.sssc.uk.com/course/view.php?id=84</p> <p>National Occupational Standards (NOS) http://learn.sssc.uk.com/nos/about.html</p>

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Quality Indicator 2.3: Leaders collaborate to support people

Key areas include the extent to which:

- leaders understand the key roles of other partners and their responsibilities
- services work in partnership with others to secure the best outcomes for people
- leaders oversee effective transitions for people.

Quality Illustrations

Very Good	Weak
<p>Leaders seek to overcome barriers to find a way to enable people to gain real control over their care and support. A culture of joint responsibility and decision-making helps create a positive climate. This takes into account each individual's whole life including people's physical, mental, cultural, emotional and spiritual needs.</p> <p>Leaders have a sound knowledge of the key roles Partner or multi-agency working is supported by a clear strategy to facilitate working arrangements. Associated policies and procedures are shared with relevant parties.</p> <p>Leaders are confident in working across boundaries to support people and ensure they experience high quality care and support. Leaders recognise the benefits of sharing ideas and practice, not just within the care home, but further afield too.</p>	<p>Leaders do not ensure that care and support is provided in collaboration with people, their families, and the wider community.</p> <p>There is a lack of understanding of the roles that others from external organisations have, which may benefit or provide additional support for people. There is a lack of a clear strategy and guidance to inform a collaborative approach. Leaders are not able, knowledgeable or confident at accessing local pathways for people. They may not work effectively with other organisations, or know how to obtain specialist support when needed.</p>
<p>Where people are supported by more than one organisation, they benefit from organisations working together, sharing information promptly and appropriately, and working to coordinate care and support so that people experience consistency and continuity. Where information is being shared between agencies for specific purposes, consent is sought (except where there is a serious risk of harm).</p>	<p>Leaders may not be confident at learning from other organisations to improve the services they provide, or be willing to work from them.</p> <p>There is a lack of clarity about when communications and contacts should be made to help meet the current needs of people. Leaders may be unclear where to share information. Information about people is not regularly shared when it is appropriate to do so, and where that will lead to improvements in their care and support. Where information is shared, consent may not have been obtained from the person or their representative.</p>
<p>Leaders ensure that admission is person-centred. People are supported to become a resident in the care home, or move on to another setting if they wish. Leaders ensure that commissioned services are delivered efficiently and effectively. They will monitor the success and effectiveness of working with partner providers and other agencies.</p> <p>There are clear processes in place to support people moving on to another care service if they wish or where they no longer require a care home service.</p>	<p>Silo working may impact negatively on people's experiences of health and social care in the care home.</p> <p>Leaders have not put in place robust approaches to supporting people to become a resident in the care home, or use other care and support.</p>

Scrutiny and Improvement Toolbox

Scrutiny and improvement support actions	Key improvement resources
<ul style="list-style-type: none">• Look at the admission procedure, practice and experience of people• Discussion with People, staff and relatives• Observe practice and interactions• Look at the information sharing policy and practice• Look at arrangements for multi agency working and how these benefit people• Examine links the home has to local resources and how these are used and accessed.	Steps into leadership - SSSC http://www.stepintoleadership.info

DRAFT

Quality Indicator 2.4: Staff are led well

Key areas include the extent to which:

- leaders at all levels make effective decisions about staff and resources
- leaders at all levels empower staff to support people
- leadership is having a positive impact on staff.

