



# Dignity in Care Audit Framework

## Introduction

The national campaign to raise the awareness and profile of dignity within health and social care services has been led by the Care Services Minister, Ivan Lewis. Launched in November 2006 as a specific campaign entitled "Dignity in Care", it was a response to the increasing public concerns that improving access to services and reaching targets within care settings had been at the cost of having a personal service.

Historically dignity has featured in many of the frameworks and publications issued regarding adult social care, however this is the first time that dignity has been the central focus of a national campaign as a concept in its own right.

## What is Dignity?

Dignity is an elusive concept to define. Whilst the majority of people would say that they have an understanding of what dignity is, putting the definition of dignity into words is very difficult. Yet, people do tend to know when they have been treated without dignity or respect.

There are many aspects to what dignity is. Respect, privacy, autonomy, self-worth, security and recognising the intrinsic value of a person are all characteristics of dignity. For this campaign there is an agreed definition of dignity, being;

"a state, quality or manner worthy of esteem or respect and (by extension) self respect. Dignity in care, therefore, means the kind of care, in any setting, which supports and promotes, and does not undermine, a person's self respect, regardless of any difference."

Dignity and respect are not just a part of the health and social care experience, but a central to it. Commitment to having dignity and respect central to the services that are provided and commissioned by RBWM is the most effective method of ensuring that people's experiences in those services are positive.

The campaign "Dignity in Care" is for care that is provided in any setting, such as hospital, residential homes, day services and people's own homes. Nationally the original focus of the campaign was exclusively for older people's services, however as of August 2007 the campaign was extended to include mental health services. However this is not to say that services that are for other service user groups are exempt from treating people with dignity, or that they are not as important as older people and mental health services. It is likely that there will be a roll-out of the dignity challenge to all of the different service user groups through a phased approach.

There was a significant amount of public consultation conducted as a part of the national campaign. Two things have become clear from this research;

that being treated with dignity really matters to people, and that people are not clear about what they should expect from a service that respects dignity.

The Dignity Challenge lays out the national expectations of what constitutes a service that respects dignity. It focuses on ten different aspects of dignity - the things that matter the most to people. The Dignity Challenge is a challenge to everyone, those who provide, commission and use services, to measure who is up to the Challenge.

### What is the Dignity Challenge?

The Dignity Challenge is a clear statement of what people can expect from a service that respects dignity. It is a series of statements, backed up by “dignity tests” that can be used by providers, commissioners and people who use services to see how their local services are performing.

The dignity statements and test for what people should expect from services, as a minimum, have been widely published. The idea is that people take action and challenge where they see undignified practices taking place, knowing how they should be expecting to be treated.

### The Dignity Statements and Tests

There are 10 statements that cover the standards of dignity, and each of the statements have supportive test that can be used to “judge” if a service is delivering dignity as a central part of its core practice.

#### **1. Have a zero tolerance for all forms of abuse**

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

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

#### **2. 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, ensuring time is taken to get to know people. People receiving services are helped to participate as partners in decision-making about the care and support they receive. People are encouraged and supported to take responsibility for

managing their care themselves in conjunction with, when needed, care staff and other information and support services

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

### **3. Treat each 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. Services are not standardised but are personalised and tailored to each individual. Staff take time to get to know the person receiving services and agree with them how formally or informally they would prefer to be addressed

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

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

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

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

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

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

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

## **6. Respect peoples right to privacy**

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

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

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

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

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

## **8. Engage with family members and carers as care partners**

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.

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

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

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

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

## **10. Act to alleviate peoples loneliness and isolation**

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

- Do we provide access to varied leisure and social activities that are enjoyable and person-centred?
- Have we reviewed the activities we offer to ensure they are up to date and in line with modern society

- Do we provide information and support to help individuals engage in activities which help them participate in and contribute to community life?
- Are responsibilities of all staff towards achieving an active and health-promoting culture made clear through policies, procedures and job descriptions?

### An Audit of Dignity

So how does an elusive concept like dignity be audited? Currently there is no national framework or toolkit that detail, in a reliable or valid way, how to conduct an audit of dignity. With no national guidance some localities have designed and conducted their own audit and published those results.

RBWM's audit of dignity is going to extend beyond the national campaign and will examine all service user groups, not just older peoples and mental health services. Dignity is a concept that applies to all of those who come into contact with the services that are provided, therefore it is not just the treatment of the users of the services who are needing to be audited. The internal systems that are in place for the staff and the levels of dignity that the staff feel in the work place has a knock on effect on how services are perceived.

