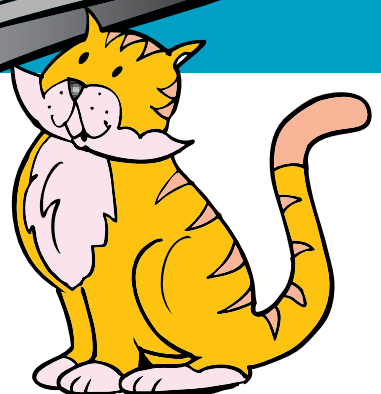


Challenging Poor Practice

Training Module

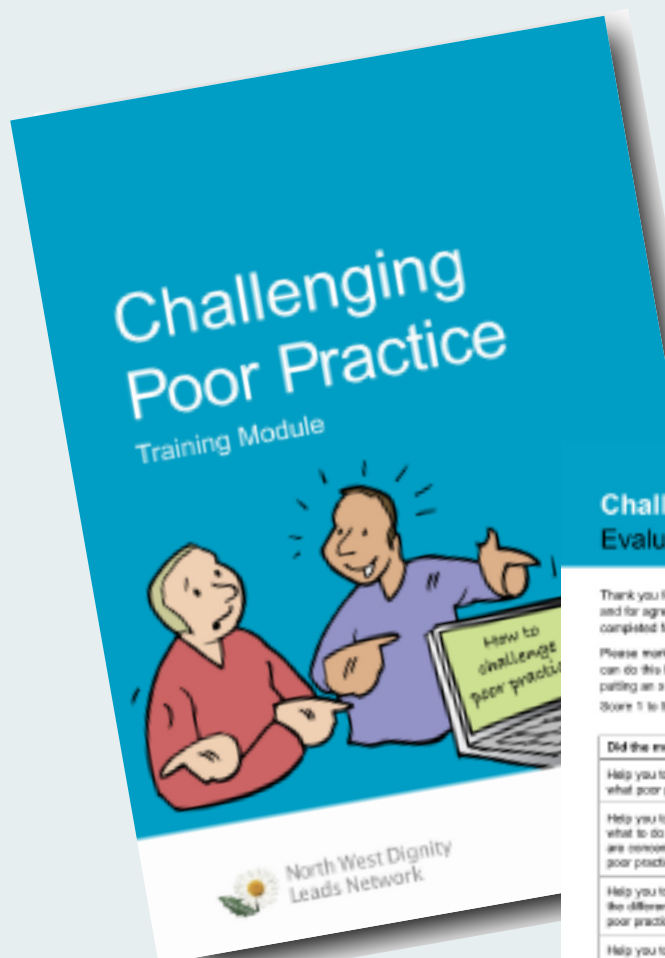


North West Dignity
Leads Network



Contents

Contents	2
Purpose of this module	3
Introduction	4
Challenging Poor Practice	5
Different types of abuse	9
Check Out - the steps to consider	10
Assessing the situation	11
Poor practice flow chart	12
Observation sheet	13
Challenging in the moment	14
Reporting	16
Case Studies	17
Whistleblowing	19
Reflection	21
Further resources	23



Challenging Poor Practice
Use the scenarios below to practice making challenges

Remember that all poor practice can potentially become a safeguarding issue and you need to make a judgement as to whether a person is in immediate danger of harm. If so report it straight away.

Scenario	Your Notes
Scenario 1 A district nurse arrives to give Mrs A insulin and starts the procedure in the lounge area of the care home where there are other people around. 	
Scenario 2 A colleague says they just don't have time to put on gloves when changing a catheter bag. 	
Scenario 3 A colleague is clearly in a bad mood and short tempered with the people she supports. 	

Challenging Poor Practice Module Evaluation

Thank you for completing the Challenging Poor Practice Module and for agreeing to complete this evaluation. Please email your completed form to: Gillian.Moncaster@nswdignity.gov.uk

Please mark the appropriate number in the scale below. You can do this by changing the number to a different colour or putting an x below it.

Score 1 to 5: 1 = Not Very Well and 5 = Extremely Well

Did the module:	How well did it help you?	Any further comments
Help you to recognise what poor practice is?	1 2 3 4 5	
Help you to understand what to do when you are concerned about poor practice?	1 2 3 4 5	
Help you to understand the difference between poor practice and abuse?	1 2 3 4 5	
Help you to feel more confident about challenging poor practice?	1 2 3 4 5	



