



# Consultation on the New National Health and Social Care Standards

October 2016

# **Consultation on the New National Health and Social Care Standards**

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St Andrew's House  
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## Ministerial Foreword



Since 2002, the National Care Standards have played an important role in ensuring people who receive care and support get the high-quality service they are entitled to. Everyone is entitled to high-quality care and support, tailored towards their particular needs and capable of being provided in any setting: be that in a hospital or clinical setting; a residential care home; a children's nursery; or, as many now people prefer, within their own home.

As Cabinet Secretary for Health I am committed to ensuring these services achieve positive outcomes for all. In reviewing the current Standards, we all

all have a unique opportunity to contribute to how our services are planned, commissioned, delivered and improved. The Care Inspectorate and Healthcare Improvement Scotland are already inspecting and supporting our health and care services in doing this, and I am sure that the new Standards - which will now also apply to NHS health care services - will help everyone to reach higher and achieve more.

What matters most in all of this is that people feel included and respected, and can choose the kind of service which best improves their quality of life whatever their circumstances. Each and every one of us will, at some point in our lives, need to use - or know someone who needs to use - a health or care service. By introducing new Standards focusing on people's human rights and personal outcomes, I am confident that we can improve everyone's experience of using, or working in, health, care and social work services.

The new Standards have been developed by an expert group of key organisations, representative groups and individuals. Together they have done a fantastic job in getting us to this point, and now we need your help. We want to know if the new Standards are fit for purpose; if they are capable of supporting improvement in care and support services; and ultimately, if they will achieve better personal outcomes for all.

These are questions which only you can answer, and so which I, and those developing the new Standards, need to have answers to so we can achieve the goal of living longer, healthier lives.

I would ask that everyone gets involved in shaping the future of health, social care and social work services. So please, take the time to read the new Standards, consider and discuss what they mean to you and your family - both now and in the future - and let me know what you think.

A handwritten signature in black ink that reads "Shona Robison". The signature is fluid and cursive.

**Shona Robison MSP**  
Cabinet Secretary for Health and Sport

## **Responding to this Consultation**

We are inviting responses to this consultation by 22 January 2017.

Please respond to this consultation using the Scottish Government's consultation platform, Citizen Space. You view and respond to this consultation online at <https://consult.scotland.gov.uk/care-and-support/national-care-standards/> You can save and return to your responses while the consultation is still open. Please ensure that consultation responses are submitted before the closing date above.

If you are unable to respond online, please complete and return the Respondent Information Form (see "Handling your Response" below) to:

National Health and Social Care Standards Consultation  
Scottish Government  
Area 2-R  
St. Andrew's House  
Regent Road  
Edinburgh EH1 3DG

## **Handling your response**

If you respond using Citizen Space (<http://consult.scotland.gov.uk/>), you will be directed to the Respondent Information Form. Please indicate how you wish your response to be handled and, in particular, whether you are happy for your response to be published.

If you are unable to respond via Citizen Space, please complete and return the Respondent Information Form included in this document. If you ask for your response not to be published, we will regard it as confidential, and we will treat it accordingly.

All respondents should be aware that the Scottish Government is subject to the provisions of the Freedom of Information (Scotland) Act 2002 and would therefore have to consider any request made to it under the Act for information relating to responses made to this consultation exercise.

## **Next steps in the process**

Where respondents have given permission for their response to be made public, and after we have checked that they contain no potentially defamatory material, responses will be made available to the public at <http://consult.scotland.gov.uk>. If you use Citizen Space to respond, you will receive a copy of your response via email.

Following the closing date, all responses will be analysed and considered along with any other available evidence to help us. Responses will be published where we have been given permission to do so.

## **Comments and complaints**

If you have any comments about how this consultation exercise has been conducted, please send them to: [NationalCareStandards@gov.scot](mailto:NationalCareStandards@gov.scot)

## **Scottish Government consultation process**

Consultation is an essential part of the policy-making process. It gives us the opportunity to consider your opinion and expertise on a proposed area of work.

You can find all our consultations online: <http://consult.scotland.gov.uk> Each consultation details the issues under consideration, as well as a way for you to give us your views, either online, by email or by post.

Consultations may involve seeking views in a number of different ways, such as public meetings, focus groups, or other online methods such as Dialogue (<https://www.ideas.gov.scot>)

Responses will be analysed and used as part of the decision making process, along with a range of other available information and evidence. We will publish a report of this analysis for every consultation. Depending on the nature of the consultation exercise the responses received may:

- indicate the need for policy development or review
- inform the development of a particular policy
- help decisions to be made between alternative policy proposals
- be used to finalise legislation before it is implemented

While details of particular circumstances described in a response to a consultation exercise may usefully inform the policy process, consultation exercises cannot address individual concerns and comments, which should be directed to the relevant public body.

## INTRODUCTION

Scottish Ministers have a duty to prepare and publish standards and outcomes applicable to care services and social work services under **Section 50 Public Services Reform (S) Act 2010**. Scottish Ministers also have powers under **Section 10H of the National Health Service (Scotland) Act 1978** to publish standards and outcomes for services provided under the health service; and independent health care services.

This consultation relates to draft new Standards and outcomes which Scottish Ministers propose to publish in exercise of these statutory powers. But they do not replace standards relating to healthcare that have already been produced under Section 10H of the **National Health Service (Scotland) Act 1978**.

Throughout this consultation 'standards' is used as a collective term to describe both the outcomes and the descriptive statements which set out the standard of care a person can expect. For example 'I experience high quality care and support that is right for me' is an outcome and 'I am not discriminated against in any aspect of my care and support' is a description of the standard that can be expected.

The Care Inspectorate and Healthcare Improvement Scotland will take into account the new Standards when carrying out their inspection functions and when making decisions about care and health services which are, or are applying to be, registered.

