Dignity in Homecare

Resource Guide

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How to use this resource guide and training programme

This resource guide gives information on providing dignified services to service users. It explains the Department of Health's Dignity Challenge, defines dignity, provides the criteria for best practice in dignity, explains how to implement best practice criteria and gives a brief outline of commissioning requirements.

There are three ways in which the resource guide can be used:

1. The resource guide can be used as a management resource, giving information about the provision of dignified services to managers.

2. The resource guide can be used as a self-directed learning tool, providing background information on treating people with dignity and respect. The resource guide will benefit newly qualified or promoted management or office staff and interested care workers. This can be particularly effective for a small to medium sized organisation that finds it difficult to arrange group-training sessions. In addition, some staff prefer to learn in their own time and at their own pace. Self directed learning would take approximately 1 hour.

3. The resource guide can be used by managers to give a 1:1 training session to individual staff members about dignity, either as a single training session or during appraisal or supervision. The training session would last up to 1½ hours.

The accompanying training programme covers much of the content of the resource guide with the difference that the training programme contains course notes, acetates, exercises and handouts to accompany the training.

The training programme is modular in design allowing for complete flexibility in the way it is used. It can be used in the following ways:

1. The training can be provided module by module, allowing for short, sharp sessions that will leave the participant anticipating the next module.
2. The training pack can be used as a two-hour training session.
3. The training pack can be used as a half day training session.
4. The training pack can be used as a full day training.

A matrix at the start of the training will explain how this can be achieved.

The training programme will be participative in nature, using exercises and other material to challenge behaviours and attitudes and promote best practice.

The contents of the resource guide and training programme is contained on a CD Rom and a memory stick.

Throughout the resource guide you will see this sign ⚑. This is used to signpost you to additional resources that will be of use to you when developing dignified services or training staff. A copy of each of them is also contained on the CD Rom and memory stick.

Introduction

Dignity starts at the very top of an organisation with the manager and owner taking responsibility for ensuring their staff provide a dignified service. Care workers are involved directly with service users and represent the organisation externally. The care they provide and the way they provide it, are the standard by which service users will measure whether they have been treated with dignity and respect.

However, they are not the only staff within an organisation who need to be clear about what a dignified service means and ensure they also deliver this level of care. Office staff, supervisors, trainers, managers and finance personnel may have contact with service users or their roles may impact on service users so all have their part to play in ensuring a dignified service can be provided.

In March 2005, the Department of Health published a Green Paper, *Independence, Well-being and Choice*[i], a consultation paper outlining its vision for adult social care for the future. The expected outcomes contained within the Green Paper focus very clearly on treating people with dignity and respect, assisting people to make a positive contribution to society, enabling them to exercise choice and control over their lives, guaranteeing freedom from discrimination and harassment and ensuring personal dignity is maintained.

The subsequent White Paper, *Our health, our care, our say*[ii], published in 2006, addressed these issues by setting out the vision for a new social care system designed to give people more choice and control, tackling inequalities and improving access to services, thereby guaranteeing freedom from discrimination, and providing more support to people with long-term needs.

In November 2006, Ivan Lewis MP, then Parliamentary Under Secretary of State for Care Services, gave a speech to launch a 'Dignity Campaign' with a view to "put dignity and respect at the heart of the care services we offer to older people". This campaign followed many discussions with older people receiving care services who wanted to be treated as individuals, who wanted to be listened to, who wanted to be treated with respect and who wanted the ability to exercise choice.

The aim of the campaign was to raise awareness of dignity in care, thereby inspiring people to act by spreading examples of best practice and rewarding those who made a difference.

Ivan Lewis MP launched a 'Dignity Challenge', to ensure people who use services know what to expect from a service that respects dignity. He also expected evaluations by providers, commissioners and service users to ensure that the services provided, do actually treat people with dignity and respect.

In November 2006, to support the Department of Health's Dignity Challenge, the Social Care Institute for Excellence (SCIE) published the *Dignity in Care Practice Guide (9)*[iii]*.* The Guide explains how to improve standards of dignity aimed at anyone involved in delivering care, including those who use the

services and their carers, staff in all care settings, managers and service commissioners.

Other documents produced also have dignity enshrined within their contents. In 2001, the Department of Health published the *National Service Framework for Older People*[iv]. In Standard Two, Person-centred care, the rationale is to listen to people, treat them with respect and dignity, recognise individual differences and enable older people to make informed choices and to involve older people in decisions about their care. Whilst some progress has been made on asking service users about the care they have received, little mention has been made of staff training.

The Commission for Social Care Inspection (CSCI) have produced a *Performance Assessment Framework (*2008) [v] that has incorporated the outcomes from *Independence, Well-being and Choice* (2005) and now measures how well local councils meet these standards.

The *Domiciliary Care National Minimum Standards* [vi] published in February 2003 contain a number of standards relating to dignity. Those relating to needs assessment (2), meeting needs (3), confidentiality (5), responsive services (6), privacy and dignity (8), autonomy and independence (9) and protection of the person (14) all fall within the remit of providing dignified services.

