Guidance for providers on the assessment of staffing levels in:

premises-based care services

HAPPY TO **TRANSLATE**

Guidance for providers on the assessment of staffing levels in premises-based care services

Introduction

This guidance has been designed to support providers of care homes, premises-based support services, school care accommodation, secure care and premises-based offender accommodation. This is to make sure the appropriate assessment and provision of staffing to meet the needs of people in their care, following the removal of staffing schedules and in preparation for the implementation of the Health and Care (Staffing) (Scotland) Act 2019.

Inspectors may also refer to this guidance on inspection, for instance where intelligence may lead us to believe that staffing levels are not being appropriately assessed. Examples of this may be evidence of poor outcomes for people, an increase in incidents, number of complaints, staff absence, or a complaint investigation.

Background

Current Legislation

We regulate staffing under **regulation 15 of the Public Services Reform Act 2010**.

The legislation states that:
A provider must, having regard to the size and nature of the care service, the statement of aims and objectives and the number and needs of service users:

(a) ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare, and safety of service users; and

(b) ensure that persons employed in the provision of the care service receive:
    (i) training appropriate to the work they are to perform; and
    (ii) suitable assistance, including time off work, for the purpose of obtaining further qualifications appropriate to such work.

New legislation

The **Health and Care (Staffing) (Scotland) Act 2019 (legislation.gov.uk)** brings into legislation requirements and guiding principles for staffing by the NHS and providers or care services. This comes into effect from April 2024, after which Regulation 15 of the Public Services Reform Act 2010 will be revoked.

The guiding principles of the Act state the main purposes of staffing for healthcare and care services are:
• to provide safe and high-quality services to ensure the best healthcare or (as the case may be) care outcomes for service users
• staffing for health and care services is to be arranged while:
  - improving standards and outcomes for service users
  - taking account of the needs, abilities, characteristics, and circumstances of different service users
  - respecting the dignity and rights of service users
  - taking account of the views of staff and service users
  - ensuring the wellbeing of staff
  - being open with staff and service users about decisions on staffing
  - allocating staff efficiently and effectively
  - promoting multi-disciplinary services as appropriate.

The Act also states there is a duty on care service providers to ensure appropriate staffing:

Any person who provides a care service must ensure that at all times suitably qualified and competent individuals are working in the care service in such numbers as are appropriate for:
• the health, wellbeing, and safety of service users
• the provision of safe and high-quality care
• in so far as it affects either of those matters, the wellbeing of staff.

The Health and Social Care Standards

The **Health and Social Care Standards Health and Social Care Standards: My support, my life (www.gov.scot)** set out what we should expect when using health, social care, or social work services in Scotland. In relation to staffing, they describe the importance of having confidence in the people who provide support and care. This includes:

3.14 I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.
3.15 My needs are met by the right number of people.
3.16 People have time to support and care for me and to speak with me.
3.17 I am confident that people respond promptly, including when I ask for help.
3.18 I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.
3.19 My care and support is consistent and stable because people work well together.

Quality frameworks

We have published quality frameworks to support staff in services to self-evaluate their performance. Inspectors use the same frameworks to evaluate outcomes for people based upon the quality of care and support that people experience.

You can find our Quality Frameworks at:
Quality Frameworks (careinspectorate.com)

You can find the Scottish Government's recommendations around a sustainable and skilled workforce at **My Health, My Care, My Home - healthcare framework for adults living in care homes - gov.scot (www.gov.scot)**

Guidance

To support the assessment of staffing, we recommend that services consider our guidance.