The aim of the audit will to be to find a quantitative measure of the levels of dignity that each team within each directorate has in its practice. To suggest recommendations and to highlight areas of best practice that a particular department or team is doing well.

Most importantly, this audit is not a "witch-hunt". If a particular team or department does not find dignity a predominate feature within their work or practices, it is not going to be punished or reprimanded. Instead systems of recommendations and the sharing of best practice information will be given. The aim of the audit is to raise awareness and dignified practices, not to blame or embarrass teams who may not have had to examine dignity before in this way.

### How to Complete the Audit

The audit is designed to be completed by team managers for the teams and staff that they have responsibility for. On the front sheet is space for the team to identify themselves and how they fit within the RBWM structure. This includes a brief description of what the roles and responsibilities of the team are.

The team manager is to complete this audit through selecting the option that applied to what they find within the team. Whilst this is audit that depends on the selection of pre-set answers, there is the need for the manager to ask questions, facilitate discussions and observe their team in practice in order to establish what is an accurate level of activity taking place. Some of the boxes for answers are shaded as they are not required as answers for that particular

question. Some of the questions may not be relevant for every team, and if it is felt that is the case for a question, please indicate this at the end of the question box by writing N/A.

The boxes for the responses have 3 or 4 options. Due to the different sizes of teams it is not accurate to use percentages or crude numbers, therefore it is expected that where it is written “all staff” it is literally for all staff within that team. The term “most” means half or more of the team members, and the term “a few” means less than half of the team.

Whilst it is recognised that quantitative data does have limitations, there is a need to have a comparably measurable understanding of practices that allows for further analysis of the data. This gives scope to set a baseline and where appropriate, encourage practices that are enhancing of dignity.

Within some of the questions, there is a request to see some information that relates to the question. It is expected that the requested information will be sent through with the audit returns, either by hardcopy or electronically.

There is also space for teams to highlight areas of best practice that they have introduced, implemented or are following that the team feels particularly upholds and strengthens dignified practices. This does not have to be a policy or a formal process, but possibly an “extra mile” that seems to be effective in making people feel that they have had an extremely positive encounter with RBWM.

In addition to the best practice, there is also a section that is for the teams to identify what they feel are gaps, or ways that they feel would increase dignity and respect for the people that use that service. This gap or recommendation can be small, or a new way of working that would improve the services that are provided.

If there are any questions about the audit and how to complete it, please do not hesitate to contact Catherine Mullins who will be able to explain further, either at [Catherine.mullins@rbwm.gov.uk](mailto:Catherine.mullins@rbwm.gov.uk) or at 01628 68 3664 or 07768 848 785

Team:.....

Directorate:.....

Completed By:.....

Post in Team:.....

Number of people in the team:.....

Signed:.....

Date:..... (Please ensure that the document is returned by \*\*\*\*\*)

Please return completed Audit to:

Catherine Mullins, Policy and Planning Officer  
York House, Sheet Street, Windsor, SL4 1DD

Description of Team's Duties and Responsibilities:

**Statement 1: Have Zero Tolerance for all Forms of Abuse**

Question	Response – Please clearly circle the answer that applies to the Team			
When staff meet the public or external agencies do they identify themselves and their role as standard	Yes all times	Yes most times	Not usually	Never
Does the job accountabilities for roles within the team include a code of conduct or accepted practice for interacting with staff and people external to RBWM	Yes for all posts	Yes for most posts	A few of the posts	Non of the posts
Are all staff aware of the Multi-Agency Policies and Procedures for the Protection of Vulnerable Adults	Yes all staff	Yes most staff	A few staff	No staff
Do all staff know how to access the Multi-Agency Policies and Procedures for the Protection of Vulnerable Adults, either on Hyperwave or an accessible hardcopy	Yes all staff	Yes most staff	A few staff	No staff
Have all staff requiring Vulnerable Adults training received it	Yes all staff	Yes most staff	A few staff	No staff
Is the importance of dignity explicit in the recruitment process; including job adverts; job description; interview assessments and personal profile for candidates (Please tick here if this does not apply to your team.....)	Yes in all processes	Yes in most processes	In a few processes	Not in any processes
Is the process for reporting suspicions of abuse clear and known to staff (please tick here if this is not applicable to your team .....	Yes all staff aware of process	Yes most staff aware of process	Some staff aware of process	No staff aware
Does the team induction programme include information on the whistle-blowing policies and procedures	Yes, strongly featured	Yes partially featured	Not mentioned	

