NICE National Institute for Health and Care Excellence

NICE quality standard

Mental wellbeing of older people in care homes

Quality standard
Published: 12 December 2013

www.nice.org.uk/guidance/qs50

Contents

This standard is based on CG103, PH16 and NG97.

This standard should be read in conjunction with QS8, QS13, QS15, QS85, QS14, QS53, QS63, QS87, QS132, QS137, QS184, QS185 and QS187.

Quality statements

Statement 1 Older people in care homes are offered opportunities during their day to participate in meaningful activity that promotes their health and mental wellbeing.

Statement 2 Older people in care homes are enabled to maintain and develop their personal identity.

Statement 3 Older people in care homes have the symptoms and signs of mental health conditions recognised and recorded as part of their care plan.

Statement 4 Older people in care homes who have specific needs arising from sensory impairment have these recognised and recorded as part of their care plan.

Statement 5 Older people in care homes have the symptoms and signs of physical problems recognised and recorded as part of their care plan.

Statement 6 Older people in care homes have access to the full range of healthcare services when they need them.

Quality statement 1: Participation in meaningful activity

Quality statement

Older people in care homes are offered opportunities during their day to participate in meaningful activity that promotes their health and mental wellbeing.

Rationale

It is important that older people in care homes have the opportunity to take part in activity, including activities of daily living, that helps to maintain or improve their health and mental wellbeing. They should be encouraged to take an active role in choosing and defining activities that are meaningful to them. Whenever possible, and if the person wishes, family, friends and carers should be involved in these activities. This will help to ensure that activity is meaningful and that relationships are developed and maintained.

Quality measures

Structure

Evidence of local arrangements to ensure that older people in care homes are offered opportunities during their day to participate in meaningful activity that promotes their health and mental wellbeing.

Data source: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by provider organisations, for example from care protocols.

Outcome

a) Feedback from older people in care homes that they are offered opportunities to take part in activity during their day.

Data source: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records. The following documents from the Adult Social Care Outcomes Toolkit (University of Kent) include questions about choice and control, social participation and involvement, occupation and dignity: CHINT3 care home interview schedule and CHOBS3 care home observation schedule.

NHS Digital Personal Social Services Adult Social Care Survey (England) collects data on service users' views and opinions over a range of outcome areas, including satisfaction with social care and support and quality of life.

b) Feedback from older people in care homes that they have taken part in activity during their day that is meaningful to them.

Data source: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records. The following documents from the Adult Social Care Outcomes Toolkit (University of Kent) include questions about choice and control, social participation and involvement, occupation and dignity: CHINT3 care home interview schedule and CHOBS3 care home observation schedule.

NHS Digital Personal Social Services Adult Social Care Survey (England) collects data on service users' views and opinions over a range of outcome areas, including satisfaction with social care and support and quality of life.

What the quality statement means for different audiences

Organisations providing care ensure that opportunities for activity are available and that staff are trained to offer spontaneous and planned opportunities for older people in care homes to participate in activity that is meaningful to them and that promotes their health and mental wellbeing.

Social care, health and public health practitioners ensure that they offer older people in care homes opportunities during their day to participate in spontaneous and planned activity that is meaningful to them and that promotes their health and mental wellbeing.

Local authorities and other commissioning services ensure that they commission services from providers that can produce evidence of activities that are undertaken within the care home and can demonstrate that staff are trained to offer spontaneous and planned opportunities for older people in care homes to participate in activity that is meaningful to them.

Older people in care homes have opportunities during their day to take part in activities of their choice that help them stay well and feel satisfied with life. Their family, friends and carers have opportunities to be involved in activities with them when the older person wishes.

Source guidance

Personalisation: a rough guide. Social Care Institute for Excellence (SCIE) guide 47 (2012)

Mental wellbeing in over 65s: occupational therapy and physical activity interventions. NICE guidance PH16 (2008), recommendation 1

Dignity in care. SCIE (2006, updated 2020), Involvement and inclusion

Definitions of terms used in this quality statement

Care homes

This refers to all care home settings, including residential and nursing accommodation, and includes people accessing day care and respite care. [Expert opinion]

Meaningful activity

Meaningful activity includes physical, social and leisure activities that are tailored to the person's needs and preferences. Activity can range from activities of daily living such as dressing, eating and washing, to leisure activities such as reading, gardening, arts and crafts, conversation, and singing. It can be structured or spontaneous, for groups or for individuals, and may involve family, friends and carers, or the wider community. Activity may provide emotional, creative, intellectual and spiritual stimulation. It should take place in an environment that is appropriate to the person's needs and preferences, which may include using outdoor spaces or making adaptations to the person's environment.

