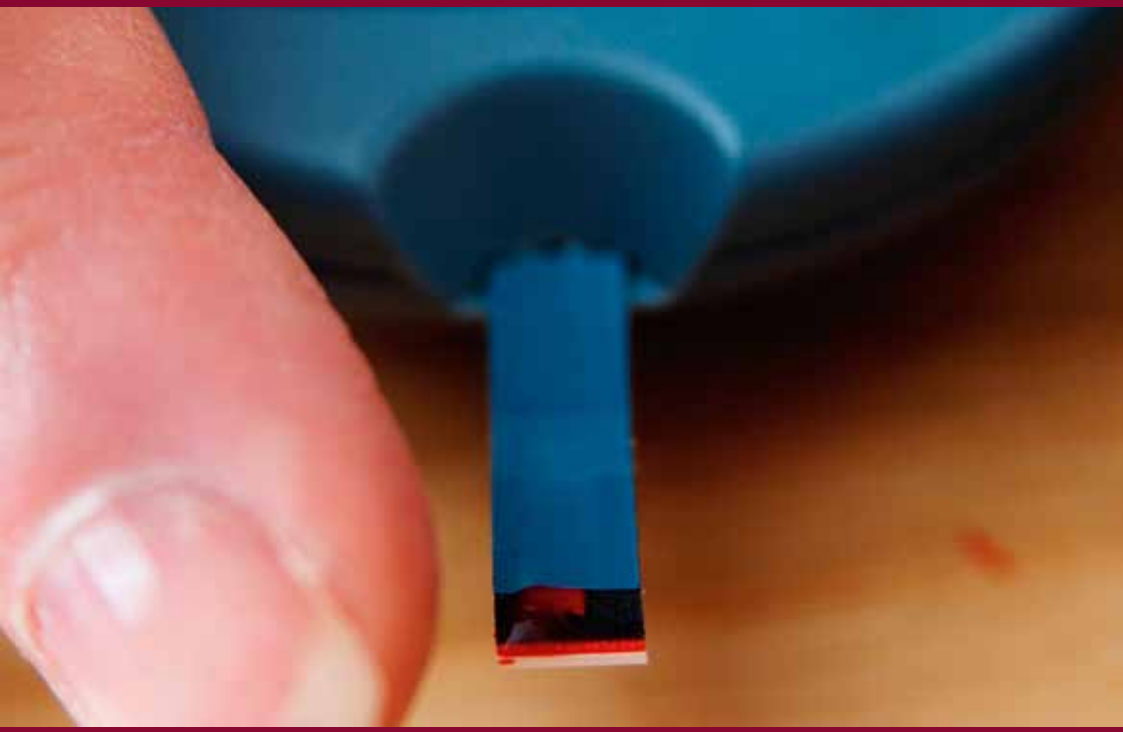
NHS

Essence of Care 2010

Benchmarks for Self Care



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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	
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Essence of Care 2010

BENCHMARKS FOR THE FUNDAMENTAL ASPECTS OF CARE

Benchmarks for Self Care

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Contents

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

1 Also see Department of Health (2010) NHS Constitution The NHS belongs to us all. Department of Health: London accessed 07 May 2010 at http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_113645.pdf

- *People*'s best interests are maintained where they lack the capacity to make particular decisions.[2]
- 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

2 Mental Capacity Act 2005 accessed 25 November 2008 at http://www.legislation.gov.uk/ukpga/2005/9/contents

- 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[3]
- 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.[4]

3 Department of Health (2010) Clinical Governance and Adult Safeguarding – An Integrated Approach Department of Health: London accessed 30 May 2010 at http://www.dh.gov.uk/prod_consum_dh/groups/dh.digitalassets/@dh/@en/@ps/documents/digitalasset/dh_112341.pdf

4 Department of Health (2006) Safeguarding Children. A Summary of the Joint Chief Inspector's Report on Arrangements to Safeguard Children Department of Health: London accessed 30 May 2010 at http//www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4103428

Benchmarks for Self Care

Agreed person-focused outcome

People have control over their care

Definitions

For the purpose of these benchmarks, '**self care**' **(or people caring for themselves)** is:

> *the choices people make and the actions people take on their own behalf in the interest of maintaining their health and well-being.*

People can care for themselves in various ways including managing their:

- health (lifestyle)
- health status information (monitoring and diagnosis)
- care choices (decisions)
- illness (treatment, care and rehabilitation).

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 a person's home, a consulting room, hospital bed space, prison, or any treatment/clinic area.

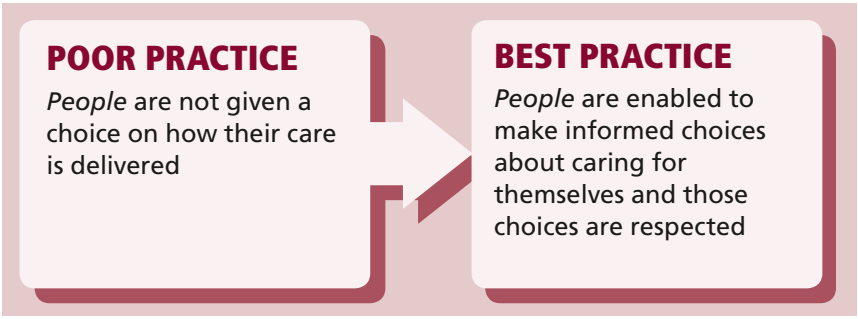
Agreed person-focused outcome

People have control over their care

Factor	Best practice
1. Choice	*People* are enabled to make informed choices about caring for themselves and those choices are respected
2. Assessment, planning, implementation, evaluation and revision of care	*People's* ability to care for themselves is continuously assessed, planned, implemented, evaluated and reviewed to meet their needs
3. Risk	*People's* care is continuously assessed for risk of harm to themselves and their carers, and is revised to meet their needs
4. Knowledge and skills	*People* and carers have the knowledge and skills to manage relevant aspects of *people's* care
5. Partnership	*People*, carers, staff and/organisations work in partnership to meet care needs
6. Access to services and resources	*People* and carers can access services and resources to enable them to manage relevant aspects of care
7. Environment	*People's* environment promotes their ability to care responsibly for themselves