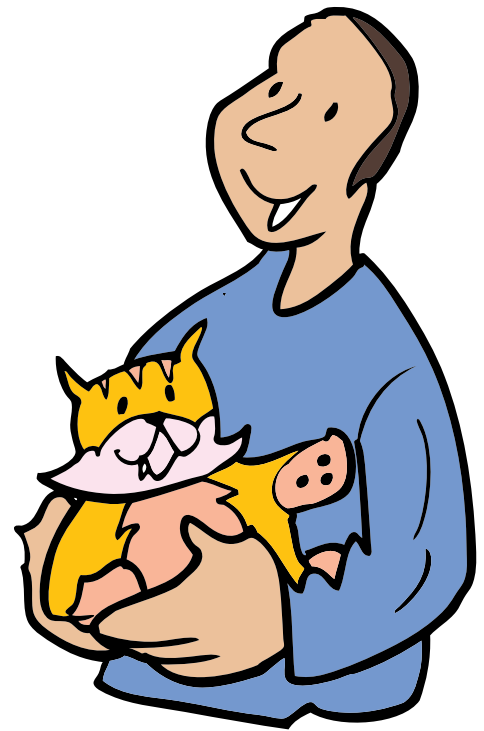
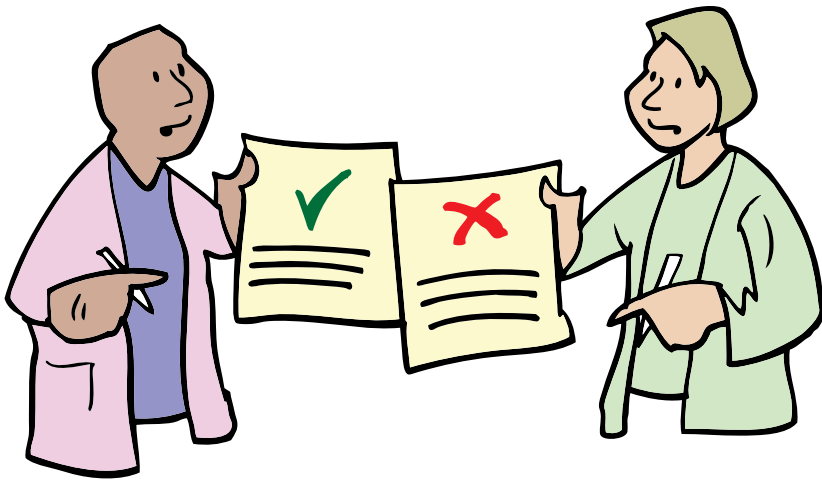
For evil to flourish, it only requires good men to do nothing.

Attributed to Edmund Burke

Challenging Poor Practice

This module has been produced for two purposes:

- To support individuals working in health and social care roles who feel uncomfortable with something they have seen or heard and are looking for practical support on how to handle the situation.
- To act as a training manual for all health and social care workers so that they are better prepared to take action when they encounter poor practice.



Introduction

When delivering care or observing others delivering it, ask yourself ‘would this be good enough for members of my own family?’

The need to ensure the delivery of dignified health and social care services has become apparent following a number of high profile cases where individuals’ dignity clearly wasn’t met.

Most of us will have been thoroughly depressed and upset when terrible examples of neglect, cruelty and abuse were broadcast across the media. Perhaps you breathed a sigh of relief and thought ‘that’s awful but it could never happen here’. If that’s the case, hopefully you’re right it won’t happen where you work because all your colleagues are caring, kind and committed to making the lives of the people they care and support the best they possibly can be. However and this is more likely, you work somewhere where even good staff with the best intentions occasionally take shortcuts or do the wrong thing. Hopefully it will be something relatively minor which isn’t putting an individual at direct risk – but it’s still likely to impact on the quality of their life at that particular time. Occasionally too, even though a staff member didn’t intend to cause harm, they

may inadvertently do this and the person they’re supporting could find themselves in some sort of physical or mental danger.

In some organisations (thankfully a relatively low number) poor practice is widespread and many of the individuals working there, including the managers, don’t recognise it. Therefore when new staff start work they are taught that the organisational ways of working are acceptable. This obviously isn’t at all good for the people who are being supported and who receive less than satisfactory care. Additionally it can lead to a high turnover of staff as those who feel uncomfortable with the culture often leave without formally providing feedback to anyone.

Even worse, and we know it happens, some people working in our sector just don’t have the values, understanding or skill to deliver dignified care. They don’t see the person they’re caring for as an individual with feelings, instead viewing them as an object or task. In extreme cases they can even wield an unhealthy power over some of their colleagues who are willing to participate in ritualistic abuse.

Sometimes we can have worked in organisations for a long time and become accustomed to taking increasing shortcuts in care practices which can have a negative impact for those that we care for, but we don't see it as we have 'drifted' into poor practice.

If we are to put people receiving health and social care services first and ensure they have the care they deserve, the type of care that you would want for a relative, it's important that everyone working across the sector agrees to become vigilant and questions the things they feel uncomfortable with. If we don't do this it's possible that practices that are wanting will take hold and lead to the individuals being cared for having a truly distressing time. Additionally if we ignore things and turn the other way, it's possible that we could be accused of colluding with them, even if we never got involved personally. Therefore when eventually things come to light and an investigation takes place, it's likely that the reputation and ultimately the job of those who stood by and did nothing could be on the line.

Of course challenging poor practice isn't easy. In fact it can be extremely difficult and takes courage as in some situations there may be unpleasant consequences for you as an individual. For example, you see a couple of colleagues using a hoist in a way that puts the frail older person who is being moved at risk and they are clearly very scared and anxious. You intervene by pointing out what's wrong but your colleagues don't receive your contribution at all well and tell the rest of the staff that you're an interfering busybody. Life at work could then become very tough.

Alternatively you may decide you have no choice but to talk to your manager or even instigate your organisations whistleblowing policy and that can be equally uncomfortable.

However it's really important that whenever you see something that disturbs you, you consider the situation really carefully and think about the people who are being cared for. Remember that you have a duty of care to protect them and that their welfare takes precedence over everything else.

Because we know that challenging poor practice can be a hard thing to do, we've created this pack which we hope will help you decide what to do and enhance your confidence to confront the situations that make you feel uncomfortable.

What is a Duty of Care?

A Duty of care, in any setting, is the level of service that is expected, as a minimum, to be provided.

In health care and social care, this may include:

- 1. act in the best interests of individuals*
- 2. do not act or fail to act in a way that could cause harm*
- 3. always act within your own competence and do not do something which you can not do safely.*

A Duty of Care is underpinned by the law of Tort in England, Wales and Northern Ireland and the law of Delict in Scotland. This means that a civil action can be brought against you if you breach your Duty of Care.

