

national **care** standards
care at home

dignity —

privacy —

choice —

safety —

realising potential —

equality and diversity —





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Introduction

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Introduction

Care at home

National standards for care at home relate to services that you receive in your own home. Traditionally, much home-based care has been provided by local authorities. This has mainly been by providing services to older people through the home help service. Home care services are also provided to:

- children and young people and their families and carers;
- adults with a learning disability;
- adults with mental health problems;
- people with physical disabilities;
- people with alcohol and drug problems; and
- people with HIV/AIDS.

In recent years, there have been a number of changes to home care services. These include:

- an increase in the number of private and voluntary sector agencies offering home care and support and home nursing;
- primary healthcare teams becoming involved in intensive home care schemes;
- more varied local authority services, with more intensive schemes in a number of areas providing care services over a 24-hour period;
- greater variety in the range of tasks that will help you in your own home; and
- extending the eligibility for direct payments, making it easier for you to purchase services for yourself in your own home.

The regulation of care at home is an essential part of making sure that as many people as possible are supported in their own home. The agency providing the service will be regulated in order to safeguard the person who is receiving care at home. The standards apply to the agency. The agency should ensure that the care given by the person it employs to work in your home reflects these standards.

Where a service is provided to children and young people, it may benefit both the child and their family. However, it is important to recognise that the views and wishes of the child or young person may be different from those of their families. The service provider must take account of these.

Service providers should also be aware of the safeguards that will be required when providing a service to children and young people. These include the need for training and qualifications suited to their particular needs. Safeguards must include the need for thorough vetting of all staff working with children and young people to ensure that they are suitable for the job. Vetting will include checks of criminal records. The provider should also consider the need for particular ways of working together with agencies such as social work departments if the service provided forms part of a wider support and monitoring plan (for example, where a child is on a child protection register or supervision order).

The national care standards

Scottish Ministers set up the National Care Standards Committee (NCSC) to develop national standards. The NCSC carried out this work with the help of a number of working groups. These groups included people who use services, and their families and carers, along with staff, professional associations, regulators from health and social care, local authorities, health boards and independent providers. Many others were also involved in the consultation process.

As a result, the standards have been developed from the point of view of people who use the services. They describe what each individual person can expect from the service provider. They focus on the quality of life that the person using the service actually experiences.

The standards are grouped under headings which follow the person's journey through the service. These are as follows.

Before using the service (standards 1 to 4)

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- 2 The written agreement
- 3 Your personal plan
- 4 Management and staffing

Using the service (standards 5 to 11)

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Using the national care standards

As a user of the service, you may want to refer to the standards when you, your family, carer or representative are considering getting care services in your home. If you are already receiving support and care, you may want to use the standards when discussing the service with the staff or management.

If things go wrong, you can refer to the standards to help you raise concerns or make a complaint. (See 'Expressing your views', standard 11.)

Service providers will use the standards to find out what is expected of them in offering care services in your home. The standards make it clear that everything about the service should lead to you enjoying a good quality of life. They should guide the provider over who to employ and how they should manage the service.

The principles behind the standards

The standards are based on a set of principles. The principles themselves are not care standards but reflect the recognised rights which you have as a citizen. These principles are the result of all the contributions made by the NCSC, its working groups and everyone else who responded to the consultations on the standards as they were being written. They recognise that services must be accessible and suitable for everyone who needs them, including people from black and ethnic minority communities. They reflect the strong agreement that your experience of receiving services is very important and should be positive, and that you have rights.

The main principles

The principles are dignity, privacy, choice, safety, realising potential and equality and diversity.

Dignity

Your right to:

- be treated with dignity and respect at all times; and
- enjoy a full range of social relationships.

Privacy

Your right to:

- have your privacy and property respected; and
- be free from unnecessary intrusion.

Choice

Your right to:

- make informed choices, while recognising the rights of other people to do the same; and
- know about the range of choices.

Safety

Your right to:

- feel safe and secure in all aspects of life, including health and wellbeing;
- enjoy safety but not be over-protected; and
- be free from exploitation and abuse.

