**Document Purpose:** Best Practice Guidance  

**ROCR Ref:**  

**Gateway Ref:** 14641  

**Title:** ESSENCE OF CARE 2010  

**Author:** DEPARTMENT OF HEALTH  

**Publication Date:** 1ST OCTOBER 2010  

**Target Audience:**  
- PCT CEs, NHS Trust CEs, Care Trust CEs, Foundation Trust CEs  
- Directors of Nursing, Local Authority CEs, Directors of Adult SSs, PCT PEC Chairs, Special HA CEs, Allied Health Professionals, GPs, Communications Leads, Emergency Care Leads, Directors of Children’s SSs, Universities UK, RCN, RCM, AHPF, SHA Lead Nurses, SHA AHP Leads, Patient Organisations  

**Circulation List:**  
- PCT CEs, NHS Trust CEs, Care Trust CEs, Foundation Trust CEs  
- Directors of Nursing, Local Authority CEs, Directors of Adult SSs, PCT PEC Chairs, Special HA CEs, Allied Health Professionals, GPs, Communications Leads, Emergency Care Leads, Directors of Children’s SSs, Voluntary Organisations/NDPBs, Universities UK, RCN, RCM, AHPF, SHA Lead Nurses, SHA AHP Leads, Patient Organisations  

**Description:** Essence of Care 2010 includes all the benchmarks developed since it was first launched in 2001, including the latest on the Prevention and Management of Pain. All the benchmarks have been reviewed to reflect the current views of people requiring care, carers and staff  

**Cross Ref:** Essence of Care 2001, Communication, Promoting Health and Care Environment  

**Superseded Docs:** Essence of Care 2001 Gateway No. 4656 and 8489  

**Action Required:** N/A  

**Timing:** N/A  

**Contact Details:**  
- Gerry Bolger  
- CNO Directorate - PLT  
- 5E58, Quarry House  
- Quarry Hill, Leeds  
- LS2 7UE  
- 01132546056  
- www.dh.gov.uk  

**For Recipient’s Use**
Essence of Care 2010

BENCHMARKS FOR THE FUNDAMENTAL ASPECTS OF CARE

Benchmarks for Record Keeping
Published by TSO (The Stationery Office) and available from:

Online
www.tsoshop.co.uk

Mail, Telephone, Fax & E-mail
TSO
P0 Box 29, Norwich, NR3 1GN
Telephone orders/General enquiries: 0870 600 5522
Fax orders: 0870 600 5533
E-mail: customer.services@tso.co.uk
Textphone 0870 240 3701

TSO@Blackwell and other Accredited Agents

Customers can also order publications from:
TSO Ireland
16 Arthur Street, Belfast BT1 4GD
Tel 028 9023 8451 Fax 028 9023 5401

Published with the permission of the Department of Health on behalf of the Controller of Her Majesty’s Stationery Office.

© Crown Copyright 2010
All rights reserved.

Copyright in the typographical arrangement and design is vested in the Crown. Applications for reproduction should be made in writing to the Office of Public Sector Information, Information Policy Team, Kew, Richmond, Surrey, TW9 4DU.

First published 2010
ISBN 978 0 11 322881 2
Printed in the United Kingdom for The Stationery Office.

J002352911 cXX 09/10
Contents

Best Practice – General Indicators 4

Factor 1
Access to care records 9

Factor 2
Single records 10

Factor 3
Practice and evidence 12

Factor 4
Security 13
Best Practice – General Indicators

The factors and indicators for each set of benchmarks focus on the specific needs, wants and preferences of people and carers. However, there are a number of general issues\(^1\) that must be considered with every factor. These are:

**People’s experience**
- People feel that care is delivered at all times with compassion and empathy in a respectful and non-judgemental way
- The best interests of people are maintained throughout the assessment, planning, implementation, evaluation and revision of care and development of services
- A system for continuous improvement of quality of care is in place

**Diversity and individual needs**
- Ethnicity, religion, belief, culture, language, age, gender, physical, sensory, sexual orientation, developmental, mental health, social and environmental needs are taken into account when diagnosing a health or social condition, assessing, planning, implementing, evaluating and revising care and providing equality of access to services

**Effectiveness**
- The effectiveness of practice and care is continuously monitored and improved as appropriate
- Practice and care are evidence-based, underpinned by research and supported by practice development

**Consent and confidentiality**
- Explicit or expressed valid consent is obtained and recorded prior to sharing information or providing treatment or care

People’s best interests are maintained where they lack the capacity to make particular decisions.  
Confidentiality is maintained by all staff members

People, carer and community members’ participation

- People, carers’ and community members’ views and choices underpin the development, planning implementation, evaluation and revision of personalised care and services and their input is acted upon
- Strategies are used to involve people and carers from isolated or hard to reach communities

Leadership

- Effective leadership is in place throughout the organisation

Education and training

- Staff are competent to assess, plan, implement, evaluate and revise care according to all people’s and carers’ individual needs
- Education and training are available and accessed to develop the required competencies of all those delivering care
- People and carers are provided with the knowledge, skills and support to best manage care

Documentation

- Care records are clear, maintained according to relevant guidance and subject to appropriate scrutiny
- Evidence-based policies, procedures, protocols and guidelines for care are up-to-date, clear and utilised

Service delivery

- Co-ordinated, consistent and accessible services exist between health and social care organisations that work in partnership with other relevant agencies

---

■ Care is integrated with clear and effective communication between organisations, agencies, staff, *people* and carers
■ Resources required to deliver care are available

**Safety**

■ Safety and security of *people*, carers and staff is maintained at all times

**Safeguarding**

■ Robust, integrated systems are in place to identify and respond to abuse, harm and neglect<sup>3</sup>
■ All agencies working with babies, children and young *people* and their families take all reasonable measures to ensure that the risks of harm to babies, children’s and young *people’s* welfare are minimised.<sup>4</sup>

---


Benchmarks for Record Keeping

**Agreed person-focused outcome**

*People* benefit from records that promote communication and high quality care

**Definitions**

For the purpose of these benchmarks, a *care record* is:

*any paper or electronic-based record which contains information or personal data pertaining to people’s care.*

For simplicity, *people requiring care* is shortened to *people (in italics)* or omitted from most of the body of the text. *People* includes babies, children, young people under the age of 18 years and adults. *Carers* (for example, members of families and friends) are included as appropriate.

