

National Care Standards and Talking Points How might they work together?

Purpose

There are a number of outcome frameworks in Scotland. This paper looks at the links between the Talking Points: Personal Outcomes Approach, which is an integral part of the Community Care Outcomes approach, and the National Care Standards. and asks the following:

How do Talking Points and the National Care Standards reflect each other?

Does Talking Points offer evidence about the performance of care services that should be available to the regulator (i.e. the Care Commission)?

How might this information be used as part of the Care Commission's regulatory work?

Process

This paper has been produced by a number of people in the Care Commission and the Joint Improvement Team.

We reviewed the National Care Standards for all community care groups and mapped to the Talking Points outcomes, the National Minimum Information Standards and the Community Care Outcome Framework.

The National Care Standards reviewed as part of this exercise were:

- Care homes for older people
- Care homes for people with physical and sensory impairment
- Care homes for people with mental health problems
- Care homes for people with learning disabilities
- Care homes for people with drug and alcohol misuse problems
- Short breaks and respite care services for adults
- Housing support services and
- Support services

Background

The Care Commission's aim is to regulate for improvement. The Commission assesses services against the National Care Standards to improve the overall quality of care in Scotland.

The Care Commission reviewed its inspection process in 2005-06 and as a result introduced a new inspection process (including a self assessment process and grading scheme) on 1 April 2008. The new methodology places a greater emphasis on risk assessment, involving people who use care services and the self assessment by care service providers to ensure that regulatory activity is proportionate and targeted where it is most needed. The Care Commission moved from inspecting directly against the care standards to a system of quality themes and statements across three or four broad

areas. Grades are awarded based on the quality of the service provided across four themes:

- Quality of care and support
- Quality of environment
- Quality of staffing
- Quality of management and leadership

The 6 point grading scale is:

6 – excellent

5 - very good

4 – good

3 – adequate

2 - weak

1 - unsatisfactory

A key part of the inspection process is talking to people who use care services and their relatives and carers. Care Commission officers use questionnaires based on the care standards and, where there are groups of people who use care services or support groups, talk to them about their experiences of the service. They also look closely at how care services involve the people using them in the design of the service, and how service providers ask for and respond to feedback about their service.

Community Care Outcomes approach

Assessment, care planning and review lie at the heart of identifying and improving outcomes for people using community care or support and their carers. Information identified during assessment, care planning and review about outcomes for individuals can be aggregated to provide information about how a health and care system is performing in relation to outcomes for individuals. The Community Care Outcomes Framework is a suite of 16 measures which taken together, offer a means of understanding how a local system is doing in improving the outcomes for people overall. But the biggest impact day to day will come from putting outcomes for people at the heart of assessment, care plans and review. The Joint Improvement Team is promoting the Talking Points approach to support frontline staff in shifting their focus onto outcomes and quality of life.

A number of measures in the Community Care Outcomes Framework aim to measure the experience of people using services or support, or their carers, directly. The purpose of this approach is to place user and carer experiences at the centre of performance management, planning, commissioning and service improvement.

At present the Community Care Outcomes Framework only applies to services for adults.

Talking Points: Personal Outcomes Approach (previously known as UDSET User Defined Service Evaluation Toolkit)

The choice of these outcomes measures is primarily based on findings and research tools developed during the course of a two-year research project which looked at the outcomes most important to users of services delivered in partnership between health and social care. This research (Petch et al, 2007) was based at the University of Glasgow and established two frameworks of the outcomes that are important to service users and their carers.

These frameworks were adapted from a ten-year programme of research on service user and carer outcomes at the University of York. The research team at the University of Glasgow adapted the University of York outcomes framework, in collaboration with three user research organisations, to ensure that it reflected the priorities of a broad range of community care service users, and used accessible language (see table 1). The revised framework was then tested out in interviews with 230 service users across the UK. The framework has also been extensively piloted in Scotland since 2006.

Table 1. Outcomes Important to Service Users

Quality of Life	Process	Change
Feeling safe	Listened to	Improved confidence
Having things to do	Having a say	Improved skills
Seeing people	Treated with respect	Improved mobility
Staying as well as you can be	Responded to	Reduced symptoms
Living where you want/as you want	Reliability	
Dealing with stigma/discrimination		

The National Care Standard’s principles are dignity, privacy, choice, safety, realising potential, and equality and diversity. The Talking Points: Personal Outcomes Approach principles clearly match these closely. The quality themes and statements used by the Care Commission to inspect care services link directly to the National Care Standards.

Conclusion

The purpose of Talking Points is to provide a structure to assess and report on the experience of people using care services and to provide information to improve the service. If Talking Points is taken up Scotland-wide, a large amount of information about the quality of care services and their impact on the individuals who use them will be generated both at service and at local authority level. This information is potentially evidence about the quality of services which could be used to support the regulatory processes of the Care Commission (amongst other scrutiny bodies).

Using the Talking Points data as part of the regulatory process would give the Care Commission a further element of indirect contact to people using services. This would help target Commission resources to the care services that need it as well as providing another source of information and evidence for inspection.

Recommendations

- The Scottish Government should continue to promote the use of the Talking Points: Personal Outcomes Approach by Councils and NHS bodies (in partnerships) and by care providers.
- The Joint Improvement Team advocates that NHS bodies, Local Authorities and service providers should use the Talking Points: Personal Outcomes Approach and record the information using the national minimum information standards for assessment, shared care and support plans and reviews (for people who use services and carers).
- The Care Commission and SWIA should consider how information arising from the Talking Points approach can contribute to their assessments at both service level (across the local authority and independent sectors) and local authority performance level.
- The Scottish Government, and the Joint Improvement Team should work to enable the Care Commission, SWIA and other bodies to have access to the Talking Points information where that will support their processes.
- This work should feed into the range of national discussions to which it might be relevant such as the quality payment of care home fees (with Scottish Care and COSLA) and the single corporate assessment for local authorities (led by Audit Scotland).
- The Outcomes approach to Community Care, and therefore the Talking Points methodology, only apply to services for adults. Connection with children's outcome framework should be made to ensure that if similar data is available, it is similarly used.