The new Standards do not replace or remove the need to comply with legislation which sets out requirements for the provision of services (such as the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 and the Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011). Health and care services will continue to follow existing legislative and best practice requirements applying to their particular service or sector, in addition to applying the new Standards.

There are several parts to the consultation which you should read before completing your response

1. Background
2. Overview of the new Standards
3. The Questionnaire
  - a. Respondent Information Form
  - b. Questions
  - c. Additional Information
  - d. Glossary

Annex A: National Health and Social Care Standards

## 1. BACKGROUND

### **What are National Health and Social Care Standards and how will they be used?**

The purpose of the new [National Health and Social Care Standards](#) (the Standards) is to set out what we can expect when we use health and social services in Scotland. This includes a diverse range of services from childminding and daycare for children in their early years, housing support and care at home for adults, to hospitals, clinics and care homes.

From Spring 2018, the new Standards will provide a framework for registration and inspection of individually registered care and health services, but they will also be relevant to all care and health services including those not inspected by the Care Inspectorate or Healthcare Improvement Scotland. Services which are not currently required to register with or be inspected by these regulators will be encouraged to adopt and apply the Standards as a framework for high quality care.

The new Standards show what our rights to dignity, respect, compassion, being included, responsive care and support and wellbeing should actually look like across health and social care services.

They replace the 23 sets of standards produced for different types of registered care settings introduced in 2002.

### **Why review the Standards?**

The original 2002 Standards mainly looked at technical requirements, such as written policies and health and safety procedures. The new Standards need to reflect recent changes in policy and practice and also be fit for the future. For example:

- more of us are supported and cared for in our own home and as part of the local community than ever before;
- we consider the quality of care experience to be as important as other aspects of care like safety<sup>1</sup>; and
- the establishment of Health and Social Care Partnerships<sup>2</sup> means that when people use health or care services they should get the right care and support whatever their needs, at any point in their care journey.

How we inspect health and social care services has also changed. The Care Inspectorate and Healthcare Improvement Scotland continue to regulate each individually registered health and social care service, they also now work with other regulators and scrutiny bodies to carry out strategic inspections. These inspections look at how the wider health, social work and social care system is working for children or adults in a local authority and health board area. The new Standards need to be fit for purpose for assessing how well people's care needs are met on both a strategic and an individual service level.

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<sup>1</sup> <https://healthier.scot/>

<sup>2</sup> Under the Public Bodies (Joint Working) (Scotland) Act 2014



To support these changes, we need a single set of Health and Social Care Standards that apply across all care services we may use in our lifetime. These must promote flexible services and innovation.

## **Development of the Standards**

In 2015 a public consultation confirmed widespread support for the new Standards being based on human rights and the wellbeing of people using services. The following Principles were approved by Scottish Ministers in February 2016:

- Dignity and respect
- Compassion
- Be included
- Responsive care and support
- Wellbeing

Since then draft new Standards have been developed by a Development Group made up of organisations representing people using services, unpaid carers, social care providers and commissioners of care. At an early stage there were focus groups with individuals who use care services and their carers to understand what matters most to people about their care.

Throughout the project the Scottish Government has chaired a Project Board of representatives from across the public, private and voluntary sectors. The next phase of the project is to develop an implementation plan for the final Standards.

## **Why are the Standards based on human rights?**

Human rights are the rights and freedoms that belong to every person, at every age. These rights are set out in laws which help raise everyone's awareness of the need to uphold individual rights and protect people with protected characteristics from discrimination. Looking at standards of care from a human rights perspective helps us identify what individuals using care services should be entitled to, as well as ensuring providers comply with legislation when providing care.

More information on Scotland's National Action Plan for Human Rights (SNAP) is available at <http://www.gov.scot/Topics/Justice/policies/human-rights/scotlandsnationalactionplanforhumanrights>

## **The new Standards**

We propose the following new Standards apply across health, care and social work services:

1. I experience high quality care and support that is right for me
2. I am at the heart of decisions about my care and support
3. I am confident in the people who support and care for me
4. I am confident in the organisation providing my care and support
5. And if the organisation also provides the premises I use
6. And if my liberty is restricted by law
7. And if I am a child or young person needing social work care and support.

The first four headings set out Standards for everyone. These are complemented by three additional headings with Standards that only apply in specific circumstances.

For example, if a young person is looked after by the local authority and living in a residential unit, then Standards 1-4 will be complemented by Standards 5 and 7. Or, if an adult is accommodated and receiving compulsory treatment under the Mental Health (Care and Treatment) (Scotland) Act 2003, then Standards 5 and 6 apply as well as Standards 1-4.

### **Additional Standards for people experiencing restricted liberty and for children and young people who need social work support?**

People experiencing restricted liberty and some children and young people who have particular needs sometimes require specialist care and support. Standards 6 and 7 reflect these particular care and support needs, and are different from, and additional to, those covered by the other Standards that are applicable to everyone.

For example, Standard 6 ('And where my liberty is restricted by law') states: "I can be with my peers, including other people who use the service, except where this has been properly assessed as unsafe" (6.7). This reflects the expectation that, for people experiencing restricted liberty, the question of whether it is safe to have contact with peers is routinely assessed. For most care and support however, this question is not routinely applicable as people have control over their own contact with peers.

Standard 6 is very specific to the relatively unusual situations where someone is subject to a formal restriction on their liberty. Standard 7, on the other hand, covers many of the same issues as in Standards 1-4, but goes into more detail of what is expected in order to meet the particular needs of children and young people who are in need of social work care and support.

