Report on

The common core principles

Dignity

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Common Core Principles on Dignity

Map of Research Participant Locations

Introduction

Dignity in care has been of interest and concern for many in health and social care, for some considerable time. Almost every day there are media reports on undignified care received by the elderly and vulnerable people in care settings. Most of these reports have placed the responsibility for providing dignified care on the workforce. The efforts to raise awareness around dignity has been ongoing, notably the 10 point Dignity Challenge launched by government in 2007. The Dignity Challenge was aimed at raising awareness amongst care providers to ensure dignified care in their care settings; it arose out of the Department of Heath (DH) sponsored dignity partnership board which subsequently became the National Dignity Council. The Council has been working endlessly to recruit dignity champions in care settings and has signed up over 50,000 champions in England.

Drawing upon evidence that workforce has a major role to play in improving dignity in care Skills for Care have developed Common Core Principles on Dignity (CCPD). These principles highlight the actions and responsibility of the care providers in ensuring dignified care for their service users.

The National Dignity Council carried out a survey amongst its champions to identify the awareness and understanding of the CCPD and explore the challenges or levers in implementing these principles in their day to day work. This report provides the findings of the survey and some recommendations for the future.

Research Methodology

The survey

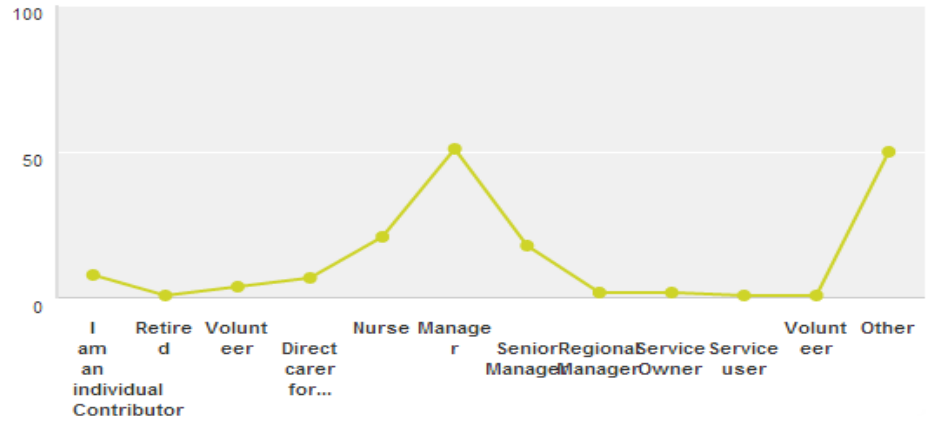
A web based survey was designed by framing questions relating to each core principle. The respondents were primarily asked to choose from yes/no options. There was also an opportunity to add specific comments in the free text section at the end of the questionnaire. The survey also asked for demographic details such as geographical location, job role and employment sector and the nature of the respondent's role i.e. paid or voluntary.

In addition a paper based survey was made available for direct users of service and/or their carers to utilise. This was circulated to providers alongside the information of the web based survey. This survey was somewhat shorter focussing only on the headline statements. The intention was to gain abroad view of the perceptions of individuals. Although this did not produce a vast number of responses, two areas the Midlands and Northwest gave sufficient responses to enable some conclusions to be drawn.

The survey was circulated through various networks and 183 people [including 24 users of service] responded. A breakdown of the roles and the sector worked are given in the next chart.

What is your job / role?

Answered: 159 Skipped: 3



Answer Choices	Responses	
I am an individual Contributor	5.03%	8
Retired	0.63%	1
Volunteer	2.52%	4
Direct carer for someone	4.40%	7
Nurse	13.21%	21
Manager	32.08%	51
Senior Manager	11.32%	18
Regional Manager	1.26%	2
Service Owner	1.26%	2
Service user	0.63%	1
Volunteer	0.63%	1
Other	31.45%	50
Total Respondents: 159		

It is evident that there were a higher percentage of managers who responded to the questionnaire which is helpful for identifying the culture and existence of appropriate procedures, however this may not fill the gap in understanding the actual practices and behaviours followed by the frontline staff. There were also a substantial number of responses from Nurses.

The survey was distributed through the internet for the reasons of ease of administration and wider accessibility, however we recognise therefore that it' may have not reached some potential respondents who do not have access to the web. It is also acknowledged that in the desire to test each principle in its fullness the survey became too long and may have impacted on the response rate and the responses itself.

Similarly, being asked about the individual's response and the response related to the host or employing organisation in the same question, may have caused difficulties in responding if the answer was yes for one and no for the other.

While we were able to amass substantial data through the survey, due to limitations on analytical capacity only a very broad analysis was carried out and we were unable to do any cross tabulations to link the responses to particular demographic characteristics such as job role etc.

It was noted that almost all questions were responded to by a high percentage of respondents (between 80 and 90 %) with very few skipping questions. This level of response was also evident in the user survey.

Despite limitations in survey design and analytic capacity the total number and extensive completion of survey responses mean the findings are worthy of note and provide a strong foundation for future activity to promote the dignity agenda. The following sections of this report provide analysis and findings for each of the core principles.

General findings:

Awareness of the principles:

The analysis of the responses received revealed that as high as 97% of the respondents were aware or had heard of the CCPD with 79% using these actively in their work. This is certainly a positive result in terms of the dissemination and usage of the principles in the sector. As might be expected the majority of respondents were positive in their comments regarding the approach to dignity of those who were providing the services. In four principles there were some indications of areas for possible development, although one must recognise that there is the potential for such high level questions to have been interpreted differentially.

Core principle 1:

Valuing the uniqueness of every individual – understanding the knowledge

Dignity is a complex term and may have different meaning to different people based on their culture, background, values and beliefs. Broadly defined, dignity is about treating each person as an individual, recognising their uniqueness and accepting their need for privacy, choice and control.

The questions related to this principle aimed to ascertain the respondent's knowledge of the meaning of dignity and the situations and behaviours that may impact on an individual's dignity.

The survey findings indicate that as high as 90% respondents understood the meaning of dignity and the impact that life course events may have on an individual's dignity. 91% respondents understood the individual need for privacy.

In response to the question about their practices in respecting individual need for choice and control, meeting hopes and aspirations and recognising the uniqueness of the individual and their diversity there was a high positive response (87 – 89%). Around 10% of the respondents reported that these aspects were only recognised sometimes.

A final question on the respondents understanding of the impact of their personal values and beliefs on their and others practice gave a positive response for 90% of respondents. Again about 10% respondents felt sometimes their personal values and beliefs could impact on the practice. 12% of user respondents felt that of staff respected individuality and personalities.

Core principle 1:
The high level finding for this principle demonstrates that among respondents there is a high rate of awareness and understanding of dignity and its meaning, as well as of the relationship between personal values and its impact on individual practice.

Recommendation

It would appear that there is still some work to do to ensure that staff fully appreciate the need to ensure that services are provided in a way that respects individuality and the ways in which personality impacts on user's perceptions of the services that are provided.

The CCPD however provide a clear mechanism through which this may be achieved and developing internal audit tools that organisations might use to assess their practice against this key principle would be an excellent way forward.

Core principle 2:

Uphold the responsibility to shape care and support services around each individual

Ensuring dignified care requires that clear practices be implemented that allow the translation of the understanding and knowledge regarding dignity and privacy. This principle and the related questions aimed to seek feedback on the practical elements of care planning and provision. These elements are ensuring the individual is at the centre, taking positive risk to enhance dignity and enabling self-reliance. While 88% practiced person centred care, only 79.7% took positive risk. 91.6% understood the need for enabling self reliance.

As high as 91% respondents, understood the implications of the individual's mental capacity and the duty of care, to act in their best interest. 87% agreed to respecting individual autonomy and ensured choice and control in care planning and delivery. 89% respected the individual's experience, knowledge and expertise.

Evidence suggests that it is always important to respect the need and sense of belongingness and encourage individual involvement with their local community. The survey indicated that 82% respondents were practicing this in their setting.

Another important aspect of care planning and delivery is that there is a partnership working between the individual, their family and friends as well as professionals. As high as 93% respondents recognised this while about 5% felt this only happened sometimes.

One of the significant barriers to person-centred care and ensuring dignity is making assumptions about an individual and their perception of dignity. Nearly 88% took time to consider this while just over 10% did this only sometimes.

Core principle 2:
The high level finding is that there is a good level of understanding and practice to ensure care is shaped around the individual and the need for working in partnership to enhance individual dignity and respect for all including those with mental capacity considerations.

Recommendation

There are a number of tools currently available that enable staff to discuss and reflect on the issue of service user perception of service delivery. It is vital that these are further developed and widely disseminated.

Core principle 3: Value communicating with individuals in ways that are meaningful to them

Communication plays a key role in understanding an individual and their needs and preferences. This is fundamental to care provision to ensure dignity and respect. Verbal, non verbal and body language are important elements of communication and these are affected by individual's culture, disability and language. Maintaining confidentiality and transparency is also fundamental for good communication. It is essential that care providers understand these factors and provide opportunities for the service user to express their wishes and concerns to their care providers.

The first three questions in this section explored the understanding of the enablers of good communication such as the right environment including physical, social, emotional factors (94.2%), confidentiality (97.8%) and transparency (93.4%).

Around 93% of respondents understood the role of verbal and non verbal communication and the importance of letting the individual set the pace of communication. Regarding the role of culture, language and disability as factors affecting communication approximately 95% responded positively. In contrast only 88% respondents understood the impact of standing or sitting when communicating.

In response to questions exploring how the above understanding was implemented in practice the percentages for positive responses varied. 75.6% respondents avoided making assumptions and around 79% allowed sufficient time to actively listen and reflect on what was being said. These percentages dropped even further to around 72% in response to using communication aids to enhance the communication. This may be a result of lack of availability of such aids in their care setting. Similarly use of assistive technologies for communication was noted in only 73.6% responses. In other cases it was only used sometimes. In terms of establishing individual's preferred methods of communication 84.7% responded positively, with 14.5% doing it only sometimes. 90% of respondents were aware of the issues around physical contact and the organisational guidelines relating to it.

Service user feedback indicates that there is a significant 12 % perception that staff do not always use communication techniques and language mediums that enables service users to fully understand what is happening and why ,

Core principle 3:
The high level finding is that there is a good understanding of the need for effective communication and recognition of individual preferences about the pace and method of communication. There is also a good practice of active listening and reflecting. The use of communication aids and assistive technologies could be improved as these play a significant role in enhancing the quality of the communication.

Recommendation

Whilst it is clear that there is an understanding of the concept of the principle of 'nothing about me, without me', there is a need to ensure that the language used is appropriate to the user themselves.

Core principle 4: Recognise and respect how an individual's dignity may be affected when supported with their personal care

While every care provider aims to provide dignified care there are many occasions when inadvertent compromises to dignity can happen due to lack of awareness and understanding. It is vital that all professionals providing care understand and support the need for an individual to receive personal care in a sensitive manner and protect their privacy at all times.

The questions relating to this principle focussed on identifying the awareness and the practices adopted to support care with privacy and dignity.