Quality Illustrations

Very Good	Weak
<p>Leaders engage meaningfully with staff, people living in the care home, their families, and the wider community, taking a collaborative approach to planning and delivering care and support. This means leaders are skilled at identifying and delivering the appropriate type and level of resources needed to provide high quality care and support now and in the future. They intervene at the earliest opportunity to ensure that people experience high quality care and support.</p> <p>Where relevant, registered nurses are empowered to play a key role in leading nursing care, including working with other staff and supporting all staff in delivering high quality care. This results in robust systems of care with clear lines of responsibility and professional accountability including clinical governance.</p>	<p>Leaders lack the skills and knowledge to proactively anticipate the type and level of resources needed for people. This has a detrimental impact and fails to prevent difficulties arising and escalating.</p> <p>Leaders do not identify potential barriers which impact on people, which may mean that adults living in the care home have little influence on decisions which relate to their care and support.</p> <p>There is a lack of vision and creativity in identifying services which may meet the unique needs of each resident.</p>
<p>Leaders model a team approach, acknowledging, encouraging and appreciating the efforts, contributions and expertise, while instilling a 'safe-to-challenge' culture. They listen to others and respect different perspectives. They recognise that people are often best placed to identify their own needs and encourage staff to support this approach.</p> <p>Leaders recognise the importance of sharing ideas in a relaxed and supportive environment and work hard to tackle inequalities, encouraging equality of opportunity both among the staff and people living in the service. They use successes to act as a catalyst to implement further improvements in the quality and outcomes for individuals.</p>	<p>Staff are not empowered to help identify solutions for the benefit of people who live in the care home.</p> <p>Communication and direction is lacking and the approach to improvement is not sufficiently detailed. The rationale for change is not always clear to staff, impacting negatively on people's experiences. Leaders may fail to engage or energise staff leading to confusion and a lack of clarity of roles and responsibilities.</p> <p>Equality and inclusion are not embedded within policies, procedures and plans. There is a lack of understanding that staff at all levels have an important role to play in delivering high quality care and support.</p>
<p>Leaders adapt their leadership style to help motivate staff to deliver high quality care and support. A good work-life balance is encouraged at all times, which impacts positively on staff and people who live in the care home.</p>	<p>Opportunities to use initiative, take responsibility and influence change are limited. Staff seldom adopt leadership roles. There is no, or limited evidence that professional learning is linked to organisational priorities. Silo working exists and little attempt is made to address this.</p>

Scrutiny and Improvement Toolbox

Scrutiny and improvement support actions	Key improvement resources
<ul style="list-style-type: none">• Observe practice and interactions• Discussion with people, staff and relatives• Interview manager• Look at the quality assurance policy, procedure, practice and outcomes• Look at how staff training records, appraisals, supervision and deployment• Review the improvement plan	Steps into leadership - SSSC http://www.stepintoleadership.info/

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Key question:

How good is our staff team?

This key question has three quality indicators associated with it. They are:

- 3.1. Staff have been recruited well
- 3.2. Staff have the right knowledge, competence and development to care for and support people
- 3.3. Staffing levels and mix meet people's needs, with staff working well together

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Quality Indicator 3.1: Staff have been well recruited

Key areas include the extent to which:

- people benefit from safer recruitment principles being used
- recruitment and induction reflects the needs of people experiencing the care
- induction is tailored to the training needs of the individual staff member and role.

Quality Illustrations

Very Good	Weak
<p>Staff are recruited in a way which has been informed by all aspects of safer recruitment guidance, including a strong emphasis on values-based recruitment. The process is well organised and documented so that core elements of the procedure are followed consistently. People living in the care home have opportunities and the necessary support to be involved in the process in a meaningful way, which takes their views into account, including in recruitment decisions.</p> <p>Staff do not start work until all pre-employment checks have been concluded and relevant mandatory training has been completed. There is a clear link between the needs of people and the skill and experience of the staff being recruited. There are a range of supports in place to encourage staff retention.</p>	<p>There is insufficient attention to understanding why safer recruitment is important. Key elements of processes may be ignored, for example exploring gaps in employment records or checking that references come from a previous employer.</p> <p>Even where good recruitment policies are written, they may not be implemented thoroughly on every occasion, for example only one reference is obtained and staff start to work alone before their membership of the Protection of Vulnerable Groups scheme has been confirmed.</p> <p>The care home may not fully understand the skill set and experience it needs to provide high quality care and support for the People they support at this time.</p>
<p>The induction is thorough and has been developed to meet the needs of people in the particular setting. This includes an emphasis on implementing the Health and Social Care Standards as underpinning values for all care and support. There is a clear plan as to what is included and how this will be delivered with sufficient time to ensure that staff can understand all the information and what is expected of them.</p> <p>During the induction period, feedback is sought from people using the service to help evaluate staffs values, communication. and further development needs.</p>	<p>The values and motivation of potential staff may not have been explored as part of the recruitment process, and may not inform recruitment decisions. Staff start work before they have sufficient knowledge and skills. They may receive no induction, it may be brief and patchy or there may be too much covered too quickly for it to be effective. They may only have the opportunity for a minimum of shadowing and there is limited structure for additional discussions about their learning needs, either through supervision or a mentor.</p>
<p>Throughout this process individual learning needs and styles are taken into account. There is likely to be a range of learning styles, for example the opportunity for face to face discussion and shadowing of more experienced staff. Staff are clear about their roles and responsibilities, with written information they can refer to and a named member of staff for support., Staff are clear about their conditions of employment and the arrangements for on-going supervision and appraisal. There is additional supervision in the first few months to discuss any learning needs or issues.</p>	<p>The induction may be generic, have not been reviewed recently, or may not include effective input about the Health and Social Care Standards.</p>