 See the Domiciliary Care National Minimum Standards pp 11 (needs assessment), pp 12 (meeting needs), pp 13 (confidentiality), pp 14 (responsive services), pp 18 (privacy and dignity), pp 18 (autonomy and independence) and pp 26 (protection of the person).

CSCI's *Annual Quality Assurance Assessment for Domiciliary Care* [vii] asks domiciliary care organisations how they meet the domiciliary care standards and what areas are still to be improved upon. This provides an assessment of how the dignity challenge is being met.

Some organisations are doing a very good job and see dignity in care as an integral part of their service. Similarly, some organisations aspire to provide a dignified service but are unable to do so because of commissioning practices, ie. a lack of funding or short episodes of care, meaning that care workers have to rush the process of helping people with washing, dressing and meals, which can compromise dignity. Whilst the Personalisation agenda may assist with this, home care managers must be proactive in negotiating contracts that enable them to provide a dignified service.

This Dignity Resource Guide has been developed specifically for the domiciliary care sector, to enable managers and staff in organisations to provide services in a dignified and respectful manner and to assist organisations meet the Department of Health's Dignity Challenge. The Guide compliments SCIE's *Dignity in Care Practice Guide (9*) but has narrowed its focus so that it is directed specifically at domiciliary care organisations.

Definitions of dignity

SCIE's *Dignity in Care* Practice Guide concedes that 'dignity' is a difficult term to define. This is mainly because dignity is personal and can cover a wide range of topics. Dignity can mean one or all of the following and will mean different things to different people:

- Independence
- Choice
- Respect
- Privacy
- Freedom from discrimination
- Being listened to
- Being kept safe
- Being responsive
- Confidentiality
- Meeting the needs of the individual
- Recognising differences
- Contributing to society

There are a number of dictionary definitions for the term 'dignity' including:

'Being worthy of esteem or respect'
'True worth'
'Insist on respectful treatment'
'Poise and self-respect'
'An innate right to respect and ethical treatment'

There are many organisations who have researched the definitions of dignity to identify the key aspects that must be included in any care service and to ensure people are treated with dignity as an inclusive part of the service rather than as an add-on. Much of this research focuses on older people.

In Accident and Emergency Nursing (2005)[viii] an article by Griffin-Reslin outlined the four key aspects of dignity as:

- Respect
- Autonomy
- Empowerment
- Communication

Whilst these aspects have been cited as themes that encompass dignity, many other aspects need consideration too.

Another research project held focus groups for older people in six European countries (including UK) to discuss what dignity meant to them[ix]. The groups found it easier to recognise when they had not been treated with dignity, but they identified four key aspects of dignity:

- Dignity of merit – the position in society
- Dignity of moral status – the person's autonomy or integrity

- Dignity of identity – this is related to self-respect
- The value of human beings or self worth

Whilst these definitions certainly have value, they look a little vague when thinking about how they can be translated into dignified care services.

Between June and September 2006, the Department of Health elicited the views of members of the public, and health and social care staff in an online survey. This was reported on in October 2006[x]. The results of the survey identified what dignity in care meant to staff and the public. The list below encompasses these:

- Putting the individual receiving care at the centre of things, asking about their specific wants and needs and how they wanted services to be provided
- Being patient
- Not patronising the person receiving care
- Helping people to feel they can rest and relax in a safe environment
- Making sure people are not left in pain
- Ensuring people do not feel isolated or alone
- Respecting basic human rights, such as giving people privacy and encouraging independence
- Taking account of people's cultural and religious needs
- Services that are made up of smaller more specialised teams who have the time to get to know people individually.

This list appears easier to work with than some research recommendations. Many of these suggestions could be added into any service by way of staff training to ensure the needs of service users are recognised.

The definition that SCIE has taken from the dictionary and used as their working definition is:

"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".

Unfortunately, the wordiness of this definition still does not assist domiciliary care staff or service providers to interpret what a dignified service should look like and how to implement or evaluate those services. However, SCIE does concede that whilst dignity might be difficult to define, most people know when they have not been treated with dignity or respect.

The SCIE Dignity in Care Guide has a ten-point Dignity Challenge that is a statement of what a service that respects people's dignity should include:

1. Have a zero tolerance of all forms of abuse
2. Support people with the same respect you would want for yourself or a member of your family
3. Treat each person as an individual by offering a personalised service
4. Enable people to maintain the maximum possible level of independence, choice and control
5. Listen and support people and enable them to express their needs and wants
6. Respect people's right to privacy
7. Ensure people feel able to complain without fear of retribution
8. Engage with family members and carers as care partners
9. Assist people to maintain confidence and a positive self image
10. Act to alleviate people's loneliness and isolation

Each of these points comes with a means to test whether a service is meeting the dignity challenge within their service.

 See the SCIE Dignity in Care Practice Guide 9 pp 11 – 43 for the tests to measure dignity within your organisation[xi].

In *The Challenge of Dignity in Care* (2007)[xii] produced by Help the Aged, Ros Levenson explains that whilst everyone is agreed that dignity is important, there is no simple definition of what it consists of and therefore no ability to assess whether it is being achieved. The report aims to address this shortfall.

