

HASCAS

DIGNITY THROUGH ACTION
(Older People)

RESOURCE 4

ORGANIZATIONS' GUIDE
TO DIGNITY THROUGH ACTION

Note: *'health and social care worker'* and *'care worker'* are shorthand generic terms used throughout the Dignity through Action Programme to refer to any staff and their direct managers (*supervisors and line managers*) (*paid or unpaid*), including professionally qualified staff, who are involved in delivering any form of care to older people in any type of location.

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DIGNITY THROUGH ACTION

INTRODUCTION TO DIGNITY THROUGH ACTION

The purpose of this Organizational Guide is to provide senior managers of health and social care organizations with an explanation of 'Dignity through Action' with reference to the detailed Care Quality Commission Inspection Guidelines (2009).

CONTEXT OF THE DIGNITY THROUGH ACTION PROJECT

Over the last decade there have been many care initiatives such as the '*National Service Framework*' (NSF) (2001), which initiated a ten-year programme of improvements to be implemented through local health and social care partners. Other national programmes covered subjects such as age discrimination, person-centered care, and promotion of health and active life. Despite these initiatives it was still being reported that the experiences of many older people in care remained unacceptable.

Building on NSF (2001), the initiative '*New Ambition for Old Age – Next Steps in Implementing the National Service Framework for Older People*' (2006) proposed that within five years older people and their families would have confidence in all care settings and that older people would be treated with respect for their dignity and their human rights.

The particular areas to strengthen were seen as:

- **Nutrition and the physical environment.** Work would continue to improve and upgrade the patient environment in hospitals and care homes, ensuring that the environment of care more closely met the needs of older people and would they receive the assistance they require with eating and drinking.
- **Skills, competence and leadership in the workforce.** This would improve skills and competencies across the workforce and develop identifiable practice based leaders who would become accountable for ensuring older people were treated with respect for their dignity.
- **Assuring quality.** Through inspections, the issue of dignity would be central and that breaches of dignity would be regarded as serious failures.
- **Ensuring dignity for those with mental health problems.** There would be an Older People's Mental Health programme to implement the service development guide for older people's mental health.
- **Ensuring dignity at the end of life.** There would be coordinating work with the NHS End of Life Care Programme to deliver best practice end of life care for older people in hospitals, care homes and in their own homes.
- **Equalities and human rights.** There would be further work on co-ordinating links to the wider Government work on equalities and human rights.
- **Championing change.** Further work would take place to inform and raise awareness amongst care providers, staff and older people's champions of unacceptable standards of care on behalf of older people and their families.

THE DIGNITY IN CARE CAMPAIGN

One of the component programmes called *Dignity in Care* (Note ¹) was designed to underpin a renewed commitment to ensuring respect for the dignity and the human rights of older people. Dignity in Care was launched in 2006 by the UK Government in partnership with many care organizations. Its purpose was to stimulate a national debate around the subject of dignity in care and create a care system where there would be a zero tolerance of abuse and disrespect of older people.

Note:

1. *Care Service Improvement Partnership (CISP) (2008), The Dignity Care Campaign, [Online]. Available at: <http://networks.csip.org.uk/dignityincare/DignityCareCampaign/>.*

The objectives of the Dignity in Care Campaign were 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 organizations in providing dignified services.
- Reward and recognize those people who make a difference and go that 'extra mile'.

As part of this the Government set care providers and commissioners 10 **Dignity Challenges** designed to reflect national public expectations and concerns about care services that respect dignity.

The 10 Dignity Challenges are:

- **Dignity Challenge 1: Abuse.** There should be zero tolerance of all forms of abuse.
- **Dignity Challenge 2: Respect.** Older people should be given support people with the same respect you would want for yourself or a member of your family. People should be cared for in a courteous and considerate manner.
- **Dignity Challenge 3: Person-centered Care.** Older people should be treated as an individual by offering a person-centered care service. Staff should take time to get to know the older person receiving services and agree with them what services they require.
- **Dignity Challenge 4: Autonomy.** Older people should be helped to maintain the maximum possible level of independence, choice and control.
- **Dignity Challenge 5: Communication.** Older people should be listened to and supported to express their needs and wants. For those older people with communication difficulties or cognitive impairment, adequate support and advocacy should be supplied.
- **Dignity Challenge 6: Privacy.** Respect people's right to privacy. Personal space should be available and accessible when needed. Areas of sensitivity which relate to modesty, gender, culture or religion and basic manners should be respected.
- **Dignity Challenge 7: Complaints.** Ensure people should be able to complain without fear of retribution. Concerns and complaints should be respected and answered in a timely manner.
- **Dignity Challenge 8: Care Partners.** Care service providers should engage with family members and carers as care partners. Relatives and carers should be kept fully informed and receive timely information. Relatives and carers should be listened to and encouraged to contribute to the benefit of person receiving services.
- **Dignity Challenge 9: Self-esteem.** Older people should be assisted to maintain confidence and a positive self-esteem so as to maintain the self-confidence of the older person receiving services and promote their well-being.
- **Dignity Challenge 10: Loneliness and Isolation.** Care service providers should act to alleviate people's loneliness and isolation.

DIGNITY CHAMPIONS

The Dignity in Care Campaign also introduced a registration scheme for Dignity Champions (*Note 2*).

The idea is that a Dignity Champion is someone who believes passionately that being treated with dignity is a basic human right, not an optional extra; where care services must be compassionate and person-centered. Dignity Champions should be willing to try to do something to achieve this.

Dignity Champions are supported by a range of resources. They can also participate in local Dignity Champions' networking activities, so they can forge links with other local Dignity Champions and explore how they can take action collectively.

DIGNITY THROUGH ACTION PROJECT

In the context of the Dignity in Care Campaign, the Department of Health sponsored the HASCAS Dignity through Action Project (2008-10) under the Third Sector Investment Programme (*Section 64 of the Public Health Act 1968*) and part of the social care activities designed to promote the right to dignity and freedom from abuse for people with a range of needs.

The goal of the Dignity through Action Project was to improve the delivery of dignified care to older people by providing **educational resources package** to:

- encourage health and social care workers and others to learn more about dignity and reflect on the values, beliefs and personal attitudes which can contribute to lack of dignity for older people,
- focus on **action planning** to deliver real change in the care environment.

The project work was undertaken by a member of staff seconded part-time from the Faculty of Social Science at the University of Winchester, supported by a Steering Group which included academic staff and representatives from care providers and other interested groups.

The core of the Dignity through Action approach is a Dignity Workshop. Full-day and half-day versions of the Workshop have been developed and are supported by a workshop pack, case studies and presentations. Trials of the Dignity Workshop have demonstrated that this approach is suitable for a wide range of participants.

DIGNITY THROUGH ACTION RESOURCES PACKAGE

The Dignity through Action Educational Package is made up of five resources and some other useful documents.

- **Dignity through Action Facilitators' Handbook (Resource 1)**. The purpose of the Dignity Facilitators' Handbook is to provide sufficient guidance on the use of the Dignity through Action resources, organization and running of dignity workshops and how to carry out action planning and its evaluation. It is made up of:
 - How to deliver dignity workshops. This covers:
 - Workshop administration and implementation.
 - Content of the workshop presentations.
 - Case Studies and answer guides.
 - Workshop discussions based on case studies.

Note:

2. The Department of Health sponsored website for Dignity Champions is at:
<http://www.dhcarenetworks.org.uk/dignityincare/BecomingADignityChampion/>.

- Action planning including follow up actions and evaluation.
- PowerPoint presentations.
- Further reading.
- **Dignity Study Guide (Resource 2).** The purpose of the Dignity Study Guide is to provide a substantial core text and self-study guide suitable for a wide range of people involved in care. It contains practical examples, thinking activities and references with links to further reading and useful websites (*Note 3*). The approach to the subject of dignity is summarised at **Appendix 1**. The Study Guide covers:
 - A definition and explanation of the terms used to describe dignity, so as to provide a common basis for the subject.
 - A structured explanation of the concepts of dignity, ageism, dignity challenges and action planning. It contains practical examples, thinking activities and references with links to further reading and useful websites.
 - A method for personal and managerial audits of dignity in the care of older people.
 - A method of action planning for care with dignity and its evaluation in the organization.
- **Dignity through Action Workshop Pack (Resource 3).** The purpose of the Workshop Pack is to provide workshop participants with all the resources they need to attend a workshop. The Dignity Workshop is described in more detail at **Appendix 2**. The Workshop Pack contains:
 - **Notes on the Principles of Dignity and Dignity Challenges.** These notes, including a 'glossary of terms', summarise the main points from the workshop presentations.
 - **Workshop activities and case studies with associated worksheets.** The workshop activities are based on two case study studies:
 - **Dignity Case Study A.** Case Study A is about 'Types of Dignity' and is based on a real life example published by the Daily Telegraph Newspaper.
 - **Dignity Case Study B.** Case Study B provides a substantial narrative built up from real life examples and provides the basis for discussing the Dignity Challenges. To provide flexibility there are 3 optional versions of Case Study B designed to match broad care environments of the workshop attendees.
 - Case Study B1: Independent Living Environment
 - Case Study B2: Residential Care Environment
 - Case Study B3: Nursing Care Environment
 - **Action Planning and Evaluation Resources.** There are a number of 'checklists' included to support planning activities.
- **Organizations' Guide to Dignity through Action (Resource 4).** The purpose of this Guide is to provide organizations (*senior managers*) with a briefing document about Dignity through Action.
- **Older Persons' Guide to Dignity (Resource 5).** This short guide provides a description of what older people should expect from care with dignity, how to identify undignified treatment and what to do about it.
 - This Guide has been designed to be used where a Dignity through Action Programme is under way. It should be used carefully by Dignity Facilitators to help discuss ideas of dignity and respect with older people and their advocates.