Scrutiny and Improvement Toolbox

Scrutiny and improvement support actions	Key improvement resources
<ul style="list-style-type: none">• Look at the recruitment policy and procedure• Review the analysis of staff skills required• Look at interview records• Examine how fitness checks are undertaken• Review relevant HR or personnel files• Look at the induction policy, procedure and practice• Look at staff job descriptions and roles• Discussion with people, staff and relatives	<p>SSSC / Care Inspectorate, Safer Recruitment Through Better Recruitment:</p> <p>http://hub.careinspectorate.com/knowledge/safer-recruitment</p> <p>The national health and social care workforce plan: part two</p> <p>https://www.gov.scot/publications/national-health-social-care-workforce-plan-part-2-framework-improving/</p>

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Quality Indicator 3.2: Staff have the right competence and development to support people

Key areas include the extent to which:

- staff competence and practice supports improving outcomes for people
- staff development supports improving outcomes for people
- staff practice is supported and improved through effective supervision and appraisal.

Quality Illustrations

Very Good	Weak
<p>Staff competence is regularly assessed to ensure that learning and development supports better outcomes for people. This means that people are being cared for by staff who understand and are sensitive to their needs and wishes because there are a number of learning and support measures in place.</p> <p>There is a clear structure of training for each role within the care home. This includes values, the Health and Social Care Standards and any applicable codes of practice and conduct, as well as specific areas of practice.</p>	<p>Arrangements for assessing ongoing competencies are sporadic and with little encouragement for reflection on how learning needs will be met or how this might improve practice and outcomes for people.</p> <p>Staff may be registered with relevant professional bodies but do not fully understand their responsibilities for continuous professional development or how they can fulfil this. They may lack confidence or support in taking responsibility for their own learning and development.</p>
<p>Learning opportunities are developed to meet the needs of people who live in the care home based on evidence and best practice guidance. This is regularly analysed, with new training planned as people's needs change. People who live in the service are involved in staff development and learning, if this is what they want</p> <p>There are a range of approaches to suit different learning styles and it is evident that all staff have access to training and have their own plan which identifies gaps and how these will be filled. Staff are confident about where to find best practice and advice on how they can support people</p> <p>There is a learning culture embedded within the care home, which includes reflective practice. Staff are comfortable acknowledging their learning needs, as well as challenging poor practice and are confident these will be addressed.</p>	<p>Training is basic and restricted to set topics, often with little mention of values and codes and their importance to inform good care and support. The plan for training is static and may not reflect the needs of people who live in the care home.</p> <p>Training is regarded as an event rather than ongoing learning. There is little access to best practice guidance or opportunity for further discussions to ensure knowledge is consolidated and embedded into practice.</p> <p>There is no effective training analysis for the care home or individual staff. The training plan and records are incomplete or held in a format which does not allow the identification of priorities.</p>
<p>Regular supervision and appraisal are used constructively and staff value them. There are clear records of learning being undertaken and planned, which inform what is provided for each member of staff. Staff are aware of their responsibilities for continuous professional development to meet any registration requirements, have support to achieve this and keep a record.</p> <p>The views of people who are supported by staff are used to give staff feedback and are included in supervision and appraisal.</p>	<p>Regular supervision may only ask for any issues and check if set training is up to date, rather than encourage reflection on skills and knowledge and what could be improved. Staff may also consider that if they have completed all the training, they need nothing else. Where learning needs are identified, the systems for ensuring this is provided in some form are insufficiently robust, resulting in gaps in knowledge remaining unfilled.</p>

