Fundamentals of Care
Guidance for Health and Social Care Staff

Improving the quality of fundamental aspects of health and social care for adults
Fundamentals of Care

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Improving the quality of fundamental aspects of health and social care for adults
This version of the Fundamentals of Care is aimed at staff of all grades who provide care and the organisations that employ them. These organisations include all providers of health and social care.
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The twelve aspects of care described in the document draw together, for the first time, guidance on the quality of care service users may expect from health and social care providers in Wales.

I know, from talking with service users, that they are as much affected by the general experience of their care as by its outcome. I also recognise that the experience of care is often variable and dependent on the type of service accessed and geography. These indicators will help ensure that such inequities are addressed across Wales. They relate to a range of settings, from a person’s own home, to care homes and hospitals and to all organisations dedicated to delivering care, in the health, social or independent sectors.

Individuals and organisations providing health and social care within Wales, should use these indicators to develop and improve the services they deliver. It is only by constant reference and review that we can raise the quality of care.

So much is being achieved already, but more remains to be done, so that the more vulnerable members of our society are helped to enjoy a better, healthier and happier future.

I am pleased to commend this document to you.

Jane Hutt AM
Minister for Health & Social Services
1. Aim of Fundamentals of Care

Fundamentals of Care is a Welsh Assembly Government initiative included in the Plan for Wales as part of “Improving Health and Care Services”.

The initiative grew out of the following:
- Inconsistency of quality across service settings and areas.
- Emphasis, until recently, on service efficiency and cost, rather than quality of care.
- Common themes in complaints and compliments.
- Increasing expectations of service users.
- Developing partnerships with service users and between organisations.
- Increasing focus on regulation and performance.

Fundamentals of Care therefore aims to improve the quality of aspects of health and social care for adults.

The indicators will be integrated with educational, commissioning and performance management frameworks for the NHS, Social Services and the Care Standards Inspectorate, as appropriate. They therefore reflect an integrated whole systems approach, making them relevant to multi-disciplinary environments across organisational boundaries.
2. Using the Guide

The first reaction to these indicators may be that they are nothing new. This is true. Indeed it would be surprising if material did not already exist on the key subjects addressed, for example, the Essence of Care in England, DOH, 2001. What is different is that these indicators are applicable to the whole of Wales, across the full range of health and social care settings. To achieve this, this document draws together a composite set of indicators from a range of statutory, mandatory and professional requirements and national policies. These include (amongst others): National Minimum Standards, National Service Frameworks, National Institute of Clinical Excellence documents, Occupational Standards and Professional Codes of Conduct. Additional indicators have been included where gaps have been identified from a literature search and extensive consultation.

Using the Fundamentals of Care alongside other guidelines and standards

Fundamentals of Care views the service-user as the most significant stakeholder in the development and promotion of best practice and quality services. On a personal basis the relationship between the service-user and care provider is fundamental. The relationship between the person giving care and the person receiving care should be a partnership. Everyone is an individual and should be treated according to their needs and wishes. Service-users should receive the highest quality of care and service providers have a responsibility to provide this.

At a wider level, practice and services are governed by legislation and regulations. They are also influenced by standards and guidance. In this broader context Fundamentals of Care seeks to stimulate improvements in quality and the way care providers respond to and meet the needs of service-users. Fundamentals of Care is also designed to enable service-users to assess for themselves whether the care they receive is appropriate to their personal circumstances. For example each section suggests an indicator to which care providers should aspire. The indicators are referenced to the relevant Care Standard Regulations. This approach will help both the service provider and the service-user. The service provider can utilise Fundamentals of Care for self audit and quality control purposes and establish how each indicator relates to Care Standard Regulations. In turn service-users in private, voluntary and local authority sector provision are better able to understand how the Care Standards Act shapes the services they may receive.

Expectations of service providers in the private and voluntary sector

Fundamentals of Care does not impose any new requirements, obligations or standards upon domiciliary, care homes or independent healthcare providers. Providers of these services are registered and regulated by the National Assembly through the Care Standards Inspectorate for Wales (CSIW). Fundamentals of Care will supplement but not replace the Regulations and National Minimum Standards issued by the National Assembly and enforced by CSIW. It is anticipated that all care providers, anxious to maintain and develop quality personal care services, will incorporate Fundamentals of Care within training and staff development programmes as a basic foundation for the provision of quality services. Both Health and Social Services may also incorporate these indicators into commissioning, contractual or service-specification requirements.
Expectations of the National Health Service

Within the Health Services Fundamentals of Care will be used to drive up and improve the consistency, quality and delivery of care. As a baseline Fundamentals of Care should be used to establish targets for the consistent improvement of services and the provision of care regardless of setting. It is recommended that individual staff and organisations identify those indicators from the cross-references that should already be complied with. For the other indicators there is a responsibility to ensure they are integrated into educational and monitoring systems. All indicators are to be met and compliance systematically monitored, whether this be through clinical supervision, peer review, audit or operational performance mechanisms.

The NHS may also wish to use the indicators when commissioning from private sector providers.

Expectations of Local Authority Social Service Departments

Social Services may use Fundamentals of Care as a nationally recognised framework and where appropriate audit existing domiciliary and residential care services against the relevant indicators. In order to clarify the position fully, Fundamentals of Care may underpin or support Care Standard Act Regulations. They are therefore supplementary to secondary and primary legislation. It is anticipated, however, that Fundamentals of Care will play a significant role in the development of commissioning, staff training and development programmes. Social Services may wish to use the indicators when commissioning from private sector providers.

Putting the indicators into practice

The following need to be considered:
- the service user and their choices and wishes
- the service user’s capacity, capabilities and need of care
- the unpaid carer’s capacity, capabilities and need of training
- staffing levels and skill mix
- use of evidence-based professional assessment tools, practice, and models of care
- the type of environment in which the care is given
- competency, training and education of staff
- supervision of staff
- the maintenance of buildings and equipment
- the provision of suitable facilities and equipment
- operational procedures and policies
- monitoring and evaluation of services
- links to clinical governance systems.
3. Introduction to the Practice Indicators

The document presents a list of indicators that cover twelve Fundamental Aspects of Health and Social Care:

- Communication and information.
- Respecting people.
- Ensuring safety.
- Promoting independence.
- Relationships.
- Rest and sleep.
- Ensuring comfort, alleviating pain.
- Personal hygiene, appearance and foot care.
- Eating and drinking.
- Oral health and hygiene.
- Toilet needs.
- Preventing pressure sores.

The indicators are research and best practice based, having been developed in the light of extensive consultation and a wide range of reference documents.

The indicators are not in priority order. Most of them relate to the provision of care in any setting, but some will be less relevant in a person’s own home.

To gain maximum benefit, you will need to read every section. Issues such as respect, independence, communication and choice are important in every situation.

Each aspect is described in a separate section. The sections are laid out as follows:

- an introduction setting the context;
- a Principle quality statement;
- Practice Indicators which say in greater detail how the Principle can be put into practice;
- text in italics under some indicators providing additional guidance for staff;
- some examples of what the indicators mean in practice to help staff use them. They are not exhaustive and therefore do not cover everything. They are intended to give some clear compass points. Staff will be able to add to the list through their own good and considered practice;
- cross references which relate the principle and supporting indicators to corresponding existing legal requirements, professional and national standards. Where cross-references are in italics, this indicates that the document referred to is in draft form at the time of writing;
- selected references.

