



care
inspectorate

Assessment of staffing guidance: non-premises-based services



HAPPY TO TRANSLATE

Introduction

This interim guidance has been designed to support providers of non-premises-based care services to ensure they are appropriately assessing, providing and deploying staff to meet the needs of people using their services.

The content is useful for a range of service providers, with a focus upon those providing care at home and housing support services to young people and adults. Care service definitions are formally detailed within [Schedule 12 of the Public Services Reform \(Scotland\) Act 2010](#).

Our guidance can refer to people using social care services in a range of ways, for example 'young people' and 'people experiencing care.' In this guidance, we will use 'people' as this is the known preference of those who are using care at home and housing support services.

Inspectors may also refer to this guidance on inspection, for example, where intelligence may lead us to believe that staffing levels, skill mix, and staff deployment are not being appropriately assessed. Examples of this may be evidence of poor outcomes for people, an increase in incidents, number of complaints, staff absence, or a complaint investigation.

Background

Current legislation

We regulate staffing under [regulation 15 of the Public Services Reform Act 2010](#).

The legislation states that:

A provider must, having regard to the size and nature of the care service, the statement of aims and objectives and the number and needs of service users:

- (a) ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare, and safety of service users; and
- (b) ensure that persons employed in the provision of the care service receive—
 - (i) training appropriate to the work they are to perform; and
 - (ii) suitable assistance, including time off work, for the purpose of obtaining further qualifications appropriate to such work.

New legislation

[The Health and Care \(Staffing\) \(Scotland\) Act 2019](#) brings into legislation requirements and guiding principles for staffing by the NHS and providers of care services. This comes into effect from April 2024, after which Regulation 15 of the Public Services Reform Act 2010 will be revoked.

The guiding principles of the Act state the main purposes of staffing for healthcare and care services are:

- to provide safe and high-quality services to ensure the best healthcare or (as the case may be) care outcomes for service users.

Section A: Assessment of staff deployment to support responsive care and support

The goals and outcomes described in each person's personal plan should be consistent with any outcomes or goals that were specified when the service was commissioned for them. Approaches to risk enablement should consider any risks identified by the commissioner of the service. Significant and substantial changes in support needs that may require adjustments to the service being commissioned should be communicated to the commissioner to ensure that the service remains aligned with the person's needs.

The following factors are examples which may be useful to consider for each person who uses the service, taking account of commissioning expectations, policies and procedures, and the impact on staffing.

| Factor | Expanded consideration |
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| Support needs | <p>Each person should have a personal plan that sets out how their needs will be met, as well as their wishes and choices. This will identify what support they need from staff. It should include:</p> <ul style="list-style-type: none"> • goals and outcomes they want from using this service. • Housing support activities that require support to maintain accommodation and meet the duties and responsibilities as a tenant. • Personal support needs including, <ul style="list-style-type: none"> • eating and drinking • washing, and bathing • dressing • skin care • movement (including use of equipment for moving and assisting and numbers of staff required) • continence support • how people are supported to maintain their independence. • Support to monitor individuals' health, such as: <ul style="list-style-type: none"> • skin care • nutrition • medication, • access to GP (General Practitioner) and other health professionals. |

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| | <ul style="list-style-type: none"> • Wellbeing support, such as: <ul style="list-style-type: none"> • encouraging independence • recognising loneliness • providing reassurance • support with stress or distress • supporting mental health wellbeing. • Social needs of people to: <ul style="list-style-type: none"> • stay connected with family and friends • develop and maintain friendships • access the community • go to clubs • engage in activities • attend religious services. • Personal preferences of people including: <ul style="list-style-type: none"> • what time do they like to get up, eat, go to bed • what are their interests, hobbies • how do they spend their day • what are their likes and dislikes? • Ways that support helps a person maintain engagement in meaningful tasks and occupations to keep their sense of identity, role, and self-worth. • What changes in an individual's abilities, routine and behaviours would result in reporting to others such as professionals and people important to the individual. |
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| <p>Changes in support needs</p> | <p>As people's circumstances change it is essential that:</p> <ol style="list-style-type: none"> (1) the care and support they receive is right for them and provided by the right number of people, at the right time with the right skill (2) safe and high-quality services are provided to ensure the best healthcare and care outcomes for people. |
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This could include:

End of life Care: Each individual's circumstance, as they near the end of their lives, should be considered. People's wishes (and if important to them, their families wish) should be reflected in their personal plan. For those who choose to die at home, there this may require support staff to work alongside other health and care professionals as responsive care and support is planned and delivered.

Experiences of stress and distress: Support staff have a responsibility to be responsive and adaptable to meet people's communication needs. Some people may require more support with communication at certain times, at a pace and in a manner suited to them. This could include when people are experiencing stress and distress. Consider and implement agreed personal plans that include strategies to support better outcomes for people could require time and a range of approaches to successfully support the person. The impact of stress and distress on others such as family and friends should also be considered. Staff require sufficient time to provide meaningful reassurance and support.