Scrutiny and Improvement Toolbox

Scrutiny and improvement support actions	Key improvement resources
<ul style="list-style-type: none">• Observation of staff practice• Discussion with people living in the care home, staff and relatives• Mandatory training for different grades of staff• Staff development plan and outcome• Staff supervision and appraisal	Supervision - SSSC

DRAFT

Quality Indicator 3.3: Staffing levels are right and staff work well together

Key areas include the extent to which:

- the skill mix, numbers and deployment of staff meet the needs of people
- there is an effective process for assessing how many staff hours are needed
- staff are flexible and support each other to work as a team to benefit people.

Quality Illustrations

Very Good	Weak
<p>Because the care home understands the needs of the people living there, the right number of staff with the right skills are working at all times to meet people's needs. Staff have time to provide care and support with compassion and engage in meaningful conversations and interactions with people.</p> <p>Staff are clear about their roles and are deployed effectively. Staff help each other by being flexible in response to changing situations to ensure care and support is consistent and stable. People can have a say in who provides their care and support.</p>	<p>The numbers of staff are minimal and sometimes insufficient to fully meet the needs of people living in the service. Staff work under pressure and some aspects of care and support may be skipped or missed, affecting outcomes for people. People living in, or visiting the service, perceive staff to be 'rushed'.</p> <p>When matching staff to work with individuals living in the care home, limited importance is placed on staff skills, experience and personality to help people build successful relationships and work well together.</p>
<p>The numbers and skill mix of staff are determined by a process of continuous assessment featuring a range of measures and is linked to quality assurance. This includes taking account of the acuity and complexity of people's needs .</p> <p>Feedback from all parties contributes to this and any dependency assessment takes account of the premises layout, where applicable. This includes how best to deploy staff to support keyworking, high quality care and small group living with good continuity of care and support.</p>	<p>The number of staff hours deployed is relatively static, with infrequent reviews and not adjusted to meet changing needs. There may be a dependency assessment but this is not translated into staff hours and no other measures or feedback are used to determine what staff time is required.</p> <p>There may be an over-reliance on agency staff, which leads to people experiencing a lack of consistency and stability in how their care and support is provided, and limits their ability to build a trusting relationship with staff members.</p>
<p>People living the care home and staff benefit from a warm atmosphere because there are good working relationships. There is effective communication between staff, with opportunities for discussion about their work and how best to improve outcomes for people.</p> <p>Motivated staff and good team working mean that staff spend as much time as possible with people., Staff are confident in building positive interactions and relationships.</p> <p>There is a strong emphasis on the responsibilities of staff who are not involved in providing direct care and support to people, recognising that they play an important role in building a staff team.</p>	<p>The pressure on staff leads them to stick to their designated tasks as there is no capacity to respond to other demands. Despite staff's best efforts, care and support is basic with little time for speaking with people or supporting them to maintain interests. Communication and team building may suffer due to lack of time and affect staff motivation.</p>

Scrutiny and Improvement Toolbox

Scrutiny and improvement support actions	Key improvement resources
<ul style="list-style-type: none">• Carry out a SOFI 2 observation• Observe practice and interaction• Look at the staff rota and deployment• Examine staff roles and duties• Discussion with people who live in the care home, staff and relatives• Look at the care and support plans and assessments of people and how this informs staffing• Interview other relevant professionals	

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Key question:

How good is our setting?

