

Dignity in Care

Resource Pack



A Crabbit Old Woman

What do you see, nurse, what do you see?
Are you thinking, when you look at me - A
crabbit old woman, not very wise,
Uncertain of habit, with far-away eyes,
Who dribbles her food and makes no reply
When you say in a loud voice,
"I do wish you'd try".

Who seems not to notice the things that you do
And forever is losing a stocking or shoe.
Who, unresisting or not; lets you do as you will
With bathing and feeding the long day is fill.
Is that what you're thinking,
Is that what you see?
Then open your eyes,
Nurse, you're looking at me.

I'll tell you who I am as I sit here so still!
As I rise at your bidding, as I eat at your will.
I'm a small child of 10 with a father and mother,
Brothers and sisters, who loved one another.

A young girl of 16 with wings on her feet,
Dreaming that soon now a lover she'll meet,
A bride soon at 20 - my heart gives a leap,
Remembering the vows that I promised to keep.

At 25 now I have young of my own
Who need me to build a secure, happy home;
A woman of 30, my young now grow fast,
Bound to each other with ties that should last;
At 40, my young sons have grown and are gone,
But my husband's beside me to see I don't mourn;
At 50 once more babies play around my knee,
Again we know children, my loved one and me.

Dark days are upon me, my husband is dead,
I look at the future, I shudder with dread,
For my young are all rearing young of their own,
And I think of the years and the love that I've known;
I'm an old woman now and nature is cruel -
'Tis her jest to make old age look like a fool.
The body is crumbled, grace and vigor depart,
There is now a stone where I once had a heart,

But inside this old carcass, a young girl still dwells,
And now and again my battered heart swells,
I remember the joy, I remember the pain,
And I'm loving and living life over again.

I think of the years, all too few - gone too fast.
And accept the stark fact that nothing can last -
So open your eyes, nurse, open and see,
Not a crabbit old woman, look closer -
See Me.

Anon.

Foreword



I am delighted that your organisation has chosen to sign up to Reading's Dignity Charter. This demonstrates your genuine commitment to delivering a high standard of care with dignity at the heart of your service.

In line with the government's Care Act implemented from April 2015, Reading Borough Council aims to develop new approaches towards improving the lives of people in Reading. Committing to delivering dignity in care is a positive step in this direction and I feel sure that if we all continue to work together, service users will reap the rewards of all our hard work.

We are keen to support you to achieve the standards set in our Dignity Charter and assessment, and the ways that we are doing this include offering access to training in dignity in care, as well as in other relevant topics, and by working on a one to one basis with providers when this would be beneficial.

I hope that you will find this resource pack, which has been collated from a range of different sources, useful to help your organisation deliver the very highest standards of care, with real consideration given to how you can ensure and demonstrate that dignity is present in all aspects of your service delivery. We hope that the assessment document will also serve as an annual 'dignity health check' that you will find helpful to use as part of your internal quality assurance, as well as to provide evidence to the Council of your work in this area.

I would like to thank you for your commitment to dignity in care in Reading.

A handwritten signature in black ink, appearing to read 'Wendy Fabbro'. The signature is fluid and cursive.

Wendy Fabbro

Director of Adult Care and Health Services

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Introduction

When people need help to live their lives in the way that they want to, it is important to remember that they are not a 'task' to be completed but are real people with a history, likes, dislikes, interests, thoughts and feelings. The way that care is delivered to those who need it plays a very important part in the individual's sense of identity, their comfort and their overall wellbeing.

When we talk about dignity in care, we mean treating people in such a way as to maintain their sense of identity and self respect, support them to do as much as possible for themselves and make them feel reassured that they are safe.

Many of the concerns that people experience when receiving care are around a lack of these things being present in the delivery of the care service.

Dignity in care is about the way that care in any environment supports, promotes and does not undermine, a person's self-respect, regardless of any differences.

Dignity consists of many overlapping aspects - respect, privacy, autonomy and self-worth - including:

- Respecting people's right to privacy, treating people with respect, courtesy and care;
- Promoting communication through language used, not being patronising with our attitudes/behaviour, taking time to talk to people, developing relationships to build trust and confidence;
- Ensuring that care is person-centred, asking what people's needs are, how they would like to be cared for and the activities they would like to undertake;
- Providing information to enable people to make informed decisions about their life and ensuring they are not left in pain;
- Promoting people's identity by maintaining their sense of self-worth and self-esteem, ensuring that people are not isolated or feeling alone by providing opportunities to participate in activities/community. This includes respecting people's personal appearance/possessions;
- Promoting autonomy by enabling people to remain independent, giving them choice and control;
- Respecting people's cultural/religious preferences, sexuality and lifestyle.

When dignity and respect are absent from care, people feel devalued and experience a lack of control and comfort. They may also lack confidence, be unable to make decisions for themselves, and feel humiliated, embarrassed and ashamed. Providing dignity in care is centred on three integral aspects: respect, compassion and sensitivity. In practice this means:

- **Respecting** clients' diversity and cultural needs; their sexuality; their privacy - including protecting it as much as possible in communal areas; and the decisions they make.
- Being **compassionate** when a patient or client and/or their relatives need emotional support, rather than just delivering technical care.

- Demonstrating **sensitivity** to clients' needs, ensuring their comfort.

We encourage all care providers to sign up to our Dignity Charter, which is a commitment to protecting and actively promoting people's dignity.

This pack contains tools and resources to help managers and staff understand what dignity in care is all about, what it looks like in practice and how to ensure that organisational policies support this at all levels. The contents have been collated from a range of different sources.

Reading's Dignity Charter

Maintaining dignity and feeling respected have been highlighted by people who use services as some of the most important aspects of receiving care.

To encourage providers to do as much as possible to provide good quality services that respect service users' dignity at all times, a local Dignity Charter has been launched in Reading. This aims to gain commitment from providers to delivering dignity in care and promote a better understanding of what we mean by dignity and how it looks in practice. Signing up to the Charter is a pledge to adhering to certain dignity related principles which will become embedded in the way that your organisation delivers its services.

This differs from the national dignity in care campaign in that we have set certain standards and expectations for each of the principles in our Charter, and will ask for evidence that providers have met these standards. Reading based service users and care providers were consulted on the contents of the Dignity Charter so we believe that the most important aspects of dignity in care have been captured.

Dignity Charter

Here are the principles of Reading's Dignity Charter:

- Having a zero tolerance of abuse.
- Not stereotyping, labelling or subjecting people to discrimination or tolerating such behaviour towards vulnerable people from others.
- Communicating in an honest, polite, courteous and respectful manner.
- Respecting and preserving privacy and confidentiality.
- Treating people as individuals and with respect.
- Taking the time to communicate in an individualised way what is happening and what we are doing.
- Enabling the maximum possible level of independence, informed choice and control.
- Involving people and their representatives, where appropriate, in planning for all aspects of their care and support.
- Acting to alleviate loneliness and isolation.
- Providing relevant and easy to understand information and not using jargon.
- Apologising if we have made a mistake and offering a resolution.
- Giving the opportunity to receive feedback on how we provide our service and the ways we communicate.

Dignity Charter Assessment

This is one of the tools that Reading Borough Council will use on an annual basis to assess your adherence to the Dignity Charter. This may be accompanied by validation of some or all of these elements at quality monitoring visits. We will ask for evidence to support what you write in this assessment.

