

**NATIONAL CARE  
STANDARDS**



**REVIEW**

# **National Care Standards Review**

## **Overarching Principles Consultation Report**

**February 2016**



## Background

The National Care Standards are a set of standards for care services in Scotland. They help everyone understand what they can expect when they access health and social care services. They also help services understand the quality and standards of care that they should provide.

The standards are one of the measures by which the Care Inspectorate and Healthcare Improvement Scotland assess the quality, safety and effectiveness of care.

Since their introduction in 2002, the National Care Standards have not been reviewed, and so, in line with current expectations of compassionate, high quality, safe and effective care, Scottish Ministers committed to a review of the standards.

A Project Board was established, to provide strategic direction to the review, with representatives drawn from organisations which support the delivery and improvement of health and care services in Scotland. The Project Board is the decision making body and is tasked with making recommendations to the Scottish Ministers regarding the new standards. A Development Group, co-chaired by the Care Inspectorate and Healthcare Improvement Scotland, was established with relevant key stakeholders to develop draft standards for the Project Board.

It was agreed that the standards would be developed across three levels:

**Level one :** overarching principles which underpin the new National Care Standards for care services in Scotland, which apply across all health and social care services, including hospitals, independent healthcare, NHS surgeries, social work provision, criminal justice, social care, early learning and childcare.

**Level two:** general standards which apply across a number of related services or in specific sectors

**Level three:** specific standards which apply to particular settings

**This report provides information and analysis of the consultation on the overarching principles.**

## Consultation on the overarching principles

A public consultation on the seven draft overarching principles ran from 26 October–10 December 2015. We sought to engage everyone with an interest and involvement in health or social care, whether personal or professional, to take part in the consultation to help the standards evolve to meet the needs, rights and choices of people across Scotland. We asked people to share their feedback using a number of mechanisms: attend consultation sessions, submit written responses and complete an online survey (SurveyMonkey®).

### Analysis

Every comment was reviewed by the project team. All duplicate submissions were removed. Data was stored and analysed in accordance with all relevant data protection legislation.

### Responses

We received 1737 responses. The responses were submitted by service users, family members and members of the public, as well as service user and provider groups and organisations (see Table 1). Submissions were received from across Scotland.

Table 1: Consultation respondents

Respondent type	%	Number
<b>People involved in receiving care</b>	<b>33</b>	<b>688</b>
A person who uses a service	11	222
Family member/carer	8	171
Member of public	6	123
Working for an organisation that represents people using services	6	132
On behalf of service user	2	40
<b>People involved in delivering care</b>	<b>37</b>	<b>774</b>
Working in health, care or support services	41	859
Volunteer	2	47
<b>Other organisations</b>	<b>25</b>	<b>545</b>
A provider and/or organisation representing providers	15	322
Representing a professional body	2	52
Working for a commissioning service	1	18
Working for a scrutiny/regulation body	1	21
<b>Other</b>	<b>4</b>	<b>82</b>
Total	99	2089*

\* respondents could select more than one option

We received comments from across health and social care settings including care homes for older people and other adults, care at home, housing support for other adults, early years, care homes for children and young people, school care accommodation, NHS boards, Allied Health Professionals, nurses and GPs.

## Support for principles

During the consultation we asked respondents to indicate their support for each principle. Over 96% of respondents agreed/strongly agreed with each individual principle, Table 2.

Table 2: support for individual principles

Principle	Strongly Agree %	Agree %	Disagree %	Strongly Disagree %
I am entitled to be respected	17	82	1	1
I am entitled to compassion	19	78	3	1
I am entitled to be included	22	74	3	1
I am entitled to be treated fairly	15	83	2	1
I am entitled to a responsive service	21	75	3	1
I am entitled to be safe	16	82	2	1
I am entitled to personal wellbeing	22	75	2	1

There were no trends found when we reviewed the disagreed/strongly disagreed principles by setting (such as health or social care), respondent type (eg service users or staff) or from submitting organisation.

## Comments and suggestions

In addition to indicating their support for the principles, we also asked respondents to provide comments and suggestions on the wording, layout and scope of the principles. All the feedback was reviewed and themes were identified. The National Care Standards review team considered all themes, and presented these to the Development Group for discussion and agreement on changes to the draft principles.

The revised principles are presented, alongside the original principles, in Appendix 1.

Many of the changes that respondents suggested, for example, to clarify and simplify layout and text, have been made.

### Summary of revisions

Changes to layout and structure:

- Removal of duplication and crossover
- Principles merged and streamlined
- Removal of introductory phrase 'I am entitled to...'

Changes to text

- Language simplified, clarified and made more accessible
- Inclusion of key words and themes from consultation, for example:
  - service users exercising *choice* rather than just expressing views
  - service users having privacy
  - assessment and knowledge of *needs*
  - greater service user involvement in decision making, more control and more active citizenship
  - *Lifestyle preferences* and *aspirations* more personal and inclusive than *goals*
  - *consistency* of staff and limiting turnover integral to achieving quality
  - and *encouraged*

Some of the suggested changes that respondents shared during the consultation were not included in the revised principles because the amendment was considered to be:

- covered by the existing or revised text
- too setting specific
- not applicable to the overarching principles but relevant to general or specialist standards, or
- outwith the scope of the standards review

#### **Examples of suggested changes that have not been included in the revised principles**

Covered by existing or revised text, for example

- *advocacy* was felt to be included by the new phrasing 'I am supported to make informed choices, so that I can control my care and support'.
- *continuity of care* was considered to be covered by the new phrase 'I experience consistency in who provides my care and support and how it is provided.'
- *citizenship* was judged to be sufficiently covered by the new phrasing 'I am supported to participate fully and actively in my community'.