Challenging Poor Practice

You're confident that you deliver good practice but you may find yourself in a situation where there is so much poor practice taking place that you feel pressured to change the way you work in order to fit in with the working environment and your colleagues. If this is the case we urge you to maintain your good practice and use this pack to help you challenge what you see.

We want a health and social care sector where the rights and dignity of patients come first and where all staff can raise concerns without fear of reprisals.

Jackie Smith, NMC Chief Executive


Everybody, Somebody, Anybody and Nobody

There was an important job to do be done and **Everybody** was sure that **Somebody** would do it. **Anybody** could have done it, but **Nobody** did..

Somebody got angry about that because it was **Everybody's** job. **Everybody** thought that **Anybody** could do it, but **Nobody** realised that **Everybody** wouldn't do it.

It ended up that **Everybody** blamed **Somebody** when **Nobody** did what **Anybody** could have done.

Anon



I thought you were doing it!

GOOD PRACTICE

The most simple explanation of good practice in health and social care involves staff working in a way that puts the needs of the people they're caring for first so that they receive dignified and thoughtful attention and have the best experience possible.

POOR PRACTICE

Poor practice is the opposite of good practice and generally means that the needs of the person being cared for are not seen as important. When this happens standards of care can become slapdash, rushed and unpredictable and can lead to abuse and neglect. Therefore the individual receiving care will have a poor or distressing experience.

Some poor practice can be described as lazy, thoughtless or sloppy. It includes things that can be stopped immediately if the person delivering care in this way realises what they are doing and thinks about the effect their performance is having on the person receiving support. Examples of these type of behaviour could include encouraging someone to use a wheelchair because it's quicker than walking or having a mobile phone conversation when one-to-one support should be being delivered.

If these examples aren't regular occurrences then despite the people receiving care having an unsatisfactory experience, they're unlikely to be viewed as safeguarding issues. However it's possible that you may witness situations that are classed as abusive and therefore should be dealt with as safeguarding issues.



We've included this short safeguarding film 'If you don't do something who will?', produced by the Nursing and Midwifery Council to highlight examples of poor staff practice and how they can lead to abuse and neglect. In the table below jot down 10 examples of poor practice

that jump out at you and think about how they made you feel.

FILM:
<http://www.nmc-uk.org/media/Latest-news/Its-gold-for-Nursing-and-Midwifery-Council-training-film-If-you-dont-do-something-who-will/>

Example of poor practice	How did this make you feel?

Different types of Abuse

If you have witnessed poor practice, do you think it is 'thoughtless or sloppy' or do you believe that it is abusive as described in one of the sections below?

Abuse can take many forms and can include:

Physical abuse

Such as hitting, pushing, pinching, shaking, misusing medication, withholding food or drink, force-feeding, scalding, restraint and hair pulling, failing to provide physical care and aids to living.

Sexual abuse

Such as rape, sexual assault, or sexual acts to which the person has not or could not have consented, or pressurising someone into sexual acts they don't understand or feel powerless to refuse.

Psychological or emotional abuse

Such as threats of harm or abandonment, being deprived of social or any other form of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse and being prevented from receiving services or support.

Financial or material abuse

Such as theft, fraud or exploitation, pressure in connection with wills, property, or inheritance, misuse of property, possessions or benefits.

Neglect

Such as ignoring medical or physical care needs and preventing access to health, social care or educational services or withholding the necessities of life such as food, drink and heating, or failing to ensure adequate supervision or exposing a person to unacceptable risk.

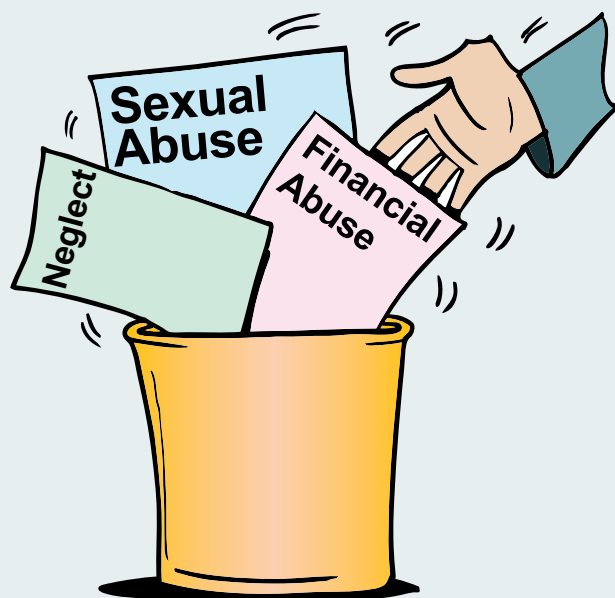
Discriminatory abuse

Such as that based on race or sexuality or, harassment, /slurs / maltreatment because of someone's race, gender, disability, age, faith, culture, or sexual orientation

Institutional abuse

This type of abuse can become widespread in a particular care setting. In these instances poor care is the norm rather than the exception and can lead to harmful practices becoming embedded.

If you witness poor practice that you believe to be abusive you need to consider the most appropriate way to deal with it. To help with this we've produced **CHECK OUT** to highlight the steps that you need to consider. See page 10.



Check Out

If when you've been at work you've felt uncomfortable with the care that has been given to an individual and you know that they could, indeed should have had a better more dignified experience, you're likely to have witnessed poor practice in action.

You know that you have a duty of care but taking the next step is unnerving for you personally.

Therefore to help you get things straight in your mind we've created CHECK OUT which acts as an aide memoire and quickly highlights the different steps that you need to consider.

