

# Handout 1 – Legislation

## Human Rights Act 1998

The Act is based on the European Convention on Human Rights of 1950, which was drafted after the end of World War II to protect human rights and freedoms.

The Act came into effect in October 2000 and outlines 16 rights and freedoms for individuals. It contains rights such as the right to life and the prohibition of torture. Some of these rights and freedoms carry more weight than others and some might be restricted in times of national security or in the interests of public safety.

The Act makes it unlawful for any public body to act in a way that contravenes the rights and freedoms of people and must be taken into account on a day-to-day basis.

The Rights that have an impact on providing dignified services include:

### Article 8 - Right to respect for private and family life

This means that everyone is entitled to have their home and family life respected. This includes correspondence and personal information and everyone has the right for this to remain confidential.

This Article is relevant when providing social care because the provision of care should remain confidential and the person providing the care should have respect for the care home, the way the person lives their life and written correspondence they see should remain confidential

### Article 9 – Freedom of thought, conscience and religion

This means that anyone is entitled to hold a belief or follow a religion and this should not be restricted.

This Article is relevant to social care because someone who belongs to a particular religion is entitled to have this respected. This may have an impact on the times that care is carried out particularly during a religious event. It may affect the purchase and provision of food and personal hygiene and care.

### Article 10 – Freedom of expression

This means that 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.

This Article is relevant to social care. A person should receive all of the information known or required, with which to make an informed choice about their care and treatment. In addition, people should be listened to and their opinions acknowledged, accepted and acted on.

### Article 14 – Prohibition of discrimination

This means that a person should be treated without prejudice on the grounds of their sex, race, colour, language, religion, political opinion, origin, birth, sexual orientation, disability, marital status and age.

This Article is relevant to social care. Everyone should receive the same level of care and should not be disadvantaged on any of the above grounds.

### **Sex Discrimination Act 1975**

This Act prohibits discrimination on the grounds of gender or marital status.

### **Race Relations Act 1976**

This Act prohibits discrimination on the grounds of race, nationality, colour or ethnic origin.

### **Race Relations (Amendment) Act 2000**

This Act places the onus on public bodies to eliminate discrimination and promote equality.

### **Disability Discrimination Act 1995 and 2005**

This Act prohibits discrimination on the grounds of disability.

### **Employment Equality (Sexual Orientation) Regulations 2003**

This Act prohibits discrimination on the grounds of sexual orientation.

### **Employment Equality (Religion or Belief) Regulations 2003**

This Act prohibits discrimination on the grounds of religion or belief.

### **The Employment Equality (Age) Regulations 2006**

This Act prohibits discrimination on the grounds of age.

### **Mental Capacity Act 2005**

This Act provides a framework to ensure that people who are unable to make decisions about their lives, are protected.

It assumes, in the first instance, that everyone has the capacity to make their own decisions, even if these decisions are unwise. Where this becomes difficult, people are given support to make their own decisions.

Where decisions are made on behalf of a person who lacks the capacity to make their own decisions, these decisions will have the best interests of the person in mind and the decision made should be the least restrictive option available.

### **Mental Health Act 2007**

This Act protects those who do not have the capacity to consent to their care and treatment, from the deprivation of their liberty, which should be avoided wherever possible.

Withdrawal of someone's liberty can only be authorised if an assessment has deemed this necessary to protect the person from harm. The Mental Capacity Act 2005's principles of supporting the person to make a decision apply and previous wishes and feelings of the person are considered.

### **Sexual Offences Act 2003**

This Act prohibits any sexual activity between a care assistant and someone with a mental disorder, even if the person is able to and does consent.

**Safeguarding Vulnerable Groups Act 2006**

This Act introduces a new scheme to help avoid harm or risk to children or vulnerable adults by preventing unsuitable people the ability to work with them.

**Data Protection Act 1998**

This Act provides a set of principles with which people holding information about an individual must comply. These principles include only keeping records for a specific purpose; that records kept are relevant; that they are accurate and only kept for as long as is necessary.

**Freedom of Information Act 2000**

This Act provides members of the public with the right to request information held by public bodies. This includes records held by hospitals and local authorities.

## **Handout 2 – Dignity – best practice areas**

### **Communication**

Residents and their chosen advocates, engage in a two-way dialogue with care assistants, about their physical, psychological and emotional needs and preferences. The assembled facts and information form an agreed care plan that gives the resident a choice about the care they receive.

### **Respect**

Residents should receive respect for their rights as individuals, their values, beliefs, personal relationships and their property. Care assistants treat these with courtesy and thoughtfulness at all times.