Two other versions are available. The Flyer version contains the Principles and the Booklet has the Principles and Practice Indicators. These two versions are worded with the service user in mind. The documents are also available on the Internet.
4. Practice Indicators

1. Communication and information

This aspect of care includes written, oral and non-verbal communication between staff and service users and their relatives and carers.

Many of the failures or complaints about health and social care are due to misunderstandings, inadequate information, or failures in communication.

The Patient’s Charter (1990) established that patients have the right to a clear explanation of all proposed treatments, including any risks involved and the alternatives before giving consent. The provision of information is one of the driving forces of NHS philosophy, and communication with users of health and social care services is a key principle of a recent Welsh Assembly Government document The Health and Social Care Guide for Wales (2002).

The more people understand their condition and its treatment, and become involved in decisions about the care they receive, the better they are able to make appropriate choices and manage their own care. Partnership between health and social care providers, patients, clients, service users, their relatives and carers, is the cornerstone of appropriate person centred care. This is important at all stages in the care of an individual, but particularly so during arrangements for transfer of care to alternative care settings, and during the discharge planning process.

Except in very special circumstances, which are specified in law, informed consent must always be obtained to treatment and care. Intervention without consent may be an assault. On the other hand, non-intervention for people unable to consent may amount to neglect.

People have the right under legislation to see the information that has been recorded about them in their medical or care records and, if necessary, to correct any mistakes. The requirement for confidentiality and protection of any information about an individual held in records however remains an important principle (Indicator 1.5).

There should be clear and accurate information about the type of service provided. It should be presented in such a way as to take account of special needs. Information must be given in a format and language, which is suitable for the intended use, and reaches the right balance of every day words, technical terms, and explanation.

The importance of open and honest communication must be emphasised. People are entitled to know about their condition, especially if they request this information. They should be treated with sensitivity and understanding and account should be taken that people under stress or anxious, may not hear, understand, or remember what has been said. All service users must feel able to raise concerns and know how to make a complaint about a service which has not met their expectation. They must be able to do so without fear of being penalised and have the assistance of independent advice and advocacy if desired. Special care must be taken in communicating with those whose mental capacity may be temporarily or permanently impaired.

Effective communication takes time and should be considered to be part of workload, prioritisation and time management.

Principle

People must receive full information about their care in a language and manner sensitive to their needs.
Practice Indicators

1.1 Health, personal and social care needs are assessed and set out in a regularly reviewed plan of care. This plan is agreed by the service user and the people caring for them. The plan is only shared with others with the service user’s consent.

The plan of care is agreed by the service user and made available to them. The assessment, plan of care and its implementation are recorded and monitored. The plan of care is reviewed to ensure services remain appropriate to the service user’s needs.

1.2 Assistance or specialist aids are provided to those with speaking, sight or hearing difficulties, special needs or learning disabilities, enabling them to receive and respond to information.

1.3 If necessary, people are provided with access to a translator or a member of staff with appropriate language skills. If a translator is needed, they must be thoroughly briefed on the context of the information they convey and on the requirement for confidentiality.

1.4 People are consulted about any treatment and care they are to receive. A suitably knowledgeable person explains treatment or care options so that people can make informed choices. Their consent or refusal is clearly and accurately recorded.

Some people may have a limited capacity to understand, e.g. people with learning disabilities or mental illness. In such cases, every effort is made to help them comprehend what is being said and to involve them in the decision making process with their carer or next of kin.

1.5 People’s personal records are regularly updated and available to them. To ensure confidentiality, they are kept secure and comply with the Data Protection Act 1998.

Where care is delivered by a multi-disciplinary team, information needs to be shared amongst team members and records may be accessed and used by all. In some circumstances, information may be shared with other staff involved in the care of the individual, if the caring role of the colleague could not be undertaken effectively without knowledge or information relating to the person receiving care. In certain circumstances there is an additional requirement to share information i.e. when information is required by a court order and when it can be justified as being in the interests of protecting the public.

1.6 Time is taken to listen and actively respond to any questions and concerns that the service user or their relatives may have. If the person providing care does not have sufficient knowledge to answer questions adequately, they refer them to the appropriate colleague.

1.7 People are given information explaining how to comment on their care or make a complaint. If requested, information is also given on how to obtain independent advice and support.

Some examples of what the indicators mean in practice

- Always ensure that information you give is accurate.
- Almost never use jargon; if you need to, explain what it means.
- Never assume that your service user is being given information in an appropriate format; always ask them.
- Be clear and unambiguous in what you say or write.
- Always check whether people have any questions.
- Answer questions openly and as simply as you can.
If you are not sure you have correctly understood what your service user is asking or requiring of you, ask them.

When you have promised to return to the person using services at a later date with information, always ensure that this is done.

Make sure that all of your recording is undertaken in a way that can be made accessible to the person using services and will be easily understood by them.

When a person using services voices dissatisfaction, encourage them to make a complaint if you are not in a position to resolve the issue yourself.

When you are aware that you have not delivered any aspect of service as well as you might have done, apologise and explain how you will ensure that the problem is resolved.

If you are a manager, ensure that communicating and giving information is something you address regularly through the supervision process, with Fundamentals of Care in mind.

If you have a job that involves you in preparing information for the benefit of people who use services, check that your local standards are consistent with Fundamentals of Care and always consult service users, carers and other lay people, elected members of the Council for example, before publishing your document.

If you have reason to think that some one may have an impairment of mental capacity you must consider what information and to whom you should communicate. Where appropriate you should follow the guidance on consent to treatment.

N.B. The key thing to remember here is that all people who use health and social care services have a right to be told what is happening to them and why, in a way that is easily intelligible and meets any particular needs they may have.

Cross references

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<th>Fundamentals Indicator</th>
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<td>Creating a Unified and Fair System for Assessing and Managing Care (Unified Assessment Process)</td>
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<td>NAFW NMS Care Homes for Older People standards 1</td>
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<td>Framework for best practice: the production and use of the health information for the public</td>
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| 1.1                    | NAfW NMS Care Homes for Older People standard 6  
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                          Health and Social Care Guide section 1,5,7  
                          Level 3 National Occ. Standards in Care Units SC8,NC11  
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                          NSF for Diabetes Standard 3  
                          NMC Code of Professional Conduct section 2  
                          Tackling Coronary Heart Disease in Wales standard 2 |
| 1.2                    | NAfW NMS Care Homes for Older People standards 36.6  
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                          Creating a Unified and Fair System for Assessing and Managing Care  
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                          Health and Social Care Guide section 1,5,7  
                          Level 3 National Occ. Standards in Care Units X12,X13,X19  
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                          NSF for Diabetes Standard 3  
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| 1.5                    | Code of Ethics and Professional Conduct for Occupational Therapists Sections 2.5, 3.4  
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CSP Service Standard 19  
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Health and Social Care Guide section 8  
Improving Health in Wales chapter 3  
Level 3 National Occ. Standards in Care Unit NC10  
Level 3 National Occ. Standards in Prom. Ind. Units NC10,Z2  
Welsh Risk Management Standard 4 |

1. All of the references to the National Occupational Standards are guides as to how meeting the standards contained in Fundamentals of Care can contribute evidence to part of the units identified. It is dependent on the nature and complexity of the task undertaken as to how much evidence will be generated.