The findings indicate that around 93% respondents understood the importance of empathising with the individual's experience of personal care (5% only sometimes) as well as the importance of choice and control within personal care (7% sometimes). Around 82% understood the role of assistive technology in supporting independence, privacy and dignity (12% sometimes). In response to the question on understanding about the impact of the enhanced environment due to aids and adaptations nearly 87% responded positively while around 9% only understood this sometimes.

In terms of putting the understanding of dignity and privacy into practice nearly 89% responded positively to ensuring respect and dignity when discussing personal care, while the same number respected and acted on individual wishes and preferences. 91% respected privacy and recognised the vulnerability caused to the individual when physically exposed.

In ensuring dignified care it is important that individuals are enabled to be independent and not made uncomfortable when receiving intimate personal care. 88% were found to be encouraging independence while around 91% were sensitive to the individual's feelings regarding intimate care. About 88% ensured appropriate communication before and during providing intimate personal care, while the same number ensured use of sensitive language when recording details of personal care.

In response to the question on providing preferred carer and support worker and keeping individuals informed of changes or delays, only 70% were doing this all the time, while a quarter of respondents to this question only were able to do this sometimes.

Core principle 4:
A high percentage of respondents were aware of the need for privacy and sensitivity when providing intimate personal care. In contrast slightly lower but still high percentage were able to implement it in practice. An area of concern was providing advance information about changes or ensuring continuity of preferred support worker but this may be a systemic issue due to lower staff numbers.

Recommendation

Whilst it is clear that staff and organisations have a high level of understanding and awareness of the need for privacy and sensitivity when providing intimate personal care. There is a need to ensure that where staffing limitations or changes prevent continuity the service user should be kept fully informed.

Core principle 5:

Recognise that an individual's surroundings and environments are important to their sense of dignity

Ensuring a friendly and supportive environment is a key enabler for individuals to feel respected and maintaining their dignity. A welcoming atmosphere, respect for personal space and privacy and the right environment for effective communications are all integral to caring with dignity. The survey found that around 93% understood the importance of environments for individual's sense of dignity and the same number recognised the need for personal space and privacy. Nearly 91% understood the potential of environments in enhancing effective communications.

Around 93% understood how pressure of work and time can be detrimental to providing the right environment.

The analysis of the data on how the understanding of environments as an enabler of dignity is put to practice evidenced that almost 90% respondents were able to respect personal space and privacy; showed sensitivity to personal environment and were promoting dignity-supportive practices, and that this understanding enabled staff to challenge regimes that were contrary to dignified care.

In response to the use of assistive technology and re-enablement principles to promote independence, choice and control, only around 73% responded yes and nearly 20% only used these sometimes.

Core principle 5:
The top level finding for this principle was that there was a high level of recognition of the need to provide supportive environments and its impact on communication and individual dignity and privacy. The use of assistive technology for enhancing environments could be improved further.

Recommendation

There is a need to look at ways in which assistive technology can be utilised to minimise the impact of staffing limitations or resource constraints whilst adhering to the principles of Dignity. A number of initiatives are already being developed and promoted and these should be linked overtly to the CCPD.

Core principle 6:

Value workplace cultures that actively promote the dignity for everybody

In addition to providing the right environment for an individual it is also important to ensure a positive workplace environment for staff which would enable them to provide dignified care. Such an environment should promote dignity for staff, and an open, supportive and reflective learning environment. While nearly 90% respondents understood the responsibility of promoting a positive culture only around 83% understood the need for an open and learning environment. Similarly just fewer than 80% recognised and respected the dignity of their colleagues but only 76.5% felt that the workers' skills and attributes were recognised and enabled identified learning in a timely way.

In terms of taking personal responsibility for individual learning and professional conduct nearly 80% were doing this but did it only sometimes in case of 20% and 18% respectively.

Nearly 92% understood the importance of taking responsibility for own practices and actions that impact on individual dignity as well as challenging poor practice.

There are many external organisations that can support and advise care providers to ensure dignified care. The survey found that around 92% understood this while about 6% only understood this sometimes.

Again 12 % of service user respondents indicated that this was an area where matters could be improved.

Core principle 6:
The top level finding for this principle is that a significant number of respondents were promoting positive culture but the need for open and learning environment could be improved. There was a good understanding around taking personal responsibility for own practices and challenging poor practice to enhance dignity in care.

Recommendation

Staff and organisations need to work on the ways in which open and learning environments can be developed to improve the cultures in which service is provided.

Core principle 7:

Recognise the need to challenge care that may reduce the dignity of the individual

Dignity is everyone's responsibility and this should be integral to all practices in a care setting. The need for robust whistle blowing procedures and challenging poor practice has been highlighted several times in the recent past. Opportunities to learn from mistakes and improving performance is a strong lever for improving the quality of care. A culture of maintaining integrity and following professional conduct enables staff to speak up when they come across substandard quality of care. The senior leaders in the care setting have a significant role to play in ensuring this.

The survey findings indicate that 83% respondents felt that they or their organisations maintained integrity at all times while around 14% felt it was the case only sometimes.

In nearly 93% cases there was adherence to professional conduct and reflection resulting to improved practice at all times. In terms of organisations having clear current procedures for whistle blowing and safeguarding nearly 92% responded yes while around 7% felt this was the case only sometimes. In contrast nearly 84% respondents felt supported through learning, confidence building and support to follow these procedures at all times.

87% reported that their organisations maintained clear and accurate records on poor practice and acted upon the concerns arising. Nearly 12% felt this only happened sometimes.

Communicating a clear message about the transparency and willingness to receive and learn from feedback is important for the leaders. Encouraging everyone including staff, individual, their families and relatives can provide ample learning opportunities and scope for improving practice. Nearly 84% felt the leaders were ensuring this all the time, while nearly 13% felt this happened only sometimes. Similarly nearly 85% respondents felt their leaders promoted good care and responded to concerns in a timely and proportionate, way while around 13% felt they did it only sometimes.

10% of service user respondents indicated that more could be done by staff to challenge poor practice, although there was recognition of the difficulty for staff in undertaking this.

Core principle 7:
The top level finding for this principle is that while a high percentage maintained integrity and followed professional conduct there was still improvement needed to ensure the practices supported reporting of poor practice. Leaders need to work towards improving the confidence of the staff and individuals and their families to raise concerns about poor practice.

Recommendation.

Whistle blowing procedures need to recognise that sometimes staff need to have the opportunity to discuss things that make them feel uncomfortable but are not necessarily issues that meet safeguarding thresholds. If organisations develop cultures that are open and reflective of practice that is undertaken during service delivery then this will be addressed.

Conclusions

Overall the survey findings provide:

- **Strong evidence of sound understanding of the CCPD [Common Core Principles Dignity]**
- **Strong indications of understanding being translated in high numbers into practice in the workplace**
- **Indications that use of AT [Assistive Technology] to enhance CCPD is still more limited than ideal**
- **Similarly, a significant minority indicated that work environments could be more constructive in supporting reflective learning, professional conduct and enabling a timely response to individual learning need.**

It could reasonably be assumed from the individual comments made that staff turnover, individual pressure of work, organisational pressures and staff inexperience may all be contributing factors to the less positive responses.

The survey responses generally paint a fairly positive picture in relation to CCPD within the sector. However, it might be argued that these survey respondents are a self –selected group, possibly with a strong personal interest and commitment to dignity, and from an unknown potential total number. Thus it is not possible to determine how representative these findings are for the sector as a whole. It is likely that the level of understanding and translation into good practice are substantially less widespread than evidenced here.

RECOMMENDATIONS:

1) There is a need for continued investment in promoting CCPD including the DC network and the work of the NDC

2) Integration of CCPD into relevant care and health awards as they are reviewed or introduced to create and ongoing framework for learning going forward

3) Seek for opportunities to integrate CCPD and linked good practice into existing membership or quality assurance schemes. E.g. Community Catalysts accreditation schemes, membership bodies for care home proprietors etc.

4) Further research – qualitative and quantitative – on provision of dignity across health and social care. For example, meta-analysis of CQC [Care Quality Commission] findings from care and hospital inspections. Qualitative research using a random cross section of care provision and encompassing whole staff groups that could identify levers and barriers to delivering dignity in practice settings.

5) Continued promotion of AT [Assistive Technology] in the sector in part as a means to support CCPD should be encouraged at all levels and by all relevant stakeholders including government and local commissioners.

6 It would appear that there is still some work to do to ensure that staff fully appreciate the need to ensure that services are provided in a way that respects individuality and the ways in which personality impacts on users perceptions of the services that are provided.

7 The CCPD however provide a clear mechanism through which this may be achieved and developing internal audit tools that organisations might use to assess their practice against this key principle would be an excellent way forward

8 There are a number of tools currently available that enable staff to discuss and reflect on the issue of service user perception of service delivery. It is vital that these are further developed and widely disseminated.

9 Whilst it is clear that there is an understanding of the concept of the principle of 'nothing about me, without me', there is a need to ensure that the language used is appropriate to the user themselves.

10 There is a need to look at ways in which assistive technology can be utilised to minimise the impact of staffing limitations or resource constraints whilst adhering to the principles of Dignity. A number of initiatives are already being developed and promoted and these should be linked overtly to the CCPD.

11 Staff and organisations need to work on the ways in which open and learning environments can be developed to improve the cultures in which service is provided.

12 Whistle blowing procedures need to recognise that sometimes staff need to have the opportunity to discuss things that make them feel uncomfortable but are not necessarily issues that meet safeguarding thresholds. If organisations develop cultures that are open and reflective of practice that is undertaken during service delivery then this will be addressed.

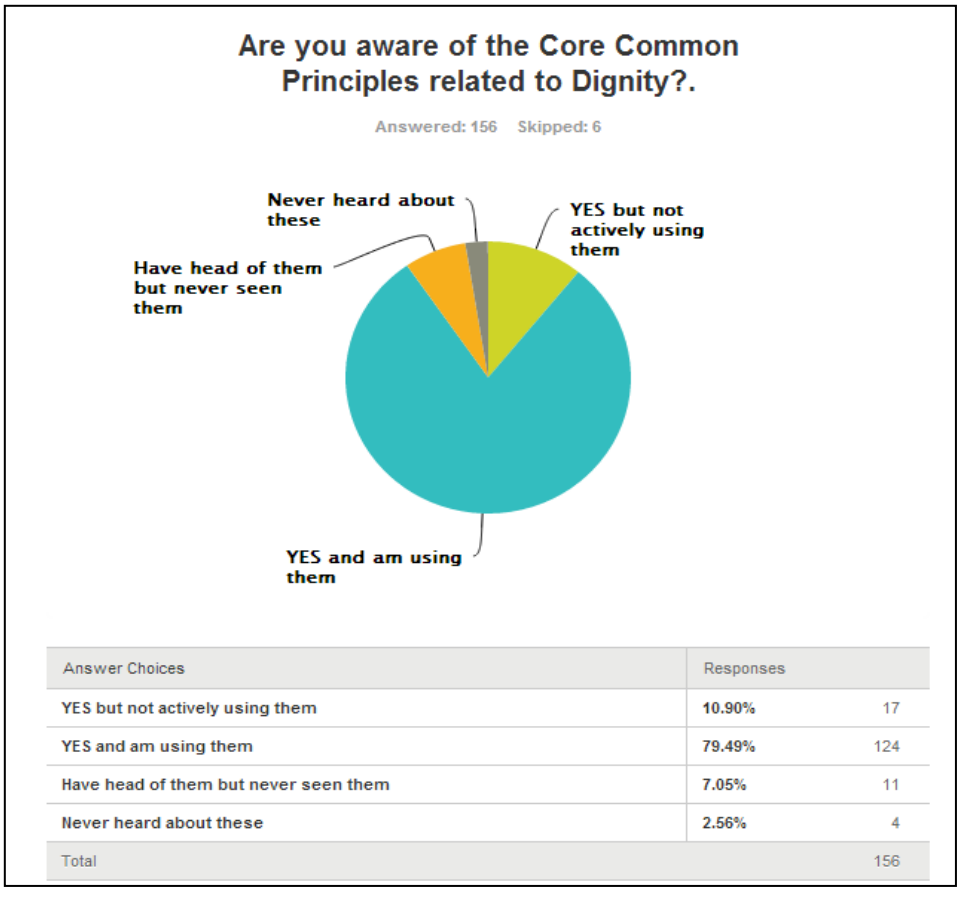
Appendices

1) THE SURVEY – QUESTIONNAIRE AND RESPONSES

About you and your Organisation

Q1. What are the first two letters of your postcode where you carry out your work / role/ volunteering (see page 3 for mapped postcodes)