The report outlines a number of 'domains' which forms a framework for providing dignified care and fits well with the ten-point Dignity Challenge.

This Resource Guide includes information about these domains and adds in another four. The domains identified by Help the Aged are:

- Communication
- Privacy
- Autonomy
- Social inclusion
- Personal hygiene
- Personal care
- Eating and nutrition
- Pain control
- End of life care

The other four domains that are added as part of this framework of providing dignified care are:

- Respect
- Diversity and equality
- Abuse
- Whistle blowing

The ten-point Dignity Challenge outlined in SCIE's Dignity in Care Guide, remains the key aim in providing dignified care services, and is endorsed by the Department of Health.

It contains specific information on some of the domains identified by Help the Aged including communication, social inclusion, autonomy, privacy, hygiene and personal appearance, mealtimes and nutritional care. It also provides information on the four additional domains, respect, diversity and equality, abuse and whistle blowing.

These domains form the 'best practice' elements of this Resource Guide. Adopting some of the criteria identified within the best practice domains will assist social care providers to meet the challenge of dignity in care.

Legislation

Whilst there is little need to understand fully the different pieces of legislation that encompass dignified care and individual rights, there should be some acknowledgement and a brief explanation of these.

Human Rights Act 1998
The Act is based on the European Convention on Human Rights of 1950, which was drafted after the end of World War II to protect human rights and freedoms.

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

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

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

Article 8 - Right to respect for private and family life
This means that everyone is entitled to have their home and family life respected. This includes correspondence and personal information and everyone has the right for this to remain confidential.

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

Article 9 – Freedom of thought, conscience and religion
This means that anyone is entitled to hold a belief or follow a religion and this should not be restricted.

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

Article 10 – Freedom of expression
This means that a person is entitled to their own opinions, and should be able to express these opinions and ideas without interference. They are also entitled to give and receive accurate information.

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

Article 14 – Prohibition of discrimination
This means that a person should be treated without prejudice on the grounds of their sex, race, colour, language, religion, political opinion, origin, birth, sexual orientation, disability, marital status and age.

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

Sex Discrimination Act 1975
This Act prohibits discrimination on the grounds of gender or marital status.

Race Relations Act 1976
This Act prohibits discrimination on the grounds of race, nationality, colour, or ethnic origin.

Race Relations (Amendment) Act 2000
This Act places the onus on public bodies to eliminate discrimination and promote equality.

Disability Discrimination Act 1995 and 2005
This Act prohibits discrimination on the grounds of disability.

Employment Equality (Sexual Orientation) Regulations 2003
This Act prohibits discrimination on the grounds of sexual orientation.

Employment Equality (Religion or Belief) Regulations 2003
This Act prohibits discrimination on the grounds of religion or belief.

The Employment Equality (Age) Regulations 2006
This Act prohibits discrimination on the grounds of age.

Mental Capacity Act 2005
This Act provides a framework to ensure that people who are unable to make decisions about their lives, are protected.

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

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

Mental Health Act 2007
This Act protects those who do not have the capacity to consent to their care and treatment, from the deprivation of their liberty, which should be avoided wherever possible.

Withdrawal of someone's liberty can only be authorised if an assessment has deemed this necessary to protect the person from harm. The Mental Capacity

Act 2005's principles of supporting the person to make a decision apply and previous wishes and feelings of the person are considered.

Sexual Offences Act 2003

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

Safeguarding Vulnerable Groups Act 2006

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

Data Protection Act 1998

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

Freedom of Information Act 2000

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

Poor practice

There are many examples of good practice in organisations around the country providing high quality dignified services. The *Dignity in Care Practice Guide (9)*[xiii] provides a number of these good practice examples. However, some people receiving social care services have not always been treated with dignity and respect.

So what has lead some service users to believe they have not been treated with dignity?

As already mentioned, in 2006 the Department of Health elicited the views of members of the public, and health and social care staff in an online survey[xiv]. Both staff and patients identified times when dignity was not demonstrated. In their dignity in care literature review, Gallagher et al[xv] categorised these into four groups:

1. Environment

This is in relation to the physical environment, décor and cleanliness.

This includes issues such as:

- Toilet doors that don't lock
- Shabby décor
- An untidy house
- An unkempt garden

2. Staff attitudes and behaviour

This was about the way staff treat service users. A lack of privacy, being patronising, using inappropriate endearments, being intolerant, being impatient and poor communication are all examples of inappropriate attitudes and behaviours.

This includes issues such as:

- Not understanding what dignity and respect means
- A general lack of respect
- A culture of not respecting dignity
- Not being able to empathise about what it's like to be treated without dignity and respect
- Disabilities being mocked
- Service users being talked about as if they are not there
- Overhearing staff talking about other service users
- Rushing people
- The use of inappropriate or patronising terms such as 'love', 'darling' etc.
- Not perceiving the service user as an individual
- Service users being treated in an infantile manner
- Service users being patronised by staff

3. Culture of care

The organisation has put its values, beliefs and goals before service users needs in the way it has organised its staff and provision of services. Budgetary constraints, targets, not adapting to change and lack of understanding and training in the principles of dignity can cause this.