Realising potential

Your right to have the opportunity to:

- achieve all you can;
- make full use of the resources that are available to you; and
- make the most of your life.

Equality and diversity

Your right to:

- live an independent life, rich in purpose, meaning and personal fulfilment;
- be valued for your ethnic background, language, culture and faith;
- be treated equally and live in an environment which is free from bullying, harassment and discrimination; and
- be able to complain effectively without fear of victimisation.

The Scottish Commission for the Regulation of Care

The Regulation of Care (Scotland) Act 2001 ('the Act') set up the Scottish Commission for the Regulation of Care ('the Care Commission'). The Care Commission will register and inspect all the services to be regulated against the national care standards issued by Scottish Ministers. The Care Commission will have its headquarters in Dundee, with regional offices across the country. It will assess applications from people who want to provide registered services. It will inspect the services to make sure that they are meeting the standards and the regulations.

The Scottish Social Services Council

The Act also created the Scottish Social Services Council ('the Council') which was established on 1 October 2001. It will also have its headquarters in Dundee. The Council will have the duty of promoting high standards of conduct and practice among social services workers, and in their education and training. To deliver its overall aims of protecting service users and carers and securing the confidence of the public in social services, the Council has been given four main tasks. These are: to establish registers of key groups of social services staff; to publish codes of practice for all social services staff and their employers; to regulate the training and education of the workforce; to undertake the functions of the National Training Organisation for the Personal Social Services.

How standards and regulations work together

The Act gives Scottish Ministers the power to publish standards which the Care Commission must take into account when making its decisions. It also gives Ministers the power to make regulations imposing requirements in relation to care services.

The standards will be taken into account by the Care Commission in making any decision about applications for registration (including varying or removing a condition that may have been imposed on the registration of the service). All providers must provide a statement of function and purpose when they apply to register their services. On the basis of that statement the Care Commission will determine which standards will apply to the service the provider is offering.

The standards will be used to monitor the quality of care services and their compliance with the Act and the regulations. If, at inspection, or at other times, for example, as a result of the Care Commission looking into a complaint, there are concerns about the service, the Care Commission will take the standards into account in any decision on whether to take enforcement action and what action to take.

If the standards were not being fully met, the Care Commission would note this on the inspection report and require the service manager to address this. The Care Commission could impose an additional condition on the service's registration if the provider persistently, substantially or seriously failed to meet the standards or breached a regulation. If the provider does not then meet the condition, the Care Commission could issue an improvement notice detailing the required improvement to be made and the time scale for this. Alternatively, the Care Commission could move straight to an improvement notice. The Care Commission would move to cancel the registration of any service if the improvement notice does not achieve the desired result. In extreme cases (i.e. where there is serious risk to a person's life, health or wellbeing) the Care Commission could take immediate steps to cancel the registration of any service without issuing an improvement notice.

Regulations are mandatory. In some cases not meeting a regulation will be an offence. This means a provider may be subject to prosecution. Not meeting or breaching any regulation is a serious matter.

Decisions by the Care Commission on what to do when standards or regulations are not met will take into account all the relevant circumstances and be proportionate.

Comments

If you would like to comment on these standards you can visit our website and send a message through our mailbox:

<http://www.scotland.gov.uk/about/HD/CCD1/00017652/Carestandards.aspx>

You can also contact us at:

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Before using the service

- 1 Informing and deciding
- 2 The written agreement
- 3 Your personal plan
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Before using the service

Introduction to standards 1 to 4

The standards in this section relate to those aspects of the care at home service that you want to know about before deciding to use a service.

Informing and deciding

You make a positive and informed decision about the care service you are to receive in your home, helped by the quality and accuracy of the information you are given.

You must have proper information to help you reach a decision. You can expect it to be up to date and reliable, in a format and language that you can easily understand and keep.

The written agreement and your personal plan

You can expect that, where you have one and with your permission, the provider will know all the relevant aspects of your local authority community plan, and will consider your needs before offering you the service.

You and the provider will work out together:

the written agreement which clearly defines the service to be provided, the terms and conditions for receiving the service and arrangements for changing or ending the agreement; and

your personal plan which details your assessed needs and what services are needed to provide for them.

