Essence of Care

2010

Benchmarks for Self Care
<table>
<thead>
<tr>
<th><strong>Document Purpose</strong></th>
<th>Best Practice Guidance</th>
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<tr>
<td><strong>ROCR Ref:</strong></td>
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<tr>
<td><strong>Gateway Ref:</strong></td>
<td>14641</td>
</tr>
<tr>
<td><strong>Title</strong></td>
<td>ESSENCE OF CARE 2010</td>
</tr>
<tr>
<td><strong>Author</strong></td>
<td>DEPARTMENT OF HEALTH</td>
</tr>
<tr>
<td><strong>Publication Date</strong></td>
<td>1ST OCTOBER 2010</td>
</tr>
<tr>
<td><strong>Target Audience</strong></td>
<td>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</td>
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<td><strong>Circulation List</strong></td>
<td>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</td>
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<tr>
<td><strong>Description</strong></td>
<td>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</td>
</tr>
<tr>
<td><strong>Cross Ref</strong></td>
<td>Essence of Care 2001, Communication, Promoting Health and Care Environment</td>
</tr>
<tr>
<td><strong>Superseded Docs</strong></td>
<td>Essence of Care 2001 Gateway No. 4656 and 8489</td>
</tr>
<tr>
<td><strong>Action Required</strong></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Timing</strong></td>
<td>N/A</td>
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</table>
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| **For Recipient's Use** |  |
Essence of Care 2010

BENCHMARKS FOR THE FUNDAMENTAL ASPECTS OF CARE

Benchmarks for Self Care
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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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- 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

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 neglect³

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


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

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

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

POOR PRACTICE
People are not given a choice on how their care is delivered

BEST PRACTICE
People are enabled to make informed choices about caring for themselves and those choices are respected

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

POOR PRACTICE
People’s ability to care for themselves is not assessed and there is no care plan

BEST PRACTICE
People’s ability to care for themselves is continuously assessed, planned, implemented, evaluated and reviewed to meet their needs

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

POOR PRACTICE
There is no assessment of the risk of harm to people caring for themselves, and their carers

BEST PRACTICE
People’s care is continuously assessed for risk of harm to themselves and their carers, and is revised to meet their needs

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

POOR PRACTICE
People and carers do not have the knowledge and skills to manage self-care

BEST PRACTICE
People and carers have the knowledge and skills to manage relevant aspects of people’s care

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/or 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

**POOR PRACTICE**
The environment fails to support *people* in caring for themselves

**BEST PRACTICE**
People’s environment promotes their ability to care responsibly for themselves

### 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*