Note:

3. *The Dignity Study Guide follows the structure of the dignity workshop. However, the Study Guide would not normally be issued at a dignity workshop as everything a workshop participant requires should be contained in the Workshop Pack (Resource 3).*

- The Guide also provides a set of questions to help older people consider the quality of dignity and respect in their care. Its use is described in the Facilitators' Guide.
- **Other Useful Documents.** Facilitators have the option of extending the Workshop Pack with:
 - Activity worksheets.
 - Generic dignity audit tools for care workers and supervisors/managers.
 - Dignity Workshop Evaluation Questionnaire.

HOW TO OBTAIN THE DIGNITY THROUGH ACTION RESOURCES PACKAGE

All the Dignity through Action Resources can be found at:

- HASCAS Website at: http://www.hascas.org.uk/hascas_publications_downloads.shtm.
- Department of Health at: [http://www.dignity in care.org.uk](http://www.dignityin care.org.uk).

SOME USEFUL LINKS

Source and Description
<p>Care Quality Commission. The Care Quality Commission: Guidance about Compliance (2009) Essential Standards of Quality and Safety has been designed to help organizations comply with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009, and the Care Quality Commission (Registration) Regulations 2009. This detailed guidance covers the standards of quality and safety that people who use health and adult social care services have a right to expect and is based on the what people who use services tell have expressed as being what matters most to them. The Care Quality Commission: Guidance about compliance (2009) [Online]. Available at: http://www.cqc.org.uk/db/documents/Essential_standards_of_quality_and_safety_FINAL_081209.pdf</p>
<p>Care Service Improvement Partnership (CISP) Care Service Improvement Partnership (CISP), (2008), <i>The Dignity Care Campaign</i>, [Online]. Available at: http://networks.csip.org.uk/dignityincare/DignityCareCampaign/.</p>
<p>Department of Health Department of Health (2007), <i>Essence of Care: benchmarks for the care environment</i>, [Online]. (Updated 1 Nov 2007), Available at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080058.</p>
<p>Department of Constitutional Affairs. Human Rights Act (1998). A useful resource for in depth reading on this subject. Department of Constitutional Affairs (2006), <i>A Guide to the Human Rights Act</i>, 3rd Edn. [Online]. Available at: http://www.justice.gov.uk/docs/act-studyguide.pdf.</p>
<p>Dignity and the Older Europeans Project. An EU sponsored multi-disciplinary workbook that covers general points from a wide perspective to make people think about dignity. Wide focus and so does not just cover nursing perspective. Contains some very useful questions and exercises. European Commission (Undated) <i>Educating for Dignity</i>, The Dignity and Older Europeans Project (QLG6-CT-2001-00888). [Online]. Available at: http://wwcardiffw.ac.uk/medic/subsites/dignity</p>
<p>Healthcare Commission. A national report on dignity in care for older people while in hospital. Focus is on care considered from wide perspectives (<i>trusts, boards, ward levels and voluntary organizations</i>) Healthcare Commission (2007) <i>Caring for Dignity</i>, London: Commission for Healthcare Audit and Inspection.</p>
<p>Royal College of Nursing. This is a report of the results of the RCN Dignity Survey. It covers the physical environment, individual care, care by the employing organization, ability to deliver care and a comprehensive discussion. Royal College of Nursing (2008) <i>Defending Dignity</i>, London: RCN.</p>
<p>Social Care Institute for Excellence (SCIE). Detailed guidebook with wide coverage of the subject of dignity in care. Full of useful examples and thinking exercises. Social Care Institute for Excellence (2008) <i>SCIE Practice Guide 09: Dignity in Care</i>, [Online]. (Updated: Feb 2008), Available at: http://www.scie.org.uk/publications/practiceguides/practiceguide09/overview/means.asp.</p>

THE DIGNITY CHALLENGE AT THE ORGANIZATIONAL LEVEL

SOME PRINCIPLES OF DIGNITY FOR ORGANIZATIONS

'We believe all older people should be confident that their dignity will be respected whenever they are receiving treatment and care, including at the end of life. This often relates to some of the most basic – but essential – aspects of care' (*Age Concern, 2008*).

The following principles are based on 'Five Principles of Dignity' issued by the Forum of Young Global Leaders (2008) and other work by SCIE (2008). They encapsulate the main ideas about dignity from an organizational perspective. These principles reflect ideas throughout the related legislation about care and permeate inspection criteria.

- **Right to Life.** Every human being has a right to life. A dignified life for an older person is about being treated with respect by a care organization and its staff members.
- **A Dignified Life.** A dignified life means an opportunity to fulfil one's potential, which is based on having a human level of health care, education, income and security. For organizations providing care for older people, creating, maintaining or supporting the environment for a dignified life should be basic guiding principles for all actions.
- **Human Rights.** A dignified life is about respect for a person's rights and in particular:
 - Autonomy; the freedom to make decisions on one's life including freedom to act and freedom to decide, based on opportunities to participate, and clear, comprehensive information.
 - Privacy; respect for personal space; modesty and privacy in personal care; and confidentiality of treatment and personal information.
- **Care with Dignity.** Care with dignity means the delivery of care, in any setting, which supports and promotes, and does not undermine an older person's self esteem.
- **Dignity of the Organization.** The dignity of a care organization is interdependent with the dignity of its staff and its care recipients.

HOW DOES THE ORGANIZATION KNOW IT RESPECTS PEOPLES' DIGNITY? (*See Note 4.*)

The Dignity Challenge set national expectations of what constitutes a service that respects dignity and sets the care organizations ten Dignity Challenges. The Dignity through Action Resources Package has been designed to develop knowledge about dignity in care, and support the development of positive supporting attitudes of amongst individual care staff.

At the organizational level senior management should take deliberate actions to renew and maintain the commitment to respect for the dignity and human rights of older people as a central part of delivering care.

Dignity is one of the measures associated with the quality and is intimately associated with any assessment of the overall quality of care. Therefore an organization can assess the level of commitment to dignity through:

- Auditing of policies, processes and procedures against national standards and inspection criteria.
- Benchmarking its policies, practices and procedures against other similar organizations and adopting or improving on 'best practice' wherever found.
- Assessment of organizational compliance. This covers the standards of quality and safety that people who use health and adult social care services have a right to expect.

Note:

4. Sources include: SCIE (2006), DH (2007); HASCAS (2007); CISP (2008); SCIE (2008); CQC (2009).

- Assessment of organization practices and environment against expectations arising from the 10 Dignity Challenges.
- Assessing how the organization:
 - Carries out staff recruitment and induction. Staff retention and how temporary staff members are used are important aspects of assessing dignity in practice.
 - Uses and empowers local dignity champions.
 - Takes dignity related initiatives.
 - Identifies and deals with poor management and working practices at all levels in the organization.
 - Implements change in accordance with the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009 and other relevant legislation.
- Maintaining a continuous and robust improvement programme, where dignity is seen to be at the centre of the organizational level change and how the organization:
 - Reacts when dignity and respect may have been compromised in care practices.
 - Reacts to observations following quality of care inspections.
 - Learns from all local safety incidents and other reported incidents including complaints.
 - How local and national experience, and information derived from the analysis of real incidents, inform the local change programme.
 - Develops the care environment.
- Surveying care staff and older people receiving care services about dignity and respect related issues.
- Ensuring that 'dignity' and respect' is embedded in all aspects of education and training of staff.

PRACTICAL CONSIDERATION OF THE DIGNITY CHALLENGES

Dignity is one of the qualities of care provision and must be seen as part of an overall well planned, resourced and executed approach to care. Any consideration of the how well a care service operates with dignity can only be assessed from a holistic perspective.