[Adapted from SCIE's support on dignity in care and freedom to choose, Royal College of Occupational Therapists' Living well in care homes and expert opinion]

Mental wellbeing

Emotional and psychological wellbeing. This includes self-esteem and the ability to socialise and cope in the face of adversity. It also includes being able to develop potential, work productively and creatively, build strong and positive relationships with others and contribute to the community. [NICE's guideline on older people: independence and mental wellbeing, terms used in this guideline]

Equality and diversity considerations

Staff working with older people in care homes should identify and address the specific needs of older people arising from diversity, including gender and gender identity, sexuality, ethnicity, age and religion.

When tailoring activities to the needs and preferences of older people, staff should be aware of any learning disabilities, acquired cognitive impairments, communication and language barriers, and cultural differences. Staff should have the necessary skills to include people with cognitive or communication difficulties in decision making (from SCIE's support on dignity in care, Information and communication). Staff should ensure that they are aware of the needs and preferences of older people who are approaching the end of their life.

When collecting feedback from older people about whether they have been offered opportunities for meaningful activity, staff should consider using alternative methods for older people who find it difficult to provide feedback. For example, tools such as the University of Bradford's Dementia care mapping can be used, and/or feedback from people who are considered suitable to represent the views of the older person, such as family members, carers, or an advocate.

Quality statement 2: Personal identity

Quality statement

Older people in care homes are enabled to maintain and develop their personal identity.

Rationale

It is important that staff working with older people in care homes are aware of the personal history of the people they care for and respect their interests, beliefs and the importance of their personal possessions. Older people should be involved in decision making and supported and enabled to express who they are as an individual and what they want. They should be able to make their own choices whenever possible. Enabling older people to maintain and develop their personal identity during and after their move to a care home promotes dignity and has a positive impact on their sense of identity and mental wellbeing.

Quality measures

Structure

Evidence of local arrangements to ensure that older people in care homes are enabled to maintain and develop their personal identity.

Data source: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by provider organisations, for example from care protocols.

Outcome

Feedback from older people in care homes that their personal identity is respected.

Data source: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records. The following documents from

the Adult Social Care Outcomes Toolkit (University of Kent) include questions about choice and control, personal cleanliness and comfort, social participation and involvement, occupation and dignity: CHINT3 care home interview schedule and CHOBS3 care home observation schedule.

NHS Digital Personal Social Services Adult Social Care Survey (England) collects data on service users' views and opinions over a range of outcome areas, including satisfaction with social care and support and quality of life.

What the quality statement means for different audiences

Organisations providing care work to embed a culture built on dignity and choice in care homes and ensure that staff are trained to work in partnership with older people in care homes in order to enable them to maintain and develop their personal identity.

Social care, health and public health practitioners work with older people in care homes to tailor support and opportunities to their needs and preferences, with the aim of maintaining and developing their personal identity.

Local authorities and other commissioning services ensure that they commission services from providers that can produce evidence of the actions they have taken to embed a culture of dignity and choice, and that staff are trained to work in partnership with older people in care homes in order to enable them to maintain and develop their personal identity.

Older people in care homes are given support and opportunities to express themselves as individuals and maintain and develop their sense of who they are.

Source guidance

GP services for older people: a guide for care home managers. Social Care Institute for Excellence (SCIE) guide 52 (2013), residents' entitlements and requirements: being seen as an individual

Personalisation: a rough guide. SCIE guide 47 (2012)

Dignity in care. SCIE (2006, updated 2020), Recognising the individual

Definitions of terms used in this quality statement

Care homes

This refers to all care home settings, including residential and nursing accommodation, and includes people accessing day care and respite care. [Expert opinion]