### **Privacy**

Residents should be able to maintain their privacy at all times, this includes privacy of their personal care, confidentiality of any information owned by or kept about the resident and privacy of their personal space.

### **Autonomy**

This means residents are able to take control over their own lives, making independent choices about their care, treatment and day-to-day living activities without reproach by care assistants.

### **Social inclusion**

Residents should not be discriminated against because of their age, ethnic origin, sexual orientation or health status. They should be included in a range of social activities to enable them to feel integrated into their communities and in society in general. This means where possible, having contact with family and friends, being able to go shopping, to go out socially, to be in control of their own financial arrangements and to do all this safely.

### **Diversity and equality**

There is a large amount of legislation designed to prevent unfair, unequal practice and discrimination. When people are in receipt of care services, there may be a tendency because of their age, gender, ethnic origin, religion or other reason, to treat a person differently. This would be discriminatory.

### **Pain control**

Keeping people pain free is a key aspect of providing dignified services, particularly toward the end of life. However, many older people do not receive adequate pain control and often have excruciating pain, which prevents them from being independent. Care assistants ensure residents receive sufficient pain control at all times.

### **Eating and nutrition**

To some residents mealtimes can be the highlight of the day. It is therefore important to make mealtimes significant and to ensure that the food received is highly nutritious. It is also essential that food is of the quality, quantity and variety expected by the resident, delivered at the times set by them.

**Personal hygiene**

A person's appearance is central to their feeling of self-worth. Care assistants ensure the standard residents set for themselves with their personal hygiene continues, particularly when they are unable to take care of this for themselves.

**Personal care**

Personal care includes those aspects of a resident's daily life, other than personal hygiene, about which they may be concerned. This will include the care they receive due to any illnesses, such as pain relief (see later), or wound care and general health promotion, such as food and nutrition (see later) but also other issues such as cleanliness of their room, laundry and general décor. Part of a care assistant's role will be to ensure they assist residents to meet these additional needs.

**Abuse**

Abuse is a wide-ranging subject, of which there are many different types such as physical, psychological, financial, sexual, discrimination and neglect. Care assistants must be alert to the presence of abuse.

**Whistle blowing**

Care assistants and other staff should feel supported by the organisation when raising concerns about any poor practice or abuse they witness or hear about on behalf of residents.

**End of life care**

Many residents are concerned with the potential loss of dignity when it comes to the end of their life. It is the task of the care assistant to maintain the level of dignity of the resident when the time comes; by ensuring they achieve all the actions required in all the domains above.

## **Handout 3 – Best practice criteria**

### **Communication**

Residents and their chosen advocates engage in a two-way dialogue with care assistants and other staff about their physical, psychological and emotional needs and preferences. The assembled facts and information form an agreed care plan that gives the resident a choice about the care they receive.

In reality, this means:

- The care home has a communication policy that all staff understand and adhere to at all times
- Asking residents how they would like to be addressed
- Ensuring residents are not patronised or belittled
- Staff use respectful language and gestures and are courteous when communicating with residents
- Ensuring residents can understand the accent or language of care assistants
- An interpreter is provided if needed
- Appropriate methods and tools for effective communication are used
- There is the use of a room for private communication if required
- Care assistants are trained in how to carry out an assessment correctly and effectively
- A resident is always asked about their needs and preferences
- Care assistants do not make assumptions about services user's needs and preferences
- Discussion, assessment, risk assessment and agreement of the care plan takes place at a mutually agreeable time and place
- Sufficient time is allowed for residents to communicate their needs and preferences
- Residents are able to communicate their needs and preferences at all times and these are considered and acted upon appropriately
- Care plans are jargon free
- Resident's views are listened to, valued and respected.

### **Respect**

Residents should receive respect for their rights as individuals, their values, beliefs, personal relationships and their property. Staff treat these with courtesy and thoughtfulness at all times.

In reality, this means:

- Residents are treated as individuals
- Residents are treated as a whole person and not as an illness
- Residents are treated without discrimination
- Residents are treated as an equal
- Sufficient time is given for care to be provided at the resident's pace
- Care assistants treat residents with courtesy
- Care assistants ensure that the service is person centred and not task oriented
- Staff allow time to listen to residents
- Care assistants allow time to talk to residents

- Residents are asked how they would like to be addressed
- Residents are involved in planning the care they receive
- Care assistants respect the resident's personal space
- Care assistants do not make assumptions about residents
- Care assistants allow time for residents to communicate their choices and preferences
- Residents are not disturbed or interrupted and care assistants knock before entering their room
- Privacy is maintained at all times by the care assistant being aware of when privacy could be compromised and negating against this
- Single sex facilities, including toilet and bathing facilities, are provided.