Are all temporary staff, commissioned staff and contractors made aware of the whistle-blowing policy and how to action with it accordingly	Yes, when they start work	Yes, mentioned whilst they are here	Not mentioned unless requested	
Do all staff (including contracted, temporary and commissioned) know how to access the Whistle-blowing policy or of its existence	Yes, told how to when they start work	Yes, told how to whilst they are here	Not mentioned unless requested	
Do all staff know what to do if a member of staff from an external provider whistle-blows to them about that external organisation	Yes, all staff	Yes most staff	A few staff	No staff
Do all staff (including contracted, temporary and commissioned) have a CRB check to the correct level for their role	Yes all staff	Yes most staff	A few staff	No staff

Example of Best Practice .....

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Possible Gaps in Services / Areas to be Improved .....

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**Statement 2: Support People with the Same Respect You Would Want for Yourself or a Member of Your Family**

Are staff polite and courteous to others no matter what else is happening at that time	Yes at all times	Yes most of the time	Some of the time	Never
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Do staff swear in the office or use inappropriate or potentially offensive language or gestures	Yes frequently	Yes occasionally	Rarely	Never
Is there an accepted code of conduct for actions and behaviours in the work environment	Yes, all staff aware and comply	Yes, most staff aware and comply	A few staff aware and comply	No staff aware or comply
Do all team inductions for staff feature the importance of dignity	Yes strongly	Yes some mention	Not mentioned	Not required
Does day to day working practices emphasise seeing things from the other persons perspective	Yes all practices emphasise others perspectives	Yes most Practices emphasise others perspectives	Some practices emphasise others perspectives	No practices emphasise the others perspective
Do staff address a service user / vulnerable person directly when talking to them, using the assumption of capacity to understand rather than the assumption that they are not able to understand	Yes, all staff observed spoke directly	Yes, most staff observed spoke directly	A few of the staff observed spoke directly	None of the staff observed spoke directly
Are people greeted appropriately and addressed by their title and surname unless told otherwise	Yes all staff	Yes most staff	A few staff	No staff
Are staff given training on dignity and dignified practices	Yes all staff have had training	Yes most staff have had training	A few staff have had training	No staff have had training
Are staff aware of the “Dignity at Work” policy	Yes all staff knew of this policy	Yes most staff knew of this policy	A few staff knew of this policy	No staff knew of this policy
Do staff know how to access the Dignity at Work policy	Yes all staff knew how to access	Yes most staff knew how to access	A few staff knew how to access	No staff knew how to access

Is the dignity at work policy being followed by staff and enforced by Team Managers where appropriate	Yes all staff are following policy	Yes most staff are following policy	A few staff are following policy	No staff are following the policy
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Example of Best Practice .....

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Possible Gaps in Services / Areas to be Improved .....

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**Statement 3: Treat a person as an Individual by Offering a Personalised Service**

Are the spiritual, cultural and religious needs and wishes of the person respected in operational practice	Yes, all practices consider these needs	Yes, most practices consider these needs	A few practices consider these needs	No practices consider these needs
Do the operational practices encourage the individual to state their preferences	Yes in all practices individual choice is encouraged	Yes, in most practices individual choice is encourage	In a few practices individual choice is encouraged	In no practices individual choice is encouraged
Do staff feel that they are able to challenge discriminatory practices when the see it happening	Yes all staff	Yes most staff	A few staff	No staff

Are staff aware that the Human Rights Act applies to all services that RBWM provide	Yes all staff are aware	Yes most staff are aware	A few staff are aware	No staff are aware
Do staff present themselves appropriately to their role and are aware of the image that they portray	Yes all staff present appropriately	Yes most staff present appropriately	A few staff present appropriately	No staff present appropriately
Are staff aware that there is a confidentiality policy for RBWM and how it applies to them	Yes all staff are aware	Yes most staff are aware	A few staff are aware	No staff are aware
Are information leaflets about the teams services and which are given to the public up to date (Please tick here if there is no requirement for information publications about your team produced.....)	Yes all information is current	Yes most information is current	Some information is current	No information is current
Are information leaflets about the teams services available in a range of formats or languages	Yes there is a range of formats	Yes there are some formats available	Hardcopy and internet only	No information leaflets are available
Do staff support people to express their own needs and wants, especially those with communication difficulties	Yes staff always assist those with communication difficulties	Yes staff mostly assist those with communication difficulties	A few staff support people with communication difficulties	No staff support those with communication difficulties
Are consultations and opinions sought when practices change that impact the service user / customer (please tick here if this question would not apply to your team....)	Yes, service users / customers are always consulted about changes	Yes service users / customers are mostly consulted about changes	Sometimes service users / customers are consulted about changes	Service users / customers are never consulted about changes