The Care Quality Commission: Guidance about compliance (2009) Essential Standards of Quality and Safety has been designed to help organizations comply with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009, and the Care Quality Commission (Registration) Regulations 2009. This detailed guidance covers the standards of quality and safety that people who use health and adult social care services have a right to expect and is based on what people who use services have said about what matters most to them.

Dignity, as a measure of quality of care, is interwoven throughout these comprehensive and demanding Guidelines which also cover other aspects of the quality of care provision.

This relationship between the Dignity Challenges and the CQC Guidelines has been illustrated at Table 1.

Table 1: Dignity Issues in the Care Commission Guidelines												
CQC Section	CQC Guideline	Care Quality Commission (CQC) Guidelines © Care Quality Commission 2009	10 Dignity Challenges									
		Guidance about Compliance <u>Essential Standards of Quality and Safety</u> OUTCOMES	Respect	Abuse	Privacy	Autonomy	Person Centered Care	Self-esteem	Loneliness & Isolation	Communication	Complaints	Care Partners
Involvement & Information	1	Respecting and involving people who use services	X		X	X	X			X		X
	2	Consent to care and treatment				X	X					
	3	Fees				X						
Personalised Treatment	4	Care and welfare of people who use services	X	X			X					
	5	Meeting nutritional needs	X	X			X					
	6	Cooperating with other providers					X					
Safeguarding and Safety	7	Safeguarding people who use services from abuse	X	X								
	8	Cleanliness and Infection control.					X	X				
	9	Management of medicines		X		X	X					
	10	Safety and suitability of premises	X		X	X						X
	11	Safety, availability and suitability of equipment	X		X		X					
Staffing	12	Requirements relating to workers		X								
	13	Staffing	X									
	14	Supporting workers	X									
Quality and Management	15	Statement of Purpose										
	16	Assessing and monitoring the quality of service provision					X				X	
	17	Complaints	X	X							X	
	Quality of Management Outcomes 15-21 not shown - refer to CQC Guidance											
Suitability of Management Outcomes 22-28 not shown - refer to CQC Guidance												

ORGANIZATIONAL LEVEL 'DIGNITY AUDIT' THEMES FOR SENIOR MANAGERS

The Dignity through Action Programme is focussed on providing care staff at all levels with resources to help them focus on and identify dignity issues, and create action plans to carry out effective changes. At an organizational level the 10 Dignity Challenges offer a simplified a 'broad brush' perspective of the subject, whereas the CQC Guidelines provide a very detailed and necessary approach to auditing the quality and safety of care with an integrated approach to the subject of dignity.

The Dignity through Action resources includes 'dignity audit tools', so that care workers and their managers can make a relatively comprehensive assessment of their own attitudes to dignity and their care practices. During the trials of the Dignity through Action Workshop it was found that some senior managers and other senior professional staff attended Dignity Workshops to support their staff and in some cases they also took part in the workshops to learn more about the subject of dignity.

To assist senior managers focus on the subject of dignity from the perspective of the Dignity Challenges (*in the context of the wider and detailed CQC Guidelines*) a relatively detailed listing of dignity related themes have been identified from a number of sources (*Note 5*) and listed from the perspective of the Dignity Challenges. From an organizational perspective each dignity challenge is described under the headings:

Meeting the Dignity Challenge

Core Ideas

Key Questions

Key Actions Required

This material is presented in tabular form at **Appendix 1**. It should be noted that the Dignity Challenges are presented in the order used in the Dignity through Action resources, which was chosen for educational reasons, and not in the numbered order as published originally. Senior managers should find this **aide memoire** about dignity issues and factors useful at Dignity Workshops or in other assessment work.

Note:

5. Sources include: Age Concern (2006), British Geriatrics Society (2006), Department of Constitutional Affairs (2006), Department of Health (2006), British Geriatrics Society (2007), Healthcare Commission (2007), Health and Social Care Advisory Service (2007), Help the Aged (2007a), Help the Aged (2007b), Department of Health (2007a), Department of Health (2007b), Age Concern (2008), Care Service Improvement Partnership (CISP), (2008), Help the Aged (2008a), Help the Aged (2008b), Royal College of Nursing (2008a), Social Care Institute for Excellence (2008), Care Quality Commission (2009).

APPENDIX 1: APPROACH TO DIGNITY IN THE RESOURCES

To provide health and social care workers with a clear structure for thinking about dignity and respect, the Dignity through Action Resources approach the subject of dignity for the older person from two overlapping perspectives.

- **Human Rights Perspective.** Dignity is explained as one **quality** of our behavior and actions towards others. Dignity is about the quality of the way in which we appreciate and respect others which leads us to treat people in certain ways. The basis for this moral approach are the ideas that all people ought to be considered as having ‘nobility’ and ‘worth’ as human beings and all people should be treated with dignity as part of fulfilling their human lives. The ideas of universal ‘equality’, ‘rights’ and ‘freedoms’ were enshrined in Article 1 of the United Nations Declaration of Human Rights (UDHR) (1948), which stated that *‘all human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood’* (UN, 2009). The UHCR (1948) defined a ‘correct way’ of acting towards all people which has passed into later formal International Conventions and human rights laws such as the European Convention on Human Rights (ECHR) (1950) and the UK Human Rights Act (HRA) (1998).
- **Human Needs Perspective.** Dignity is also explained as **quality** of a person’s ‘inner-self’. Everyone has personal psychological needs and these are related to feelings of self-respect, self-esteem and self-worth. The term ‘dignity’ can be used in more complex ways for example:
 - **Expectations of being treated with dignity.** People want to be treated with dignity and most people have a very individual and finely tuned sense of whether or not they are being treated with the dignity they believe they deserve. Many older people will have considerable expectations for the way in which they should be treated due to previous achievements or status.
 - **Appearing and acting dignified.** Dignity can be used to describe how person can appear or behave (*e.g. looking or acting dignified*). Firstly, the outward appearance or behaviour of a person may be a direct indication of how they feel about themselves (*self-esteem*). Secondly, maintaining a dignified appearance may be a major contribution to whether a person is treated with dignity by others. It takes training and experience to see past how a person looks or acts and to treat them with dignity even when they themselves do not look or act in a dignified way.

The Dignity through Action resources introduce health and social care workers to the four ‘**types of dignity**’ from the Older Europeans (DOE) Project Study (2004) (*Note 6.*). This insightful approach highlights some of the behavioural complexity in the subject of dignity. The four types of dignity are:

- **Dignity of the Human Being** (*Note 7*). This type of dignity is based on the principle of ‘humanity’ and the ‘universal worth’ of human beings and their ‘inalienable rights’- which can never be taken away. This is a moral approach, which considers that we all have a moral obligation to treat other human beings with dignity because of the belief that all human beings have ‘nobility’ and ‘worth’ and people need to be treated with dignity as part of fulfilling their human lives. Various international conventions and legal instruments define this in terms of human rights and how all human beings ought to be treated. This brings with it other ideas such as ‘equality’, where, for example, it is expected that all people merit treatment as human beings on an equal basis, whoever they are, whatever their age, whatever their background, how they are behaving or whatever they may be suffering from.
- **Dignity of Personal Identity.** This form of dignity is related to personal feelings of self-respect and personal identity, which also provides the basis for relationships with other people. Most people have a self-image and wish to be treated by others in the manner they believe they deserve. Most people have a very finely tuned sense of being treated in a dignified or an undignified manner. It is relatively easy to damage a person’s perception of their self-esteem and self-worth with a few harsh words or with physical

Notes:

6. European Commission (Undated) *Educating for Dignity, The Dignity and Older Europeans Project (QLG6-CT-2001-00888)*. A report on the findings is available at:

http://www.cardiff.ac.uk/medic/subsites/dignity/resources/Human_Dignity_An_Operational_Model.pdf.

7.. *The Dignity and Older Europeans Study used the German word ‘mensenwürde’ to describe the wide concept of ‘humanness’ and the inalienable value of human beings’*

mistreatment. On the other hand, many people are quite robust and manage to keep their personal self-esteem, whatever bad happens to them.