Management and staffing

The principle of safety highlights how important it is for you to feel at ease with the service provided in your own home. You must be confident that staff are trained and knowledgeable about your needs and work to best-practice guidelines.

Informing and deciding

Standard 1

You have all the information you need to help you decide about using the care service in your home.

- 1** You have an introductory pack which clearly explains the service and what it can provide. Everything is written in plain English or in a language and format that is suitable for you. It should include:
 - details of the aims and objectives of the service;
 - details of the service provider, including the manager or owner (or both);
 - details of the services provided;
 - the charges and the services they cover;
 - contact names and telephone numbers including a 24 hour contact number;
 - the most recent Care Commission report on the service;
 - cover arrangements if home care workers are sick or absent;
 - policies and procedures for managing risk and recording and reporting accidents and incidents;
 - the complaints procedure;
 - any limits to the service;
 - the availability of the service and who can use it; and
 - arrangements agreed with the Care Commission to be put in place if the agency closes or there is a change of ownership.

The written agreement

Standard 2

You receive a written agreement which clearly defines how the service will meet your needs. It sets out the terms and conditions for receiving the service and arrangements for changing or ending the agreement.

- 1** You are fully involved in developing the detailed written agreement and any reviews of the written agreement.
- 2** The written agreement includes:
 - the date that the agreement was made;
 - the date the service starts;
 - who will provide the service, and how and when;
 - any charge to you and how you can pay this;
 - information about how to change any details or end the service agreement; and
 - how long you expect to receive the service.
- 3** You have a copy of the agreement signed and dated by everyone involved.
- 4** You can ask for a review of your written agreement with the provider.

Your personal plan

Standard 3

You can be confident that the service will meet your care needs and personal preferences. Staff will develop with you a personal plan that details your needs and preferences and sets out how they will be met, in a way that you find acceptable.

- 1** Your personal plan includes information and decisions about:
 - what you prefer to be called;
 - personal preferences as to food and drink, and any special dietary needs;
 - social, cultural and spiritual preferences;
 - leisure interests;
 - who should be involved in reviewing your personal plan;
 - any communication needs you may have;
 - what communication arrangements need to be put in place if your first language is not English;
 - when and in what circumstances friends, relatives and carers will be contacted;
 - an independent person to contact if you want to make a complaint or raise a concern; and
 - the name or names of any home care workers who will work with you.
- 2** You have a copy of your plan in a format that you can understand.
- 3** You can ask for your care needs to be reviewed at any time.

- 4 You can take part in all reviews of your care if you want to, along with anyone else you choose. You can have help to do this if you need it.
- 5 If there is a change in your personal situation or health, staff will contact the necessary service with your knowledge and with your agreement (if you are able to give it).

Management and staffing

Standard 4

You experience good quality care at home. This is provided by management and the care staff who have the skills and competence to carry out the tasks you require. The service operates in line with all applicable legal requirements and best-practice guidelines.

- 1 You can be assured that the provider has policies and procedures which cover all legal requirements, including:
 - staffing and training;
 - administration of medication;
 - managing risk;
 - proper record-keeping, including recording incidents and complaints;
 - personal interviews; and
 - health and safety.
- 2 You are confident that staff know how to put these policies and procedures into practice. They have regular training to review these and to learn about new guidance.

- 3** You know that the provider's staff are all recruited and selected through a process which includes:
 - criminal records checks;
 - taking up references; and
 - cross-reference to the registers of the Scottish Social Services Council, United Kingdom Central Council for Nurses, Midwives and Health Visitors, or other professional organisations, where appropriate.
- 4** You know that whenever staff are involved in any financial transaction, it will be carefully recorded. This will be done in a way that can be checked by the Care Commission.
- 5** You are confident that the provider monitors all aspects of the service, especially its quality.
- 6** You know that the service will be consistent and reliable in who is giving the care and also in the way and timing of how it is given. You will be notified in advance of any necessary changes to the timing of your care at home service and who is your home care worker.
- 7** If your medicines are being organised for you, you can be sure that the staff who are doing this are knowledgeable and trained to do so, following up-to-date best-practice guidance.
- 8** Staff are dressed appropriately for their task and with regard to your cultural sensitivities.
- 9** You ask for, and be given, from your home care worker, confirmation that he or she is being provided through the home care agency.