Enabled

'Enabled' refers to actions taken by staff working with older people in care homes to ensure that older people can maintain and develop their personal identity. This may include using life history to tailor support and opportunities to the needs and preferences of the individual. Staff should ensure that older people are able to choose their own clothes, have their most valued possessions with them and choose where to sit while they are eating. It may be necessary to adapt the older person's environment and provide access to outdoor spaces. Staff should facilitate social inclusion by promoting and supporting social interactions and access to social networks, involvement with the community, and existing and new relationships. [Adapted from SCIE's support on dignity in care, Recognising the individual, and expert opinion]

Personal identity

This refers to a person's individuality, including their needs and preferences, and involvement in decision making in all aspects of their life. Maintaining a sense of personal identity can involve using life history to maintain and build a meaningful and satisfying life, as defined by the person themselves. Central to personal identity is the feeling of having a purpose in life, feeling valued, having a sense of belonging and a feeling of worth. Relationships, including those with family, carers and friends, are an important aspect of a person's identity and can have a significant impact on mental wellbeing. An individual's personal identity may change as their circumstances alter. [Adapted from SCIE's guide on personalisation: a rough guide; Joseph Rowntree Foundation's My Home Life: promoting quality of life in care homes, chapter 2: 'Voice, choice and control' in care homes; and expert opinion]

Equality and diversity considerations

Staff working with older people in care homes should identify the specific needs arising from diversity, including gender and gender identity, sexuality, ethnicity, spirituality, culture, age and religion.

When ensuring that older people are enabled to maintain and develop their personal identity be aware of any learning disabilities, acquired cognitive impairments, communication or language barriers or cultural differences. Staff should ensure that they are aware of the needs and preferences of older people who are approaching the end of their life.

When collecting feedback from older people about whether they have been enabled to maintain and develop their personal identity staff should consider using alternative methods for older people who find it difficult to provide feedback. For example, tools such as the University of Bradford's Dementia care mapping can be used, and/or feedback from people who are considered suitable to represent the views of the older person such as family members, carers, or an advocate.

Quality statement 3: Recognition of mental health conditions

Quality statement

Older people in care homes have the symptoms and signs of mental health conditions recognised and recorded as part of their care plan.

Rationale

Mental health conditions are highly prevalent among older people in care homes, but are often not recognised, diagnosed or treated. Ageing with good mental health can make a key difference in ensuring that life is enjoyable and fulfilling. The recognition and recording of symptoms and signs of mental health conditions by staff who are aware of the role of the GP in the route to referral can help to ensure early assessment and access to appropriate healthcare services.

Quality measures

Structure

Evidence of protocols to ensure that staff are trained to recognise the symptoms and signs of mental health conditions in older people, and record them in their care plan.

Data source: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by provider organisations, for example from staff training records.

What the quality statement means for different audiences

Organisations providing care ensure that staff are trained to be alert to the symptoms and signs of mental health conditions in older people in care homes and to record them in a

care plan.

Social care, health and public health practitioners look for symptoms and signs of mental health conditions and record them in the older person's care plan.

Local authorities and other commissioning services commission services from providers that can produce evidence of protocols for training staff to be alert to the symptoms and signs of mental health conditions in older people in care homes and to record them in a care plan.

Older people in care homes are cared for by staff who recognise the symptoms and signs of mental health conditions (such as depression and anxiety) and record them in their care plan.

Source guidance

Depression in adults: treatment and management. NICE guideline NG222 (2022), recommendation 1.2.1

Dementia: assessment, management and support for people living with dementia and their carers. NICE guideline NG97 (2018), recommendations 1.2.1 and 1.2.5

GP services for older people: a guide for care home managers. Social Care Institute for Excellence (SCIE) guide 52 (2013), Managers' responsibilities and the NHS reforms: actions as a result of listening to residents and relatives, accurate, up-to-date recording; Workforce development, standards and regulation: developing trained, confident care workers

Generalised anxiety disorder and panic disorder in adults: management. NICE guideline CG113 (2011), recommendation 1.2.2

Delirium: prevention, diagnosis and management. NICE guideline CG103 (2010, updated 2023), recommendations 1.3.1 and 1.5.1

Depression in adults with a chronic physical health problem: recognition and management. NICE guideline CG91 (2009), recommendation 1.3.1.1

Definitions of terms used in this quality statement

Care homes

This refers to all care home settings, including residential and nursing accommodation, and includes people accessing day care and respite care. [Expert opinion]

Mental health conditions

These include common mental health conditions such as depression, generalised anxiety disorder and social anxiety disorder, and may also include dementia and delirium. People may have more than one mental health condition at a given time. (See the NICE guidelines on dementia, depression in adults, depression in adults with a chronic physical health problem, delirium and social anxiety disorder for more information.)

