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**To: Social Work, Health and Wellbeing Policy Board**

**On: 19 January 2016**

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**Report by: Chief Officer, Renfrewshire Health and Social Care Partnership**

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**Heading: Response to Scottish Government Consultation on Changes to National Care Standards**

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**1. Summary**

- 1.1 Social care services in Scotland are governed by National Care Standards, which are regulated by the Care Inspectorate and by Healthcare Improvement Scotland. The standards are currently arranged in three groups – Services for Adults, Services for Children & Young People and Services for Everybody. The existing care standards are based on the six principles of dignity, privacy, choice, safety, realising potential and equality and diversity. At present there are 23 different sets of standards, each covering a different type of care service, such as residential services for older people, care at home services and fostering services. They set out what people can expect from a service and underpin the Scottish Social Services Council (SSSC) Codes of Practice and are used by the Care Inspectorate and Healthcare Improvement Scotland when inspecting services.
- 1.2 In June 2014, the Scottish Government launched a public consultation exercise on reviewing existing national care standards. It proposed changes intended to simplify the current system for both providers and service users and to reflect closer working between health and social care services.
- 1.3 Based on responses received, a further round of consultation has been launched. This sets out 7 principles and seeks views as to their

appropriateness. It also seeks views on how the principles can be put into practice.

- 1.4 This paper outlines the proposals from the consultation document and the key issues highlighted in Renfrewshire Council's response. A copy of the consultation paper and full response is included as Appendix 1. The response was submitted in December 2015 subject to Board approval.
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## 2. **Recommendations**

### 2.1 Elected members are asked to:

- Note the contents of this report
  - Approve the response submitted to the Scottish Government in December 2015
  - Agree that the Renfrewshire Health and Social Care Partnership continue to participate in the development of new care standards
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## 3. **Background**

- 3.1 The existing system of national care standards comprises 23 sets of standards which each cover a different type of care service. These set out what people can expect from each type of service in relation to the care and support they receive.

- 3.2 The changes proposed reflect both the closer working between health and social care services and the shift towards a more rights-based approach to planning services and delivering care. The principles underpinning these are referred to as the PANEL principles:

- Participation in decisions, autonomy and choice
- Accountability
- Non-discrimination, equality and diversity
- Empowerment to know and enjoy rights and realise potential
- Legality: all rights in human rights laws shall be respected

- 3.3 Renfrewshire Council submitted a response to the first consultation exercise in October 2014 and a paper detailing that response was presented to this Policy Board in November 2014.

3.4 It is proposed that the new standards are based on 7 principles, expressed as entitlements. These are:

- I am entitled to be respected
- I am entitled to compassion
- I am entitled to be included
- I am entitled to be treated fairly
- I am entitled to a responsive service
- I am entitled to be safe
- I am entitled to personal wellbeing

3.5 The consultation also seeks views on the general and specific standards needed to support delivery of these principles.

#### **4. Renfrewshire Council Response to Consultation**

4.1 The response relates to the social care services provided by Children's Services and by the Adult Social Care provided by Renfrewshire Health and Social Care Partnership. A full copy of the response is attached as Appendix 1 to this report. The response is based on discussions with experienced managers representing all areas of social care services provided by the Council.

4.2 The consultation provided a brief explanation of each principle, asked whether respondents agreed with the principle and sought comments on each.

4.3 The response welcomes the principles although it proposes some minor changes to the terminology used. The principles fit with existing practice in Renfrewshire and with national outcomes for health and social care.

4.4 The services propose the addition of further principles which would reflect the importance of independent living, of being treated by a caring and competent workforce and of being supported to achieve one's goals.

4.5 Further information has been requested as to how the national care standards will be presented; on how national qualifications will reflect the new care standards; and on how services will be inspected on delivery of the principles.

4.6 Social care services within Renfrewshire Council will continue to engage fully with the process of developing these new standards.

## Implications of the Report

1. **Financial** – *None*.
2. **HR & Organisational Development** - *None*
3. **Community Planning** – *None*
4. **Legal** - *None*
  
5. **Property/Assets** - *None*
  
6. **Information Technology** - *None*
  
7. **Equality & Human Rights** - The Recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report because for example it is for noting only. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
  
8. **Health & Safety** - *None*
9. **Procurement** – *None*.
10. **Risk** - *None*
11. **Privacy Impact** - *None*

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## List of Background Papers

*None*

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## Appendix 1: Consultation Response



### **The Review of the Scottish National Care Standards has begun.**

We now want your views on the overarching principles that will form the basis of these standards.

These standards will apply to all health and social care settings across Scotland. The principles written from the perspective of people who use health, care and support services, using a Human Rights based approach. A Human Rights based approach is one which empowers people to know what they are entitled to and ensures that this is integrated into their day to day care and support.