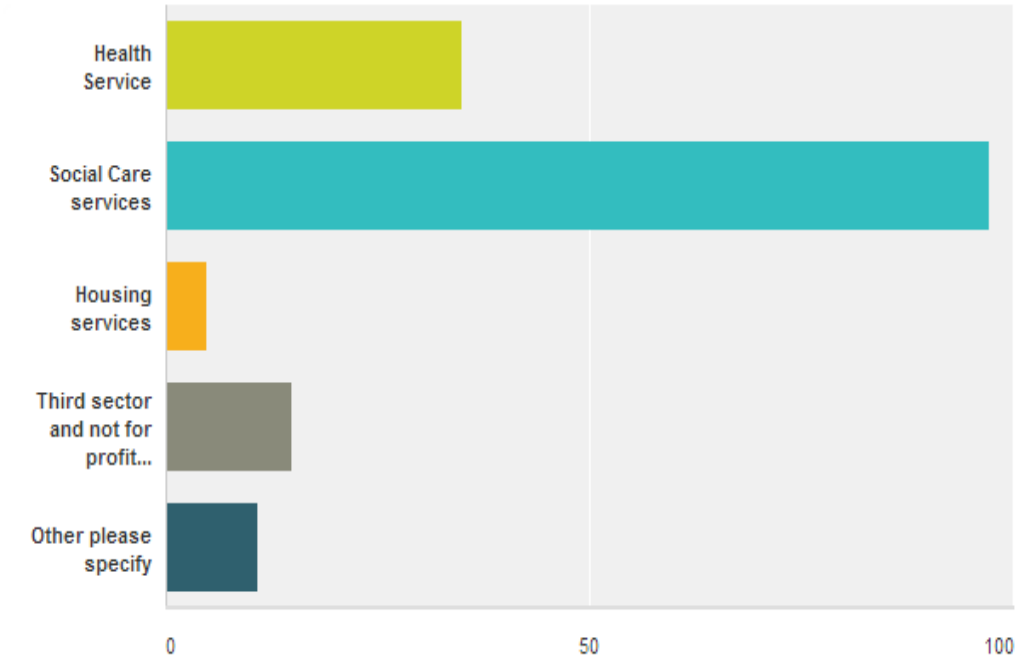
Q2



Answer Choices	Responses	
YES but not actively using them	10.90%	17
YES and am using them	79.49%	124
Have head of them but never seen them	7.05%	11
Never heard about these	2.56%	4
Total		156

What sector do you work in?

Answered: 159 Skipped: 3

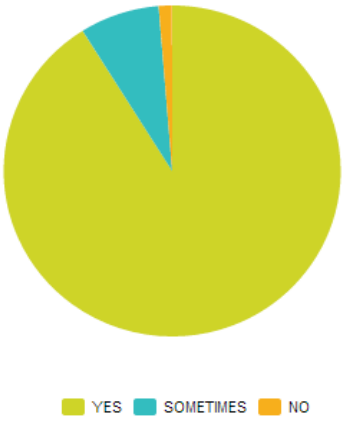


Answer Choices	Responses	
Health Service	22.01%	35
Social Care services	61.01%	97
Housing services	3.14%	5
Third sector and not for profit health and social care services	9.43%	15
Other please specify	6.92%	11
Total Respondents: 159		

Q3

Do you and (where applicable) your organisation have a shared, common understanding of what dignity means?

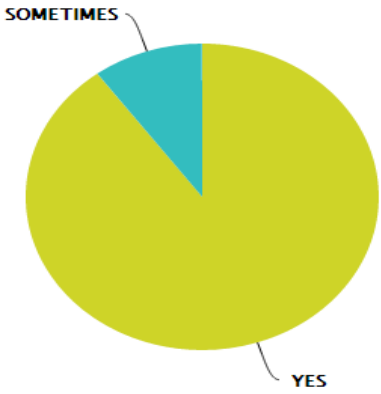
Answered: 157 Skipped: 5



Answer Choices	Responses	
YES	91.08%	143
SOMETIMES	7.64%	12
NO	1.27%	2
Total		157

Do you and your organisation understand how an individual's dignity, independence, identity and sense of self can be affected by illness, disability, ageing, or other life events?

Answered: 158 Skipped: 4

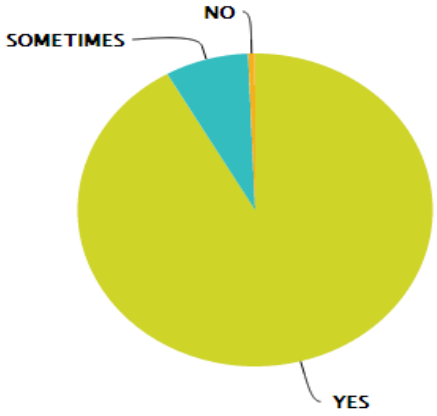


Answer Choices	Responses	
YES	89.87%	142
SOMETIMES	10.13%	16
NO	0%	0
Total		158

Q4&5

Do you and your organisation understand the rights of individuals to keep aspects of their lives to themselves?

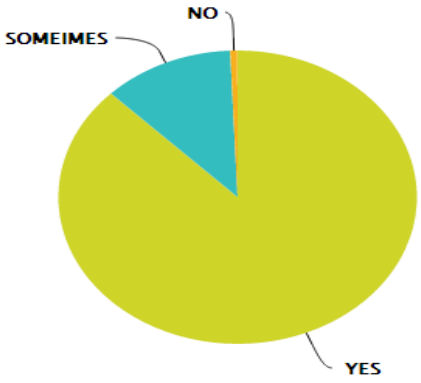
Answered: 158 Skipped: 4



Answer Choices	Responses	
YES	91.77%	145
SOMETIMES	7.59%	12
NO	0.63%	1
Total		158

Do you and your organisation value and respect the individual as a unique person who has the right to choose and control how their needs, wishes and preferences are met?

Answered: 152 Skipped: 10

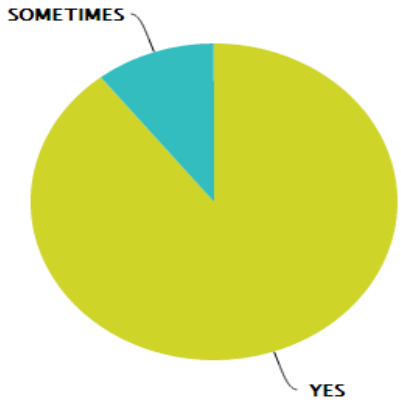


Answer Choices	Responses	
YES	87.50%	133
SOMEIMES	11.84%	18
NO	0.66%	1
Total		152

Q6&7

Recognise, promote and value diversity including differences in culture, beliefs, relationships and sexuality?

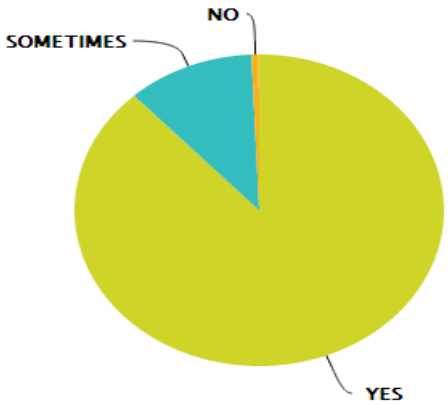
Answered: 151 Skipped: 11



Answer Choices	Responses	
YES	89.40%	135
SOMETIMES	10.60%	16
NO	0%	0
Total		151

Do you and your organisation acknowledge the importance of an individual's hopes and aspirations and understand how these may impact on their interactions with others.?

Answered: 152 Skipped: 10

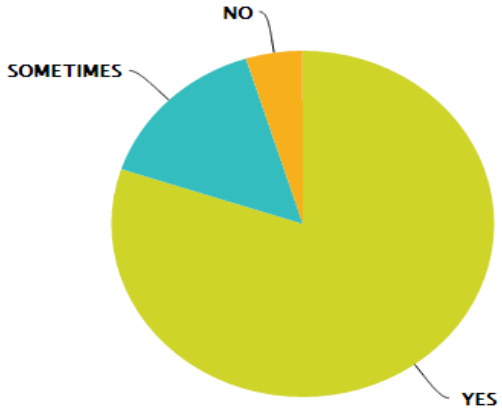


Answer Choices	Responses	
YES	88.16%	134
SOMETIMES	11.18%	17
NO	0.66%	1
Total		152

Q8&9

Do you and your organisation understand the importance of positive risk taking to maximise an individual's dignity?

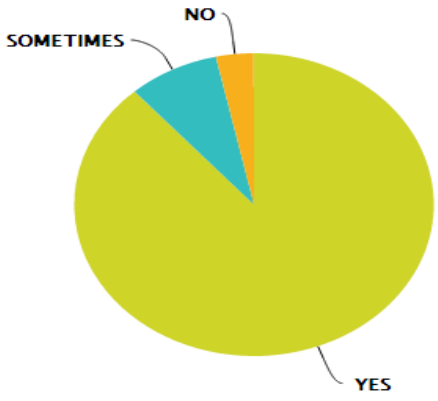
Answered: 146 Skipped: 16



Answer Choices	Responses	
YES	80.14%	117
SOMETIMES	15.07%	22
NO	4.79%	7
Total		146

Do you and your organisation understand the principles of choice and control and how to apply this in personalised care and support to ensure that an individual's opinion is central?

Answered: 147 Skipped: 15

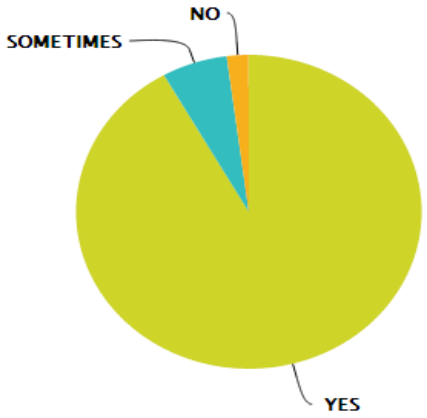


Answer Choices	Responses	
YES	88.44%	130
SOMETIMES	8.16%	12
NO	3.40%	5
Total		147

Q10&11

Do you and your organisation understand how reliance on the support of others may impact upon an individual's dignity?