Recognised

Recognised in this context relates to staff observing and recognising the symptoms and signs of mental health conditions, and sharing information and concerns with healthcare professionals, including GPs. Staff should be continually alert to new or worsening symptoms and signs. Observation of behaviour should happen on an ongoing basis and in response to the presentation of relevant symptoms. [Expert opinion]

Trained staff

This refers to staff who have been trained to recognise and record the symptoms and signs of mental health conditions when caring for older people. Staff should be alert to the presentation of new symptoms and signs and aware of existing conditions. Staff should also be competent in recognising when older people need a referral for assessment and management of the mental health condition. [Expert opinion]

Equality and diversity considerations

When looking for symptoms and signs of mental health conditions, be aware of any learning disabilities, acquired cognitive impairments, communication and language barriers, sensory impairment and cultural differences. Staff should ensure that they are aware of the needs and preferences of older people who are approaching the end of their

life.

It is important that staff are aware that older people in care homes have the same right to access healthcare as people living independently in the community. This is stated in the NHS Constitution for England.

Quality statement 4: Recognition of sensory impairment

Quality statement

Older people in care homes who have specific needs arising from sensory impairment have these recognised and recorded as part of their care plan.

Rationale

Mild but progressive sight and hearing losses are a common feature of ageing and may go unnoticed for some time, but can have a serious effect on a person's communication, confidence and independence. The recognition and recording of needs arising from sensory impairment by staff who are alert to the symptoms and signs and aware of the role of the GP in the route to referral can help to ensure early assessment and access to appropriate healthcare services. For older people in care homes this is essential to improve their quality of life and avoid isolation, which can have a detrimental effect on mental wellbeing.

Quality measures

Structure

Evidence of protocols to ensure that staff are trained to recognise specific needs arising from sensory impairment in older people, and record these needs as part of their care plan.

Data source: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by provider organisations, for example from staff training records.

Process

Proportion of older people in care homes who have had a sight test within the past 2 years.

Numerator – the number of people in the denominator who have had a sight test within the past 2 years.

Denominator – the number of older people in care homes.

Data source: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by care professionals and provider organisations, for example from service user records.

What the quality statement means for different audiences

Organisations providing care ensure that staff are trained to be alert to specific needs arising from sensory impairment in older people in care homes and to record them in a care plan.

Social care, health and public health practitioners are alert to and recognise specific needs arising from sensory impairment in older people in care homes and record them in their care plan.

Local authorities and other commissioning services commission services from providers that can produce evidence of protocols for training staff to be alert to specific needs arising from sensory impairment in older people in care homes and to record them in a care plan.

Older people in care homes are cared for by staff who recognise needs that occur because of sight or hearing problems and record these as part of their care plan.

Source guidance

GP services for older people: a guide for care home managers. Social Care Institute for Excellence (SCIE) guide 52 (2013), Managers' responsibilities and the NHS reforms:

actions as a result of listening to residents and relatives, accurate, up-to-date recording; Workforce development, standards and regulation: developing trained, confident care workers

Dignity in care. SCIE (2006, updated 2020), Information and communication

Definitions of terms used in this quality statement

Care homes

This refers to all care home settings, including residential and nursing accommodation, and includes people accessing day care and respite care. [Expert opinion]

Recognised

Recognised in this context relates to the recognition by staff working with older people in care homes of the needs arising from sensory impairment and the sharing of information with healthcare professionals, including GPs. Staff should be continually alert to new and existing needs. This should involve monitoring of existing impairments and recognition of new sensory impairments. This is likely to include ensuring regular sight and hearing checks are arranged, cleaning glasses, and changing hearing aid batteries, or referral to an appropriately trained professional. [SCIE's research briefing 21 on identification of deafblind dual sensory impairment in older people and expert opinion]

Regular sight test

Adults are normally advised to have a sight test every 2 years. However, in some circumstances, the ophthalmic practitioner may recommend more frequent sight tests, for example in people who:

- have diabetes
- are aged 40 or over and have a family history of glaucoma
- are aged 70 or over.