	Commitment	Minimum expectations	Y/N	Examples of good practice
1	Having a zero tolerance of abuse.	<p>A Staff are all trained in Safeguarding Adults within 3 months of starting employment and have an awareness when they start work.</p> <p>B There is a whistle-blowing policy in place that enables staff to report abuse confidentially, and staff are aware of this.</p> <p>C The requisite CRB and POVA checks have been conducted on all staff before they have contact with service users or confidential information.</p>		
2	Not stereotyping, labelling or subjecting people to discrimination or tolerating such behaviour towards vulnerable people from	<p>A Staff are all trained in equality and diversity within 3 months of starting employment and have an awareness when they start work.</p> <p>B All service users are offered the opportunity to participate in activities (where appropriate) even if they have access or communication needs.</p> <p>C We do not make assumptions about individuals' needs and preferences based on their background, culture or anything else.</p> <p>D There is a process in place to ensure that all staff are aware</p>		

- others. of what to do if they witness discriminatory behaviour towards service users from others.
- 3 Communicating in an honest, polite, courteous and respectful manner.
- A Staff are made aware of the importance of being polite and courteous even when under pressure, and always ask individuals how they prefer to be addressed.
 - B Staff ensure that they communicate in ways that suit each individual that they work with.
 - C Our policies and practice emphasise that we should always try to see things from the perspective of the person receiving services.
 - D There is always someone available to answer the phone or e-mails during working hours (if appropriate for the service) and have appropriate out of hours contact arrangements in place.
- 4 Respecting and preserving privacy and confidentiality.
- A All service user files and other confidential information are kept securely in the office or, if in a service user's home, in a safe, agreed place.
 - B Staff are trained in the delivery of personal care (where appropriate) and are aware of how to assist with personal care tasks while protecting a service user's modesty.
 - C Staff are aware that they should knock before entering a service user's personal space, unless agreed otherwise with the individual.
 - D We have quiet areas or rooms (where appropriate) that are available and easily accessible to provide privacy.
- 5 Treating people as
- A Our culture is about caring for people and supporting them rather than about 'doing tasks'.

- individuals and with respect.
- B Our staff are aware of the importance of being able to empathise with service users and treat them with understanding.
 - C All service users have individualised care plans which are adhered to and regularly reviewed by staff in our organisation.
 - D We communicate any concerns about a service user's wellbeing to Reading Borough Council in a timely manner.
- 6 Taking time to communicate in an individualised way what is happening and what we are doing.
- A We ensure that we employ care workers with good communication skills.
 - B It is a part of our organisation's ethos to communicate with service users to ensure that they understand and agree to what is happening, when there is mental capacity to do so, whether in the delivery of care or regarding arrangements with an individual.
- 7 Enabling the maximum possible level of independence, choice and control.
- A We ensure that staff deliver care and support at the pace of the individual, communicating to Reading Borough Council if this cannot be done in the time allocated if there are time constraints.
 - B We ensure that individual risk assessments for service users promote choice in a way that is not risk-averse.
 - C We avoid making assumptions about what people want or what is good for them.
- 8 Involving people and
- A Employers, managers and staff recognise and value the role of relatives, carers and advocates, and respond to them with

- their representatives in planning for all aspects of their care and support.
- diplomacy, respect and understanding, while managing their expectations.
- B Relatives and carers are told who their main contact is at our organisation and with whom any issues should be raised.
- C We are alert to the possibility that relatives' and carers' views are not always the same as those of the person receiving services and have measures in place to protect the individual's preferences, where the individual has capacity.
- D Our staff are trained to understand when an individual lacks mental capacity, what constitutes a best interest decision and know how to employ this appropriately.
- 9 Acting to alleviate loneliness and isolation.
- A We ensure that if we are concerned that a service user has feelings of loneliness and isolation that are not being addressed, we report our concerns to Reading Borough Council.
- B Staff's responsibilities towards achieving an active and health-promoting culture are made clear through policies, procedures and job descriptions.
- C Our staff are aware of the importance of listening to people and how this can help to alleviate loneliness and isolation.
- 10 Providing relevant and easy to understand information and not using
- A We provide information in hard copy about our service that clearly explains what we offer and the cost of these services.
- B We do not use abbreviations or jargon in our literature.
- C Service users and their families know how to raise concerns with us and our complaints process is simple.

jargon.

- | | | |
|----|---|--|
| 11 | Apologising if we have made a mistake and offering a resolution. | A We actively try to rectify any mistakes that we may have made, and do our best to satisfy service users and their families and carers. |
| | | B We deal with complaints quickly and courteously and we can evidence that we learn from our mistakes. |
| 12 | Giving the opportunity to receive feedback on how we provide our service and the ways we communicate. | A We have an internal quality assurance system that includes collecting the views of service users, their family members and advocates. |
| | | B We regularly check with service users, family members and advocates whether they are happy with the service we are providing. |

The National Dignity Campaign

The national Dignity in Care campaign was launched in November 2006, is hosted by the Social Care Institute for Excellence (SCIE), and aims to put dignity and respect at the heart of UK care services. Reading's own Dignity Charter is based on many of the principles that form the national campaign, but with specific input from local service users and care providers.

The Dignity in Care campaign is led by the National Dignity Council, which comprises representatives from various bodies who work together to raise the profile of the network and to place greater emphasis on promoting the work the Dignity Champions do to improve standards of care for people who use services.

The campaign's core values are about having dignity in our hearts, minds and actions, changing the culture of care services and placing a greater emphasis on improving the quality of care and the experience of citizens using services including NHS hospitals, community services, care homes and home support services.

It includes action to:

- Raise awareness of Dignity in Care;
- Inspire local people to take action;
- Share good practice and give impetus to positive innovation;
- Transform services by supporting people and organisations in providing dignified services;
- Reward and recognise those people who make a difference and go that extra mile.

In support of this campaign, people across the country from all walks of life are signing up as Dignity Champions.

Before the campaign launched, numerous focus groups took place around the country to find out what dignity in care meant to people. The issues raised at these events resulted in the development of the 10 Point Dignity Challenge. The challenge describes values and actions that high quality services that respect people's dignity should embody:

- Have a zero tolerance of all forms of abuse
- Support people with the same respect you would want for yourself or a member of your family
- Treat each person as an individual by offering a personalised service
- Enable people to maintain the maximum possible level of independence, choice and control
- Listen and support people to express their needs and wants
- Respect people's right to privacy
- Ensure people feel able to complain without fear of retribution
- Engage with family members and carers as care partners

- Assist people to maintain confidence and a positive self-esteem
- Act to alleviate people's loneliness and isolation

Dignity Champions

A Dignity Champion is someone who believes passionately that being treated with dignity is a basic human right, not an optional extra. They believe that care services must be compassionate and person centred, as well as efficient, and are willing to try to do something to achieve this.

“I have handed out Dignity Challenge Cards to all staff in my care home - each time we have a team meeting we focus on one of the 10 Dignity Challenges and discuss what we can do to meet that challenge. Each meeting results in us making changes to the way we provide care”.

The national campaign currently has over 40,000 registered Dignity Champions - be they individuals or care organisations. They are part of a nationwide movement, working individually and collectively, to ensure people have a good experience of care when they need it.

Dignity Champions are willing to:

- Stand up and challenge disrespectful behaviour rather than just tolerate it
- Act as good role models by treating other people with respect, particularly those who are less able to stand up for themselves
- Speak up about dignity to improve the way that services are organised and delivered
- Influence and inform colleagues
- Listen to and understand the views and experiences of citizens.

Dignity Champions are all committed to taking action, however small, to create a care system that has compassion and respect for those using its services. Each Dignity Champion's role varies depending on their knowledge and influence and the type of work they are involved in. There are many small things you can do that can have a big impact on people's lives, as well as taking on a more active role if you have the time to do so.

Dignity Champions include health and social care managers and frontline staff. They also include doctors, dieticians, porters, care workers in care homes, MPs, councillors, members of local action groups, Healthwatch, and people from voluntary and advocacy organisations. People who use care services, their relatives and carers as well as members of the public are also becoming Dignity Champions. If you would like to become a Dignity Champion, visit <http://www.dignityincare.org.uk/Dignity-Champions/>.