### **How do the Standards fit with other Scottish Government priorities?**

The Standards have been prepared to deliver the collective ambitions of a range of legislation and Scottish Government policy that relates to health and social care, for example:

- Scotland Performs: National Performance Framework
- Getting it Right for Every Child and the wellbeing indicators
- The Public Bodies (Joint Working) (Scotland) Act 2014 and the National Health and Wellbeing Outcomes prescribed under that Act
- The Social Care (Self-directed Support) Act 2013
- The Carers (Scotland) Act 2016
- Social Services in Scotland: a shared vision and strategy 2015-2020
- A National Clinical Strategy for Scotland
- Standards of Care for Dementia in Scotland
- My Home Life
- Expansion of funded childcare
- National Common Outcomes for Community Justice

## What will happen next?

- The public consultation on the draft new Standards will run from October 2016 until January 2017
- During the consultation, we will make available personal stories to illustrate the range of people who will be impacted by the new Standards
- After the consultation, Scottish Government will review and analyse responses. The Project Board and Development Group will consider the findings and a consultation report will be published in Spring 2017
- The final Standards will be published in Spring 2017
- The new Standards will be implemented from Spring 2018
- The Scottish Government will set up a short term group to identify and advise on the detail of full implementation of the Standards
- Current inspection methodologies will be updated to ensure they align with the new Standards
- The final Standards document will explain the complementary relationship between the Standards and existing legislation, standards, guidelines and professional codes, including for example:
  - the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011;
  - the Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011;
  - the Dementia Standards; and
  - the Scottish Social Services Council's Codes of Practice for Social Service Workers and Employers.
- The Standards will be taken into account in inspections and registration decisions in relation to health and social care services from April 2018.

## 2. OVERVIEW OF NEW STANDARDS

### **What the national care standards mean for different people.**

The new Standards will extend into areas of health social care previously unaffected by the current 23 sets of standards. It is important to make clear the purpose for which the new national care standards exist; what different people can expect from them; and how they can help improve service delivery and personal outcomes.

Annex A provides a copy of the draft new Standards which you should read along with the explanations below of what these mean for different people before completing your response.

**For people who use services and their carers,** the national care standards set out what people should expect when using a care service. The standards help people to understand what high-quality care looks like. They will also help provide a reference point in the event that people are unhappy about their care and not sure if they should be expecting a better standard of care.

**For providers of care,** the Standards set out important characteristics of how they should design, deliver and improve their service. This is relevant for leaders and managers, but also for staff working in services. The standards do not attempt to

replace the professional codes of conduct for staff, but set out what people using care should expect from them. For providers of regulated social care and independent healthcare services, the standards will underpin decisions made by the Care Inspectorate and Healthcare Improvement Scotland in the course of their scrutiny and reviews of quality.

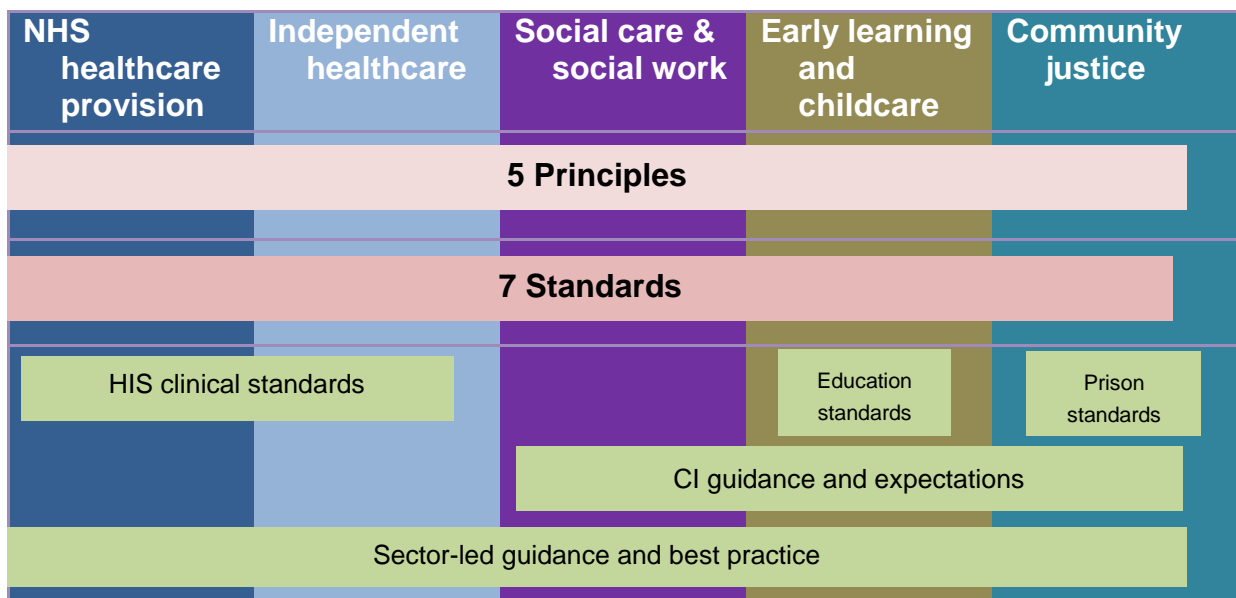
**For commissioners of care services** (including Integrated Joint Health and Social Care Partnerships, community planning partnerships, and other public bodies), the standards set out a framework of how high-quality care should be planned, commissioned and organised. This means that commissioners need to ensure that care is commissioned in a way which allows the standards to be achieved by the provider of the service, and that assessments of quality around commissioned services (for example, contract monitoring) should be informed by the standards.

**For local authorities and NHS boards**, the standards set out the broad approaches for how people should receive and experience care. The standards do not simply apply to their own care services or health services, but are relevant for the way in which people’s needs are assessed and care packages or pathways established. The standards do not seek to replace detailed clinical standards about specific health interventions, or existing and future sector or professional guidance.

