

## Developing new social care and health standards: an update for EPSO members

In 2002, National Care Standards for Scotland were established for the first time, publishing by government. By law, the Care Inspectorate must refer to the national care standards when carrying out inspections of social care services. Scotland is currently reviewing its 2002 standards and has adopted a radical approach by articulating what human rights and wellbeing mean from the perspective of an individual using any aspect of care. This is radically changing our assessments of quality.

The Scottish Government asked the Care Inspectorate and Healthcare Improvement Scotland to lead the development of the new standards in active engagement with a wide range of people who use care. The draft standards are currently undergoing formal consultation which will conclude in January 2017. They are due to be published in April 2018. The purpose of the new standards is to improve the experience of people using care in Scotland, and to promote intergrated and joined-up care across the professional disciplines of health, social work, social care and early learning. They will provide a common outcomes framework for reviewing the quality of social care and healthcare. By focussing on improving user experience rather than compliance, they are designed to be more aspirational, support improvement, and enhance innovation in service delivery.

We believe that this unique, innovative and integrated model is transferable to other countries and settings. There are three innovative elements.

### 1. Scope and structure of the standards

The previous standards applied only to registered social care services, such as care homes and nurseries. At the Scottish Government's request, the new National Health and Care Standards will apply across all health, social work and social care and will be used to inspect the whole care system as well as individually registered services. And whatever our age and ability, we all have similar needs and wishes for warm, compassionate and effective care and support. Therefore we have drafted one set of standards for everyone that will apply across all care and health provision.

The previous standards had 23 separate standards for different care types, with 2,400 statements. The new standards have 5 over-arching principles and 7 (draft) standards, with about 170 descriptors.

### 2. The new standards are person-centred

By embedding a person-centred approach which shifts power away from professionals and to people using care, we have the potential to radically transform how we plan and deliver care. The standards are underpinned by five principles: compassion, dignity and respect, be included, responsive care and support, and wellbeing. For the first time, "compassion" has been articulated as core component of quality.

Of the seven more detailed standards, the first 4 apply to everyone, and the additional 3 apply in certain circumstances:

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 where my liberty is restricted by law
7. And if I am a child or young person needing social work care and support.

Each of the 7 draft standards has 15-20 descriptors setting out in more detail what people should experience.

### 3. The new standards are outcomes-focused

We are changing the focus away from the traditional approach of minimum and technical provider inputs in favour of describing individual outcomes. This challenges traditional thinking but is designed to embed reflection and improvement approaches across care and health. For example, previous standards which set minimum size of rooms, or child-adult ratios in children's nurseries, have been replaced by standards like "I have a size of room that allows me to live in the way I want", and "I have enough staff to help me learning and play in a way that is right for me".

### Public involvement in developing the standards

An initial public consultation on the principles underpinning the Standards reported widespread support for the Standards being based on human rights and wellbeing, with 1,700 individual consultation responses, with over 90% of respondents supporting the approaches. The 5 principles of the standards were agreed in April 2016. A further public consultation on the final draft Standards is currently taking place and is due to be completed in January 2017.

The development group led by the Care Inspectorate and Healthcare Improvement Scotland has involved a wide range of people who use care, provide care, and commission care.

### How the standards will be used

The new standards will challenge planners, commissioners and providers of care to work collaboratively across professional disciplines and structures. They will also challenge scrutiny bodies to regulate and inspect in a more integrated, holistic and person-centred way to improve care.

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, 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.

In response to the new standards, the Care Inspectorate and Healthcare Improvement Scotland have structured programmes in place to change inspection methodology, in order to embed the new standards and approaches to quality into inspections.

You can read more at [www.newcarestandards.scot](http://www.newcarestandards.scot).

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