[NHS website: how often can I have a free NHS sight test?]

Sensory impairment

Sensory impairment most commonly refers to sight or hearing loss. It includes combined sight and hearing loss, which is frequently referred to as dual sensory impairment or deafblindness. [Adapted from Basic sensory impairment awareness (NHS Education for Scotland) and the Department of Health's guidance on deafblind people: guidance for local authorities]

Trained staff

This refers to staff who have been trained to recognise and record the symptoms and signs of sensory impairment when caring for older people. Staff should be aware that there are many different types of sight and hearing loss, with a large variation in the degree of impairment. Staff should also be competent in recognising when older people need a referral for assessment and management of the sensory impairment. [Expert opinion]

Equality and diversity considerations

Sensory impairment is common in older people. It is frequently perceived as an expected feature of ageing rather than as potentially disabling. It is important that sensory impairment is not considered as acceptable for older people in care homes. This may need to be emphasised during training to increase awareness and recognition of sensory impairments.

When looking for signs or symptoms of sensory impairment, be aware of any learning disabilities, acquired cognitive impairments, communication and language barriers, and cultural differences. Staff should ensure that they are aware of the needs and preferences of older people who are approaching the end of their life.

It is important that staff are aware that older people in care homes have the same right to access healthcare as people living independently in the community. This is stated in the NHS Constitution for England.

Quality statement 5: Recognition of physical problems

Quality statement

Older people in care homes have the symptoms and signs of physical problems recognised and recorded as part of their care plan.

Rationale

Physical problems can cause discomfort and affect activities of daily living, participation in social activities and independence, and therefore mental wellbeing. The recognition and recording of the symptoms and signs of physical problems by trained staff who are aware of the role of the GP in the route to referral can help to ensure early assessment and access to appropriate healthcare services. This is essential to improve the quality of life and mental wellbeing of older people in care homes.

Quality measures

Structure

Evidence of protocols to ensure that staff are trained to recognise the symptoms and signs of physical problems in older people in care homes, and record them as part of their care plan.

Data source: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by provider organisations, for example from training records.

What the quality statement means for different audiences

Organisations providing care ensure that staff are trained to be alert to symptoms and

signs of physical problems in older people in care homes and to record them in a care plan.

Social care, health and public health practitioners look for symptoms and signs of physical problems in older people in care homes and record them in their care plan.

Local authorities and other commissioning services commission services from providers that can produce evidence of protocols for training staff to be alert to the symptoms and signs of physical problems in older people in care homes and to record them in care plans.

Older people in care homes are cared for by staff who recognise the symptoms and signs of physical problems (such as pain, dizziness, problems with walking, constipation and continence problems) and record them in their care plan.

Source guidance

GP services for older people: a guide for care home managers. Social Care Institute for Excellence (SCIE) guide 52 (2013), Managers' responsibilities and the NHS reforms: actions as a result of listening to residents and relatives, accurate, up-to-date recording; Workforce development, standards and regulation: developing trained, confident care workers

Dignity in care. SCIE (2006, updated 2013), A dignified life

Definitions of terms used in this quality statement

Care homes

This refers to all care home settings, including residential and nursing accommodation, and includes people accessing day care and respite care. [Expert opinion]

Physical problems

Examples of physical problems that could potentially affect a person's wellbeing include, but are not limited to:

- joint and muscular pain

- undiagnosed pain
- incontinence
- dizziness
- constipation
- urinary tract infection
- reduced ability to move without support
- unsteady gait.

[Expert opinion]

Recognised

Recognised in this context relates to the recognition by staff working with older people in care homes of physical problems and the sharing of information with healthcare professionals, including GPs. Staff should be continually alert to new physical problems and should monitor existing physical problems. [Expert opinion]

Trained staff

Trained staff refers to staff who have been trained to recognise and record the symptoms and signs of physical problems when caring for older people. Staff should be alert to the presentation of new symptoms and competent in recognising when older people need a referral for assessment and management of physical problems. [Expert opinion]

Equality and diversity considerations

When identifying an older person's needs arising from physical problems, be aware of any learning disabilities, acquired cognitive impairments, communication and language barriers, and cultural differences. Staff should ensure that they are aware of the needs and preferences of older people who are approaching the end of their life.