**Where will the Standards fit with other guidelines?**

The diagram below shows where the standards fit with other guidelines and professional codes of practice.

*Note: This is for illustration only and should not be considered exhaustive.*



**(a): Respondent Information Form (RIF)**

**Please Note** this form **must** be returned with your response.

**Consultation on the National Health and Social Care Standards**

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**Are you responding as an individual or an organisation?**

Individual (See Part (i) below)       Organisation (See Part (ii) below)

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**Did you attend an engagement event / workshop before completing this response?**

No  Yes  Date ..... Name of Event:.....

Full name or organisation's name

Address

Postcode

Email

Phone number

The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

- Publish response with your name / name of organisation
- Publish response only (anonymous) – Individuals only
- Do not publish response

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for the Scottish Government to contact you again in relation to this consultation exercise?

Yes  No  Date Completed: .....

**(b): CONSULTATION QUESTIONNAIRE**

Q1: To what extent do you think the Standards will be relevant and can be applied across all health, care and social work settings?

Strongly Agree	
Agree	
Neither agree nor disagree	
Disagree	

Comments
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Q2: To what extent do these Standards reflect the experience of people experiencing care and support?

Strongly Agree	
Agree	
Neither agree nor disagree	
Disagree	

Comments
----------

Q3: (Standard 1: I experience high quality care and support that is right for me.)  
To what extent do you think this Standard describes what people should expect to experience from health, care and social work services?

Strongly Agree	
Agree	
Neither agree nor disagree	
Disagree	

Is there anything that is missing or should be added to this Standard?

Q4: (Standard 2: I am at the heart of decisions about my care and support.)  
To what extent do you think this Standard describes what people should expect to experience from health, care and social work services?

Strongly Agree	
Agree	
Neither agree nor disagree	
Disagree	

Is there anything that is missing or should be added to this Standard?

Q5: (Standard 3: I am confident in the people who support and care for me.)  
 To what extent do you think this Standard describes what people should expect to experience from health, care and social work services?

Strongly Agree	
Agree	
Neither agree nor disagree	
Disagree	

Is there anything that is missing or should be added to this Standard?

Q6: (Standard 4: I am confident in the organisation providing my care and support.)  
 To what extent do you think this Standard describes what people should expect to experience from health, care and social work services?

Strongly Agree	
Agree	
Neither agree nor disagree	
Disagree	

Is there anything that is missing or should be added to this Standard?



Q7: (Standard 5: And if the organisation also provides the premises I use.)  
 To what extent do you think this Standard describes what people should expect to experience from health, care and social work services?

Strongly Agree	
Agree	
Neither agree nor disagree	
Disagree	

Is there anything that is missing or should be added to this Standard?

Q8: (Standard 6: And where my liberty is restricted by law.) To what extent do you think this Standard describes what people should expect to experience from health, care and social work services?

Strongly Agree	
Agree	
Neither agree nor disagree	
Disagree	

Is there anything that is missing or should be added to this Standard?

Q9: (Standard 7: And if I am a child or young person needing social work care and support.) To what extent do you think this Standard describes what people should expect to experience from health, care and social work services?

Strongly Agree	
Agree	
Neither agree nor disagree	
Disagree	

Is there anything that is missing or should be added to this Standard?

Q10: To what extent do you agree these new Standards will help support improvement in care services?

Strongly Agree	
Agree	
Neither agree nor disagree	
Disagree	

Comments

Q11: Is there anything else that you think needs to be included in the Standards?

Yes	
No	

Comments

Q12: Is there anything you think we need to be aware of in the implementation of the Standards that is not already covered?

Comments

Q13. What should the new Standards be called?

- National Care Standards
- National Health and Social Care Standards
- National Healthcare and Social Care Standards
- National Care and Health Standards
- National Care and Support Standards
- Other - please provide details.....

Q14. Any other comments, suggestions:

**(c): Additional Information**

We recognise that people may have more than one experience of / involvement with health and care services. For example; you may work in a hospital or care home and also be a registered carer for a friend or relative receiving care services. For the purposes of this consultation please indicate the main capacity in which you are responding.

(i) As an individual **service user** (including on behalf of family)

As an individual who **works or volunteers** in health/social care

Please tick to select the services that you have used / have experience of:

Acute health care (emergency care, hospitals etc)	
Primary health care (GP and other community health services)	
Independent health care	
Adult social care	
Early learning and childcare	
Social work (including fostering, adoption, care homes for children and young people)	
Community justice	
Other: (please state)	

(ii) As a **representative of an organisation** / service provider

Please tick to select the type of services that your organisation provides:

Acute health care (emergency care, hospitals etc)	
Primary health care (GP and other community health services)	
Independent health care	
Adult social care	
Early learning and childcare	
Social work (including fostering, adoption, care homes for children and young people)	
Community justice	
Other: (please state)	

**Other Formats**

Once finalised these new Standards will be made available in various formats. It would be helpful to know which format(s) may be required. Please indicate from the list below which formats you are most likely to use.

Easy Read  Large Print  Audio  Braille

Other languages (please indicate which) .....

**Please indicate how you are most likely to access these Standards:**

online / electronic  paper copy  Both

## (d): Glossary

Every effort has been made to reduce terminology and/or jargon within the new Standards. However it is not possible to totally eliminate the use of some recognised terms and phrases. Similarly it is important that people are clear on what terms and phrases mean for the purposes of the standards and the consultation.

