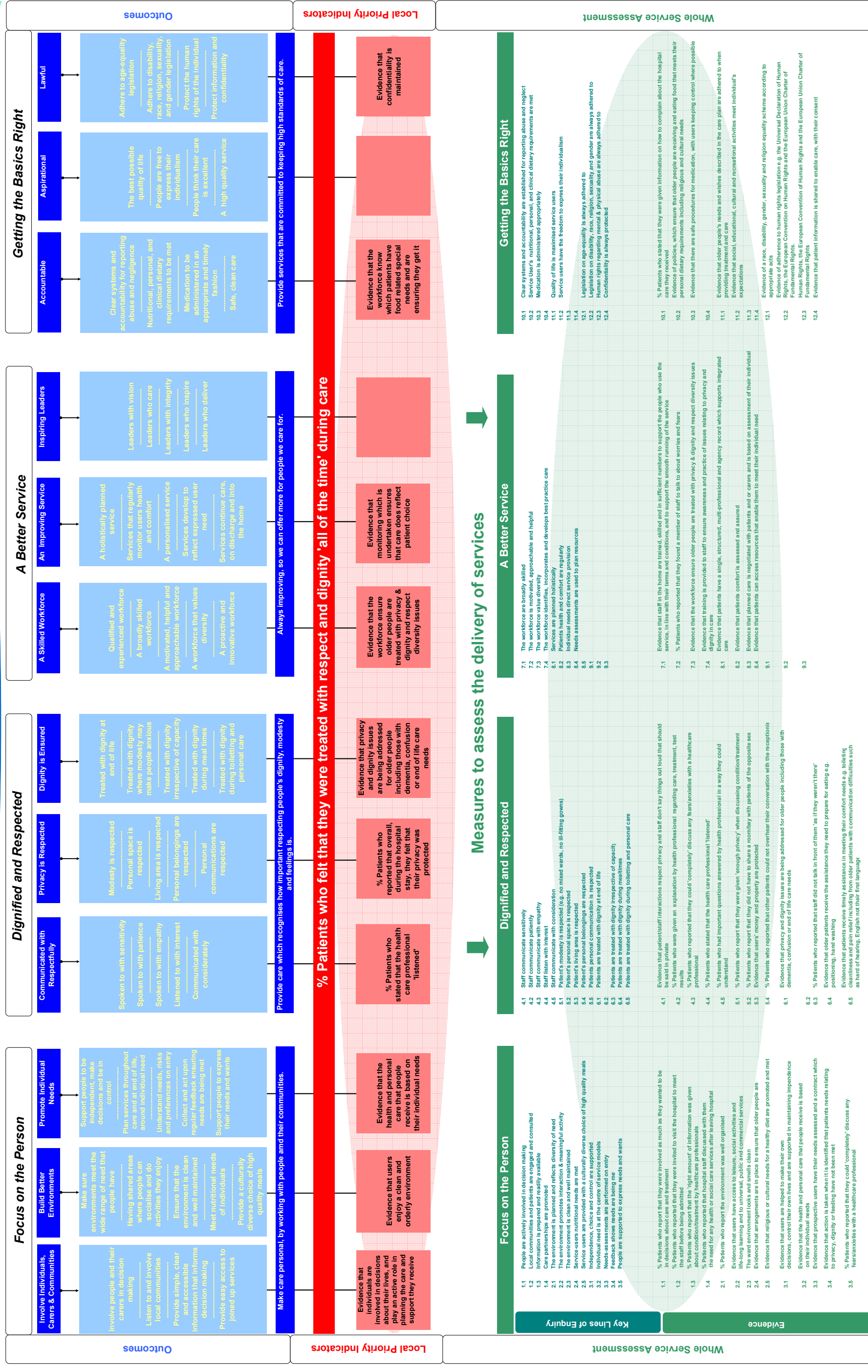




To... Older People

Your Care, Your Dignity, Our Promise



Focus on the Person

Involve Individuals, Carers & Communities
Involve people and their carers in decision making
Listen to and involve local communities
Provide simple, clear and accessible information that informs decision making
Provide easy access to joined-up services

Build Better Environments
Make sure environments meet the wide range of need that people have
Having shared areas where people can socialise and do activities they enjoy
Ensure that the environment is clean and well-maintained
Meet nutritional needs of individuals
Provide a culturally diverse choice of high quality meals

Promote Individual Needs
Support people to be independent, make decisions and be in control
Plan services throughout care and at end of life, around individual need
Understand needs, risks and preferences on entry
Collect and act upon regular feedback ensuring needs are being met
Support people to express their needs and wants

Make care personal, by working with people and their communities.