End of Life Champions

This initiative aims to create a network of End of Life Champions working alongside Dignity Champions (see page 17 of this resource pack for full details).

End of Life Care

The way that someone is cared for towards the end of their life is an important part of delivering dignity in care. The NHS has launched a national End of Life Care programme, which comprises six steps.

Step 1: Discussions as the end of life approaches

A key challenge for staff is knowing how and when to open up a discussion with individuals, and their relatives, about what they wish for near the end of their life. Agreement needs to be reached on when discussions should occur, who should initiate them and the skills and competences that staff require to take on this role.

Top Tips:

- A significant change in the service user's life, such as moving into a care home or sheltered accommodation, or a decline in their health, *may*, in some cases, provide an opportunity to talk about end of life care preferences.
- As a care giver it is important to recognise your own attitude to death and dying and how this may impact on your conversations.
- End of life discussions with people who have dementia need to take place earlier while they still retain mental capacity.

Step 2: Assessment and care planning

An early assessment of an individual's needs and wishes as they approach the end of their life is vital to establish their preferences and choices and identify any areas of unmet need. It is important to explore the physical, psychological, social, spiritual, cultural and, where appropriate, environmental needs/wishes of each individual.

Top Tips:

- Care plans should be in place to ensure that the service user's end of life care preferences are recorded and adhered to.
- It is useful to have a specific form to document end of life care preferences, and it should be signed off by all concerned with the welfare of the individual, e.g. the individual, next of kin, home manager, District Nurse.

Step 3: Co-ordination of care

Once a care plan has been agreed it is important that all the services a person needs are co-ordinated in order to ensure their needs and preferences are met.

Top Tips:

- If you provide end of life care, your organisation should adopt a co-ordination process, such as the Gold Standards Framework (www.goldstandardsframework.nhs.uk).
- The success of advance care planning depends on how well it is communicated, both between service users and carers and with health and social care professionals across organisations.
- Staff should be trained to oversee advance care planning as a continuous process and not as a one-off event.

Step 4: Service delivery

Individuals and their families may need access to a complex combination of services across a number of different settings. They should be able to expect the same high level of care regardless of the care setting.

Top Tips:

- Staff should all be trained to administer the relevant care and also in dignity in care and communication skills.
- Administration and communication processes should be clear and followed by all staff to ensure that everyone involved in an individual's care understands their needs and wishes.

Step 5: Last days of life

The point comes when an individual enters the dying phase. It is vital that staff can recognise that this person is dying, so that they can deliver the care that is needed. How someone dies remains a lasting memory for the individual's relatives, friends and the care staff involved.

Top Tips:

- Family members should be informed as soon as someone's health deteriorates or it has been recognised that they have entered the dying phase.
- Individuals should already have an end of life care plan, and this should be adhered to.
- Individuals and family members should be treated with compassion and sensitivity.

Step 6: Care after death

Good end of life care doesn't stop at the point of death. When someone dies all staff need to follow good practice which includes being responsive to family wishes. The support and care provided to relatives will help them cope with their loss.

Care after death includes:

- Honouring the spiritual or cultural wishes of the deceased person and their family/carers whilst ensuring that legal obligations are met
- Preparing the body for transfer to the mortuary or the funeral director's premises
- Offering family and carers present the opportunity to participate in the process and supporting them to do so
- Ensuring that the privacy and dignity of the deceased person is maintained
- Ensuring that the health and safety of everyone who comes into contact with the body is protected
- Honouring people's wishes for organ and tissue donation
- Returning the deceased person's personal possessions to their relatives.

End of Life Champions

This is an initiative from the Health & Social Care Partnership (H&SCP) in the South of England which aims to raise awareness of End of Life, and End of Life Care. The focus of the project is around end of life for people living with dementia, and carers.

The aim is to develop a whole systems managed virtual network of identified End of Life Champions and facilitators from Social Care, Health, Voluntary Sector and the wider community, in order to raise awareness, effectively share best practice and efficiently utilise existing resources.

Your organisation has the opportunity to sign up and be part of the network. If you choose to sign up, you may choose to be actively involved in the following ways:

- Share your examples of good practice, or ask for input and suggestions by utilising the e-bulletin, to support information sharing and access to latest resources.
- Support social care and community development around end of life issues and care, by advocating for the need to raise awareness and begin dialogue with people in a timely and sensitive way, that supports their choices and future wishes.
- To consider your present arrangements to support end of life issues and care, especially for care givers and people living with dementia, and consider developing formal End of Life Champions and facilitators in your organisation, network or group.
- Providing contact details of your established End of Life leads, Champions, facilitators or ambassadors, so they can be entered into the network and their details added to the database. Their information will not be shared publicly, but the intention is for those who join the network to share contacts with each other through the 'buddy system', to support information sharing and best practice.

This project is not 'instead of' existing groups and networks, but aims to support cohesion and partnership between what is already happening, and promote efficiency through effective use of existing resources across the South of England.

Get Involved

To get involved visit <http://www.skillsforhealth.org.uk/projects/item/147-end-of-life-care>.

Additional Information

Social Care

Social care is important in individuals approaching the end of their life and their families. It can help to ensure that their wider needs - including practical day to day requirements - are understood and addressed.

Spiritual Care

Each person approaching the end of their life has spiritual needs. These may relate to a specific religion or culture or may be unique to an individual's experiences, values and beliefs. It is important that an understanding of these needs - however the individual defines them - is part of the assessment process and care delivery.

Support for Carers

Carers are central to the team that cares for someone at the end of their life and they should be treated as partners with the health and social care team. Their own needs should be recognised and taken into account in the planning and provision of care.

Information for Service Users and Carers

People approaching the end of their life, their carers, friends and families need to be able to access reliable and relevant sources of information as quickly as possible. This can reduce anxiety and enable and empower people to cope more effectively.

Human Rights in Health & Social Care

The Human Rights Act 1998

The Human Rights Act 1998 came into force in the United Kingdom in October 2000. It is composed of a series of sections that have the effect of codifying the protections in the European Convention on Human Rights into UK law.

All public bodies (such as courts, police, local governments, hospitals, publicly funded schools, and others) and other bodies carrying out public functions have to comply with the Convention rights.

This means, among other things, that individuals can take human rights cases in domestic courts; they no longer have to go to Strasbourg to argue their case in the European Court of Human Rights.

The Act sets out the fundamental rights and freedoms that individuals in the UK have access to. They include:

- Right to life
- Freedom from torture and inhuman or degrading treatment
- Right to liberty and security

- Freedom from slavery and forced labour
- Right to a fair trial
- No punishment without law
- Respect for your private and family life, home and correspondence
- Freedom of thought, belief and religion
- Freedom of expression
- Freedom of assembly and association
- Right to marry and start a family
- Protection from discrimination in respect of these these rights and freedoms
- Right to peaceful enjoyment of your property
- Right to education
- Right to participate in free elections

[The Equality and Human Rights Commission](#) (EHRC) published a report in November 2011 which focused on older people's human rights when receiving domiciliary care. Although many people were satisfied with their care, it uncovered real concerns among *some* older people, including:

- Older people not being given adequate support to eat and drink (in particular those with dementia) and an unfounded belief that health and safety restrictions prevent care workers preparing hot meals.
- Neglect due to tasks in the care package not being carried out, often caused by lack of time.
- Financial abuse, for example money being systematically stolen over a period of time.
- Chronic disregard for older people's privacy and dignity when carrying out intimate tasks.
- Talking over older people (sometimes on mobile phones) or patronising them.
- Little attention to older people's choices about how and when their home care is delivered.
- Risks to personal security, for example when care workers are frequently changed, sometimes without warning.
- Some physical abuse, such as rough handling or using unnecessary physical force.