<b>Term</b>	<b>Description</b>
24-hour care	Where people are cared for and supported throughout the day and night. This can also apply to children's services.
advocacy and advocate	Advocacy means getting support from another person to help someone express their views and wishes, and to help make sure their voice is heard. Someone who helps in this way is called an advocate. In the Standards, we are referring to formal advocacy provided by an organisation to someone using care.
assessment	A health and/or social care assessment will find out what help and support a person needs, such as healthcare, medication, advocacy, equipment, care at home, housing support or a care home.
capacity	Capacity refers to an individual's ability to make decisions about their wellbeing. This may change over time and may refer to different aspects of their life. For people who have been medically assessed as lacking capacity there is legislation to protect their wellbeing.
care home	A care service providing 24 hour care and support with premises, usually as someone's permanent home.
carer	A carer is someone of any age who looks after or supports a family member, partner, friend or neighbour in need of help because they are ill, frail, have a disability or are vulnerable in some way. A carer does not have to live with the person being cared for and will commonly be unpaid.
communal areas	An area in a care service such as a living or dining room, activity room, hairdresser, library, café, garden or quiet area that everyone can use.
communication tools	These help people to communicate in a range of ways. For example, visual prompts, talking mats (system of simple picture symbols) or mobile phone apps.
confidentiality	This means that information that is kept about someone by a care provider will not be shared with anyone else unless the person gives their consent for it to be shared. Confidentiality may only be broken if it avoids or reduces the risk of harm to the person.
early years	Children aged up to 16 years.
emergency or unexpected event	This is an incident or emergency that could require immediate action, such as the premises being evacuated.
emotionally resilient	Someone's ability to cope with, or adapt to, stressful situations or crises.

<b>Term</b>	<b>Description</b>
evidence, guidance and best practice	Written guidelines for agreed ways to provide care, support or carry out treatment. Often these are put together by professionals based on the best available evidence at the time. These guidelines often change so that they remain up to date.
human rights	<i>Human rights</i> are based on the principle of respect for the individual and they are the rights and freedoms that belong to every person, at every age. They are enshrined in UK legislation under the Human Rights Act.
intimate personal care	This relates to activities which most people usually carry out for themselves, such as washing, going to the toilet, dressing or eating, but some people may be unable to do because of their age, an impairment or disability.
liberty is restricted by law	There are times when a person's choices, such as where they live, are determined by law. For instance, someone might have their liberty restricted under the Mental Health Act, as a result of a criminal conviction or decisions made by a Children's Hearing.
open-ended and natural play materials	Open-ended materials (also called loose parts) are play materials that can be used in numerous ways indoors and outdoors by children. They can be moved, carried, combined, and redesigned in any way the child decides.
personal plan	A plan of how care and support will be provided, agreed between the person using a service and the service provider.
physical intervention, sanctions or incentives	These are used to manage and respond to challenging behaviour. They can be constructive in reducing the risk of harm and helping people recognise that there are consequences to their actions.
planned care	The term used to describe care, support or treatment which is carried out as detailed in someone's personal plan (see above).
positive risks	Positive risks means making balanced decisions about risks; it is the taking of calculated and reasoned risks, which recognises that there are benefits as well as potential harm from taking risks in day to day life.
premises	When an organisation providing care and support also provides premises, such as a nursery, hospital or care home. It does not apply when someone using a service is responsible for the premises, including housing support or care at home.
pretend play	Pretend play is any game or activity where children use their imagination to create their own pretend experience.
professional codes	These codes set out professional standards of conduct and competence, as well as the personal values, which people working in health and social care are expected to follow.

<b>Term</b>	<b>Description</b>
representative	This may include someone appointed to have power of attorney, a guardian, family member, friend, neighbour or an agreed person who can speak on the individual's behalf. A representative may be formal or not formal.
restraint	Restraint is used to keep someone safe or to prevent them from harming others. It might involve using physical means, changing the environment or medication.
small group living	Groups of approximately 6 to 10 people provided with their own lounge and dining facilities for their own group use in a homely type environment. Small group living sometimes takes place within a larger care service such as a care home or hospital.
technology and other specialist equipment	Specialised equipment that helps people in their day to day life, such as telecare, telehealth or telemedicine, alarm call system, remote support and advice or mobility aids.
therapy	A specialised treatment or intervention, such as physiotherapy, occupational therapy, speech and language therapy, counselling and talking therapies.
transition	Used to describe a significant change for someone, such as starting to use a new care service or a change in life stage (eg becoming an adult).

October 2016

**NATIONAL CARE  
STANDARDS**



**REVIEW**

# **National Health and Social Care Standards**

**Principles and standards**

**[www.newcarestandards.scot](http://www.newcarestandards.scot)**





# Principles (approved February 2016)

## Dignity and respect

- My human rights are respected and promoted.
- I am respected and treated with dignity as an individual.
- I am treated fairly and do not experience discrimination.
- My privacy is respected.

## Compassion

- I experience warm, compassionate and nurturing care and support.
- My care is provided by people who understand and are sensitive to my needs and my wishes.

## Be included

- I receive the right information, at the right time and in a way that I can understand.
- I am supported to make informed choices, so that I can control my care and support.
- I am included in wider decisions about the way the service is provided, and my suggestions, feedback and concerns are considered.
- I am supported to participate fully and actively in my community.

## Responsive care and support

- My health and social care needs are assessed and reviewed to ensure I receive the right support and care at the right time.
- My care and support adapts when my needs, choices and decisions change.
- I experience consistency in who provides my care and support and in how it is provided.
- If I make a complaint it is acted on.

## Wellbeing

- I am asked about my lifestyle preferences and aspirations, and I am supported to achieve these.
- I am encouraged and helped to achieve my full potential.
- I am supported to make informed choices, even if this means I might be taking personal risks.
- I feel safe and I am protected from neglect, abuse, or avoidable harm.