Dignified and Respected

Communicated with Respectfully
Spoken to with sensitivity
Spoken to with patience
Spoken to with empathy
Listened to with interest
Communicated with consideration

Privacy is Respected
Modesty is respected
Personal space is respected
Living area is respected
Personal belongings are respected
Personal communications are respected

Dignity is Ensured
Treated with dignity at end of life
Treated with dignity where modesty may make people anxious
Treated with dignity irrespective of capacity
Treated with dignity during meal times
Treated with dignity during toileting and personal care

Provide care which recognises how important respecting people's dignity, modesty and feelings is.

A Better Service

A Skilled Workforce
Qualified and experienced workforce
A broadly skilled workforce
A motivated, helpful and approachable workforce
A workforce that values diversity
A proactive and innovative workforce

An Improving Service
A holistically planned service
Services that regularly monitor users health and comfort
A personalised service
Services develop to reflect expressed user need
Services continue care, on discharge and into the home

Inspiring Leaders
Leaders with vision
Leaders who care
Leaders with integrity
Leaders who inspire
Leaders who deliver

Always improving, so we can offer more for people we care for.

Getting the Basics Right

Accountable
Clear systems and accountability for reporting abuse and negligence
Nutritional, personal, and clinical clarity requirements to be met
Medication to be administered in an appropriate and timely fashion
Safe, clean care

Aspirational
The best possible quality of life
People are free to express their individualism
People think their care is excellent
A high quality service

Lawful
Adhere to age-equality legislation
Adhere to disability, race, religion, sexuality and gender legislation
Protect the human rights of the individual
Protect information and confidentiality

Provide services that are committed to keeping high standards of care.

Local Priority Indicators

Outcomes
Involve individuals are involved in decisions about their lives and play an active role in planning the care and support they receive

Local Priority Indicators
Evidence that users enjoy a clean and orderly environment
Evidence that the health and personal care that people receive is based on their individual needs
Evidence that privacy and dignity issues for older people including those with dementia, confusion or end of life care needs are being addressed

% Patients who felt that they were treated with respect and dignity 'all of the time' during care

Local Priority Indicators
Evidence that the workforce ensure older people are treated with privacy & dignity and respect diversity issues
Evidence that monitoring is undertaken ensures that care does reflect patient choice
Evidence that the workforce know which patients have food related special needs and are ensuring they get it

Local Priority Indicators
Evidence that confidentiality is maintained

Local Priority Indicators

Local Priority Indicators
% Patients who stated that the health care professional 'listened'
% Patients who reported that overall, during the hospital stay, they felt that their privacy was protected
Evidence that privacy and dignity issues for older people including those with dementia, confusion or end of life care needs are being addressed

Local Priority Indicators

Local Priority Indicators
The workforce are broadly skilled
The workforce is motivated, approachable and helpful
The workforce value diversity
The workforce identify and address individual needs
Individual needs direct service provision
Needs assessments are used to plan resources

Local Priority Indicators
Evidence that staff in the home are trained, skilled and in sufficient numbers to support the people who use the service, in line with their terms and conditions, and to support the smooth running of the service
% Patients who reported that they found a member of staff to talk to about worries and fears
Evidence that the workforce ensure older people are treated with privacy & dignity and respect diversity issues
Evidence that training is provided to staff to ensure awareness and practice of issues relating to privacy and dignity to care
Evidence that patients have a single, structured, multi-professional and agency record which supports integrated care
Evidence that patients comfort is assessed and assured
Evidence that planned care is negotiated with patients and or carers and is based on assessment of their individual need
Evidence that patients can access resources that enable them to meet their individual need

Local Priority Indicators

Local Priority Indicators
Clear systems and accountability for reporting abuse and neglect
Service User's nutritional, personal, and clinical dietary requirements are met
Medication is administered appropriately
Quality of life is maximised service users
Service users have the freedom to express their individualism
Legislation on age-equality is always adhered to
Legislation on disability, race, religion, sexuality and gender are always adhered to
Human rights regarding mental & physical abuse are always adhered to
Confidentiality is always protected

Local Priority Indicators
% Patients who stated that they were given information on how to complain about the hospital care they received
Evidence of policies, which ensure that older people are receiving and eating food that meets their personal dietary requirements including religious and cultural needs
Evidence that there are safe procedures for medication, with users keeping control where possible
Evidence that older people's needs and wishes described in the care plan are adhered to when providing treatment and care
Evidence that social, educational, cultural and recreational activities meet individuals' expectations
Evidence of a race, disability, gender, sexuality and religion equality scheme according to appropriate acts
Evidence of adherence to human rights legislation e.g. the Universal Declaration of Human Rights, the European Convention on Human Rights and the European Union Charter of Fundamental Rights
Human Rights, the European Convention of Human Rights and the European Union Charter of Fundamental Rights
Evidence that patient information is shared to enable care, with their consent