2. See footnote above

3. See footnote above
Selected references


Audit Commission. (1993) What seems to be the matter? Communication between hospitals and patients. HMSO.


Kutner, JS. And Steiner, JF. and Corbett, KK. and Jahnegen, D. and Barton, PL. (1999) Information needs in terminal illness, Social Science and Medicine; 48 (10) p1341-52.


2. Respecting people

This aspect should underpin at all times, the relationship between someone who is receiving a service and the person or people delivering that service. Services should always be provided with compassion and empathy for the person to whom they are being delivered.

All human beings - old or young, sick or well, have a right to dignity, privacy and informed choice. People also have a right to expect that these basic human rights will be respected by others, most especially those whose role is to provide a caring service. When people are dependent on others for any aspect of their care, the individual's ability to ensure these basic human rights for themselves may be compromised. All those who provide care have a responsibility to ensure that whatever care they are providing includes attention to basic human rights. Where people are unable to ensure these rights for themselves, when they are unable to express their needs and wishes as a result of a sensory impairment, a mental health problem, learning disability, communication difficulty or for any other reason, access to independent advocacy services must be provided (see Indicator 2.2).

While these rights are common to all human beings, every person is a unique individual with unique needs and wishes. Individual needs and wishes vary with factors such as age, sex, culture, religion and personal circumstances; also, people's individual needs change over time. These individual needs may increase vulnerability to the loss of basic human rights.

It is also important to understand that in exercising individual rights, people exercising those rights take responsibility for the choices they make.

Respecting people as individuals is very broad and an integral part of all care. It is particularly important in:

- Personal care, including maintaining personal hygiene, going to the toilet, and intimate procedures (see Aspects 8 and 11).
- Communication and examination by health and social care staff (see Aspect 1).
- Caring for people who are dying or have died.

Principle

Basic human rights to dignity, privacy and informed choice must be protected at all times, and the care provided must take account of the individual’s needs, abilities and wishes.

Practice Indicators

2.1 People are treated with respect, courtesy and politeness. Staff receive training to support this.

2.2 People are able to access free and independent advice so that they can make choices about their care and lifestyle. This may be provided through advocacy services or voluntary agencies such as the Citizen’s Advice Bureau.

2.3 Individuals are addressed by their preferred name.

2.4 Confidentiality and privacy are respected as far as possible, especially in hospital wards, public spaces and reception areas.

2.5 Mail is always given unopened unless otherwise requested. Where a person is unable to open their post, appropriate arrangements are made with their carers.

2.6 People’s feelings, needs and problems are actively listened to, acknowledged and respected.
2.7 Information and care are always provided with compassion and sensitivity.

2.8 Spiritual and cultural needs are acknowledged and respected.

Some examples of what the Indicators mean in practice

- Always make clear to your service user that what they have to say is important to you.

- Always demonstrate patience and understanding.

- Always knock the door if you are intending to enter a room occupied by someone using your service.

- Never raise your voice when communicating with your service user, unless this is in order to be heard by someone who has a hearing impairment.

- If a service user questions your actions or views on their care, do not take this personally; be ready to listen and learn from what they have to say.

- Always ask a person using services how they wish to be addressed. Never assume that it is acceptable to address a service user by their first name.

- Places such as hospital wards and office reception areas are very public. Always ensure that you are able to maintain confidentiality in such places, before discussing personal matters. Always check that a service user is comfortable discussing issues in busy environments before you start.

- Never open the personal mail of someone using your services unless they have requested that you do so.

- When a service user has asked you to read their mail, never leave it in a public place or open to view; always place back in an envelope and return to a place of safety, acceptable to the service user.

- Never touch the personal belongings of someone using services, without asking first, and always treat the belongings of others with care and respect.

- Never judge the appropriateness of the emotions that service users may express to you; accept that they are valid for the individual concerned and respond appropriately.

- If people are frightened, offer reassurance.

- If people are angry, listen to them and suggest courses of action that will resolve angry feelings.

- If people express sadness, they will need support in coming to terms with what they have lost or are about to lose.

- Never assume that you know what religious or cultural requirements a service user may have, always ask.

- Never gossip or laugh about people who use services to your colleagues; a service user will almost certainly be in a position of disadvantage when compared with yourself and should never become the butt of jokes and stories.

- If you are a manager of care providers, always model behaviour that reflects respect for others; modelling is a very powerful vehicle by which others can learn.
## Cross references

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| 2.7                    | Level 2 National Occ. Standards in Care Unit CL1  
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| 2.8                    | CSP Core Standard 1  
                          Level 2 National Occ. Standards in Care Unit 01  
                          Level 3 National Occ. Standards in Care Unit 02  
                          Level 3 National Occ. Standards in Prom. Ind. Unit 02 |

Selected references


3. Ensuring safety

This aspect of care includes the health, safety and welfare of service users, who have the right to a safe environment, use of appropriate and adequately maintained equipment, and protection against abuse.

The safety of people at work and service users who come into contact with the environment in which care is provided, is governed by the Health and Safety at Work Act 1974, and its various safety regulations. Obligations under this legislation include the requirement for appropriate training, documentation and investigation of accidents and untoward incidents.

The way in which these requirements are put into practice varies greatly and poses particular challenges for some groups of patients, clients and service users in their own homes. This principle applies to all care settings and all client groups, but the relevance of the individual indicators will vary according to location and client group.

Balancing the needs of both staff and service users can be difficult in individual circumstances. For example a heavy immobile person may ask to be moved without the use of lifting equipment which is necessary to protect the carer from back injury. Protection from falls potentially places unacceptable limits on the person’s freedom and autonomy. Sometimes the wishes of the cared-for person conflict with those of his/her family or other carers. At no time should the wishes of the person being cared for put at risk the safety of others.

Health and Safety legislation requires that a risk assessment is carried out which involves the careful consideration of what could cause harm, and what precautions need to be taken to prevent accident and injury to either the person receiving care or the care giver.

If a person’s safety is put at risk at any time, a record must be made and reviewed by the person or organisation providing care. This relates to all accidents, injuries, falls, medication errors, infections, untoward incidents and near misses.

This aspect of care covers:
- Maintenance of a safe physical environment.
- Protection from physical, verbal, sexual and financial abuse.
- Safe working practices.
- Prevention of falls.
- Prevention of infection.
- Prevention from self-harm.
- Prevention of treatment errors.

Principle

People’s health, safety and welfare must be actively promoted and protected. Risks must be identified, monitored and where possible, reduced or prevented.

Practice Indicators

3.1 People receive support free from abuse, neglect and inappropriate care.

3.2 People are protected against verbal, physical, sexual and financial abuse.

3.3 The service user’s environment is clean, properly maintained, safe and secure. Their independence and personal choice are respected.

3.4 Equipment is clean, properly maintained and stored safely.

3.5 People are assessed for risks to their own safety and the safety of others. A plan for managing risk is agreed between the person being cared for and those caring for them.

3.6 Staff receive appropriate information, training and supervision to ensure that people and their carers are safe.
This relates to moving skills, use of equipment, abusive and challenging behaviour, medication, first aid, infection control, waste disposal, handling of valuables and general security.