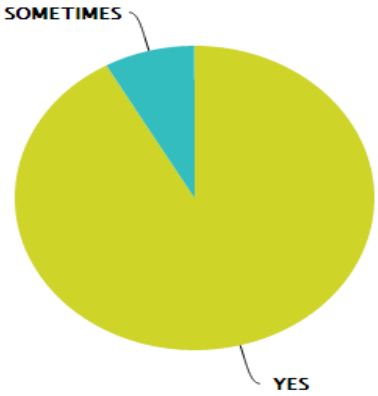
Answered: 147 Skipped: 15



Answer Choices	Responses	
YES	91.84%	135
SOMETIMES	6.12%	9
NO	2.04%	3
Total		147

Do you and your organisation Understand the implications of an individual's mental capacity and the duty of care to act in best interest where appropriate?.

Answered: 147 Skipped: 15

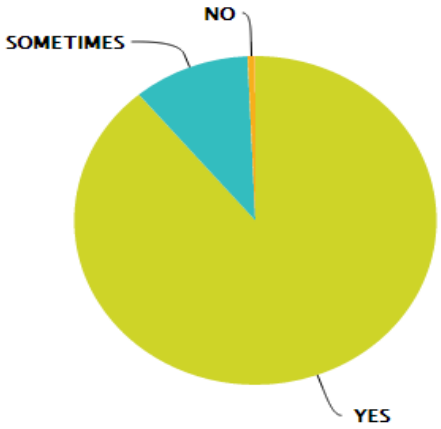


Answer Choices	Responses	
YES	91.84%	135
SOMETIMES	8.16%	12
NO	0%	0
Total		147

Q12&13

Do you and your organisation recognise potential conflict in balancing rights and each individual's autonomy?

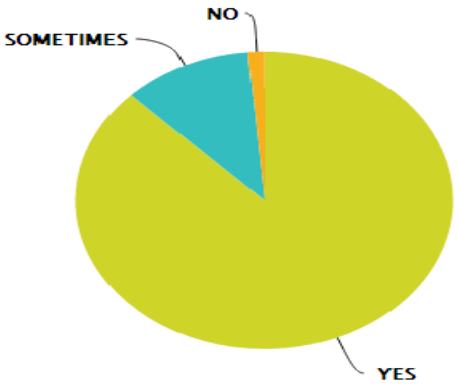
Answered: 144 Skipped: 18



Answer Choices	Responses	
YES	88.89%	128
SOMETIMES	10.42%	15
NO	0.69%	1
Total		144

Do you and your organisation respect an individual's right to autonomy and dignity, ensuring their choice and control in the development and delivery of their care and support?

Answered: 144 Skipped: 18

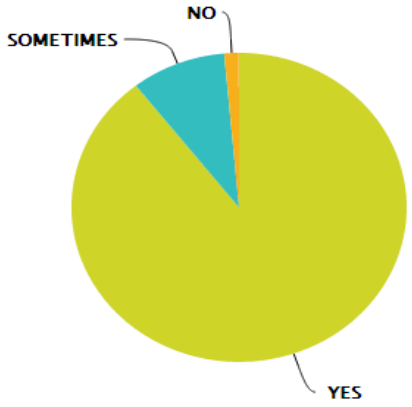


Answer Choices	Responses	
YES	87.50%	126
SOMETIMES	11.11%	16
NO	1.39%	2
Total		144

Q14 & 15

Do you and your organisation respect the individual as a person with their own experience, knowledge and expertise about their situation?

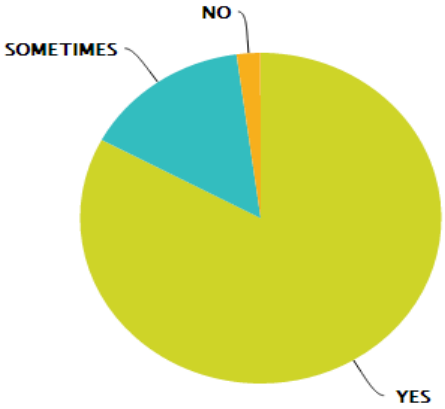
Answered: 142 Skipped: 20



Answer Choices	Responses	
YES	89.44%	127
SOMETIMES	9.15%	13
NO	1.41%	2
Total		142

Do you and your organisation ensure that the service enables individuals to interact as they wish with their local community?

Answered: 140 Skipped: 22



Answer Choices	Responses	
YES	82.86%	116
SOMETIMES	15%	21
NO	2.14%	3
Total		140

Q16 & 17

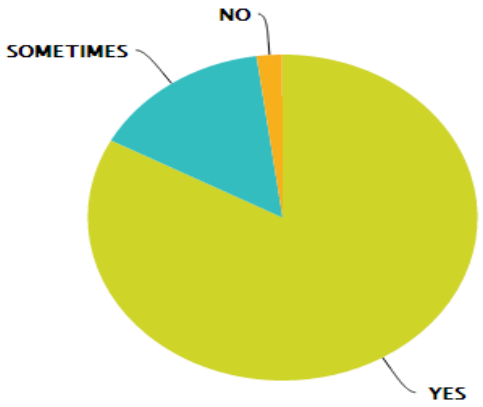
Do you and your organisation recognise the importance of working together with people who are a part of the individual's life, whether family, friends or professionals?

Answered: 144 Skipped: 18

Answer Choices	Responses	
YES	93.75%	135
NO	0.69%	1
SOMETIMES	5.56%	8
Total		144

Do you and your organisation ensure that the service enables individuals to interact as they wish with their local community?

Answered: 140 Skipped: 22

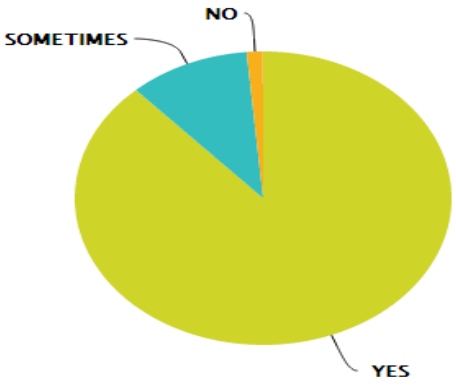


Answer Choices	Responses	
YES	82.86%	116
SOMETIMES	15%	21
NO	2.14%	3
Total		140

Q18 & 19

Do you and your organisation take time to consider how making assumptions can impact on an individual's dignity, remembering that respect is personal to each individual?

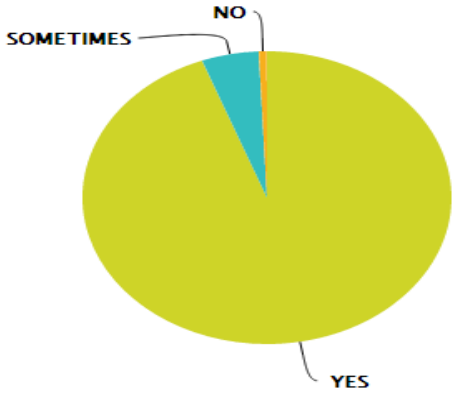
Answered: 144 Skipped: 18



Answer Choices	Responses	
YES	88.19%	127
SOMETIMES	10.42%	15
NO	1.39%	2
Total		144

Do you and your organsiation understand how physical, social, emotional and environmental factors may impact on communication?

Answered: 140 Skipped: 22

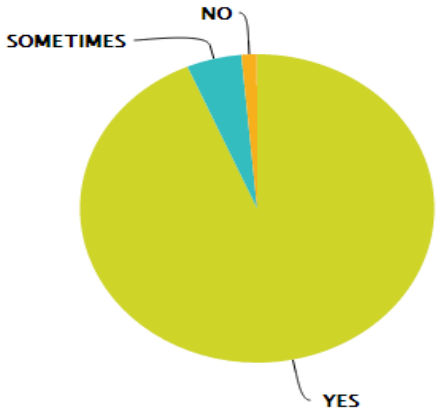


Answer Choices	Responses	
YES	94.29%	132
SOMETIMES	5%	7
NO	0.71%	1
Total		140

Q20 & 21

Do you and your organsiation understand an individual's right to know and contribute to what is being said and written about them?

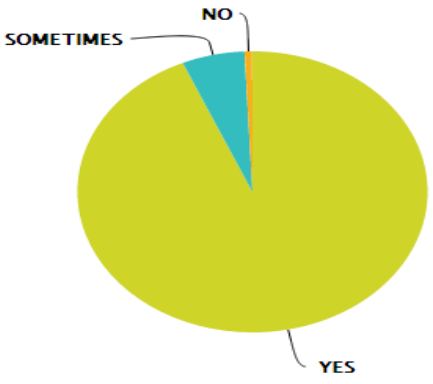
Answered: 140 Skipped: 22



Answer Choices	Responses	
YES	93.57%	131
SOMETIMES	5%	7
NO	1.43%	2
Total		140

Do you and your organsiation understand that individuals may use a variety of verbal means to communicate and the importance of letting individuals set the pace of conversations?

Answered: 138 Skipped: 24

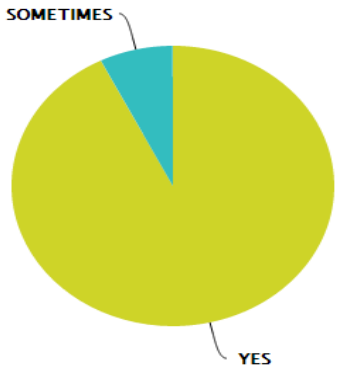


Answer Choices	Responses	
YES	93.48%	129
SOMETIMES	5.80%	8
NO	0.72%	1
Total		138

Q22 & 23

Do you and your organsiation understand that individuals may use a variety of non-verbal means to communicate and the importance of letting individuals set the pace of conversations?

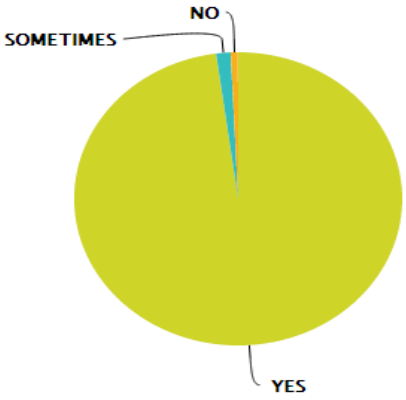
Answered: 136 Skipped: 26



Answer Choices	Responses	
YES	92.65%	126
SOMETIMES	7.35%	10
NO	0%	0
Total		136

Do you and your organsiation understand the importance of confidentiality and its impact on an individual's privacy and dignity?

Answered: 139 Skipped: 23

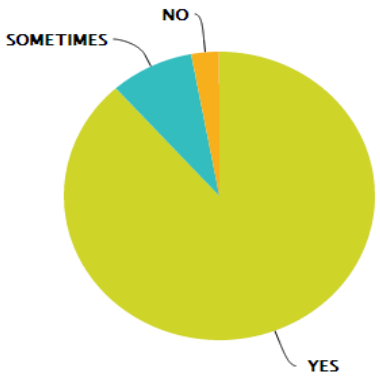


Answer Choices	Responses	
YES	97.84%	136
SOMETIMES	1.44%	2
NO	0.72%	1
Total		139

Q24 & 25

Do you and your organsiation understand how positioning [where care and support staff stand or sit in relation to the individual] may encourage or limit interactions.?

