**NHS**

# Essence of Care
## 2010

### Benchmarks for Care Environment



**DH** Department of Health

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# Essence of Care 2010

*BENCHMARKS FOR THE FUNDAMENTAL ASPECTS OF CARE*

**Benchmarks for Care Environment**

# 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

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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]

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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 Care Environment

**Agreed person-focused outcome**

*People* are confident that the care environment meets their needs and preferences

## Definitions

For the purpose of these benchmarks, the **care environment** is defined as:

*an area where care takes place. For example,
this could be a building or a vehicle.*

The term **people** refers to all people, other than staff, who are visiting or are resident in the care environment.

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 **personal environment** is defined as the immediate area in which an individual 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* are confident that the care environment meets their needs and preferences

| Factor | Best practice |
|--------|---------------|
| 1. Access to the care environment | *People* can access the care environment easily and safely |
| 2. Culture – 'How it feels' | *People* feel comfortable, safe, reassured, confident and welcome |
| 3. Well-maintained environment | *People* experience care in a tidy and well-maintained area |
| 4. Clean environment | *People* experience care in a consistently clean environment |
| 5. Infection control precautions | *People* feel confident that infection control precautions are in place |
| 6. Personal environment | *People's* personal environment is managed to meet their needs |
| 7. Linen and furnishings | *People's* care is supported by effective use of linen and furnishings |

# Factor 1
## Access to the care environment

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

### POOR PRACTICE
*People* have great difficulty accessing the care environment

### BEST PRACTICE
*People* can access the care environment easily and safely

## Indicators of best practice for factor 1

The following indicators support best practice for the care environment:

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

b. up-to-date information about the care environment, facilities and how to access them, is readily available and given in advance (where applicable)

c. parking and 'set down' points are near care areas (where possible) and transport (including links with public transport) is available for those who need it

d. car parking charges are kept to a minimum and access is given to the hospital travel costs scheme

e. the entrance of the care environment is obvious, clearly sign posted, safe, welcoming, and easily reached and entered

f.  a reception and/or helpdesk and/or help lines are in place to assist people in navigating through the environment (where applicable)

g.  all staff are responsive, welcoming and provide directions to people

h.  signage and maps are clear, consistent, logical and easy to understand

i.  the environment is easy to move around, encourages independence of all people and assistance is available as required

j.  facilities are colour coded (where appropriate) and/or nationally recognised symbols used to assist with recognition

k.  resources are available to facilitate communication

l.  systems for eradicating, minimising and managing queuing and waiting (for example, appointment systems, use of tickets etc) are consistent and easy to understand. Places are available for rest and/or privacy

m.  facilities for refreshments are available at all times for people

n.  all relevant health and safety risk assessments have been completed

o.  *add your local indicators here*

# Factor 2
## Culture – 'How it feels'

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

### POOR PRACTICE
*People* feel uncomfortable, afraid, ignored, vulnerable and abandoned

### BEST PRACTICE
*People* feel comfortable, safe, reassured, confident and welcome

## Indicators of best practice for factor 2

The following indicators support best practice for the care environment:

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

b.  the environment feels pleasant, calm, secure, safe and reassuring

c.  people are welcomed immediately into the area. If staff are not present there are clear instructions informing them in a friendly manner where to wait, or who to contact and how, and what facilities are available for their use

d.  people know who is 'in charge'

e.  people are familiarised with their surroundings in a polite and friendly manner

f.  people feel that staff are consistently approachable, courteous, trustworthy, friendly, responsive to their needs and supportive of their rights

g.  people know who is looking after them and staff introduce themselves to people on initial contact

h.  staff respond to people's requests for assistance in a timely and willing manner

i.  complaints, compliments, people's stories, observations of care and other experiences are sought actively and used to improve care

j.  staff are visible, well presented, professional and easily identifiable

k.  a uniform policy and/or dress code is enforced

l.  people are confident that all staff are competent to do their job

m.  team working is evident and is demonstrated by good relationships between staff

n.  a learning culture for staff, students, people and carers is evident

o.  *add your local indicators here*

# Factor 3
## Well-maintained environment

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

### POOR PRACTICE
*People* experience care in a cluttered and poorly maintained environment

### BEST PRACTICE
*People* experience care in a tidy and well-maintained area

## Indicators of best practice for factor 3

The following indicators support best practice for the care environment:

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

b.   a good first impression is created by a tidy and well-maintained care environment

c.   the nature and quality of lighting and use of colour in furnishings and decorations support a therapeutic and/or healing environment

d.   furnishings (for example, chairs, wall coverings, floors, carpets, doors) are all in good repair and have no stains or marks

e.   notice boards are up-to-date, uncluttered, attractive, easy to read and at an appropriate height

f.   there is no litter and bins are readily available

g. the area is the appropriate temperature, has natural daylight (where possible) and lighting can be controlled by people receiving care (where appropriate)

h. toilet, bathroom and shower areas are free from clutter

i. corridors, doors and exits are clear and free from clutter

j. storage facilities are managed to best effect and equipment is put away in the correct location after use

k. systems are in place to remove unwanted items for timely and appropriate disposal

l. there is sufficient storage for people's belongings

m. waste disposal is managed well according to legislation

n. linen and laundry segregation, storage and disposal are managed well and appropriately

o. staff ensure and maintain tidiness

p. people, people's representatives and carers are encouraged to participate in the monitoring of tidiness

q. co-ordination of activities associated with tidiness and maintenance are the responsibility of a specified role, such as that of a housekeeper or designated other. Repairs are carried out promptly where applicable

r. an improvement programme is in place that is appropriate and monitored regularly

s. *add your local indicators here*

# Factor 4
## Clean environment

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

### POOR PRACTICE
People experience care in a dirty environment

### BEST PRACTICE
People experience care in a consistently clean environment

## Indicators of best practice for factor 4

The following indicators support best practice for the care environment:

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

b. the internal and external areas are clean and there are no avoidable or unwanted odours

c. cleaning arrangements are flexible to meet the needs of people requiring care

d. adequate hand washing facilities are available

e. regular routines for cleaning and managing waste are in place and meet the national standard

f. all areas are checked for cleanliness on a regular basis

g. cleaning equipment is readily available and stored appropriately. The national colour code system for cleaning equipment is in place

h.  strategies are in place to ensure all equipment is systematically checked, cleaned and collected

i.  management, co-ordination and monitoring of cleanliness is clearly defined and the responsibility of an identified member of staff

j.  the area meets Patient Environment Action Team (PEAT) requirements

k.  regular cleanliness audits take place, staff know the results of these, and findings are acted upon

l.  people are enabled to raise concerns about cleanliness and request that action is taken

m.  systems are in place to deal with spillages and emergency clearance 24 hours a day

n.  the infection control team ratify cleaning regimes

o.  *add your local indicators here*

# Factor 5
## Infection control precautions

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

### POOR PRACTICE
*People* are exposed to, and/or witness, activities that compromise prevention of infection and infection control

### BEST PRACTICE
*People* feel confident that infection control precautions are in place

## Indicators of best practice for factor 5

The following indicators support best practice for the care environment:

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

b.  people are informed of what they should expect to see and do in relation to infection control measures and are empowered to challenge staff where there are poor hygiene practices

c.  people are informed why specific infection control precautions are taken

d.  clear notices and instructions for people in relation to hygiene and infection control are present and obviously placed

e.  a policy is in place to ensure that people are informed, and provided with information in an appropriate format, if they have an infection

f.  staff clean their hands, as per policy, between tasks and care

g.  equipment is cleaned appropriately between use by different people

h.   staff wear personal protective equipment (PPE) as appropriate, changing between dirty and clean tasks and each episode of care

i.   an infection control and visitors' policy is in place that is followed and regularly reviewed

j.   systems are in place to replace mattresses, mattress covers, baby changing mats, exercise mats, exercise mattresses, cushions, commodes and curtains as appropriate

k.   systems to manage the risk of infection, such as negative pressure systems, are in place (if applicable)

l.   systems are in place to ensure that appropriate initiatives can be implemented to control an outbreak of infection and for protective isolation

m.   audits of infection control precautions and practices are completed and action taken by the accountable manager and relevant staff as required in relation to the results

n.   staff receive education in relation to infection control that is ratified by the infection control team (or appropriate designated person)

o.   the infection control team (or appropriate designated person) are involved in the design of new builds and developments in order to minimise the risk of infection and cross-infection

p.   *add your local indicators here*

# Factor 6
## Personal environment

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

### POOR PRACTICE
There is no recognition of people's personal environment

### BEST PRACTICE
*People's* personal environment is managed to meet their needs

## Indicators of best practice for factor 6

The following indicators support best practice for the care environment:

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

b.   people's personal environment is assessed, and where possible (and, in private accommodation where agreed), adapted to suit their individual needs and preferences

c.   people do not have to share sleeping accommodation or washing and toilet facilities with members of the opposite gender

d.   lighting, temperature, noise, ventilation and security are managed to suit people and the décor and flooring are appropriate to the age and needs of the group of people requiring care

e.   furniture is appropriate for the user and can be cleaned effectively

f.   sufficient seating and, where appropriate, beds or accommodation are readily available and have accessible space for wheelchairs as necessary

g.   where appropriate recreational space is available and people have the opportunity to engage in communal activities and experiences

h.   people have access to fresh air and outside spaces (where appropriate)

i.   staff recognise and promote the need for quiet and rest periods, particularly at night

j.   visiting guidelines are in clear view and are reviewed regularly

k.   telephones, calls, televisions, music, visitors and admissions are managed effectively to minimise disruption

l.   staff conversations are appropriate and quiet

m.   people's belongings are kept secure and accessible

n.   people's meal times are protected from unnecessary interruptions

o.   people's bed linen is clean and changed as required. If clothing is supplied or laundered, including nightwear, it is clean and in good repair

p.   *add your local indicators here*

# Factor 7
## Linen and furnishings

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

### POOR PRACTICE
*People's* care is compromised owing to lack of use of linen and furnishings

### BEST PRACTICE
*People's* care is supported by effective use of linen and furnishings

## Indicators of best practice for factor 7

The following indicators support best practice for the care environment:

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

b.   people have sufficient and appropriate supplies to meet their needs

c.   ordering mechanisms are in place to ensure adequate supplies and minimise wastage

d.   there is clarity around how linen and furnishings are ordered, maintained and stored

e.   ordering and maintenance is the responsibility of a designated role, such as that of a housekeeper

f. sustainable procurement, local suppliers and co-working with the voluntary sector is considered

g. systems are in place to monitor, condemn and replace furnishings and floor coverings

h. *add your local indicators here*

Notes

Notes

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