3.7 People are encouraged to develop or maintain the level of independence they wish, striking a responsible balance between risk and safety.

3.8 People are able to summon help easily at all times, using a telephone, bell or other convenient means. If unable to do so their needs will be checked regularly.

Some examples of what the indicators mean in practice

- Always practise basic personal hygiene, both for yourself, and the person for whom you are caring.

- If you are caring for service users in their own homes, always ensure that appliances have been switched off where appropriate.

- Always ensure that open fires are left safely and guarded, with nothing close to them that may catch alight.

- Never move a service user’s furniture without seeking their agreement; partially sighted people may stumble as a result of the unexpected and the mentally infirm may become more confused by change.

- If, as a provider of services, you use equipment to do your job, check that it is properly maintained and in good working order before embarking on your day’s tasks.

- Never leave the flex to appliances in places where a service user may trip over it.

- If you are concerned that a service user is making a choice related to their need, which may place them at risk, ensure that you discuss this with them, record both their decision and your view and ensure that your supervisor or manager is aware of your concerns.

- If you believe that you are not adequately trained to undertake specific tasks safely, you should bring this to the attention of your supervisor or manager.

- Make sure that you are fully aware of procedures in your organisation to protect vulnerable adults; if you believe that a service user is being abused or neglected, implement your local procedures immediately.
## Cross references

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4. Promoting independence

Most people do not want to be dependent on others and want to optimise their independence as quickly as possible. Maintaining independence improves quality of life and maximises physical and emotional well being.

The expectations of staff, carers and others of what an individual can achieve are often clouded by the assumption that dependency is permanent or inevitable. For example, an individual may not regain their mobility because the expectation of other people may be inappropriately low. This example highlights the need to work with individual strengths and potential. It needs to be recognised, however, that teaching and supporting individuals in this way may take more time and greater skill than simply doing things for them.

Principle

The care provided must respect the person’s choices in making the most of their ability and desire to care for themselves.

Practice Indicators

4.1 Time is available to support and encourage people to care for themselves.

4.2 Ongoing assessment, involving all those relevant to the person’s care, forms the basis of the plan of activities and care. This takes account of the person’s requirements, strengths, abilities and potential.

4.3 Where possible, people are shown different ways of doing things to help them to be independent. Staff refer to physiotherapists or occupational therapists for specialist advice.

4.4 If appropriate, people are offered equipment to help them walk, move, eat, hear and see. This equipment is well maintained.

4.5 Equipment provided for a specific person is kept for their own use.

4.6 To promote people’s independence and ability to care for themselves, their environment is as accessible, comfortable and safe as possible, in accordance with their wishes.

4.7 People are encouraged to be active, through work, taking appropriate exercise and/or recreation as far as their condition allows.

Some examples of what the Indicators mean in practice

- Always take the time to help individual service users to do things for themselves, or with your support, if they are able.

- Helping someone to do things for themselves will often take longer than if you were to do it for that person; always exercise patience and encouragement.

- If you are aware of aids or equipment that may help your service user maintain their independence, discuss these with them.

- If you believe access to a property or a property itself can be modified in a way that will further promote independence, bring this to the attention of your service user, line manager and the appropriate section of the Local Authority.

- Promoting people’s independence is a national policy; if you believe that the time allocated to you is insufficient, raise this with your supervisor or line manager.
For some service users, doing things for themselves will challenge their self-confidence; take time to encourage and reassure; encourage small steps forward that are achievable.

Family members of the service user may be very worried about the taking of risks. Offer explanation, reassurance and encouragement to the family.

Always see a desire to be active as a positive sign; take appropriate steps to encourage it.

If you are a commissioner of care services, ensure that the likely cost of working with an individual to maximise independence is included in your calculation when costing packages of care.

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5. Relationships

This principle applies to all care settings and client groups, but the relevance of the supporting Indicators may vary.

This aspect of care includes arrangements for people in hospital and in residential settings to receive visitors, arrangements for maintaining contacts with families and friends, and meeting the needs of people who are at risk of social isolation. This may be because they are being cared for a long way from their home, have restrictions placed on their freedom and movement (e.g. by the Mental Health Act), or have language/cultural barriers or sensory impairment. People can also be socially isolated in their own homes.

The needs and wishes of carers, family, relatives and friends as advocates are very important. Staff should help facilitate these where ever possible. Most carers want to be as closely involved with their relative or friend as possible, and their contribution to care and their role as advocate when the cared-for person is unable or reluctant to express their own needs is very important. Occasionally, however, patients and clients do not want the same level of involvement from their family or friends, and in these circumstances the first responsibility of care staff is to respect the wishes of the cared-for person.

Staff also need to respect the boundary around their relationships with those they care for. They must not enter into relationships that exploit people sexually, physically, emotionally, socially or in any other manner. They must not develop relationships which compromise their professional judgement and objectivity and/or give rise to advantageous or disadvantageous treatment of the person concerned.4

Principle

People must be encouraged to maintain their involvement with their family and friends and develop relationships with others, according to their wishes.

Practice Indicators

5.1 People are able to receive visitors within reasonable hours, sensitive to the needs of others. Consideration is given to the condition of the person. Where they are unable to make a decision for themselves regarding visitors, those close to that person should be consulted. Equally if a person wishes to restrict visiting at any time, staff support their decision.

5.2 A comfortable area such as a visitors’ room is available for private telephone calls or for people to spend time with relatives and friends.

5.3 People are encouraged and enabled to be part of the community.

5.4 The person decides how much their family and any informal carers are involved in their care.

5.5 If someone becomes critically ill, arrangements are made to ensure that a relative or friend can stay overnight, either in the same place or in local accommodation.5

5.6 People are offered support with verbal and written communication, particularly if separated from family and friends in their home culture or country of origin.6

5.7 People are put in touch with relevant voluntary organisations if they want them to provide a visiting service.

5.8 People are able to discuss their sexual health needs and are supported in planning to meet those needs.
Some examples of what the Indicators mean in practice

- Make sure that your “house rules” are as relaxed and open about receiving guests as they can be, particularly within the context of shared accommodation. Make sure these rules are readily available and easily understood.

- Always encourage service users to maintain their relationships with family and friends.

- Make private space available for private meetings of family and friends.

- Always be welcoming in your approach to visitors, showing courtesy and patience at all times.

- Encourage the use of the telephone for keeping in touch, by making it easily accessible and making any procedure for the payment of calls, easily understood.

- Sometimes your service user will want friends or family to help care for him or her by feeding or dressing for example. This sort of help should be encouraged, unless it would compromise the health and safety of your service user. If such help is not appropriate, you should explain why to both your service user and the friend or family member.

- It may be that your service user expressly says that they do not wish family or friends to be involved in any way in their care; this wish should be respected. The situation will require you to deal tactfully but honestly with friends and family should they raise the matter with you.

- If you are caring for someone from a different culture, take the time to find out from your service user, how links with their family and/or country of origin can be maintained. Your service user may ask you to get in touch with local community or spiritual leaders for example. Such contact should be welcomed and encouraged.

- Most localities have a range of voluntary organisations and community groups who provide befriending, visiting, good neighbour schemes and the like. If your service user asks to be put in touch with such groups, this should be encouraged. Most Social Services Departments have “directories” of such services; alternatively, the nearest Council for Voluntary Service should be able to help.