Whole Service Assessment

Key Lines of Enquiry
1.1 People are actively involved in decision making
1.2 Local communities and patients are engaged and consulted
1.3 Information is prepared and readily available
1.4 Care partnerships are promoted
2.1 The environment promotes independence, diversity of need and meaningful activity
2.2 The environment is clean and well maintained
2.3 Service users nutritional needs are met
2.4 Service users are provided with a culturally diverse choice of high quality meals
3.1 Independence, choice and control are supported
3.2 Individual need is at the centre of service models
3.3 Needs-assessments are performed on entry
3.4 Feedback allows needs to be being met
3.5 People are supported to express needs and wants

Evidence
% Patients who report that they were involved as much as they wanted to be in decisions about care and treatment
% Patients who reported that they were invited to visit the hospital to meet the staff before being admitted
% Patients who report that the "right amount" of information was given about condition/treatment by healthcare professionals
% Patients who reported that hospital staff discussed with them the need for any health or social care services after leaving hospital
% Patients who report the environment was well organised
Evidence that users have access to leisure, social activities and life-long learning and to universal, public and commercial services
The ward environment looks and smells clean
Evidence that arrangements are in place to ensure that older people are
Evidence that religious or cultural needs for a healthy diet are promoted and met
Evidence that users are helped to make their own decisions, control their own lives and are supported in maintaining independence on their individual needs
Evidence that prospective users have their needs assessed and a contract which to privacy, dignity or feeding have not been met
% Patients who reported that they could "completely" discuss any fears/anxieties with a healthcare professional

Whole Service Assessment

Key Lines of Enquiry
4.1 Staff communicate sensitivity
4.2 Staff communicate patiently
4.3 Staff communicate with empathy
4.4 Staff listen with interest
5.1 Patients' modesty is respected (e.g. no mixed wards, no lifting gowns)
5.2 Patient's personal space is respected
5.3 Patient's living area is respected
5.4 Patient's personal belongings are respected
5.5 Patient's personal communication is respected
6.1 Patients are treated with dignity at end of life
6.2 Patients are treated with dignity irrespective of capacity
6.3 Patients are treated with dignity during meal times
6.4 Patients are treated with dignity during toileting and personal care

Evidence
Evidence that patient/staff interactions respect privacy and staff don't say things out loud that should be said in private
% Patients who were given an explanation by health professional regarding care, treatment, test results
% Patients who reported that they could "completely" discuss any fears/anxieties with a healthcare professional
% Patients who stated that the health care professional "listened"
% Patients who had important questions answered by health professional in a way they could understand
% Patients who report that they were given "enough privacy" when discussing condition/treatment
% Patients who report that they did not have to share a room/bay with patients of the opposite sex
Evidence that users' money and property are protected
% Patients who reported that other patients could not overhear their conversation with the receptionist
Evidence that privacy and dignity issues are being addressed for older people including those with dementia, confusion or end of life care needs
% Patients who reported that staff did not talk in front of them "as if they weren't there"
Evidence that older patients receive the assistance they need to prepare for eating e.g. positioning, hand washing
Evidence that patients receive timely assistance in meeting their comfort needs e.g. toileting, cleanliness and pain relief including from older patients with communication difficulties such as hard of hearing, English not their first language

Whole Service Assessment

Key Lines of Enquiry
7.1 The workforce are broadly skilled
7.2 The workforce is motivated, approachable and helpful
7.3 The workforce value diversity
7.4 The workforce identify and address individual needs
8.2 Patients health and comfort are regularly monitored
8.3 Individual needs direct service provision
8.4 Needs assessments are used to plan resources

Evidence
Evidence that staff in the home are trained, skilled and in sufficient numbers to support the people who use the service, in line with their terms and conditions, and to support the smooth running of the service
% Patients who reported that they found a member of staff to talk to about worries and fears
Evidence that the workforce ensure older people are treated with privacy & dignity and respect diversity issues
Evidence that training is provided to staff to ensure awareness and practice of issues relating to privacy and dignity to care
Evidence that patients have a single, structured, multi-professional and agency record which supports integrated care
Evidence that patients comfort is assessed and assured
Evidence that planned care is negotiated with patients and or carers and is based on assessment of their individual need
Evidence that patients can access resources that enable them to meet their individual need

Whole Service Assessment

Key Lines of Enquiry
10.1 Clear systems and accountability for reporting abuse and neglect
10.2 Service User's nutritional, personal, and clinical dietary requirements are met
10.3 Medication is administered appropriately
10.4 Quality of life is maximised service users
11.2 Service users have the freedom to express their individualism
11.3 Legislation on age-equality is always adhered to
12.1 Legislation on disability, race, religion, sexuality and gender are always adhered to
12.2 Human rights regarding mental & physical abuse are always adhered to
12.3 Confidentiality is always protected

Evidence
% Patients who stated that they were given information on how to complain about the hospital care they received
Evidence of policies, which ensure that older people are receiving and eating food that meets their personal dietary requirements including religious and cultural needs
Evidence that there are safe procedures for medication, with users keeping control where possible
Evidence that older people's needs and wishes described in the care plan are adhered to when providing treatment and care
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