CHECKOUT SHEET

C	<u>CAREFULLY</u> assess the situation and think about what you've seen or heard. How do you feel, what is your instinct telling you? Completing the observation sheet will help you with this.
H	<u>HAVE</u> you considered all possibilities – perhaps things aren't as they first appeared.
E	<u>EXPLORE</u> your options. What action is most appropriate? Is it feasible to challenge right away whilst the act is taking place? Or do you need to speak to your manager or another senior manager or implement the whistleblowing policy? Our flowchart will help you decide what's the most suitable way to proceed.
C	<u>CAN</u> it wait or do you need to do something straight away? If the person is in immediate danger (physical or mental) then you need to act instantly. Tell your manager or another senior manager.
K	<u>KEEP</u> the person at the centre – don't lose sight of their needs and feelings.
O	<u>OWN IT</u> - once you have decided something needs to be done do it, don't leave it to someone else.
U	<u>UNDERSTAND</u> all you can about safeguarding. Know policies and procedures.
T	<u>TAKE ACTION</u> – there are various ways to do this: <ul style="list-style-type: none"> ▪ challenge whoever is behaving inappropriately at the time they are doing it ▪ talk to your manager or another senior manager about what you've seen and how you've felt ▪ implement your organisation's whistleblowing policy ▪ contact the Care Quality Commission, your Local Safeguarding Team or your Local Authority or Health Contracts team.

Assess the Situation...

Being non-judgemental when you suspect poor practice is really hard, as your intuition and senses have already been alerted to what you perceive as an uncomfortable situation.

However it's important that you test out what you suspect and therefore you need to put your worries to one side initially and attempt to carry out a non-judgemental observation. This means looking or listening again with a mind that is completely open. In some situations you might wish to do this over a period of time as it can help you understand more clearly what's going on.

We all know that it's possible to get the 'wrong end of the stick' so you want to be as sure as you possibly can be that you're understanding of the situation is the right one. Making notes can help clarify what you've seen or heard and these can also be used later on if you decide you need to take further action.

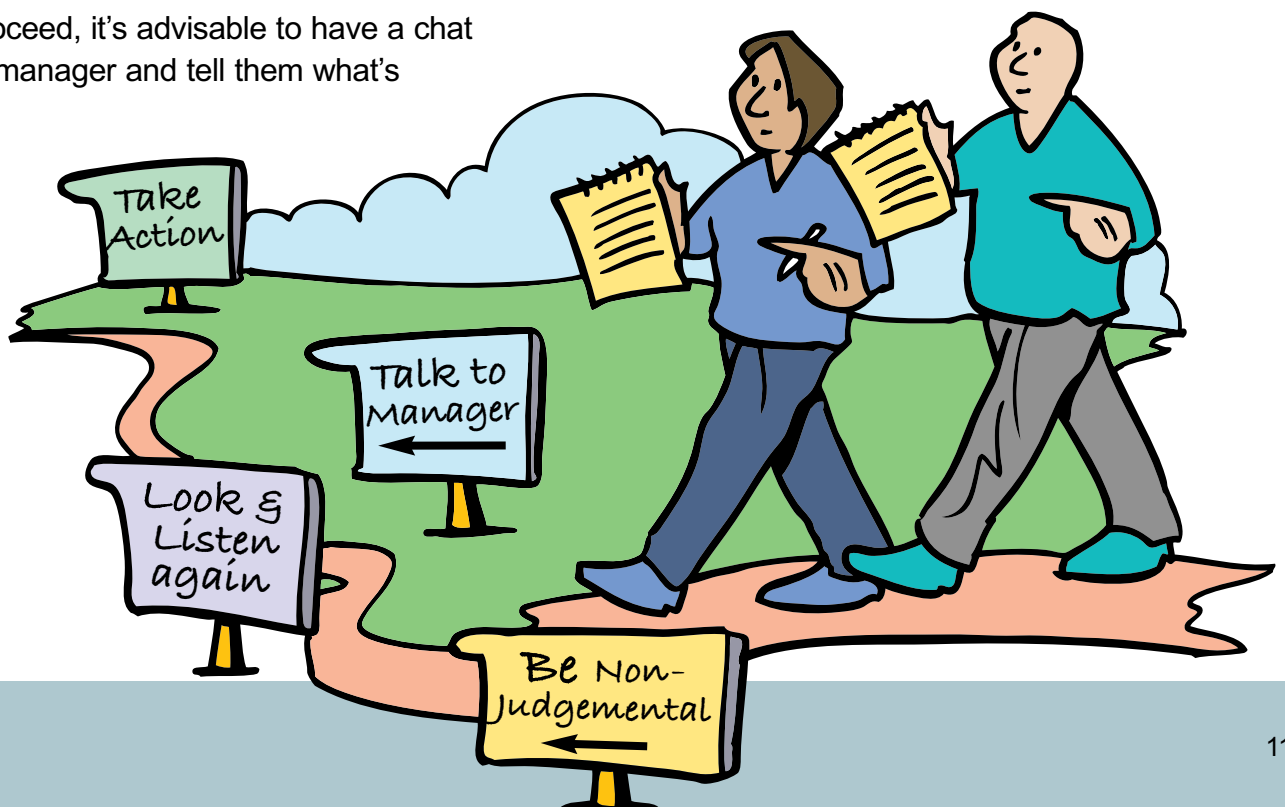
If you've done this but are still unsure about how to proceed, it's advisable to have a chat with your manager and tell them what's

worrying you. This should help put your mind at rest by either calming your anxieties or knowing that the situation is being sorted.

In very serious situations when you think someone is in immediate danger you must report the incident immediately. We know this is likely to be very difficult however it's important that you put the person's needs before your own.