Is the use of jargon and acronyms kept to a minimum or explained to people (both internal or external) by staff	Yes, all staff minimise / explain the use of acronyms / jargon	Yes, most staff minimise / explain the use of acronyms / jargon	A few staff minimise / explain the use of acronyms / jargon	No staff minimise / explain the use of acronyms / jargon
Are all staff wearing their ID Badge (if it is not appropriate to wear the ID Badge, have it with them) and ensure that it is visible or shown at first meeting	Yes all staff	Yes most staff	Some staff	No staff
Do all staff ID Badges clearly show a photograph, name and post within RBWM.	Yes all staff	Yes most staff	A few staff	No staff
Where staff do have an ID Badge is it clear, i.e. facing the correct way in the holder or is any part of the ID Badge faded to obscure the staff's details	All Badges are clear	Most badges are clear	Few badges are clear	No badges are clear

Example of Best Practice .....

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Possible Gaps in Services / Areas to be Improved .....

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**Statement 4: Enable People to Maintain the Maximum Possible Level of Independence, Choice and Control**

Are staff given training or guidance on how to avoid stereotyping or making unwarranted assumptions	Yes all staff have had training	Most staff have had training	A few staff have had training	No staff have had training
Are people able and encouraged to provide feedback about their experiences with the team, including members of the public, staff, partners and external agencies	Yes feedback is always encouraged	Yes feedback is mostly encouraged	Sometimes feedback is encouraged	Feedback is never encouraged
Where there are financial implications for the customer / service user, are staff completely assured that the person knows the whole situation before any costs are incurred (Please tick here if this does not apply to your team.....)	Yes all staff ensure that the person knows the implications	Yes most staff ensure that the person knows the implications	A few staff ensure that the person knows the implications	No staff ensure that the person knows the implications
Is dignity embedded and explicit in all operational policies and practices for the team	Yes all policies have dignity contained	Yes most policies have dignity contained	Some policies have dignity contained	No policies have dignity contained
Is or has dignity been raised in team / unit meetings as an agenda item	Yes, frequently	Yes often	Sometimes	Never
Where the team has commissioning responsibilities to do with the sourcing of good and / or services, do dignified practices feature within the:				
Accreditation and selection of supplier process	Yes strongly	Yes some mention	No mention	Not applicable
Contract documents	Yes strongly	Yes some mention	No mention	Not applicable

Specification of services	Yes strongly	Yes some mention	No mention	Not applicable
Monitoring of compliance	Yes strongly	Yes some mention	No mention	Not applicable
Review of contract	Yes strongly	Yes some mention	No mention	Not applicable
Decisions to continue or decommission services	Yes strongly	Yes some mention	No mention	Not applicable
Is there a Dignity Champion, or the scope to have a Dignity Champion appointed in the team	Yes already have one / more than one	Yes there is a potential for a candidate	There is no scope for a Dignity Champion	There is no interest within the team to be a Dignity Champion
Do staff have adequate time to take a lunch break at least to the minimum legally required time (30 minutes after 4 hours of continuous work)	Yes all staff have the opportunity to have a minimum break	Yes most staff have the opportunity to have a minimum break	A few staff have the opportunity to have a minimum break	No staff have the opportunity to have a minimum break

Example of Best Practice .....

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Possible Gaps in Services / Areas to be Improved .....