# Standard 1: I experience high quality care and support that is right for me

## Dignity and respect

- 1.1 I am accepted and valued whatever my needs, disability, gender, age, faith, spirituality, mental health status, background or sexual orientation.
- 1.2 I am not discriminated against in any aspect of my care and support.
- 1.3 I am supported and cared for using a positive and understanding approach, even if my behaviour is challenging to others.
- 1.4 If I require intimate personal care this is carried out in a dignified way, with my personal preferences respected.
- 1.5 If I need support managing my money and my personal affairs, I am able to have as much control as possible and my interests are safeguarded.
- 1.6 If I am being supported and cared for in the community, this is done discreetly and with respect.

## Compassion

- 1.7 I experience encouragement and warmth and my strengths and achievements are celebrated.
- 1.8 I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential.
- 1.9 I am supported to discuss changes in my life, including death or dying, this is handled sensitively and my wishes and choices are respected.
- 1.10 If I experience care and support in a group, the overall size of that group is right for me.

## Be included

- 1.11 I am recognised by people who support and care for me as an expert in my own experiences, needs and wishes.
- 1.12 I am encouraged to take part in everyday tasks to help the running of the service if I choose to.

## Responsive care and support

### Assessing my care and support needs

- 1.13 My emotional, psychological and physical needs are assessed by a qualified professional at an early stage, regularly and when my needs change.
- 1.14 My care and support is right for me because I am fully involved in my assessment.
- 1.15 If I have a carer, their needs are assessed and support provided.
- 1.16 If the care and support that I need or choose is not available or delayed, the reasons for this are explained to me and I can get help to use a suitable alternative.

### Experiencing care

- 1.17 I am supported to live in my own home if this is possible for me.
- 1.18 I am supported to manage my own care and support if this is what I want.
- 1.19 I can access technology and other specialist equipment so I can be independent, including to call assistance and manage my own health and wellbeing.
- 1.20 I fully participate in developing and regularly reviewing my personal plan.
- 1.21 If I have particular needs, due to a health condition, age or circumstance, I am informed about the care and support I should experience. (or care plan) that clearly sets out my needs and wishes and how these will be met.
- 1.22 If I, or others, have concerns about my health and wellbeing, these are acted on and appropriate assessments and referrals are made.
- 1.23 My needs, as agreed in my personal plan, are fully met, and my wishes are respected.
- 1.24 I know how organisations can support my wellbeing and I am helped to contact them if I wish.
- 1.25 I experience proper planning and am helped when using a new service, or when I move between services.

## Wellbeing

- 1.26 I am in the right place to experience the care and support I need and want.
- 1.27 I am helped to access the health care that I need and any other public services.
- 1.28 I am supported to make healthy lifestyle choices that are right for me.
- 1.29 If I need help with medication, this is done safely and effectively.

### Eating and drinking

- 1.30 I can choose suitably presented, healthy and nutritious meals and snacks, including fresh fruit and vegetables if this is right for me.
- 1.31 I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible.
- 1.32 I can enjoy snacks and meals alongside other people using and working in the service if appropriate and I want this.
- 1.33 I enjoy meals and snacks which meet my cultural and dietary needs.
- 1.34 If I experience care and support in a group, I can choose to make my own meals, snacks and drinks, with support if I need it.
- 1.35 I can drink fresh water at all times.

### Activities

- 1.36 I can have an active life and fulfil my aspirations by being supported to take part in activities that are important to me, in the way I like.
- 1.37 I am supported to participate in a range of recreational, social, physical and learning activities.
- 1.38 If I experience care and support in a group, or in my own home, I can choose to do creative and artistic activities every day, such as art, crafts, music, drama, and dance.
- 1.39 I am supported to participate fully as a citizen in my local community.

### Protection

- 1.40 I am listened to and taken seriously if I have a concern about the safety and wellbeing of myself or others.
- 1.41 I am protected from all forms of abuse and exploitation.
- 1.42 I am helped to develop personal resilience and ways to keep myself safe.
- 1.43 If I might harm myself or others, I know that people have a duty to protect me and others, which may involve contacting relevant agencies.
- 1.44 The people who support and care for me are alert and responsive to any signs that I may be unhappy or at risk of harm.

### For children in their early years:

- 1.45 I have fun as I develop my skills in understanding, thinking, language, literacy, numeracy, investigation and problem solving.
- 1.46 I can take part in pretend play and storytelling.
- 1.47 I spend time outdoors every day and this is a significant part of my day if I attend full-time, where appropriate.
- 1.48 I can regularly explore, and be creative in, a natural environment.
- 1.49 If I attend all day and I am under school age, I can if needed have a sleep on a sleeping mat or bed with my own bed linen.
- 1.50 I can choose to grow, cook and eat my own food, if possible.

# Standard 2: I am at the heart of decisions about my care and support

## Dignity and respect

- 2.1 I am empowered and enabled to be as independent, and as in control of my life, as I want and can be.
- 2.2 I receive and understand information and advice in a format or language that is right for me, including using independent advocacy if I want or need this.
- 2.3 I am as involved as I can be in agreeing any restrictions to my independence, control and choice and these are justified, uphold my human rights and are kept to a minimum.

## Compassion

- 2.4 I am supported to communicate in a way that is right for me, at my own pace, by people who are sensitive to me and my needs.

## Be included

- 2.5 I can access translation services and communication tools where necessary and I am supported to use these.
- 2.6 I have time and help to understand the planned care, support, therapy and intervention I will receive, including any cost, before deciding what is right for me.
- 2.7 If possible I can choose who will provide my care and support and how this will be provided. If possible, I can visit the service before deciding and/or meet the people who.
- 2.8 If there is limited choice, this is explained to me so I understand the reasons for this.
- 2.9 If I need or want to move on and start using another service, I will be fully involved in this decision and helped to find a suitable alternative. If I am moving from a service for children to one for adults, I am helped with this transition.
- 2.10 If I am unable to make my own decisions, the views of those who know my wishes, my carer, advocate or representative will be sought and taken into account to establish what my wishes would be.
- 2.11 If I have expressed my own views and choices, these will be respected if I lose capacity.
- 2.12 I am able to resolve conflict, negotiate boundaries, agree rules and build positive relationships with other people as much as I can.

