Patient-led assessments of the care environment

Guidance and information for patient assessors

# Introduction

Good environments matter. A clean environment is the foundation for lower infection rates, while good food promotes recovery and improves the patient experience. High standards of privacy promote patient dignity, and good maintenance and décor support a safe and comfortable stay.

But good environments don’t just happen. Without the efforts of all staff, the benefits of cleanliness, good food, privacy and proper maintenance may be lost.

Patient-led assessments of the care environment (PLACE) help organisations understand how well they are meeting the needs of their patients, and identify where improvements can be made. They take place across NHS trusts, voluntary, independent and private healthcare providers and use information gleaned directly from patient assessors to report how well a site/organisation is performing.

PLACE is the only national assessment programme that collects data relating to the patient environment and the only process that provides a consistent approach so that all providers are assessing the same things to the same standards.

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It is recommended that all NHS trusts, voluntary, independent and private healthcare providers undertake annual PLACE assessments of the quality of non-clinical services and condition of their buildings to look at:

* how clean the environments are
* the condition – inside and outside – of the building(s), fixtures and fittings
* how well the building meets the needs of those who use it, for example through signs and car parking facilities
* the quality and availability of food and drinks
* how well the environment protects people’s privacy and dignity
* how well the environment supports people with dementia
* how well the environment supports people with a disability.

The assessments apply to all healthcare site/ premises of all types. This includes acute, specialist, children’s, mental health, learning disabilities, community, voluntary, independent and private healthcare providers.

All organisations and sites are eligible for inclusion in the programme regardless of size or bed numbers. However, the intention is to restrict inclusion of very small units which clearly do not meet the definition of a hospital. Therefore, where a unit has fewer than 10 beds, organisations will need to determine, based on their knowledge of the unit and the services provided, whether it could reasonably be classed as a hospital. For example, a nine-bedded unit called ‘XXX Regional Eye Hospital’ would meet the definition of a hospital, but a community-based home where assessment and treatment are not carried out would not. Any unit with 10 or more beds should be included in the assessment programme.

For large sites/organisations, a minimum of 25% of wards or 10, whichever is the greater, should be assessed:

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| **Number of Wards in the Healthcare Site** | **Number of Wards to be Assessed** |
| 1-10 | All |
| 11-40 | 10 |
| 41 or more | 25% |

For non-ward areas a minimum of 25% should be included in the assessment. For specific areas such as outpatient departments this will be a relatively simple but for less specific areas assessing teams will need to apply a degree of discretion in deciding precisely how much to assess.

Assessments are carried out every year by people who potentially use the building – patients, relatives, carers, friends, patient advocates, volunteers or trust/organisation membership and trust/organisation governors – supported by staff. The assessment will be organised by a member of staff known as the PLACE Programme Lead and each assessment will be led by a PLACE/Team lead. Patients voice is critical in helping organisations deliver effective services in good care environments.

The purpose of this document is to set out what qualities and experience are required to be a patient assessor, what carrying out PLACE assessments means, why you might want to join in, and how to get involved. Further guidance specific to your organisation will be provided locally.

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| PLACE is an annual snapshot that gives organisations a clear picture of how their environment is seen by those using it, and how they can improve it.PLACE assessments only look at the buildings and related non-clinical services like catering. The quality of care and all the other things that go to make up a good experience are dealt with elsewhere, for example local Healthwatch’s ‘enter and view’ assessments, or the Care Quality Commission’s surveys and monitoring processes. |

# Experience, knowledge and skills

You don’t need any specific knowledge of healthcare to take part in a PLACE assessment. However, there are a few things to think about before becoming a patient assessor, and these are set out below. This is to make sure that the process works as well as it can do for all concerned – the assessor, the patients, the staff and the organisation’s management.

## Experience

* Some recent personal experience of in-patient care is useful, although it is not essential. This could be as a patient, relative, carer, friend, patient advocate, volunteer or trust/organisation membership and trust/organisation governor. You will be called a patient assessor even if you are not a patient yourself.
* You should not act as a patient assessor if you are employed (or have been employed within the last two years) by the organisation you are assessing. In this case you may be on the team as a staff assessor, or you may be a patient assessor for other organisations.