### **Privacy**

Residents should be able to maintain their privacy at all times, this includes privacy of their personal care, confidentiality of any information owned by or kept about the resident and privacy of their personal space.

In reality, this means:

- The care home has a confidentiality policy that all staff understand and adhere to at all times
- Residents are not embarrassed when receiving personal care
- Residents are not exposed in front of others
- If the resident's own clothes cannot be used, appropriate clothing should be sought
- Care assistants do not invade the resident's personal space
- Single sex accommodation is provided
- Toilet and bathing facilities respect privacy
- Privacy is maintained in respect of sexual relationships
- Care assistants knock and, where possible, wait for an answer before entering a resident's room
- If an interpreter is required, they are chosen with the consent and participation of the resident
- Resident's personal possessions and documents remain private
- Resident's private conversations, phone calls and mail all remain private
- Where documents need to be shared, this is with the consent of the resident
- An area or room is provided for resident's wishing to have private conversations.

### **Autonomy**

This means residents are able to take control over their own lives, making independent choices about their care, treatment and day-to-day living activities without reproach by care assistants.

In reality, this means:

- Staff communicate with residents in the most appropriate way
- Care assistants do not make assumptions about whether or not the resident can make decisions by themselves, even where mental capacity is an issue
- Care assistants allow residents time to communicate their requests for the day's activities and care assistants adhere to these

- Staff inform residents about local advocacy services to assist them to make decisions about their daily activities
- Care assistants do not make assumptions about the likes and dislikes of residents
- Care assistants treat residents as equals
- Staff provide information in an understandable way, free from jargon to allow residents to make their own choices
- Residents are allowed to take risks without compromising their care assistants safety
- Care assistants ensure residents are given the opportunity to participate in their chosen activities as fully as possible
- Services are accessible to people with disabilities, for example providing service information in alternative formats for people with visual impairment.

### **Social inclusion**

Residents should not be discriminated against because of their age, ethnic origin, sexual orientation or health status. They should be included in a range of social activities to enable them to feel integrated into the community and in society in general. This means where possible, having contact with family and friends, being able to go shopping, to go out socially, to be in control of their own financial arrangements and to do all this safely.

In reality, this means:

- Staff treat residents with dignity and respect
- Residents are able to choose their day-to-day activities and arrangements with care assistants without fear of rebuke
- Care assistants take time to talk to residents whilst carrying out their care
- Care assistants respect the past skills and experiences of the resident
- Staff enable residents to go out socially by addressing the barriers to this such as transport and safety issues.

### **Diversity and equality**

There is a large amount of legislation designed to prevent unfair, unequal practice and discrimination. When people are in receipt of care services, there may be a tendency because of their age, gender, ethnic origin, religion or other reason, to treat a person differently. This would be discriminatory.

In reality, this means:

- The care home has an Equality and Diversity policy that staff understand and adhere to at all times
- Staff treat residents how they would expect to be treated themselves
- Staff treat residents with respect
- Staff listen to resident's requests and take the appropriate action
- The individual wants, needs and preferences of residents should be taken into consideration and if these cannot be achieved discussion should take place as to what can be achieved instead and whether this is acceptable to the resident
- Care assistants should not be insensitive to the resident's individual needs and preferences
- Care assistants give care suitable for the resident's individual needs.

## **Pain control**

Keeping people pain free is a key aspect of providing dignified services, particularly toward the end of life. However, many older people do not receive adequate pain control and often have excruciating pain, which prevents them from being independent. Care assistants ensure residents receive sufficient pain control at all times.

In reality, this means:

- Care assistants should be proactive in discussing pain control with the resident
- Care assistants are empathetic about the pain that residents experience
- With the consent of the resident, care assistants report uncontrolled pain to the doctor or prescriber
- Care assistants encourage residents to discuss uncontrolled pain with the doctor or prescriber
- Care assistants find activities for the resident that alleviates rather than exacerbates pain.

## **Eating and nutrition**

To some residents, mealtimes can be the highlight of the day. It is therefore important to make mealtimes significant and to ensure that the food received is highly nutritious. It is also essential that food is of the quality, quantity and variety expected by the resident, delivered at the times set by them.