## Responsive care and support

- 2.13 I am supported to manage my relationships with my family, friends and/or partner in a way that suits my wellbeing.
- 2.14 If I am living in a care home, I can receive visitors in private and have a friend, family member or partner to sometimes stay over in the home.

## Wellbeing

- 2.15 I make choices and decisions about all day to day aspects of my life, including managing my own money, how I dress, what I eat and how I spend my time.
- 2.16 I make informed choices and decisions about the risks I take in my daily life and am encouraged to take positive risks which enhance the quality of my life
- 2.17 I am helped to understand the impact and consequences of risky and unsafe behaviour and decisions.

**For children in their early years:**

2.18 I have the right to control my own play in the way that I choose.

2.19 I can freely access a wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and creativity.

2.20 I enjoy extended play and activities that develop my confidence, self-esteem and imagination.

2.21 I can play flexibly and creatively using open-ended and natural play materials and I experience a balance of organised and freely chosen activities.



# Standard 3: I am confident in the people who support and care for me

## Dignity and respect

- 3.1 I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention.
- 3.2 If I experience care and support at home, people are respectful when they visit my home.
- 3.3 I am supported and cared for by people who challenge discrimination and bullying and stand up for me and my rights if I need this.
- 3.4 I am treated as an individual by people who get to know me and understand me, my lifestyle and choices.

## Compassion

- 3.5 I am greeted warmly by people and, if I do not know them, they introduce themselves.
- 3.6 I experience a warm atmosphere because people who support and care for me have good working relationships.
- 3.7 I can build relationships with the people who support and care for me in a way that we all feel comfortable with.
- 3.8 I experience warmth, kindness and compassion in how I am supported and cared for, including physical comfort when appropriate for me and the person supporting and caring for me.
- 3.9 I am helped to feel content and at ease by the people who support and care for me.

## Be included

- 3.10 I know who provides my care and support on a day to day basis and what they should do. If possible, I can have a say on who provides my care and support.
- 3.11 I can understand the people who support and care for me when they communicate with me.
- 3.12 I am supported to be part of the local community, to enjoy family life and to develop interests if this is what I want.
- 3.13 I experience appropriate and consistent boundaries, guidance, and care.

## Responsive care and support

- 3.14 My needs are met by people who are trained, competent and skilled to support me, are able to reflect on how they do that, and follow their professional codes.
- 3.15 I am supported by people who understand my needs, choices and wishes.
- 3.16 I am supported sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.
- 3.17 My needs, wishes and choices are met because I am supported by the right number of people with the right skills and experience.
- 3.18 People have enough time to support and care for me and to speak with me.
- 3.19 I am supported by people who respond promptly when I ask for help.
- 3.20 My care and support is consistent and stable because people work together well.

## Wellbeing

- 3.21 I am supported and cared for by people who have a clear understanding of their responsibilities to protect me from discrimination, neglect, abuse and avoidable harm.
- 3.22 I am helped to feel safe and secure in the area where I live.
- 3.23 The people who care for me stimulate my interests and spontaneity.
- 3.24 People help me to extend my learning and development, and they ask open questions and involve me in genuine dialogue.

# Standard 4: I am confident in the organisation providing my care and support

## Dignity and respect

- 4.1 I am confident and experience that my human rights are central to the organisation that supports and cares for me, and that it helps tackle inequalities.

## Compassion

- 4.2 I receive an apology if things go wrong with my care and support or my human rights are not respected and the organisation takes responsibility for its actions.
- 4.3 I use a service where all people are respected and valued.

## Be included

- 4.4 I am informed of the organisation's aims and I can be involved in decisions about how it works and develops.
- 4.5 I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership.
- 4.6 I give feedback on how I experience my care and support and the organisation uses learning from this to improve.
- 4.7 I can take part in recruiting and training people who provide my care and support if possible.
- 4.8 I am supported to make use of relevant screening and healthcare programmes.

## Responsive care and support

- 4.9 I experience high quality care and support based on relevant evidence, guidance and best practice.
- 4.10 I am involved in shaping how my service can continually improve to meet everybody's needs, choices and wishes.
- 4.11 I receive appropriate notice and I am involved in finding an alternative if the service I use plans to close.
- 4.12 I am looked after in a planned and safe way, including if there is an emergency or unexpected event affecting the premises.
- 4.13 I continue to experience stability in my care and support from people who know my needs, choices and wishes, if there are changes in the service or organisation.
- 4.14 I am supported and cared for by people I know so that I experience consistency and continuity.
- 4.15 If I am supported and cared for by a team or more than one organisation, this is well co-ordinated so that I experience consistency and continuity.
- 4.16 I know how to make a complaint or raise a concern about my care and support.
- 4.17 If I have a concern or complaint, I know this will be acted on without negative consequences.

## Wellbeing

- 4.18 I am confident that the service I use and the organisation providing it are well led.
- 4.19 I am supported and cared for by people who have been appropriately recruited.
- 4.20 I am supported to reach my full potential by people who are encouraged to be innovative in the way they support and care for me.



# Standard 5: And if the organisation also provides the premises I use

## Dignity and respect

- 5.1 I experience an environment that is well looked after and attractive, with clean, tidy and well-maintained premises, furnishings and equipment.
- 5.2 I can use an appropriate mix of private and communal areas, including an accessible outdoor space.
- 5.3 I can easily access a toilet from the rooms I use and I can use a toilet when I need to.
- 5.4 If I live in a care home, I have ensuite facilities with a shower and can choose to have a bath if I want.
- 5.5 I have a secure place to keep my belongings.
- 5.6 If CCTV is used, I know about this and how my privacy is protected.