This includes issues such as:

- Poor commissioning practices ie. commissioning short episodes of care, lack of funding
- Uncaring staff
- Assessments which are budget related not needs related
- Staff not being treated with dignity by their employer and in return staff are not treating service users with dignity
- Being cared for in a way that suits the organisation not the person
- Poor leadership
- Low staff numbers
- Busy staff
- Lack of staff time
- Complaints being ignored
- Being cared for by a constant stream of different staff
- Staff with poor English being unable to communicate with service users

4. Specific care activities

This was in regard to care workers carrying out care procedures, such as personal hygiene, toileting, providing meals and drinks and controlling pain, without due regard for the dignity of the service user.

This includes issues such as:

- Giving a service user their food whilst they were sitting on a commode
- Not being fed and a lack of proper support at mealtimes
- Being left in soiled clothing
- Walking into a room without knocking when the person is still in a state of undress

It is clear in the above examples that service users were not receiving dignified services either through the fault of the organisation, its staff or the individual care worker.

In many instances, staff could have provided a better service if they had attended a dignity training course or were aware of how to treat people with dignity and respect.

It is important that staff empathise with the person receiving the care, imagining themselves as a service user and thinking about how they would feel receiving care in the same situation.

Discrimination

Discrimination is the prejudicial behaviour towards or against a certain group of people or individuals. There are a number of acts of parliament that prohibit prejudicial behaviour on the grounds of race, origin, colour, language, sexual preference or gender realignment, religion or belief, political opinion, birth, disability, marital status and age although discrimination still takes place.

When thinking about dignified care services, those who are treated with little dignity or respect are often, but not exclusively, those who are already disadvantaged in some way, for example, those with physical, learning or mental health disabilities and those who are young or old or from minority ethnic groups. Already disadvantaged, they may feel too vulnerable or are physically and mentally unable to stand up for their own rights.

The use of advocates can be helpful in acting as a voice for vulnerable people. Unfortunately, there are too few advocates nationwide for all service users to receive their help. Care workers and other staff are in a position to provide this support, but need comprehensive training to be able to give this assistance effectively to service users.

Organisations who fail to prevent their staff from providing discriminatory care could find themselves the subject of legal action, particularly if the behaviour was witnessed and reported (see whistle blowing policy on page 31).

Organisations who train their staff to provide services in a dignified, respectful and anti-discriminatory manner and carry out regular service audits to prove this, will be much less likely to receive threats of legal action.

Dignity – best practice

As previously mentioned, there are many examples of good practice in organisations around the country providing high quality dignified services. However, these are sometimes hampered by poor commissioning practices, such as short episodes of care. Negotiation with commissioners to provide longer episodes of care will assist organisations to adopt many of these practices.

The Challenge of Dignity in Care (2007)[x] highlighted the lack of a simple definition of what a dignified service looks like, even though people know when they have not received it. The report outlined a number of 'domains' or specific areas that could form an important part of a framework to a dignified care service.

We will now identify the criteria that make up of each of these 'domains' so that when put into practice they form a template for a dignified service. Many of the good practice examples mentioned in the *Dignity in Care Practice Guide (9)*[xvi] will include a number of the criteria below. Those organisations who already provide good quality dignified services may use these criteria to improve their services further.

Although the *Essence of Care*[xvii] document produced in 2001 is a hospital-based document, it provides best practice information for some of the domains relevant to social care.

Communication

Service users and their chosen advocates engage in a two-way dialogue with care workers and organisational staff about their physical, psychological and emotional needs and preferences. The assembled facts and information form an agreed care plan that gives the service user a choice about the care they receive.

In reality, this means:

- The organisation has a communication policy that all staff understand and adhere to at all times
- Asking service users how they would like to be addressed
- Ensuring service users are not patronised or belittled
- Staff use respectful language and gestures and are courteous when communicating with service users
- Ensuring service users can understand the accent or language of care workers
- An interpreter is provided if needed
- Appropriate methods and tools for effective communication are used
- Care workers are trained in how to carry out an assessment correctly and effectively
- A service user is always asked about their needs and preferences
- Care workers do not make assumptions about services user's needs and preferences
- Discussion, assessment, risk assessment and agreement of the care package and plan takes place at a mutually agreeable time and place

- Sufficient time is allowed for service users to communicate their needs and preferences
- Service users are able to communicate their needs and preferences at all times and these are considered and acted upon appropriately
- Care plans are jargon free
- Service user's views are listened to, valued and respected.

Respect

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

In reality, this means:

- Service users are treated as individuals
- Service users are treated as a whole person and not as an illness
- Service users are treated without discrimination
- Service users are treated as an equal
- Sufficient time is given for care to be provided at the service user's pace
- Care workers treat service users with courtesy
- Care workers ensure that the service is person centred and not task oriented
- Staff allow time to listen to service users
- Care workers allow time to talk to service users
- Service users are asked how they would like to be addressed
- Service users are involved in planning the service they receive
- Care workers respect the service user's personal space
- Care workers do not make assumptions about services users
- Care workers allow time for service users to communicate their choices and preferences
- Service users are not disturbed or interrupted and care workers knock before entering the room the service user is occupying
- Privacy is maintained at all times by the care worker being aware of when privacy could be compromised and negating against this

Privacy

Service users should be able to maintain their privacy all times, this includes privacy of their personal care, confidentiality of any information owned by or kept about the service user and privacy of their personal space.

