

# Health related policy and procedure

Template policy for all services



## Care related policy and procedure content for all services

As part of the registration and inspection process, the Care Inspectorate examines services' policies and operating procedures.

This guidance gives an overview and examples of what care related policies should contain and best practice protocols which should be in place. This guidance can be applied in any care setting and will help the service provider to develop appropriate policies and procedures.

Any policy or procedure which is developed should encompass the service provider's aims and objectives.

### What is a policy?

A policy is a statement of intent about the quality of care, actions, interventions and best practice that the service provider expects from its staff. It should be based on Scottish legislation, the Health and Social Care Standards and current best practice and guidelines. It should also link in with local and national NHS policy and procedures.

### A policy should be:

- Risk based, preventative and outcome focused – the safety and wellbeing of individuals using or living in the service should be at the core of the policy. Policies should also promote a consistent approach to care and practice.
- Declarative – a solid, concise, clear statement of what the provider's policy intent is and what it means to the organisation and staff in simple terms to allow them to put it into 'operation'. The policy should be written clearly enough to be the first step in taking action.
- Measurable – the policy should set the 'quality bar' for that particular topic or area of care that the policy covers. The policy content should be outcome focused and measurable. The provider should use the policy as a quality improvement tool. To be operationally valid it has to enable the provider and staff to take action as well as assist them to know that they are getting the expected outcomes for people.
- Testable – policy intent with supporting operating procedures should be measurable. This will include being able to assess whether the policy intent is being met by the actions needed to be taken by management and staff. As an example, in the case of continence care and promotion, the provider should be able to assess whether the care and practice in the service promotes and helps individual residents to improve or manage their continence and if it does not, identify possible reasons why it is not.
- Implemented –the provider must provide training specific to introduce the policy, based on the policy content and best practice. The policy should detail how the document will be circulated to staff and who is responsible for training and sharing information. This will ensure that staff are clear about what is expected of them, directing them to expected practice so they can carry out their duties in line with policy content and recommended practices.

**Good practice would be that all employees:**

- can sign off that they have read the policy;
- have training and information about the policy and its implementation;
- understand the policy content and their role within that;
- can locate the policy when they need to refer to it.

**Review of the policy**

The authors of the policy should be documented. The date of issue and review date should be recorded either at the beginning of the policy or at an end section. The policy should be updated outwith this timescale if legislation or best practice is updated.

The person signing off the policy should be identified and names of any groups or subgroups that have been involved in the development of the policy should also be clear.

A person or department in the organisation should have control over the policies.

When the policy is being reviewed, providers should make sure that managers and staff feed in to the review to encourage ownership of the policy.

Any policy developed must set out the expectations of the organisation so that staff know how to follow procedures. It should highlight the roles and responsibilities of all staff grades. The policy should be supported by clear directives of what needs to happen and by whom. Then, when it's measured, it should meet the overarching policy intent.

The policy position intent is usually high level and sets the expectation of the organisation.

The policy does not need to contain extensive information or details about the specific area or condition, training or procedural details. For example a policy on adult support and protection does not need to contain a list all types of abuse. This can be covered during staff training.

**Procedures / standard operating procedure****What is an operating procedure?**

This is a detailed, written instruction for achieving uniformity and consistency in the performance of a specific task or function e.g. admission of a resident.

When policy or practice changes, it is important to update the written operating procedure.

Staff training / awareness should be provided and make sure that the current version is available to all staff.

Previous versions should be removed and destroyed.

The procedure should clearly lay out the 'how to' and any appendices should hold the relevant documentation and links to best practice and guidance that staff must use to reduce the risk of any confusion.

**The procedural sections of the policy must:**

- Clearly outline the roles, responsibilities and accountability for all staff grades.
- Reference the provider's expectation and clear directives on the standard of care that their staff should give to residents and service users within their care.
- Cover expected staff practice related to what must be recorded within plans of care from initial assessment right through planning, implementing, monitoring and evaluating care.
- Highlight what is expected of staff related to what is recorded within individual plans of care. This should be from initial assessment, care plan content, monitoring through to review and evaluation of the care being delivered.
- Make cross-reference to any policy / guidance as provided by the local NHS or national guidelines and reflect the appropriate documentation that must be used for the assessment, planning, implementing, monitoring and evaluation of care.
- Reflect the contingency arrangements should an unforeseen event happen that impacts on the care of the service user, for example internal point of contact / out of hours / NHS24 or GP for advice.
- Include record keeping and documentation which sets out what the provider's expectation is about ensuring accurate records and what documentation must be completed.

It is also useful to head up the different sections of each procedure to follow the service user journey, what should happen at each stage and who is responsible for ensuring that it happens, for example – pre admission, admission, and assessment, plan of care or review of care.

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