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Using the service

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Using the service

Introduction to standards 5 to 11

The care at home service can touch on all aspects of your daily life in your own home. You and any other people living in your home should feel comfortable and at ease with the home care workers. You should feel confident that they are providing your care service as set out in your written agreement and personal plan. You will be able to express your views about how well or not the service is being provided.

Lifestyle

You do not have to alter your values and beliefs or routines in order to receive a service. The principle of valuing diversity means that you are accepted and valued for who you are. The standards in this section make it clear that the service will support you to continue to live your life in keeping with your own social, cultural or religious beliefs or faith.

Eating well

Good, nutritious food and drink are important in keeping and improving your health. Individual choices of food and drink vary, as do dietary needs. Having your own needs and choices met is an important part of the quality of day-to-day life.

Keeping well

Keeping healthy or regaining your health are important to your wellbeing and quality of life and to maintaining your independence. You have a right to have your health needs met and to have support in using the full range of healthcare services. You also have a right to have your medication arranged efficiently and safely.

Supporting communication

People may use different languages or methods of communication for a variety of reasons. As a result, they may have difficulty in making themselves understood. But being able to communicate is an essential part of playing an active part in daily life and you should be able to get help to do so if you need it.

Expressing your views

These standards relate to the way you can comment on the quality of services you receive. The provider must take your comments, concerns and complaints seriously. They are your way of contributing to, and influencing how, the service is run.

Lifestyle – social, cultural and religious belief or faith

Standard 5

Your social, cultural and religious belief or faith are respected. You are able to live your life in keeping with these beliefs.

- 1** Your home care worker is properly informed about any implications for you and others of your social, cultural and religious beliefs or faith.
- 2** Your home care worker supports you so that you can practise your beliefs, including keeping in touch with your faith community.
- 3** Your holy days and festivals are recognised and your home care worker will support you so that you can mark and celebrate these if you choose.
- 4** Your domestic routines are respected.

Eating well

Standard 6

If shopping for food or preparing meals is part of the service, you know that the food will be handled safely and meals will reflect your choices and special dietary needs (if any).

- 1** Your home care worker gets to know your food choices and any ethnic, cultural, faith or other preferences you have. Any special diet (for example, vegetarian, low-fat or high-protein) is recorded in your personal plan.
- 2** Unless you ask for it to be otherwise, the food that is bought and prepared for you will reflect your known choices and preferences and any special dietary needs.
- 3** All food handling follows good food hygiene practices. Your meals are well prepared and well presented.
- 4** You must be able to eat and enjoy your food. If you need any help to do so, for example, adapted cutlery or crockery or a liquidised diet, your home care worker will arrange this for you.
- 5** You can expect your home care worker to notice anything that affects your ability to eat or drink, such as dental health or loss of appetite. If so, she or he will discuss these with you and help you to get professional help if you want.

Keeping well – healthcare

Standard 7

You are confident that the service will get in touch with the healthcare services if you need them to.

- 1** The management and your home care worker know contact details for your GP and, if appropriate, your hospital doctor and record these in your personal plan.
- 2** You know that the home care worker providing your care has the appropriate skills for the personal care and nursing tasks needed to maintain your health.
- 3** You know that the staff member providing your care will look out for any changes in your health. If they notice any, they will discuss these with you and, if you want and need help to do so, they will contact your GP or other member of the primary care team.
- 4** If your health suddenly gets worse during a visit by your care worker, you can be assured that they will, if necessary, contact the emergency services and also tell your GP.

If your service is specifically designed to meet a healthcare need:

- 5** The provider will get details of your healthcare needs from you or your doctor (or both). The details are recorded in your personal plan and your home care worker knows them.
- 6** The provider will have arrangements in place to meet your healthcare needs in the best way for you. With your agreement, the provider will monitor your healthcare needs and, if there are concerns, will seek advice from your doctor or other member of the healthcare team.