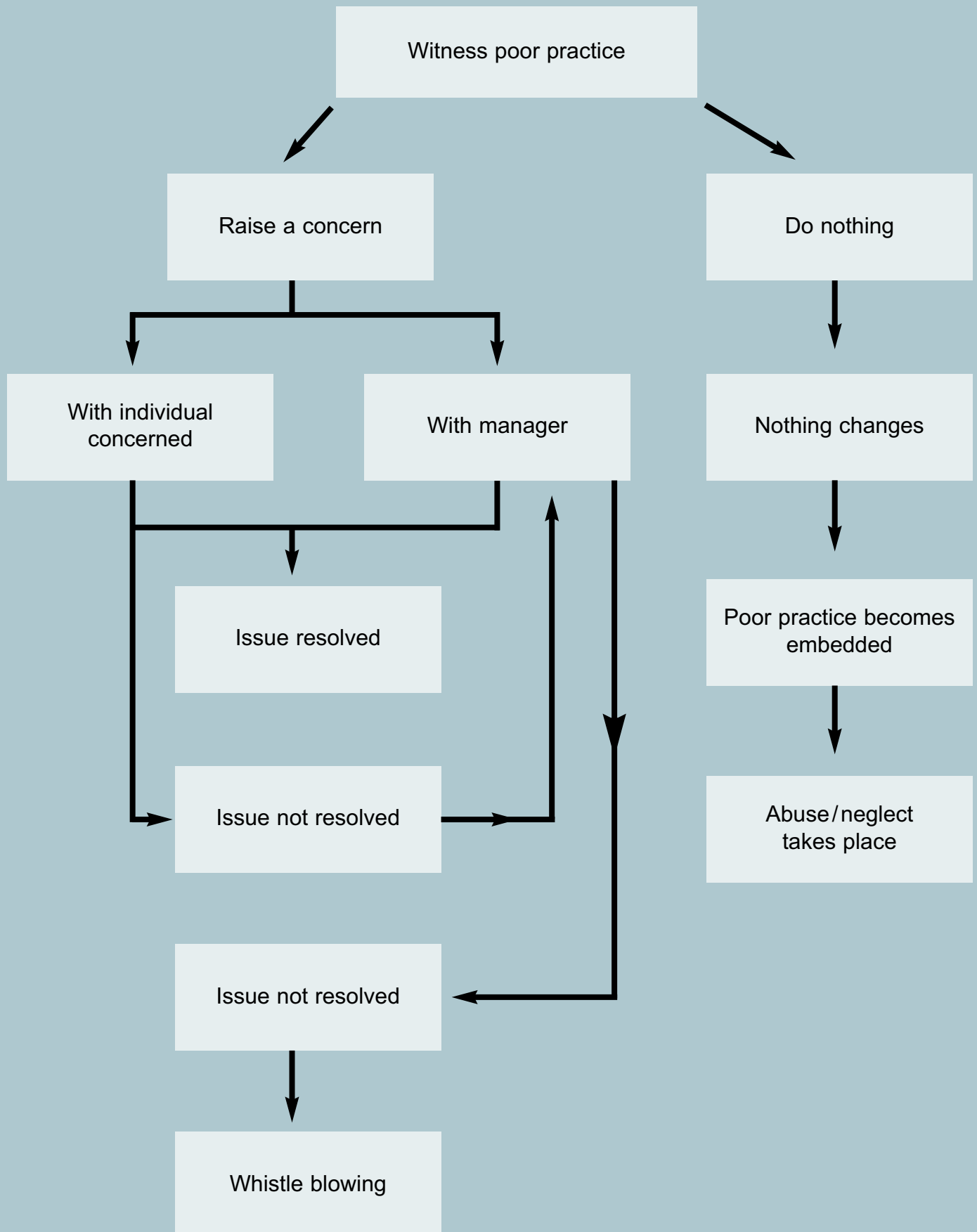
When you think you've witnessed poor practice we suggest that you complete our observation sheet to help you clarify the details of what you've seen or heard.

Once you become sure that poor practice has taken place you need to take action. This may be challenging the person who you have seen perform the action or reporting it to your manager. The poor practice flowchart on page 12 sets out the route and highlights what is likely to happen if you do nothing.



POOR PRACTICE FLOWCHART

What is likely to happen if you do nothing?



OBSERVATION SHEET

This sheet should only be used when you believe you've witnessed POOR PRACTICE.

If you think someone is in immediate danger because of abuse or neglect you must report it immediately.

What have you seen or heard?

When did it happen?

What was the impact on the person being cared for?

Did you feel they were in danger of being harmed?

☐ Yes

☐ No

Is there anyone you can check it out with?


☐ Yes

☐ No


If yes what is their response?

Challenging In The Moment...

Sometimes when we encounter something at work that isn't right it's possible to point out the mistake there and then in a way that isn't confrontational. We call this *challenging in the moment*.



You should challenge when you see something... practice these scenarios with me



I don't know whether to say something or report it!...

For the majority of people who have been thoughtless but not intentionally negligent, this type of interaction should be enough to get them to realise the inappropriateness of their action and change their behaviour.

For example two colleagues who are helping individuals to eat during lunch are talking with each other about their planned evening out and not engaging properly with the people they're assisting. Dealing with this could be as simple as saying 'hey Maggie, I think Ruby's trying to tell you she's had enough to eat now. How about you confirm plans for your evening out during your coffee break, and ask Ruby to tell you about her son's visit yesterday, he brought her a lovely present.

