

Care of older people in hospital standards

The Scottish Social Services Council (SSSC) is the regulator for the social work, social care and children and young people workforce in Scotland. Our work means the people of Scotland can count on social services being provided by a trusted, skilled and confident workforce.

We protect the public by registering the social work, social care and children and young people's workforce, setting standards for their practice, conduct, training and education and by supporting their professional development. Where people fall below the standards of practice and conduct we can investigate and take action.

We:

- publish the national codes of practice for people working in social services and their employers
- register people working in social services and make sure they adhere to the SSSC Codes of Practice
- promote and regulate the learning and development of the social service workforce
- are the national lead for workforce development and planning for social services in Scotland
- are an ONS statistics provider

Consultation questions

1. How do you use the 2015 COP hospital standards?

- a. I/my organisation reference these standards when talking to patients or people who use services
- b. I/my organisation use these standards for planning or measuring quality improvement
- c. I/my organisation use these standards to support inspections
- d. I/my organisation do not use these standards
- e. I/my organisation was unaware of these standards
- f. **Other (please specify)**

The SSSC has no view on this as the current scope and focus of these standards are out with social care.

2. How important do you feel it is to update the 2015 standards of care for older people in hospital?

- a. Very important
- b. Important

- c. Don't know
- d. Not important
- e. Older people's standards do not need to be refreshed at this time.

<Did not respond to the above question, as we take no view>

Please tell us about any evidence or experience that has informed your opinion.

Whilst not using these standards, the SSSC recognises the health and social care landscape (particularly around integrated working and person-led approaches) has changed and developed considerably since 2015.

We acknowledge the importance of standards and know that their value is only as good as their implementation and impact. Careful consideration of the current landscape including how any updated standards would be implemented by the workforce is key at this stage. Involving social work and social care employers and services from the outset is also critical.

We recommend that a preliminary review and mapping of all existing frameworks and standards relevant to the Care of Older People that have been developed since 2015 is undertaken before a decision is made to update the 2015 standards.

We also recommend identifying and analysing current specific issues in this area with stakeholders to discuss the best ways and tools to address these. It could be that other improvement approaches such as tests of change, action research, appreciative inquiry and sharing best practice may have greater impact on those using services and staff than updating standards.

3. If we widen the scope of the 2015 standards, which of these settings would you include in the scope of the standards of care for older people?

- a. Primary care (GPs)
- b. Secondary (hospital) care
- c. Community care
- d. Adult social care
- e. Care homes
- f. Care at home
- g. Support services.

Please tell us about any evidence or experience that has informed your opinion.

The SSSC does not support the widening scope of these standards into social care settings including d,e,f and g. We also seek clarity on what settings c and g include. Please also see response to the following question.

4. Which of these settings, if any, do you think should NOT be included in the scope of the standards of care for older people

- a. Primary care (GPs)
- b. Secondary (hospital) care
- c. Community care
- d. Adult social care
- e. Care homes
- f. Care at home.

Please tell us about any evidence or experience that has informed your opinion.

We do not support the widening scope of these standards into social care settings d,e,f. We also seek clarity on what settings c includes.

We support the principles and objectives of the standards around high quality integrated person led care for those living with frailty /complex conditions. Within social care there are existing national frameworks and standards which support the objectives of the 2015 standards are already embedded in practice. These include the Health and Social Care Standards, the Healthcare Framework for adults living in care homes, Self-Directed Support standards, IPC standards, standards of care for those living with dementia and the development of Getting it Right for Everyone by Scottish Government.

Adding to these would duplicate, potentially confuse and add unnecessary time and resource demands on a workforce which is already at a point of unprecedented pressure and staff shortage. This would potentially work against the principles of the standards by reducing available staff time for direct person led and integrated care.

We are an organisation which supports and values the voice of the workforce. We know from feedback throughout the pandemic and in the current crisis the social care workforce has asked national improvement organisations and regulators to streamline and reduce the number of strategies, frameworks and standards that are used for scrutiny, performance and assurance. This is another reason why we would not

support extending these standards into new social care settings. If a decision is made to extend the scope to social care settings we would welcome and expect the opportunity to work closely with Healthcare Improvement Scotland around their development.

We would be happy to further discuss in more detail our evidence and experience which supports the above.

Please see our response to the question on our other knowledge and experience.

5. Which of these comes closest to your view of how 'older people' should be defined in a set of healthcare standards?

- a. The standards should be for everyone aged 55+
- b. The standards should be for everyone aged 65+
- c. The standards should focus on conditions that mostly affect older people
- d. The standards should focus on older people who are frail
- e. **Other (please specify).**

Please tell us about any evidence or experience that has informed your opinion.

We do not think that age cut offs should be as stated as these work against the principles of person-led care and equality. If the standards focus on frailty and the frailty index is used to establish who these standards are for then we suggest the standards should be for 'Any person identified as being frail.'

6. How would you rate your knowledge of the 2015 hospital standards?

- a. Excellent
- b. Very good
- c. Good
- d. Poor (as these have not previously been widely applied in social care settings)
- e. No knowledge

<Did not respond to the above question>

7. How would you rate your knowledge of the Health and Social Care Standards (2017)?

- a. **Excellent**
- b. Very good
- c. Good
- d. Poor
- e. No knowledge

8. Do you have any other evidence or experience relevant to the standards of care for older people that you would like to share with us?

We are keen to share our evidence, experience and raise awareness of workforce feedback relevant to these standards. As an organisation we are committed to collaborative working, supporting the workforce and improving personal outcomes of those we support.

An area of our work which is particularly relevant is our role in supporting the skills and knowledge of the social services workforce through learning and development resources and workforce planning and development activity. For example, we currently provide learning resources through our open badges on the following topics:

- Understanding dementia
- Informed about dementia
- Dementia: Understanding stress and distress
- Dementia: Personal outcomes
- Principles of care: Promoting wellbeing
- Principles of care: Protecting people
- Principles of care: Equality and diversity
- Principles of care: Personalisation and enablement
- Palliative and end of life care: Fundamentals in palliative care
- Palliative and end of life care: Care Planning and delivery
- SafeMed: Principles and good practice
- SafeMED: Understanding medication
- Sight loss

We also provide training and learning resources through our Learning Zone and our CPL pages. There is significant alignment between the existing standards and our own learning resources and the SSSC Codes of Practice. For example, we have dedicated guidance on manual handling.

We look forward to the opportunity to discuss this with you further.

Scottish Social Services Council

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