Records that all registered care services (except childminding) must keep and guidance on notification reporting (careinspectorate.com) and/or

Records that all registered children and young people's care services must keep and guidance on notification reporting

For staffing level and deployment, the guidance above states:
a) For everyone using the service, a provider shall keep individual records of four weekly assessments of physical, social, psychological and recreational needs and choices and as to how they will deliver their care. Record this in each care plan as this will inform the direct care hours for the individual.
b) In respect of the delivery of the service, a provider should keep a record of the assessment that identifies the minimum staffing levels and deployment of staff on each shift over a four-week period. This will take into account aggregated information of the physical, social, psychological and recreational needs and choices in relation to the delivery of care for all individuals, also taking into account the physical layout of the building, staff training and staff supervision needs.
c) The overall assessment of staffing level and deployment must be available to any visitors to the service and everyone using it.

This guidance is structured around two key areas to consider when providing support services to people.

- Section A: The assessment of need for people who use services
- Section B: Assessment of staffing

Section A: Assessment of direct care hours required to meet the needs of each person

The goals and outcomes described in each person's personal plan should be consistent with any outcomes or goals that were specified when the service was assessed and agreed for them. Approaches to risk enablement should take into account any risks identified by the commissioner of the service/placing authority. Significant and substantial changes in support needs that may require adjustments should be communicated to the commissioner/placing authority to ensure that the service remains aligned with the person's needs.

The following factors are examples which may be useful to consider for each individual who uses the service, taking account of commissioning/placing authority expectations, policies and procedures, and the impact on staffing.

Adults services (including older people)	
Factor	**Expanded consideration**

Support needs	Each person should have a personal plan that sets out how their needs will be met, as well as their wishes and choices. For more information on this see our **Guide for providers on personal planning**. This plan will identify the support required from staff, during both day and night time, and should include:
	
	• Goals and outcomes
	• Personal support needs including:
	  - eating and drinking
	  - washing and bathing
	  - dressing
	  - skin care
	  - movement (including use of equipment for moving and assisting and numbers of staff required)
	  - continence support
	  - how people are supported to maintain their independence.
	
	• Support to monitor individuals' health, such as:
	  - skin care
	  - nutrition
	  - medication
	  - access to GP (General Practitioner) and other health professionals.
	
	• Wellbeing support, such as:
	  - encouraging independence
	  - recognising loneliness
	  - providing reassurance
	  - support with stress or distress
	  - supporting mental health wellbeing.

Support needs (continued)	• Social needs of people to: - stay connected with family and friends - develop and maintain friendships - access the community - engage in activities - attend religious services. • Personal preferences of people including: - what time they like to get up, eat, go to bed - what their interests and hobbies are - how they spend their day - what their likes and dislikes are. • Ways that support helps a person maintain engagement in meaningful tasks and occupations to keep their sense of identity, role, and self-worth. • What changes in an individual's abilities, routine and behaviours would result in reporting to others such as professionals and people important to the individual. • Considering changes in support required during periods of social and physical isolation.
Changes in support needs	As people's circumstances change it is essential that: • the care and support that they receive is right for them provided by the right number of people, at the right time with the right skills • that safe and high-quality services are provided to ensure the best health care and care outcomes for people. This could include: **Experiences of stress and distress:** Considering agreed person-centred plans that include strategies to support better outcomes relating to experiences of stress and distress. These should take account of the circumstances, input and advice from wider health and social care professionals and detail the amount of time needed to successfully support the person using the least restrictive option to help validate or alleviate. Careful consideration must be given before using any seclusion or restraint. These can only be used in exceptional circumstances as a last resort, and only when specific training has been completed. You should also consider the impact of stress and distress on others present at the time with sufficient time being given to provide meaningful and lasting reassurance and support.

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Changes in support needs (continued)	**End of life care:** Consider each individual's circumstances, as they near the end of lives. Peoples wishes (and if important to them, their families wishes) should be reflected in their personal plan. The staff team may need to work alongside other health and care professionals as responsive care and support is planned and delivered.
	Lifestyle changes: Consider the support and time required to welcome people transitioning to the service, time to settle and complete initial assessments in their new environment. This should include the time required to review personal plans with people as their health and wellbeing needs change.
	Individual circumstances: The circumstances under which additional staff support may be required to respond to an increase in physical need or reduction in confidence such as after a fall, an episode of delirium or bereavement.