Although this report focuses on domiciliary care, dignity in care is equally important in residential care and supported living services. All service users' human rights must be respected and the Human Rights Act should be embedded in every organisation's culture.

Checklist

- We are aware of the contents of the Human Rights Act and understand what

constitutes a breach of these rights within the context of our work.

- Reference to the Human Rights Act is included in our statement of purpose.
- Reference to the Human Rights Act is included in our policies.
- The contents of the Human Rights Act and how this translates into service delivery are included in our organisation's staff induction process.

Why are human rights important in health and social care?

Every single person in the UK comes into contact with health and social care services at some point in their lives, usually when they are at their most vulnerable. Therefore, it is essential that we ensure human rights are an important consideration for the delivery of quality services.

Putting human rights at the heart of the way these services are designed and delivered can mean a better experience for everyone, with service users and staff experiencing the core values of Fairness, Respect, Equality, Dignity and Autonomy (FREDA).

Key benefits of a human rights based approach:

- It helps improve experience and outcomes for patients, service users and staff by approaching services and decisions in a person centred way;
- It supports the delivery of wider priorities such as commissioning;
- It improves compliance with the Human Rights Act and reduces complaints/litigation.

Here is a simple guide put together by the Department of Health to those Human Rights articles that are most relevant to health and social care. It explains what the articles mean and gives some positive and negative examples to illustrate the links between human rights and dignity.

Human Right	Meaning	Negative example	Positive example
The right to life	A person is entitled to have their life protected from real or imminent threat of danger.	Failing to intervene when you see a frail and vulnerable person in your care being neglected.	Helping people to eat or drink who are unable to feed themselves. This will avoid persistent malnourishment, which could directly or indirectly result in their death.
Protection from torture or inhuman or degrading treatment	No person should be subjected to torture or inhuman or degrading treatment or punishment.	Leaving a patient without a commode so that they soil the bed.	Give personalised care - treating everyone as individuals with individual choices for their care, e.g. administering personal care with privacy.
The right to liberty and security of a person	A person should not be deprived of his or her liberty except in accordance with a procedure.	Excessive restraint while in hospital or residential care e.g. being tied to beds or chairs rather than a less restrictive alternative.	Care home residents are encouraged to enjoy the outdoor facilities including the garden local amenities and family visits with supervision/aid if required.
The right to a fair trial	A person should be listened to and their views and circumstances taken into consideration when decisions are	No access to assistance/advocacy where rights to care are being considered.	Everyone having access to transparent complaints procedures to help them to get the care they

	being made that concern them.		should receive.
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Human Right	Meaning	Negative example	Positive example
The protection of private and family life	Everyone is entitled to have their home and family life respected. This includes correspondence and personal information remaining confidential.	Sensitive medical advice discussed when other patients could overhear.	Engaging residents of a care homes in decision making about their day-to-day activities and how they want to live.
Freedom of thought, conscience and religion	A person is entitled to hold a belief or follow a religion and this should not be restricted.	People's personal needs being managed in a way that offends their religious beliefs e.g. bathing by the opposite sex.	Choice of food being offered based on cultural or religious differences or general dietary choice e.g. vegetarian.
Freedom of expression	A person is entitled to their own opinions, and should be able to express these opinions and ideas without interference. They are also entitled to give and receive accurate information.	Ignoring feedback or complaints from people receiving care services or their carers.	Engaging with individuals and consulting with representative groups to get views on individual care and services to improve services so they better meet individuals' needs.
Freedom from discrimination	A person should be treated without prejudice on the grounds of their sex, race, colour, language, religion, political opinion, origin, birth, sexual orientation,	Allowing an individual with a disability to receive inferior care because of their disability.	Giving everyone the care they request/deserve based on an assessment of their needs which may include their age, disability, race, religion,

	disability, marital status or age.		gender or sexual orientation etc.
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Dignity Challenge for Staff

Dignity in care is about how care in any environment that supports people, promotes and does not undermine a person's self-respect, regardless of any differences.

The checklist below is to remind you what you do to help people to live with dignity when they receive care, and what dignity in care looks like in practice. This tool can be used in staff supervisions or at staff meetings.

1. Having a zero tolerance of abuse:

- I know what the signs of different types of abuse are.
- I am aware of the way my colleagues treat service users and if I see any behaviour that is inappropriate, I report it to my manager.
- If I suspect that abuse may be happening by anyone else, I report my concerns to my manager.
- I am aware of my clients as individuals and I notice if they are unhappy or if their usual behaviour changes.

2. Not stereotyping, labelling or subjecting people to discrimination or tolerating such behaviour towards vulnerable people from others:

- I never make assumptions about what people want or how they feel based on their age, appearance, race or disability.
- I know what discrimination means and how it can be displayed.
- I know how to report concerns to my manager if I see someone else behaving in a discriminatory way to a service user.

3. Communicating in an honest, polite, courteous and respectful manner:

- I always check with service users how they prefer to be addressed.
- I always speak to service users kindly and politely.
- I always listen to what service users have to say, even if they take a long time to express themselves.
- I always greet service users before starting to administer care.

4. Respecting and preserving privacy and confidentiality:

- I always knock on service users' doors and wait for an answer before entering their home or bedroom.
- I don't look through service users' personal belongings unnecessarily.
- When giving personal care, I make sure that service users are not exposed unnecessarily.
- I don't discuss individual service users or their needs within earshot of other people.

5. Treating people as individuals and with respect:

- I show interest in what they have to say and in their life and their history.

- I never get impatient with service users.
- I never give the impression that I am in a hurry with service user, talk on my mobile phone in their presence or talk to others as if the service user is not there.
- I understand the little things that I can do to make a positive difference in individual service users' lives.

6. Taking the time to communicate in an individualised way what is happening and what we are doing:

- I always explain what I am planning to do before giving care to a service user.
- I make sure that the service user has understood and agreed with what I am planning to do before I start doing it.
- I adapt the way I work to suit each individual's needs and preferences.
- I find alternative ways to communicate with service users if I find it difficult to understand them.

7. Enabling service users to have the maximum possible level of independence, informed choice and control:

- I encourage service users to do as much as possible for themselves, even if it takes longer.
- I always ask service users what they would like to eat or drink (for example), even if they usually choose the same thing.
- I always ask service users how they would like to be helped, and I do as they ask.

8. Involving people and their representatives, where appropriate, in planning for all aspects of their care and support:

- I introduce myself and talk to service users' family members when I can.
- I answer questions appropriately about the care that an individual is receiving and their progress.
- I ask family and friends of services users appropriate questions about their likes and dislikes.
- I communicate any changes or progress with family members, with the individual's consent and within the boundaries of my role.

9. Acting to alleviate loneliness and isolation:

- I find out the things that service users enjoy and/or used to enjoy and I encourage them to find ways to continue to do them.
- I have actual conversations with service users and listen to what they have to say.
- I involve service users as much as possible in decisions about their care and the way that I deliver it.
- I am aware of where service users can go to get full information about activities and services available to them, and I let them know this.

10. Providing relevant and easy to understand information and not using jargon:

- I am aware of the contents of all information leaflets that are provided by my organisation.
- I source and hand out relevant information leaflets provided by my organisation to service users where appropriate.
- I explain the contents of any information that I pass on to service users if they need me to.
- I don't use abbreviations or acronyms when I talk to service users.

11. Apologising if we have made a mistake and offering a resolution:

- If I make a mistake, I apologise to the service user and/or their family as soon as possible.
- If I am late to visit or to respond to a service user, I apologise as soon as I get there, even if it is not my fault.
- I am willing to apologise to a service user on behalf of my organisation, even if something is not my fault.

