Focus on the Person

Outcomes

Involve Individuals, Carers & Communities

Involve people and their carers in decision making

Listen to and involve local communities

Provide simple, clear and accessible information that informs decision making

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Provide easy access to joined up services

Build Better Environments

Make sure environments meet the wide range of need that people have

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Having shared areas where people can socialise and do activities they enjoy

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Ensure that the environment is clean and well maintained

Meet nutritional needs of individuals

Provide a culturally diverse choice of high quality meals

Promote Individual Needs

Support people to be independent, make decisions and be in control

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Plan services throughout care and at end of life, around individual need

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Understand needs, risks and preferences on entry

Collect and act upon regular feedback ensuring needs are being met

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Support people to express their needs and wants

Make care personal, by working with people and their communities.

Local Priority Indicators

Evidence that individuals are involved in decisions about their lives, and play an active role in planning the care and support they receive

Evidence that users enjoy a clean and orderly environment

Evidence that the health and personal care that people receive is based on their individual needs

Key lines of enquiry

1.1	People are actively involved in decision making
1.2	Local communities and patients are engaged and consulted
1.3	Information is prepared and readily available
1.4	Care partnerships are promoted
2.1	The environment is planned and reflects diversity of need
2.2	The environment promotes interaction & meaningful activity
2.3	The environment is clean and well maintained
2.4	Service-users nutritional needs are met
2.5	Service users are provided with a culturally diverse choice of high quality meals
3.1	Independence, choice and control are supported
3.2	Individual need is at the centre of service models
3.3	Needs-assessments are performed on entry
3.4	Feedback shows needs are being met
3.5	People are supported to express needs and wants

Evidence

1.1	"% Patients who report that they were involved as much as they wanted to be in decisions about care and treatment "
1.2	"% Patients who reported that they were invited to visit the hospital to meet the staff before being admitted "
1.3	"% Patients who report that the 'right amount' of information was given about condition/treatment by healthcare professionals "
1.4	"% Patients who reported that hospital staff discussed with them the need for any health or social care services after leaving hospital "
2.1	% Patients who report the environment was well organised
2.2	"Evidence that users have access to leisure, social activities and life-long learning and to universal, public and commercial services "
2.3	The ward environment looks and smells clean
2.4	"Evidence that arrangements are in place to ensure that older people are receiving and eating the food provided and are not going hungry "
2.5	Evidence that religious or cultural needs for a healthy diet are promoted and met
3.1	"Evidence that users are helped to make their own decisions, control their own lives and are supported in maintaining impendence "
3.2	"Evidence that the health and personal care that people receive is based on their individual needs "
3.3	"Evidence that prospective users have their needs assessed and a contract which clearly tells them about the service they will receive
3.4	"Evidence that action is taken when it is identified that patients needs relating to privacy, dignity or feeding have not been met "
3.5	"% Patients who reported that they could 'completely' discuss any fears/anxieties with a healthcare professional "