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**Statement 5: Listen and Support People to Express Their Needs and Wants**

Are staff observed to be truly listening to people with an open mind	Yes, all staff listen with an open mind	Yes most staff listen with an open mind	A few staff listen with an open mind	No staff listen with an open mind
Do staff demonstrate effective interpersonal skills when interacting with the public or other staff members	All staff used effective skills	Most staff used effective skills	A few staff used effective skills	No staff used effective skills
Have all staff attended the Equality and Diversity training provided by RBWM	Yes all staff have attended	Yes most staff have attended	A few staff have attended	No staff have attended
Does the team have a Quality Assurance process that takes place at least annually – please attach a copy of the most recent Quality Assurance report	Yes, at least annually	Yes, but not annually	No Quality Assurance completed	No Quality Assurance required
Does the Quality Assurance process include dignity or feature dignity within the contents	Yes, dignity is strongly featured	Yes some elements of dignity are featured	No elements of dignity are featured	No Quality Assurance is conducted
Are staff who are leaving the team offered an exit interview	Yes all staff have an exit interview	Yes most staff have an exit interview	Some staff have an exit interview	No staff have an exit interview
Do items or feedback raised from the exit interviews of staff shape the direction of services for the team where appropriate	Yes all comments are considered	Yes some comments are considered	No comments are considered	

Is dignity and personal attitudes included in the appraisal process for all staff	Yes featured strongly in appraisals	Yes some feature on appraisals	Not featured in appraisals	
Do all employees have an appraisal at least annually, or more frequently if required	Yes all staff	Most staff	Not usually	Never

Example of Best Practice .....

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Possible Gaps in Services / Areas to be Improved .....

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**Statement 6: Respect People’s Right to Privacy**

Are there, available to use, quiet areas or rooms that are available for service users / customers and staff to provide privacy	Yes there are places that offer absolute privacy	Yes there are areas that offer increased levels of privacy	There are no easily accessible areas of privacy	There are no areas that offer privacy
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Do staff actively protect confidentiality and privacy of people using the service – such as a clear desk policy, not discussing people out of the office environment, etc	Yes staff are proactively protecting privacy	Yes most staff are proactively protecting privacy	Some staff are proactively protecting privacy	No staff are proactively protecting privacy
Where there is meeting with service users / members of the public, is permission sought by the staff <i>in advance</i> if there is going to be additional unexpected people are going to be present at a meeting, for example trainees, students and new staff	Yes all staff ask permission	Yes most staff ask permission	A few staff ask permission	No staff ask permission
Are staff considerate of noise volume and practices that can impact the working environment of others, particularly in shared office spaces	Yes all staff are aware	Yes most staff are aware	A few staff are aware	No staff are aware
When staff are calling members of the public, and it is not pre-arranged, do they ask it if is a good time to talk and if it is not convenient, when would be a good time to call back	Yes all staff asked	Yes most staff asked	A few staff asked	No staff asked

Example of Best Practice .....

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Possible Gaps in Services / Areas to be Improved .....

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**Statement 7: Ensure People Feel Able to Complain Without Fear of Retribution**

Does the team understand what the official definition of a complaint is? For information the definition is: <i>“Any expression of dissatisfaction in regard to a service or member of staff which needs an action”</i>	Yes all staff know the definition	Yes most staff know the definition	A few staff know the definition	No staff know the definition
Are staff aware of the complaints process applicable to their services / Directorate	Yes all staff know the complaints process	Yes most staff know the complaints process	A few staff know the complaints process	No staff know the complaints process
Have staff (including team manager) have attended complaints training	Yes all staff	Yes most staff	A few staff	No staff
Does the team feel that receiving complaints is an opportunity to learn from mistakes, and not a blaming exercise	Yes all staff consider complaints constructive	Yes most staff consider complaints constructive	A few staff consider complaints constructive	No staff consider complaints constructive
Are staff aware of the disciplinary process	Yes all staff are aware	Yes most staff are aware	A few staff are aware	No staff are aware
Are staff aware of how to find information on the disciplinary process	Yes all staff are aware	Yes most staff are aware	A few staff are aware	No staff are aware
Are staff aware of the grievance process	Yes all staff are aware	Yes most staff are aware	A few staff are aware	No staff are aware

Are staff aware of how to find information on the grievance process	Yes all staff are aware	Yes most staff are aware	A few staff are aware	No staff are aware
Is assurance given to a complainant that their concerns are being taken seriously	Yes all staff would / do offer assurances	Yes most staff would / do offer assurances	A few staff would / do offer assurances	No staff would / do offer assurances

Example of Best Practice .....

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Possible Gaps in Services / Areas to be Improved .....