Age is no barrier to being a patient assessor. It can be particularly helpful to have input from children and young people for paediatric areas. Older people make up the majority of the adult in-patient population, so should ideally be well-represented in the PLACE team.

We would welcome a broad range of people to address the need to have diversity by focusing on recruiting patient assessors with protected characteristics.

## Knowledge

Patient assessors do not require any technical expertise or knowledge. What you need is the ability to understand and apply simple guidance, together with a common-sense, unbiased and practical approach.

## Skills

Patient assessors need to be able to gather information in a variety of ways, following a clearly defined checklist. You will need to be able to:

* communicate clearly with people
* listen actively and encourage people to talk about the site/building and its services
* be objective when assessing or gathering evidence
* participate in discussions
* present a point of view clearly but reasonably
* be open to the views of others
* contribute to a brief summary statement of what you saw.

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## Physical abilities

Taking part in an assessment can be tiring. If you are not physically fit, the organisation should be able to make adjustments for this – perhaps by involving you in just part of the assessment, or by providing a wheelchair. Please raise any support needs with the assessor prior to the assessment so that arrangements can be put in place before the assessment.

If you have a disability, there may be parts of the assessment you cannot contribute to, but this does not mean you cannot be involved. If you are partially-sighted, for instance, your input will be particularly helpful in assessing how easy it is to find your way around the building.

# Involvement

## How does it work?

PLACE patient assessors are volunteers who are appointed by organisations such as the local Healthwatch or approached directly by the organisation being assessed.

You may be asked to participate in one or more assessments. Assessments can last from two to six hours on any day, depending on the size of the site. In very large hospitals, an assessment might run over more than one day. You may be asked to carry out just part of an assessment.

You will help the team to agree a score for a number of things including cleanliness, décor, the quality and taste of food, how the privacy and dignity of patients are provided for, and how the environment supports people with dementia or a disability. You will not be asked to make any judgements about how well clinical staff are doing their job, although if you see something that causes you concern you will be expected to draw attention to it either straight away or at the end of the assessment. You will reach your own views about the scores to be applied, and these will contribute to overall judgements that the team will make.

You will be able to talk to the PLACE/Team Lead, who will explain how your work will fit into the wider assessment of the performance of the site.

The key stages of an assessment are:

* planning for the assessment
* agreeing on the day who will do what
* undertaking the assessment
* discussing your findings with other team members
* completing the patient summary assessment sheet.

The site/organisation will then send the results to NHS Digital. You will not be involved in this step.

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| As a patient assessor, you will always be accompanied by a staff assessor while you are in the patient areas. You will have the chance to talk to other patient assessors on your own at the end of the assessment.  |

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## Joining the assessment team

Once you have agreed to be a patient assessor, the site/organisation will contact you before the planned date of the assessment. If you are not able to take part on that day you can say so, but once you have agreed to join the assessment you should make every effort to do so. Late withdrawal will cause inconvenience to others and may result in the assessment being postponed. Of course, if you have any symptoms that might suggest an infectious illness (especially with vomiting and diarrhoea) you should not attend. Please inform the PLACE Programme Lead as soon as possible in this situation.

## Disclosure and Barring Service checks

The Disclosure and Barring Service (DBS) and the criminal records regime have been scaled back to more proportionate levels. While patient assessors may already have DBS checks (e.g. local Healthwatch members who undertake ‘enter and view’ activities), it is unlikely that DBS checks will be needed for the majority of patient assessors. However, the final decision on this rests with the organisation, which may choose to seek a standard DBS check. Patient assessors are not eligible for enhanced DBS checks.

## Things to do before the assessment

The organisation should provide clear guidance on the timescales for PLACE assessors being trained that demonstrate best practice guidelines. Example of best practice could be in the form of an induction recruitment that includes a role description, along with information on the team structure.

