Guidance for providers on the assessment of staffing levels

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This guidance has been designed to support providers of care homes, premises-based support services, schoolcare accommodation, secure care and premises-based offender accommodation to ensure they are appropriately assessing and providing staffing levels to meet the needs of people in their care, following the removal of staffing schedules.

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.

It is recognised that what is known to be best practice will change with emerging thinking and in line with the Health and social care standards. This guidance will be updated as the Health and Care (Staffing) (Scotland) Act 2019 is implemented and also in light of the introduction of the Safety Huddle and professional judgement tools.

The Health and Care (Staffing) (Scotland) Act 2019, and guiding principles for health and care staffing state that the main purposes of staffing for health care and care services are:

- to provide safe and high-quality services
- to ensure the best health care or (as the case may be) care outcomes for service users,

Staffing for health care and care services is to be arranged while:

- improving standards and outcomes for service users
- taking account of the particular 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 Health and Care (Staffing) (Scotland) Act 2019 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.

Background to the Safety Huddle Tool

The Safety Huddle Tool has been developed by the Scottish Government and NHS National Education for Scotland (NES) for use in care homes for older people during the COVID-19 pandemic. The aim of the tool is to provide a consistent framework on which to present an overview of care activity and staffing requirements within individual care homes and help identify any associated risks. The professional staffing judgement template is another component of the tool and provides a consistent approach to identifying staffing requirements where an electronic roster system is not available.

[Coronavirus (COVID-19): care home staffing and escalation resources](#)

The Health and Social care standards state:

> 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.

Our guidance, 'Records that all registered care services (except childminding) must keep and guidance on notification reporting' (2020, p.7), 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 the first two of these points, with Section A setting out the assessment of need for people who use services, and Section B setting out the assessment of staffing.

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

The following factors are examples which may be useful to consider for **EACH** person who uses the service over a four-week period, taking account of commissioning expectations, policies and procedures, and the impact on staffing.

Adults and 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. This will identify the support they need from staff and should include: • Personal support needs including, eating and drinking, washing and bathing, dressing, skin care, movement (including moving and assistance and numbers of staff required), continence support, and how people are supported to maintain their independence. • How people would be evacuated in an emergency. • Medical needs including, support to monitor and treat medical conditions, skin care, medication, monitoring health, access to GP and other medical professionals. • Emotional support needs including, reassurance, support with stress or distress, support for mental health needs. • Social needs of people to keep in touch with family and friends, develop and maintain friendships, access the community, go to clubs, engage in activities, attend church. • Personal preferences of people including, what time do I like to get up, eat, go to bed, what are my interests, hobbies, how do I spend my day? What are my likes and dislikes? • Whilst considering the changes in support required during periods of social and physical isolation during an outbreak.

	Support must be considered over the 24-hour period including night time. Consideration should also take account of location and the remoteness of the service and time taken for additional support to arrive if needed.
Risks	Considering the ways in which people are supported with risk. This should consider individual risk assessment and plans that people have in place to help them manage identified risks. This will include staff resources and deployment to support people and minimise the occurrence of adverse events. While considering the risks to the health and wellbeing of people and staff involved in outbreaks of infectious diseases, and the potential for prolonged periods of isolation.
Stress and distress	Considering agreed person-centred plans that include strategies to support better outcomes in relation to experiences of stress and distress. These should take account of the circumstances, input and advice from the wider healthcare team, 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 prior to the use of any seclusion or restraint, as these can only be used in exceptional circumstances as a last resort, and only when specific training has been completed. Consideration should also be given to 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.
End of life care	Careful consideration should be given when someone is at the end of their life, and how additional staff time for people can be sensitively managed to ensure that no-one dies alone.
Other considerations	Considering the support and time required to welcome people transitioning to the service, time to settle and complete initial assessments in their new environment.