Keeping well – medication

(where help with taking medication is provided as part of the service)

Standard 8

If your service includes help with taking your medication, the provider has arrangements in place for this to be done safely and in the way that suits you best.

- 1** You know that the service provider will find out and record details of your medication (type and dosage) in your personal plan. Your home care worker will know these details and maintain a record in your home.
- 2** The arrangements made to help you with taking your medication are planned and made with your agreement.
- 3** You are confident that the service provider has policies and procedures to make sure that best practice guidance is followed and records kept when your home care worker helps you to take your medication.

Private life

Standard 9

Your rights to privacy are respected.

- 1 Your personal plan will refer to your right to privacy.
- 2 You will be called by your preferred title or name.
- 3 You know that your home care worker will respect you and everyone in the household, your home and everything in it and your domestic routines.
- 4 Your home care worker will only go into parts of your home where she or he has been given permission to do so.
- 5 You will only be asked for information about yourself which is essential to the delivery of the service.
- 6 Your home care worker will always respect your right to privacy and dignity when providing any personal care.
- 7 Your home care worker will respect your right to confidentiality. She or he will only take part in personal meetings and conversations when it is necessary or when you have agreed to this.

Supporting communication

Standard 10

You have help to use services and equipment for communication, if your first language is not English or if you have any other communication needs.

- 1 Your communication needs are recorded in your personal plan.
- 2 Your home care provider can help you get and use specialist communication support (including interpreters) and equipment if you need it.
- 3 Your home care worker will know about your communication needs and if necessary will have the training and skills to meet your needs.

Expressing your views

Standard 11

You or your carer are encouraged to express your views on any aspects of the care service at any time.

- 1** You can freely discuss any concerns you have with your home care worker, other staff or management of the service.
- 2** You know how to make a complaint or comment to the service. You are also aware of the procedure for making formal complaints directly to the Care Commission.
- 3** The service deals with concerns and complaints quickly and sympathetically, and provides full information about what will happen as a result of the complaint.
- 4** You are encouraged and supported to use an independent representative or independent advocate where you want. The provider will have information about any service that would help you in this way.
- 5** If you have an independent representative (for example, an independent advocate), the provider and your home care worker will listen to what he or she has to say on your behalf, as if you were expressing the views yourself.
- 6** If you belong to an advocacy group, the provider and your home care worker will take seriously any suggestions or proposals coming from the group.
- 7** You or your carer can play a part in the Care Commission's inspection of the service if you want to.
- 8** The provider will make available a copy of each inspection report about the service so that you and your representative can look through it in your own time.

Annex A

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Annex A

Glossary

Advocate or Advocacy

A person independent of any aspect of the service or of any of the statutory agencies involved in purchasing or providing the service, who acts on behalf of, and in the interests of, the person using the service. An advocate can help someone to represent themselves.

Assessment

The process of deciding what a person needs in relation to their health, personal and social care, and what services must be put in place to meet these needs. An assessment is undertaken with the person, his or her relatives or representatives, and relevant professionals.

Carer

A person who supports or looks after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid.

Complaints process

Clear procedures that help the person using the service or others to comment or complain about any aspect of the service.

Format

You can expect to have information presented in a layout that is suitable for you. This could be in easy-read language, Braille, on tape or on disk.

Home care worker

Any worker delivering care services at home.

Personal care

Help with day-to-day physical tasks and needs of the person cared for, including helping them to remember to do things such as eating and washing.

Personal plan

A plan of how the care at home service will be provided, primarily agreed between the person using the service (and/or their representative) and the service provider.

Primary care team

GP and other health professionals who provide healthcare in the community.

Representative

A person acting on behalf of a person using the service, who may be a relative or friend.

Risk management

A systematic approach to the management of risk, to reduce loss of life, financial loss, loss of staff availability, safety, or loss of reputation.

UKCC

United Kingdom Central Council for Nurses, Midwives and Health Visitors. The UKCC will be replaced by the Nursing and Midwifery Council by April 2002.