12. Giving the opportunity to receive feedback on how we provide our service and the ways we communicate:

- I am confident that service users have been given up to date information about the complaints process at my organisation and that they understand it.
- I pass on informal feedback from service users to my manager.
- If a service user raises a concern, I am understanding and I make sure they know that I am there to support them.
- I follow up small concerns that service users express to me with my manager and make sure that the service user knows the outcome.

Dignity Self Audit for Managers

This self audit tool is for your eyes only! This means that you can be completely honest about how you really feel that your service and staff are performing in the dignity stakes against the national Dignity Charter. You can also consider ways that you could improve your service in any areas that you think aren't as good as they could be.

There's also the chance to consider what you do well and make notes on your good practice, which may be useful to refer to during inspections by the CQC or a visit from your local Quality Monitoring Officers.

Care providers should have managers, policies and procedures that support the delivery of dignity in care services. This audit tool includes a checklist for you to see if your organisation has everything in place that it could to support this.

This tool is based on the **national Dignity Challenge**, which says that we treat people with dignity if we:

1. Have a zero tolerance of all forms of abuse

By this we mean that respect for dignity is seen as important by everyone in the organisation, from the leadership downwards. Care and support is provided in a safe environment, free from abuse. It is recognition that abuse can take many forms including physical, psychological, emotional, financial and sexual, and extend to neglect or ageism.

Dignity checks:

- ✓ Is valuing people as individuals central to our philosophy of care and is this visible from the top of the organisation down?
- ✓ Do our policies uphold dignity and encourage vigilance to prevent abuse?
- ✓ Do we have in place a whistle-blowing policy that enables staff to report abuse confidentially?
- ✓ Have the requisite Criminal Records Bureau and Protection of Vulnerable Adults List checks been conducted on all staff?

How sure are you that your service does this? Look at the statements below and score 1 if you are not at all sure, 5 if you are very sure and have good evidence to support this.

1. Valuing people as individuals is central to our philosophy of care.	1	2	3	4	5
2. Our policies uphold dignity and encourage vigilance to prevent abuse.	1	2	3	4	5
3. Our whistle-blowing policy enables staff to report abuse confidentially and all staff all know about this.	1	2	3	4	5
4. Criminal Records Bureau and Independent Safeguarding Authority checks have been conducted on all staff.	1	2	3	4	5

Note any areas of good practice:

e.g. All of our staff have undertaken face to face Safeguarding Adults training, and we check their understanding in supervision meetings.

Note any areas you would like to improve upon:

2. Support people with the same respect you would want for yourself or a member of your family

By this we mean that people should be cared for in a courteous and considerate manner, ensuring that time is taken to get to know them. People receiving services are helped to participate as partners in decision-making about their care and support and are encouraged and supported to take responsibility for managing their care themselves in conjunction with, when needed, care staff and other information/support services.

Dignity checks:

- ✓ Are we polite and courteous even when under pressure?
- ✓ Is our culture about caring for people and supporting them rather than being about 'doing tasks'?
- ✓ Do our policies and practices emphasise that we should always try to see things from the perspective of the person receiving services?
- ✓ Do we ensure that people receiving services are not left in pain or feeling isolated or alone?

How sure are you that your service does this? Look at the statements below and score 1 if you are not at all sure, 5 if you are very sure and have good evidence to support this.

5. Our team is polite and courteous, even when under pressure.	1	2	3	4	5
6. Our culture is about caring for people and supporting them rather than just 'doing tasks'.	1	2	3	4	5
7. Our policies and practices emphasise that you should always try and see the things from the perspective of the person receiving the service.	1	2	3	4	5
8. We ensure that people receiving services are not left in pain or feeling isolated or alone.	1	2	3	4	5

Note any areas of good practice:

e.g. We ask our service users to complete a satisfaction survey every 6 months, and this includes questions about the ways that care workers behave towards them.

Note any areas you would like to improve upon:

3. Treat each person as an individual by offering a personalised service

By this we mean that the attitude and behaviour of managers and staff help to preserve the individual's identity and individuality. Services are not standardised but are personalised and tailored to each individual. Staff take time to get to know the person receiving services and agree with them how formally or informally they would prefer to be addressed.

Dignity checks:

- ✓ Do our policies and practices promote care and support for the whole person?
- ✓ Do our policies and practices respect beliefs and values important to the person receiving services?
- ✓ Does our care and support consider individual physical, cultural, spiritual, psychological and social needs and preferences?
- ✓ Do our policies and practices challenge discrimination, promote equality, respect individual needs, preferences and choices, and protect human rights?

How sure are you that your service does this? Look at the statements below and score 1 if you are not at all sure, 5 if you are very sure and have good evidence to support this.

9. Our policies and practices promote support for the whole person.	1	2	3	4	5
10. Our policies and practices respect beliefs and values important to the person receiving services.	1	2	3	4	5
11. Our support considers individual physical, cultural, spiritual, psychological and social needs and preferences.	1	2	3	4	5
12. Our policies and practices challenge discrimination, promote equality, respect individual needs, preferences and choices and protect human rights.	1	2	3	4	5

Note any areas of good practice:

e.g. Care plans include information about each individual's preferences at every stage of the day, and details of past history so care workers understand the individual better.

Note any areas you would like to improve upon:

4. Enable people to maintain the maximum possible level of independence, choice and control

By this we mean that people receiving services are helped to make a positive contribution to daily life and to be involved in decisions about their personal care. Care and support are negotiated and agreed with people receiving services as partners. People receiving services have the maximum possible choice and control over the services they receive.

Dignity checks:

- ✓ Do we ensure that staff deliver care and support at the pace of the individual?
- ✓ Do we avoid making unwarranted assumptions about what people want or what is good for them?
- ✓ Do individual risk assessments promote choice in a way that is not risk-averse?
- ✓ Do we provide people receiving services the opportunity to influence decisions regarding our policies and practices?

How sure are you that your service does this? Look at the statements below and score 1 if you are not at all sure, 5 if you are very sure and have good evidence to support this.

13. We ensure that staff deliver support at the pace of the individual.	1	2	3	4	5
14. We avoid making unwarranted assumptions about what people want or what is good for them.	1	2	3	4	5
15. Individual risk assessments promote choice in a way that is not risk-adverse.	1	2	3	4	5
16. We provide people receiving services the opportunity to influence decisions regarding our policies and practices?	1	2	3	4	5

Note any areas of good practice:

e.g. We have a suggestion box with slips for service users, their families and carers to fill in anonymously and give us feedback on our service.

Note any areas you would like to improve upon:

5. Listen and support people to express their needs and wants

By this we mean providing information in a way that enables a person to reach agreement in care planning and exercise their rights to consent to care and treatment. Openness and participation are encouraged. For those with communication difficulties or cognitive impairment, adequate support and advocacy are supplied.

Dignity checks:

- ✓ Do all of us truly listen with an open mind to people receiving services?
- ✓ Are people receiving services enabled and supported to express their needs and preferences in a way that makes them feel valued?
- ✓ Do all staff demonstrate effective interpersonal skills when communicating with people, particularly those who have specialist needs such as dementia or sensory loss?
- ✓ Do we ensure that information is accessible, understandable and culturally appropriate?

How sure are you that your service does this? Look at the statements below and score 1 if you are not at all sure, 5 if you are very sure and have good evidence to support this.

