



Department
of Health

Voice, choice and control

How registered nurses, care and support staff in the care sector can support people to achieve these aims.

Prepared by the Nursing, Midwifery and Allied Health Professions Policy Unit in collaboration with the National Care Forum

Title: Voice, choice and control: How registered nurses care and support staff in the care sector can support people to achieve these aims
Author: Nursing, Midwifery and Allied Health Professions Policy Unit 32400
Document Purpose: Guidance
Publication date: November 2015
Target audience: Managers, registered nurses, care and support staff in the care sector
Contact details: Helen Thirkle Nursing, Midwifery and Allied Health Professions Policy Unit Quarry House Leeds LS2 7UE 0113 254 6056

You may re-use the text of this document (not including logos) free of charge in any format or medium, under the terms of the Open Government Licence. To view this licence, visit www.nationalarchives.gov.uk/doc/open-government-licence/

© Crown copyright

Published to gov.uk, in PDF format only.

www.gov.uk/dh

Contents

Foreword	1
Introduction	3
What good quality care and support looks like	4
How registered nurses, care and support staff can enable relationship-centre care	5
How registered nurses, care and support staff can work with others to achieve personalised care and support	6
Care and support to promote voice, choice and control diagram	7

Foreword

Dr David Foster

Head of Nursing, Midwifery and Allied Health Professions Policy Unit
Department of Health



Over two years ago a vision and strategy aimed at nursing, midwifery and care staff, called ‘Compassion in Practice’, was launched. Since then a great deal of activity has gone on, including work focussed on helping people to stay independent, maximising well-being and improving health outcomes.

This document sets out how ‘Compassion in Practice’ relates to nurses and care staff working in different settings. Focussing on nursing and care in the care sector is timely in its own right as the integration of health and social care becomes increasingly important for people who use services and for providers, commissioners and stakeholders – it is also a government priority.

There are around 50,000 nurses and 1.1million care assistants working in adult social care, for example, in care homes and in people’s own homes, as employees of service providers or directly employed by the person being supported. Of these, over 40,000 are registered nurses who work mainly in care homes with nursing. This nursing workforce is crucial in ensuring that people with care and support needs can live as meaningful and fulfilled lives as possible. Effective care starts from the position of the person requiring care and support and works from that, it is truly person centred in a way that healthcare often isn’t.

Nurses working in the care sector, as well as other care workers such as home carers and those in care homes, face a daily challenge. That challenge is how to apply their specialised skills, knowledge and experience to support older and disabled people and those with mental health issues *without* taking over their lives and reducing their autonomy. In a pressurised environment, the easiest thing is for nurses and care staff to do things for people rather than to help clients to be independent regardless of the time and effort it takes.

Whilst nurses use their specialised skills when appropriate, for example to assess an individual’s health and care needs, co-ordinate a range of staff to support them and oversee clinical activities such as administering medicines and helping prevent pressure sores, they also talk to and work with individual clients to ensure those clients have the maximum influence over their lives. It is tempting to use skills and experience to focus primarily on “directing” or “doing” the technical and clinical tasks which are required. However, the evidence suggests that people do better when they are listened to and actively involved in their own care and support¹.

For care staff, enabling people to continue to do simple tasks like making a cup of tea or tidying away clothes can be of huge importance to someone who senses control over their life gradually slipping away.

¹ <http://www.scie.org.uk/publications/guides/guide51/> <http://www.thinklocalactpersonal.org.uk/>

For busy staff and professionals, this can be a tough ask. It requires insight, patience and a real sense of the personal dignity of the client. Yet ensuring that individuals retain voice, choice and control over as many aspects of their lives as they can, for as long as they can, is a key success factor for social care. This can be achieved through a person-centred approach which understands someone's personal history, current circumstances, future aspirations and what is important to them.