In reality, this means:

- The organisation has a confidentiality policy that all staff understand and adhere to at all times
- Service users are not embarrassed when receiving personal care
- Care workers do not invade the service user's personal space
- Privacy is maintained in respect of sexual relationships
- Care workers knock and, where possible, wait for an answer before entering the room a service user is occupying
- If an interpreter is required, they are chosen with the consent and participation of the service user
- Service user's personal possessions and documents remain private

- Service user's private conversations, phone calls and mail all remain private
- Where documents need to be shared, this is with the consent of the service user.

Autonomy

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

In reality, this means:

- Staff communicate with service users in the most appropriate way
- Care workers do not make assumptions about whether or not the service user can make decisions by themselves, even where mental capacity is an issue
- Care workers allow service users time to communicate their requests for the day's activities and care workers adhere to these
- Staff inform service users about local advocacy services to assist them to make decisions about their daily activities
- Care workers do not make assumptions about the likes and dislikes of service users
- Care workers treat service users as equals
- Staff provide information in an understandable way, free from jargon to allow service users to make their own choices
- Service users are allowed to take risks without compromising their care workers safety
- Care workers ensure service users are given the opportunity to participate in their chosen activities as fully as possible
- Services are accessible to people with disabilities, for example providing service information in alternative formats for people with visual impairment.

Social inclusion

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

In reality, this means:

- Staff treat service users with dignity and respect
- Service users are able to chose their day-to-day activities and arrangements with care workers without fear of rebuke
- Care workers take time to talk to service users whilst carrying out their care
- Care workers respect the past skills and experiences of the service user
- Staff enable service users to go out socially by addressing the barriers to this such as transport and safety issues
- Care workers respect the service user's right to retain involvement in the day-to-day management of their own household and finances.

Diversity and equality

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

In reality, this means:

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

Pain control

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

In reality, this means:

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

Eating and nutrition

To some service users, mealtimes can be the highlight of the day, particularly if they do not receive any company other than during these times. It is therefore important to make mealtimes significant and to ensure that the food received is highly nutritious. It is also essential that food is of the quality, quantity and variety expected by the service user, delivered at the times set by them.

In reality, this means:

- Care workers discuss the ways they can assist the service user with the preparation, cooking and serving of their food and drink

- Care workers understand the importance of nutrition and hydration and know the signs and symptoms of malnutrition and dehydration
- Care workers have been trained in the subject of nutrition and food hygiene if assisting service users with food and drink
- If there are problems with nutrition, care workers discuss with service users the help they might need to improve this
- If the service user is assessed to be malnourished or dehydrated, after discussion with the service user, care workers refer the service user to the appropriate professional eg. doctor or dietician
- Service users are enabled to maintain their independence with shopping, cooking, eating and clearing up for as long as possible
- Care workers discuss food and drink likes and dislikes with service users before preparing menus and shopping lists
- Care workers discuss any religious or special dietary needs the service user might have before preparing menus and shopping lists
- Care workers don't make assumptions about service users food requirements in relation to their cultural or religious beliefs
- Care workers respect the requests and wishes of the service user in relation to their diet
- Care workers pay attention to any religious or cultural needs the service user has with regard to food eg, hand washing prior to eating
- Care workers assist service users to identify aids that may help the service user maintain their independence with eating
- In consultation with the service user, care workers provide assistance with eating
- Service users are not rushed when receiving assistance with food
- Service users are not interrupted when eating their food
- Care workers ensure any food prepared by them looks appetising for the service user
- Care workers ensure a drink is given with all food
- Care workers assist service users to clear away food and food debris afterwards according to their wishes.

Personal hygiene

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

In reality, this means:

- Service users decide the level of assistance they need from care workers with their personal hygiene
- Care workers don't make assumptions about the level of cleanliness the service user chooses to adopt
- Care workers assist with all aspects of personal appearance that the service user is unable to maintain for themselves, ensuring they maintain the service user's privacy and independence at all times. This includes assistance with:
    - Washing and dressing
    - Shaving
    - Oral hygiene
    - Hair care

    - Nail care
- Service users choose the times they receive help with personal hygiene
- Service users choose the clothes they wish to wear each day
- Care workers assist service users to identify aids and adaptations that may help the service user maintain their independence
- Care workers provide information, advice and support for the funding and fitting of aids and adaptations
- Care workers assist service users with their toileting or continence needs as requested.

Personal care

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

In reality, this means:

- Care workers discuss with service users their arrangements and preferences for organising laundry and ironing services
- Care workers discuss the service user's requirements regarding the cleanliness of the house, tidiness of the garden and any assistance with décor to make the living accommodation more hospitable and safe
- Care workers discuss with service users the assistance they require with pets
- Care workers discuss with service users how they might keep the house free from odours that cause the service user distress
- Care workers treat the service user's preferences with respect.