- If developing or maintaining relationships is a problem for your service user because of communication difficulties, find out what local services are available and get in touch with them. You may have services for people who are blind, deaf, dumb, learning disabled or speech impaired, available locally.

- People have a right to maintain their sexual relationships, or develop new ones so long as behaviour is appropriate in public and open spaces. If your service user wishes to maintain such an existing relationship, or develop a new relationship with a consenting partner, private, comfortable and appropriate space should be made available. This may include sharing a room for example.
Where such relationships are being maintained, or are developing, always ensure that the privacy and confidentiality of the relationship is maintained - it is nobody's business apart from the people in the relationship.

If you suspect that your service user is receiving attention that is upsetting to them because they are perhaps showing signs of distress following a visit, you should report this to your line manager and find gentle and tactful ways of encouraging your service user to talk to you about what is troubling them. Such matters are extremely sensitive: they cannot be ignored, but neither can they be managed in a tactless or aggressive way. It may be that the use of an advocate may be necessary in such circumstances.

4 Derived from Code of Ethics and Professional Conduct for Occupational Therapists of the College of Occupational Therapists
5 Arrangements only (and not reimbursement)
6 This does not include the cost of postage and phone calls

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6. Rest and sleep

Sleep is essential for good health and recovery from illness. Most people develop a personal balance between sleep, rest, exercise and activity which meets their individual needs. A change in health or environment can disturb this balance, and service users often complain that they are unable to get enough sleep.

People may be embarrassed about sleeping surrounded by strangers, or may be disturbed by the behaviour of others. Inadequate sleep at night may be reflected in sleeping during the day, which may in turn exacerbate the difficulty of sleeping at night.

People have altered sleep patterns for many reasons. It is important to note that lack of sleep can cause people to change their behaviour, in turn affecting their quality of life. For people in hospital the most common problem is getting enough sleep as they are disturbed by the ward activities and routines. For people in residential care, the emphasis may be on providing appropriate and stimulating daytime activity. This aspect applies to all settings and all client groups, but the relevance of the Supporting Indicators will vary according to the care setting and the client group.

Principle

Consideration is given to people’s environment and comfort so that they may rest and sleep.

Practice Indicators

6.1 Noise is minimised and levels of heat, light and ventilation are controlled to help people sleep at night.

6.2 Televisions and radios in shared sleeping areas have earphones to enable individual listening.

6.3 Waking, sleeping and resting times are as flexible as possible to meet people’s needs and preferences.

6.4 Where beds and bedding are provided, efforts are made to ensure the person’s comfort.

6.5 If a person’s sleep is disturbed, they are made comfortable and offered the support they need. This could include sleep management and relaxation techniques. Care should be taken to guard against the danger of inappropriate medication.

Some examples of what the indicators mean in practice

- Although organisation is important in shared care settings such as hospital wards and care homes, always remember that the service is being provided for the benefit of the people who require the service, not those providing it.

- The balance between sleep, rest and activity will be different for different people and their ability and motivation i.e. recovery will to some extent be dependent upon their individual needs being met.

- Private space for TV, conversation and visits should be made available, radios should all have earphones attached.

- Never assume that you know the conditions that promote sleep; always ask the person who is using your services. Sometimes some people may find shared accommodation preferable.

- Never assume that you know what the “right” balance of sleep, rest and activity is for people who use your services; always ask and take what measures are practical for meeting
individual need. Make sure that beds and bedding are of appropriate quality and always clean.

- If your service user complains of being uncomfortable, investigate the cause thoroughly and take appropriate action to remedy the situation.

Sleeplessness is usually distressing. It is important that you respond with patience, tolerance and compassion; look for appropriate solutions to the problem and never voice irritation or annoyance.

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Southwell, M ; Wistow, G. (1995) In-patient sleep disturbance; the views of staff and patients, Nursing Times; 91 (37) p29-31.
7. Ensuring comfort, alleviating pain

This aspect of care includes basic requirements for being comfortable, such as being cool or warm enough, being in a comfortable position and experiencing appropriate levels of light and noise. Attention is also necessary to specific discomforts such as nausea or pain, which are almost always possible to control to an acceptable level for the individual service user. This aspect of care also includes emotional distress because psychological well-being is so vital to a person’s overall health. A person’s psychological state also affects their perception of pain.

It must be remembered that pain and distress are what the person says they are and, to this end, the experience can be made worse by several factors such as:

- past experience;
- fear;
- anxiety;
- stress;
- distress;
- the environment in which the individual finds themselves i.e. their own home or a care setting.

Levels of tolerance of pain and distress are unique and their expression should never be ignored, denied or dismissed by people who are not actually experiencing the feeling or symptom. Consideration must also be given to those persons who are unable to communicate their feelings of pain or distress.

Those giving care need to be provided with adequate and appropriate education and training to allow them to recognise indicators of discomfort, pain and distress. People who are unable or unwilling to express themselves verbally, are also entitled to full assessment. Assessment with the family and carers, in partnership with the person, should always be considered. Helping people to cope with chronic pain, discomfort and distress is a particular challenge and requires support from specialist services. When pain, distress or other specific symptoms are directly related to a physiological cause or a specific treatment process, advice from the appropriate agencies must be sought.

This Principle applies to all care settings but the relevance of the supporting indicators will vary according to whether the person is receiving healthcare or social care and whether or not he/she is acutely ill or living with chronic pain or other symptoms caused by a particular disease. This aspect of care and the associated indicators do not include the specification of particular types of medication or other treatment for which specialist standards are available.

Principle

People must be helped to be as comfortable and pain-free as their condition and circumstances allow.

Practice Indicators

7.1 People are encouraged and given the opportunity to express pain, discomfort or emotional distress with support or assistance offered promptly.

People’s personal environments and abilities to effectively communicate are also considered when discussing interventions that make them feel comfortable.

7.2 If a person needs special aids or equipment in order to maintain a comfortable position, these are provided and they are helped to use them correctly.

7.3 The person’s level of discomfort, pain or distress is assessed. A plan for controlling or relieving their pain or distress is agreed, taking into account their preferences.
It may be appropriate to use assessment tools to provide effective and appropriate treatment. Results of decisions are recorded for continuity of care.

7.4 People have access to a range of appropriate pain relieving therapies and drugs in accordance with an assessment of their needs.

7.5 Specialist advice is sought if their symptoms or emotional distress are not controlled or relieved.

Some examples of what the indicators mean in practice

- Make sure that your approach to your service user is always supportive and encouraging; if a person is experiencing pain or distress you need to know and the person needs to have the confidence to tell you.

- Always take the situation of your service user seriously; offer reassurance and prompt action.

- Ensure that you have taken all possible appropriate action to respond to the discomfort or distress of your service user. This may require that you call on specialist expertise e.g. GP, pain clinic or a specialist nurse.

- If a service user requests a review of their treatment regime, do not respond defensively to this, the fact that they have asked, reflects a) their confidence and b) their concern. Ensure that matters are discussed with them.

- Never assume that you know what your service user needs to be comfortable; always ask.