What this all means in a nutshell is that social care is an **experience** based on relationships. It is an integral part of people's daily lives, rather than a clinical intervention or episode of care. This makes it different from much healthcare, especially acute hospital care, where clinical activities need to be carried out to address the presenting symptoms and underlying health problems. One approach is not better than the other – each is tailored to the issues being tackled and both need to reflect the core nursing values of compassion, care and competence. Whether they are young disabled people wanting to enter the world of work or frail older people whose physical and mental abilities have declined, those needing ongoing care and support have a right to lives which are as rich and fulfilled as possible.

To make this happen, people's care and support needs to be rooted in caring and compassionate relationships. Situations where, for instance, the home carers change constantly and so are unable to build a bond or rapport with the person being supported, cannot be said to represent good care, even if the required clinical and domestic tasks are carried out. Nurses and other care staff should use their skills to enhance the person's quality of life, understand what is important to them and their family and seek to build a supportive relationship. Using clinical knowledge and abilities without such human interactions is not enough and will not deliver the quality of care we all want for our friends, families and loved ones.

A career in nursing in the care sector can be challenging, but it is also rich and rewarding – and I personally appreciate all those who devote themselves to it.

Thank you to the National Care Forum for helping the Department of Health to develop this document.

A handwritten signature in black ink that reads "David Foster". The signature is written in a cursive style with a horizontal line underneath the name.

Dr David Foster

Head of Nursing, Midwifery and the Allied Health Professions Policy Unit

Introduction

Over two years ago a vision and strategy aimed at nursing, midwifery and care staff, called 'Compassion in Practice', was launched. Within this, the Department of Health has led work on helping people to stay independent, maximising well-being and improving health outcomes. This document sets out how Compassion in Practice relates to nurses and care staff working in any number of different settings.

Ensuring that individuals retain voice, choice and control over as many aspects of their lives as they can, for as long as they can, is a key success factor for social care. This can be achieved through a person-centred approach which understands someone's personal history, current circumstances, future aspirations and what is important to them. This document recognises the challenges faced by the workforce and sets out:

- what good quality care and support looks like;
- how registered nurses, care and support staff can enable relationship-centred care; and
- how registered nurses, care and support staff can work with others to achieve personalised care and support.

Linking all this in to the Compassion in Practice strategy, the final section of this document sets out the six core elements for all health and social care practitioners, with registered nurses and managers having particular roles.

What good quality care and support looks like

Staff working in the care sector are often under pressure – of both time and resources. It is important to know “what good looks like” so everyone can aspire to deliver that good care. The “Think Local, Act Personal” (TLAP) partnership of national organisations has worked with a range of interested parties across the social care sector, including those who use services and their carers. TLAP believes that good quality care and support stems from relationships based on dignity and respect, placing the person at the centre of their care.

In the light of this need for a person-centred approach to care and support, good services will support people to:

- **live independent lives** in the way they have chosen, based on information about the options available, and as much involvement as they want in decisions about what care and support they need and how it should be delivered.
- **maintain relationships** with family and friends and provide opportunities to take part in community life, including engaging in activities which match their interests, skills and abilities.
- **live without fear of harm or abuse** and support them to manage any risks which might arise and to avoid unnecessary risks.
- **experience the provision of care positively**, through relationships based on mutual respect and consideration, and where care - designed around their needs - is both consistently delivered and well co-ordinated with other agencies.

There is no reason in principle why these elements cannot apply to all groups of people needing care and support regardless of the setting in which they live, be it a care home, sheltered housing or their own home. Indeed it is important that such elements are present for all people in all circumstances. That is the essence of **personalisation** – tailoring care and support to what individuals choose as a means of helping them to live their normal life. People don't want to be defined by their condition – they are not “suffering from dementia” or “autistic” or “subject to multiple co-morbidities”. They are, first and foremost, individuals with very personal hopes, fears, aspirations and relationships.

Of course there are different challenges in delivering these elements of good care in a person's home, compared with communal living settings like nursing homes, or as part of a rehabilitation programme in an intermediate care centre. But ultimately they are relevant everywhere and should be applied everywhere.