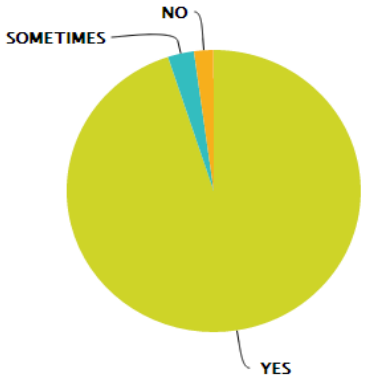
Answered: 138 Skipped: 24



Answer Choices	Responses	
YES	88.41%	122
SOMETIMES	8.70%	12
NO	2.90%	4
Total		138

Do you and your organsiation understand how language, disability and culture may be barriers to communication?

Answered: 139 Skipped: 23

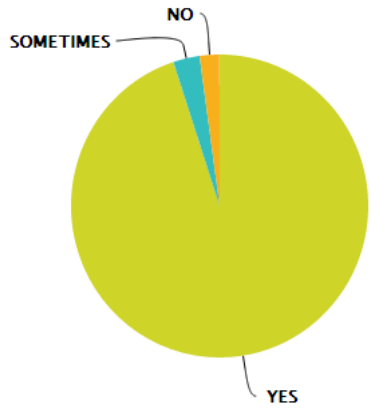


Answer Choices	Responses	
YES	94.96%	132
SOMETIMES	2.88%	4
NO	2.16%	3
Total		139

Q26 & 27

Do you and your organsiation understand how language, disability and culture may be barriers to communication?

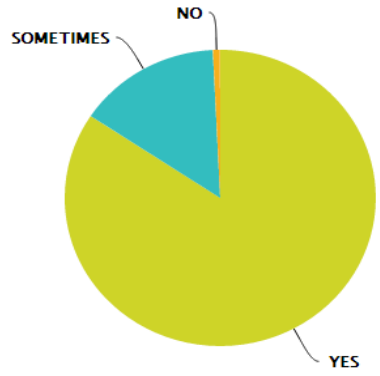
Answered: 139 Skipped: 23



Answer Choices	Responses	
YES	94.96%	132
SOMETIMES	2.88%	4
NO	2.16%	3
Total		139

Do you and your organsiation establish individuals' preferred method of communication and interaction?

Answered: 134 Skipped: 28

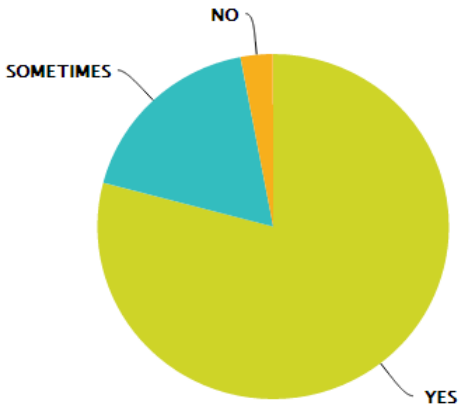


Answer Choices	Responses	
YES	84.33%	113
SOMETIMES	14.93%	20
NO	0.75%	1
Total		134

Q28 & 29

Do you and your organisation allow sufficient time to actively listen and hear what individuals are saying, reflecting back where required?

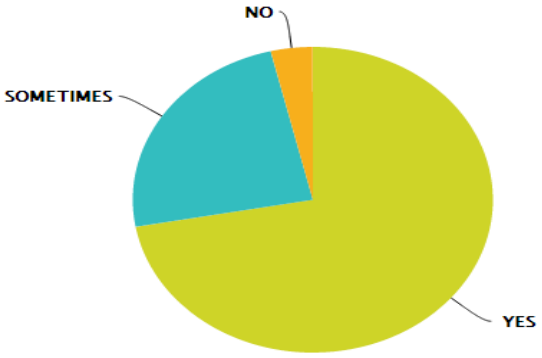
Answered: 134 Skipped: 28



Answer Choices	Responses	
YES	79.10%	106
SOMETIMES	17.91%	24
NO	2.99%	4
Total		134

Do you and your organisation communicate clearly and effectively using appropriate resources to facilitate meaningful engagement and interaction? This may involve the use of communication aids and written, pictorial or audio materials

Answered: 133 Skipped: 29

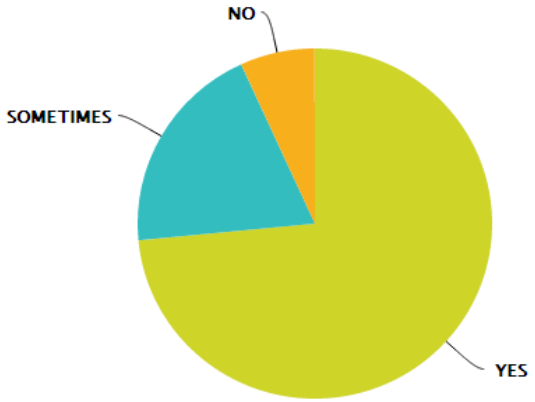


Answer Choices	Responses	
YES	72.18%	96
SOMETIMES	24.06%	32
NO	3.76%	5
Total		133

Q30 & 31

Do you and your organisation consider how assistive living technologies can support effective communication?

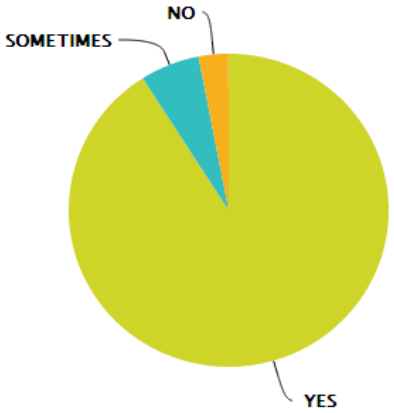
Answered: 132 Skipped: 30



Answer Choices	Responses	
YES	73.48%	97
SOMETIMES	19.70%	26
NO	6.82%	9
Total		132

Do you and your organisation respect how each individual feels about physical contact and are aware of organisational guidelines around personal contact?

Answered: 133 Skipped: 29

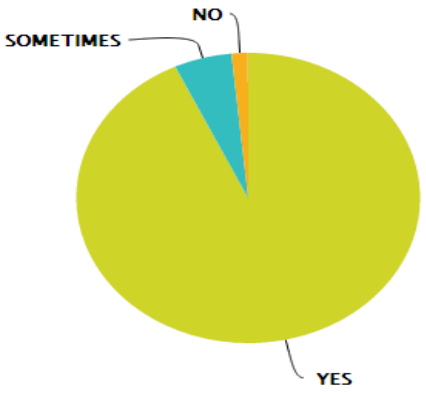


Answer Choices	Responses	
YES	90.98%	121
SOMETIMES	6.02%	8
NO	3.01%	4
Total		133

Q32 & 33

Do you and your organisation understand how important it is to empathise with individuals'' experiences of receiving intimate and personal care and support?

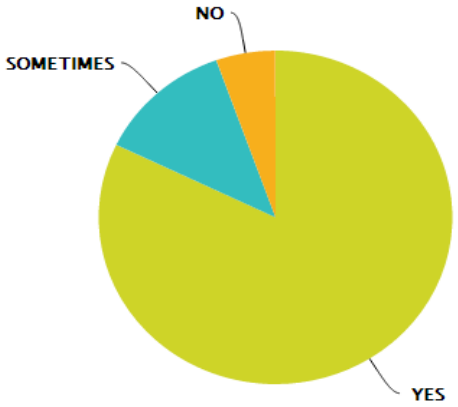
Answered: 129 Skipped: 33



Answer Choices	Responses	
YES	93.02%	120
SOMETIMES	5.43%	7
NO	1.55%	2
Total		129

Do you and your organisation understand how some assistive living technologies can support independence, privacy and dignity?

Answered: 129 Skipped: 33

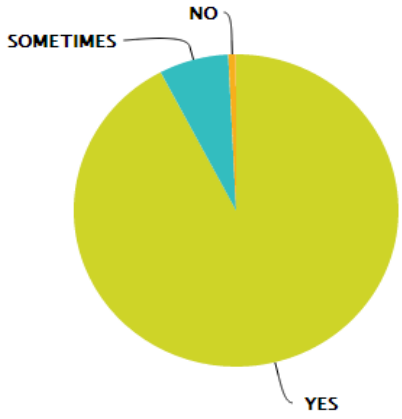


Answer Choices	Responses	
YES	82.17%	106
SOMETIMES	12.40%	16
NO	5.43%	7
Total		129

Q34 & 35

Do you and your organisation understand the importance of choice and control within personal care?

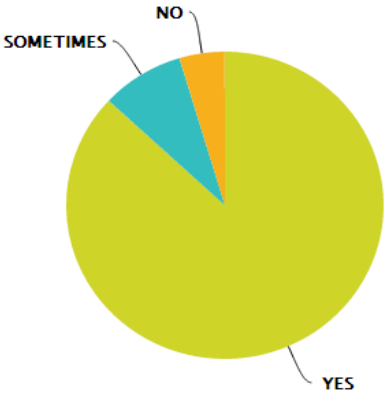
Answered: 130 Skipped: 32



Answer Choices	Responses	
YES	92.31%	120
SOMETIMES	6.92%	9
NO	0.77%	1
Total		130

Do you and your organisation understand the environmental impact of personal care aids or adaptations in an individuals' home or in public areas.

Answered: 130 Skipped: 32

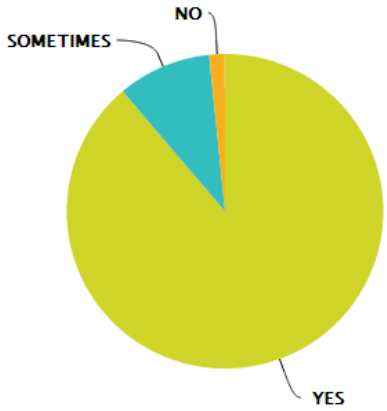


Answer Choices	Responses	
YES	86.92%	113
SOMETIMES	8.46%	11
NO	4.62%	6
Total		130

Q36 & 37

Do you and your organisation respect and uphold the dignity of individuals when supporting and discussing personal care?

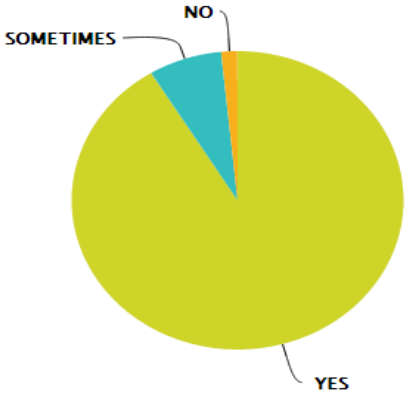
Answered: 125 Skipped: 37



Answer Choices	Responses	
YES	88.80%	111
SOMETIMES	9.60%	12
NO	1.60%	2
Total		125

Do you or your organisation preserve the privacy of individuals at all times and recognise how being physically exposed can make individuals feel vulnerable?