- **Dignity of Merit.** This form of dignity is related to an older person’s status. Many older people are proud to have held positions in society, been awarded honours and had significant achievements in their lifetime. Uniforms, awards, badges and titles all bring to the owner a level of respect and dignity in society. People have a reasonable expectation of continued recognition for their achievements as they become older and can be very disappointed when this does not happen.
- **Dignity of Moral Status.** This is a variation of dignity of merit, where some people have a *personal status* because of the way they are perceived and respected by others. This type of dignity is difficult to appreciate because the meaning and value of a person’s moral status will vary from situation to situation and time to time. Unlike permanent awards or honours based on merit, an individual’s *moral status* is not something everyone recognises. For example, an unelected community leader may well have a moral status and be treated with considerable dignity by members of that community. Yet to others, this unelected individual may be seen as having no legitimate right to represent anyone and just be ignored. In this sense *dignity of moral status* will be very much in the *eye of the beholder*. This is a complex aspect of delivering care with dignity. Older people will also have an expectation of continued recognition of their previous moral status no matter how volatile that was.

The Dignity through Action Resources provides a clear framework based on human rights and meeting human needs to help health and social care workers think about and understand the role of dignity in care of the older person and provide a basis for action planning from these perspectives. Therefore, the Dignity Challenges are presented as shown at Figure 1.1. This listing is not in the original published order and, to avoid any confusion, the Challenges are not numbered.

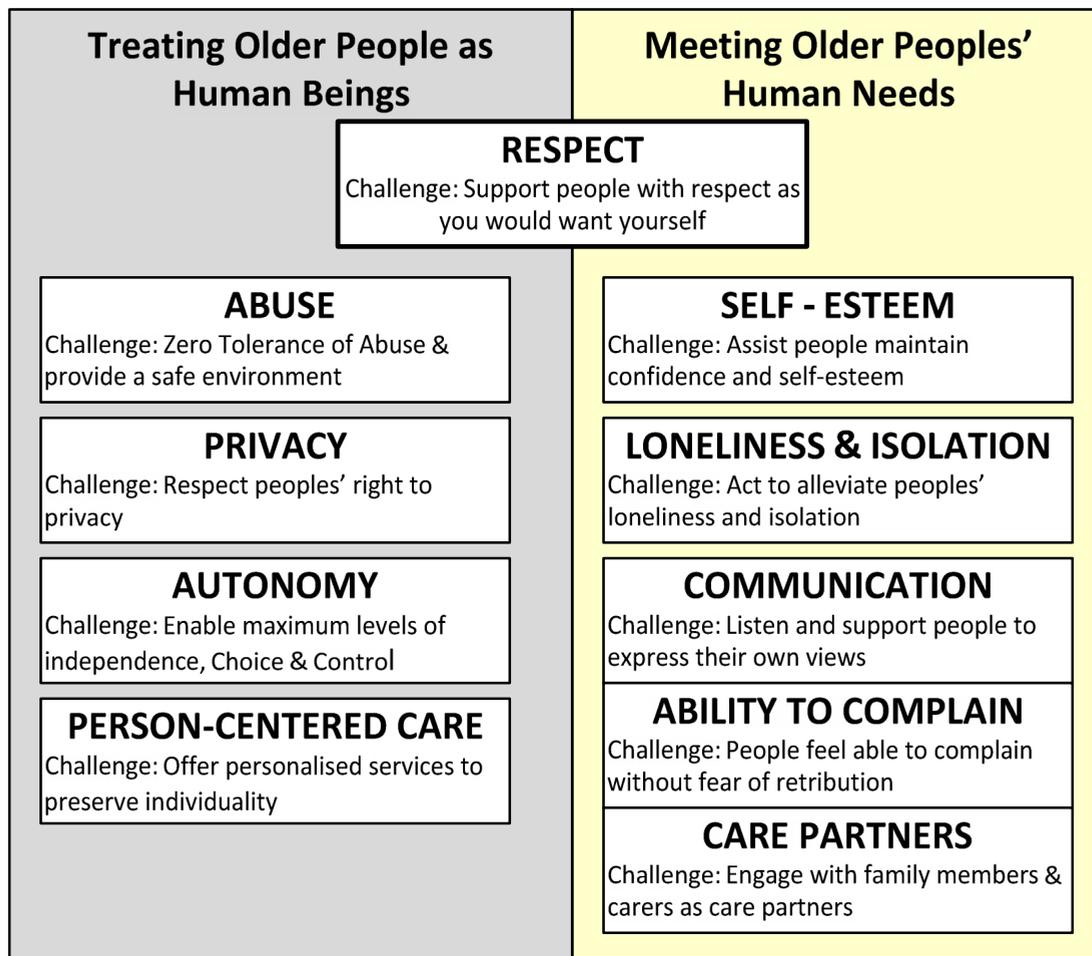


Figure 1.1: Dignity through Action Presentation of the Dignity Challenges

APPENDIX 2: DIGNITY THROUGH ACTION WORKSHOP

The core of the Dignity through Action Programme is a dignity workshop (*half or full day*). The workshop covers:

- An explanation of the subject of dignity.
- Older people and their challenges.
- The 10 dignity challenges.
- Action Planning for Dignity. The Programme stresses the identification and analysis of dignity problems, detailed consideration of planning factors, creating an action plan and the arrangements for managing the plan and the evaluation to assess success.

The objectives of the Dignity through Action Workshop are:

- To explain the general concepts of Dignity and the Dignity Challenges.
- To provide a managed workshop environment for discussing and reflecting on the dignity challenges in local practice, and determining how personal practice could be improved.
- To develop local action plans for the improvement of care with dignity for the older person.

The Dignity Workshop has 4 parts covering:

- Part 1: The Meaning of Dignity.
- Part 2: Older People and their Challenges (*part of the full-day workshop only*).
- Part 3: The Dignity Challenges (*there are full-day and half-day versions*).
- Part 4: Action Planning.

The workshop, which has been through extensive trials, includes a choice of content to meet the needs of all grades, specialities and professions of staff working with older people. It is possible to run dignity workshops with attendees having mixed levels of experience and background. There are two types of Dignity through Action workshops:

- **Full-day Dignity Workshop.** The full day Dignity Workshop lasts approximately 6.5 hours and is suited for all careworkers who need to be provided with a fuller coverage of the subject of dignity. The full day workshop provides a longer period for action planning and thinking about the management of change and is better suited to professionally qualified staff members who may already be in a supervisory/managerial position.
- **Half-day Dignity Workshop.** The half-day Dignity Workshop lasts approximately 4 hours. This introductory workshop is suited to the needs of all types of careworkers, whatever their grade. The half-day workshop only has enough time to provide an introduction to basic action planning.

Each workshop presentation is supported by a PowerPoint slide pack. A summary of the form and contents of the Dignity through Action Workshop is at Table 2.1. Workshops should operate on the planning ratio of about 1 facilitator/tutor to about 20 workshop participants. If the number of participants increases then more staff may be needed to assist with the workshop discussions. It is useful if a manager attends the Dignity Workshop to support staff through the action planning, implementation and evaluation discussions.

PERSONAL ACTION PLANNING

The Dignity Workshop provides a basic structure for thinking about dignity to change attitudes, procedures, processes and policies. It also provides an opportunity for care workers to identifying dignity problems and to take time to focus on action planning to solve these problems. However, this must be carried out in the context of the internal management arrangements and supervisory practices of the care environment to which a care worker belongs. Such environments will have their own methods and procedures for identifying and reviewing issues and managing change. Dignity through Action workshop planning should where possible conform to those local arrangements.