In reality, this means:

- Care assistants understand the importance of nutrition and hydration and know the signs and symptoms of malnutrition and dehydration
- Care assistants have been trained in the subject of nutrition and food hygiene
- If there are problems with nutrition, care assistants discuss with residents the help they might need to improve this
- If the resident is assessed to be malnourished or dehydrated, after discussion with the resident, care assistants refer the resident to the appropriate professional eg. doctor or dietician
- Residents are enabled to maintain their independence with eating and clearing up for as long as possible
- Care assistants discuss food and drink likes and dislikes with residents and these are fed back to the kitchen staff
- Care assistants discuss any religious or special dietary needs the resident might have and these are fed back to the kitchen staff
- Care assistants don't make assumptions about residents food requirements in relation to their cultural or religious beliefs
- Care assistants respect the requests and wishes of the resident in relation to their diet
- Care assistants pay attention to any religious or cultural needs the resident has with regard to food eg, hand washing prior to eating
- Care assistants assist residents to identify aids that may help the resident maintain their independence with eating

- In consultation with the resident, care assistants provide assistance with eating
- Residents are not rushed when receiving assistance with food
- Residents are not interrupted when eating their food
- Care assistants and kitchen staff ensure any food served looks appetising for the resident
- Care assistants ensure a drink is given with all food
- Care assistants assist residents to clear away food and food debris afterwards according to their wishes.

### **Personal hygiene**

A person's appearance is central to their feeling of self-worth. Care assistants ensure the standard residents set for themselves with their personal hygiene continues, particularly when they are unable to take care of this for themselves.

In reality, this means:

- Residents decide the level of assistance they need from care assistants with their personal hygiene
- Care assistants don't make assumptions about the level of cleanliness the resident chooses to adopt
- Care assistants assist with all aspects of personal appearance that the resident is unable to maintain for themselves, ensuring they maintain the resident's privacy and independence at all times. This includes assistance with:
  - Washing and dressing
  - Shaving
  - Oral hygiene
  - Hair care
  - Nail care
- Residents choose the times they receive help with personal hygiene
- Residents choose the clothes they wish to wear each day
- Care assistants assist residents with their toileting or continence needs as requested.

### **Personal care**

Personal care includes those aspects of a resident's daily life, other than personal hygiene, about which they may be concerned. This will include the care they receive due to any illnesses, such as pain relief, wound care and general health promotion, such as food and nutrition but also other issues such as cleanliness of their room, laundry and general décor. Part of a care assistant's role will be to ensure they assist residents to meet these additional needs.

In reality, this means:

- Care assistants discuss with residents their arrangements and preferences for laundry and ironing
- Care assistants discuss the resident's requirements regarding the cleanliness of the room and the décor to make the living accommodation more hospitable and safe

- Care assistants discuss with residents how they might keep their room free from odours that cause the resident distress
- Care assistants treat the resident's preferences with respect.

### **Abuse**

Abuse is a wide-ranging subject, of which there are many different types such as physical, psychological, financial, sexual, discrimination and neglect. Care assistants must be alert to the presence of abuse.

In reality, this means:

- Care assistants receive training about the different types of abuse and how these are revealed
- Care assistants follow the care home's abuse and whistle blowing policies and procedures for the reporting of incidents
- Staff are protected under the whistle blowing policy from recrimination by members of staff who are reported for abusing residents
- Suspicions of abuse should be reported by managers to the local Adult Protection Co-ordinator.

### **Whistle blowing**

Care assistants and other staff should feel supported by the care home when raising concerns about any poor practice or abuse they witness or hear about on behalf of residents.

In reality, this means:

- The care home has a whistle blowing policy that staff know about and understand and which covers the statutory disclosures protected under the Public Interest Disclosure Act 1998 including:
  - A criminal offence
  - A breach of a legal obligation
  - A miscarriage of justice
  - A danger to the health and safety of an individual
  - Damage to the environment
  - Deliberate covering up of any information from the above list
- The policy is accompanied by a procedure for staff to follow when whistle blowing
- Training should be given to staff about whistle blowing
- Staff are empowered to blow the whistle when they observe poor practice or abuse
- The care home adopts a 'no blame' culture for those who whistle blow
- Care homes see whistle blowing as a means of quality assurance for their care home
- Actions taken by the care home show staff who whistle blow are supported
- Whistle blowers are protected by the care home
- Whistle blowers have the interests of vulnerable residents at heart
- Whistle blowers should ensure their information is factual and observations have been recorded accurately.

## **End of life care**

Many residents are concerned with the potential loss of dignity when it comes to the end of their life. It is the task of the care assistant to maintain the level of dignity of the resident when the time comes, by ensuring they achieve all the actions required in all the domains above.

In reality, this means:

- Residents at the end of their life receive care with regard to privacy
- Residents at the end of their life are treated with dignity and respect by care assistants
- Care assistants provide residents with high quality care and treatment at the end of their life
- Care assistants ensure that the resident's surroundings are as comfortable as possible at the end of their life
- Residents receive pain relief to fully control their pain at the end of their life
- Care assistants respect the resident's personal preferences during this time.