Cross references

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Yonwin, H. (2000) Self-directed learning…helping the client to be as comfortable as possible, Nursing & Residential Care; 2(3) p140-3.
8. Personal hygiene, appearance and foot care

Personal hygiene is important for the maintenance of good physical health e.g. the prevention of infection, for personal comfort (e.g. for feeling clean and cool) and for psychological reasons such as maintaining confidence and self-esteem. “Looking good“ makes an important contribution to “feeling good“ and is, therefore, a fundamental aspect of care and not just a matter of personal vanity.

When people are able to care for themselves, personal hygiene habits are largely a matter of personal preference and choice, influenced by the individual’s culture and religion. When people receive this care from others, sensitivity to these same issues is important.

The relevance of the supporting indicators will vary according to the location and peoples’ individual needs and preferences. It is important that toiletries are provided for people to meet their short term needs. However, it is also important that people are encouraged to have their own personal clothing, toiletries and equipment.

Foot health is essential for maintaining good foot function, which can help to prevent falls (Principle 3) and is also an important part of ensuring comfort and alleviating pain (Principle 7). Neglect of foot health can lead to lack of independence (Principle 4) lack of mobility, (Principle 4) and the occurrence of ulceration and infection (Principle 12). Uncut toe nails alone are a common cause of discomfort. Nail cutting is normally part of personal hygiene.

Disabling foot conditions can cause immobility and associated consequences – namely, isolation and its attendant psychological effects and dependence on others.

Foot problems can result from a range of medical conditions. People with impaired circulation, who can include Diabetics, require assessment and/or care to the feet by State Registered Podiatrists.

Principle

People must be supported to be as independent as possible in taking care of their personal hygiene, appearance and feet.

Practice Indicators

8.1 People’s personal hygiene, appearance and foot care are discussed with them and any assistance is based on their needs.

8.2 People are helped as necessary to keep their feet comfortable to enable them to be as mobile and independent as possible.

8.3 Facilities and equipment for all aspects of personal hygiene and appearance are accessible, clean and well maintained. This includes washing, shaving, bathing, the use of make-up, care of hair and nails, dressing and undressing.

8.4 Wash bowls and towels are provided for personal use as necessary. Toiletries are provided to meet any short-term needs. After use, bowls are promptly cleaned, dried and inverted for storage.

8.5 Care is discreet and sensitive, ensuring privacy.

8.6 People are referred to a State Registered Podiatrist / Chiropodist for assessment if they have a condition or illness which may require specialist foot care. A plan of care is then agreed with the person and their carer.

8.7 People are encouraged and helped to select, purchase and wear their own clothes and shoes.

8.8 Arrangements can be made for people’s clothes to be laundered and maintained.
Some examples of what the indicators mean in practice

- Never fail to recognise the importance of this aspect to most people; its denial can lead to poor morale, motivation and self-confidence.

- Always have available the basic requisites to maintain this aspect.

- Always ensure that items such as brushes, combs, facecloths etc. are kept for personal use, and hygienically maintained.

- Make sure that privacy is available for people whose personal needs are being attended to.

- Never make assumptions about personal preferences, always ask your service user and respect their wishes.

- The individual preferences of people using services e.g. the style in which they wish to wear their hair, or the way in which they wish make-up to be applied, are not subjects for informal chit-chat. Always treat people's preferences with respect.

- Where purchase of clothes is concerned, wherever possible, your service user should be encouraged to choose his or her own clothes and accessories.

- Make sure that you always know to whom items of clothing belong.

- Your service user wearing someone else's clothing is not acceptable.

- The clothes, accessories and toiletries of the person using your services should always be treated with the same respect as you would afford your own.

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9. Eating and drinking

This aspect of care includes the choice, presentation, and availability of food, as well as helping those who need assistance to eat and drink.

Proper nutrition, that is food and drink, is important for recovery from illness, for the healing of wounds and for good health. Food also plays an important social role. Missing meals, being unable to obtain snacks and drinks, and the lack of help for people who are unable to feed themselves are concerns wherever people are cared for.

Some people have problems with chewing and swallowing food. This can sometimes be related to oral health (see Aspect 10) or a stroke. People cannot eat or drink properly if their mouth is sore, or if they have problems with their teeth or dentures.

Proper nutrition can depend on food preferences. Choice of food is influenced by people’s cultural practices, religious beliefs and individual tastes.

Staff should ensure that people are clear about what is achievable.

Principle

People must be offered a choice of food and drink that meets their nutritional and personal requirements and provided with any assistance that they need to eat and drink.

Practice Indicators

9.1 People’s nutritional needs and physical ability to eat and drink are regularly assessed. If necessary, they are provided with specialist advice and support.

9.2 People are encouraged to eat nutritious, varied, balanced meals, hygienically prepared and served at regular times.

9.3 Food and drink are served in an acceptable setting. They are at the right temperature and attractively presented.

9.4 If a meal is missed, alternative food is offered and/or snacks and drinks can be accessed at any time.

9.5 Fresh drinking water is available at all times, except when restrictions are required as part of treatment.

9.6 People are provided with special diets in accordance with their medical needs. This also includes modified food.

9.7 If eating and/or drinking cause people difficulties, they receive prompt assistance, encouragement and appropriate aids or support. People with swallowing difficulties are assessed by a speech and language therapist and where necessary training in assisting people to swallow food or drink safely is given.

Some examples of what the indicators mean in practice

- Always provide food of good nutritional quality, hygienically prepared and thoroughly cooked.

- Provide as much variety as is practicable for your service; always provide an alternative menu.

- Allow people time to eat their food without rushing.

- If your service user misses a meal or is not hungry at the mealtime, check regularly whether refreshment is required and offer it appropriately.

- Make sure food looks attractive on the plate and is of the right temperature; ensure that pride is taken in the presentation of the meal.
- Make sure that fresh drinking water is always available. If you are unsure about how long water has been in a glass or jug, change it.

- Inappropriate levels of nutrition and hydration can lead to rapid deterioration in frail, vulnerable people. If you have any worrying observations about your service user, report these and seek further advice.

- Always provide the direct help that people need in order to eat and drink.

- Never leave a drink out of the reach of your service user.

- Always tell your service user when you have refreshed their glass or mug and tell them where you have placed it.

- As people approach the end of their lives, their willingness to eat and drink often becomes considerably less; very sensitive discussions will need to take place at such times; always report your concerns to your manager; always seek advice and call on specialist expertise whenever necessary; always ensure that concerns are discussed with family and relevant health and care staff in these circumstances.

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                          Level 2 National Occ. Standards in Care Unit NC12  
                          NHS Nutrition and catering Framework area 12 |

**Selected references**


10. Oral health and hygiene

This aspect of care includes care of the mouth and teeth (including dentures). Although this is normally part of personal hygiene (see Principle 8) it is of particular importance for people who are ill or receiving long-term care and is therefore included separately here. Oral health is necessary for Eating and Drinking (Principle 9), and is also an important part of Ensuring Comfort, Alleviating Pain (Principle 7); neglect of oral health can also lead to infection (Principle 3). People who are unable to eat and drink normally, who are severely debilitated or unconscious, or who are receiving certain therapies e.g. radiotherapy, or certain drugs are especially vulnerable.