The organisation should also provide you with a copy of the assessment forms and the guidance that goes with it.

You can read the guidance papers at home – this should not take more than two hours. If you have any questions, you should contact your PLACE Programme Lead.

The papers tell you what you will be looking at and how the scoring system works. In general, you will work with other members of the team to decide on such things as whether something (for example a floor or toilet) is clean, or whether something is in good condition (such as furniture, decorations). Extra guidance will be provided to help you make these judgements.

The trust/organisation or local patient organisation will provide training/preparation for all patient assessors, either on a date before the assessment, or on the actual day of the assessment. It is recommended that you attend the training/preparation, as it will give you the opportunity to meet the other staff and patient assessors, and learn about the process and what is expected of you on the day.

## Things to do on the day

The first task will be to agree among yourselves within the assessment team which areas of the site you will be looking at. The PLACE/Team Lead will be able to help you, but where there is a choice (for example if just a sample of wards is being assessed), the final decision should be discussed with you.

For most sites, the team will split up into smaller teams to make sure everything is covered. One person in each team will be the PLACE/Team Lead, and they will record the final agreed scores for each area. You will have a staff assessor with you at all times.

You will then visit the designated ward, department or other area, looking at each relevant item. You should make sure you see enough of each to get a clear picture, but you do not need to check every single item. All items included in the assessment framework and present in the area being assessed must be included. However, the notion of sampling is well established, and it is not necessary to look at every item in every area in order to determine the score to be awarded.

You should take care not to disrupt the normal activity of the area, although you should be able to speak to staff and patients if you wish.

Remember that the organisation is looking for your opinion. This is not a patient survey, so when you talk to patients, you should do so in order to form your own opinion. As a general rule, you should only ask patients about those things that you cannot judge for yourself.

Take care not to disrupt the care of patients. Do not enter bedrooms or bathrooms without permission (unless they are empty) and do not ask patients personal questions about their medical condition or care.

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| When speaking to patients always introduce yourself as part of an assessment team, stressing that you are there to represent the interests of current and future patients. Have your ID badge issued by the organisation with you at all times. |

You will need to follow instructions about what to do in an emergency, for instance if there is a fire, or a cardiac arrest. Sometimes, the team may need to break off an assessment and come back later, if there is a clinical emergency.

Before you leave the area being assessed, the team will spend a few minutes agreeing the score(s) to be awarded before moving on. This means that if there are any disagreements you can return to the area or item and have another look. The PLACE/Team Lead should then complete just one form per ward/area on behalf of you all.

This ‘score as you go’ approach means you should not need to write much down, but you may take notes if you wish. This will be useful where the team needs to make a note of the reason an item/area has failed to meet the agreed criteria.

## Assessing the food services

You may be asked to taste the food and judge its quality. Every dish must be tasted by several people, but you do not need to taste each one yourself. For instance, if you are vegetarian, you would not want to taste the meat dishes, but it would be wrong to say they do not taste good. In this case, you would base your judgement solely on the vegetarian options. You should take care not to let any personal preferences overrule the general quality – for example, you may prefer white bread, but you would still be able to say whether a brown bread sandwich was fresh and well-prepared.

## What to do if you see a problem

During the assessment, you may see something that is not covered by PLACE, but that you want to draw attention to. Usually this is best done direct with the ward staff or Place/Team lead. Although unlikely, it is possible that during a PLACE assessment you may see something which is of very serious concern. This may be something that should be acted on very quickly. For example, you may hear about or observe abuse or neglect. If this happens and if you feel this is something that should be reported beyond the management, you can contact the Care Quality Commission (CQC).

To do this you should call the Care Quality Commission 0300 061 6161 number and select Option 2 for safeguarding. This will put you through to the safety escalation team. They will record your information and notify the relevant member of staff to deal with this, who may then contact you. The CQC ensures that when it receives safeguarding information it passes the information on in a timely manner to the local authority and/or the police.