This key question has three quality indicators associated with it. They are:

4.1. People benefit from high quality facilities

4.2. The setting promotes people's independence

4.3. People can be connected and involved in the wider community

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Quality Indicator 4.1: People benefit from high quality facilities

Key areas include the extent to which:

- the layout of the setting and quality of fittings supports people's outcomes
- the setting is comfortable and homely
- the setting is safe and well maintained.

Quality Illustrations

Very Good	Weak
<p>The setting has been designed or adapted for high quality care and support for example, taking account of good practice guidance such as 'Living in the community' and 'Building Better Care Homes'. People can choose to use private and communal areas, and can have privacy where desired.</p> <p>People benefit from a setting which is the right size for them, including experiencing small group living, where this is appropriate. They have the equipment which best meets their changing needs and equipment is provided when required. People are actively involved in giving their views about the setting; how well it works for them and what could be improved. They feel they are listened to and can influence changes and upgrades.</p>	<p>The design and layout of the building has a negative impact on the quality of life for the people who live there. The setting does not offer sufficient space or different options where people can spend time. There may be insufficient opportunities for people to experience privacy.</p> <p>Staff do not identify changing needs for equipment or facilities, which means that people may not be able to maintain their independence and get the most out of life. This could include communication technology, reassessing how space is used or items to help people with new experiences or interests.</p>
<p>People benefit from a warm, comfortable, homely environment with plenty of natural light and sufficient space to meet their needs and wishes. The environment is clean, tidy and well looked-after.</p>	<p>Living space is functional rather than creating a warm, homely environment to meet people's needs and preferences. It may not be clean and there is a lack of attention to standards such as homely touches, decoration and the quality of furniture.</p>
<p>There are arrangements in operation for maintenance of the premises and the equipment to ensure people are safe.</p>	<p>Systems for the ongoing maintenance of the environment and equipment are either not organised or not followed, which may place people at risk. Some equipment may not be fully functioning or break down regularly.</p>

Scrutiny and Improvement Toolbox

Scrutiny and improvement support actions	Key improvement resources
<ul style="list-style-type: none"> • Carry out a SOFI 2 observation • Observe practice and interactions • Carry out an environmental walk around and check • Review maintenance records • Discussion with people, staff and relatives 	<p>Living in the Community: Housing design for adults with autism https://www.rca.ac.uk/research-innovation/helen-hamlyn-centre/research-projects/2010-projects/living-community-housing-design-adults-autism/</p> <p>Care Inspectorate, Building Better Care Homes http://www.careinspectorate.com/images/documents/4293/Building%20better%20care%20homes%20for%20adults%202017.pdf</p>

Quality Indicator 4.2: The setting promotes people's independence

Key areas include the extent to which:

- the setting promotes the independence of people
- people can influence the layout of the setting and decide how to use it
- people can freely choose to spend time outdoors.

Quality Illustrations

Very Good	Weak
<p>People benefit from a setting which is designed or adapted so that everyone can independently access all parts of the premises they use, including outdoor space.</p> <p>All aspects of the setting promote independence with facilities such as kitchens, control of lighting, heating, ventilation and security. In addition, people have their own furniture and are supported to use their own space as they wish.</p> <p>People benefit from options to keep connected using technology such as radio, phone, TV and the internet.</p>	<p>The setting does not promote independence and this impacts negatively on people by restricting their movement, or increasing their dependence on staff. This may also curtail people's choices as to where they spend their time.</p> <p>Internal facilities and fittings may also restrict people's choices and comfort in their daily life, such as inappropriate equipment. Options for using technology as people wish are limited.</p>
<p>People are involved in a meaningful way in decisions about the layout of the setting where possible and how the space is used. This encourages people to retain their physical abilities by moving around as much as possible.</p>	<p>People tell us they do not have influence over their living space and it is unclear what opportunities leaders have created for this.</p>
<p>People go outside independently because gardens areas are accessible, well kept and welcoming, with options to get involved with gardening or other leisure pursuits. People living on upper floors can access outdoor space as they wish.</p>	<p>Outdoor space is not used to its potential, and may not be freely accessible to people.</p>