17. All of us truly listen with an open mind to people receiving services.	1	2	3	4	5
18. We enable and support people to express their needs and preferences in a way that makes them feel valued.	1	2	3	4	5
19. All of our staff demonstrate effective interpersonal skills when communicating with people, particularly those who have specialist needs.	1	2	3	4	5
20. We ensure that information for service users is accessible, understandable and culturally appropriate.	1	2	3	4	5

Note any areas of good practice:

e.g. We give a welcome pack to service users that is simple and clear, and it contains information on what they can expect from our service and how to raise any concerns.

Note any areas you would like to improve upon:

6. Respect people's right to privacy

By this we mean that personal space is available and accessible when needed. Areas of sensitivity which relate to modesty, gender, culture or religion and basic manners are fully respected. People are not made to feel embarrassed when receiving care and support.

Dignity checks:

- ✓ Do we have quiet areas or rooms that are available and easily accessible to provide privacy?
- ✓ Do staff actively promote individual confidentiality, privacy and protection of modesty?
- ✓ Do we avoid assuming that we can intrude without permission into someone's personal space, even if we are the care giver?
- ✓ Can people receiving services decide when they want 'quiet time' and when they want to interact?

How sure are you that your service does this? Look at the statements below and score 1 if you are not at all sure, 5 if you are very sure and have good evidence to support this.

21. We have quiet areas or rooms that are available and easily accessible to provide privacy if people want this or it the situation needs it.	1	2	3	4	5
22. Our staff actively promote individual confidentiality, privacy and protection of modesty.	1	2	3	4	5
23. We do not assume that we can intrude without permission into someone's personal space, even if we are the person giving support.	1	2	3	4	5
24. People receiving services can decide when they want to be on their own and when they want to interact.	1	2	3	4	5

Note any areas of good practice:

e.g. All of our staff have attended face to face Dignity in Care training, and their understanding is monitored in supervision meetings.

Note any areas you would like to improve upon:

7. Ensure people feel able to complain without fear of retribution

By this we mean that people have access to the information and advice they need. Staff support people to raise their concerns and complaints with the appropriate person. Opportunities are available to access an advocate. Concerns and complaints are respected and answered in a timely manner.

Dignity checks:

- ✓ Do we have a culture where we all learn from mistakes and are not blamed?
- ✓ Are complaints policies and procedures user-friendly and accessible? Are complaints dealt with early, and in a way that ensures progress is fully communicated?
- ✓ Are people, their relatives and carers reassured that nothing bad will happen to them if they do complain?
- ✓ Is there evidence of audit, action and feedback from complaints?

How sure are you that your service does this? Look at the statements below and score 1 if you are not at all sure, 5 if you are very sure and have good evidence to support this.

25. We have a culture where we all learn from mistakes and are not blamed.	1	2	3	4	5
26. Our complaints policies and procedures are user-friendly and accessible.	1	2	3	4	5
27. Complaints are dealt with quickly, and in a way that ensures that progress is fully communicated.	1	2	3	4	5
28. People, their relatives and carers are reassured that nothing bad will happen to them if they do complain.	1	2	3	4	5
29. There is evidence of audit, action and feedback from complaints.	1	2	3	4	5

Note any areas of good practice:

e.g. Our complaints process is visible and clear as part of our welcome pack to service users.

Note any areas you would like to improve upon:

8. Engage with family members and carers as care partners

By this we mean that relatives and carers experience a welcoming ambience and are able to communicate with staff and managers as contributing partners. Relatives and carers are kept fully informed and receive timely information. Relatives and carers are listened to and encouraged to contribute to the benefit of the person receiving services.

- ✓ Dignity checks:
- ✓ Do employers, managers and staff recognise and value the role of relatives and carers, and respond with understanding?
- ✓ Are relatives and carers told who is 'in charge' and with whom issues should be raised?
- ✓ Do we provide support for carers who want to be closely involved in the care of the individual, and provide them with the necessary information?
- ✓ Are we alert to the possibility that relatives' and carers' views are not always the same as those of the person receiving services, and how we manage that?

How sure are you that your service does this? Look at the statements below and score 1 if you are not at all sure, 5 if you are very sure and have good evidence to support this.

30. Our managers and staff recognise and value the role of relatives and carers, and respond to them with understanding.	1	2	3	4	5
31. We tell relatives and carers who is responsible for providing support and with whom issues should be raised.	1	2	3	4	5
32. We actively welcome carers who want to be closely involved in the support of the individual, and provide them with the necessary information and support.	1	2	3	4	5
33. We are aware that relatives' and carers' views are not always the same as those of the person receiving services.	1	2	3	4	5
34. We manage differing views with respect to all involved.	1	2	3	4	5

Note any areas of good practice:

e.g. We invite relatives and carers to meetings where they can express their views about the service we provide and offer feedback.

Note any areas you would like to improve upon:

9. Assist people to maintain confidence and a positive self-esteem

By this we mean that the care and support provided encourages individuals to participate as far as they feel able. Care aims to develop the self-confidence of the person receiving services, actively promoting health and well-being. Adequate support is provided in eating and drinking. Staff and people receiving services are encouraged to maintain a respectable personal appearance.

Dignity checks:

- ✓ Are personal care and eating environments well designed for their purpose, comfortable and clean?
- ✓ Do we maximise individual abilities at all times during eating and personal care and hygiene activities?
- ✓ Do we ensure people receiving services wear their own clothes wherever possible rather than gowns etc.?
- ✓ While respecting the wishes of the person receiving services as far as possible, are service users respectable at all times and are staff tidy and well presented?

How sure are you that your service does this? Look at the statements below and score 1 if you are not at all sure, 5 if you are very sure and have good evidence to support this.

35. In our residential home we ensure that personal support and eating environments are well designed for their purpose, comfortable and clean. [DELETE IF NOT APPLICABLE]	1	2	3	4	5
36. We maximise individual abilities at all times during eating and personal care and hygiene activities.	1	2	3	4	5
37. In our residential home we ensure that people receiving services wear their own clothes wherever possible, rather than gowns etc. [DELETE IF NOT APPLICABLE]	1	2	3	4	5
38. While respecting the wishes of the person receiving services as far as possible, people are supported to dress respectably at all times and staff are tidy and well presented.	1	2	3	4	5

Note any areas of good practice:

e.g. Our care plans include information on what each individual should be encouraged to do for him/herself, even if it takes longer.

Note any areas you would like to improve upon:

10. Act to alleviate people's loneliness and isolation

By this we mean that people receiving services are offered enjoyable, stimulating and challenging activities that are compatible with individual interests, needs and abilities. People receiving services are encouraged to maintain contact with the outside community. Staff help people receiving services to feel valued as members of the community.

Dignity checks:

- ✓ Do we provide access to varied leisure and social activities that are enjoyable and person-centred?
- ✓ Have we reviewed the activities we offer to ensure they are up to date and in line with modern society?
- ✓ Do we provide information and support to help individuals engage in activities which help them participate in and contribute to community life?
- ✓ Are responsibilities of all staff towards achieving an active and health-promoting culture made clear through policies, procedures and job descriptions?

How sure are you that your service does this? Look at the statements below and score 1 if you are not at all sure, 5 if you are very sure and have good evidence to support this.

39. We provide access to varied leisure and social activities that are enjoyable and person-centred. [DELETE IF NOT APPLICABLE]	1	2	3	4	5
40. We reviewed the activities we offer to ensure they are up to date and in line with modern society. [DELETE IF NOT APPLICABLE]	1	2	3	4	5
41. We provide information and support to help individuals engage in activities which help them participate in and contribute to community life. [DELETE IF NOT APPLICABLE]	1	2	3	4	5
42. We make it clear through policies, procedures and job descriptions the responsibilities of all staff towards achieving an active and health-promoting culture.	1	2	3	4	5

Note any areas of good practice:

e.g. All of our staff have undertaken face to face training in promoting independence and we check their practice and understanding through observations and supervision meetings.