	Key worker time, how much time does the person get with their key worker to develop and review their care plan, choose activities, and review their support. How often are care review and meetings taking place, what support do people need before, during and after these meetings. 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. Care recording, appointment making, contact with relatives and the time required for staff to do this.
Significant events	The death of someone using the service, induction of new staff, new equipment, and changes to the built environment.

Children and Young People	
Factor	**Expanded consideration**
Support needs	Each person should have a care plan that sets out how their needs will be met, as well as their wishes and choices. This will identify the support they need from staff. Taking into account the age, cognitive ability, learning or physical disability, developmental stage, race, ethnicity, faith or gender identity, and communication needs of the person.
Risks	Considering individual risk assessments and risk management plans. The service should ensure they have sufficient staff to follow any pre-agreed arrangements, policies or procedures relating to persons going missing. Consideration should also be given to periods of social isolation and the negative impact of these during an outbreak of infectious disease.
Moving and positioning	Considering the needs and preferences of the person.
Behavioural distress and physical intervention	Considering agreed de-escalation and identified physical restraint methods for the individual (to be used in exceptional circumstances), the 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. Consideration should also be given to the management of the needs of any additional people present in the service at the time.

Personal care	Taking into account the preferences and support required with health needs, for instance, support for epilepsy, medication, eating and drinking, bathing, intimate care, dressing, skin care, bed time routine or support during the night.
Daily arrangements	Considering 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 clubs and hobbies should be protected to ensure they are not impacted upon by other events scheduled.
Night time arrangements	Consideration should be given to the age and stage of development of people and any known or anticipated risks to people including, self-harm, going missing, and health care needs. Consideration should also be given of location and remoteness of the service and time taken for additional support to arrive if needed.
Family and friendship time	Considering plans with family members or friends. This may be within the service, out with the service or by telephone and video calls. Arrangements should be protected to ensure they are not impacted upon by other events. Consideration of the emotional support needs of people who do not have family connections and their wellbeing whilst other visits are taking place.
Care planning, appointments and meetings	Considering the time required to develop care plans, 1:1 time with keyworkers, meetings with social work, education, counsellor, advocacy, health, housing or other professionals, including travel arrangements, preparation, and reflection time.

Stability	Considering the impact of new people to the service, transition periods, staff or manager changes, and preparation for moving on.
Relationships	Taking account of group dynamics and relationships with peers and staff members.
Significant events	Awareness of the impact of loss or bereavement, the anticipated or actual outcome of a hearing or review, peer pressure, the breakdown of a relationship, including staff moving on from the service. **Consider emergency evacuation procedures in the event of, for example, a fire, gas leak, flooding or terrorism threat.**

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

Factor	Extended consideration
Identify staff availability	The appropriate mix of staff skills required to meet the needs of people using the service, this should 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.
	The key times staff are required, for instance, supporting people with their morning routines, to go to school or activities, to have social mealtimes.
	Staffing takes account of significant events for example end of life care, people starting to use or leaving the service.
	How staff are deployed.
	Outbreaks of infectious disease and the impact of this on people and staffing for instance, COVID-19, Norovirus, testing.
	Shift times of staff, when changeovers of staff happen and the impact on support available for people. Time for changeover of shifts of staff whilst retaining appropriate staffing levels to support effective care and support.
	Consideration must be given to having 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.

	Also, taking account of staff absence through sickness / annual leave / training and development / other leave as well as a balance of staff experience and personalities.
Consider size and layout of building and grounds	The impact on staff's ability to spend time with people using different areas, communicate well with colleagues, undertake housework and observation of people. 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.
Identify planned time for allocated tasks	For key workers including, professional meetings, discussions, care plan reviews, report writing.
Identify planned time for supporting induction	For new staff, including agency staff, while considering staff team dynamics including the impact of the use of sessional or agency staff.
Identify planned time needed by staff to complete tasks away from direct practice	Daily recording, housework, laundry and cooking.
Identify planned time needed by staff for oncall or duty arrangements	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.

Other languages and formats

This publication is available in other formats and other languages on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nithear iarrtas.

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