Children and young people	
Factor	**Expanded consideration**
Support needs	Personal planning involves listening carefully, having good conversations with young people who experience care and including others who are important such as families and carers. The plan should demonstrate young people's needs, preferences, strengths, and what matters to them, if possible, with a shared understanding between the person and relevant others. For more information on this see our **Guide for providers on personal planning**. This plan will identify the support required from staff, during both day and night time, and should include: • ways that support helps a young person with responsibility and self-care skills • the importance of social interaction • support with activities and social inclusion. The preferences and support required for health and care needs, for instance, support for epilepsy, medication, bathing, dressing, eating and drinking, moving and positioning, bedtime routine or support during the night. Consideration of the age, cognitive ability, learning or physical disability, developmental stage, race, ethnicity, faith or gender identity, and communication needs of the young person.
Changes in support needs	As young people's circumstances change it is essential that: • the care and support that they receive is right for them provided by the right number of people, at the right time with the right skills • that safe and high-quality services are provided to ensure the best health care and care outcomes for people. This could include: **Behavioural distress and restrictive practices:** Consider agreed de-escalation and identified physical restraint methods for the individual (to be used in exceptional circumstances), the young person's recent emotional wellbeing, risks, rates of occurrence in the preceding four weeks and any additional factors which may increase or decrease potential for distress. You should also consider the management of the needs of others present in the service at the time.

Changes in support needs (continued)	**Daily arrangements:** Consider time planned in education, training, employment, clubs and hobbies, homework, individualised and smaller group activities to meet all needs and choices. Taking account of the different daily activities indoors and outdoors and travel, and the staffing levels required to facilitate this safely. Arrangements for social and recreational activities should be protected to ensure they are not impacted upon by other events scheduled.
	Family contact and friendships: Consider plans with family members or friends. This may be within the service, outwith the service, by phone and online. Arrangements should be protected to ensure they are not impacted upon by other events, staff resources or deployment. You should consider the emotional support needs of individuals who do not have family connections and their wellbeing while other visits are taking place.
	Individual circumstances: Consider the age and stage of development of young people and any known or anticipated risks to individuals such as self-harm, going missing, or specific health care needs.

Expanded consideration for all premise based services	
Factor	**Expanded consideration**
Risks	Risk enablement: Consider the ways in which people are supported with risk. Collaborate with the person using the service, family, friends, and professionals to enable appropriate risk taking. Make it possible for people to make choices about risks that they choose to take and make sure that staffing levels and skill mix do not restrict people unnecessarily. For instance, enabling people to make a cup of tea or spend time in the garden. It might be more involved such as supporting people to go out independently despite a change in physical or mental health. Risk management: This is about managing risk, not taking risk away completely. This should consider individual risk assessment and personal plans that people have in place to help them enable and manage identified risks. This will include risks to the health and wellbeing of staff, staff resources and deployment to support people and minimise the occurrence of adverse events. For example, the service should ensure they have sufficient staff to follow any pre-agreed arrangements, policies or procedures relating to health and safety. Further information on supporting personal outcomes and risk enablement can be found in our **personal planning guides for providers**.
Other considerations	How much time does the person spend with their key worker to develop and review their support and personal plan? How often are care review and meetings taking place, and what support do people need before, during and after these meetings? Ensuring there is time available for staff to update personal plans, hold review meetings, have contact with relatives and professionals and other aspects of staffs role out with direct care. Contact with placing social workers to consider whether any additional resources, interventions or expertise are required to ensure the best possible outcomes are achieved for individuals. The impact of new people on the service and supporting the transition of care, including the exchange of information. People moving on and the support required for people to make this a positive experience, supporting people to visit a new place, supporting the transition of care, including the exchange of information with a new provider. Group dynamics and relationships with peers and staff members.