TABLE 2.1: SUMMARY OF DIGNITY WORKSHOP STRUCTURE AND CONTENTS

Part	Descriptions
PART 1	<p>INTRODUCTION & LEARNING OUTCOMES (<i>Full-day and Half-day workshops</i>)</p> <p>The short workshop introduction is for use on the full day and half day workshops. There are some PowerPoint slides included at the start of Presentation 1 to support the Introduction.</p> <hr/> <p>THE MEANING OF DIGNITY (<i>Full-day and Half-day workshops</i>)</p> <p>Presentation 1. This Presentation covers the meaning of the term 'dignity' from the perspective of care for the older person and, following ideas of the Dignity and Older Europeans (DOE) Project Study (2001-2004), covers the meaning of dignity from the wider perspectives of:</p> <ul style="list-style-type: none"> • Dignity of the Human Being. • Dignity of Personal Identity. • Dignity of Merit. • Dignity of Moral Status. <p>The Presentation provides the basis for a framework for thinking about dignity from the overall perspectives of:</p> <ul style="list-style-type: none"> • Treating older people as human beings. • Meeting older peoples' human needs. <p>Activity 1. The Activity is based on Case Study A: Types of Dignity and uses a newspaper report as a real life case study and a worksheet for workshop participants to consider types of dignity. Activity A includes a group discussion and a plenary session.</p>
PART 2	<p>OLDER PEOPLE AND THEIR VULNERABILITIES (<i>Full-day day workshops only</i>)</p> <p>Presentation 2. The Presentation covers the vulnerabilities of older people and includes discrimination, stereotyping, ageism, abuse and neglect. It provides the context for the next presentation about the Dignity Challenges. Discussions are encouraged, but there is no formal Group Activity related to Part 2 of the Workshop. As new statistics are released the presentation will need updating.</p>
PART 3	<p>THE DIGNITY CHALLENGES (<i>Full-day and Half-day workshops</i>)</p> <p>Presentation 3. The presentation covers the Dignity Challenges. Full day workshop: Part 3 (Two sessions) and Half day workshops: Part 3 (Single Session).</p> <p>Activity 3.1. Activity 3.1 is a Group Discussion, followed by a Plenary Session, based on Case Study B: the Dignity Challenges. There are 3 versions of Case Study B designed to meet the needs of the main groups of workshop participants. These are:</p> <ul style="list-style-type: none"> • Case Study B1. Independent Living Environment (<i>Mr Smith (72 yrs) Living at Home</i>). • Case Study B2. Care Home Environment (<i>Mrs Arthur (75 yrs) in the Red Robin Care Home</i>). • Case Study B3. Nursing Care Environment (<i>Miss Brown (91 yrs) in Hospital</i>). <p>Answer Guides are provided in the Facilitators' Handbook.</p> <p>Activity 3.2 (<i>Normally Full Day Workshop Only</i>). Activity 3.2 is designed to encourage workshop participants to reflect on their care practice using a Personal Dignity Audit Tool, which covers some of the ideas covered during Presentation 3. If supervisors or managers are attending the workshop then they could use the alternative Supervisors' and Managers' Dignity Audit Tool.</p>
PART 4	<p>ACTION PLANNING (<i>Full-day and Half-day workshops</i>)</p> <p>Presentation 4. This Presentation covers the main steps in action planning. The Workshop Pack contains checklists for the planning steps. Planning worksheets are available as optional inserts into the Workshop Pack.</p> <p>Activity 4.1 (<i>Part of Presentation 4</i>). This Activity is a tutor led step by step worked example of an action plan using information from Case Study B. At the end of the worked example the workshop participants should have covered all the planning steps using the planning checklists included in the Workshop Pack.</p> <p>Activity 4.2. This Activity requires the workshop participants to work in groups (<i>or individually</i>), to choose a local dignity issue (<i>which may have been identified while using the 'audit tools'</i>) and work through the planning steps to develop an action plan. The purpose of the activity is to allow workshop participants an opportunity to identify a local dignity problem and develop an outline plan for dealing with it. The Activity concludes with a plenary session where the Groups and/or individuals describe (<i>and agree</i>) the arrangements for follow up work and for evaluating the success of their action plans.</p>
	<p>WORKSHOP EVALUATION</p> <p>The Dignity Workshop should be subject to evaluation and this should be carried out according to local custom. If required a Dignity Workshop Evaluation Questionnaire has been included in 'Other Useful Documents'.</p>

APPENDIX 3: AN ORGANIZATIONAL LEVEL PERSPECTIVE OF THE DIGNITY CHALLENGES

<p>MEETING THE DIGNITY CHALLENGE: RESPECT</p> <p>The organization should support older people with policies and practices that respect the beliefs and values that are important to the person receiving services. Its staff members should treat older people with the same respect as they would want for members of their own family. This support must meet the requirements of human rights and other legislation.</p>	
<p>CORE IDEAS</p> <ul style="list-style-type: none"> Older people should be cared for as a ‘whole person’ in a courteous and considerate manner, ensuring time is taken to get to know them. This should recognise the human rights as well as the physical, cultural, spiritual, preferences and choices of individual older people. Older people receiving services should be helped to participate as partners in decision-making about the care and support they receive. Older people should be encouraged and supported to take responsibility for managing their care themselves in conjunction with, when needed, care staff and other information and support services. 	<p>KEY QUESTIONS <i>(Continued)</i></p> <ul style="list-style-type: none"> Respect and value the contribution of the relatives, friends and advocates of older people as well as its own staff members carrying out the care work? Take active steps to reduce embarrassment or humiliation while carrying out care and support activities? Insist on staff using its support equipment, so as not to cause pain, humiliation, lack of modesty or draw attention to the frailties or conditions of older people? <p>Policy. Does the organization have:</p> <ul style="list-style-type: none"> Up to date Policies? Policies should cover Personal and People Development, Quality, Equality, Diversity and Privacy, and Complaint Handling. Review Process? There should be a programme of robust dignity related policy reviews <i>(this may be part of other policy reviews)</i>. Dignity Champions? There should be a policy of encouraging and supporting staff members to become Dignity Champion and supporting them in their role. Involvement Policy? Are older people encouraged and supported to take responsibility for managing their care, participating as partners in decision-making about themselves in conjunction with, when needed, care staff, other information and support services, and family and carers?
<p>SOME KEY QUESTIONS</p> <p>Central Philosophy of Care. Does the organization has a central philosophy of care that values people, so that its policies and practices respect the beliefs and values important to the older person receiving services?</p> <p>Organizational Compromises. Is the organization aware of any compromises being made in the quality of care due to inadequate or limited resource s allocation? What is the impact on how older people receiving services are being treated due to ‘targets’, ‘effectiveness/efficiency’ measures, assessment practices, staffing ratios, staff supervision and staff training?</p> <p>Equality. Does the organization treat older people equally?</p> <p>Organizational Culture.</p> <ul style="list-style-type: none"> Does the organization’s policies, processes and practices emphasise seeing matters from the perspective of the older people receiving services? Is the organizational culture about caring for people and supporting them rather than task management? <p>Empathy. Does the organization encourage its staff members to:</p> <ul style="list-style-type: none"> Support people with the same respect they would want for members of their own family? Ensure older people receiving services are never left in pain or feeling isolated or alone? <p>Courtesy and Respect. Does the organization:</p> <ul style="list-style-type: none"> Respect and value older people as individuals where people are cared for in a courteous and considerate manner, ensuring time is allowed for its staff to get to know the older people? Have staff members who can be relied on to be polite and courteous even when under pressure? Ensure older people are never put in situations where they can be seen to fail? 	<p>KEY ACTIONS FROM A DIGNITY PERSPECTIVE</p> <p>The organization should:</p> <ul style="list-style-type: none"> Check that the organization is learning from dignity/respect related incidents with feedback into policies and processes. Check organizational policies and processes to ensure ‘respect’ is represented fully. Check organizational policies and processes against the relevant applicable legislation <i>(e.g. Disability Discrimination Act, Race Relations Act and Human Rights Act.)</i> Encourage and exploit the use of Dignity Champions. Review training and awareness sessions which might have dignity/respect components. Does the organization conduct sufficient training with dignity awareness components? All staff should receive appropriate dignity training and awareness sessions using suitable resources. Include in the quality review process. Ensure the organization conforms to the relevant ‘respect’ related outcomes in the relevant national standards <i>(e.g. Care Quality Commission Guidance, 2009)</i>.

<p>MEETING THE DIGNITY CHALLENGE: ABUSE</p> <p>Organizations should provide care and support for older people in a safe environment, free from abuse. It should be recognised by all members of the organization that abuse can take many forms including physical, psychological, emotional, financial and sexual, and extend to neglect or ageism. Staff should be trained to recognise the signs of abuse and know how to report it.</p>	
<p>CORE IDEAS</p> <ul style="list-style-type: none"> Care and support is provided in a safe environment, free from abuse. The potential for abuse is a concern for everyone in an organization. 	<p>KEY QUESTIONS <i>(Continued)</i></p> <p>Older Peoples Sensitivities. Does the organization take the sensitivities of older people into account in its planning and actions, where modesty, gender, culture or religion and basic manners are respected? This includes proper assessment of older people for using the toilet and toilet support while respecting their need for privacy.</p> <p>Confidentiality. Does the organization insist on staff confidentiality? Are there any current issues?</p> <p>Neglect. In caring for older people is the organization, its managers and staff sensitive to issues of neglect in areas of:</p> <ul style="list-style-type: none"> Supervision Assessment and risk management of older people? Regular medical assessment and access to medical services. Feeding strategies, food and drink access, malnutrition and obesity? Mobility (<i>e.g. foot care, eyesight, trip hazards etc</i>)? Hygiene and toilet use, including assessment of needs and inappropriate use of support aids. Detailed record keeping?
<p>SOME KEY QUESTIONS</p> <p>Recognising and Reporting Abuse.</p> <ul style="list-style-type: none"> There should be zero tolerance in the organisation to all forms of abuse. Do the organization’s policies encourage vigilance to prevent abuse and uphold the concept of ‘zero tolerance’ of abuse? Does the organization have in place clear policy and practice that enables all staff to report abuse in confidence and without prejudicing their position? Does the organization have a supportive and positive policy on reporting abuse and ‘whistleblowing’? <p>Staffing: Suitability of Staff.</p> <ul style="list-style-type: none"> Does the organization have effective HR policy and practices about the requisite Criminal Records Bureau and Protection of Vulnerable Adults checks to be conducted on all staff members including temporary staff? Does the organization ensure that all staff members concerned with the provision of care to older people are appropriately recruited, trained and qualified for the work they undertake? <p>Professional Practice. Does the organisation require that all employed professionals abide by their relevant published codes of professional practice?</p>	<p>KEY ACTIONS FROM A DIGNITY PERSPECTIVE</p> <p>The organization should:</p> <ul style="list-style-type: none"> Ensure effective HR systems for Criminal Review Bureau and other checks are in place and effective. Maintain robust records of staff attendance at such training. Ensure ‘whistleblowing’ is covered by policy and process. Ensure that its staff members, concerned with all aspects of the provision of care to older people participate in mandatory training programmes (<i>links with Mental Capacity Training</i>). Staff should be able to recognise signs of abuse and neglect. Train staff to recognise and report neglect and abuse using an effective organizational reporting system. Include in the quality review process. Ensure the organization conforms to the relevant ‘respect’ related outcomes in the relevant national standards (<i>e.g. Care Quality Commission Guidance, 2009</i>).