How registered nurses, care and support staff can enable relationship-centred care

Registered nurses and other care and support staff can help to achieve relationship-centred care and support, which is delivered with dignity and respect for the person being supported, and their family carers. For example, they can:

- provide **courageous leadership** of services, modelling expected values and behaviours, empowering staff to deliver against the core elements of good care, challenging poor or inadequate practice and handling individual safeguarding incidents sensitively and in ways which seek positive outcomes.
- ensure that those being supported have as much **voice, choice and control** as they want in their own unique circumstances. This means avoiding assumptions about people's wishes and abilities, as well as rigid, impersonal, "time and task" approaches, and instead building real relationships with people.
- demonstrate through every interaction with those being supported that they are providing **competent and compassionate care and support**, building on what the person being supported can do for themselves. Where appropriate, provide professionally-competent clinical oversight and assessment of complex care needs and seamless care co-ordination, both in a crisis and on an ongoing basis.
- **communicate** with people and their families in a helpful and considerate manner and assist people to understand the **sources of advice and information** available to help them make informed choices about their care and support needs.
- **engage with partners** across the local health, housing and care system to ensure that the delivery of social care and support is effectively integrated with services provided by others.
- show their **commitment** to giving staff opportunities to share good practice and ideas, to develop their personal and professional expertise and to build a culture of team work and problem solving.

Whilst some of these qualities and approaches are primarily for registered nurses working in care and support, the great majority are relevant to all staff regardless of client group or setting. The key is to focus on the unique personality and circumstances of each individual and to use that knowledge alongside professional skills and competence to tailor the care and support offer to that person.

How registered nurses, care and support staff can work with others to achieve personalised care and support

People's health and care needs are becoming more complex. More severely disabled children are living into adulthood. More frail older people are surviving into extreme old age than ever before, often with several long-term conditions. People with severe learning disabilities are living much longer and are beginning to experience the challenges of old age, including dementia. This changing picture creates a real challenge for nurses and other staff in care and support, as well as for those in hospital and other, more clinical, settings. How can staff deliver genuinely personalised care in a situation where the pressures to deliver complex health-related interventions is growing all the time? The description on the previous pages seeks to show the elements of such care and support. Nurses and others who work in the care and support system cannot achieve this alone – and nor should they.

Other professionals and staff, whether in the community or in hospital settings, have crucial roles to play in supporting the delivery of personalised care. They can do this by:

- ensuring their service has **excellent links with the range of professionals** who can make periodic and important inputs to maintaining a person's quality of life. This means General Practitioners and hospital staff, as well as those who can provide healthcare services to people in their own homes or in care homes. Such professionals include district nurses, chiropodists, occupational therapists and physiotherapists – all can make a huge contribution to keeping people active and mobile, which is better for their health and wellbeing as well as their morale and ability to retain some control over their lives.
- encouraging the **sharing of learning and good practice, as well as the co-ordination of care programmes**, by giving staff the time and opportunity regularly to meet with members of any integrated health and care teams, such as in intermediate care.
- making an input into the **commissioning** of care and support by Clinical Commissioning Groups and local authorities, particularly with regard to the provision of NHS continuing care, community care and other care services.
- developing **adaptable and flexible interventions**, ranging from early intervention to prevent problems emerging later, such as helping to keep people active and mobile, to end-of-life care and support.

It is the registered nurses in care settings, as well as registered managers in care homes and care agencies, working with other care staff, who can orchestrate and ensure person-centred care.



Department
of Health

Care and Support

to promote voice, choice and control

The six core elements set out below are for all health and care practitioners, with registered nurses and managers having particular roles. Evidence suggests that good care and support stems from strong relationships between the person being supported, their family and friends and care staff. A shared vision is needed that places individuals' needs at the centre so that all people receiving care and support, whatever the setting, can say:

I can live the life I want and am supported to manage any risks

I have choice and control and feel safe

I have the information and advice I need to stay healthy and as independent as I want

My family are supported to care which helps us all to cope

I am still connected to my local community through friends and family

I have caring, compassionate, support delivered by competent people

I have a voice to control the planning and delivery of my care and support

Care

Good experiences: supporting people to experience the care and support they choose, in a variety of settings, and at all stages of life, including the end of life.