Answered: 126 Skipped: 36

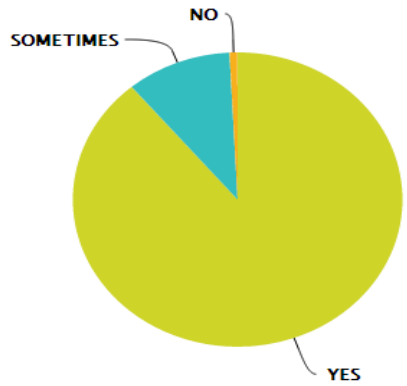


Answer Choices	Responses	
YES	91.27%	115
SOMETIMES	7.14%	9
NO	1.59%	2
Total		126

Q38 & 39

Do you or your organisation respect and act upon individual's wishes and preferences when they receive personal care and support?

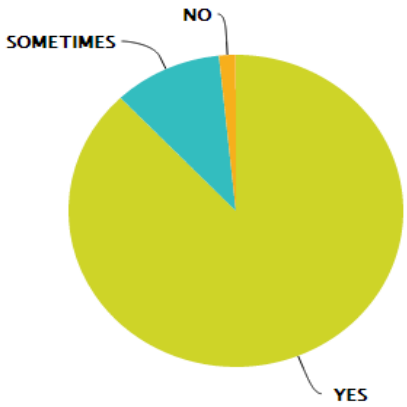
Answered: 126 Skipped: 36



Answer Choices	Responses	
YES	88.89%	112
SOMETIMES	10.32%	13
NO	0.79%	1
Total		126

Do you or your organisation enable individuals to be as independent as they wish to be when performing personal care tasks?

Answered: 124 Skipped: 38

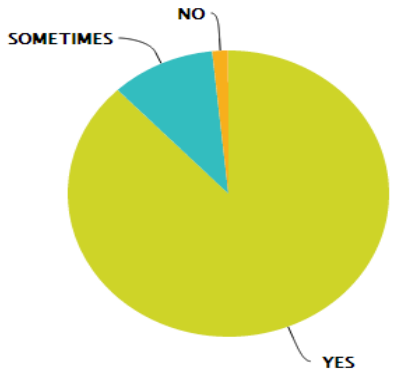


Answer Choices	Responses	
YES	87.90%	109
SOMETIMES	10.48%	13
NO	1.61%	2
Total		124

Q38 & 39

Do you or your organisation enable individuals to be as independent as they wish to be when performing personal care tasks?

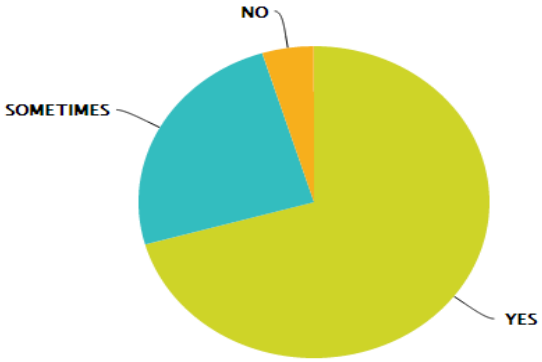
Answered: 124 Skipped: 38



Answer Choices	Responses	
YES	87.90%	109
SOMETIMES	10.48%	13
NO	1.61%	2
Total		124

Where possible do managers / carers coordinate services to enable individuals to be supported by their preferred care and support worker, keeping individuals informed of changes or delays?

Answered: 126 Skipped: 36

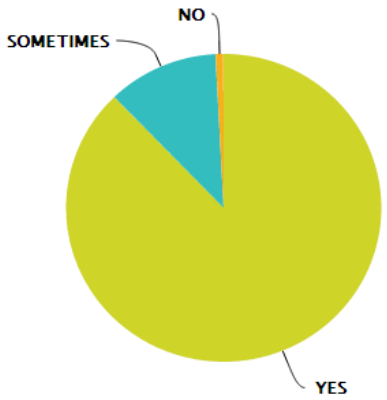


Answer Choices	Responses	
YES	70.63%	89
SOMETIMES	24.60%	31
NO	4.76%	6
Total		126

Q40 & 41

Do you or your organisation Ensure that communication before and during intimate and personal care tasks is appropriate and sensitive?

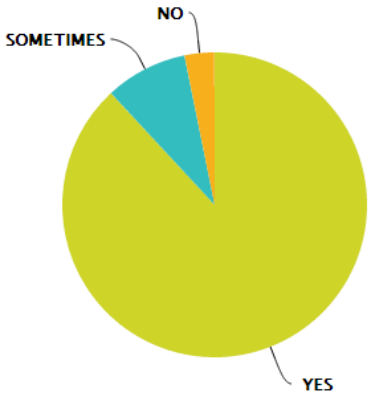
Answered: 123 Skipped: 39



Answer Choices	Responses	
YES	87.80%	108
SOMETIMES	11.38%	14
NO	0.81%	1
Total		123

Do you or your organisation Record details of personal care support sensitively using appropriate language?

Answered: 126 Skipped: 36

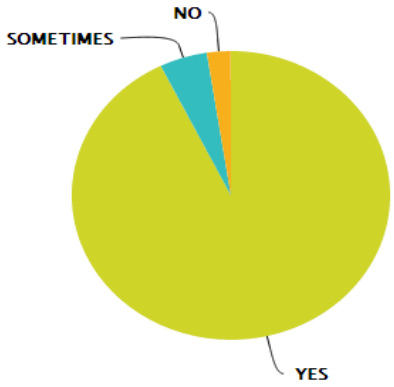


Answer Choices	Responses	
YES	88.10%	111
SOMETIMES	8.73%	11
NO	3.17%	4
Total		126

Q42 & 43

Do you or your organisation understand the importance of environments to individuals using care and support?

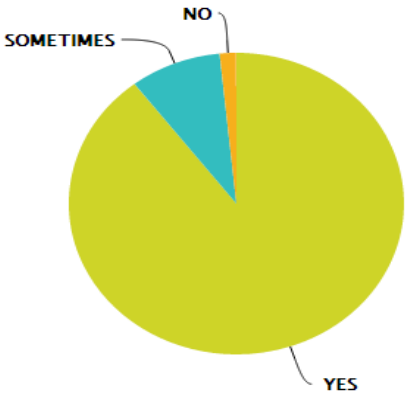
Answered: 124 Skipped: 38



Answer Choices	Responses	
YES	92.74%	115
SOMETIMES	4.84%	6
NO	2.42%	3
Total		124

Do you or your organisation understand the potential impact of change and loss for individuals who use care and support?

Answered: 125 Skipped: 37

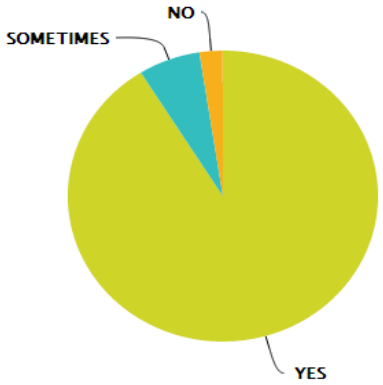


Answer Choices	Responses	
YES	89.60%	112
SOMETIMES	8.80%	11
NO	1.60%	2
Total		125

Q44 & 45

Do you or your organisation understand the potential for environments to influence effective and meaningful communication.?

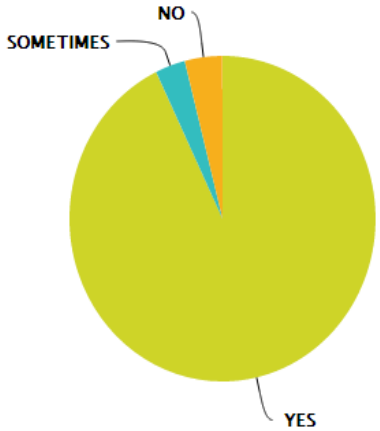
Answered: 124 Skipped: 38



Answer Choices	Responses	
YES	91.13%	113
SOMETIMES	6.45%	8
NO	2.42%	3
Total		124

Do you or your organisation understand the importance of personal space and privacy?

Answered: 126 Skipped: 36

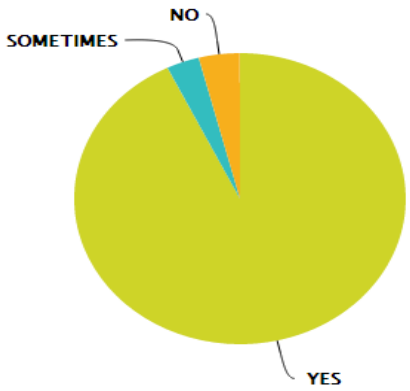


Answer Choices	Responses	
YES	92.86%	117
SOMETIMES	3.17%	4
NO	3.97%	5
Total		126

Q45 & 46

Do you or your organisation understand how atmospheres can be changed when care and support workers are pressures by time?

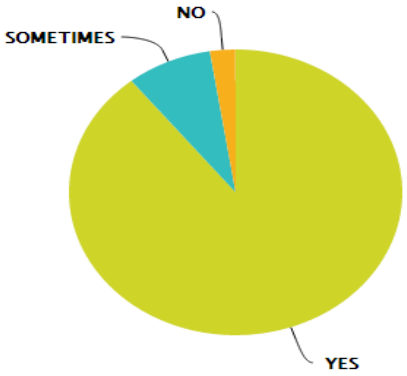
Answered: 125 Skipped: 37



Answer Choices	Responses	
YES	92.80%	116
SOMETIMES	3.20%	4
NO	4%	5
Total		125

Do you or your organisation respect the importance of personal space and privacy to being in an individual's personal environment?

Answered: 121 Skipped: 41

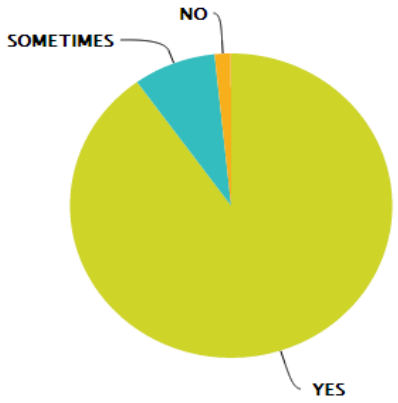


Answer Choices	Responses	
YES	89.26%	108
SOMETIMES	8.26%	10
NO	2.48%	3
Total		121

Q47 & 48

Do you or your organisation respect the importance of being sensitive to an individual's personal environment?

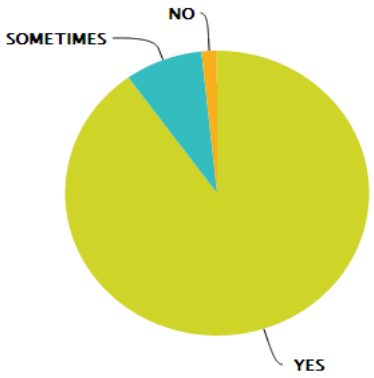
Answered: 121 Skipped: 41



Answer Choices	Responses	
YES	90.08%	109
SOMETIMES	8.26%	10
NO	1.65%	2
Total		121

Do you or your organisation promote practices and routines that support the dignity of individuals and enable care and support workers to challenge regimes that do not place dignity at their center?

