

Tool 5: The Health and Social Care Standards, My support, my life – what about the evidence?

This guidance will support you to evidence improvement in the quality of your care, specifically relating to encouraging moving more. It will help to think about ways that you can provide that important evidence towards meeting the Health and Social Care Standards.

Headline statement	Principle	Descriptive statement	Our evidence
1. I experience a high quality of care and support that is right for me	Compassion	1.6 I get the most out of life because the people and organisations who support and care for me have an enabling attitude and believe in my potential.	
	Be included	1.10 I am supported to participate fully as a citizen in my own local community in the way I want to.	
	Responsive care and support	1.15 My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.	
	Wellbeing	1.25 I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors.	
	Wellbeing: eating and drinking	1.38 If appropriate, I can choose to make my own meals, snacks and drinks, with support if I need it, and can choose to grow, cook and eat my own food where possible.	

Tool 5 was reviewed by the Care Inspectorate through the CAPA programme 2018 to reflect the current health and social care standards.



Headline statement	Principle	Descriptive statement	Our evidence
2. I am fully involved in all decisions about my care and support	Wellbeing	2.21 I take part in daily routines, such as setting up activities and mealtimes, if this is what I want.	
	Wellbeing	2.22 I can maintain and develop my interests, activities and what matters to me in the way that I like.	
	Wellbeing	2.24 I make informed choices and decisions about the risks I take in my daily life and am encouraged to take positive risks which enhance the quality of my life.	
5. I experience a high quality environment if the organisation provides the premises	Dignity and respect	5.1 I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support	
	Be included	5.8 I experience a service as near as possible to people who are important to me and my home area if I want this and if it is safe.	
	Wellbeing	5.23 If I live in a care home, I can use a private garden.	

Ideas for evidence

Principle A – Physical activity participation

1. Know individual stories and document them in a way that clearly states hopes, dreams and ambitions. This can be usefully kept in an individual's room so everyone can be involved.
2. Document individual physical activity choices in care plans, regularly review and clearly show what the individual is capable of and enjoys doing. This demonstrates individuals are enabled to take part in daily life as they would choose.
3. Consider the use of personal diaries which can be kept in an individual's own room. Everyone can input into them and support an individual to be more active, inside and out and can also act as a record of personal outcomes for everyone involved.
4. Record personal outcomes, such as improved sleep pattern, increased independence, being more content and socially more connected, not just what activity an individual has been doing.
5. Evidence in the care plans that physical activity is integral to daily life – a physical activity care plan can be useful to do this, linked to social events where appropriate. (Tool 6)
6. Evidence in care plans/physical activity care plans that there are choices and opportunities to take part in physical activities in or outside the care home.

Principle B – Organisational care home culture and commitment

7. If asked, all staff should be able to respond in a way that shows they understand the importance of physical activity, choices and opportunities in their own lives.
8. Complete the physical activity self-assessment in the resource and show you are working towards or have completed improvements using the action planning process.
9. There should be visible signs of social/physical activity taking place in and outside the care home – a spontaneous (and planned), active, daily care home life for all to witness.
10. Everyone involved in the life of the care home should be able to describe examples of individuals being supported to be more active while engaging in daily life.
11. Evidence through your recruitment process and staff development framework that promoting physical activity, health and wellbeing is an important value in your organisation (mission statement, adverts, interview questions, personal development plans, training).
12. Evidence through staff training records that all staff have a good awareness of the importance of and how to support individuals to be more active.

Principle C – Community connections and partnerships

13. Document support and guidance, for example, resident/family, carer and community meetings/events that focus on promoting active lives with positive feedback.
14. Document community support for your home provided by local partner agencies who can offer expertise and advice.
15. Maintain a record of places and spaces in the local community that can provide physical activity opportunities.
16. Evidence through various ways that the wider community, including family, friends, volunteers and others are actively supported to engage in physical activity opportunities.
17. Show evidence of intergenerational activity such as, people experiencing care with younger people being active together (for example, gardening, walking, DIY, cooking) through pictures, stories and care plans.
18. Show evidence of a range of opportunities to be active being on offer daily, on a frequent basis through care plans, newsletters, diaries and various other ways.