The care, safety and security of an individual’s dentures are important to retaining dignity and maintaining nutrition; loss of dentures can affect quality of life (Principle 9: Eating and Drinking), Personal Appearance (Principle 8), and personal and social relationships (Principle 5).

This Principle and most of its indicators apply to all care settings and all client groups, but some are more relevant for people receiving long term care, others are especially important for people who are ill.

Principle

People must be supported to maintain healthy, comfortable mouths and pain-free teeth and gums, enabling them to eat well and prevent related problems.

Practice Indicators

10.1 Following assessment, a plan of care to keep the person’s mouth healthy and comfortable is agreed with them. For guidance on suitable assessment tools, please see the section Assessment tools below.

10.2 People are encouraged and helped to care for their mouths with all procedures and routines explained in advance and support available when needed.

10.3 A toothbrush and toothpaste or denture brush and bowl are provided to meet short-term needs.

10.4 If appropriate, people are able to have their dentures identified with their name in case they are lost and they are stored safely when not in use.

10.5 If someone has no teeth or dentures, they still receive support to ensure their mouth is comfortable and healthy.

10.6 If people have any specific problems with their mouth, teeth, dentures or gums, arrangements are made for them to see a dentist, if necessary in their own home.

10.7 People are offered appropriate check-up appointments with a dentist in accordance with their needs.

Some examples of what the indicators mean in practice

- Oral health and hygiene is often not the most urgent of care needs. Never overlook it.

- Make time available to help support your service user in caring for their own oral hygiene if this is possible for them to do.

- Where this is not possible, ensure a regular routine for oral hygiene e.g. always clean away food from around the mouth when eating is finished.

- If specific procedures have been recommended as part of a treatment plan, always explain what you are going to do and why.
- Make sure toothbrushes, toothpaste and bowls are available to people who need them and confined to personal use.
- Never allow your service user’s dentures to get mixed up with those of other people.
- If your service user complains of discomfort in their mouth, seek the advice of a dentist.

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Level 2 National Occ. Standards in Care Unit Z9 |
Assessment tools


This contains an oral assessment tool and practical nursing oral care guidelines at the different stages of treatment.

This contains a simple assessment tool to identify clients who have oral and/or dental problems, are not receiving regular dental care and/or are at risk of poor oral health. Subjective indicators include the ability to speak, smile or eat without pain or discomfort. This example of an Oral Health Assessment may be adapted to suit any client group or used for self assessment.

This contains an oral assessment guide designed as a flow chart with practical guidance on techniques and materials.


Selected references

Age Concern. Dental Care and Older People. Factsheet 5. Available from: www.ageconcern.org.uk


Frenkel HF. Behind the screens: care staff observations on delivery of oral health care in nursing homes. Gerodontology 1999; 16(2) p75-80


11. Toilet needs

This aspect of care is about bladder and bowel functions, which are a private and intimate part of people’s lives. Being dependent on the help of others for managing them often embarrasses people. This places a special responsibility on those providing care to acknowledge and respect these feelings, and to pay special attention to maintaining the person’s privacy and dignity (see Aspect 2).

This Aspect of care includes taking people to the toilet, helping people to use bedpans, commodes, urinals and other special devices, helping them to manage their clothing, and clean and dry their skin. It focuses on the promotion and maintenance of continence. Specific procedures such as the management of catheters, stomas, administering suppositories, and the management of incontinence are outside the scope of these indicators.

This principle and most of the indicators apply to all care settings and to all client groups, but the way in which they are put into practice will vary. For example in old buildings or in an individual’s own home some indicators (e.g. 11.1) may be difficult to achieve. For some people, for example those who are unable to walk, the problem is not managing their bladder and bowel functions but getting to and from the toilet; for others the problem is communicating or recognising their need.

Principle

Appropriate, discreet and prompt assistance must be provided when necessary, taking into account any specific needs and privacy.

Practice Indicators

11.1 People’s need of assistance to get to or use the toilet are assessed and if appropriate they are enabled to use the toilet (or commode) independently.

11.2 A person who has difficulty in controlling their bladder or bowel functions is offered an assessment by a professional health worker and a plan of care is agreed.

11.3 Toilet facilities are clean and appropriately equipped with toilet paper, soap and fresh hand towels.

11.4 Toilet facilities shared by others have clear signs and provide privacy.

11.5 If required, people are helped to manage their bladder and bowel functions with privacy and dignity, maintaining their continence and giving them as much independence as possible.

11.6 If necessary, people are aware of and have easy access to methods for calling assistance.

11.7 Body waste is hygienically disposed of promptly, appropriately and with sensitivity.

11.8 People have access to hand washing facilities after using the toilet or equivalent equipment e.g. a commode. Particular attention is given to infection control.

Some examples of what the indicators mean in practice

- Always respond to people’s need to toilet promptly.
- Never show irritation or annoyance whatever the circumstances.
- Always approach problems of incontinence with compassion and sensitivity; it is often the most demoralising aspect of frailty.
- Always ensure that dignity and privacy is maintained.
- Always ensure that toilets, commodes,
towels and the like, are as attractive as possible to use and never dirty or poorly maintained.

- Never enter a room e.g. bathroom or toilet without knocking.

- Always ask your service user how they wish to be helped in dealing with their toileting needs – never make assumptions.

- Always ensure that your service user is clean and as comfortable as possible following toileting.

- Make sure that your service user has easy access to a means by which they can notify you of their needs.

- Never leave commodes and the like either unemptied or on view – such practices compromise your service user’s dignity and right to privacy.

- Never leave bedpans or bottles on beds, lockers or floors.

- Always offer assessment where incontinence is an issue.

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Dean R. (1999) Considerations for bathroom equipment and adaptations, Nursing & Residential Care; 1(3) p164-6, 190-1.


12. Preventing pressure sores

Current literature refers to pressure “ulcers”. However, for the purpose of this document, the term “sore” has been used, following extensive public consultation.

A pressure sore is a breakdown of the skin and underlying tissue, which occurs, usually over bony areas such as the sacrum, buttocks, heels, shoulders, and elbows, as a result of unrelieved pressure, shear or friction.

Anyone whose mobility is limited by being confined to a bed or chair because of injury, illness or frailty, including those with mental health needs or a learning disability, is vulnerable. There is even a risk to those who spend a relatively short time on an operating theatre table or patient trolley. This risk increases with prolonged immobility, poor nutrition, obesity, excessive thinness, debilitating illness, lowered mental awareness, (or loss of consciousness), moist skin due to sweating or incontinence, over-hydration, or dehydration.

Pressure sores are serious, and may become a life-threatening problem for individuals receiving care in any setting. If individuals at risk are identified and the appropriate skin care and attention is received, giving all due regard to all the specific factors which may increase the risk, the likelihood of pressure sores can be limited. It is therefore a fundamental aspect of care, and, part of the responsibility of the care team. This aspect of care does not include the treatment of established pressure sores, for which specialist clinical guidelines are available.

Where any of the risk factors mentioned above are present, people receiving care in their own homes or residential settings should be assessed by a district nurse.

This Principle is relevant to all care settings and client groups, but the relevance of some of the indicators will vary with the location and the client group.

**Principle**

People must be helped to look after their skin and every effort made to prevent them developing pressure sores.

**Practice Indicators**

12.1 People are assessed for risk of pressure sores and if considered at risk, they receive further assessment by a registered nurse and a plan of care is drawn up.