Abuse

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

In reality, this means:

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

Whistle blowing

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

In reality, this means:

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

End of life care

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

In reality, this means:

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

Caring for people from specific user groups

In the past, people from certain user groups have suffered from poor services through discriminatory practices. The groups most at risk from this are:

- Older people
- Physically disabled people
- People with specific health needs eg, cancer
- People with mental health problems eg, dementia
- People with learning difficulties
- Young, physically disabled people
- People from minority ethnic groups

Services can respond to the needs of these groups of people in innovative ways. For example, people who have visual impairment can have service information provided in different formats or people from ethnic minority groups can have a care worker from the same ethnic group providing the care for them.

Services that treat older people equally and with dignity and respect will be best placed to receive the preferred contracts and premium prices for their services offered by Commissioners in the future.

By using the thirteen best practice domains mentioned earlier in this Guide, by continually monitoring the service provided and by adhering to the ten points within the Department of Health's Dignity Challenge, a service will continually improve, providing the dignified services that users will come to expect as the norm.

People from the groups above should expect to receive the same level of service that anyone one else is entitled to receive. The success of the Dignity Campaign will be measured by the results of future reports, most specifically regarding these groups of people.

Commissioning

Commissioners are increasingly asking more questions about the services provided in relation to dignity and respect and have been changing their contracts to reflect this.

The *Commissioning framework for health and well-being*[xviii] published by the Department of Health in 2007, puts the service user at the centre of the commissioning process, and says that Commissioners should move towards services that "are personal, sensitive to individual need, and that maintain independence and dignity".

To enable this to happen, service users should receive all the information they need about the quality of the service provider who, in turn, should provide responsive, personalised services.

Commissioners can use contracts to ensure service users' individual needs are identified and met and can award preferred status or pay a premium for services that meet these objectives.

 See the Commissioning framework for health and well-being for further information on commissioning requirements for the future[xvii].

Commissioners can also use the *Domiciliary Care National Minimum Standards*[vi] within their contracts to measure how the service provider maintains dignity within their services.

Some Commissioners have written additional standards of performance for dignity into their contracts. This ensures that providers regularly audit their services to ensure service users are treated with dignity and respect.

Service providers must become responsive to service users' needs and preferences, re-designing their service to meet these requirements. The personalisation agenda is being introduced and services will need to respond to this change in direction.

 See Putting People First: An Introduction to the Personalisation Toolkit[xix]

Implementing change

Why is change needed

Organisations that are not providing dignified services will need to make changes to their service. Changes may be required because of the following:

- The service hasn't achieved good results from the Dignity Challenge Monitoring Tool[xx]
- Training exercises demonstrate a lack of dignity shown to service users and other staff
- The Government and Department of Health are focussed on ensuring service users receive dignified services
- Commissioners now ask the organisation about dignity when monitoring the contract
- Service users and user groups are now more vocal about the type of service they expect
- A rise in complaints from service users about the lack of dignity and respect shown by care workers
- A raised profile in the media means that everyone is looking at the type of services provided
- Bad publicity about the care received by a vulnerable service user

What changes are required?

The change required will depend upon the reason the change is needed. This might be one of the following:

- Changes to the type of service provided and the way it is provided
- Organisational change
- Improvements in staff attitudes and actions
- Structural changes
- Changes to commissioning practices

For example, if there have been complaints from service users about a lack of respect from care workers, there will need to be changes to staff attitudes and actions. This can be achieved through staff training. There might also be a problem with the values of the organisation, which will need to be addressed before staff training takes place.

Similarly, some organisations aspire to provide a dignified service but are unable to do so because of commissioning practices, ie. a lack of funding or short episodes of care, meaning that care workers have to rush the process of helping people with washing, dressing and meals, which can compromise dignity. Whilst the Personalisation agenda may assist with this, home care managers must be proactive in negotiating contracts that enable them to provide a dignified service.

How to implement the changes required

Change can be made by discussing with staff the reason the change is needed. Change is often an unsettling experience for staff. It is therefore important to give a great deal of thought as to how the process of change can be managed sensitively within the organisation.

The process will be made better by ensuring that there is consultation with, and involvement from, staff at all levels. Firstly, managers, staff and care workers need to understand what all the issues are and why there is a need to change.

This may be by providing the results of the dignity monitoring audit or the contract monitoring report, sharing letters of complaint or providing staff with information about a change in government focus.

It is not for employees to manage change, only to do their best to implement it. This does not mean that employees cannot become involved in the change process. A six-step approach to involving staff in change can be adopted:

1) Get a commitment from staff to change by involving them in identifying the problem
2) Develop a shared approach of how the change can be organised
3) Obtain a consensus to this shared approach
4) Develop an action plan that contains targets of the change required and the dates for achieving these changes
5) As part of the action plan, develop a staff training plan and implement training for all staff
6) Monitor the action plan and the changes made on a regular basis. Involve staff in monitoring the change and reward positive action.

The cost of implementing change

The cost of implementing change may be high. However, it may not be as high as the cost of not implementing change, which can be vast. This can include a loss of reputation or a loss of key contracts, which ultimately can lead to the business failing.