We are also interested in your views on how we put these principles into practice.

Everyone should have high quality services and have a positive experience. We want everyone's views so we get it right and make this happen.

On the following pages you will see all the principles. Please let us know what you think about each one.

**This consultation is open from 26 October 2015 – 10 December 2015.**

**I am:**

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/>            | A person who uses a service/s                                      |
| <input type="checkbox"/>            | A family member/carer  |
| <input type="checkbox"/>            | Completing this on behalf of a person who uses services            |
| <input type="checkbox"/>            | A member of the public   |
| <input type="checkbox"/>            | A volunteer  |
| <input type="checkbox"/>            | Working in health, care or support services*                       |
| <input type="checkbox"/>            | Representing a professional body*                                  |
| <input type="checkbox"/>            | Working for an organisation that represents people using services* |
| <input type="checkbox"/>            | Working for a commissioning service*                               |
| <input type="checkbox"/>            | Working for scrutiny /regulation body*                             |
| <input checked="" type="checkbox"/> | A provider and/or organisation representing providers*             |
| <input type="checkbox"/>            | Other*   |

\* Please provide further information.

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**If this return was completed on behalf of more than one person – please provide the number of people who contributed to this response:**

Based on staff and senior manager discussion across services
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**Are you happy for us to contact you again as part of this process?**

Yes	x
No	

**If yes, please provide your details below?**

**Name:**

As per details on previous page
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**Organisation (if applicable):**

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**Job title (if applicable):**

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**Contact details:**

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## I am entitled to **be respected**

### This means:

My opinions, privacy, beliefs, values and culture are respected.

I am treated with dignity.

### Thinking about this principle, do you:

Strongly Agree	x
Agree	
Disagree	
Strongly Disagree	

### Comments:

We agree strongly with this principle. We believe that service users and their families should be involved in decisions which affect them. This needs to be done with participation and in partnership built on positive relationships which develop from mutual respect. Our care plans already contain information which helps staff to treat people with respect, such as their beliefs, values and the manner in which they prefer to be addressed. However, services must be cognisant of the need to balance an individual's preferences with the needs and rights of others.



## I am entitled to **compassion**

### This means:

I experience warm, compassionate and nurturing care provided by people sensitive to my needs and wishes.

### Thinking about this principle, do you:

Strongly Agree	
Agree	
Disagree	x
Strongly Disagree	

### Comments:

We agree with the ethos behind this principle but not with the terminology used. We do not believe that the words 'compassionate' or 'nurturing' are necessarily appropriate. We consider that 'compassion' within a professional care setting could be considered as patronising or smothering by a service user. We would prefer different language in relation to this principle.

## **I am entitled to be included**

### **This means:**

I receive the right information, at the right time and in a way that I can understand.

I am supported in my right to make informed choices and decisions about my care and support.

I am involved in wider decisions about the way the service is provided. When I make suggestions and voice concerns I am listened to.

I can play a full role in the community around me.

### **Thinking about this principle, do you:**

Strongly Agree	x
Agree	
Disagree	
Strongly Disagree	

### **Comments:**

We agree with this principle and would welcome specific guidance alongside the national care standards in relation to difficult conversations, such as discussions concerning DNACPR or end-of-life care planning.

We believe it is important that care providers have a duty to provide information to service users in a sensitive manner and in a format that they can understand.

Some elements of this principle could be open to interpretation. As an example, “I can play a full role in the community around me” would mean different things to different people. We would suggest a rephrasing along the lines of “I feel part of the community around me”.

It is not sufficient to treat people equally; inclusion means listening what individuals are saying about their needs, how these needs can be met and what services can do to support this.

**I am entitled to be treated fairly**

**This means:**

I am valued as an individual and I am treated fairly.

My human rights are respected and promoted.

I do not experience discrimination.

**Thinking about this principle, do you:**

Strongly Agree	x
Agree	
Disagree	
Strongly Disagree	

**Comments:**

It is important to recognise that being treated fairly is different from being treated the same and fairness implies a person-centred approach.

The rights of the individual should be balanced with the responsibilities of the individual, and the standards should reflect that the individual has some responsibility for meeting the desired outcomes.

## I am entitled to a **responsive** service

### This means:

I receive the right care and support at the right time.

My care and support responds when my needs, views and decisions change.

I have personal goals, aspirations and the support to achieve them.

### Thinking about this principle, do you:

Strongly Agree	
Agree	x
Disagree	
Strongly Disagree	

### Comments:

All staff need to understand the importance of ensuring that service users and stakeholders are satisfied with the organisation. They need to be confident that their views are taken into account.

We have concerns about the use of the word 'aspirations'. The principle of a responsive service should be within the context of achievable and realistic goals, of reasonable expectations, and of goals which do not generate a negative impact for others.