Local context	Support must be considered over the 24-hour period including night-time. This must take account of location and the remoteness of the service and time taken for additional support to arrive if needed.
Significant events	Awareness of the impact of loss or bereavement, the anticipated or actual outcome of a hearing or review, peer pressure, and the breakdown of a relationship, including staff moving on from the service. The death of someone using the service, outbreak of infections, refurbishment and changes to the built environment. Evacuation procedures in the event of, for example, fire, gas leak, flooding or emergency situation.

Section B: Assessment of staffing

The following factors may be useful to consider relating to the staff team over a four-week period, taking account of policies and procedures on staffing.

Factor	Expanded consideration
Identify staff availability	The appropriate mix of staff skills required to meet the needs of people using the service. This may include nursing staff, care staff, ancillary staff (including housekeeping, catering and maintenance personnel), allied health professionals, medication administration, social activities and supporting engagement in the community, including those staff authorised to drive service vehicles.
	The number of staff required to meet the needs and preferences of people using the service, which takes account of the importance of relationships. A diverse workforce that is balanced across the different protected characteristics, with the required number of staff could help to meet the wishes and preferences of people using the service. For example, requesting someone of the same sex to help with personal matters may support an individual in feeling that their privacy and dignity are respected.
	The key times staff are required, for instance, to support people with their morning routines, social interests and to have enjoyable mealtimes.
	Services must have sufficient numbers and availability of staff over a four-week period and should identify staff who may be undertaking restricted duties due to health or wellbeing factors, for instance, not able to use physical intervention/restraint, engage in moving and handling activities or those who should not lone work.
	Staffing takes account of significant events for example end of life care or people starting to use or leave the service.
	The flexibility required to provide support for a particular purpose – such as a hospital appointment.
	Time for shift changeovers while retaining appropriate staffing levels to support effective care and support.
	What measures and actions are required to support staff wellbeing? Do staff shift patterns and breaks enable rest periods?

Identify staff availability (continued)	Staff availability due to staff absence/annual leave/training and development. Is leave scheduled regularly while enabling capacity in the staff team? Outbreaks of infectious disease and the impact of this on people and staffing for instance, Covid-19, Norovirus.
Consider size and layout of building and grounds	The impact on staff's ability to observe and spend time with people using different areas, communicate well with colleagues and support housekeeping and care of the environment. Potential to cohort staff during an outbreak of infectious disease.
Identify planned time for staff development	Including supervision, appraisal, training and development, team meetings, considering the reduced capacity for direct support to people during these times. **[Codes of Practice for Social Service Workers and Employers - Scottish Social Services Council (sssc.uk.com)](#)**
Identify planned time for allocated tasks	For key workers including, professional meetings, discussions, care plan reviews, report writing. Planning on-call and duty arrangements. The review of quality assurance systems in place to monitor the quality of staffing assessment and the outcomes.
Identify planned time for supporting induction	For new staff, including agency staff, while considering staff team dynamics including the impact of bringing in sessional or agency staff. This should also take into account the initial time required to review personal plans before supporting people.
Identify planned time needed by staff to complete tasks away from direct practice	Daily recording, housekeeping, laundry and cooking. This could include referrals to other agencies such as social work, contacting families or educational establishments.
Identify planned time needed by staff for supervisory arrangements	Activities such as observations of staff practice, moving and handling competence or observing how staff support an individual at a time of distress. How will these impact on the number of staff available?

The provider should consider, what are the anticipated non-direct care hours required by the staff team over a four-week period.

The provider should consider, how many full-time equivalent staff are required to meet the needs of all people and to deliver the commitments of the service over a four-week period.

The provider should consider, how will staff be deployed to ensure all needs and choices are met and not compromised? This should be linked to rota and format in a way which is accessible to visitors.

Note: If the service already has a staffing assessment in place this need not be duplicated. Assessments can be recorded through other documents already in place, such as a shift planner or rota. An explanation of the information used to underpin the assessment and decision making should be available for inspectors to see.

Website: www.careinspectorate.com

This publication is available in alternative formats on request.