MEETING THE DIGNITY CHALLENGE: PRIVACY	
<p>The organization should respect older peoples' right to privacy in the personal environment (<i>Note 8</i>) taking into account areas of sensitivity such as modesty, gender, culture or religion and basic manners.</p>	
<p>CORE IDEAS</p> <ul style="list-style-type: none"> • Older people have rights of respect for 'a private, family life, home and correspondence' and 'peaceful enjoyment of personal possessions' (UK Humans Rights Act, 1998). • There are three perspectives: <ul style="list-style-type: none"> ○ Privacy of the Person. Older people should be respected and protected in areas of sensitivity which relate to modesty, gender, culture or religion and basic manners. This includes not being made to feel embarrassed when receiving care and support. ○ Privacy of Personal Space. Older people should have access to 'personal space' when needed. ○ Privacy of Belongings. Older people should have their belongings (<i>including information</i>) respected and protected. 	<p>KEY QUESTIONS (<i>Continued</i>)</p> <p>Respect for Peace and Quiet.</p> <ul style="list-style-type: none"> • Do older people have access to quiet/private areas or rooms that are available and accessible at all times? This may also be for medical visits/ treatments, private discussions with staff, other professionals, and family and carers. • Can people receiving services decide when they want 'quiet time' and when they want to interact? <p>Respect for Personal Belongings. Are older peoples' belongings safe and located in private areas so that are unlikely to be subject to theft or disturbance?</p>
<p>SOME KEY QUESTIONS</p> <p>Respect for Modesty.</p> <ul style="list-style-type: none"> • Does the organization promote the protection of modesty? This should cover: exposing procedures, moving and handling, and matching clothing to person size; as well as intrusion into an older person's personal space without permission? Are there private spaces for undressing and dressing? • Is there a policy about the restrictions on who can be present at medical examinations or treatment? What choices about privacy do older people have about this? What about consent? <p>Environment: Facilities.</p> <ul style="list-style-type: none"> • Single sex/Unisex facilities. How does the organization meet the preferences of older people? What compromises have been decided? Do the care recipients understand the reasons for compromise? • Use of privacy aids. Is there a sound policy and consistent practice on the use of 'privacy aids' (<i>Curtains, signs and notices and clothing</i>). Is this resourced properly? • Religious Practice Requirements vs. Multi-denominational Compromises. How does the organization meet the religious preferences of older people? What compromises have been decided on? Have ethnic and multi-cultural issues been properly addressed? 	<p>KEY ACTIONS FROM A DIGNITY PERSPECTIVE</p> <ul style="list-style-type: none"> • Audit the advertised qualities of accommodation (<i>e.g. quiet rooms/areas for access for private discussions</i>). • Insist on its staff asking permission, where possible, before touching (<i>physical contact</i>) an older person or entering their private space? • Promote confidentiality, privacy and protection of modesty? • Ensures that all staff members are made aware of the confidentiality policy and practice through corporate and local inductions. • Train staff to understand: <ul style="list-style-type: none"> ○ The requirements of modesty, gender, culture or religion and basic manners. ○ To recognise where circumstances can be avoided that might lead to older people being embarrassed or humiliated. ○ Consistent practice in matters of protection of modesty, use of privacy signals and aids such as curtains or 'do not disturb' signs. • Include in the quality review process. Ensure the organization conforms to the relevant 'respect' related outcomes in the relevant national standards (<i>e.g. Care Quality Commission Guidance, 2009</i>).

Note:

8. The personal environment is defined as the immediate area in which the older person receives care e.g. bed space, consulting room and own home.

MEETING THE DIGNITY CHALLENGE: AUTONOMY	
The organization should enable older people to maintain the maximum possible level of autonomy: independence, choice and control.	
<p>CORE IDEAS</p> <ul style="list-style-type: none"> • People receiving services have the maximum possible choice and control over the services they receive. • Care and support should be negotiated and agreed with older people receiving services as partners. • Older people receiving services should be helped to make a positive contribution to their care and to be involved in decisions about their personal care. 	<p>KEY QUESTIONS <i>(Continued)</i></p> <p>Nutrition. Does the organization:</p> <ul style="list-style-type: none"> • Monitor the likes and dislikes of certain foods by individual older people. <i>(This includes asking family and friends about an older person's likes and dislikes?)</i> • Offer a choice of foods to include what to eat, quantity, where to eat with some reasonable choice of timings? Are there drinks and snacks available on demand <i>(left within reach?)</i> • Prepare food safely and meet religious and cultural requirements? • Carry out individual patient nutritional assessments? • Nominate specific staff to help older people eat without drawing attention to them or humiliating them? Is it allowed for family members or friends to help with feeding or even just encourage them to eat? Does this clash with 'protected mealtimes' policy? • Have processes to monitor and correct unsupportive practices? <p>Hygiene. Does the organization:</p> <ul style="list-style-type: none"> • Carry out assessment of the toilet needs of individual people on an individual basis taking into account balancing their needs and wishes? • Maximise individual abilities at the all times during hygiene activities using aids such as hoists, commodes, curtains, pads while minimising drawing attention to the older person or humiliating them <i>(older people should not be left on the commode or a bed pan for longer than necessary)</i>. Are hygiene aids <i>(e.g. pads)</i> used for staff convenience rather than to benefit the older person? <p>Support for Independence. Does the organization support older people with interpreters/translation services?</p>
<p>SOME KEY QUESTIONS</p> <p>Autonomy versus Dependence. Does the organization:</p> <ul style="list-style-type: none"> • Carry out individual risk assessments which promote choice in a balanced way that is not too risk-averse? • Avoid making unwarranted assumptions about what people want or what is good for them? <p>Participation of Older People. Does the organization:</p> <ul style="list-style-type: none"> • Provide people receiving services the opportunity to influence decisions regarding the organization's policies and practices? • Allow older people to have the maximum choice and control over the services they receive leading to control over their own lives? • Participate as partners in decision-making <i>(negotiating and agreeing)</i> about the care and support they receive. <i>(From the organization's perspective what circumstances is it acceptable for professionals or family members to overrule an older person's decisions?)</i> <p>Encouragement of Self-care. Are older people encouraged and supported to take responsibility for managing their care themselves in conjunction with, when needed, care staff and other information and support services?</p> <p>Meeting Personal Preferences. Does the organization:</p> <ul style="list-style-type: none"> • Permit choices in daily care routines? • Permit choices in the type and level of assistance within the constraints of risk assessment? <p>Supporting Independence. Does the organization support:</p> <ul style="list-style-type: none"> • Mobility initiatives <i>(e.g. chiropody, regular eye sight checks, effect of medicines, exercise programmes)?</i> • Risk reduction Initiatives <i>(fall risk assessments, trip hazards, furniture and bathing safety)?</i> 	<p>KEY ACTIONS FROM A DIGNITY PERSPECTIVE</p> <p>The organization should ensure:</p> <ul style="list-style-type: none"> • Older people receiving services have proper and regular assessments in the context of maximising personal autonomy. • Older people receiving services are, where possible, consulted about their preferences in care. The choices available to older people should be explained and their decisions and preferences respected. • Older people should, in general terms, be able to eat and drink what they want, when they want. • Risk assessments should not be risk adverse allowing choices, where possible, for older peoples' wishes to be respected. • Include in the quality review process. Ensure the organization conforms to the relevant 'respect' related outcomes in the relevant national standards <i>(e.g. Care Quality Commission Guidance, 2009)</i>.