Note any areas you would like to improve upon:













When the Unexpected Happens: ‘Do’s and ‘Don’ts for Care Workers

Sometimes external factors impact on the services that you provide. Feedback from service users suggests that sometimes it is not the original problem that causes them to feel that they are receiving a poor service, but the way it is dealt with. Here are some of the most common issues that come up and some ‘do’s and ‘don’t’s for care workers in these situations:

The Issue	Do	Don’t
You are late when you arrive to visit a service user.	 Apologise when you get there and explain why you are late (observing confidentiality boundaries)	 Say you’re ‘allowed’ to be up to half an hour late or fail to acknowledge that they have been waiting for you.
A service user is slower than usual at getting ready, and you have another call to get to.	 Support and encourage the service user and remain patient with them. Call the office or speak to your manager afterwards if you find you are delayed.	 Rush the service user or become impatient with them.
You are working with a colleague to support a service user.	 Engage the service user in conversation, if appropriate, and explain what you are doing.	 Chat to your colleague and ignore the service user.
A service user requires additional personal care and you need to inform your manager of this.	 Speak to your manager discreetly about what has happened and what you are going to do.	 Call down the corridor to your manager to tell him/her what has happened or talk on the phone within earshot of others.
A service user says they are unhappy about a certain aspect of their care.	 Say that you are sorry they feel that way and that you will report their concern to your manager. Ask if they wish to raise a formal complaint.	 Ignore them or say that it’s not your fault.
A relative of a service user wants care to be delivered differently to how the service user has requested it.	 Explain that you are there to support the service user and must observe their wishes, and that they can contact your manager to discuss this in more detail if they wish.	 Ignore the service user’s wishes in favour of what the relative wants or be rude to the relative.

When the Unexpected Happens: ‘Do’s and ‘Don’ts for Managers

Sometimes external factors impact on the services that you provide. Feedback from service users suggests that sometimes it is not the original problem that causes them to feel that they are receiving a poor service, but the way it is dealt with. Here are some of the most common issues that come up and some ‘do’s and ‘don’t’s for managers in these situations:

The Issue	Do	Don’t
A care worker calls in sick and you need to arrange for alternative care workers to visit their service users.	 Try to ensure that wherever possible the same care worker visits their usual service users.	 Ignore the importance of continuity of care workers or forget to call the service users to tell them who will be coming and at what time.
A service user makes a complaint that you believe is unjustified.	 Acknowledge the complaint in line with your complaints policy and offer an explanation and/or resolution with an apology.	 Ignore the complaint because you believe it is unjustified or say that there is nothing you can do about it.
A care worker rings you to say they are running late for their next calls.	 Contact the service users that will be affected, apologise and give them the care worker’s estimated arrival time.	 Decide that contacting service users is not a priority because you have so much else to do.
You receive feedback that one of your care workers is not delivering care correctly.	 Speak to the care worker to explain what is expected and find out if more training is required. Conduct spot checks on the care worker.	 Ignore the feedback and decide that service users’ expectations are too high, or reduce the care worker’s hours without addressing the problem.
You receive some feedback from a service user about the service you provide, but they do not wish to raise a formal complaint.	 Acknowledge the feedback and ensure that any issues are dealt with and fed back to staff.	 Ignore the feedback because it is not a formal complaint.
You believe that a service user lacks capacity to make informed decisions.	 Arrange a mental capacity assessment for them, informing their next of kin/named individual where appropriate.	 Make decisions on behalf of the service user without consulting RBC and other relevant individuals.

A Service User's Experience

Mr. P's wife received care at home because she had terminal cancer and she had made the choice for her life to end at home. Mr. P agreed to share his experiences of his wife's care with us as he felt that the way that she was cared for enabled her to retain her dignity and die as comfortably as possible in her own home.

"The care workers were very friendly, and from the outset all of them knew exactly what they were supposed to be doing. The care plan was excellent and very detailed, and it included information about how my wife wanted to be supported. The details came from consultation with my wife. The care workers were superb - it wasn't always the same person who visited, but there was a team of about 6 carers in total for 3 calls a day, 7 days a week, and we got to know all of them well.

"The communication from the care team was faultless - we always received a rota in advance so we knew who would be coming when, and if there were any changes, for example if they were running late, the care workers would phone and let us know. This gave us both great peace of mind, as we weren't left wondering whether or not anyone would turn up or who it would be. I had to spend a few weeks in hospital while my wife was ill at home, but I felt confident that she was being well looked after in my absence, especially as a night time visit was also added to her care package during this time. We weren't worried about having a key safe with a combination code for the care workers to access our home, we felt very secure that we knew who would be using it and that the code would be kept safe.

"I felt that the care workers really went the extra mile to ensure that my wife was fully comfortable and well looked after, rather than completing a list of specific tasks as quickly as possible, which is what we have experienced in the past. For example, occasionally there would be problems with her catheter getting blocked, and the care workers would call the catheter provider and make sure it was replaced. They were also friendly towards our dog and let her out into the garden while they were there, which I think made a big difference to my wife's comfort and ease with them. Another example is that the District Nurse was unable to provide the particular continence pads that my wife preferred, but the care workers managed to find and supply them for her, which made her feel better.



"The care workers really treated my wife with respect and friendliness, and had an excellent rapport with both of us. Having a detailed care plan made a big difference to the level of care that my wife experienced, however it was the care workers' friendliness and the way that they cared for her that made the real difference. I'm so grateful that she was enabled to die with dignity and in her own home, as she wished, and this was all thanks to the way that her care was delivered by that team of care workers."

Dignity in Care: workforce Development Tools

Skills for Care in the South East asked their stakeholders and partners what tools they were using to promote Dignity in Care. The purpose of this document is to share information about workforce development tools that are available to support Dignity in Care. Where possible, a link or embedded document has been provided; if you click on the underlined sentence, the link will take you to the relevant website or document, if you double click on the icon/illustration this will open the embedded document where indicated.



Dignity is a key theme which runs through all best practice, person centred and personalised approaches and therefore although some items listed in this map may not be focused specifically on dignity, this is implicit within.

Resource	Description
	<p>Dignity in Care network hosted by SCIE</p> <p>This website is dedicated to Dignity in Care and will give you tools and information related to dignity including materials and resources for training staff. This website will tell you how you can become a Dignity Champion. It will also give you tools and ideas on how to celebrate Dignity Action Day. It will signpost you to press releases and discussions and debates.</p> <p>Visit: http://www.dignityincare.org.uk/</p>
	<p>SCIE</p> <p>SCIE have identified 8 main factors for ensuring Dignity in Care.</p> <ul style="list-style-type: none"> ▪ Choice and control, ▪ Communication, ▪ Eating and nutritional care, ▪ Pain management, ▪ Personal hygiene, ▪ Practical assistance, ▪ Privacy, ▪ Social Inclusion. <p>http://www.scie.org.uk/publications/guides/guide15/index.asp</p> <p>Read more about these on their website.</p>

Delivering Dignity

Securing dignity in care for older people in hospitals and care homes. A report for consultation.



The Commission on improving Dignity in Care

The Commission published a report in June 2012. The Commission spent eight months gathering evidence to help inform the development of its draft report and recommendations, taking written evidence submissions from over 40 organisations and holding three days of public hearings. The report contains 10 recommendations for Care Homes and 10 for hospitals.

Visit:

<http://www.nhsconfed.org/resources/2012/06/delivering-dignity-securing-dignity-in-care-for-older-people-in-hospitals-and-care>



2012 Dignity - Continence Care

The British Geriatrics Society has launched a new poster campaign to improve continence care for care home residents. The poster, supported by the Royal College of Nursing, aims to counter the presumption that all frail older people are incontinent and to demonstrate that simple actions can ensure that people remain continent.