Lifestyle changes: The time required should be considered when a person moves into education, training or employment, taking account of any wellbeing support required, the different routine and travel, and the staffing skill and deployment required to facilitate this safely and effectively. This should include the time required to review personal plans with people as their health and wellbeing needs change.

Maximising potential: The circumstances under which additional staff support could be required in response to an increase in physical need or reduction in confidence, such as after a fall, an episode of delirium or a difficult outing to the shops.

First tenancy: Providing support to someone moving into their first home and collaborating with them to source suppliers. Support staff require time to build individuals skills and confidence and enable them to start to making decisions about their own future.

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| <p>Risks</p> | <p>Risk enablement: Consider the ways in which people are supported with risk. Collaborate with the person using the service, family, friends, and professionals to enable appropriate risk taking. Make it possible for people to make choices about risks that they chose to take and ensure that staffing levels and skill mix do not restrict people unnecessarily. For instance, enabling people to make a cup of tea or set up a social media account. It might be more involved like supporting people to go out independently despite a change in physical or mental health.</p> <p>Risk management: This is about managing risk, not taking risk away completely. This should consider individual risk assessment and personal plans that people have in place to help them enable and manage identified risks. This will include risks to the health and wellbeing of staff, staff resources and deployment to support people and minimise the occurrence of adverse events. For example, the service should ensure they have sufficient staff to follow any pre-agreed arrangements, policies or procedures relating to health and safety.</p> <p>Further information on supporting personal outcomes and risk enablement can be found in our personal planning guides for providers.</p> |
| <p>Other considerations</p> | <p>Support staff are often the only professional group who see people daily and can notice the subtle changes in the person’s physical health or psychological wellbeing. Consistency in care and support enables staff to monitor the people they care for and to recognise, report and respond to any changes. This may include changes in the person’s ability, behaviour, or presentation. Monitoring by support staff enables action to be taken to get the right care, support and/or treatment at the right time for that person.</p> <p>How much time does the person spend with their support worker to develop and review their support plan, choose activities, and review their support? How often are care review and meetings taking place, and what support do people need before, during and after these meetings?</p> <p>Ensure there is time available for staff to update personal plans, carry out reviews, have contact with relatives and professionals and other aspects of staffs’ role out with direct care.</p> <p>Contact with commissioners to consider whether any additional resources, interventions or expertise are required to ensure the best possible outcomes are achieved for individuals.</p> |

Section B: Assessment of staffing

The following factors may be useful to consider looking at staffing availability, skill mix and deployment, taking account of policies and procedures.

| Factor | Extended consideration |
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| <p>Identify staff availability</p> | <p>The appropriate mix of staff skills and experience required to meet the needs of people using the service.</p> <p>The number of staff required to meet the needs and preferences of people using the service. A diverse workforce that is balanced across the different protected characteristics, with the required number of staff would help to meet the needs and preferences of the people using the service. For example, requesting someone of the same sex to help with personal matters would promote privacy, dignity, and respect.</p> <p>Does the person receive support from other services? Are these services well-coordinated and communicated in the best way to meet the persons need? For example, the timing for support with medication and the appropriate allocation and review of short-visit periods of support to ensure good outcomes for individuals.</p> <p>The demands for service provision in certain localities, and how this is considered through the assessment process</p> <p>Staff shift patterns</p> <p>How staff are deployed, such as geographically, and do staff have time to travel between the visits.</p> <p>The key times staff are required, for instance, supporting people with their morning routines, to go to school or activities, to have meals at their preferred time.</p> <p>The flexibility required to provide support for a particular purpose, such as a hospital appointment.</p> <p>Take account of significant events for people, such as bereavement of a spouse or parent, use of mobility equipment, house moves.</p> <p>Outbreaks of infectious disease and the impact of this on people and staffing for instance, Covid-19, Norovirus.</p> <p>Availability due to training/development/leave. Is this scheduled regularly whilst enabling capacity in the team.</p> |

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| Identify planned time for staff development | <p>Include supervision, appraisal, training, and development, supporting wellbeing and team meetings - considering the reduced capacity for direct support to people during these times.</p> <p>Similar protected time is required for office-based staff - considering the reduced capacity for direct support to staff during these times. Codes of Practice for Social Service Workers and Employers - Scottish Social Services Council</p> |
| Identify planned time for allocated tasks | <p>For front line workers include, professional meetings, discussions, care plan reviews, report writing.</p> <p>The review of quality assurance systems in place to monitor the quality of staffing assessment and the outcomes.</p> |
| Identify planned time for supporting induction | <p>Supervision, appraisal, training, and development for new / bank / agency staff.</p> <p>This should also consider the initial time required to review personal plans before supporting people</p> |
| Identify planned time to complete tasks away from direct practice | <p>This could include referrals to other agencies, such as the fire service for home safety checks, contacting families or educational establishments.</p> |
| Identify planned time for supervisory arrangements | <p>Activities such as observations of staff practice, moving and handling competence or observing how staff support an individual at a time of crisis.</p> |

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| Records services must keep – staffing levels and deployment | Where the service provides support to children / young people / people in their own homes, keep records that detail missed and late visits. The record should show an analysis of the information showing cause, effect, and necessary action. |
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