<p>MEETING THE DIGNITY CHALLENGE: PERSON-CENTERED CARE</p> <p>The organization treats each older person as an individual by offering a personalised service. The attitude and behaviour of managers and staff help to preserve the individual’s identity and individuality.</p>	
<p>CORE IDEAS</p> <ul style="list-style-type: none"> • Services are not standardised for all, but where possible, they should be personalised and tailored to meet the needs of each individual older person. • Staff members take time to get to know the older person receiving services and agree with them how they should be treated for example in how they would prefer to be addressed. 	<p>KEY QUESTIONS <i>(Continued)</i></p>
<p>KEY QUESTIONS</p> <p>Policy.</p> <ul style="list-style-type: none"> • Does the organization provide relevant comprehensive assessment as the basis for delivering personalised care and tailored to each individual older person? • Does the organization have policies and practices to promote care and support for the whole person? • Does the attitude and behaviour of managers and staff help to preserve individual older peoples’ identity and individuality? • Does the organizational culture value and respect individual peoples’ physical, cultural, spiritual, psychological, social needs and preferences <i>(including gender and equality)</i>? <p>Treating Older People as Individuals. Does the organization:</p> <ul style="list-style-type: none"> • Provide care on the basis of individual needs <i>(where this is relevant)</i>? • Ensure that care staff members deliver care and support at the pace of the individual? • Avoid making unwarranted assumptions about what people want or what is good for them? <i>(Link to risk assessment.)</i> • Allow staff members to take time to get to know the older people receiving services and allow them to agree their care needs with them? • Allow sufficient time for staff to meet the needs and rhythm of individual older people? • Provide care within individual older peoples’ capabilities and limits? 	<p>KEY ACTIONS FROM A DIGNITY PERSPECTIVE</p> <p>The organization should ensure:</p> <ul style="list-style-type: none"> • Care is provided based on individual needs of older people. • Proper assessment of needs to underpin care delivery. • Full, accurate and consistent (multi-professional) record keeping is maintained. • Staff are trained to consider the requirements of person-centered care • The relevant key related outcomes from the Care Quality Commission Guidance (2009) are addressed <i>(See Table 2).</i>

MEETING THE DIGNITY CHALLENGE: SELF-ESTEEM OF OLDER PEOPLE	
<p>The organization encourages older people to maintain confidence and positive self-esteem individuals to participate as far as they feel able.</p>	
<p>CORE IDEAS</p> <p>'Self-esteem' is about a personal appreciation one's own worth. It comes about by a complex and continual judgment about the way conflicting and complex (<i>often emotional</i>) issues are dealt with in daily life. How much control a person has over this dynamic internal and private mental reflection process and the stability of their 'internal landscape' will vary from person to person, from period to period, from environment to environment and from situation to situation.</p> <p>Another important dynamic aspect of self-esteem is an appreciation of the external respect of others. Respect from others entails recognition, acceptance and perceived status by others. Self-esteem can be changeable for the better or worse depending on how a person is treated or spoken to. People always seem to know when they are not being treated with dignity and respect even though they might not be able to put it into words. How older people see themselves will be influenced heavily by the recognition, acceptance, status and appreciation of others. Care should aim to develop, and never harm, the self-esteem of the older person receiving services while promoting health and well-being.</p>	<p>KEY QUESTIONS (<i>Continued</i>)</p> <p>Maintaining a Dignified Appearance. Does the organization:</p> <ul style="list-style-type: none"> • Encourage staff and older people receiving services to maintain a respectable personal appearance at all times (<i>e.g. daytime clothes, keeping clean, hairdressing etc</i>)? • Encourage older people receiving services to wear their own clothes wherever possible rather than gowns etc? • Provide or help with access to (<i>where relevant to care provision</i>). Daytime clothing, proper bed wear, hairdressing, chiropody, dentistry, dignified mobility aids and hygiene facilities. • Encourage staff to be clean, tidy and well presented, and in consistent uniform where relevant • Maintain the social standing of individual older people even when mental or physical deterioration has taken place? • Maintain the social standing of individual older people by recognising their previous achievements or status (<i>within the constraints of equality policy</i>)? <p>Maintaining Inclusion. Does the organization encourage:</p> <ul style="list-style-type: none"> • Individual older people to participate as far as they feel able? • Inclusion and participation of older people in daily life (<i>e.g. community or voluntary work</i>)? • Does the organization assist people to maintain confidence and a positive self-esteem by:
<p>KEY QUESTIONS</p> <p>Policy. Does the Organization:</p> <ul style="list-style-type: none"> • Develop of the self-esteem of the older person receiving services, actively promoting their health and well-being? • Maximise the individual abilities of older people at all times during eating and personal care and hygiene activities? • Provide staff with enough time to get to know the person receiving services and agree with them how they should be best treated? <p>Maintaining Self-Confidence. Does the organization provide the care and support to develop older peoples':</p> <ul style="list-style-type: none"> • Self-confidence, while actively promoting health and well-being? • Value as a person in the 'eyes' of others? • Confidence by never put placing them in a position where they can fail as a member of a group or they cannot manage a situation? (<i>The organisation should allow older people to take their time with tasks and not hurry them.</i>) • Maximising individual activities of older people (<i>eating, personal care and hygiene activities</i>)? • Use of a meaningful therapeutic activity programme such as access to occupational or speech therapy, exercise activities including chair based activities? • Use of social engagement through informal lunch clubs, quizzes and competitions and craftwork? 	<p>KEY ACTIONS FROM A DIGNITY PERSPECTIVE</p> <ul style="list-style-type: none"> • Ensure staff members are trained to understand the concepts of maintaining self-confidence and self-esteem and their relationship to their practices. • Ensure staff members comply with uniform policy through corporate and local inductions. • Ensure staff members trained to look respectable (<i>clean and tidy</i>) themselves? • Training should included helping older people to act and look respectable (<i>while respecting the wishes of the person receiving services as far as possible</i>). • Training should include monitoring of action plans for the personal and oral hygiene of older people. • The subject should be included in the quality review process. Ensure the organization conforms to the 'respect' related outcomes in the relevant national standards (<i>e.g. Care Quality Commission Guidance, 2009</i>).

MEETING THE DIGNITY CHALLENGE: LONELINESS AND ISOLATION	
<p>The organization should act positively to alleviate older peoples' loneliness and isolation.</p>	
<p>CORE IDEAS</p> <p>Older people receiving care services should be:</p> <ul style="list-style-type: none"> • Encouraged to maintain contact with the outside community. • Made to feel valued as members of the community. • Offered enjoyable, stimulating and challenging activities that are compatible with individual interests, needs and abilities. 	<p>KEY ACTIONS FROM A DIGNITY PERSPECTIVE</p> <ul style="list-style-type: none"> • The responsibilities of all staff towards achieving an active and health-promoting culture made clear through policies, procedures and job descriptions • Staff should help people receiving services to feel valued as members of the community. • Staff training should include ideas for appropriate social engagement of older people and relevant ideas for helping older people feel lonely and isolated. • Include in the quality review process. Ensure the organization conforms to the relevant 'respect' related outcomes in the relevant national standards (e.g. <i>Care Quality Commission Guidance, 2009</i>).
<p>KEY QUESTIONS</p> <p>Social Inclusion. Does the organisation maintain the social inclusion of older people by:</p> <ul style="list-style-type: none"> • Helping older people maintain contact with relatives, friends and professional carers? • Helping older people maintain their cultural and religious links? • Providing access to varied leisure and social activities that are enjoyable and person-centered, so as to meet recreational and social needs? <p>Activities. Does the organization:</p> <ul style="list-style-type: none"> • Offer enjoyable, stimulating and challenging activities that are compatible with individual interests, needs and abilities? • Review the activities offered to ensure they are up suitable for older people, to date and in line with modern society? • Help older people to find paid or voluntary work, if desired? <p>Contact with Others. Does the organization:</p> <ul style="list-style-type: none"> • Encourage older people to maintain contacts with the outside community? • Provide information and support to help individuals engage in activities which help them participate in and contribute to community life? • Maintain methods for keeping in touch with older people in remote sites? <p>Costs. Has the organization:</p> <ul style="list-style-type: none"> • Researched all aspects of potential funding to assist in this area. • A process for informing older people about sources of financial help. 	