In reality, the costs of implementing change are:

- Staff training costs, including the cost of training, staff replacement costs and staff expenses
- Implementation of new systems of work, which might include better complaints monitoring, updated customer care systems, implementation of logging systems
- Monitoring costs, such as carrying out additional audits, supervisions, spot checks, complaints monitoring and surveying

Conclusion

This Resource Guide outlines the expectations of the Department of Health in relation to the provision of dignified and respectful services. It gives information about the Department of Health's Dignity Challenge, which comes with a monitoring tool to enable services to assess themselves.

The Resource Guide is based on the research that has been carried out, to identify best practice when providing services. By focussing on some of the best practice domains, organisations can make the necessary changes to ensure that services are responsive to service user's needs.

Another area that must be considered is staff attitude. Organisations must ensure that staff attitudes towards providing dignified and respectful services are challenged. This can be done by using documents such as this or by providing staff training where attitudes can be challenged.

Commissioners are increasingly asking more questions about the services provided in relation to dignity, and are changing their contracts to reflect this. To ensure these contracts are being met, service providers must become responsive to service users' needs and preferences and design their services to meet this demand, moving steadily forwards towards the personalisation agenda.

Continuous monitoring is required to ensure dignity service standards are being maintained. This can be in the form of undertaking the monitoring audit that accompanies the Department of Health's Dignity Challenge, but can also include surveying service users and care staff, staff training, staff mentoring and supervision and spot checks. Robust complaints monitoring systems also enable organisations to monitor their standards.

See SCIE (2006) Dignity in Care: Adult Services Practice Guide (9). Pg. 11 - 43. SCIE[xx]

Appendix 1 - Sample policy – Confidentiality

1. Purpose

The purpose of this policy is to have an open, consistent and fair policy that affects all areas of confidentiality within the organisation and during the course of day-to-day activities whilst carrying out care in service users' homes. Through this policy, the organisation will protect itself against legal liability and set privacy expectations.

2. Scope

This policy applies to all employees and management who are full time or part time, temporary or permanent and those on fixed term contracts. Former employees will also have access to this policy after their employment has been terminated.

This policy applies to all communication and information, whether verbal or written including that which is not in the public domain.

3. Policy

The organisation respects the privacy of all service users and recognises that individuals are different in the way they live their lives. Employees who attend to service users in their home or accompany them on day trips during their usual course of employment are bound by the organisation's confidentiality policy. Any employee who has access to privileged information has entered into a tightly drawn obligation to keep such information confidential during and after employment with this organisation. This also means not using confidential information for illegitimate purposes.

The organisation views the issue of confidentiality as important in the context of information where there can be sensitivities or perceptions of sensitivities which relates to the service user or the organisation.

Employees will not divulge to third parties matters confidential to the organisation or service users (whether or not covered by this policy) without written explicit authorisation from both the organisation and the service user.

Where the organisation discovers an actual or potential breach of this policy, the organisation will act quickly with service users' permission to seek appropriate redress to prevent further damage to the service user or organisation's reputation. Individuals who divulge confidential information to third parties about service users will be held personally liable for any legal action taken against them by the service user.

Except where specifically agreed, all material, data, information etc. collected during the course of employment will remain in the possession of the organisation or the service user.

Appendix 2 - Sample policy – Whistle blowing

1. Purpose

In the course of normal employment, employees may raise problems or complaints about work practices that are dealt with informally at source. This policy is to inform employees about the procedure to follow where an employee believes and provides information to the organisation about its practices and raising concerns about danger or illegalities that affect others or the general public in relation to the Public Interest Disclosure Act 1998 (whistle blowing).

2. Scope

This policy applies to all employees and management who are full time or part time, temporary or permanent and those on fixed term contracts. Former employees will also have access to this policy after their employment has been terminated if they wish to use this.

3. Principles

If an employee wishes to make a Public Interest Disclosure, they should first aim to bring the matter to the attention of their line manager or the designated person responsible for handling whistle blowing. This would enable concerns to be heard and investigated as quickly as possible.

This procedure is to ensure that evidence of any malpractice brought to the attention of, or presented to, the organisation is fully investigated and, if necessary, put right and the appropriate action taken. Staff are encouraged to use this procedure as opposed to reporting concerns anonymously.

4. Responsibilities

The HR manager will support whistle blowers. Managers undertake training to become competent to deal with whistle blowing. Managers must take the concern raised seriously and make an objective assessment of it. They are responsible for keeping the employee updated on progress made and action taken to resolve the concern.

5. Policy

Where an employee has concerns about malpractice, they should raise it formally with their line manager. Their concerns should be related to a specific incident that has happened, is happening or is likely to happen that is dangerous or illegal and affects individuals and members of the public.

Where the allegations concern the employee's line manager, they should report the incident to a senior manager.

Staff who have reasonable belief can disclose matters such as:

- A criminal offence
- Breach of a legal obligation
- A miscarriage of justice
- Danger to the health or safety of any individual
- Damage to the environment
- Deliberate covering up of information from any of the above five matters

All concerns will be treated as confidential and employees who report suspected misconduct or malpractice will not be penalised for it.