Scrutiny and Improvement Toolbox

Scrutiny and improvement support actions	Key improvement resources
<ul style="list-style-type: none"> • Carry out a Sofi 2 observation • Observe the environment, looking at movement for people around building, access to outside and equipment that enables people to be as independent as they want • Observe people experiencing the environment • Carry out an environmental walk around and check • Consider the areas for people to prepare drinks and snacks 	<p>Care Inspectorate, Building Better Care Homes http://www.careinspectorate.com/images/documents/4293/Building%20better%20care%20homes%20for%20adults%202017.pdf</p>

Quality Indicator 4.3: People can be connected and involved in the wider community

Key areas include the extent to which:

- the setting supports people being connected to family and friends.
- the setting has a sense of community and belonging
- people benefit from meaningful links with the local community.

Quality Illustrations

Very Good	Weak
<p>The location and the culture of the care home supports the inclusion of family and friends which people benefit from. This includes being able to plan for family members, friends or partners to sometimes stay over.</p> <p>There are a variety of ways in which people can stay connected including having easy access to the internet and a telephone. People are routinely and actively supported to make best use of these where appropriate.</p>	<p>The care home lacks or has limited ways of supporting the inclusion of family and friends. The setting or the culture of the care home doesn't allow people to plan for friends and family to sometimes stay over.</p> <p>People's opportunities to stay connected with their family and friends are limited. While there may be access to telephone and the internet, people are not routinely or actively supported to use these.</p>
<p>The design of the setting contributes to people developing relationships, with space to spend time in small groups as well as larger functions.</p> <p>Leaders try to support people to keep a pet, but balance this with the needs of other people too.</p>	<p>There is limited flexible space which means that people lack choice or privacy to develop friendships or invite friends to visit.</p> <p>There is no or little consideration given to supporting people who wish to keep a pet.</p>
<p>The location of the setting, or sufficient transport links, allow people to be active members of the local community, access local amenities and organisations. People are routinely supported to access facilities outwith the care home including pubs clubs and leisure facilities, doctors, clinics, hairdressing, libraries and catering facilities, and other places they want to go.</p> <p>There are strong links with the local community that encourage the growth of informal support networks. People benefit from this in a variety of ways including: meeting new people, cross generational relationships, links that support individual interests, and introducing different ideas and experiences. People have a sense of belonging and worth through contributing to the wider community.</p>	<p>The culture in the care home is likely to be insular, with limited links to the local community. People may spend all their time in the care home, even when they could, with support, be more involved in their local community.</p> <p>The location of the setting or access to transport links makes it difficult for people to be active members of the local community or to access local amenities.</p> <p>The location of the setting, or transport links, may enable access to the local community and amenities however people are not routinely supported where appropriate to access these.</p>

Scrutiny and Improvement Toolbox

Scrutiny and improvement support actions	Key improvement resources
<ul style="list-style-type: none"> • Observe practice and interactions • Discussion with people, staff and relatives • Look at information on local resources for use by people • Consider the links and access to the community • Consider how staff support people to keep in touch with important people to them • Review care and support plans • Look at meeting notes and action records from people, staff and relatives. 	

Key question:

How well is our care planned?

This key question has two quality indicators associated with it. They are:

- 5.1. Assessment and care planning reflects people's outcomes and wishes
- 5.2. Families and carers are involved

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Quality Indicator 5.1: Assessment and care planning reflects people's outcomes and wishes

Key areas include the extent to which:

- leaders and staff use care and support plans to deliver care and support effectively
- personal plans are reviewed and updated regularly, and as people's outcomes change
- people are involved in directing and leading their own care and support.