Answered: 121 Skipped: 41

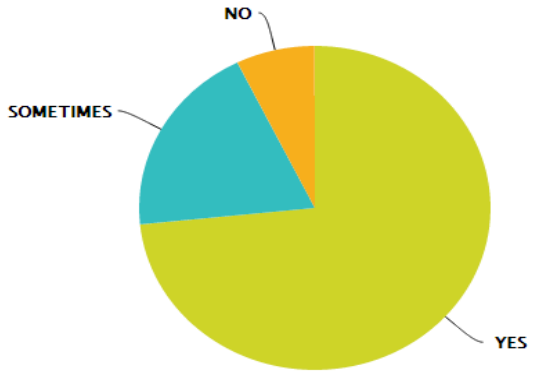


Answer Choices	Responses	
YES	90.08%	109
SOMETIMES	8.26%	10
NO	1.65%	2
Total		121

Q49 & 50

Do you or your organisation use assistive technologies and re-ablement principles to promote independence , choice and control?

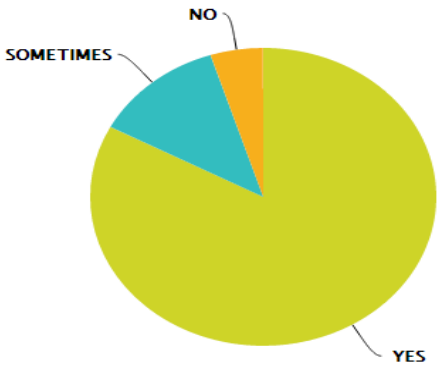
Answered: 124 Skipped: 38



Answer Choices	Responses	
YES	73.39%	91
SOMETIMES	19.35%	24
NO	7.26%	9
Total		124

Do you or the organisations Leaders understand and promote the principle of developing a positive workplace culture through an open, supportive and reflective learning environment?

Answered: 122 Skipped: 40

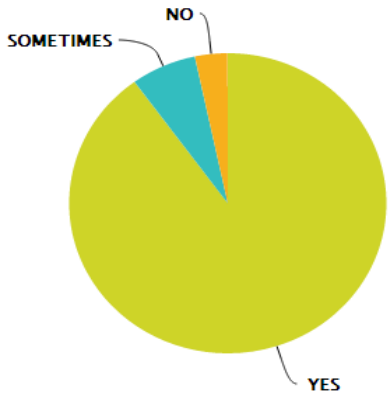


Answer Choices	Responses	
YES	82.79%	101
SOMETIMES	12.30%	15
NO	4.92%	6
Total		122

Q51 & 52

Do you or the organisation understand the responsibility of all to promote a positive culture that upholds the dignity of all its members?

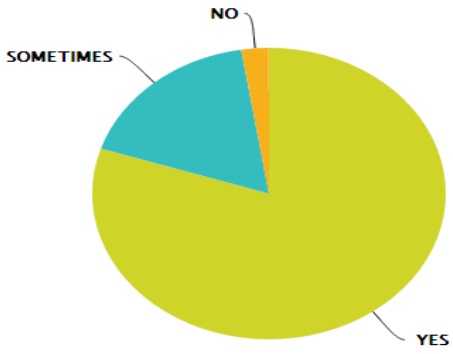
Answered: 120 Skipped: 42



Answer Choices	Responses	
YES	90%	108
SOMETIMES	6.67%	8
NO	3.33%	4
Total		120

Do you and or the organisations care and support workers recognise and respect the dignity of their colleagues and actively work to create a positive workplace culture where everyone is valued at all times?

Answered: 120 Skipped: 42

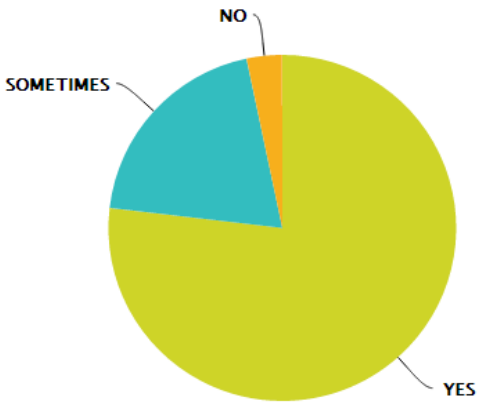


Answer Choices	Responses	
YES	80%	96
SOMETIMES	17.50%	21
NO	2.50%	3
Total		120

Q53 & 54

Do you and or the organisations leaders and managers recognise and value workers' skills and attributes and address identified learning needs in a timely way?

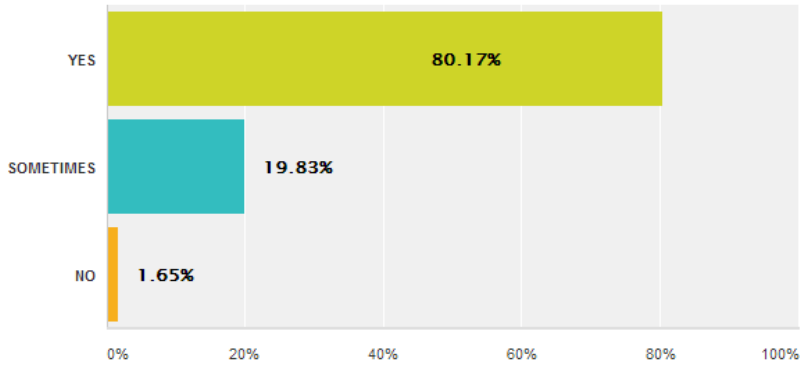
Answered: 121 Skipped: 41



Answer Choices	Responses	
YES	76.86%	93
SOMETIMES	19.83%	24
NO	3.31%	4
Total		121

Do you and or the organisations care and support workers take responsibility for recognising and addressing their own learning needs?

Answered: 121 Skipped: 41

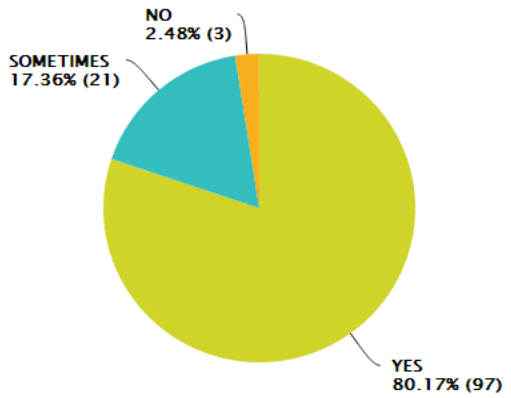


Answer Choices	Responses	
YES	80.17%	97
SOMETIMES	19.83%	24
NO	1.65%	2
Total Respondents: 121		

Q55 & 56

Do you and or the organisations workers take responsibility for their personal and professional conduct in all interactions with colleagues?

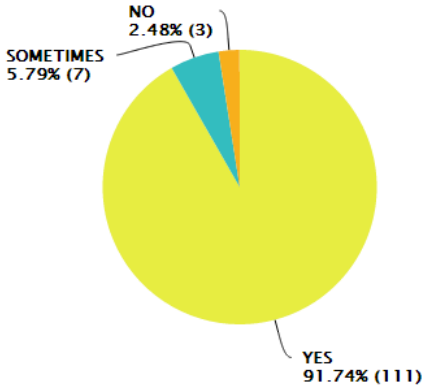
Answered: 121 Skipped: 41



Answer Choices	Responses	
YES	80.17%	97
SOMETIMES	17.36%	21
NO	2.48%	3
Total		121

Do you or the organisations understand the importance of taking responsibility for own practice and actions that impact on an individual's dignity?

Answered: 121 Skipped: 41

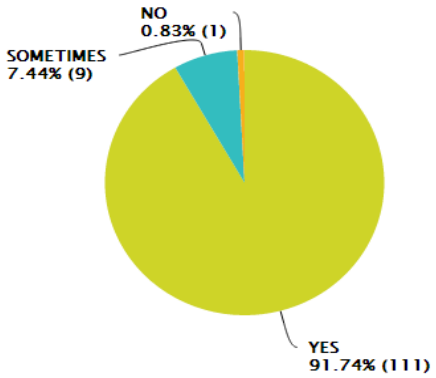


Answer Choices	Responses	
YES	91.74%	111
SOMETIMES	5.79%	7
NO	2.48%	3
Total		121

Q57 & 58

Do you or the organisation understand the responsibility of all to challenge poor care practices and routines and to support and promote good practice?

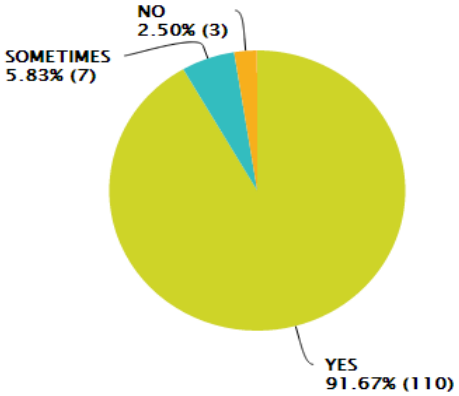
Answered: 121 Skipped: 41



Answer Choices	Responses	
YES	91.74%	111
SOMETIMES	7.44%	9
NO	0.83%	1
Total		121

Do you or the organisation understand that there are external organisations who can be contacted for support and advice when appropriate?

Answered: 120 Skipped: 42

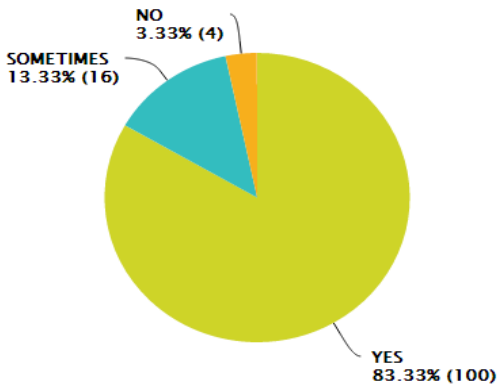


Answer Choices	Responses	
YES	91.67%	110
SOMETIMES	5.83%	7
NO	2.50%	3
Total		120

Q59 & 60

Do you and your organisation maintain integrity at all times?

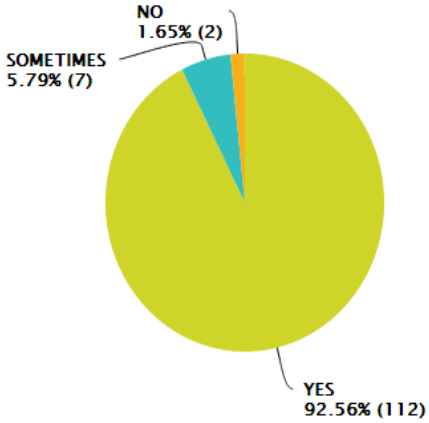
Answered: 120 Skipped: 42



Answer Choices	Responses	
YES	83.33%	100
SOMETIMES	13.33%	16
NO	3.33%	4
Total		120

Do you and your organisation follow professional codes of conduct and reflect upon and develop positive practice?

