

## Triangle of Care

### A step by Step Guide to Completing the Self-Assessment for in-patient areas

#### Introduction

The Triangle of Care (ToC from herein) self-assessment tool is a vital resource to enable staff, services, carers and service users to look at how a team currently include and support carers, and to work together to improve their service delivery, but also to change the culture of the whole organisation to one of carer inclusion and whole family working.

As a result of working with several in-patient units, the following guide to completing a self-assessment tool. This is based on good practice, what is expected and what carers need.

#### Step 1

The first and most important step is often forgotten by many staff and services. It is simply to read the Triangle of Care guide. By reading the full guide prior to completing the self-assessment staff will have clear context for many of the elements, see their value and avoid misunderstanding and confusion.

#### Step 2

Ideally to process should be a team effort. For some this might be more difficult to achieve, due to nature of how team works. However, it is important to remember that the self-assessment is for the whole service and if this isn't recognised improvements will be difficult to embed.

It might be that individual staff members conduct a self-assessment to look at their own practice, but it might be an idea to discuss progress at team meetings to ensure that all members of, what is usually a multi-disciplinary team, have a chance to input and comment.

#### Step Three

When it comes to the Triangle of Care honesty is the best policy. The Triangle of Care programme is different to other audit and kitemark processes in that there is no pass/fail. It is about an opportunity to truly reflect on current practice and start putting the building blocks in place to execute cultural change for the benefit of all.

This means services should not be afraid to score themselves red or amber if they don't feel confident that they are fully meeting a criterion or that they can fully evidence it.

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Senior managers should support honesty as the best policy and have no recording system that looks at “how many” greens, ambers or reds its services have received through the RAG rating system.

### **Step Four**

Complete all the boxes, even if you feel confident you are doing something or there is something that doesn't happen and you can't make it happen locally (change to IT systems etc.) it is still important that all the boxes on the self-assessment are completed especially the evidence and the action boxes.

### **Step Five**

Consistency is often one of the issues related to carer experience, for every great carer experience there are always another five that are poor, this is due to lack of consistency in staff knowledge and service delivery. The Triangle of Care provides teams with a way to ensure they are being consistent in their service delivery to carers; in addition, it may enable managers to identify training gaps for staff.

### **Step Six**

Evidencing your self-assessment is one of the most important parts of the process; this doesn't just mean that you say it happens or that a certain policy exists. The evidence is your opportunity to show that they happen or show that the policy works, and staff understand it.

For the question about carers being identified on admission, for example, the evidence here would be around how you recorded information about the carer, what information did you get from the carer etc. If no consent was given to involve the carer, check record this, but check it regularly. This might also be a good time for staff to check whether any young people in the family are now taking on caring duties. This could help identify young carers and so enable them to get support. By doing this it will help you to identify whether a process is happening consistently and prevent carers/young carers going unidentified, vital information being missed and a positive relationship with the whole family being built.

Below are a couple of examples of the kind of evidence you could include to show you are meeting standards:

For Standard 5, where an introduction to service is asked about, a simple leaflet could be provided, or a letter sent to the carer asking him/her to get in touch with the named nurse. If in IPCU then maybe some photographs could be used to show carers the areas that are out of bounds for visitors, but which patient may use. Having this information can reduce the anxiety experienced by carers. If you decide to create a leaflet about the ward it should state what the ward does, members of the team (not names but job titles) with a brief explanation of what the role is about, provide information about discharge process, including periods of passes out of the

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ward, (when might this be used and why, who decides, will carer be told), and other information about crisis contact or out of hours contact.

Evidence for achieving Standard 6 comes in the form of being able to demonstrate that staff are aware of community services which can provide support to carers, and referrals made to such services. It is encouraged that ward staff contact local carer and young carer services to establish routes of joint working that might help provide information to staff about what the carer services can offer. It might also be a good idea to display local carer information leaflets/posters in patient and visitor areas of the ward, or main part of hospital. Some in-patient units have established links with local mental health carer groups and provide updated information or education sessions to carers once or twice a year, depending on what carers wish to discuss.

### Step Seven

Following on from completion of self-assessment staff should then work with carers and carer organisations to look at the results and jointly agree a plan of action to address any issues, or to maintain the current way of involving carers. It is important that carers views are considered, for instance do they think staff engage with them, provide them with information and signpost them to relevant services. If this is not happening, then the action planning stage is when to address this by asking carers how best this could be achieved. Staff could ask for this part of the action plan to be completed by the carer service with carers so making it a truly joint approach.

Following development and implementation of action plan, the whole self-assessment process begins again. It is vital to stress here though that this does not happen straight away. Time must be given to test out the action plan and put things in place. Ideal is to develop a timeline and suggest a yearly self-assessment process involving carers and carer organisations. For example:

1 <sup>st</sup> self-assessment		Action Plan		2 <sup>nd</sup> self-assessment		Action Plan	
Started	Completed	Developed	Actioned	Started	Completed	Developed	Actioned
Jan 2018	Mar 2018	April 2018	May 2018	Jan 2019	Feb 2019	Mar 2019	April 19

This gives an idea of a timeline whereby assessment process is commenced at end of January 2018 and completed by end of March 2018. Action plan, including working with carers and carer organisations, is developed during April 2018 and implemented from May 2018 until end of January 2019 when the 2<sup>nd</sup> assessment process would begin again, and so on.

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### Step Eight

When considering certain elements of the self-assessment which you may feel you can confidently complete as green, it's always worth asking yourself a simple question: "Do I know this works? Do I know this is what carers need?"

Many processes and systems are put in place as these are the most expedient for the person implementing them but are not always what's needed for the receiver for the service. Therefore, when you know you have a process in place it is always worth asking yourself these questions, this can be particularly useful in relation to the following:

- Provision of information to carers on medication and mental health.
- Provision of information to carers on local carers services.
- Offering an appointment to carers to gather information or pass on information
- Providing carers, the opportunity to meet with Drs and ward staff to discuss the situation of the person they care for and how they are involved or will be involved in this.
- Information on carers' rights including Adult Carer Support Plans or Young Carers Statement.
- Involvement of carers at points of discharge or transfer between services/wards/hospitals.

These are the things that the Triangle of Care offers you the opportunity to review; it is not merely asking you to do something but instead offers you the opportunity to review, change, experiment, improve and work with carers, which will ultimately lead to the formation of an equal partnership in care between services and carers.

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