Quality Illustrations

Very Good	Weak
<p>People benefit from dynamic, innovative and aspirational care and support planning which consistently informs all aspects of the care and support they experience. People and, where relevant, their families, are fully involved in developing their personal plans. Strong leadership, staff competence, meaningful involvement and embedded quality assurance and improvement processes support this happening.</p> <p>Care and support planning reflects a culture of promoting independence, including the potential for people to reduce the support they receive or a change of care setting.</p>	<p>Care and support plans are basic or static documents and are not routinely used to inform staff practice and approaches to care and support. They may be kept in an inaccessible place, or do not reflect the care and support experienced by people who live in the service. People may not know whether they have a personal plan, or it may be in a format which is not meaningful to them.</p> <p>The standard of care and support planning is inconsistent and is not supported by strong leadership, staff competence and quality assurance processes.</p> <p>Personal plans focus entirely on people's needs or a deficit-led approach rather than building an enabling approach based on assets or outcomes.</p>
<p>People benefit from care and support plans which are regularly reviewed, evaluated and updated involving relevant professionals (including independent advocacy) and take account of good practice and their own individual preferences and wishes. People are helped to live well right to the end of life by making it clear to others what is important to them and their wishes for the future. This includes receiving care in a place of their choice should they become unwell.</p> <p>There are a range of methods used to ensure that people are able to lead and direct the development and review of their care and support plans in a meaningful way</p>	<p>Multi-disciplinary professional involvement in the care planning and review process may be limited. People may not benefit from professional advice because this is not taken account of in the care planning and review process.</p> <p>Care and support plans do not reflect up to date good practice guidance. Care reviews may not be not carried out in line with legislation.</p>
<p>Where people are not able fully to express their wishes and preferences, individuals who are important to them, or have legal authority, are involved in shaping and directing the care and support plans. Advocacy support has been sought where appropriate.</p> <p>Supporting legal documentation is in place to ensure this is being done in a way which protects and upholds people's rights.</p> <p>Risk assessments and safety plans are used to enable people rather than restrict people's actions or activities.</p>	<p>People may not be involved or have limited involvement in their care and support planning and review process and therefore do not consistently experience care and support in line with their wishes and preferences.</p> <p>Where people are not able fully to express their wishes and preferences, relevant individuals important to them are not involved, or have limited involvement, in the care planning and review process. Supporting legal documentation may not be in place.</p> <p>The culture within the service can be defined as</p>

<p>People are fully involved in decisions about their current and future health support needs. Their plans and wishes for their life in the future are also fully taken account of. Where appropriate, this involves the use of anticipatory (advanced) care plans.</p>	<p>risk averse, and directly reduces people's quality of life and experiences as a result of over-protective attitudes and practice. Risk assessments appear punitive or designed to prioritise protecting the organisation rather than keep people safe.</p> <p>Outcomes and aspirations for individuals may be limited by low expectations of people who are involved in assessing and planning their care and support.</p>
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Scrutiny and Improvement Toolbox	
Scrutiny and improvement support actions	Key improvement resources
<ul style="list-style-type: none"> • Carry out a SOFI 2 observation • Observe practice and interaction • Review care and support plans • Examine review minutes and action records • Discussion with people, staff and relatives 	<p>Understanding Personal Outcomes, from the Scottish Social Services Council: http://learningzone.workforcesolutions.sssc.uk.com/course/view.php?id=39</p> <p>HIS guidance on anticipatory care planning: https://ihub.scot/anticipatory-care-planning-toolkit/</p> <p>MWC guidance Adults with Incapacity Act in general hospitals and care homes: https://www.mwscot.org.uk/publications/good-practice-guides/</p> <p>Power of attorney guide: https://www.mwscot.org.uk/media/241253/poa_leaflet_care_homes.pdf</p> <p>Mental Welfare Commission guidance on advance statements: https://www.mwscot.org.uk/media/128044/advance_statement_guidance2018revision.pdf</p> <p>MWC good practice guide - supported decision making https://www.mwscot.org.uk/publications/good-practice-guides/</p> <p>Scottish Independent Advocacy Alliance – companion guides https://www.siaa.org.uk/publications-category/companionguide/</p> <p>Think local act personal – personalised care and support planning tool https://www.thinklocalactpersonal.org.uk/Latest/Making-it-Real-how-to-do-personalised-care-and-support/</p>

Quality Indicator 5.2: Carers, friends and family members are encouraged to be involved in delivering care and support

Key areas include the extent to which:

- Carers, friends and family members are encouraged to be involved in delivering care and support
- the views of carers and family members are heard and meaningfully considered.