MEETING THE DIGNITY CHALLENGE: COMMUNICATION	
The organization and its staff members have the opportunity to listen and support older people to express their needs and wants.	
<p>CORE IDEAS</p> <ul style="list-style-type: none"> • Older people should have access to the information and advice they need. The organization has a responsibility to provide information in a way that enables older people to reach agreement in care planning and exercise their rights to consent to care and treatment. • The organization should encourage openness and participation in decision making about care. • The organization should support those older people with communication difficulties or cognitive impairment and adequate level of support and advocacy. 	<p>KEY QUESTIONS <i>(Continued)</i></p> <ul style="list-style-type: none"> • Encourage staff to demonstrate effective interpersonal skills when communicating with people particularly those who have specialist needs such as dementia or sensory loss? • Ensure that information about the organization is accessible, understandable and culturally appropriate? ○ Communicate with other organizations who providing some aspect of care to older people and who are dealing with the same relatives and carers?
<p>KEY QUESTIONS</p> <p>Does the organization:</p> <ul style="list-style-type: none"> • Allow older people receiving services the opportunity to influence decisions regarding policies and practices and exercise their rights to consent to care and treatment? • Listen with an ‘open mind’ to people receiving services? • Enable and support older people to express their needs and preferences in a way that makes them feel valued? How do you know? • Provide adequate support and advocacy for older people with communication difficulties or cognitive impairment? • Enable older people to reach agreement in their care planning? • Provide information that is accessible, understandable and culturally appropriate? <i>(May require interpretation and translation services.)</i> • Provide information about relevant social participation to older people with sensitivity? • Shape its approach to care by assessing wider sources of information about their type of care services? Information sources include: <ul style="list-style-type: none"> ○ Charities and voluntary organizations. ○ National and local bodies and their surveys. ○ Feedback from patient councils, user groups, forums and local involvement networks. ○ Suggestions/complaints. ○ Information available from diverse cultural/religious groups. • Maintain the consistency of information <i>(consistency of message)</i> amongst its staff when communicating with older people, their family, friends and advocates? 	<p>KEY ACTIONS FROM A DIGNITY PERSPECTIVE</p> <ul style="list-style-type: none"> • Review the information provided to older people about services offered. • Ensure older people receiving services are assessed regularly for eyesight and hearing. • Ensure staff members are made aware of the public involvement policy through corporate and local inductions. • Carry out regular review of relevant national survey reports. • Carry out regular review of feedback from councils, user forums, user groups and local involvement networks. • Ensure staff understand the concepts of ‘communication’ and develop their interpersonal skills particularly for use with older people who have specialist needs such as dementia or sensory loss. • Ensure staff members are trained in communication skills. Training should include: <ul style="list-style-type: none"> ○ Verbal and non-verbal communication. ○ Giving directions. ○ Poor Practice such as ‘talking over older people’ or use of ‘baby language’. ○ Proper and personal introductions and the issue of over familiarity. ○ Completing documentation. ○ Use of technology for improved communication e.g. hearing loops. • Ensure sound communication with organizations providing concurrent care to an older person. • Ensure older people know how to obtain help to repair devices such as: glasses and hearing aids. • Include in the quality review process. Ensure the organization conforms to the relevant ‘respect’ related outcomes in the relevant national standards <i>(e.g. Care Quality Commission Guidance, 2009)</i>.

<p>MEETING THE DIGNITY CHALLENGE: COMPLAINTS WITHOUT FEAR OF RETRIBUTION</p> <p>The organization ensures that older people (<i>including relatives, friends and advocates</i>) feel able to complain without fear of retribution which would have a negative impact on the quality of care of older person.</p>	
<p>CORE IDEAS</p> <ul style="list-style-type: none"> Older people should have access to the information and advice they need so as to raise concerns or make a complaint. The organization has a responsibility to provide information in a way that enables older people make a complaint and have a procedure in place to respond in a positive and timely manner. The organization should support its staff help older people raise concerns and complaints with the appropriate person in the organization. There should be the opportunity for older people to access an advocacy services if required. Older people, family, friends and advocates should not fear any form of retribution in the form of reduction in the quality or level of care if a concern has been raised or a complaint made? An organization should have a clear feedback process for informing older people about their complaints. An organization should have a 'lesson learning process' to act on suggestions, complaints and mistakes made by staff. 	<p>KEY QUESTIONS (<i>Continued</i>)</p> <p>Concerns and Complaints Handling Process. Does the organization:</p> <ul style="list-style-type: none"> Help older people understand how they might raise a concern or register a complaint? Help older people make suggestions, concerns and complaints? Allow staff to raise their concerns and complaints on behalf of older people? Respond to concerns and complaints in a timely manner and within a set number of days (<i>e.g. 20 days</i>). Have clear escalation procedures and independent appeal as part of the organizations management process? By its actions, reassure relatives and carers that there will be no negative impact on the care of the older person if a concern is raised or a complaint registered? Maintains an auditable complaints register with details of the complaint and the details of the actions taken and what feedback was passed to the complainant? Audit regularly the concerns and complaints handling system where it is also reviewed by senior management.
<p>KEY QUESTIONS</p> <p>Policy and Processes.</p> <ul style="list-style-type: none"> Does the organization protect the people in its care through systems that identify and learn from reported incidents? Does the organization have a complaints policy and set of procedures which are user-friendly and accessible? Do the older people supported by the care organization have access to sufficient information and advice they need so as to be able to raise concerns and complaints? Does the organization deal with concerns and complaints as early as possible ensuring that complaints are communicated to all concerned? Does the organization operate a 'blame free' culture, where staff members are encouraged to learn from mistakes? Does the organization train its staff to support older people to raise concerns and complaints? Does the organization have a clear and consistent feedback process? <p>Advocacy.</p> <ul style="list-style-type: none"> Does the organization provide opportunities for older people, including those with communication difficulties or cognitive impairment, to obtain support and advocacy? 	<p>KEY ACTIONS FROM A DIGNITY PERSPECTIVE</p> <ul style="list-style-type: none"> Work towards achieving excellence with a standard complaints handling. Ensure complaints are responded to within a timely period consistent with or better than national standards and reporting on this within the performance scorecard. Feedback to older people, their relatives or carers making a complaint must be clear and unambiguous. There should be a process of satisfactory dealing with and closure of complaints or their escalation through the management chain. Ensure there are robust systems to ensure follow up and learning from complaints Ensure there are systems to follow up learning from such as 'patientline', suggestion cards and complaints. Ensure that education and training of staff includes complaint handling. All staff should know how to receive complaints and how to make complaints themselves. Include in the quality review process. Ensure the organization conforms to the relevant 'respect' related outcomes in the relevant national standards (<i>e.g. Care Quality Commission Guidance, 2009</i>).

MEETING THE DIGNITY CHALLENGE: ENGAGING WITH CARE PARTNERS	
<p>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 person receiving services.</p>	
<p>CORE IDEAS</p> <ul style="list-style-type: none"> • Employers, managers and staff recognise and value the role of relatives and carers, and respond with understanding. • Relatives and carers should be told who is 'in charge' and how to raise issues. • We provide support for carers who want to be closely involved in the care of the individual, and provide them with the necessary information. 	<p>KEY ACTIONS FROM A DIGNITY PERSPECTIVE</p> <ul style="list-style-type: none"> • Value the role of relatives and carers and respond with understanding. • Relatives and carers are kept fully informed and receive timely information. • Relatives and carers are listened to and encouraged to contribute to the benefits of person receiving these services. • Tell relatives and carers who is 'in charge' and with whom and how any issues should be raised. • Coordinate care with other organizations providing concurrent care to an older person. • Ensure that relatives and carers know what the organization (<i>and its staff members</i>) expect of them in contributing to the care of an older person receiving care services. • Ensure that relatives and carers understand the boundaries of their role and responsibilities in the care of an older person receiving care services. • Include in the quality review process. Ensure the organization conforms to the relevant 'respect' related outcomes in the relevant national standards (<i>e.g. Care Quality Commission Guidance, 2009</i>).
<p>KEY QUESTIONS</p> <p>Key Questions. Is the organization:</p> <ul style="list-style-type: none"> ○ Alert to the possibility that relatives' and carers' views are not always the same as those of the person receiving services? ○ Focussed on developing a welcoming ambience for family, friends, carers and advocates? ○ Communicating effectively with family, friends, carers and advocates as 'contributing partners'? ○ Keeping relatives and carers fully informed with timely information about older people receiving care services? Is this information consistent? ○ Listening to and encouraging relatives and carers to contribute to the benefit of older person receiving services? ○ Using a clear 'admission'/'induction' checklist to gather information from family, friends, carers and advocates? ○ Making any compromises in this area? ○ Providing support for relatives and carers who want to be closely involved in the care of the individual, and provide them with the necessary information to carry out this role? ○ Coordinating with other organizations who providing some aspect of concurrent care to an older person and who are working with the same relatives and carers? 	