Too setting specific, for example

- *love* and *recovery* were not considered applicable to all health and health and social care settings, but may be suitable for informing wording and decisions at other levels of the standards
- *secure* was felt not applicable to all services for example to advocacy and support services

Not applicable to principles but relevant to general or specialist standards

- A number of the suggested changes were felt to relate more to the development of general or specialist standards, for example, *staffing, resources, the environment and end of life care and support*.

Outwith scope of review

- A very limited number of the comments related to areas outwith the scope of the consultation, such as commentaries on how inspections were undertaken or related to a particular concern the individual had with a service. These will be considered in the appropriate way.

The revised principles have approved by the Cabinet Secretary (February 2016).

#### **Next Steps**

From February 2016, we will work on developing the new national care standards based on the agreed principles. We will develop general standards, which are common to all services, and specialist standards for service users with specific needs.

The general and specialist standards will be developed with users, carers, providers, staff and other stakeholders. There will be a public consultation in the autumn which will cover both the general and specialist standards. We will ensure that the standards are shared with all those that indicated, in the consultation on the overarching principle, their preference to be involved in our consultation on general and specialist standards. We will also engage with individuals and groups which were identified as under-represented in the overarching principle's consultation, including those from remote and rural areas, settings such as housing and client groups including learning disabilities.

The new standards will be rolled out from April 2017 and, as inspection methodology develops, will be used for all inspections of registered services and other scrutiny activity. They will also help inform the joint strategic inspections of health and social care provision for children and adults.

**Appendix 1: Original and revised principles (approved by Cabinet Secretary February 2016)**

Proposed draft principles	Revised principles
<p><b>I am entitled to be respected</b></p> <p>My opinions, privacy, beliefs, values and culture are respected.</p> <p>I am treated with dignity.</p> <p><b>I am entitled to be treated fairly</b></p> <p>I am valued as an individual and I am treated fairly.</p> <p>My human rights are respected and promoted.</p> <p>I do not experience discrimination.</p>	<p><b>Dignity and respect (respected and treated fairly merged)</b></p> <p>My human rights are respected and promoted.</p> <p>I am respected and treated with dignity as an individual.</p> <p>I am treated fairly and do not experience discrimination.</p> <p>My privacy is respected.</p>
<p><b>I am entitled to compassion</b></p> <p>I experience warm, compassionate and nurturing care provided by people sensitive to my needs and wishes.</p>	<p><b>Compassion</b></p> <p>I experience warm, compassionate and nurturing care and support.</p> <p>My care is provided by people who understand and are sensitive to my needs and my wishes.</p>
<p><b>I am entitled to be included</b></p> <p>I receive the right information, at the right time and in a way that I can understand.</p> <p>I am supported in my right to make informed choices and decisions about my care and support.</p> <p>I am involved in wider decisions about the way the service is provided. When I make suggestions and voice concerns I am listened to.</p> <p>I can play a full role in the community around me.</p>	<p><b>Be included</b></p> <p>I receive the right information, at the right time and in a way that I can understand.</p> <p>I am supported to make informed choices, so that I can control my care and support.</p> <p>I am included in wider decisions about the way the service is provided, and my suggestions, feedback and concerns are considered.</p> <p>I am supported to participate fully and actively in my community.</p>

Proposed draft principles	Revised principles
<p><b>I am entitled to a responsive service</b></p> <p>I receive the right care and support at the right time.</p> <p>My care and support responds when my needs, views and decisions change.</p> <p>I have personal goals, aspirations and the support to achieve them.</p>	<p><b>Responsive care and support</b></p> <p>My health and social care needs are assessed and reviewed to ensure I receive the right support and care at the right time.</p> <p>My care and support adapts when my needs, choices and decisions change.</p> <p>I experience consistency in who provides my care and support and in how it is provided.</p> <p>If I make a complaint it is acted on.</p>
<p><b>I am entitled to be safe</b></p> <p>I am safe, free from harm and abuse.</p> <p>My care and support is provided in an environment in which I feel safe.</p> <p>I am supported and encouraged to achieve my aspirations and potential, even when this means I might be taking risks.</p> <p><b>I am entitled to personal wellbeing</b></p> <p>I have individual health and wellbeing preferences and outcomes.</p> <p>I am supported to achieve these, and to realise my potential.</p>	<p><b>Wellbeing (safe and personal wellbeing merged)</b></p> <p>I am asked about my lifestyle preferences and aspirations, and I am supported to achieve these.</p> <p>I am encouraged and helped to achieve my full potential.</p> <p>I am supported to make informed choices, even if this means I might be taking personal risks.</p> <p>I feel safe and I am protected from neglect, abuse, or avoidable harm.</p>