Whistle-blowing

The disclosure by an employee (or professional) of confidential information which relates to some danger, fraud or other illegal or unethical conduct connected with the workplace, be it of the employer or of his fellow employees (Lord Barrie QC 1995).

Annex B

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Annex B

Useful reference material

Legal

The Adults with Incapacity (Scotland) Act 2000

Under this Act anything that is done on behalf of an adult with incapacity will have to:

- benefit him or her;
- take account of the person's wishes and those of his or her nearest relative, carer, guardian or attorney; and
- achieve the desired purpose without unduly limiting the person's freedom.

The Children Act 1995

The Act puts children first. Each child has the right to:

- be treated as an individual;
- form and express views on matters affecting him or her; and
- be protected from all forms of abuse, neglect or exploitation.

Parents and local authorities have rights and responsibilities in achieving the balance of care.

The Data Protection Act 1998

The Act covers how information about living, identifiable people is used. All organisations that hold or process personal data must comply.

The Disability Discrimination Act 1995

This wide-ranging Act, which came into force in 1996, makes it illegal to discriminate against disabled people in employment, access to goods, services, transport and education.

Fire Precautions (Workplace) Regulations 1997 (as amended)

The Regulations place a responsibility on employers for carrying out risk assessments in relation to premises. The risk assessment is a means of providing fire precautions for the safety of people using the premises.

The Health and Safety at Work etc Act 1974

The Act is the basic piece of health and safety law that covers everyone who is affected by work activity. It places the burden of legal responsibility for health and safety at work with the employer.

The Housing (Scotland) Act 2001

Section 91 of this Act makes provision for local authorities to administer and purchase housing support services within certain limits which will be set out in regulation. These arrangements will come into operation in April 2003. Housing support services which include general counselling and support are aimed at helping people to stay in their own homes in the community. In some circumstances there may be an overlap between these services and services provided through care at home. Providers of housing support services will also be regulated under the Regulation of Care (Scotland) Act 2001.

The Human Rights Act 2000

The Act incorporates the European Convention on Human Rights into Scots and English law in relation to the acts of public bodies. Its purpose is to protect human rights and to maintain and promote the ideals and values of a democratic society. The Articles of Convention include:

- freedom of thought, conscience and religion;
- freedom of expression;
- freedom of assembly and association;
- the right to have respect for private and family life; and
- the right to marry.

The Mental Health (Scotland) Act 1984

Currently under review, the Act provides for the compulsory detention and treatment of people with a mental disorder.

The Misuse of Drugs Act 1971

The Act is the main law for drugs control in the UK. It prohibits the possession, supply and manufacture of medicinal and other products except where these have been made legal by the *Misuse of Drugs Regulations 1985*. The legislation is concerned with controlled drugs and puts these into five separate schedules. Anyone who is responsible for storing or administering controlled drugs should be aware of the content of the *Misuse of Drugs Regulations 1985* and the *Misuse of Drugs (Safe Custody) Regulations 1973*.

The Police Act 1997

Part V of the Police Act 1997 is expected to be implemented in April 2002. This provides for the Scottish Criminal Records Office to issue criminal record information certificates to individuals and organisations.

The Public Interest Disclosure Act 1998

The Act protects workers who ‘blow the whistle’ about wrongdoing. It mainly takes the form of amendments to the Employment Rights Act 1996, and makes provision about the kinds of disclosures which may be protected; the circumstances in which such disclosures are protected; and the persons who may be protected.

The Race Relations Act 1976

The Act makes racial discrimination illegal in employment, service delivery and training and other areas.

The Race Relations (Amendment) Act 2000

The Act makes racial discrimination illegal in public activities that were not previously covered. It puts a general duty on public organisations to promote race equality.

The Regulation of Care (Scotland) Act 2001

The Act establishes a new system of care regulation covering the registration and inspection of care services against a set of national care standards. The Act also creates two new national, independent bodies, the Scottish Commission for the Regulation of Care, to regulate care services, and the Scottish Social Services Council, to regulate the social service workforce and to promote and regulate its education and training.