12.2 People are made aware of the risks of pressure sores and shown ways of preventing them. They and those caring for them are encouraged and advised on appropriate care procedures.

12.3 Appropriate beds, chairs and other equipment are made available to reduce the risks of pressure sores. More specialist preventative equipment such as special mattresses and cushions are also available if necessary. All equipment is clean and properly maintained.

12.4 Correct moving techniques are encouraged, including regular turning and appropriate self-care, helping people to avoid pressure sores, increasing their well-being, independence and dignity.

12.5 If a person is at risk, their skin is checked at least once daily, preferably when their personal hygiene is attended to.

12.6 A person who is at risk or who has a pressure sore has access to advice from a registered nurse. This includes assessment and a plan of care based on recognised best practice.
Some examples of what the indicators mean in practice

- Prevention is better than cure. Nearly all pressure sores can be prevented.
- Listen carefully to what the person says about how their skin feels e.g. itching, burning. Teach them what they can do for themselves to keep their skin in good condition.
- Teach the person to change their position frequently.
- Check every day for any changes in condition or colour of the skin e.g. redness, dryness or soreness.
- If you are in any doubt, get advice.
- If you are a commissioner of services, make sure that you have a clear policy about the responsibility for provision of appropriate equipment to prevent or relieve pressure sores.

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<td>Level 2 National Occ. Standards in Care Unit Z7&lt;br&gt;Level 3 National Occ. Standards in Care Unit Z7&lt;br&gt;Level 3 National Occ. Standards in Prom. Ind. Unit Z7&lt;br&gt;NICE Pressure ulcer risk assessment and prevention</td>
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<td>Fundamentals Indicator</td>
<td>Corresponding Standards</td>
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<td>12.5</td>
<td>Level 2 National Occ. Standards in Care Units Z7, Z9</td>
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<td>Level 3 National Occ. Standards in Care Unit Z7</td>
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<td>12.6</td>
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<td>Level 3 National Occ. Standards in Prom. Ind. Unit Z7</td>
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<td></td>
<td>NICE Pressure ulcer risk assessment and prevention</td>
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</table>

**Selected references**


5. Monitoring the use of the indicators

Performance monitoring will take place at all levels, as illustrated below.
NHS

Within the NHS, monitoring of the standards is included within the Service and Financial Frameworks process. Organisations will need to provide evidence that they are implementing the standards.

As NHS performance management develops, it will increasingly focus on continuous improvement. Organisations’ performance will be assessed against a set of criteria within a balanced scorecard, which brings together a number of different elements. These might include existing capacity and organisation and processes, as well as outcomes.

Within this context, application of the Fundamentals of Care standards will need to be assessed along with other elements of performance, such as meeting financial requirements and implementation of National Service Frameworks. The aim will be to support organisations in making a single and joined up assessment of their performance, as the basis for consolidation of good practice and improvement where necessary, rather than working through piecemeal and partial audits.

As the new continuous improvement approach is introduced, application of these standards will be absorbed into a national process of setting requirements, assessing performance, creating action plans for improvement, putting these into action and monitoring change.

It is also envisaged that Community Health Councils will be able to use the standards during their visits to healthcare settings.

In terms of planning, the new Health and Wellbeing Strategies will take account of these standards.

Social Services

Social Services Inspectorate Wales (SSIW) inspects how local authorities carry out their social services responsibilities. In doing so, SSIW checks how authorities meet the requirements of legislation and guidance, including good practice guidelines, and how local authorities themselves ensure quality through their management and monitoring arrangements. These will include the Fundamentals of Care.

Care Standards Inspectorate Wales

The National Assembly for Wales has a range of regulations and national minimum standards that cover services that people receive at home, in care homes or in private and voluntary health care settings. CSIW is responsible for ensuring that providers in the independent, voluntary and local authority sectors deliver services in accordance with these regulations and national minimum standards. The Fundamentals of Care will be referred to by CSIW in addition to other national guidance, where it is helpful to provide guidance on practice.
6. Useful Contacts

For an electronic version of this document, access the Welsh Assembly Government website at: www.wales.gov.uk/subihealth/content/booklet-e.pdf

Association of Welsh Community Health Councils
Park House
Greyfriars Road
Cardiff
CF10 3AF
Tel. 029 2023 5558

Care Standards Inspectorate Wales
National Assembly for Wales
4-5 Charnwood Court
Heol Billingsley
Nantgarw
CF15 7QZ
Tel. 01443 848451

NHS Wales Clinical Governance Support and Development
NHS Quality Division
Welsh Assembly Government
Cathays Park
Cardiff
CF10 3NQ
Tel. 029 2082 3319

Maggie Parker (Chair of Steering Group)
Office of the Chief Nursing Officer
Welsh Assembly Government
Cathays Park
Cardiff
CF10 3NQ
Tel. 029 2082 3915
NHS Direct Wales
Tel. 0845 46 47
www.nhsdirect.wales.nhs.uk

Care Council of Wales
Tel. 029 2022 6257

Welsh Risk Pool
(01745) 589799

Patients Association
PO Box 935
Harrow
Middlesex
HA1 3YJ
Tel. 020 8423 9111

Carers National Association
Tel. 029 2081 1370

Crossroads Wales
Tel. 029 2022 2282

Contact-a-Family Wales
Tel. 029 2049 8001

Princess Royal Trust for Carers
Tel. 020 7480 7788

Carer’s Assessment Leaflet available from: www.wales.gov.uk/subisocialcarers/
## Appendix 1 Steering Group membership

A steering group consisting of the following individuals guided the project.

<table>
<thead>
<tr>
<th>Name</th>
<th>Representing</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Vanessa Bourne</td>
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<td>David Boyland</td>
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<td>Professor Dame June Clark</td>
<td>(Researcher) University of Wales Swansea and CYNGOR</td>
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<td>Natalie Cooper</td>
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<td>Maggie Crawford</td>
<td>Independent Healthcare Sector</td>
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<td>Vernelsa Cyril</td>
<td>Southeast Wales Racial Equality Council</td>
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<tr>
<td>Dr Brynley Davies</td>
<td>Independent Medical Advisors</td>
</tr>
<tr>
<td>Margaret Ellis</td>
<td>Directors of Social Services</td>
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<td>Sue Gregory</td>
<td>Nurse Executives Wales</td>
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<td>Janet Griffiths</td>
<td>Chair All Wales Special Interest Group (Dental)</td>
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<tr>
<td>Florinda Hall</td>
<td>Southeast Wales Racial Equality Council</td>
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<td>Judith Hill</td>
<td>Iechyd Morgannw Health</td>
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<td>Linda Hopkins (Researcher)</td>
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<td>Gillian Hughes</td>
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<td>Daisy Seabourne</td>
<td>Welsh Council for Voluntary Action</td>
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<td>Jan Smith</td>
<td>Health Professional Group, Welsh Assembly Government</td>
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<td>Howard Teague</td>
<td>SSIW, Welsh Assembly Government</td>
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<tr>
<td>Sue Whitson</td>
<td>CSIW, Welsh Assembly Government</td>
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<td>Care Forum Wales</td>
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</tbody>
</table>
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The Steering Group acknowledges the contribution of the following people who helped to redraft the documents:

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