It is important that staff are aware that older people in care homes have the same right to access healthcare as people living independently in the community. This is stated in the NHS Constitution for England.

Quality statement 6: Access to healthcare services

Quality statement

Older people in care homes have access to the full range of healthcare services when they need them.

Rationale

Older people in care homes typically have greater and more complex health needs than those living in the community, and these needs can affect their wellbeing if they are not addressed. Many care home residents experience problems accessing NHS primary and secondary healthcare services, including GPs. It is important that care homes have good links with GPs and referral arrangements, so that services can be accessed easily and without delay when they are needed. This is essential to prevent unmet healthcare needs from having a negative impact on mental wellbeing.

Quality measures

Structure

Evidence of referral arrangements to ensure that older people in care homes are given access to the full range of healthcare services when they need them.

Data source: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by provider organisations, for example from care pathways.

Outcome

Feedback from older people in care homes and from their family, friends and/or carers that they are satisfied with the care they have received.

Data source: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by care professionals and provider organisations, for example from service user surveys.

What the quality statement means for different audiences

Organisations providing care ensure that they work in partnership with healthcare organisations to implement effective arrangements for access to primary, secondary, specialist and mental health services for older people in care homes.

Social care, health and public health practitioners facilitate access to primary, secondary, specialist and mental health services for older people in care homes by referring the person to the required service when they need it.

Local authorities and other commissioning services commission services from providers that can produce evidence of arrangements with local healthcare organisations which facilitate access to primary, secondary, specialist and mental health services for older people in care homes.

Older people in care homes can see their GP and use hospital services when they need them.

Source guidance

GP services for older people: a guide for care home managers. Social Care Institute for Excellence (SCIE) guide 52 (2013), Residents' entitlements and requirements: access to quality GP services, protection of residents' rights; GPs' role in relation to the resident, the home and the wider NHS: the GP as point of access to primary and secondary care, managing relationships, role of nursing staff in facilitating joint working

Definitions of terms used in this quality statement

Care homes

This refers to all care home settings, including residential and nursing accommodation, and

includes people accessing day care and respite care. [Expert opinion]

Healthcare services

These include primary care, and acute and specialist physical and mental health services. [SCIE's guide on GP services for older people: a guide for care home managers]

Equality and diversity considerations

When deciding if access to healthcare services is needed, staff working with older people in care homes should be aware of any learning disabilities, acquired cognitive impairments, communication and language barriers, sensory impairment, and cultural differences. Staff should ensure that they are aware of the needs and preferences of older people who are approaching the end of their life.

It is important that staff are aware that older people in care homes have the same right to access healthcare as people living independently in the community. This is stated in the NHS Constitution for England.

Update information

Minor changes since publication

May 2024: Changes have been made to the source guidance section for statement 3 to align with updated NICE guidelines on mental health. The guidelines were simplified by removing recommendations on general principles of care that are covered in other NICE guidelines.

January 2023: This quality standard was checked to make sure that it aligns with the updated NICE guideline on delirium: prevention, diagnosis and management. References and source guidance sections have been updated. Data sources have been updated throughout.

June 2018: Changes have been made to align this quality standard with the updated NICE guideline on dementia: assessment, management and support for people living with dementia and their carers. References and source guidance sections have been updated.

About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. Taking account of safety, shared decision making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about how NICE quality standards are developed is available from the NICE website.

See our webpage on quality standards advisory committees for details about our standing committees. Information about the topic experts invited to join the standing members is available from the webpage for this quality standard.

NICE has produced a quality standard service improvement template to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE guidance and quality standards apply in England and Wales. Decisions on how they apply in Scotland and Northern Ireland are made by the Scottish government and Northern Ireland Executive. NICE quality standards may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

Diversity, equality and language

Equality issues were considered during development and equality assessments for this quality standard are available. Any specific issues identified during development of the

quality statements are highlighted in each statement.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

ISBN: 978-1-4731-0389-4

Endorsing organisation

This quality standard has been endorsed by Department of Health and Social Care, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- British Geriatrics Society
- Royal College of Occupational Therapists (RCOT)
- College of Social Work
- Life Story Network
- Royal College of General Practitioners (RCGP)
- Royal College of Nursing (RCN)
- Social Care Institute for Excellence
- Sense