To download the poster visit

http://www.bgs.org.uk/campaigns/dignity/dignity2010_a3.pdf

For more information visit [2012 Dignity - Continence care](#)

"Dignity in Care Homes: Caring for People affected by Dementia"

A report on events held for care home staff to support national dignity action day in the south east

Department of Health

The Department of Health has produced a report about dignity in care homes focusing on the care of people with dementia.

Visit:



<http://www.puttingpeoplefirst.org.uk/asset.cfm?aid=6722>



Dignity Code - National Pensioners convention

The purpose of this Dignity Code is to uphold the rights and maintain the personal dignity of older people, within the context of ensuring the health, safety and well being of those who are increasingly less able to care for themselves or to properly conduct their affairs.

Visit: <http://npcuk.org/710>

	<p>Age UK Milton Keynes - Dignity Exercise</p> <p>Age UK in Milton Keynes produced an exercise to help staff to think about what dignity means in their role.</p> <p>Contact: marianne.davis@skillsforcare.org.uk</p>
	<p>Skills for Care website</p> <p>The Skills for Care website hosts a wealth of information related to all aspects of workforce development in Adult Social Care. If you type 'dignity' on the search tank this will give you a menu of documents, reports and tools which are all supporting Dignity in Care.</p> <p>http://www.skillsforcare.org.uk/Skills/Dignity/Dignity.aspx</p>
	<p>Care Certificate</p> <p>The Care Certificate developed by Skills for Care sets out knowledge requirements for someone starting work or changing roles in social care. The intention is that you can know, understand and meet all of these standards within a 12 week period; this will allow you to demonstrate and provide high quality care and support. The standards cover the areas below and all address the principles of Dignity within them.</p> <ol style="list-style-type: none"> 1. Understand your role 2. Your personal development 3. Duty of care 4. Equality and diversity 5. Work in a person centred way 6. Communication 7. Privacy and dignity 8. Fluids and nutrition 9. Awareness of mental health, dementia and learning disability 10. Safeguarding adults 11. Safeguarding Children 12. Basic Life Support 13. Health and Safety 14. Handling information 15. Infection prevention and control <p>To access go to: http://www.skillsforcare.org.uk/Document-library/Standards/Care-Certificate/2015-01-14-Care-Certificate-Standards-FINAL.pdf</p>



Qualifications and Credit Framework

Qualifications and Credit Framework

The Qualifications and Credit Framework (QCF) is a framework that has replaced the previous National Qualifications Framework. It is a new way of recognising skills and qualifications by awarding credits for qualifications and units. It will enable staff to gain qualifications at their own pace in a much more flexible way than National Vocational Qualifications (NVQs). The QCF contains units of learning based on many aspects of Social Care, including dignity.

To find out more go to:

<http://www.skillsforcare.org.uk/qcf/>

Resource and Learning Opportunity Guide for End of Life care



The purpose of this document is to share information relevant to workforce development to support end of life care. Where possible a link has been provided; if you click on the underlined sentence, the link will take you to the relevant website or document.

For further information or if you would like to contribute to this update please contact: karen.alevens@skillsforcare.org.uk

Resource	Description
	<p>Skills for Care Knowledge sets</p> <p>The End of Life Care knowledge set describes the comprehensive detailed learning outcomes which can be used to put together a training programme or as part of the supervision process. The learning outcomes cover:</p> <ol style="list-style-type: none"> 1. Overarching values, principles and knowledge – 8 sections 40 learning outcomes 2. Communication - 5 sections 25 learning outcomes 3. Assessment and care planning - 4 sections 17 learning outcomes 4. Symptom management, maintaining comfort and wellbeing - 5 sections 32 learning outcomes 5. Advance care planning - 3 sections 22 learning outcomes <p>http://www.skillsforcare.org.uk/developing_skills/knowledge_set/end_of_life_care.aspx</p>
	<p>Qualification Credit Framework</p> <p>The QCF has three new units specifically covering end of life care:</p> <ul style="list-style-type: none"> • Contribute the care of a deceased person • Support individuals who are bereaved • Support individuals at the end of life <p>There are also some examples of what a diploma at level 2 and 3 could like for those working in End of Life Care available:</p> <ul style="list-style-type: none"> • For those working in end of life care (adult residential) - level 2 HSC diploma • For those working in end of life care (community) - level 3 HSC diploma

End of Life Resource Map

Skills for Care has produced an end of life resource and learning opportunity guide which highlights and sign posts you to many end of life learning resources and documents. Dignity in Care is covered in all of the resources as this is a crucial aspect of end of life care. Each section gives you a learning resource opportunity and information on how to access it, in the same way that this resource does.

Visit <http://www.skillsforcare.org.uk/Document-library/Skills/End-of-life-care/NationalendoflifequalificationsandSixStepsprogramme.pdf>



Dementia Core Skills Education and Training Framework

This new framework has been developed by Skills for Health and Health Education England, in partnership with Skills for Care. It sets out the skills and knowledge necessary for all staff working in dementia care.

Visit

<http://www.skillsforhealth.org.uk/images/projects/dementia/Dementia%20Core%20Skills%20Education%20and%20Training%20Framework.pdf>

Skills for Care
Ageless @ Work

Achieving change in the care sector

A guide for managers and staff
involved in organizational change



Ageless @ Work

Ageless @ Work has produced a guide on organisational change which covers aspects of person centred care including dignity. There is also a mentoring guide to support this.

For more information contact: Chris Bell - CBEED Ltd

E: chris@cbebd.co.uk

T: 01752 405180

M: 07974 429033



common core principles
to support self care
a guide to support implementation



Common Core Principles of Self Care and Dementia Care

Skills for Health and Skills for Care have worked with key stakeholders, including people who use services and carers, to develop a set of 'Common Core Principles to Support Self Care'. The principles capture best practice in order to support service reform and promote choice, control, independence, dignity and participation of people who use services.

To access <http://www.skillsforcare.org.uk/selfcare/>

Similarly, common core principles have also been developed for Dementia Care: To access click:

http://www.skillsforcare.org.uk/developing_skills/dementia/supporting_people_with_dementia.aspx




Log onto Care

Log onto Care is a website that is supported and funded by all of the Berkshire, MKOB and Central Bedfordshire Local Authorities.

This website provides you with news and information about social care across the Thames Valley area. It also provides access to a wide range of e-learning material by providing over 50 e-learning courses on the website. These e-learning topics have dignity embedded within them.

Registering is easy and once completed you have access to all of the e-learning materials.

<http://www.logontocare.org.uk/>

	<h3>CIS Assessment</h3> <p>CIS Assessment provide online assessments which are being used in parts of Berkshire and MKOB by a number of Local Authorities and PVI providers. The induction assessments support dignity in care. For more information contact Sarah Knapp.</p> <p>Office: 0845 873 0373 Mobile: 07733 365155 e-mail: sarah.knapp@cis-assessment.co.uk web: www.cis-assessment.co.uk ©</p>
<h3>You tube videos</h3>	<h3>You Tube</h3> <p>These brief videos can be used in team meetings and as part of formal training programmes for staff:</p> <p>Once we were young - Age concern What do you see? - Amanda Waring</p>

Further information

Skills for Care e-news - To receive a fortnightly e-news covering current aspects of workforce development in all aspects of adult social care please email: marketing@skillsforcare.org.uk

If you have a question or query please contact: Rachel Reid Area Officer - Milton Keynes, Oxfordshire, Buckinghamshire & Berkshire:

- rachel.reid@skillsforcare.org.uk
- 07770 507 812
- Website: www.skillsforcare.org.uk