Answered: 121 Skipped: 41

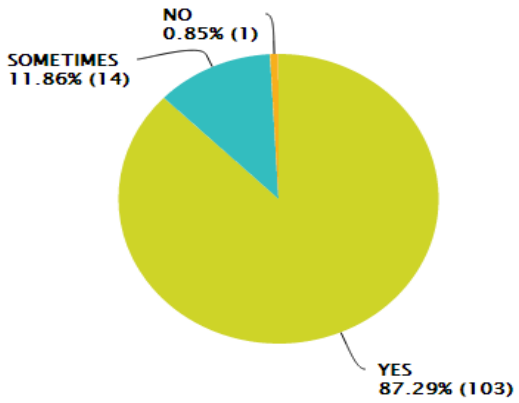


Answer Choices	Responses	
YES	92.56%	112
SOMETIMES	5.79%	7
NO	1.65%	2
Total		121

Q61 & 62

Do you and your organisation keep accurate and clear records and act upon concerns relating to poor practice?

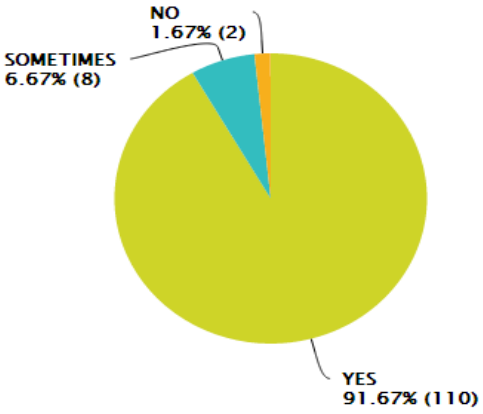
Answered: 118 Skipped: 44



Answer Choices	Responses	
YES	87.29%	103
SOMETIMES	11.86%	14
NO	0.85%	1
Total		118

Do you and your organisations leaders and managers ensure whistle blowing and safeguarding procedures are in place, followed and regularly reviewed?

Answered: 120 Skipped: 42

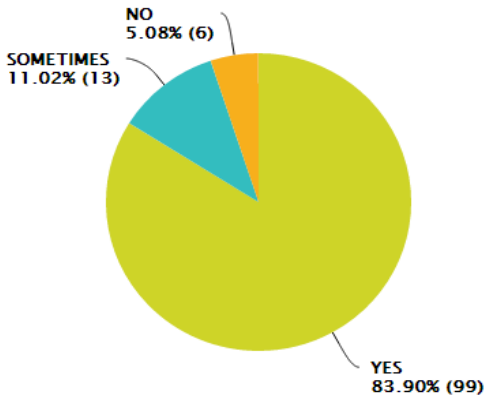


Answer Choices	Responses	
YES	91.67%	110
SOMETIMES	6.67%	8
NO	1.67%	2
Total		120

Q63 & 64

Are care and support workers given, through learning and development, the confidence and skills to follow whistle blowing and safeguarding procedures?

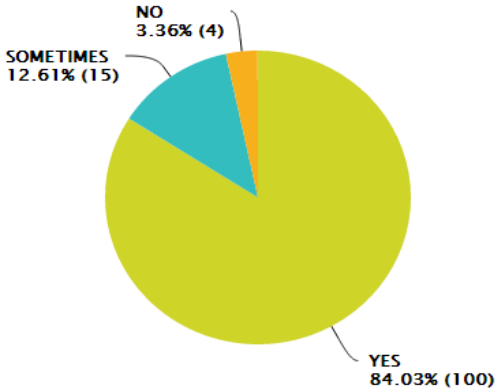
Answered: 118 Skipped: 44



Answer Choices	Responses	
YES	83.90%	99
SOMETIMES	11.02%	13
NO	5.08%	6
Total		118

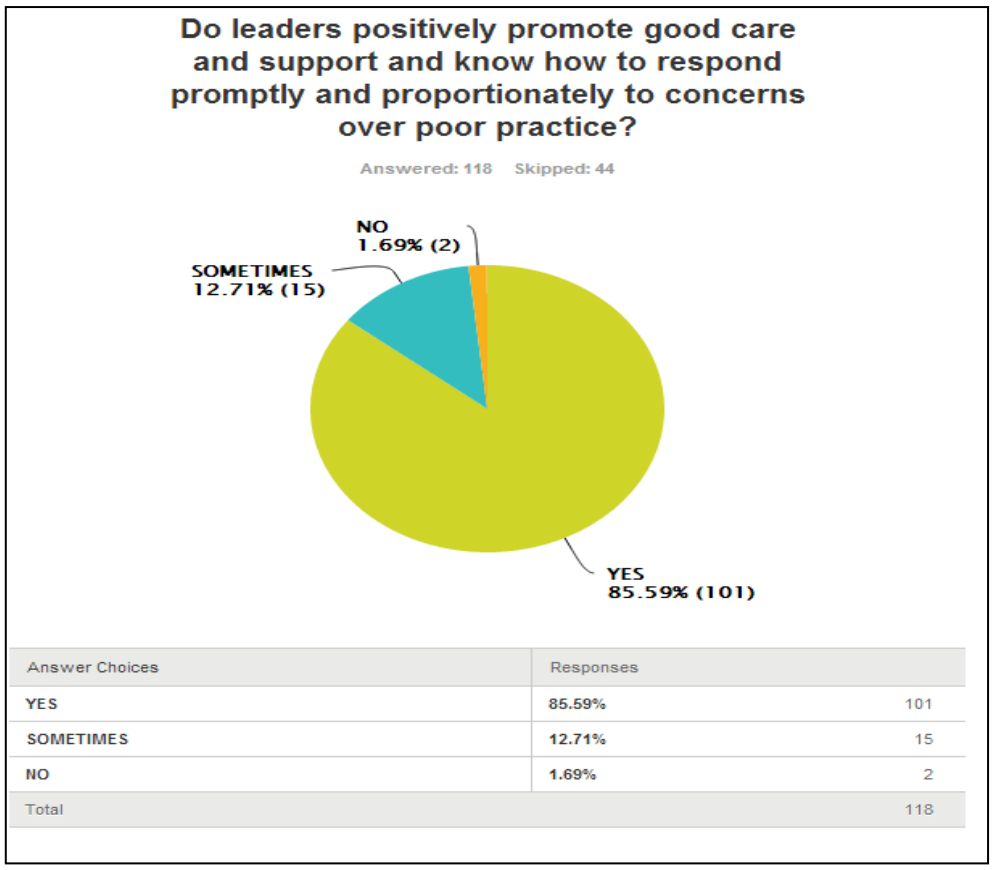
Do leaders ensure care and support workers, individuals, families and friends know how to report poor practice and are encouraged to do so?

Answered: 119 Skipped: 43



Answer Choices	Responses	
YES	84.03%	100
SOMETIMES	12.61%	15
NO	3.36%	4
Total		119

Q65 & 66



Answer Choices	Responses	
YES	85.59%	101
SOMETIMES	12.71%	15
NO	1.69%	2
Total		118

Q67

Thanks so much for helping us with this research - please add any comments you want to add below

Showing 22 responses in mm/dd/year

Talking to service users, after all the tasks have been done, is very important also. But times that are allocated to service users especially 15 min calls is ridiculous.
8/12/2013 3:14 PM

I actively promote good practice where possible, but staff turnover, huge demand and lack of experience by many ensure a service I am passionate about, fails those it is meant to support. 8/7/2013 11:22 PM

I think the questions that mentioned you and your organisation should be separate, because I as a worker adhere to the policies and procedures outlined, however I feel that organisation I work for does not always be as supportive particularly to staff as it could be.
7/30/2013 10:01 AM

Too long Also whilst I can honestly say yes too many questions perhaps some do you.... Questions would be more telling 7/28/2013 7:57 PM

Completed survey and take pleasure and satisfaction in answering Yes to all questions although this survey is too long. 7/23/2013 11:33 AM

Such a need for culture change from every angle - no use sending lower staff members on dignity training when higher managers have no concept of what dignity means. Staff shortages in care homes, clients who need someone to openly engage with and a staff member who wants to do this but has to move on to the next client to provide basic care. Staffing levels as they are allow staff to only provide basic care when many want to provide much more. I dread the day I may need support from services.
7/21/2013 11:46 PM

A course on DIGNITY should be given to all carers before they start working in care. 7/20/2013 5:27 PM

It’s difficult when the questions are you and the organisation because sometimes there is a difference in practice
7/19/2013 12:16 PM

we encourage staff to become dignity champions
7/17/2013 10:55 PM

My answers have been weighted as the questions ask do I and my organisation do and where I always do the organisation doesn't always therefore I have had to answer sometimes 7/17/2013 3:11 PM

Not all the questions are appropriate to my Agency and role. as a Local Authority social services agency whilst we are actively promote the DIC principles when services are commissioned and reviewed as an agency we are not delivering and providing the actual 'hands on' care. We try to drive up the quality of care through our Contract with our Preferred Providers. 7/16/2013 4:43 PM

My answers to some questions would not be the same as what I do & action in my role may not be how I consider my organisation acts. The questionnaire would have benefitted from asking questions to be answered twice -from an individual & organisational perspective due to the potential different answers. Thank you
7/16/2013 8:35 AM

I consider that we are an improving organisation within this area. The answers I have given reflect my feelings about the organisation as a whole, not necessarily regarding own practice, as I practice clinically fairly infrequently due to my role.

Answers are due mainly to the response of management in these situations, all staff are aware of the codes but following them up and being made responsible does not always happen. a lot of care staff try very hard to follow these codes but reporting is not an easy task, especially with the attitudes of management who don’t want the hassle as a champion I am always remaining staff and try very hard to lead by example.7/15/2013 12:08 PM

I have answered using observations /experience regarding the place I work. They are not a bad organisation, the training is brilliant, however, they fail to follow through regarding worries, complaints etc. The paperwork is overwhelming, and focussed on tick box practice, having little regard for thoughts, feelings and worries. the changing needs of clients has not been reflected in an increase in carer hours, and has been made worse by increased paperwork. The problem is that when some workers are challenged, they fail to acknowledge the error of their actions in regards to dignity in care.
7/15/2013 8:11 AM

These are my views on how I see staff in my home 7/15/2013 8:03 AM

This survey may have been easier if divided so that you could answer separately for individual and organisation. On some I would answer yes but work answer would be no. i.e. I allow time for patient to answer questions but work want speedy assessments. 7/15/2013 5:56 AM

as a dignity champion I implement all of the above as does my company and manager. Care staff etc do not!
7/14/2013 11:53 PM

Currently the NHS is under considerable stress and managers are focused on how to reduce expenditure rather than the level of patient need and staff ratios allocated to those group of individuals requiring nursing care. The France and Cavendish report both show that educating those in direct contact with patients is minimal. We expect Health care assistants to simply fall into caring roles by learning the ropes (existing routines of care delivery) No boy seems to assess whether or not these routines promote dignified care delivery. More often than not they are routines born from a need to save time due to heavy workloads. Often not compassionate in manner or independence promoting. Never the less, usually the carer is well meaning but not educated in basic care delivery or in reflective practice. These things seem to be way down on managers lists compared to budget issues! The dignity campaign is essential in bringing together like minded individuals that can affect changes in practice to reflect our core values.
7/14/2013 10:11 PM

Sometimes in domiciliary care staff are under time pressured constraints when working to support vulnerable people and this can come across as a hurried pace which in turn may be a risk to promoting that sense of self worth for individuals. 7/11/2013 10:42 PM
dignity is everyone's business
7/5/2013 9:52 AM