The Rehabilitation of Offenders Act 1974

The Act enables some criminal convictions to become 'spent' or ignored, after a rehabilitation period. The rehabilitation period is a set length of time from the date of conviction.

The Sex Discrimination Act 1975

The Sex Discrimination Act 1975 makes it unlawful to discriminate on grounds of sex or marital status in recruitment, promotion and training. The Act also covers education, the provision of housing, goods and services and advertising.

Policy

Aiming for Excellence: Modernising Social Work Services in Scotland 1999

The White Paper sets out the proposals to strengthen the protection of children and vulnerable adults and to make sure high-quality services are provided. The Scottish Commission for the Regulation of Care is an independent regulator set up for this purpose.

Our National Health 2000

The health plan aims to improve Scotland's health and close the health gap between rich and poor, restoring the NHS as a national service and improving care and standards.

Renewing Mental Health Law 2001

The Scottish Executive's proposals for changes to existing legislation arising from its consideration of the Review of the Mental Health (Scotland) Act 1984.

Other useful reference material

Curtice L and Petch A with Hallam A and Knapp M (forthcoming) *Over the Threshold? An Exploration of Intensive Domiciliary Support for Older People*

Sinclair I, Gibbs I and Hicks L (2000) *The Management and Effectiveness of the Home Care Service*, Social Work Research and Development Unit, University of York

Henwood M, Lewis H and Waddington E (1998) *Listening to Users of Domiciliary Care Services: Developing and Monitoring Quality Standards*, Nuffield Institute for Health/UKHCA

Focus groups conducted by Age Concern Institute of Gerontology and reported in Research Volume 2 of *With Respect to Old Age*

Administration of medicines

UKCC (2000) *Guidelines for the administration of medicines*. Central Council for Nursing, Midwifery and Health Visiting (UKCC)

UKCC (2001) *Position statement on the covert administration of medicines*. Central Council for Nursing, Midwifery and Health Visiting (UKCC)

Annex C

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Annex C

The context of the standards for care at home

Recent research into users' and carers' views of quality identified two main features of home care which influence feelings of satisfaction or dissatisfaction with the service:

- the relationship with the home care staff; and
- the way in which care is delivered.

The most important aspects of the service were:

- staff reliability;
- continuity of care and of staff;
- kindness, understanding, cheerfulness and the general manner of care workers;
- competence in undertaking specific tasks;
- flexibility of response to changing needs;
- knowledge and experience of the needs and wishes of the user or carer (or both); and
- information about the services that will be provided.

The main sources of dissatisfaction included:

- incompetence and lack of initiative;
- unreliability;
- frequent changes of care worker;
- unsuitability of care workers;
- service not being flexible or responding to people's needs;
- lack of appropriate training;

- workers in too much of a hurry;
- failure to provide help with specific tasks;
- services not being able to provide help ‘out of hours’;
- disruption to services through change of contracts; and
- poor value for money.

In another study, people using services criticised the following:

- visits at inappropriate times, with the result that, for example, people using the service had to get up too late or go to bed too early;
- staff failing to turn up at all;
- an apparent lack of training for home care assistants; and
- difficulties in meeting some people’s needs for help in using the toilet.

Scottish research with older people using home care services revealed what was especially important to them:

- notification in advance (or as soon as possible) if a care worker could not attend or was delayed;
- always being given the name of the care workers and what time they will visit, and to be told of changes;
- an up to date personal plan that is held in the house and used to monitor visits, tasks completed (including meals and medication) and length of visits;
- appropriate training for all care workers and advance information about individual needs; and
- sharing information between the care workers in different agencies and between people from the same agency visiting at different times of day.

Similar needs were expressed in a final study. People using the services wanted:

- all-round care;
- a routine that is adapted to the user's routine;
- flexibility;
- time and thoroughness; and
- sensitivity.

Sinclair *et al* conclude with recommendations for an option for 'professional, integrated' home care. This would aim to:

- fit the user's routine;
- be based on familiarity;
- be reliable;
- be flexible;
- involve different disciplines, for example health and social work;
- be all-inclusive; and
- be cost-effective.

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