Leaving it until later just doesn't work as the opportunity has been lost and the person delivering care will remain unaware. If challenged in a non-threatening way they are likely to respond by saying something like 'oh I didn't realise I was doing that'.

We know that making these types of challenges can be difficult and requires confidence. Therefore we've included a separate section containing 25 scenarios so that you can practice tackling others.

If you're to be successful it's important that you remain respectful and don't patronise the individual you're challenging. We suggest you practice with willing colleagues or even your family and friends so that next time you see or hear something that needs addressing at the time, you feel able to do this.

There is no right way to do this as it will depend on the situation, how well you know the person you're challenging and your own personal style. However here's a few ideas for starting these challenges.

Gosh the way you do that is completely different to how I was taught. Let me show you how I do it.

Goodness (name) are you alright? You're not your usual self today. I think Alice got a bit scared when you....

*Ooh (name), I think you've forgotten to **** – I forgot yesterday and was mortified when I realised, because I know just how important it is to George.*

I'm really conscious about Alice's lack of privacy, why don't I help her to her room and you can follow us there.

George is just eating lunch and I know he was really hungry so how about I get you a cup of tea and you can see him when he's finished eating.

I'm sorry, I'm being a bit of a numpty today, can you talk me through why you've just done....



Sometimes when you observe something harmful which is poor practice, for example a poor lifting and handling technique, it's necessary to use stronger words to let the person involved know how concerned you are or stop the action continuing. Things to say might include:

I feel very uncomfortable about....

I am concerned that....

Please Stop. You're causing distress.

However if you see something that is very clearly abuse don't challenge it but report it immediately (see the Reporting section on the next page).

I'm sorry, I'm being a bit of a numpty, can you talk me through...



Reporting...

Some times challenging in the moment just doesn't work. You've tried it but the poor practice continues. Or it could be that the situation you've encountered is just too serious to deal with it in this way. If this is the case you need to go to your manager and bring the poor practice to their attention.

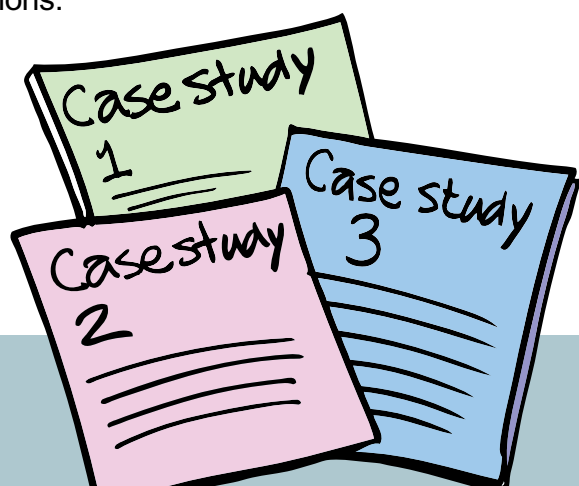
If you're reporting sloppy work practices the manager is likely to observe the person going about their work and then speak to them. They may demonstrate how things should be done or arrange training for the person.

If the issue is a safeguarding one and a person being cared for has been abused or is in danger of this happening (see different types of abuse), you need to report it immediately. Your manager should then take immediate action by reporting the incident to Adult and Local Services.

Organisations should ensure that when responding to reports they receive, the information you provide is handled sensitively, so that your confidentiality is maintained where possible.

CASE STUDIES

Have a look at the following 3 case studies to help you understand ways to deal with similar situations.



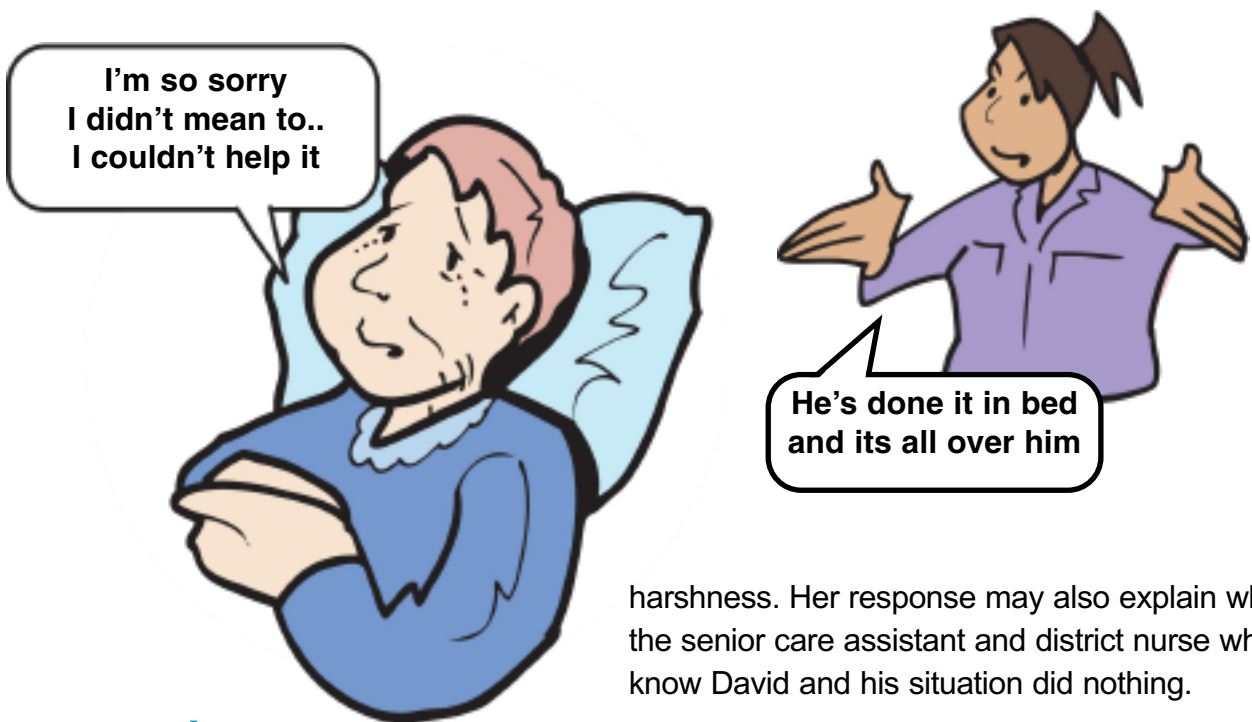
CASE STUDY 1.