Quality Illustrations

Very Good	Weak
<p>There is a supportive and inclusive approach to involve all carers and family members in the delivery of care and support if this is important to the person living in the care home. Where family members have learning or communication difficulties or where English is their second language, they are appropriately supported to be able to express their views fully. Leaders engage meaningfully with people and, with consent, their families. Leaders take a collaborative approach to ensure that they have a thorough understanding of people's views, wishes and expectations.</p> <p>The service understands that the right of family members to be involved in care and decision-making hinges on the consent of the individual, and that the wishes and best interests of the person living in the care home must be taken into account. Where there are disagreements, these are responded to sensitively and a shared way forward is sought.</p> <p>Where guardianship or power of attorney are in place, staff are clear which legal powers are relevant, and fully involve and consult with the guardian.</p>	<p>Leaders either seldom engage with the families of people, or fail to do so in a meaningful way. There are limited ways for friends or family to be involved and these are often one-way or tokenistic. The views of friends and family are not effectively heard by leaders, resulting in a limited understanding of their views, wishes and expectations. There is little evidence of changes being made to how care and support is provided as a result of this involvement.</p> <p>Where people are the subject of guardianship or powers of attorney, the care home staff don't fully recognise or understand what this means, or where decision-making powers lie. Leaders are not clear when someone lacks capacity to consent, or how to proceed if this is the case.</p> <p>Low expectations or over-protective attitudes from some family members are allowed to define the extent of people's ambition or outcomes.</p>
<p>The care home is led in a way that is strongly influenced by people who live there, with the opportunity for family members, friends and carers where appropriate, to be involved in a variety of ways. The views, choices and wishes of people who live in the care home, and their family members, inform changes in how care and support is provided, even where that challenges previous approaches.</p> <p>If the person living in the care home agrees, families, as well as people who live in the service, have the opportunity to be involved in making recruitment decisions in a meaningful way.</p> <p>The care home staff understand the complexities of family relationships and can provide support to people to try to re-connect with friends or family where these relationships have broken down.</p> <p>Staff understand the value of positive peer support in providing support and improving outcomes for people.</p>	<p>Support for those with learning or communication difficulties or those who have English as a second language is limited. People, and their families, have no or limited opportunity to be involved in making recruitment decisions, or their wishes carry little weight in decision-making.</p> <p>Information about people living in the care home is shared with their family members, friends or carers without appropriate consent. Leaders lack knowledge about informed consent.</p> <p>Leaders in the service don't recognise the value of support provided by individuals who are important to the person living in the care home.</p>

Scrutiny and Improvement Toolbox

Scrutiny and improvement support actions	Key improvement resources
<ul style="list-style-type: none">• Observations of practice and interactions• Discussion with people, staff and relatives• Care and support plans• Care plan Review and action plan minutes• Meeting minutes and action plans for people, staff and relatives.• Systems for acting on feedback, including complaints	<p>Carers Act: http://www.gov.scot/Topics/Health/Support-Social-Care/Unpaid-Carers/Implementation/Carers-scotland-act-2016</p> <p>Equal Partners in Care: http://www.sks.org.uk/equalpartnersincare</p> <p>Carers Trust: Triangle of care Carers included https://professionals.carers.org/working-mental-health-carers/triangle-care-mental-health</p> <p>SSSC Guidance: http://www.sssc.uk.com/workforce-development/our-current-work/carers</p> <p>Mental Welfare Commission – guidance for people providing residential care for people subject to the AWI 2000 act. https://www.mwscot.org.uk/publications/good-practice-guides/</p> <p>Mental Welfare Commission – Carers and Confidentiality good practice guide. https://www.mwscot.org.uk/publications/good-practice-guides/</p>