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Context care tool (version 2.7)

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## Introduction and Background

The context of care tool was developed to assess compliance with factors thought to be necessary for the delivery of sustainable, safe and compassionate care to people with learning disabilities in inpatient and community settings.

The tool is based on two systematic reviews of literature. The first summarised the best evidence available on safe staffing levels for learning disability nursing (Mafuba, et al., 2014). This literature review identified a range of factors, collectively referred to as the context of care, which are believed to impact on the delivery of safe and compassionate care. The second review of literature sought to inform the development of the sustainable safe staffing guidance for learning disability services (Mafuba, et al, 2016). This review was to support the development of patient group specific improvement resources for supporting NHS providers to deliver high quality and efficient care by having processes in place to ensure that the right staff with the right skills is in the right place at the right time (National Quality Board, 2016). This guidance recommended that provider organisations have systems in place to report and measure patient outcomes, people productivity and financial sustainability, incidents

Fundamental to this tool is a belief that focussing purely on numbers of staff alone will not address short comings in practice or services, rather in addition to addressing the numbers of staff, the capability and capacity of staff must be empowered in their context of practice to deliver sustainable, safe and compassionate care. Context is a relatively new concept in the field of learning disabilities, and it relates to;

*‘a concept that integrates the totality of circumstances that comprise the milieu of human life and human functioning. Context can be viewed as an independent and intervening variable. As an independent variable, context includes personal and environmental characteristics that are not usually manipulated such as age, language, culture and ethnicity, gender and family. As an intervening variable, context includes organisations, systems and societal policies and practices that can be manipulated to enhance functioning’* (Shogren, et al., 2014, p. 110).

The tool has 8 themes (Level of client need, Staff attributes, Staff perception of challenging behaviour, Job satisfaction, Working as a team, Stress, burnout and work overload, Organisational support that includes staff feedback, Working in the community), with 7 statements in each of the themes; some 56 separate statements in total, all of which are grounded in the evidence reviewed from the literature. It is therefore important that users of the tool refer to the literature reviews. The tool requires clinicians to rate each statement, drawing on a range of evidence to support their clinical judgment, to measure compliance with them. The tool has been designed for self, and peer audit use. The tool can be used in a range of services.

Data was collected from 10 NHS England organisations to measure the scale reliability of the tool in order to ensure that all the items on the scale 'hang together'. The TCOC-LDS Version 2.7 Cronbach's Alpha reliability coefficient is .945 and Guttman is (Lambda 1 = .909; Lambda 2 = .949; Lambda 3 = .928; Lambda 4 = .872; Lambda 5 = .929). Because the item measures on the tool are based on literature construct validity rather than content validity was considered more important during the development of the tool. To ensure construct validity the tool has been subjected to critical review by expert reference groups of professionals drawn from services from across England.