

The Triangle of Care

A Step-by-Step Guide to Completing the Self-Assessment

Introduction

The Triangle of Care self-assessment tool is a vital resource to enable staff, services, carers and service users to look at how a ward or team currently include and support carers. It enables them 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.

Over the first two years of the Triangle of Care membership scheme, hundreds of self-assessments have been completed. Some of these have been excellent, others poor and many questions have been asked about the self-assessments themselves. Carers Trust has therefore developed a step-by-step guide to completing a self-assessment tool, this is based on good practice, what is expected and what carers need.

Step One

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 misunderstandings. This will also provide staff an opportunity to ask questions.

Step Two

Completing the self-assessment should and must be a **team effort**. If it's left to the Ward Manager or Carer Champion to complete in isolation then a clear picture will not emerge and more significantly staff culture will not be impacted by the opportunity to reflect on current practice. Working as a team means you can properly answer the following questions:

- How do you know if your ward is family friendly?
- How do you know if the policy is being implemented?
- How do you know if families and carers feel included?
- How do you know if families feel their contribution is welcomed?

It may be useful to review the self-assessment over a number of team meetings or ask different staff to review different elements.

It's 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 can also enable increased ownership and speedy changes in team clinical practice, particularly if the team manager is involved.

Carers Trust is a registered charity in England and Wales (1145181) and in Scotland (SC042870). Registered as a company limited by guarantee in England and Wales No. 7697170. Registered office: 32–36 Loman Street, London SE1 0EH.

Carers Trust

Step Three

When it comes to the Triangle of Care **honesty is the best policy**. The Triangle of Care is different to other audit and kite mark 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 criteria or that they can fully evidence it.

Senior managers should support honesty as the best policy and have no recording system that looks at the numbers of greens, ambers or reds its services have received through the RAG rating system. Managers at each level need to create an atmosphere and a context in which staff can trust and can speak openly.

Acknowledging what is not being done is as important as acknowledging what has been achieved as this is often the first step in making progress and moving forward.

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 that lack of consistency in staff knowledge and service delivery. The Triangle of Care provides wards and teams an opportunity 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. When you initially complete your self-assessment your evidence should refer to the RAG rating you give at that moment and the action should refer to the actions that will be undertaken to work to improve this or ensure consistency.

As well as the Criteria and the RAG rating boxes there are an additional five, below is outlined simply what should go in each:

Where are we now?	Action Plan	Evidence of Achievement	By Whom?	By When?
-------------------	-------------	-------------------------	----------	----------

Carers Trust

<p>This is the evidence box – this is where you evidence where you currently are to support the RAG rating you give yourself.</p>	<p>This is where you explain what you are going to do to improve and how. It's also a means of showing what steps are in place to ensure you maintain a rating</p>	<p>What evidence do you currently have to support your RAG rating, and what will demonstrate you have either improved or maintain your current rating.</p>	<p>This is the name of the person or persons who will lead on this element of your action.</p>	<p>Give yourself a realistic deadline here of when you think you can make the change and see its impact.</p>
---	--	--	--	--

For example on element 1.1: “The carer is routinely identified with the service user when carrying out an assessment” it is not enough to say “there is a carer tick box on a patient’s electronic record” or “carer details are always taken on admission”, this is an opportunity to review if this happens. If there is a box on the patient’s electronic record dip-sample to see how many have been completed or dip-sample admissions forms to see how many include carer information. This will allow you to consistently identify whether a process is happening and prevent carers going unidentified, vital information being missed and a positive relationship with the whole family being built.

Many staff may feel confidently that they include and support carers, but if this cannot be evidenced then it appears as merely opinion, by undertaking an audit opinion becomes evidence.

Step Seven

A key issue with self-assessment completion is **misunderstanding of certain elements**, this can be alleviated by ensuring all staff have read and understood the full Triangle of Care guide so that confusion doesn’t occur. However, it also worth checking (prior to completion) with the Triangle of Care lead if there are elements that you are not clear on.

Common areas of misunderstanding include:

- Confusing a Carer’s Care Plan with a Carer’s Assessment – the former is a simple support plan that the immediate service can help with or may need to be aware of i.e. carer needs information on mental health, carer needs a referral to an advocate or the carer has their own health issues. Basically a Carer’s Care Plan should be completed before a referral for a carer’s assessment to capture carers’ immediate needs.

Carers Trust

- 3.8 Recovery Plan – this is for the service user that identifies the plan and route to recovery. This is not the same as a care plan and not all organisations may be using them.
- 4.3 Carers' Champion Network/Peer Support – this is a network for those staff who are acting as carer champions on wards & teams. This may not be in place at initial self-assessment stage and must not be confused with carer support groups.
- The box on the self-assessment called “Evidence of Achievement” refers to evidence that you are providing for the RAG rating at that point of assessment as opposed to evidence of what you will do to improve the rating.
- The “By Whom” box refers to the member of staff who is leading on this element of work.
- The “By When” box refers to a deadline you have (or the organisation) has set to achieve the action plan. This should be a realistic timeframe.

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 work best for the person implementing them but are not always what's needed for the receiver of the service. Therefore when you know you have a process in place it is always worth asking yourself the above 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 nursing 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 carers' assessments.

If your answers to the above are a single opportunity i.e. you have noticeboards or carers have the opportunity to attend ward rounds; it is worth considering is this enough? What if someone doesn't see the noticeboard? Feels too tired or intimidated to stand and read the information or can't read. In relation to offering carers an appointment this is an important one, there is a reason that the element didn't merely read “carers are invited to attend ward rounds” because for many carers they feel they can't say what they need to in front of the person they care for, in addition many are not able to attend ward rounds for a number of reasons, e.g. travel costs or work commitments.

Carers Trust

These are the things that the Triangle of Care offers you the opportunity to review; it is not merely asking do you do something but instead offers you the opportunity to review, change, experiment and improve which ultimately will lead to an improved culture.

Step Nine

When we talk about **carers** in the Triangle of Care we mean all of those involved in supporting and caring for a service user. If you think about the term “carer” it’s important to think about more than one person. It’s useful to extend this to the wider family network (this will help identify young carers), you can then ensure the whole family is receiving support and information, then work with all the carers and service user to identify the primary carer.

Step Ten

Many Trusts now have a **huge range of services** and as such we have a range of self-assessments and guidance to help those wards and teams **ascertain whether they need to complete the full self-assessment** and if they do which one.

On the [website](#) the range of resources can be found and teams should ask themselves the following questions:

If the full self-assessment doesn’t fit your service model then read the Limited Contact Guidance which may be more appropriate.

In terms of the full self-assessments there is very little difference and often only a little imagination is needed to use it, however if you work in older people’s service or community physical health services you may choose to use the self-assessment designed for these.

Step Eleven

Finally, it is important to ensure **carer evidence** is gathered to support your completed self-assessment. This can be done through a range of means: using the carer questionnaire (on the website [here](#)) to ask carers who are currently in touch with your ward or team to give you up to date experience feedback. Or by working with a local carers organisation who are in touch with a wide range of carers who can tell you what carers having been telling them. In addition, dip sampling can also be a good means to ensure consistency of evidence.