Margaret, a health care assistant, very proudly describes herself as a hard worker and someone who treats all the people she cares for very well. She feels she's compassionate, caring, and very good at her job.

During a shift one day whilst she is being shadowed by Jane, a new starter, she speaks quite harshly to David a resident. She sharply and loudly tells him to 'roll over' so she can pull the sheet out from under him and then turns to Jane to describe how David has soiled himself. David, is clearly very embarrassed and upset and begins to cry.

Jane notices that the door to his room is open and that several staff in the hallway, including a senior care assistant and visiting district nurse can overhear the conversation. They look in her direction and are able to see what is happening as well as catch all that is said. They continue to observe until Jane and Margaret leave David's room and then resume their conversation as if nothing unusual has happened.

Jane feels very uncomfortable about what she has seen, and feels that even though she is new and still has a great deal to learn, the situation should have been handled very differently.



If you were Jane how would you proceed?

Possible routes:

If you felt confident you could talk to Margaret and say something like

“Margaret, I’m a bit confused about what happened when we were with David, can we go somewhere quiet to talk so you can help me understand.”

Then “can you talk me through what you did and why when we were with David – being new I’m still trying to make sense of lots of things, for example was there a specific reason why you left the door open” If Margaret doesn’t have sound reasons and only focuses on the tasks she carried out and not on how she was with David, you could say something like, “you seemed a little harsh with David and as he was so upset I wonder if that that might have caused him even more anxiety.”

You’d then need to gauge her response before deciding whether her answers put your concerns at ease. It’s possible that she has a plausible reason why the door was left open and says she spoke loudly because David is hard of hearing and you misinterpreted her

harshness. Her response may also explain why the senior care assistant and district nurse who know David and his situation did nothing.

However, if you have gone down the route of speaking to Margaret but her response still leaves you feeling uneasy about what happened, you’ll need to consider why the senior care assistant and district nurse who saw and overheard the incident did and said nothing. It’s likely to raise a number of questions for you, such as ‘was this a one off incident’ or ‘is it common to ignore such situations’.

Either way it would make sense to complete an Observation Form as this will help you put your thoughts in order before reporting what you’ve seen to the manager and if you still have concerns at this stage you definitely need to report the incident as you have a duty of care to the individuals you support.

However if you don’t feel confident enough to speak with Margaret directly, you should ask your manager to spare you a few minutes to help you understand what you’ve observed on your shift. You would then tell them what you’ve seen and how uncomfortable it made you feel. If David is indeed hard of hearing and there is an explanation as to why the door to David’s room needs to be left open they should be able to provide this, however if poor practice has taken place they should take this on board and deal with it.

CASE STUDY 2

You start working for a local care home and you notice that the dining room seems very small for the number of residents. (only seats 20 and there are 32 people living there). After chatting with one of the other carers you learn that the home had been extended recently to add a further 12 bedrooms but as far as she's aware there are no plans to extend the communal areas. Both the dining room and living room areas can only accommodate 20 people at meal times so the first 20 to get a seat get to eat at the table with others. Everyone else eats alone in their room. Of course as the more mobile people get to the dining room first this means the same people always end up eating in their rooms.

What would you do?

This is quite a complex situation and one that would be difficult to challenge in the moment. Yes it is poor practice and possibly institutional abuse. You should discuss it with your manager in supervision and suggest having two sittings at meal times as it is not acceptable that the fittest residents always get to eat at the table. If you are not happy with the response you should contact the Contract Team in your Local Authority.



CASE STUDY 3



You deliver care at home and are shadowing a more experienced carer called Jane. You visit a customer with learning and mobility difficulties who needs assistance getting up from bed in the morning. You are already behind on your calls and when you arrive he refuses to get up as he is comfortable and warm. Jane gets very cross with him and yells at him to sit up so she can help him get up. He refuses as he thinks it is a game. Jane then gets even more cross and slaps him hard across the face - he then does as she says and you both help him to get up. He starts crying and Jane tells him to stop being a baby.

What would you do?

This case is very clear. Do not challenge in the moment. Report it as a safeguarding issue as soon as possible.

Whistleblowing...

If you have brought poor practice to the attention of your manager but the poor practice continues to take place and no action appears to have been taken, or indeed if your manager is involved in the activity, you will need to raise concerns higher up within your organisation. This is known as whistleblowing.

All health and social care organisations are required to have a whistleblowing policy which provides information about when, why and how to 'whistleblow'. It should also give details of the support and protection that 'whistleblowers' are entitled to. We suggest that you get hold of a copy of your organisation's and use it to help you through the process. Of course, as we've already said, raising a concern is likely to be a difficult and emotional step to take; therefore whilst using the policy won't prevent you feeling apprehensive, knowing what support you can expect from your employer should help to reduce some of your anxiety.

