NHS

Essence of Care 2010

Benchmarks for Safety

DH Department of Health

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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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BENCHMARKS FOR THE FUNDAMENTAL ASPECTS OF CARE

Benchmarks for Safety

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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 Safety

Agreed person-focused outcome

People, their carers, visitors and staff feel safe, secure and supported

Definitions

For the purpose of these benchmarks:

safety is:

> *protection or freedom from physical, mental, verbal abuse, and/or injury*

secure is:

> *certain to remain safe from physical, mental, verbal abuse, and/or injury*

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, their carers, visitors and staff feel safe, secure and supported

Factor	Best practice
1. Orientation	*People* are fully oriented to the care environment, to help them feel safe
2. Assessment – risk of injury	*People* have a comprehensive, ongoing assessment of their risk of injury
3. Assessment – risk to others	*People* have a comprehensive, ongoing assessment of risk to harm others
4. Observation and pPrivacy	*People* experience care in an environment that allows safe observation and privacy
5. Planning, implementation, evaluation and revision of care	*People's* care is planned, implemented, continuously evaluated and revised to meet their safety needs and preferences
6. Positive culture	*People* experience care in a culture that constantly reviews practice and uses learning to improve care

Factor 1
Orientation

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 safety:

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

b. people are oriented to the care environment taking into account their feelings, concerns, abilities, skills and cognitive level

c. orienting each person to a care area is the responsibility of a specified person, this can include staff and other people requiring care (where appropriate)

d. the care environment is adapted (where possible) to help people feel safe and to reduce risk, for example, of slips, trips or falls

e. specific action is taken to make people at risk of feeling vulnerable, feel safe and secure

f. appropriate resource materials, such as information booklets, CDs and DVDs, are used to promote orientation prior to, or on, admission

g. people experience continuity of care and staff (where possible)

h. key workers are identified

i. *add your local indicators here*

Factor 2
Assessment – risk of injury

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 safety:

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

b. an evidence-based risk assessment tool is used, which incorporates all key risk indicators, such as those for *people* at risk of falling or who are confused and which takes into account, for example, mental health needs, physical and cognitive ability, feelings, concerns etc

c. subsequent assessments and joint care reviews are undertaken by all relevant staff in partnership with *people* and carers (where appropriate) prior to *people* moving to another environment

d. *people* and carers are involved in educating staff, to ensure that assessment and management are appropriate and sensitive to specific needs, including those in relation to the Mental Capacity Act, Deprivation of Liberty, human rights, adult and child protection and previous life events, and to specific treatments such as medication and electro-convulsive therapy

e. knowledge of *people's* and their family's history, social context and significant events prior to, and since, admission and/or treatment, are ascertained, recorded and shared as appropriate, for example, with colleagues and police (as appropriate)

f. procedures are in place to ascertain presence, and to identify misuse, of alcohol and drugs

g. *add your local indicators here*

Factor 3
Assessment – risk to others

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 safety:

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

b. an evidence-based risk assessment tool is used which incorporates all key risk indicators, such as those for *people* at risk of falling or who are confused or the risk to *people* safety posed by visitors or resident carers, and which takes into account, for example, mental health needs, physical and cognitive ability, feelings, concerns etc

c. subsequent assessments and joint care reviews are undertaken by all relevant staff in partnership with *people* and carers (where appropriate), prior to *people* moving to another environment and prior to visitor or family access

d. *people* and carers are involved in educating staff, to ensure that assessment and management are appropriate and sensitive to specific needs, including those in relation to the Mental Capacity Act, human rights, adult and child protection and previous life events, and to specific treatments such as medication and electro-convulsive therapy

e. knowledge of *people's* and their family's history, social context and significant events prior to, and since, admission and/or treatment, are ascertained, recorded and shared as appropriate, for example, with colleagues or police (as appropriate)

f. procedures are in place to ascertain presence, and to identify misuse, of alcohol and drugs

g. *add your local indicators here*

Factor 4
Observation and privacy

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

POOR PRACTICE

People do not have privacy and are not cared for in an environment that allows safe observation

BEST PRACTICE

People experience care in an environment that allows safe observation and privacy

Indicators of best practice for factor 4

The following indicators support best practice for safety:

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

b. an up-to-date policy concerning observation and privacy is in place and this is adhered to. This includes, for instance, the specification of staff who have the role of observing *people,* and ensuring that observations are supportive, therapeutic and non-judgemental

c. resources allow the appropriate level of observation and monitoring throughout the day, in the evening, at night and prior to discharge

d. all opportunities are taken for maintaining privacy and dignity during observation and monitoring

e. the reasons for observation and monitoring and how this will be carried out is explained to *people*

f. the satisfaction of *people* and carers with the observation and monitoring process is ascertained and relevant changes made to maintain safety and optimise care

g. assessment is made of environmental safety including any obstructions to observation, access to means of suicide (for example, opening windows, non-safety glass, structures that be used for hanging) and the availability of harmful products

h. administration of medication should be conducted in a manner to prevent the risk of *people* stockpiling

i. *add your local indicators here*

Factor 5

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 5

The following indicators support best practice for safety:

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

b. *people* are regularly and actively involved in identifying care that meets their own, and others, safety needs, including negotiating, for example, their choice of staff

c. the safety needs of *people* and others are addressed in care planning and delivery of care. This is continuously evaluated and regularly considered in care reviews

d. *people* and carers are encouraged to express any safety and security concerns

e. the quality of documentation is assessed and audited

f. *people* have, or have access to, a copy of the care plan in a format that they understand

g. plans to enable *people's* understanding are implemented and care reviewed

h. well *people* with recurrent mental health issues are enabled to develop personal plans and preferences for care for when they are in a crisis

i. the attitudes of staff to *people* who deliberately harm themselves and/or others are assessed and education put in place to ensure understanding of *people's* perspectives

j. support or information for *people* who deliberately harm themselves or others, such as the National Self harm Network, SHOUT (Self Harm Overcome by Understanding and Tolerance) magazine, Rape Crisis, Childhood Incest Survivors, Samaritans, YoungMinds, National Society for the Prevention of Cruelty to Children and other voluntary organisations, is made available and accessible

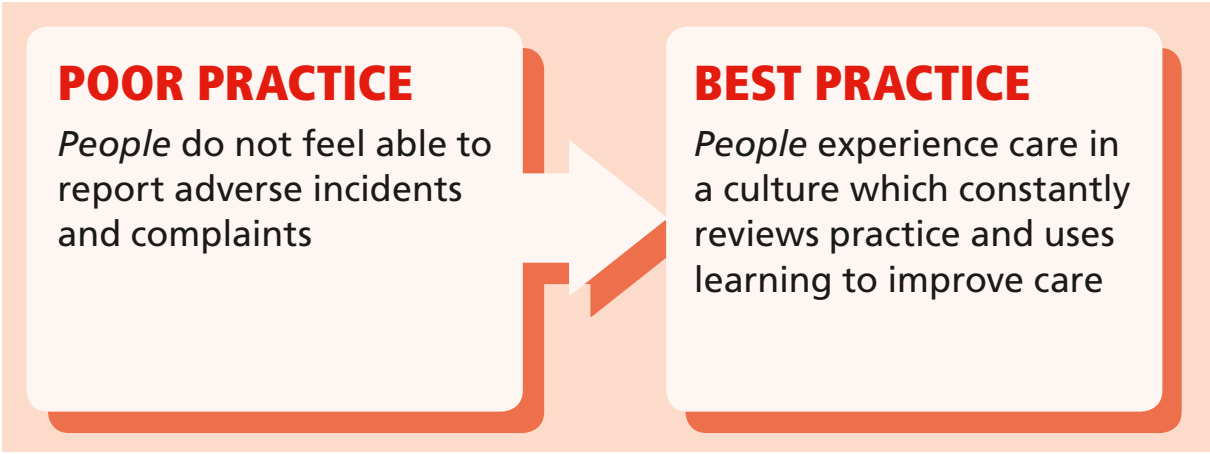
k. procedures are in place to ascertain presence, and to identify misuse, of alcohol and drugs

l. adequate competent staff are available to supervise *people* who may harm or injure themselves and/or others in order to keep *people* safe

m. *add your local indicators here*

Factor 6
Positive culture

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 safety:

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

b. complaint procedures are user friendly, confidential (where appropriate) and accessible, including for groups of *people* at risk of harm

c. systems are in place for *people*, carers and staff to report staff who are insensitive, abusive, harmful or incompetent

d. incidents, such as acts of violence, aggression and seclusion, are reviewed and evaluated and the knowledge is used to improve care

e. incident debriefing arrangements are in place and the information is used to improve care

f. audits are undertaken and results are disseminated and used to inform practice development

g. information concerning risk and *people's* and carers' views, is collected and used to determine resources, monitor performance and inform education

h. *people*, carers, outside agencies, advocates or user groups are involved in audit of complaints, incidents and the evaluation of services

i. *add your local indicators here*

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