Our preference would be for a principle which states that people will be supported to achieve their potential.

## I am entitled to be **safe**

### **This means:**

I am safe, free from harm and abuse.

My care and support is provided in an environment in which I feel safe.

I am supported and encouraged to achieve my aspirations and potential, even when this means I might be taking risks.

### **Thinking about this principle, do you:**

Strongly Agree	x
Agree	
Disagree	
Strongly Disagree	

### **Comments:**

As with the previous principle, we have some concerns about the use of the word 'aspirational', for the reasons already stated.

There is a need for national care standards to fit within current legislation and it should be recognised that there could be a conflict in some cases. For example, risk-taking behaviour may be such that it becomes an adult protection concern and we seek clarity on grey areas such as this, where the duty on the authority to protect someone may be at odds with the choices they make. This would also include consideration of the person's capacity. It is important to balance the responsibilities of the service with the independence of the service users.

In relation to risk, a statement which supports positive risk taking may be more appropriate than a blanket statement about all risky behaviour. The standard should allow services to enable clients to take positive risks and be more independent where this is appropriate. It needs to recognise personal responsibility in terms of the service user placing themselves and/or others at risk.

## I am entitled to **personal wellbeing**

### **This means:**

I have individual health and wellbeing preferences and outcomes.

I am supported to achieve these, and to realise my potential.

### **Thinking about this principle, do you:**

Strongly Agree	
Agree	x
Disagree	
Strongly Disagree	

### **Comments:**

The concept of personal wellbeing is quite difficult to define and it is not clear that services could necessarily deliver this, since wellbeing will depend on a person's health needs, their social needs, their choices and their behaviours. Personal responsibility of the service user is also a key factor in wellbeing.

We suggest that, if a care service is delivering on all other principles within the standards, then personal wellbeing will be achieved as a result.

**Are there any other principles that you think should be included?**

Yes	x
No	

If yes, please provide details.

We would like the inclusion of a principle which specifically promotes independent living – “I am entitled to live as independently as possible’.

We would also welcome the inclusion of a principle which relates to achieving one’s potential, although this could be addressed in one of the existing principles, as per our earlier comments.

We believe the principles should also make reference to staff and a person’s right to be treated with care and competence – for example, “I am entitled to be treated by staff who are confident and competent in their care.

## **We want your views on how on how we put the principles into practice.**

**For these principles to be met, what general standards are needed (for example, quality of care from staff, management and leadership, quality assurance)?**

The principles must be aligned as closely as possible with the national outcomes for health and social care.

There needs to be a clear link between the national care standards and the qualifications undertaken by care staff. SVQ content should reflect the experience of practitioners and the standards and values they must adhere to.

Staff training should comply with the SSSC qualification programme; staff who do not require to be registered still need to be competent. A national direction on this would be welcomed.

'Safe recruitment' procedures should be in use.

National guidance on how we should best approach quality assurance would be welcome, and would deliver a degree of consistency across all local authority areas.

Robust business continuity planning would support greater resilience and future planning in services.

Service user surveys and Care Inspectorate reports should be available in more user-friendly formats which would provide greater access to information for service users.

General standards should relate to:

- Staff competence and the culture of the organisation
- Person-centred planning
- Participation
- Health and wellbeing

## **How would specialist standards support these principles?**

Specialist standards would ensure relevance in all areas of service and would ensure greater opportunities to share practice to improve service provision.

Specialist standards would improve consistency at inspection and allow greater flexibility in the style and approaches.

## **Any other comments, suggestions:**



It would be helpful to see how the standards (and the presentation of them) have developed since the consultation exercise in 2014.

It is hoped that a more objective inspection regime will be delivered as part of this review of care standards. At present, there is considerable variation between inspectors and we hope that a more structured approach to measurement of quality can be introduced. A set of standards and general guidelines to support services in delivering on the principles would be welcomed. For example, inspections of registered services could include more observation of practice, more time spent with service users and carers, consideration of health and safety issues and standards, the frequency of core training, opportunities for staff development, and the way in which operational and strategic planning reflects the principles.

The principles need to reflect robust risk management approaches which ensure that good quality care does not expose the individual or those around them to any unacceptable risk.

**Please return to:**

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**Information you provide**

By completing this survey, you are consenting to Healthcare Improvement Scotland using the information you provide for the purposes stated in the survey introduction. Any personal information that you give us will be kept confidential and will only be used for the reasons that have been specified in this survey. We will not give your information to outside organisations (apart from organisations processing the information on our behalf) unless you have given us your permission. Whenever we intend to give your personal details to other organisations we will ask for your permission first. This is in line with the Data Protection Act 1998

**Thank you for taking the time to complete this survey.**