Ensuring adequate access to healthcare services and promoting health to optimise quality of life.

Compassion

Working creatively with people to help them design the personalised care and support they want, maintain their sense of identity and engage in meaningful activity.

Facilitating the involvement of service users, relatives and staff in shared decision-making and sensibly managing any risks which may arise.

Competence

Competence to ensure people have real control over resources; open, transparent and independent processes; and engaged local communities.

Support is **culturally sensitive** in the context of a person's life and preferences. The needs of any carers are understood and addressed.

Communication

Caring conversations: ensuring communication is considerate and supports people by providing information, advice and assistance to make decisions about care and support.

Co-ordinating: Communicating with other agencies to provide seamless care across different settings.

Courage

Quality of care and support is promoted through giving those needing care and support real voice, choice and control.

Ensuring people receive safe care and are free from harm – and **speaking up** to challenge poor or inadequate care.

Commitment

Identifying and meeting training needs within the social care workforce. Developing leadership, management and expertise to deliver a culture of care which is responsive to individual needs. Promoting positive relationships between service users, carers and staff.

To enable relationship-centred care registered nurses, care and support staff need to take the lead in these six areas:

Maximising health and wellbeing. Helping people to stay independent

- Promoting access to reliable information and advice on care and support.
- Working with all adults and communities to ensure access to universal services including information and advice to maintain good health and promote wellbeing.
- Utilising the widest range of resources through signposting to universal services and activities that support individuals and their families to be active in their communities.
- Ensure that people who fund their own care feel supported to make informed choices and know where to go for advice and support.

Working with people to provide a positive experience

- Supporting individuals and their families to plan for the future and maintain their independence.
- Ensuring social care can respond to those who need immediate safeguarding from abuse, people in crisis and support for carers.
- Build strong relationships with people needing care and support and provide expert advice to ensure people have choice and control in accessing the resources and support they need.
- Using technology such as alarms and sensors to support individuals to remain at home.

Commissioning and delivering care

- Supporting people to maximise the resources available for their care and support.
- Working as a team member in an integrated system that focuses on outcomes for individuals.
- Using evidence-based practice to inform the commissioning and delivery of care and support.
- Identifying and responding to individual safeguarding cases, working with the service user to achieve positive outcomes.

Building and strengthening leadership

- Staff are supported through high quality management and leadership which demonstrates the expected behaviours to deliver positive service user outcomes and experiences.
- Those in leadership positions understand the need to focus on the personal aspects of care and support.
- They also understand the need for courage to address poor or inadequate care.

Ensuring the right staff, with the right skills, are in the right place

- Good people skills that are compassionate and respectful, ensuring everyone is treated well and has a good experience of care and support
- Safe and competent practice to protect people from harm and to meet their care and support needs to the highest standard.
- Skills and knowledge development to ensure continuous improvement achieved through reflective care practice
- To ensure that social care services are personalised, support is co-produced with users and seeks to reduce dependency and promote independence.

Supporting positive staff experience

- Staff are given the time and opportunity to regularly meet with co-workers and members of the integrated team to share learning and best practice and co-ordinate programmes of care.
- Developing a culture of problem solving and reflective care practice.
- Staff are encouraged and supported to undertake personal and professional development.
- Staff are supported by high quality management and leadership which understands the issues and pressures they face.

Delivering and contributing to all ages

A life course approach

Transition to Young Adults 14-19 yrs

Adults

Older Adults

People empowered and in control of their care



Department
of Health

© Crown copyright 2015

2903891 November 2015

Produced by Williams Lea for the Department of Health