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**Statement 8: Engage With Family Members and Carers as Care Partners**

When talking to customers / service users, are staff aware of the needs of the others, such as family and carers	Yes, all staff	Yes, most staff	A few staff	No staff
Do you know if any of your staff are carers in their personal life, and if so, are the rights of carers known and encouraged to be taken by the staff member	Yes there are carer(s) and they are supported	Yes there are carer(s) but they do not receive additional consideration	There are no known carers in the office.	

Are staff aware to the possibility that where there are confidential matters being discussed that if there are family and/or carers present, the service user / customer may not wish to have the information disclosed to them	Yes, all staff seek the approval of the service user / customer	Yes, most staff seek the approval of the service user / customer	A few staff seek the approval of the service user / customer	No staff seek the approval of the service user / customer
Do staff always give the customer / service user and their carer / family / representative time to ask questions at the end of the encounter or at appropriate intervals	Yes all staff gave time and encourage questions	Yes most staff gave time and encourage questions	A few staff gave time and encourage questions	No staff gave time and encourage questions

Example of Best Practice .....

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Possible Gaps in Services / Areas to be Improved .....

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**Statement 9: Assist People to Maintain Confidence and a Positive Self Esteem**

Do staff interact at the pace of the other person, even if it has taken a long time, for example due to a speech impediment	Yes all staff waited	Yes most staff waited	A few staff waited	No staff waited
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Do staff listen to people with a caring and empathic attitude	Yes all staff	Yes most staff	A few staff	No staff
Within supervisions and meetings with managers, are staff given the opportunity to comment and feedback?	Yes at all supervisions	Yes at most supervisions	A few supervisions	No supervisions or supervisions do not take place
Do all staff complete a Training Needs Assessment at least annually and is there scope for continuous professional development	Yes all staff	Yes most staff	A few staff	No staff
Do staff feel supported by their managers	Yes, all staff give positive feedback	Yes most staff give positive feedback	A few staff give positive feedback	No staff give positive feedback
Do front line (customer facing) staff use “pet names” for people during the course of conversation – for example, “love” “dear” or “sweetie”. If this question does not apply, please tick here.....	Yes all staff	Yes most staff	A few staff	No staff
When staff answer the telephone do they offer at greeting and give their name and the department / team that they are in	Yes all staff	Yes most staff	A few staff	No staff
Do the voicemail messages of staff reflect corporate policy	Yes all staff follow the voicemail policy	Yes most staff follow the voicemail policy	A few staff follow the voicemail policy	No staff voicemails follow the policy
Do the email out-of-office messages of staff reflect corporate policy	Yes all staff follow the email out-of-office policy	Yes most staff follow the email out-of-office policy	A few staff follow the email out-of-office policy	No staff voicemails follow the policy

Do staff do what they can not to emphasise impairments or disabilities of people in front of others, especially in a public situation	Yes all staff	Yes most staff	A few staff	No staff
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Example of Best Practice .....

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Possible Gaps in Services / Areas to be Improved .....

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**Statement 10: Act to Alleviate People’s Loneliness and Isolation**

Do staff encourage people to access as many services as possible for their service areas	Yes, all staff	Yes, most staff	A few staff	No staff
Do staff refer or suggest to people other services where they can identify a potential need, for example leisure / social clubs, educational learning, etc	Yes, all staff	Yes, most staff	A few staff	No staff
Do the staff present a welcoming attitude to people (including other staff) to encourage people to interact with them	Yes all staff present a welcoming attitude	Yes most staff present a welcoming attitude	A few staff present a welcoming attitude	No staff present a welcoming attitude
Does the office and work space layout and environment appear welcoming	Yes all of the office space is welcoming	Yes most of the office space is welcoming	None of the office space is welcoming	

Example of Best Practice .....

Possible Gaps in Services / Areas to be Improved .....

### What Happens Next?

Once all of the returns of the audit have been received, a report will be produced that collates the responses and gives a baseline of understanding for how RBWM scores. Individual teams will receive information on where they stand against the RBWM average, and this should highlight areas that could be addressed or improved.

Along with the results of the responses, there will be some recommendations that are either from national or RBWM best practice. Additionally, where a team has identified or highlighted in the audit an innovative practice that promotes dignity, this too will be disseminated to other teams.

Dignity in care is not a “one-off” event or a time limited practice. Team Managers are expected to highlight and identify to staff where their behaviour or actions could be considered to undermine dignity. Where there are ways to promote dignity, this too should be highlighted and taken on board as possible standard practice.