Whistleblowing policies aim to:

- Encourage you to feel confident in raising concerns and to question and act upon concerns about practice.
- Provide clear pathways for you to raise concerns in confidence and receive feedback on any action that is taken.
- Ensure that you receive a response to your concerns and that you are aware of how to follow them up if you're not satisfied.
- To reassure you that you'll be protected.

from possible reprisals or harassment if you have a sound belief that what you have reported is in the public interest.

The types of concern they cover include:

- Sexual, physical or other abuse of clients.
- Conduct which is an offence or a breach of law.
- Failure to comply with a legal obligation.
- Health and safety risks, including risks to the public as well as other employees.
- Possible fraud and corruption.
- Other unethical conduct.



Whistleblowing continued...

You'll have heard of individuals raising concerns outside of their organisation to a regulatory body such as the Care Quality Commission (CQC) and indeed the CQC have a section on their website that enables this to happen anonymously.

However most organisations respond in a very appropriate way when they receive whistleblowing disclosures so you should only need to do this if you are worried that your employer:

- will cover it up
- will treat you unfairly if you complain
- hasn't sorted it out and you've already told them

Please be assured that an employee can't be dismissed because of whistleblowing as long as they believe their disclosure is in the public interest and one of the following criteria are met.

- that someone's health and safety is in danger
- there is damage to the environment
- a criminal offence has been committed
- that the company isn't obeying the law (like not having the right insurance)
- that someone's covering up wrong doing

For more information on whistleblowing go to:
<https://www.gov.uk/whistleblowing/overview>

**Don't worry!
You can tell the CQC
about your concerns
online anonymously!**



**She'll know that
it was me!**



After the Challenge Reflection...



Reflection is an everyday process that helps us sort out our thoughts and feelings about certain things.

We reflect on a range of everyday problems and situations all the time and ask ourselves what went well, what didn't and what could I have done differently. We don't usually follow a formula for this, it just happens as feelings, thoughts and emotions gradually come to the 'surface'.

However as challenging poor practice can be such a difficult thing to do it's worth spending some structured time afterwards to help make sense of the experience and better understand what we've done so that we can reach conclusions about the situation and then move on.

Reflecting means that we can acknowledge our immediate feelings and then stand back from them. It also helps us see what went well and focus on the positive side of an event, as well as the more negative. Additionally it can help us develop a problem-solving approach, rather than avoiding thinking about difficulties.

Using a few basic questions as a framework, like the ones below, can help structure your reflection.

- How did it go? How do I feel about it?
- What went well, or OK? Why?
- What was not so good? Why?
- Could I have done anything differently?
- What should I change next time?

It's possible that undertaking this module has brought uncomfortable personal feelings to the fore and if this is the case we suggest that you seek support from your manager. However if you don't feel able to do this we advise you to look for help elsewhere.

Many organisations offer a free counselling service and you should be able to find out more about this in your staff handbook or through your Human Resources (HR) lead or department. Also don't forget how useful talking things through with your family or friends can be, or if these don't work, your GP. However, when going outside of your organisation you'll need to remember that you're bound by confidentiality so can't divulge the names of individuals involved.



REFLECTION ON **YOUR** LEARNING FROM THIS MODULE

As you've now completed this Challenging Poor Practice module we'd like you to think about the impact the learning has had on you and to help with this we've produced some questions for you to think about. You won't be able to answer all of them right away as you'll need time back at work before you'll be able to consider the effect that the learning has had on how you respond to situations involving poor practice. However you're likely to have an initial response to some of them so they're definitely worth thinking about now and then revisiting them in a few weeks time.

How has the learning affected you?

What did you learn?

What didn't you know before hand?

Has the module helped you to challenge poor practice?

Do you still feel unable to challenge poor practice? Is there anything anyone can do to help you with this?

Has the learning helped how you carry out your work more effectively?

Did you notice if the same poor practice kept occurring?

Was the poor practice delivered by the same people?

RESOURCES

If you need more help or advice in challenging poor practice useful resources are listed below:

Your own organisational policies and guidelines. These could include:

- Whistleblowing
- Confidentiality
- Safeguarding
- Manual Handling and other relevant policies that explain what practices your organisation expects from staff

Your local Adult Safeguarding Board/Local Authority resources

Care Quality Commission
<http://www.cqc.org.uk/>

To raise concerns about care
enquiries@cqc.org.uk or ring 03000 61 61 61

Your local Local Authority Contracts team or Clinical Commissioning Group.

The Nursing & Midwifery Council 'Raising Concerns – Guidance for Nurses & Midwives'

<http://www.nmc-uk.org/Documents/NMC-Publications/NMC-Raising-and-escalating-concerns.pdf>

Thank you for completing the training module. We'd find your feedback about how you found it extremely useful so would very much appreciate it if you'd complete the separate evaluation form and return it to Gillian.moncaster@manchester.gov.uk

Produced by North West Dignity Leads Network

Authors:

- Lesley Gill, Care Sector Alliance Cumbria and Cumbria County Council
- Gillian Moncaster, Manchester City Council
- Janet Robson, Stockport NHS Foundation Trust

During the writing of this module various groups and individuals were consulted and their opinions gathered. Thanks go to:

- The North West Dignity Leads Network
- The Cumbria Multi-Agency Dignity Group
- Irene Cooper- Cumbria Safeguarding Adults Manager
- Cumbria Safeguarding Adults Operations Group
- The Service User & Carer Group attached to the Workforce Research Unit at Kings College, London

In Seamus Heaney's poem 'Mint' he says:
".... we failed them
by our disregard."
Please don't fail the people you care for by
ignoring poor practice.



North West Dignity
Leads Network