The term *carers* refers to those who ‘look after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid’. (adapted from Carers UK, 2008). Please note, within these benchmarks it is acknowledged that the term ‘carer’ can include children and young people aged under 18 years.

The term *staff* refers to any employee, or paid and unpaid worker (for example, a volunteer), who has an agreement to work in that setting and is involved in promoting well-being.

The *care environment* is defined as an area where care takes place. For example, this could be a building or a vehicle.

The *personal environment* is defined as the immediate area in which a person receives care. For example, this can be in a person’s home, a consulting room, hospital bed space, prison, or any treatment/clinic area.
**Agreed person-focused outcome**

*People benefit from records that promote communication and high quality care*

<table>
<thead>
<tr>
<th>Factor</th>
<th>Best practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Access to care records</td>
<td><em>People are able to access their care records in a format that meets their needs</em></td>
</tr>
<tr>
<td>2. Single records</td>
<td><em>People have a single, lifelong, multi-professional and multi-agency (where appropriate) care record which supports integrated care</em></td>
</tr>
<tr>
<td>3. Practice and evidence</td>
<td><em>People’s care records demonstrate that their care is evidence-based</em></td>
</tr>
<tr>
<td>4. Security</td>
<td><em>People’s care records are safeguarded</em></td>
</tr>
</tbody>
</table>
Factor 1
Access to care records

Please note that this benchmark must be used in conjunction with the How to use Essence of Care 2010 document

Indicators of best practice for factor 1
The following indicators underpin best practice:

a. general indicators (see page 4) are considered in relation to this factor
b. people have access to their care records
c. people’s and the public’s awareness of accessibility of care records is promoted
d. people are aware that there are circumstances in which part of their care record may not be accessible, for example, if a professional considers it likely to cause serious harm to people or others
e. people have a copy of their care plan (where appropriate)
f. information about care records is provided in a format that is accessible to people
g. systems are in place for the efficient retrieval of care records
h. add your local indicators here
Factor 2
Single records

Please note that this benchmark must be used in conjunction with the How to use Essence of Care 2010 document

Indicators of best practice for factor 2

The following indicators underpin best practice:

a. general indicators (see page 4) are considered in relation to this factor

b. a single electronic care record is utilised amongst all relevant staff and services (where possible and appropriate) to provide consistency and continuity of care

c. care records that are held by people are user friendly and meet any special needs

d. staff discuss and agree with people what they are going to write in the care records

e. care records are comprehensive, accurate, clear and free from unauthorised abbreviation
f. care records are audited against regulatory and professional standards, and local and national guidance\(^5\) for record keeping, such as the NHS Care Records Guarantee,\(^6\) Records Management Code of Practice,\(^7\) and Information Governance guidance\(^8\)

g. staff are competent to create, use and maintain care records, including the ability to keep accurate, comprehensive, care records

h. care records are shared by staff according to Caldicott principles\(^9\) and information sharing protocols

i. *add your local indicators here*

---


Factor 3
Practice and evidence

Please note that this benchmark must be used in conjunction with the *How to use Essence of Care 2010* document

Indicators of best practice for factor 3

The following indicators underpin best practice:

a. *general indicators (see page 4) are considered in relation to this factor*

b. *people’s care records demonstrate that their care follows evidence-based guidance and any variance from this is explained*

c. *recorded variance is analysed and used to inform changes in people’s care*

d. *agreement is reached between staff on evidence-based documentation*

e. *people’s involvement in the development of evidence-based documentation is facilitated and supported*

f. *audits are undertaken of care records, the results are used to improve practice and care*

g. *review of quality and content of documentation is evident*

h. *add your local indicators here*


Factor 4
Security

Please note that this benchmark must be used in conjunction with the How to use Essence of Care 2010 document

Indicators of best practice for factor 4

The following indicators underpin best practice:

a. general indicators (see page 4) are considered in relation to this factor
b. people’s confidentiality is respected

c. people are aware that there are circumstances in which confidential information about them may be used or disclosed, for example, reporting infectious diseases, births of children or where there is a court order
d. people are aware of the choice they have to decide whether their information can be disclosed or used in particular ways
e. people’s confidentiality is respected according to Caldicott principles
f. arrangements are in place to send and receive confidential information in a secure setting, such as when sending faxes of information concerning care
g. paper and electronic records can only by accessed by specified individuals using a secure system

h. people’s care records on removable media (such as tapes, disks, laptop and handheld computers, optical discs (DVD and CD-ROM), solid state memory cards, memory sticks and pen drives) is encrypted to the appropriate standards

i. care records and information concerning people are not left accessible or in public places, for example, there is a ‘clear desk’ policy in place that is adhered to and staff ‘log out’ of electronic record systems when not in use

j. care records are stored and transported securely and there is a record tracking system in place

k. there is a system to dispose of care records appropriately that includes their destruction

l. *add your local indicators here*