Staff who disclose information will be protected from suffering a detriment for making such a disclosure, even in instances when the disclosure is found to be unproven. Staff who believe they have suffered a detriment such as denial of promotion, facilities or training opportunities are entitled to raise a grievance using the organisation's grievance policy.

Staff will be protected if they always act in good faith and reasonably believe that the information and any allegation it contains are substantially true.

However, where staff make malicious accusations with the intent and purpose of discrediting or defaming the character of a colleague or the organisation they may be subject to disciplinary action under the organisation's disciplinary procedure. They must not make a disclosure for personal gain or have an ulterior motive as the predominant purpose of making it. Staff that act illegally to obtain information for the purposes of submitting a Public Interest Disclosure will be held personally liable for an breaches in the law.

Employees will be advised of the progress being made and the action that was taken.

Appendix 3 - Sample policy – Communication

1. Purpose

The purpose of this policy is to have an open, consistent and fair policy that affects all areas of communication between staff and service users in the course of their day-to-day activities when carrying out care in service users' homes. Through this policy, the organisation will protect itself against legal liability and set communication expectations.

2. Scope

This policy applies to all employees and management who are on fixed term contracts and come into contact with service users and their carers.

This policy applies to all forms of communication with service users.

3. Policy

This organisation recognises that in social care, it is important to create and keep good impressions with the people you look after, in order to put them at ease and communicate effectively with them. As such, the organisation expects staff to create a good first impression by ensuring that their appearance, body language, demeanour and mannerisms are professional.

Employees are expected to be on time for client visits. Once on the premises, the employee should be at ease, open and confident in order to communicate effectively with the service user. Staff should be courteous and attentive and portray a positive attitude of 'can do' for service users.

Staff should pay attention and show that they are actively listening to the client by:

- Nodding occasionally
- Smiling and using facial expression
- Making sure their posture is open and inviting
- Encouraging the service user to continue with small verbal comments like 'yes', and 'uh huh'
- Reflecting what has been said by paraphrasing e.g. 'It sounds like you are saying...', 'What I am hearing is…'
- Ask questions to clarify certain points e.g. 'What do you mean when you say…' or 'Is this what you mean?'
- Summarise the service user's points periodically
- Select a tone that matches the service user's hearing ability
- Do not assume people may have a hearing impairment because of their age

As some service users may have some form of learning or communication difficulty, staff should avoid interrupting the conversation in order to minimise any frustrations that the service user may have. Appropriately respond by showing the service user respect and understanding of their needs. Care workers should avoid putting service users down. Assert opinions respectfully and be candid, open and honest in your response.

Staff should avoid using words or phrases which some service users may find patronising like, 'love', 'darling', 'dear', 'mate'.

Appendix 4 - Sample policy – Equality and diversity

1. Purpose

This policy sets out the standards to be achieved by staff in relation to providing people with equality of opportunity and valuing people as individuals who have diverse experiences, backgrounds and beliefs.

2. Scope

This policy applies to all employees and management who are on fixed term contracts and come into contact with service users and their carers.

3. Policy

The Organisation is an equal opportunities employer, committed to ensuring that the talents and resources of all employees are utilised to the full. The Organisation aims to attract and retain staff and broaden their skill base in a stimulating and healthy environment that is free from prejudice. As such, the Organisation is committed to adopting, implementing and monitoring a policy of equal opportunities for all employees to exclude discrimination from the work-place and to ensure that access to employment and fair treatment are genuinely practiced.

Implementation and management of this policy is the responsibility of each individual employee and they are obliged to respect and act in accordance with the policy. It is the objective of the policy that there shall be no discrimination towards employees for any reason of age, race or ethnic origin, creed, colour, religion, political affiliation, disability or impairments, marital status, parenthood, sexual gender, sexual orientation or offending background. In this respect, employees with disabilities will only be prohibited from positions where the duties of the job involve activities that would make it impossible or inherently hazardous to perform.

Staff will be promoted on their individual ability to do the job and performance. All staff will have equal and fair access to learning and development as identified through their performance appraisal.

4. Training

All staff, including managers, throughout the organisation will be provided with compulsory training to ensure that they understand the importance of equality, diversity and fairness.

5. Recruitment

For employee recruitment and selection, to eliminate possibilities of discrimination or prejudice before interview, employment application forms do not include questions concerning age, race or ethnic origin, creed, colour, religion, sex, political affiliation, parenthood or sexual orientation. Thereafter, employee selection criteria will proceed purely according to the merits and abilities of the applicant to perform the tasks and duties listed in the relevant job description. Employee recruitment and selection procedures are regularly reviewed to ensure that the elements of this Policy are maintained.

In order to ensure a fair working environment for all employees, discrimination or harassment (physical or verbal conduct that violates a person's dignity or creates an intimidating, hostile, degrading, humiliating or offensive environment) will not be tolerated within the organisation. The Organisation provides facilities for any employee who believes that he or she has been treated unfairly within the scope of this policy to address the matter through a documented and established grievance procedure. Each complaint will be thoroughly investigated and where it is identified that an individual has treated a colleague unfairly they will be subject to the Organisation's disciplinary procedure.

Additional resources

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