## The role of the Care Quality Commission

CQC is the independent regulator of all health and social care services in England. Its job is to make sure care provided by hospitals, dentists, ambulances, care homes and services in people’s own homes and elsewhere meets essential standards of quality and safety. CQC puts the views, experiences, health and wellbeing of people who use services at the centre of its work, and has a range of powers it can use to take action if people are receiving poor care.

## After the assessment

Some questions are specifically written for patient assessors only to answer. This is to make sure that the patient voice is strong and clear.

At the end of the assessment, patient assessors will meet alone to answer the questions that relate only to you and complete a patient assessment summary sheet. The assessing team may complete more than one form, for example, if the assessment takes place over two days, with different teams assessing different areas, then each team may complete a form. Patient assessors will decide whether they want to complete individual forms or they may wish to complete a consolidated form together.

You will need to discuss your answers, resolve any difficulties, and agree the wording of a short summary statement. It is very unusual to find serious disagreements. You will need to agree among you which patient assessor will sign the patient assessment summary sheet on behalf of you all.

The patient assessors will also make recommendations for improvement. Clearly, these must be reasonable and achievable – it would be unrealistic, for example, to suggest that the building needs to be completely rebuilt before the next assessment. Recommendations work best when they are specific and measurable – for example:

* provide a hot option with the evening meal
* replace bed curtains with longer ones / replace worn-out flooring in outpatients corridor.

After the assessment, you should hand your patient assessment summary sheet to the assessment manager. They will submit your comments along with the final results of the assessment through an online system.

The patient assessment summary sheet also asks you to confirm that you feel the assessment has been handled properly and your views have been listened to. If you have any concerns, you should say so here. However, you can also contact NHS Digital at placenotifications@nhs.net. If you find you do need to get in touch, please state clearly the site/organisation where the assessment took place and be as clear as possible about what happened to make you need to write about it.

## Payment

Organisations will usually cover travel expenses and/or provide free parking and refreshments. Organisations should follow their own local policies for reimbursement. Most organisations reimburse travel expenses and provide appropriate refreshments, whilst some also offer a small honorarium. For more information on remuneration of volunteers please contact your local PLACE Programme Lead for details on how your travel expenses will be reimbursed. For further information please use the following link: [www.gov.uk/volunteering/volunteers-rights](http://www.gov.uk/volunteering/volunteers-rights).

## Publication of results

Once the results are submitted, they are analysed by NHS Digital.

The organisation will receive the final results and will have a chance to plan its response to your suggestions. It will then publish the results and the improvement plan on their website.

The national results are published by NHS Digital on its website following completion of all the assessments.

## How the information is used

PLACE information is used by a range of public bodies including the CQC, NHS England and NHS Improvement, NHS Choices, the Department of Health and Social Care and local clinical commissioning groups. It is aligned with, and supports other inspection, monitoring and performance regimes. For example, the data supports provider compliance with five of CQC’s 16 essential standards of safety and quality and feeds into CQC’s intelligent monitoring.

## How to get involved

Each organisation recruits its own patient assessors. This could be through the local Healthwatch, and as well as recruitment of patients from other sources, i.e. local patient charities. If you want to be involved, you should contact your local Healthwatch or patient involvement team. Alternatively, the volunteer co-ordinator at your local hospital should be able to help.

The role of patient assessor is an important one. It needs people who can be objective and unbiased and who do not let themselves be side-tracked. It needs a clear commitment to quality and to viewing the environment in its widest sense. We would welcome a broad range of people to address the need to have diversity by focusing on recruiting patient assessors with protected characteristics.

Most of all, it needs people who are determined to help the NHS to improve, and who are prepared to make their voices heard in a constructive and supportive way.

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| If, at the end of the assessment, there are any issues you did not feel were properly dealt with or that you were unable to reach an agreement on, you can report this by sending an email to PLACEnotifications@nhs.net or by writing to:PLACE Team, NHS DigitalTrevelyan Square, Leeds LS1 6AE |