### For children in their early years:

- 5.7 If I wear nappies, there is a suitable area with a sink and some privacy for me to be changed.

## Compassion

- 5.8 I experience care and support in a homely environment.
- 5.9 I experience homely care and support in a service that is the right size for me.
- 5.10 If I live in a care home, the premises are designed and organised so that I can experience small group living and an environment that is right for me.
- 5.11 If I experience care and support in a group, I can use a cosy area with soft furnishings to relax.

## Be included

- 5.12 I experience a service as near as possible to people who are important to me and my home area if I want this and if it is safe.
- 5.13 The location and type of premises enable me to experience care and support free from isolation and for me to be an active member of the local community if this is appropriate.
- 5.14 If I experience 24-hour care, I have access to a telephone, radio, TV and the internet so that I am connected.
- 5.15 I can independently access all parts of the premises I use and the environment has been designed to promote this.
- 5.16 If people who support and care for me have separate facilities, these do not take away from the homeliness of the service and my feeling of being at home.
- 5.17 If I live in a care home, I can control the lighting, ventilation, heating and security of my bedroom.
- 5.18 If I live in a care home, I can decide on the decoration, furnishing and layout of my bedroom, including bringing my own furniture where possible.

## Responsive care and support

- 5.19 The premises I use are designed, adapted, equipped and furnished with my care and support needs in mind.

## Wellbeing

- 5.20 I experience a secure and safe environment that is suitable for me.
- 5.21 My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells.
- 5.22 I can enjoy a pleasant environment, with plenty of natural light, fresh air, space and a comfortable temperature for me.
- 5.23 I have enough physical space to meet my needs and wishes.
- 5.24 I am able to access a range of good quality equipment and furnishings to meet my assessed needs, wishes and choices.
- 5.25 I am able to participate in a variety of creative and physical activities, including exercise both indoors and outdoors.
- 5.26 If I am an adult living in a care home, I have my own bedroom that meets my needs.
- 5.27 If I am an adult living in a care home, I can choose to live with and share a bedroom with my partner, relative or close friend.
- 5.28 As a child or young person, I might need or want to share my bedroom with someone else and I am involved in deciding this.
- 5.29 If I experience 24-hour care, I have a bedside cabinet and light and there is enough space for me to sit comfortably with a visitor in my bedroom.
- 5.30 If I live in a care home and I want to keep a pet, the service will try to accommodate this request.



# Standard 6: And where my liberty is restricted by law

## Dignity and respect

- 6.1 I experience my human rights being protected when my liberty is restricted and this complies with the relevant legislation.
- 6.2 I am helped to understand how and why my behaviour affects my rights, including the use of any physical intervention, sanctions or incentives.
- 6.3 I only experience restraint as a last resort and for the minimum time necessary by people who are properly trained.
- 6.4 I will only be searched if there are clearly identified concerns and I am told what these are.
- 6.5 If I am restrained or searched, this will be carried out with sensitivity

## Compassion

- 6.6 I am supported by people who anticipate challenges with my or others' behaviour and they work creatively to help manage this.

## Be included

- 6.7 I can be with my peers, including other people who use the service, except where this has been properly assessed as unsafe.

## Wellbeing

- 6.8 The environment is specially designed and managed to minimise the risk of me harming myself or others.



# Standard 7: And if I am a child or young person needing social work care and support

## Dignity and respect

7.1 I am cared for by people who are ambitious for me, champion my needs and enhance my life chances.

## Compassion

7.2 I live in a place that feels like a home and I am supported and cared for by people who make me feel valued, special, loved and safe.

7.3 I am supported to develop a positive view of myself and to form and sustain trusted and secure relationships.

7.4 I am supported and cared for by people who are fully informed about my history and understand what I am communicating.

7.5 I am helped to overcome any previous experiences of trauma and neglect so I am emotionally resilient and have a strong sense of my own identity and belonging.

7.6 I am responded to with sensitivity and the people who support and care for me anticipate and reduce any conflict, with difficulties sorted out in a low-key way.

7.7 I am helped by the people who support and care for me to understand the consequences of any difficult or unsafe behaviour and I am supported to take responsibility to change this.

7.8 I have as normal an upbringing as possible and I am helped by the people who support and care for me to achieve this.

## Be included

7.9 I am encouraged and supported to make friends with people my own age.

7.10 I am helped to understand decisions taken in my best interests and why sometimes it might not be possible to act on my wishes.

7.11 I am fully included in all aspects of family life if I am fostered.

## Responsive care and support

7.12 My needs and wishes are assessed in good time and an assessment for a permanent placement is done within 12 weeks.

7.13 My need for permanent care and support is assessed and met.

7.14 I experience stable care and support, with minimum disruption, from people who can nurture and form strong attachments with me.

7.15 If I need and want this, I am placed with wider family members (kinship care) alongside my brothers and sisters where possible and where it is safe.

7.16 People making decisions about me, including fostering and adoption panel chairs and advisers, know me and have the right skills, training and experience to decide what's best for me.

7.17 I am supported to have safe contact and continuity of relationships with family and people who are important to me by people who understand the importance of maintaining attachments.

7.18 I continue to be supported and cared for into adulthood.

7.19 I experience different organisations working together for my benefit.

## Wellbeing

7.20 I am supported to achieve my potential in education and employment.

7.21 I am supported to develop my independence while protecting myself from unsafe situations.

7.22 I am supported to become increasingly safe from neglect, abuse, grooming and sexual exploitation, self-harm, bullying, misuse of drugs or alcohol and going missing.

7.23 I am supported by people who seek to understand why I have been missing and work with me to minimise future risks.

7.24 If I go missing, people take urgent action to protect me, including looking for me and liaising with the police and other agencies, and my family.



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