Factor 1
Choice

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 support best practice for caring for themselves:

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

b. *people* are informed of all options of how care can be delivered, including what care can be provided and what care they can undertake themselves

c. *people's* options of care delivery are discussed and their choices and preferences obtained, respected and met (where appropriate)

d. options of care delivery are discussed with carers as appropriate, and their choices and preferences obtained, respected and met (where appropriate)

e. consistent information is provided by staff

f. evaluation and revision of care continues to reflect *people's* choices

g. *add your local indicators here*

Factor 2

Assessment, planning, implementation, evaluation and revision of care

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 support best practice for caring for themselves:

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

b. assessment is undertaken which includes ongoing review and documentation of *people's* ability to care for themselves

c. assessment is undertaken which includes ongoing review and documentation of the carers' ability to support *people* caring for themselves

d. staff are competent to assess *people's* ability and confidence to care for themselves and the carers' ability and confidence to support *people*

e. assessment informs, and is reflected, in care

f. *people's* views are sought and used to inform self-care assessment, planning, implementation and evaluation

g. care plans are agreed with *people* and carers, and these are used and evaluated

h. *people* and carers participate as partners in planning and evaluating services

i. relevant staff, services and agencies are involved in assessing, planning and delivering and evaluating care

j. *people's* satisfaction is assessed and any complaints or problems addressed in a timely manner

k. *add your local indicators here*

Factor 3
Risk

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 support best practice for caring for themselves:

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

b. a current evidence-based tool that incorporates all key risk factors is utilised to assess risk of harm

c. risk is assessed and reassessed within an appropriate time frame

d. *people's* and carers' acceptance of risk of harm is documented

e. education and training concerning risk assessment and acceptability, and special care needs is provided to *people*, carers and staff

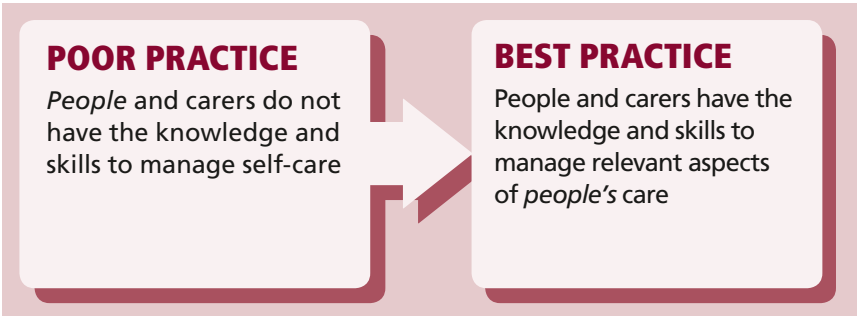
f. risks, incidents, complaints and concerns are recorded, monitored, analysed and results are shared and used to improve care

g. risk assessment data is used to inform care plans

h. *add your local indicators here*

Factor 4
Knowledge and skills

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 support best practice for caring for themselves:

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

b. *people's* and carers knowledge and skills are assessed

c. education and training needs of *people* and carers are assessed and learning outcomes are identified, agreed and met

d. education and training are available for *people* and carers to enable them to manage and deliver relevant aspects of self care

e. the views and expectations of *people* and carers are used to inform education and training programmes

f. information concerning assistance available when *people* cannot care for themselves or in an emergency, is provided to *people* and carers

g. information is provided in a format that meets *people's* and carers' individual needs

h. expert resources are available to enable *people* to develop knowledge and skills, such as the Expert Patients Programme

i. add your local indicators here

Factor 5
Partnership

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 5

The following indicators support best practice for caring for themselves:

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

b. staff and/organisations work and communicate effectively with each other, *people* and carers

c. documentation enables joint and comprehensive assessment and promotes partnership with *people* and carers, for example, by having shared contracts

d. opportunities exist for *people* and carers to engage in partnership meetings

e. efficiency and effectiveness of partnership arrangements are continuously monitored and evaluated

f. *people's* and carers' views are used in staff education programmes

g. *add your local indicators here*

Factor 6
Access to services and resources

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 6

The following indicators support best practice for caring for themselves:

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

b. a list of local and national services and resources to meet needs within a geographical area or community is available and accessible, this includes, for example, health and social services, voluntary services and/ organisations, trades people and complementary therapies

c. *people* and carers know how to access services and resources, for example, by using the Citizen's Advice Bureau, NHS Direct etc

d. *people's* and carers awareness and uptake of service and resources is monitored and evaluated

e. information of services and resources is evidence-based, up-to-date and available in a language and format that *people* and carers can understand. This includes, for example, large print

f. arrangements for immediate access to services and resources are in place to enable, for example, an earlier discharge

g. add your local indicators here

Factor 7
Environment

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 7

The following indicators support best practice for caring for themselves:

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

b. *people*, carers and staff work together to identify risk factors, and adaptations required, to enable and encourage *people* to care for themselves independently (where possible)

c. adaptations are made to the environment (or are offered to people) to enable *people* to care for themselves

d. infection control arrangements ensure the safety of *people* and carers

e. *add your local indicators here*

Notes

Notes

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